

File No. 210747

Committee Item No. 1

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

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Date: Oct. 21, 2021

Date: \_\_\_\_\_

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- \_\_\_\_\_

Prepared by: John Carroll

Date: Oct. 15, 2021

Prepared by: John Carroll

Date: \_\_\_\_\_

Prepared by: John Carroll

Date: \_\_\_\_\_



**Maria Su, Psy.D.**  
Executive Director



**London Breed**  
Mayor

# MEMO

October 8, 2021

To: Office of the City Administrator

From: Department of Children, Youth and Their Families

Re: **Annual Report on Sexual Orientation and Gender Identity Data**

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## Introduction

In July 2016, the San Francisco Board of Supervisors passed Ordinance 159-16, which amended the Administrative Code to require city departments and contractors that provide health care and social services to collect and analyze data concerning the sexual orientation and gender identity (SOGI) of the clients they serve. The Ordinance identifies the Department of Children, Youth and Their Families (DCYF) as one of the city departments that must comply with the legislation. This memo is intended to fulfill the requirements of section 104.8(c) of the Administrative Code and serve as DCYF's Annual Report on Sexual Orientation and Gender Identity Data.

DCYF's primary role is to administer the Children and Youth Fund in accordance with the requirements of the City Charter. As a funding agency, DCYF contracts with nonprofit agencies to provide services to children, youth and their families in San Francisco. In fiscal year 2020-21, DCYF administered approximately \$108 million in direct grants to nonprofit agencies providing a range of services, from out of school time programs for children and youth to family support services and youth employment programs.

This memo provides an analysis of the SOGI data that DCYF collected during fiscal year 2020-21, from July 1, 2020 through June 30, 2021.

## Approach for FY 2020-21

For fiscal year 2020-21, DCYF based its approach for SOGI data collection on policies and procedures issued by the Department of Public Health (DPH), which are referenced in section 104.3(c)(2) of the Administrative Code.<sup>1</sup> These documents provide guidelines, questions, and response options for

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<sup>1</sup> [https://www.sfdph.org/dph/files/PoliciesProcedures/COM9\\_SexualOrientationGuidelines.pdf](https://www.sfdph.org/dph/files/PoliciesProcedures/COM9_SexualOrientationGuidelines.pdf)  
[https://www.sfdph.org/dph/files/PoliciesProcedures/COM5\\_SexGenderGuidelines.pdf](https://www.sfdph.org/dph/files/PoliciesProcedures/COM5_SexGenderGuidelines.pdf)

collecting SOGI data from clients ages 18 and up. Table 1 provides the questions and corresponding response options recommended by the DPH documents.

**Table 1: SOGI Questions and Response Options**

Sexual Orientation	Gender Identity
1. How do you describe your sexual orientation or sexual identity? (check <u>one</u> )	1. What is your gender? (check <u>one</u> )
<ul style="list-style-type: none"> <li>• Bisexual</li> <li>• Gay/Lesbian/Same-Gender Loving</li> <li>• Questioning/Unsure</li> <li>• Straight/Heterosexual</li> <li>• Not listed. Please specify: _____</li> <li>• Decline to answer</li> </ul>	<ul style="list-style-type: none"> <li>• Female</li> <li>• Genderqueer/Gender Non-binary</li> <li>• Male</li> <li>• Trans Female</li> <li>• Trans Male</li> <li>• Not listed. Please specify: _____</li> <li>• Decline to answer</li> </ul>

As DCYF functions primarily as a funding agency and not as a direct service provider, DCYF does not collect data directly from children, youth or their families. DCYF establishes reporting requirements and data entry expectations for its grantees, which report client-level data, including participant names, demographics, and attendance in funded activities, into a secure, online database known as the DCYF Contract Management System (CMS). In 2018, DCYF worked with Cityspan, the vendor responsible for development of the CMS, to modify the client-level demographics form to include data entry fields that correspond with the SOGI questions and response options described in Table 1.

Given ongoing research into appropriate methods for capturing SOGI data for children and adolescents under the age of 18, this memo focuses on SOGI data collected from participants ages 18 and over. DCYF holds a specific interest in data collected by grantees funded to serve disconnected transitional age youth (TAY). Disconnected TAY are youth who are disconnected from the supports and services they need to ensure a successful transition into stable and self-sufficient adulthood. The City Charter defines “disconnected TAY” as young people ages 18 to 24 who:

- are experiencing homelessness or in danger of homelessness;
- have dropped out of high school;
- have a disability or other special needs, including substance abuse;
- are low-income parents;
- are undocumented;
- are new immigrants and/or English learners;
- are lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ); and/or
- are transitioning from the foster care, juvenile justice, criminal justice or special education system.

**COVID-19 Impact on DCYF-Funded Programming**

It is important to note that the COVID-19 pandemic led grantees to implement major shifts in their approach and focus in order to meet the essential service needs of San Francisco children, youth, and families. DCYF categorized these shifts under the following categories: Basic Needs, Economic Stability, Education, Social Connection, and Wellness and Trauma. Additionally, many grantees delivered services

online and through other remote formats in order to adhere to public health orders issued by the city and state. As grantees rapidly pivoted their services in response to the COVID-19 pandemic, DCYF reduced its grantee reporting requirements and primarily tracked dates of service, with limited information on changes to activities and the participants served.

Therefore, the demographic information in this memo reflects some data collection challenges associated with COVID-19, including an increase in the percentage of participants with ‘Declined/Not Stated’ listed in place of an identification of Sexual Orientation. This increase may be a result of participants joining via remote platforms and grantees not completing typical intake processes.

**Disconnected TAY Programming**

DCYF began the current five-year funding cycle in fiscal year 2018-19 and enacted a shift in allocating funds for disconnected TAY in the process. Whereas DCYF previously established funding strategies specifically for disconnected TAY, DCYF’s 2018-24 funding cycle allows for programs under any funded strategy to serve disconnected TAY. In other words, programs funded through almost any of DCYF’s strategies may intend to serve disconnected TAY.

Table 2 offers descriptions of the DCYF Service Areas and a count of programs that report serving disconnected TAY in each Service Area. Table 3 offers a list of these programs.

***Table 2: Count of Programs Serving Disconnected TAY by Service Area, Fiscal Year 2020-21***

Service Area	Count of TAY Serving Programs
<p><b>Educational Supports</b></p> <p>Supports a range of educational opportunities that help children and youth who are struggling academically get back on track with their education and achieve individualized educational goals.</p>	12
<p><b>Enrichment, Leadership and Skill Building</b></p> <p>Supports opportunities for children, youth and disconnected TAY to learn specialized skills, build positive personal identities, and improve their leadership abilities through project and curriculum-based programming.</p>	13
<p><b>Family Empowerment</b></p> <p>Programs that provide coordinated, culturally competent services like case management, job training, family support, cultural identity support, mental health, and substance abuse counseling for high needs African American and Latino/a/x youth and/or their families involved in multiple systems, like justice and social welfare systems.</p>	2
<p><b>Justice Services</b></p> <p>Supports a continuum of services for justice system-involved youth and disconnected TAY.</p>	28

<b>Service Area</b>	<b>Count of TAY Serving Programs</b>
<b>Mentorship</b>	
Supports opportunities for middle school girls, children of incarcerated parents and disconnected TAY to connect with caring adult mentors.	2
<b>Youth Workforce Development</b>	
Supports a continuum of tiered career exposure and work-based learning opportunities that are developmentally appropriate and meet youth needs.	22
<b>Total</b>	<b>79</b>

**Table 3: DCYF-Funded Programs Serving Disconnected TAY, Fiscal Year 2020-21**

<b>Agency - Program</b>	<b>Service Area</b>
Alive & Free - Alive & Free Leadership Academy	Educational Supports
Bayview Hunters Point YMCA - Center for Academic Re-Entry (CARE)	Educational Supports
Hunters Point Family - Academic Support	Educational Supports
Larkin Street Youth Services - Academic Supports	Educational Supports
Life Learning Academy - Life Learning Academy	Educational Supports
Mission Neighborhood Centers - GED Prep Program	Educational Supports
Richmond District Neighborhood Center - RDNC Academic Response to Intervention (MS/HS)	Educational Supports
Samoan Community Development Center - Arise	Educational Supports
San Francisco Students Back On Track - Back On Track 6-12 Free Academic Tutoring	Educational Supports
Success Center San Francisco - Early Morning Study Academy-GED Preparation & Transitional Services	Educational Supports
Urban Services YMCA - TARC	Educational Supports
Young Community Developers - 100 College Prep	Educational Supports
American Conservatory Theater - Intensive Residencies	Enrichment, Leadership and Skill Building
Bay Area Community Resources - Hope SF Youth Leadership Program (HSF YPL)	Enrichment, Leadership and Skill Building
Bay Area Video Coalition - Bridges	Enrichment, Leadership and Skill Building
Horizons Unlimited of San Francisco - Females Against Violence (FAV): Leadership and Empowerment Program	Enrichment, Leadership and Skill Building

Agency - Program	Service Area
Horizons Unlimited of San Francisco - The DJ Project	Enrichment, Leadership and Skill Building
Jamestown Community Center - Loco Bloco Arts Education Programs	Enrichment, Leadership and Skill Building
Lavender Youth Recreation and Information Center (LYRIC) - Emerging Queer & Transgender Youth (EQTY) Leadership Program	Enrichment, Leadership and Skill Building
Project Level - Project Level	Enrichment, Leadership and Skill Building
Queer Women of Color Media Arts Project - Film & Freedom Academy	Enrichment, Leadership and Skill Building
San Francisco Lesbian Gay Bisexual Transgender Community Center - LGBTQ Youth Services	Enrichment, Leadership and Skill Building
Sunset Youth Services - Digital Arts	Enrichment, Leadership and Skill Building
Young Community Developers - Studio 96	Enrichment, Leadership and Skill Building
Youth Leadership Institute - Building Leaders in Innovative New Giving (B.L.I.N.G)	Enrichment, Leadership and Skill Building
Instituto Familiar de la Raza - Roadmap to Peace	Family Empowerment
Young Community Developers - Black to the Future	Family Empowerment
Bay Area Community Resources - RESET	Justice Services
Central American Resource Center - Second Chance Youth Program and Tattoo Removal Clinic	Justice Services
Community Works West - Women Rising / Rising Voices	Justice Services
Community Works West - Young Men's Reentry	Justice Services
Community Youth Center of San Francisco - Asian Pacific Islander Violence Prevention Services	Justice Services
Felton Institute - Felton's Young Adult Court Program	Justice Services
Five Keys Schools and Programs - TAY Resiliency	Justice Services
Homies Organizing the Mission to Empower Youth (HOMEY) - HOMEY CALLES Case Management Program	Justice Services
Huckleberry Youth Programs - Huckleberry Advocacy & Response Team (HA&RT) Program Serving Justice-Involved Girls and Young Women	Justice Services
Huckleberry Youth Programs - Huckleberry Community Assessment and Referral Center (CARC)	Justice Services
Hunters Point Family - Youth Justice Services	Justice Services
Instituto Familiar de la Raza - Cambios	Justice Services
Instituto Familiar de la Raza - Destinos Nuevos	Justice Services
Legal Services for Children - Legal Services for Children Justice Services Project	Justice Services
Mission Neighborhood Centers - Home Detention	Justice Services

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Agency - Program	Service Area
Mission Neighborhood Centers - Young Queens on the Rise	Justice Services
Potrero Hill Neighborhood House - Peer-Counseling	Justice Services
Samoan Community Development Center - Transforming Our Attitude (TOA)	Justice Services
Special Service for Groups - Occupational Therapy Training Program-San Francisco	Justice Services
Success Center San Francisco - ADAPT (A Dream and A Plan for Tomorrow)	Justice Services
Success Center San Francisco - Pathways to Success	Justice Services
Sunset Youth Services - Justice Services	Justice Services
University of California, San Francisco - UCSF ZSFG Gender-Responsive Care for Justice-Involved Girls and Young Women	Justice Services
Urban Services YMCA - Tailor Made	Justice Services
Young Community Developers - OMI RITES (Reshaping Ideas Through Empowerment and Support)	Justice Services
Young Community Developers - Re-Entry Integrative Services for Employment (RISE)	Justice Services
Young Women's Freedom Center - Girls and Young Women's Detention Advocacy Project	Justice Services
Young Women's Freedom Center - Stepping into Sisterhood	Justice Services
Lavender Youth Recreation and Information Center (LYRIC) - NetwerQ - A Mentorship Program (Collaborative)	Mentorship
Westside Community Services - Ajani Community Case Management	Mentorship
Bay Area Community Resources - Career Pathways Undocumented (CPU)	Youth Workforce Development
Bay Area Community Resources - Youthline Tech	Youth Workforce Development
Bridges from School to Work, Inc. - Bridges from School to Work	Youth Workforce Development
Community Youth Center of San Francisco - Job Readiness for English Language Learners	Youth Workforce Development
Horizons Unlimited of San Francisco - LifeWorks Employment Program	Youth Workforce Development
Hunters Point Family - Ujamaa Training and Employment	Youth Workforce Development
Jewish Vocational Service - Transitional Age Youth Early Care and Education (TAYECE) Program	Youth Workforce Development
Juma Ventures - Juma Ventures - YouthConnect	Youth Workforce Development
Lavender Youth Recreation and Information Center (LYRIC) - LYRIC Fellowship (Youth Employment/Organizing Components)	Youth Workforce Development
Lavender Youth Recreation and Information Center (LYRIC) - Sequoia Leadership Institute for LGBTQQ and Ally Youth	Youth Workforce Development

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Agency - Program	Service Area
Lavender Youth Recreation and Information Center (LYRIC) - UndocuWorkforce for LGBTQQ and Ally Youth	Youth Workforce Development
Life Learning Academy - LLA Workforce Development Program	Youth Workforce Development
New Door Ventures - New Door Ventures Youth Workforce Development	Youth Workforce Development
Old Skool Cafe - Youth Workforce Training and Employment	Youth Workforce Development
Richmond Area Multi-Services - RAMS' NextGen Workforce Program	Youth Workforce Development
San Francisco Conservation Corps - SFCC Youth Workforce Development	Youth Workforce Development
Success Center San Francisco - Code on Point - Coding Bootcamp (Formerly Code Ramp)	Youth Workforce Development
Sunset Youth Services - Workforce Development	Youth Workforce Development
The Arc San Francisco - The Arc San Francisco Youth Workforce Development Education and Career Preparatory Program	Youth Workforce Development
Urban Services YMCA - OMIE Beacon TAY Job Connection Program	Youth Workforce Development
Urban Sprouts - Urban Sprouts	Youth Workforce Development
Young Community Developers - Employment & Education Reengagement Program	Youth Workforce Development

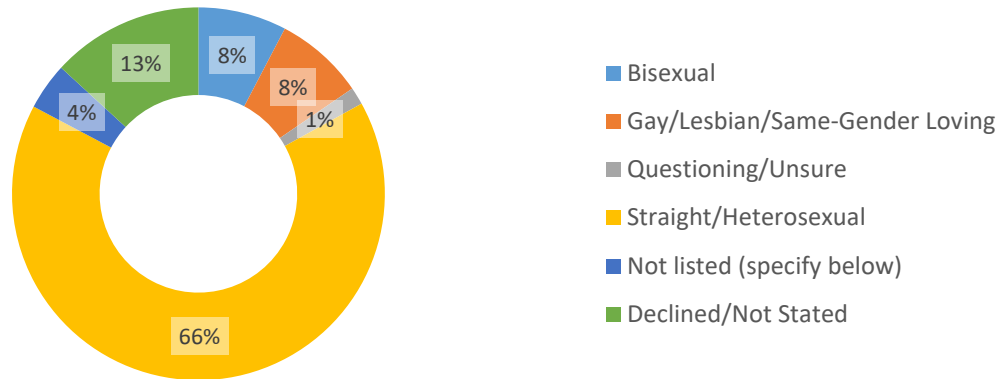
**Sexual Orientation**

Of the 1,520 participants ages 18 and over in DCYF programs during FY2020-21, 1,055 provided a valid response to the question on sexual orientation by the end of the year. Figure 1 below shows the overall results for the TAY grantees.



**Figure 1: Sexual Orientation of TAY Program Participants (n=1,055), FY2020-21**

Sexual Orientation of TAY Program Participants (n=1,055)



Of the 1,055 TAY program participants for whom sexual orientation data is available, 17% identified as bisexual, gay/lesbian/same-gender loving, or questioning/unsure, and 13% declined to state or did not identify their Sexual Orientation.

Figure 2 displays write-in responses for participants who reported their sexual orientation as not listed. Two write-in responses were relatively frequent (20 or more instances): “Pansexual” and “Queer.”

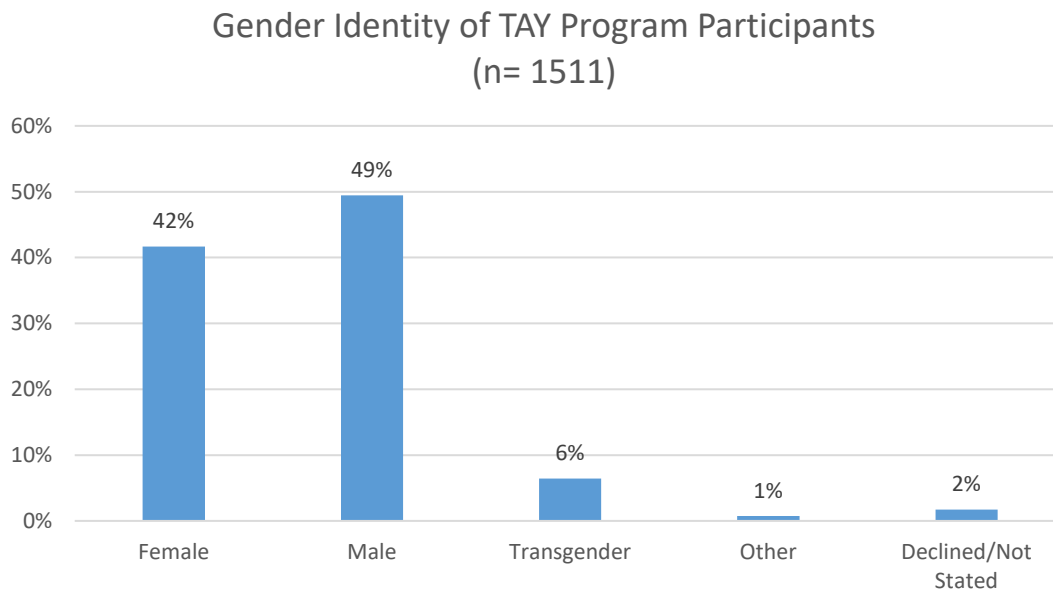
**Figure 2: Sexual Orientation Write-In Responses, FY2020-21**

- Asexual
- Asexual/Aromantic
- Demisexual/Panromantic
- Fluid
- Fluid/Demisexual
- Grey/Pansexual
- LGBTQ+
- More Than One
- Multiple Identities
- Non-Conforming
- Pan
- Panromantic Polysexual
- Pansexual
- Queer
- Sapio-Pansexual
- Sapiosexual
- Transman loving Woman
- Transwoman loving Man

## **Gender Identity**

Of the 1,511 TAY program participants for whom gender identity data is available, 6% identified as “Transgender” and about 1% identified as “Other” based on their responses to the gender identity question.

**Figure 3: Gender Identity of TAY Program Participants (n=1,511), FY2020-21**



Percentages may not add up to 100% due to rounding.

Figure 4 shows the write-in responses of the participants who identified as “Other”.

**Figure 4: Gender Identity Write-In Responses, FY2020-21**

- 2-Spirited
- Agender/Nonbinary
- Cis Gender
- Female
- Gender non-conforming
- Genderfluid
- non-binary
- Non-conforming
- Pan gender
- Trans Masculine
- Woman Trans Experience
- Womxn
- Young man

## **FY2020-21 SOGI Data Collected for youth in Grades 6 and Up**

In addition to collecting client-level SOGI data from TAY program participants, DCYF collects SOGI data for program participants in grades 6 and up via anonymous youth experience surveys. However, as the COVID-19 pandemic disrupted regular programming for many DCYF grantees in FY2020-21, DCYF waived the requirement that grantees administer youth experience surveys and instead made administration of the survey optional. As a result, DCYF received a much smaller set of survey responses from a non-representative sample of grantees.

### **Discussion**

With recent studies estimating that transgender men and women constitute roughly 0.24% of the San Francisco adult population<sup>2</sup>, the 6% transgender proportion of DCYF's TAY program participants, shown in Figure 3, appears higher than might be expected if CMS participant demographics simply mirrored those of the City's general population. A 2015 Gallup poll estimated that roughly 6% of the San Francisco metropolitan area (San Francisco, Oakland, Hayward) identifies as lesbian, gay, bisexual or transgender.<sup>3</sup> Given this estimate, the 16% share of disconnected TAY in DCYF programs who identify as gay, lesbian, same gender-loving, or bisexual, shown in Figure 1, again appears higher than might be expected if participants simply reflected the area's adult population.

DCYF can state with confidence that we remain committed to monitoring SOGI data in FY2021-22 to ensure that DCYF-funded programs are accessible by LGBT individuals. Below is a brief list of steps that the department will take to ensure accessibility in FY2021-22.

- Review available SOGI population-level data to analyze LGBTQQ participation trends across DCYF-funded programming.
- Improve SOGI data collection efforts to help DCYF better describe how well LGBTQQ communities are being served by DCYF-funded programs. Grantees have described challenges collecting SOGI data for participants who prefer to not share their sexual orientation and gender identity with third parties nor have their identifying information documented. To support grantees in communicating data protection measures and the importance of collecting SOGI data, DCYF will increase grantee communications concerning our Privacy Policy, specifically highlighting our commitment to safely storing and protecting participant demographic information.
- Implement an additional question in grantee workplans to track the populations grantees have the expertise and mission to serve. Grantee target population selections will help DCYF identify grantees that intentionally provide services to LGBTQQ populations among other populations.
- Train and support DCYF grantees on SOGI data collection and reporting requirements.

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<sup>2</sup> <https://www.tandfonline.com/doi/abs/10.1080/15532739.2017.1376729?journalCode=wijt20>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5862690/>

<sup>3</sup> [https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm\\_source=Social%20Issues&utm\\_medium=newsfeed&utm\\_campaign=tiles](https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=tiles)

- Reinstated the requirement that grantees administer FY2021-22 DCYF Youth Experience Surveys for youth in grades 6 and up. Survey results will help inform FY2021-22 SOGI data analysis.
- Report SOGI data regularly to encourage outreach to LGBT communities and support accountability efforts.
- Continue to direct funding toward LGBT communities, as data on TAY program participants suggest that LGBT individuals are more likely to participate in programs and services dedicated to meeting their needs.
- Build the capacity of grantee agencies to serve LGBT communities. DCYF has partnered with community-based organizations such as LYRIC to build capacity of grantees to serve LGBT youth through recent trainings. DCYF will continue to assess the needs of grantees and offer training as needed.



# FY2020-2021 Report on the Collection of Sexual Orientation & Gender Identity Data

*Submitted October 2021*

*In July 2016, the San Francisco Board of Supervisors passed Ordinance 159-16, which amended the City’s Administrative Code to require covered City departments to collect and analyze data concerning sexual orientation and gender identity (SOGI) of the clients they serve. The Ordinance identified the Department of Homelessness and Supportive Housing (HSH) as one of the covered departments. This report fulfills the requirements of section 104.8 of the Administrative Code and serves as HSH’s FY20-21 Report for the Collection of Sexual Orientation and Gender Identity (SOGI) data.*

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**Report Overview** - The Department of Homelessness and Supportive Housing (HSH) and our contracted non-profit partners and grantees provide direct services to people experiencing and at risk of homelessness through San Francisco’s Homelessness Response System (HRS). The HRS offers direct services through the six core components of HSH work: Street Outreach, Problem Solving, Coordinated Entry, Temporary Shelter, Housing, and the Housing Ladder. This report analyzes these six program areas, looking at the percentage of LGBTQ+ individuals served in each core service area for FY20-21.

HSH is committed to providing equitable service for LGBTQ+ clients. The Five-Year Strategic Framework, which outlines the Department’s strategy for making homelessness a rare, brief, and one-time occurrence, centers equity in each component of our work. This commitment to equity is more important than ever given the disproportionate impact of the COVID-19 pandemic on San Francisco’s communities of color and LGBTQ+ population. This report discusses the steps we have taken in each core program area to improve access and the actions each team and the Department as a whole plan to take next year.

### Collecting and Storing SOGI Data

**FY20-21 Data Collection** - SOGI-compliant data collection systems across HSH direct services are essential to HSH's ability to understand and better serve the LGBTQ+ population of people experiencing homelessness. Since the HSH’s creation in 2016, the Department has made significant strides to update inherited data systems and mandate data collection to provide standardized, accurate data across our system.

HSH’s data collection standards are largely [consistent with policies and procedures](#) issued by the Department of Public Health (DPH) in accordance with section 104.3(c) (2) of the Administrative Code. In 2019, in line with guidance to make our data collection more culturally responsive, HSH requested and received a partial waiver to the City Administrator for the requirement to collect information on participants’ sex assigned at birth. Table 1 includes the two SOGI questions we currently ask and the corresponding response options. Options for the gender identity question are mandated by the U.S. Department of Housing and Urban Development (HUD).

**Table 1: HSH SOGI Questions, FY20-21**

What is your current gender identity? <i>*HUD-mandated response options.</i>	How do you describe your sexual orientation or sexual identity?
<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Trans Male (FTM or Female to Male)</li> <li>• Trans Female (MTF or Male to Female)</li> </ul>	<ul style="list-style-type: none"> <li>• Straight/ Heterosexual</li> <li>• Gay/Lesbian/Same-gender loving</li> <li>• Bisexual</li> <li>• Questioning/Unsure</li> <li>• Not Listed</li> </ul>



<ul style="list-style-type: none"> <li>• Gender Non-Conforming (i.e., not exclusively Male or Female)</li> <li>• Client Refused</li> <li>• Data not collected</li> <li>• Blank</li> </ul>	<ul style="list-style-type: none"> <li>• Declined to Answer</li> <li>• Not Asked</li> <li>• Incomplete/missing data</li> </ul>
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HSH requires all contractors and grantees to collect SOGI data for clients accessing direct services. The Department includes a clause mandating collection of this data in all new agreements with contractors and grantees. We are systematically updating existing contracts to include the clause. The language included in these contracts is provided in Appendix A.

**Future Data Collection** - In FY21-22, HSH will update our SOGI data collection to bring our questions in line with new 2022 HUD data collection standards for the gender identity question. These new response options, outlined in Table 2, will be rolled out on October 1, 2021, and include more culturally appropriate and inclusive options for clients. We will continue to work on ensuring all clients are asked these SOGI questions at the time of intake into the ONE System, our main database. With guidance from OTI and other City partners, HSH will report out on these HUD-mandated fields in a manner consistent with City guidelines and will cross-map this data with information from previous years.

**Table 2: 2022 HUD Gender Identity Question**

HUD 2022 Gender Response Options
Female
Male
Transgender
A gender other than singularly male or female (e.g., non-binary, genderfluid, agender, culturally specific gender)
Questioning
n/a
Client doesn't know
Client refused
Data not collected

**Data Storage** - In 2017, HSH launched the Online Navigation and Entry (ONE) System as the client-level system of record for the San Francisco Homelessness Response System (HRS). The ONE System contains SOGI information. This system will eventually replace all the legacy data systems within the HRS that HSH inherited or created as interim systems until the ONE System is fully deployed. Moving all data to the ONE System is HSH’s plan for full SOGI Compliance. Some program information, such as data for Housing Ladder and Homeward Bound, is still not incorporated in the ONE System as of the FY20-21 report. However, these client records are SOGI compliant. Table 3 describes the data storage for each of the six core components.



**Table 3. Data Storage SOGI Compliance by Program Area**

Program Area	Data System	SOGI Compliant?	Notes
<b>Street Outreach</b>	ONE System	Yes	Safe Sleep and Vehicle Triage Centers are included under Street Outreach for the purposes of this report, since these programs do not fit HUD’s definition of shelter.
<b>Temporary Shelter<sup>1</sup></b>	ONE System	Yes	Shelter includes the Shelter-In-Place (SIP) hotels, SIP RV/Trailers, and emergency congregate sites stood up during the COVID-19 pandemic.
<b>Coordinated Entry</b>	ONE System	Yes	Coordinated Entry tracks all clients in ONE. Data collected in the ONE system may include a small number of programs that participate in Coordinated Entry but are not funded through HSH.
<b>Problem Solving</b>	ONE System and Homeward Bound Database	Yes	All Problem Solving interventions other than Homeward Bound are tracked in the ONE System.  Homeward Bound’s records are not yet incorporated into the ONE System but are SOGI compliant. HSH will continue to examine options to incorporate this program in ONE.
<b>Housing</b>	ONE System	Yes	All new clients placed in permanent housing are asked

<sup>1</sup> The only existing non-SOGI compliant data storage system is CHANGES, the adult shelter bed reservation system that has been inactive since March 2020 due to COVID-19. HSH is committed to continuing to work with City partners to ensure post-COVID this system meets the needs of clients and is SOGI-compliant by either integrating fully over to the ONE system or redesigning the current platform.





			SOGI questions upon enrollment in ONE. This report reflects new placements in housing in FY20-21. <sup>2</sup>
<b>Housing Ladder</b>	Housing Ladder records	Yes	HSH is examining options to incorporate Housing Ladder into the ONE System. Housing Ladder records are SOGI compliant.

## Methodology

This report includes findings at the household level, since there are high rates of incomplete data for family households and most placements into HSH direct services are made at a household level. Often, especially when serving families, only the head of household is fully assessed, and comprehensive collection of gender identity and sexual orientation data may be limited for other family members and minors in the household. This methodology, first reflected in the FY19-20 report, provides a more accurate analysis of how households identifying as LGBTQ+ are utilizing HSH direct services.

For the purposes of this report, “household” refers to data collected from the head of household. To ensure HSH’s ability to compare LGBTQ+ client access of HSH direct services over time, this report includes comparative data from FY18-19 to FY20-21 for each program area at a household level.

“LGBTQ+” is calculated as anyone who selected the following responses from the gender identity and sexual orientation questions as listed in Table 1: Gay/Lesbian/Same-Gender Loving, Trans Female (MTF of Male to Female), Trans Male (FTM or Male to Female), Gender Non-Conforming, Bisexual, Questioning/Unsure, Not Listed or Client Doesn’t Know.

Data collected in the ONE system may include a small number of programs that participate in Coordinated Entry or data sharing but are not funded through HSH or placed by Coordinated Entry. HSH is not able to categorically exclude these programs and it may have a small impact on data presented in this report. As applicable, relevant program-specific methodology is noted under each core component subsection in this report, including any significant impacts to data quality or collection due to COVID-19.

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<sup>2</sup> For the purposes of this report, HSH reflects the clients served by being placed into housing during the current fiscal year. HSH continues to collect SOGI data for current tenants in PSH that may have been placed before the SOGI ordinance was implemented. Additionally, the Department is prioritizing the inclusion of all housing programs into the ONE system, since some PSH sites are not yet set up to track tenants in ONE.



## Analysis of FY20-21 Service Data

HSH’s FY20-21 SOGI report analysis includes all households served between July 1, 2020, and June 30, 2021, for which SOGI compliant data was collected. The direct services included in this analysis reflect the six core components of the Homelessness Response System: Street Outreach, Coordinated Entry, Problem Solving, Temporary Shelter, Permanent Housing, and Housing Ladder.

**FY20-21 Benchmarks** – San Francisco Administrative Code Section 104.8 requires HSH to identify programs that are underserving LGBTQ+ clients. To set a threshold to identify these programs, HSH has identified a goal range for the percentage of LGBTQ+ individuals served by each core component.

According to the a [2019 report from the San Francisco Controller’s Office](#), 12% of the City’s population identifies as LGBTQ+. We also have an estimate of the percentage of people experiencing homelessness that identify as LGBTQ+. HSH’s most recent [Point-in-Time \(PIT\) Count](#) in 2019 found that 27% of people experiencing homelessness identified as LGBTQ+, including 46% of Transitional Age Youth (aged 18 – 24) respondents. This percentage may not be highly accurate since 2019 PIT count demographics are generated from a 1,000-person peer-to-peer survey that is then extrapolated.

Based on available data, and since HSH’s programs serve both people at risk of homelessness (who are not represented in the PIT Count) and people experiencing homelessness, our goal range for our HSH direct service programs is between **12% and 27% of LGBTQ+ individuals served**. In future years, HSH hopes to access other available data, including SOGI data from the full 2022 PIT Count and SOGI data for the population of people living at the poverty line, to better inform our equity benchmarks.

**Table 4. SOGI Overview by Program Area<sup>3</sup>**

	LGBTQ+ Households	Non-LGBTQ+ Households	% LGBTQ+ Households
<b>Street Outreach</b>	196	1.322	12.9%
<b>Coordinated Entry</b>	1154	6.550	15.0%
<b>Problem Solving</b>	126	1.084	10.4%
<b>Temporary Shelter</b>	663	3.996	14.2%
<b>Housing</b>	228	1,404	14.0%
<b>Housing Ladder</b>	5	22	18.5%
<b>Average<sup>4</sup></b>	-	-	<b>14.2%</b>

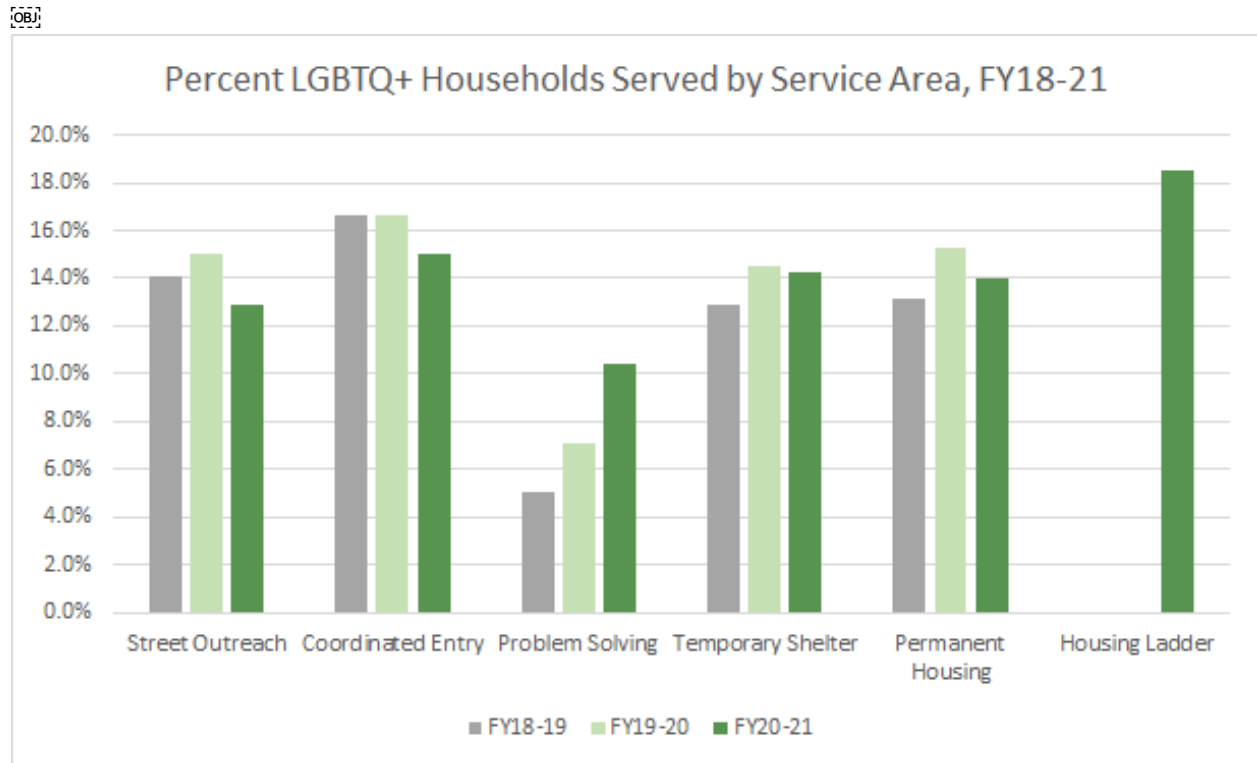
In FY20-21, five of HSH’s six core component service areas fell within our goal range of 12% to 27% of LGBTQ+ individuals served. The only program that underperformed relative to our goal range, Problem Solving, has steadily increased the percentage of recorded LGBTQ+ individuals served over the last three years.

<sup>3</sup> This table includes households with complete SOGI data. For information about the number of households with incomplete SOGI data, see Appendix B.

<sup>4</sup> This average includes duplicate records for clients served in multiple HSH programs in FY20-21.



**Figure 1. Percent LGBTQ+ Households Served by Service Area, FY18-21**



*This data includes only households with complete data. See Appendix B for the total number of households served each year in each program area.*

Over the last three fiscal years, the percent of LGBTQ+ households served in the Street Outreach, Coordinated Entry, Temporary Shelter, and Permanent housing programs has fluctuated slightly but stayed above the 12% mark at the low end of our goal range. HSH split out Housing Ladder SOGI data for the first time this year. The sample size for Housing Ladder is small, totaling 27 households served with 18.5% LGBTQ+ households. HSH will continue to report on Housing Ladder in the coming years to bring this report in line with the organization of our core service areas.

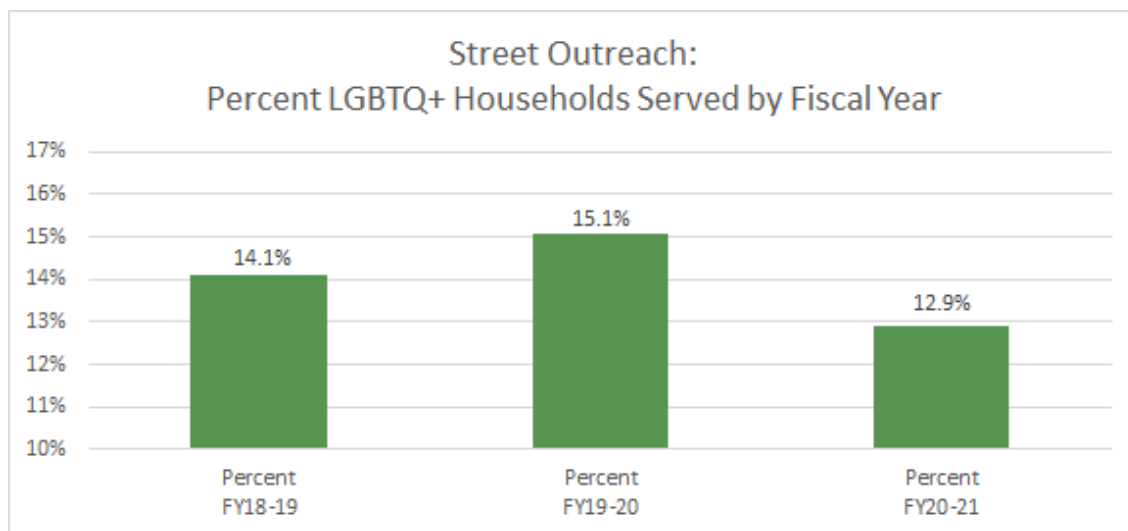
This report breaks down the data by each core component, providing a description of the program, an analysis of the program’s FY20-21 data, and information about the steps the program has taken and plans to take to increase access for LGBTQ+ individuals.

### Street Outreach

**Program Description** – The San Francisco Homeless Outreach Team (HOT) connects the most vulnerable individuals living outside with available and appropriate resources within the Homelessness Response System. Through outreach, engagement, and case management, HOT works to engage and stabilize these clients. HOT works in small teams seven days a week. Teams have expertise in the complex issues that are barriers to stability for this population. For individuals who are not ready to accept the services HSH has to offer, HOT continues to outreach and build motivation to ensure services are available when they are needed.



Figure 2. Street Outreach – Percent LGBTQ+ Households Served by Fiscal Year



*n* = 1,120 (FY18-19) | 1,196 (FY19-20) | 1,518 (FY20-21). These percentages do not include households with incomplete data. See Appendix B for more information.

Table 5. Street Outreach– Gender Identity and Sexual Orientation of Households Served (Percent)

Gender Identity	FY19-20	FY20-21
Male	67%	67%
Female	31%	30%
Trans Male	0%	0%
Trans Female	1%	2%
Genderqueer / Gender Non-Binary	1%	1%
Client doesn't know	0%	0%
<b>Total Households with Complete Data (n)</b>	<b>1,316</b>	<b>1,639</b>

Sexual Orientation	FY19-20	FY20-21
Straight/Heterosexual	86%	88%
Gay/Lesbian/Same-Gender Loving	6%	5%
Bisexual	6%	6%
Not Listed	1%	1%
Questioning/Unsure	0%	1%
<b>Total households with complete data (n)</b>	<b>1,147</b>	<b>1,455</b>

**FY21-22 Data and Methodology** – Of the 1,657 households served in FY20-21, 1,518 had SOGI data available. 12.9% identified as LGBTQ+. HOTS data collection was impacted by the team’s shift to an emergency protocol during COVID-19, which prioritized maximizing engagements to support as many clients as possible during the pandemic response. The emergency protocol ended in April 2021. Although the HOTS team’s percentage of incomplete data continued to decrease in FY20-21, falling to 8%, the emergency protocol may have led to more incomplete client profiles or more clients without profiles created in ONE than would have happened under usual operating procedures.

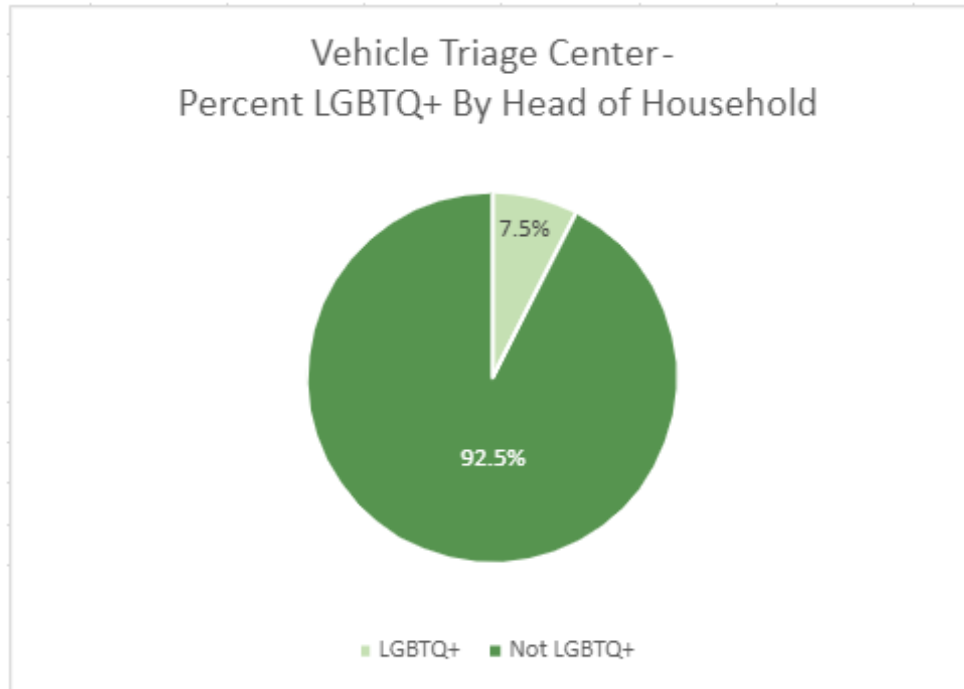
**New Shelter Interventions Included in Outreach Data** - Two new shelter interventions operated in FY20-21: the Vehicle Triage Center pilot and the Safe Sleep program. Since Safe Sleep and the Vehicle Triage Center do not qualify as shelter under HUD’s definition, HSH records these two programs under the Street Outreach data



category. HSH will examine ways to better represent this data in next year’s report. This data is included in Figure 2 and Table 5 for the entire outreach system above and is also broken out in Figures 3 and 4 below.

**Vehicle Triage Centers (VTCs)** provide safe places for unhoused people in their vehicles to live and receive services. The VTC temporary pilot ran from November 2019 to March 2021 and [the Controller's Office conducted an evaluation of the first year's outcomes.](#)

**Figure 3. Vehicle Triage Center – Percent LGBTQ+ Households Served in FY20-21**

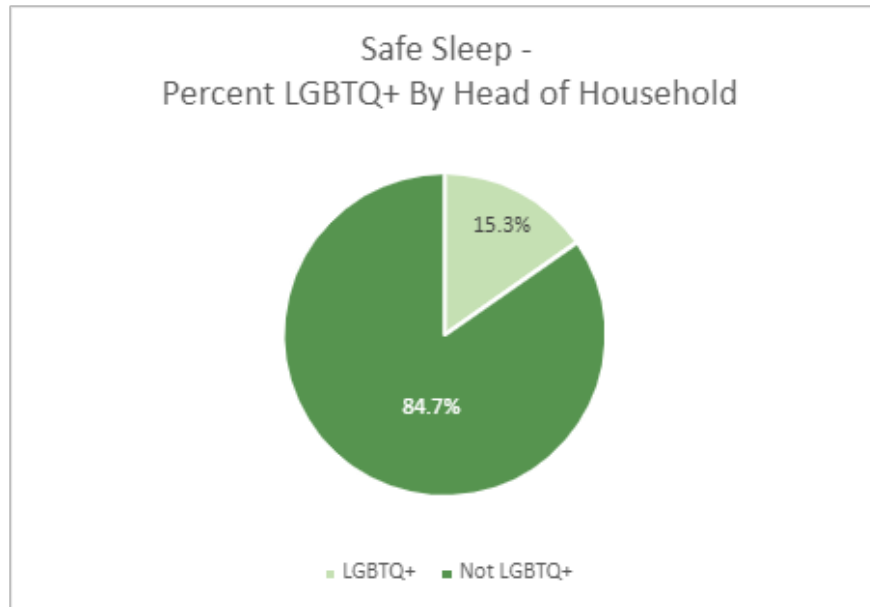


*n = 39 households with complete data. One household with incomplete data not included.*

In FY20-21, the pilot served 40 households, 39 of which had complete SOGI data. Of these 39 households, 7.5% identified as LGBTQ+. Meaningful analysis of SOGI data for this project is difficult since the sample size is so small and the program had a short operational period outside of the pandemic, which impacted intake and outreach for the program. HSH looks forward to continuing to learn more about this model by opening two new Vehicle Triage Centers that were funded in the FY21-23 budget.

The Safe Sleep program, originally stood up as part of the City’s COVID-19 response, is a new intervention the City will continue to operate in FY21-22. People sleep in tents at a safe distance from each other at sites that are off the public sidewalk and offer services. These sites provide a safe, clean place for people to sleep and access services and sanitation. Safe Sleep has proven to be a good resource for people who are not yet ready to move inside. In FY20-21, Safe Sleep served 386 households. 333 households had complete SOGI data. Over 15% of guests served identified as LGBTQ+.

**Figure 4. Safe Sleep – Percent LGBTQ+ Households Served in FY20-21**



*n = 333 households with complete data. 53 households with incomplete data not included.*

**Interventions to Increase LGBTQ+ Access in FY20-21**

- HOT continued the team’s partnership with the Homeless HIV Outreach and Mobile Engagement (HHOME) Program. One case manager is dedicated to this program, which works with HIV-positive clients. HOT receives many referrals for placement through HHOME and many of those clients identify as LGBTQ+.
- Despite the impact of the emergency protocol, HOT continued to increase the percentage of households with complete SOGI data in our systems. HOT will continue to improve SOGI data collection to make outreach information as accurate as possible.
- HSH did not run the Safe Sleep sites in FY20-21 since these sites were managed by the COVID Command Center and as such cannot speak to specific interventions at Safe Sleep sites last year. As a general note, Homeless Youth Alliance (HYA) ran the Stanyan Safe Sleep site in FY20-21. HYA works primarily with Transitional Age Youth living in Haight-Ashbury. As reported in the 2019 PIT Count, 46% of the TAY population identifies as LGBTQ+. Having a youth-focused provider run the Safe Sleep site likely made the site more accessible and welcoming for the LGBTQ+ population.

**Strategies to Increase LGBTQ+ Access in FY21-22**

- HOT will continue partnership with LGBTQ+ focused organizations.
- HSH will explore offering SOGI trainings to Safe Sleep and Vehicle Triage Center providers in FY21-22 to support continued cultural competency in collecting and serving LGBTQ+ clients through these programs.



## Temporary Shelter

**Program Description** – HSH provides temporary places for people to stay while accessing other services to support an exit from homelessness. Shelters target three populations: families, adults, and Transitional Age Youth (TAY). HSH offers a variety of kinds of shelter, including congregate shelter, non-congregate shelter, and transitional housing.

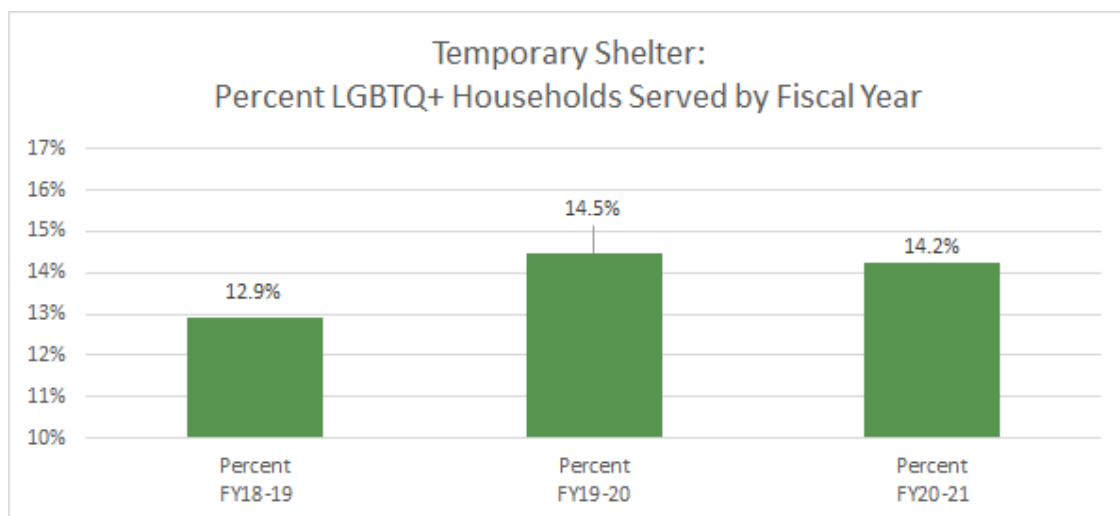
As part of the Department’s shelter portfolio, HSH operates Navigation Centers and SAFE Navigation Centers. These locations are low-barrier congregate shelters that allow partners, pets, and more possessions and focus on navigating guests from shelter to permanent exits. SAFE Navigation Centers offer a more scalable model that with higher capacity and more cost-effective mode.

Non-congregate shelter options include the City’s SIP RV/Trailer program, one Navigation Center, stabilization rooms and certain family shelter locations.

Transitional Housing falls under the temporary shelter portfolio and provides people with significant barriers to housing stability with a place to live and intensive social services for up to two years while they work toward self-sufficiency and housing stability.

**FY21-22 Data** – 5,117 households accessed HSH’s temporary shelter resources in FY20-21. Of these households, 4,659 had complete data. Over 14% of households with complete data that used HSH temporary shelter in FY20-21 identified as LGBTQ+. This data includes all guests with complete SOGI data in the HSH shelter system, including guests in Shelter-in-Place hotels, SIP RV/Trailers, and congregate shelters.

**Figure 5. Temporary Shelter – Percent LGBTQ+ Households Served by Fiscal Year**



*n = 1,016 (FY18-19) | 2,347 (FY19-20) | 4,659 (FY20-21). These percentages do not include households with incomplete data. See Appendix B for more information.*



**Table 6. Temporary Shelter– Gender Identity and Sexual Orientation of Households Served (Percent)**

Gender Identity	FY19-20	FY20-21
Male	61%	63%
Female	36%	34%
Trans Male	0%	0%
Trans Female	2%	1%
Genderqueer / Gender Non-Binary	1%	1%
Client doesn't know	0%	0%
<b>Total Households with Complete Data (n)</b>	<b>2,719</b>	<b>5,041</b>

Sexual Orientation	FY19-20	FY20-21
Straight/Heterosexual	86%	86%
Gay/Lesbian/Same-Gender Loving	7%	7%
Bisexual	5%	6%
Not Listed	1%	1%
Questioning/Unsure	1%	1%
<b>Total households with complete data (n)</b>	<b>2,208</b>	<b>4,492</b>

**Alternative COVID-19 Shelter Interventions:**

As part of San Francisco’s pandemic response, the City’s COVID-19 Command Center (CCC) operated Shelter-in-Place (SIP) hotel rooms and a SIP RV/Trailer site. At their highest capacity, there were 2,408 hotel rooms and trailers. The City also added a 200-bed emergency congregate shelter site as part of the COVID-19 response.

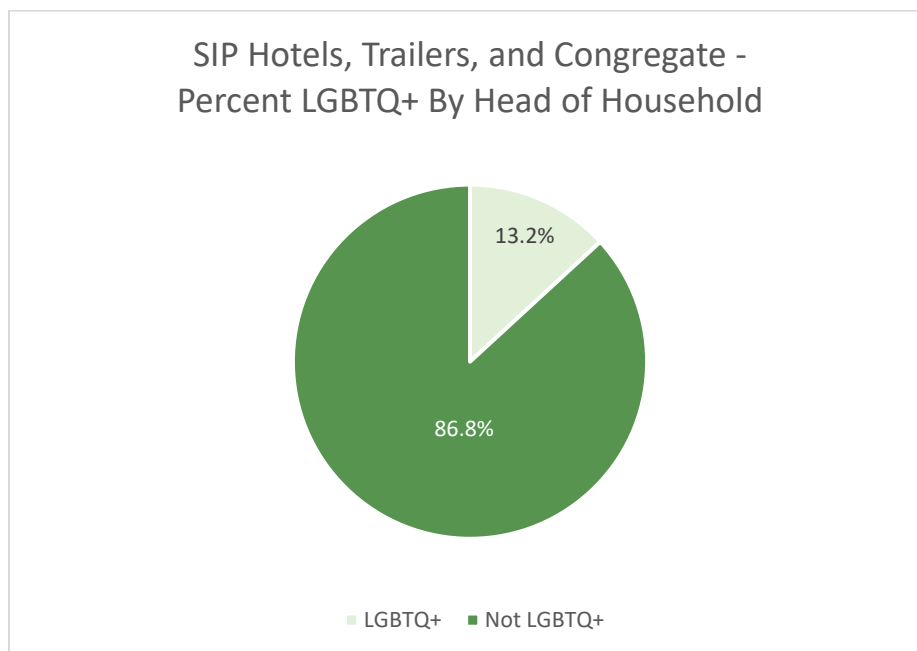
In FY20-21, the City served 3,430 households through the COVID-19 Alternative Shelter interventions.<sup>5</sup> HSH has complete SOGI data for 3,069 households served. 13.2% of these households served identified as LGBTQ+. This data is included in the figure and tables for the entire shelter system above and is also broken out in the figure and table below.

<sup>5</sup> This number only includes households served by interventions stood up as part of the COVID-19 response. It does not include people served in the City’s portfolio of Navigation Centers and shelters that existed before COVID-19 and were repurposed into SIP shelter sites. This data also does not include people served at Isolation and Quarantine (I & Q) sites.





Figure 6. SIP Hotels, Trailers, and Congregate – Percent LGBTQ+ Households Served in FY20-21



N = 3,069 households with complete data. 361 with incomplete data not included.

Table 7. SIP Hotels, Trailers, and Congregate – Gender Identity and Sexual Orientation of Households Served, FY20-21 (Percent)

Gender Identity	Number	Percent
Male	2219	66%
Female	1062	32%
Trans Male	7	0%
Trans Female	57	2%
Genderqueer / Gender Non-Binary	18	1%
Client doesn't know	0	0%
Sexual Orientation	Number	Percent
Straight/Heterosexual	2565	87%
Gay/Lesbian/Same-Gender Loving	190	6%
Bisexual	144	5%
Not Listed	18	1%
Questioning/Unsure	20	1%

**Interventions to Increase LGBTQ+ Access in FY20-21**

- HSH opened San Francisco’s first Navigation Center dedicated to serving Transitional Aged Youth (TAY) in February 2021. The purpose of the program is to provide a safe and affirming place for TAY and provide services to stabilize and achieve their housing goals. HSH selected Third Street Youth Center and Clinic, a non-profit with experience working with LGBTQ+ youth, to operate this site. Of the 176 clients served at this site since its opening with available SOGI data, 45 clients (24%) identify as LGBTQ+.
- HSH worked closely with the COVID-19 Command Center (CCC) to identify designated LGBTQ+ spaces in SIP hotels and partnered with LGBTQ+ community partners to refer COVID-vulnerable guests into these designated spaces.



**Strategies to Increase LGBTQ+ Access in FY21-22:**

- HSH will reopen Jazzie’s Place in FY21-22. Jazzie’s Place is a dedicated space for LGBTQ+ guests in the temporary shelter system. The space is part of the overnight Dolores Street Community Services’ Shelter and was temporarily closed during the pandemic. Jazzie’s Place will extend opening hours by 3 hours and 15 minutes from the pre-pandemic schedule when it reopens so people can spend more time in the shelter.
  - We are planning some operational changes to make the space more inclusive, including separate sections of Jazzie’s for male-identifying, female-identifying, and any-gender identifying LGBTQ+ guests. The dorm will also have a dedicated changing space where guests can dress in private behind a curtain.
  - HSH is exploring ways to expand the referral partnership into Jazzie’s to ensure we are identifying LGBTQ+ guests through culturally competent referral processes.
- The Department is in conversation with trans-focused agencies to explore opportunities to create trans-inclusive shelter spaces.
- The Department is actively exploring partnerships with LGBTQ-focused nonprofits to operate temporary shelters.
- HSH is looking into developing online SOGI trainings to make the units as accessible as possible for our partners.

**Coordinated Entry**

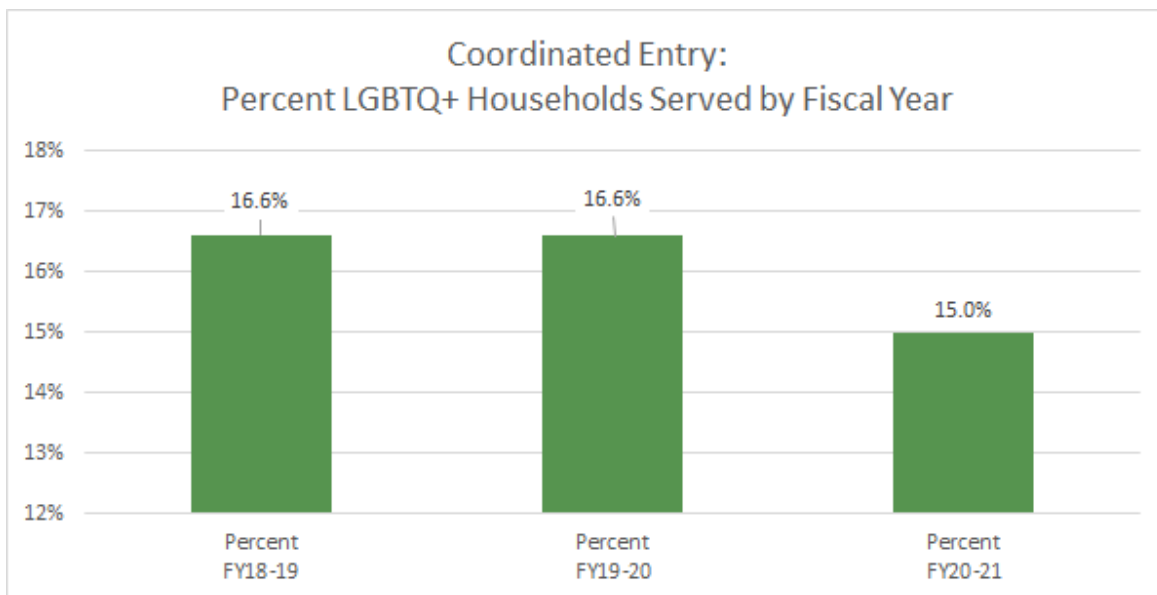
**Program Description** - Coordinated Entry (CE) is the foundation of the City of San Francisco’s Homelessness Response System, serving as the “front door” for connecting households experiencing homelessness to the resources needed to resolve their housing crisis. At CE Access Points, which are located throughout the City and operated by non-profit service providers, households experiencing homelessness access Problem Solving services, assessment, prioritization, and referral to housing.

Coordinated Entry Access Points serve adults (three Access Points), Transitional Age Youth (six Access Points) and families (three Access Points).

**FY20-21 Data** – 8,162 households went through the Coordinated Entry process this fiscal year. Of the 7,704 of these households with complete SOGI data, 15% of households identified as LGBTQ+.



Figure 7. Coordinated Entry – Percent LGBTQ+ Households Served by Fiscal Year



n = 7,141 (FY18-19) | 7,677 (FY19-20) | 7,704 (FY20-21). These percentages do not include households with incomplete data. See Appendix B for more information.

Table 8. Coordinated Entry – Gender Identity and Sexual Orientation of Households Served (Percent)

Gender Identity	FY19-20	FY20-21
Male	60%	61%
Female	38%	36%
Trans Male	0%	0%
Trans Female	2%	2%
Genderqueer / Gender Non-Binary	1%	1%
Client doesn't know	0%	0%
<b>Total Households with Complete Data (n)</b>	<b>8,017</b>	<b>8,103</b>

**Interventions to Increase LGBTQ+ Access in FY20-21**

- \$425,000 in addback funding from FY19-20 was awarded to the SF LGBT Center through their sub-grantee agreement with Larkin in October 2020. This funding was allocated for services for transgender and gender non-confirming (TGNC) youth experiencing homelessness.
- HSH deepened our partnership with the [SF Service Guide](#), a resource directory funded by MOHCD. As part of this work, HSH ensured information about Youth Coordinated Entry Access Points with an LGBTQ+ focus was included in lists of resources specifically for LGBTQ+ people.

Sexual Orientation	FY19-20	FY20-21
Straight/Heterosexual	84%	86%
Gay/Lesbian/Same-Gender Loving	8%	7%
Bisexual	6%	6%
Not Listed	1%	1%
Questioning/Unsure	1%	1%
<b>Total households with complete data (n)</b>	<b>7,445</b>	<b>7,789</b>



### **Strategies to Increase LGBTQ+ Access in FY21-22**

- Coordinated Entry is rolling out the Community Needs Assessment for survivors of domestic violence. This assessment consists of listening sessions with survivors, including LGBTQ+ survivors, and stakeholder input from several City departments, community-based organizations, and frontline staff. Based on the quantitative and qualitative information received, HSH will be developing and implementing policies that ensure equitable access for survivors to the Homelessness Response System, considering sexual orientation, gender identity, race, and other identities that further marginalize survivors.
- HSH is planning for a Coordinated Entry Process Improvement review this year, which will include conversations about serving the LGBTQ+ community and achieving our holistic equity goals.
- HSH working on a public dashboard for release in FY21-22 that will include information on the SOGI data of households served through Coordinated Entry.

### **Problem Solving and Prevention**

**Program Description** - Problem Solving includes interventions to divert or rapidly exit people from homelessness, as well as targeted homelessness prevention. HSH offers Problem Solving at the Department's Coordinated Entry Access Points and other prevention-specific locations around the City.

Problem Solving helps individuals identify possible pathways to resolve their current housing crisis without needing ongoing shelter or a housing resource from the HRS. The foundation of Problem Solving is a creative, strengths-based conversation that helps people explore all safe housing options available to them - the person or household drives their own solutions. A Problem Solving Resolution is achieved when a household has found a safe, indoor solution to their housing crisis outside of the HRS. HSH's Problem Solving services include assistance with creating a housing plan, conflict resolution, transportation to reunite with support systems through Homeward Bound, and flexible financial assistance.

Targeted homelessness prevention falls under the umbrella of Problem Solving services at HSH and is an integral component of a robust Homelessness Response System (HRS). Prevention reduces the overall inflow into the HRS, particularly among groups overrepresented in homelessness. Prevention is also a critical piece to reducing the massive inequities in homelessness, since achieving equity in our homelessness response cannot just be considered once people have entered homelessness. HSH is one of the proponents and implementors of a citywide Prevention System model that will allow San Francisco to comprehensively prevent homelessness across the City. Prevention services include flexible financial assistance and supportive services.

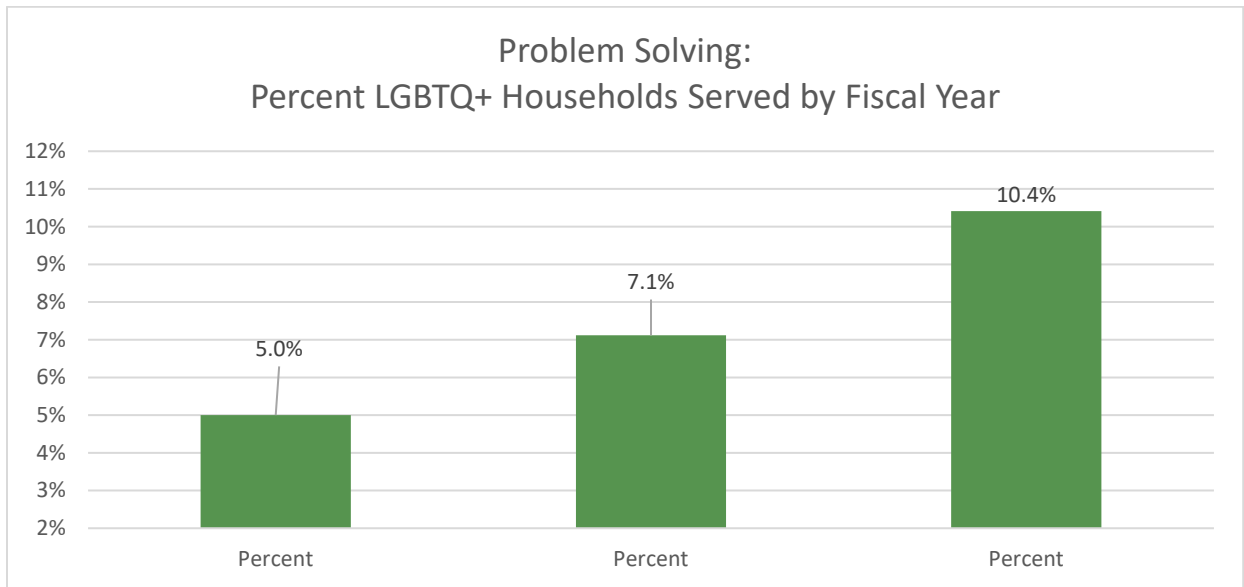
**FY21-22 Data and Methodology** – 1,430 households accessed HSH's Problem Solving services in FY20-21. 1,210 of the households had complete SOGI data. Over 10% of these households identified as LGBTQ+. HSH's expansion of Problem Solving services and increase of ONE system tracking in November 2020, along with the interventions outlined below, likely contributed to some of the increase in the reported number and percentage of LGBTQ+ households served. Although HSH increased access to



Problem Solving services in FY20-21 for LGBTQ+ households, we are still reaching a low percentage of LGBTQ+ households in comparison to our benchmark goal of serving between 12% and 27% of LGBTQ+ households.

SOGI data is available for all households in the ONE system who accessed Problem Solving services between November 2020 – June 30, 2021. HSH also pulled from Homeward Bound’s SOGI data, which are not yet included in the ONE System. Some of the households served through Homeward Bound may be duplicative with the Problem Solving records in the ONE System.<sup>6</sup>

**Figure 8. Problem Solving – Percent LGBTQ+ Households Served by Fiscal Year**



*n = 660 (FY18-19) | 885 (FY19-20) | 1,210 (FY20-21). These percentages do not include households with incomplete data. See Appendix B for more information. Data for the Homeward Bound program was not included in FY18-19.*

**Interventions to Increase LGBTQ+ Access in FY20-21**

- In November 2020, HSH implemented expanded Problem Solving services at 12 Access Points and continued to add services at Access Points and prevention-specific sites over the year.
- Two providers with services geared towards the LGBTQ+ community expanded their Problem Solving services:
  - The Transgender Gender-Variant & Intersex Justice Project (TGIJP) started providing Problem Solving services as a subgrantee of Episcopal Community Services at the Adult Access Point located at 123 10<sup>th</sup> Street.
  - The San Francisco LGBT Center resumed Problem Solving services at the Youth Access Point after a brief hiatus.

<sup>6</sup> Including incomplete data, Homeward Bound served 416 households in FY19-20 and 165 households in FY20-21. Other Problem Solving services as recorded in the ONE System served 744 households in FY19-20 and 1,265 households in FY20-21.



- HSH continued to develop institutional capacity to implement and expand Problem Solving services. This increased capacity helps the Department increase LGBTQ+ access to and awareness of problem solving. In FY20-21, we:
  - Developed a five-hour Problem Solving curriculum delivered to Access Point provider partners by HSH staff.
  - Integrated Problem Solving services into the ONE System.
  - Conducted continuous monthly QA activities to examine quality of data in the ONE system and identify training gaps.
  - Hired a second dedicated Problem Solving manager to monitor all problem solving contracts.

**Table 9. Problem Solving – Gender Identity and Sexual Orientation of Households Served (Percent)**

Gender Identity	FY19-20	FY20-21
Male	44%	52%
Female	55%	45%
Trans Male	0%	0%
Trans Female	0%	1%
Genderqueer / Gender Non-Binary	0%	1%
Client doesn't know	0%	0%
<b>Total Households with Complete Data (n)</b>	<b>1,119</b>	<b>1,381</b>

Sexual Orientation	FY19-20	FY20-21
Straight/Heterosexual	93%	87%
Gay/Lesbian/Same-Gender Loving	4%	6%
Bisexual	3%	5%
Not Listed	0%	1%
Questioning/Unsure	0%	1%
<b>Total households with complete data (n)</b>	<b>679</b>	<b>961</b>

**Strategies to Increase LGBTQ+ Access in FY21-22:**

- As we focus on expanding our targeted homelessness prevention services, HSH will work to reach more LGBTQ+ households. In FY20-21, targeted homelessness prevention services were largely made available and accessed by low-income families. Since most heads of households in families identify as cisgender, HSH may reach more LGBTQ+ households when we expand prevention to reach more people in other populations (for example, Transitional Aged Youth and adults without minor children).
- HSH received funding in the FY 21-23 budget to pilot direct cash transfer pilot program for youth. HSH is in the program design phase, and we hope to have more updates soon.
- HSH will continue departmental capacity-building, including work to improve data quality in the ONE system.



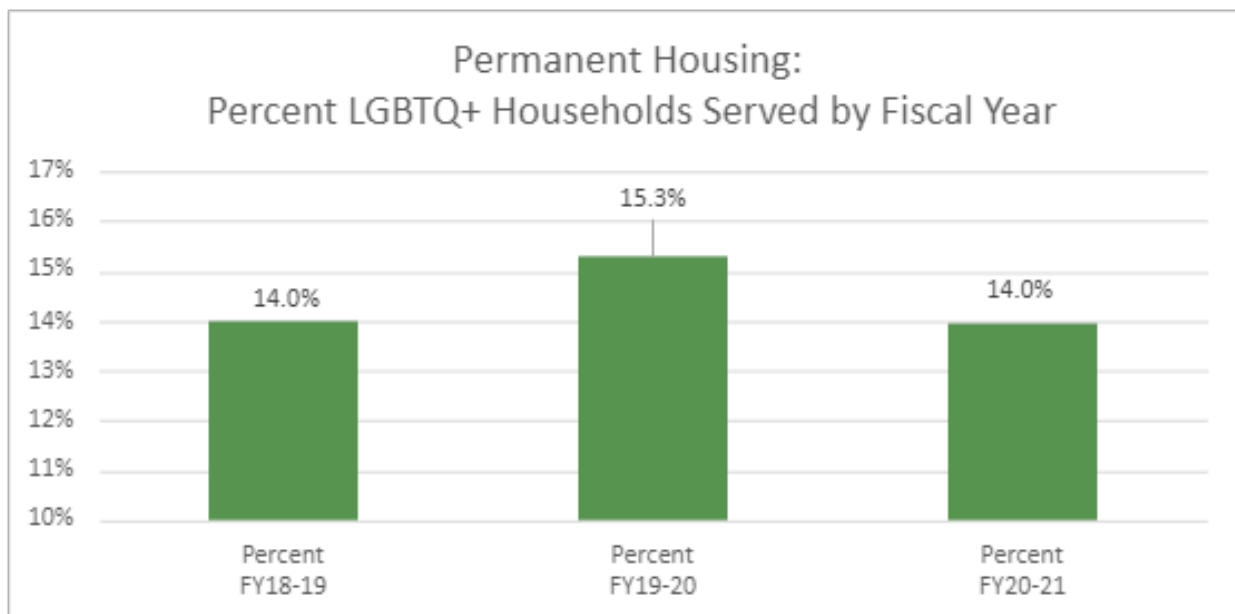
## Housing

**Program Description** – Housing provides permanent solutions to homelessness through subsidies and supportive services. HSH offers various types of housing for adults, families, and Transitional Age Youth. Program types include Permanent Supportive Housing, Rapid Rehousing, and flexible housing subsidies.

- Permanent Supportive Housing offers tenants long-term affordable housing with services.
- Rapid Rehousing is a set of interventions that provides people with grants to pay for living expenses like first and last month’s rent.
- Flexible housing subsidies place people in scattered-site units, either in units owned by non-profits partners or private landlords.

**FY20-21 Data** - In FY20-21, HSH placed 1,785 new households with complete SOGI data into housing. Of these households, 13.8% identified as LGBTQ+.

**Figure 9. Housing – Percent LGBTQ+ Households Served by Fiscal Year**



*n = 1,156 (FY18-19) | 1,411 (FY19-20) | 1,632 (FY20-21). These percentages do not include households with incomplete data. See Appendix B for more information.*



**Table 10. Housing – Gender Identity and Sexual Orientation of Households Served (Percent)**

Gender Identity	FY19-20	FY20-21
Male	53%	53%
Female	45%	45%
Trans Male	0%	0%
Trans Female	1%	1%
Genderqueer / Gender Non-Binary	1%	1%
Client doesn't know	0%	0%
<b>Total Households with Complete Data (n)</b>	<b>1,474</b>	<b>1,793</b>

Sexual Orientation	FY19-20	FY20-21
Straight/Heterosexual	93%	86%
Gay/Lesbian/Same-Gender Loving	4%	7%
Bisexual	3%	5%
Not Listed	0%	1%
Questioning/Unsure	0%	1%
<b>Total households with complete data (n)</b>	<b>1,370</b>	<b>1,524</b>

**Interventions to Increase LGBTQ+ Access in FY20-21:**

- Funded 25 slots of Rapid Rehousing for family survivors of domestic violence and human trafficking with Asian Women’s Shelter. The Asian Women’s Shelter has special programs for LGBTQ+ people who are experiencing domestic violence and this Rapid Rehousing program is critical to creating greater access to housing.
- There was increased funding for TAY Rapid Rehousing and Flex Subsidy programs.

**Strategies to Increase LGBTQ+ Access in FY21-22:**

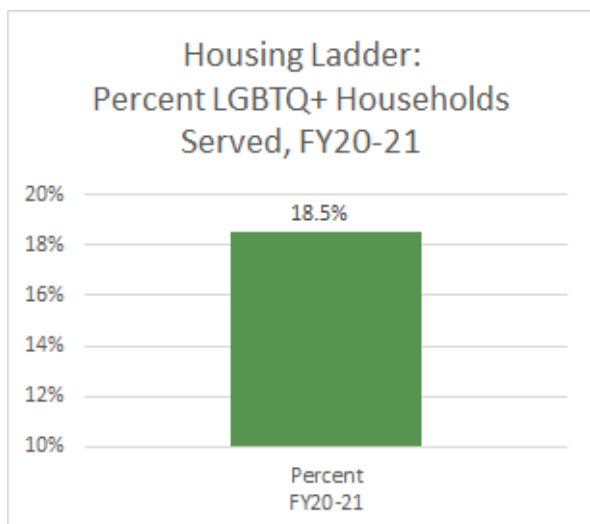
- Continue strategies to increase data quality.
- HSH is planning for a Coordinated Entry Process Improvement review, which will include conversations about serving the LGBTQ+ community and achieving our holistic equity goals. An improved Ce process will improve our housing placements.
- Implement \$100,000 addback for flexible housing assistance vouchers for LGBTQ+ TAY awaiting placement in shelter or HSH housing.





## Housing Ladder

**Figure 10. Housing Ladder - LBTQ+ Households Served, FY20-21**



**Program Description** – The Housing Ladder offers opportunities for residents of Permanent Supportive Housing (PSH) to move from intensive supportive housing to more independent living. The program helps people transition from Permanent Supportive Housing into rental housing, either affordable housing without intensive services or market rate housing. By joining the program, clients make their PSH unit available for other people experiencing homelessness. To be eligible for the Housing Ladder Program, clients are referred by their case managers.

*n = 27. No households with incomplete data.*

**Table 11. Housing Ladder – Gender Identity and Sexual Orientation of Households Served, FY20-21**

Gender Identity	Households	Percent
Male	20	74%
Female	7	26%
Trans Male	0	0%
Trans Female	0	0%
Genderqueer / Gender Non-Binary	0	0%
Client doesn't know	0	0%
<b>Total Households with Complete Data (n)</b>	<b>27</b>	

**FY20-21 Data** - In FY20-21, HSH placed 27 households into Housing Ladder programs. All these households had complete SOGI data. Five of these households – 18.5% - identified as LGBTQ+. Analysis for Housing Ladder programs is limited as this is the first year with available data and the sample size is small. More information on Housing Ladder’s initiatives to increase LGBTQ+ access will be available in the FY21-22 SOGI report.

Sexual Orientation	Households	Percent
Straight/Heterosexual	22	81%
Gay/Lesbian/Same-Gender Loving	4	15%
Bisexual	1	4%
Not Listed	0	0%
Questioning/Unsure	0	0%
<b>Total households with complete data (n)</b>	<b>27</b>	



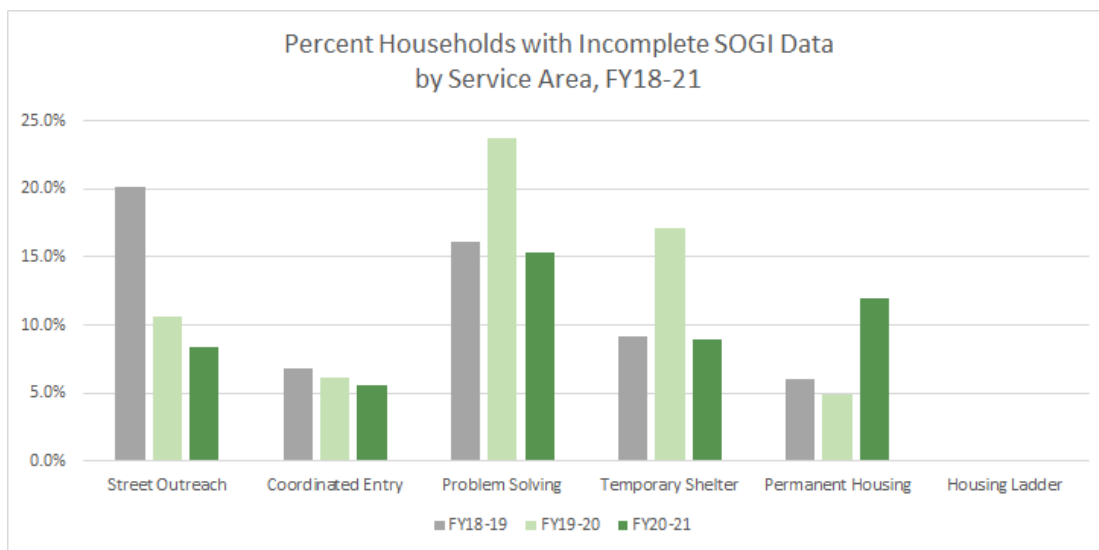
## Conclusion

Except for one of our core program areas, HSH’s programs largely fell within our goal range of 12% to 27% of LGBTQ+ households served in FY20-21. However, at an average of 14.2%, the percent of LGBTQ+ households served across our programs falls on the low end of our goal range.<sup>7</sup> HSH also noted that our programs serve very few trans male clients. In addition to the programs-specific initiatives outlined in the sections above, HSH will also undertake the following departmental actions to improve access for LGBTQ+ households.

1. Continue to improve data collection through training and streamlined data systems. HSH reduced the total percentage of incomplete data across our programs from 10% in FY19-20 to 8.4% in FY20-21. With the exception of temporary shelter and Problem Solving in FY19-20 and housing in FY20-21, the percent of incomplete data has been trending down across all programs since 2018.

It is likely that the percent of incomplete data in the shelter system in FY19-20 is due in large part to the impact of COVID-19 and the transition for shelter intake to the CCC; collecting complete intake data early in the pandemic was a challenge. The households placed into housing in FY20-21 are primarily the same households that came into shelter in FY19-20. It is likely that the intake and processing of these households since the beginning of the pandemic into shelter and then into housing has been less thorough than intake processes in other years. With all shelter and housing operations now streamlined under HSH, the Department is committed to continuing to improve collection of SOGI data and reducing the percent of incomplete data. The Department will do so by improving practices and continuing to extend training opportunities to service provider staff facilitating the collection of SOGI data from households across all program areas.

**Figure 11. Percent Households with Incomplete SOGI Data by Service Area and Fiscal Year<sup>8</sup>**



<sup>7</sup> Including duplicated clients. Ex. a client who receives outreach then accesses temporary shelter is counted twice.

<sup>8</sup> See Appendix B for N values for each program by year.



2. HSH is in the process of hiring a Chief Equity Officer. This person will work on initiatives to increase equity at HSH, including setting equity benchmarks across the HRS (including for LGBTQ+ access). The Chief Equity Officer will work with our Planning and Strategy team to ensure equitable access is centered in our upcoming strategic planning processes.

HSH is grateful for the continued partnership of the Office of Transgender Initiatives (OTI) and community partners who have supported the initiatives HSH conducted in FY20-21. While HSH has seen progress in both data collection standards and representation of the LGBTQ+ population utilizing HSH programs, there is much more work to do to ensure equitable representation of these historically underserved communities within the Homelessness Response System. We look forward to reporting back next year.



## Appendix A: Contract Clause Requiring SOGI Data Collection

**Duty to Collect and Record Client Sexual Orientation and Gender Identity Data.** Contractor shall comply with San Francisco Administrative Code Chapter 104 by seeking to collect and record information about clients' sexual orientation and gender identity and reporting such data to the Department of Homelessness and Supportive Housing at intake and as instructed by the Department. In seeking to collect information about clients' sexual orientation and gender identity, Contractor shall: (1) communicate to clients that the provision of sexual orientation and gender identity information is voluntary, and no direct services shall be denied to clients who decline to provide that information; (2) solicit gender identity and sexual orientation data using questions and approaches consistent with the Department of Public Health's Policies and Procedures entitled "Sexual Orientation Guidelines: Principles for Collecting, Coding, and Reporting Identity Data," reissued on September 2, 2014, and "Sex and Gender Guidelines: Principles for Collecting, Coding, and Reporting Identity Data," reissued on September 2, 2014, or any successor Policies and Procedures; and (3) advise clients that they will protect personally identifiable information regarding clients' sexual orientation and gender identity from unauthorized disclosure, to the extent permitted by law. The duty to collect information about gender identity and sexual orientation shall not apply to the extent such collection is incompatible with any professionally reasonable clinical judgment that is based on articulable facts of clinical significance. Further, Contractor shall protect personally identifiable information from unauthorized disclosure, to the extent permitted by law and as required by the Health Insurance Portability and Accountability Act, the California Medical Information Act, Article 1 of the California Constitution, the California Health and Safety Code and regulations promulgated thereunder, the California Welfare and Institutions Code and regulations promulgated thereunder, and any other applicable provision of federal or state law



Appendix B: Data Tables – Number and Percent of LGBTQ+ Households by Program Area

Table 12. SOGI Overview by Program Area - FY20-21

	Total Households	LGBTQ+ Households	Non-LGBTQ+ Households	Households - Incomplete or Missing Data	% LGBTQ+ - Complete Data	% LGBTQ+ - All Data
Street Outreach	1657	196	1322	139	12.9%	11.8%
Coordinated Entry	8162	1154	6550	458	15.0%	14.1%
Problem Solving	1430	126	1084	220	10.4%	8.8%
Temporary Shelter	5117	663	3996	458	14.2%	13.0%
Housing	1853	228	1404	221	14.0%	12.3%
Housing Ladder	27	5	22	0	18.5%	18.5%

Table 13. SOGI Overview by Program Area – FY19-20

	Total Households	LGBTQ+ Households	Non-LGBTQ+ Households	Households - Incomplete or Missing Data	% LGBTQ+ - Complete Data	% LGBTQ+ - All Data
Street Outreach	1338	180	1016	142	15.1%	13.5%
Coordinated Entry	8176	1274	6403	499	16.6%	15.6%
Problem Solving	1160	63	822	275	7.1%	5.4%
Temporary Shelter	2832	340	2007	485	14.5%	12.0%
Housing	1484	216	1195	73	15.3%	14.6%
Housing Ladder	No data	No data	No data	No data	n/a	n/a



**14. SOGI Overview by Program Area – FY18-19**

	Total Households	LGBTQ+ Households	Non-LGBTQ+ Households	Households - Incomplete or Missing Data	% LGBTQ+ - Complete Data	% LGBTQ+ - All Data
<b>Street Outreach</b>	1403	158	962	283	14.1%	11.3%
<b>Coordinated Entry</b>	7662	1186	5955	521	16.6%	15.5%
<b>Problem Solving*</b>	787	33	627	127	5.0%	4.2%
<b>Temporary Shelter</b>	1119	131	885	103	12.9%	11.7%
<b>Housing</b>	1230	162	994	74	14.0%	13.2%
<b>Housing Ladder</b>	No data	No data	No data	No data	n/a	n/a

*\*For FY18-19, Problem Solving does not include Homeward Bound.*





**COLLECTION OF SEXUAL  
ORIENTATION &  
GENDER IDENTITY  
(SO/GI) DATA**

**COMPLIANCE Report  
Fiscal Year 2020-2021**



# INTRODUCTION

This report outlines the steps the San Francisco Department of Public Health (DPH) has taken in the 2020-2021 fiscal-year to comply with City Ordinance 159-16. The ordinance requires tracking and reporting of services to San Franciscans who identify as lesbian, gay, bisexual, transgender (LGBT), or gender non-binary, or additional sexual or gender minority identities. The 2020-2021 fiscal year was significantly disrupted by the COVID response so the data more limited than they have been in earlier years. However, the Department was able to continue efforts to advance data collection and health equity for LGBTQ+ residents.

The report is divided into the following sections:

- 1) Updates on our efforts to record and report SOGI data, including name and pronoun data (not required by ordinance);
  - a) The impact of COVID on data collection
- 2) List of DPH programs where SOGI data suggests that LGBTQ+ individuals are underserved;
- 3) Steps taken or planned to address under-representation of LGBTQ+ clients in DPH-funded or operated services and programs.

## KEY CONSIDERATIONS

The Department of Public Health (DPH) is comprised of the Population Health Division (PHD) and the San Francisco Health Network (SFHN). DPH's central administration functions such as finance, human resources, information technology, and policy and planning, support the work of DPH's two divisions and promote integration. These different areas of DPH provide different services and therefore collect, use and report data on demographic and social factors differently. Those differences impact the reporting in this document. In addition, the severe restriction of in-person health services during the Stay-at-Home period, the significant deployment of DPH analysts throughout the COVID response, and the heavy data needs of COVID reporting on DPH IT resources have impacted the department's ability to collect, analyze and report the data required for this report. Below is a review of these significant events and the features of the two DPH divisions for context.

## COVID-19 AND EHR CONVERSION

In 2019-20, DPH had planned to complete a major transition to a new, unified electronic medical record called Epic. This transition was interrupted by COVID activities and restarted after a long delay in 2021. Each area of the department on-boarded to the system, requires the conversion of thousands of records, retraining of thousands of clinical and non-clinical staff, and the commitment of a significant proportion of DPH IT resources. The areas of the department that had this delayed on-boarding and thus restricted data availability include Population Health, Behavioral Health, and Jail Health.

## POPULATION HEALTH DIVISION (PHD)

PHD addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public's health. PHD staff perform a wide variety of functions that protect and promote health across industries, communities and health conditions. These population or industry focused services often do not collect consistent demographic data on participants, and were not included in this report.

## SAN FRANCISCO HEALTH NETWORK (SFHN)

SFHN is the City's public system of medical and behavioral health care, and focuses primarily on uninsured, poor and low-income patients, homeless individuals. SFHN services at the ZSFG and Laguna Honda Hospitals as well as primary care for all ages, dentistry, maternal, child, and adolescent health services, behavioral health and substance use treatment, as well as jail health services. Currently, the SFHN has 93,185 members and serves more than 40 percent of San Francisco Health Plan's managed care members. SFHN services collect data as a function of service delivery.

These services completed training and software upgrades needed for compliance in FY 18-19. In FY19-20 data collection continued, but evaluation and reporting were impacted by the EHR conversion.



# COMPLIANCE REPORT

Data collection success varied across DPH divisions and sections based on multiple factors. Within SFHN, most service areas showed minimal changes year over year from 2019-2021. Two areas stand out, ZSFG inpatient services was able to reach above 90% completion. Notably, these services did not have significant decreases due to COVID. Primary care, by contrast, had the biggest drop from 2018 with fewer opportunities to collect data due to disrupted services and workflows as the system transitioned rapidly to telehealth and other alternative methods of care. This rebounded somewhat in 20-21.

Remaining areas of the department had not transitioned to the EPIC EHR by the end of FY20-21 so their data is less accessible. These areas have more limited data capability and therefore are not included in this report.

- Jail Health
- Population Health Division Clinics (Tuberculosis, Sexual Health)

Behavioral Health has limited data capacity, but was able to extract some data from its legacy EHR system, which is given below.

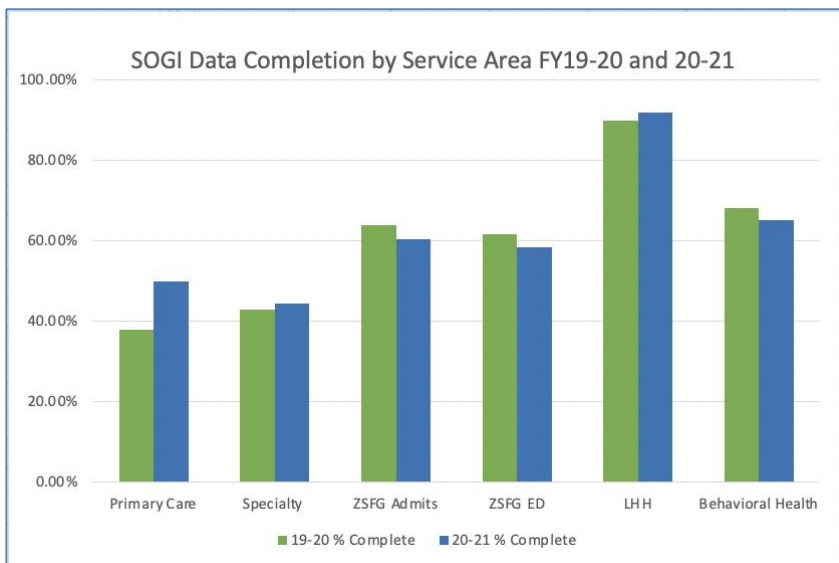
(the areas converted before the COVID pandemic). These areas all showed increased collection in FY20-21.

- ZSFG Inpatient: 63.92% in 19-20 to 60.45% in 20-21
- ZSFG Emergency Services: 61.65% to 58.4%
- Laguna Honda Hospital: 89.91% to 91.85%

Two areas saw a dip in SOGI data completion from FY 18-19. These are areas where patient care services were significantly reduced during the Stay-at-Home period of the pandemic and opportunities to ask patients about SOGI data were severely restricted. These dips decrease the FY19-20 completion percentages, but recovery can be seen in the FY20-21 data.

- Primary Care: 37.93% in 19-20 to 49.73% in 20-21
- Specialty Care: 42.80% to 44.29%

By June 30, 2020, at least 68% of BHS clients had complete SOGI data in AVATAR. By the end of the next fiscal year, (June 30, 2021), at least 65% of BHS clients had complete SOGI data in its legacy electronic health record (Avatar). In Behavioral Health Services, complete SO/GI data was operationally defined as the record containing entries for Sexual Orientation, Gender Identity, AND Sex at Birth data in the SO/GI fields in Avatar.



Despite the disruptions to patient care, participation in required training on SOGI data collection and health needs was substantial between FY19-20 and 20-21. Of the 4,681 staff due to complete the training, 79.9% completed training.

## IMPACT OF COVID ON SOGI DATA COLLECTION

The collection of race, language and SOGI data is done during the intake process for in-person visits in most areas of the department. The panel of patients is defined by those who have been seen in the last 24 months. With the reduction of in-person services, many patients, even

those utilizing telehealth, did not go through the standard visit intake process in the last year. This is borne out by the fact that services that did increase in in-person care during COVID saw increases in data collection.

Other services that increased, such as nursing visits for testing and vaccination, were necessarily done with expedited intake to allow services to large numbers of

**.SECTION 1:** Continued updates to our electronic data storage systems (IT) to record and report SOGI data [§104.8 (b)(1)]

## SAN FRANCISCO HEALTH NETWORK (SFHN)

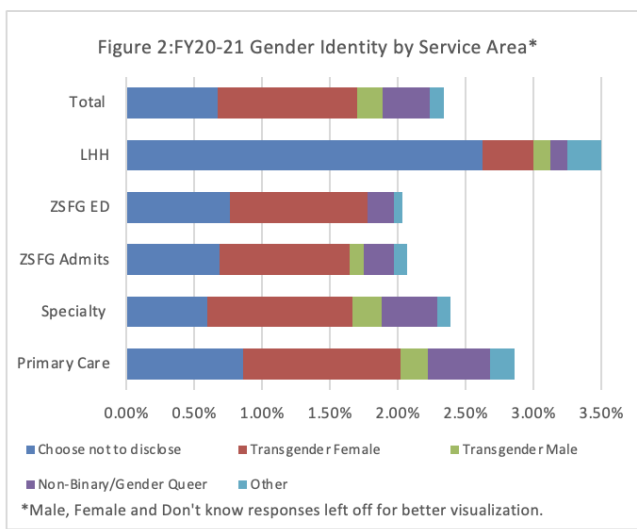
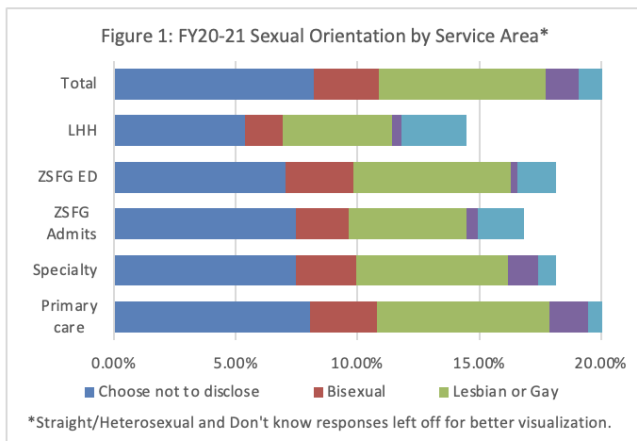
In FY 19-20, SFHN served 96,074 patients and collected complete SOGI data for 41,221 of them in the EPIC system

people as quickly as possible. That meant that SOGI data was collected by intake forms when possible, but often skipped by staff or patients when needs arose.

**SECTION 2:** List of DPH programs where SOGI data suggests that LGBTQ+ individuals are underserved;

DPH provides services to LGBTQ+ residents in every service area. The percentages of patients/clients in these categories is shown below.

One interesting example of apparent underutilization is Laguna Honda Hospital (LHH), which primarily serves an elderly population. LHH has a lower reported percentage of LGBTQ patients than other clinical services. This could be due to barriers that keep LGBTQ+ patients from being admitted, or from identifying themselves once admitted.



Researchers have found that LGBT people may deliberately avoid care settings; 20% say they avoid medical care for fear of discrimination. Transgender people have an added burden; 50% report having to teach their doctor about transgender care. <sup>1</sup>

Alternatively, the lack utilization could be consequence of age alone; e.g. in studies, transgender identification is disproportionately low in the U.S. population over 65 years old, and disproportionately high for those 13-17 years old.

**SECTION 3:** Steps taken or planned to address underrepresentation of LGBTQ+ clients in direct services and programs operated by, or funded by, Department.

In order to assess the drivers of the SOGI reporting results at LHH, the equity team began a series of interviews with residents who identify as LGBTQ+. The intention was to ask about their particular needs or barriers and use these to design strategies to increase reporting and welcome for these residents. The interviews had just begun when COVID struck. The pandemic caused particularly severe and prolonged disruption at long-term care facilities like LHH. The equity plan for LHH includes a restart of these interviews as soon as allowable.

Improved data collection in all other areas has raised the possibility to look not just at underrepresentation, but define health disparities. This analysis will take staffing and resources that currently have been diverted to the COVID response. However, increased staffing in the Office of Health Equity will increase this capacity.

<sup>1</sup> [SAGE Advocacy & Services for LGBT Elders. The Facts on LGBT Aging](#)



# Collection of Sexual Orientation and Gender Identity Data:

FY20-21 Annual Report

August 2021



SAN FRANCISCO  
HUMAN SERVICES AGENCY



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# Background

## San Francisco SOGI Data Collection Ordinance

The San Francisco Board of Supervisors passed the Collection of Sexual Orientation and Gender Identity Data Ordinance (Chapter 104 of the Administrative Code) on July 26, 2016. The ordinance accurately stated that while the City of San Francisco was committed to using data to identify the needs of San Franciscans and to evaluate its programs, many social services programs did not then collect sexual orientation and gender identity (SOGI) demographic information. An absence of SOGI data made it difficult to quantify the needs and well-being of the LGBTQ+ population; Chapter 104 has institutionalized SOGI data collection and makes it possible to perform analysis to guide the City's efforts to better serve LGBTQ+ San Franciscans.

## California SOGI Data Collection Legislation

Roughly a year before San Francisco passed its SOGI data collection ordinance, the State of California passed an analogous law (Assembly Bill 959). The San Francisco Human Services Agency (HSA) is also subject to this state law, given that HSA administers programs under the purview of the covered departments of AB 959.

## SOGI Data Collection at HSA

HSA is a large and complex agency comprised of multiple departments. The agency serves over two hundred fifty thousand San Franciscans across dozens of programs and roughly 400 contracts. HSA has an annual budget of over a billion dollars that combines federal, state and city/county funding streams.

The impetus for the SOGI data collection ordinance was a recommendation in a 2014 report from the San Francisco LGBT Aging Task Force, supported by HSA's Department of Disability and Aging Services (DAS) and the Human Right's Commission.

HSA enthusiastically supports the City's SOGI data collection ordinance and has committed significant resources to comply with it over the past five years. The complexity of the agency and the fact that SOGI data is collected across 100 programs or contracts and is stored in 11 different computer systems has translated to a heavy implementation lift. Even so, HSA has made great strides in improving the quality and completeness of its client SOGI demographic data. HSA views the data as a valuable resource for conducting LGBTQ+ equity analyses, as well as cross-sectional analyses that incorporate other dimensions of equity, such as racial equity.

## FY20-21 Annual Report

The purpose of this report is to serve as HSA's FY20-21 annual report required by the San Francisco SOGI data collection ordinance. For each covered HSA program, this report includes the following:

- Tabulation of SOGI demographic data for clients served during FY20-21
- FY20-21 efforts to promote and/or improve SOGI data collection
- Data collection challenges, including those related to the COVID-19 pandemic
- Plans/strategies to improve data coverage and quality going forward

The most recent San Francisco City Survey (from 2019), sponsored by the Office of the Controller City Services Auditor, estimated that **12% of San Franciscans identify as LGBTQ+**<sup>1</sup>. Directly comparing this community-wide estimate from an anonymous survey with the program-specific SOGI demographic data within this report is not straightforward. HSA's programs serve different sub-populations (e.g., based on income, age, disability status, presence of a child in the household, etc.), and the proportion of persons identifying as LGBTQ+ (or open to identifying as LGBTQ+) may differ across these sub-populations and programs. Still, this 12% overall benchmark provides useful context.

Before diving into the SOGI data, this report looks at HSA's commitment to using this type of information to design and target services and craft policies and procedures to champion LGBTQ+ equity and inclusion.

## HSA Efforts to Promote LGBTQ+ Inclusion

HSA has taken numerous actions to address underrepresentation of LGBTQ+ clients in social services programs and to better serve the unique needs of LGBTQ+ communities. Below is a summary of these efforts, beginning with some initiatives to mitigate the impact of the COVID-19 pandemic on LGBTQ+ persons in San Francisco.

Description	Division
Allocated Give2SF funding of \$75,000 in gift cards for food purchases, distributed through LGBTQ+ focused CBOs (SF LGBT Center lead with sub-grants to El/La Para TransLatinas, TGI Justice Project, & TurnOut).	HSA COVID Response
Conducted COVID-centered survey of LGBTQ+ older adults to measure the pandemic's impact on physical and emotional health and determine unmet needs created or exacerbated by the public health crisis (in conjunction with Openhouse and HMA Community Strategies).	DAS COVID Response

<sup>1</sup> <https://sfcontroller.org/sites/default/files/Documents/Auditing/City%20Survey%202019%20-%20Report.pdf>

Created Food Coordinator position within Openhouse to organize volunteers and connect clients with food resources.	DAS COVID Response
Established new mental health telecare pilot serving LGBTQ+ older adults and HIV long term survivors. The program provides short term counseling and therapy services to individuals over 50 years of age who self-report serious depression, anxiety, and trauma related to the COVID-19 crisis.	DAS COVID Response
Initiated new programming and social services for transgender and gender nonconforming (TGNC) older adults and TGNC adults with disabilities through contracts with Openhouse and Curry Senior Center. The focus is creating social connections, building community, and addressing unmet social service needs in a culturally competent and gender affirming environment.	DAS
Held focus groups and stakeholder interviews on the needs of LGBTQ+ older and disabled people of color and factors that impact their engagement with supportive services, including those provided by DAS and its network of community partners. Feedback from consumers, service providers, and advocates will inform research findings and related recommendations for the Department, to be published in the fall of 2021.	DAS
Instituted LGBTQ+ cultural sensitivity training for all employees across the Human Services Agency.	HSA
Contracted with the Bay Area Academy for training of Family and Children Services (FCS) staff on <i>Sexual Health and Wellness for Foster Youth</i> , highlighting the importance of talking to youth about sexual orientation and gender identity and expression issues. Other trainings shared with FCS staff included <i>Supporting Mental and Physical Health and Safety for LGBTQ Youth in the Child Welfare System during COVID-19</i> (via A Better Way), <i>Name and Gender Changes and LGBTQ Based Discrimination</i> (via Fred Finch), and <i>Supporting LGBTQQI Youth and Young Adults</i> (via SF City College).	FCS
Contracted with the SF LGBT Center to fund the Transgender Employment Program (TEP), aimed at creating inclusive workplaces and jobs for TGNC individuals through an array of employment and legal services.	ESSS
Partnered with Openhouse to offer their LGBTQ+ Aging Cultural Humility training to DAS service providers.	DAS
Funded the Alzheimer's Association's LGBT Dementia Care Project, a suite of free trainings offered to health and social services providers.	DAS
Established contract with Legal Assistance to the Elderly to support their Legal and Life Planning Program for LGBTQ+ older adults and adults with disabilities, providing tailored services for end of life planning.	DAS
Provided funding for LGBTQ Care Navigation and Peer Support Programs for seniors and adults with disabilities at risk of isolation.	DAS
Used the Mayor's Executive Directive on Gender Inclusivity guidelines to update forms and applications, and ensured these principles are woven into the LGBTQ+ inclusivity trainings across HSA.	HSA

Expanded review and revision of forms developed by child welfare partner agencies to ensure compliance with Mayor's Executive Directive on Gender Inclusivity.	FCS
--	-----

## Disability and Aging Services Programs

The Department of Disability and Aging Services (DAS) is charged with coordinating services for older adults, veterans, people with disabilities, and their families to maximize safety, health, and independence. DAS serves approximately 70,000 San Franciscans each year and has been at the forefront of the City's efforts to collect SOGI data and better serve the needs of the LGBTQ+ community in San Francisco.

### Adult Protective Services

The San Francisco Adult Protective Services (APS) program relies on masters-level social workers to investigate allegations of abuse among elders and adults with disabilities, collaborate with criminal justice partners, and conduct short-term intensive case management to facilitate service connections and help stabilize vulnerable individuals.

Below is the SOGI demographic data from the APS case management system (LEAPS). The SOGI questions have been asked and recorded for the majority of clients served during FY20-21. Sexual orientation data was collected for 62% of APS clients, of which 15% chose a response other than "Straight/Heterosexual". Gender identity data was collected for 97% of APS clients. Roughly 1.2% of clients identified as either transgender, gender non-binary or another gender identity besides female or male.

#### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed	Decline to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
Adult Protective Services	81	333	38	3,695	191	382	646	1,683	7,049	4,338
% of Grand Total	1%	5%	1%	52%	3%	5%	9%	24%	100%	62%
% of Total with Responses	2%	8%	1%	85%	4%					100%

#### GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
Adult Protective Services	3,542	3,222	31	29	2	18	74	10	121	7,049	6,844
% of Grand Total	50%	46%	0.4%	0.4%	0.03%	0.3%	1%	0.1%	2%	100%	97%
% of Total with Responses	52%	47%	0.5%	0.4%	0.03%	0.3%					100%



The matrix below contains a summary of the APS' activities, challenges and future plans related to SOGI data collection.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>Per training and policies and procedure, intake staff is expected to ask the reporting party the SOGI questions, and protective service workers are to ask questions on SOGI when interviewing the client face to face.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>During the pandemic, APS conducted fewer face-to-face interviews, which reduced the client interview opportunities to ask SOGI questions.</li> <li>Some older adults do not want to share this information, and anecdotally some clients have stated that they did not want their sexual orientation documented.</li> <li>APS investigations can be considered invasive, and asking uncomfortable questions that may seem inconsequential can discourage rapport-building.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>Implement a policy for no in-person investigations to ask clients SOGI questions over the phone.</li> <li>Invite the Manager of Diversity Equity Inclusion and Belonging Division to re-emphasize to APS staff the value of these questions.</li> <li>Send a reminder to staff, with a job aid, indicating areas for improvement.</li> </ul>

## In-Home Supportive Services

The In-Home Supportive Services (IHSS) Program is a statewide benefit for older adults and persons with disabilities to receive care in their homes rather than in nursing homes or board-and-care facilities. All California IHSS programs utilize a statewide application form (SOC 295) and database (CMIPS II) to collect and store SOGI demographic data.

Below is the SOGI data from the IHSS case management system (CMIPS II) for clients served during the most recent fiscal year. Of IHSS clients served during FY20-21, sexual orientation and gender identity data is available for 85% and 92% of clients, respectively. Of clients reporting their sexual orientation, 97% reported being straight or heterosexual. Of clients reporting their gender identify, almost half a percent identified as transgender or a gender identity not listed.

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
IHSS	153	487	-	21,996	38	2,154	-	1,780	26,608	22,674
% of Grand Total	0.6%	2%	0%	83%	0.1%	8%	0%	7%	100%	85%
% of Total with Responses	1%	2%	0%	97%	0.2%					100%

**GENDER IDENTITY**

Program	Female	Male	Gender-queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
IHSS	14,573	9,783	7	64	13	11	557	-	1,600	26,608	24,451
% of Grand Total	55%	37%	0.03%	0.2%	0.05%	0.04%	2%	0%	6%	100%	92%
% of Total with Responses	60%	40%	0.03%	0.3%	0.05%	0.04%					100%

The matrix below summarizes the status of SOGI data collection within San Francisco’s IHSS Program.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>During FY20-21, the IHSS SOGI collection rate reached a level of 94% of recipients and remained steady at that level through the end of the year in June.</li> <li>IHSS reminded unit supervisors to check for complete SOGI demographics before approving cases. The Quality Assurance (QA) unit samples cases and monitors the types of errors in assessments, including with SOGI demographics.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>IHSS collects SOGI demographics at initial and annual reassessments. In the first two years of SOGI reporting, visiting recipients at least once or twice was sufficient to increase the collection rate to 94% of recipients. Of the 6% remaining, about half (700 recipients) applied within the past two years. SOGI errors are the sixth most common error found by our QA team.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>The program will continue to remind social workers and supervisors to check assessments, particularly new applications, for SOGI data collection before submission.</li> <li>IHSS QA staff will also work on tools and trainings to reduce errors in assessments and will include SOGI data collection in those efforts.</li> </ul>

**Public Guardian, Public Conservator and Representative Payee**

The **Public Guardian** (PG) program supports people whose physical and mental limitations make them unable to handle basic personal and financial needs. Public Guardian staff are responsible for managing medical care, placement, and financial resources. The **Public Conservator** (PC) provides mental health conservatorship services for San Francisco residents who are gravely disabled (unable to provide for their food, clothing or shelter) due to mental illness and who have been found by the Court unable or unwilling to accept voluntary treatment. The **Representative Payee** (RP) program provides money management services directly by DAS staff. This program was developed within the Public Guardian to support high-risk, vulnerable clients who do not require a full conservatorship but require a moderate level of financial support.

Below is the data from the case management system (Panoramic) used by PG, PC, and RP. Because PG, PC, and RP clients often face incapacitation issues, it is challenging to collect SOGI data for these programs, especially since SOGI information must be self-reported, according to best practices. Of clients reporting their sexual orientation across the three programs, roughly 10% identify as gay, bisexual, questioning or another identify other than straight/heterosexual. Less than one percent of clients report a gender identify other than male or female.

#### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed	Decline to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
<b>Public Guardian</b>	2	17	3	201	3	28	18	58	<b>330</b>	<b>226</b>
% of Grand Total	1%	5%	1%	61%	1%	8%	5%	18%	<b>100%</b>	<b>68%</b>
% of Total with Responses	1%	8%	1%	89%	1%					<b>100%</b>
<b>Public Conservator</b>	16	21	6	491	10	106	75	44	<b>769</b>	<b>544</b>
% of Grand Total	2%	3%	1%	64%	1%	14%	10%	6%	<b>100%</b>	<b>71%</b>
% of Total with Responses	3%	4%	1%	90%	2%					<b>100%</b>
<b>Representative Payee</b>	13	17	3	371	10	87	52	731	<b>1,284</b>	<b>414</b>
% of Grand Total	1%	1%	0.2%	29%	1%	7%	4%	57%	<b>100%</b>	<b>32%</b>
% of Total with Responses	3%	4%	1%	90%	2%					<b>100%</b>

#### GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not Stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
<b>Public Guardian</b>	133	156	-	1	-	-	-	1	39	<b>330</b>	<b>290</b>
% of Grand Total	40%	47%	0%	0.3%	0%	0%	0%	0.3%	12%	<b>100%</b>	<b>88%</b>
% of Total with Responses	46%	54%	0%	0.3%	0%	0%					<b>100%</b>
<b>Public Conservator</b>	276	476	2	3	2	1	6	1	2	<b>769</b>	<b>760</b>
% of Grand Total	36%	62%	0.3%	0.4%	0.3%	0%	1%	0.1%	0.3%	<b>100%</b>	<b>99%</b>
% of Total with Responses	36%	63%	0.3%	0.4%	0.3%	0%					<b>100%</b>
<b>Representative Payee</b>	455	784	1	2	2	3	4	-	33	<b>1,284</b>	<b>1,247</b>
% of Grand Total	35%	61%	0.1%	0.2%	0.2%	0.2%	0.3%	0%	3%	<b>100%</b>	<b>97%</b>
% of Total with Responses	36%	63%	0.1%	0.2%	0.2%	0.2%					<b>100%</b>

The matrix below contains a summary of activities, challenges and future plans related to SOGI data collection within PG, PC and RP.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>PG staff completed SOGI data collection training in 2019/2020 and gathered data from clients from then on. The PG referral intake form requests all SOGI fields be completed.</li> <li>PC staff completed training in 2018/2019 and gathered data from clients then on. The PC referral intake form requests all SOGI fields be completed.</li> <li>The RP referral form has been changed to reflect all SOGI fields.</li> </ul>
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<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Some clients in the PG program were not asked SOGI questions, as the deputy assessed that asking would gather a nil or negative response or may trigger a mental health episode.</li> <li>• Some clients in the PC program were not asked SOGI questions, as the clinician assessed that asking would gather a nil or negative response or may trigger a mental health episode.</li> <li>• The RP program has delayed focus on the completion of SOGI fields due to personnel vacancies and COVID. RP has no direct contact with clients so gathering the information will be through non DAS agency case managers.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>• PG and PC developed a quarterly report to monitor the SOGI data fields and maintain completion standards. The data collection process for SOGI is now operational.</li> </ul>

## Integrated Intake

The DAS Integrated Intake & Referral (I&R) Unit was established in 2008 to streamline access to social services and maximize service connections. Through a single call, seniors and adults with disabilities are able to learn about available services throughout the city and also apply for several DAS services. The Aging and Disability Resource Center (ADRC) network provides one-stop shops for information and assistance services for seniors and younger adults with disabilities at community-based organizations throughout the city.

Below is the data from the case management system (SF GetCare) used by Integrated Intake. The ADRC's have more complete data on sexual orientation, compared to the I&R unit due to the fact that many clients decline to provide any information when calling for information that does lead to a program intake. The percentage of clients identifying with a sexual orientation other than straight or heterosexual for both the ADRC's and I&R is 5%. The percentage of ADRC and I&R clients reporting a gender identity other than male or female is 0.8% and 0.3%, respectively.

**SEXUAL ORIENTATION**

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed	Decline to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
<b>Aging &amp; Disability Resource Centers</b>	88	492	16	10,275	-	753	633	95	<b>12,352</b>	<b>10,871</b>
% of Grand Total	1%	4%	0.1%	83%	0%	6%	5%	1%	<b>100%</b>	<b>88%</b>
% of Total with Responses	1%	5%	0.1%	95%	0%					<b>100%</b>
<b>DAAS Intake - Information &amp; Referral</b>	37	195	13	4,255	-	2,816	1,242	439	<b>8,997</b>	<b>4,500</b>
% of Grand Total	0.4%	2%	0.1%	47%	0%	31%	14%	5%	<b>100%</b>	<b>50%</b>
% of Total with Responses	1%	4%	0.3%	95%	0%					<b>100%</b>

**GENDER IDENTITY**

Program	Female	Male	Gender- queer/ Gender Non- binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
<b>Aging &amp; Disability Resource Centers</b>	7,320	4,754	39	41	19	1	165	6	7	<b>12,352</b>	<b>12,174</b>
% of Grand Total	59%	38%	0.3%	0.3%	0.2%	0.01%	1%	0.05%	0.1%	<b>100%</b>	<b>99%</b>
% of Total with Responses	60%	39%	0.3%	0.3%	0.2%	0.01%					<b>100%</b>
<b>DAAS Intake - Information &amp; Referral</b>	5,204	3,482	6	16	6	-	196	85	2	<b>8,997</b>	<b>8,714</b>
% of Grand Total	58%	39%	0.1%	0.2%	0.1%	0%	2%	1%	0.02%	<b>100%</b>	<b>97%</b>
% of Total with Responses	60%	40%	0.1%	0.2%	0.1%	0%					<b>100%</b>

The following matrix contains a summary of Integrated Intake's SOGI data collection efforts and issues.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>• Annual refresher training conducted with DAS Intake staff. New DAS Intake staff received SOGI training in DAS Intake new worker orientation.</li> <li>• Reminders to DAS Intake staff on the value of SOGI data collection and other demographic information to best serve the consumer.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• During the reporting period FY20-21, DAS Intake staff experienced challenges in collecting data on I&amp;R calls, due to an increased call volume related to the COVID-19 pandemic (SF shelter in place order) and immediate need for services. Staff reported that some callers did not allow for all of the SOGI questions to be asked or there was limited knowledge to completely answer all of the SOGI questions.</li> <li>• DAS Intake staff continue to express the challenges in collecting data on I&amp;R calls when consumers only want specific information on services and unwilling to provide any identifying information.</li> <li>• Language challenges with SOGI questions. Some intake staff expressed having difficulties reviewing questions with older adults in their native language.</li> </ul>

**Plans/Strategies to Improve Data Coverage and Quality Going Forward**

- DAS Intake staff will participate in a refresher training and role play challenging situations (e.g. language/cultural).
- DAS Intake will conduct quality assurance (QA) reviews and follow-up with staff as needed.
- DAS Intake will continue to work on improvements in data collection in the area of missing information.

**Community Living Fund**

The Community Living Fund (CLF) is focused on preventing unnecessary institutionalization of seniors and adults with disabilities and helping those currently institutionalized transition back to the community if that is their preference. CLF is part of DAS’ Long Term Care Operations division and services are provided via a contract with the Institute on Aging.

Below is the data from the case management system used to track CLF clients (CLF CaseCare). The Institute on Aging has excelled at collecting SOGI data, with very few clients in the “Not Asked” or “No Data” categories. Of clients responding to the sexual orientation questions, 14% designated an LGBTQ+ identity. For the gender identify question, 1.3% of clients identified as transgender and the remaining clients identified as either female or male.

**SEXUAL ORIENTATION**

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
Community Living Fund	9	26	1	243	-	9	3	4	295	279
% of Grand Total	3%	9%	0.3%	82%	0%	3%	1%	1%	100%	95%
% of Total with Responses	3%	9%	0.4%	87%	0%					100%

**GENDER IDENTITY**

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
Community Living Fund	128	162	-	3	1	-	-	-	1	295	294
% of Grand Total	43%	55%	0%	1%	0.3%	0%	0%	0%	0.3%	100%	99.7%
% of Total with Responses	44%	55%	0%	1%	0.3%	0%					100%

The matrix below contains a summary of the Community Living Fund’s activities, challenges and future plans related to SOGI data collection.

**FY20-21 Efforts to Promote/Improve SOGI Data Collection**

- Continue ongoing training on data collection.
- Multiple attempts to collect data when missed at initial assessment.

<b>Challenges</b>	<ul style="list-style-type: none"> <li>Barriers related to data collection over the phone or virtually when in-person assessment is not feasible.</li> <li>Barriers due to language and/or cultural sensitivity.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>Continue ongoing monitoring and quality assurance reviews to ensure consistent data collection.</li> <li>Actively collect missing SOGI data from participants during scheduled contacts or reassessments.</li> <li>Streamline assessment to be able to collect data during initial contact.</li> </ul>

## Clinical Quality & Improvement Unit

The Clinical and Quality Improvement (CQI) unit was created in 2015 to support DAS programs in addressing the needs of clients with complex healthcare and nursing needs. There are four CQI Registered Nurses and one Nurse Manager. The CQI RN provides nursing consultations to social workers by developing individualized service plans in the community. During the COVID-19 pandemic, the nurses consult with other programs regarding infection and exposure control guidelines and trainings to meet the City's goals of protecting the most vulnerable, protecting the workers, and mitigating the risks of exposure to COVID-19.

Below is the SOGI data from CQI's web application (Devero). The distribution of data indicates that CQI's SOGI collection rate is very high. Around 10% of clients identify with an LGBTQ+ sexual orientation. Roughly 1.6% of clients identify as transgender or gender non-binary and the remaining identify as female or male.

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
Clinical Quality & Improvement	12	36	3	570	14	84	7	29	755	635
% of Grand Total	2%	5%	0.4%	75%	2%	11%	1%	4%	100%	84%
% of Total with Responses	2%	6%	0.5%	90%	2%					100%

### GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
Clinical Quality & Improvement	326	408	2	7	2	-	8	1	1	755	745
% of Grand Total	43%	54%	0.3%	1%	0.3%	0%	1%	0.1%	0.1%	100%	99%
% of Total with Responses	44%	55%	0.3%	1%	0.3%	0%					100%

The following matrix contains a summary of activities, challenges and plans related to SOGI data collection within CQI.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>• SOGI data collection is integrated into the CQI referral submission process.</li> <li>• A new and improved CQI Documentation System was explored.</li> <li>• SOGI data has been identified as required data set at time of referral.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• During the COVID-19 pandemic, CQI pivoted to conducting IHSS initial nursing assessments over the phone. SOGI data collection remains challenging whenever CQI Nurses were unable to initiate telephone contact with the client.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>• Actively collect data from clients and referents when data is missing on CQI referral forms.</li> <li>• Implement quarterly audits of SOGI data in the database.</li> <li>• CQI formalized SOGI data collection by developing SOGI policy and procedures across programs, primarily IHSS.</li> </ul>

## Office of Community Partnerships

The Office of Community Partnerships (OCP) facilitates the provision of almost all DAS-funded community-based services, including those supported by Dignity Fund and Older Americans Act funding. The Dignity Fund was passed by voters in 2016, guaranteeing funding to enhance supportive services to help older adults (60+ years old) and adults with disabilities (18 – 59 years old) age with dignity in their own homes and communities.

Below is the SOGI data pulled from CA GetCare, the system used to support OCP, including Dignity Fund initiatives. The data represents an unduplicated count of clients across all of the individual programs. Overall, around 7% of clients identify with a sexual orientation other than straight or heterosexual. About half a percent of all clients identify as transgender or gender non-binary. The SOGI data for the individual OCP programs can be found on the following two pages.

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
Office of Community Partnerships	402	1,348	76	28,199	145	3,733	178	2,658	36,739	30,170
% of Grand Total	1%	4%	0.2%	77%	0.4%	10%	0.5%	7%	100%	82%
% of Total with Responses	1%	4%	0.3%	93%	0.5%					100%



**GENDER IDENTITY**

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/ Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
<b>Office of Community Partnerships</b>	20,366	14,545	30	137	48	6	433	8	1,166	<b>36,739</b>	<b>35,132</b>
% of Grand Total	55%	40%	0.1%	0.4%	0.1%	0.02%	1%	0.02%	3%	<b>100%</b>	<b>96%</b>
% of Total with Responses	58%	41%	0.1%	0.4%	0.1%	0.02%					<b>100%</b>

**SEXUAL ORIENTATION**

Office of Community Partnerships	Bisexual	Gay/Lesbian/ Same-Gender Loving	Questioning/ Unsure	Straight/ Heterosexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total
Adult Day Programs				79		3		5	87
Case Management	20	113	5	981	8	52	24	45	1,248
Community Service Program Pilot	1	2		59	1	39	1	9	112
Community Service Program Pilot	12	61	3	679	7	250	2	84	1,098
Community Services	116	528	18	10,037	42	879	39	1,229	12,888
Congregate Meals	112	230	24	10,913	58	1,586	25	441	13,389
Consumer Outreach	1			86		19	2	6	114
Employment Services	3	10	1	49	1	18	2	39	123
Empowerment Programs	2	4	1	93	1	12		97	210
Family Caregiver Support Program		6		523	2	25	3	73	632
Financial Literacy	5	9	1	15	4	2		1	37
Food Assistance	24	26	5	2,994	18	732	2	54	3,855
Home-Delivered Groceries	34	123	9	3,193	20	357	44	71	3,851
Home-delivered Meals	114	344	18	5,510	31	266	64	102	6,449
Health Promotion (Physical Fitness)	4	33		452		47		2	538
Housing Subsidy	18	69	7	305	2	18	1	12	432
Intergenerational Programs	9	105	4	275	1	31	1	34	460
LGBT Care Navigation	26	136	4	118	8	18		91	401
Mental Health Support Services	4	8	3	16				8	39
Money Management	2	7		120		15		13	157
Neighborhood Choir	3	12		147		13		30	205
Neighborhood-Based Pilot	2	11		280	1	38	2	46	380
Nutrition & Supportive Services	13	42	5	540	3	47	3	15	668
Nutrition Counseling	51	194	4	2,645	11	122	15	35	3,077
Nutrition Education	2			103	1	7		1	114
Respite Care		4		213		12		6	235
Senior Companion		1		12				0	13
SF Connected	5	17	1	895	4	145	4	219	1,290
Short-Term Home Care	2	13		118	1	6	1	9	150
Technology at Home	2	13		75		3	2	0	95
Transgender-Gender Nonconforming Supports	10	33	2	20	5	1		11	82
Transportation (Taxi Vouchers)				22	1	4		8	35
Veterans Service Connect	5	17	1	256	1	55	1	18	354
Village Programs	4	39		558	1	98	2	120	822
Volunteer Visitor		13		56		5		12	86
<b>Unduplicated Client Count</b>	<b>402</b>	<b>1,348</b>	<b>76</b>	<b>28,199</b>	<b>145</b>	<b>3,733</b>	<b>178</b>	<b>2,658</b>	<b>36,739</b>

**GENDER IDENTITY**

<b>Office of Community Partnerships</b>	<b>Female</b>	<b>Male</b>	<b>Genderqueer/ Gender Non-binary</b>	<b>Trans Female</b>	<b>Trans Male</b>	<b>Not listed, please specify</b>	<b>Declined /Not stated</b>	<b>Not Asked</b>	<b>No Data</b>	<b>Grand Total</b>
Adult Day Programs	67	18							2	87
Case Management	633	596	1	10	4	2	1		1	1,248
Community Service Program Pilot	60	15					32		5	112
Community Service Program Pilot	616	263	4	6	3		171		35	1,098
Community Services	7,655	4,499	9	44	14	1	61	1	604	12,888
Congregate Meals	7,224	5,854	7	20	14	4	135	1	130	13,389
Consumer Outreach	86	24					2		2	114
Employment Services	52	40	1				3		27	123
Empowerment Programs	96	64			1	1	1		47	210
Family Caregiver Support Program	458	119		1			2		52	632
Financial Literacy	16	10	6	3			1		1	37
Food Assistance	2,673	1,150		3	5		12		12	3,855
Home-Delivered Groceries	2,418	1,372	5	17	7		12		20	3,851
Home-delivered Meals	3,007	3,384	3	40	10	1	2	1	1	6,449
Health Promotion (Physical Fitness)	446	89					1		2	538
Housing Subsidy	209	208	1	7	2				5	432
Intergenerational Programs	264	167	1	9	3		2		14	460
LGBT Care Navigation	140	159		12	6	1	1		82	401
Mental Health Support Services	19	16	2						2	39
Money Management	47	102		2					6	157
Neighborhood Choir	156	34							15	205
Neighborhood-Based Pilot	247	98					14	5	16	380
Nutrition & Supportive Services	267	389		9	1		1		1	668
Nutrition Counseling	1,385	1,672		15	5					3,077
Nutrition Education	98	15				1				114
Respite Care	192	41							2	235
Senior Companion	5	8								13
SF Connected	848	350		2	1	1	23		65	1,290
Short-Term Home Care	81	68			1					150
Technology at Home	52	42		1						95
Transgender-Gender Nonconforming Supports	13	18	3	35	5				8	82
Transportation (Taxi Vouchers)	20	10							5	35
Veterans Service Connect	18	322		3	2		1		8	354
Village Programs	578	193					9		42	822
Volunteer Visitor	47	34					1		4	86
<b>Unduplicated Client Count</b>	<b>20,366</b>	<b>14,545</b>	<b>30</b>	<b>137</b>	<b>48</b>	<b>6</b>	<b>433</b>	<b>8</b>	<b>1,166</b>	<b>36,739</b>

The following matrix contains a summary of efforts and challenges related to SOGI data collection across OCP programs.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>Data collection of SOGI information is a routine part of demographic information collection upon intake in community programs. Staff are trained in SOGI collection as they are in all other routine demographic information areas.</li> <li>DAS staff in programs that collect demographic data are trained to collect SOGI data as routine part of demographic data collection upon hire.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>All demographic data collection points were challenged during pandemic as limited or no face-to-face opportunities to meet with clients.</li> <li>Some programs are identified as needing additional retraining and information.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>CBOs are and will be encouraged to audit their demographic data collection compliance, and provide retraining and information as demonstrated. OCP program analysts can provide technical assistance.</li> <li>Program analyst review semi-annual SOGI report and address with CBOs as identified.</li> <li>SOGI data is a factor included in determination of gaps and needs in community in general, and to address gaps in the LGBTQ+ community.</li> </ul>

## County Veterans Services Office

The County Veterans Service Office (CVSO) is a locally-funded service program that assists veterans and their families in accessing U.S. Department of Veterans Affairs benefits and entitlements, such as service-connected disability benefits and education benefits.

Below is the SOGI data from VetPro Panoramic (the system used to track CVSO clients). The CVSO has done a good job of collecting the gender-related SOGI data, but is missing sexual orientation data for 54% of its clients. The matrix below the data describes some of the challenges the CVSO faces related to SOGI data collection.

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning /Unsure	Straight/ Hetero- sexual	Not listed, please specify	Declined to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
County Veterans Services Office	3	23	16	873	2	17	20	1,052	<b>2,006</b>	<b>917</b>
% of Grand Total	0.1%	1%	1%	44%	0.1%	1%	1%	52%	<b>100%</b>	<b>46%</b>
% of Total with Responses	0.3%	3%	2%	95%	0.2%					<b>100%</b>

**GENDER IDENTITY**

Program	Female	Male	Gender-queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/Not stated	Not Asked	No Data	Grand Total	Total with Responses (first 6 columns)
County Veterans Services Office	121	1,304	1	2	3	1	2	452	120	2,006	1,432
% of Grand Total	6%	65%	0.05%	0.1%	0.1%	0.05%	0.1%	23%	6%	100%	71%
% of Total with Responses	8%	91%	0.1%	0.1%	0.2%	0.1%					100%

The following matrix contains a summary of efforts and challenges related to SOGI data collection within the CVSO.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>All CVSO personnel, including Veterans Service Representatives and Administrative Clerks are trained to collect SOGI information from clients.</li> <li>After long-time staffing shortages at CVSO, the program is fully staffed and is continuing to build capacity for SOGI data collection.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>CVSO veteran representatives often see repeat clients for whom demographic data has already been collected prior to the development of SOGI data fields. Because not all client services are in-person or over the phone (for example, clients are considered “served” by the CVSO if the US Department of Veterans Affairs shares updated awards documentation with the CVSO), CVSO staff do not always have the opportunity to collect or update self-reported SOGI information.</li> <li>Veteran clients express fear/frustration/confusion/anger in response to SOGI data collection efforts, despite staff assurances regarding the purpose of SOGI data collection and clients’ ongoing access to benefits. Many clients regard these questions as offensive.</li> <li>Technical challenges in extracting existing SOGI data from the database vendor for reporting and aggregate analysis.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>Interim SOGI monitoring for data completion, quality assurance, etc.</li> <li>Work with Veterans Affairs Commission to educate veterans on the relevance of SOGI data.</li> <li>Work with VA Medical Center to record SOGI data.</li> <li>Work with Swords to Plowshares to record Prop 63 SOGI data.</li> <li>Ongoing training and monitoring of staff to ensure compliance with SOGI data collection standards, especially to address persistent challenges in client relations with respect to SOGI.</li> </ul>

## BFS Economic Support & Self-Sufficiency Programs

HSA's Department of Human Services was renamed the Department of Benefits and Family Support (BFS) last fiscal year. BFS' Economic Support & Self-Sufficiency (ESSS) Division operates the core social services programs of county welfare departments: CalWORKs (cash aid and employment services for families), CalFresh (food assistance), Medi-Cal (Medicaid health insurance), and CAAP (cash aid and employment services for single adults). Together these programs serve over 240,000 San Franciscans annually. ESSS uses the CalWIN case management information system to administer these programs. CalWIN is jointly funded and managed by a consortium of 18 California counties, so San Francisco cannot add or change fields on their own. Because of the California SOGI data collection law, CalWIN added SOGI fields in 2018. There is no option to indicate whether a client declined to answer the SOGI questions versus not being asked. The California Department of Social Services (CDSS) developed a form/questionnaire for collecting SOGI data in 2019. However, there are many pathways for applying for these public benefits and in some cases there is no interaction with a case/social worker. Similarly, some clients are not required to interact with county staff as part of the renewal process to continue receiving benefits. These factors mean that some new and pre-existing clients are not directly asked the SOGI questions, which has resulted in overall lower data coverage across the ESSS programs. The programs endeavor to gather SOGI information for the majority of clients and continue to look for ways of increasing SOGI demographic data coverage over time.

### CalWORKs

CalWORKs provides temporary financial support, as well as job training, education, child care, and counseling, to pregnant women and eligible families with children under age 19. The CalWORKs program uses a state SOGI demographic questionnaire (CW2223) designed by CDSS. CDSS directs county welfare departments to provide their optional SOGI questionnaire to adults present during the intake interview. Copies of the optional questionnaire are also included in the annual renewal packets.

The data below is for all adults aided on CalWORKs during FY20-21. Around half of all adult clients have provided SOGI demographic information. Only 4% of clients report a sexual orientation other than straight or heterosexual. Looking at the gender identity data, no CalWORKs clients have reported being transgender and three-tenths of a percent have identified as non-binary.

## SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Straight/ Hetero- sexual	Not listed, please specify	Unknown	No Data	Grand Total	Total with Responses (first 4 columns)
CalWORKs	35	10	1,265	2	44	1,279	2,635	1,312
% of Grand Total	1%	0.4%	48%	0.1%	2%	49%	100%	50%
% of Total with Responses	3%	1%	96%	0.2%				100%

## GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	No Data	Grand Total	Total with Responses (first 6 columns)
CalWORKs	1,171	229	4	-	-	-	1,231	2,635	1,404
% of Grand Total	44%	9%	0.2%	0%	0%	0%	47%	100%	53%
% of Total with Responses	83%	16%	0.3%	0%	0%	0%			100%

The matrix below describes efforts of the CalWORKs program to collect SOGI demographic data.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>CalWORKs continues to provide SOGI training during induction &amp; in-service trainings.</li> <li>The CW2223 State SOGI form is included in all Intake and Annual Renewal packets.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>EWs are required to gather a huge amount of sensitive data as part of CalWORKs eligibility determination. Therefore, it is not surprising that many clients get fatigued from answering so many questions and decline to fill out the optional SOGI questionnaire.</li> <li>During the pandemic face-to-face interviews have been converted to telephone appointments adding yet an additional layer of complexity to the already lengthy interview process and likely causing more clients to decline answering optional SOGI questions.</li> <li>Some clients express that asking about sexual orientation is too personal and/or an inappropriate question.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>Discuss SOGI data collection at section and unit meetings as well as online virtual meetings with Staff.</li> <li>Require supervisors to review SOGI data collection protocols quarterly with their staff to hear challenges faced by staff directly so they can offer guidance.</li> </ul>

## SF BenefitsNet: CalFresh and Medi-Cal

Low-income individuals and families use CalFresh to purchase food at many retail food outlets, grocery stores, and farmers markets. Medi-Cal provides free or low-cost health insurance for eligible individuals and comes with a range of health benefits and services. The CalFresh and Medi-Cal programs are jointly administered under a division called SF BenefitsNet (SFBN). These programs are overseen by two separate agencies at the state level; both parent agencies require counties to collect SOGI data, but prescribe different tools and methods. CalFresh is required to use the same state SOGI demographics questionnaire as CalWORKs (CW2223). This optional questionnaire is given to all adults present at the Intake interview and included in renewal packets. Medi-Cal asks adults the SOGI questions during intake interviews (in-person or over the phone). However, the Medi-Cal paper application controlled by the state does not contain SOGI questions (clients can mail-in these paper applications). Also, Medi-Cal does not conduct renewal interviews and a significant percentage of Medi-Cal beneficiaries are automatically renewed each year, so there is limited opportunity to collect SOGI data for longstanding Medi-Cal clients.

The data below is for all adults aided on CalFresh and Medi-Cal during FY20-21. Roughly 40% of CalFresh adult client records contain SOGI demographic data, while around 20% of adult Medi-Cal client records contain SOGI data. Medi-Cal will likely continue to have a lower coverage rate than CalFresh, due in part to the paper mail-in applications and automatic renewal processes described in the previous paragraph. Around 10% of CalFresh clients and 8% of Medi-Cal clients who responded to the sexual orientation question, indicated an LGBTQ+ identity. Approximately, 1% of both CalFresh and Medi-Cal clients providing gender identity information, identified as non-binary, transgender or another gender identity besides female or male.

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Straight/ Hetero- sexual	Not listed, please specify	Unknown	No Data	Grand Total	Total with Responses (first 4 columns)
<b>CalFresh</b>	719	1,517	21,965	114	1,665	40,102	<b>66,082</b>	<b>24,315</b>
% of Grand Total	1%	2%	33%	0.2%	3%	61%	<b>100%</b>	<b>37%</b>
% of Total with Responses	3%	6%	90%	0.5%				<b>100%</b>
<b>Medi-Cal</b>	777	1,626	30,281	130	1,956	121,199	<b>155,969</b>	<b>32,814</b>
% of Grand Total	0.5%	1%	19%	0.1%	1%	78%	<b>100%</b>	<b>21%</b>
% of Total with Responses	2%	5%	92%	0.4%				<b>100%</b>



**GENDER IDENTITY**

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	No Data	Grand Total	Total with Responses (first 6 columns)
<b>CalFresh</b>	13,032	13,749	135	76	28	24	39,038	<b>66,082</b>	<b>27,044</b>
% of Grand Total	20%	21%	0.2%	0.1%	0.04%	0.04%	59%	<b>100%</b>	<b>41%</b>
% of Total with Responses	48%	51%	0.5%	0.3%	0.1%	0.1%			<b>100%</b>
<b>Medi-Cal</b>	18,497	17,302	138	95	38	34	119,865	<b>155,969</b>	<b>36,104</b>
% of Grand Total	12%	11%	0.1%	0.1%	0.02%	0.02%	77%	<b>100%</b>	<b>23%</b>
% of Total with Responses	68%	64%	0.5%	0.4%	0.1%	0.1%			<b>134%</b>

The matrix summarizes the efforts, challenges and strategies related to SOGI data collection within SFBN.

<p><b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b></p>	<ul style="list-style-type: none"> <li>Issue periodic SOGI reminders via the weekly Supervisor Forum meetings, and in bi-weekly newsletters. Supervisors convey this information to Eligibility Staff via Unit meetings.</li> <li>Medi-Cal and CalFresh intake packets include SOGI CW 2223 form. Intake packets are issued to all Medi-Cal and CalFresh applicants.</li> <li>Medi-Cal (cases not automatically renewed) and CalFresh renewal packets now include SOGI CalWORKs 2223 form. CalFresh renewal packets are mailed to all households due for a renewal.</li> <li>Covered California online application portal now includes SOGI questions.</li> </ul>
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<b>Challenges</b>	<ul style="list-style-type: none"> <li>• California Department of Healthcare Services has not modified the state Medi-Cal paper application to include SOGI questions.</li> <li>• California Department of Social Services has not modified the state CalFresh paper applications to include SOGI questions.</li> <li>• As of the time of this report, MyBCW online application portal does not include SOGI questions.</li> <li>• In person/phone applications are usually made by one adult household member, which means other adults are not asked to provide voluntary SOGI information.</li> <li>• In alignment with Medi-Cal policy, a significant percentage of Medi-Cal renewals are done following the automated path, with no client contact, and thus no opportunity to collect SOGI information. Additionally, due to the COVID-19 pandemic Medi-Cal renewals continue to be in suspended status.</li> <li>• Due to the COVID-19 Pandemic, the CalFresh interview requirement was waived for most households on applications and renewals, and a significant percentage of applications and renewals were processed without a telephone or face to face contact.</li> <li>• There is no CalWIN functionality that allows the EW to record when an applicant/recipient declines to provide information.</li> <li>• With new telephonic recording technology clients are advised when calling our service center that the full conversation is recorded; clients may be more hesitant to provide information if there is a voice recording of their answers.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>• Continue to provide periodic SOGI reminders via Supervisors Forum meetings, and bi-weekly newsletters.</li> <li>• Conduct a SOGI refresher training for all staff, and develop an on-demand SOGI training video.</li> <li>• Implement new call service center business process to require EWs to attempt to obtain SOGI information whenever client contacts the county and SOGI information is blank (please note information could be blank because client declined to provide SOGI information in the past. However, without CalWIN functionality to record that in SOGI window, EW would not know this).</li> <li>• Include EW compliance to the collection of SOGI information as a standard component to case reviews and phone call reviews.</li> </ul>

## County Adult Assistance Program

The County Adult Assistance Program (CAAP) provide cash assistance to low-income adults without dependent children, adults that cannot work, and refugees. CAAP clients are required to also apply for both CalFresh and Medi-Cal, so their SOGI demographic data is generally collected by the SFBN program procedures (described in previous section of this

report). CAAP eligibility workers have been trained to update the SOGI demographic fields during the application or renewal process.

Below is the SOGI data for all CAAP clients active during FY20-21. Around two-thirds of CAAP client records contain SOGI demographic data. Of clients with SOGI data, around 12% identified with an LGBTQ+ sexual orientation and a little over 1% reported their gender identity as non-binary, transgender, or another gender identity other than male or female.

#### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Straight/ Hetero- sexual	Not listed, please specify	Unknown	No Data	Grand Total	Total with Responses (first 4 columns)
CAAP	174	346	4,078	26	358	2,477	7,459	4,624
% of Grand Total	2%	5%	55%	0.3%	5%	33%	100%	62%
% of Total with Responses	4%	7%	88%	1%				100%

#### GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	No Data	Grand Total	Total with Responses (first 6 columns)
CAAP	1,546	3,596	30	26	6	6	2,249	7,459	5,210
% of Grand Total	21%	48%	0.4%	0.3%	0.1%	0.1%	30%	100%	70%
% of Total with Responses	30%	69%	0.6%	0.5%	0.1%	0.1%			100%

The information below describes the CAAP program's experience with SOGI data collection.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>CAAP has a section for SOGI data collection in its handbook/procedures.</li> <li>All staff were trained either through Induction training or supervisory training.</li> <li>A How-To was created to guide Eligibility Workers on how to update the SOGI screen in CalWIN.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>CAAP does not have any challenges at this point.</li> <li>All the CAAP clients are required to apply for Medi-Cal and CalFresh, and the SOGI data is entered by the Eligibility Workers in these programs before coming to CAAP.</li> <li>While CAAP workers do not ask for this information, CAAP Eligibility Workers will update SOGI information if the client volunteers the information.</li> </ul>

**Plans/Strategies to Improve Data Coverage and Quality Going Forward**

- Continue to include SOGI demographic data collection as part of CAAP training.
- Keep SOGI data handbook section and How-To Guide available and up-to-date.
- Trainees will now attend Learning and Development's LGBTQ+ training.

## BFS Family and Children Services

HSA's Department of Benefits and Family Support (BFS) also houses San Francisco's child welfare programs within its Family and Children Services (FCS) Division. FCS protects children from abuse and neglect and finds permanency for children through reunification, legal guardianship, or adoptions. FCS conducts investigations and provides case management for families and for children living at home and in foster care. FCS uses a statewide computer system called the Child Welfare Services Case Management System (CWS/CMS). SOGI fields were added to CWS/CMS in 2018. Guidance from the State on how to collect SOGI data were issued in 2019. FCS also uses a structured decision making tool called the Family Strengths and Needs Assessment, which includes collection of SOGIE information.

San Francisco FCS has a policy related to SOGI data collection that states:

“Protective Service Workers shall engage with youth ages 10-21 about SOGIE information, so long as they are developmentally and cognitively capable of understanding and discussing gender, in an age-appropriate discussion of their preferred gender expression and the gender with which they identify.”

The tables below contain the SOGI demographic data for youth 10 years old and older collected by FCS for three populations. The first population is CWS/CMS Investigated Referrals opened during FY20-21 (758 youth in this group). The second population is all CWS/CMS cases open anytime during FY20-21 (536 youth in this group). The third population is youth who were assessed using the Family Strength and Needs Assessment during FY20-21 (406 unduplicated youth assessed). The data shows between 16% and 18% of youth across the three populations identify with an LGBTQ+ sexual orientation (out of those that provided information on their sexual orientation). Between 3% and 9% of youth across the three populations identified as non-binary, transgender, unsure, or another gender identity other than male or female

### SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Straight/ Hetero- sexual	Not listed	Declined to Answer	Not Asked	Unable to Deter- mine	Grand Total	Total with Responses (first 4 columns)
<b>Youth Referred</b>	11	5	109	8	13	-	612	<b>758</b>	<b>133</b>
% of Grand Total	1.5%	1%	14%	1%	2%	0%	81%	<b>100%</b>	<b>18%</b>
% of Total with Responses	8%	4%	82%	6%					<b>100%</b>
<b>Youth with Opened Child Welfare Case</b>	10	3	87	4	4	-	428	<b>536</b>	<b>104</b>
% of Grand Total	2%	1%	16%	1%	1%	0%	80%	<b>100%</b>	<b>19%</b>
% of Total with Responses	10%	3%	84%	4%					<b>100%</b>
<b>Youth Assessed using Family Strength and Needs Assessment</b>	11	5	98	6	-	286	-	<b>406</b>	<b>120</b>
% of Grand Total	3%	1%	24%	1%	0%	70%	0%	<b>100%</b>	<b>30%</b>
% of Total with Responses	9%	4%	82%	5%					<b>100%</b>

### GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans- gender	Not listed, please specify	Unsure	Declined to Answer	Not Asked	Grand Total	Total with Responses (first 6 columns)
<b>Youth Referred</b>	92	71	8	5	1	2	2	577	<b>758</b>	<b>179</b>
% of Grand Total	12%	9%	1%	0.7%	0%	0.3%	0%	76%	<b>100%</b>	<b>24%</b>
% of Total with Responses	51%	40%	4%	3%	1%	1%				<b>100%</b>
<b>Youth with Opened Child Welfare Case</b>	69	49	5	3	1	1	-	408	<b>536</b>	<b>128</b>
% of Grand Total	13%	9%	1%	1%	0.2%	0.2%	0%	76%	<b>100%</b>	<b>24%</b>
% of Total with Responses	54%	38%	4%	2%	1%	1%				<b>100%</b>
<b>Youth Assessed using Family Strength and Needs Assessment</b>	192	167	-	8	4	-	-	35	<b>406</b>	<b>371</b>
% of Grand Total	47%	41%	0%	2%	1%	0%	0%	9%	<b>100%</b>	<b>91%</b>
% of Total with Responses	52%	45%	0%	2%	1%	0%				<b>100%</b>

The matrix below summarizes the status of SOGI data collection within the FCS Program

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>• Through a contract with Bay Area Academy FCS offered <i>Sexual Health and Wellness for Foster Youth</i> training. This training includes content about the importance of talking to youth about SOGIE issues.</li> <li>• Shared with staff training offered on LGBTQ+ topics including: <ul style="list-style-type: none"> <li>◦ <i>Supporting Mental and Physical Health and Safety for LGBTQ Youth in the Child Welfare System during COVID-19</i> (via A Better Way).</li> <li>◦ <i>Name and Gender Changes and LGBTQ Based Discrimination</i> (via Fred Finch).</li> <li>◦ <i>Supporting LGBTQQI Youth and Young Adults</i> (via SF City College).</li> </ul> </li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• None known.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>• Working to clarify the data needed from contracting agencies, and assisting contracting agencies to revise forms to include SOGI questions and increase gender inclusivity on forms.</li> </ul>

## Contractor-Operated Programs

HSA currently has around 400 contracts with numerous community-based organizations. Many contractors collect demographic data and are therefore subject to San Francisco’s SOGI data collection ordinance. Some community partners input client-level data through an HSA program case management system, so this data would be reflected in a preceding program-specific section of this report. The remaining contractors use HSA’s contract management system, CARBON, to submit aggregate SOGI data. This system was modified to flag whether contracts are required to report aggregate SOGI data in CARBON, which allows for compliance tracking and sending targeted reminders.

The aggregate SOGI data submitted by contractors for FY20-21 can be found within the **Appendix** of this report. Thirty-three community partners submitted SOGI data this year (down from 37 last fiscal year for reasons directly linked to COVID-19). The matrix below summarizes the status of SOGI data collection among HSA’s contractor-operated programs, including the negative impact of the pandemic on SOGI data collection and reporting, as well as plans to increase the submission rate going forward.

<b>FY20-21 Efforts to Promote/Improve SOGI Data Collection</b>	<ul style="list-style-type: none"> <li>• Alerts in CARBON system to notify vendors/contractors of SOGI data due dates.</li> <li>• Met with Program Monitors at Contract Meetings to remind them of SOGI data requirements for their contractors.</li> </ul>
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<b>Challenges</b>	<ul style="list-style-type: none"> <li>• HSA Program Monitors were again not able to do in-person site monitoring for many contracts this Fiscal Year due to the pandemic. The monitoring visit is a chance for Monitors to check in with contractors and also provide support/training on how to collect this data for their new employees.</li> <li>• Due to COVID, some programs were paused due to no referrals being made, so there is less data than years past.</li> <li>• Some contractors had major staffing changes, which led to data not being reported timely or completely.</li> </ul>
<b>Plans/Strategies to Improve Data Coverage and Quality Going Forward</b>	<ul style="list-style-type: none"> <li>• Since in-person monitoring may not occur this year, we will update our training documentation and send out to contractors.</li> <li>• Conduct refresher training for internal staff via Teams, so they can provide increased support to contractors.</li> <li>• Share the mid-year data report to Program Monitors, so they can check in mid-year prior to the site monitoring to ensure that data collection is consistent.</li> </ul>

## Conclusion

LGBTQ+ persons face disproportionately higher rates of poverty, suicide, homelessness, isolation, substance abuse and violence. Reliable SOGI demographic data is essential to inform the design and delivery of programs to improve the well-being of LGBTQ+ populations. HSA continually strives to welcome and affirm all of San Francisco’s diverse communities in order to connect them to our agency’s web of vital services and benefits; SOGI data collection is part of this broader strategy. Collecting SOGI demographics is no less important during this extended pandemic, given that COVID-19 has exacerbated the disparities and inequity experienced by marginalized communities, including LGBTQ+ persons. HSA commends the Office of Transgender Initiatives’ longstanding leadership in regard to the annual SOGI reports and Board of Supervisor hearings, which raise awareness and accountability, and facilitate cross-department information sharing.

Thank you for your time and attention in reviewing this report. HSA welcomes any follow-up questions or feedback.

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# APPENDIX: SOGI Data from HSA Contract Management System (CARBON)

HSA Contractor SOGI Report Fiscal Year: 2020-2021				Sexual Orientation															
				Straight/ Heterosexual		Bisexual		Gay/Lesbian		Questioning/ Unsure		Not Listed		Decline to Answer		Not Asked		Incomplete	
Program Area	Vendor/Agency	Contract	# of Clients Served	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CalFresh	SAN FRANCISCO FOOD BANK	CalFresh and Medi-Cal Promotion	2,021	401	20%	-	0%	4	0%	-	0%	-	0%	318	16%	-	0%	1,298	64%
CalFresh	SAN FRANCISCO FOOD BANK	DHS - IFA / PFA Renewal	2,415	529	22%	4	0%	11	0%	3	0%	24	1%	88	4%	1,737	72%	19	1%
DAS	HOMEBRIDGE	IHSS Contract Mode	910	595	65%	14	2%	52	6%	6	1%	-	0%	214	24%	29	3%	-	0%
DAS	HOMERISE	Rental Assistance Demonstration-Seniors-1750 McAllister	97	93	96%	-	0%	4	4%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	HOMERISE	Rental Assistance Demonstration-Seniors-666 Ellis	93	85	91%	1	1%	5	5%	1	1%	1	1%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	1760 Bush Street (RAD Phase II Seniors)	109	103	94%	-	0%	6	6%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	2698 California Street (RAD Phase II Seniors)	37	35	95%	-	0%	2	5%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	345 Arguello Blvd (RAD Seniors)	71	65	92%	5	7%	1	1%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	JFK Towers (RAD Phase II Seniors)	101	95	94%	-	0%	6	6%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	STEPPINGSTONE	Community Services Program Pilot (Dignity Fund)	12	-	0%	2	17%	10	83%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 320-330 Clementina	265	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	265	100%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 430 Turk	96	80	83%	1	1%	10	10%	-	0%	-	0%	1	1%	4	4%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 939-51 Eddy	81	68	84%	-	0%	4	5%	3	4%	-	0%	-	0%	1	1%	5	6%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - Rosa Parks (1251 Turk)	259	245	95%	1	0%	7	3%	1	0%	1	0%	4	2%	-	0%	-	0%
FCS	FAMILY BUILDERS BY ADOPTION	Adoption and Permanency Services	229	149	65%	4	2%	11	5%	6	3%	59	26%	-	0%	-	0%	-	0%
FCS	FAMILY SUPPORT SVCS	Respite Care and Training & Recruitment Program for RFA Approved Families	26	18	69%	-	0%	1	4%	-	0%	-	0%	7	27%	-	0%	-	0%
FCS	FAMILY SUPPORT SVCS	SafeCare Parenting Education	40	38	95%	1	3%	-	0%	-	0%	-	0%	1	3%	-	0%	-	0%
FCS	FIRST PLACE FOR YOUTH	Independent Living Skills Program for Foster Youth	289	131	45%	16	6%	5	2%	-	0%	-	0%	3	1%	134	46%	-	0%
FCS	HOMELESS PRENATAL PROGRAM	Homeless Prenatal Program-Bringing Families Home	51	27	53%	4	8%	-	0%	-	0%	2	4%	1	2%	-	0%	17	33%



**HSA Contractor SOGI Report  
Fiscal Year: 2020-2021**

				Sexual Orientation															
Program Area	Vendor/Agency	Contract	# of Clients Served	Straight/Heterosexual		Bisexual		Gay/Lesbian		Questioning/Unsure		Not Listed		Decline to Answer		Not Asked		Incomplete	
				#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
ESSS	ABODE SERVICES	CalWORKS Housing Locator, Housing Connector, and Case Management Services	42	17	40%	2	5%	-	0%	-	0%	-	0%	-	0%	23	55%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Employment Services to Formerly and Currently At-Risk Homeless Individuals	37	27	73%	3	8%	3	8%	-	0%	-	0%	4	11%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Transitional Empl Svc (CJP/CJP1)	143	125	87%	7	5%	1	1%	-	0%	4	3%	6	4%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Vocational Immersion VIP/VESL	160	160	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	WTW - Transitional Empl for Re-Engagement	156	134	86%	10	6%	2	1%	-	0%	4	3%	6	4%	-	0%	-	0%
ESSS	BAY AREA LEGAL AID	Client Advocacy and Individualized Legal Support Services	912	292	32%	18	2%	29	3%	1	0%	14	2%	31	3%	1	0%	526	58%
ESSS	CATHOLIC CHARITIES	CalWORKS Housing Locator, Housing Connector, and Case Management Services	24	23	96%	-	0%	-	0%	-	0%	1	4%	-	0%	-	0%	-	0%
ESSS	EPISCOPAL COMMUNITY SVCS OF S F INC	Employment Services to Formerly and Currently At-Risk Homeless Individuals	22	22	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	GOODWILL INDUST OF S F SAN MATEO & MARIN	Employment Services to Formerly and Currently At-Risk Homeless Individuals	8	7	88%	-	0%	-	0%	-	0%	-	0%	1	13%	-	0%	-	0%
ESSS	HOMERISE	Employment Services to Formerly and Currently At-Risk Homeless Individuals	87	64	74%	2	2%	17	20%	-	0%	1	1%	3	3%	-	0%	-	0%
ESSS	LA CASA DE LAS MADRES	Domestic Violence Services to CalWORKs	161	94	58%	7	4%	1	1%	-	0%	1	1%	3	2%	-	0%	55	34%
ESSS	SAN FRANCISCO CLEAN CITY COALITION	Transitional Employment in Urban Maintenance	10	8	80%	-	0%	1	10%	-	0%	-	0%	1	10%	-	0%	-	0%
ESSS	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Support Svc (TESS) for PST	21	18	86%	1	5%	1	5%	-	0%	-	0%	1	5%	-	0%	-	0%
ESSS	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Svc (CJP/CJP1)	124	118	95%	-	0%	2	2%	-	0%	-	0%	4	3%	-	0%	-	0%

**HSA Contractor SOGI Report**  
**Fiscal Year: 2020-2021**

				Gender Identity															
Program Area	Vendor/Agency	Contract	# of Clients Served	Male		Female		Trans Male		Trans Female		Genderqueer/ Gender Non-binary		Not Listed		Decline to answer		Question not asked	
				#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CalFresh	SAN FRANCISCO FOOD BANK	CalFresh and Medi-Cal Promotion	2,021	179	9%	534	26%	-	0%	-	0%	-	0%	-	0%	10	0%	1,298	64%
CalFresh	SAN FRANCISCO FOOD BANK	DHS - IFA / PFA Renewal	2,415	658	27%	1,715	71%	2	0%	-	0%	2	0%	12	0%	2	0%	24	1%
DAS	HOMEBRIDGE	IHSS Contract Mode	910	523	57%	351	39%	-	0%	-	0%	-	0%	-	0%	19	2%	17	2%
DAS	HOMERISE	Rental Assistance Demonstration-Seniors-1750 McAllister	97	93	96%	-	0%	4	4%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	HOMERISE	Rental Assistance Demonstration-Seniors-666 Ellis	93	55	59%	38	41%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	1760 Bush Street (RAD Phase II Seniors)	109	44	40%	63	58%	2	2%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	2698 California Street (RAD Phase II Seniors)	37	18	49%	19	51%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	345 Arguello Blvd (RAD Seniors)	71	35	49%	35	49%	-	0%	-	0%	1	1%	-	0%	-	0%	-	0%
DAS	MERCY HOUSING CALIFORNIA	JFK Towers (RAD Phase II Seniors)	101	44	44%	55	54%	-	0%	2	2%	-	0%	-	0%	-	0%	-	0%
DAS	STEPPINGSTONE	Community Services Program Pilot (Dignity Fund)	12	5	42%	5	42%	-	0%	2	17%	-	0%	-	0%	-	0%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 320-330 Clementina	265	115	43%	150	57%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 430 Turk	96	55	57%	41	43%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - 939-51 Eddy	81	46	57%	35	43%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
DAS	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP	RAD - Rosa Parks (1251 Turk)	259	94	36%	151	58%	-	0%	-	0%	-	0%	-	0%	-	0%	14	5%
FCS	FAMILY BUILDERS BY ADOPTION	Adoption and Permanency Services	229	94	41%	133	58%	-	0%	-	0%	-	0%	2	1%	-	0%	-	0%
FCS	FAMILY SUPPORT SVCS	Respite Care and Training & Recruitment Program for RFA Approved Families	26	3	12%	15	58%	-	0%	-	0%	1	4%	-	0%	7	27%	-	0%
FCS	FAMILY SUPPORT SVCS	SafeCare Parenting Education	40	12	30%	28	70%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
FCS	FIRST PLACE FOR YOUTH	Independent Living Skills Program for Foster Youth	289	128	44%	147	51%	-	0%	-	0%	4	1%	7	2%	3	1%	-	0%
FCS	HOMELESS PRENATAL PROGRAM	Homeless Prenatal Program-Bringing Families Home	51	9	18%	42	82%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%

**HSA Contractor SOGI Report  
Fiscal Year: 2020-2021**

				Gender Identity															
Program Area	Vendor/Agency	Contract	# of Clients Served	Male		Female		Trans Male		Trans Female		Genderqueer/ Gender Non-binary		Not Listed		Decline to answer		Question not asked	
				#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
ESSS	ABODE SERVICES	CalWORKS Housing Locator, Housing Connector, and Case Management Services	42	18	43%	24	57%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Employment Services to Formerly and Currently At-Risk Homeless Individuals	37	8	22%	29	78%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Transitional Empl Svc (CJP/CJP1)	143	35	24%	104	73%	-	0%	-	0%	1	1%	3	2%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	Vocational Immersion VIP/VESL	160	21	13%	139	87%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	ARRIBA JUNTOS - IAL	WTW - Transitional Empl for Re-Engagement	156	36	23%	116	74%	-	0%	-	0%	-	0%	3	2%	-	0%	1	1%
ESSS	BAY AREA LEGAL AID	Client Advocacy and Individualized Legal Support Services	912	327	36%	559	61%	2	0%	8	1%	4	0%	12	1%	-	0%	-	0%
ESSS	CATHOLIC CHARITIES	CalWORKS Housing Locator, Housing Connector, and Case Management Services	24	-	0%	23	96%	-	0%	-	0%	-	0%	1	4%	-	0%	-	0%
ESSS	EPISCOPAL COMMUNITY SVCS OF S F INC	Employment Services to Formerly and Currently At-Risk Homeless Individuals	22	16	73%	6	27%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	GOODWILL INDUST OF S F SAN MATEO & MARIN	Employment Services to Formerly and Currently At-Risk Homeless Individuals	8	-	0%	8	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	HOMERISE	Employment Services to Formerly and Currently At-Risk Homeless Individuals	87	35	40%	49	56%	1	1%	2	2%	-	0%	-	0%	-	0%	-	0%
ESSS	LA CASA DE LAS MADRES	Domestic Violence Services to CalWORKs	161	1	1%	160	99%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	SAN FRANCISCO CLEAN CITY COALITION	Transitional Employment in Urban Maintenance	10	2	20%	8	80%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
ESSS	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Support Svc (TESS) for PST	21	9	43%	11	52%	-	0%	1	5%	-	0%	-	0%	-	0%	-	0%
ESSS	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Svc (CJP/CJP1)	124	75	60%	47	38%	-	0%	-	0%	-	0%	-	0%	2	2%	-	0%

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

# MEMORANDUM

TO: Kiely Hosmon, Director  
Youth Commission

FROM: John Carroll, Assistant Clerk,  
Government Audit and Oversight Committee

DATE: July 19, 2021

SUBJECT: REFERRAL FROM BOARD OF SUPERVISORS

The Board of Supervisors has received the following proposed legislation which is being referred to the Youth Commission as per Charter, Section 4.124 for comment and recommendation. The Commission may provide any response it deems appropriate within 12 days from the date of this referral.

**File No. 210747**

**Hearing on the City's collection and analysis of Sexual Orientation and Gender Identity (SOGI) data for Fiscal Year (FY) 2019-2020, the first six months of FY 2020-2021, and any COVID-related SOGI data, as available; and requesting the Department of Public Health, Mayor's Office of Housing and Community Development, Human Services Agency, Department of Aging and Adult Services, Department of Children, Youth and Their Families, and Department of Homelessness and Supportive Housing to report.**

Please return this cover sheet with the Commission's response to John Carroll, Assistant Clerk, Government Audit and Oversight Committee.

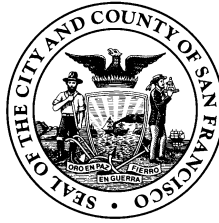
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**RESPONSE FROM YOUTH COMMISSION**      Date: July 19, 2021

- No Comment
- Recommendation Attached

\_\_\_\_\_  
Chairperson, Youth Commission

Youth Commission  
City Hall ~ Room 345  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4532



(415) 554-6446  
(415) 554-6140 FAX  
www.sfgov.org/youth\_commission

**YOUTH COMMISSION**  
**MEMORANDUM**

**TO:** John Carroll, Assistant Clerk, Government Audit and Oversight Committee  
**FROM:** Youth Commission  
**DATE:** Tuesday, July 20, 2021  
**RE:** Referral response to BOS File No. 210747 – [Hearing on the FY 2019/2020, first six months FY 2020/2021 & COVID-related Sexual Orientation and Gender Identity (SOGI) Data Reports]

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At our **Monday, July 19, 2021, meeting**, the Youth Commission voted to support the following motion:

**To unanimously support BOS File No. 210747** – [Hearing on the FY 2019/2020, first six months FY 2020/2021 & COVID-related Sexual Orientation and Gender Identity (SOGI) Data Reports]

The Youth Commissioners voted to include the following questions, recommendations, and comments.

Questions:

- 1) What are the additional resources needed to get the SOGI data together?
- 2) What are the long term strategies to be implemented to collect data to learn about the needs of LGBTQ+ people in SF?

\*\*\*

Youth Commissioners thank the Board of Supervisors for their attention to this issue. If you have any questions, please contact our office at (415) 554-6446, or your Youth Commissioner.

Handwritten signature of Nora Hylton in cursive script.

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Nora Hylton, Chair  
Adopted on July 19, 2021  
2020-2021 San Francisco Youth Commission

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

## MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health  
Eric D. Shaw, Director, Mayor's Office of Housing and Community Development  
Trent Rhorer, Executive Director, Human Services Agency  
Kelly Dearman, Director, Department of Aging and Adult Services  
Maria Su, Director, Department of Children, Youth and Their Families  
Shireen McSpadden, Executive Director, Department of Homelessness and Supportive Housing

FROM: John Carroll, Assistant Clerk,  
Government Audit and Oversight Committee, Board of Supervisors

DATE: June 30, 2021

SUBJECT: LEGISLATION INTRODUCED

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The Board of Supervisors' Government Audit and Oversight Committee has received the following hearing request, introduced by Supervisor Mandelman on June 22, 2021:

**File No. 210747**

**Hearing on the City's collection and analysis of Sexual Orientation and Gender Identity (SOGI) data for Fiscal Year (FY) 2019-2020, the first six months of FY 2020-2021, and any COVID-related SOGI data, as available; and requesting the Department of Public Health, Mayor's Office of Housing and Community Development, Human Services Agency, Department of Aging and Adult Services, Department of Children, Youth and Their Families, and Department of Homelessness and Supportive Housing to report.**

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Office of Chair Preston  
Arielle Fleisher, Department of Public Health  
Greg Wagner, Department of Public Health  
Dr. Naveena Bobba, Department of Public Health  
Sneha Patil, Department of Public Health  
Eugene Flannery, Mayor's Office of Housing and Community Development  
Amy Chan, Mayor's Office of Housing and Community Development  
Elizabeth LaBarre, Human Services Agency  
Louise Rainey, Human Services Agency  
Bridget Badasow, Department of Aging and Adult Services  
Emily Cohen, Department of Homelessness and Supportive Housing  
Dylan Schneider, Department of Homelessness and Supportive Housing

# Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor  inquiries"
- 5. City Attorney Request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only