



San Francisco

HOMELESS COUNT & SURVEY

COMPREHENSIVE REPORT

2019

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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- California Highway Patrol
- SF Department of Public Health
- SF Human Services Agency
- SF Police Department
- SF Recreation & Parks Department
- SF Municipal Transportation Agency
- SF Office of Civic Engagement and Immigrant Affairs
- SF Public Utilities Commission
- SF Sheriff's Department
- SF Unified School District

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PARTICIPATING ORGANIZATIONS

Asian Women's Shelter · Catholic Charities · Center on Juvenile and Criminal Justice · Chinese Hospital · Community Awareness and Treatment Services · Community Housing Partnership · Dolores Street Community Services · The Epiphany Center · Episcopal Community Services · Five Keys Charter Schools and Programs · Friendship House · Hamilton Families · HealthRIGHT 360 · Homeless Prenatal Program · Homeless Youth Alliance · Hospitality House · Huckleberry Youth Alliance · Kaiser Permanente · La Casa de Las Madres · Larkin Street Youth Services · The Latino Commission · Lutheran Social Services of Northern California · North Beach Citizens · Phatt Chance Community Services · PRC Baker Places · Progress Foundation · Providence Foundation · Rafiki Coalition for Health and Wellness · Raphael House · Recovery Survival Network · SafeHouse for Women · Saint Francis Memorial Hospital · San Francisco Campus for Jewish Living · San Francisco VA Health Care System · SF Department of Public Health · SF HOT · St. Vincent de Paul Society of San Francisco · Sutter Health · Swords to Plowshares · Tenderloin Housing Clinic · The Salvation Army · UCSF Health · The United Council of Human Services · Westside Community Services · Zuckerberg San Francisco General Hospital

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Introduction

Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. Point-in-Time (PIT) 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 on people sleeping on the streets, in cars, abandoned properties, or other places not meant for human habitation.

The 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 over \$44 million dollars annually in federal funding, a key source of funding for the county's homeless services.

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

The San Francisco Department of Homelessness and Supportive Housing (HSH) worked in conjunction with Applied Survey Research (ASR) to conduct the 2019 San Francisco Homeless Point-in-Time Count & Survey. ASR is a social research firm with extensive experience in homeless enumeration and needs assessment that has worked with San Francisco on their Point-in-Time Counts since 2009.

The San Francisco Homeless Point-in-Time Count consists of two primary components: (1) a point-in-time enumeration of unsheltered homeless individuals and families, such as those sleeping outdoors, on the street, or in parks, tents, or vehicles; and (2) a point-in-time enumeration of homeless individuals and families residing in temporary shelter (e.g., emergency shelter, transitional housing, or stabilization rooms).

The 2019 San Francisco Homeless Point-in-Time Count was a comprehensive community effort. With the support of approximately 600 community volunteers, staff from various City and County departments, and law enforcement, the entire county was canvassed between the hours of 8 p.m. and midnight on January 24, 2019. This resulted in a visual count of unsheltered homeless individuals and families residing on the streets and 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 experience or recently experienced homelessness, conducted the count in specific areas where young people experiencing homelessness were known to congregate. The supplemental youth count enumerated both

unaccompanied children and those under the age of 25 in youth-headed family households. The results of this effort contribute to HUD's initiative to measure progress toward ending youth homelessness.

In the weeks following the street count, an in-depth survey was administered to 1,054 unsheltered and sheltered individuals and families. 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 2015 and 2017, are provided where available and applicable.

PROJECT OVERVIEW AND GOALS

In order for the 2019 San Francisco Point-in-Time Count & Survey to best reflect the experience and expertise of the community, ASR held planning meetings with local community members. These community members were drawn from City and County departments, community-based service providers, and other interested stakeholders. These individuals were instrumental in ensuring the 2019 San Francisco Homeless Point-in-Time Count & Survey reflected the needs and concerns of the community.

The 2019 Point-In-Time Count and Survey set out to meet the following project goals:

- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
- 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 changes in the numbers and characteristics of the homeless population since the 2017 San Francisco Homeless Point-in-Time Count & Survey, and 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 agencies in gaining a better understanding of the population currently experiencing homelessness; measuring the impact of current policies and programming; and planning for the future.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

This study uses the HUD definition of homelessness for the Point-in-Time Count, which includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide a 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 City and County of San Francisco uses an expanded definition of homelessness which includes persons who are “doubled-up” in the homes of family or friends; individuals staying in jails, hospitals, or rehabilitation facilities; and families living in Single Room Occupancy (SRO) units. Historically, the City has made an effort to include individuals in these living situations by surveying known jails, hospitals, and rehabilitation facilities to identify individuals believed to otherwise be homeless; persons “doubled up” and families living in SROs have not been included due to the difficulty of reaching these populations comprehensively and accurately. While this data is featured in *Appendix B: Supplemental Point-in-Time Count Data*, it is beyond the scope of this particular study and therefore not included in the Point-in-Time Count data presented in this report. This shift allows for greater consistency and comparability between the data identified in this report and other communities across the nation.



Point-in-Time Count

The 2019 San Francisco Homeless Point-in-Time Count & Survey included a complete enumeration of all unsheltered and publicly or privately sheltered homeless persons. The general street count was conducted on January 24, 2019 from approximately 8 p.m. to midnight and covered all 47 square miles of San Francisco.¹ The shelter count was conducted on the same evening and included all individuals staying in emergency shelters, transitional housing facilities, and domestic violence shelters. The general street count and shelter count methodologies were similar to those implemented in 2015 and 2017.

The methodology used for the 2019 San Francisco Homeless Point-in-Time Count & 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 was implemented 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 a survey of a sampling of the total homeless population in order to better understand the 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 2013, San Francisco adopted a best practice for the Point-in-Time Count: the supplemental youth count. The dedicated youth count occurs during the same time as the general street count and is conducted by young people with current or recent experience of 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. For more information regarding the dedicated youth count methodology, please see *Appendix A: Methodology*.

¹ For safety reasons, Golden Gate Park and Ocean Beach were counted on the subsequent morning of January 25th. See Appendix A: Methodology for details.

NUMBER AND CHARACTERISTICS OF PERSONS EXPERIENCING HOMELESSNESS IN SAN FRANCISCO

On January 24, 2019, there were 8,011 people experiencing homelessness in San Francisco, a 17% increase over the 2017 Point-in-Time Count. A six-year trend of comparable Point-in-Time Count data identified a 14% increase in the number of persons experiencing homelessness in San Francisco between 2013 and 2019.

The total number of unsheltered persons counted was 5,180. Of the 2,831 individuals included in the shelter count, 85% (2,399 people) were in emergency shelter programs while 15% (432 persons) were residing in transitional housing and safe haven programs on the night of the count.

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, 5% of those counted on January 24, 2019 were under the age of 18, 14% were between the ages of 18-24, and 81% were over the age of 25.

Figure 1. TOTAL NUMBER OF PERSONS EXPERIENCING HOMELESSNESS, 2013-2019

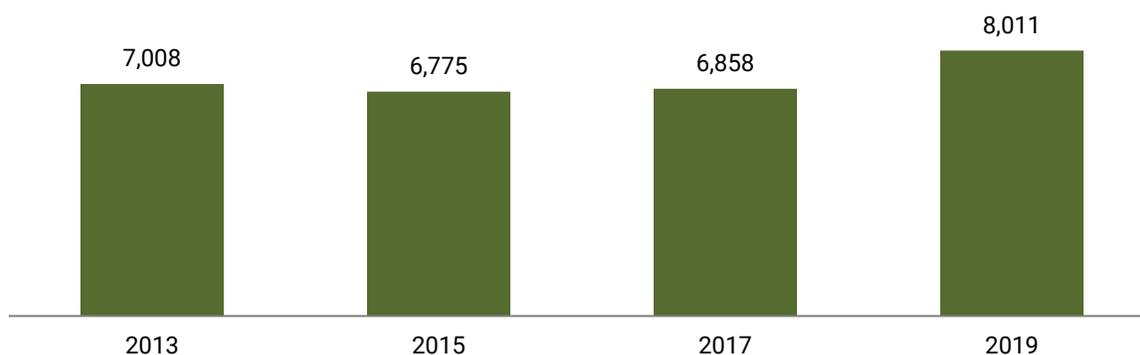


Figure 2. TOTAL NUMBER OF PERSONS EXPERIENCING HOMELESSNESS BY SHELTER STATUS, 2013-2019

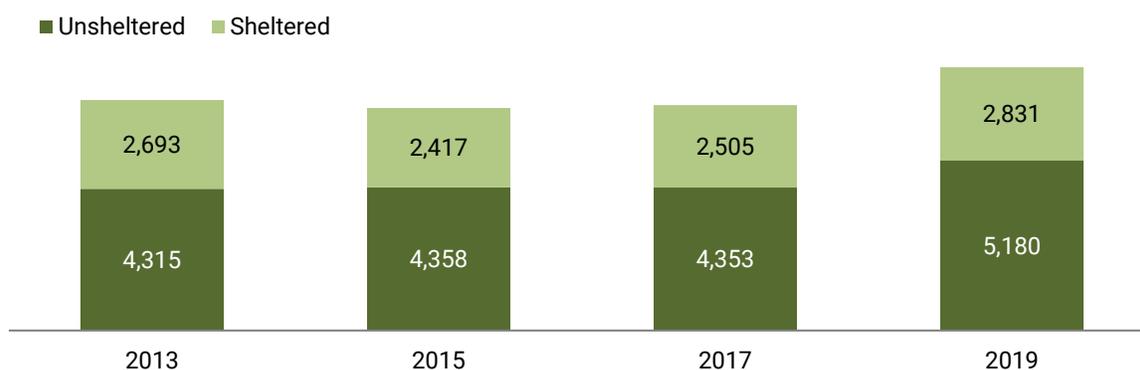
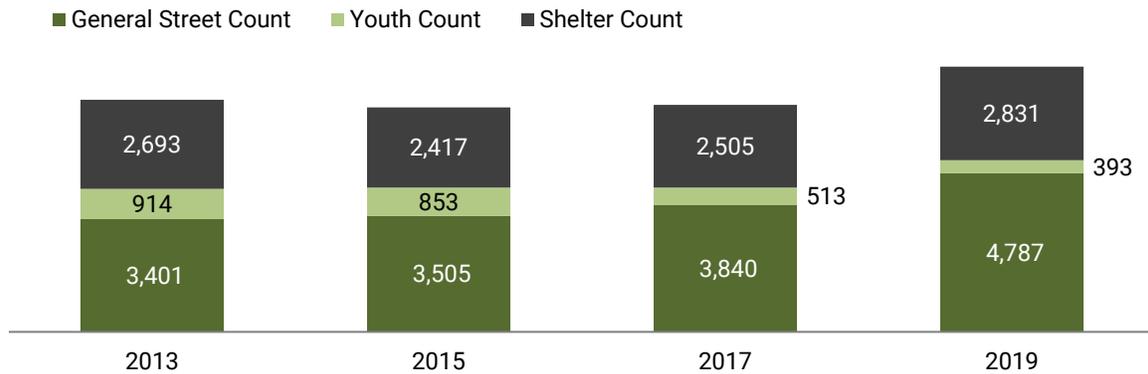


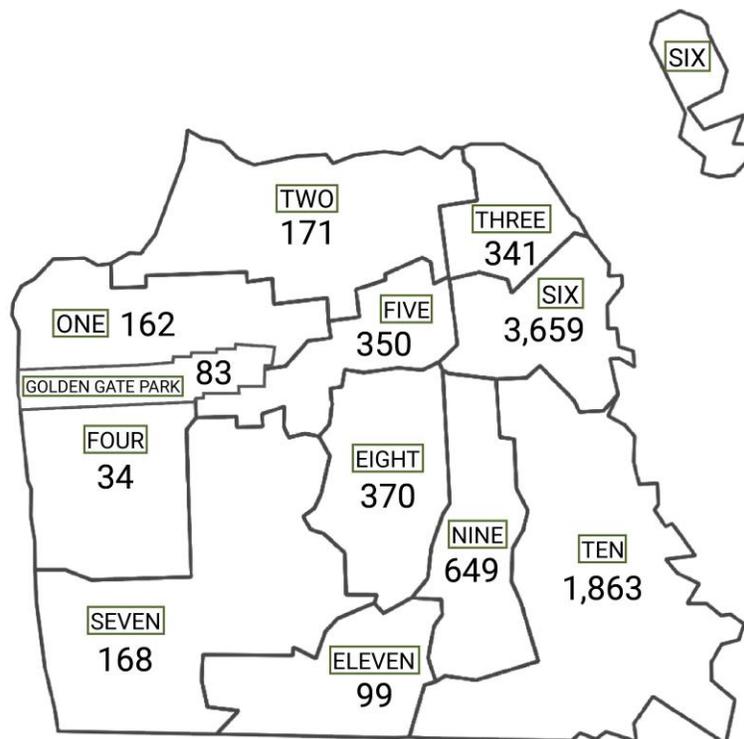
Figure 3. TOTAL NUMBER OF PERSONS EXPERIENCING HOMELESSNESS BY COUNT COMPONENT, 2013-2019



TOTAL NUMBER OF UNSHELTERED AND SHELTERED HOMELESS PERSONS BY DISTRICT

The 2019 San Francisco Homeless Count data are presented below, organized by the 11 County Supervisorial Districts in San Francisco and Golden Gate Park.

Figure 4. UNSHELTERED AND SHELTERED POINT-IN-TIME COUNT RESULTS BY DISTRICT



Note: An additional 62 persons were residing in confidential or scattered site sheltered locations in San Francisco on the night of the Point-in-Time Count.

Figure 5. COMPLETE HOMELESS POINT-IN-TIME COUNT POPULATION BY DISTRICT AND SHELTER STATUS, 2015-2019

District	2015			2017			2019		
	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total
1	29	45	74	61	57	118	41	121	162
2	0	60	60	0	53	53	0	171	171
3	8	234	242	176	293	469	63	278	341
4	0	7	7	0	31	31	0	34	34
5	174	310	484	167	143	310	167	183	350
6	1,467	2,011	3,478	1,576	1,723	3,299	1,669	1,990	3,659
7	15	14	29	17	74	91	27	141	168
8	0	322	322	169	236	405	75	295	370
9	142	248	390	200	281	481	392	257	649
10	547	725	1,272	71	1,101	1,172	335	1,528	1,863
11	0	130	130	0	48	48	0	99	99
Confidential/ Scattered Site Locations in SF	35	0	35	68	0	68	62	0	62
Golden Gate Park	0	252	252	0	313	313	0	83	83
Total	2,417	4,358	6,775	2,505	4,353	6,858	2,831	5,180	8,011
% of Total	36%	64%	100%	37%	63%	100%	35%	65%	100%



Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2019 San Francisco Homeless Point-in-Time Count & Survey. Surveys were administered between January 28 and February 13, 2019 to a randomized sample of individuals experiencing homelessness. This effort resulted in 1,054 complete and unique surveys. Based on a Point-in-Time Count of 8,011 persons experiencing homelessness, with a randomized survey sampling process, these 1,054 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 people experiencing homelessness 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 answer all survey questions. Missing values are intentionally omitted from the survey analysis. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted.

For more information regarding the survey methodology, please see *Appendix A: Methodology*.

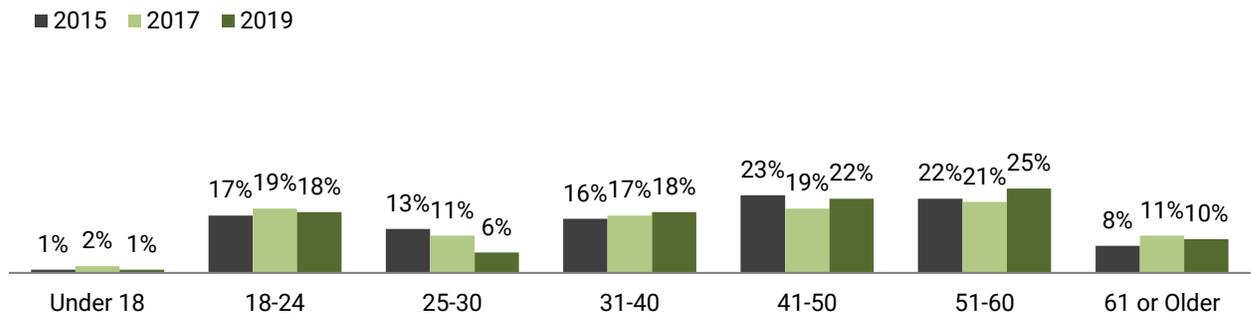
SURVEY DEMOGRAPHICS

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

One percent (1%) of survey respondents were under 18 years old and 18% were between 18 and 24 years old. Six percent (6%) of respondents were 25 to 30 years old, 18% were 31 to 40 years old, 22% were 41 to 50 years old, 25% were 51 to 60 years old, and 10% were 61 or older.

Figure 6. SURVEY RESPONDENTS BY AGE



2015 n = 1,012; 2017 n = 1,104; 2019 n = 1,054

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. Fifteen percent (15%) reported first experiencing homelessness as a child under 18 years old. Thirty percent (30%) first experienced homelessness as a young adult between 18 and 24 years old, and over half (55%) were age 25 or older.

Figure 7. AGE AT FIRST EXPERIENCE OF HOMELESSNESS



n = 1,035

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

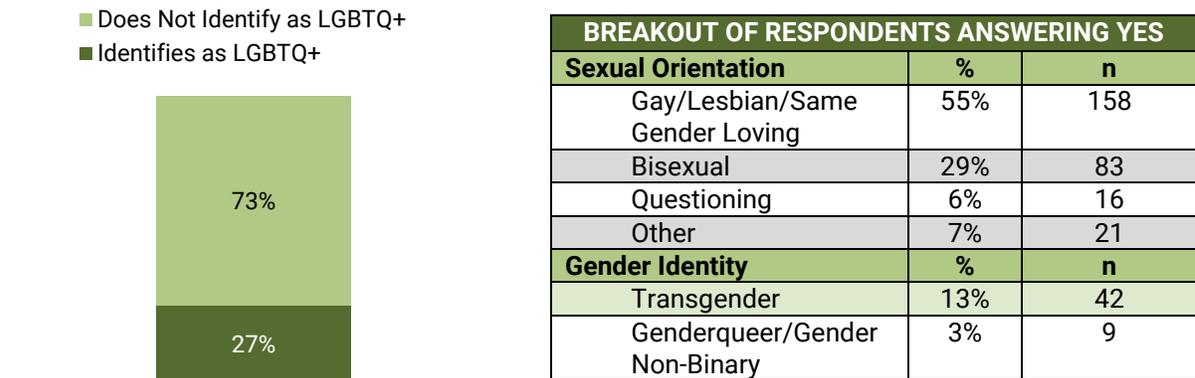
GENDER AND SEXUAL ORIENTATION

The majority (59%) of survey respondents identified as male. Over one-third (35%) identified as female, 4% as transgender, 1% as genderqueer/gender non-binary, and 1% as another gender.

Available survey data reveal that young people who identify as LGBTQ+ represent up to 40% of the approximately 550,000 unaccompanied youth and young adults experiencing homelessness in the United States.² It is estimated that 12% of San Francisco's population identifies as LGBTQ+;³ 27% of survey respondents identified as LGBTQ+. Among survey respondents identifying as LGBTQ+, 55% identified as gay, lesbian, or same-gender loving; 29% as bisexual; 13% as transgender; 3% as genderqueer/gender non-conforming; and 5% as questioning.

Compared to respondents who did not identify as LGBTQ+, respondents who identified as LGBTQ+ were more likely to report having experienced domestic violence (48% compared to 27%). Respondents who identified as LGBTQ+ also reported a higher incidence of HIV or AIDS related illness (14% compared to 4%). LGBTQ+ respondents were also more likely to report first experiencing homelessness as a youth or young adult than non-LGBTQ+ survey respondents (58% and 40%, respectively).

Figure 8. SEXUAL ORIENTATION AND GENDER IDENTITY



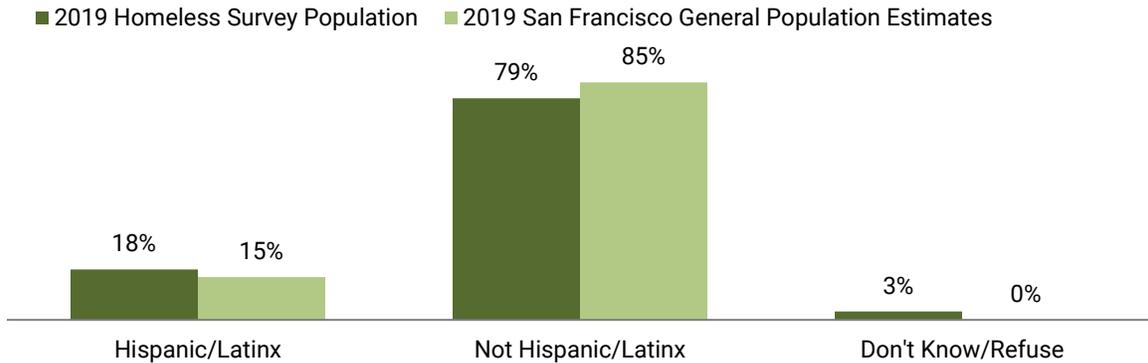
LGBTQ+ Status n = 1,054; Breakout of LGBTQ+ Respondents n = 295
 Note: Multiple response question. Percentages may not add up to 100.

² U.S. Department of Housing and Urban Development, Office of Community Planning and Development (April 2016). Review of the LGBTQ Youth Homelessness Prevention Initiative Planning Phase. Retrieved from <https://files.hudexchange.info/resources/documents/Review-of-LGBTQ-Youth-Homelessness-Prevention-Initiative.pdf>
³ City and County of San Francisco, Office of the Controller (May 2019). 2019 San Francisco City Survey Report. Retrieved from <https://sfcontroller.org/sites/default/files/Documents/Auditing/City%20Survey%202019%20-%20Report.pdf>

RACE/ETHNICITY

Similar to the U.S. Census, HUD gathers data on race and ethnicity via two separate questions. Eighteen percent (18%) of survey respondents identified their ethnicity as Hispanic or Latinx, a slightly higher rate when compared to the general population of San Francisco.

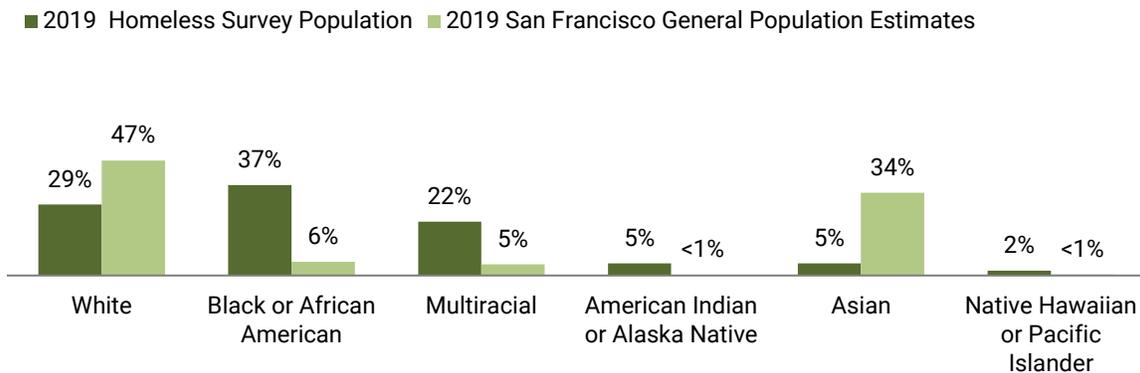
Figure 9. HISPANIC OR LATINX ETHNICITY



Homeless Survey Population n = 1,003
 Note: Percentages may not add up to 100 due to rounding.

When asked about their racial identity, greater differences between those experiencing homelessness and the general population emerged. A much higher proportion of survey respondents identified as Black or African-American (37% compared to 6%), and a lower percentage identified as Asian (5% compared to 34%). The majority of survey respondents identified as either Black or African American (37%), White (29%), or Multi-racial (22%).

Figure 10. RACE



Homeless Survey Population n = 1,025
 Note: Percentages may not add up to 100 due to rounding.

HISTORY OF FOSTER CARE

Nationally, it is estimated that at least one-third of foster youth experience homelessness after exiting care.⁴ In the state of California, many foster youth are eligible to receive extended care benefits during their transition into adulthood, up until their 21st birthday. Implemented since 2012, the aim of extended foster care is to assist foster youth with the transition to independence and prevent them from experiencing homelessness.

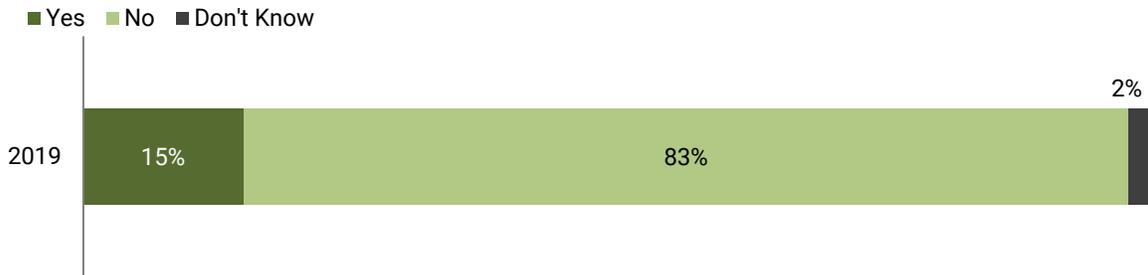
In San Francisco, 18% of all survey respondents reported a history of foster care. The percentage of youth under the age of 25 who had been in foster care was notably higher than adults age 25 and older; 29% compared to 15%.

Figure 11. YOUTH UNDER 25 WITH FOSTER CARE EXPERIENCE



n = 186

Figure 12. ADULTS AGE 25+ WITH FOSTER CARE EXPERIENCE



n = 799

⁴ Dworsky, A.; Napolitano, L.; and Courtney, M. (2013). Homelessness During the Transition From Foster Care to Adulthood. Congressional Research Services, Am J Public Health. 2013 December; 103(Suppl 2): S318–S323. Retrieved 2018 from 10.2105/AJPH.2013.301455.

LIVING ACCOMMODATIONS

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

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

PLACE OF RESIDENCE

Seventy percent (70%) of respondents reported living in San Francisco at the time they most recently became homeless. Of those, over half (55%) reported living in San Francisco for 10 or more years. Six percent (6%) reported living in San Francisco for less than one year. In 2017, 43% had lived in San Francisco for 10 or more years and 15% had lived in the city for less than a year.

Eight percent (8%) of respondents reported living out of state at the time they became homeless. Twenty-two percent (22%) reported living in another county within California. The California counties in which respondents reported living at the time they most recently became homeless included Alameda County (8%), San Mateo (2%), Marin (2%), Contra Costa (1%), and Santa Clara (1%).

Figure 13. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS

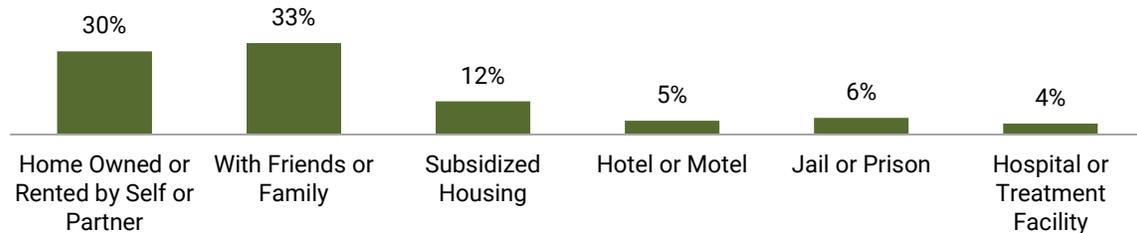


PRIOR LIVING ARRANGEMENTS

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness can influence what types of homeless prevention services might be offered to help individuals maintain their housing.

Thirty percent (30%) of respondents reported living in a home owned or rented by themselves or a partner immediately prior to becoming homeless. Thirty-three percent (33%) reported staying with friends or family. Twelve percent (12%) reported living in subsidized housing, and 5% were staying in a hotel or motel. Six percent (6%) of respondents reported they were in a jail or prison immediately prior to becoming homeless, while 4% were in a hospital or treatment facility, 3% were living in foster care, and 1% were in a juvenile justice facility.

Figure 14. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO EXPERIENCING HOMELESSNESS (TOP SIX RESPONSES)



n = 997

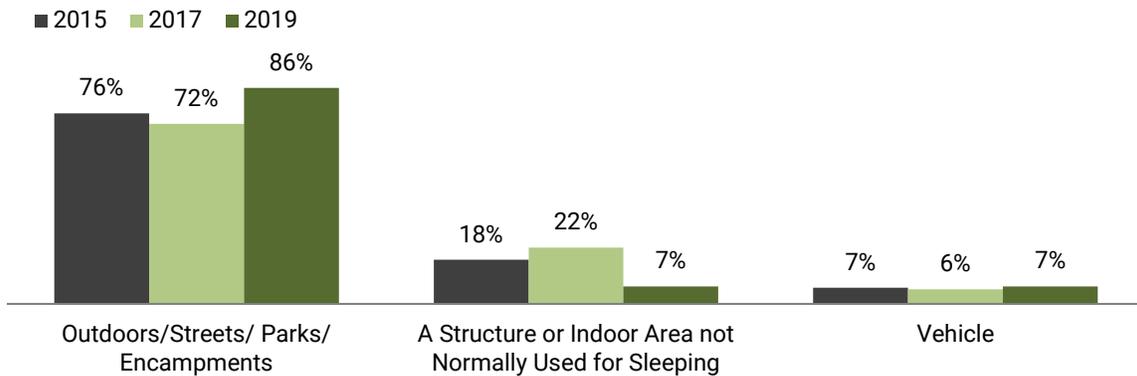
Note: Percentages may not add up to 100 due to rounding.

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 in which individuals experiencing homelessness are sleeping can help inform local outreach efforts.

The majority (86%) of respondents who were unsheltered reported living outdoors at the time of the survey. Seven percent (7%) reported sleeping in public buildings, foyers, hallways, or other indoor locations not meant for human habitation, and 7% reported sleeping in a vehicle.

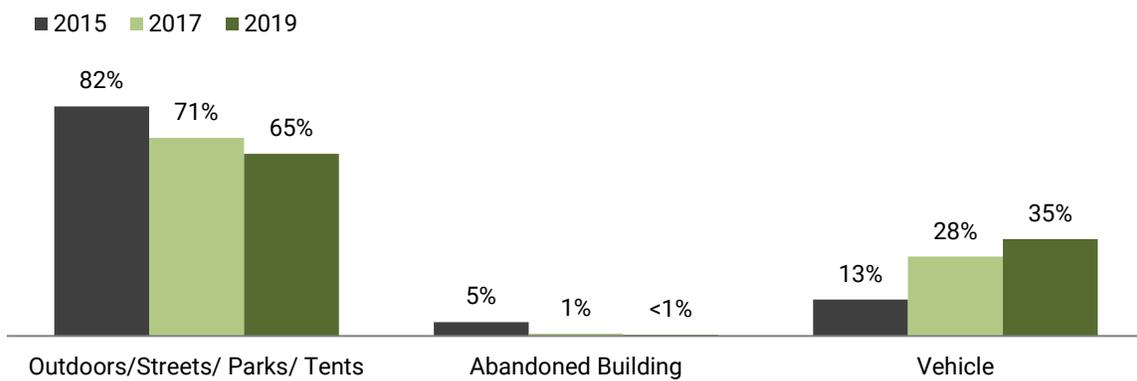
Figure 15. USUAL PLACES TO SLEEP AT NIGHT FOR UNSHELTERED SURVEY RESPONDENTS



2015 n = 1,027; 2017 n = 967; 2019 n = 736
 Note: Percentages may not add up to 100 due to rounding.

The current living arrangements of unsheltered survey respondents contrasts with the location types of individuals observed during the general street count. While the majority of persons identified during the street count were sleeping outdoors, a notably higher percentage of persons were sleeping in vehicles. Consequently, people residing in vehicles may be underrepresented in the survey results.

Figure 16. TOTAL UNSHELTERED HOMELESS POPULATION BY LOCATION TYPE



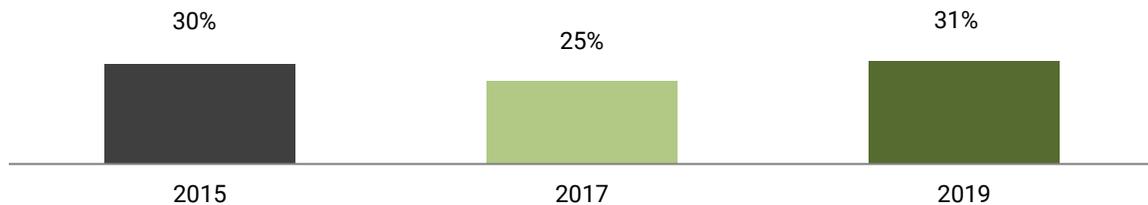
2015 n = 4,358; 2017 n = 4,353; 2019 n = 5,180
 Note: Percentages may not add up to 100 due to rounding.

DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead individuals to fall in and out of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability.

Sixty-nine percent (69%) of survey respondents reported experiencing prior episodes of homelessness.

Figure 17. FIRST TIME EXPERIENCING HOMELESS (RESPONDENTS ANSWERING “YES”)

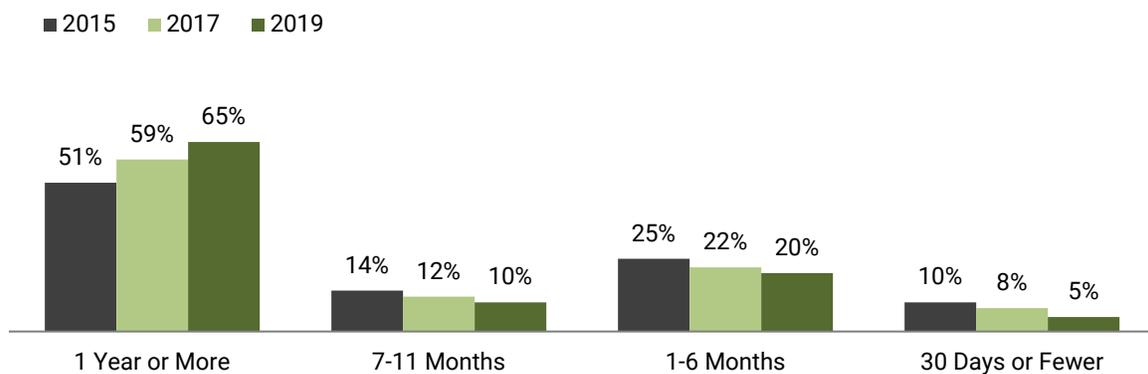


2015 n = 1,022; 2017 n = 1,095; 2019 n = 1,011

DURATION OF HOMELESSNESS

Regarding their current episode of homelessness, the majority of respondents (65%) reported experiencing homelessness for a year or more at the time of the survey, an increase from 2015 (59%). Five percent (5%) reported experiencing homelessness for less than one month. Among the 31% of respondents who reported experiencing homelessness for the first time, 50% had been homeless for a year or more and 5% had been homeless for less than a month.

Figure 18. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n = 944; 2015 n = 1,007; 2017 n = 1,095; 2019 n = 1,042

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

RECURRENCE OF HOMELESSNESS

Many individuals who experience homelessness will do so numerous times, as people often cycle in and out of stable housing. Recurring homelessness is also an indicator of the homeless assistance and housing system's ability to address individuals' needs for stable, permanent housing.

Five percent (5%) of respondents reported experiencing homelessness four or more times in the past year. Over one-third (35%) of respondents reported experiencing four or more episodes of homelessness over the past three years, down from 48% of 2017 survey respondents.

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. An inability to secure adequate housing can also lead to an inability to address other basic needs, such as health care and adequate nutrition.

Over one-quarter (26%) of respondents identified job loss as the primary cause of their homelessness. Eighteen percent (18%) reported drugs or alcohol. Thirteen percent (13%) identified eviction, 12% reported an argument with a friend or family member who asked them to leave, and 8% cited mental health issues as the primary cause of their homelessness.

Figure 19. PRIMARY CAUSE OF HOMELESSNESS (TOP RESPONSES)

2015	%	2017	%	2019	%
Lost Job	25%	Lost Job	22%	Lost Job	26%
Alcohol or Drug Use	18%	Alcohol or Drug Use	15%	Alcohol or Drug Use	18%
Eviction	13%	Eviction	12%	Eviction	13%
Argument with Family or Friend Who Asked You to Leave	12%	Argument with Family or Friend Who Asked You to Leave	13%	Argument with Family or Friend Who Asked You to Leave	12%
Divorce/Separation/Breakup	11%	Divorce/Separation/Breakup	10%	Mental Health Issues	8%
Mental Health Issues	5%	Mental Health Issues	6%	Divorce/Separation/Breakup	5%

2015 n = 993; 2017 n = 1,073; 2019 n = 1,039

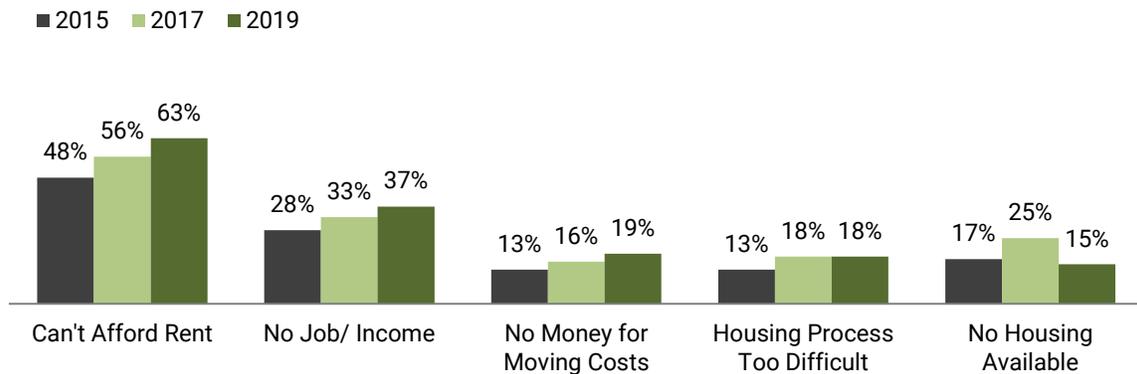
Note: Multiple response question. Percentages may not add up to 100.

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 economic and social supports (e.g., increased income, rental assistance, and case management) needed to access and maintain permanent housing.

Respondents were asked what prevented them from obtaining housing. The majority (63%) reported that they could not afford rent. Over one-third (37%) reported a lack of job or income, followed by 19% who cited having no money for moving costs. Most other respondents reported a mixture of other income or access related issues, such as difficulty with the housing process (18%) and lack of housing available (15%).

Figure 20. OBSTACLES TO OBTAINING PERMANENT HOUSING (TOP FIVE RESPONSES IN 2019)



2015 n = 965; 2017 n = 1,056; 2019 n = 1,032

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

SERVICES AND ASSISTANCE

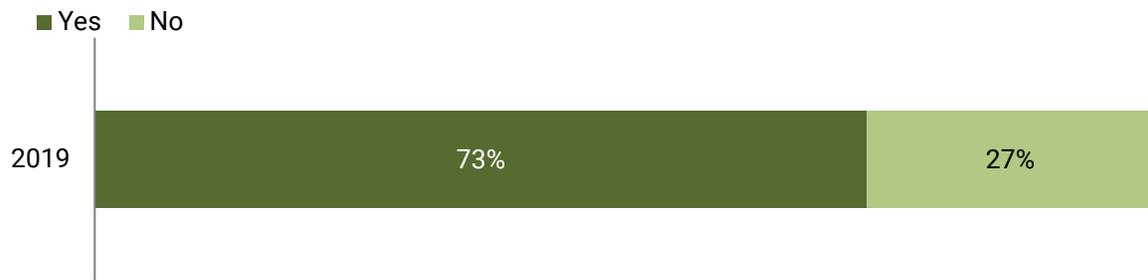
The City and County of San Francisco provides services and assistance to those currently experiencing homelessness through local, state, and federal funding sources. Government assistance and homeless services work to enable individuals and families to obtain income and support.

GOVERNMENT ASSISTANCE

There are various forms of government assistance available to individuals experiencing homelessness. However, usage of these supports is impacted by knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance.

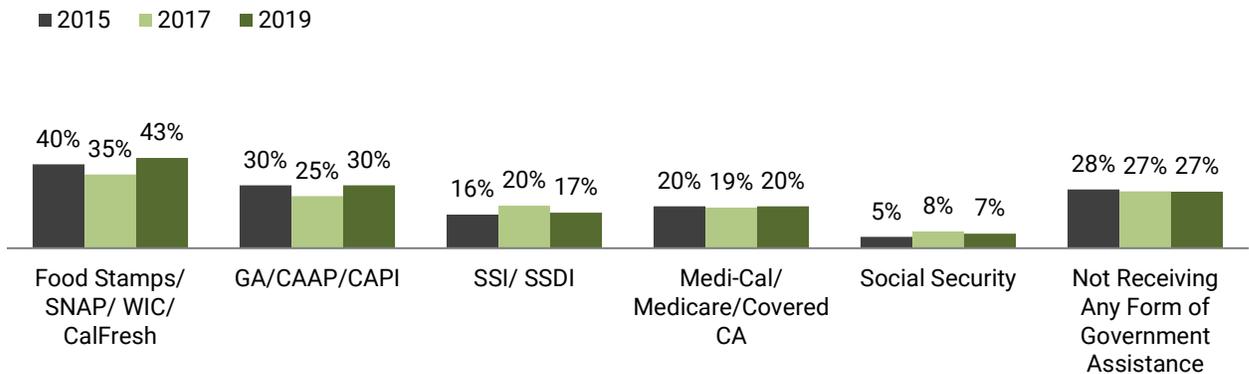
Nearly three-quarters (73%) of respondents in 2019 reported they were receiving some form of government assistance. The largest percentage of respondents (43%) reported receiving CalFresh (food stamps) and/or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). Thirty percent (30%) of respondents reported receiving County Adult Assistance Program (CAAP) or General Assistance (GA) benefits. Seventeen percent (17%) reported receiving SSI, SSDI, or non-veteran disability benefits.

Figure 21. RECEIVING GOVERNMENT ASSISTANCE



n = 1,017

Figure 22. GOVERNMENT ASSISTANCE RECEIVED



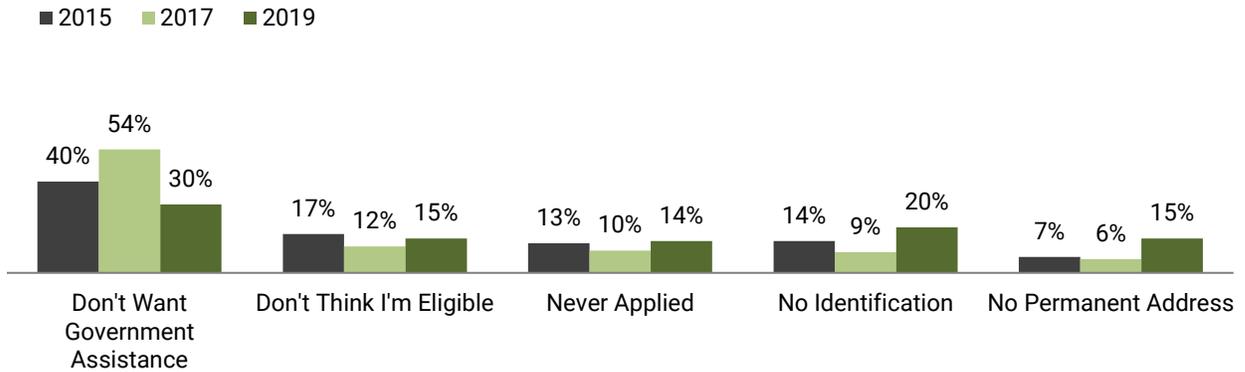
2015 n = 886; 2017 n = 999; 2019 n = 1,017

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

Among those reporting not receiving government benefits, 30% reported not wanting government assistance. Fifteen percent (15%) did not think they were eligible for services, 14% reported they had never applied, 5% had applied and were waiting for a response, and 6% reported being turned down. Fourteen percent (14%) reported that their benefits had been cut off.

Respondents also reported challenges applying for benefits; 20% reported not having the required identification, 15% reported no permanent address to use on their application, and 8% reported that the paperwork was too difficult. Two percent (2%) cited immigration issues as a barrier, and 6% reported they did not know where to go to seek assistance.

Figure 23. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



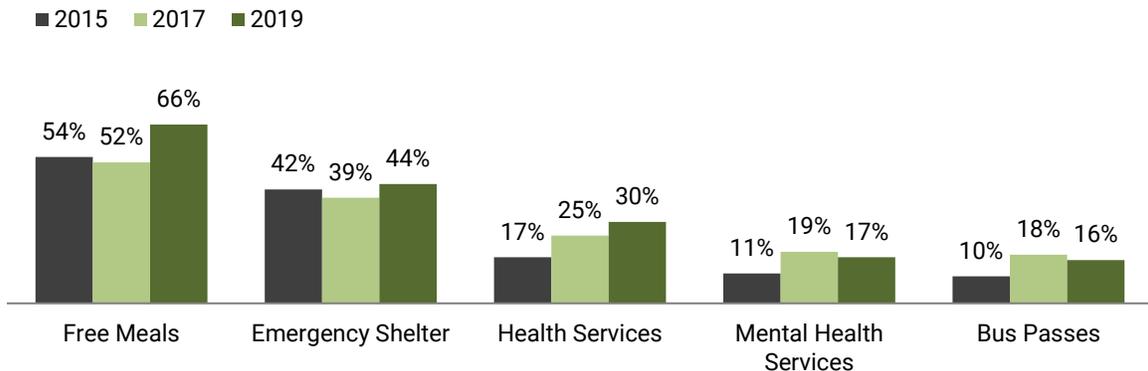
2015 n = 224; 2017 n = 259; 2019 n = 259
 Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND PROGRAMS

In addition to government assistance, there are numerous community-based services and programs available to individuals experiencing homelessness. These services range from day shelters and meal programs to job training and health care.

Approximately two-thirds (66%) of respondents reported using free meal services. Forty-four percent (44%) reported using emergency shelter services. One quarter (25%) of respondents reported using health services, an increase over 25% in 2017. Seventeen percent (17%) reported using mental health services and 11% reported using drug and alcohol counseling. Thirteen percent (13%) of respondents reported they were not using any services.

Figure 24. SERVICES OR ASSISTANCE (TOP FIVE RESPONSES IN 2019)



2015 n = 956; 2017 n = 1,037; 2019 n = 1,015
 Note: Multiple response question. Percentages may not add up to 100.

EMPLOYMENT AND INCOME

While the majority of survey respondents reported being unemployed, 11% reported full-time, part-time, or sporadic employment and many indicated earning some form of income.

EMPLOYMENT

The unemployment rate in San Francisco in January 2019 was 3 percent.⁵ 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 2019, the unemployment rate for homeless survey respondents was 89%. Eleven percent (11%) of respondents reported working full-time, part-time, or with seasonal, temporary, or sporadic employment.

Among respondents who were unemployed, the primary barriers to employment included no permanent address (28%), disability (24%), alcohol or drug issues (19%), health problems (18%), and lack of transportation (16%). Further, 13% of respondents cited mental health issues, 13% a lack of phone, 11% a need for clothing and shower facilities, and 11% a lack of identification. Nine percent (9%) of respondents reported that they did not want to work.

Figure 25. OBSTACLES TO OBTAINING EMPLOYMENT (TOP FIVE RESPONSES EACH YEAR)

2015	%	2017	%	2019	%
No Permanent Address	28%	No Transportation	36%	No Permanent Address	28%
Alcohol or Drug Use	20%	No Permanent Address	36%	Disability	24%
Disability	17%	Need Education/Training	22%	Alcohol or Drug Use	19%
Age	14%	No Jobs	16%	Health Problems	18%
Need Clothing/Shower Facilities	13%	Don't Want to Work	13%	No Transportation	16%

2015 n = 882; 2017 n = 45; 2019 n = 904

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

⁵ State of California Employment Development Department. (2019). Unemployment Rates (Labor Force). Retrieved 2019 from <http://www.labormarketinfo.edd.ca.gov>

INCOME

Income from all sources varied between employed and unemployed survey respondents, but overall income was higher among those who were employed. Over one-third (36%) of unemployed respondents reported an income of \$99 or less per month, in comparison to 11% of those who were employed. Alternatively, 36% of employed respondents reported making \$1,100 or more per month, compared to 7% of unemployed respondents. Forty-seven percent (47%) of all respondents reported panhandling as a source of income.

Figure 26. EMPLOYMENT AND MEAN MONTHLY INCOME

	2015		2017		2019	
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed
\$0-\$99	14%	48%	13%	33%	11%	36%
\$100-\$449	23%	16%	4%	18%	10%	24%
\$450-\$749	19%	12%	26%	16%	23%	15%
\$750-\$1,099	16%	17%	16%	24%	20%	18%
\$1,100-\$1,499	12%	4%	24%	6%	22%	4%
\$1,500-\$3,000	14%	2%	15%	3%	13%	2%
More than \$3,000	2%	1%	2%	<1%	1%	1%

2015 Employed n = 104, 2015 Unemployed n = 860; 2017 Employed n = 137, 2017 Unemployed n = 917; 2019 Employed n = 116, 2019 Unemployed n = 891

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

HEALTH

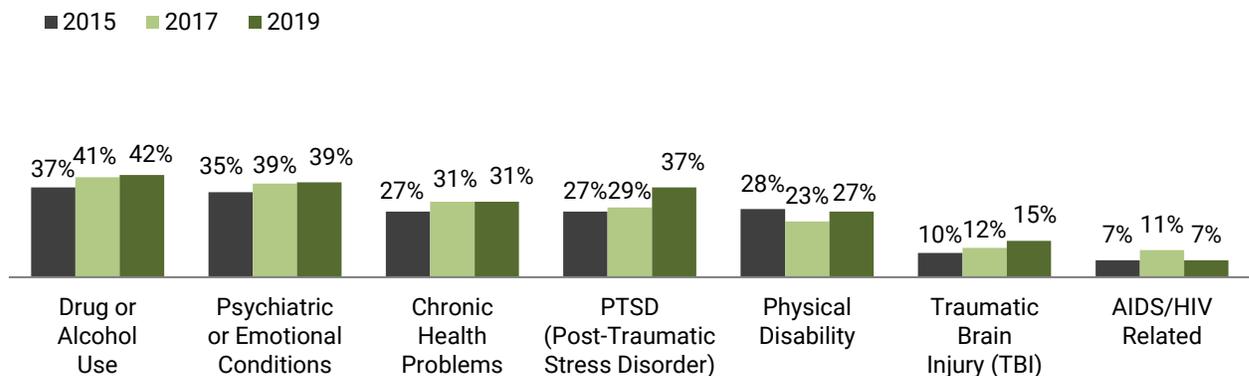
The average life expectancy for individuals experiencing homelessness is up to 36 years shorter than the general population.⁶ Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.⁷

HEALTH CONDITIONS

Seventy-four percent (74%) of respondents reported living with one or more health conditions, compared to 68% in 2017. These conditions included chronic physical illnesses, physical disabilities, chronic substance use, and severe mental health conditions. Sixty-nine percent (69%) of respondents reported their condition limited their ability to hold a job, live in stable housing, or take care of themselves, compared to 53% in 2017.

The most frequently reported health condition was drug or alcohol abuse (42%), followed by psychiatric or emotional conditions (39%) and post-traumatic stress disorder (37%). Thirty-one percent (31%) reported living with a chronic health problem, 27% a physical disability, 15% a traumatic brain injury (TBI), and 7% an AIDS or HIV related illness.

Figure 27. HEALTH CONDITIONS



2015 n = 951-980; 2017 n = 1,027-1,061; 2019 n = 1,054

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

⁶ Koachanek, M.A., et al. (2017). Mortality in the United States, 2016. NCHS Data Brief, no 293. Hyattsville, MD: National Center for Health Statistics. Retrieved from

⁷ Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. New England Journal of Medicine, 338, 1734-1740.

FOOD SECURITY

Food insecurity is associated with adverse health outcomes, including increased prevalence of chronic health conditions, and can prevent those who are already ill from improving health outcomes.⁸ Fifty-nine percent (59%) reported experiencing a food shortage in the four weeks prior to the survey, an increase over the 52% reported in 2017.

Figure 28. FOOD SHORTAGE IN THE PAST FOUR WEEKS



⁸ 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.

DOMESTIC VIOLENCE AND PARTNER ABUSE

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness and can be the primary cause of homelessness for many. Survivors often lack the financial resources required for housing, as their employment history or dependable income may be limited.

Seven percent (7%) of all survey respondents reported currently experiencing domestic/partner violence or abuse. Thirty-one percent (31%) of all respondents reported experiencing domestic/partner violence or abuse during their lifetime.

Domestic violence varied by gender, with 24% of transgender respondents and 22% of genderqueer/gender non-binary respondents reporting current experiences of domestic violence, compared to 3% of males and 9% of females. Looking at domestic violence across the lifetime, 74% of transgender and 44% of female respondents reported previous experiences of domestic violence, compared to 23% of male respondents.

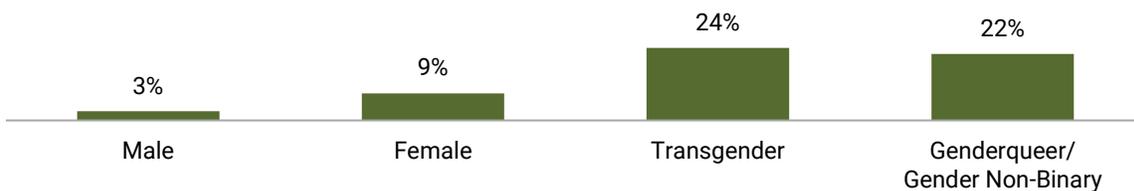
Among those who experienced domestic violence, 10% cited domestic violence as the primary cause of their homelessness. Among individuals in families, 40% had experienced domestic violence, 22% of whom attributed their homelessness to domestic violence.

Figure 29. EXPERIENCE OF DOMESTIC VIOLENCE DURING LIFETIME



n = 1,054

Figure 30. CURRENTLY EXPERIENCING DOMESTIC VIOLENCE, BY GENDER



n = 977

CRIMINAL JUSTICE SYSTEM

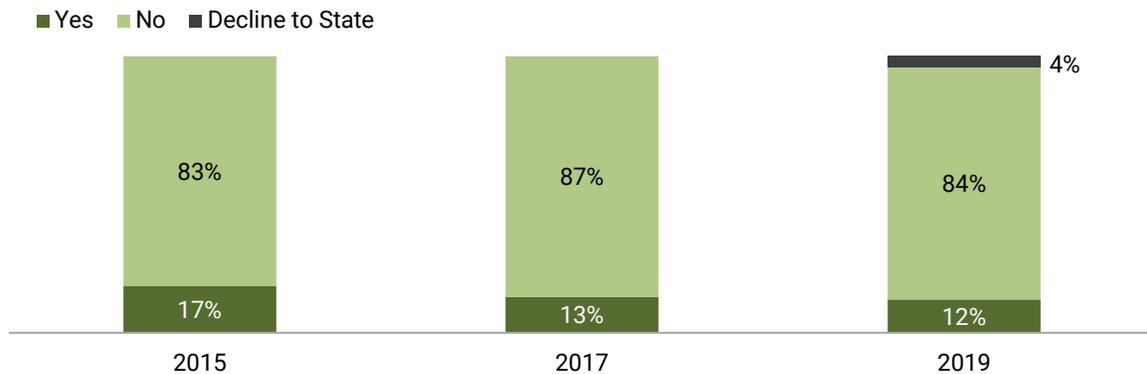
Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.⁹

INCARCERATION

One-quarter (25%) of survey respondents reported spending at least one night in jail or prison within the previous 12 months compared to 20% in 2017 and 29% in 2015.

Thirteen percent (13%) of respondents reported being on probation or parole at the time of the survey. Similarly, 12% of respondents were on probation or parole at the time they most recently became homeless.

Figure 31. ON PROBATION OR PAROLE AT ONSET OF HOMELESSNESS



2015 n = 931; 2017 n = 1,039; 2019 n = 1,001

⁹ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services*, 2008 Feb;59(2): 170-7.



Homeless Subpopulations

Home, Together: The Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness among all populations 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:

- Chronic homelessness among people with disabilities;
- Veterans;
- Families with children; and
- Unaccompanied children and transitional-age youth.

Consequently, these subpopulations represent important reportable indicators for measuring local progress toward ending homelessness.

The following section examines the number and characteristics of persons included in each of these four subpopulations during the 2019 San Francisco Homeless Point-in-Time Count and Survey.



CHRONIC HOMELESSNESS

The U.S. 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 totaling 12 months in the last three years—and also has a disabling 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 that of the general population.¹⁰ Data from communities across the country reveal 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. In 2016, HUD reported that approximately 24% of the national homeless population, or an estimated 86,962 individuals, was chronically homeless.¹¹

PREVALENCE OF CHRONIC HOMELESSNESS

Self-reported information in the Point-in-Time Count Survey related to health conditions and homelessness history is used to estimate the size of San Francisco's chronically homeless population. Based on these survey responses, an estimated 3,028 people (or 38% of the homeless population) were experiencing chronic homelessness in San Francisco on January 24, 2019.

The majority (94%) of people experiencing chronic homelessness were adults without children. Persons in families comprised approximately 6% of all persons experiencing chronic homelessness. Nine percent (9%) of chronically homeless persons were estimated to be veterans and 8% were unaccompanied youth under 25 years old.

¹⁰ 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

¹¹ Department of Housing and Urban Development. (2017). Annual Assessment Report to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

Figure 32. CHRONICALLY HOMELESS POPULATION ESTIMATES BY HOUSEHOLD TYPE, 2015-2019

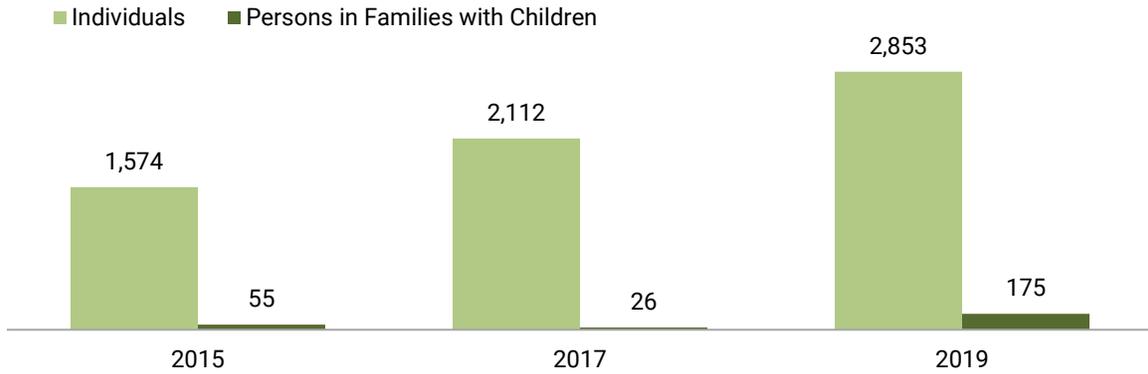
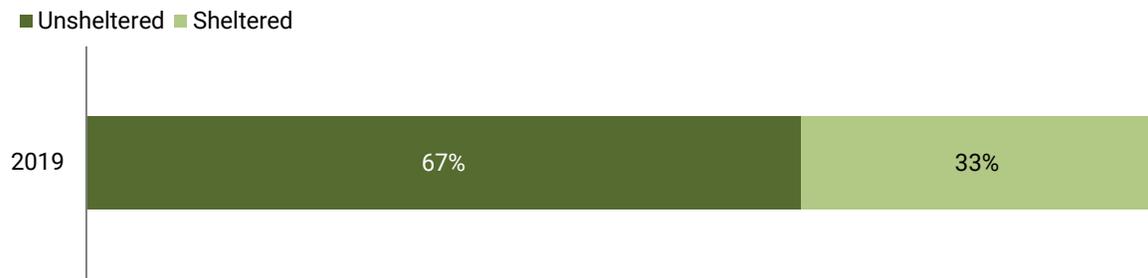
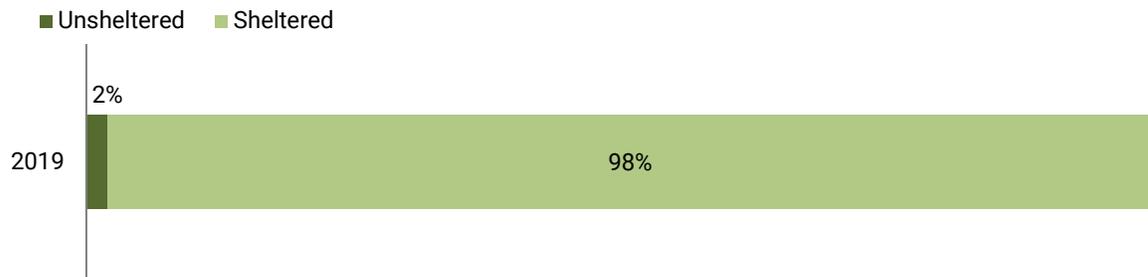


Figure 33. INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS, BY SHELTER STATUS



n = 2,853

Figure 34. FAMILIES EXPERIENCING CHRONIC HOMELESSNESS, BY SHELTER STATUS

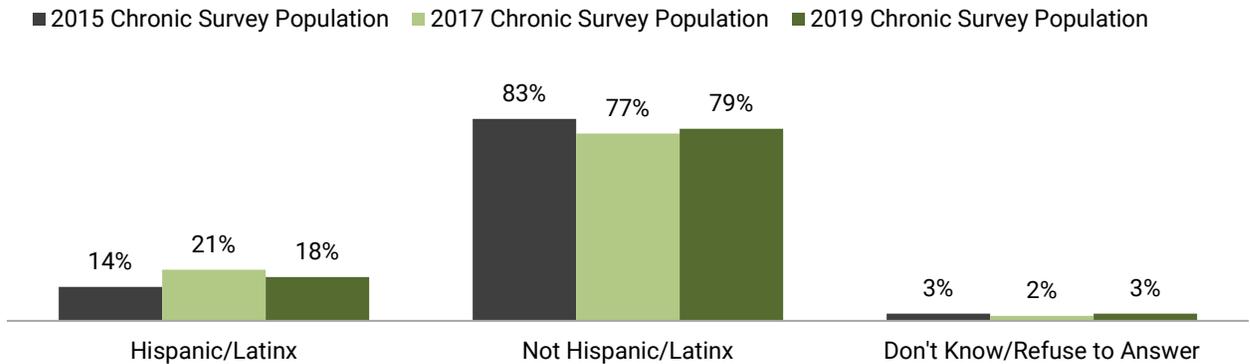


n = 51 families with 175 family members

DEMOGRAPHICS OF SURVEY RESPONDENTS EXPERIENCING CHRONIC HOMELESSNESS

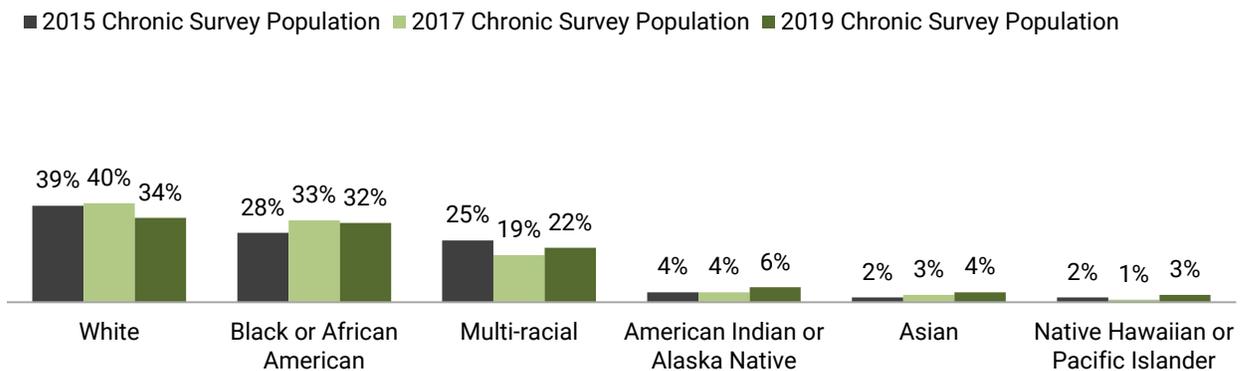
The majority of chronically homeless survey respondents identified as male (64%), compared to 57% of non-chronically homeless survey respondents (57%). A similar percentage of chronically homeless respondents identified as Hispanic or Latinx compared to non-chronically homeless respondents (18%). Chronically homeless respondents identified as White at a higher rate than non-chronically homeless respondents (34% compared to 27%), and identified as Black or African American at a lower rate (32% compared to 39%). Twenty-two percent (22%) of chronically homeless respondents identified as Multi-racial.

Figure 35. ETHNICITY AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS



2015 n = 250; 2017 n = 322; 2019 n = 334
 Note: Percentages may not add up to 100 due to rounding.

Figure 36. RACE AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS



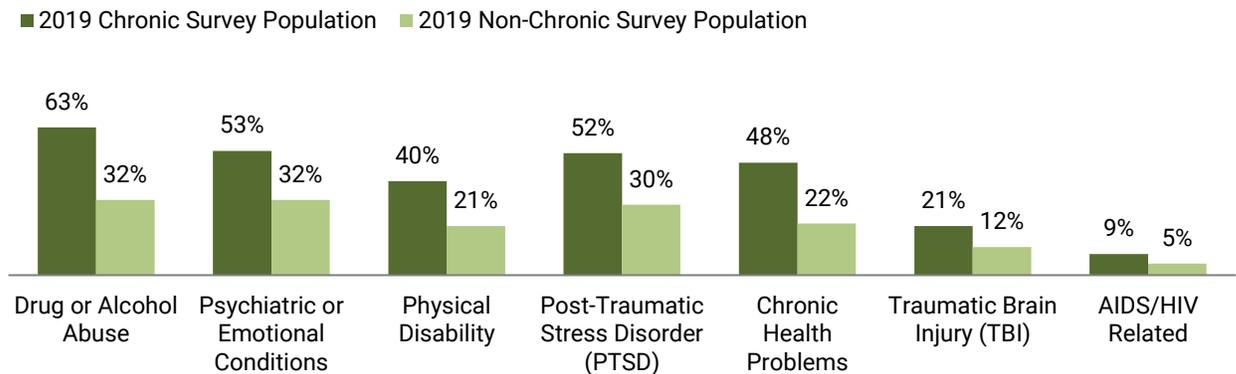
2015 n=249; 2017 n=335; 2019 n = 339
 Note: Percentages may not add up to 100 due to rounding.

HEALTH CONDITIONS AMONG PERSONS 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-three percent (63%) of chronically homeless survey respondents reported alcohol or substance use. Fifty-three percent (53%) reported living with a psychiatric or emotional condition, 52% with post-traumatic stress disorder, and 48% with a chronic health problem.

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 respondents reported living with a physical disability compared to 21% of non-chronically homeless respondents.

Figure 37. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 345; Non-Chronic n = 709

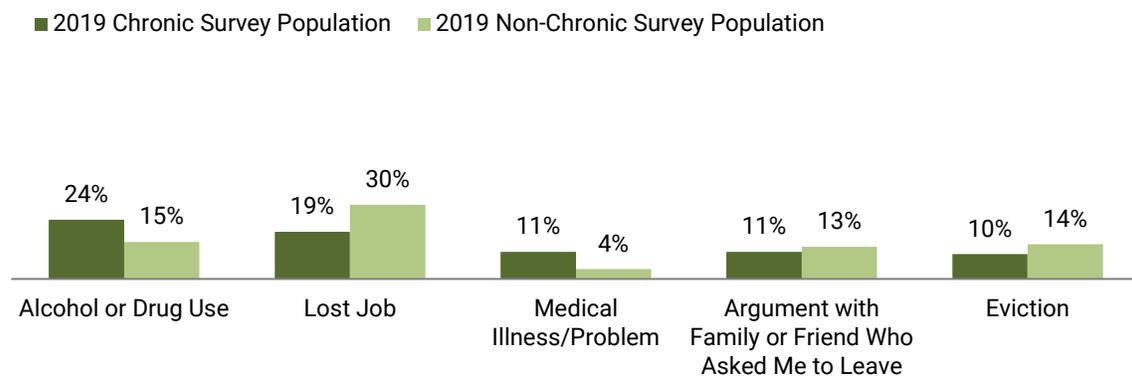
Note: Multiple response question. Percentages may not add up to 100.

PRIMARY CAUSE OF HOMELESSNESS AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS

Nearly one-quarter (24%) of chronically homeless survey respondents identified alcohol or drug use as the primary cause of their homelessness, compared to 19% in 2017. Nineteen percent (19%) reported job loss as a primary cause compared to 30% of all other respondents, and 11% cited medical issues compared to 4% of all other respondents.

While chronically homeless respondents attributed their homelessness to different causes than non-chronically homeless respondents, they reported similar barriers to permanent housing. As in 2017, the most frequently cited barrier was the inability to afford rent (59%). Forty percent (40%) reported having no job or not enough income, 25% reported lack of money for moving costs, and 23% reported difficulty with the housing process.

Figure 38. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 342; Non-Chronic n = 697

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

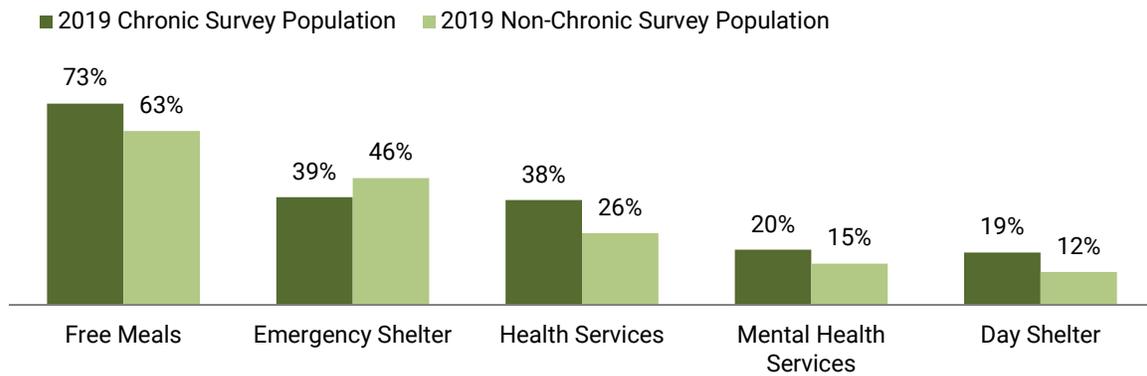
ACCESS TO SERVICES AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS

A slightly higher proportion (14%) of chronically homeless respondents reported they were not using any local homeless services, compared to respondents who were not chronically homeless (12%). The most frequently accessed services among chronically homeless respondents included free meals (73%), emergency shelter (39%), health services (38%), mental health services (20%), and day shelter (19%). Compared to all other respondents, chronically homeless respondents indicated lower rates of using job training/employment services (5% compared to 11%) and accessing bus passes (11% compared to 19%).

Twenty-seven percent (27%) of chronically homeless respondents reported they were not using government assistance. Among those receiving government assistance, 35% reported receiving CalFresh (food stamps), 21% received General Assistance (GA), and 21% received Medi-Cal/MediCare benefits. One-quarter (25%) reported receiving SSI, SSDI, or other disability benefits, compared to 31% in 2017.

Among chronically homeless respondents who were not receiving government services, 30% reported not having proper identification, 22% cited the lack of a permanent address, 19% reported that they did not want any government assistance, and 18% did not think they were eligible. Seventeen percent (17%) reported that their benefits had been cut off.

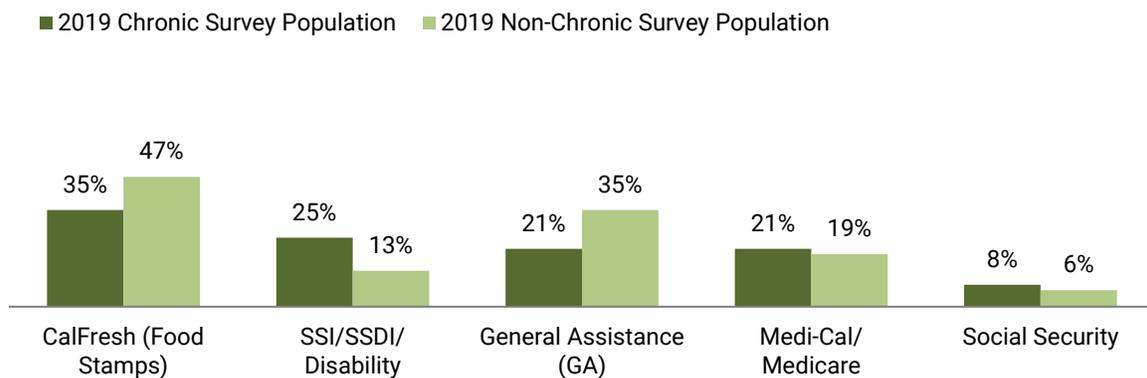
Figure 39. SERVICES OR ASSISTANCE, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 342; Non-Chronic n = 673

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

Figure 40. GOVERNMENT ASSISTANCE, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 342; Non-Chronic n = 675

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

INCARCERATION AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS

Thirty percent (30%) of chronically homeless respondents reported spending at least one night in jail or prison within the 12 months prior to the survey, compared to 22% of non-chronically homeless respondents. Fourteen percent (14%) of chronically homeless survey respondents reported being on probation or parole at the time of the survey, while 15% reported being on probation or parole at the time they became homeless.

HOMELESSNESS AMONG VETERANS

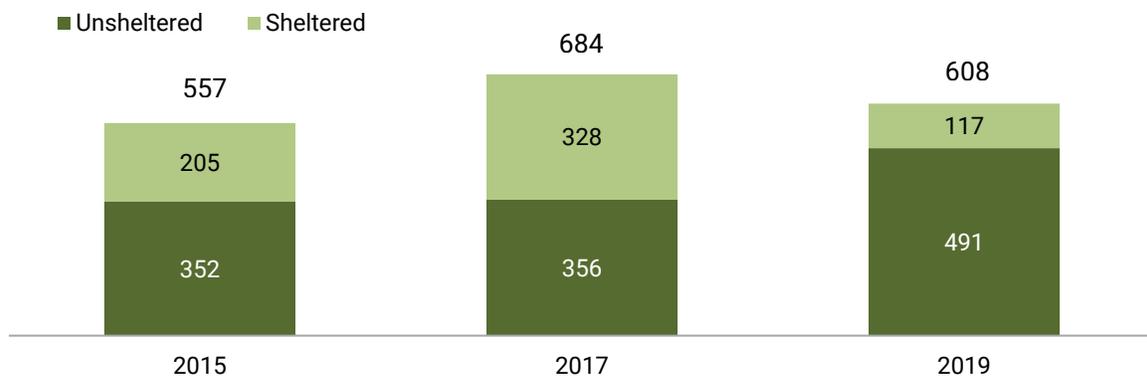
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of PTSD, traumatic brain injury, sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to live on the street than in shelters, and often remain 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 have partnered to provide additional housing and support services to veterans currently experiencing or otherwise at risk of experiencing homelessness.

NUMBER OF VETERANS EXPERIENCING HOMELESSNESS

In 2019, there were an estimated 608 veterans experiencing homelessness in San Francisco, compared to 684 in 2017 (an 11% reduction). Eighty-one percent (81%) of veterans surveyed during the Point-in-Time Count were unsheltered.

Figure 41. VETERANS EXPERIENCING HOMELESSNESS BY SHELTER STATUS, 2015-2019

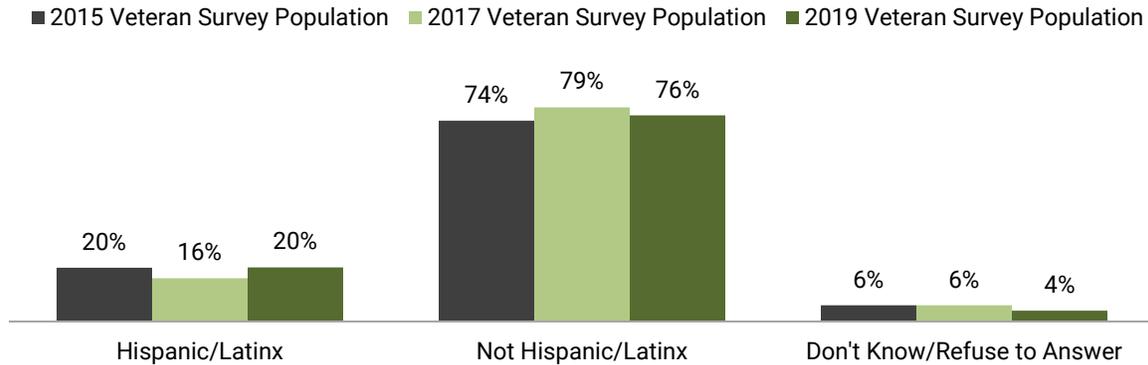


¹² National Alliance to End Homelessness. (2015). Veteran Homelessness. Retrieved from <https://endhomelessness.org/resource/veteran-homelessness/>

DEMOGRAPHICS OF VETERANS EXPERIENCING HOMELESSNESS

Seventy-nine percent (79%) of veteran survey respondents identified as male, 16% as female, 5% as transgender, and 1% as gender non-conforming. Twenty percent (20%) of veterans identified as Hispanic or Latinx. One-third (33%) of veterans identified as Black or African American, 31% as White, and 23% as Multi-racial.

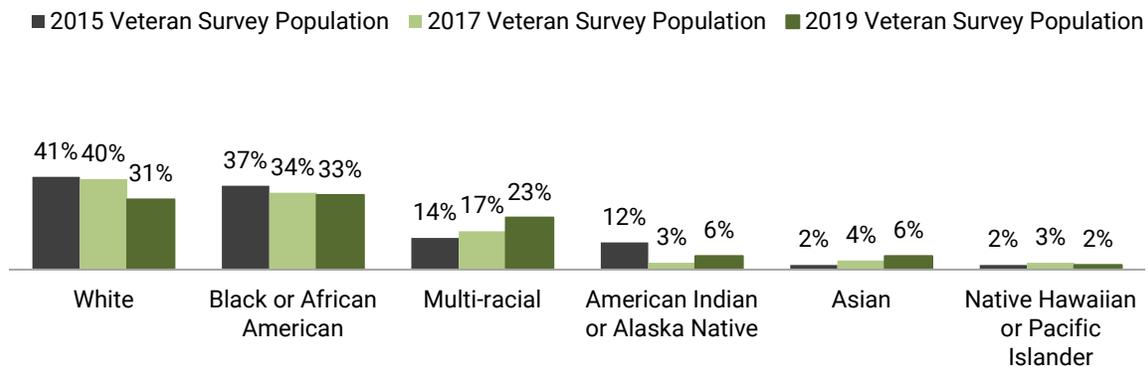
Figure 42. ETHNICITY AMONG VETERANS EXPERIENCING HOMELESSNESS



2015 n = 131; 2017 n = 109; 2019 n = 102

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

Figure 43. RACE AMONG VETERANS EXPERIENCING HOMELESSNESS



2015 n = 132; 2017 n = 118; 2019 n = 104

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

RESIDENCY OF VETERANS PRIOR TO EXPERIENCING HOMELESSNESS

Two-thirds (67%) of veteran survey respondents reported living in San Francisco at the time they most recently became homeless, compared to 70% of non-veteran respondents. Twenty-seven percent (27%) reported living in another county within California and 6% reported living in another state. Of those who did not live in San Francisco at the time they became homeless, 11% reported coming to San Francisco to access VA services.

Thirty-six percent (36%) of veteran respondents reported living in a home owned or rented by themselves or a partner prior to becoming homeless, compared to 29% of non-veterans. Veterans reported being in a hospital or treatment center prior to becoming homeless at twice the rate of non-veterans (8% and 4%, respectively).

SERVICES AND GOVERNMENT ASSISTANCE AMONG VETERANS

Overall, veteran survey respondents reported accessing services at a higher rate than non-veterans (91% compared to 86%). Veteran respondents most frequently indicated accessing free meals (64%), health services, (41%), and mental health services (21%).

Twenty-nine percent (29%) of veterans reported receiving VA disability compensation and 22% reported receiving some other form of VA benefit.

PRIMARY CAUSE OF HOMELESSNESS AMONG VETERANS

The most frequently cited cause of homelessness among veterans was job loss (22%), followed by alcohol or drug use (19%), eviction (12%), medical problem or illness (10%), and incarceration (8%).

Figure 44. PRIMARY CAUSE OF HOMELESSNESS AMONG VETERANS EXPERIENCING HOMELESSNESS (TOP FIVE RESPONSES IN 2019)



n = 109

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

INCARCERATION AMONG VETERANS EXPERIENCING HOMELESSNESS

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 receive longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.¹³

Thirty percent (30%) of veteran respondents reported spending at least one night in jail or prison during the 12 months prior to the survey, compared to 24% of non-veterans. A slightly higher percentage of veterans (16%) reported they were currently on probation or parole compared to non-veterans (12%).

¹³ Military Benefits. (2014). Incarcerated Veterans. Retrieved 2017 from <http://www.military.com/benefits/veterans-benefits/incarcerated-veterans.html>.

HOMELESSNESS AMONG FAMILIES WITH CHILDREN

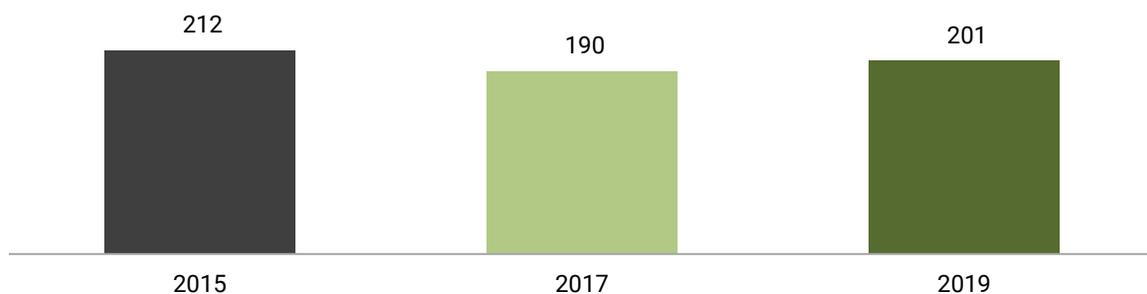
National data from 2017 suggest that 33% of all people experiencing homelessness are persons in families.¹⁴ Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared with other subpopulations, including unaccompanied children and transitional-age youth. Data on families experiencing homelessness suggest that they are not much different from other families living in poverty.

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

NUMBER OF FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS

There were 612 persons in 201 families identified during the 2019 count, similar to the 601 persons in 190 families identified in 2017. There were 36 families headed by a young parent between the ages of 18 and 24. Ninety-four percent (94%) of families were residing in shelters or transitional housing programs. Due to increased investments and improved coordination, HSH has space available for all families that are unsheltered and can offer shelter to all unsheltered families that enter the homelessness response system.

Figure 45. NUMBER OF FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS, 2015-2019

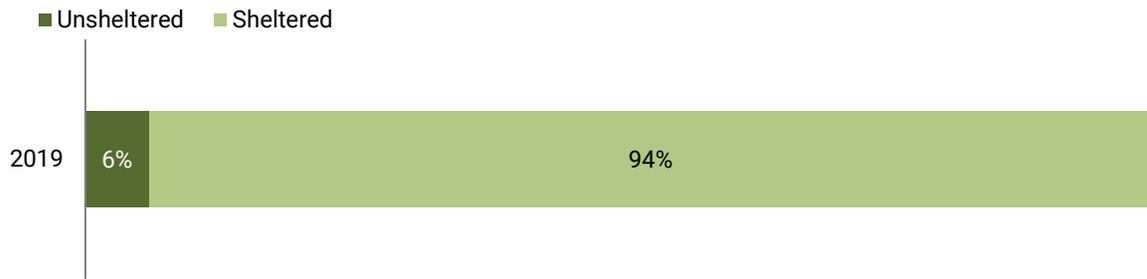


¹⁴ U. S. Department of Housing and Urban Development. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

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/>

Figure 46. FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS, BY SHELTER STATUS

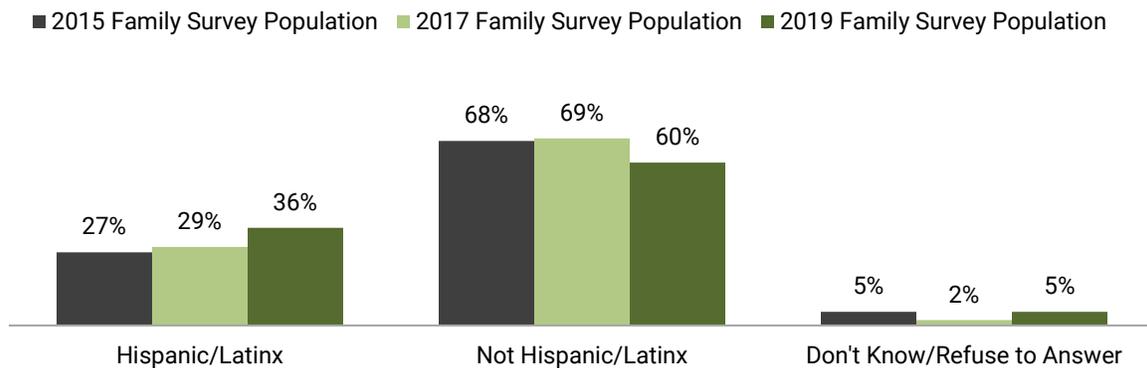


n = 201 Families with 612 Family Members

DEMOGRAPHICS OF FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS

Forty-three individuals in homeless families with children participated in the San Francisco Survey.¹⁷ Seventy-two percent (72%) of survey respondents in families were female, markedly higher than survey respondents not in families (34%). Over one-third (36%) of those surveyed in families identified as Hispanic or Latinx, more than double the rate of respondents not in families (17%). Thirty percent (30%) of survey respondents in families identified as Multi-racial, 28% identified as Black or African American, and 19% identified as White.

Figure 47. ETHNICITY AMONG FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS

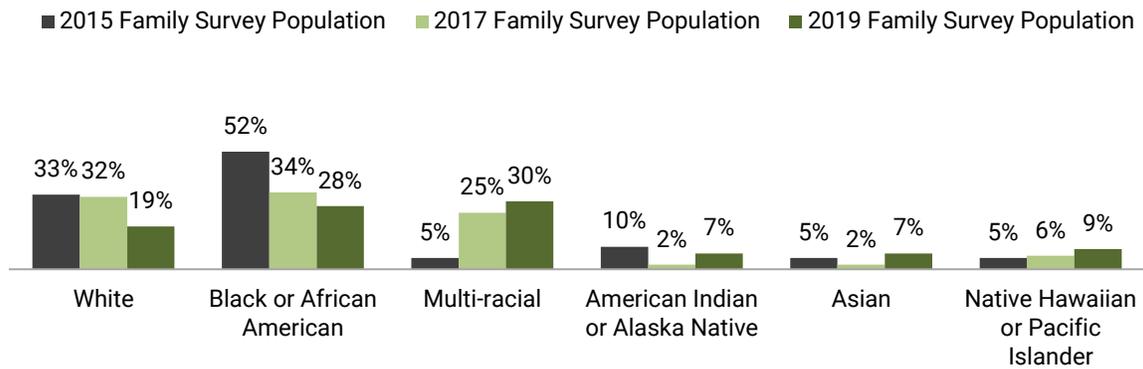


2015 n = 22; 2017 n = 51; 2019 n = 42

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

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

Figure 48. RACE AMONG FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS



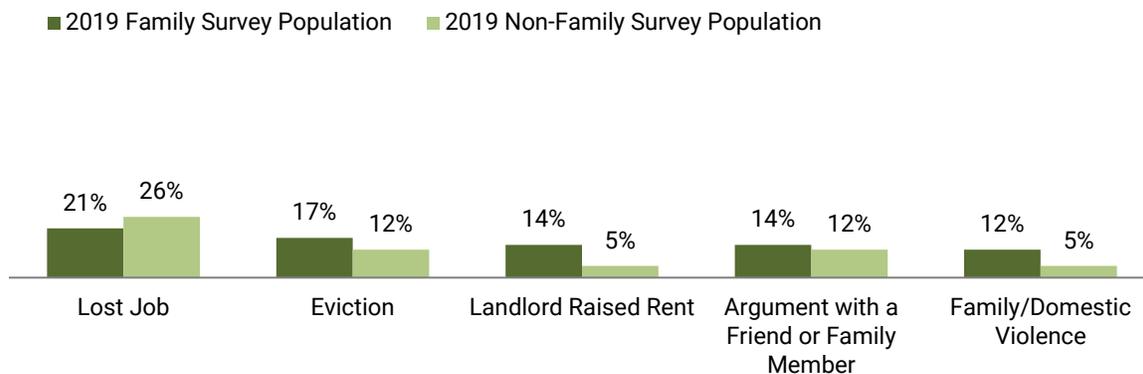
2015 n = 21; 2017 n = 53; 2019 n = 43

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

PRIMARY CAUSE OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN

The most frequently cited cause of homelessness among survey respondents in families was job loss (21%), followed by eviction (17%) and a rent increase (14%). Respondents in families attributed their homelessness to domestic violence at over twice the rate of single individuals (12% compared to 5%). Forty percent (40%) of respondents in families reported experiencing domestic violence in their lifetime, while 12% indicated experiencing domestic violence at the time of the survey.

Figure 49. PRIMARY CAUSE OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN (TOP FIVE RESPONSES IN 2019)



Families n = 42; Non-Families n = 997

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

LENGTH OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN

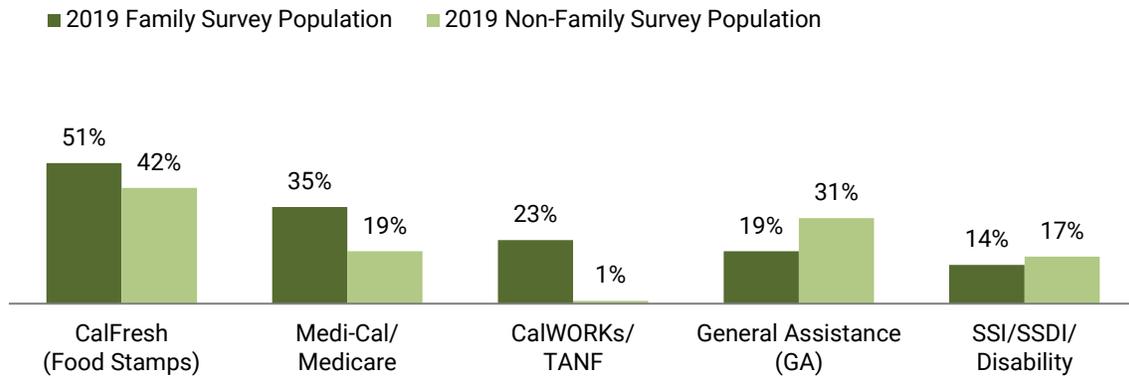
One-third (33%) of respondents in families with children reported experiencing homelessness for the first time, compared to 31% of all other respondents. Sixty percent (60%) reported experiencing homelessness for a year or more. Respondents in families with children were largely long-term San Francisco residents; 86% reported living in San Francisco at the time they most recently became homeless and half (50%) reported having lived in the city for at least ten years.

Prior to experiencing homelessness, 33% reported they were living in a home owned or rented by themselves or a partner.

GOVERNMENT ASSISTANCE AMONG FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS

Seventy-two percent (72%) of respondents in families reported receiving some form of government assistance. While over half (51%) of respondents in families reported receiving CalFresh (food stamps), 56% reported experiencing a food shortage in the four weeks prior to the survey. Over one-third (35%) reported receiving Medi-Cal/MediCare and 23% reported receiving CalWORKs/TANF benefits.

Figure 50. GOVERNMENT ASSISTANCE, FAMILY AND NON-FAMILY COMPARISON



Families n = 43; Non-Families n = 974

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



UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Due to the often hidden nature of youth homelessness, limited data are available on unaccompanied children and transitional-age youth experiencing homelessness. Although largely considered an undercount, nationwide estimates from 2017 suggest there are at least 40,799 unaccompanied children and transitional-age youth on the streets and in public shelters in the United States, an increase of 14% over 2016.¹⁸ This increase may be due in part to the focus on unaccompanied youth during the 2017 Point-in-Time Count, which served as a nationwide baseline year.

Young people experiencing homelessness have a harder time accessing services, including shelter, medical care, and employment. This is 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 2018, the U.S. Interagency Council on Homelessness released an updated federal strategic plan to end homelessness, *Home, Together*, featuring specific strategies to address the unique needs of unaccompanied homeless children and transitional-age youth. As part of this effort, HUD has placed increased focus on gathering data on unaccompanied homeless children and transitional-age youth during the Point-in-Time Count.

¹⁸ HUD. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-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 EXPERIENCING HOMELESSNESS

There were 1,145 unaccompanied children and transitional-age youth identified during the 2019 Point-in-Time Count, a 10% decrease from the 1,274 counted in 2017. Among unaccompanied youth experiencing homelessness, 1,091 were transitional-age youth between 18 and 24 years old while 54 were unaccompanied children under 18 years old. Eighty-three percent (83%) of transitional-age youth and 76% of unaccompanied children were unsheltered.

Figure 51. NUMBER OF UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS, 2015-2019

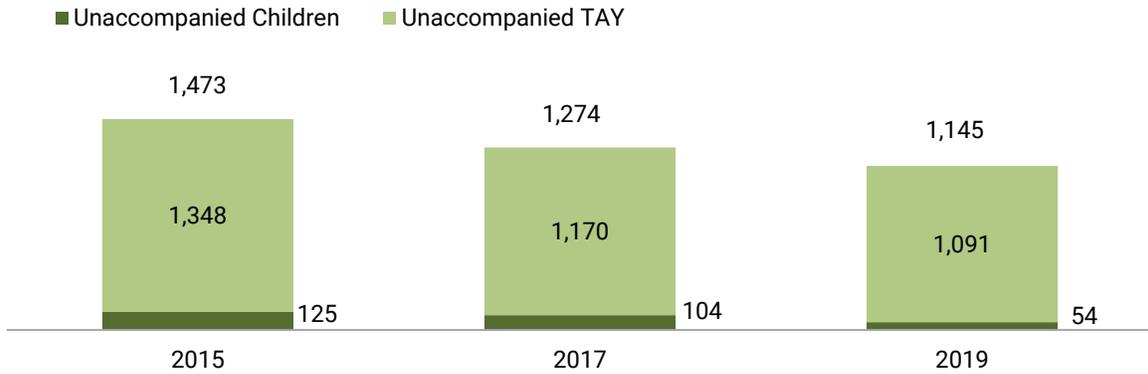


Figure 52. UNACCOMPANIED CHILDREN POPULATION BY SHELTER STATUS

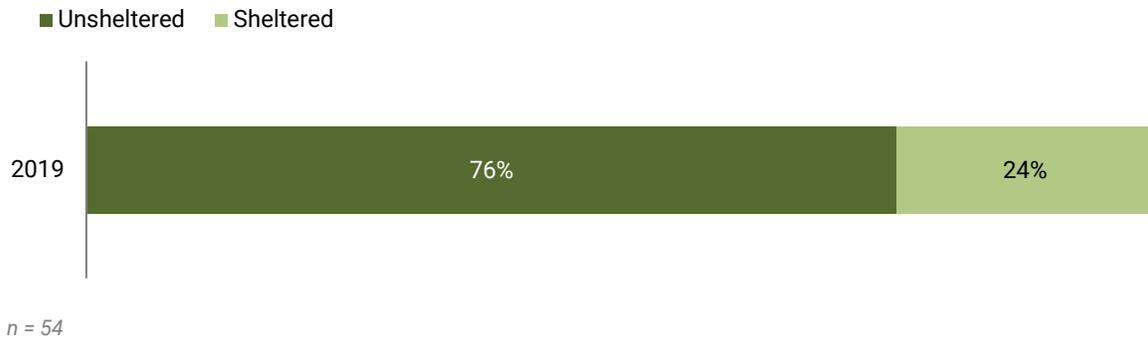
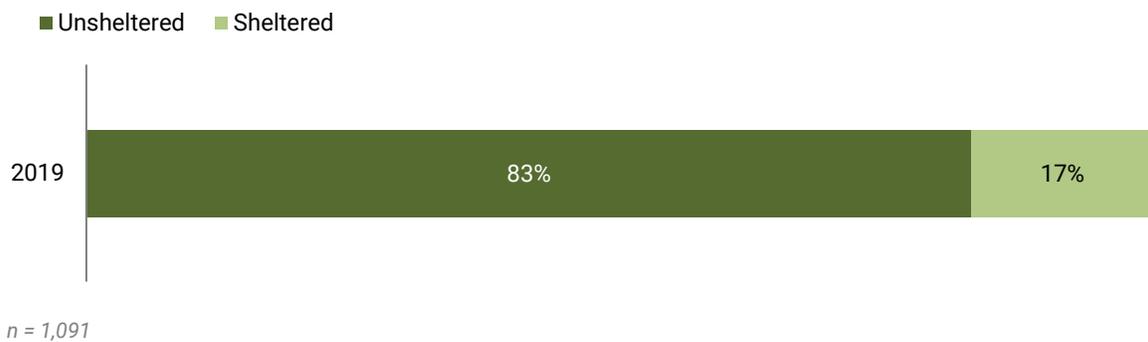


Figure 53. UNACCOMPANIED TRANSITIONAL-AGE YOUTH POPULATION BY SHELTER STATUS



Unaccompanied children and transitional-age youth were enumerated through the shelter count, general street count, and supplemental youth street count. In 2019, over one-third (39%) of unaccompanied children and transitional-age youth were identified through the youth count effort. It is important to note the youth count is conducted by peer youth enumerators who themselves are currently experiencing or have otherwise recently experienced 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 54. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH HOMELESS COUNT RESULTS BY AGE GROUP

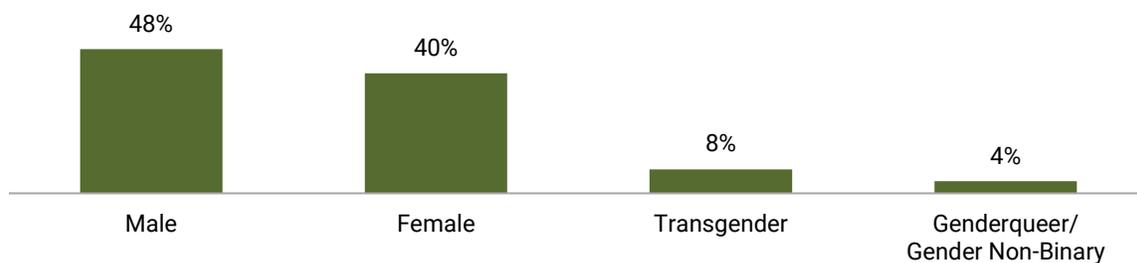
	Unaccompanied Children Under 18	Transitional-Age Youth 18-24	Total Unaccompanied Youth
Shelter Count	13	188	201
Street Count	41	903	944
General Count	8	569	577
Supplemental Youth Count	33	334	367
Total	54	1,091	1,145

*The youth count identified a total of 393 persons, however 26 of those persons were youth in families. The youth count identified 367 unaccompanied children and youth.

DEMOGRAPHIC CHARACTERISTICS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

Forty-eight percent (48%) of youth survey respondents under the age of 25 identified as male compared to 61% of all other survey respondents. Forty percent (40%) identified as female, 8% as transgender, and 4% as genderqueer/gender non-binary. Forty-six percent (46%) of youth respondents identified as LGBTQ+ compared to 23% of all other survey respondents.

Figure 55. GENDER IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

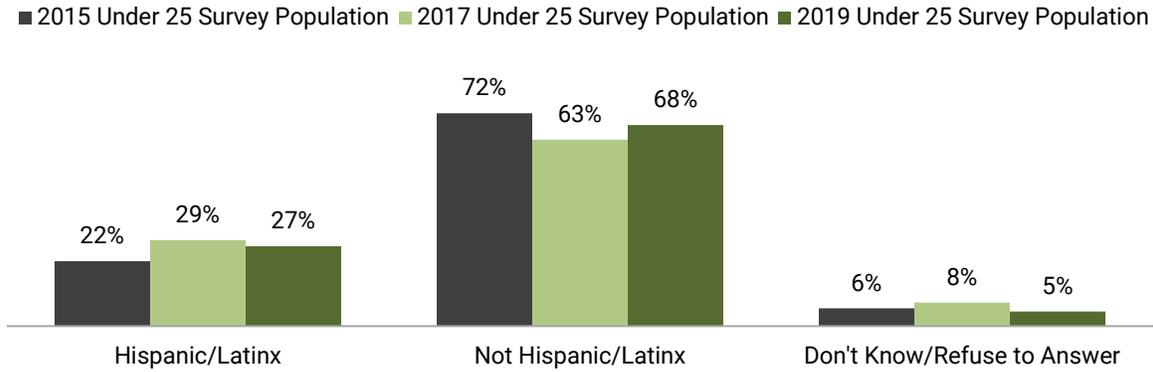


n= 183

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

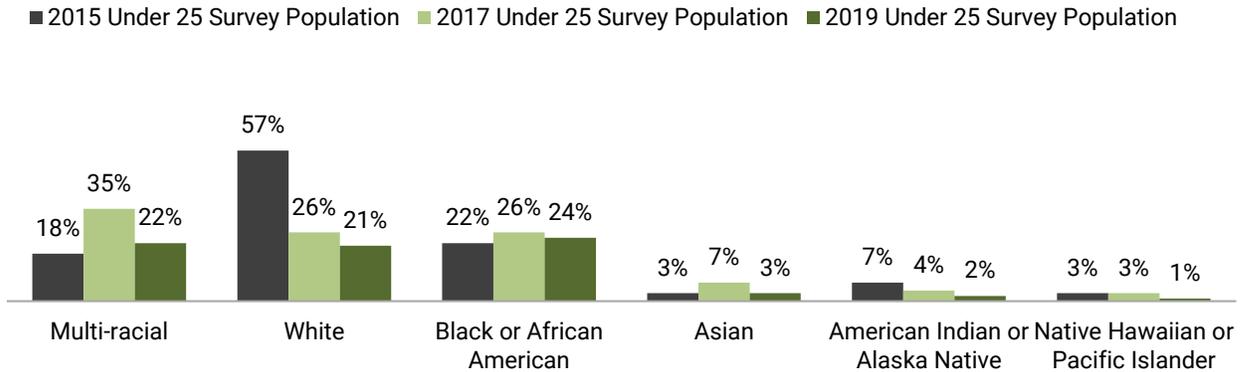
Twenty-seven percent (27%) of youth respondents identified as Hispanic or Latinx, compared to 16% of respondents over 24 years old. The majority of youth respondents identified as Black or African American (24%), Multi-racial (22%), or White (21%).

Figure 56. ETHNICITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



2015 n = 175; 2017 n = 211; 2019 n = 183
 Note: Percentages may not add up to 100 due to rounding.

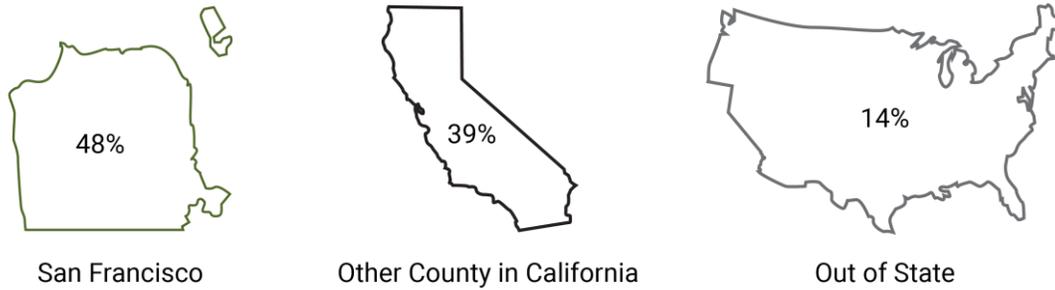
Figure 57. RACE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



2015 n = 161; 2017 n = 215; 2019 n = 184
 Note: Percentages may not add up to 100 due to rounding.

Nearly half (48%) of youth survey respondents reported living in San Francisco when they most recently became homeless. Thirty-nine percent (39%) reported living in another county in California and 14% reported living out of state.

Figure 58. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS FOR UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

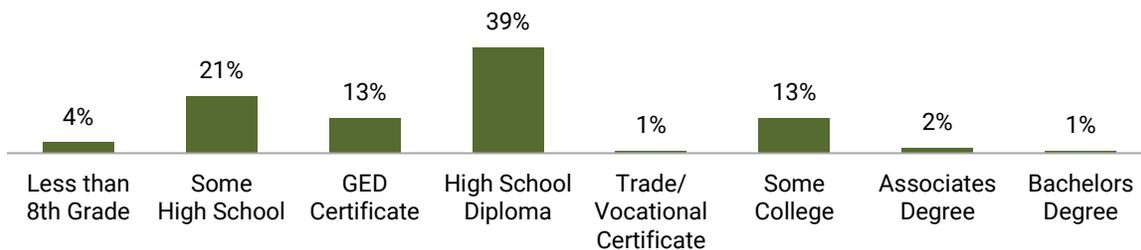


n = 162

EDUCATIONAL ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

Thirty-nine percent (39%) of youth respondents reported completing high school while 2% attained an associate’s degree and 1% completed college. Fifty-two percent (52%) of youth reported they were currently enrolled in some kind of educational or vocational program.

Figure 59. EDUCATIONAL ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



n = 94

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

INSTITUTIONAL INVOLVEMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

Twenty-nine percent (29%) of youth respondents reported they had been in the foster care system, and 17% of those with foster care experience reported aging out of foster care as the primary cause of their homelessness.

Nearly one-quarter (24%) of youth reported involvement with the justice system before turning 18, and 8% were on probation or parole at the time they most recently became homeless. Six percent (6%) reported incarceration as the primary cause of their homelessness and 6% reported their criminal record was preventing them from obtaining permanent housing.

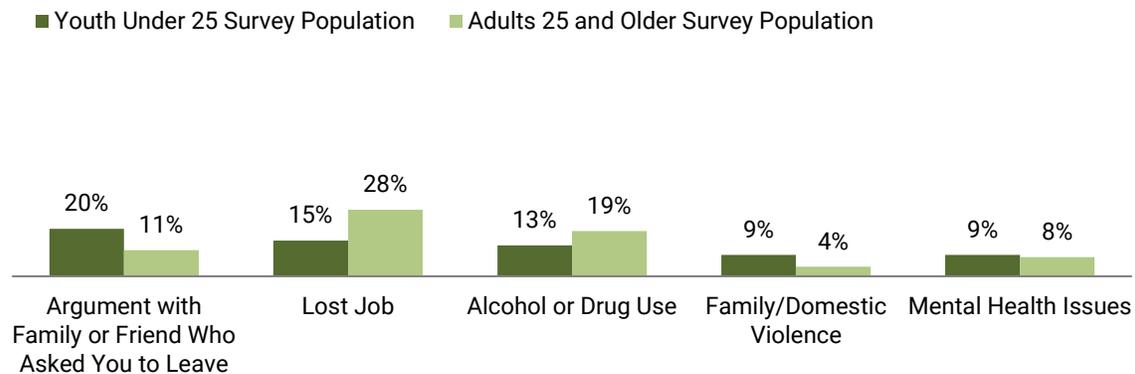
Figure 60. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



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

Youth survey respondents reported some differences in cause of homelessness compared to respondents 25 years or older. One-fifth (20%) 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 11% of individuals over 25. Fewer reported a job loss as the primary cause of their homelessness compared to that of adults; 15% compared to 28%, respectively.

Figure 61. PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH AND ADULTS 25 AND OLDER



Youth Under 25 n = 178; Adults 25 and Older n = 861

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

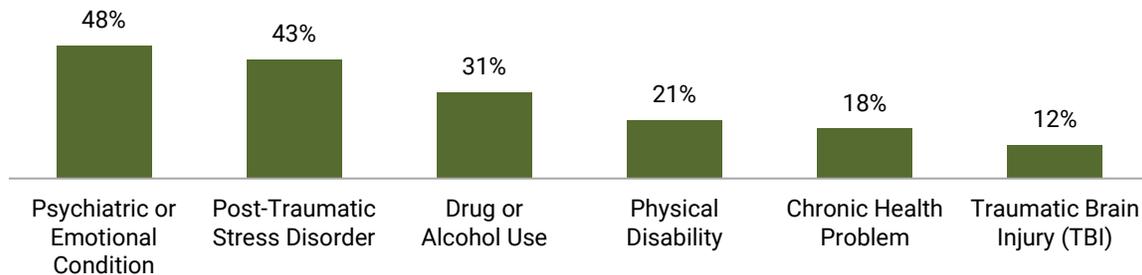
HEALTH AND SOCIAL BARRIERS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

While homeless youth tend to report fewer health conditions than the general homeless population, health is still a concern among young people experiencing homelessness.

Thirty-six percent (36%) of youth reported their physical health was “good” or “very good.” One in five youth (20%) surveyed reported receiving Medi-Cal.

Sixty-five percent (65%) of youth reported living with one or more health conditions, including psychiatric and emotional conditions (48%), PTSD (43%), and drug or alcohol use (31%).

Figure 62. HEALTH CONDITIONS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



n = 184

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

SERVICES AND SOCIAL SUPPORT NETWORKS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS

Forty-two percent (42%) of homeless youth survey respondents reported having a supportive adult in the Bay Area, a slight increase from 39% in 2017. 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, 70% reported that they did not usually stay with the same person. Forty-nine percent (49%) of youth respondents reported using youth specific services “often” or “always.”

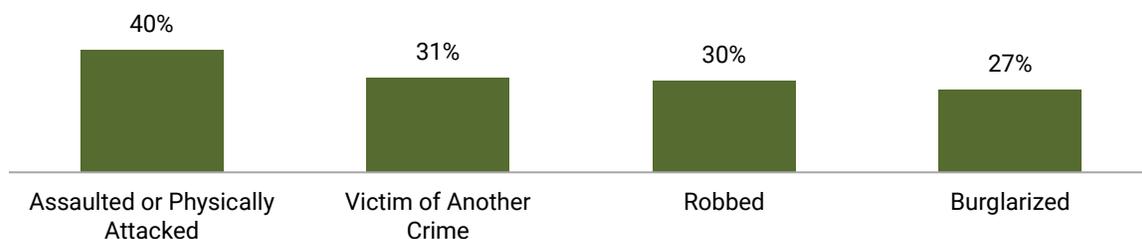
Thirty percent (30%) of youth reported using emergency shelter services, and 21% reported using transitional housing services. Thirty-two percent (32%) of youth respondents reported receiving CalFresh (food stamps), and 57% reported using free meal services. Over half (56%) of youth respondents reported experiencing a food shortage in the four weeks prior to the survey, and 67% reported food as a current need.

Twenty-five percent (25%) reported having a job, paid internship, or other type of employment, and 22% reported accessing employment services.

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

Over half (52%) of youth survey respondents reported that they felt “a little unsafe” or “very unsafe” in their current living situation, and 55% reported their safety had been threatened at least once in the 30 days prior to the survey. When asked about specific experiences of violence, 40% reported they had been assaulted or physically attacked in the year prior to the survey.

Figure 63. EXPERIENCES WITH VICTIMIZATION IN THE PAST 12 MONTHS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH EXPERIENCING HOMELESSNESS



n = 174-176

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

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

2019 SAN FRANCISCO YOUTH HOMELESS COUNT & SURVEY REPORT

The preceding section provides an overview of San Francisco HUD reported data on unaccompanied children and youth. The *2019 San Francisco Youth Homeless Count & Survey* report 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

San Francisco is experiencing a homelessness crisis. Data indicates that there are more homeless people in the city than we have seen since 2002; conditions have become exceedingly difficult for unhoused San Franciscans who are getting older and sicker over time. This crisis impacts housed people as well, reducing the overall quality of life in the city. This section describes some of the conditions driving this crisis, efforts to serve the homeless population in San Francisco, and plans to expand and improve the city's response.

LOCAL CONDITIONS

San Francisco and the Bay Area are in the midst of an unprecedented housing affordability crisis that impedes efforts to address homelessness. Both home prices and rents have outpaced inflation over the past decade. Greater demand for housing has also created a decline in overall housing affordability. Though housing production for low-income households in 2017-2018 outpaced the 10-year historic average, overall housing production has failed to keep pace with employment growth or the rising number of high-income households.²⁰ The City's existing stock of an estimated 160,000 rent-controlled units have historically helped to keep housing options affordable. However, new move-ins over the past five years have reflected higher income households compared to historic trends; only 40% of new move-ins earned less than 80% of AMI, compared to over 60% of new move-ins ten or more years ago.²¹

Housing availability and affordability also hit low-income residents the hardest. Low-income residents are much less likely to have alternate housing options if forced to move out of their current residence. Thirty-five percent (35%) of the 2018 SF Planning Department Housing Survey respondents earning 30% or less of AMI indicated that they would have no housing options if forced to move out; in contrast, only 12% of those earning between 120-200% of AMI reported having no options.²²

Research from Zillow Economic Research demonstrates the relationship between rent affordability and homelessness. A recent study indicates that communities experience a sharp increase in homelessness when median rent accounts for 32% or more of median income. San Francisco remains well above this threshold for rent affordability, with median rent accounting for 39% of median income on average through 2017 and 2018.²³ Housing market trends along with other factors led to increases in homelessness during the past ten years. These were driving factors in the City's creation of a new department dedicated to addressing homelessness.

DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

The City and County of San Francisco launched the Department of Homelessness and Supportive Housing (HSH) in July 2016. Through the provision of coordinated, compassionate, and high-quality

²⁰ http://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018-ExecutiveSummary.pdf

²¹ http://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018-ExecutiveSummary.pdf

²² http://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018.pdf

²³ Data acquired from Zillow.com/data on June 17, 2019.

services, HSH strives to make homelessness in San Francisco rare, brief, and one-time. HSH provides services, shelter and housing to over 11,000 homeless and formerly homeless individuals each day.

In October 2017, HSH published a strategic framework available at <http://hsh.sfgov.org/research-reports/framework/>. The framework enumerates the following goals:

- Improve the City’s response to street homelessness by December 2018
- End large, long-term encampments by December 2018
- Ensure no families with children are unsheltered by December 2018
- Design and implement coordinated systems for adults, families, and youth by June 2019
- Implement performance accountability across all programs and systems by June 2021
- Reduce adult chronic homelessness 50% by December 2022
- Reduce youth homelessness 50% by December 2022
- End family homelessness by December 2022

In addition to achieving the first four goals in its strategic framework by June 2019, HSH has accomplished the following from July 2016 – December 2018.

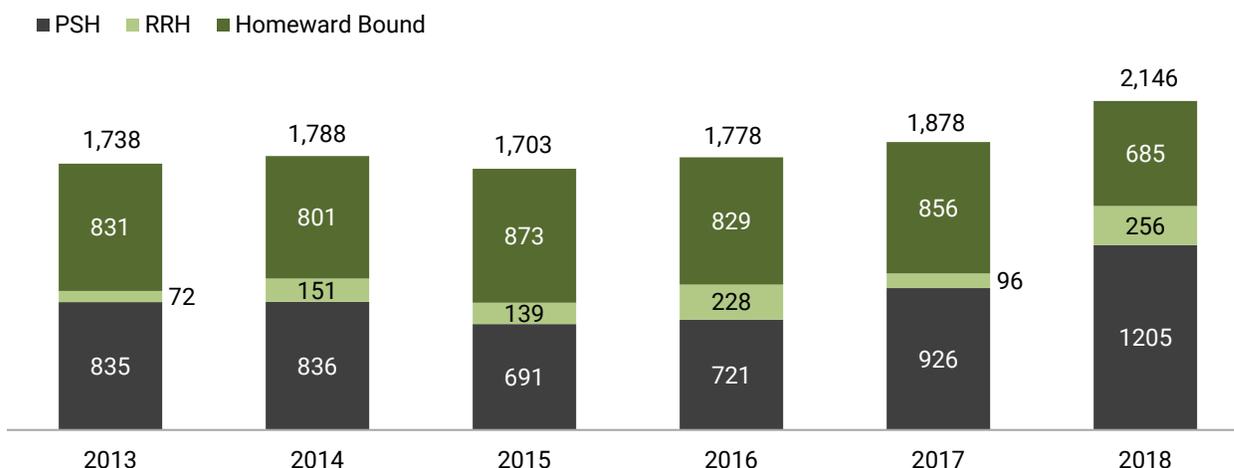
- Helped over 5,500 people exit homelessness through housing, rent subsidies, and reunification programs
- Provided prevention and diversion services to over 4,000 households
- Sheltered over 15,000 people
- Conducted outreach to over 19,000 people
- Maintained housing for over 9,500 people living in permanent supportive housing
- Opened 675 Temporary Shelter beds, including five Navigation Centers
- Added 550 units of Permanent Supportive Housing
- Launched the Moving On Initiative, helping over 200 supportive housing tenants move to other housing
- Added over 500 new Rapid Re-Housing and Rent Subsidy slots
- Added 500 Problem Solving slots to help prevent and quickly end homelessness
- Opened five “Access Points” that have assessed over 4,700 adults and 1,600 families for homeless services
- Implemented a Coordinated Entry System to prioritize people for housing and other services
- Launched the ONE System, a “by-name” expanded homelessness management information system
- Reduced transitional-age youth homelessness 22% from 2015-2019
- Reduced student homelessness 23% in the SFUSD from 2014-2018
- Reduced veteran homelessness 11% since 2017

Despite reductions in some subpopulations, this crisis continues to grow in San Francisco and the conditions on our streets are unacceptable for both housed and unhoused residents. There was a significant increase in adult homelessness and chronic homelessness in the City. Compounding this challenge is the fact that the homeless population is getting sicker; in 2017, 55% of survey respondents reported having one or more disabling conditions; this increased to 69% in 2019. Although the City has significantly reduced large, long-term tent encampments²⁴, the 2019 Point-in-Time Count shows an increase in the number of people sleeping unsheltered, with two-thirds of this growth attributable to people sleeping in vehicles. With this updated information on current homeless population trends, HSH plans to respond with additional resources and new interventions targeted to vehicle encampments, chronic adult homelessness and prevention and diversion efforts.

EXITS FROM HOMELESSNESS

From the 2017 to 2019 Point-in-Time Counts, HSH added nearly 400 units of Permanent Supportive Housing, including 69 for families, 61 for transitional-age youth, and 260 for adults. This expansion in inventory has allowed for an increase in the number of people that exit homelessness each year. In 2018, HSH helped more people exit homelessness than ever before in San Francisco. There are over 1,500 new units of Permanent Supportive Housing in the pipeline; these units will help increase the number of people we can assist. HSH is also expanding Rapid Re-Housing for adults, youth and families and is exploring new strategies to grow the Homeward Bound program.

Figure 64. EXITS FROM HOMELESSNESS



NEWLY HOMELESS

HSH helps over 2,000 people exit homelessness each year but estimates that over 7,000 individuals enter homelessness annually. In other words, for every person HSH helps find housing, there are over three newly homeless individuals. This issue is one of the biggest challenges to solving San Francisco’s homelessness crisis. To address the rate at which people are becoming homeless, Mayor Breed proposed a \$5.2M investment in homelessness prevention and diversion (also known as Problem Solving) in the FY19-20 budget. These funds will support a program to find shelter or housing for people

²⁴ Source: <https://sfcontroller.org/sites/default/files/Documents/Auditing/Review%20of%20the%20Healthy%20Streets%20Operations%20Center.pdf>

being evicted or discharged from institutions to the streets. Funds will also be used to expand a flexible grant program that helps newly homeless individuals quickly find housing with one-time support.

INCREASE IN ADULT HOMELESSNESS

San Francisco has seen a significant increase (19%) in single adult homelessness, and the single adult population is more likely to be chronically homeless. The estimated number of chronically homeless single adult population grew from 2,095 individuals in 2017 to 2,842 in 2019. This represents a sizeable increase in the most vulnerable adult population who have disabilities, health conditions, and homeless histories that make it difficult to gain and retain housing.

Core to HSH's strategic framework is the prioritization of housing resources for the population most in need. During the past five years, the City's Permanent Supportive Housing increases proportionally focused on families with children and transitional-age youth. With additional supportive housing in the pipeline targeted to single adults, HSH plans to reverse this trend. More than 1,200 units for single adults are in the pipeline, with almost half of these new units expected to open by June 2021.

In addition, San Francisco's Coordinated Entry system for single adults launched in August 2018 and began placing individuals in housing programs beginning November 2018. HSH designed this process to ensure that the highest need population is prioritized for services, in effect targeted housing resources to chronically homeless individuals. More information about Coordinated Entry can be found in HSH's strategic framework.

INCREASE IN UNSHELTERED HOMELESSNESS

Unsheltered or street homelessness continues to be a significant crisis in San Francisco that requires immediate response in order to meet the health, welfare, and safety needs of people on the streets as well as their housed neighbors. Though HSH has opened 675 new shelter beds for families and adults since mid-2016, the unsheltered population observed during the 2019 Point-in-Time Count was 19% greater than in 2017. The demand for adult shelter beds remains high, with 1,190 individuals on the adult shelter waitlist on the week of the 2019 Point-in-Time Count. HSH is committed to expanding its resources to respond to this deficit and expects to open at least 700 additional temporary shelter beds by 2020.

On January 16, 2018, the City launched the Healthy Streets Operations Center (HSOC), a multi-departmental effort to address increasing public concern about street homelessness and, in particular, a rise in large-scale encampments in 2016-2017. HSOC co-located staff from HSH, the San Francisco Police Department, San Francisco Public Works, the San Francisco Department of Emergency Management (DEM), the San Francisco Department of Public Health, and other departments to employ an Incident Command System approach for issues regarding street safety and cleanliness, encampments, medical and behavioral health issues of individuals on the street, and referral needs to homelessness services. Over the course of 2018, homeless-related requests for services via SF311 declined by 33%, with average call response times declining 27%.²⁵ HSOC has also effectively maintained the progress of HSH's Encampment Resolution Team in eliminating all large-scale encampments, identified as sites occupied by six or more tents or improvised structures and in place for 30 days or longer.

Though tent encampments continue to remain a priority for HSH to monitor, HSOC and HSH have begun to identify an increase in persons sleeping in vehicles in certain regions of the City. This increase is reflected in the recent Point-in-Time Count data; approximately two-thirds of the increase in the

²⁵ <https://sfcontroller.org/sites/default/files/Documents/Auditing/Review%20of%20the%20Healthy%20Streets%20Operations%20Center.pdf>

unsheltered count can be attributed to the increase in people enumerated as sleeping in vehicles. A count conducted by HSOC on April 24, 2019 identified 578 passenger vehicles and RVs or vans that appeared to be inhabited. To address the growing population of people living in their vehicles, HSH has expanded the focus of the Encampment Resolution Team to now include encampments of inhabited vehicles. The City is also piloting a program to allow for safe overnight parking and will soon open a Vehicle Triage Center.



Appendix A: Methodology

OVERVIEW

The purpose of the 2019 San Francisco Homeless Point-in-Time Count and Survey was to produce a point-in-time estimate of people experiencing homelessness in San Francisco, a region which covers approximately 47 square miles. The results of the street counts were combined with the results from the shelter count to produce the total estimated number of persons experiencing homelessness in San Francisco on a given night, using the HUD definition of homelessness and guidelines for the Point-in-Time Count. 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 for the HUD Point-in-Time Count follows.

COMPONENTS OF THE HOMELESS COUNT METHOD

The Point-in-Time Count methodology used in 2019 had four primary components:

- General street count: an enumeration of unsheltered individuals between the hours of 8:00 p.m. and midnight on January 24, and at Golden Gate Park and Ocean Beach between 10:00 a.m. and noon on the morning of January 25;
- Youth street count: a targeted enumeration of unsheltered youth under the age of 25 between the hours of 8:00 p.m. and midnight on January 24, and at Golden Gate Park and Ocean Beach between 10:00 a.m. and noon on the morning of January 25;
- Shelter count: an enumeration of sheltered homeless individuals on the same night as the street count; and
- Survey: an in-person survey of a randomized sample of unsheltered and sheltered individuals conducted by peer surveyors and program staff in the weeks following the general street count.

THE PLANNING PROCESS

To ensure the success and integrity of the count, many City departments and community agencies collaborated on community outreach, volunteer recruitment, logistical plans, methodological decisions, and interagency coordination efforts. ASR provided technical assistance for these aspects of the planning process. ASR has over 19 years of experience conducting homeless counts and surveys throughout California and across the nation. Their work is featured as a best practice in the HUD publication, *A Guide to Counting Unsheltered Homeless People*, as well as in the Chapin Hall at the University of Chicago publication, *Conducting a Youth Count: A Toolkit*.

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 HSH and consultants from ASR. 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.

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.

VOLUNTEER RECRUITMENT AND TRAINING

Many individuals who live and/or work in San Francisco supported the county's effort to enumerate the local homeless population. Over 700 community volunteers and City staff registered to participate in the 2019 general street count. HSH led the volunteer recruitment effort. Extensive outreach efforts were conducted, including outreach to local non-profits and volunteer agencies that serve individuals experiencing homelessness.

Community volunteers served as enumerators on the night of the count, canvassing San Francisco in teams to visually count individuals experiencing homelessness. City and ASR staff supported each of the four deployment centers, greeting volunteers and guides, distributing instructions, maps, and supplies to enumeration teams, and collecting data sheets from returning teams. ASR staff also reviewed all maps and tally sheets returned by volunteers to ensure map areas were canvassed and tally sheets were completed correctly.

In order to participate in the count, all volunteers and guides were required to attend an hour-long training held immediately before the count on January 24, 2019. Training took place from 7 p.m. to 8 p.m., 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. Training covered all aspects of the count, including the definition of homelessness, how to identify homeless individuals, potential locations of homeless individuals, how to safely and respectfully conduct the count, how to use the tally count sheets and maps to ensure the entirety of the assigned area was covered, and other tips to help ensure an accurate count. Training materials were also provided to volunteers electronically in advance of the count.

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 SF HOT teams during the dawn hours of Friday, January 25. SF HOT teams were accompanied by National Park Service Rangers in Ocean Beach and by the SF Park Rangers in Golden Gate Park. 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 local law enforcement officers during their training. Additional safety measures for volunteers included the deployment of an experienced SF HOT outreach worker to teams enumerating high density areas and the provision of flashlights to walking enumeration teams. No official reports of unsafe situations occurring during the street count were received.

STREET COUNT DEPLOYMENT CENTERS

To achieve complete coverage of San Francisco within the four-hour time frame, the planning team identified four areas for the placement of deployment centers on the night of the count: George Washington Carver Elementary, Mission High School, St. Ignatius High School, and the San Francisco Public Library. Volunteers selected their preferred deployment 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 deployment 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 that 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. Deployment center volunteers provided each team with tally sheets to record the number of homeless persons observed and basic demographic and location information. Deployment 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.

METHODOLOGICAL IMPROVEMENTS

The 2019 street count methodology followed an established, HUD-approved methodology used in all count years since 2007, with the addition of dedicated youth outreach in 2013. In 2019, methodological improvements were made to produce a more accurate multiplier for persons living in tents, cars, RVs, and vans. Since the number of persons residing in tents and vehicles is not always visible to general street count teams on the night of the Point-in-Time Count, a multiplier is applied to tents and vehicles where the number of persons was unknown.

Previously, multipliers were derived solely from survey responses of individuals living in tents and vehicles who were asked to indicate the number of persons staying with them on the night of the count. However, the number of respondents sharing this information was frequently low. In 2019, the tent multiplier was derived from a November 2018 tally conducted by SF HOT in districts throughout the City. Due to the logistical difficulties and safety concerns involved in engaging individuals living in vehicles, survey data were used to update the vehicle multipliers. The table below summarizes the multipliers utilized in 2017 and 2019.

Vehicle Type	2017	2019
Car	1.60	1.50
RV/Van	2.85	2.56
Tent	0.93	2.13

While the vehicle multipliers remained relatively consistent, the tent multiplier increased. Compared to 2017, the impact of the updated multiplier on the estimated number of persons per vehicle observation where persons were unseen is minimal; however, a much larger number of vehicle observations were made in 2019. The marked increase in the tent multiplier resulted in a greater estimate of persons per

tent observation where persons were unseen than the 2017 multiplier would have yielded. However, far fewer tents were observed in 2019, resulting in a similar total of persons living in tents between the two count years.

As in 2017, survey data were used in order to determine gender estimates for unsheltered individuals from self-reported data rather than observation-based data from the tally sheet, which were only used for the purposes of de-duplication. Age estimates for unsheltered individuals continued to be derived from tally sheet observations.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2019 dedicated youth count was to improve representation of unaccompanied children and transitional-age youth under the age of 25 in the Point-in-Time Count. Many children and transitional-age youth experiencing homelessness 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.

RESEARCH DESIGN

Since 2013, planning for the supplemental youth count has included homeless youth service providers and youth with lived experience of homelessness. Local service providers identified locations where youth experiencing homelessness were known to congregate and recruited youth currently experiencing homelessness with knowledge of where to locate youth experiencing homelessness to serve as guides for the count.

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, Buena Vista 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 approximately 70 youth to work as peer enumerators, counting homeless youth in the identified areas of San Francisco on January 24, 2019. Youth workers were paid \$15 per hour for their time, including time spent in training prior to the count. Youth and youth service provider staff members were trained on where and how to identify homeless youth as well as how to record the data.

DATA COLLECTION

The youth count was conducted at the same time as the general street count, from 8:00 p.m. to midnight on January 24, 2019. Golden Gate Park and Ocean Beach were also covered by youth count teams between 10:00 a.m. and noon on January 25. Youth worked in teams of two to four, with teams coordinated by youth street outreach workers. Data from the supplemental youth count and general street count were compared and deduplicated by examining location, gender, and age. In total, 49 persons under the age of 25 were identified as duplicates and removed from the final data set.

SHELTER COUNT METHODOLOGY

GOAL

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

DEFINITION

For the purposes of this study, the HUD definition of sheltered homelessness for Point-in-Time Counts was used. This definition includes individuals and families living in a supervised publicly- or privately-operated shelter designated to provide temporary living arrangement.

RESEARCH DESIGN

The occupancy of emergency shelters, transitional housing programs, and safe haven programs with beds dedicated for individuals experiencing homelessness was documented for the night of January 24, 2019. A dedicated staff person from each facility submitted their data for the night of January 24, 2019 via the web-based Shelter Count Survey. For these programs, all homeless persons in the facility on the night of the count were included in the Point-in-Time Count per HUD reporting requirements.²⁶

A designated staff person provided the count for each of these facilities; clients were not interviewed. Data was submitted via the web-based Shelter Count Survey.

METHODOLOGICAL IMPROVEMENTS

In 2019, increased outreach to service providers by City staff resulted in improved representation of programs serving persons experiencing homelessness across San Francisco. Data from 61 programs were included in HUD reports, of which 13 were added in 2019. Six of these 13 programs were newly opened since 2017 and accounted for 379 sheltered individuals on the night of the count, while the remaining seven programs were newly included and accounted for 76 sheltered individuals. Additionally, the shelter count transitioned from a paper-based tally form to a web-based survey in order to streamline data collection activities, improve data quality, and collect additional demographic and subpopulation details when available.

POINT-IN-TIME COUNT CHALLENGES

There are many challenges in any homeless enumeration, especially when implemented in a community as 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.

For a variety of reasons, homeless persons generally do not wish to be seen and make concerted efforts to avoid detection. Regardless of how successful outreach efforts are, an undercount of the homeless population will inevitably result, especially of harder-to-reach subpopulations such as families and youth.

The methods employed in a non-intrusive visual homeless enumeration, while academically sound, have inherent biases and shortcomings. Even with the assistance of dedicated homeless service providers, the methodology cannot guarantee 100% accuracy. Many factors may contribute to missed opportunities, for example:

- It is difficult to identify and enumerate persons who may be sleeping in vans, cars, recreational vehicles, abandoned buildings, or structures unfit for human habitation.
- Homeless families with children often seek opportunities to stay on private property rather than sleep on the streets, in vehicles, or in makeshift shelters.

²⁶ U.S. Department of Housing and Urban Development Community Planning and Development. (2018). Notice for 2019 Housing Inventory Count (HIC) and Point-in-Time Count (PIT) Data Collection for Continuum of Care (CoC) Program and Emergency Solutions Grants (ESG) Program.

Even though the Point-in-Time Count is likely an undercount of the homeless population, the methodology employed—coupled with the homeless survey—is the most comprehensive approach available.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

A survey of 1,054 unique individuals experiencing homelessness was conducted between January 28 and February 13, 2019 to yield qualitative data about people experiencing homelessness 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, duration and recurrence of homelessness, 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 peer survey workers with lived homeless experience who were referred by local service providers. Training sessions were facilitated by ASR, City staff, and community partners. Potential interviewers were led through a comprehensive orientation that included project background information as well as detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Peer survey workers were compensated at a rate of \$7 per completed survey.

It was determined that survey data would be more easily obtained if an incentive gift was offered to respondents in appreciation for their time and participation. Socks were provided as an incentive for participating in the 2019 homeless survey. The socks were easy to distribute, had wide appeal, and could be provided within the project budget. The incentives proved to be widely accepted among survey respondents.

SURVEY ADMINISTRATION DETAILS

- The 2019 San Francisco Homeless Survey was administered by the trained survey team between January 28 and February 13, 2019.
- In all, the survey team collected 1,054 unique and valid surveys

SURVEY SAMPLING

Based on a Point-in-Time Count estimate of 8,011 homeless persons, with a randomized survey sampling process, the 1,054 valid surveys represented a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of individuals experiencing homelessness in San Francisco.

The 2019 survey was administered in shelters, transitional housing facilities, and on the street. In order to ensure 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.

Strategic attempts were also made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence survivors, and families. One way to increase the participation of these groups was to recruit peer survey workers. Since 2009, the ASR survey methodology has 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 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.

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 single individual.

DATA ANALYSIS

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, length of homelessness, and consistencies in patterns of responses to other survey questions. This left 1,054 valid surveys for analysis. Due to the sensitive nature of the survey, respondents were not required to answer every survey question, and respondents were asked to skip questions that were not applicable. For this reason, the number of respondents for each survey question may not total 1,054.

SURVEY CHALLENGES AND LIMITATIONS

The 2019 San Francisco Homeless Survey methodology relies heavily on self-reported data collected from peer surveyors and program staff. While self-report allows individuals to represent their own experiences, self-reported data are often more variable than clinically reported data. However, using a peer-to-peer interviewing methodology is believed to allow respondents to be more candid with their answers and to help reduce the uneasiness of revealing personal information. Further, service providers and City staff members recommended individuals who would be the best suited to conducting interviews and these individuals received comprehensive training about how to conduct interviews. 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, the process for which included reviewing individual surveys submitted by surveyors and assessing patterns in survey responses for inconsistencies.

It is important to recognize that variations between survey years may result from shifts in the demographic profiles of surveyors and accessibility to certain populations. Survey confidence intervals presented indicate the level of variability that may occur from year to year when interpreting findings. While every effort was made to collect surveys from a random and diverse sample of sheltered and unsheltered individuals, the hard-to-reach nature of the population experiencing homelessness prevents a true random sampling. Recruitment of diverse and geographically dispersed surveyors was prioritized. However, equal survey participation across all populations may be limited by the participation and adequate representation of subpopulations in planning and implementation processes. This includes persons living in vehicles, who are historically difficult to enumerate and survey.

Consequently, survey data and data derived from survey responses may shift from year to year. It is for this reason Point-in-Time Count data should be used in conjunction with other community sources of data on individuals and families experiencing homelessness to gather a comprehensive understanding of the community.

Appendix B: Supplemental Point-in-Time Count Data

SUPPLEMENTAL SHELTER COUNT

The official Point-in-Time Count uses the HUD definition of homelessness, which includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide a 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.

Historically, the City and County of San Francisco has expanded this definition to include persons who were “doubled-up” in the homes of family or friends; individuals staying in jails, hospitals, or residential facilities; and families living in Single Room Occupancy (SRO) units. While data on families living in SRO units and individuals who are “doubled-up” is beyond the scope of this project, information on those residing in jails, hospitals, and residential treatment facilities was gathered.

The following table summarizes the total number of additional persons counted using the more expansive local definition of homelessness.

	San Francisco Supplemental Point-in-Time Count Numbers		
	2015	2017	2019
Total number of persons	764	641	1,773
Total number of individuals	734	624	1,748
Total number of families	14	8	11
Total number of persons in families	30	17	25

There were several improvements to the methodology used in the 2019 supplemental shelter count. While these changes led to a more accurate count, a significant portion of the increase observed is due to improved methodology. More information is provided below.

SUPPLEMENTAL SHELTER COUNT METHODOLOGY

GOAL

The goal of the supplemental shelter count is to better understand the extent of the population currently residing in temporary institutional settings that may otherwise be homeless. These institutional settings are not reportable according to HUD requirements for the Housing Inventory Count (HIC) or Point-in-Time Count.

SCOPE

For the purposes of the supplemental count, the San Francisco Supplemental Point-in-Time Count includes data from jails, hospitals, and residential treatment facilities. Due to challenges identifying and locating families living in SROs and persons “doubled-up” in the homes of family or friends, these individuals are not included in the scope of this count.

RESEARCH DESIGN

The following types of facilities were identified for inclusion the San Francisco Supplemental Point-in-Time Count:

- **Residential Treatment Facilities:** The San Francisco Department of Public Health and local agencies assisted in collecting counts of self-identified homeless persons staying in various residential treatment centers not specifically designated for homeless persons (e.g. mental health facilities, acute crisis or treatment centers, detox facilities, etc.) on the night of January 24, 2019.
- **Jail:** The San Francisco Sheriff’s Department conducted a survey with inmates who were in County Jail on the night of January 24, 2019, and provided the number of persons who were experiencing homelessness at the time of arrest. The method for gathering jail data is explained further below.
- **Hospitals:** The San Francisco Department of Public Health assisted with the coordination of obtaining count numbers from hospitals. Staff from individual hospitals collected the number of persons who were self-identified as homeless in their facilities on the night of January 24, 2019. The numbers reported for the hospitals did not duplicate the inpatient mental health units.

For the City and County of San Francisco’s expanded definition of homelessness, appropriate staff at hospitals and treatment centers were identified prior to the Point-in-Time Count and asked to complete the online shelter count survey detailing the number of homeless individuals they served on the night of January 24, 2019.

To obtain data from the county jails, HSH worked closely with the Sheriff’s Office. As in previous years, the Sheriff’s Department generated a list of all inmates in county jail facilities on the night of January 24, 2019. They then conducted a survey of all available inmates to determine the number that were homeless at the time of arrest. The survey period began on January 24, 2019 to align with the general street count and closed on January 30, 2019. Demographic information including age, gender, gender identity, ethnicity, and veteran status (self-reported) were pulled from the Sheriff’s Department’s administrative data system (JMIS).

METHODOLOGICAL IMPROVEMENTS

In 2019, increased outreach to hospitals and residential treatment service providers by City staff resulted in improved representation of programs serving persons experiencing homelessness across San

Francisco. A total of 59 programs were represented in the supplemental count in 2019, 28 of which were new additions since 2017 accounting for 445 identified homeless persons.

The San Francisco Sheriff's Department also improved its survey methodology in 2019 by revising its survey questions about living situation prior to arrest to directly align with questions asked in the Homeless Survey. This data was used to identify the homeless status of individuals at entry in a manner more closely aligned with HUD definitions of homelessness.

In 2019, 472 inmates in San Francisco county jails were identified as homeless in the Point-in-Time shelter count. This represents a significant increase (57.9%, or 173 individuals) from 2017 when 299 inmates were identified as homeless. While there was a slight increase in the jail population during this time period (5.7%, or 74 individuals), the change in homeless inmates reflects the improved clarity in data collection processes, survey administration, and survey response options that allow for a more accurate identification of those homeless at arrest.

CHALLENGES

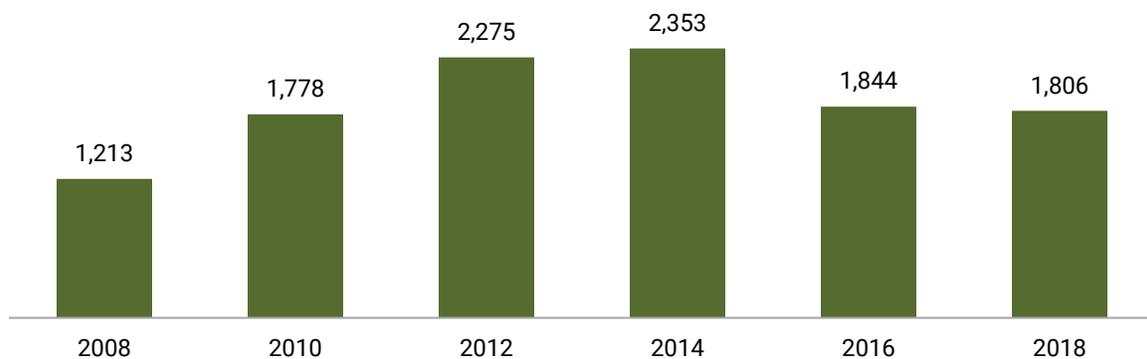
Ensuring comprehensive representation of all relevant publicly and privately funded programs throughout the city remains a challenge each year. The supplemental count relies on the cooperation of many agencies not otherwise dedicated to homelessness.

As most of these programs are not exclusively or explicitly dedicated to serving homeless individuals, it can be challenging to ensure that all agencies are identifying the homeless status at entry of patients and clients in a manner consistent with HUD or San Francisco definitions. Improved training and guidance in future counts may help to maximize the accuracy of the data collected.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT DATA

In addition to the supplemental shelter count, HSH considers data from local schools. The U.S. Department of Education, San Francisco Unified School District (SFUSD) and HSH use a different definition of homelessness than HUD. HUD does not include families that are doubled-up or living in motels/hotels as homeless, so the Point-in-Time Count does not capture this information. SFUSD collects data on homeless families using the broader definition; this serves as an important source of information and a key indicator of progress on reducing family homelessness.

Figure 65. NUMBER OF STUDENTS IN SFUSD EXPERIENCING HOMELESSNESS



Appendix C: General Survey Demographic Comparison

		2015	2017	2019
Age	Less than 18 years	1%	2%	1%
	18 - 24 years	17%	19%	18%
	25 - 30 years	13%	11%	6%
	31 - 40 years	16%	17%	18%
	41 - 50 years	23%	19%	22%
	51 - 60 years	22%	21%	25%
	61 years or more	8%	11%	10%
Which of the following best represents how you think of your gender? ²⁷	Male	61%	61%	59%
	Female	33%	33%	35%
	Transgender	1%	5%	4%
	Not Listed	1%	0%	1%
	Genderqueer/Gender Non-Binary	N/A	1%	1%
Are you Hispanic or Latino?	Yes	19%	22%	18%
	No	77%	75%	79%
	Don't know	5%	3%	3%

²⁷ Genderqueer/Gender Non-Binary was not added as an answer choice until 2017.

Which racial group do you identify with most?	White	39%	35%	29%
	Black or African American	36%	34%	37%
	Asian	3%	4%	5%
	American Indian or Alaska Native	5%	3%	5%
	Native Hawaiian or Pacific Islander	2%	2%	2%
	Multi-racial	19%	22%	22%
If you identify as LGBTQ+, which of the following best represents how you think of your sexual orientation? ²⁸	Bisexual	34%	41%	26%
	Gay/Lesbian/Same gender loving	40%	39%	50%
	Queer	9%	11%	--
	Other	17%	11%	7%
	Transgender	19%	9%	13%
	Genderqueer/Gender Non-Binary	--	--	3%
Have you ever been in foster care?	Yes	21%	19%	18%
	No	79%	81%	80%
	Don't Know	--	--	2%
Do you have any of the following health conditions?	Any chronic health problem or medical condition	27%	31%	31%
	Post-Traumatic Stress Disorder	27%	29%	37%
	Any psychiatric or emotional condition	35%	39%	39%
	A physical disability	28%	23%	27%
	A traumatic brain injury	10%	12%	15%
	Drug or alcohol abuse	37%	41%	42%
	An AIDS or HIV related illness	7%	11%	7%
How long have you been homeless this current time?	7 days or less	5%	3%	2%
	8 – 30 days	5%	5%	3%
	1 – 3 months	12%	6%	5%

²⁸ In 2019, the answer choices to this question were modified to align with local data collection standards on sexual orientation and gender identity.

Appendix C: General Survey Demographic Comparison

	4 – 6 months	13%	15%	15%
	7 – 11 months	14%	12%	10%
	1 year	9%	12%	13%
	More than 1 year	42%	47%	52%
Is this the first time you have been homeless?	Yes	30%	25%	31%
	No	70%	75%	69%
What do you think is the primary event or condition that led to your homelessness?	Lost job	25%	22%	26%
	Eviction	13%	12%	13%
	Foreclosure	2%	2%	1%
	Incarceration	8%	7%	7%
	Alcohol or drug use	18%	15%	18%
	Illness/medical problem	6%	7%	6%
	Divorce/separation/break up	11%	10%	5%
	Landlord raised rent	3%	4%	5%
	Argument with family or friend who asked you to leave	12%	13%	12%
	Family/domestic violence	5%	5%	5%
	Mental health issues	5%	6%	8%
	Hospitalization/treatment	4%	2%	1%
	Aging out of foster care	1%	1%	1%
	Other	8%	8%	7%
	Don't know/decline to state	7%	6%	5%



Appendix D: Definitions and Abbreviations

Chronic homelessness – Defined by HUD 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 totaling 12 months, in the past three years.

Disabling condition – Defined by HUD as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder (PTSD), or Traumatic 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 180 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.



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Appendix F: Figure Sources

All Point in Time Count Data: The figure source for the data is Applied Survey Research, (2013-2019) San Francisco Homeless Count.

All Homeless Survey Findings: The figure source for the data is Applied Survey Research, (2013-2019) San Francisco Homeless Count and Survey.

All Subpopulation Data: The figure source for the data is Applied Survey Research, (2013-2019) San Francisco Homeless Count and Survey.

All U.S. Census Data: The figure source for the data is Source: U.S. Census Bureau. (2017). American Community Survey 2013-2017 5-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <https://factfinder.census.gov>.

Figure 65 Data: The figure source for the data is San Francisco Unified School District. This reflects a snapshot of homeless students taken in early October of each school year.



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