

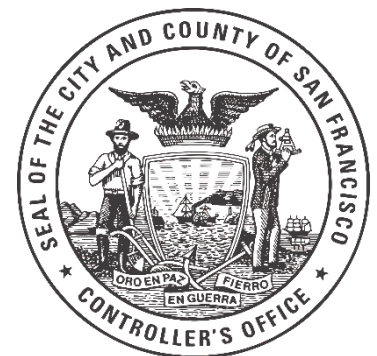
Assessment of the San Francisco Shelter System



Prepared by

**OFFICE OF THE CONTROLLER
CITY PERFORMANCE**

March 10, 2025



About the Controller's Office

The Controller is the chief financial officer and auditor for the City and County of San Francisco. We produce regular reports on the City's financial condition, economic condition, and the performance of City government. We are also responsible for key aspects of the City's financial operations — from processing payroll for City employees to processing and monitoring the City's budget.

Our team includes financial, tech, accounting, analytical and other professionals who work hard to secure the City's financial integrity and promote efficient, effective, and accountable government. We strive to be a model for good government and to make the City a better place to live and work.

About City Performance

The City Performance team is part of the City Services Auditor (CSA) within the Controller's Office. CSA's mandate, shared with the Audits Division, is to monitor and improve the overall performance and efficiency of City Government. The team works with City departments across a range of subject areas, including transportation, public health, human services, homelessness, capital planning, and public safety.

City Performance Goals:

- Support departments in making transparent, data-driven decisions in policy development and operational management.
- Guide departments in aligning programming with resources for greater efficiency and impact.
- Provide departments with the tools they need to innovate, test, and learn.

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OFFICE OF THE CONTROLLER

CITY AND COUNTY OF SAN FRANCISCO

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March 10, 2025

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Dear Mayor Lurie and President Mandelman:

The Office of the Controller, City Services Auditor, City Performance Division presents its Shelter Assessment report, a holistic look at the performance of the emergency shelter and crisis intervention programs overseen by the Department of Homelessness and Supportive Housing (HSH). City Performance scoped this assessment in partnership with HSH to provide an unbiased perspective on the effectiveness of emergency shelter, which is just one component of San Francisco's homelessness response system.

This report is not an audit and does not evaluate individual service providers. City Performance used a mixed methods approach, including interviews with shelter providers, focus groups with shelter clients, comparisons to roughly a dozen peer jurisdictions, data analysis, budget analysis, and equity analysis.

This assessment found:

- The number of shelter beds/units available and the number of clients served has increased consistently since 2021 as HSH re-inflated shelter capacities post-pandemic and opened new shelter and crisis intervention sites.
- Shelter clients generally viewed safety and living conditions as adequate. Overdoses and overdose reversals occur frequently, but the shelter system takes numerous precautions to prevent fatal overdoses. Shelter client deaths have consistently decreased in recent years.
- Shelter is intended to be a short-term, emergency resource to support people who are experiencing homelessness while they seek permanent housing solutions. Unfortunately, over half of clients don't have a record of where they went upon leaving shelter, which limits the conclusions City Performance can draw about shelter client outcomes.
- City Performance found that HSH and nonprofit providers partner effectively on an operational level. Shelter staff we interviewed universally reported positive experiences with HSH Program Managers.

- There is a significant gap between the many activities shelters are tasked with and the resources allocated. In particular, shelter providers noted difficulties managing street conditions, caring for the highest-need clients, and hiring and retaining skilled staff. Direct service providers perform difficult and taxing work for low wages. Additional resources may be required for shelter providers to meet these goals.

The purpose is to provide San Francisco residents and City leadership with clear and easily interpretable insights into the City's performance. We have included insights and conclusions into San Francisco's shelter system where the available data are imperfect, and have noted those in this report. Despite these limitations this report provides wide-ranging baseline information on a vital safety net for the city's most vulnerable residents and is meant to inform future work and decision making.

Sincerely,
Greg Wagner
Controller

cc: Department of Homelessness and Supportive Housing

Executive Summary

San Francisco residents [consistently report](#) that homelessness is the most important issue facing our city. In 2024, over 8,300 people were experiencing homelessness on a single night in January, and more than 20,000 sought homelessness services over the course of the year.

The San Francisco Department of Homelessness and Supportive Housing (HSH) manages the City's Homelessness Response System; emergency shelter is a critical component of that system. Although the goal of the Homelessness Response System is to move people into permanent housing, temporary shelter provides a place for people to go when they are in crisis and connects people to services that support them in moving into permanent housing.

Understanding how well the shelter system is working is an important part of assessing how well the City is meeting its overall goals for addressing homelessness, especially in decreasing unsheltered homelessness.

The San Francisco Controller's Office conducted this assessment of the City's shelter system to provide a neutral perspective on its service delivery and performance. We use a mixed methods approach, including interviews, focus groups, benchmarking, data analysis, budget analysis, and equity analysis.

This report is organized in three primary sections:

- 1.** A broad **overview** of the shelter system. The goal of this section is to introduce readers to a complex system and equip them with facts to make informed judgements about the system's performance.
- 2.** An analysis of **shelter client experiences and outcomes**.
- 3.** **Findings around shelter policies and operations**, which outline the current strengths and areas of concern in the shelter system.

System Overview

Introduction to Shelter (p. 11) The fundamental purpose of shelter is to provide a safe, clean, and dignified place for people who would otherwise be unsheltered to meet their most basic needs while they search for stable housing. Shelter is a short-term, emergency resource. People are still considered to be experiencing homelessness while staying in shelter.

San Francisco’s Shelter System Operations (p. 12) Most shelters in San Francisco are funded by HSH and operated by nonprofit service providers. HSH staff monitor, evaluate, and provide technical assistance to shelters, while nonprofits manage day-to-day shelter operations.

Each shelter client is entitled to baseline living conditions, social services, and amenities. In addition, clients have access to a range of services on-site, depending on the shelter. These commonly include case management, physical and behavioral healthcare, and benefits enrollment assistance.

Size of the Shelter System (p. 19) In September 2024, HSH funded 33 shelters with 3,228 beds/units operated by 20 different nonprofits. The adult system is substantially larger than the other systems, representing over 87% of all shelter beds/units in San Francisco, and has expanded since 2022.

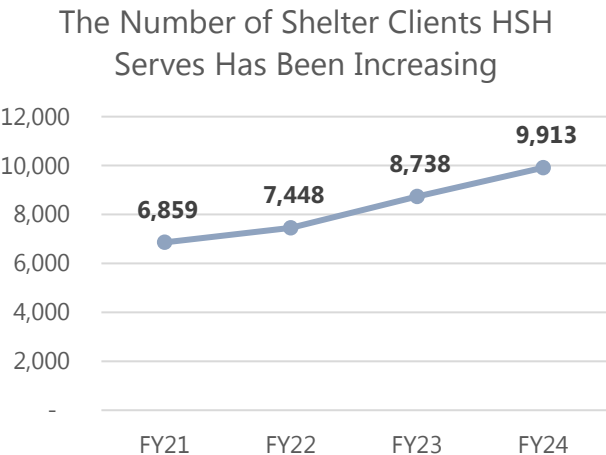
Shelter sites are clustered in the eastern part of the city, primarily in the Tenderloin, with sites in SOMA, the Mission, and Bayview-Hunters Point.

Comparisons to Peer Jurisdictions (p. 25) This report examined 12 peer jurisdictions that were chosen for their similarity to San Francisco.

- ❖ San Francisco operates more homelessness resources (shelter and housing) per capita than most peers.
- ❖ San Francisco allocates a larger proportion of total bed inventory toward permanent housing than most peers and the national average. It allocates a smaller proportion toward shelter. Most peer shelter systems don’t have enough beds to accommodate everyone who is unsheltered.
- ❖ San Francisco reports serving the highest share of shelter clients with severe mental illness or chronic substance abuse among peers, though it is unclear if this is a true difference in client population or reflective of the City’s emphasis on diagnosis and treatment.

Number of Shelter Clients Served (p. 29) The number of people served through the shelter system has consistently increased since 2021, from 6,859 to 9,913 per year. This increase in clients corresponds to both an increase in shelter capacity and an increase in the number of people experiencing homelessness between 2022 and 2024.

Shelter System Demographics and Equity Analysis (p. 30) In Fiscal Years 2023 and 2024 (FY23, FY24), most shelter clients were Black (28%) or White (27%). The majority of clients in the family shelter system were Latine/Hispanic (61%), while the majority of

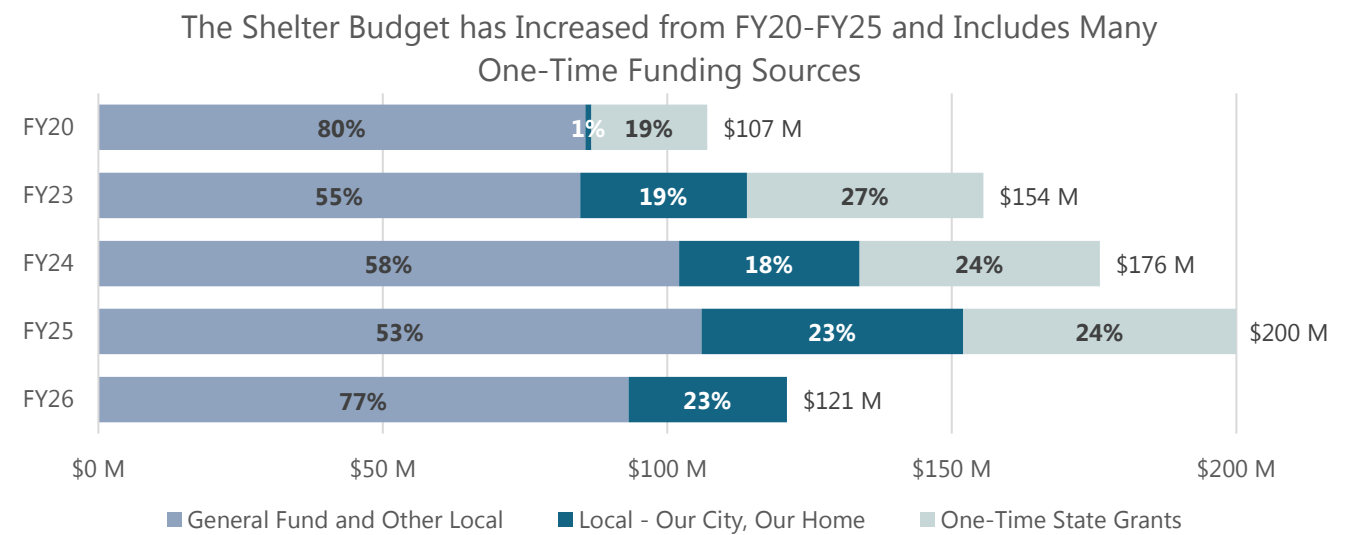


clients in all other systems were not (22%).

More men than women are homeless. Those with marginalized gender identities—transgender, non-binary, questioning, or other gender identities—are much less likely to be in shelter than cis-gendered people experiencing homelessness.

A large proportion of clients identify as having a disabling condition (44%) or substance use disorder (30%), despite a significant amount of missing data for both conditions.

Shelter System Budget (p. 36) Approximately 25% of HSH’s budget went toward shelter in FY24, or roughly \$176 million. The shelter budget relies significantly on one-time funding sources, including state grants.



Actual Spending by Population and Shelter Types (p. 38) In FY23 we estimate that, on average, Adult and Transitional Age Youth (TAY) programs cost \$126.25 per filled bed/unit per night while family shelter costs \$221.81. Non-congregate shelter was costlier than congregate, and crisis intervention programs were more expensive than emergency shelter or navigation centers. Exact spending is challenging to assess due to the structure of contracts and payment data.

Findings: Client Experiences and Outcomes in Shelter

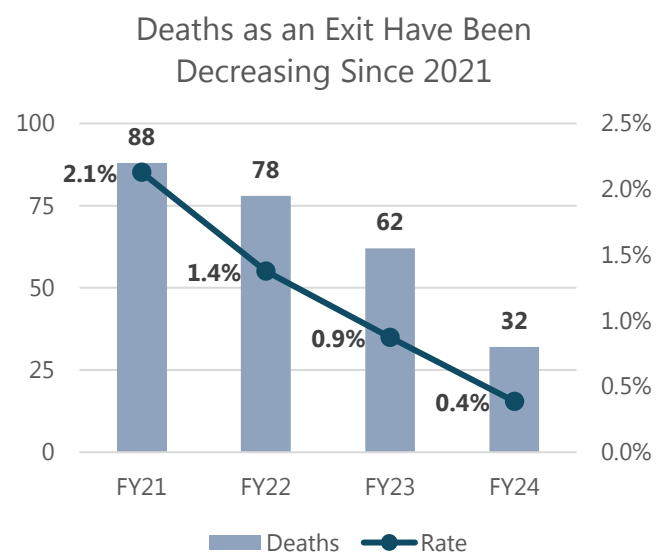
Client Safety (p. 45) In focus groups, shelter clients generally viewed safety as adequate, though theft of personal belongings was an issue. Female focus group participants reported more safety concerns than their male counterparts in adult congregate shelters. HSH requires shelters to have safety or security personnel on-site during operating hours, and has a number of policies to maintain safety, including a weapon check policy. Still, safety incidents occur on a regular basis. Between October 2022 and May 2023, shelter providers reported an average of 37 threats or acts of violence per month across the entire shelter system.

Living Conditions (p. 48) Most clients noted the facilities were as clean as they could be. Many shelter providers attempt to create welcoming environments for clients, but shelters typically lack the same privacy and comfort as housing. Some clients wanted additional social programming at their sites. Clients also noted dissatisfaction with the quality of shelter meals, specifically frozen meals. This represents a trade-off, as HSH has moved toward flexible mealtimes and procured more frozen meals that can be reheated on demand for clients whose schedules may not overlap with traditional mealtimes.

Overdoses and Deaths (p. 49) Overdoses and overdose reversals occur frequently in shelter, particularly in shelters serving adult populations. The shelter system takes numerous precautions to prevent fatal overdoses.

There is a high level of oversight and safety precautions in shelter, especially in congregate settings where there are many people around, which creates a safer environment for drug users. This allows staff to quickly catch drug overdoses when they happen and step in to reverse them.

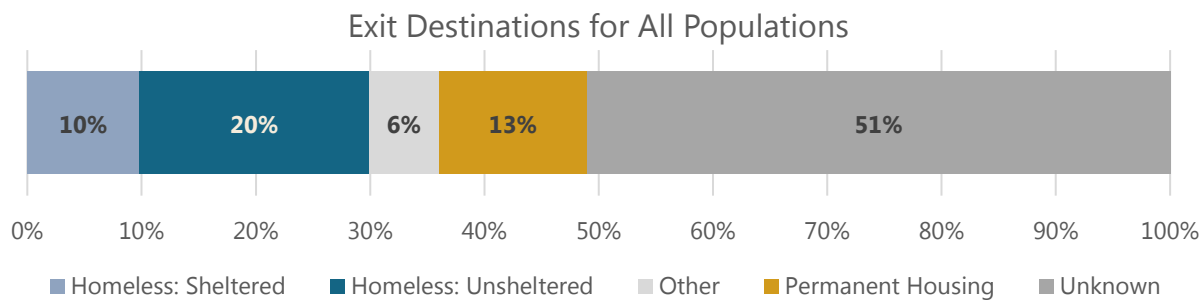
Death as a reason for exit from shelter has decreased significantly in the past four years. This trend may partially reflect impacts from the COVID-19 pandemic and aftermath.



Patterns and Length of Shelter Stays (p. 51) While shelter is an emergency intervention rather than a housing solution, almost half of stays are for longer than one month. Median length of stay was highest during the COVID-19 pandemic when the City removed any limits and managed a large number of Shelter-in-Place Hotels. Length of stay has decreased over the last two years as the overall system has worked to return to normal functioning. The average adult shelter bed served 3.5 people per year. Over the last four years, over half of people who appear in the shelter system have a single stay.

Shelter Client Housing Outcomes (p. 54) Over half of clients don't have a record of where they went upon leaving shelter, which limits the conclusions we can draw about shelter outcomes. This varies widely across shelters, with some sites reporting known exit destinations for over 90% of clients and others for just 5%.

Clients experience mixed outcomes even in available exit data. Across all clients in the reporting period, only 13% exited to permanent housing. This was higher for families and TAY than for adults. Generally, clients in non-congregate shelter were more likely to exit to permanent housing than clients in congregate shelter.



One of the reasons for the low exits to permanent housing may be the limited availability of permanent housing options both within and outside of the homelessness response system. Providers regularly reported that they struggle to figure out how to help clients if they don't qualify for Permanent Supportive Housing (PSH). The majority of people who are assessed via Coordinated Entry do not qualify for PSH.

Subsidized housing programs outside of the homelessness response system often have long waiting lists, and clients may not be eligible for certain local or federal housing programs due to lack of income, immigration status, or criminal background. Private rental units are likely out of reach without a rental subsidy.

In the future, HSH should evaluate the efficacy of case management services to better understand whether the investment in them is impacting client outcomes. In addition to case management, both providers and clients expressed a desire for more wrap-around services to meet clients' needs.

Equity in Experiences and Outcomes (p. 59) Client focus groups revealed some differences in perceptions of treatment by race, but limited data makes it difficult to draw strong conclusions. Latine or Hispanic and monolingual Spanish speakers were somewhat more likely to report that they felt shelter staff were not empathetic or supportive. Congregate shelters were more likely to serve Latine or Hispanic clients, while non-congregate shelters were more likely to serve Black and White clients. This difference could be attributable to other characteristics, but HSH should explore additional data to assess whether the shelter system is serving Latine or Hispanic clients equitably.

Few differences in exit outcomes exist by race or ethnicity, and differences may be attributable to other client characteristics. White and Native American clients are slightly more likely to exit into unsheltered homelessness than other racial/ethnic groups.

There is some evidence of inequity by gender, and HSH should continue to explore ways to support female clients.

Findings: Shelter Policies and Operations

Partnership Between HSH and Providers (p. 65) Day-to-day collaboration between HSH and providers is going well. Shelter providers interviewed universally reported positive experiences with their HSH Program Managers, who they viewed as highly responsive, problem-solving partners.

Maintaining fair and comprehensive shelter policies that satisfy all stakeholders is challenging, and requires HSH to balance competing goals and priorities. For example, maintaining low-barrier shelters sometimes conflicts with the goal of providing safe, clean, stabilizing environments for all clients. Both shelter clients and providers expressed frustration with the application of current shelter rules, and had specific feedback about policies they'd like to change.

HSH should continue work to make monitoring more comprehensive and outcomes-focused. All shelter contracts include performance measures, but many track inputs and outputs, not outcomes the City cares about improving. Many shelter contracts only include a single outcome measure, which tracks client satisfaction with services on site. HSH should continue work to develop simple, consistent, and meaningful performance measures as part of its Performance Measurement Plan.

Resource Challenges for Providers (p. 68) Both shelter providers and HSH staff noted a significant gap between people's expectations of shelter and the resources allocated to meet those expectations.

During interviews, providers continually said they lacked adequate resources and authority to manage street conditions around their site. The most common concern was a lack of staffing. Providers said when they could find staff, the City's Shelter Grievance Policy limited their ability to enforce consequences for most behaviors outside the building.

Providers also frequently noted challenges supporting high-need clients. Some clients require skilled nursing, social work, and/or therapy at levels that shelter is not resourced to provide. HSH has explored senior-specific shelter models which could provide more active and concentrated supportive services for populations most likely to have physical disabilities, however there is no confirmed plan or timeline to offer these models at this stage.

Shelter providers and HSH staff noted that HSH's Harm Reduction policy is working well for getting drug users into shelter and engaging with services. However, they felt that Harm Reduction needed to be paired with treatment options for clients who want them. HSH is currently running a 20-room pilot program with the San Francisco Department of Public Health (DPH) to provide immediate shelter, and access to prescription addiction medication and residential treatment.

Data Availability and Quality (p. 70) There are significant challenges in working with available data that make it difficult to assess the impact of services, or answer key questions about how shelter is functioning. Half of exit destinations in FY23 and FY24 were recorded either as missing or "other", and some demographic information, particularly reported disabilities or substance use disorder, have large numbers of missing reports.

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1. Introduction and Background

Homelessness continues to be among the most important challenges our city and state face. Since 2017, the [City Survey](#) has asked San Franciscans about the most important issues facing our city, and homelessness has been the most frequently cited issue each time.

The Department of Homelessness and Supportive Housing (HSH) manages the City's Homelessness Response System; emergency shelter is a critical component of that system. Although the goal of the Homelessness Response System is to move people into permanent housing solutions, temporary shelter provides a place for people to go when they are in crisis and gives people access to services that support them in moving out of homelessness. Understanding how well the shelter system is working is an important part of assessing how well the City is meeting its goals around addressing homelessness.

The Controller's Office scoped this assessment of San Francisco's shelter system in partnership with and at HSH's request, to provide a third-party view of the system. This assessment is intended to assess the system's overall functioning, performance, and effectiveness. The purpose of this report is to provide San Francisco residents and City leadership with easily interpretable insights into the City's performance. Assessments are not audits, and do not evaluate individual service providers.

Report Overview

This report includes three primary sections:

1. A **broad overview** of the shelter system. The goal of this section is to introduce readers to a complex and sometimes opaque function of City government. It answers the questions:
 - i. What does the shelter system look like in San Francisco, looking at operations, services, size, and budget?
 - ii. How does San Francisco's shelter system compare to our peers?
 - iii. Who does the shelter system serve and how much do we spend on different populations?
2. An analysis of **client experiences and outcomes**. This section aims to answer three questions:
 - i. What are the experiences of people in shelter?
 - ii. What are the outcomes for people once they exit the shelter system?
 - iii. Does the shelter system meet the needs of priority populations and equitably serve unhoused residents of San Francisco?
3. **Findings around shelter policies and operations**, outlining additional strengths and areas of concern in the shelter system.

We use a mixed methods approach, including interviews, focus groups, benchmarking, data analysis, budget analysis, and equity analysis.¹

¹ For more information, see the Methods section in the Appendix.

2. Shelter System Overview

INTRODUCTION TO SHELTER

Shelter is a critical component of San Francisco's overall homelessness response system

Shelter is one of several components within San Francisco's homelessness response system. These include prevention and problem solving, outreach, coordinated entry, shelter and crisis interventions, and housing. Each component of the homelessness response system plays a complementary role in preventing or resolving a person's homelessness.

Shelter plays a critical role in stabilizing people in crisis and connecting them with housing resources. It is intended to be a **short-term, emergency resource** to support people who are experiencing homelessness while they seek housing solutions. Crucially, shelter is a temporary resource, and people are still considered to be experiencing homelessness while they reside in shelter.

San Francisco's Homelessness Response System



Homelessness Prevention and Problem Solving

Help prevent people from experiencing homelessness, or quickly exit homelessness for housing



Housing

Permanent places for people to live



Outreach

Engage people living on the street and connect them with shelter, housing, and other resources



Shelter and Crisis Interventions

Temporary places for people to stay while accessing other services and seeking housing



Coordinated Entry

A coordinated system for assessing, prioritizing, and matching people who are experiencing homelessness with housing opportunities

Best Practices in Shelter Provision

1. Safe and appropriate diversion

Help prevent or quickly end people's homelessness without engaging the shelter system when possible.

2. Immediate, low barrier access

Offer immediate and low-barrier shelter access to those who need it.

3. Dignity and respect

Maintain safe, clean, and accommodating conditions with reasonable shelter rules. Employ culturally competent staff and provide trauma-informed care.

4. Housing-focused, rapid exit services

Provide housing-focused case management to quickly connect clients with permanent housing.

5. Data to monitor and measure performance

Analyze use patterns and develop targeted interventions to improve flow from shelter to housing.

Sources: National Alliance to End Homelessness, United States Interagency Council on Homelessness

SAN FRANCISCO’S SHELTER SYSTEM OPERATIONS

Most shelters in San Francisco are funded by the San Francisco Department of Homelessness and Supportive Housing (HSH) and operated by nonprofit service providers

HSH employs a team of program managers who monitor, evaluate, and provide technical and administrative assistance to nonprofit shelter providers. Program managers are the main point of contact for nonprofit providers and work closely with providers to solve problems and improve services. The shelter team also issues policies and develops contractual requirements that nonprofit providers must follow.

Nonprofits are responsible for everything needed to maintain a clean, safe, functioning shelter. Shelter sites are generally staffed by a shelter manager, shelter monitors, case managers, security, and janitorial staff, and often include varying other positions (e.g., operations manager, activities coordinator). Certain behavioral health and healthcare services are provided on-site through partnerships with the San Francisco Department of Public Health (DPH). In addition to site-based staff, the City may partially fund centralized positions within the nonprofit (e.g., Director of Temporary Housing, Director of Programs).

HSH is primarily responsible for:	Nonprofits are primarily responsible for:
<ul style="list-style-type: none">• Shelter funding• Policymaking• Oversight• Reporting• Facilities maintenance (city-owned sites)	<ul style="list-style-type: none">• Shelter staffing• Managing day-to-day operations• Support services

Some sites serving victims of domestic violence are funded and overseen by the San Francisco Department on the Status of Women (DOSW). While DOSW shelters are an important part of the City’s shelter stock, they are not included in this analysis.

Commissions and advisory bodies provide oversight over system components; City leadership approve budgets and large contracts with service providers

Five commissions and advisory bodies oversee various aspects of the shelter system, in addition to the Mayor and Board of Supervisors, who are ultimately responsible for determining HSH’s budget and approving contracts with nonprofit shelter providers. Two of the five commissions—the Shelter Grievance Advisory Committee and the Shelter Monitoring Committee—focus exclusively on shelter, while the remaining three provide oversight or funding recommendations for HSH more generally.

Oversight Body	Shelter-Specific	Description
Homelessness Oversight Commission	No	The main body that oversees HSH's work. Responsibilities include approving budgets, formulating departmental goals, establishing performance standards, holding hearings, conducting public outreach, and auditing HSH's service delivery.
Local Homelessness Coordinating Board	No	Advises on issues related to San Francisco's participation in the federal Continuum of Care program.
Our City, Our Home Oversight Committee	No	Ensures the Our City, Our Home Funds are effectively and transparently used.
Shelter Grievance Advisory Committee	Yes	Advises HSH on the Shelter Grievance Policy and denials of service in HSH-funded shelters.
Shelter Monitoring Committee	Yes	Provides the Mayor, Board of Supervisors, Homelessness Oversight Commission, public, and others with accurate, comprehensive information about the conditions in and operations of shelters.
Additional detail on each oversight body can be found in Appendix 2: Shelter System Structure and Oversight		

In November 2024, San Francisco voters approved a Charter amendment to establish a Task Force with authority to make recommendations on ways the City could change, eliminate, or consolidate commissions to improve the administration of City government. This future work could impact the structure of oversight over the shelter system.

There are many pathways to access shelter

This assessment largely focuses on clients'² experiences and outcomes once entering the shelter system and excludes a deep analysis of clients' access to shelter. However, the shelter placement process may benefit from additional analysis and process improvements in the future.

Clients enter shelter in several ways, in a system which is sometimes complex. At a basic level, clients may access shelter beds through the following pathways:

- Placement by community-based Access Points.
- Placement by a street outreach team (e.g., the [San Francisco Homeless Outreach Team](#) (SFHOT) or the [Health Streets Operations Center](#) (HSOC)).
- Placements made by City departments for specific populations of people, such as placements made by DPH when discharging unhoused people from the hospital.
- Signing up for the adult shelter waitlist, which offers placements at three shelter sites.
- Walk ups to some shelter sites where beds are allocated nightly on a first-come, first-served basis.
- Calling or emailing some shelter sites to see if they have availability.

² HSH generally uses the term "guest" to refer to people staying in emergency shelter. We use the term "client" throughout the report.

Each shelter client is entitled to baseline services and amenities

The fundamental purpose of shelter is to provide a safe, clean place for people who would otherwise be unsheltered to meet their most basic needs while they search for stable housing. San Francisco Administrative Code establishes minimum standards of care all City-funded shelters must provide for shelter clients. In addition, HSH maintains shelter policy manuals which outline the rights of shelter clients. Each shelter client is entitled to:

- A bed/mat with sheets, a blanket, and a pillow.
- Access to toilets, a shower, towels, soap, and basic hygiene products.
- Basic articles of clothing, subject to availability (e.g., socks, underwear).
- Free laundry service.
- Two meals per day and access to clean drinking water.
- Access to electrical outlets for charging cell phones or medical devices.
- Access to phone service.
- The ability to receive mail and packages.
- Secure property storage.

HSH strives to provide the same basic amenities to clients at crisis intervention sites whenever possible, though crisis intervention programs may lack some of the amenities listed above.

In addition to basic amenities, shelter clients can access a range of services on-site, depending on the shelter.

- **Case Management:** Family shelters and navigation centers have provided case management, which stabilizes individuals by addressing the numerous day-to-day and long-term problems related to homelessness, for years. Beginning in Fiscal Year 2023 (FY23, year ending June 30, 2023), HSH extended case management to the adult emergency shelter system. Case management is contractually required by HSH via their contracts with nonprofit providers and provided by nonprofit employees. The primary purpose of case management for shelter clients is to assist them in seeking permanent housing, as well as accessing public benefits, connecting with health care, and meeting their individual goals.
- **Shelter Health:** Most shelter sites receive Shelter Health medical services from DPH.³ This typically entails a DPH nurse and health worker visiting the site at least once per week and providing basic nursing and medical care. Doctors and Nurse Practitioners also visit sites on a regular cadence.

³ All adult and TAY sites regularly receive Shelter Health services onsite, except for Hospitality House, which works with Shelter Health to provide services on site as needed. One family site, Hamilton Family Shelter, has an on-site medical clinic for Shelter Health. All other family shelters refer clients out to community care.

- **Behavioral Health:** The City provides behavioral health support for shelter clients. This ranges from on-site support from roving clinicians to embedded behavioral health clinicians or consultations from the DPH Behavioral Health team for sites without dedicated on-site support.
- **Benefits Enrollment:** The Human Services Agency (HSA) administers cash assistance and other benefits programs, including the County Adult Assistance Programs (CAAP), Medi-Cal, and CalFresh. HSA sends eligibility workers to shelter sites to help clients apply for and maintain enrollment in benefits programs. Shelter case managers work with clients to schedule and keep these appointments.
- **Other Services:** Nonprofits may also provide other services on site, such as health and wellness programs, life skills groups, employment programs, and special events. Nonprofits may also develop partnership with outside organizations to provide services.

Mainstream Benefits and Services

It is a best practice to connect shelter clients with mainstream benefits and services—programs that serve people whether they are experiencing homelessness or not. Here are a few of the programs shelter clients may be eligible for:

- **County Adult Assistance Program (CAAP)** – cash assistance and employment services for low-income people with no dependent children
- **CalWorks** – temporary financial assistance and services for eligible families with children
- **CalFresh** – monthly benefits that can be used to buy food
- **Medi-Cal** – health insurance for low-income individuals
- **Supplemental Security Income (SSI)** – monthly payments to people with disabilities and older adults who have little or no income or resources

HSH is responsible for monitoring the performance of contracts

All City departments that contract with nonprofits to provide services to the public are responsible for monitoring the delivery and quality of services under the terms of the contract. While most nonprofits deliver high-quality services in alignment with contracted expectations, City departments are stewards of public funds and are expected to conduct regular oversight and monitoring of those services. The Controller's Office recently issued [policy guidelines](#) that City departments must adhere with by June 30, 2025. HSH already routinely monitors the performance of nonprofit service providers but is in the process of reviewing and updating its internal protocols and procedures to ensure consistency across service areas and adherence with citywide policy. We discuss HSH's ongoing contract monitoring efforts and opportunities for improvement further in [Section 4. Findings: Shelter Policies and Operations](#).

Program Managers currently conduct at least **one formal program monitoring visit each fiscal year**, in addition to monthly operations meetings and ongoing engagement, technical assistance, and problem solving with nonprofit staff. At a formal visit, HSH observes programming, conducts a detailed review of program documentation and performance data, and holds discussions with program leadership and staff about annual performance. After the visit, Program Managers document the results in writing and may issue findings and recommendations. Significant findings may require corrective actions by the nonprofit.

TYPES OF SHELTER

San Francisco has multiple models of emergency shelter designed to serve different populations or meet different needs

Shelter and crisis intervention programs can be categorized according to the populations they serve, the program model, whether clients sleep in congregate or non-congregate settings, and whether the program serves clients year-round.

The City provides a range of different types of **shelter programs**, including emergency shelter, navigation centers, cabins, and temporary hotel vouchers. Each of these programs meet the U.S. Department of Housing and Urban Development's (HUD) definition of emergency shelter.

The City also offers **crisis intervention programs**, which provide overnight amenities like security, shared bathrooms, showers, food services, and case management, but do not meet the HUD definition of shelter. HSH's main crisis intervention program is safe parking, which provides unhoused people living in their vehicles with a safe place to stay in their vehicle and access to services and amenities.

HSH operates four distinct shelter systems serving different populations of clients—adults, families, transitional aged youth (TAY), and minors. Each system has separate eligibility criteria and referral pathways. Shelter providers only serve one population per site (i.e., there are no shelter sites that serve both families and single adults in the same building).

- **Adults** are people aged 18 and over. San Francisco operates 25 shelters and crisis intervention sites for adults.
- **Families** consist of at least one adult with at least one child under 18 in their care, or households with at least one person who is pregnant. San Francisco operates eight family shelter programs, across seven different sites.⁴
- **Transitional aged youth (TAY)** are people aged 18-24, or people aged 25-27 who used homelessness services in San Francisco between the ages of 18-24. San Francisco operates two TAY shelters, which operate according to the same rules as the adult shelter system, but are reserved exclusively for TAY and offer youth-centric services. TAY clients are eligible to stay in both TAY and adult shelters.
- **Minors** are defined as unaccompanied children under age 18. San Francisco operates two shelters for minors, which function more like group homes than traditional emergency shelters. The minor shelter system collaborates closely with the child welfare system and serves as a placement of last resort for unaccompanied children who have not yet been placed in foster care.

⁴ This includes two separate programs at Hamilton Family Shelter: Hamilton Families Emergency Center (congregate) and Hamilton Families Residence (non-congregate).

Shelters offer varying levels of privacy for clients, ranging from private rooms to open settings sheltering many clients at once.

- **Non-congregate** programs shelter each person or household in their own private room.
- **Semi-congregate** settings can serve multiple households in a single room with two to five beds.⁵
- **Congregate** settings serve clients in a common space with more than five beds.

Most shelter programs provide year-round access, but some offer seasonal or overflow beds during periods of high demand.

- **Year-round shelter** beds are available 365 days per year. Most year-round shelters operate 24/7 in dedicated shelter spaces.⁶
- **Winter shelter** is offered at rotating locations throughout the winter. Winter shelter temporarily transforms community spaces (e.g., churches or senior centers) into overnight-only shelters.
- **Emergency pop-up shelter** is offered during inclement weather, public health emergencies, and other emergencies.
- **Shelter overflow** is non-congregate hotel rooms which typically serve clients from congregate shelters who need to temporarily isolate or quarantine due to infectious diseases. Overflow rooms may be used for other purposes when there is excess capacity (e.g., short-term placements for clients who wish to reunite with family via the Journey Home program).

The scope of this analysis covers most, but not all, of HSH’s shelter models

This report primarily focuses on shelter and crisis intervention programs that are managed by HSH and operate in a fixed location, which excludes hotel/motel voucher programs. We also exclude two programs which are sometimes reported alongside shelter but are distinct from the emergency shelter system—Shelter-in-Place (SIP) Hotels and Transitional Housing. Analyses span from July 2022 through December 2023, except where otherwise stated. See Appendix 1, B. Project Scope

Generally included in analysis	Generally excluded from analysis
<ul style="list-style-type: none">• Emergency shelter• Navigation centers• Cabins• Safe parking• Safe sleep* <p>*programs closed in 2022-2023</p>	<ul style="list-style-type: none">• Vouchers*• SIP hotels*• Transitional housing• Short term stabilization programs• Resource centers with drop-in chairs <p>*included in HUD data used for benchmarking</p>

⁵ HSH only operates three semi-congregate shelter sites – two for adults, and one for minors. Most analyses in this report do not disaggregate by this type of shelter.

⁶ As of October 2024, only two year-round emergency shelter programs did not offer 24/7 access. These programs operate out of a school gymnasium and church basement and only allow clients to stay overnight while the school and church are not in use.

San Francisco's Shelter System Serves...

Multiple **populations...**



Minors

Unaccompanied people under 18.



Transitional Aged Youth (TAY)

People aged 18-24, OR people up to age 27 who've used homelessness services in San Francisco between the ages of 18-24.



Adults

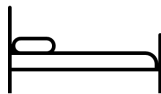
People aged 18 and older.



Families

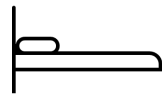
One or more adults with one or more children in their care, OR a household with a pregnant person.

In different types of **programs...**



Emergency Shelter

Facilities with basic amenities and services like showers, food, laundry, security, and case management.



Navigation Centers

A low-barrier shelter model that offers flexibility for partners, pets, and possessions.



Cabins

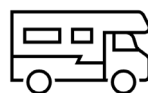
Individual cabin units with communal restrooms, showers, and other basic amenities and services.



Hotel/Motel Vouchers

Emergency vouchers for temporary hotel/motel stays.

Note: voucher programs are typically excluded from our analyses



RV/Trailers & Safe Parking

Provides unhoused people with either an RV/Trailer or a safe place to park their own vehicle with access to basic amenities and services.

Note: the RV/Trailer program ended in 2024 and safe parking will end in 2025

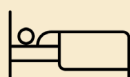


Safe Sleep

Provides unhoused people living in tents a safe place to stay with access to basic amenities and services.

Note: the safe sleep program ended in 2023

With varying degrees of **privacy...**



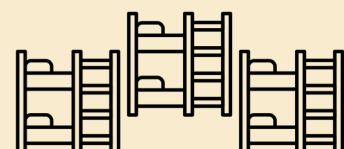
Non-congregate

Each client or household has their own private room.



Semi-congregate

Clients stay in rooms with 2-5 beds serving multiple households.



Congregate

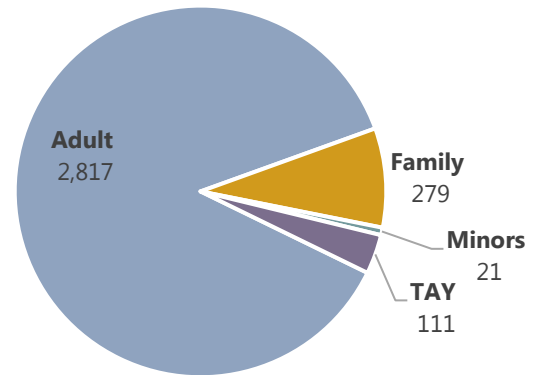
Clients stay in common spaces with more than 5 beds.

SIZE OF THE SHELTER SYSTEM

As of September 2024, there were **33 shelters** with **3,228 beds/units**⁷ open in San Francisco. The total number of shelters and beds fluctuate due to the evolving shelter landscape in San Francisco. For example, during the COVID-19 pandemic, the City opened COVID-specific programs, the last of which closed in FY23. Since FY23, some shelters that closed during the pandemic re-opened and some new shelters opened.⁸

As detailed previously, the shelter system has three primary divisions: the adult shelter system, the family shelter system, and the TAY system, with a small number of beds dedicated to serving minors. The **adult system is substantially larger** than the other systems (this is also true of the adult unhoused population), representing over 87% of the beds/units available across the entire shelter system. Family shelters are more likely to be non-congregate than other programs. For those programs, one unit may represent multiple beds and clients. The 279 beds/units in the family system sheltered 489 clients in September 2024.

The Vast Majority of Beds in the Shelter System are Adult Shelter



This section shows the size of the shelter system by number of beds/units for each population at three points in time: September 2022, December 2023, and September 2024. During this period, the shelter system was still re-inflating post COVID, and many shelters that had either closed or dramatically reduced their capacities returned to full capacity. HSH also opened and shuttered some programs.

The adult shelter system is larger than the systems for other populations and has expanded since 2022

Adult shelter grew by 559 bed/units from September 2022 to September 2024. HSH added new models of adult non-congregate shelter during COVID-19. However, despite the popularity and interest in newer, non-congregate forms of shelter, HSH has added more congregate beds since 2022 than non-congregate beds, and most available shelter remains congregate.

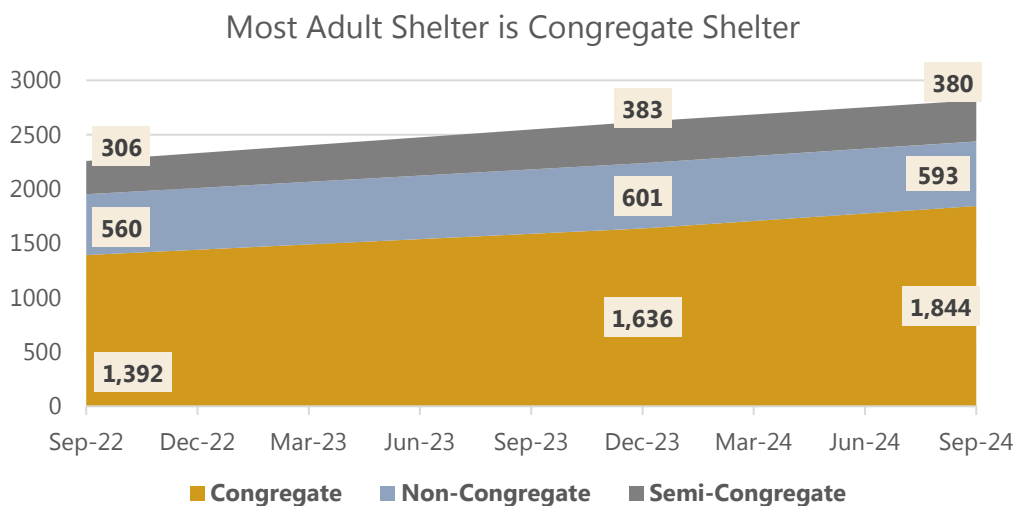
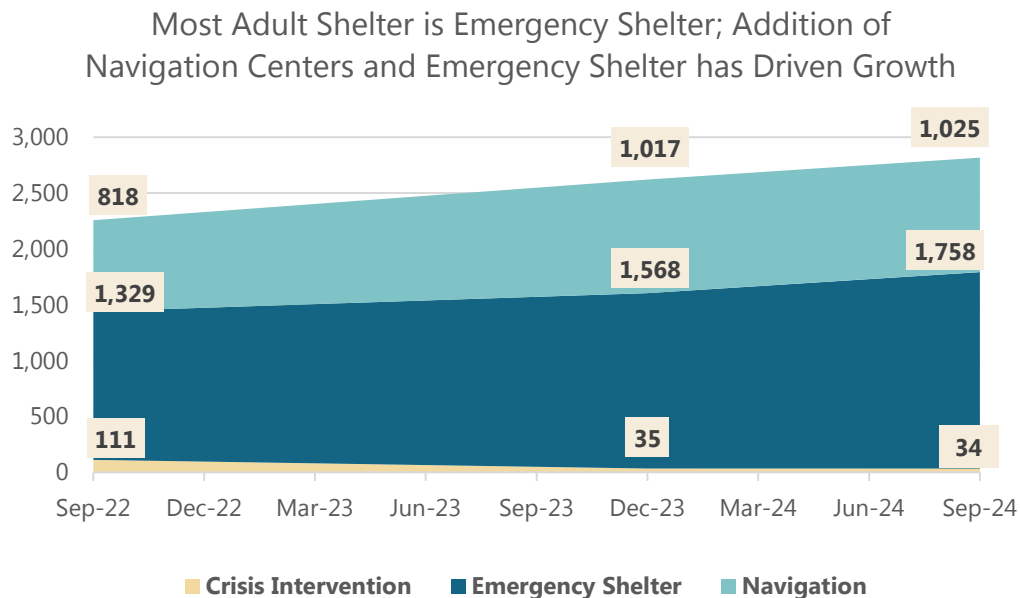
⁷ Congregate shelter sites measure system capacity in terms of the total number of beds, while non-congregate shelter sites typically measure capacity in terms of the total number of units, where one unit may include multiple beds and serve multiple clients. As a result, this number may differ from other publications that report on just bed counts or client counts.

⁸ Current information on City-funded shelter beds and units can be accessed on HSH's website.

<https://www.sf.gov/data/shelter-and-crisis-interventions>

HSH also launched the safe sleep (crisis intervention) and safe parking programs during COVID-19. Safe sleep was solely a pandemic response and has since closed.

Emergency shelter and Navigation beds grew at approximately the same rate between 2022 and 2024.

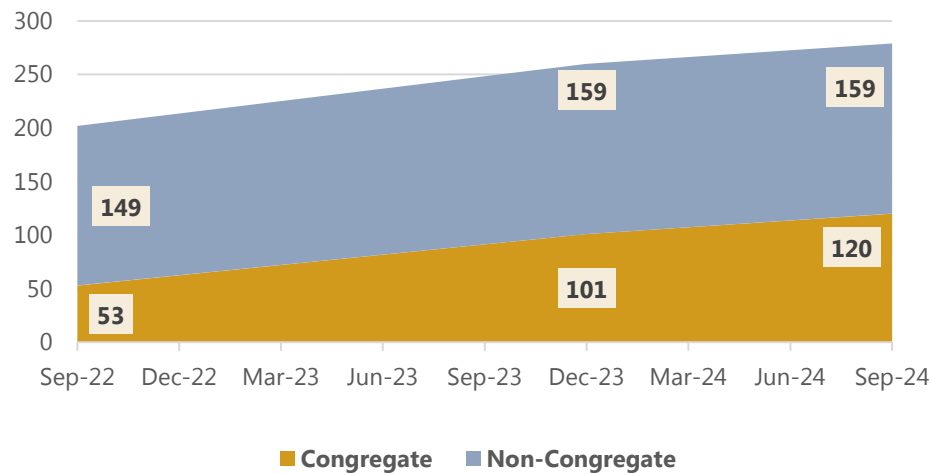


The family shelter system has a greater proportion of non-congregate shelter than other systems

The family shelter system has congregate and non-congregate models of emergency shelter. This includes families in one or multiple beds in congregate settings and families in separate, dedicated units that contain

multiple beds. The family system did not expand to include navigation centers like the adult shelter system. However, the system added 67 beds and 10 units and because the family system has more non-congregate programs than congregate, adding one non-congregate unit adds multiple beds for family members.

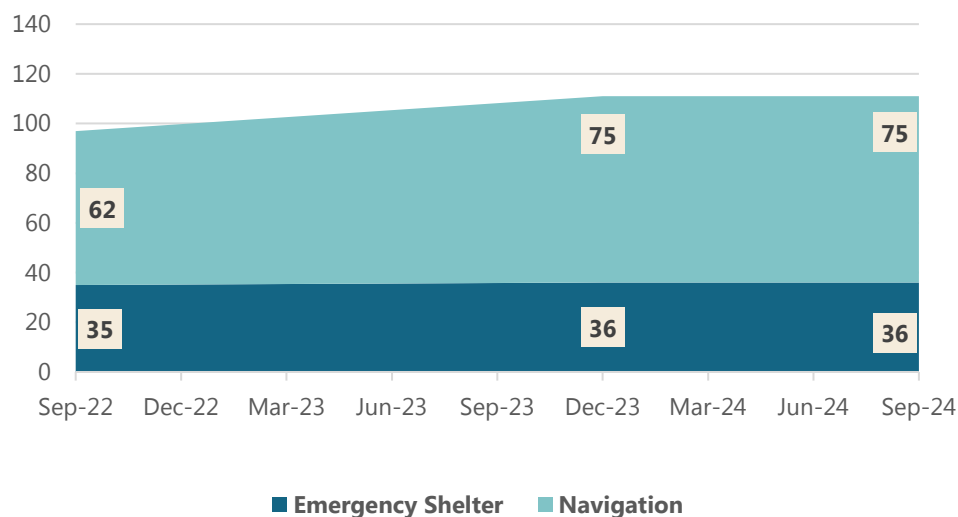
Most Family Shelter is Non-Congregate Units, but Addition of Congregate Beds Has Driven Expansion



The TAY system is small and has only two congregate shelters

San Francisco has two TAY shelters: one congregate emergency shelter serving 18- to 24-year-old clients, and one congregate navigation center serving clients ages 18-27. HSH added one emergency shelter bed and 13 navigation center beds between September 2022 and September 2024.

There Has Been Less Expansion in TAY Shelter



The Minor Shelter System is comprised of only a small number of beds

San Francisco has 21 beds across two shelters for minors. This population and shelter type is so specialized that it makes up a very small portion of the entire shelter system.

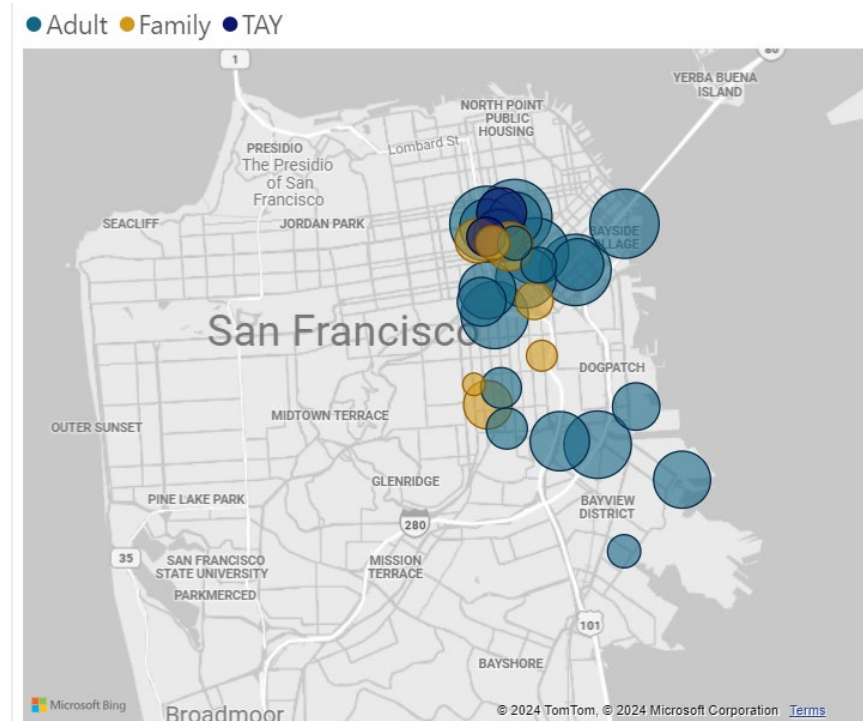
Shelters are concentrated in the eastern part of San Francisco

Shelter sites are clustered in the eastern part of the city, primarily in the Tenderloin, with sites in SOMA, the Mission, and Bayview-Hunters Point. There are no shelters in the western half of the city.⁹

It is an important goal to serve people in their own communities. This, in part, drove the expansion of shelter sites in Bayview-Hunters Point. In the most recent PIT count, District 10, which includes Bayview-Hunters Point, had more unsheltered people (1,010) than any other Supervisorial District in the City. With a recent increase of those living in vehicles on the west side of the city, there are limited options to move those people into shelters within their neighborhoods or communities.

It is also important to consider access to resources and culturally competent services for shelter clients in siting shelters. Some shelter clients may primarily speak other languages, and need resources in Spanish, Cantonese, or Mandarin, and specific areas of the city have more resources available in those languages (such as the Mission or Chinatown). Clustering homelessness services together in places like the Tenderloin may make it easier for a shelter client to conveniently access other homelessness resources. However, the reputation of the Tenderloin and experience living there may discourage people who may otherwise be interested in shelter, and may make it more difficult for clients in recovery. It may also place a burden on other residents of the neighborhood if there are real or perceived disruptions in the proximity of a shelter.

Map of Beds/Units by Location and Population



⁹ Minor shelter locations are excluded from this map to protect the privacy of solo minor clients.

COVID-19 pandemic led to an expansion of the shelter system and introduced more shelter models

San Francisco's shelter system has changed significantly since the start of the COVID-19 pandemic. In comparison to 2019, today's shelter system is larger, provides a wider range of program models and significantly more non-congregate beds, and has lower barriers to access.

HSH's shelter portfolio has changed dramatically in the last four years, with 17 new shelter or crisis intervention sites opening and nine programs closing since 2020. For a full list of programs that have opened or closed since 2020, see Appendix 5. On net, the shelter system significantly expanded its capacity. HSH's current strategic plan sets forth a goal to grow the shelter system by 1,075 beds between 2023-2028. This five-year target is lower than the actual number of new shelter beds added during a four-year period between 2019-2023.

HSH piloted four new program models during the pandemic: safe sleep, safe parking, cabins, and Shelter-in-Place (SIP) Hotels. The safe sleep and SIP programs wound down by 2023, but safe parking and cabin programs are active, with plans to open a new site at 2177 Jerrold Avenue that offers 60 cabins and 20 safe parking spaces. Candlestick Park, which currently provides safe parking, is due to close in Spring 2025.

Many of these new program model beds/units are either non-congregate or semi-congregate, which was a deliberate strategy by HSH to increase supply of these bed types. HSH staff and nonprofit shelter providers both noted that non-congregate shelters are generally more attractive than congregate ones and that people living on the streets are more likely to accept offers of non-congregate shelter. Private rooms allow more dignity for shelter clients, limit the spread of infectious disease, and reduce opportunities for conflict between shelter clients. However, non-congregate shelter is significantly more expensive, as we will discuss in greater detail in the [Actual Spending by Population and Shelter Types](#) section of this report.

Prior to the pandemic, HSH capped emergency shelter stays at 90 days with opportunities for extension if clients were engaged in support services or actively working toward housing goals. Since the start of the pandemic, shelter stays have been unlimited. HSH is currently evaluating the efficacy of unlimited shelter stays and has re-instituted caps on length of stay in the family shelter system, with policies in other systems under review.

The shelter system also lowered barriers to access in recent years. Most shelters are now open 24/7, offer flexible mealtimes, attempt to accommodate pets, and attempt to accommodate people with their partners.

How many shelter beds does San Francisco need?

A small number of East Coast jurisdictions in the United States have "Right to Shelter" laws which entitle every person experiencing homelessness, or some subset of the population (e.g., families) to a shelter bed. San Francisco does not guarantee a right to shelter, but HSH, elected officials, and San Francisco residents have all expressed interest in significantly reducing or eliminating unsheltered homelessness in San Francisco. As of the latest Point-in-Time Count, 4,354 people were experiencing unsheltered homelessness in San Francisco, a one percent reduction since 2022.

Estimating the number of shelter beds needed to end unsheltered homelessness is more difficult than simply counting the number of people experiencing unsheltered homelessness on a given night. The number of shelter beds a system needs also depends on how many people become homeless each year and how quickly or slowly homeless households can move into permanent housing. Movement through the system is called flow. When permanent housing is available, people exit homelessness, creating outflow, and shelter beds turn over and serve more households. When permanent housing is not available, shelter beds turn over slowly and serve fewer households, which may create a backlog and cause unsheltered homelessness to increase. A comprehensive response to unsheltered homelessness will also include strategies to help reduce the inflow into homelessness and increase outflow from shelter to housing.

In 2023, HSH engaged Focus Strategies, a homelessness consulting and technical assistance firm, to estimate the total number of new shelter beds and additional resources required to reduce or end unsheltered homelessness in San Francisco. The Controller's Office did not have access to the model developed by Focus Strategies and cannot validate its assumptions or findings. Focus Strategies helped HSH develop two scenarios:

Home by the Bay, HSH's five-year strategic plan (2023)¹⁰

- **Goal:** reduce unsheltered homelessness by 50% between July 2023 and June 2028
- **Additional resources required:**
 - Prevention: 4,300 additional households served per year
 - ***Shelter: 1,075 new shelter beds***
 - Permanent Housing: 3,250 new units

A Place for All Report (2023)¹¹

- **Goal:** eliminate unsheltered homelessness by Fiscal Year 2026
- **Additional resources required:**
 - Prevention: 8,200 additional adult households and 800 additional family households served per year
 - ***Shelter: 2,050 new adult shelter beds and 200 family beds***
 - Permanent Housing: 3,750 new adult units and 60 family units in addition to those already in the pipeline

Since publishing Home by the Bay, HSH has added a significant number of new shelter beds and expects to reach their target of 1,075 additional beds in 2025, three years early. Upon taking office in January 2025, Mayor Daniel Lurie continued prioritizing adding interim housing units, promising to add 1,500 beds within the first six months he is in office.

¹⁰ See more details on Home by the Bay at <https://www.sf.gov/home-bay>

¹¹ A Place for All Report https://www.sf.gov/sites/default/files/2024-09/Final-APFA-Report_Revised-03.24.2023.pdf

COMPARISONS TO PEER JURISDICTIONS

The Controller’s Office has a charter mandate to compare the performance of San Francisco City government with other public agencies performing similar functions. This report builds on [recent homelessness benchmarking](#) efforts with updated data and a more singular focus on shelter.

We analyzed data from the Department of Housing and Urban Development’s Housing Inventory Count (HIC) to compare San Francisco’s shelter system to those in peer jurisdictions. The HIC is an annual point-in-time inventory of housing and shelter resources that is completed by Continuums of Care (CoC) across the country. Because the data is reported in a standardized format, we were able to make comparisons across CoCs.¹²

For this report, we examined 12 peer jurisdictions which were chosen for their similarity to San Francisco in terms of population, rental markets, homelessness rates, and governance structures. For more information on our selection methodology, see Appendix 1, E. Benchmarking with Peer Jurisdictions.

Peer Jurisdictions	
California	National
Alameda County CoC	Boston CoC
Long Beach CoC	District of Columbia CoC
Los Angeles City & County CoC	Metropolitan Denver CoC
Sacramento City & County CoC	New York City CoC
San Diego City & County CoC	Portland, Gresham/Multnomah County CoC
San Jose/Santa Clara City & County CoC	Seattle/King County CoC

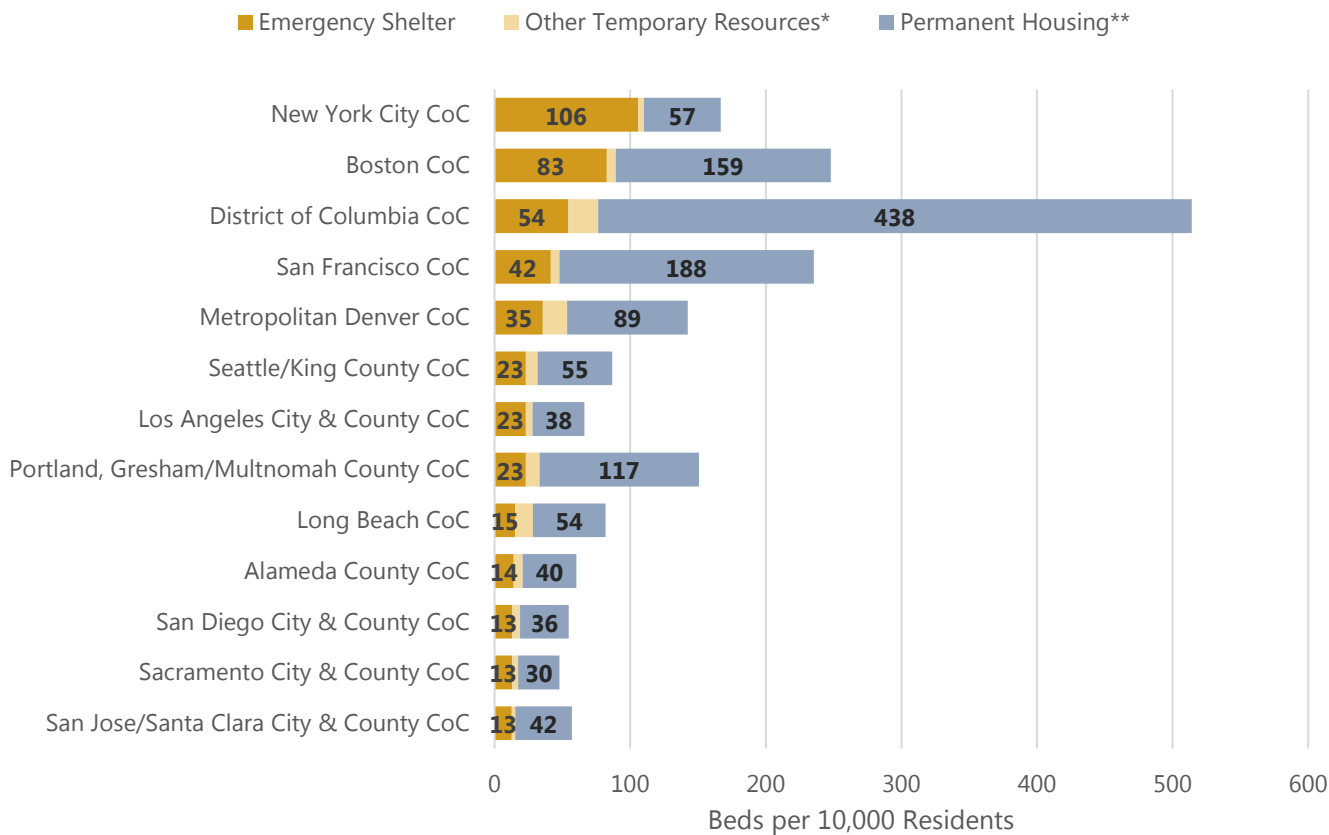
San Francisco operates more shelter and permanent housing per capita than most peer cities

The California jurisdictions in our sample generally operate far less shelter than peers outside of the state. San Francisco operates more shelter beds per capita than each of its California peers and half of its national peers. The three CoCs which operated more shelter per capita than San Francisco each have “Right to Shelter” laws, which guarantee shelter beds for some portion of the population experiencing homelessness.

San Francisco operates more permanent housing beds per capita than all but one peer (Washington, D.C.). Overall, San Francisco offers more homelessness resources per 10,000 residents than all but two peer cities (Washington, D.C., and Boston).

¹² The HIC includes all shelters operating in San Francisco, while the rest of our analysis only includes programs funded by HSH. This means that HIC shelter capacity figures exceed those listed elsewhere in the report. We use HIC numbers for more accurate comparisons to other jurisdictions.

San Francisco Offers More Shelter and Permanent Housing per Capita Than Most Peers



*Transitional Housing and Safe Haven
**Includes Permanent Supportive Housing, Other Permanent Housing, and Rapid Rehousing
Source: 2023 Housing Inventory Count

Right to Shelter

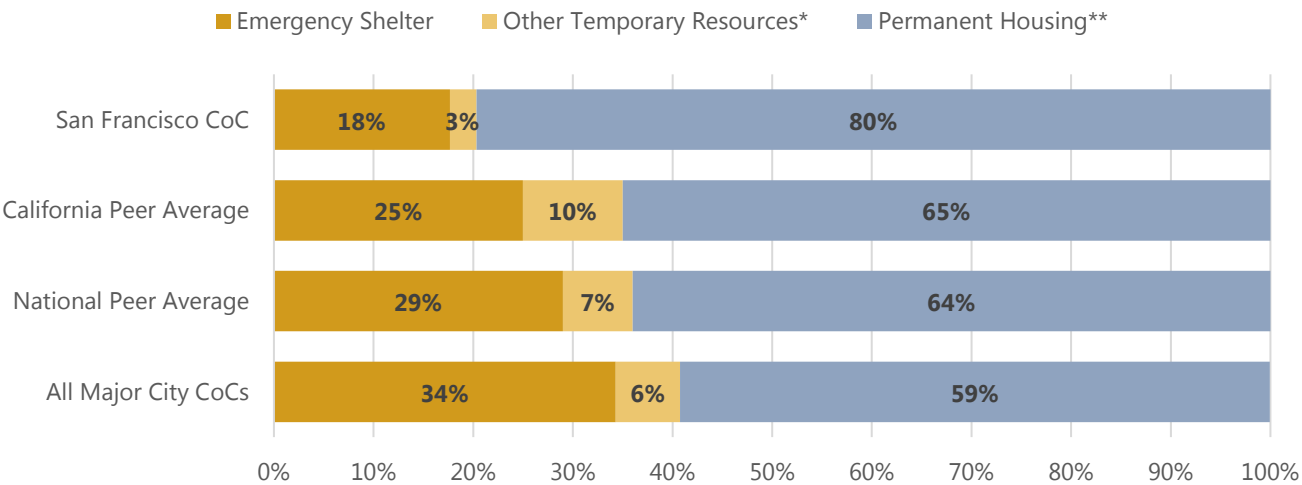
- **New York City:** In New York City, both single adults and families with children must be provided with a shelter placement within a day of requesting one.
- **Boston:** Massachusetts has a state-level law that requires cities like Boston to provide immediate shelter to families with children under the age of 21 or pregnant individuals who meet specific criteria.
- **Washington D.C.:** Washington D.C. provides shelter for any person experiencing homelessness during extreme weather conditions (when the temperature is below 32 degrees or above 95 degrees Fahrenheit). The jurisdiction is not required to provide shelter to all persons at other times but prioritizes rapid placement for families year-round.

San Francisco allocates a larger proportion of total bed inventory toward permanent housing than most peers and the national average. It allocates a smaller proportion toward shelter

San Francisco operates more shelter and permanent housing per capita than most peer jurisdictions. It allocates a larger percentage of homelessness resources toward permanent housing and a smaller percentage toward temporary resources, including emergency shelter, than most peers. In 2023, 18% of San Francisco’s total homelessness resources were allocated toward emergency shelter, compared with 25% in California peer jurisdictions, 29% in peer jurisdictions outside California, and 34% across all major cities in the U.S. This finding held when comparing peer jurisdictions across 10 years of HIC data, from 2014-2023.

While this finding demonstrates clear differences in how communities allocate resources toward different homelessness interventions, it does not imply a correct or incorrect approach. San Francisco follows a Housing First model, which prioritizes providing permanent housing to people experiencing homelessness. Housing First is motivated by the belief that the fastest and most effective way to end someone’s homelessness is to provide them with housing without preconditions. Housing First is a research-based approach which has been shown to result in faster exits from homelessness and more stable housing placements.¹³

San Francisco Allocates a Larger Percentage of Overall Beds Toward Housing and a Smaller Percentage Toward Shelter Than Most Peers

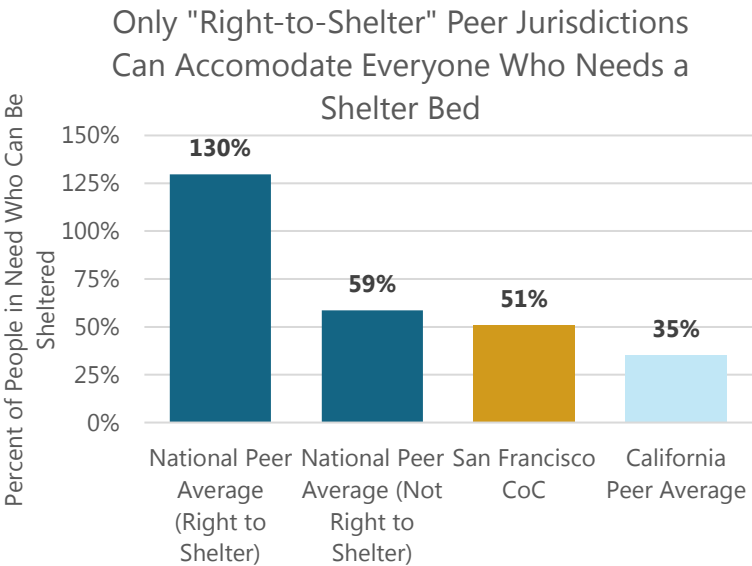


*Transitional Housing and Safe Haven
**Includes Permanent Supportive Housing, Other Permanent Housing, and Rapid Rehousing
Source: 2023 Housing Inventory Count

¹³ This article by HUD offers a review of the evidence on Housing First: <https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html>

Most peer shelter systems don’t have enough extra beds to accommodate everyone who is unsheltered

We compared the total sheltered and unsheltered individuals at a point in time¹⁴ to the number of emergency shelter beds available, as reported in the 2022 HIC. Only three cities—Washington, D.C., Boston, and New York—had sufficient capacity to shelter all individuals in need of a bed. Each of these cities also has a “Right to Shelter” law and significantly lower rates of unsheltered homelessness than other cities in the sample. San Francisco had the second-highest rate of shelter beds to total need of any California city in our sample (51%).



San Francisco reports serving the highest share of shelter clients with severe mental illness and chronic substance abuse

- 39% of San Francisco shelter clients reported a severe mental illness, as compared with 24% in California peer jurisdictions and 20% in national peer jurisdictions
- 35% of San Francisco shelter clients reported chronic substance abuse, as compared with 13% in California peer jurisdictions and 20% in national peer jurisdictions¹⁵

It is unclear from the information available if these data reflect real differences in populations served or if it is more reflective of San Francisco’s higher commitment to diagnosis and treatment. Roughly a third of shelter clients in San Francisco do not report whether they have a substance use disorder or a disabling condition, and response rates for these sensitive topics may be even lower in peer jurisdictions. Two jurisdictions, Multnomah County (Portland, OR) and Long Beach, report similar levels of severe mental illness in their shelter populations.

¹⁴ Estimate based on the total number of individuals in emergency shelter and the total number of unsheltered individuals as of the 2022 PIT count. This provides an estimate for the total number of shelter beds needed to accommodate all individuals who were experiencing homelessness on a single night in January or February 2022.

¹⁵ According to 2023 CoC Homeless Population and Subpopulation reports based on PIT data.

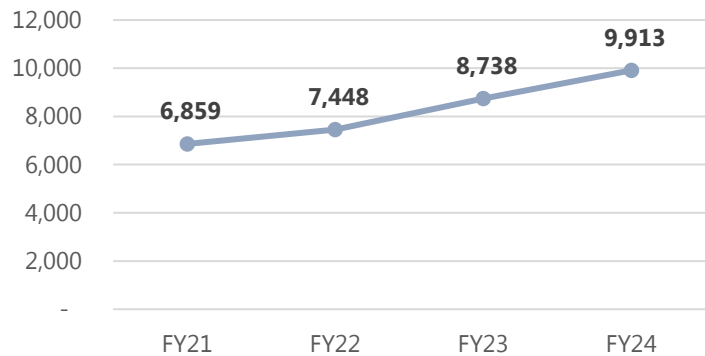
NUMBER OF SHELTER CLIENTS SERVED

The number of people served through the shelter system has consistently increased since 2021

San Francisco Homeless Response System serves thousands of people experiencing homelessness annually. The total number of clients the shelter system serves annually has increased steadily since FY21. This number counts unique clients who were in the shelter system for at least one night, but does not control for the amount of time any one person stayed in shelter.

This increase in clients served corresponds to both an increase in shelter capacity and an increase in the number of people experiencing homelessness in San Francisco from the FY22 Point-in-Time Count (PIT) to the FY24 PIT count.¹⁶ In FY24, the overall count of people experiencing homelessness increased to over 8,000 and in part due to the expanded shelter capacity, a larger proportion of those individuals were sheltered.

The Number of Shelter Clients HSH Serves Has Been Increasing



¹⁶ The PIT count is a one-night count of everyone experiencing homelessness in San Francisco. It is a HUD mandated count. This means there are many more people experiencing homelessness over the course of a year than the PIT indicates are experiencing homelessness on one night.

SHELTER SYSTEM DEMOGRAPHICS AND EQUITY ANALYSIS

One of the five goals HSH outlined in their strategic plan, *Home by the Bay*, is to “demonstrate measurable reductions in racial inequities and other disparities in the experience of homelessness and the outcomes of City programs for preventing and ending homelessness.” To understand if the City is achieving that goal within the shelter system, it’s important to disaggregate shelter client data by race, gender identity, age, and other key demographics where disparities may exist. The plan also identifies subpopulations of special focus,¹⁷ who have additional vulnerabilities and/or may need specialized programs to serve them, and tasks HSH with evaluating if disparate services and outcomes exist in these populations, which we explore in Shelter Client Outcomes.

To look at whether the Shelter System is equitably serving clients, we compared the demographics of the Shelter System with the demographics of the entire unhoused population (PIT count) and San Francisco’s demographics as a whole (American Community Survey (ACS) data). Making these comparisons is challenging because of key differences in the way demographic data is captured in each of these data sources. For more detailed methodology see Appendix 1, F. Demographics Analysis.

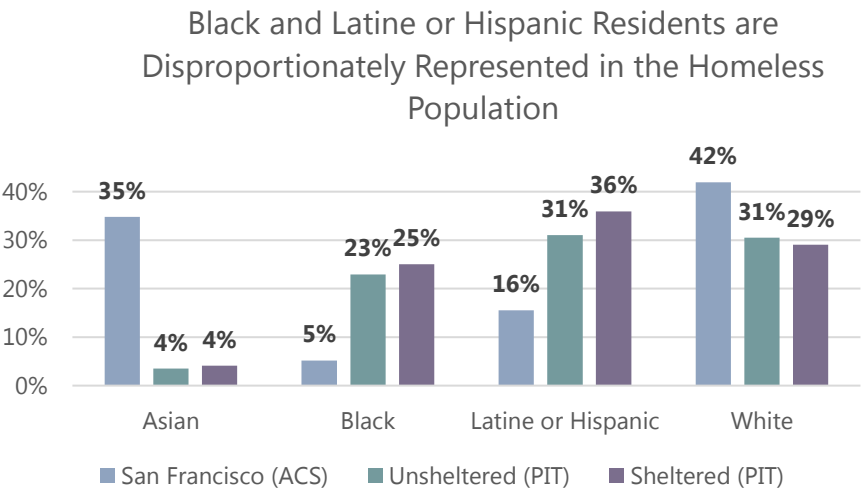
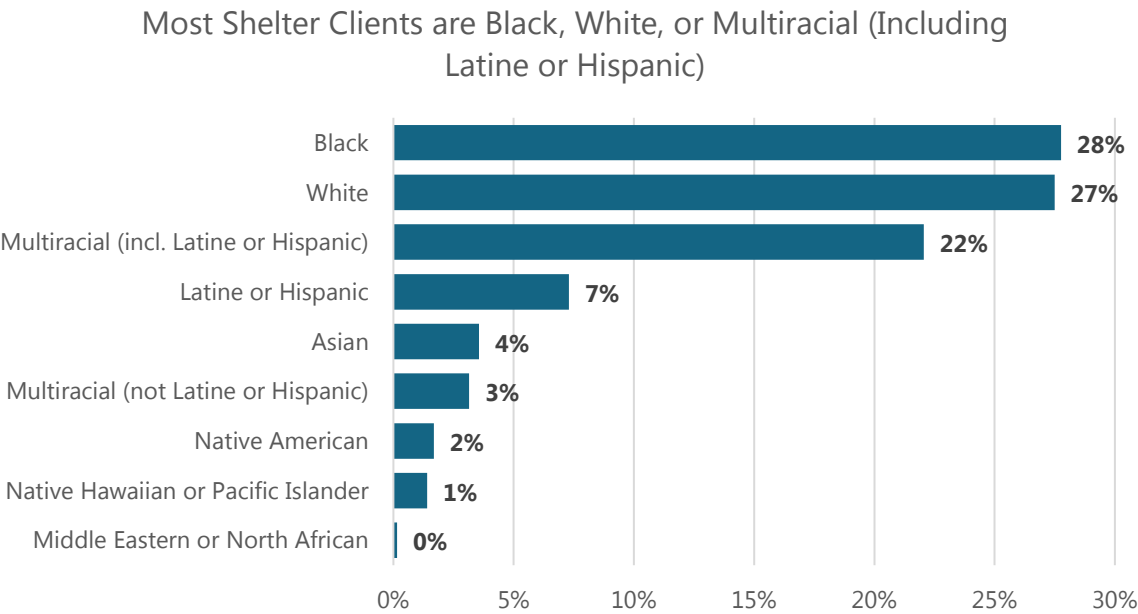
This section covers the following demographic categories:

- Race and ethnicity
- Intersections between race/ethnicity and age or family status
- Sex and gender
- Age
- Disabling condition, including substance use disorder

¹⁷ Veterans, Youth and Young Adults, Families with Children, Survivors, Older Adults, People who are Justice-Involved, Transgender and Gender Non-Conforming People, People with Behavioral Health Care Needs, People with Disabilities, People Experiencing Chronic Homelessness, Immigrant Communities.

Most shelter clients are Black or White; Black and Latine/Hispanic people are overrepresented in the homeless population compared to the city overall

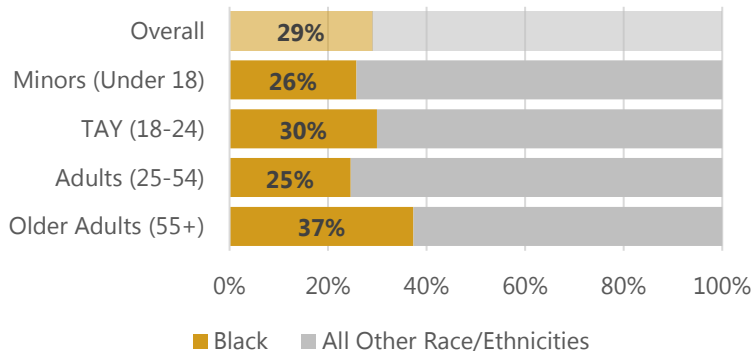
The largest racial and ethnic groups that San Francisco shelters served in FY23 and FY24 are White, Black, and Multiracial (Including Latine or Hispanic) clients. Only a small proportion of clients report other races or ethnicities. This largely matches the distribution of people experiencing homelessness as reflected in the 2024 Point in Time count locally and nationally, where Black residents are significantly overrepresented.



Asian and White populations are underrepresented both among the PIT count population and the shelter client populations in comparison to the overall San Francisco population, while Hispanic or Latino/e/a and Black populations are overrepresented. The chart to the left shows the comparisons with the highest populations and largest differences. To see data for other races and ethnicities, see Appendix 3.

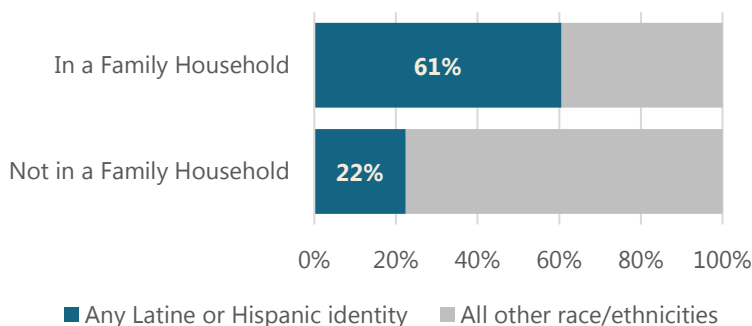
Black clients and clients with Latine or Hispanic identity are overrepresented in the sheltered population, possibly because Black shelter clients are older on average and Latine or Hispanic clients are more likely to be in family shelter

Black Shelter Clients are More Likely to Be Aged 55 or Older



There is some evidence that a higher proportion of unhoused Black San Franciscans are in shelter (rather than being unsheltered) in comparison to other racial and ethnic groups. Conversely, unhoused White residents are less likely to be in shelter. However, this could be due to other demographic differences in these populations. For example, Black shelter clients are more likely to be aged 55 and older, which is a population that is also more likely to be in shelter (explored more in the section on age below).

Latine or Hispanic Clients are More Likely to Be in a Family Household

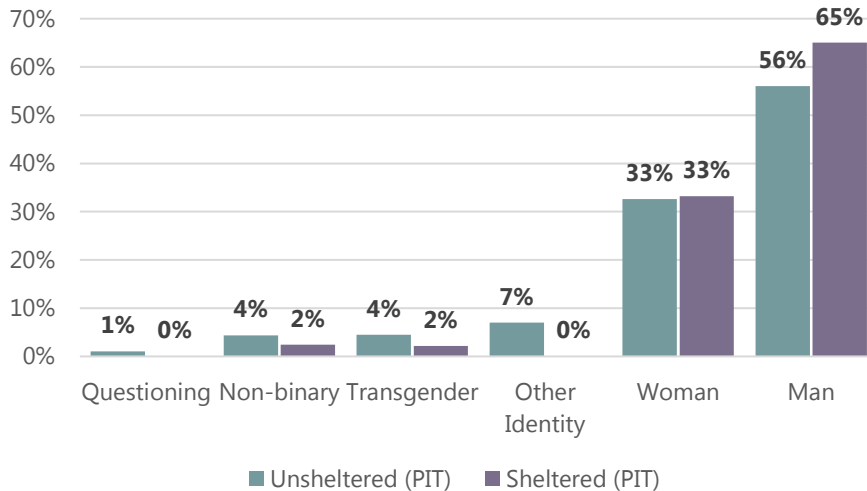


In addition to analyzing the intersection of age and race, we look at race and family status (whether a client is part of a family household or not). Clients with any Latine or Hispanic identity (including those who are multiracial, including Latine or Hispanic) make up a much higher proportion of the family shelter system than the adult shelter system. This likely is due to an influx of immigrants into the homeless response system.

More men than women are homeless; those with marginalized gender identities are less likely to be sheltered

In our reporting period, the shelter system served over twice as many men than women (64% of all shelter clients were men while 31% were women). Transgender and non-binary clients made up three percent of shelter clients.

There are More Men than Women in the Shelter System; Those with Marginalized Gender Identities are Less Likely to be Sheltered



We used PIT data to compare the gender identity demographics of the population experiencing sheltered and unsheltered homelessness.

Those with more marginalized gender identities—either transgender, non-binary, questioning, or other gender identities—**are less likely to be in shelter than cis-gendered people experiencing homelessness** (although when interpreting the data, it's important to note that the categories "man" and "woman" may include trans men and trans women). Men are more likely to be sheltered.

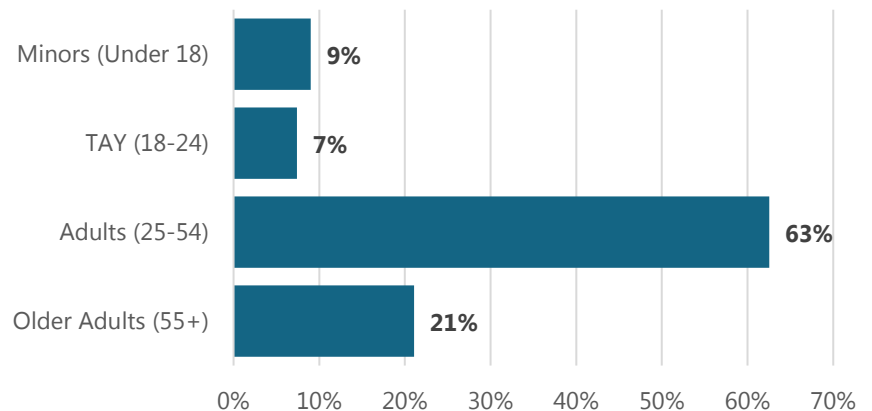
Most clients in shelter are adults, aged 25-54, although TAY are overrepresented among the homeless population

We categorize age into four main groups. Different age groups have different needs and some may require more specialized services in shelter. These four groups are:

- Minors (under 18)
- Transitional Age Youth (TAY) (ages 18-24)
- Adults (ages 25-54)
- Older Adults (ages 55+)

San Francisco has specialized shelters for TAY, Families, and Minors, but there is no specialized shelter for older adults, a population that may need additional support. This data includes both individuals and people in family households (including children). Most youth served by the Shelter System are in family shelter.

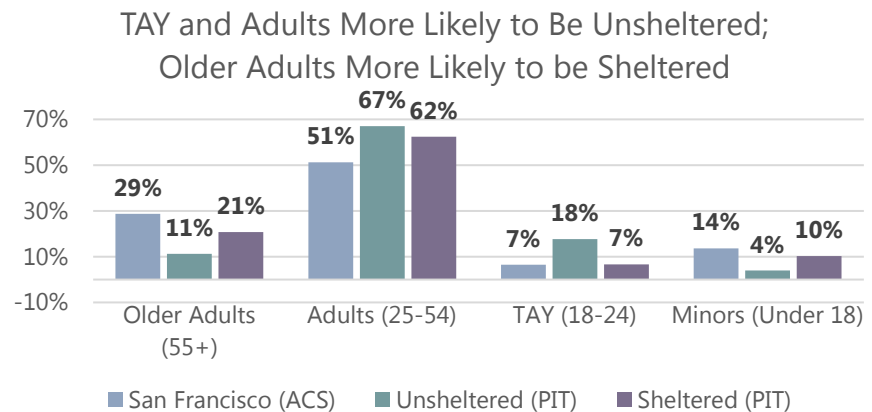
Most Clients in the Shelter System Are Adults, Aged 24-54



Adults make up the majority of the shelter population. One in five clients served in the shelter system is 55 or older. This is slightly lower than in the overall San Francisco population, and these clients are somewhat more likely to be in shelter than unsheltered.

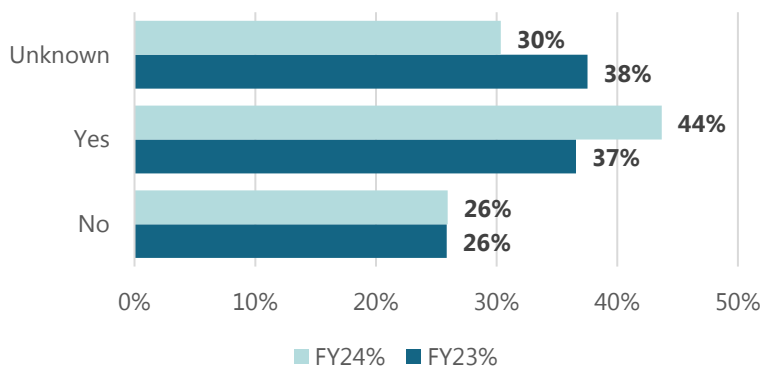
We see the same trend for minors (under 18). The opposite is true for TAY; there is a higher proportion of TAY in the homeless population than in the overall San Francisco population, but TAY are less likely to be sheltered. This likely reflects key policy choices made by HSH, such as prioritizing preventing unsheltered family homelessness, but may also reflect differences in population preferences for entering shelter.

The TAY population is also disproportionately Latine or Hispanic: 40% of TAY shelter clients are of any Latine or Hispanic identity, compared to 29% of overall shelter clients.



A large proportion of clients identify as having a disabling condition or substance use disorder

Large Number of Clients Identify as Having a Disabling Condition; There is Some Improvement in Data Collection from FY23 to FY24



Approximately 12% of the San Francisco population has a disabling condition that is physical, cognitive and/or impacts activities of daily life.¹⁸ A significantly higher proportion of shelter clients have a disabling condition than the San Francisco population (37% in FY23 and 44% in FY24 data).

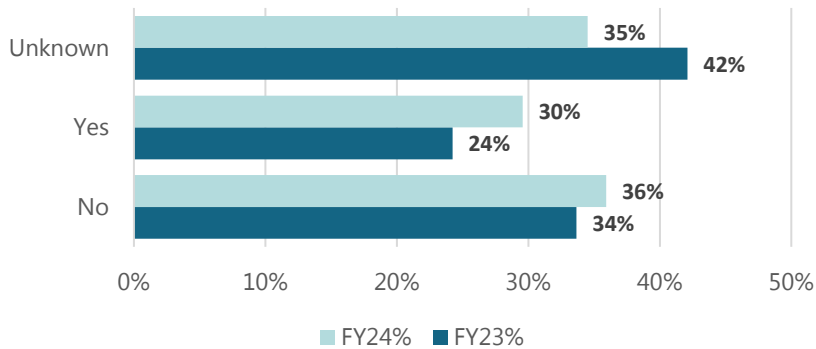
Between FY23 and FY24, unknowns decreased eight percentage points, while the proportion of clients with a disabling condition increased by seven percentage points. While these are not an identical pool of clients in both years, this suggests that the difference in the unknown data may have primarily been those who do have a disabling condition. This means that the actual

proportion of the shelter population that has a disability is likely even higher. This has implications for how

¹⁸ Disability definition differs slightly between the ACS and HMIS data. In the ACS, questions ask if a respondent has "hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, or independent living difficulty." HMIS data defines a disabling condition as a "physical, mental, or emotional impairment", a "developmental disability", or "the disease of acquired immunodeficiency syndrome (AIDS)". HMIS definitions of a disabling condition includes that caused by substance use disorder, so there may be overlap in the two demographic populations discussed in this section.

the shelter system should approach serving clients. Those with disabling conditions may need more support with either physical health needs or accessible accommodations.

Many Clients Have Substance Use Disorder; Data Quality Somewhat Increased from FY23 to FY24



Between 24% and 30% of the shelter client population indicated having a substance use disorder. There was a similar decrease in unknowns from FY23 data to FY24 data and increase in those with substance use disorder, suggesting the actual rate may be higher. This similarly has implications for shelter programs, in terms of the training staff need to serve these clients and the services needed to serve the sheltered population. It likely also has implications for the potential demand for services offered by other departments, like behavioral health care and residential treatment.

Missing data makes it difficult to draw conclusions about some demographics categories

Demographic information on disabling condition and substance use disorder have a high proportion of missing data—30% and 42%, respectively—but have sufficient information to gather some insights. Data collection improved some for both between FY23 to FY24.

Other demographic categories, such as veteran status and sexual orientation, have larger proportions of clients who either declined to answer or whose data was otherwise not collected. This makes it challenging to compare to overall population demographics or to draw meaningful conclusions. Both challenges with collecting data and differences in how different types of demographic data is collected in the ONE System contribute to the higher rates of unknowns for demographics other than race/ethnicity, age, or gender. Challenges around data quality are discussed further in [Section 4. Findings: Shelter Policies and Operations](#).

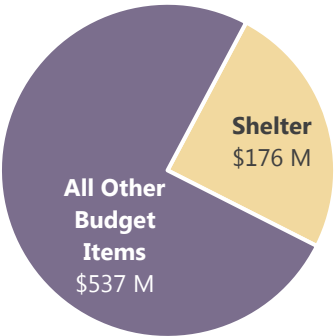
SHELTER SYSTEM BUDGET AND SPENDING

Shelter is approximately 25% of HSH’s budget and is funded by a high proportion of one-time funding sources

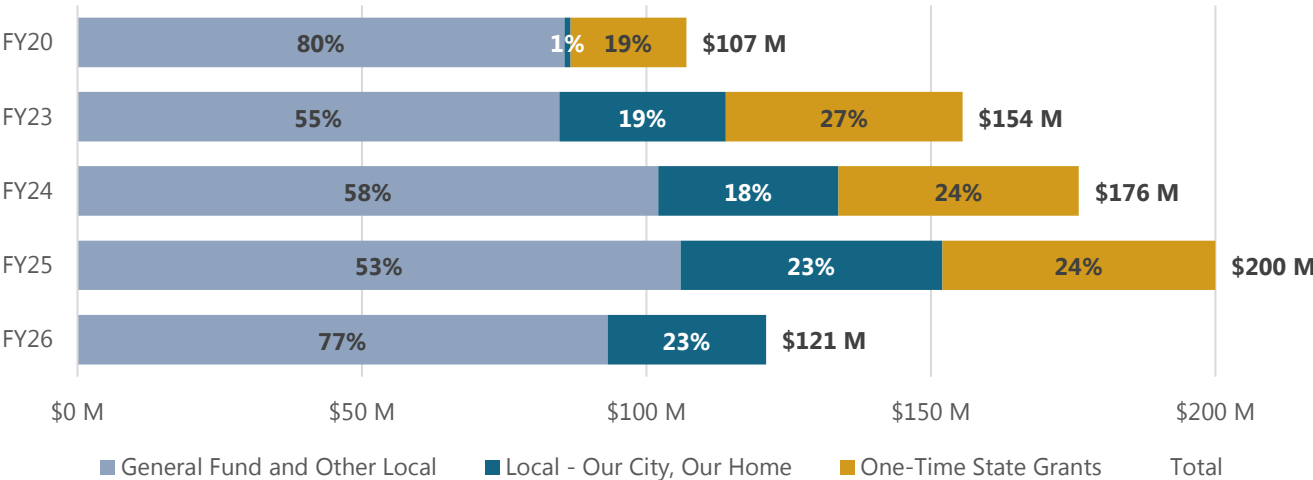
Approximately 25% of HSH’s budget went toward shelter in FY24.¹⁹ This primarily includes contracts with service providers, shelter leases, one-time capital expenses, and one-time start-up expenses for launching new shelter programs. The totals do not include HSH internal personnel costs for salary and fringe benefits.

The total amount of money spent on the shelter system has expanded steadily from FY20 through FY25.²⁰

Shelter Budget as a Portion of Total HSH Budget, FY24



The Shelter Budget has Increased from FY20-FY25 and Includes Many One-Time Funding Sources



¹⁹ See <https://www.sf.gov/resource/2024/hsh-budget> for more information.

²⁰ Total shelter funding appears to decrease significantly in the FY26 budget due to HSH’s method of allocating one-time state funds. State funds that HSH will collect in FY25 appear in the FY25 budget line but will support program spending over multiple years.

These budgets include agreements with CBO providers for services, leases, one-time capital, and one-time start-up funding. The shelter budget totals do not include HSH internal personnel costs for salary and fringe benefits for staff working on shelter.

The City's general fund, Our City, Our Home (OCOH) funding, and one-time funding sources from the State are the primary budget sources for shelter. OCOH is a fund created by a voter-approved business tax passed in 2016 that funds support services for people experiencing homelessness and to prevent homelessness. The primary one-time funding source funding shelter is the State Homeless Housing Assistance and Prevention (HHAP) grant, which "makes available grant allocations to cities, counties, and continuums of care with flexible funding to prevent and end homelessness in their regions."²¹ As of publication, the State just approved the sixth round of HHAP funding.

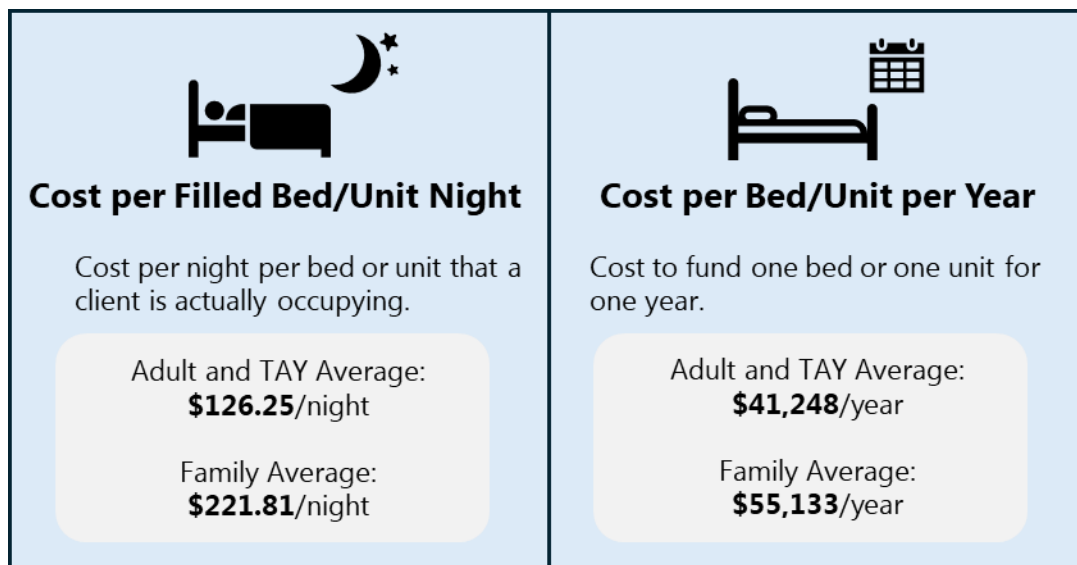
²¹ For more information, see the California Department of Housing and Community Development website, here: <https://www.hcd.ca.gov/grants-and-funding/programs-active/homeless-housing-assistance-and-prevention-grant-program>

ACTUAL SPENDING BY POPULATION AND SHELTER TYPES

This section analyzes costs by populations and shelter types, using actual spending from FY23. We assess costs using two measures:

- **Cost per Filled Bed/Unit Night.** This measure estimates the cost for each night that a unit or a bed was actually occupied by a client. We use this measure assess the costs of actually sheltering someone, rather than the costs of making a bed or unit available.²²
- **Cost per Bed/Unit per Year.** This measure estimates the cost of funding a bed/unit annually, regardless of occupancy of that bed or unit.

Note that congregate shelter is measured in beds, while non-congregate shelter is measured in units. Family shelter units have multiple beds and serve multiple clients within the same family.



These calculations combine costs across multiple shelters to calculate averages; however, there is substantial variation from shelter to shelter, ranging from under \$100 per night to well over \$300 per night. While some of this variation may be due to operational decisions made by each provider, the variation is also due to other factors. This may include which costs we were able to capture in our analysis (e.g. if a provider owns their own building, those costs wouldn't be covered by the contract and so costs would appear lower than they actually are) and shelters appearing more expensive if there were associated start-up costs, a slower ramp up period, or a ramping down of the shelter program during the fiscal year we analyzed.

²² When occupancy is high, the cost per filled bed/unit night will be similar to the cost per bed/unit per night, which is a measure that is not impacted by whether or not that bed or unit is occupied. Most Adult, TAY, and family shelters in HSH's shelter system have high occupancy, but there are some outliers. This makes it useful to have both measures that illustrate the costs. For more detail on our methodology, see Appendix 1G.

Our analysis found that:

- Non-congregate shelter costs more than congregate shelter in adult populations. Crisis intervention programs are costlier than either shelter model despite providing lower levels of service.
- The costs of family shelter vary depending on the shelter program and types, and the differences in how families use and access shelter make comparisons to adult shelter costs difficult.
- The cost per occupied bed night in FY23 was less than the average daily rate of a hotel room in 2023.²³ Shelter costs are inclusive of food and services and the staff required to deliver those services, ranging from case management and health care to personal laundry and community building programs.
- There are no clear differences in spending by race and ethnicity.

Methods

We use actual expenditures on FY23 contracts for shelter programs and shelter services, pulled from SF OpenBook, the City's financial transparency portal. We also include lease costs by site, if HSH is responsible for paying that lease, and estimated per bed costs of DPH-provided shelter health.

Costs Include	Costs Exclude
<ul style="list-style-type: none"> • Actual expenditures on shelter contracts, which includes: <ul style="list-style-type: none"> • Staff salaries • Operational costs paid by the contractor, • Rent paid by the contractor, • Services such as case management if included, meals, other support services, etc. <i>As long as these expenses are paid by HSH</i> • Expenditures on contracts for non site-specific services, that are for a specific site type (e.g. meals for navigation centers) • Actual lease costs paid by HSH • Estimate of shelter health contract costs 	<ul style="list-style-type: none"> • Other types of maintenance costs for the building if paid by the City (e.g. any DPW costs for building repair) • Services that HSH provides directly, such as transportation • Utilities, if the City pays utilities directly • Provider costs for building if building is owned by the provider • Shelter related costs, if those costs aren't directly associated with a specific shelter type or population (e.g. shelter storage available to any client) • Any operational costs covered by the provider's own outside fundraising rather than by HSH

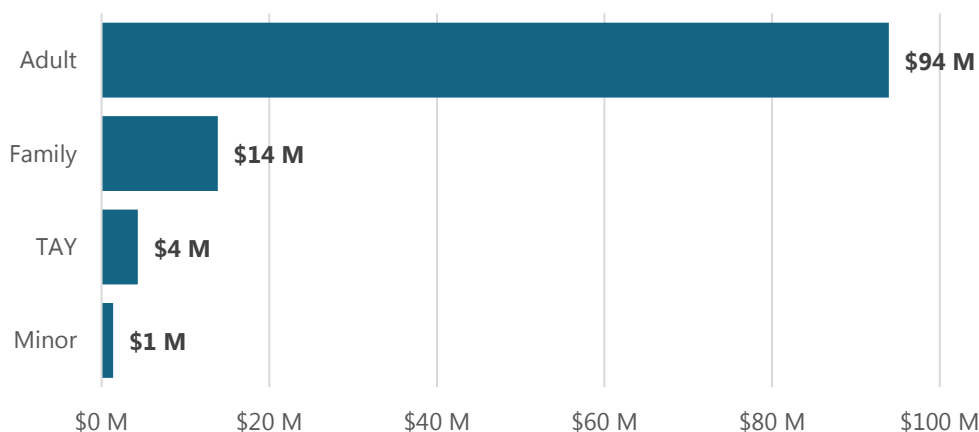
²³ See the [Status of the San Francisco Economy](#) reports and [SF Travel's website](#) for more information.

HSH has previously published estimates of shelter costs when planning for future expansion in the [Home by the Bay Strategic Plan](#) and the [A Place for All Report](#). These estimates will differ from the **actual spending** discussed in this report. The HSH **estimates for future expansion** include the costs of expanded services (such as additional case management, transport, and behavioral health services) and include estimated start-up costs per unit. Their estimates also include an annual cost of living or inflationary adjustment. As a result, the estimates for future expansion will be higher than the actual costs in this report. While understanding the true costs of shelter is useful, conducting this analysis was more difficult than anticipated due to factors including accounting for contracts that may correspond to one or more shelters, determining how to add in costs shared by multiple shelters, accounting for spending that is not captured in contract spending. As a result, this analysis should be viewed as estimates of the true costs. For more information about data challenges and a more in-depth explanation of our methods, see [Section 4. Findings: Shelter Policies and Operations](#) and Appendix 1, G. Spending Analysis.

Adult shelter received most funding in FY23

Because Adult Shelter comprises the majority of the programs and the shelter beds in San Francisco's Homeless Response System, it also uses the majority of the funds. Over 80% of HSH's spending on contracts that fund shelters goes to adult shelter models.²⁴ As noted in the [section](#) discussing the size of the shelter system, adult shelter comprises over 87% of the bed/units across the shelter system, which is roughly comparable to the proportion of total spending.

In FY23, Adult Shelter Received the Majority of Spending



²⁴ Note that there is approximately a \$40 million difference between the total represented in this graph and the total budget for FY23 in the prior section. This gap appears for several reasons. In addition to the excluded items outlined above, this graph also does not include the actual spending on the MOU with DPH for shelter health services. During FY23, the City was also winding down its Shelter-in-Place (SIP) hotels and COVID emergency shelter operations and due to the uncertainty caused by this, HSH opted to end some COVID-specific contracts early and use general fund savings to fund any gaps during wind-down. This difference between budget and spending for FY23 is an outlier as a result of the transition back to regular operations.

Within adult shelter, non-congregate shelter is significantly more expensive than congregate shelter

While there is an interest in expanding non-congregate shelter models or more innovative models, there is a trade-off between types of shelter that may be more appealing people experiencing homelessness and the number of beds that can be opened with a given budget.

Adult Shelter: Costs By Site Type			
	FY23 Average Capacity	Estimated Cost per Bed/Unit Annually	Estimated Cost per Filled Bed/Unit Night
Congregate	1,426	\$38,854	\$119.21
Non-Congregate	669	\$58,368	\$170.76

Crisis intervention models tend to be more expensive than standard emergency shelter or navigation center alternatives. This may be due to the costs of maintaining sites that are not otherwise intended for overnight stay. For example, to set up a safe sleeping program or safe parking program, HSH may need to pay for power, water, and hygiene facilities to be brought in and maintained. Emergency shelter is the cheapest model, however these data are from FY23 so emergency shelter may not include all the services a navigation center has, which may contribute to the difference in costs.

Adult Shelter: Costs By Program Type			
	FY23 Average Capacity	Estimated Cost per Bed/Unit Annually	Estimated Cost per Filled Bed/Unit Night
Crisis Intervention	105	\$64,271	\$176.17
Emergency Shelter	1,391	\$39,767	\$123.90
Navigation	928	\$48,466	\$138.76

In the family shelter system, there are similar differences in costs between non-congregate and congregate shelter, however, the way HSH uses different types of family shelter affects interpretation of data

Costs per bed or unit in family shelter show similar differences between congregate shelter and non-congregate shelter.²⁵ The cost per bed is lower in congregate family shelter than in non-congregate shelter or in programs that have both congregate and non-congregate beds within the same contract. This is likely for several reasons:

- HSH uses congregate and non-congregate programs differently than the adult system. Congregate beds are more likely to be temporary solutions when a family first enters the system, but families may be on the waitlist for a non-congregate unit and move as those become available.²⁶
- If a family household has small children, that child may share a congregate bed with a parent. Because that bed is then serving multiple clients, the costs per filled bed night appear lower.
- There are fewer programs in the family system, so differences in provider financial models and program nuances have a greater impact on aggregated costs.

In addition, costs for non-congregate units appear higher in family shelter than in adult shelter. In the family system, each unit contains multiple beds (HSH typically estimates three beds per unit). In the adult system, non-congregate sites have one bed that may serve either an individual or a couple, so serve fewer clients than a family unit does.

Family Shelter: Costs By Program Type			
	FY23 Average Capacity	Estimated Cost per Bed/Unit Annually	Estimated Cost per Filled Bed/Unit Night
Non-Congregate	122	\$75,212	\$282.68
Both Congregate and Non-Congregate	62	\$53,622	\$227.88
Congregate	50	\$25,107	\$111.85

²⁵ For one site, we are unable to separate the costs between congregate and non-congregate beds/units because all costs are under one contract.

²⁶ This was how the Family Shelter System policies worked in FY23. As of December 2024, HSH has adjusted policies around waitlists and time limits for shelter stays.

The TAY shelter system has less variation in cost

There are only two TAY focused programs, so we analyze the costs for both programs together. In the TAY system, the cost per bed annually averages \$44,316, which falls between the annual cost for an adult bed in emergency shelter and in a navigation center. Because the TAY system models are similar to the adult system models, there are not large variations in cost.

Tay Shelter: Costs For All Programs			
	FY23 Average Capacity	Estimated Cost per Bed/Unit Annually	Estimated Cost per Filled Bed/Unit Night
All programs	102	\$44,316	\$131.68

Minor shelters are more costly than other models due to the specific need that these shelters are meeting and the small number of beds

Shelters that serve minors operate under a different approach, and there is no expectation of minimum occupancy. These shelters are small, but it is critical that they exist when the need arises. As a result, costs tend to be substantially higher for these programs both because the occupancy tends to be significantly lower than in adult, TAY, or family shelter and because the total capacity is much lower. In FY23, the average minor system capacity was fewer than 20 beds. Because this is a unique model, we also include the cost per bed per night, which does not take into account whether or not the bed was occupied.

Minor Shelter Costs				
	FY23 Average Capacity	Estimated Cost per Bed Annually	Estimated Cost per Filled Bed per Night	Estimated Cost Per Bed per Night
Total	17	\$83,567	\$1,998.79	\$228.95

There are many considerations in assessing the reasonableness of shelter costs

Interpreting cost data may include assessing whether or not the amount the City is spending on shelter is reasonable. There are multiple considerations when determining the reasonableness of costs. One consideration is the economies of scale in play when it comes to costs for different shelter programs. This can be seen in the data above. Minor shelter is significantly more costly than other forms of shelter, but that is due to the very small number of beds available. We see similarly high costs among crisis intervention programs, which also have significantly fewer slots than other types of adult shelter. An additional consideration is the potential start-up costs that may be included in FY23 spending, since multiple programs

either re-opened or newly opened in FY23. Start-up costs may include facility costs to enable a site to serve as a shelter and resource costs to purchase items such as lockers, beds, and furniture.

Another way to assess whether these shelter costs are reasonable is to compare the estimated cost per filled bed night to other accommodations or programs. For example, the average daily rate of a hotel room in FY23 in San Francisco fluctuated from approximately \$160 to over \$350 per night. The 2023 calendar year average was \$243.80 per night, according to data from STR, reported in Controller's Office economic reports and SF Travel reports.²⁷ Shelter costs are inclusive of food and services and the staff required to deliver those services, ranging from case management and health care to personal laundry and community building programs.

²⁷ See the [Status of the San Francisco Economy](#) reports and [SF Travel's website](#) for more information.

3. Findings: Client Experiences and Outcomes

The fundamental purpose of shelter is to provide a safe, clean place for people who would otherwise be unsheltered to meet their most basic needs while they search for stable housing. The shelter system appears to meet that goal for clients in most circumstances. While shelter is by no means an ideal environment for people to stay long-term, we found that most shelters provided a reasonably safe and clean environment for clients to eat, sleep, and meet basic hygiene needs. Shelters provide a high degree of oversight for client safety, particularly around overdose prevention. Dozens of shelter clients die each year, but deaths have consistently declined over time.

The Controller's Office engaged a consultant²⁸ to conduct five focus groups with fifty shelter clients to gather in-depth insights into client experiences. Focus groups were held at adult, family, and TAY sites representing a mix of congregate and non-congregate, emergency shelter and navigation centers, and locations were chosen to be representative of HSH's entire shelter portfolio.²⁹ Focus groups may not represent every shelter client's experiences, but these qualitative insights, paired with data analysis and interviews with shelter providers and HSH staff, help present a well-rounded picture of clients' experiences in shelter.

CLIENT SAFETY

Clients generally view safety in shelters as adequate

Shelter clients who participated in our focus groups generally perceived safety as adequate, with a few exceptions. Notably, clients felt unsafe when staff took breaks simultaneously, and clients at one congregate shelter felt like they had to be constantly "on guard" to avoid confrontations over space and privacy.

Female participants reported more safety concerns than their male counterparts at adult congregate shelters. This gender difference did not come up at adult non-congregate, or at family or TAY shelter focus groups. While suggestive, this finding does not rule out gender differences in safety across these sites. Focus groups are intended to draw out deep qualitative insights but cannot draw statistically significant conclusions about the populations. Further work should be done to understand safety differences across gender, as well as race, sexual orientation, age, and other characteristics.

"I feel safe to a degree, but when staff take breaks at the same time, I have found people who don't live here in the dorms."

Focus Group Participant

Clients appreciated HSH's weapon check policy, which requires clients to hand over any weapons to security personnel each time they enter the shelter. Sites typically tag and securely store items like knives or pepper

²⁸ Talent Poole had an existing contract with HSH and experience in collecting information from marginalized groups.

²⁹ Focus groups were held at Hamilton Family Shelter, Lower Polk TAY Navigation Center, Bayview Navigation Center, Next Door Shelter, and 33 Gough Cabins/711 Post (combined focus group). The Controller's Office paid for four focus groups and HSH paid for one as information from TAY was particularly high priority for the department.

spray and allow clients to check these out if they wish to carry them off-site. Shelter sites do not allow or store firearms.

HSH has a number of policies to ensure safety and security at shelter sites.

- HSH requires shelters to have security personnel or safety staff on-site during operating hours. These staff control entry and exit to the building and may assist with de-escalation or intervention in conflicts that occur on-site.
- Security personnel are instructed to call 911 if any person is in danger or in need of immediate medical assistance. During our interviews, multiple shelter providers noted frustrations with slow 911 response times and that police were not always helpful when they did arrive.
- Clients may be immediately expelled from shelter and suspended for up to six months for violating certain safety rules, such as committing an act of violence, possessing a weapon on-site, or issuing a credible threat of violence. Clients may also be expelled and suspended for up to three months for repeated unsafe behaviors, such as issuing general threats that lack specificity, verbal harassment, destruction of property, or sexual harassment.
- HSH's guest placement team attempts to avoid placing individuals with a shared history of violence at the same site. Shelter providers noted this can be challenging in the TAY system, with only two shelter sites. In these cases, HSH will attempt to place transitional aged youth into adult shelters instead. HSH also routinely transfers clients between shelter sites to ensure their safety.

Safety incidents still occur at shelter sites on a regular basis.

- Between October 2022 and May 2023, shelter providers submitted 293 Critical Incident Reports (CIRs) labelled "Act/Threat of Violence," an average of 37 incidents per month across the entire shelter system. These made up about 13% of all CIRs submitted by shelters during this time period. Some sites did not report any acts or threats of violence.
- A [separate analysis by City Performance](#) found about half (51%) of specific incident subtypes for acts or threats of violence corresponded to a physical assault, over a third (36%) corresponded to a verbal threat, and the remainder corresponded with other categories including attempted assault.

Clients and providers felt theft of personal belongings was an issue

Both shelter clients and providers expressed some frustration with the amount of locker space provided on-site and frequently noted issues with theft of personal belongings.

HSH rules limit personal belongings to roughly two large bags (approximately 30 gallons) worth of items per person. The goal is to ensure personal items can be properly stored in secure lockers without taking up shared space. Many sites also include limited storage for bicycles, scooters, and other large bulky items. HSH also maintains two off-site storage facilities where clients can securely store excess personal belongings.

Clients frequently noted issues with theft and expressed a strong desire for larger and more secure storage options. Clients noted that theft and safety concerns increased when staff took breaks simultaneously. In adult and TAY sites, we heard about both clients and staff stealing and having items stolen.

In addition to theft, some clients noted instances where their personal belongings were simply discarded by staff. Providers, meanwhile, noted the challenges with enforcing limits on personal belongings. Many staff felt uncomfortable asking clients to discard personal items or issuing written warnings or denials of service. Providers noted that clients tended to accumulate more items the longer their stays.

LIVING CONDITIONS

Clients generally perceived shelters as clean

Most clients agreed that the facilities were as clean as they could be, with staff cleaning constantly. While clients acknowledged that messes were often made by other clients, this was not seen as a reflection on the efforts of shelter staff.

Shelter staff agreed that cleaning was a round-the-clock effort, and that they did the best they could to keep their sites clean and pest-free. This could be difficult with many people sharing a confined space. Staff noted that bathrooms in particular were difficult to maintain, especially at larger sites with hundreds of people.

Shelters attempt to provide welcoming environments, but clients felt the limitations in programming

Many shelter providers attempt to create welcoming environments for clients. For example, a few sites we visited attempted to create a “living room” type of environment in their common spaces with couches, comfortable chairs, televisions, and client artwork. Others included central courtyard areas with tables, benches, and plants. Multiple sites pointed out fresh paint or murals designed to make common spaces feel less institutional and more welcoming. One site kept plants in all dorms.

Despite these efforts, shelters are fundamentally institutional spaces that typically lack the same privacy and comfort as housing. Congregate shelter dorms often house dozens of clients in a shared space, with minimal distance between beds.

Clients also spoke about wanting more social programming at some sites. Some providers said that on-site programs meant to build community among shelter clients stopped during the pandemic and hadn’t been fully re-started.

"They used to have programs and activities here, but now we just walk around like zombies. No movie nights, bingo nights, coffee days, nothing."

Focus Group Participant

Clients were dissatisfied with the quality of meals at shelters

HSH encourages shelters to offer flexible mealtimes to allow shelter clients to eat at times that work best for them, and contracts with Meals on Wheels to provide frozen meals that can be heated on-demand for shelter clients. However, clients at many shelters complained about the quality of the meals provided on-site, with specific concerns about frozen meals. Clients complained about both the taste of the meals and the food handling practices of shelter staff, with specific complaints about over- or undercooked food.

HSH, through a partnership with a DPH-employed Registered Dietitian, has recently issued new standard operating procedures and forms to track that food is safely stored and reheated by shelter sites. HSH has also worked with DPH to update the menu pattern for these meals to more accurately reflect the nutritional needs of the typical shelter client and to comply with San Francisco Shelter Standards of Care legislation guidelines around nutrition. Still, HSH noted challenges providing frozen meals that are healthy, delicious, and affordable. Some sites received fresh food donations through Replate, which were greatly preferred by clients. Other sites are responsible for preparing meals on-site but noted challenges with limited resources.

OVERDOSES AND DEATHS

Overdoses and overdose reversals occur frequently in shelter

Many of the adult and TAY providers we interviewed said that overdose reversals happen frequently. Some shelter sites estimated they are at least a weekly occurrence. We sought to validate this claim by looking at Critical Incident Reports submitted by shelter providers to HSH. Between October 2022 and May 2023, 154 overdoses and overdose reversals were reported by the shelter sites in our analysis. These largely occurred at congregate shelter sites (68%), and shelters serving adult populations (97%). A [separate analysis by City Performance](#) into HSH's Critical Incident Reporting found that most (71%) shelter providers interviewed believed that critical incidents, such as overdose reversals, are underreported to HSH, largely due to unclear reporting guidelines. This suggests that the true number of overdoses and overdose reversals is likely higher than reported. That project led to suggested improvements in reporting tools and processes which HSH has begun to implement.

What is Harm Reduction?

Harm reduction is an evidence-based approach to engaging with and providing services to people who use drugs. Harm reduction strategies aim to minimize the negative effects of drug use, such as overdoses and infectious disease transmission, while improving the health and wellbeing of drug users.

As a harm reduction organization, HSH does not exclude people from accessing services or housing based on substance use or diagnosis of a substance use disorder. HSH and the Department's service providers focus on behaviors that promote safety of the client and community rather than sobriety compliance.

The shelter system takes numerous precautions to prevent fatal overdoses, given the high instances of drug use among shelter clients

HSH maintains an Overdose Prevention Policy as legislatively required. It outlines strategies to prevent overdoses by clients who use drugs. Shelters take several precautions, which likely save lives:

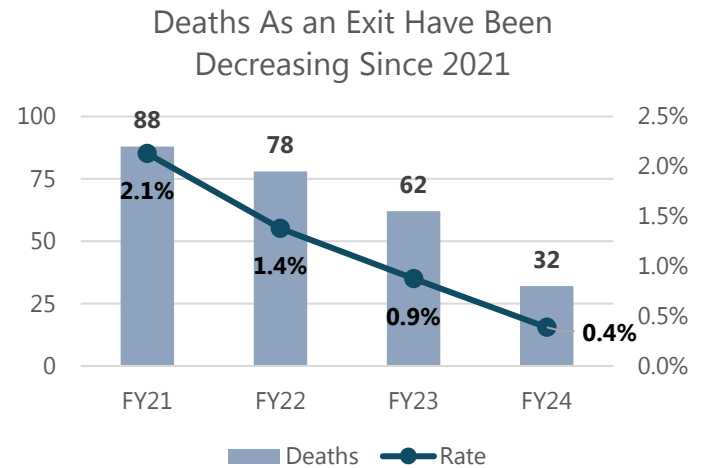
- All shelter staff are required to complete an online Harm Reduction/Overdose Prevention Training developed by DPH, which includes how to respond to and reverse overdoses.
- All shelter sites stock doses of Naloxone, an overdose reversal drug, and all shelter staff are trained to administer it.
- Shelter staff conduct regular wellness checks, in some cases as frequently as every fifteen minutes. Staff typically require visual or verbal confirmation from each client that they are ok, and track this against a roster to ensure all clients are healthy and accounted for.
- All shelter sites must have a documented onsite overdose response policy and protocols that provide specific guidance on what to do if an individual overdoses at the shelter.
- Behavioral health services are available to shelter guests, often through DPH staff at the site.

There is evidence of decreasing deaths of shelter clients

HSH tracks shelter client deaths when a client dies on-site or a provider is informed of a death and records those as the reason for exit from shelter. This provides an estimate of deaths for people who were considered shelter clients at the time of death. This does not mean the client died at the shelter and does not provide the cause of death.

Between July 2020 and June 2021, death was cited as a reason for an exit from shelter 88 times. Between 2023 and 2024, that number was 32. This period mostly covers the COVID-19 pandemic and its aftermath, and the trend of the data may reflect impacts from that. Without more detailed data we are limited in what we can say about this trend, but it is a positive indicator.

One potential explanation is an increase in supervision in emergency shelter, both in comparison to some types of housing and to past practices. HSH and nonprofit partners have iterated on oversight practices since the first Shelter-in-Place hotels were managed in 2020 and 2021. Creation of the Overdose Prevention Policy and subsequent training and implementation may also be responsible for decreasing deaths.



Shelters may do a better job preventing overdoses than more private settings like housing

There is a high level of oversight and safety precautions in shelter, especially in congregate settings where there are many people around, which creates a safer environment for drug users. This high degree of oversight allows staff to quickly catch drug overdoses when they happen and step in to reverse them. We heard many stories of shelter staff administering Naloxone to reverse an overdose, and providers frequently cited the importance of regular, thorough wellness checks throughout the entire building. Private areas like bathroom stalls were considered hotspots for drug use, and staff noted the importance of frequently checking in and getting verbal confirmation that clients were ok.

This apparent success in preventing or reversing overdoses is not necessarily evidence that shelter is the most appropriate location for clients with active substance use disorders. Shelter remains a temporary solution, and providers struggle with the level of care high-need clients require and believe there is a shortage of supportive treatment options.

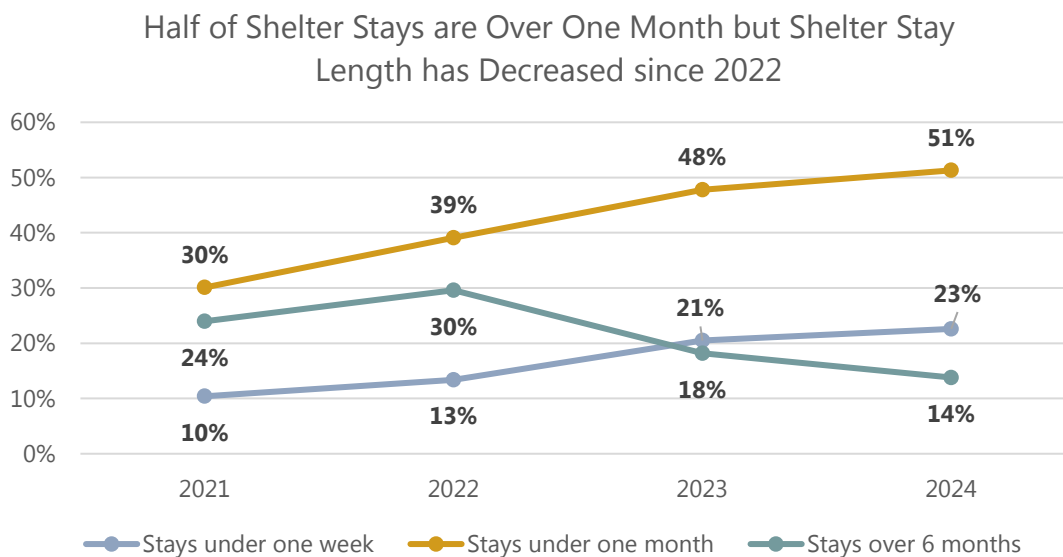
PATTERNS AND LENGTH OF SHELTER STAYS

Emergency shelter is only meant to be a temporary resource while clients seek permanent housing. Prior to the COVID-19 pandemic, HSH limited most shelter stays to 90 days, with the ability for clients to request additional extensions. Stay limits were lifted during the pandemic in order to stabilize shelter communities and reduce the spread of the virus, but HSH is currently evaluating stay-length data and recently reinstated limits on family shelter stays.

Client flow is a combination of the length of individual shelter stays, overall time in the shelter system, and the extent to which clients have multiple stays or instances of homelessness. Identifying patterns in how shelter clients move through the system helps understand the costs of the system, whether there are groups of people with different needs using the system in different ways. In the long run, identifying profiles of shelter clients could support the department in targeting different shelters or interventions based on need.

Half of shelter stays are over one month

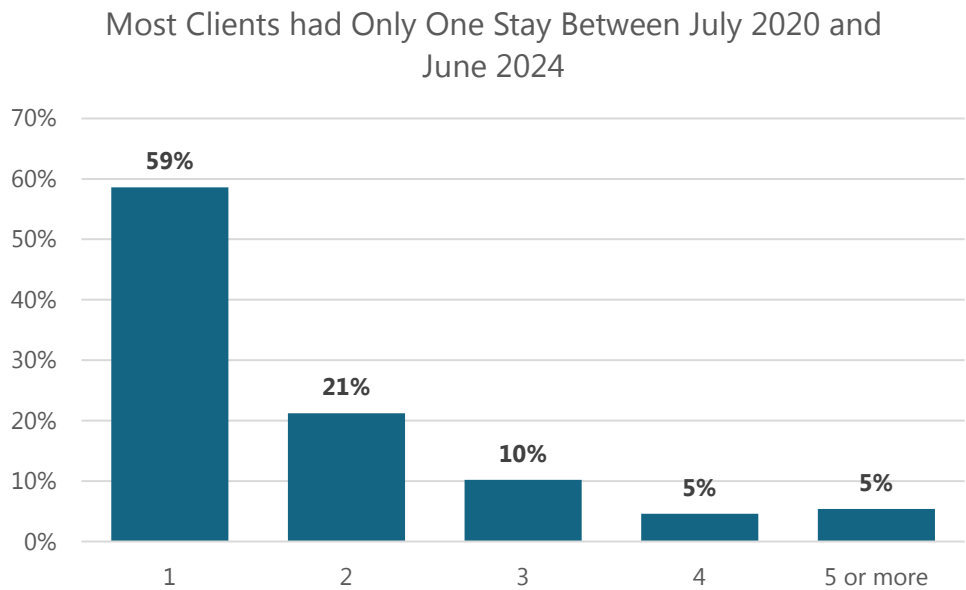
While shelter is an emergency intervention rather than a housing solution, most stays are for more than a week, and almost half are for more than one month. Median length of stay was highest during the COVID-19 pandemic when the City removed any length of stay limits and managed a large number of Shelter in Place hotels. Length of stay has decreased over the last two years as the overall system has worked to return to normal functioning but has not reinstated a length of stay limit for adult or TAY shelter.



These numbers are estimates based on the internal HMIS system.³⁰ Because that system is administrative stay data, length of stay is calculated by individual shelter program enrollment. Clients who move directly from one shelter to another are represented with separate stays and separate lengths of stay per shelter.

The majority of shelter clients appear in shelter once

Over the last four years, over half of people who appear in the shelter system have a single stay. These individuals may still be experiencing homelessness or they may no longer require shelter due to having resolved their housing instability or left San Francisco.



Relatively few shelter clients have stays spanning more than two years

About 12% of people who stayed in shelter at least once between FY21 and FY24 have stays spanning three or four years. This may be one long stay or multiple instances. This is an indicator of people remaining homeless in San Francisco for long periods. In contrast, over 60% of people have a stay in only one fiscal year. Removing shelter clients who only stayed in FY24, almost half of shelter clients only appear in the emergency shelter system for one year.

Of people who exited from shelter any time during FY23, approximately three-quarters did not have a stay during FY24, meaning they did not return to the emergency shelter system for over a year. This does not necessarily indicate they found permanent housing, and available data don't show that they were significantly more likely to exit to a permanent housing situation than clients who returned within a year.

³⁰ Length of stay and number of stay calculations exclude stays with a duration of zero days or any stays with negative durations (an exit date prior to an entry date) since they are unlikely to be valid shelter stays.

This suggests that while there are many people who experience homelessness for long or repeated periods of time, there are many more who use the shelter system either intermittently or only once while experiencing housing instability. To assess use of the shelter system or the long run outcomes of those leaving would require much more in-depth analysis. There is additional discussion of the limitations of available data in Section 4 on [Data Availability and Quality](#).

The average adult shelter bed served 3.5 people per year

The most basic measure of flow through the system is the number of people served by the average shelter bed in the system over the course of the year. The higher the number, the shorter the average length of stay in shelter for each person. People move through congregate shelter much faster than they move through non-congregate shelter. This means that one congregate bed will serve more people than one non-congregate bed. This can be good or bad: it may mean that people are using congregate shelter as temporary stabilization to move on to permanent housing solutions, or it may mean people are quickly cycling through congregate shelters back to the streets.

In the Adult Shelter System, One Bed Serves More Clients in the Congregate System than One Unit Serves in the Non-Congregate System



Congregate
4.3 clients served
per bed



Non-Congregate
2.1 clients served
per bed/unit

SHELTER CLIENT HOUSING OUTCOMES

Shelter providers are generally expected to record where a client goes when they leave shelter. The exit destinations help the City understand if shelter clients leave the system entirely, move elsewhere in the homeless response system, or move into permanent housing. This helps HSH understand how clients move through the system and is one measure they can use to evaluate the success of shelter. Providers use the Online Navigation and Entry (ONE) System to track these exits and input a client's exit destination using set categories required by HUD. Ensuring a positive exit from shelter is not the sole responsibility of the shelter operator. Housing and exits from homelessness are primarily a function of the City's coordinated entry and housing placement work.

Over half of clients don't have a record of where they went upon leaving shelter, which limits the conclusions we can draw about shelter outcomes

Across all shelters, **51% of clients had unknown exit destinations**. This varies across shelters, ranging from over 95% of clients with unknown exit destinations, to shelters with higher data quality with under 10% of their clients with unknown exit destinations. Generally, family shelters appear to have higher data quality than adult shelters. Shelters that closed down during the reporting period also have higher data quality around exit destinations.

While there are a variety of reasons why data on exits are missing, it means there are limited conclusions we can draw about housing outcomes. In particular, while we initially intended to estimate how much the City is paying for a client to have a positive housing outcome (i.e. exit to a permanent housing situation), the number of unknown exit destinations impacts the utility of that type of analysis. This section discusses the limited conclusions we can draw. We further discuss why so many exit destinations are missing and data quality challenges more generally in [Section 4. Findings: Shelter Policies and Operations](#).

Clients experience mixed outcomes even in available exit data

HUD defines a positive outcome from shelter as a client exiting to any permanent housing situation. Across all clients in the reporting period, **only 13% exited to permanent housing**. Aside from unknown exit destinations, the other largest category is clients exiting to either sheltered or unsheltered homeless situations. The other exits tracked are categorized as temporary housing situations, institutional situations, or other situations. Temporary housing situation includes transitional housing which is part of the homeless response system, temporary stays with family or friends, etc. Institutional situations include hospitals, long-term care facilities, or jail or prison.

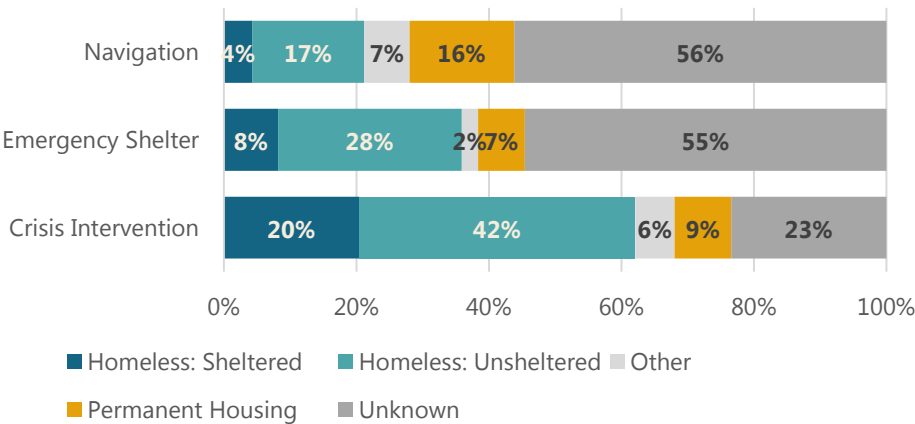
Shelter can provide non-housing benefits to clients. Providers often mentioned more expansive definitions of success, including clients taking the first steps towards accessing substance use disorder treatment, shelter preventing overdose deaths, clients getting access to healthcare, and more, even if those clients do not then immediately move on to permanent housing. While these successes are important, this section focuses on where a client goes when they leave shelter.

In adult shelter, only a small proportion of clients exit to permanent housing

In adult shelter, 54% of clients exited to unknown destinations in FY23 and FY24. While this limits the conclusions we can draw about differences in successful outcomes between types of adult shelter, there are still some insights. Crisis intervention data is slightly skewed because many of the largest safe sleep and safe parking programs wound down in the reporting period. Shelter staff there may have been better equipped to gather data on exits, since they were helping clients determine where to go once the program closed.

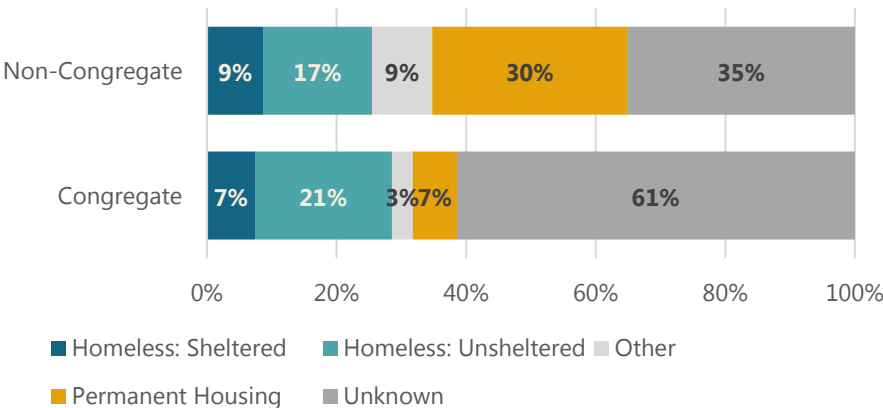
Across all adult shelter types, data show that relatively few clients exit to permanent housing.

Adult Shelter: There are Many Unknown Exit Destinations and Many Exits to Homeless Situations



Clients appear to have slightly better outcomes in navigation centers than in emergency shelter. In navigation centers, 16% exit to permanent housing, while 21% exit to homeless situations. In comparison, 7% of emergency shelter clients exited to permanent housing, about half the proportion in navigation centers, while 36% exited to homeless situations.

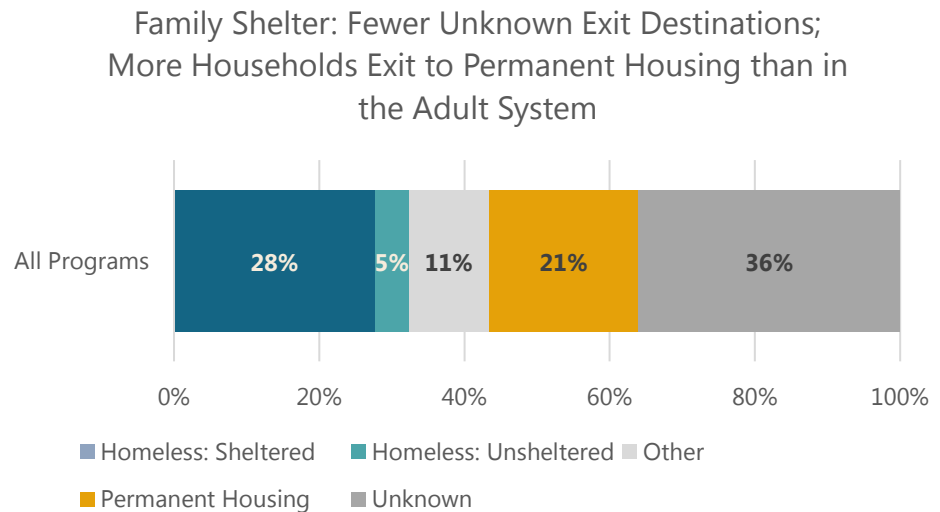
Adult Shelter: Clients in Non-Congregate Shelter More Likely to Exit to Permanent Housing



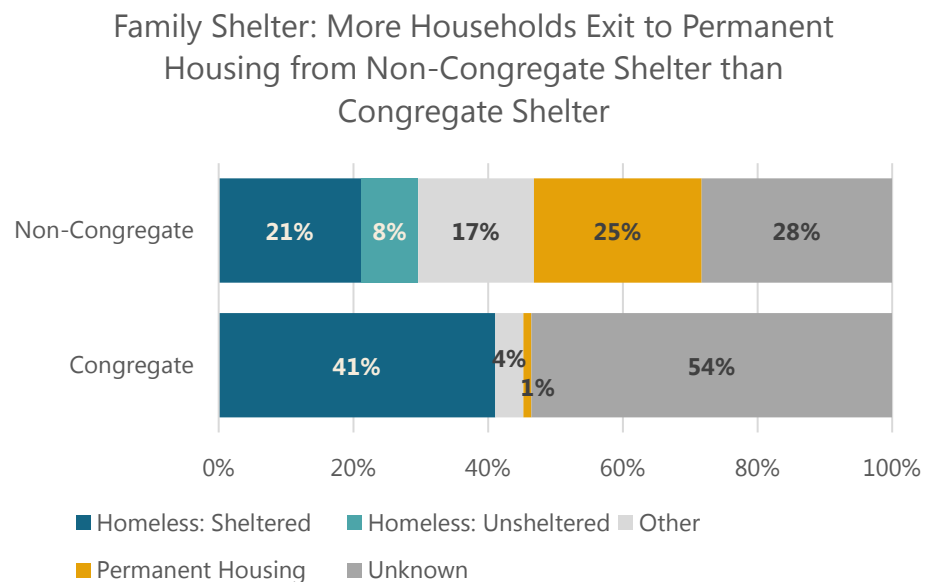
Clients in non-congregate shelter were more likely to exit to permanent housing situations than those in congregate shelter: 30% compared to 7%. This may be because non-congregate programs typically prioritize clients who are eligible for PSH. Data quality also appears to be better in non-congregate sites where 35% of clients have unknown outcomes compared to over 60% in congregate shelters.

In family shelter, data quality and outcomes are better, but a majority of households still exit to unknown destinations or return to homelessness

We look at exits in the family system by household rather than by individual client. Across all family shelter, there is higher data quality than in the adult shelter system and better outcomes overall. Thirty-six percent of outcomes are unknown and 20% of exits are to permanent housing. While this is better in adult shelter, only one in five families are known to exit shelter to housing.

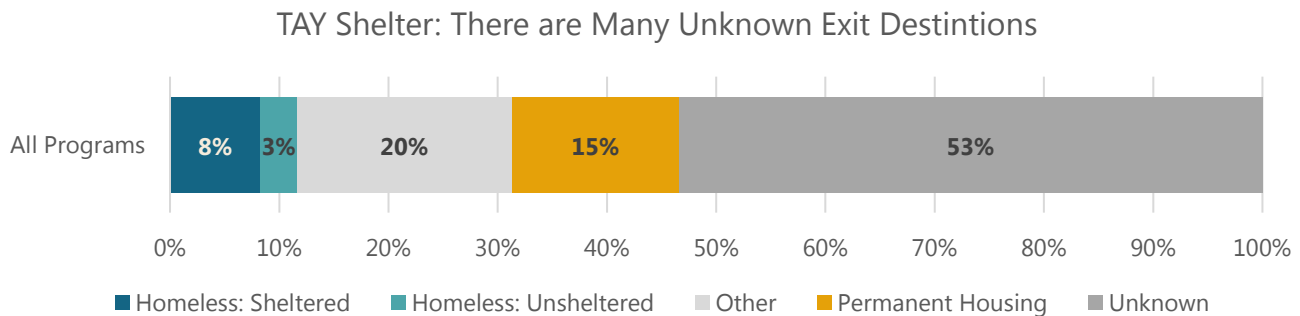


Comparing family shelter household exits in congregate and non-congregate shelter illustrates how clients flow through these different types of shelters. Very few households exit congregate shelter to permanent housing and 41% exit to sheltered homeless situations. This is likely because when families first enter the system, they are often placed in congregate shelter before moving into non-congregate units. This likely accounts for most of those exits. One quarter of households in non-congregate shelter exit to permanent housing. Interestingly, no households with outcome data exited congregate shelter to unsheltered homeless situations. Eight percent of households exited non-congregate shelter to unsheltered homeless situations. While this is better than the adult system, where 28% of all clients exit to unsheltered homeless situations, that still represents almost one in 10 families in non-congregate shelter ending up unsheltered in the reporting period.



TAY shelter has slightly better outcomes than adult congregate shelter, although there are still high numbers of unknown exits

Exit destination data quality is low in TAY shelter programs; over 50% of exit destinations are unknown. This is comparable to the data quality in the adult system. A large proportion of TAY shelter clients exit to other destinations, the majority of which are temporary housing. Fifteen percent exit to permanent housing and around 11% exit to homeless situations. Both statistics are better than outcomes in congregate adult shelter.



Providers report challenges with helping clients exit shelter to permanent housing

Providers report struggling with helping people who aren't eligible for PSH find housing. The ability for clients to exit to permanent housing situations is dependent on the availability of option for clients.

HSH administers several permanent housing programs for people experiencing homelessness, including Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other housing voucher programs (e.g., Emergency Housing Vouchers). HSH prioritizes clients for these programs based on population-specific assessments via the Coordinated Entry system. These assessments are scored to assess vulnerability to homelessness, barriers to housing, and chronicity of homelessness. Based on their score, clients may either be assigned to Housing Referral Status, which makes them eligible for HSH's permanent housing options, or Problem Solving Status, which does not. Clients who are referred to Problem Solving status will receive help and financial assistance to explore options outside of HSH's housing programs.

People who are experiencing homelessness may also be eligible for other subsidized housing programs available to low-income households, including City-sponsored affordable housing, federal housing vouchers (e.g., Housing Choice Vouchers), local housing subsidy programs (e.g., Emergency Rental Assistance Program), or public housing. These programs are not administered by HSH, but shelter case managers can help clients explore which programs they may be eligible for and fill out applications.

Clients may also self-stabilize by finding their own market rate housing, permanently finding a place with friends or family, or some other solution without any assistance.

One of the reasons for the low exits to permanent housing may be the limited availability of permanent housing options both within and outside of the homelessness response system. Providers regularly reported that they struggle to figure out how to help clients if they don't qualify for PSH. HSH is currently in the

process of re-designing Coordinated Entry but estimates as of January 2023 show that 10% of adults,³¹ 40% of families, and 10% of TAY who complete a Housing Primary Assessment will be eligible for PSH. An additional group will be eligible for RRH, a time-limited support. This leaves many people looking for solutions outside of the homelessness response system.

Subsidized housing programs outside of the homelessness response system often have long waiting lists or many applicants for a limited number of housing units. Further, clients may not be eligible for certain local or federal housing programs due to lack of income, immigration status, criminal background, or other factors. Most options in the private rental market are likely out of reach without a rental subsidy.

Additional Services Desired

- Expanded shelter health capacity
- Expanded behavioral health capacity
- Addiction recovery programs
- Job training
- Financial literacy programming
- Immigration or legal services

The shelter system is limited in its ability to provide services that support flow into housing

While San Francisco's shelter system stabilizes people in crisis, it struggles to connect those people with permanent housing solutions to resolve their homelessness. Just 13% of shelter clients exit to permanent housing. Shelter providers, clients, and HSH staff all expressed a desire for more programming and services to support people in moving from shelter to housing.

HSH has expanded shelter services meant to connect clients to permanent housing solutions in recent years. In FY23, HSH provided additional funding to expand housing-focused case management at the adult shelter system and ensure minimum case management staffing ratios across all programs (1:25 in adult shelters, and 1:15 in family shelters). Case managers work with each client to develop personalized housing-focused care plans, complete coordinated entry assessments, and gather any documentation needed to move into permanent housing (e.g., government-issued ID, proof of income, disability certification, etc.).

While case management is undoubtedly a step in the right direction, clients had mixed opinions about the efficacy of their case managers. Many expressed that their case managers were unhelpful or unprofessional. Case managers expressed that many clients were reluctant to engage with them. **In the future, HSH should evaluate the efficacy of case management services to better understand whether this investment is impacting client wellbeing and housing outcomes.**

In addition to case management, both providers and clients expressed a desire for **more wrap-around services to meet clients' needs**. There was a strong desire for more programs to support clients' physical and behavioral health, including programs to support clients with addiction. Multiple providers cited a lack of recovery programs and noted that clients who struggle with addiction often don't succeed in permanent housing. We also heard a desire for additional programming to help "bridge the gap" from shelter to housing, like group therapy, job training, financial literacy programming, and immigration or legal services.

³¹ This estimate is larger for certain populations, including Veterans (30%) and Adults who are actively enrolled in CAAP (20%).

EQUITY IN EXPERIENCES AND OUTCOMES

We look at both client experiences and client outcomes to assess equity in the shelter system.

Client focus groups revealed some differences in perceptions of treatment by race, but limited outcome data make it difficult to draw conclusions

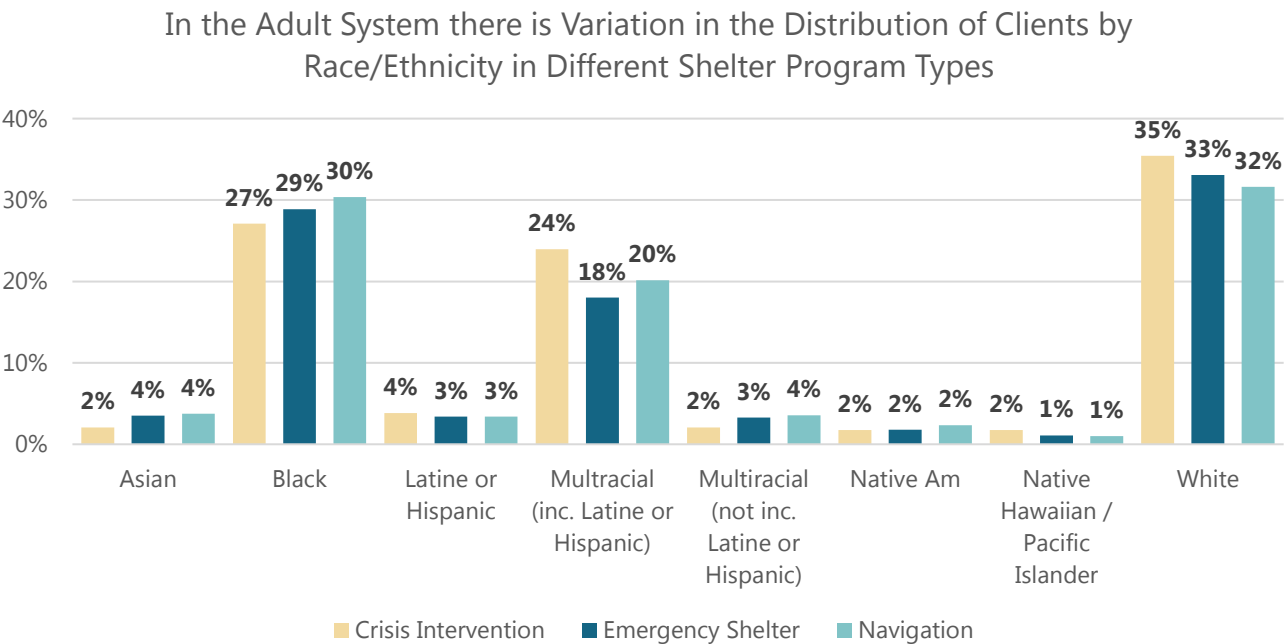
Across focus groups clients reported varied experiences with staff support and with the quality of support received through case management. Some clients felt there was a lack of empathy and lack of support from shelter staff, while others had more positive experiences. The size of population and collection methodology limits nuance in understanding if those differences fell along racial lines. The contractor conducting the focus groups reported a few notable differences. **Latine or Hispanic and monolingual Spanish speakers were somewhat more likely to report that they felt shelter staff were not empathetic or supportive.** In addition, they felt there were limited services available in Spanish which was a barrier to accessing resources. This finding around differences in experiences from Spanish speakers and Latine or Hispanic clients suggests that HSH may need additional culturally competent programs or staff to adequately serve this population.

There are differences in the racial and ethnic groups served by different adult shelter programs, but those differences do not show specific groups receiving more investment or more services than others

There are some differences by race and ethnicity in the populations of different shelter models.

In the adult system, there is some variation in comparing crisis intervention to emergency shelter to navigation center models:

- Navigation centers are more likely to serve Black clients.
- Crisis intervention or emergency shelters are more likely to serve White clients than navigation centers.
- Crisis intervention or navigation centers are more likely to serve Multiracial including Latine or Hispanic clients than emergency shelter.
- Crisis intervention programs are less likely to serve Asian clients.



In assessing whether or not these disparities in race and ethnicity by shelter type leads to equity concerns, it’s important to assess whether other factors could contribute to these discrepancies, such as age or housing referral status.

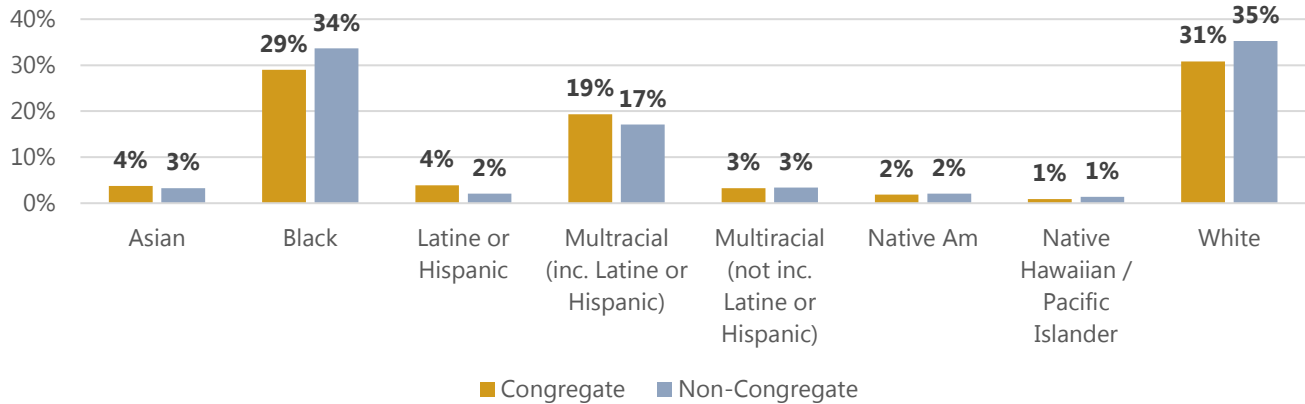
It’s also important to look at both the spending on each type of shelter and the level of services provided in each shelter. Cost does not correlate to the level of services provided. While Crisis Intervention models are the costliest, they also provide the lowest level of service. This means that even though White clients are more likely to be in the costlier shelter, they are not receiving higher levels of service. The data here does not tell a clear story from an equity perspective.

Note that we did not include TAY shelter in the analysis because there is only one emergency shelter and one navigation center serving TAY clients, both of which are congregate, which makes for limited analysis.

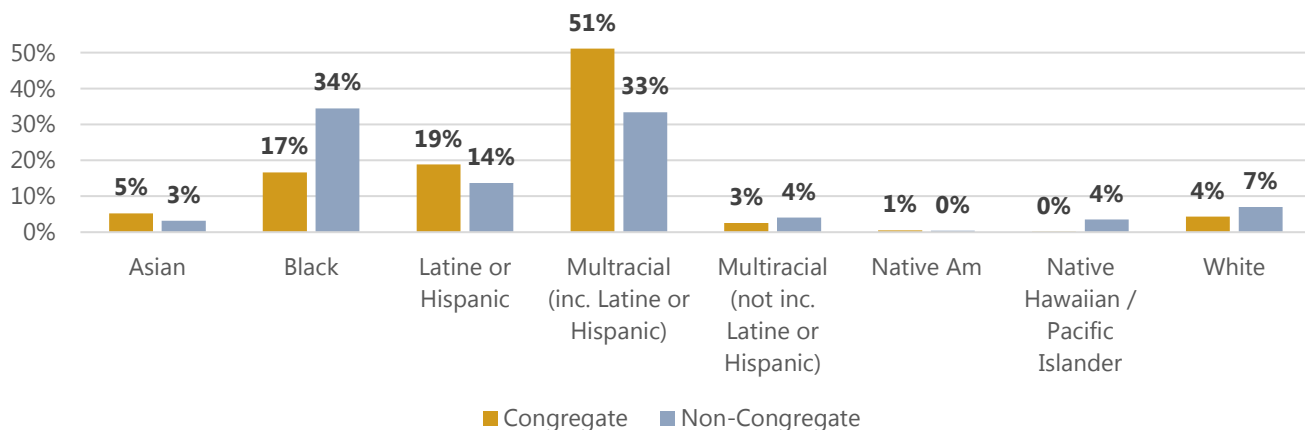
In both the adult and family systems, congregate shelters are more likely to serve clients with any Latine or Hispanic identity than non-congregate shelter models

Looking at adult shelter and family shelter separately, in each system non-congregate shelters are more likely to serve Black or White clients while congregate shelters are more likely to serve clients with any Latine or Hispanic identity. These differences are more pronounced in the family shelter system.

In the Adult System, Non-Congregate Shelter is More Likely to Serve Black and White Clients While Congregate Shelter is More Likely to Serve Latine or Hispanic Clients.



In the Family System, Non-Congregate Shelter is More Likely to Serve Black Clients while Congregate Shelter is More Likely to Serve Latine or Hispanic Clients



As above, it's important to consider what other factors could lead to these differences to assess if these differences are indicative of system inequities. For example, during the reporting period family shelter policy was that households entering shelter could be on the waitlist for non-congregate units while in congregate shelter. Provider interviews suggested that clients in adult non-congregate shelter were more likely to have housing referrals and be awaiting placement. If Latine or Hispanic households have been in the shelter for less time or Latine or Hispanic clients are less likely to be referred into permanent housing placements, then they would then be less likely to be in non-congregate models. We recommend that HSH assess if these discrepancies still exist under current shelter policies, and if so, they should look into why these discrepancies may exist to determine if the shelter system is serving clients with Latine or Hispanic identity equitably.

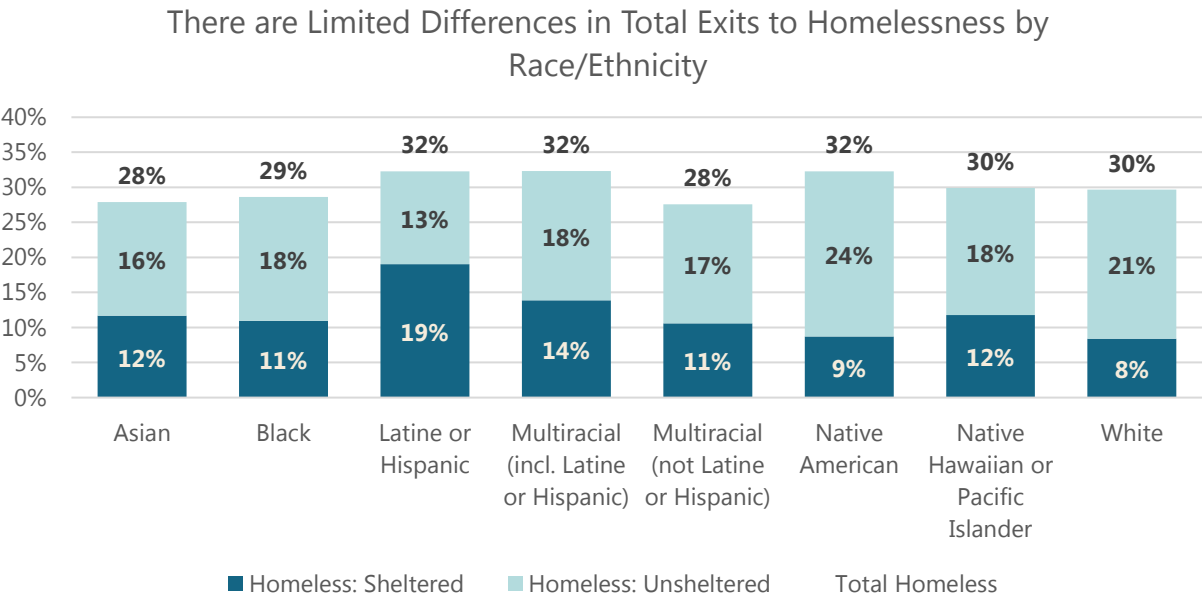
Few differences in exit outcomes exist by race or ethnicity, and differences may be attributable to other client characteristics

Equity does not necessarily mean that clients of all races and ethnicities are equally likely on average to exit to a positive housing destination. There are a few key points of consideration when assessing if the system results in equitable outcomes:

- Historic and systemic racism has prevented BIPOC residents from accessing the same housing opportunities as White San Franciscans. As a result, an equitable shelter system may result in BIPOC clients receiving more support to enter into permanent housing solutions.
- Equity should be analyzed through multiple demographic dimensions. For example, if one racial group experiences better outcomes, is that a sign of system inequity? Or, is that group more likely to have other demographic dimensions that impact eligibility for housing programs (such as age or disability status)?
- We have limited nuance in our exit destination data. It does not contain data on whether people remain in the city, the quality of housing or other destination, or whether people stay there.

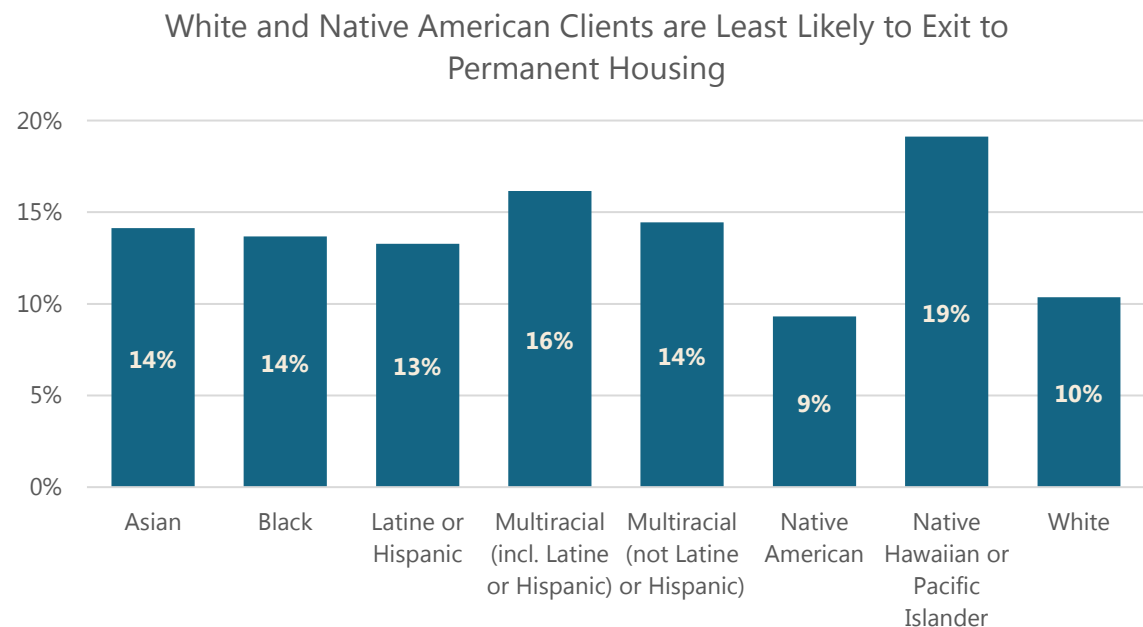
We note this to illustrate that defining an equitable system is challenging and nuanced. However, due to data limitations mentioned above, this report’s primary way of assessing equity is looking at outcomes by race and ethnicity and gender. We can also look at race and ethnicity crosstabs, as explored in the demographics section above, to understand if other factors may be at play.

As stated above, the number of unknown exit destinations makes it difficult to get clear takeaways. However, overall, there is little variation in exits to homelessness by race/ethnicity. Latine or Hispanic, Multiracial (Including Latine and Hispanic), and Native American clients are slightly more likely to exit into homeless situations. However, as explored in the demographics section, any client identifying as any identity that includes Latine or Hispanic is much more likely to be part of a family household than those identifying as other racial or ethnic groups. We also know, due to the data above, that families often start in congregate shelter then move to non-congregate shelter, which is recorded as an exit to sheltered homelessness. This is likely what this data is capturing.



White and Native American clients are slightly more likely than other clients to exit to unsheltered homelessness, while other racial groups have relatively similar proportions exiting to unsheltered homelessness. Note that Native American and Native Hawaiian Pacific Islander identities have the fewest clients in this data, so large differences may be due to the small number of clients rather than actual underlying differences.³²

Similarly, White and Native American clients are least likely to exit to permanent housing.³³ Most other demographic groups have similar proportions of clients exiting to permanent housing.



There is some evidence of inequity by gender

At one site, **female clients noted more concerns with safety and cleanliness** than male clients did. Shelter operators struggle to balance safety for female guests with low barrier models. Some providers reported that they did not feel the shelter grievance policy gave them sufficient control over removing shelter clients that were causing issues among the client population. We discuss this further in [Section 4](#) of the report. One specific example given was that the provider couldn’t deny service to a client for sexual harassment unless staff witnessed harassment. This left the provider feeling as though they were leaving

³² For Native American clients n = 302, of which 104 exited to homeless situations. For Native Hawaiian or Pacific Islander clients n = 204, of which 61 exited to homeless situations.

³³ For White clients, n = 4,227. 438 exited to permanent housing. For Native American clients, 30 of 322 exited to permanent housing.

some clients in close contact with someone who had harassed them. HSH has limited ability to adjust the shelter grievance policy as it is written in the San Francisco Administrative Code. The department has a policy to offer safety transfers to victims as one way to address safety concerns in situations like this.

In addition, aside from the domestic violence shelters, which are out of scope for this report, there is only one shelter that exclusively serves men, one that exclusively serves women, and one that exclusively serves transgender and gender non-binary clients. Most shelters do not have separate dorms or spaces for men and women. This allows the system to be responsive to the actual population seeking shelter and place someone anywhere there are beds available, but may contribute to feeling a lack of safety.

4. Findings: Shelter Policies and Operations

HSH is generally aware of both the strengths and weaknesses in the shelter system's operations and policies. They continue to actively work on most areas included in this analysis. Many areas have been challenges for years, and while HSH has significantly expanded the shelter system, progress on many issues remains slow.

PARTNERSHIP BETWEEN HSH AND PROVIDERS

Day-to-day collaboration between HSH and providers is going well

Shelter providers interviewed universally reported positive experiences with their HSH Program Managers. HSH Program Managers reported that being a problem-solving partner and providing day-to-day support to providers was a key part of their job and they saw it as one of the benefits of working with the City. Providers expressed dissatisfaction with some of HSH's mandated policies but not with the HSH staff they work with regularly.

Because Program Managers are so responsive to providers, they constantly toggle between higher-level systems work and operational support or emergency response. Program Managers we interviewed mentioned their heavy workload, and the feeling that the "days blur together because the work never stops." HSH's shelter team should continue to be highly communicative, collaborative, supportive partners for shelter providers. However, HSH may wish to evaluate what the appropriate staffing levels and roles and responsibilities for Program Managers are to maximize their impact and prevent burnout.

Maintaining fair and comprehensive shelter policies that satisfy all stakeholders is challenging

Interviews and focus groups suggest it is difficult to develop shelter policies that satisfy the needs of shelter clients, providers, and community members. In general, all stakeholders expressed a desire for fair and transparent shelter rules that created low barriers to entry while maintaining a safe environment for clients. However, clients and providers often disagreed about what this should look like in practice.

Shelter clients and providers both expressed frustration with the application of shelter rules.

One of the most frequent client complaints was perceived inconsistent rule enforcement by shelter staff. Many focus group participants felt that staff displayed favoritism toward certain clients and applied shelter rules unfairly. The Shelter Grievance Ordinance provides

Low-Barrier Shelter

- 24/7 access (no curfew)
- Multi-day stays (clients don't need to line up for a bed each night and vacate their bed each morning)
- Allows people to shelter with their partners, pets, and possessions
- Flexible mealtimes
- Few or no entry requirements (e.g., drug/alcohol testing, criminal background checks)
- No service participation or work requirements to stay in shelter

a measure of due process and protections to clients when they feel like a denial of service was issued unfairly by allowing a client to appeal that denial, first to the shelter and then to an independent arbitrator.

Providers, meanwhile, generally sought more discretion to enforce consequences for unsafe client behaviors. Staff frequently cited examples of times when they believed a rule violation occurred, but they were unable to hold clients accountable. For example:

- Shelter staff must witness a rule violation to issue a warning or a denial of service. Providers were frustrated when they felt they had sufficient evidence that a rule violation occurred, but no staff person had witnessed the violation firsthand.
- Providers felt that clients sometimes found “loopholes” that allowed them to violate the spirit, if not the letter, of a rule. For example, clients may issue veiled threats to avoid an immediate denial of service (e.g., “let’s take this outside”), or walk 200 feet away from the property before breaking a rule to avoid any consequences (e.g., fighting with another client).
- Providers were frustrated when denials of service were overturned by independent arbitrators. Our analysis shows this happened infrequently, but these instances were quite salient to providers. Two percent of all denials issued between July 2022 and December 2023 were overturned in arbitration.

Clients and providers had specific feedback on certain shelter policies.

- Families were frustrated with a policy that prohibits shelter clients from watching each other’s children. This policy likely exists because there are liability concerns, but was frustrating for clients who wanted to share childcare responsibilities with one another, especially if they needed to work.
- Most providers had specific feedback on what should constitute an immediate denial of service. One example was for sexual harassment, which is currently classified as a non-immediate denial of service. This means that a client must receive three warnings in a 30-day period for the same offense before being asked to leave shelter. The result was that clients may be forced to remain in shelter with a person who harassed them multiple times.
- Most providers supported re-instituting a length-of-stay policy. They felt that placing a cap on length of stay, with extensions possible for people who were actively working toward housing, motivated clients to engage with services and work toward housing.

Shelter policies must balance multiple competing goals and priorities.

- Maintaining low-barrier shelters sometimes comes into conflict with the goal of clean and safe environments for all clients. Removing barriers to entry like drug or alcohol testing or allowing additional belongings or pets helps to increase acceptance of shelter but can create additional challenges like higher levels of substance use within shelters or conflicts or cleanliness issues around pets or belongings.
- Maintaining uniform policies across shelters is meant to ensure equitable treatment of shelter clients while shelter providers desire discretion to allow for differences in populations and circumstances. HSH currently issues consistent rules across sites but attempts to balance this by allowing sites to propose new rules, which may be adopted system wide.
- The City maintains policies and procedures meant to guarantee shelter clients some due process to protect from arbitrary or discriminatory treatment. Providers and sometimes other clients feel that can create unreasonably high standards for proof. This type of conflict is not unique to the shelter system but can be challenging none-the-less.

HSH should continue work to make monitoring more comprehensive and outcomes focused

HSH is in the process of developing a Performance Measurement Plan (PMP), which will define a set of metrics that HSH will track to evaluate whether they are making progress on departmental goals. Once completed, the PMP will inform the performance measures and targets that HSH includes in new contracts with nonprofit providers. Currently, all shelter contracts include some performance measures. However, many of these measures track inputs and outputs, but not outcomes that the City is focused on improving. HSH should develop a coherent theory of action that clearly states how inputs, efficiency, and outputs will lead to outcomes that are aligned with HSH's departmental goals.

Many shelter contracts only include a single outcome measure, which tracks client satisfaction with services on site. The wording of the measure varies from contract-to-contract, but HSH typically sets a target of 75% satisfaction for providers.

- "75 percent of those completing the quarterly satisfaction survey will Strongly Agree or Agree that they are satisfied with the services on site."
- "Grantee shall ensure that a minimum of 75 percent of clients participating in a Satisfaction Survey will rate the treatment by staff, quality of meals, connection to services and safety as good or excellent."

Some contracts include a confusing mix of performance measures. For example, one contract requires that 100% of clients receive case management, 100% receive housing advocacy support, but only 60% receive case management which includes housing advocacy support.

Overall, HSH is collaborating closely with providers to monitor day-to-day operations, but should continue ongoing work to develop a consistent and meaningful set of performance measures by which they measure performance. These measures should:

- Be consistent across contracts within the same service area, even if targets differ by population served.
- Be simple and easy to understand.
- Be relevant to the services and outcomes a provider is contracted to deliver.

RESOURCE CHALLENGES FOR PROVIDERS

Both shelter providers and HSH staff noted a significant gap between people's expectations of shelter and the resources allocated to meet those expectations.

Managing street conditions is difficult for providers

Shelter providers must adhere to HSH's Good Neighbor Policy, which requires them to minimize the impact of clients on the neighborhood. However, providers continually mentioned that they lacked adequate resources and authority to manage street conditions around their site. The most common concern was a lack of staffing. For example, one site noted that their contract only included funding for one security guard per shift, and that it was unrealistic to expect this person to monitor entry and exit from the building while also managing conditions outside. Another site noted that they do send shelter staff on routine "block walks," but it is challenging to find coverage for these. A third site conducted regular "permitter checks" and maintained a 24/7 phone line for neighbors to report concerns. However, they noted this took considerable resources and they struggled to keep up.

Even when shelters could find staff coverage, they felt limited in their ability to manage loitering or drug activity outside the building. HSH's Denial of Service policy only extends to acts or threats of violence committed within 200 feet from the building; staff cannot deny clients for other behavior outside the shelter. Staff felt unable to enforce consequences for clients who broke other shelter rules or engaged in violence beyond this limit short of calling the police. Staff also noted safety concerns and wished that street ambassadors or other resources could help manage drug activity and threats of violence nearby. For example, one site noted that there were multiple drug dealers who routinely set up on their block, but staff did not feel safe confronting them and worried about retribution if they called the police.

Providers don't feel adequately resourced to provide necessary support to high-need clients

Shelter clients are more likely to report a disabling condition or substance use disorder than the general population (see [Shelter System Demographics](#)). This is evident even with a large volume of missing data for the two characteristics. There is some suggestive evidence in shelter stay data that the number of clients with disabilities or substance use disorder has increased in the past two years, though it is not conclusive given data quality.

Providers also reported high levels of clients with significant physical, mental, and behavioral health needs. During interviews they uniformly felt under-resourced to care for clients with the most acute needs. These clients often require skilled nursing, social work, and/or therapy at levels that shelter does not have the resources to provide. Shelter clients may receive In Home Supportive Services (IHSS) like other San Francisco residents, but those services have limitations which often do not bridge the entire need for those with significant physical limitations. HSH has explored models that exist elsewhere to provide senior-specific shelters which could provide more active and concentrated supportive services for populations most likely to have physical disabilities. There is no confirmed plan or timeline at this stage.

Shelter providers and HSH staff noted that HSH's Harm Reduction policy is working well for getting drug users into shelter and engaging with services. However, they felt that Harm Reduction needed to be paired with treatment options for clients who want them. Most people interviewed felt there were not enough treatment options available. HSH is currently running a 20-room pilot program with DPH which provides immediate shelter and access to prescription addiction medication and moves people directly into residential treatment programs if appropriate. If the program is successful and able to be scaled up significantly it could reduce some issues within the shelter system but is unlikely to be a comprehensive solution to high levels of need within emergency shelter.

HSH works to provide medical and behavioral health at shelter sites through DPH as well as additional training to providers on managing clients with high needs.

Low paying jobs for difficult work makes hiring and retaining staff challenging

Direct services roles within shelters are frequently difficult and demanding. Clients often need a higher level of care than shelters have the resources to provide. We heard stories of front-line staff who provide intensive physical caretaking, reverse drug overdoses, de-escalate psychotic episodes, and break up fights. Many of these roles are staffed as entry-level positions despite requiring significant training and experience to perform successfully.

Despite the challenging work performed by shelter staff, their salaries are exceedingly low. As a result, providers and HSH staff both noted the difficulty attracting and retaining nonprofit shelter workers with the skills to succeed in their roles. [The Nonprofit Wage and Equity Survey](#) that the Controller's Office published in 2023 supports these observations. The report notes that 36% of workers in organizations focusing on homelessness made \$25 per hour or less. Case management is another example of difficult work that is low paid yet is an essential and expanding job class in shelters. The survey found that most Case Management jobs paid under \$30 per hour and that the role had high vacancy rates across the City-funded nonprofit sector.

DATA AVAILABILITY AND QUALITY

Data quality and availability is a longstanding challenge for HSH. Since the department was created almost a decade ago it has worked to implement a new Homeless Management Information System (HMIS) for client tracking and reporting, but there are remaining shortcomings both in that system and in other areas of data tracking and collection which limit possible analysis.

There are significant challenges in working with HMIS data that make it difficult to assess the impact of services or answer key questions about how the shelter system is functioning

- **System purpose:** HSH's HMIS system is built to be compliant with Federal HUD requirements around reporting as well as to manage program openings, referrals, and enrollments. It is not a system designed specifically for more nuanced performance metrics or long-run outcomes tracking.
 - It can be difficult to define and calculate a shelter stay or instance of homelessness because clients may show changes in shelter or multiple stays at a single shelter if they were re-entered or moved in the system for a technical reason, even if in practice it is a single stay.
 - There are also a number of overlapping stays that suggest lags in or inaccurate data entry.
- **System migration challenges:** HSH implemented their current HMIS system, the ONE System, in 2017. This was a slow migration and so over the past few years data has been dispersed across multiple systems which led to challenges collating data to get a full understanding of the shelter system. As of Fall 2024, all shelters have been migrated to the ONE System. Additionally, many providers also use their own data systems to track clients, so inputting data into the ONE System requires double data entry.
- **Missing demographic information or exit destinations:** Half of exit destinations in FY23 and FY24 were recorded either as missing or "other", and some demographic information, particularly reported disabilities or substance use disorder have large numbers of missing reports. There have been observed improvements in the availability of demographic information over the past few years and there is variation in how different demographic characteristics are tracked in the ONE System that may contribute to missing data. However, there were some instances where data quality issues seemed to stem from incorrect or incomplete data entry by providers. Other providers maintained separate, internal data systems with higher-quality exit data than what they reported in HSH's ONE System.
 - **Lack of nuance in types of exits:** Some providers appeared to be incorrectly coding client exit destinations as "unknown," when they didn't fit neatly into another category in the list of HUD-mandated exit destinations that HSH uses. Both providers and HSH stated that some data availability issues in exit destinations may be due to "48 hour exits," where a client abandons their bed for over 48 hours without notifying shelter staff that they are leaving and are exited from program enrollment. Providers said they sometimes returned a few days later which may account for a large number of unknowns exit destinations.
 - **Gaps in communication and lack of focus on data:** There were discrepancies between the amount of outcome data missing and the extent to which providers reported knowing where clients were departing to. This may be because providers are encouraged to only enter data that they absolutely know. So, for example, if a client mentions going to stay with family for a little but leaves a couple days later without explicitly telling the staff that is where they are

- going, providers would enter that as an “unknown” exit destination. Interviews also suggested that given the amount of work it takes to run shelters, providers and HSH may deprioritize data collection. Finally, we uncovered some data quality issues during our analysis. This included that providers may be reporting Denial of Service data incorrectly, and some providers not entering any exit data due to errors in how their data system was set up.
- **Mismatch in demographic characteristics:** HSH uses HUD-mandated categories for demographics which do not always match other data sources like the ACS. In addition, HUD adjusted the demographic categories in FY24 which impacted the ability to directly compare ONE System data to PIT data collected using prior categories. This complicates our ability to compare people experiencing homelessness within the shelter system to the rest of the unhoused or general population. There is additional detail in Appendix 1, F. Demographics Analysis.
 - **Inherent challenges in data collection in a low-barrier system:** While we do not believe this is the main challenge, there are upper limits to the data quality we would expect in a shelter system which strives to have low barriers to entry. Providers do not and should not refuse service or make clients uncomfortable in collecting demographic or other data. Some clients will always exit shelter without informing providers of their destination, either because they do not wish to, they do not know, or they did not plan to exit permanently when leaving.

There are challenges when working with other data sources that similarly impact the ability to assess different aspects of the shelter system

- **Shelter Grievance/Denial of Service (DOS) Data:**
 - For the time period analyzed, DOS data was not available at an individual DOS level or at a client level, limiting our ability to conduct an equity analysis of DOS. HSH has since begun implementing DOS tracking improvements in the ONE System.
- **Critical Incident Reporting:** A separate analysis by the Controller’s Office found that both HSH Program Managers and providers expressed confusion or had a different understanding of their role in the critical incident reporting process (e.g., when and how each group is expected to act during or after an incident). That project recommended a revised critical incident workflow and revisions to the form providers fill out after an incident occurs. HSH has adopted these recommendations and should continue to refine and improve process and reporting.
- **Tracking unique sites and providers to compare outcomes and costs across site types:** HSH tracks site and provider characteristics internally for operational purposes rather than analysis or reporting. Those data required significant manual clean up to match with other data sources, particularly with spending data. Unique IDs and site names differed between sources and the differences between programs and sites was not always consistent in reporting.
- **Shelter occupancy:** HSH tracks occupancy on a daily basis but data quality is reliant on providers entering accurate information each day. Occupancy information was generally available but there were some instances where it was missing and artificially lowered occupancy.
- **Client deaths:** Exit destinations in HMIS data was the best source of data for determining client deaths in shelter for our analysis. This does not allow tracking where or when death occurred or the cause of death. HSH has limited ability to improve the comprehensiveness of this data on their own. Information on deaths are confirmed by the Office of the Chief Medical Examiner and are not shared with HSH. Critical Incident Reports also have data on deaths but track only those where a death occurred onsite. HSH is in the process of making improvements to tracking and data quality in CIRs.

While data quality will always be a challenge, HSH can take some steps to improve data quality

- For several data challenges identified above training and additional guidance to providers on entering meaningful data may help. HSH has outlined their [Continuous Data Quality Improvement Expectations](#) around the ONE System previously but additional guidance on specific cases and ongoing training for providers as staff turnover would be appropriate.
- Data entry and paperwork can be an administrative burden on shelter providers. The most effective strategies, particularly around processes like Denials of Service and Critical Incident Reports are likely to be those that simplify existing processes and clarify roles and requirements without adding new work for shelter staff.
- HSH is continuing work on a longer-run effort to develop department and system-wide measures of performance to supplement their strategic plan. As part of that process they should work to create more nuanced outcome metrics for individuals that allow for tracking beyond a single shelter stay. Possible metrics include length of an episode of sheltered homelessness and returns within a year of leaving shelter (a possible measure suggested internally by HSH).
 - For instance, an unknown exit from shelter may be followed either directly or within a short period of time by entry to another program. Developing definitions of instances of homelessness tracked across program stays and maintaining data in a format that allows for easy reporting would provide more accurate understandings of positive or negative outcomes for individuals.
 - Though current data quality would remain a challenge with this type of deeper analysis, it would still be valuable information and some version is possible with existing data but would require internal discussion and agreement on clear parameters and definitions.

5. Conclusion and Considerations for Future Work

The HSH-funded shelter system served almost 10,000 clients with over 3,000 beds/units across 33 shelters in FY24. Data analysis, interviews with providers and HSH, and focus groups with shelter clients show that San Francisco's shelter system is generally providing a safe and acceptable place for people experiencing homelessness to stay temporarily. Despite this success in providing baseline services, there are significant ongoing challenges within the shelter system. These include challenges that providers face, such as meeting the level of care many clients require and moving clients to permanent housing. It also includes more systematic issues, like low data quality and the need for more robust performance measurement. While HSH is aware of and working to address many of these issues, progress is slow.

Considerations for future work

This analysis focused on clients within the shelter system itself and did not dive deeply into planning for the future of the shelter system or evaluating other components of the Homeless Response System that interact with the shelter system. Examples of analyses that are related but are out of scope for this report include:

- Evaluating supply and demand calculations in order to validate prior work determining the amount of shelter needed to meet the City's needs, and assessing the extent to which the City is meeting that existing need.
- Assessing the processes to access shelter.
- Assessing the process and requirements for clients to exit shelter to other parts of the homeless response system such as permanent housing or other resources.

The success of the emergency shelter system is dependent on flow through the system, including accessible pathways into shelter and the availability of appropriate services that enable clients to exit shelter, such as more permanent housing options and behavioral and/or medical care options. Future analysis on the availability and performance of those services, in addition to improvements to data quality, would help identify more detailed system improvements to address the challenges noted in this report.

Appendix

APPENDIX 1: METHODS

A. Methods Overview

This report uses a mixed methods approach to assess the effectiveness of the emergency shelter system, including interviews with shelter providers, focus groups with shelter clients, benchmarking with peer jurisdictions, and analysis of administrative data from HSH, the Department of Housing and Urban Development (HUD), and the U.S. Census Bureau.

B. Project Scope

HSH funds many programs that could be classified as temporary shelter, but we opted to include a subset of programs that make up the bulk of shelter beds and are most comparable. The shelter system is often in flux; many programs opened or closed since 2020 and during our analysis. Our different analyses cover different time periods based on data availability, data quality, and our assessment of what is most salient.

Overview of what types of programs are included and excluded

Included	Excluded
Emergency Shelter	Transitional Housing
Navigation Centers	Hotel/Motel Vouchers
Crisis Intervention Programs	Other pop-up shelter
Winter Shelter	Stabilization Programs*
	Shelter-in-Place (SIP) Hotel Programs*
	Resource Centers with drop in chairs

Time Periods of Different Analysis

Report Analysis Component	Time Period Covered
Benchmarking	2019-2023 HIC
Shelter Demographics	July 2022 – June 2023 (FY23) and July 2023 – December 2023 (first 6 months of FY24)
Shelter Spending	July 2022 – June 2023 (FY23)
Shelter Stay	2021 – 2024
Client Flow	July 2022 – June 2023 (FY23) and July 2023 – December 2023 (first 6 months of FY24)
Client Outcomes	July 2022 – June 2023 (FY23) and July 2023 – December 2023 (first 6 months of FY24)

* Note that due to the way HSH provided data, demographic analysis includes some SIP hotel clients and Kinney Stabilization clients.

Due to the variation in time periods covered in analysis, the specific shelters covered in each set of analysis may vary as well. For a complete list of shelters and an accounting of which analyses they were included in, see Appendix 5.

C. Interviews with Shelter Providers

Between March and April 2024, The Controller's Office toured eight shelter sites and conducted interviews with shelter staff. These sites were strategically chosen to be broadly representative of HSH's entire shelter portfolio, including a mix of populations served, program types, privacy levels, and neighborhoods served. The eight sites were managed by seven different nonprofit organizations.

Each visit included both a guided tour of the site and a semi-structured interview with staff. Twenty people sat down for formal interviews, though numerous others shared insights during the tours or sat for partial interviews (e.g., one Shelter Manager invited their Case Managers to join the portion of the interview about case management). Most interviewees were site-based staff (e.g., Shelter Manager), though some were nonprofit leadership (e.g., Chief Program Officer).

Interviews covered the following topics:

- Overview of shelter/programming
- Shelter staffing
- Shelter rules
- Shelter services
- Client experiences and exits from shelter
- Experience working with HSH

Shelter Site	Provider	Population	Program Type	Site Type
Lower Polk TAY Navigation Center	3 rd St. Youth Center & Clinic	TAY	Navigation Center	Congregate
The Sanctuary	Episcopal Community Services	Adult	Emergency Shelter	Congregate
The Cova	Episcopal Community Services	Adult	Emergency Shelter	Non-Congregate
33 Gough Cabins	Urban Alchemy	Adult	Cabins	Non-Congregate
Lark Inn	Larkin St. Youth Services	TAY	Emergency Shelter	Congregate
Bayview SAFE Navigation Center	Bayview Hunters Point Foundation	Adult	Navigation Center	Congregate
Embarcadero SAFE Navigation Center	Five Keys Schools and Programs	Adult	Navigation Center	Congregate
Hamilton Families Emergency Shelter/ Hamilton Families Residence	Hamilton Families	Family	Emergency Shelter	Congregate/ Non-Congregate

D. Focus Groups with Shelter Clients

The Controller's Office engaged Talent Poole Consulting to conduct focus groups with shelter clients to gather in-depth insights into client experiences. Between May and June 2024, Talent Poole held five focus groups with ten clients each. Four focus groups were held with clients from a single site, while the fifth focus group combined clients from two sites that are managed by the same provider. Focus group locations were strategically chosen to be broadly representative of HSH's shelter portfolio, and included a mix of client populations, program types, and privacy levels.

Shelter Site	Population	Program Type	Privacy	Participants
Lower Polk TAY Navigation Center³⁴	TAY	Navigation Center	Congregate	10
Hamilton Families	Family	Emergency Shelter	Both Congregate & Non-congregate	10
Bayview SAFE Navigation Center	Adult	Navigation Center	Congregate	10
Next Door	Adult	Emergency Shelter	Congregate	10
33 Gough Cabins/ 711 Post	Adult	Cabins/ Emergency Shelter	Non-congregate/ Semi-congregate	10
Total Stakeholders				50

Talent Poole recruited a diverse group of participants by age, gender identity, sexual orientation, race and ethnicity, disability, and veteran status.

- Focus group participants ranged in age from 19 to 72
- 51% identified as female, 45% identified as male, and 4% identified as genderqueer or transgender
- 69% identified as straight/heterosexual, 14% bisexual, 9% gay, 3% lesbian, and 6% declined to state
- 40% identified as Latinx, 32% Black, 20% white, 2% Asian, 4% Native American, and 2% declined to state
- 50% of focus group participants reported having physical disabilities or health conditions requiring additional support
- 6% of participants were veterans

Talent Poole conducted structured focus groups using the following twelve questions. Talent Poole used a bilingual Spanish facilitator, which allowed monolingual Spanish-speakers to participate.

³⁴ This focus group was conducted in the same way as the other four but was funded by HSH rather than the Controller's Office.

1. Before coming to this shelter, where were you living? What led you to move here? Why did you decide that shelter was a good option for you?
2. What steps did you go through to enter the shelter, and how long did it take? Which parts of the process were easy, and which were difficult?
3. How do you see the shelter fitting into your life? Is it a temporary solution, a safety net, or something else?
4. Can you describe your feelings about the cleanliness here?
5. Do you feel safe at the shelter? What makes you feel secure or insecure?
6. Do you feel that your belongings are secure here? What could be done to improve the security or privacy conditions?
7. What rules here have the most impact on your daily life? Are there any rules that you find particularly helpful or restrictive?
8. Do you feel supported by the staff in achieving your personal goals? How are you treated by both staff and other residents?
9. Have you experienced any issues at the shelter? If yes, have you spoken with site staff or management about it? What was that experience like?
10. Have you worked with a case manager during your time at the shelter or elsewhere? What has been most beneficial, and what improvements would you suggest for case management?
11. What other services have you used or participated in here? What additional support would be helpful to you?
12. Is there anything else you would like to add? Are there other people or services within the shelter system you think we should talk to or learn about?

E. Benchmarking with Peer Jurisdictions

We analyzed data from the Department of Housing and Urban Development's (HUD) Housing Inventory Count (HIC) to compare San Francisco's shelter system to those in peer jurisdictions. The HIC is an annual point-in-time inventory of housing and shelter resources that is completed by Continuums of Care (CoC) across the country.

All resources are categorized according to five program types: emergency shelter, transitional housing, rapid re-housing, safe haven, and permanent supportive housing. Because the data is reported in a standardized format, we were able to make comparisons across CoC's. Unless otherwise noted, we only included emergency shelter resources in our analysis. The HIC further breaks down emergency shelter resources into year-round, seasonal, and overflow beds. We chose to report on the total number of beds in each jurisdiction. We included overflow beds because San Francisco, San Jose, Sacramento, and Denver each reported large increases in overflow beds during the COVID-19 pandemic, and we included seasonal beds because they are typically open in the winter months when the PIT is conducted, and some analyses included both HIC and PIT data.

For some analysis, we counted the number of persons experiencing homelessness across jurisdictions and in different types of resources, such as emergency shelter. Here, we utilized Point-in-Time (PIT) count data. HUD requires CoCs to conduct an annual count of all persons who are sheltered in emergency shelter, Transitional Housing, or Safe Haven, and a biennial count of all sheltered and unsheltered persons experiencing homelessness. Unsheltered counts are typically conducted in odd-numbered years, but in 2021 many communities were granted [waivers](#) to skip the unsheltered count to prevent the spread of COVID-19. We use

2022 PIT data whenever including unsheltered counts, since all jurisdictions in our sample took advantage of HUD waivers in 2021 and completed their unsheltered counts in 2022 instead.

For one analysis, we sought to answer what percentage of people in need could be sheltered, given a jurisdiction's current resources. We computed a ratio for each jurisdiction by dividing the estimated number of people who need a shelter bed by the total number of emergency shelter beds. A ratio of one or greater indicates that a jurisdiction has enough shelter beds to accommodate everyone who needs one, while a ratio of less than one indicates there are not enough beds. To estimate total need, we used 2022 PIT data and added the total number of people in emergency shelter to the total number of people experiencing unsheltered homelessness. While imperfect, this estimates the total need on a single night in January.

Peer Selection Methodology

For this analysis, we selected twelve peer jurisdictions based on their similarity to San Francisco in terms of population, rental markets, homelessness rates, and governance structures. We considered five criteria, rated each jurisdiction according to the number of criteria met, then made qualitative judgements about which communities to include or exclude. Many cities were dissimilar to San Francisco across one or more metrics, but were included because of important qualitative similarities (e.g., Sacramento is significantly smaller and less expensive than San Francisco but was included because they are a major city in California with high rates of homelessness). Similarly, some cities met multiple criteria but were excluded because they lacked meaningful similarities in terms of housing markets and homelessness. We ultimately decided that communities must meet one of these criteria (4 or 5) in order to be included.

Criterion		Definition	Rationale
1.	Entire CoC	Denotes whether the Continuum of Care is comprised of a single city.	The nature of homelessness response may reasonably differ in a CoC that is comprised of a single, large city compared with a CoC that is comprised of multiple communities.
2.	City and County	Denotes whether the largest city within a CoC is both a city and a county.	As a consolidated city and county, San Francisco provides additional services beyond what most cities do.
3.	Population size	The largest city within a CoC has a population that is within 250,000 of San Francisco's population (source: 2022 ACS).	The nature of homelessness and homelessness response could reasonably differ in cities that are much smaller or larger than San Francisco.
4.	Median rent	Median gross rent for occupied units paying rent in the largest city in the CoC is within \$500 of San Francisco's median rent (source: 2022 ACS).	Rental prices have been shown to be associated with homelessness rates at the regional level. Ideal peer jurisdictions will face high housing costs, like San Francisco.
5.	Homelessness per 100k	Total number of people experiencing homelessness per 100,000 residents is within 300 of San Francisco's homelessness rate (sources: 2022 PIT and 2022 ACS).	The nature of homelessness response could reasonably differ in cities that have much lower rates of homelessness than San Francisco.

Peer Jurisdictions	
California	Rest of the U.S.
Alameda County CoC	Boston CoC
Long Beach CoC	District of Columbia CoC
Los Angeles City & County CoC	Metropolitan Denver CoC
Sacramento City & County CoC	New York City CoC
San Diego City & County CoC	Portland, Gresham/Multnomah County CoC
San Jose/Santa Clara City & County CoC	Seattle/King County CoC

F. Demographics Analysis

The Demographics Analysis uses the American Community Survey ([ACS 2022 5-year estimates](#)), the [2024 Point-in-Time \(PIT\) Count](#), and client data collected in the ONE System from FY23 (7/1/2022 – 6/30/2023) and the first half of FY24 (7/1/2023 – 12/31/2023). We use these data sources to conduct the analysis comparing overall San Francisco population demographics to the homeless population demographics to the shelter population demographics.

Race/Ethnicity

Due to HUD changing the demographic categories in FY24, the three data sources we used use different categories for Race and Ethnicity. The ACS collects race and ethnicity data separately and has fewer racial categories than the PIT count or the ONE System. As a result, to compare these groups we have to re-code the data in the PIT and the ONE System to match the more restrictive ACS categories. This means that some of the differences in demographic distributions seen between populations may reflect differences in how data is recorded rather than actual differences in population demographics. The analysis presented in the report takes this into account when reporting differences between populations. The table below shows a comparison of categories. Because the ACS race and ethnicity groupings are the least detailed, we edited PIT and ONE System data categories to make comparisons to the San Francisco population. Any reporting comparing just the homeless population uses the ONE System categories.

ACS Race/Ethnicity Categories	PIT Race/Ethnicity Categories*	ONE System Race/Ethnicity Categories*
American Indian and Alaska Native	American Indian, Alaska Native, or Indigenous	Native American
Asian	Asian or Asian American	Asian
Black or African American	Black, African American, or African	Black
Native Hawaiian and Other Pacific Islander	Native Hawaiian or Pacific Islander	Native Hawaiian or Pacific Islander
White	White	White
Some other race	Middle Eastern or North African	Middle Eastern or North African
Two or more races	Multi-Racial (not Hispanic/Latina/e/o)	Multiracial (not Latine or Hispanic)
Hispanic or Latino origin (of any race)	Hispanic/Latina/e/o	Latine or Hispanic
	American Indian, Alaska	Multiracial (incl. Latine or Hispanic)

	Native, or Indigenous & Hispanic/Latina/e/o	
	Asian or Asian American & Hispanic/Latina/e/o	
	Black, African American, or African & Hispanic/Latina/e/o	
	Middle Eastern or North African & Hispanic/Latina/e/o	
	Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	
	White & Hispanic/Latina/e/o	
	Multi-Racial & Hispanic/Latina/e/o	
		Doesn't know or prefers not to Answer

Sex and Gender Identity

The ACS, the PIT, and the ONE System sex and gender identity categories differ in our datasets in ways that make comparisons across groups challenging. Currently available ACS data only collects data on sex and not gender identity: a respondent can only select “male” or “female” and there are no options for a respondent to indicate that they are transgender or a non-binary gender identity. The PIT and ONE System data collect data on gender identity. As a result, to compare the homeless and shelter populations with the overall San Francisco population, we have to re-code the data in the PIT and the ONE System to match the more restrictive ACS categories. This means that some discrepancies seen between populations may reflect differences in how data is recorded rather than actual differences in population demographics. Any reporting comparing just the homeless population uses the ONE System categories that HSH provided to the Controller’s Office.

ACS Sex	PIT Gender Identity	ONE System Gender Identity
Male	Man (Boy if child)	Man
Female	Woman (Girl if child)	Woman
<i>No ACS options exist</i>	Transgender	Transgender
	Non-Binary	Non-binary
	Questioning	Questioning
	Different Identity	Other Identity ³⁵
	Culturally Specific Identity	
		Doesn't know, prefers not to answer, or data not collected

³⁵ HSH notes that the ONE System is set up to capture the same categories as the PIT, but gave us the data for smaller identities rolled up into an “Other Identity” category. This table reflects that demographic categories that we were reconciling in our data analysis.

Other Demographics

We also used the ACS to compare the sheltered population to the San Francisco population by age and disability status. Age was a straightforward comparison: the ACS uses smaller age groupings than is salient to this report, so we aggregated numbers across age groups to match the ONE System data groupings.

Disability definitions differ from the ACS to the ONE System data, but each has one aggregated disability indicator. This allows us to directly compare proportions, but because the definitions differ it's a noisy comparison. These different definitions are outlined in the table below:

ACS Disability Data Definitions³⁶	ONE System Disability Data Definitions³⁷
<p>ACS questions on disability ask respondents to indicate if they have any of six disability types:</p> <ul style="list-style-type: none"> • Hearing difficulty: deaf or having serious difficulty hearing • Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses • Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions • Ambulatory difficulty: Having serious difficulty walking or climbing stairs • Self-care difficulty: Having difficulty bathing or dressing • Independent living difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping <p>Respondents who report anyone of the six disability types are reported as having a disability in aggregated summary data.</p>	<p>The HUD-standard definition of if a client has a disabling condition is if they have any of the following:</p> <ul style="list-style-type: none"> • A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: <ul style="list-style-type: none"> ◦ Is expected to be long-continuing or of indefinite duration; ◦ Substantially impedes the individual's ability to live independently; AND ◦ Could be improved by the provision of more suitable housing conditions. • A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002) • The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

³⁶ See <https://www.census.gov/topics/health/disability/guidance/data-collection-ac.html> for more information about the ACS disability questions.

³⁷ See <https://www.hudexchange.info/programs/hmis/hmis-data-standards/standards/universal-data-elements/308-disabling-condition/> for more information about the HMIS standard definition for a disabling condition.

G. Spending Analysis

The spending analysis primarily uses [Supplier Payment Data](#) from [SF OpenBook](#) for all relevant shelter contracts from FY23. This is supplemented by datasets related to shelter tracking and shelter information, a spreadsheet tracking lease costs paid by HSH, and the FY24 Shelter Health MOU between HSH and DPH, all provided by HSH. We opted to use FY23 data as we conducted the majority of the analysis during FY24 and before FY24 payments were finalized at the end of September, 2024.

As stated in the body of the report, these cost estimates cover the following:

Costs Include	Costs Exclude
<ul style="list-style-type: none">Actual expenditures on shelter contracts, which includes:<ul style="list-style-type: none">Staff salariesOperational costs paid by the contractor,Rent paid by the contractor,Services such as case management if included, meals, other support services, etc.<i>As long as these expenses are paid by HSH</i>Expenditures on contracts for non site-specific services, that are for a specific site type (e.g. meals for navigation centers)Actual lease costs paid by HSHEstimate of shelter health contract costs	<ul style="list-style-type: none">Other types of maintenance costs for the building if paid by the City (e.g. any DPW costs for building repair)Utilities, if the City pays utilities directlyProvider costs for building if building is owned by the providerShelter related costs, if those costs aren't directly associated with a specific shelter type or population (e.g. shelter storage available to any client)Any operational costs covered by the provider's own outside fundraising rather than by HSH

Significant data cleaning had to be done to be able to use the supplier payments data to assess costs by shelter, shelter type, population, program type, etc. Each row in the summarized supplier payments data corresponds to one contract. HSH codes all shelter sites using an HSH Shelter ID. However, each contract may cover one or more shelter programs, or one site may have multiple applicable contracts. Some contracts are for services only, and those services may or may not correspond with a single site or program, population, or site type.

Data cleaning steps for payments data:

- Pulled all of HSH's supplier payments data for FY23 and filtered by a list of relevant contract numbers HSH provided to include only contracts related to temporary shelter. We subsequently manually deleted contracts for sites that were out of scope or not directly related to emergency shelter (e.g. contracts for stabilization programs, motel/hotel vouchers, programs only operating during the day, etc.).

- For any sites with multiple contracts, we summed the total payments in each contract so that we had one row per site. Note that we retained one row for contracts with multiple programs (e.g. Hamilton Families Emergency Shelter, Residence, and Pregnant Persons Pilot are all on one contract at one site).
- Cleaned the HSH Site ID numbers so that each contract row had one unique ID (named CON ID).

Data cleaning steps for shelter information spreadsheets included:

- Added the CON ID to spreadsheets provided by HSH that include detailed information about each site. This included creating new rows for programs that were combined under one contract. This also included adding in rows with CON IDs for services only contracts, and manually adding relevant information. For example, HSH has a contract with Meals on Wheels to provide meals for navigation centers. We added that contract in with a newly created CON ID and added in relevant information about the contract (e.g. program type is Navigation Center, site type is congregate).
- Added in actual site capacity data from three points in time (September 2022, December 2023, and September 2024). We chose these points that were the earliest in our reporting period with accurate data, at the end of the reporting period, and the most recent available data.

To create a final dataset, steps included:

- Merged the payments data with the updated HSH shelter information spreadsheet.
- Manually added in the lease costs for sites where HSH holds the master lease, using an HSH provided spreadsheet.
- Added columns that include the open date and/or close date for any site that opened or closed in FY23.
- Calculated the number of days each site was open in FY23.
- Created an annualized balance approximating how much each site would have cost if it was open the full year (e.g. if a site was open for 6 months, or 50% of the year, we annualized the cost by dividing the total actual payments by 50%).
- Merged the payments data with occupancy and capacity data. Occupancy is tracked by recording the total number of available beds/unit and total number of occupied beds/units on the 1st of every month.

How we calculated the figures we include in this report:

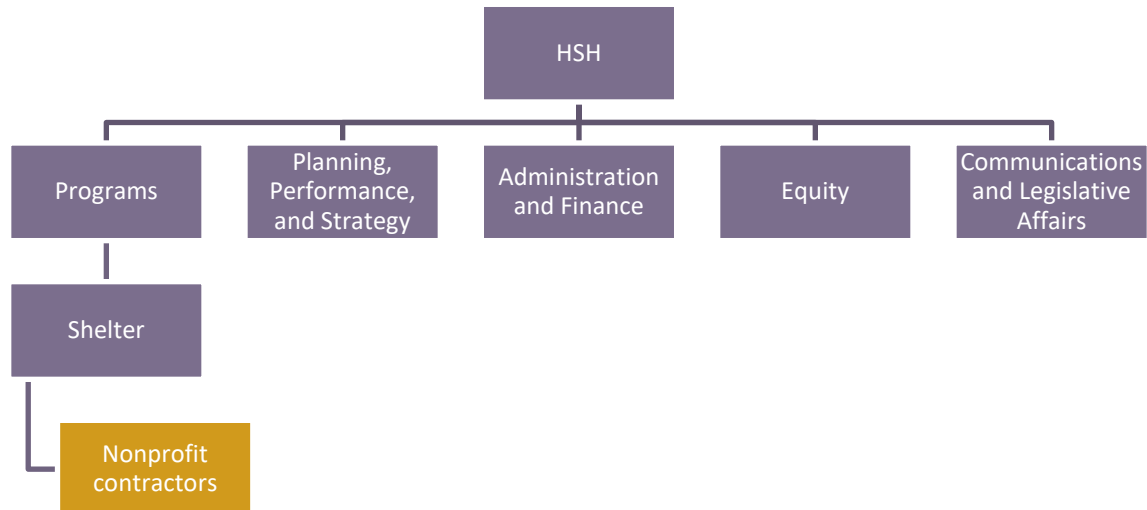
- Cost per filled bed/unit night:
 - We first calculated the estimated number of filled bed nights per contract in FY23 by multiplying the average occupancy by the number of nights open in FY23.
 - We then calculated the cost per filled bed night by dividing the sum of actual payments by the number of filled bed nights, for all contracts in each relevant category.
- Cost per bed/unit annually
 - From our data cleaning and merging, we had an annualized payment for each contract. From the capacity data, we had an average capacity per site. To calculate the cost per bed/unit annually, we summed the annualized payments and divided by the summed actual capacity for all contracts in each relevant category.
- Adding in shelter health costs:

- We wanted to include estimated shelter health costs in each of the above calculations. To do this, we used the FY24³⁸ MOU for Shelter Health between HSH and DPH.
- We excluded any sites that did not receive regular shelter health services under this contract. This was primarily family and minor sites, but also some shelters where healthcare is available on an as-needed basis (rather than part of the regular schedule) or where it is provided by another organization.
- We then divided the total FY24 shelter health budget by the sum of the estimated number of filled by nights to get the cost of shelter health per filled bed night. We divided the total FY24 shelter health budget by the sum of average capacity. We then manually added both of those sums to the cost numbers for adult shelter calculated above.
- The family system supports clients in accessing healthcare outside of the homeless response system, so those costs are not included in shelter costs. However, there is a behavioral health contract that we do similar calculations above to add in to cost estimates for family shelter.

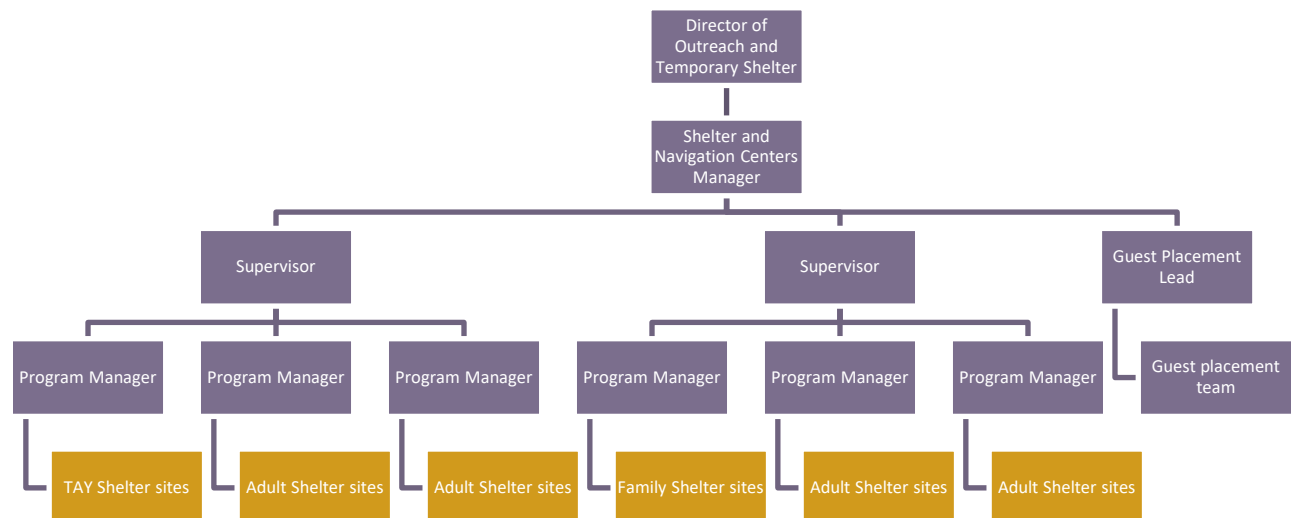
³⁸ The FY23 work order included roll-over funds from prior years, so the FY23 MOU did not reflect the true costs of shelter health services. Therefore, we opted to use the FY24 MOU instead.

APPENDIX 2: SHELTER SYSTEM STRUCTURE AND OVERSIGHT

HSH Org Charts



Note: this simplified version of HSH's org chart is for illustrative purposes only. For more information, visit their website at <https://www.sf.gov/departments--homelessness-and-supportive-housing>



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Shelter Oversight

Several bodies provide oversight over various aspects of the shelter system and issue public reports and recommendations.

[The Homelessness Oversight Commission](#) (HOC) launched in May 2023 after San Francisco voters approved the creation of the Commission through a ballot measure in November 2022. It is the main body that oversees HSH's work. There are seven seats on the HOC. The HOC's main responsibilities include approving budgets, formulating departmental goals, establishing performance standards, holding hearings, conducting public outreach, and auditing HSH's service delivery. The HOC also appoints all members of the Local Homeless Coordinating Board (LHCB), Shelter Grievance Advisory Committee (SGAC) and Shelter Monitoring Committee (SMC).

[The Shelter Grievance Advisory Committee](#) (SGAC) is a thirteen person body which advises HSH on the Shelter Grievance Policy, reviews complaints made under the policy, and issues written reports and recommendations. The Shelter Grievance Policy, established in Article XVIII of Chapter 20 of the San Francisco Administrative Code establishes transparent standards by which shelter clients may appeal a denial of service. Shelter sites may only deny service to clients for documented violation of shelter rules.

[The Shelter Monitoring Committee](#) (SMC) is a twelve person body, appointed by the Homelessness Oversight Commission, for the purpose of providing information about the conditions in and operations of shelters. Committee members conduct site visits to monitor health and safety conditions in shelters, assess the adequacy of shelter policies and procedures, and investigate the treatment of shelter clients. Every shelter is visited at least three times per year – one announced visit and two unannounced visits – and the frequency of visits is doubled for sites with significant number of client complaints or out-of-compliance findings. The SMC also hears Standards of Care complaints and conducts investigations as needed. The SMC submits both quarterly and annual reports to the Mayor, Board of Supervisors, Homelessness Oversight Commission, and others with findings and recommendations.

[The Local Homeless Coordinating Board](#) (LHCB) is an eleven person body which provides oversight and governance to San Francisco's federally funded homeless services, in accordance with applicable U.S. Department of Housing and Urban Development (HUD) rules and regulations. The LHCB serves an advisory body to the Homelessness Oversight Commission on issues relating to the City's participation in the Continuum of Care program.

[The Our City, Our Home Oversight Committee](#) (OCOH) tracks spending from the Our City, Our Home Fund and makes annual budget recommendations to the Mayor and Board of Supervisors about use of the Fund. The OCOH Oversight Committee strives to ensure the Our City, Our Home Fund creates permanent solutions to homelessness, mental health crisis, and housing insecurity.

APPENDIX 3: ADDITIONAL DEMOGRAPHIC DATA

This section includes expanded demographic data that was not included in the general analysis.

Note that because the "Latine or Hispanic" category in the PIT count and the Shelter Population demographics doesn't easily correspond with any race category in the ACS without additional race data, the proportions of each race/ethnicity for the PIT and shelter data sum to 100%, while the race categories for the ACS sum to 100%, and Hispanic or Latino origin are an additional percentage of the population. As a result, it's difficult to make precise one to one comparisons and small variations in data may be due to the different categorizations rather than due to actual underlying differences. Note that shelter populations demographics are calculated using total clients with race/ethnicity data as the denominator, and excludes clients where data was not collected or the client declined to answer.

Race/Ethnicity Demographic Comparisons between the San Francisco Population (ACS 5-year estimates), PIT Count (2024 total and unsheltered counts), and Shelter Population (FY23 and July-Dec FY24)

	ACS Estimate	Total PIT	Unsheltered PIT	Sheltered PIT	Shelter Population
American Indian and Alaska Native	0.60%	2.16%	2.87%	1.32%	1.77%
Asian	34.80%	3.98%	3.51%	4.14%	3.76%
Black or African American	5.20%	23.79%	22.92%	25.03%	29.36%
Hispanic or Latino origin (of any race)	15.50%	33.88%	31.01%	35.95%	31.05%
Native Hawaiian and Other Pacific Islander	0.40%	2.20%	2.89%	1.43%	1.48%
Some other race	7.70%	1.05%	1.56%	.38%	0.16%
Two or more races	9.50%	3.74%	4.73%	2.69%	3.33%
White	41.90%	29.21%	30.50%	29.06%	29.08%

Shelter Client Exit Destinations by Race/Ethnicity

	Asian	Black	Latine or Hispanic	Middle Eastern or North African	Multiracial (incl. Latine or Hispanic)	Multiracial (not Latine or Hispanic)	Native American	Native Hawaiian or Pacific Islander	White
Homeless: Sheltered	12%	11%	19%	14%	14%	11%	9%	12%	8%
Homeless: Unsheltered	16%	18%	13%	24%	18%	17%	24%	18%	21%
Institutional Situations	2%	1%	1%		2%	2%	0%	0%	1%
Deceased	0%	1%	0%		0%	0%	0%	0%	1%
Unknown	44%	47%	46%	52%	43%	47%	49%	34%	51%
Permanent Housing Situations	14%	14%	13%	10%	16%	14%	9%	19%	10%
Temporary Housing Situations	12%	9%	8%		7%	9%	8%	16%	7%

Sex and Gender Identity Demographic Comparisons between the San Francisco Population (ACS 5-year estimates), PIT Count (2024 total and unsheltered counts), and Shelter Population (FY23 and July-Dec FY24)

Note that Other Identity is a rolled-up grouping of gender identities. The disaggregated groups are presented along with the aggregated group.

	ACS	Total PIT	Unsheltered PIT	Sheltered PIT	FY23 Shelter Population	FY24 Shelter Population
Female	48.5%	33.55%	32.59%	33.21%	31.64%	30.86%
Male	51.5%	51.5%	56.02%	65.04%	63.49%	64.58%
Other Identity	0%	11.17%	16.86%	4.61%	4.92%	4.6%
Other Identity – Non-Binary	0%	6.07%	9.30%	2.44%	1.09%	1.13%
Other Identity – Other Identity	0%	1.08%	2.07%	0.00%		
Other Identity – Questioning	0%	0.55%	1.03%	0.03%	.07%	.02%
Other Identity - Transgender	0%	3.47%	4.46%	2.14%	2.06%	1.83%

APPENDIX 4: ADDITIONAL SHELTER BENCHMARKING DATA

In the main body of the report, we summarized benchmarking findings using averages for each peer groups – California Peers and National Peers. The tables below present raw data for each peer jurisdiction, including some additional fields that were not included in the main body of the report, such as gender identity and chronicity of homelessness.

San Francisco Serves a Higher Needs Shelter Population than Most Peer Jurisdictions (2023 CoC Homeless Populations and Subpopulations Reports)												
CoC Number	CoC Name	Total Shelter Population	Severely Mentally Ill		Chronic Substance Abuse		HIV/AIDS		Victims of Domestic Violence		Chronically Homeless	
CA-501	San Francisco CoC	2904	1139	39%	995	34%	108	4%	349	12%	1429	49%
CA-502	Alameda County CoC	1807	543	30%	420	23%	32	2%	183	10%	1057	58%
CA-606	Long Beach CoC	492	180	37%	88	18%	11	2%	97	20%	188	38%
CA-600	Los Angeles City & County CoC	15835	3252	21%	1634	10%	290	2%	3079	19%	4760	30%
CA-503	Sacramento City & County CoC	1986	443	22%	247	12%	28	1%	139	7%	967	49%
CA-601	San Diego City & County CoC	3895	615	16%	349	9%	42	1%	158	4%	1218	31%
CA-500	San Jose/Santa Clara City & County CoC	2186	404	18%	161	7%	22	1%	140	6%	913	42%
MA-500	Boston CoC	4738	580	12%	465	10%	28	1%	124	3%	669	14%
DC-500	District of Columbia CoC	3029	463	15%	277	9%	45	1%	569	19%	801	26%
CO-503	Metropolitan Denver CoC	5774	1431	25%	747	13%	46	1%	594	10%	1506	26%
NY-600	New York City CoC	81108	7256	9%	2871	4%	2077	3%	4395	5%	4077	5%
OR-501	Portland, Gresham/Multnomah County CoC	1821	689	38%	347	19%	21	1%	560	31%	845	46%
WA-500	Seattle/King County CoC	4885	974	20%	783	16%	3	0%	305	6%	1578	32%

San Francisco Serves More Adults and Fewer Children than Most Peer Jurisdictions (2023 Sheltered PIT Count)										
CoC Number	CoC Name	Total Shelter Population	Minors (Under 18)		TAY (18-24)		Adults (25-54)		Older Adults (55+)	
CA-501	San Francisco CoC	2904	227	8%	187	6%	1,786	62%	704	24%
CA-502	Oakland, Berkeley/Alameda County CoC	1807	209	12%	78	4%	930	51%	590	33%
CA-606	Long Beach CoC	492	23	5%	17	3%	270	55%	182	37%
CA-600	Los Angeles City & County CoC	15835	3960	25%	946	6%	7946	50%	2983	19%
CA-503	Sacramento City & County CoC	1986	316	16%	130	7%	964	49%	576	29%
CA-601	San Diego City and County CoC	3895	926	24%	248	6%	1773	46%	948	24%
CA-500	San Jose/Santa Clara City & County CoC	2186	537	25%	101	5%	999	46%	549	25%
MA-500	Boston CoC	4738	1938	41%	336	7%	2011	42%	453	10%
DC-500	District of Columbia CoC	3029	448	15%	170	6%	1474	49%	937	31%
CO-503	Metropolitan Denver CoC	5774	1066	18%	252	4%	3130	54%	1326	23%
NY-600	New York City CoC	81108	24991	31%	8723	11%	38235	47%	9159	11%
OR-501	Portland, Gresham/Multnomah County CoC	1821	175	10%	98	5%	1034	57%	514	28%
WA-500	Seattle/King County CoC	4885	1007	21%	314	6%	2541	52%	1023	21%

San Francisco Serves Fewer Women, More Men, and More Transgender Clients than Most Peer Jurisdictions (2023 Sheltered PIT Count)						
CoC Number	CoC Name	Female	Male	Transgender	Gender that is not Singularly Female or Male	Gender Questioning
CA-501	San Francisco CoC	31%	66%	2%	1%	0%
CA-502	Oakland, Berkeley/Alameda County CoC	40%	60%	0%	0%	0%
CA-606	Long Beach CoC	35%	65%	0%	0%	0%
CA-600	Los Angeles City & County CoC	46%	53%	1%	0%	0%
CA-503	Sacramento City & County CoC	49%	50%	0%	1%	0%
CA-601	San Diego City and County CoC	44%	55%	1%	0%	0%
CA-500	San Jose/Santa Clara City & County CoC	43%	56%	0%	0%	0%
MA-500	Boston CoC	53%	47%	0%	0%	0%
DC-500	District of Columbia CoC	32%	67%	1%	0%	0%
CO-503	Metropolitan Denver CoC	38%	60%	1%	1%	0%
NY-600	New York City CoC	44%	55%	0%	0%	0%
OR-501	Portland, Gresham/Multnomah County CoC	39%	57%	2%	3%	0%
WA-500	Seattle/King County CoC	39%	60%	0%	1%	1%

California Peers Added Shelter Beds Faster Than National Peers Since 2019
(Source: 2019-2023 HIC)

CoC Number	CoC Name	2019	2020	2021	2022	2023	Change in Shelter Beds	% Change
CA-501	San Francisco CoC	2721	2978	4474	3767	3420	699	26%
CA-502	Oakland, Berkeley/Alameda County CoC	1327	1576	2937	3277	2436	1109	84%
CA-606	Long Beach CoC	411	370	580	760	773	362	88%
CA-600	Los Angeles City & County CoC	12113	15888	19987	20868	20512	8399	69%
CA-503	Sacramento City & County CoC	1271	1326	2448	2592	2552	1281	101%
CA-601	San Diego City and County CoC	2138	2508	3878	4185	4525	2387	112%
CA-500	San Jose/Santa Clara City & County CoC	1410	1470	2437	2539	2888	1478	105%
MA-500	Boston CoC	5821	5723	5097	5380	5474	-347	-6%
DC-500	District of Columbia CoC	5490	5893	5001	5159	4026	-1464	-27%
CO-503	Metropolitan Denver CoC	3542	3472	4853	4708	6728	3186	90%
NY-600	New York City CoC	75593	74529	69731	62992	88366	12773	17%
OR-501	Portland, Gresham/Multnomah County CoC	1702	1678	1479	2053	1830	128	8%
WA-500	Seattle/King County CoC	4811	5060	4342	5422	5333	522	11%

APPENDIX 5: SHELTER PROGRAM INFORMATION AND INCLUSION IN ANALYSES

Overview of shelter programs and which specific analyses include them:

Note that open/close year is only included if in 2020 or later

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
33 Gough Cabins	Adult	Emergency Shelter	Non-Congregate	Cabin	70	2022		System Size Benchmarking Spending Shelter Stay Client data
711 Post Shelter	Adult	Emergency Shelter	Semi-Congregate	Emergency Shelter	250	2022		System Size Benchmarking Spending Shelter Stay Client data
A Woman's Place	Adult	Emergency Shelter	Congregate	Emergency Shelter (Women only)	25	2022 (re-opened)		System Size Benchmarking Spending Shelter Stay Client data
Adante Non-Congregate Shelter	Adult	Emergency Shelter	Non-Congregate	Emergency Shelter / Shelter Overflow	93	2020		System Size Benchmarking Spending Shelter Stay Client data
Baldwin SAFE Navigation Center	Adult	Navigation	Non-Congregate	Navigation Center (SAFE)	180	2022		System Size Benchmarking Spending Shelter Stay Client data

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
Bayshore Navigation Center	Adult	Navigation	Congregate	Navigation Center	128			System Size Benchmarking Spending Shelter Stay Client data
Bayview SAFE Navigation Center	Adult	Navigation	Congregate	Navigation Center (SAFE)	186	2021		System Size Benchmarking Spending Shelter Stay Client data
Bayview VTC	Adult	Crisis Intervention	Non-Congregate	Safe Parking	35	2022		System Size Benchmarking Spending Shelter Stay Client data
Bethel AME	Adult	Emergency Shelter	Congregate	Emergency Shelter (Women Only)	30		2020	Benchmarking Shelter Stay
Buena Vista Horace Mann Shelter	Family	Emergency Shelter	Congregate	Emergency Shelter	80			System Size Benchmarking Spending Shelter Stay Client data
Central Waterfront Navigation Center	Adult	Navigation	Congregate	Navigation Center	64			System Size Benchmarking Spending Shelter Stay Client data
Civic Center Hotel Navigation 2	Adult	Navigation	Congregate	Navigation Center	113	2022		System Size Benchmarking Spending Shelter Stay Client data
Compass Family Shelter	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	22			System Size Benchmarking Spending Shelter Stay Client data

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
Cova Non-Congregate Shelter	Adult	Emergency Shelter	Non-Congregate	Emergency Shelter	95	2020		System Size Benchmarking Spending Shelter Stay Client data
Diamond Youth Emergency Shelter	Minor	Emergency Shelter	Congregate	Emergency Shelter	15			System Size Benchmarking Spending Shelter Stay Client data
Division Circle Navigation Center	Adult	Navigation	Congregate	Navigation Center	186			System Size Benchmarking Spending Shelter Stay Client data
Dolores Adult Shelter (includes Jazzie's)	Adult	Emergency Shelter	Congregate	Emergency Shelter	91			System Size Benchmarking Spending Shelter Stay Client data
Ellis Semi-Congregate Shelter	Adult	Emergency Shelter	Semi-Congregate	Emergency Shelter	131	2020		System Size Benchmarking Spending Shelter Stay Client data
Embarcadero SAFE Navigation Center	Adult	Navigation	Congregate	Navigation Center (SAFE)	200			System Size Benchmarking Spending Shelter Stay Client data
First Friendship	Family	Emergency Shelter	Congregate	Emergency Shelter	25		2020	Benchmarking
Fulton Safe Sleep	Adult	Crisis Intervention	Non-Congregate	Safe Sleep	108	2020	2022	Benchmarking Shelter Stay

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
Hamilton Families Emergency Center	Family	Emergency Shelter	Congregate	Emergency Shelter	36			System Size Benchmarking Spending Shelter Stay Client data
Hamilton Families Emergency Center--Pregnant Person's Pilot	Family	Emergency Shelter	Congregate	Emergency Shelter	4			System Size Benchmarking Spending Shelter Stay Client data
Hamilton Families Residence	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	27			System Size Benchmarking Spending Shelter Stay Client data
Harbor House	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	30			System Size Benchmarking Spending Shelter Stay Client data
Hospitality House Shelter	Adult	Emergency Shelter	Congregate	Emergency Shelter (Men only)	22	2022 (re-opened)		System Size Benchmarking Spending Shelter Stay Client data
Huckleberry House Emergency Shelter	Minor	Emergency Shelter	Semi-Congregate	Emergency Shelter	6			System Size Benchmarking Spending Shelter Stay Client data
Interfaith Winter Shelter	Adult	Emergency Shelter	Congregate	Winter Shelter				Spending Shelter Stay Client data
Jones Safe Sleep	Adult	Crisis Intervention	Non-Congregate	Safe Sleep	15	2020	2022	Benchmarking Shelter Stay

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
Lark Inn	TAY	Emergency Shelter	Congregate	Emergency Shelter	36			System Size Benchmarking Spending Shelter Stay Client data
Lower Polk TAY Navigation Center	TAY	Navigation	Congregate	Navigation Center	75	2021		System Size Benchmarking Spending Shelter Stay Client data
Mission Cabins	Adult	Emergency Shelter	Non-Congregate	Cabin	60	2024		System Size
Monarch Non-Congregate Shelter	Adult	Emergency Shelter	Non-Congregate	Emergency Shelter	100	2020		System Size Benchmarking Spending Shelter Stay Client data
MSC South	Adult	Emergency Shelter	Congregate	Emergency Shelter	327			System Size Benchmarking Spending Shelter Stay Client data
Next Door	Adult	Emergency Shelter	Congregate	Emergency Shelter	334			System Size Benchmarking Spending Shelter Stay Client data
PATH	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	16			System Size Benchmarking Spending Shelter Stay Client data
Pier 94 Backlands	Adult	Emergency Shelter	Non-Congregate	Trailer	114	2020	2024	System Size Benchmarking Spending Shelter Stay Client data

Program/Site Name	Population	Program Type	Site Type	Program Type - Detail	Capacity	Opened	Closed	Included in what analyses?
Providence Adult Shelter	Adult	Emergency Shelter	Congregate	Emergency Shelter	110		2020	Benchmarking
Providence Family Emergency Center - Oasis Shelter	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	54			System Size Benchmarking Spending Shelter Stay Client data
Sanctuary	Adult	Emergency Shelter	Congregate	Emergency Shelter	200			System Size Benchmarking Spending Shelter Stay Client data
Site V06: Jennings Safe Sleep	Adult	Crisis Intervention	Non-Congregate	Safe Sleep	20	2020	2023	System Size Benchmarking Spending Shelter Stay Client data
South Van Ness Safe Sleep	Adult	Crisis Intervention	Non-Congregate	Safe Sleep	40	2020	2023	System Size Benchmarking Spending Shelter Stay Client data
St. Joseph's Family Center	Family	Emergency Shelter	Non-Congregate	Emergency Shelter	10			System Size Benchmarking Spending Shelter Stay Client data
Taimon Booton Navigation Center	Adult	Navigation	Congregate	Navigation Center (Transgender, Nonbinary, Women)	84	2022		System Size Benchmarking Spending Shelter Stay Client data

APPENDIX 6: DENIALS OF SERVICE

We matched data on the number of denials of service (DOS) issued per shelter site per month with shelter occupancy data to analyze how frequently DOS's were occurring. In total, we found that sites issued 7.6 denials of service for every 100 unique clients served. This rate was highest for TAY shelters, at more than double the rate of adult shelters and more than three times the rate of family shelters.

TAY Shelters Issued Denials of Service at a Higher Rate Than Other Shelter Types (July 2023 – December 2024)			
Population	Unique Clients Served	Denials of Service Issued	Rate per 100 Unique Clients
Transitional Aged Youth	736	119	16.17
Adults	14445	1148	7.95
Families	3037	138	4.54
Minors	223	0	0
Total	18441	1405	7.62

We also found that congregate shelter sites issued slightly more DOS's than non-congregate or semi-congregate sites.

Congregate Shelters Issued Denials of Service at a Higher Rate Than Other Shelter Types (July 2023 – December 2024)			
Site Type	Unique Clients Served	Denials of Service Issued	Rate per 100 Unique Clients
Congregate	12234	1017	8.31
Non-Congregate	4472	292	6.53
Semi-Congregate	1735	96	5.53
Total	18441	1405	7.62