



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

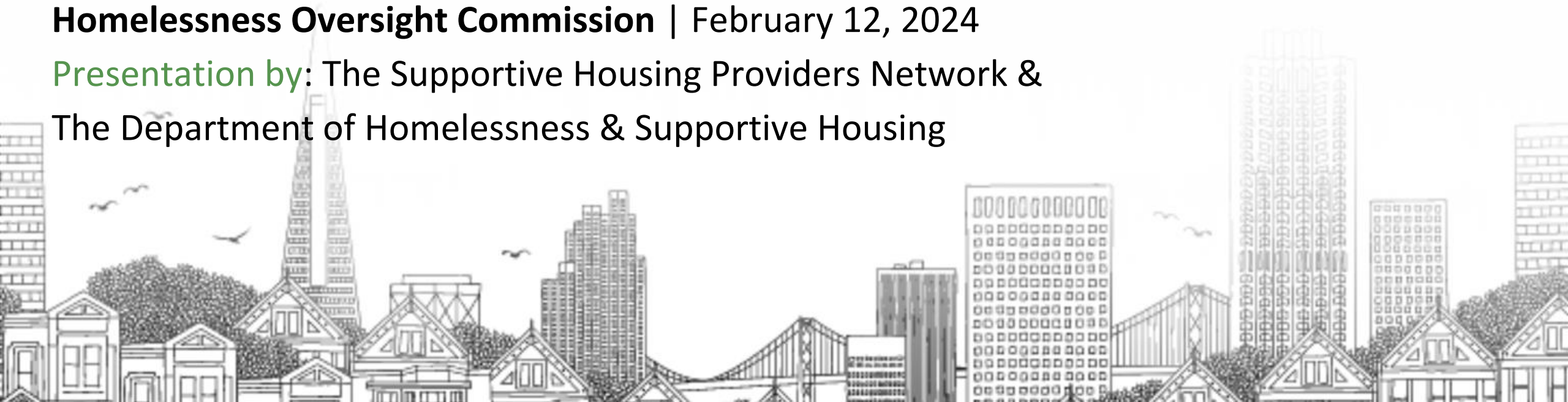


SUPPORTIVE HOUSING
PROVIDER NETWORK

Building Greater Stability in Permanent Supportive Housing

Homelessness Oversight Commission | February 12, 2024

Presentation by: The Supportive Housing Providers Network &
The Department of Homelessness & Supportive Housing



SHPN Members

Abode

Booker T. Washington Center

Catholic Charities

Chinatown Community Development Center

Compass Family Services

Conard House

Delivering Innovation in Supportive Housing

Dolores Street Community Services

Episcopal Community Services

GLIDE Housing

Homeless Youth Alliance

HomeRise

Larkin Street Youth Services

Lutheran Social Services

Mary Elizabeth Inn

Mercy Housing

MEDA

Swords to Plowshares

Tenderloin Housing Clinic

Tenderloin Neighborhood Development Center

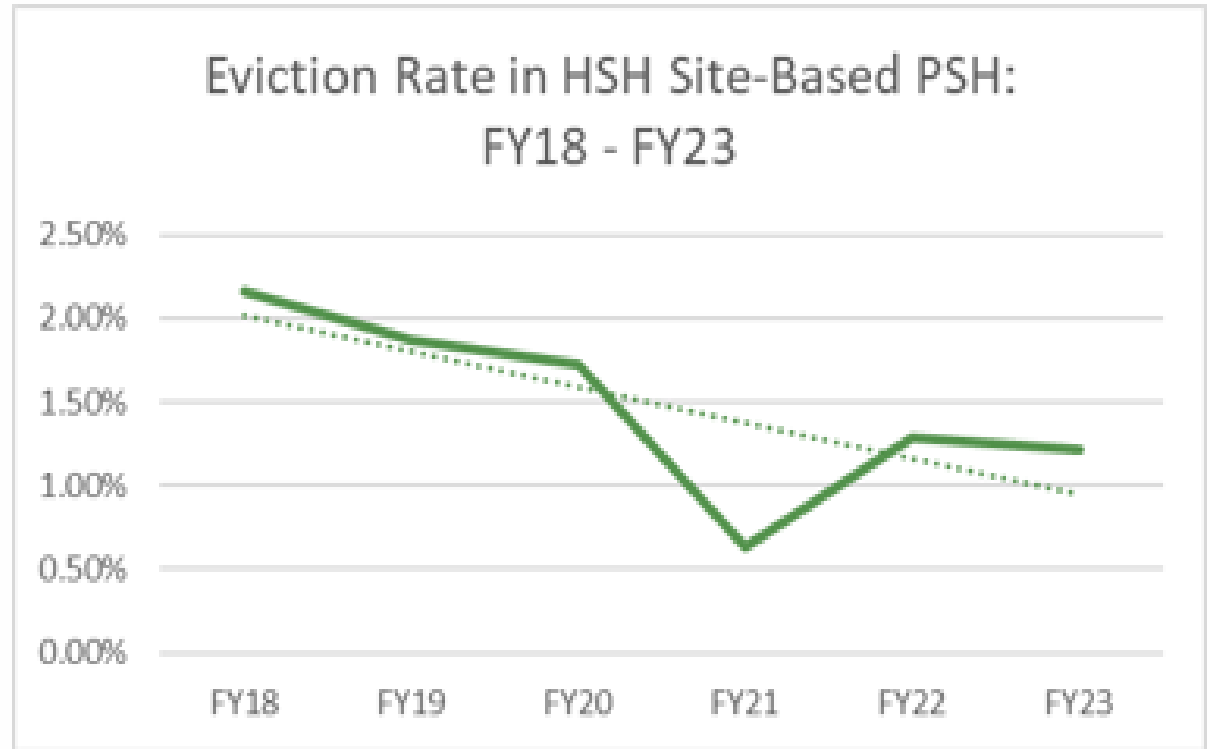
UCSF - Citywide

Housing Retention

Highlights & Challenges

Evictions are only one aspect of stability

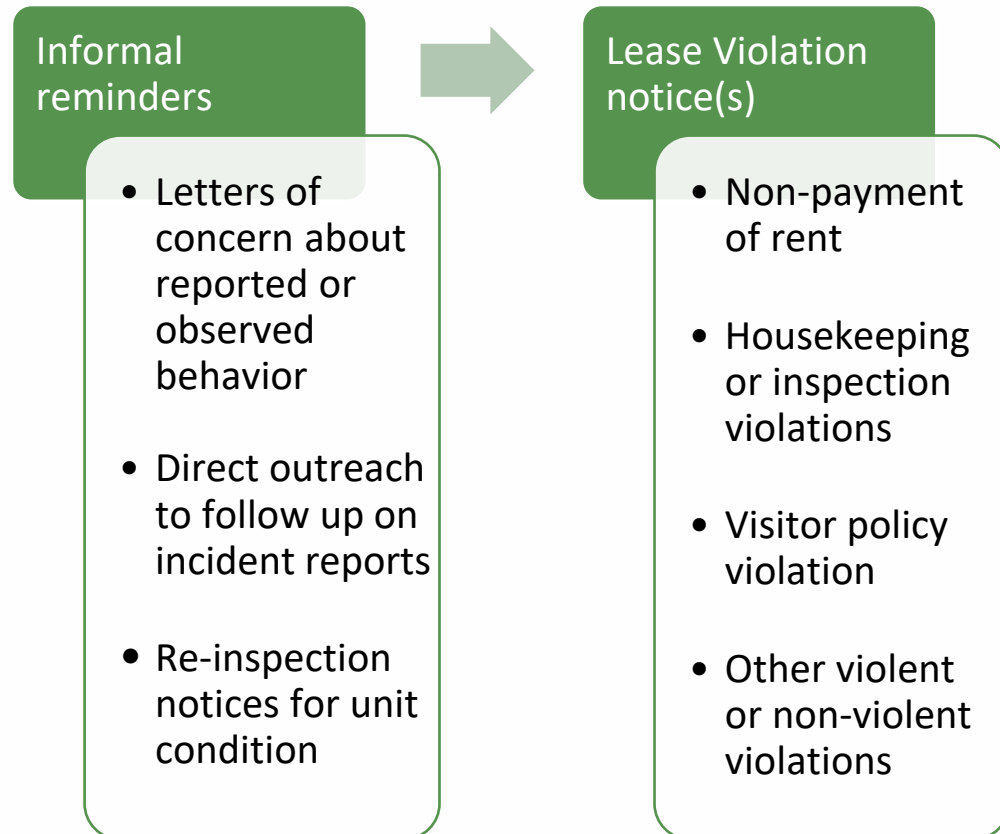
FY2022-23 annual eviction report shows **continued decrease in eviction rate in PSH** since 2017.



FY 2022-23 Evictions in Site-Based PSH

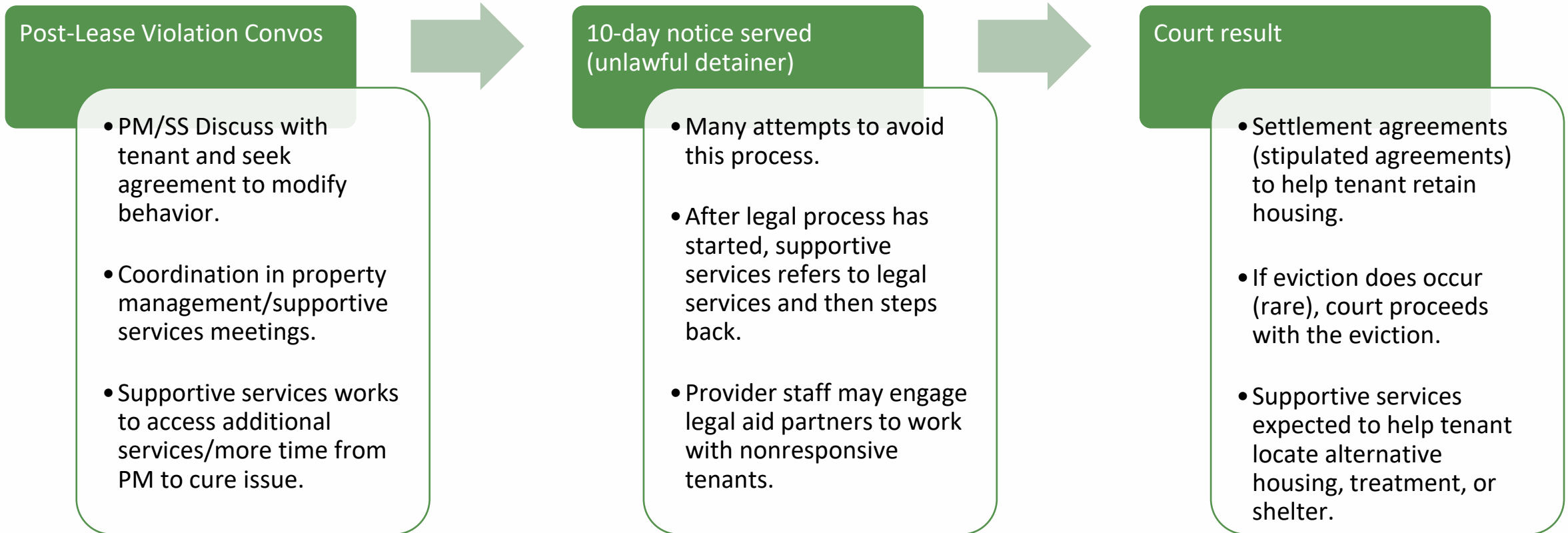
# of PSH Sites	Households Served	Households issued written notices of eviction	Households issued unlawful detainer filings	Households evicted	% of households evicted
151	9,046	678	155	110	1.22%

Sample Process Leading up to an Eviction



- HSH **monitors** housing retention through data and information shared with HSH Program Managers.
 - Program manager participates in regular **operations meetings**: standing topic is housing retention challenges and trends.
 - Informs HSH's approach to support **housing retention** through partnerships, policies and investments.
- Each nonprofit housing provider has their own **policies and procedures** regarding eviction.

Sample Process Leading up to an Eviction



Housing Retention Strategies

PSH providers offer many and varied measures to promote housing retention, including:

- Housing retention conferences with resident and support services staff, and/or external providers.
- Referrals to rental assistance programs and money management services when available
- Extensive tenant engagement and outreach both individual and through community events
- Flexible payment plans and support with securing benefits
- Referrals to external supports, mediation services, enhanced services programs
- Pay and stay stipulations for nonpayment of rent and Behavioral Stipulations for other lease violations
- Supervisor level approval before any eviction proceeding is initiated

The goal is always to maintain housing, if possible.

CHALLENGES TO CONTINUED HIGH LEVELS OF HOUSING RETENTION

- Heightened acuity of residents, mental health and substance use
- Systemic gaps/access to higher levels of care or support with daily living skills
- Challenges in SRO Legacy PSH sites (small units, shared bathrooms, inadequate service and community space, fewer overall amenities)
- Inability to recruit, retain, right-size staffing levels
- Financial distress of PSH providers
- Balancing resident autonomy and voluntary services
- Lack of data sharing during the referral process interrupts continuity of care for residents

**MEETING THE NEEDS OF RESIDENTS
WITH VERY HIGH LEVELS OF ACUITY**

Meet Ms. Johnson

- Elderly, African American woman born and raised in San Francisco.
- She first moved into Permanent Supportive Housing in 2006.
- Suffers from severe hoarding, which threatens her health and that of her neighbors (pest infestations).
- She is highly intelligent but unable to get help for her condition. As she ages, her ability to manage to live independently deteriorates
- Referred to a peer hoarding program, but no longer attends. She refuses to let In Home Support Services (IHSS) workers in her unit. Refuses to participate with Adult Protective Services (APS) support. The provider pays for regular deep cleaning of her unit that can cost up to \$3-5K.

HEIGHTENED ACUITY LEVELS LEADING TO INCREASES IN OVERDOSES & BEHAVIORAL CHALLENGES

SRO residents are 19x more likely to experience an accidental overdose than San Franciscans residing in other settings.

Residents and staff report feeling fear and anxiety because of the conditions near some PSH sites, and there are more reports of behavior that destabilizes the community environment.

Current Measures to Address Residents with Complex Care Needs

Partnership with **Department of Disability and Aging (DAS)** to support residents in PSH:

- **In Home Support Services (IHSS)** services to assist residents with activities of daily living.
- **Collaborative Caregiver Support Team (CCST)** provides enhanced IHSS service
- Adult Protective Services' (APS) **Home Safe Program** provides intensive support

- Partnership with the **Department of Public Health (DPH):**

- Site-based nursing
- Permanent Housing Advanced Clinical Services (PHACS)
- Citywide Roving Intensive Case Management Services
- Overdose prevention

- **Overdose Prevention & Harm Reduction Education in Shelters and Housing (OPHRESH)**

- Training and TA on harm reduction and overdose prevention in HSH funded programs.

Permanent Housing Advanced Clinical Services (PHACS)

PHACS is a SFDPH group of interdisciplinary medical and behavioral health care providers that started seeing clients in March 2022:

- Program was created to meet the complex needs of tenants in PSH in support of their wellness, quality of life, and housing retention and provide clinical partnership to HSH-funded PSH providers.
- Supported as a new initiative in 2022 with Proposition C funding.

Population served:

- PSH population with chronic homelessness and medical vulnerabilities (physical/mental health).
- 650 clients were seen or referred to PHACS in first year of operation.

Services:

- Recently expanded to 69 buildings, which are home to more than 5,300 residents.
- Offers on-site medical and behavioral health services, linkage to ongoing care, and help with getting benefits and other social services.
- Also provides support to on-site staff from HSH-funded PSH providers, including training, technical assistance and onsite consultation.

Staffing:

- Fully staffed, PHACS will include 22 staff including managers, NPs, RNs, health workers, behavioral health clinicians, pharmacist partner, and a coordinator.
- Plan to add more staff as program grows to meet demand.

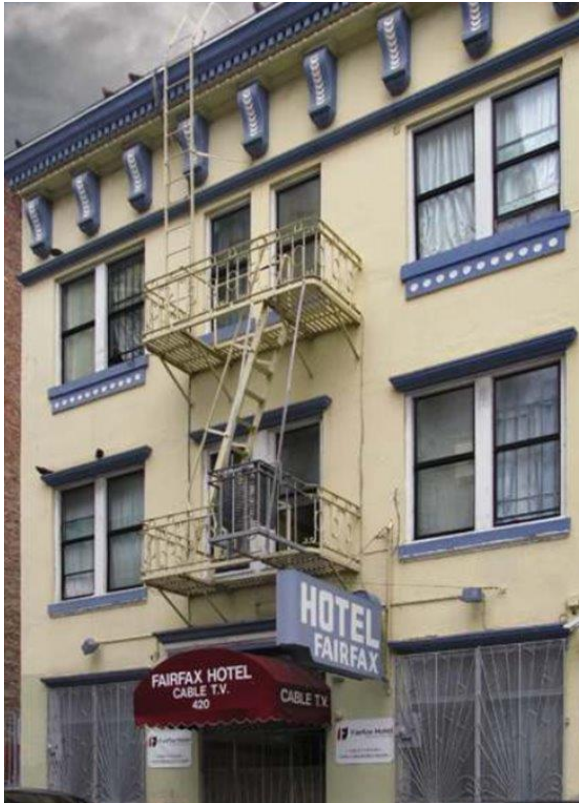
What do our residents need to remain stably housed?

- Creation of new residential settings, e.g. board & cares, where people who need higher levels of care can get appropriate treatment
- Increase in specialized onsite behavioral health support e.g., substance use counselors, clinicians
- Data sharing across providers
- Resources targeted to community building/peer leadership and support
- Measures to increase food security
- Expansion of direct overdose prevention support, e.g. naloxone access, overdose detection devices, peer responders
- Staff that are well trained and compensated to perform their duties
- Expand engagement with tenants on strategies to improve stability (both HSH and Provider)

QUALITY OF PSH SITES

INEQUITY ACROSS PSH SITES

The significant differences in quality of our PSH buildings has created inequity in the PSH portfolio, and contributed to vacancy rates.



Vacancies Concentrated in Older Housing

- HSH & Providers have significantly reduced vacancies in supportive housing and many of the remaining vacancies are in older buildings with fewer amenities:
 - Leads to additional inequities
- HSH will be focusing our vacancy reduction efforts on the 18 buildings with the highest vacancy rates:
 - These building make up 41% of our vacancies
 - Older buildings
 - Greater capital upgrade needs

Improving Capital Infrastructure

- **Current/Pending Measures to Improve Infrastructure**

- \$5 million for one-time **capital repairs & Wi-Fi** in legacy sites.
- \$10 million in capital repair funds for PSH site made available in January 2024.
- \$10 million in elevator repairs to be available in early 2024.

SHPN estimates that approximately \$27 million is needed in FY 24-25 to address urgent life and safety concerns across the PSH portfolio.

FINANCIAL & OPERATIONAL CHALLENGES

Nonpayment of rent, high vacancy rates, and increasing number of residents who do not pay rent have created serious financial challenges.

- ❖ Currently, approximately 30% of PSH tenants (~3,550) are at least 90 days in arrears, and providers are facing over \$8 million dollars in losses due to rental arrears.
- ❖ The high rate of vacancies adds another approximately \$5 million in losses.
- ❖ Increased property damage and insurance premiums/difficulty to retain insurance resulting in additional financial burdens.
- ❖ These challenges may lead to more staff reductions, which, in turn, will exacerbate the challenges of operating the PSH buildings in ways that promote housing retention.

Non-Payment of Rent Guidelines

HSH has issued non-payment of rent guidelines to support providers and tenants. Converting these guidelines to policies is problematic:

- A policy would be outside of HSH's scope of work
 - The policy would require providers to waive their rights under state law
 - HSH would be regulating the landlord/property owner relationship with tenants which would create uncertainty about the provider and tenants' rights
 - Would present a significant operational challenges for provider community.
 - HSH does not have the resources to monitor and enforce.
 - Could be difficult to enforce, especially as to providers already under contract.

Recommendations for Addressing Financial Instability of PSH Providers

- Require households 90+ days in arrears to participate in ongoing money management services.
- Engage tenants to enroll them in repayment plans (e.g., 1 month of back rent forgiven for three consecutive months rent paid); and to participate in money management services.
- Encourage tenants to maximize their income via public benefits or other sources.
- Initiate eviction proceedings against tenants who are unwilling participate in money management and enter into repayment plans.
- Create a Damage Mitigation Pool so that providers can more quickly repair units for current tenants and bring additional units online for prospective tenants.
- Offer incentives to increase the likelihood of move-ins to address financial challenges caused by vacancies.

Moving Forward, Building Stability Together

- ❖ The good news is that providers, tenants, and HSH have common goals. The challenges are how to advance these goals.
- ❖ Need Commission support in the budget process.
- ❖ We want to establish ongoing collaboration between the Commission, HSH, providers, and residents. It is crucial to include voices of residents in the process.
- ❖ Hope we can come back to share more in the coming months.



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Thank you!

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Appendix Slides

RIGHT-SIZING THE STAFFING MODEL

Current Measures to Address Staffing Challenges

- Targeted **Wage Equity** Investments
 - \$3 million ongoing to bring **case manager wages** to a base of \$28/hr.
 - \$12 million ongoing to bring **frontline worker wages** to a base of:
 - \$22/hour for desk clerks,
 - \$23/hour for janitors and
 - \$25/hour for maintenance workers.
- **Service Enhancements** in Legacy PSH Sites
 - \$32.4 million over two years to bring **case manager to client ratios** to 1:25 for adults and 1:20 for families and youth.
 - **Three** additional HSH staff positions to provide **direct case management services** at city-leased PSH sites.
- Investments represent a first step - more work to be done.

ADDITIONAL STAFFING NEEDS

- On site clinicians (licensed)
- Additional front desk staff
- Additional funding for onsite management to address wage compaction and recruiting
- Harm Reduction specialists
- Peer staff
- Community development staff
- Roving security teams or Ambassadors (non-police)