SAN FRANCISCO 2017 HOMELESS COUNT & SURVEY COMPREHENSIVE REPORT



ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

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- U.S. Department of Veterans Affairs
- Department of Public Health
- Human Services Agency
- SF Police Department
- SF Recreation & Parks Department
- SF Municipal Transportation Agency
- SF Public Utilities Commission
- SF Unified School District

• Office of Civic Engagement and Immigrant Affairs

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Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. These counts measure the prevalence of homelessness in each community, and collect information on individuals and families residing in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, in abandoned properties, or in other places not meant for human habitation.

The biennial Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness. Currently, the San Francisco Continuum of Care (CoC) receives more than \$32 million in federal funding, a key source of funding for the county's homeless services.

Continua of Care report the findings of their local Point-in-Time Count in their annual funding application to HUD, which ultimately helps the federal government better understand the nature and extent of homelessness nationwide. Count data also helps to inform communities' local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Applied Survey Research (ASR) conducted the 2017 San Francisco Homeless Point-in-Time Count and Survey. ASR is a social research firm with extensive experience in needs assessment and homeless enumeration.

The San Francisco Homeless Point-in-Time Count has two primary components: a point-in-time enumeration of unsheltered homeless individuals and families (those sleeping outdoors, on the street, in parks, or vehicles, etc.) and a point-in-time enumeration of homeless individuals and families residing in temporary shelter (e.g. emergency shelter, transitional housing, or stabilization rooms).

The 2017 San Francisco Homeless Point-in-Time Count was a community effort. With the support of approximately 750 community volunteers, staff from various City and County departments, and nonprofit partners, the entire county was canvassed between the hours of 8 p.m. and midnight on January 26, 2017. This resulted in a visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments, and other places not meant for human habitation. Shelters and facilities reported the number of homeless individuals and families who occupied their facilities on the same evening.

San Francisco also conducted a supplemental count of youth under the age of 25 years old. This dedicated count is part of a nationwide effort, established and recommended by HUD, to improve our understanding of the scope of youth homelessness. Trained youth enumerators who currently or recently experienced homelessness conducted the count in specific areas where young people

experiencing homelessness were known to congregate.¹ The supplemental youth count enumerated both unaccompanied children and those under the age of 25 in youth-headed, family households. This is an important year for national data on young people experiencing homelessness as HUD will use 2017 youth count results as a baseline for measuring progress towards ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 1,104 unsheltered and sheltered homeless individuals of all ages. The survey gathered basic demographic details as well as information on service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in San Francisco on a single night in January.

To better understand the dynamics of homelessness over time, results from previous years, including 2013 and 2015, are provided where available and applicable.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Count is used. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

This narrow definition of homelessness is in contrast to the considerably broader definition adopted by the City and County of San Francisco. The definition of homelessness in San Francisco expands HUD's definition to include individuals who were "doubled-up" in the homes of family or friends, staying in jails, hospitals, and rehabilitation facilities, and families living in Single Room Occupancy (SRO) units. While this data is beyond the scope of this project, information on those residing in jails, hospitals, and rehabilitation facilities were gathered and are included in this report where applicable.

PROJECT PURPOSE AND GOALS

In order for the 2017 San Francisco Point-in-Time Count and Survey to best reflect the experience and expertise of the community, ASR held regular planning meetings with local community members. These community members were drawn from County and City departments, community-based service providers, and other interested stakeholders. These individuals comprised the 2017 Planning Committee and were instrumental in ensuring that the 2017 San Francisco Homeless Point-in-Time Count and Survey reflected the needs and concerns of the community. The 2017 Planning Committee identified several important project goals:

 To preserve current federal funding for homeless services and to enhance the ability to raise new funds;

Significant deduplication efforts were made in 2017 to ensure unaccompanied children and youth were not captured in both the youth and general street count efforts. For more information on these efforts and the overall count methodology, please see Appendix 1.

- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;
- To measure the changes in numbers and characteristics of the homeless population since the 2015 San Francisco Homeless Point-in-Time Count and Survey in order to track progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions; and
- To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transitional-age youth, and those who are chronically homeless.

This report is intended to assist service providers, policy makers, funders, and local, state, and federal government in gaining a better understanding of the population currently experiencing homelessness.

Point-In-Time Count and Survey

The 2017 San Francisco Homeless Point-in-Time Count and Survey included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general street count was conducted on January 26, 2017 from approximately 8 p.m. to midnight and covered all 47 square miles of San Francisco. The shelter count was conducted on the same evening and included all individuals staying in: emergency shelters, transitional housing facilities, domestic violence shelters, jails, hospitals, and treatment facilities. The general street count and shelter count methodology were similar to those used in 2013 and 2015.

The methodology used for the 2017 San Francisco Homeless Point-in-Time Count and Survey is commonly described as a "blitz count" since it is conducted by a large team over a very short period of time. As this method is conducted in San Francisco, the result is an observation based count of individuals and families who appear to be homeless. The count is then followed by an in-person representative survey, the results of which are used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey is used to fulfill HUD reporting requirements and to inform local service delivery and strategic planning efforts.

In this Point-in-Time Count and Survey section, the broader definition of homelessness adopted by the City and County of San Francisco is used. The definition of homelessness in San Francisco expands HUD's definition to include individuals who were "doubled-up" in the homes of family or friends, staying in jails, hospitals, or rehabilitation facilities, and families living in Single Room Occupancy (SRO) units.

In a continuing effort to improve data on the extent of youth homelessness, San Francisco also conducted a dedicated youth count similar to the ones conducted in 2013 and 2015. The dedicated youth count methodology was improved in 2017 to better count unaccompanied children and transitional-age youth who were not included in both the general street count and youth count. For more information regarding the dedicated youth count methodology, please see Appendix 1.

NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SAN FRANCISCO

The number of individuals counted in the 2017 San Francisco Point-in-Time Count was 7,499. Compared to 2015, this was a one percent decrease. The number of unsheltered individuals counted in the general street count was 3,840. The supplemental youth count identified an additional 513 unsheltered persons: 501 unaccompanied children and transitional-age youth and 12 youth and children in youth-headed, family households. The total number of unsheltered persons counted in on January 26, 2017 was 4,353.

A four-year trend of comparable Point-in-Time count data identified a two percent increase in the number of persons experiencing homelessness in San Francisco between 2013 and 2017.

7,539 7,499 7,350 8.000 6,986 6,686 6,436 ■ Total ■ General Count ■ Youth Count 914 853 513 2013 2015 2017

Figure 1. TOTAL NUMBER OF HOMELESS INDIVIDUALS, SHELTERED AND UNSHELTERED, ENUMERATED DURING THE GENERAL POINT-IN-TIME HOMELESS COUNT AND YOUTH COUNT WITH TREND

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

In 2013, San Francisco adopted a best practice for the Point-in-Time Count: the supplemental youth count. The dedicated youth count is conducted on the same date as the general homeless count, and it is conducted by peers who are currently experiencing homelessness or have recently experienced homelessness. As this population can be especially difficult for volunteers to identify, the youth count methodology is intended to improve the quality of data on homeless youth. As in 2013 and 2015, the 2017 youth count was conducted around the same time in the evening as the general count so as to limit duplication.

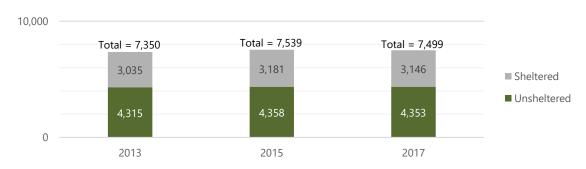


Figure 2. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS COUNT BY SHELTER STATUS

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

San Francisco's Point-in-Time Count includes a count of people staying in institutions and settings that fall outside the federal definition of homelessness. Of the 3,146 individuals included in the shelter count, 20% (641 people) were counted in residential programs, jails, and hospitals.

Persons in families with children, including the minor children, represented eight percent (8%) of the total population counted in the Point-in-Time Count, while 92% were individuals without children. In total, six percent (6%) of those counted on January 26, 2017 were under the age of 18, 18% were between the ages of 18-24, and 76% were over the age of 25.

TOTAL NUMBER OF UNSHELTERED AND SHELTERED HOMELESS PERSONS BY DISTRICT

The 2017 San Francisco Homeless Count data are presented below, organized by the 11 County Supervisorial Districts in San Francisco and Golden Gate Park. As in previous years, District 6 had the greatest number of unsheltered homeless individuals.

Figure 3. UNSHELTERED AND SHELTERED POINT-IN-TIME COUNT RESULTS BY DISTRICT

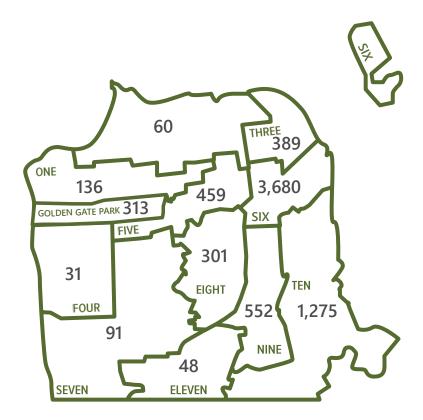


Figure 4. COMPLETE HOMELESS POINT-IN-TIME COUNT POPULATION BY DISTRICT AND SHELTER STATUS (2013-2017)

	2013			2015			2017		
District	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total
1	33	321	354	62	45	107	79	57	136
2	0	24	24	0	60	60	7	53	60
3	84	363	447	45	234	279	96	293	389
4	0	136	136	0	7	7	0	31	31
5	182	284	466	184	310	494	316	143	459
6	1,999	1,364	3,363	2,194	2,011	4,205	1,957	1,723	3,680
7	0	19	19	15	14	29	17	74	91
8	50	163	213	54	322	376	65	236	301
9	194	247	441	136	248	384	271	281	552
10	181	1,278	1,459	227	725	952	174	1,101	1,275
11	0	40	40	0	130	130	0	48	48
Confidential/ Scattered Site Locations in SF	312	76*	388	264	0	264	164	0	164
Golden Gate Park	0	N/A**	0	0	252	252	0	313	313
Total	3,035	4,315	7,350	3,181	4,358	7,539	3,146	4,353	7,499
% of Total	41%	59%	100%	42%	58%	100%	42%	58%	100%

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Note: *In 2013, 76 individuals were counted in areas designated as "special outreach locations," and were not assigned to a district. **In 2013, there was no separate count of Golden Gate Park.

Forty-nine (49%) of the unsheltered and sheltered homeless population was identified in District 6. Seventeen percent (17%) of the homeless population was identified in District 10. There is no significant change between 2013 and 2017 in the proportion of homeless individuals living in unsheltered locations such as parks, streets, and outside of bus stations.



This section provides an overview of the findings generated from the survey component of the 2017 San Francisco Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between February 1 and February 21, 2017. This effort resulted in 1,104 complete and unique surveys. Based on a Point-in-Time Count of 7,499 homeless persons, with a randomized survey sampling process, these 1,104 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in San Francisco. In other words, if the survey were conducted again, we can be confident that the results would be within three percentage points of the current results.

In order to respect respondent privacy and to ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Missing values are intentionally omitted from the survey results. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted.

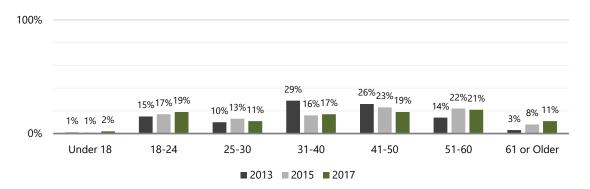
SURVEY DEMOGRAPHICS

In order to gain a more comprehensive understanding of the experiences of individuals and families experiencing homelessness in San Francisco respondents were asked basic demographic questions including age, gender, sexual orientation, and ethnicity.

AGE

Two percent (2%) of survey respondents were under the age of 18, and 19% were between the ages of 18 and 24. Eleven percent (11%) were between the ages of 25 to 30, 17% were 31 to 40, 19% were 41 to 50, 21% were 51 to 60, and 11% were 61 or older.

Figure 5. SURVEY RESPONDENTS BY AGE

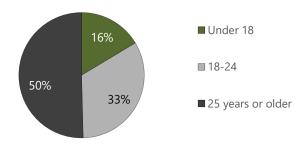


2013 n=924; 2015 n = 1,012; 2017 n = 1,104

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Percentages may not add up to 100 due to rounding.

In an effort to better understand the experiences and age distribution of those experiencing homelessness, respondents were asked how old they were the first time they experienced homelessness. In response, 16% of respondents reported that they were under the age of 18, 33% reported they were between the ages of 18-24, and 50% reported they were 25 or older.

Figure 6. AGE AT FIRST EXPERIENCE OF HOMELESSNESS



2017 n = 1,068

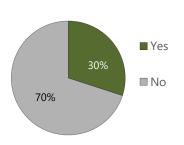
Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Percentages may not add up to 100 due to rounding.

GENDER AND SEXUAL ORIENTATION

One third of survey respondents (33%) identified as female, 61% male, 5% transgender, and 1% Genderqueer/Gender non-binary. While there are limited data on the number of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals experiencing homelessness, available data at the national level suggests LGBTQ individuals experience homelessness at higher rates, especially those under the age of 25. It is estimated that 14% of San Francisco's population identifies as LGBTQ.² Thirty percent (30%) of homeless survey respondents identified as LGBTQ in 2017. Of those survey respondents, 41% identified as bisexual, 25% gay, 14% lesbian, 11% queer, and 9% transgender.

Respondents who identified as LGBTQ were more likely to report a mental health condition (46%), compared to 39% of respondents who did not identify as LGBTQ. Respondents who identified as LGBTQ also reported a higher incidence of HIV or AIDS related illness (22% compared to 8%). LGBTQ respondents were more likely to have been homeless for less than a year (61%) compared to the non-LGBTQ survey respondents.

Figure 7. SEXUAL ORIENTATION AND GENDER IDENTITY



Breakout of Respondents Answering Yes	%	n				
Sexual Orientation						
Gay	25%	82				
Lesbian	14%	46				
Queer	11%	37				
Bisexual	41%	138				
Other	11%	36				
Gender Identity						
Transgender	9%	31				

LGBTQ 2017 n = 1,104; *Breakout n* = 333

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

² City and County of San Francisco, Office of the Controller (2015). 2015 City Survey Report. [Data set] Retrieved from http://sfcontroller.org/sites/default/files/FileCenter/Documents/6652-2015%20City%20Survey_final.pdf. Calculated by San Francisco Human Services Agency, May 28, 2015.

RACE/ETHNICITY

The U.S. Department of Housing and Urban Development (HUD) gathers data on race and ethnicity in two separate questions, similar to the U.S. Census. When asked if they identified as a Hispanic or Latino ethnicity, three-quarters (75%) of homeless survey respondents reported they did not identify as Hispanic or Latino. In comparison to the general population of San Francisco, a slightly greater percentage of homeless respondents identified as Hispanic or Latino (22% compared to 15%). There is no significant change in the ethnic breakdown of survey respondents between 2015 and 2017. In 2015, 19% of survey respondents identified as Hispanic/Latino.

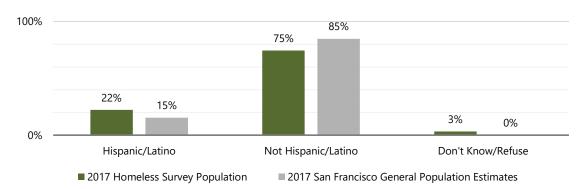


Figure 8. HISPANIC OR LATINO ETHNICITY

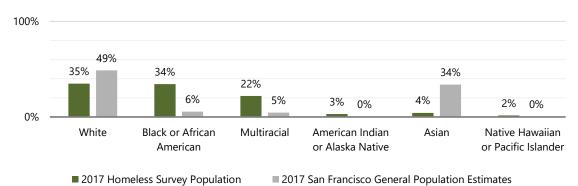
2017 n = 1,017

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. And U.S. Count Bureau. (April 2015). American Community Survey 2011-2015 5-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov.

Note: Percentages may not add up to 100 due to rounding.

When asked about their racial identity, differences between the general population and those experiencing homelessness were more distinct. A much higher proportion of survey respondents identified as Black or African-American (34% compared to 6% of the general population), and a lower percentage identified as Asian (4% compared to 34% of the general population). This was similar to 2015 when 39% of survey respondents identified as White, 36% as Black or African American, 19% as Multiracial, 5% as American Indian or Alaskan Native, 3% as Asian, and 2% as Native Hawaiian or Pacific Islander.

Figure 9. RACE



2017 n = 1,055

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. And U.S. Count Bureau. (April 2015). American Community Survey 2011-2015 5-Year Estimates. Table DPo5: ACS Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov.

Note: Percentages may not add up to 100 due to rounding.

HISTORY OF FOSTER CARE

National research estimates one in five former foster youth experience homelessness within four years of exiting the foster care system.³ In San Francisco in 2017, 19% of all survey respondents reported a history of foster care. The percentage of youth under the age of 25 who had been in foster care was much higher than adults over the age of 25; 26% compared to 18%.

Figure 10. HISTORY OF FOSTER CARE

YOUTH UNDER 25 WITH FOSTER CARE EXPERIENCE

26% YES

74% NO

ADULT 25 AND OLDER WITH FOSTER CARE

18% YES

82% NO

Under 25 n = 208; 25 and Older n = 817

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

³ Fernandes, AL. (2007). Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Services, January 2007, http://www.endhomelessness.org/content/general/detail/1451.

LIVING ACCOMMODATIONS

Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services, as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care, and reveal opportunities for systemic improvement.

Survey respondents reported many different living accommodations prior to becoming homeless, although most lived in or around the San Francisco Bay Area with friends, family, or on their own in a home or apartment.

PLACE OF RESIDENCE

Sixty-nine percent (69%) of respondents reported they were living in San Francisco at the time they most recently became homeless. Of those, over half (55%) had lived in San Francisco for 10 or more years. Eight percent (8%) had lived in San Francisco for less than one year. This is similar to the survey findings in 2015.

Ten percent (10%) of respondents reported that they were living out of state at the time they became homeless. Twenty-one percent (21%) reported they were living in another county in California. California counties that respondents reported living in at the time they most recently became homeless include Alameda County (5%), San Mateo (4%), Contra Costa (3%), Marin (3%), Santa Clara County (1%), and some other California county (5%).

Figure 11. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



2017 n = 1,089

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

PRIOR LIVING ARRANGEMENTS

Thirty-three percent (33%) of respondents reported living in a home owned or rented by themselves or a partner immediately prior to becoming homeless, slightly more than 2015 (30%). Thirty-two percent (32%) reported staying with friends or family, lower compared to 2015 (37%). Eleven percent (11%) reported they were living in subsidized or permanent supportive housing, and 8% were staying in a hotel or motel. Five percent (5%) of respondents reported they were in a jail/prison facility immediately prior to becoming homeless, 3% were in a hospital or treatment facility, 3% were living in foster care, and less than 1% were in a juvenile justice facility.

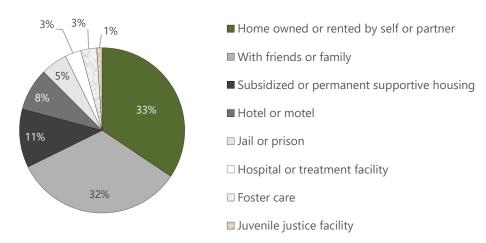


Figure 12. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO EXPERIENCING HOMELESSNESS

2017 n= 1,064

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA Note: Percentages may not add up to 100 due to rounding.

CURRENT LIVING ARRANGEMENTS OF UNSHELTERED SURVEY RESPONDENTS

While basic information on where individuals were observed during the general street count effort is collected, survey respondents are also asked about their usual nighttime accommodations. Understanding the types of places individuals experiencing homelessness are sleeping can help inform local outreach efforts.

Nearly three quarters (72%) of survey respondents who were unsheltered reported currently living outdoors. Twenty-two percent (22%) reported that they were sleeping in public buildings, foyers, hallways, or other indoor locations not meant for human habitation, and 6% were in a vehicle.

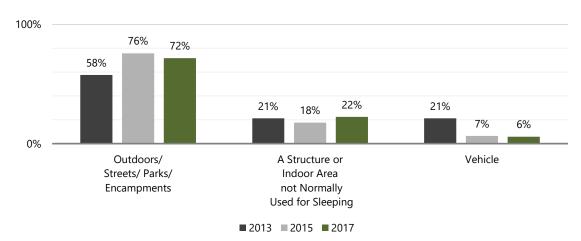


Figure 13. USUAL PLACES TO SLEEP AT NIGHT FOR UNSHELTERED SURVEY RESPONDENTS

2013 n = 943; 2015 n = 1,027; 2017 n = 967

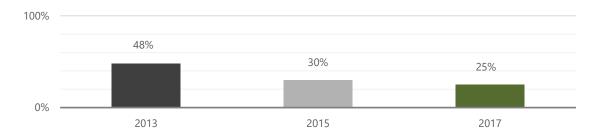
Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

DURATION AND RECURRENCE OF HOMELESSNESS

For many, the experience of homelessness is part of a long and recurring history of housing instability. Three in four (75%) 2017 survey respondents reported they had experienced homelessness previously.

Figure 14. FIRST TIME HOMELESS (RESPONDENTS ANSWERING "YES")



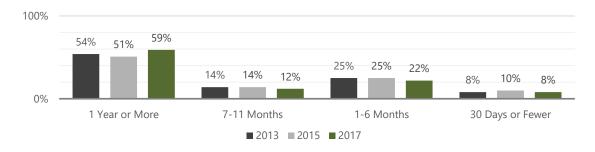
2013 n = 454; 2015 n = 1,022; 2017 n = 1,095

Source: Applied Survey Research. (2009-2017). San Francisco Homeless Count. Watsonville, CA.

DURATION OF HOMELESSNESS

Respondents were asked about their current experience or episode of homelessness. More than half of survey respondents (59%) reported they had been homeless for a year or more, an increase from 2015 (51%). Eight percent (8%) had been homeless for less than a month. Out of the 25% of respondents who reported they were experiencing homelessness for the first time, 33% reported that they had been homeless for a year or more, and 11% reported they had been homeless for less than a month.

Figure 15. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n = 944; 2015 n = 1,007; 2017 n = 1,095

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

RECURRENCE OF HOMELESSNESS

Eight percent (8%) of respondents reported they had experienced homelessness four or more times in the past year, much lower than in 2015 when 25% of respondents reported they had experienced homelessness four or more times in the past year. However, when asked how many times they had been homeless in the past three years, nearly half (48%) reported they had been homeless four or more times.

The percentage of respondents who reported having experienced homelessness four or more times in the past three years was higher in 2017 than 2015. In 2015, 34% of respondents reported four or more incidents of homelessness in the three years prior to the study.

PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual's inability to obtain or retain housing is difficult to pinpoint, as it is often the result of multiple and compounding causes.

Nearly one quarter (22%) of respondents reported job loss as the primary cause of their homelessness. Fifteen percent (15%) reported drugs or alcohol. Thirteen percent (13%) reported an argument with a friend or family member who asked them to leave, 12% reported eviction, 10% reported divorce or separation, and 7% reported an illness or medical problem.

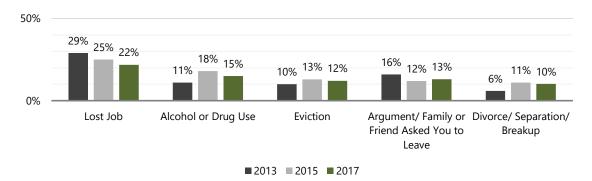


Figure 16. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES IN 2017)

2013 n= 931 respondents offering 1,057 responses; 2015 n = 993 respondents offering 1,267 responses; 2017 n= 1,073 Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. These barriers can range from housing affordability and availability to accessing the economic and social supports (e.g. increased income, rental assistance, case management) needed to access and maintain permanent housing. An inability to find adequate housing can lead to an inability to address other basic needs, such as healthcare and adequate nutrition.

Respondents were asked what prevented them from obtaining housing. The majority (56%) reported that they could not afford rent. One third (33%) reported a lack of job or income, followed by 25% who reported that there was no housing available. Most other respondents reported a mixture of other income or access related issues, such as difficulty with the housing process (18%), and lack of money for moving costs (16%).

Figure 17. OBSTACLES TO OBTAINING PERMANENT HOUSING (TOP FIVE RESPONSES IN 2017)

	2013	2015	2017
Can't afford rent	55%	48%	56%
No job/income	52%	28%	33%
No housing available	23%	17%	25%
Housing process is too difficult	18%	13%	18%
No money for moving costs	29%	13%	16%

2017 n = 1,056

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND ASSISTANCE

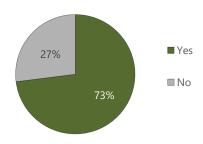
The City and County of San Francisco provides services and assistance to those currently experiencing homelessness through local, state, and federal funding sources. Government assistance and homeless services work to enable individuals and families to obtain income and support.

GOVERNMENT ASSISTANCE

There are a variety of forms of governmental assistance available to individuals experiencing homelessness. However, knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance can all impact the rate at which eligible individuals access these supports.

Nearly three-quarters (73%) of respondents in 2017 reported they were receiving some form of government assistance. The largest percentage of respondents (35%) reported receiving CalFresh (food stamps) and/or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). One quarter (25%) of respondents in 2017 reported receiving County Adult Assistance Program (CAAP) or General Assistance (GA). Twenty percent (20%) reported receiving SSI, SSDI, or non-veteran disability benefits, higher than 16% reported in 2015.

Figure 18. USING GOVERNMENT ASSISTANCE



2017 n = 999

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

100% 46% 33% ^{40%} 35% 30% 28% 27% 25% 13% 16% ^{20%} 19% 20% 19% 8% 8% 1% 5% Food Stamps/ Not Receiving GA/CAAP/CAPI SSI/SSDI Medi-Cal/ Social Security SNAP/ WIC/ Any Form of Medicare CalFresh Government Assistance ■ 2013 ■ 2015 ■ 2017

Figure 19. GOVERNMENT ASSISTANCE RECEIVED

2013 n = 917 respondents offering 1,182 responses; 2015 n = 886 respondents offering 1,317 responses; 2017 n = 999 respondents offering 1,503 responses

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

Of the 27% that reported they were not receiving any form of government support, the greatest percentage reported they did not want assistance (54%). Twelve percent (12%) did not think they were eligible for services, 10% reported they had never applied, 4% had applied and were waiting for a response, and 2% reported they were turned down.

Respondents also reported challenges applying for services; 9% reported they did not have the required identification, 6% reported no permanent address to use on their application, and 3% reported that the paperwork was too difficult. Five percent (5%) reported immigration issues as playing role, and 4% reported they did not know where to go to seek assistance.

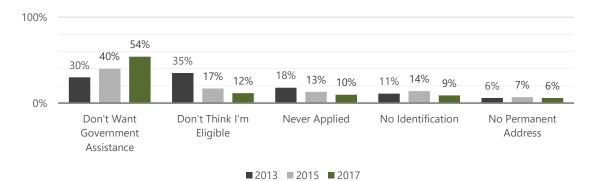


Figure 20. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE

2013 n = 406 respondents offering 515 responses; 2015 n = 224 respondents offering 275 response; 2017 n = 259 respondents offering 304 responses.

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND PROGRAMS

In addition to governmental assistance, there are City-funded community-based services and programs made available to individuals experiencing homelessness. These services range from shelters, drop-in centers, and meal programs to job training and healthcare.

More than half of respondents reported using meal services (52%). Thirty-nine percent (39%) of respondents report using emergency shelter services and 19% of respondents reported using drop-in center services. One quarter (25%) of respondents reported using health services, and increase from 17% in 2015. Nineteen percent (19%) reported using mental health services and 15% drug and alcohol counseling. Fifteen percent (15%) of respondents reported they were not using any services.

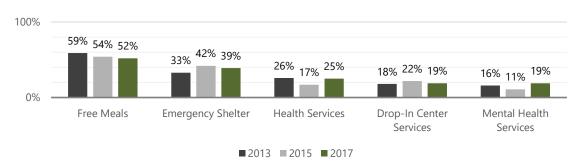


Figure 21. SERVICES OR ASSISTANCE (TOP FIVE RESPONSES IN 2017)

2013 n = 896 respondents offering 1,992 responses, 2015 n = 956 respondents offering 1,967 responses; 2017 n =1,037 respondents offering 2,523 responses

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

EMPLOYMENT AND INCOME

While the majority of survey respondents reported being unemployed, 13% reported part-time or full-time work, and many were receiving some sort of income.

EMPLOYMENT

The unemployment rate in San Francisco in January 2017 was 3%, slightly down from 4% in 2015. It is important to recognize that the unemployment rate represents only those who are unemployed and actively seeking employment. It does not represent all joblessness, nor does it address the types of available employment. In 2017, the unemployment rate for homeless respondents was 87%. Thirteen percent (13%) of respondents were working full-time, part-time, or with seasonal, temporary, or casual employment.

Of those who were unemployed, the primary barriers to employment included lack of transportation (36%), lack of permanent address (36%), lack of education and/or training (22%), and lack of available work or jobs (16%). Eleven percent (11%) of respondents reported health problems as a barrier, 9% alcohol and/or drug use, and 9% mental health issues. Thirteen percent (13%) of respondents reported that they did not want to work.

Figure 22. OBSTACLES TO OBTAINING EMPLOYMENT (TOP FIVE RESPONSES EACH YEAR)

2013	2015	2017	
No Phone	No Permanent Address	No Transportation	
(28%)	(28%)	(36%)	
Need Education/Training	Alcohol or Drug Use	No Permanent Address	
(28%)	(20%)	(36%)	
Need Clothing/Shower Facilities	Disability	Need Education/Training	
(27%)	(17%)	(22%)	
Alcohol or Drug Use	Age	No Jobs	
(25%)	(14%)	(16%)	
No Jobs	Need Clothing/Shower Facilities	Don't Want to Work	
(24%)	(13%)		

2013 n = 560 respondents offering 1,624 responses; 2015 n = 882 respondents offering 1,752 responses; 2017 n = 45 respondents offering 96 responses

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

Note: Respondents were challenged by this barriers question and the low response for barriers to employment is subject to a high margin of error.

⁴ State of California Employment Development Department. (2017). Unemployment Rates (Labor Force). Retrieved 2017 from http://www.labormarketinfo.edd.ca.gov

INCOME

Income from all sources varied between those with regular employment and those who were unemployed. One third (33%) of unemployed respondents reported an income of \$99 or less per month, in comparison to 13% of those who were employed. Unemployed income was typically from government benefits, recycling, or panhandling. Overall income for those with employment was higher than for people without employment. For example, 55% of employed respondents reported making between \$750 and \$3,000 per month, compared to 33% of unemployed respondents.

Figure 23. EMPLOYMENT AND MEAN MONTHLY INCOME

	20	015	2017		
	Employed	Unemployed	Employed	Unemployed	
\$0-\$99	14%	48%	13%	33%	
\$100-\$449	23%	16%	4%	18%	
\$450-\$749	19%	12%	26%	16%	
\$750-\$1,099	16%	17%	16%	24%	
\$1,100-\$1,499	12%	4%	24%	6%	
\$1,500-\$3,000	14%	2%	15%	3%	
More than \$3,000	2%	1%	2%	<1%	

2015 employed n = 104, 2015 unemployed n = 860; 2017 employed n = 137, 2017 unemployed n = 917 Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA. Note: Percentages may not add up to 100 due to rounding.

Note: Respondents were challenged by this income question and the low response for employed income is subject to a high margin of error.

In addition to overall income, respondents were asked specifically about income from panhandling. Nearly half of 2017 survey respondents (49%) reported panhandling, compared to 44% in 2015.

HEALTH

Nationally, the average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.⁵

CHRONIC HEALTH CONDITIONS

More than two-thirds of respondents (68%) reported one or more health conditions, similar to 2015 (67%). These conditions included chronic physical illness, physical disabilities, chronic substance use, and severe mental health conditions. Over half of respondents (53%) reported their condition limited their ability to take care of personal matters or to get and keep a job, much higher compared to 34% in 2015.

The most frequently reported health condition was drug or alcohol abuse (41%), followed by a psychiatric or emotional condition (39%), and then a chronic health problem (31%). Twenty-nine percent (29%) reported Post-Traumatic Stress Disorder (PTSD), 23% a physical disability, 12% a traumatic brain injury, and 11% reported having an AIDS or HIV related illness.

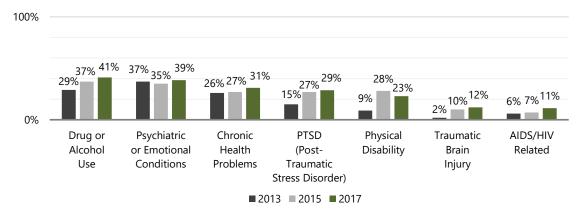


Figure 24. HEALTH CONDITIONS

2013 n= 902; 2015 n= 951-980; 2017 n = 1,027-1,061

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

FOOD SECURITY

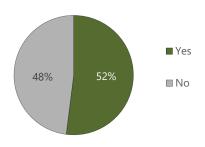
Food insecurity is associated with adverse health outcomes, including increased prevalence of chronic health conditions, and preventing those that are already ill from improving health outcomes. 6 Respondents were asked if they had experienced a food shortage at any time in the four

⁵ Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. New England Journal of Medicine, 338, 1734-1740.

⁶ Weiser, S. et al. (2013). Food insecurity is associated with greater acute care utilization among HIV-infected homeless and marginally housed individuals in San Francisco. J Gen Intern Med. 28(1), 91-98.

weeks prior to the survey. Fifty-two percent (52%) reported experiencing a food shortage, a decrease compared to 58% in 2015.

Figure 25. FOOD SHORTAGE IN THE PAST FOUR WEEKS



2017 n = 829

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

DOMESTIC VIOLENCE AND PARTNER ABUSE

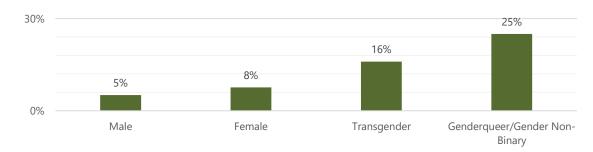
Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be a primary cause of homelessness for many. Survivors often lack many of the financial resources required for housing due to a limited employment history or dependable income. Six percent (6%) of all survey respondents reported they were currently experiencing domestic/partner violence or abuse. When asked about experiences throughout their lifetime, 26% reported domestic/partner violence or abuse.

Domestic violence varied by gender with 25% of genderqueer/gender non-binary respondents and 16% of transgender respondents reporting current experiences of domestic violence, compared to 5% of males and 8% of females. Looking at domestic violence across the lifetime, 88% of transgender and 37% of female respondents reported previous experiences of domestic violence, compared to 17% of male respondents. Of those who had an experience of domestic violence, 12% reported domestic violence as the primary cause of their homelessness. Among individuals in families, 40% had experienced domestic violence, and 30% of those in families who had experienced domestic violence reported domestic violence was the primary cause of their homelessness.

Figure 26. HISTORY OF DOMESTIC VIOLENCE



Figure 27. CURRENT EXPERIENCES OF DOMESTIC VIOLENCE BY GENDER



2017 n= 942

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

CRIMINAL JUSTICE SYSTEM

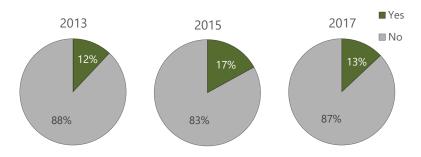
Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly for individuals with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies that affect both their ability to gain employment and their access housing opportunities.⁷

INCARCERATION

When asked if they had spent a night in jail or prison in the last 12 months, one fifth (20%) of respondents experiencing homelessness reported that they had, compared to 29% in 2015. Of the 20% of respondents who had spent a night in jail or prison in the 12 months prior to the survey, the mean number of nights spent in jail or prison was five.

Thirteen percent (13%) of respondents reported that they were on probation or parole at the time of the survey, lower than 2015 (17%). Similarly, in 2013, 12% of respondents were on probation or parole at the time they became homeless.

Figure 28. ON PROBATION OR PAROLE AT ONSET OF HOMELESSNESS



2013 n = 953; 2015 n = 931; 2017 n = 1,039

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

⁷ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. Psychiatr Serv, 2008 Feb;59(2): 170-7.

HUD Report and Subpopulations

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness in the United States. In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs, including: the chronically homeless, veterans, families with children and youth. These subpopulations represent important reportable indicators for measuring local progress toward ending homelessness.

The following sections examine each of these four subpopulations, identifying the number and characteristics of individuals included in HUD submission for the 2017 San Francisco Homeless Point-in-Time Count and Survey. Because this section is focused on the HUD defined subpopulations, the HUD definition of homelessness is used and the numbers reported in this section are consistent with the numbers that San Francisco reports to HUD. The previous section used the expanded definition of homelessness adopted by the City and County of San Francisco. In the following section, the HUD definition of homelessness for the Point-in-Time Count is used and includes:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or
 ordinarily used as a regular sleeping accommodation for human beings, including a car,
 park, abandoned building, bus or train station, airport, or camping ground.

The table below shows the 2017 San Francisco Report numbers, as well as the numbers reported to HUD in 2017. The differences are due to a broader definition of homelessness adopted by the City and County of San Francisco. The definition of homelessness in San Francisco expands HUD's definition to include individuals who were "doubled-up" in the homes of family or friends, staying in jails, hospitals, and rehabilitation facilities, and families living in Single Room Occupancy (SRO) units. While this data is beyond the scope of this project, the 2015 and 2017 San Francisco Report numbers include those residing in jails, hospitals, and rehabilitation facilities.

Figure 29. DIFFERENCES IN REPORTED NUMBERS BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND HUD

	San Francisco Report Numbers		San Francisco HUD Reported Numbers		
	2015	2017	2015	2017	
Total number of persons	7,539	7,499	6,775	6,858	
Total number of individuals	6,909	6,881	6,175	6,257	
Total number of families	226	198	212	190	
Total number of persons in families	630	618	600	601	
Total number of unaccompanied children and TAY	1,567	1,363	1,473	1,274	
Total number of chronically homeless persons	1,803	2,181	1,629	2,138	
Total number of veterans	598	744	557	684	

Of the 1,104 surveys completed in 2017, the results represent 351 chronically homeless individuals, 122 homeless veterans, 53 individuals in homeless families, 8 and 213 unaccompanied children and transitional-age youth. Surveys were completed in unsheltered environments and transitional housing settings. The extrapolated population estimate data presented in this section includes only individuals and families that meet the HUD definition of homelessness.

⁸ Homeless families continue to be underrepresented in San Francisco Homeless Survey data. The majority of homeless families in San Francisco are currently residing in shelters and transitional housing facilities.

CHRONIC HOMELESSNESS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, *and* also has a condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population. Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services. The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population, or an estimated 77,486 individuals, was chronically homeless in 2016.

⁹ United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from

https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

¹⁰ Larimer, E., Malone, D., Garner, D., et al. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. Retrieved 2017 from http://jamanetwork.com/journals/jama/fullarticle/183666

¹¹ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf

PREVALENCE OF CHRONIC HOMELESSNESS

In 2017, the number of chronically homeless individuals in San Francisco increased, while the number of chronically homeless persons in families decreased. Many communities in California, including Los Angeles County and Alameda County, have seen an increase in chronic homelessness between 2015 and 2017. Based on the San Francisco Point-in-Time Count data, it was estimated that there were 2,138 chronically homeless people living in San Francisco on January 26, 2017. Approximately 31% of the homeless population in San Francisco is chronically homeless.

2,500 2,112 1,977 1,574 116 55 26 2013 2015 2017 ■ Individuals without Children ■ Persons in Families with Children

Figure 30. CHRONIC HOMELESS POPULATIONS ESTIMATES OVER TIME

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Figure 31. CHRONIC HOMELESS POPULATION ESTIMATES BY SHELTER STATUS

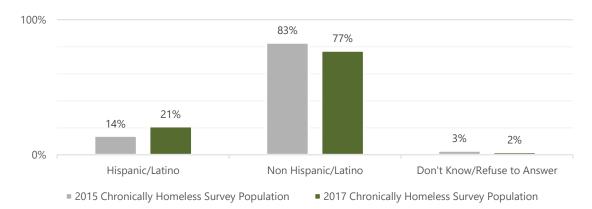
TOTAL POPULATION OF CHRONICALLY HOMELESS INDIVIDUALS: 2,112 SINGLE INDIVIDUALS 25% Sheltered 75% Unsheltered TOTAL POPULATION OF CHRONICALLY HOMELESS FAMILIES: 9 FAMILIES WITH 26 FAMILY MEMBERS 87% Sheltered 13% Unsheltered

Source: Applied Survey Research (2015-2017). San Francisco Homeless Count. Watsonville, CA.

DEMOGRAPHICS OF CHRONICALLY HOMELESS SURVEY RESPONDENTS

The majority of chronically homeless individuals were male (68%), slightly higher than the non-chronically homeless population (58%). A similar percentage of chronically homeless respondents identified as Hispanic or Latino compared to non-chronically homeless respondents (21% and 23%, respectively). Six percent (6%) of chronically homeless respondents identified as veterans.

Figure 32. ETHNICITY AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS

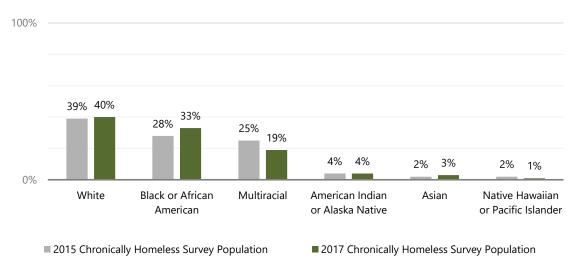


2015 n = 250; 2017 n = 322

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Figure 33. RACE AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS



2015 n=249; 2017 n=335

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

The definition of chronic homelessness requires a condition that prevents an individual from maintaining work or housing, and many respondents reported experiencing multiple physical or mental health conditions. Sixty-five percent (65%) of chronically homeless survey respondents reported alcohol or substance use. Sixty-three percent (63%) reported a psychiatric or emotional condition. Forty-nine percent (49%) reported a chronic health problem or medical condition. Fortyfive percent (45%) reported Post Traumatic Stress Disorder (PTSD).

In general, higher rates of health conditions were reported for those who were chronically homeless compared to their non-chronically homeless counterparts. For example, 40% of chronically homeless individuals reported having a physical disability compared to 15% of non-chronically homeless individuals.

100% 65% 63% 49% 45% 40% 30% 27% 22% 22% 21% 18% 15% 8% 0% Psychiatric or Traumatic Brain Drug or Physical Post-Traumatic Chronic AIDS/HIV Alcohol Abuse **Emotional** Disability Stress Disorder Health Related Injury Conditions (PTSD) **Problems** ■ 2017 Chronic Survey Population ■ 2017 Non-Chronic Survey Population

Figure 34. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON

Chronic n = 331-342; Non-Chronic n = 696-719

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Nearly one-fifth (19%) of chronically homeless survey respondents identified alcohol or drug use as the primary cause of their homelessness; this was a decrease compared to 32% in 2015. Ten percent (10%) of chronically homeless respondents reported mental health issues as a primary cause compared to 4% of non-chronically homeless respondents.

While chronically homeless respondents reported some differences in the initial cause of their homelessness compared to non-chronic respondents, they reported similar barriers to permanent housing. As in 2015, the most common response in 2017 was inability to afford rent (55%). Twentynine percent (29%) reported having no job or not enough income, 24% reported a lack of available housing, and 19% reported difficulty with the housing process.

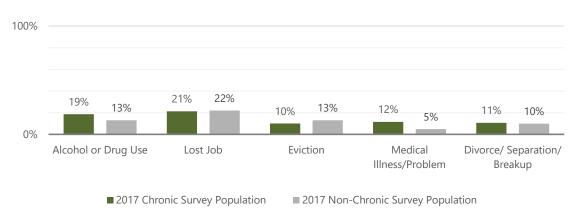


Figure 35. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON

Chronic n = 345; Non-Chronic n = 728

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

ACCESS TO SERVICES AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

A higher proportion (19%) of chronically homeless respondents reported they were not using any local homeless services such as food and shelter services, compared to 14% of those who were not chronically homeless. They also reported somewhat higher use of health services, 29% compared to 23% of those who were not chronically homeless.

Twenty-two percent (22%) of chronically homeless respondents reported they were not using government assistance, a slight increase from 20% in 2015. Thirty-one percent (31%) reported receiving SSI, SSDI, or other disability benefits, 27% received CalFresh (food stamps), and 21% received General Assistance (GA). Nineteen percent (19%) reported receiving Medi-Cal/MediCare benefits, a large decrease from 32% in 2015.

Of chronically homeless respondents who were not receiving government services, over half (55%) reported that they did not want government assistance. Ten percent (10%) reported not having a permanent ID, and another 10% reported they had never applied. One percent (1%) reported that the paperwork was too difficult, a large decrease from 17% in 2015.

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

A slightly higher percentage of chronically homeless respondents reported they had spent one or more nights in jail or prison in the 12 months prior to the survey, 22% compared to 19% of nonchronically homeless respondents. Sixteen percent (16%) of chronically homeless survey respondents reported being on probation or parole at the time of the survey, and 17% reported being on probation or parole at the time they became homeless.

HOMELESSNESS AMONG VETERANS

Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse. Nationally, veterans experiencing homelessness are more likely to live on the street than in shelters and often remain on the street for extended periods of time.¹²

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans' currently experiencing homelessness or at risk of experiencing homeless.

NUMBER OF CHRONICALLY HOMELESS VETERANS

San Francisco and its federal and local partner have prioritized ending chronic homelessness for veterans. Due to this increased focus and investment the number of chronically homeless veterans in San Francisco decreased between 2015 and 2017. It was estimated that 137 veterans were chronically homeless in San Francisco in January 2017, a decrease from 196 individuals in 2015.

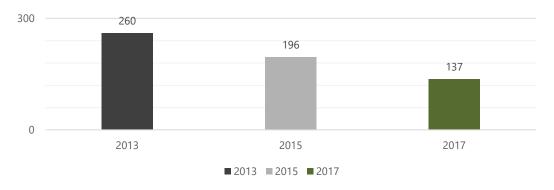


Figure 36. CHRONICALLY HOMELESS VETERAN POPULATION ESTIMATES

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

ACCESS TO SERVICES AMONG VETERANS

Overall, the number of veterans connected to any form of government assistance was higher than the non-veteran population, 84% compared to 71%. More veterans reported using health services (29%) and mental health services (23%) than non-veterans (compared to 24% and 18% of non-veterans, respectively).

Twenty-six percent (26%) of veterans reported receiving VA disability compensation, and 19% reported receiving another form of VA benefit. Twenty-four percent (24%) reported they were receiving SSI/SSDI.

¹² National Alliance to End Homelessness (2015). Fact Sheet: Veteran Homelessness. Retrieved 2017 from http://www.endhomelessness.org/library/entry/fact-sheet-veteran-homelessness

NUMBER OF HOMELESS VETERANS

While the number of veterans experiencing chronic homelessness has decreased the estimated number of homeless veterans in San Francisco increased between 2015 and 2017. There were an estimated 684 veterans in 2017, compared to 557 in 2015. Forty-eight percent (48%) of veterans identified in the Point-in-Time Count were identified in City shelters or VA facilities.

Figure 37. HOMELESS VETERAN POPULATION ESTIMATES

TOTAL POPULATION OF VETERANS: 684 INDIVIDUALS

48% Sheltered

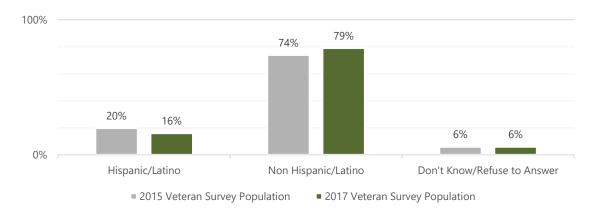
52% Unsheltered

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

DEMOGRAPHICS OF HOMELESS VETERANS

Eighty-one percent (81%) of veteran survey respondents identified as male, 16% female, and 3% transgender. Sixteen percent (16%) of veterans identified as Hispanic or Latino, less than the non-veteran respondents (23%). Forty percent (40%) of veterans reported their racial identity as White, 34% Black or African American, and 17% Multiracial.

Figure 38. ETHNICITY AMONG VETERANS

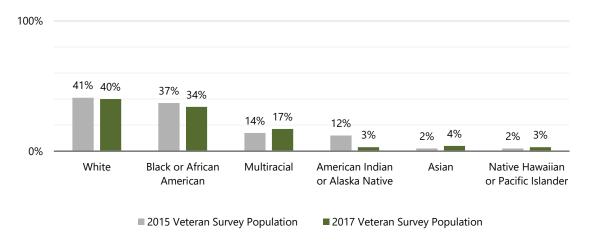


2015 n = 131; 2017 n = 109

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Figure 39. RACE AMONG VETERANS



2015 n = 132; 2017 n = 118

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

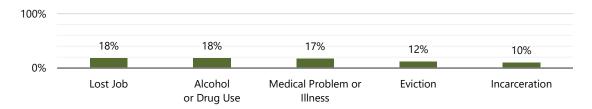
Sixty-four percent (64%) of veterans were living in San Francisco at the time they most recently became homeless, slightly lower than the non-veteran population (69%). Twenty-two percent (22%) were living in another county in California when they became homeless, and 14% reported they were living in another state. Of those who did not live in San Francisco at the time they became homeless, 24% reported coming to San Francisco to access VA services or a clinic.

The greatest number of veterans reported that prior to becoming homeless they were living in a home owned or rented by themselves or a partner (35%), marginally higher than the non-veteran population (33%). Veterans more often reported they were in a hospital or treatment center prior to becoming homeless, 7% compared to 3% of non-veterans.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS

The most frequently cited cause of homelessness among veterans was job loss and alcohol or drug use, each representing 18% of the veteran population. Seventeen percent (17%) reported a medical problem or illness as the primary cause of their homelessness, 12% reported eviction, and 10% reported incarceration.

Figure 40. PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS (TOP FIVE RESPONSES IN 2017)



2017 n = 160

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

INCARCERATION AMONG HOMELESS VETERANS

Nationally, among those who are incarcerated, veterans are more likely than non-veterans to be first time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss or decrease in amount of various VA benefits.¹³

Twenty percent (20%) of veteran and non-veteran respondents reported they had spent one or more nights in jail in the 12 months prior to the survey. A slightly higher percentage of veterans (14%) reported they were currently on probation or parole compared to non-veterans (12%).

¹³ Military Benefits. (2014). Incarcerated Veterans. Retrieved 2014 from http://www.military.com/benefits/veteran-benefits/incarcerated-veterans.html.

HOMELESS FAMILIES WITH CHILDREN

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to adults without children and unaccompanied youth. Data on families experiencing homelessness suggest that they are not much different from families in poverty.¹⁴

Nationally, the risk of homelessness is highest among households headed by single women and families with children under the age of six.¹⁵ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with consistent living accommodations.¹⁶

NUMBER OF HOMELESS FAMILIES WITH CHILDREN

Trend data showed that the distribution of single individuals compared to people in families has remained relatively consistent over time. There were 601 persons in families identified during the 2017 count, nearly identical to the 600 persons in families identified in 2015. Between 2015 and 2017 the number of homeless families enumerated decreased by 10% from 212 to 190. Ninety-seven percent (97%) of families identified during the Point-in-Time Count were staying in shelters or transitional housing programs.

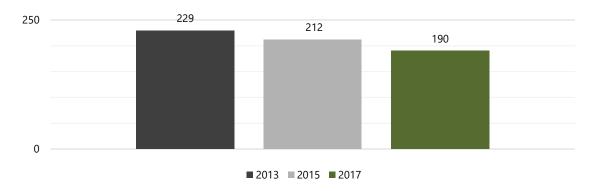


Figure 41. FAMILIES ENUMERATED DURING THE POINT-IN-TIME HOMELESS COUNT

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Figure 42. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES

TOTAL POPULATION OF FAMILIES: 190 FAMILIES WITH 601 FAMILY MEMBERS

97% Sheltered

3% Unsheltered

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

¹⁴ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from http://www.usich.gov/

¹⁵ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from http://aspe.hhs.gov/

¹⁶ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from http://www.usich.gov/

CHRONICALLY HOMELESS FAMILIES WITH CHILDREN

Chronic homelessness among families has been declining in San Francisco since 2013. Between 2013 and 2017 there was a 78% decrease in the number of people in families experiencing chronic homelessness; in 2013, there were 116 chronically homeless people in families and in 2017 it was down to 26.

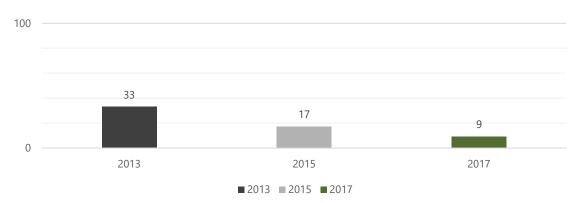


Figure 43. NUMBER OF FAMILIES EXPERIENCING CHRONIC HOMELESSNESS BETWEEN 2013-2017

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

CHARACTERISTICS OF HOMELESS FAMILIES WITH CHILDREN

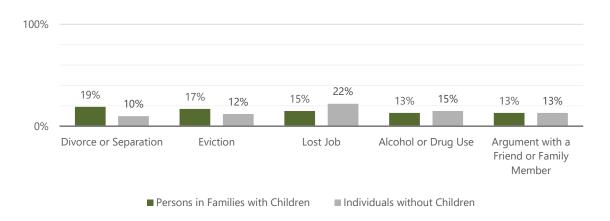
Fifty-three individuals in homeless families with children participated in the San Francisco Survey.¹⁷ Ninety-one percent (91%) of survey respondents in families were female, significantly higher than survey respondents not in families (30%). Twenty-nine percent (29%) of those surveyed in families identified as Hispanic or Latino, slightly higher than those not in families (21%).

¹⁷ Caution should be used when interpreting these data due to small number of surveys conducted with homeless individuals in families with children

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

Forty percent (40%) of individuals in families with children reported having experienced domestic violence in the past, and 6% reported they were currently experiencing domestic violence at the time of the survey. Eleven percent (11%) reported family or domestic violence as the primary cause of their homelessness. The most frequently reported cause was divorce or separation (19%), followed by eviction (17%) and job loss (15%).

Figure 44. PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN (TOP FIVE RESPONSES IN 2017)



Families n = 53; Non-families n = 988

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

LENGTH OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN

Forty-two percent (42%) of individuals in families with children reported they were experiencing homelessness for the first time compared to 24% of single individuals. Slightly over half (55%) had been without housing for more than 6 months, and 37% reported they were living in a home owned or rented by themselves or a partner prior to becoming homeless.

GOVERNMENT ASSISTANCE FOR HOMELESS FAMILIES WITH CHILDREN

Forty-five percent (45%) of respondents reported that in the 4 weeks prior to the survey, they had experienced a food shortage. Over half (62%) reported that they were receiving CalFresh (food stamps), and 46% reported they were receiving Medi-Cal/MediCare.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Due to increased investments and targeted interventions, the San Francisco Unified School District has seen a reduction in students experiencing homelessness. Given the difference in definitions of homelessness between HUD and the Department of Education, the San Francisco Unified School District (SFUSD) numbers differ from those reported to HUD. Despite this difference, SFUSD's data on the annual number of students experiencing homelessness is an important source of information and a key indicator of progress on reducing family homelessness.

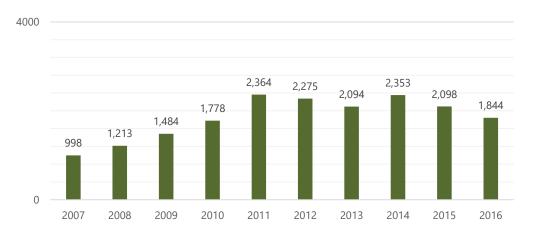


Figure 45. NUMBER OF STUDENTS IN SFUSD EXPERIENCING HOMELESSNESS

Source: San Francisco Unified School District. This reflects a snapshot of homeless students taken in early October of each school year.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transitional-age youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transitional-age youth on the streets and in public shelters. Young people experiencing homelessness have a harder time accessing services, including shelter, medical care, and employment due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people. 19

In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transitional-age youth. As part of this effort, the Department of Housing and Urban Development placed increased focus on gathering data on unaccompanied homeless children and youth during the Point-in-Time Count.

The City and County of San Francisco implemented a supplemental youth count and survey in 2013 to improve data on unaccompanied children and youth in San Francisco. These efforts were replicated, with minor improvements, in 2015 and 2017. The following section provides an overview of the findings on unaccompanied children and youth identified in San Francisco's general point-intime count, as well as in the specific youth count. More information regarding the youth study can be found in the 2017 San Francisco Homeless Unique Youth Count & Survey.

¹⁸ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf

¹⁹ National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from http://www.nationalhomeless.org.

NUMBER OF UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

In 2017, 1,274 unaccompanied children and transitional-age youth were identified in the count. Of this, 1,170 of these individuals were transitional-age youth and 104 were unaccompanied children. This was lower than in 2015, when 1,348 transitional-age youth and 125 unaccompanied children were included in the count. Ninety percent (90%) of unaccompanied children and 88% of transitional-age youth counted on January 26, 2017 were unsheltered.

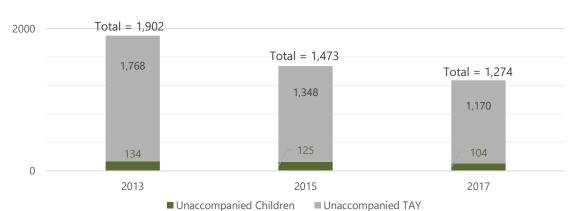
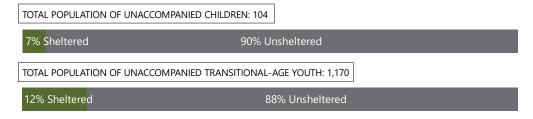


Figure 46. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH POPULATION ESTIMATES **OVER TIME**

Figure 47. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH POPULATION ESTIMATES BY SHELTER STATUS



Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Unaccompanied children and transitional-age youth are enumerated through the shelter count, general street count, and supplemental youth street count. In 2017, 40% of unaccompanied children and transitional-age youth were identified through the youth point-in-time count efforts. It is important to note the youth count is conducted by peer youth enumerators who themselves have or are currently experiencing homelessness. These youth have a clearer understanding of where homeless youth reside and what distinguishes them from non-homeless, unaccompanied children and transitional-age youth seen on the street.

Figure 48. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH HOMELESS COUNT RESULTS BY AGE GROUP

	Unaccompanied Children Under 18	Transitional-Age Youth 18-24	Total Unaccompanied Youth
Sheltered Count	10	140	150
Street Count	94	1,030	1,124
General Count	47	576	623
Supplemental Youth Count	47	454	501*
Total	104	1,170	1,274

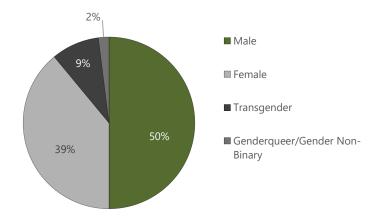
Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

^{*}The youth count identified 513 persons, however 12 of those persons were youth in families. The youth count identified 501 unaccompanied children and youth.

DEMOGRAPHIC CHARACTERISTICS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

Half (50%) of the population of youth respondents under the age of 25 identified as male, less than the general population (64%). Nine percent (9%) identified as transgender, 2% as genderqueer/gender non-binary, and 39% as female. Nearly half (49%) of youth respondents identified as LGBTQ, much higher than the adult population (25%).

Figure 49. GENDER IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

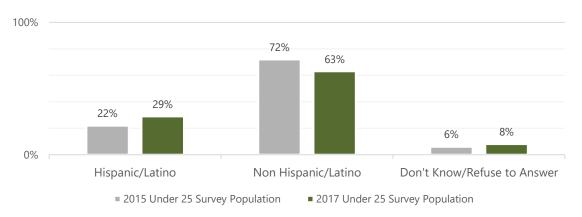


Under 25 n= 1,104

Note: Percentages may not add up to 100 due to rounding.

Twenty-nine percent (29%) of youth respondents reported they were Hispanic or Latino, compared to 20% of respondents 25 years and over. The highest reported race for youth respondents was Multiracial (35%), followed by Black or African American and White, each representing 26% of the youth population.

Figure 50. ETHNICITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



2015 n = 175; 2017 n=211

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

100% 57% 35% 26% 26% 22% 18% 7% 7% 4% 3% 3% 3% 0% Multiracial White Black or African Asian American Indian Native Hawaiian American or Alaska Native or Pacific Islander ■ 2015 Under 25 Survey Population ■ 2017 Under 25 Survey Population

Figure 51. RACE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

2015 n=161; 2017 n = 215

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. Note: Percentages may not add up to 100 due to rounding.

More than half (56%) of youth survey respondents reported they were living in San Francisco at the time they most recently became homeless. Twenty-eight percent (28%) of youth survey respondents reported living in another county in California at the time they most recently became homeless. Sixteen percent (16%) moved to San Francisco out of state compared to 9% of respondents over the age of 25.

Figure 52. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS FOR UNACCOMPNIED CHILDREN AND TRANSITIONAL-AGE YOUTH



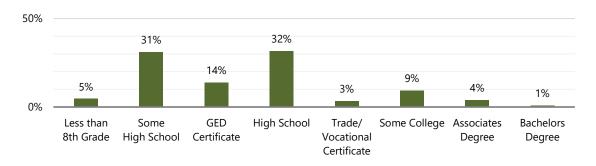
2017 n = 215

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

EDUCATIONAL ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

Approximately 90% of the youth respondents were over the age of 18, yet 36% had not completed high school or received a GED. Thirty-two percent (32%) had completed high school, 4% had attained an associate's degree, and 1% had completed college. Forty-three percent (43%) of youth reported they were currently enrolled in some kind of educational or vocation program.

Figure 53. EDUCATION ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



Under 25 n = 152

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. Note: Percentages may not add up to 100 due to rounding.

INSTITUTIONAL INVOLVEMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

About one quarter (26%) of youth respondents reported they had been in the foster care system, and 7% of those with foster care experience reported aging out of foster care as the primary cause of their homelessness.

Twenty-nine percent (29%) of youth reported they had been involved with the justice system before turning 18, and 10% were on probation or parole at the time they most recently became homeless. Four percent (4%) reported incarceration as the primary cause of their homelessness, and 5% reported their criminal record was preventing them from obtaining permanent housing.

Figure 54. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

TOTAL SURVEY POPULATION OF UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH: 229 INDIVIDUALS 26% YES 74% NO

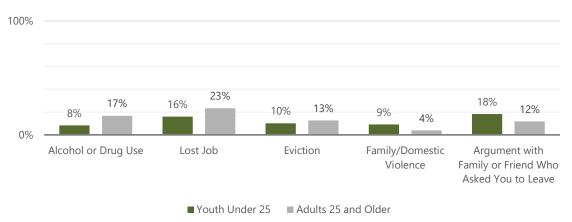
Under 25 n = 208

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA

PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Homeless youth survey respondents reported some differences in cause of homelessness compared to respondents 25 years or older. Eighteen percent (18%) of youth reported an argument with a friend or family member who asked them to leave as the primary cause of their homelessness, compared to 12% of individuals over 25. Fewer reported a job loss as the primary cause of their homelessness compared to that of adults, 16% compared to 23%, respectively.

Figure 55. PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH AND ADULTS 25 AND OLDER



Under 25 n = 218; Adults 25 and Older n = 855

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

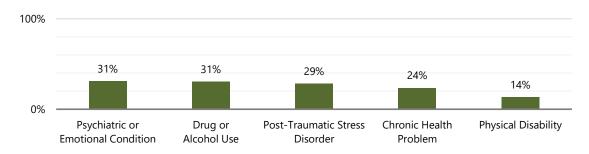
Note: Multiple response question. Percentages may not add up to 100.

HEALTH AND SOCIAL BARRIERS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Though better than the general homeless population, health is still an issue for homeless youth. Forty-nine percent (49%) of youth reported their physical health was "good" or "very good." One in five youth (20%) surveyed reported receiving Medi-Cal/MediCare, higher than in 2015 (15%).

Forty percent (40%) of youth reported one or more health conditions, including psychiatric and emotional conditions (31%), drug or alcohol use (31%), and Post-Traumatic Stress Disorder (PTSD) (29%).

Figure 56. HEALTH CONDITIONS AMONG UNACCOMAPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH (TOP FIVE REPONSES IN 2017)



Under 25 n = 212-217

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA. Note: Multiple response question. Percentages may not add up to 100.

Services and Social Support Networks Among Unaccompanied Children and Transitional-Age Youth

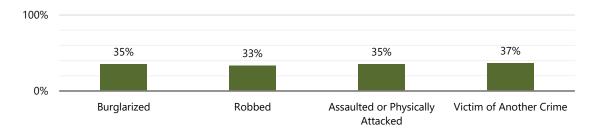
Thirty-nine percent (39%) of homeless youth survey respondents reported having a supportive adult in the Bay Area, an increase from 25% in 2015. Thirty-one percent (31%) of youth reported they had stayed with a friend or family member at least one night in the two weeks prior to the survey, however, three-quarters (75%) reported that they did not usually stay with the same person. Thirty-seven percent (37%) of youth reported using emergency shelter services, and 29% reported using transitional housing services, an increase from 14% in 2015.

Forty-six percent (46%) of youth respondents reported using youth specific services "often" or "always." Forty-two percent (42%) of youth reported receiving CalFresh (food stamps), and 51% reported using free meal services; however, 64% still reported experiencing a food shortage in the four weeks prior to the survey, and 58% reported food as a current need. Twenty-eight percent (28%) reported they had a job, paid internship, or other type of employment, and 13% were accessing employment services.

EXPERIENCES OF VIOLENCE AND CRIME AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

One third (33%) of youth survey respondents reported that they felt "a little unsafe" or "very unsafe" in their current living situation, and half (50%) reported that their safety had been threatened at least once in the 30 days prior to the survey. When asked about specific experiences of violence, 35% reported they had been assaulted or physically attacked in the year prior to the survey.

Figure 57. EXPERIENCES WITH VICTIMIZATION IN THE PAST 12 MONTHS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



2017 n = 156-153

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

Note: Burglarized means that you were not present at the time.

2017 SAN FRANCISCO HOMELESS UNIQUE YOUTH COUNT & SURVEY

The above section provides an overview of San Francisco HUD reported data on unaccompanied children and youth. The 2017 San Francisco Homeless Unique Youth Count and Survey contains additional information on the number of unaccompanied children and transitional-age youth counted in the Point-in-Time Count using the City of San Francisco's expanded definition of homelessness, as well as additional information gathered in the youth focused survey effort. The report can be accessed online at hsh.sfgov.org.

Local Context

A NEW DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

On August 15, 2016, the Department of Homelessness and Supportive Housing (HSH) was launched in the City and County of San Francisco. Despite innovative programs and cutting edge practices, the City and County of San Francisco had seen a sustained crisis of homelessness for more than 30 years. Mayor Edwin Lee announced the creation of the new department in a speech on December 11, 2015. He called on the directors of the Department of Public Health, Human Services Agency, and the Mayor's Office of HOPE to build upon our successful efforts by creating a single department. HSH is charged with reducing all homelessness and ending it when possible by uniting programs and staffing from five different agencies and aligning strategies and resources. In short, to create a homeless service system from street outreach and emergency services back to housing. HSH will release a new Strategic Framework to guide these efforts and will be retooling the homelessness response system over the next few years to become a fully coordinated and transparent system that connects people with housing and services based on their unique needs. The goal of the HSH is to reduce homelessness among the various subpopulations and strive for an overall reduction in the Point-in-Time Count.

COORDINATED ENTRY SYSTEM

San Francisco's current homeless system is made up of strong programs and effective microstrategies. However, the pathways from homelessness to housing are unclear and inconsistent. People experiencing homelessness typically try to access support in multiple locations, and the place where they happen to seek help can determine what type of help they receive, rather than any systematic decision-making about the most appropriate support. Lack of consistency in approach and targeting means that the system's resources are not working together and limited support is not effectively and efficiently allocated. It also means that people who are most able to navigate the confusing system may receive more help, while those with the greatest need for assistance become discouraged and give up.

To build on existing strengths and achieve better results, San Francisco will bring its programs together in a coordinated crisis response system for each major group of homeless people – adults, families, and youth - that creates clear and consistent connections between program components and speeds movement to a housing solution. The core components must each play a part in the overall strategy to respond quickly with the most appropriate resource available.

While many of these components exist now, some will be new to the system, including coordinated entry for all interventions and problem solving assistance. Other components, such as outreach, flexible subsidies, and temporary housing are being retooled or aligned with the rest of the system to increase impact.

Coordinated Entry is a key component of each of these systems. Like the triage nurse in an emergency room, coordinated entry assesses needs and prioritizes available resources while keeping track of all who are seeking help. Coordinated entry provides a standardized assessment that matches the household in need with the most appropriate available resource. Coordinated entry also prioritizes households for assistance to ensure that those with highest need do not fall through the cracks or get lost navigating the complexities of the different programs.

EXPANSION OF TEMPORARY SHELTER

In addition to improving the way our system functions, the City and County of San Francisco is committed to expanding the capacity of the homelessness response system to better meet the needs of people experiencing homelessness. Recent growth includes the expansion of temporary shelter, the development of Navigation Centers, and the expansion of supportive housing and rapid re-housing options.

In June 2015, San Francisco opened Jazzie's Place, the nation's first LGBTQ shelter for homeless adults. Jazzie's is a 24-bed shelter targeted to serve lesbian, gay, bisexual and transgender homeless adults. Jazzie's is operated by Dolores Street Community Services and is an integral part of our strategy to meet the needs of our diverse community.

In March 2015, the City expanded the Women's Winter Shelter from part of the Interfaith Winter Shelter to a year-round women's shelter. The **Bethel Women's Shelter** now offers 30 beds year-round for women experiencing homelessness.

In 2015, San Francisco opened the first Navigation Center. Navigation Centers provide temporary room and board to San Francisco's highly vulnerable and chronically homeless residents who are often unable to access traditional shelter and services. Navigation Centers are different from traditional shelters in that they have few barriers to entry and intensive support services. Unlike traditional shelters, people with partners, pets, and possessions are welcome at Navigation Centers. The purpose of a Navigation Center is not just to provide a safe place to stay and a warm meal, but to support a person in changing their life by making lasting connections to housing and social services.

Between January 2015 and January 2017, San Francisco opened two Navigation Centers with a combined capacity of **168 beds**. As of April 2017, the Navigation Centers have helped over 1,300 highly vulnerable people get off of the streets, and 68% of these guests have exited to housing.

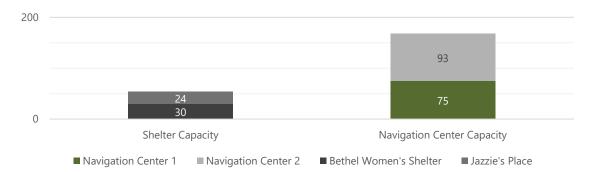


Figure 58. EXPANSION OF TEMPORARY SHELTERS BETWEEN 2015 AND 2017

New Housing & Housing Placements

Over the past two fiscal years, San Francisco has opened approximately 625 new units of Permanent Supportive Housing (PSH) for families, adults, and transitional-age youth. Between the expansion of housing and turnover in existing PHS units, 1,412 people exited homelessness through placement into PSH between January 2015 and December 2016. During that same time, San Francisco and its partners re-housed 367 families through rapid re-housing. Rapid Re-Housing is a strategy to re-house households experiencing homelessness as quickly as possible in private market housing, with the use of short term rental assistance. Rapid Re-Housing has been highly successful for families, with 93% of the family remaining stably housed at the end of the subsidy. San Francisco is now expanding this approach to transitional age youth and is piloting it for adults.

Additionally, between January 2015 and December 2016, 1,702 people were reunited with family or friends through the Homeward Bound program. Homeward Bound is a program to reconnect people with loved ones in other communities who can house them and help them get back on their feet.

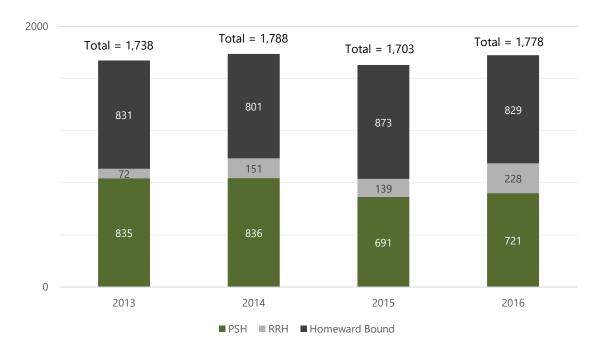


Figure 59. PEOPLE EXITING HOMELESSNESS BETWEEN 2013-2016

TRANSITIONAL AGE YOUTH HOUSING

San Francisco and the youth providers work closely together and offer a range of approaches for addressing youth homelessness that include street outreach, shelter, transitional housing, rental subsidies and permanent housing. Most of the system's resources are focused on transitional programs. While this is aligned with the life stage and needs of some youth, it leaves gaps for youth with both higher and less severe needs, and because transitional programs are long and intensive they limit the number of youth that can be served. A portion of the adult system also currently serves TAY, though that percent is only estimated at less than 10% of the available shelter and housing resources.

San Francisco was recently awarded a two-year demonstration grant from the U.S. Department of Housing and Urban Development (HUD) to plan for a systemic approach to meet the needs of

homeless youth. This grant will provide resources to analyze the current system and identify gaps and develop a detailed plan with articulated vision as goals. It will also allow for the creation of new program models that are more flexible and innovative.

This plan will lay out the specific system improvements, programs and initiatives to effectively reduce homelessness among youth. This will include the design for a coordinated entry process and shared approach to assessment and targeting. Community members, including youth, have called for youth-centered crisis intervention and response services, along with emergency resources for people living outside. Strengthening the system will also include building in more flexibility in program models and allowing youth to move housing programs as their needs change. Potential examples include host home models, engaging networks of extended families and supportive adults; waivers of time limits on rental assistance and transitional programs; extending aftercare and supportive services after rental assistance ends; providing a means for youth to exit from youth-targeted housing assistance into the adult system; and providing youth-targeted mobile case management and support services to better engage individuals in scattered-site rental assistance.

The currents system for youth provides a range of temporary and permanent housing, and an additional 69 supportive housing units are already planned and in the development pipeline. It is certain that additional program resources are needed for youth and young adults to effectively end their homelessness.

ADDRESSING FAMILY HOMELESSNESS

The system of programs and services for families experiencing homelessness in San Francisco is robust and includes a range of program types and supports. The providers that serve this population have a strong history of formal and informal collaboration. The family system has had centralized intake for certain shelters for nearly two decades and this has helped to bring the system together and provide data to track need. However, the access process has encouraged many families to wait long periods for shelter before addressing their housing needs and resulted in assistance going often to families that were most persistent, not necessarily those with the greatest needs. The current system also offers little systematic housing problem solving to help families that are doubled up or unstably housed and can avoid becoming unsheltered or entering shelter. And families that do gain shelter tend to remain there for long periods, without resources being immediately identified and connected to hasten the re-housing process. While rapid re-housing is a key intervention with families, it is not available at the scale needed nor routinely offered to every family.

Children should not have to live on the streets of San Francisco or spend months or years in shelter and other temporary places. The US Interagency Council defines ending family homelessness as a state where few families are homeless at any given time and those that cannot be prevented from becoming homeless are quickly rehoused.

During 2016 and 2017, providers, clients, and the City have worked together to design a system for families that will bring all the programs together into a coordinated effort to shelter all families with nowhere to stay and rehouse families quickly. Beginning in fall 2017, the new coordinated entry system for families will be launched. This system will include new Access Points in neighborhoods where families with a housing crisis can go to be assessed and receive problem solving support. These access points will be connected to the mainstream systems that families use such as schools, social services, and employment programs.

To reach a status of no unsheltered families will require using the existing inventory of shelter to ensure that all unsheltered families are immediately sheltered. For temporary housing, there are

currently 99 shelter units available for families and 33 units of transitional housing. The City will add 30 more shelter units for families in the coming year, and will work with transitional housing providers to reduce admission criteria and support more families over time.

Coordinated Entry will be used to prioritize the current stock of 558 supportive housing units and long-term rent subsidies for homeless families and an additional 471 which will come on line in the next four years. New resources for additional rapid re-housing, including 800 opportunities through Heading Home (100 placements have already been made), will form the bulk of the resources to re-housing families, growing rapid re-housing three-fold.

VETERAN'S HOMELESSNESS

San Francisco is committed to functionally ending chronic homelessness for veterans. Between January 2015 and December 2016, San Francisco has housed approximately 335 veterans through HUD-VASH with 91% remaining stably housed. The 2017 Point-in-Time Count enumerated 137 chronically homeless veterans. In January 2017, there were 193 chronically homeless veterans, on San Francisco's By-Name List.

A combination of increased local and federal resources and a systematic approach to matching veterans quickly to programs and resources has reduced chronic homelessness among veterans. Dedicated resources such as the HUD-VASH program which provides supportive housing for veterans and new buildings coming online can assist many these individuals.

STREET HOMELESSNESS & ENCAMPMENTS

The long-term solution to unsheltered or street homelessness is the same as the solution to all homelessness – provide housing exits through a range of interventions tailored to the needs of each individual and offered through a coordinated system. However, in the short-run, the street homelessness crisis requires an immediate response that balances the needs of those with nowhere else to stay with those of their neighbors and the overall health of the city. Therefore, while HSH pursues the long-term solutions, it is also committed to working with other departments to minimize impact on neighborhoods and address health and safety needs of people on the streets.

San Francisco's Homeless Outreach Team (SF HOT) and Encampment Resolution Team (ERT) work in partnership with multiple City departments to respond to street homelessness. The number of complaints related to homelessness has increased dramatically in recent years.

Multiple City agencies are engaged in responding to concerns about street homelessness, with roles ranging from providing health care on the streets, cleaning the streets, and ensuring the safety of our neighborhoods.

Large encampments are too often unsafe places for people experiencing homelessness and for neighborhoods. People living in these encampments often face and create serious public health and life safety hazards. Encampments can be areas of exploitation and violence for people experiencing homelessness. Even at their best, encampments are inadequate and unhealthy places for people to live.

HSH is committed to addressing encampments, not through criminalization, but by connecting people living on the streets with services and housing, partnering with other City departments to address the conditions on the streets. To effectively and compassionately address encampments, the City has created the Encampment Resolution Team (ERT). The ERT is a specialized team of outreach staff. During resolution, ERT collaborates closely with encampment residents, neighbors, property owners and other city departments to close encampments and assist remaining people to connect with places of safety and respite.

In its first nine months of operations, ERT resolved ten encampments. Through this process ERT has engaged over 350 people, 70% of whom were placed into safe residential programs during the resolution. HSH has recently implemented a Re-Encampment Prevention and Response team to ensure that sites addressed by ERT remain clear of tents and structures.

Appendix 1: Methodology

OVERVIEW

The purpose of the 2017 San Francisco Homeless Point-in-Time (PIT) Count & Survey was to produce a point-in-time estimate of people who experience homelessness in San Francisco, a region that covers approximately 47 square miles. The results of the street counts were combined with the results from the shelter and institution count to produce the total estimated number of persons experiencing homelessness in San Francisco on a given night. The subsequent, in-depth qualitative survey was used to gain a more comprehensive understanding of the experiences and demographics of those counted. A more detailed description of the methodology follows.

COMPONENTS OF THE HOMELESS COUNT METHOD

The Point-in-Time count methodology used in 2017 had three primary components:

- The general street count between the hours of 8 PM and midnight an enumeration of unsheltered homeless individuals
- The youth street count between the hours of 6 PM and midnight a targeted enumeration of unsheltered homeless youth under the age of 25
- The shelter count on the night of the street count an enumeration of sheltered homeless individuals

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize potential duplicate counting of homeless persons.

THE PLANNING PROCESS

To ensure the success of the count, many city and community agencies collaborated in community outreach, volunteer recruitment, logistical planning, methodological decision-making, and interagency coordination efforts. Applied Survey Research (ASR), a social research firm, provided technical assistance with these aspects of the planning process. ASR has over 15 years of experience conducting homeless counts and surveys throughout California and across the nation. Their work is featured as a best practice in HUD's publication, A Guide to Counting Unsheltered Homeless People, as well as in, Conducting a Youth Count: A Toolkit, published by Chapin Hall at the University of Chicago.

COMMUNITY INVOLVEMENT AND INTERAGENCY COORDINATION

Local homeless and housing service providers and advocates have been valued partners in the planning and implementation of this and previous counts. The Local Homeless Coordinating Board (LHCB), the lead entity of San Francisco's Continuum of Care, was invited to comment on the methodology and subsequently endorsed it. The planning team was comprised of staff from the Department of Homelessness and Supportive Housing and consultants from Applied Survey Research. Throughout the planning process, the planning team requested the collaboration,

cooperation, and participation of several government agencies that regularly interact with homeless individuals and possess considerable expertise relevant to the count. Several planning meetings were conducted leading up to the count with individuals, including representatives from the San Francisco Police Department, the Department of Public Health, the Recreation and Park Department, and the Department of Public Works.

STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homeless persons was used:

An individual or family with a primary nighttime residence that is a public or private place
not designed for or ordinarily used as a regular sleeping accommodation for human beings,
including a car, park, abandoned building, bus or train stations, airport, or camping ground.

METHODOLOGICAL IMPROVEMENTS

The 2017 street count methodology followed an established, HUD approved methodology used in the 2007, 2009, 2011, 2013, and 2015 counts, with the addition of dedicated youth outreach since 2013. In 2007-2011, all areas of San Francisco were fully canvassed by adult community volunteers and service providers with no additional outreach by youth. In 2013, dedicated youth outreach began to help develop a clearer picture of the extent of youth homelessness. Changes were made to the youth count in 2015 to improve these efforts, and a similar methodology was used in 2017. More details on the youth count methodology can be found in the *San Francisco Homeless Unique Youth Count & Survey: Comprehensive Report 2017*.

In 2017, San Francisco tested the utilization of a mobile application and piloted counting on Muni buses with the intention of improving accuracy and efficiency of the count.

VOLUNTEER RECRUITMENT AND TRAINING

Many individuals who live and/or work in San Francisco turned out to support San Francisco's effort to enumerate the local homeless population. Approximately 750 community volunteers and City staff registered to participate in the 2017 general street count. The Department of Homelessness and Supportive Housing led the volunteer recruitment effort. Extensive outreach efforts were conducted, including outreach to local non-profits and volunteer agencies that serve individuals experiencing homelessness.

The count and volunteer participation was publicized through many avenues. For example, the Local Homeless Coordinating Board (LHCB) promoted community participation at all general meetings and subcommittee meetings for several months leading up to the count, the planning committee sent a press release informing the community about the count and making an appeal for volunteer participation, and a Facebook event detailing information about the count and how to register was set up by the Department of Homelessness and Supportive Housing.

Community volunteers served as enumerators on the night of the count, canvassing San Francisco in teams to visually count individuals experiencing homelessness. City staff supported each of the four dispatch centers, greeting volunteers, distributing instructions, maps, and equipment to enumeration teams, and collecting data sheets from returning teams.

In order to participate in the count, all volunteers were required to attend an hour of training immediately prior to the count on January 26, 2017. The training took place from 7 PM to 8 PM, and

in addition to the presentation given by lead staff at the dispatch center, volunteers received printed instructions detailing how to count unsheltered individuals experiencing homelessness.

SAFETY PRECAUTIONS

Every effort was made to minimize potentially hazardous situations. Parks considered too big or densely wooded to inspect safely and accurately in the dark on the night of the count were enumerated by teams of SF Recreation and Parks staff, Police Officers, and SF HOT staff during the dawn hours on January 27. The majority of parks, however, were deemed safe and counted by volunteers on the night of the count. Police officers and law enforcement districts were notified of pending street count activities in their jurisdictions, and volunteers were given a safety briefing by dispatch center leads during their training. Additional safety measures for volunteers included the deployment of an experienced SF HOT outreach worker with teams enumerating high density areas and the provision of flashlights to walking enumeration teams. No official reports were received in regards to unsafe situations occurring during the street count in any area of San Francisco.

STREET COUNT DISPATCH CENTERS

To achieve complete coverage of San Francisco within the four-hour time frame, the planning team identified four areas for the placement of dispatch centers on the night of the count – the Civic Center, Mission, Sunset, and Bayview districts. Volunteers selected their preferred dispatch center at the time of registration, based on familiarity with the area and/or convenience. To facilitate the timely deployment of enumeration teams into the field, the planning team divided up the enumeration routes and assigned them to the dispatch center closest or most central to the coverage area.

LOGISTICS OF ENUMERATION

Volunteers canvassed routes of approximately 6 to 30 blocks in teams of two to six volunteers. Walking teams canvassed routes in commercial areas and other locations known to include sizable homeless populations, while driving teams counted more sparsely populated and residential areas by a combination of driving and walking. Each team received a map, which demarcated the area to be canvassed and clearly showed the boundaries of the counting area. Two smaller inset maps showed the approximate location of the route within the broader context of San Francisco and pinpointed the location of known hotspots for homelessness. Dispatch center volunteers provided each team with tally sheets to record the number of homeless persons observed and basic demographic and location information. Dispatch center volunteers also verified that at least one person on each team had a cell phone available for their use during the count and recorded the number on the volunteer deployment log sheet.

As in previous years, densely populated areas with known large populations of homeless persons were enumerated by experienced outreach workers from SF HOT, a trained outreach team that works with the local homeless population year-round.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2017 dedicated youth count was similar to that of past youth counts in 2013 and 2015, to be more inclusive of unaccompanied children and youth under the age of 25 experiencing homelessness. Many of these children and youth do not use homeless services, are unrecognizable to adult street count volunteers and may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth.

HUD has announced that the youth count in 2017 will be the "baseline" for future years, serving as a barometer to gauge the effectiveness of future efforts to end homelessness amongst children and youth. Recognizing that youth have been underrepresented in the past and need special outreach to make sure it doesn't happen again, ASR worked with San Francisco to develop a localized strategy to better include unaccompanied children and youth under 25 in the count. Just as in past years, the goal was to improve upon the process, not just replicate what was done in past years.

RESEARCH DESIGN

As in 2013 and 2015, planning for the 2017 supplemental youth count included many youth homeless service providers. Local providers identified locations where homeless youth were known to congregate. The youth planning committee identified high density areas that should be enumerated by youth teams. As in past counts, the locations corresponded to areas in the neighborhoods of the Haight, Mission, Tenderloin, Union Square, Castro, SOMA, the Panhandle, Golden Gate Park, the Bayview and the Embarcadero. Service providers familiar with the map areas identified in each neighborhood were asked to recruit currently homeless youth to participate in the count. At the Crossroads, Homeless Youth Alliance, Larkin Street for Youth Services, LYRIC, and the Third Street Youth Center and Clinic recruited more than 75 youth to work as peer enumerators, counting homeless youth in the identified areas of San Francisco on January 26, 2017. Youth workers were paid \$15 per hour for their time, including the training conducted prior to the count. Youth were trained on where and how to identify homeless youth as well as how to record the data. It has been recognized by the Department of Housing and Urban Development as well as the United States Interagency Council on Homelessness that youth do not commonly comingle with homeless adults and are not easily identified by non-youth. For this reason, they have accepted and recommended that communities count youth at times when they can be seen, rather than during general outreach times.

DATA COLLECTION

It was determined that homeless youth would be more prominent on the street during daylight hours, rather than in the evening when the general count was conducted. The youth count was conducted from approximately 6 PM to midnight on January 26, 2017. Youth worked in teams of two to four people, with teams coordinated by youth street outreach workers. Data from the supplemental youth count and general street count were compared and deduplicated by looking at location, gender, and age. In total, 72 persons under the age of 25 were identified as duplicates and removed from the data set.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter and institution count was to gain an accurate count of persons temporarily housed in shelters and other institutions across San Francisco. These data were vital to gaining an accurate overall count of the homeless population and understanding where homeless persons received shelter.

DEFINITION

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

RESEARCH DESIGN

The homeless occupancy of the following shelters and institutions was collected for the night of January 26, 2017. While HUD does not include counts of homeless individuals in hospitals, residential treatment facilities, and jails in the reportable numbers for the Point-in-Time Count, these facilities are included in San Francisco's sheltered count because these individuals meet San Francisco's local definition of homelessness and the numbers provide important supplemental information for the community and service providers in their planning efforts. The following facilities participated in the count:

- Residential Facilities
- Mental Health Facilities and Substance Abuse Treatment Centers: The Department of Public Health and local agencies assisted in collecting counts of self-identified homeless persons staying in various facilities on the night of January 26, 2017.
- Jail: The San Francisco Sheriff's Department provided a recently conducted survey with a count of the number of homeless persons in the County Jail.
- Hospitals: The San Francisco Department of Public Health assisted with the coordination of
 obtaining count numbers from the hospitals. Staff from individual hospitals collected the
 number of persons who were homeless in their facilities on the night of January 26, 2017.
 The numbers reported for the hospitals did not duplicate the inpatient mental health units.

A designated staff person provided the count for each of these facilities; clients were not interviewed. For the emergency shelters, transitional housing programs, resource centers, and stabilization rooms, all persons in the facility on the night of the count were included in the Point-in-Time Count because these are homeless specific programs. For the hospitals and treatment centers, social workers or appropriate staff counted patients who identified as homeless. The San Francisco County Jail referenced a recently conducted survey about housing status to determine the number of people who were homeless prior to incarceration.

CHALLENGES

There are many challenges in any homeless enumeration, especially when implemented by volunteer enumerators in a community as large and diverse as San Francisco. Point-in-Time Counts are "snapshots" that quantify the size of the homeless population at a given point during the year. Hence, the count may not be representative of fluctuations and compositional changes in the homeless population seasonally or over time.

While the risk of an undercount is much greater, it is also important to recognize that the count is conducted over the span of a few hours and people may be counted twice as they travel from one location of the city to another.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The survey of 1,104 homeless persons was conducted in order to yield qualitative data about the homeless community in San Francisco. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application and are important for future program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey

data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by homeless workers who were trained by Applied Survey Research and HSH. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Homeless workers were compensated at a rate of \$7 per completed survey.

It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. Socks were given as an incentive for participating in the 2017 Homeless Survey. The socks were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget. This approach enabled surveys to be conducted at any time during the day. The gift proved to be a great incentive and was widely accepted among survey respondents.

SURVEY ADMINISTRATION DETAILS

- The 2017 San Francisco Homeless Survey was administered by the trained survey team between February 1 and February 21, 2017.
- In all, the survey team collected 1,104 unique surveys

SURVEY SAMPLING

The planning team recommended approximately 1,000 surveys for 2017. Based on a Point-in-Time estimate of 7,499 homeless persons, with a randomized survey sampling process, the 1,104 valid surveys represent a confidence interval of +/-3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in San Francisco.

The 2007 survey was a service-based approach which focused on surveying individuals in drop-incenters and free meal sites. The 2009 survey was an entirely street-based approached which focused survey efforts on outdoor and street locations. The 2017 continued the practice from 2013 and 2015 of a survey that was an integration of previous approaches and was administered in both transitional housing facilities and on the street. In order to assure the representation of transitional housing residents, who can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs. Individuals residing in emergency shelters were reached through street surveys during the day when some emergency shelters were closed.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence victims, and families. One way to increase the participation of these groups was to recruit peer survey workers. Like past surveys, the 2017 survey also prioritized a peer-to-peer approach to data collection by increasing the number of currently homeless surveyors.

In order to increase randomization of sample respondents, survey workers were trained to employ an "every third encounter" survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a random sample methodology.

DATA COLLECTION

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual.

DATA ANALYSIS

To avoid potential duplication of respondents, the survey requested respondents' initials and date of birth, so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey.

SURVEY CHALLENGES AND LIMITATIONS

The 2017 San Francisco Homeless Survey did not include an equal representation of all homeless experiences. For example, a greater number of surveys were conducted among transitional housing residents than in previous years. However, this provided an increased number of respondents living in families and provided a more comprehensive understanding of the overall population. There may be some variance in the data that the homeless individuals self-reported. However, using a peer interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information. Further, service providers and City staff members recommended individuals who would be the best to conduct interviews and they received comprehensive training about how to conduct interviews. The service providers and City staff also reviewed the surveys to ensure quality responses. Surveys that were considered incomplete or containing false responses were not accepted.

Appendix 2: General Survey Demographic Comparison

Section A: Demographics		2013	2015	2017
Age	Less than 18 years	1%	1%	2%
	18 - 24 years	15%	17%	19%
	25 - 30 years	10%	13%	11%
	31 - 40 years	29%	16%	17%
	41 - 50 years	26%	23%	19%
	51 - 60 years	14%	22%	21%
	61 years or more	3%	8%	11%
Which of the following best represents how you think of your gender? ²⁰	Male	69%	61%	61%
	Female	27%	33%	33%
	Transgender	3%	1%	5%
	Not Listed	<1%	1%	0%
	Genderqueer/Gender Non-Binary	N/A	N/A	1%
Are you Hispanic or Latino? ²¹	Yes	26%	19%	22%
	No	N/A	77%	75%
	Don't know	N/A	5%	3%

 $^{^{20}}$ This answer choice Genderqueer/Gender Non-Binary was not added to the survey until 2017

 $^{^{\}rm 21}$ This was asked in the same question as race until 2015

Which racial group do you identify with most?	White	29%	39%	35%
	Black or African American	24%	36%	34%
	Asian	3%	3%	4%
	American Indian or Alaska Native	3%	5%	3%
	Native Hawaiian or Pacific Islander	1%	2%	2%
	Multiracial	10%	19%	22%
If you identify as LGBTQ, which of the following best represents how you think of your sexual orientation? ²²	Bisexual	N/A	34%	41%
	Gay	N/A	22%	25%
	Lesbian	N/A	18%	14%
	Queer	N/A	9%	11%
	Other	N/A	17%	11%
	Transgender	N/A	19%	9%
Have you ever been in foster care?	Yes	18%	21%	19%
	No	82%	79%	81%

²² This question was not asked in a comparable way in 2013. Transgender is an answer choice that was given in the survey, however transgender is a gender identity versus a sexual orientation.

Appendix 3: Definitions and Abbreviations

Chronic homelessness – Defined by the U.S. Department of Housing and Urban Development as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more, or has experienced at least four episodes of homelessness in the past three years.

Disabling condition – Defined by the U.S. Department of Housing and Urban Development as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-term and impacts the individual's ability to live independently; a developmental disability; or HIV/AIDS.

Emergency shelter – The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. Emergency shelter is short-term, usually for 90 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for survivors and their children.

Family – A household with at least one adult and one child under the age of 18.

Homeless – Under the Category 1 definition of homelessness in the HEARTH Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

HUD – Abbreviation for the U.S. Department of Housing and Urban Development.

Sheltered homeless individuals – Individuals who are living in emergency shelters or transitional housing programs.

Single individual – An unaccompanied adult over the age of 18.

Transitional-age youth – Young people between the ages of 18 and 24 years old who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Transitional housing – Housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination -may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

Unaccompanied children - Children under the age of 18 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Unsheltered homeless individuals – Individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.

SAN FRANCISCO 2017 HOMELESS COUNT & SURVEY COMPREHENSIVE REPORT

