



# San Francisco's Strategy to End Chronic Homelessness

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Affordable Housing and Homelessness Panel  
New Cities Project Meeting  
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Trent Rhorer, Executive Director  
San Francisco Human Services Agency



# Political Climate Prior to Newsom Administration

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- City Controller's Audit Report: "City Lacks Commonly Accepted Goals and an Effective Plan for Its Homeless Services" (May, 2002)
- California Superior Court Civil Grand Jury Report: "City's efforts lack leadership, effective management, and coordination." (May, 2002)
- Mayor Brown, "Homelessness is not solvable, only controllable."
- Negative media attention: "Shame of the City" Series in *San Francisco Chronicle*



# Political Climate Prior to Newsom Administration

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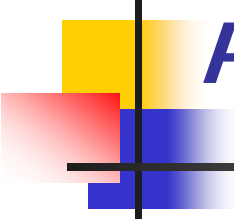
- Lack of public confidence in homeless service delivery system (Hotel Council, Restaurant Association Billboards, Annual City Survey)
- Care not Cash and Anti-Panhandling Legislation passed by voters (60/40)
- Newsom Mayoral Campaign: Homelessness is “#1, #2, and #3 Issue”



# Movement to Action

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- Implement Care Not Cash – From cash assistance to supportive housing
- Formation of Homeless Cabinet and Designation of County Human Services Agency and lead city department for homelessness
- Focus on “Chronically Homeless”
- Development of “Ten Year Plan to End Chronic Homelessness” – Selection of High Profile Chair with Credibility on Issue (Angela Alioto)



# Core Strategies of *The San Francisco Plan to Abolish Chronic Homelessness*

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- Client Engagement
- Supportive Housing
- Prevention (“Turn off the spigot”)



# Client Engagement Strategies

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- Past experiences with street engagement failed
  - No coordinated street outreach
  - Less than 1% uptake rate
  - No dedicated service or housing slots



# Client Engagement Strategies

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- Launched Homeless Outreach Team (SFHOT)
  - Assigned neighborhood beats (high concentrated areas)
  - Dedicated slots for treatment/detox, shelter and/or housing
  - Multiple Client Engagements
  - Partnership with police “operation outreach”, fire department (EMS calls), public health (medical, treatment) and human services (benefits, services)
  - Positive Results: About 50 individuals off the street each month and over 200 permanently housed



# Client Engagement Strategies

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- Project Homeless Connect
  - Volunteer-based street engagement effort
  - Comprehensive “One Stop” for services for homeless: Medical (Physical Health, Vision, Treatment), Legal, Housing/Shelter, Public Benefits, Other Services
  - Two Goals:
    - 1) Simplify service access for clients and begin longer-term engagement process
    - 2) Build understanding and confidence among local citizenry





# Supportive Housing Cornerstone to San Francisco's Strategy

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- Supportive Housing = Affordable, long-term rental housing linked with flexible social and health services.
- A humane, effective and efficient intervention for homeless individuals suffering from serious health, mental health and substance use problems.
- Permanent supportive housing can provide a stable alternative to life on the streets; and can do so at the same costs as it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency shelter.



# Supportive Housing Cornerstone to San Francisco's Strategy

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- Canon Kip/Lyric Study – Reduction in emergency room care, hospitalization, and residential treatment use and incarceration.
- Profile of PAES Recipients – Improved employment outcomes for those in supportive housing.
- Daily cost of supportive housing is about the same as the daily cost of homeless shelters in nine major US cities. (Lewin Group Study, 2004)
- 95% housing retention rate across supportive housing programs in San Francisco



# Canon Kip/Lyric Study

## Tenants' Disability at time of entry into housing

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- ✓ These are the "Chronically Homeless"
  - Substance Abuse: 92%
  - Mental Illness: 87%
  - HIV Diagnosis: 14%
  - High Utilization of Emergency Room
  - High Rate of Admission to Public Hospital

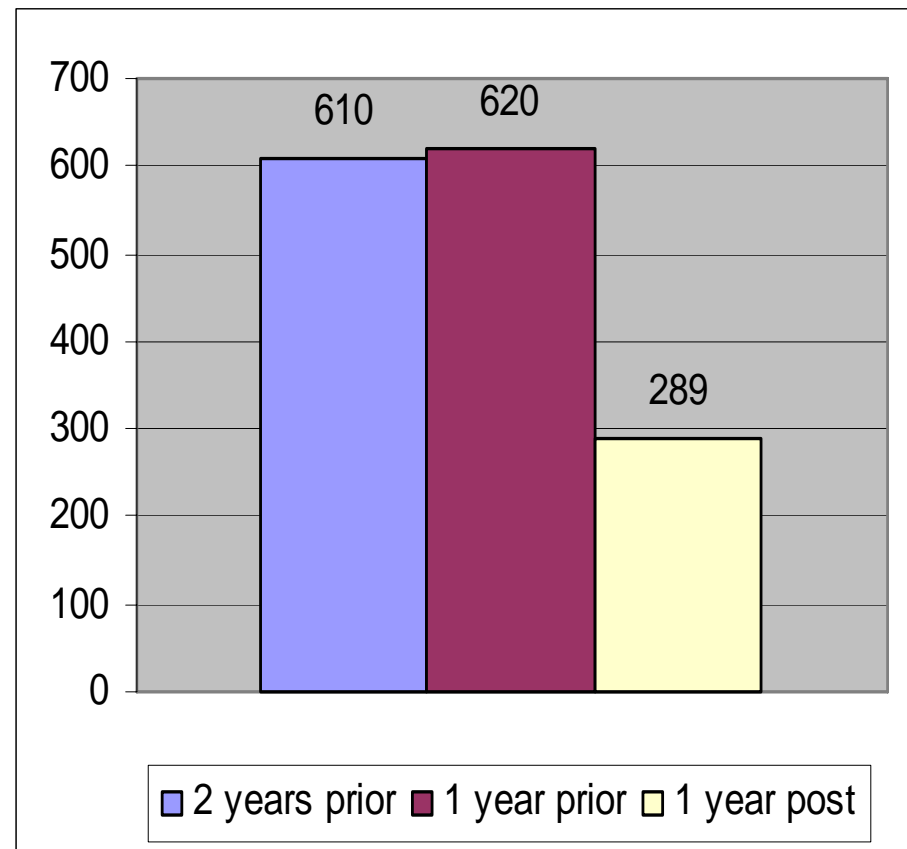
<http://documents.csh.org/documents/ke/PublicHealthPres.ppt>

<http://documents.csh.org/documents/ke/HHISN02-04.doc>

# Canon Kip/Lyric Study – 53% Reduction in Emergency Room Visits

- Two Years Prior to Housing: 610
- One Year Prior to Housing: 620
- One Year Post-Housing: 289

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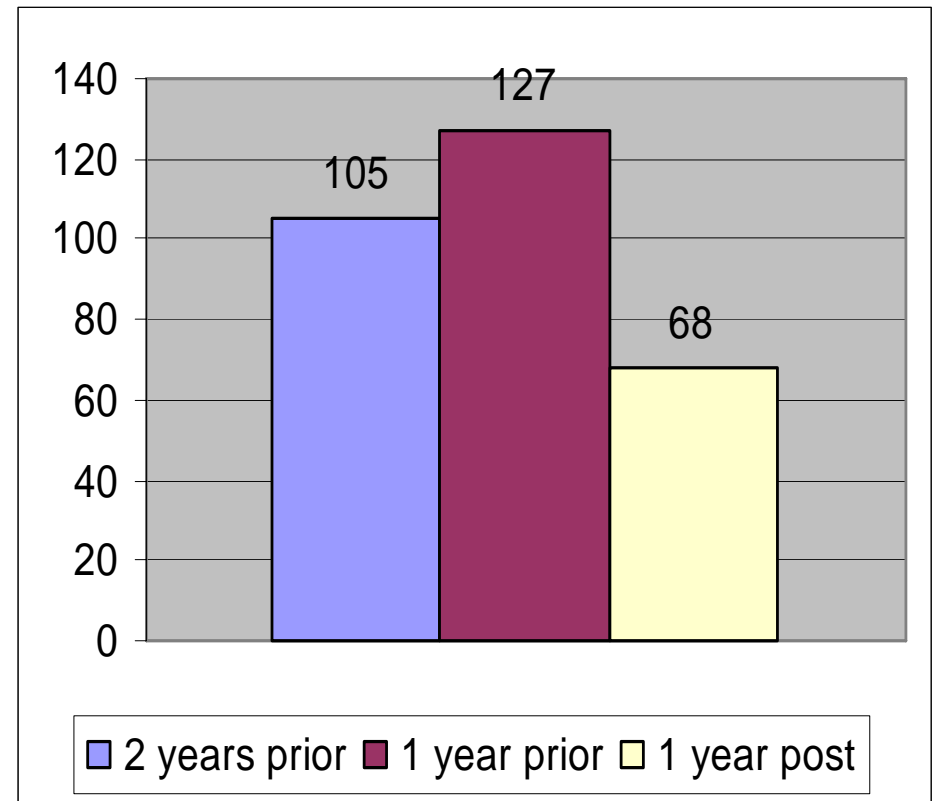


## Canon Kip/Lyric Study- Annual Visits to SFGH Emergency Room

Quartiles	Average ED visits 1 year prior	Average ED visits 1 year post
First (1 Visit)	1	.70
Second (2 Visits)	2	1.2
Third (3-5 Visits)	3.5	1.29
Fourth (>5 Visits)	10.7	3.03

# Canon Kip/Lyric Study- 46% Reduction in Inpatient Admissions

- Two Years Prior: 105
- One Year Prior: 127
- One Year Post: 68

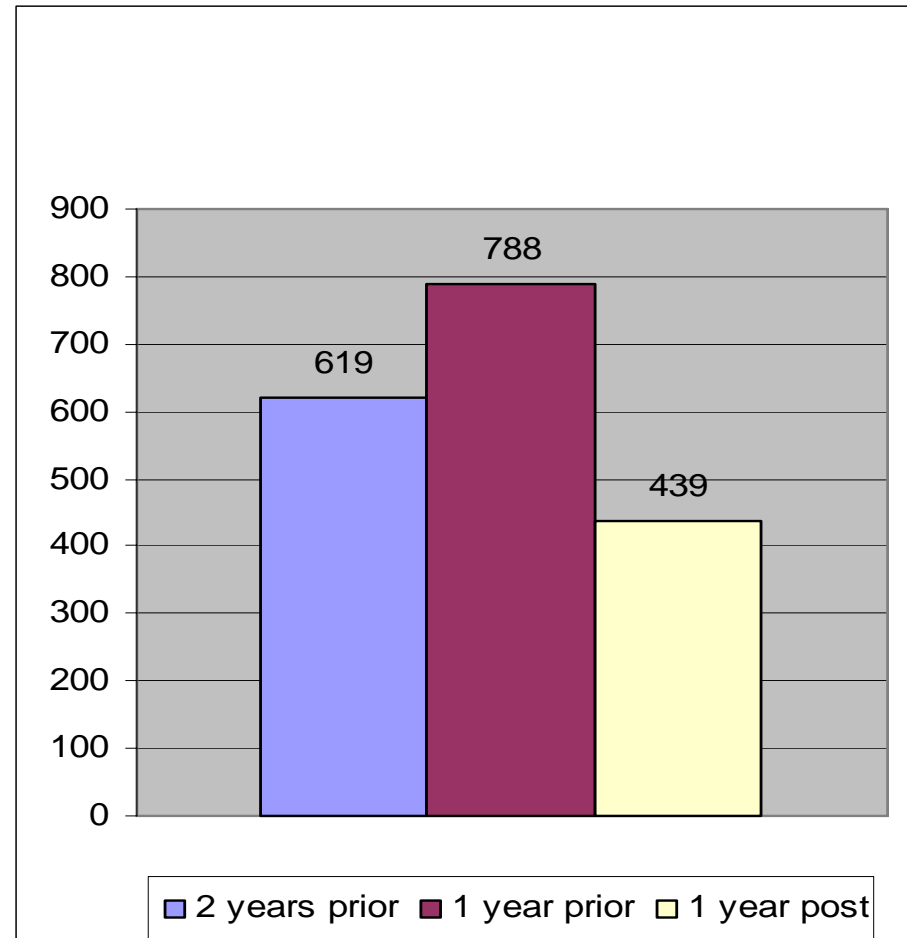


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# Canon Kip/Lyric Study- 44% Reduction in Hospital Inpatient Days

- Two Years Prior: 619
- One Year Prior: 788
- One Year Post: 439

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## Canon Kip/Lyric Study

### Other Positive Outcomes

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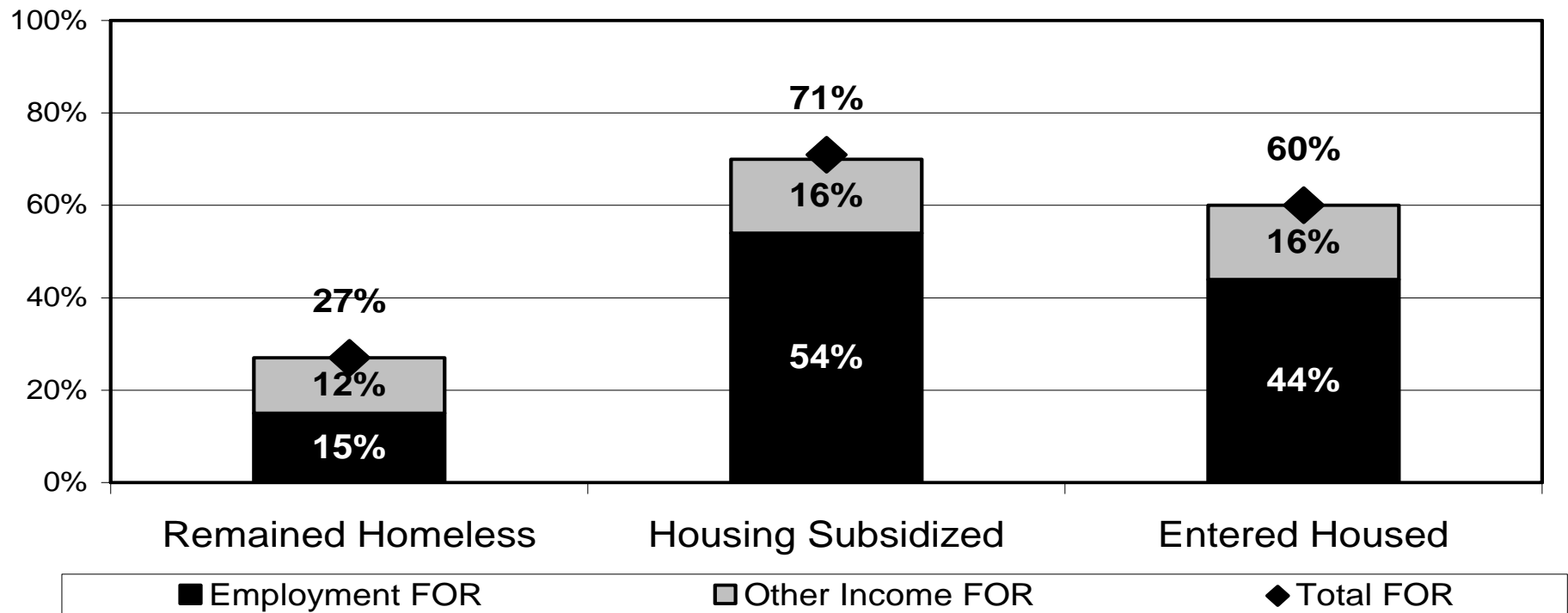
- Near total elimination of residential mental health care outside of hospitals
- 89 percent decline in days spent in residential alcohol and drug treatment
- 44 percent reduction in days sentenced to incarceration and 88 percent increase in days sentenced to probation



# Profile of PAES Recipients and Factors That Influence PAES Outcomes

## Housing

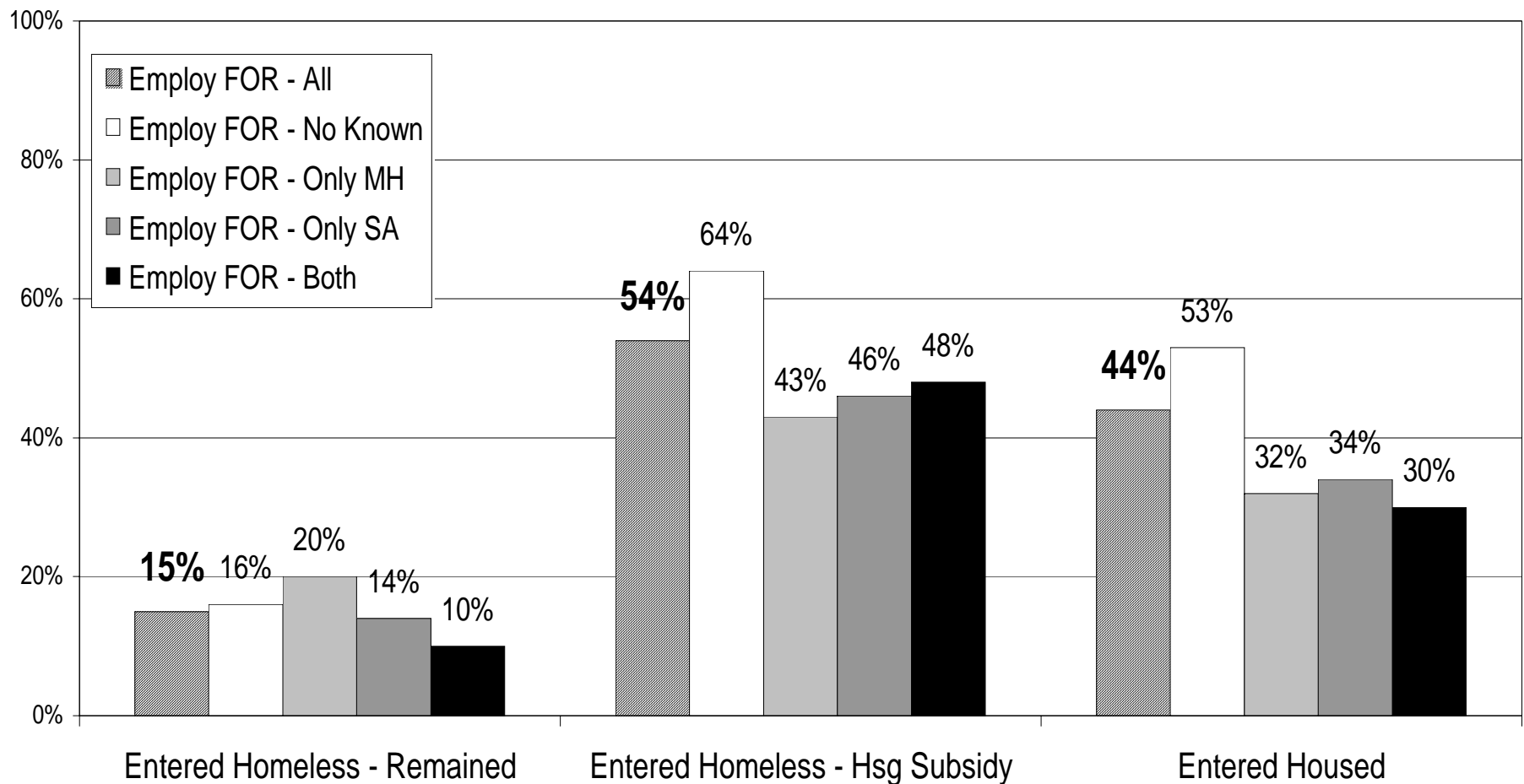
- Over a third (1,113) were homeless when they entered PAES
- 1/3 transitioned into subsidized housing – 2/3 remained homeless



# Profile of PAES Recipients and Factors That Influence PAES Outcomes

## Joint Effects of Housing and Behavioral Health

Employment FORs - Relationships Between BH History and Housing Status





# Prevention Strategies – “Turn off the Spigot”

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- “Homeward Bound” Program
- Eviction Prevention and Rental Assistance
- SSI Advocacy – Increasing income among the disabled housed and homeless
- Addressing Needs Among Emancipating Foster Youth
- Welfare Reform Initiatives – Treatment, Domestic Violence, and Self Sufficiency Services
- Institutional Discharge Planning



## Prevention – “Homeward Bound” Program

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- Implementation of out-of-region reunification program to all persons experiencing homelessness, as well as to “at risk” persons who wish to be reunified with verified family and other support systems.
- 1260 individuals served since February 2005.
- Half of those served by the program had been in San Francisco less than 105 days.



# Prevention – Discharge Planning Goals

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- All homeless individuals and their families will be discharged to a housing/treatment setting and will not be discharged to the street.
- All homeless individuals will receive a clinical screening if requested by individual patient/client or determined by HOT or other city programs who has worked extensively with patient/client in the community.
- All homeless individuals screened as appropriate by clinical staff will receive a face-to-face assessment in a standardized fashion with a strong focus on collaboration among providers rather than repetition.
- All homeless individuals will have their need for a conservatorship evaluated.
- Development of “citywide patient/client treatment plan”



# Supportive Housing Financing Strategies

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- Federal McKinney Funds – Shift application towards housing and “mainstream” other programs.
- Use savings achieved from reduced use of hospitals, emergency rooms, behavioral health treatment beds, and other crisis interventions.
- SSI Advocacy – Recoup funds for medical services and cash assistance
- Food Stamp Employment and Training Program (FSET) - 50% uncapped federal match for supportive housing services
- Cash Assistance Programs – TANF/General Relief
- Partner with affordable housing developers



# SSI Application Advocacy

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- Advocacy Pilot Project - Every dollar invested in SSI advocacy returned five dollars in federal reimbursements
- SSI and MediCaid coverage is retroactive to date of application - county receives retroactive payments for cash assistance and medical services.
- 227 (69% homeless) SSI awards (86% award rate) returned \$3.2 million to San Francisco as reimbursement for cash assistance, mental health treatment, and other medical services.
- Cost of advocacy services totaled less than \$650k



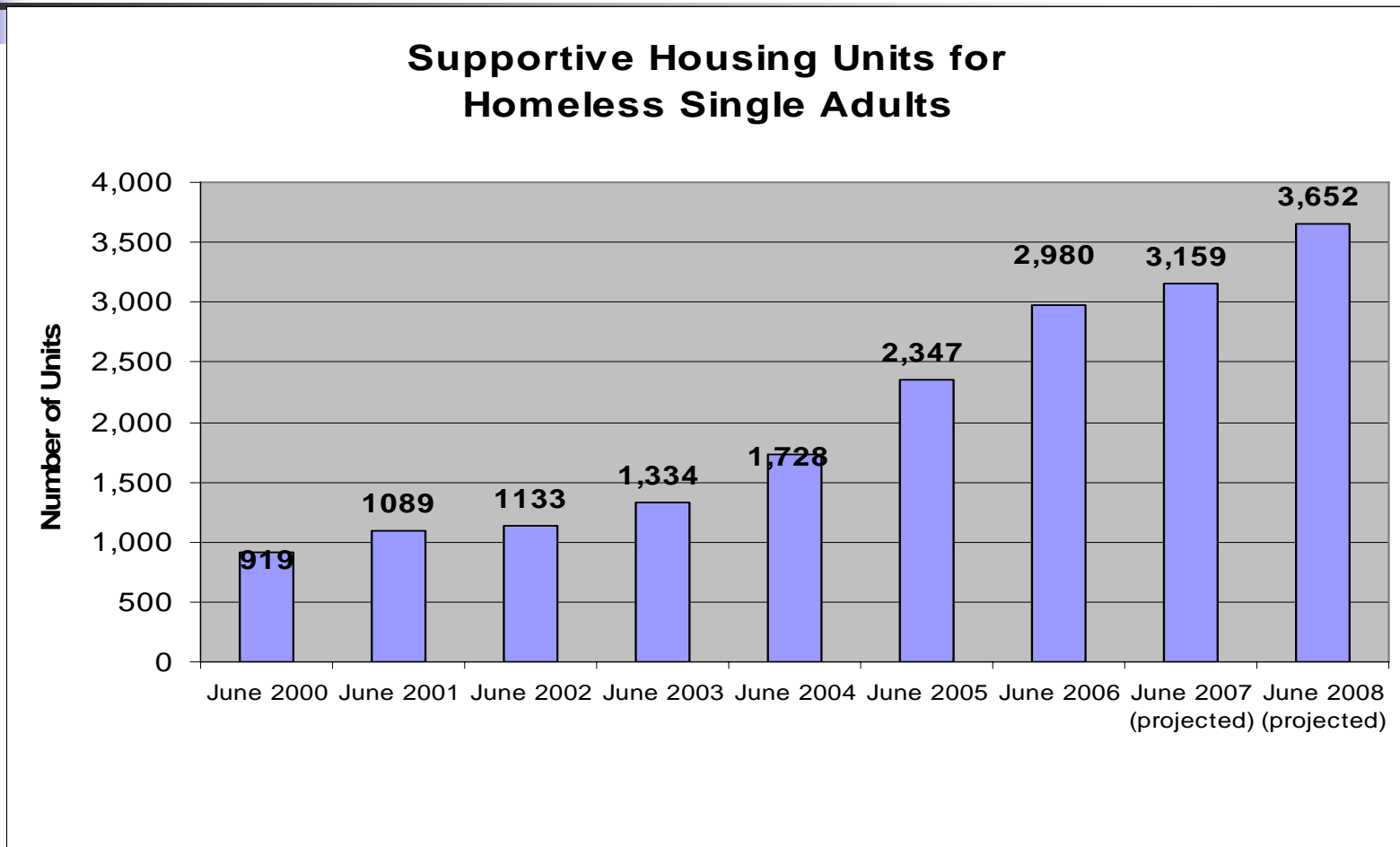
# Progress Toward Ending Chronic Homelessness

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- Consensus on strategy among key stakeholders
- Increased housing unit production
- Significant reduction in homeless on the street
- Positive media coverage and increase in public confidence



# Increase in Supportive Housing Production





## Homeless Count: 2002 - 2005

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- Number of street homeless decreased by 41% between 2002 and 2005 (from 4,535 to 2,655).
- Number of homeless (shelter, jail, residential treatment, hospital, and street) decreased by 28% over this same period (from 8,640 to 6,248).