

1 [Declaring Existence of a Shelter Crisis]

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3 **Ordinance making findings and declaring the existence of a shelter crisis in San**
4 **Francisco under California Government Code Sections 8698 et seq.**

5 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
6 **Additions to Codes** are in *single-underline italics Times New Roman font*.
7 **Deletions to Codes** are in ~~*italics Times New Roman font*~~.
8 **Board amendment additions** are in Arial font.
9 **Board amendment deletions** are in ~~Arial font~~.
10 **Asterisks (* * * *)** indicate the omission of unchanged Code
11 subsections or parts of tables.

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10 Be it ordained by the People of the City and County of San Francisco:

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12 Section 1. Findings.

13 (a) A significant number of people in San Francisco cannot obtain adequate or
14 appropriate shelter. According to the San Francisco biennial homeless count taken in
15 January 2015, there were 6,686 individuals without a place to live, a 3.8% increase over the
16 6,436 people counted in 2013. In addition, there were 853 unaccompanied children and
17 transitional-aged-youth, for a total of 7,539 homeless people. The number of homeless
18 people rose in seven of the 11 supervisorial districts in the city.

19 (b) San Francisco's homeless population is aging with deteriorating health, needing
20 more services. According to the 2015 homeless count, 22% of the homeless were between
21 the ages of 51 and 60, up from 14% in 2013, and 8% were 61 or older, up from 3% in 2013.

22 (c) The inability to obtain adequate or appropriate shelter threatens the health and
23 safety of those persons. Homelessness is an independent risk factor for a number of
24 illnesses through its association with exposure to harsh weather, high levels of stress, sleep
25 deprivation, general unsanitary surroundings, lack of access to hygiene facilities, and bad

1 nutrition. Sleep deprivation, for example, impairs cognitive processes and increases the risk
2 of heart disease, heart attack, heart failure, irregular heartbeat, high blood pressure, stroke
3 and diabetes.

4 (e) According to the National Health Care for the Homeless Council:

5 (1) Homelessness creates new health problems and exacerbates existing ones.
6 Living on the street or in crowded homeless shelters exposes people to communicable
7 disease (e.g., TB, respiratory illnesses, etc.), violence, malnutrition, and harmful weather
8 exposure. Behavioral health issues such as depression or alcoholism often develop or are
9 made worse. Conditions among people who are homeless are frequently co-occurring, with a
10 complex mix of severe physical, psychiatric, substance use, and social problems.

11 (2) Common conditions such as high blood pressure, diabetes, and asthma
12 become worse where there is no safe place to store medications or syringes properly. Injuries
13 that result from violence or accidents may not heal properly if bathing, keeping bandages
14 clean, and getting proper rest and recuperation are not possible due to homelessness. And
15 minor issues such as cuts or common colds may easily develop into large problems such as
16 infections or pneumonia. High stress, unhealthy and dangerous environments, and an
17 inability to control food intake often result in visits to emergency rooms and hospitalization
18 which worsen overall health.

19 (3) Research among patients using health centers demonstrates that even
20 among largely low-income populations, there are significant disparities when comparing
21 homeless and non-homeless populations. Individuals experiencing homelessness have
22 disproportionately high rates of acute and chronic illness, such as hypertension, diabetes,
23 asthma, emphysema, chronic bronchitis, heart problems, stroke, liver condition, weak/failing
24 kidneys, cancer, and HIV/AIDS. Each of these conditions is challenging to manage, even for
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1 the general population. Absent stable housing, they may become nearly impossible to control
2 or cure.

3 (4) Those experiencing homelessness are three to four times more likely to die
4 prematurely than their housed counterparts, and experience an average life expectancy as
5 low as 41 years.

6 (f) According to studies cited by the American Psychological Association:

7 (1) People without homes have higher rates of hospitalizations for physical
8 illnesses, mental illness, and substance abuse than other populations.

9 (2) Rates of mental illness among people who are homeless in the United
10 States are twice the rate found for the general population.

11 (3) 47% of homeless women meet the criteria for a diagnosis of major
12 depressive disorder—twice the rate of women in general.

13 (4) People who are homeless and also suffer from mental illness are more likely
14 to use hospitals than regular outpatient care, which is not only more expensive but results in
15 fragmented service and less attention paid to ongoing mental health needs.

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17 Section 2. Legal Authority.

18 (a) California Government Code sections 8698 through 8698.2 authorize the governing
19 body of a political subdivision, including a city and county such as San Francisco, to declare
20 the existence of a shelter crisis upon a finding by the governing body that a significant number
21 of persons within the jurisdiction are without the ability to obtain shelter, and that the situation
22 has resulted in a threat to the health and safety of those persons.

23 (b) Upon the declaration of a shelter crisis, the subdivision may allow persons unable
24 to obtain housing to occupy designated public facilities belonging to that subdivision while the
25 crisis lasts.

1 (c) Under the Government Code, the subdivision would be immune from liability for
2 ordinary negligence when using public facilities for emergency housing in this way. The
3 subdivision also could suspend state or local regulatory law setting housing, health, or safety
4 standards to the extent that strict compliance would prevent, hinder, or delay the mitigation of
5 the effects of the shelter crisis. The subdivision could, in place of such standards, enact its
6 own health and safety standards for the shelters consistent with ensuring basic public health
7 and safety in the facilities. These provisions would apply only to additional public facilities
8 opened to the homeless in response to the shelter crisis.

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10 Section 3. Declaration of Shelter Crisis. The Board of Supervisors hereby finds that a
11 significant number of persons within the City are without the ability to obtain shelter, and that
12 the situation has resulted in a threat to the health and safety of those persons. The Board of
13 Supervisors therefore declares the existence of a shelter crisis in the City and County of San
14 Francisco. Any subsequent action taken by the City pursuant to this declaration shall comply
15 with all relevant requirements of the Charter.

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17 Section 4. Impact of Declaration on Applicable City Law. In adopting this Declaration,
18 the Board of Supervisors does not suspend, waive, or otherwise limit the requirements of any
19 applicable City law regulating the process for selecting and developing sites for public facilities
20 to be used as emergency housing pursuant to the Declaration. Further, the Board does not
21 suspend, waive, or otherwise limit the requirements of any applicable City law providing for
22 public notification, community outreach, and/or public input as part of that process.

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1 Section 5. Effective Date. This ordinance shall become effective 30 days after
2 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
3 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
4 of Supervisors overrides the Mayor's veto of the ordinance.

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7 APPROVED AS TO FORM:
8 DENNIS J. HERRERA, City Attorney

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10 By: _____
11 THOMAS J. OWEN
12 Deputy City Attorney

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