Collection of Sexual Orientation and Gender Identity Data:

FY20-21 Annual Report

August 2021

SAN FRANCISCO HUMAN SERVICES AGENCY

Contents

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 July26, 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.

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+**[1]. 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

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[1] 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 *Sexual Health and Wellness for Foster Youth*, highlighting the importance of talking to youth about sexual orientation and gender identity and expression issues. Other trainings shared with FCS staff included *Supporting Mental and Physical Health and Safety for LGBTQ Youth in the Child Welfare System during COVID-19* (via A Better Way), *Name and Gender Changes and LGBTQ Based Discrimination* (via Fred Finch), and *Supporting LGBTQQI Youth and Young Adults* (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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• 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.
Challenges	• During the pandemic, APS conducted fewer face-to-face interviews, which reduced the client interview opportunities to ask SOGI questions. • 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. • APS investigations can be considered invasive, and asking uncomfortable questions that may seem inconsequential can discourage rapport-building.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Implement a policy for no in-person investigations to ask clients SOGI questions over the phone. • Invite the Manager of Diversity Equity Inclusion and Belonging Division to re-emphasize to APS staff the value of these questions. • Send a reminder to staff, with a job aid, indicating areas for improvement.

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• 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. • 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.
Challenges	• 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.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• The program will continue to remind social workers and supervisors to check assessments, particularly new applications, for SOGI data collection before submission. • IHSS QA staff will also work on tools and trainings to reduce errors in assessments and will include SOGI data collection in those efforts.

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)
Public Guardian	2	17	3	201	3	28	18	58	**330**	**226**
% of Grand Total	1%	5%	1%	61%	1%	8%	5%	18%	**100%**	**68%**
% of Total with Responses	1%	8%	1%	89%	1%					**100%**
Public Conservator	16	21	6	491	10	106	75	44	**769**	**544**
% of Grand Total	2%	3%	1%	64%	1%	14%	10%	6%	**100%**	**71%**
% of Total with Responses	3%	4%	1%	90%	2%					**100%**
Representative Payee	13	17	3	371	10	87	52	731	**1,284**	**414**
% of Grand Total	1%	1%	0.2%	29%	1%	7%	4%	57%	**100%**	**32%**
% of Total with Responses	3%	4%	1%	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)
Public Guardian	133	156	-	1	-	-	-	1	39	**330**	**290**
% of Grand Total	40%	47%	0%	0.3%	0%	0%	0%	0.3%	12%	**100%**	**88%**
% of Total with Responses	46%	54%	0%	0.3%	0%	0%					**100%**
Public Conservator	276	476	2	3	2	1	6	1	2	**769**	**760**
% of Grand Total	36%	62%	0.3%	0.4%	0.3%	0%	1%	0.1%	0.3%	**100%**	**99%**
% of Total with Responses	36%	63%	0.3%	0.4%	0.3%	0%					**100%**
Representative Payee	455	784	1	2	2	3	4	-	33	**1,284**	**1,247**
% of Grand Total	35%	61%	0.1%	0.2%	0.2%	0.2%	0.3%	0%	3%	**100%**	**97%**
% of Total with Responses	36%	63%	0.1%	0.2%	0.2%	0.2%					**100%**

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

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• 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. • 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. • The RP referral form has been changed to reflect all SOGI fields.

Challenges	• 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.
	• 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.
	• 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.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• 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.

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)
Aging & Disability Resource Centers	88	492	16	10,275	-	753	633	95	**12,352**	**10,871**
% of Grand Total	1%	4%	0.1%	83%	0%	6%	5%	1%	**100%**	**88%**
% of Total with Responses	1%	5%	0.1%	95%	0%					**100%**
DAAS Intake - Information & Referral	37	195	13	4,255	-	2,816	1,242	439	**8,997**	**4,500**
% of Grand Total	0.4%	2%	0.1%	47%	0%	31%	14%	5%	**100%**	**50%**
% of Total with Responses	1%	4%	0.3%	95%	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)
Aging & Disability Resource Centers	7,320	4,754	39	41	19	1	165	6	7	**12,352**	**12,174**
% of Grand Total	59%	38%	0.3%	0.3%	0.2%	0.01%	1%	0.05%	0.1%	**100%**	**99%**
% of Total with Responses	60%	39%	0.3%	0.3%	0.2%	0.01%					**100%**
DAAS Intake - Information & Referral	5,204	3,482	6	16	6	-	196	85	2	**8,997**	**8,714**
% of Grand Total	58%	39%	0.1%	0.2%	0.1%	0%	2%	1%	0.02%	**100%**	**97%**
% of Total with Responses	60%	40%	0.1%	0.2%	0.1%	0%					**100%**

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

FY20-21 Efforts to Promote/Improve SOGI Data Collection	- Annual refresher training conducted with DAS Intake staff. New DAS Intake staff received SOGI training in DAS Intake new worker orientation. - Reminders to DAS Intake staff on the value of SOGI data collection and other demographic information to best serve the consumer.
Challenges	- During the reporting period FY20-21, DAS Intake staff experienced challenges in collecting data on I&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. - DAS Intake staff continue to express the challenges in collecting data on I&R calls when consumers only want specific information on services and unwilling to provide any identifying information. - Language challenges with SOGI questions. Some intake staff expressed having difficulties reviewing questions with older adults in their native language.

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.

Challenges	• Barriers related to data collection over the phone or virtually when in-person assessment is not feasible. • Barriers due to language and/or cultural sensitivity.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Continue ongoing monitoring and quality assurance reviews to ensure consistent data collection. • Actively collect missing SOGI data from participants during scheduled contacts or reassessments. • Streamline assessment to be able to collect data during initial contact.

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• SOGI data collection is integrated into the CQI referral submission process. • A new and improved CQI Documentation System was explored. • SOGI data has been identified as required data set at time of referral.
Challenges	• 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.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Actively collect data from clients and referents when data is missing on CQI referral forms. • Implement quarterly audits of SOGI data in the database. • CQI formalized SOGI data collection by developing SOGI policy and procedures across programs, primarily IHSS.

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)
Office of Community Partnerships	20,366	14,545	30	137	48	6	433	8	1,166	**36,739**	**35,132**
% of Grand Total	55%	40%	0.1%	0.4%	0.1%	0.02%	1%	0.02%	3%	**100%**	**96%**
% of Total with Responses	58%	41%	0.1%	0.4%	0.1%	0.02%					**100%**

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**
Unduplicated Client Count	**402**	**1,348**	**76**	**28,199**	**145**	**3,733**	**178**	**2,658**	**36,739**

GENDER IDENTITY

Office of Community Partnerships	Female	Male	Genderqueer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined /Not stated	Not Asked	No Data	Grand Total
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**
Unduplicated Client Count	**20,366**	**14,545**	**30**	**137**	**48**	**6**	**433**	**8**	**1,166**	**36,739**

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

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• 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. • DAS staff in programs that collect demographic data are trained to collect SOGI data as routine part of demographic data collection upon hire.
Challenges	• All demographic data collection points were challenged during pandemic as limited or no face-to-face opportunities to meet with clients. • Some programs are identified as needing additional retraining and information.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• 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. • Program analyst review semi-annual SOGI report and address with CBOs as identified. • SOGI data is a factor included in determination of gaps and needs in community in general, and to address gaps in the LGBTQ+ community.

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	**2,006**	**917**
% of Grand Total	0.1%	1%	1%	44%	0.1%	1%	1%	52%	**100%**	**46%**
% of Total with Responses	0.3%	3%	2%	95%	0.2%					**100%**

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• All CVSO personnel, including Veterans Service Representatives and Administrative Clerks are trained to collect SOGI information from clients. • After long-time staffing shortages at CVSO, the program is fully staffed and is continuing to build capacity for SOGI data collection.
Challenges	• 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. • 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. • Technical challenges in extracting existing SOGI data from the database vendor for reporting and aggregate analysis.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Interim SOGI monitoring for data completion, quality assurance, etc. • Work with Veterans Affairs Commission to educate veterans on the relevance of SOGI data. • Work with VA Medical Center to record SOGI data. • Work with Swords to Plowshares to record Prop 63 SOGI data. • 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.

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• CalWORKs continues to provide SOGI training during induction & in-service trainings. • The CW2223 State SOGI form is included in all Intake and Annual Renewal packets.
Challenges	• 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. • 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. • Some clients express that asking about sexual orientation is too personal and/or an inappropriate question.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Discuss SOGI data collection at section and unit meetings as well as online virtual meetings with Staff. • Require supervisors to review SOGI data collection protocols quarterly with their staff to hear challenges faced by staff directly so they can offer guidance.

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)
CalFresh	719	1,517	21,965	114	1,665	40,102	**66,082**	**24,315**
% of Grand Total	1%	2%	33%	0.2%	3%	61%	**100%**	**37%**
% of Total with Responses	3%	6%	90%	0.5%				**100%**
Medi-Cal	777	1,626	30,281	130	1,956	121,199	**155,969**	**32,814**
% of Grand Total	0.5%	1%	19%	0.1%	1%	78%	**100%**	**21%**
% of Total with Responses	2%	5%	92%	0.4%				**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)
CalFresh	13,032	13,749	135	76	28	24	39,038	**66,082**	**27,044**
% of Grand Total	20%	21%	0.2%	0.1%	0.04%	0.04%	59%	**100%**	**41%**
% of Total with Responses	48%	51%	0.5%	0.3%	0.1%	0.1%			**100%**
Medi-Cal	18,497	17,302	138	95	38	34	119,865	**155,969**	**36,104**
% of Grand Total	12%	11%	0.1%	0.1%	0.02%	0.02%	77%	**100%**	**23%**
% of Total with Responses	68%	64%	0.5%	0.4%	0.1%	0.1%			**134%**

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

FY20-21 Efforts to Promote/Improve SOGI Data Collection	- 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. - Medi-Cal and CalFresh intake packets include SOGI CW 2223 form. Intake packets are issued to all Medi-Cal and CalFresh applicants. - 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. - Covered California online application portal now includes SOGI questions.

Challenges	• California Department of Healthcare Services has not modified the state Medi-Cal paper application to include SOGI questions. • California Department of Social Services has not modified the state CalFresh paper applications to include SOGI questions. • As of the time of this report, MyBCW online application portal does not include SOGI questions. • In person/phone applications are usually made by one adult household member, which means other adults are not asked to provide voluntary SOGI information. • 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. • 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. • There is no CalWIN functionality that allows the EW to record when an applicant/recipient declines to provide information. • 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.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Continue to provide periodic SOGI reminders via Supervisors Forum meetings, and bi-weekly newsletters. • Conduct a SOGI refresher training for all staff, and develop an on-demand SOGI training video. • 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). • Include EW compliance to the collection of SOGI information as a standard component to case reviews and phone call reviews.

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• CAAP has a section for SOGI data collection in its handbook/procedures.
	• All staff were trained either through Induction training or supervisory training.
	• A How-To was created to guide Eligibility Workers on how to update the SOGI screen in CalWIN.
Challenges	• CAAP does not have any challenges at this point.
	• 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.
	• While CAAP workers do not ask for this information, CAAP Eligibility Workers will update SOGI information if the client volunteers the information.

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 Leaning 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)
Youth Referred	11	5	109	8	13	-	612	**758**	**133**
% of Grand Total	1.5%	1%	14%	1%	2%	0%	81%	**100%**	**18%**
% of Total with Responses	8%	4%	82%	6%					**100%**
Youth with Opened Child Welfare Case	10	3	87	4	4	-	428	**536**	**104**
% of Grand Total	2%	1%	16%	1%	1%	0%	80%	**100%**	**19%**
% of Total with Responses	10%	3%	84%	4%					**100%**
Youth Assessed using Family Strength and Needs Assessment	11	5	98	6	-	286	-	**406**	**120**
% of Grand Total	3%	1%	24%	1%	0%	70%	0%	**100%**	**30%**
% of Total with Responses	9%	4%	82%	5%					**100%**

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)
Youth Referred	92	71	8	5	1	2	2	577	**758**	**179**
% of Grand Total	12%	9%	1%	0.7%	0%	0.3%	0%	76%	**100%**	**24%**
% of Total with Responses	51%	40%	4%	3%	1%	1%				**100%**
Youth with Opened Child Welfare Case	69	49	5	3	1	1	-	408	**536**	**128**
% of Grand Total	13%	9%	1%	1%	0.2%	0.2%	0%	76%	**100%**	**24%**
% of Total with Responses	54%	38%	4%	2%	1%	1%				**100%**
Youth Assessed using Family Strength and Needs Assessment	192	167	-	8	4	-	-	35	**406**	**371**
% of Grand Total	47%	41%	0%	2%	1%	0%	0%	9%	**100%**	**91%**
% of Total with Responses	52%	45%	0%	2%	1%	0%				**100%**

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

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• Through a contract with Bay Area Academy FCS offered *Sexual Health and Wellness for Foster Youth* training. This training includes content about the importance of talking to youth about SOGIE issues.
	• Shared with staff training offered on LGBTQ+ topics including:
	○ *Supporting Mental and Physical Health and Safety for LGBTQ Youth in the Child Welfare System during COVID-19* (via A Better Way).
	○ *Name and Gender Changes and LGBTQ Based Discrimination* (via Fred Finch).
	○ *Supporting LGBTQQi Youth and Young Adults* (via SF City College).
Challenges	• None known.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• 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.

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.

FY20-21 Efforts to Promote/Improve SOGI Data Collection	• Alerts in CARBON system to notify vendors/contractors of SOGI data due dates.
	• Met with Program Monitors at Contract Meetings to remind them of SOGI data requirements for their contractors.

Challenges	• 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. • Due to COVID, some programs were paused due to no referrals being made, so there is less data than years past. • Some contractors had major staffing changes, which led to data not being reported timely or completely.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	• Since in-person monitoring may not occur this year, we will update our training documentation and send out to contractors. • Conduct refresher training for internal staff via Teams, so they can provide increased support to contractors. • 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.

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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SAN FRANCISCO
HUMAN SERVICES AGENCY

HSA Contractor SOGI Report
Fiscal Year: 2020-2021

Program Area	Vendor/Agency	Contract	# of Clients Served	Straight/ Heterosexual		Bisexual		Gay/Lesbian		Questioning/ Unsure		Not Listed		Decline to Answer		Not Asked		Incomplete	
				#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
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%

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| | | | | 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	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
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%

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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%

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Program Area	Vendor/Agency	Contract	# of Clients Served	Male #	Male %	Female #	Female %	Trans Male #	Trans Male %	Trans Female #	Trans Female %	Genderqueer/ Gender Non-binary #	Genderqueer/ Gender Non-binary %	Not Listed #	Not Listed %	Decline to answer #	Decline to answer %	Question not asked #	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%