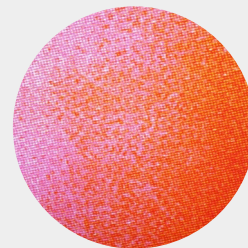
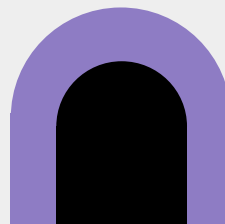
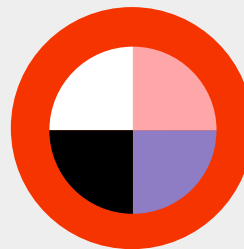
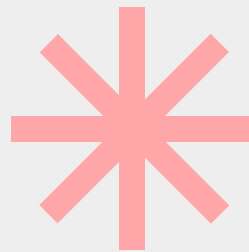
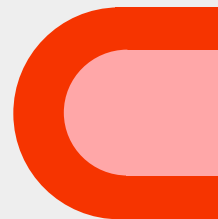
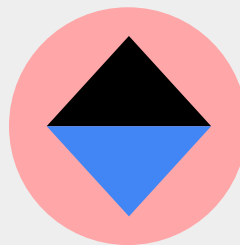


Homelessness &

Housing

Hearing

People's Budget 4/29/26



U.S. MASS HOMELESSNESS

HOW DID WE GET HERE?

1937

Mass Homelessness in U.S. created during the Great Depression is addressed through investment in housing, eventual passage of Housing Act that guaranteed housing

1983

Federal housing budget reaches lowest point: cut by 76% compared to pre 1978. Second wave of mass homelessness begins with 300,000 (almost 700k over a year) people in the US experiencing homelessness.

1998

US commitment to human rights officially abandoned. Quality Housing and Work Responsibility Act dictates the US cannot provide housing for all its people.

2024

Decades of governmental neglect wreak havoc on the poorest people in the United States. Homelessness reaches new high with rising rents and insufficient housing funds of 653,100 households (1.4m expected over course of year)

SF URBAN RENEWAL, BUDGET CUTS & HOMELESSNESS

1956

The Fillmore, a thriving black neighborhood is destroyed by urban renewal. 2500 Victorians and 800 businesses were closed. This wreckage continued in several waves through the 1970's

1960/70

Single Room Occupancy Hotels get destroyed to make room for Yerba Buena

1968

Redlining becomes illegal in SF and across the country with the passage of the Fair Housing Act. However SF landlords continue discriminatory practices

1980's

A once flourishing mental health system takes a nose dive, with changes to SDI, losses in board and cares and realignment. The Board and Care losses continue to today reaching over 4k bed loss.

1992

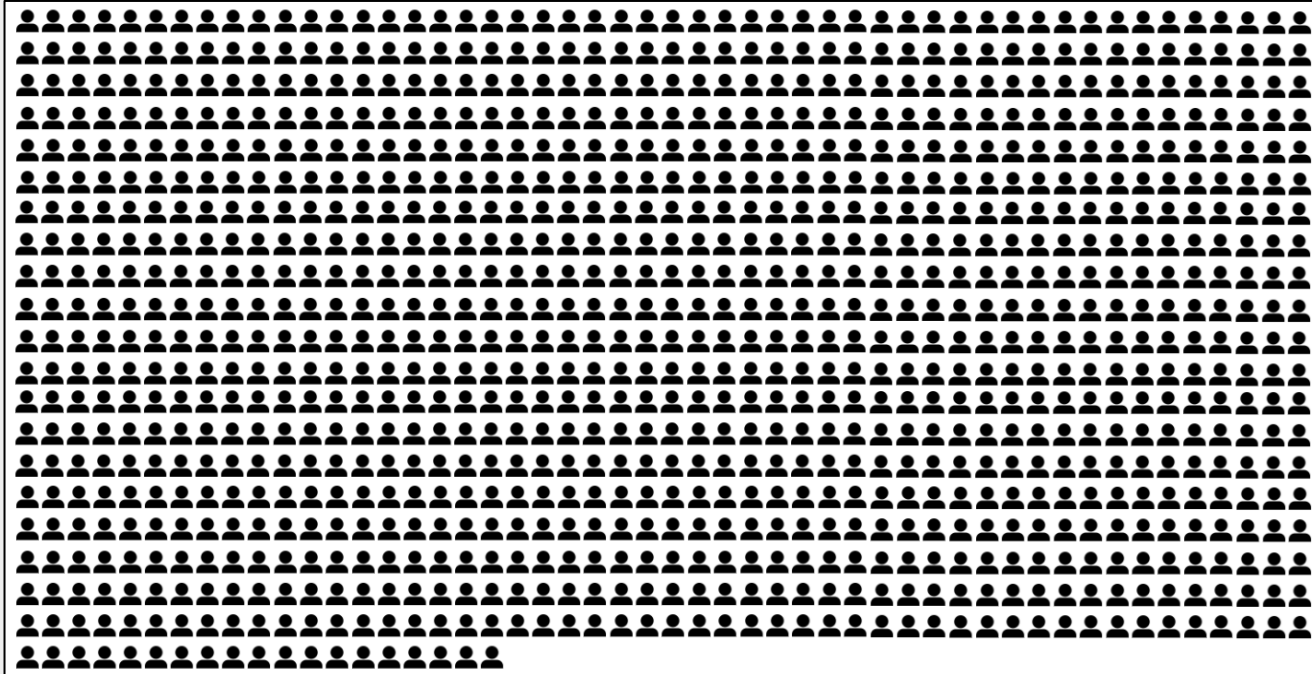
HOPE VI leads to a loss of over 120 public housing units. Many tenants who moved out for rebuild were unable to return for a variety of reasons, even when right to return was in effect.

2012

Great Recession leads to budget cuts balanced on the backs of SF's most vulnerable. 1/2 of homeless drop in centers, 1/3 of shelter beds close. DPH cuts \$40m in direct services primarily to Behavioral Health. Critical incidents surge in remaining drop-ins and shelters.

Semi- and Non-Congregate Shelter Capacity Population: Single Adults

At start of Lurie administration: 1,019 beds



Net loss of nearly 50% of private and semi-private shelter units for single adults



Opened shelters:

- Hope House: 58 beds
- Jerrold Commons: 68 beds

Closed shelters:

- Cova Hotel: 89 beds
- Mission Cabins: 68 beds
- Adante Hotel: 85 beds
- Monarch Hotel: 96 beds

Soon-to-be closed:

- 711 Post St: 280 beds

Net loss of 492 beds

1,019 beds - 492 beds = 527 beds remaining



FEDERAL
THREATS



TO HOMELESS PEOPLE

THREAT 1: TRUMP ATTACKS ON SOLUTIONS LIKE HOUSING FIRST AND HARM REDUCTION

The Trump Administration has been attacking both Housing First and Harm Reduction in comments, press releases, and budget actions

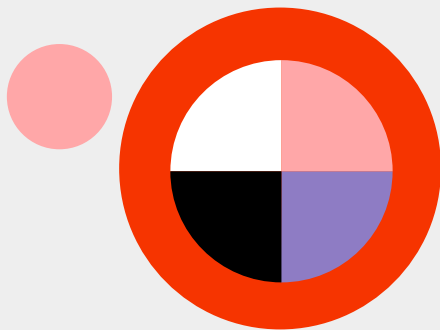
THREAT 2: EMERGENCY HOUSING VOUCHER

The 920 Emergency Housing Voucher households in SF were notified their subsidy will be ending. Congress passed funds to cover only approximately 1/3 of them.

THREAT 3: HUD MCKINNEY

\$25m is anticipated in federal HUD McKinney funding cuts to existing PSH buildings next year.

Lurie plans to “decommission” 4 PSH buildings, while over 12K unhoused households wait for housing.



Housing First

Housing First is the most effective approach to ending homelessness.

Housing First is a bipartisan, evidence-based strategy that provides people experiencing homelessness with stable, affordable housing quickly and without prerequisites.

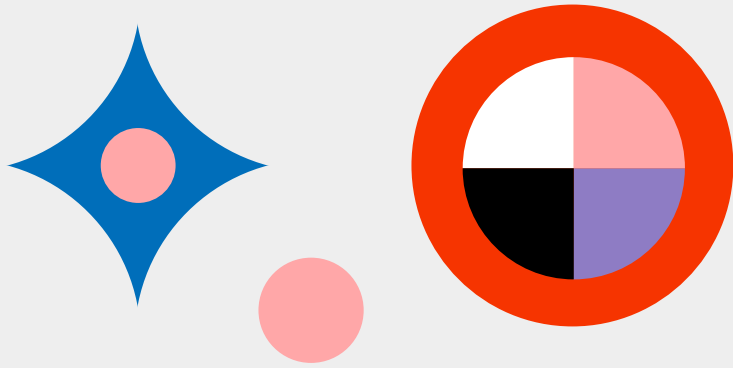
Housing First is a flexible approach that can be tailored to meet the unique needs of individuals





Permanent Supportive Housing

- No time limit on length of stay - housing stability
- Tenants have legal rights and leases
- Can't be evicted for refusing to participate in services or for not meeting treatment goals
- Flexible voluntary services include health care, mental health care, substance use counseling, social supports, connection to benefits.



PSH OPERATING COSTS INCREASING

PSH tenants are prioritized based on acuity of health needs, length of time homeless, and levels of trauma.

PSH tenants are not the problem. PSH can not be successful if it is not resourced to meet tenants' needs.

Tenants with significant barriers to maintaining stability in housing must be matched to units that are resourced to meet their needs.. **It costs more to operate PSH when addressing tenants' complex health issues and trauma from prolonged episodes of homelessness.**





Results of chronic underfunding of PSH



Negative tenant outcomes: move outs, rental arrears, returns to homelessness

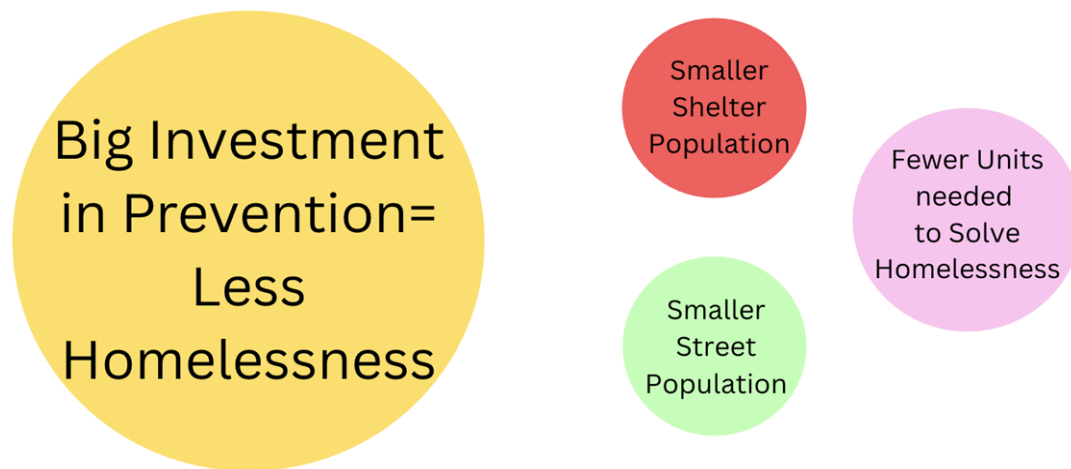
Inadequate staff wages, ultimately leading to staff burnout, turnover, and vacancies, with negative effects on tenants.

Housing providers forced to subsidize operating deficits from their own financial reserves, creating financial instability for their entire housing portfolio.

Erosion of public trust in PSH, not because the model doesn't work but because it is not adequately resourced to be successful.

Homelessness System Flow Modeling Structure

Inflow Focus



Using Science to Solve Homelessness

Current Prevention Investments are still falling short.

For every one homeless person housed, 3 become homeless

Homelessness System Flow Modeling Structure

SHELTER FOCUS



Using Science to Solve Homelessness

Shelter Capacity

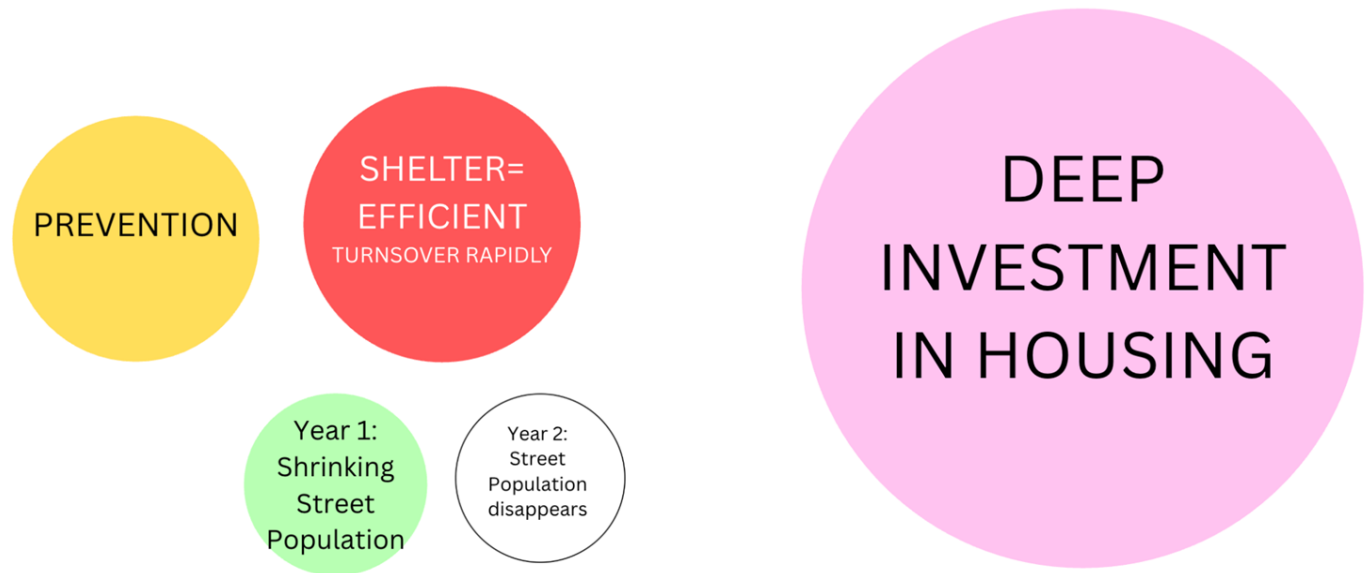
Cost of shelter equivalent to housing in SF

Leads to short term gain in reduced street population.

Second year street homelessness jumps way up as shelter is less efficient and doesn't turn over

Homelessness System Flow Modeling Structure

HOUSING FOCUS



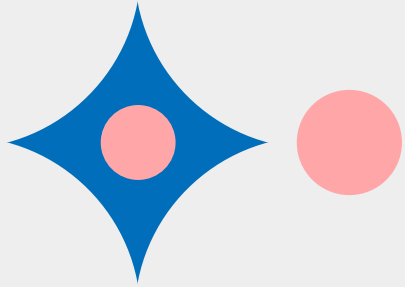
SF Housing Rate

Housing Placements Per Week

Pre- OCOH Prop C: 15

Today: 50

Efficient homeless systems pair deep investments in prevention with deep investments in housing



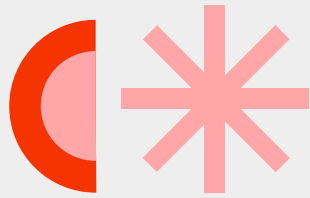
Prop C Initiatives

Instead of waiting for federal government to do their job on this issue, community members took the solutions into their own hands.

Nov 20 18 Proposition C has been wildly successful, far surpassing promises to voters

Income in fund is now growing after substantial decline.

Opportunity to Grow Demonstrated Successes



Prop C



ACHIEVEMENTS

Housing

5,620 units of housing/subsidies added in five years. Over 8,420 humans are now housed including 2,810 children

Prevention

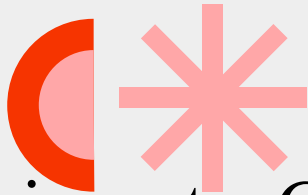
31,624 households receive prevention services over 5 years with 82% positive outcomes

Behavioral Health

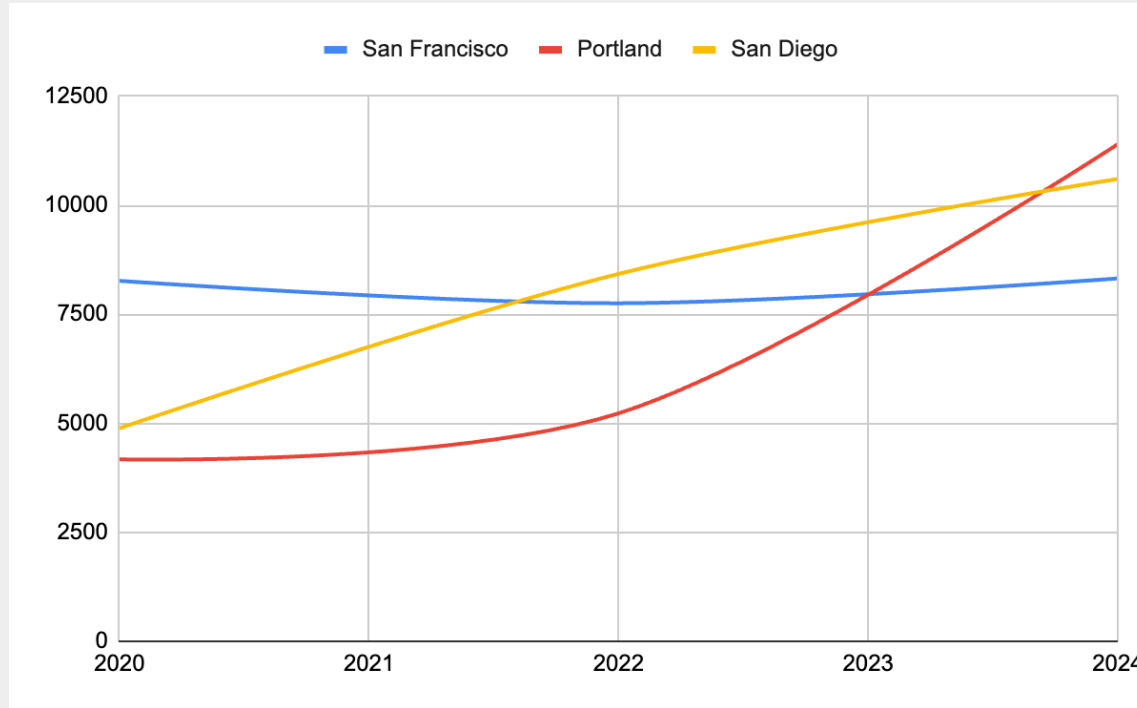
32,807 clients served over five years. 444 treatment beds added.

Shelter

4,035 people received shelter services including new innovations like tiny cabins and non-congregate beds



Comparison to Cities without Local Tax Measure





Homelessness is
Solvable



Solutions

MAXIMIZE PROP C

Use Prop C funds to expand solutions that are already proven to work

PROTECT AGAINST TRUMP CUTS

Protect against federal cuts - Keep San Franciscans housed by backfilling

ADDRESS PSH UNDERFUNDING

Address PSH underfunding by providing CODB, right sizing operating subsidies and ensuring housing providers can access health care funding like the Medicaid waivers allowed under CalAIM



333 12th Street exterior view during the day, image courtesy Panoramic



MAXIMIZE PROP C

500 outcome driven flex pool housing subsidies can be added using Big C funds.

Families

Families in SROs

Seniors

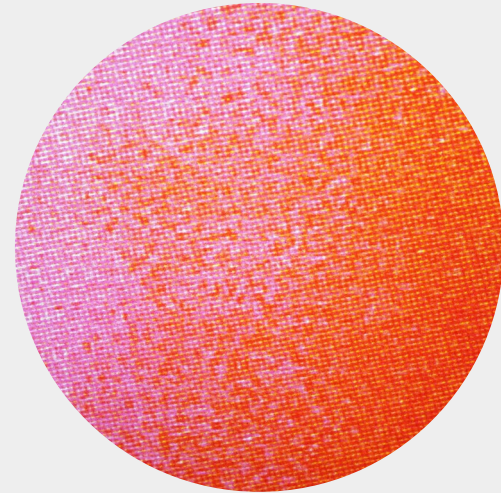
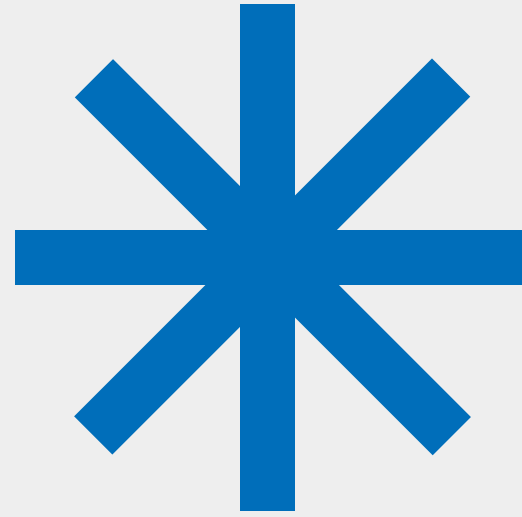
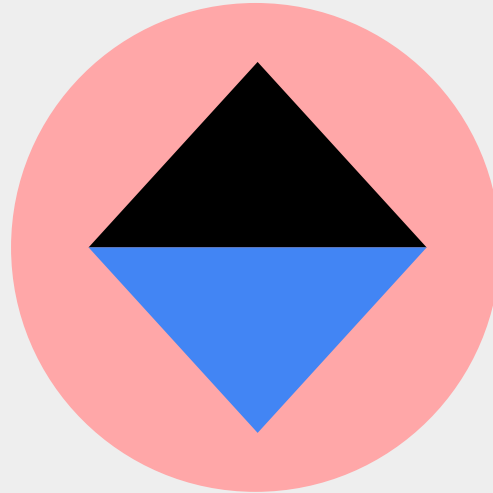
TAY

Adults



PROTECT AGAINST TRUMP CUTS

Use Reserve funds to protect against Trump Administration cuts to EHV and McKinney





ADDRESS CHRONIC UNDERFUNDING OF PSH

COBD

Fully fund annual **Cost of Doing Business** increases equivalent to actual cost increases.

RIGHT SIZE

SUBSIDIES

Eliminate operating deficits : right size operating subsidies for all units with operating deficits.

MEDICAID

Help housing providers access **health care funding** (Medicaid waivers under CalAIM) for all tenants regardless of referral source.