

Safe Housing in San Francisco: A Community Needs Assessment

Prepared by the Safe Housing Alliance

Acknowledgement

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Executive Summary

In 2021, San Francisco’s Department of Homelessness and Supportive Housing (HSH) engaged the Safe Housing Alliance to conduct a Community Needs Assessment to support its commitment to improving access to and safety of homeless and housing services for survivors of Domestic Violence (DV), Sexual Assault (SA), and Human Trafficking (HT).

HSH’s goal is to ensure survivors can receive services from the Homelessness Response System (HRS) that are accessible, safe, and confidential, while also promoting choice. A second aim is to improve coordination between Victim Service Providers and the Homelessness Response System.

This report summarizes and analyzes the findings of Community Needs Assessment activities and provides preliminary recommendations for improving survivors’ safe and equitable access to homeless and housing services in San Francisco. These recommendations will be presented to the Safe Housing Working Group, where they will be finalized to help provide the basis for next steps, in areas to include:

- Design of referral processes for survivors needing access to resources within the Homelessness Response System;
- Updates to the San Francisco Coordinated Entry Written Standards as they relate to survivors’ access to and response within the Homelessness Response System; and
- Development of Homeless Management Information System (HMIS) protocols on how survivor information is safeguarded.

Introduction

Survivors of domestic violence, sexual violence, and human trafficking face significant obstacles on their path to safety, financial stability, recovery from violence and its aftermath, and healing. Housing is a critical cornerstone in a survivor's plan to escape violence and acts as a protective factor against future violence. Fleeing from a person causing harm or escaping an offender or trafficker is difficult and dangerous, and survivors need to know what options and assistance are available for them and their families. Without safe and affordable housing, survivors are often forced to choose between continuing to live in life-threatening circumstances or becoming homeless. It can be difficult to find and navigate housing resources in the community, and many housing programs have barriers that exclude survivors, who have unique safety, confidentiality, and trauma impacts. Wrap-around and individualized services and supports must be combined with safe and affordable housing options. This Community Needs Assessment project has allowed San Francisco's Department of Homelessness and Supportive Housing's (HSH) to gather input, perspectives, and data critical to developing policies and practices aligned with the needs of survivors and informed by their voices.

Community Needs Assessment Project Background

San Francisco's Department of Homelessness and Supportive Housing's (HSH) mission is to make homelessness in San Francisco rare, brief, and one-time, through the provision of coordinated, compassionate, and high-quality services. HSH is committed to improving access to safe homeless and housing services for survivors of Domestic Violence (DV), dating violence, Sexual Assault (SA), stalking, Human Trafficking (HT), and other forms of violence.

Context for Improving Survivor Access to Housing

In the United States, research shows that between 22% and 57% of women experiencing homelessness report Domestic Violence (DV) as the cause of their homelessness.ⁱ Housing instability is four times more likely for women who experience DV than those who do notⁱⁱ, and at least one in four homeless women reports domestic violence as the primary cause of their homelessness.ⁱⁱⁱ In one study, 64% of trafficking survivors reported being homeless or experiencing unstable housing at the time they were recruited into their trafficking situation.^{iv} According to data gathered by Focus Strategies^v in a quantitative analysis about survivors of violence in housing and victim services systems in San Francisco, survivors who sought, received, or were referred to safe housing in San Francisco faced barriers on par with those identified nationally. During the period of 2019-2020, 2,150 survivors were turned away from these services; for every survivor who received DV safe housing that year, at least another two did not.^{vi} The most reported service gap for survivors of human trafficking in 2017 (the most recent year for which data was available) was housing and shelter.^{vii}

Terminology

Domestic violence is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

Sexual assault or sexual violence refers to any nonconsensual sexual act, including when the victim lacks capacity to consent.

Human trafficking involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts. Exploitation of a minor for commercial sex is human trafficking regardless of whether any form of force, fraud, or coercion was used.

The term "Survivors" is used to refer to people who have experienced any of these types of violence.

In the following fiscal year, 2020 - 2021, 4,966 individuals who engaged in services through the Homelessness Response System (HRS) reported being survivors of violence (although the type of violence is unknown).^{viii} However, as noted in the Focus Strategies report, “Survivors of violence are not explicitly prioritized by coordinated entry”. The report goes on to estimate that approximately 750 of 3,600 survivors who sought housing through Coordinated Entry in 2021 received permanent housing placements, stating, “demand for housing clearly exceeds what is available through the homelessness response system.”^{ix}

Current Inventory of Housing Options for Survivors

The data indicates that the City and County of San Francisco, like many communities nationally, lacks the capacity to adequately and safely meet the needs of survivors who face homelessness and housing instability. Approximately 80% of survivors who seek shelter through Victim Service Programs (VSPs) are being turned away^x and the turn away rate in 2020, for transitional and permanent housing, represented a 200% increase over the year prior.^{xi} As noted in the Focus Strategies report, “the capacity to provide services [to survivors], especially safe housing, is limited.”^{xii}

While capacity in the mainstream Homelessness Response System is greater, the system still does not sufficiently meet survivors’ specific needs. Only 21% of survivors who applied through the HRS received housing placements in 2021, during the COVID-19 pandemic, when the need for housing outstripped supply by more than 2-to-1 for everyone seeking it.^{xiii} The system lacked both the adequate resources to sufficiently house survivors (and others), and the necessary service elements to address the unique barriers – including safety, trauma, and security – that survivors face in the process of accessing housing options.

Current Coordinated Entry Process

Coordinated Entry (CE) is the process designed to help eligible San Francisco households experiencing homelessness, or at imminent risk of homelessness, get assistance to resolve or prevent an episode of homelessness from Homelessness Response System (HRS), which is under the authority of the San Francisco Department of Homelessness and Supportive Housing.^{xiv} Ideally, Coordinated Entry (CE) is implemented in communities to improve the ease of access, reduce the mazes and time spent navigating the housing system, and prevent “dead-ends”. However, as this report will demonstrate, CE remains difficult for survivors to navigate and for Victim Service Providers (VSP) to explain. Often there is a lack of communication between housing programs and VSPs, which creates multiple knowledge gaps around housing options, confidentiality, safety planning, and the entire Coordinated Entry process.

Project Elements

The Safe Housing Community Needs Assessment was designed to gather input, perspectives, and data critical to developing policies and practices aligned with the needs of survivors using the following strategies:

- **Key Stakeholder Interviews:** In-depth conversations with 34 community members
- **Survivor Listening Sessions:** Group and individual sessions that collected the experiences of 20 survivors
- **Online Safe Housing Community Survey:** 101 victim services and homeless/housing providers participated
- **Safe Housing Working Group:** Composed of providers and survivors
- **Data Analysis:** Conducted by Focus Strategies

- **Community Needs Assessment Report:** Summary of findings and recommendations

Recommendations

The recommendations that follow derive from information gathered through the Community Needs Assessment, Focus Strategies Quantitative Data Analysis, and Safe Housing Working group convenings. SHA, its project partners, and the Safe Housing Working Group have determined that they are key elements for moving the project forward into planning and implementation.

System-wide

1. With the Safe Housing Working Group as its foundation and people with lived expertise at its core, HSH and DOSW should establish an ongoing cross-system committee or coalition to guide and advise implementation of systemic change.
2. HSH should extend the practice of incorporating meaningful participation by survivors and VSPs into HRS meetings and decision-making processes.
3. HSH, DOSW, and VSPs should work together to develop a training project plan that includes curriculum, schedule, and evaluation process that encompasses the content needs identified by both systems.
4. HSH and DOSW should work with legal services providers (such as BAYLA, NHLP, etc.) to provide system-wide training on federal, state, and local housing law and legal protections.
5. HSH and DOSW should work together to develop mechanisms to ensure that information about safe housing pathways for survivors is available and accessible.
6. HSH and DOSW should develop strategies to invest in enhancing staff capacity, with strong emphasis on hiring people from impacted communities.
7. HSH should invest in fulfillment of its Equity Goals.
8. HSH and DOSW should develop and provide resources to assist VSP and HRS providers with a review of policies and procedures through a survivor safety, equity, language access, and LGBTQ+ lens.
9. HSH and DOSW should work together to encourage and institutionalize partnerships, joint problem-solving, and cross-referral between Victim Service and HRS providers, including through co-advocacy and co-location.

Access Points

10. HSH should examine the design and location of Access Points with an eye to safety, privacy, and a focus on survivors' unique needs.
11. As part of a comprehensive training plan developed in collaboration with DOSW, VSPs, and survivors, HSH should ensure the CE and Access Point staff receive training in trauma-informed approaches, screening for DV/SA/HT, and how to help survivors plan for their safe participation in services.
12. HSH should implement an "opt-in" policy and robust informed consent process for survivors accessing homeless/housing services and training in the protocol for all assessors.

Screening

13. HSH should implement universal screening for DV/SA/HT as part of CE assessment.

14. HSH should explore the possibility of incorporating an alternative assessment tool and/or process for use with survivors accessing CE.
15. HSH should consider elevating the weight of DV, SA, and HT as vulnerability factors in the prioritization process.

Access to Shelter

16. DOSW should support VSPs to examine how current funder requirements restrict them from broadening emergency housing eligibility to include sexual assault and human trafficking survivors.
17. HSH should address safety concerns in general population shelters.
18. HSH and DOSW should address language access concerns in shelters.

Access to Housing

19. As part of its multi-year funding strategy, HSH should continue to identify CoC funds that can expand the availability of survivor-specific housing.
20. As part of its multi-year funding strategy and in collaboration with VS providers, city departments (including HSH, MOHCD, and SFHA) should continue to seek funds to increase the overall amount of funding allocated to survivor-specific housing.
21. City departments (HSH, OEWD, OFE) should examine standards on length of rental subsidy in RRH programs across both the VSP HRS systems and explore ways to provide supports for income development.
22. As City agencies (HSH, MOHCD, and SFHA) continue to purchase, develop, and lease more affordable housing units, special emphasis should be placed on neighborhood safety, diversifying the neighborhoods where PSH is located, investment in scattered site housing, and increasing the stock of ADA-compliant units.
23. HSH, DOSW, and VSPs should conduct an evaluation of termination policies to improve transparency and understanding for housing participants and staff.
24. HSH should use data from a re-envisioned CE process to assess housing gaps in greater detail.

Diversion

25. HSH should invest in increasing the availability of systems navigation and advocacy services for survivors not matched with housing.
26. DOSW and VSPs should explore funding options to increase availability of flexible financial assistance to help fill gaps left by funding restrictions and eligibility requirements.

Next Steps

Community Violence

As part of its ongoing safe housing community needs assessment process, HSH has considered how to address the needs of survivors of violent crimes committed outside of the context of family relationships and/or between unrelated individuals and generally outside the home. Based on a survey conducted among 528 victims of crime in San Francisco in 2021, 11% of victims (59) reported

losing their housing because of the crime they experienced, and 26% (137) reported having to move because of the crime.^{xv}

HSH is exploring how these considerations can be woven into its goal to enhance safe housing options for survivors of domestic violence, sexual assault, and human trafficking, and will be contracting with a national culturally specific training and TA provider, Ujima, the National Network on Violence Against Women in the Black Community to help better ascertain the safe housing needs of survivors of community violence in San Francisco. In partnership with HSH, Ujima will be conducting listening sessions, outreach to community-based programs, and training activities beginning in 2023. Their results will be published as an addendum to this report.

Developing an Implementation Plan

Through in-depth conversations with the Working Group, HSH staff, project partners, and key stakeholders; analysis of survey responses; and Focus Strategies’ Quantitative Data Report, we have a detailed picture of a community with assets on which to build and strengthen its systems response to the safe housing needs of survivors. Following distribution of this report to HSH and other City staff, project partners, survivors who participated in listening sessions, and members of the Working Group, SHA will work with HSH, project partners, and the Safe Housing Working Group to develop an actionable implementation plan aimed at enacting these recommendations.

Conclusion

Findings from The Safe Housing Community Needs Assessment suggest that there are challenges ahead for HSH to accomplish its goals, and that people have actionable ideas about how to change things for the better. As one VSP stakeholder put it: “I believe we’ll figure it out...there is a wealth of knowledge in the community. The streets are scary right now, and we’re in a dark period. But people love San Francisco and there will be a return to vibrancy - but the city must be alive and vibrant for EVERYBODY.”



"我们渴望安全，我们渴望一个安全的居住环境。”

(最初以普通话陈述)

“We want safety. We want somewhere safe to live.”

- *Survivor, San Francisco*
(Originally stated in Mandarin)

“This needs assessment should answer the specific question: what are we doing now, and what can we do better? Engage with the people in the community and get rid of judgment.

Accept people's truth...”

- *Stakeholder, Survivor-Led Organization*

Introduction

Survivors of domestic violence, sexual violence, and human trafficking face significant obstacles on their path to safety, financial stability, recovery from violence and its aftermath, and healing. Housing is a critical cornerstone in a survivor's plan to escape violence and acts as a protective factor against future violence. Fleeing from a person causing harm or escaping an offender or trafficker is difficult and dangerous, and survivors need to know what options and assistance are available for them and their families. Without safe and affordable housing, survivors are often forced to choose between continuing to live in life-threatening circumstances or becoming homeless. It can be difficult to find and navigate housing resources in the community, and many housing programs have barriers that exclude survivors, who have unique safety, confidentiality, and trauma impacts. Wrap-around and individualized services and supports must be combined with safe and affordable housing options. This Community Needs Assessment project has allowed San Francisco's Department of Homelessness and Supportive Housing's (HSH) to gather input,

Terminology

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perspectives, and data critical to developing policies and practices aligned with the needs of survivors and informed by their voices.

Community Needs Assessment Project Background

San Francisco’s Department of Homelessness and Supportive Housing’s (HSH) mission is to make homelessness in San Francisco rare, brief, and one-time, through the provision of coordinated, compassionate, and high-quality services. HSH is committed to improving access to safe homeless and housing services for survivors of Domestic Violence (DV), dating violence, Sexual Assault (SA), stalking, Human Trafficking (HT), and other forms of violence.

National Context for Improving Survivor Access to Housing

In the United States, research shows that between 22% and 57% of women experiencing homelessness report Domestic Violence (DV) as the cause of their homelessness.^{xvi} Housing instability is four times more likely for women who experience DV than those who do not.^{xvii} One study of homeless mothers with children found that more than 80% had previously experienced domestic violence.^{xviii} For survivors of DV who are not at imminent risk of danger, housing instability resulting from abuse is the greatest barrier to their long-term well-being.^{xix}

Sexual violence can also jeopardize a person’s housing, even when an attack does not occur within the survivor’s home.^{xx} Many homeless youths report leaving home due to sexual abuse.^{xxi} Homelessness also puts survivors at an increased risk of violence. In one study, 64% of trafficking survivors reported being homeless or experiencing unstable housing at the time they were recruited into their trafficking situation.^{xxii} Homeless women also experience higher rates of violent victimization than women who have access to housing.^{xxiii}

The ability for survivors to maintain or access safe housing can be significantly limited by the cascading impacts of sexual assault, domestic/dating violence, and stalking. Further, economic abuse from a partner may leave domestic violence survivors with poor credit, prior evictions, an uneven work history, or even a criminal record. In fact, the two most pressing concerns for survivors of violence are the need for safe housing and the need for economic resources.^{xxiv} But in the face of declining affordable housing stock in the U.S.^{xxv}, access to safe housing is especially challenging.

These factors compromise a survivor’s safety and stability long after they have escaped abuse, especially for survivors with limited resources and/or those who are from historically marginalized communities. Research on racial inequity and homelessness conducted by the Center for Social Innovation’s Supporting Partnerships for Anti-Racist Communities describes the fragility and vulnerability of social networks of poor people of color and the significant limitations to emergency options available to people in crisis.^{xxvi} Social isolation associated with domestic and sexual violence can contribute to this kind of “network impoverishment,” such that a manageable crisis can quickly snowball into a catastrophe leading to homelessness and worse.

San Francisco Context for Improving Survivor Access to Housing

The composition of and challenges for survivors of domestic and sexual violence and human trafficking in the City and County of San Francisco are like those on the national level. According to data gathered by Focus Strategies^{xxvii} in a quantitative analysis about survivors of violence in housing

and victim services systems in San Francisco, most survivors of gender-based violence who participated in victim services in 2019-2020 were female (71%), whereas women make up a little more than half of the general population (51%). Racial and ethnic minorities were over-represented among survivors (78%) compared to their representation in the general population (55%). Nine percent (9%) of survivors identified as transgender and nineteen percent (19%) identified as LGBTQ+, far exceeding their estimated proportion of the city's residents.^{xxviii}

Survivors of human trafficking served in 2017 (the most recent year for which data was available) reflected similar disproportionate representation by female (71%) and BIPOC (70%) individuals.^{xxix} There was an additional over-representation of youth (70%) among these survivors as compared to the general population (20%). The most reported service gap for survivors of human trafficking (in 2017) was housing and shelter.^{xxx}

Survivors who sought, received, or were referred to safe housing in San Francisco faced barriers on par with those identified nationally. Nine hundred (900) survivors were reported to have received placement in victim-specific programs in 2019 - 2020^{xxxi} with sixty percent (532) in emergency shelters and forty percent (368) in transitional or permanent housing programs.^{xxxii} However, 2,684 survivors were turned away from Emergency and Transitional Housing during this period, demonstrating that for every survivor who received safe housing that year, at least another three did not.^{xxxiii} The primary reasons survivors were turned away from shelters were, "...lack of bed space, the shelter is not in a safe location for the survivor, the shelter was unable to accommodate the survivor's needs (e.g., substance use disorder, mental health needs, language needs), the shelter was unable to accommodate the survivor's children, and/or the survivor did not want to go into shelter."^{xxxiv} Moreover, 93,159 DV shelter referrals were made that year, representing a 114% increase in such referrals over the prior year.^{xxxv}

In the following fiscal year, 2020 - 2021, 4,966 individuals who engaged in services through the Homelessness Response System (HRS) reported being survivors of violence (although the type of violence is unknown).^{xxxvi} Their status as minorities was similar to survivors who received victim services the year prior. They were predominantly female (55%) or transgender (3%), BIPOC (54%), and LGBTQ+ (17%). Of survivors served through the HRS in 2021, 21% received housing placement, while the remainder were identified as being served through Coordinated Entry, Homelessness Prevention, and Street Outreach services. However, as noted in the Focus Strategies report, "Survivors of violence are not explicitly prioritized by coordinated entry." The report goes on to estimate that approximately 750 of 3,600 survivors, or 21%, who sought housing through Coordinated Entry in 2021 actually received permanent housing placements, stating, "demand for housing clearly exceeds what is available through the homelessness response system."^{xxxvii}

Current Inventory of Housing Options for Survivors

The data indicates that the City and County of San Francisco, like many communities nationally, lacks the capacity to adequately and safely meet the needs of survivors who face homelessness and housing instability. Victim Service Programs (VSP) have a total of 72 shelter beds for survivors and their children in the city, with approximately 80% of survivors who seek shelter being turned away.^{xxxviii} There are another 73 units of transitional housing and 91 units of permanent housing available through VSPs,^{xxxix} and while the turn away rate was only 3% in 2020, this still represented a 200%

increase over the year prior.^{xi} As noted in the Focus Strategies report, “the capacity to provide services [to survivors], especially safe housing, is limited.”^{xii}

San Francisco’s Homelessness and Supportive Housing Department funds the broader Homelessness Response System, which is the system of care and advocacy provided by HSH and its nonprofit partners for people experiencing or at risk of homelessness. While capacity in the mainstream Homelessness Response System is greater, the system still does not sufficiently meet survivors’ specific needs. While capacity in the mainstream Homelessness Response System is greater, the system still does not sufficiently meet survivors’ specific needs. San Francisco increased shelter capacity by 24% between 2019 and 2022 by adding new navigation centers, new family shelters and new non-congregate shelter options during the Covid-19 pandemic. The expansion of shelter was not just a Covid-related response, as it began earlier as a part of the Mayor’s 1,000 shelter bed initiative, which ended as the pandemic was beginning. Per the February 2022 Housing Inventory Count (HIC), there are 12,415 beds available in permanent housing, 555 beds in transitional housing, and 3,767 beds in emergency shelters. However, as was noted above, only 21% of survivors who applied received housing placements in 2021, during the COVID-19 pandemic, when the need for housing outstripped supply by more than 2-to-1 for everyone seeking it, including survivors.^{xliii} This suggests that the system lacked both the adequate resources to sufficiently house survivors (and others), and the necessary service elements to address the unique barriers – including safety, trauma, and security – that survivors face in the process of accessing housing options.

Gender-Based Violence Housing Portfolio

San Francisco’s Department on the Status of Women contracts with eight (8) victim services providers to fund services for survivors of violence and their children in need of housing. Three (3) agencies provide emergency shelter, four (4) provide transitional housing, and one (1) provides support and outreach services to survivors in partnership with the San Francisco Housing Authority.

Shelters and transitional housing programs provide food, clothing, and other necessities along with safety planning, comprehensive case management, emotional support, advocacy and systems navigation, culturally relevant and linguistically accessible support services, and help in working toward goals related to permanent housing.

Eligibility requirements are determined by each agency in accordance with its contract requirements; it should be noted that DOSW is not the sole source of funds for these programs and does not act as a regulating body. Networking and cross-referral across programs is common, though survivors who are turned away must often self-advocate to find space in another program. *For more information about the Gender-Based Housing Portfolio, please see Appendix G.*

Current Coordinated Entry Process

The process for families to access housing through the Homelessness Response System can be convoluted and confusing for survivors who are exiting violent situations and seeking safe, stable housing. Coordinated Entry (CE) is the process designed to help eligible San Francisco families experiencing homelessness, or at imminent risk of homelessness, get assistance to resolve or prevent an episode of homelessness from Homelessness Response System (HRS), which is under the authority of the San Francisco Department of Homelessness and Supportive Housing.^{xliiii}

Coordinated Entry is accessed through the community Access Points. Access Points provide problem solving, assessment, prioritization, and referrals.^{xliv}

- Problem Solving is the first resource offered to explore and identify possible solutions outside of the HRS. Problem-Solving interventions include:
 - **Problem Solving conversations** that help identify real-time solutions to a housing crisis;
 - **Housing location assistance** to assist households with income, but without an immediate housing plan locate a place to rent;
 - **Travel and relocation support outside San Francisco, which includes** travel and relocation assistance that results in a housing connection/safe housing plan in another community;
 - **Reunification, mediation, and conflict resolution** to help households stay in a current or recent housing situation or new housing situation with mediation support;
 - **Financial assistance**, including flexible financial resources to cover specific costs that will assist households to stay in a safe, indoor place outside the HRS;
 - **Connections to employment**; and
 - Referrals and links to a range of community services.^{xlv}
- The Family Housing Prioritization Assessment and the Adult Primary Coordinated Entry Assessment were developed to understand housing vulnerability, homelessness history, and barriers to housing. Each question is scored, and responses are weighted. A higher score indicates higher “priority” but does not indicate which type of housing option is the best fit. Housing Referral Status indicates the household has scored at a level that makes them likely to receive a referral to HSH funded housing within 2-3 months.^{xlvi}
- Prioritization determinations are made based on the availability of housing within the HRS and the results of the Housing Primary Assessment. The Housing Referral Status threshold score changes depending on the available inventory. Those who meet the threshold are paired with a housing navigator to match them with available housing options. Those who do not meet the threshold are not referred to HSH housing and are only offered Problem Solving.
- Referrals to housing within HRS are made based on serving the most vulnerable households first (as defined by the Housing Primary Assessment).
- An Administrative Review is available for individuals and families who may have had difficulty self-reporting their homelessness history and barriers and receive a low score on the housing Prioritization or Primary CE Assessment. An Administrative Review can be initiated by a case manager, clinician, or provider working closely with an individual and who can provide information about the individual’s barriers to housing, vulnerability, and chronicity of homelessness. Administrative review cannot be requested by individuals themselves.

There are currently three locations for families, four locations for adults, and three locations for youth-specific CE Access Points in San Francisco. There is one Youth and one Adult Access Point housed in organizations whose missions convey safe access for those in the LGBTQ+ community (Lyric, and the SF LGBT Center). No other Access Points are located at culturally specific organizations, nor are they located at victim service organizations. Access Points lack consistent hours of operation, may require appointments, and are generally not open outside of standard business hours. However, mobile response teams are available to meet families anywhere in the city if they are not able to visit an Access Point, and households may also call and receive an assessment over the phone. Visitors to Access Points may be able to receive fine and fee discounts if an Assessment has been completed

within the past six months, and are encouraged to ask about free Muni passes, a one-time waiver of tow and storage costs, a one-time waiver of a “boot” fine, and discounted citations.”^{xlvii}

A recent report found that in San Francisco, “There were 17,111 people assessed through Coordinated Entry from when the program started in 2018 up until July 1, 2021. About a third of single adults who go through Coordinated Entry end up matched with housing, and about one fifth of families or youth. Those who do not get housing get “Problem Solving.” Problem Solving had just a 6.9% resolution rate in FY 21-22,^{xlviii} meaning that most of the homeless people who go through Coordinated Entry remain homeless.

Project Description

The Safe Housing Alliance (SHA), formerly known as the National Alliance for Safe Housing (NASH) is a national technical assistance and training organization launched in 2015. SHA supports communities working to develop their best possible response to the safe housing needs of survivors of domestic violence, sexual assault, and human trafficking.

San Francisco’s Department of Homelessness and Supportive Housing’s (HSH) mission is to make homelessness in San Francisco rare, brief, and one-time, through the provision of coordinated, compassionate, and high-quality services. In 2021, HSH engaged SHA to conduct a Community Needs Assessment to support its commitment to improving access to and safety of homeless and housing services for survivors of Domestic Violence (DV), Sexual Assault (SA), and Human Trafficking (HT).

HSH’s goal for the project is to ensure that survivors can receive services from the Homelessness Response System (HRS) that are accessible, safe, protect privacy and promote choice. A second aim is to improve coordination between Victim Service Providers and the Homelessness Response System.

Project Values

The Safe Housing Community Needs Assessment was guided by the following values:



Centering the rights, voices, and experiences of survivors
Using a collaborative design process, the project identified barriers survivors face to safe housing. This includes partnership with survivor-led organizations, extensive survivor interviews and listening sessions, and 50% survivor membership on the project’s advisory body (co-chaired by a survivor).



Using an intersectional lens in all project activities and in assessing data and findings
HSH, SHA and project partners are keenly aware that survivors’ multiple issues and identities combine to create additional challenges to accessing and retaining safe housing. These include income disparities, housing discrimination, impacts of historical trauma, and systemic racism. The project strived to center the experiences and needs of LGBTQ+, immigrants,

diverse genders, nonnative English speakers, Black, Indigenous, and People of Color (BIPOC), people with disabilities, and other marginalized groups.



Employing Radical Listening and humility

In seeking to understand and center the perspectives of survivors, emphasis was placed on creating safe space, listening deeply, asking thoughtful follow-up questions, and to ensure people can share their experiences fully and are heard with empathy and without judgement.

Project Partners

SHA collaborated with partners who brought deep expertise and were instrumental in undertaking project activities:

- [Voices of Women](#): A survivor-led community organizing program working to revolutionize domestic violence policy
- [Shobana Powell Consulting](#): A national consulting firm consisting of service providers and survivors/lived experience experts who offer training and technical assistance at the intersection of trauma, trafficking, and systemic oppression.

HSH also engaged the partners below to undertake aspects of a broader examination of the Coordinated Entry System:

- [Homebase](#), who partners with public, non-profit, and faith-based sectors to identify barriers and key resources, refine their ideas and goals, and design scalable solutions in service to their mission to build community capacity to end homelessness, reduce poverty, and foster thriving, inclusive communities.
- [Focus Strategies](#), a national consulting firm based on the West Coast dedicated to helping communities improve efforts to end homelessness through community-based planning informed by local data and national best practices, including the design and evaluation of Coordinated Entry Systems.

Project Elements

The Safe Housing Community Needs Assessment was designed to gather input, perspectives, and data critical to developing policies and practices aligned with the needs of survivors using the following strategies:

- **Key Stakeholder Interviews:** Conversations with key contributors to San Francisco's response to survivors and to people experiencing homelessness. Questions were aimed at gathering input that helped build a broad-brush picture of challenges survivors face in the current Homelessness Response System and to uncover gaps that can point the way to needed systemic changes.
- **Survivor Listening Sessions:** Co-facilitated by survivors, these sessions brought forward a diverse representation of survivors' voices. Survivors were compensated for their time and were offered de-briefing support and connections to resources. Learning about survivors' experiences both within and outside of systems response, what worked and what didn't, and what change they believe is needed is critical to a meaningful response.
- **Online Safe Housing Community Survey:** The Survey collected information from victim service and homeless service providers and staff in other survivor-facing organizations to help assess policies and practices and alignment with best practices. Key areas of inquiry included safety,

confidentiality, assessment, access, training, housing protections, trauma-informed approaches, racial equity, and survivor-centered strategies.

- **Safe Housing Working Group:** With strong survivor representation and co-led by survivors and a provider, this ad hoc committee has held monthly meetings to examine current systems, analyze findings, and develop and prioritize recommendations.
- **Data Analysis:** Focus Strategies examined available HMIS and other statistical data to provide a quantitative analysis of the current system. Data points included: demographics of survivors currently accessing the Homelessness Response System; what programs survivors are currently using; and outcomes for as compared to others accessing services. Referenced in the Introduction section above, the full report is attached as Appendix E.
- **Community Needs Assessment Report:** This report summarizes and analyzes the findings of Community Needs Assessment activities and provides preliminary recommendations for improving survivors' safe and equitable access to homeless and housing services in San Francisco. These recommendations will be presented to the Safe Housing Working Group where they will be finalized and help provide the basis for next steps in areas to include:
 - **Updates to the San Francisco Coordinated Entry Written Standards** as they relate to survivors' access to and response within the Homelessness Response System;
 - **Development of Homeless Management Information System (HMIS) protocols** on how survivor information is safeguarded;
 - **Design of referral processes for survivors** needing access to resources within the Homelessness Response System.

Findings

Key Stakeholder Interviews

Early in the project, SHA worked closely with HSH to develop a list of stakeholders identified as well-informed on issues related to safe housing for survivors in San Francisco with whom to conduct one-on-one interviews in, lasting an average of one hour. Interviewees included representatives from local non-profit homeless/housing, human trafficking, domestic violence, and sexual violence organizations, as well as local government, legal services, and culturally specific advocacy organizations. Conversations with these community members were foundational to painting a picture of community needs, dynamics, struggles, and resources. Information and insights gathered from these individuals echo many of the themes and findings that surfaced in Survivor Listening Sessions and the Survey. SHA conducted a total of 26 interviews that allowed us to hear from a total of 34 people.

Stakeholder Interview Themes

Interview notes were reviewed to identify important and recurring themes within each interview and across interviews. Below is a summary of major themes that emerged.

1) There is notable confusion among both providers and survivors about how the housing system works.

Many stakeholders expressed that they and/or the staff in their organizations do not fully understand how the housing system, including Coordinated Entry and Access, is supposed to work. Consequently, they find it difficult to help survivors to navigate it successfully, provide helpful referrals, prepare survivors for what to expect, and support them to access mainstream (non-VSP) housing. Advocates and providers also observed survivors to be generally “in the dark” as well and expressed concern for the heightened barriers survivors face if they lack the help of programs and advocates. Some stakeholders noted that since the inception of Coordinated Entry, it appears that homeless response is more organized and systematized than previously, however, it is confusing and inaccessible to survivors.

“Coordinated Entry and community entry points are a great idea but over-confusing and not successfully working yet.”

“We need a clear map of who all the players, eligibility criteria, access processes are.”

2) Survivors are not doing well in the CE system – or are avoiding it entirely.

Stakeholders reported hearing a host of misgivings from survivors they work with about seeking services in the HRS. They noted survivors’ fears around confidentiality, the lack of safety at Access Points, the lack of language access, and the concern that presenting as homeless (especially when children are in the household) might trigger carceral systems involvement as examples of why survivors avoid the system entirely. Some VSPs don’t see CE as very well built for survivors and find other ways to help, often through partnering with a particular homeless agency to make direct referrals.

“I’ve never had a successful referral to one of the programs in the City system. I don’t think we are getting people placed. I can get survivors into Permanent Supportive Housing in other communities, but not here.”

Overall, stakeholders shared that CE assessment seems to rarely result in Referral Status for survivors, as it weights things (like length of time homeless) that are often not part of survivors’ history. Several stakeholders were unable to recall a single time that a survivor they directed to the CE system emerged with a housing referral. One provider put it this way: “The CE experience does not leave people feeling hopeful.”

“It’s a small percentage of survivors who get into the system; the best bet is to bypass it and work with partner organizations.”

3) Access barriers are multiplied for BIPOC, LGBTQ+, immigrant, Limited English Proficiency (LEP) survivors, and people with disabilities.

“Black women’s shelter services were put in ‘Big Black Ask’ included for funding, but it wasn’t funded.”

One stakeholder observed: “Long term housing requires citizenship or qualifying legal status. Being LGBTQ+, queer, or trans presents different layers. There are other access barriers for people with disabilities, and a lack of services for mental health before, during, and after receiving housing services.” Language access is another significant barrier; the fact that over 40% of San Franciscans speak a language other than English in their homes presents huge challenges to service providers and staff at access centers. The result: “For LEP people, their access to EVERYTHING that secures housing is hampered.”

“San Francisco sees the most severe disparities in over-representation of Black/Latinx people in the Criminal Justice System; [Indigenous women] can’t access services as well. Before this year, there were no black or indigenous-led organizations serving survivors; the system is really monolingual.”

The Homeless Response System has made racial equity a goal of their plan to end homelessness, as have some elected officials, but stakeholders felt that the money has not materialized to make this a reality. Though some noted progress in staff representation, there is not yet enough staff of color to effectively serve a diverse population. The already high rate of burnout and turnover among direct service providers was exacerbated by the pandemic, and concerted efforts must be made to diversify staff and ensure retention.

“Transphobia and discrimination is real in the housing system. Lots of people don’t even try because they hit so many walls and rejection.”

Some stakeholders referenced the current environment in which issues of historically marginalized communities are getting lost in political concerns about crime and drugs; one stakeholder shared: “Substance abuse is dominating the conversation about homelessness.” The tendency to push criminal justice responses to “solve” homelessness and substance use not only avoids addressing the underlying problems, but also disproportionately adversely affects BIPOC and other marginalized folks. Some interviewees advocated more equitable distribution of housing resources to ensure access for those disproportionately impacted by homelessness. Racial discrimination in systems often shows up as disparate impact on populations rather than outright racism in programs.

4) There’s little indication that the survivor population is a focal point in Homeless Response System, and survivors of sexual assault are often left out of the conversation altogether.

Stakeholders felt that the system was not crafted to ensure that survivors’ unique needs are well-addressed. One stakeholder noted that there is no survivor-specific messaging on the HSH website that would direct a survivor to the right path. Stakeholders agreed that during assessments, survivors may not disclose the abuse they have experienced because there is no incentive to do so, since survivorship doesn’t elevate their score or qualify them as a priority population.

“There’s not a lot for DV survivors outside of DV shelters, and SA survivors may not get in to DV shelter depending on who the perpetrator was.”

That lack of attention to DV/SA/HT as a factor in homelessness shows up as practices. One stakeholder shared: “CE assessors have high turnover and need more training in sensitively screening... for DV. Screening is rushed, done in open areas... Survivors don’t have extensive health and homelessness histories that are heavily weighted and so don’t score well; the form to redress this can’t be self-filed – they must have an advocate do it for them.”

“When our clients go to CE, they are told they are not high priority for housing placement and are only eligible for problem-solving. When we take clients to CE access points, frontline staff tell us DV is not a priority.”
(VSP Stakeholder)

Some stakeholders expressed that the current prioritization on street homelessness excludes the most impacted populations, including survivors. “Some people in the most danger aren’t living on the streets – they are exchanging sex for housing or finding other ways to avoid street homelessness, and since they aren’t on the street they don’t get prioritized. And POC tend to go to family and friends, couch-surf, double-up... so are not prioritized.” Also expressed was that funding is not being directed to survivor-specific housing and services, particularly for longer-term solutions beyond shelter and transitional housing.

“People don’t disclose; being a survivor doesn’t raise their score so what is their incentive?”
(VSP Stakeholder)

5) Survivors often feel unsafe in access centers and shelters.

Some stakeholders expressed concerns that went beyond the observation that survivors’ unique needs are not well addressed in the HRS. They shared experiences recounted by survivors about the lack of physical and psychological safety at access points and within some of the programs that have housed or sheltered them. Remarks to this effect included the lack of confidential spaces in which to share their stories, feeling minimized and/or judged by staff, being asked by staff for sexual favors in exchange for housing or benefits, hearing their personal stories shared in the shelter, fears that they will be reported to CPS or INS, and returning to living outside due to feeling unsafe in shelters or the neighborhoods where they are housed and/or because of the treatment they received while there.

“Many trans women who work as sex workers have experienced DV/SA/HT. They may sometimes get the message that these things are ‘part of it.’ Their biggest challenge to accessing housing is safety; they don’t feel safe reaching out to mainstream providers; and prefer to sleep in their car vs. go to a shelter.”

6) CE was designed without VSPs input, and more must be done to better ensure adequate training and cross-systems planning essential to effective response to survivors.

There has not been sufficient training and communication between HRS and victim service systems to raise awareness among H/H programs about the problem of homelessness among survivors, how to effectively help survivors, how to ensure their safety and confidentiality, or other issues impacting survivors’ needs in safe housing. Some interviewees felt that CE has, in some

ways, reduced survivors' access because assessors lack training and assessments don't result in a housing referral due to poor understanding of survivors' needs.

One stakeholder shared that in provider meetings held during the pandemic, providers heard about youth, veterans, and families, but nothing about DV/SA/HT population. Another offered that HSH has made a good effort in recent years to improve communication and to conduct joint meetings to promote communication among providers. "It's a start."

7) COVID-inspired innovative responses have since been defunded.

While many problems were exacerbated during the pandemic, the city quickly established several shelter-in-place (SIP) programs that, coupled with a relaxation of entry restrictions and concerted outreach efforts, made it possible to serve a broader range of survivors in housing than before. Those programs have since been defunded, resulting in a loss of services and access to safe housing for many survivors. Further, survivors participating in those programs, at the time they were phased out, were required to compromise their confidentiality to receive ongoing housing assistance.

8) The severe lack of affordable housing in San Francisco is a significant factor, but there are other contributors to the lack of adequate safe housing for survivors, especially those with multiple-marginalized identities.

Virtually all stakeholders referred to the severe lack of affordable housing in San Francisco, which is an evident factor in the shortage of options for survivors. Affordable housing development has not kept up with need, and proposed projects have been scuttled due to strongly expressed opposition by residents in prospective locations. Shifting budgets and funding streams have also resulted in fewer beds and services for survivors; stakeholders noted that there are insufficient safe locations to which survivors can turn, and few survivors receive housing referrals through CE. Stakeholders strongly voiced a need for "customized" services that directly address the unique needs of survivors - especially queer, trans, and women of color survivors who feel the system wasn't designed for them and fails them.

9) Optimism that things can change for the better has increased, but skepticism remains.

With a few exceptions, stakeholders expressed confidence that systems change is possible, particularly with the change in leadership at HSH and the proactive efforts of the Coordinated Entry Program Manager to reach out and engage a wide range of stakeholders. Historical difficulties between HSH and the Department of the Status of Women, which were seen to hurt the city's ability to effectively plan and develop systems for survivors, were perceived to have dissipated, creating the opportunity for joint planning and cross-system communication. Some stakeholders offered that working with agencies in the other system to better help survivors obtain housing "felt good." Unfortunately, a high rate of burnout and turnover has resulted in a loss of some of those relationships.

“Meet people where they are and include their opinions in the process!”

“Everything is political – the HRS has come under a lot of criticism by the mayor, the public, etc. It’s hard when you’re embedded in the system at the center of challenging issues – homeless families are not the face of homelessness and are misunderstood.”

Alongside this general optimism, stakeholders offered some caveats, stressing how utterly critical it is to support and listen to line staff and people with lived experience, who they identified as the experts in the system. Many mentions were made of the need for more communication, regularly scheduled meetings, and outreach to organizations not part of the HRS. Stakeholders also suggested that it will be important for San Francisco not to stand on its progressive reputation, and worried that the criminalization of homelessness and the failure to prioritize affordable housing development could fuel mistrust between providers and the city.

“We need to break our isolation and get off our high horses.”

10) There is a recognized tendency for City departments to conduct planning processes and make funding decisions in isolation.

Multiple stakeholders used the phrase, “Resource rich, coordination poor” or echoed that sentiment to describe San Francisco's "city motto." Among stakeholders as a group, there was general agreement that though there is money that could be made available to improve the impact and availability of support services and housing for survivors, the systems are not coordinated enough to get that money to the right places and ensure the systems work together so survivors don't fall through the cracks. There are also political dynamics that make this even more challenging. Stakeholders acknowledged that SF is viewed as a very politically progressive city, but that the competing interests among elected officials to address district-specific issues results in a patchwork response that works against collaboration among and across systems.

11) Because survivors make up a large percentage of those experiencing homelessness, San Francisco must develop a collaborative response, for which both systems are responsible.

Stakeholders described the work of these two systems as largely siloed. While several of them could provide an example of valued informal partnerships with other agencies, they felt that there has not been sufficient training and communication between housing/homeless systems and victim service systems to raise awareness among survivors, how to effectively help survivors, how to ensure their safety and confidentiality, or other issues impacting survivors' safe housing needs. HSH's recent efforts to improve communication and conduct joint meetings that allow cross-system communication is a start, but not enough yet, and stakeholders acknowledged that the responsibility shouldn't rest entirely on HSH to make it happen. Providers expressed a need to pivot to better communication among systems rather than work in silos, and to improve transparency.

“The victim services system and the homeless system...are totally separate systems, and don't come together at any tables. At homeless system meetings, there are no DV providers - they only get brought in for occasional consultation.”

“The systems should be more connected – they are serving the same population!”

Survivor Listening Sessions

Survivor voice is a central element of the Community Needs Assessment. SHA’s project partners, Voices of Women and Shobana Powell Consulting, facilitated four group sessions and five one-on-one listening sessions with survivor experts, all of whom had experiences with homelessness and domestic violence, sexual assault, or human trafficking. Twenty (20) survivors, six of whom went on to become members of the Safe Housing Working Group, participated in these sessions. Language access was provided in Mandarin, Spanish, and English. Among participants were survivors who identified as immigrants, trans, LEP, male, BIPOC, living with disabilities, and living with mental health issues. Conversations with these survivors provided firsthand information about how the VSP and H/SH systems are experienced by those they are designed to help; their collective insights are a central driver in the development of recommendations for systems change.

Listening Sessions Themes

Interview notes were reviewed to identify important and recurring themes within each listening session and across sessions. Below is a summary of major themes that emerged.

1) Survivors feel unsafe at Access Points and in homeless and victim services shelters.

Survivors described feeling unsafe – physically as well as psychologically – at Access Points and in shelters. Access Points and shelters are in locations with significant drug use and “violence happening all the time,” with specific reference to the Tenderloin District. Assessment of shelters as unsafe was virtually universal among listening session participants; survivors have experienced robberies, harassment from other shelter residents, propositions by staff for sexual favors, and risk of harm to their children because of the presence of drugs and violence. One survivor shared the experience of their child finding syringes in the shelter; another noted that shelter staff are themselves overwhelmed and sometimes ignore the abuse within shelters.

Survivors also felt that the information they are asked to share during intakes increases their risk of violence and/or abuse. Some related that fear of the person causing harm knowing the location of Access Points keeps them from seeking support from the system.

“Busqué una organización de violencia doméstica para servicios de VD y me dijeron que fuera a un refugio, pero mi pareja me amenazó con que si iba a un refugio, me deportarían.”
(Originalmente dicho en Español)

“I looked for DV org for DV services and was told to go to a shelter, but my partner threatened that if I went to a shelter, I would get deported.”
(Originally stated in Spanish)

2) Contact with the housing system often doesn’t result in a pathway to housing, with years-long waiting lists and a circular referral process.

Several survivors reported that they applied for services through the Homelessness Response System but were not able to get the assistance they needed. They found the system confusing and not promotive of client safety. Many described being sent back and forth between multiple different organizations and housing programs or being given

“Being asked if I needed shelter and never getting it is wrong.”

“excessive” referrals with no real connections: “I just kept getting referred over and over.” One survivor was asked to move outside of San Francisco but was given no support to assist with a move. Another described trying to access shelter through 311, San Francisco's 24-hour Customer Service Line. Every time they called, they were asked if they wanted shelter, and they would sit at the precinct for hours only to be told there were no housing options for them.

One survivor indicated that they received assistance quickly because they are a veteran, but among other survivors, long wait times were seen as some of the biggest barriers to accessing services. This barrier was especially true regarding the wait for permanent housing, with some survivors on the list for as long as eight years so far. For survivors, that increases risk of re-assault and sustained trauma as they scramble to find other avenues to survive. Survivors with children felt it was harder to find housing as opposed to being a single person, and others felt it was harder for single individuals – which makes a good case for the conclusion that it is hard for everyone.

“我想要看到像我这样的人获取到更多的资源，我还是在等待表上并且这让我在等待期间感到非常的不安，这里仍然住房紧缺。庇护所不是一个选项，因为我并不想让我的孩子成长在这些有可能发生暴力的地方“

(最初以普通话陈述)

“I would like to see more resources for survivors like me. There is still a lack of housing for me, as I was on waitlists, and it all felt very unstable to me while waiting.”
(Originally stated in Mandarin)

3) Navigating the housing and victim services systems takes numerous attempts and is difficult and confusing - especially without an advocate.

Most listening session participants felt that systems navigation is extremely difficult, and depending upon the reasons for your homelessness, things can be even more complicated. Finding the right person to help with systems navigation is key, but options are limited, and staff can be “temperamental.” Survivors shared that that even when they did find a helpful caseworker, oftentimes the caseworkers had such high caseloads that they were not available to be of real help. One survivor shared that after they were evicted, there was no second chance or guidance with what to do next.

“Staff can be rude and disrespectful. The assistance you get is based on how they are feeling.”

“Don’t just give me directions; walk me through it so that I know where I am going.”

“They make the rules harder and just keep rules that get harder. From getting evicted, they can’t help you anymore...”

- 4) **Survivors experienced barriers to accessing victim services programs, including exclusion based on type of abuse, how recently it occurred, and the need to have a police report as proof of abuse.** One listening session participant had never heard of victim services; survivors who had received help from VSPs had mixed experiences when accessing them. A survivor with veteran status said that many services were available for Vets with a DV intersection. Other respondents experienced being denied services through victim services; one said: “To get into a Victims Services shelter or housing under victim services, you must have verifiable, provable proof that you are a victim of domestic violence, which means physical abuse, police reports, and even a DA working on your case.” Other survivors agreed that lack of documentation and type of abuse had been factors that made it tougher to find services. One survivor said that although services have improved over the last 10 years, when they were searching for safe shelter, “there was not much out there for sex workers and human trafficking victims,” particularly if sex work or being trafficked is current. One survivor said there was a lack of support for single people trying to get into a safe house: “I tried to get a DV shelter, but they are all for women with children.”
- 5) **Survivors experienced discrimination, including transphobia, xenophobia, anti-Blackness and racism, disability-based, victim-blaming/minimization of abuse, and stigma around past experiences of homelessness.**

“Debido a la falta de información, las barreras del idioma y la transfobia, pasé 20-25 años en las calles.”

(Originalmente dicho en Español)

“Because of lack of information, language barriers, and transphobia, I spent 20-25 years on the streets.”

(Originally stated in Spanish)

Survivors related many instances of discrimination or disparate treatment based on their identities. One survivor shared the experience of applying for apartments that become suddenly “no longer available” once it becomes clear the applicant is trans. Survivors described numerous barriers based on lack of accommodation for disability and/or mental health needs. Racism, anti-immigrant discrimination, and anti-Blackness were also named by survivors in their attempts to find safe housing. Further, survivors reported experiencing being blamed for having been abused and discouraged based on past experiences of homelessness.

“Mi asistente social dijo que las personas como usted tendrán problemas para conseguir un apartamento, le pregunté qué quiere decir con 'personas como yo' y ella dijo que las personas que han vivido en un refugio en el pasado.”

(Originalmente dicho en español)

“My worker said that people like you will have trouble getting an apartment, I asked what do you mean ‘people like me’ and she said people who have lived in shelter in the past.”

(Originally stated in Spanish)

6) There is disparate treatment based on language and immigration status, with inadequate information and services in other languages and exclusion from services that require documentation.

“大部分时候能看到用我的母语提供的资讯，但是直译会变的非常难以理解，比如到底什么是需要完成的？究竟是什么资源？
(最初以普通话陈述)

“Much information was available in my native language but oftentimes, the direct translations also made it hard to understand what exactly needed to be done/what resources exactly were.”
(Originally stated in Mandarin)

Language and immigration status were significant barriers among survivors. Without identification or documentation, many housing options are closed off to survivors. Non-native English-speaking survivors shared that they never saw any resources in their language, and that if they had just seen a flier or a piece of paper with a resource in their language, they would have reached out for help. Many survivors received no services because they could not find case managers who spoke their language and interpretation was unavailable, inadequate, or inappropriate; one survivor shared that a housing provider used a custodian to interpret.

“Usé Google Translate por mi cuenta para solicitar vivienda en lugar de recurrir a mi asistente social porque pensó que los apartamentos eran demasiado elegantes para mí y no me aceptarían”.
(Originalmente dicho en español)

“I used Google Translate on my own to apply for housing instead of going through my caseworker because my caseworker thought the apartments were too fancy for me and they wouldn't accept me.”
(Originally stated in Spanish)

7) Survivors named other housing-related challenges that stem from the impact and aftermath of abuse.

DV, SA, and HT leave a long trail of impact in many arenas that interfere with housing success. These include economic impacts (poor credit, eviction history, damage to apartments caused by the abuse, inadequate income needed to sustain housing, etc.); physical and mental health challenges (including injury, trauma, etc.); legal challenges (custody issues, involvement with CPS, ongoing legal involvement, etc.); access to reliable and affordable transportation; and lack of information and/or connections to a support network.

8) **Survivors received support from outside the VS and HRS systems – and from each other.**

Many survivors shared that when they needed help, it was other survivors, undocumented individuals or people experiencing homelessness who helped them, either by providing information for a useful resource or by meeting a direct need. Survivors also shared that they found resources that were posted or shared at their children’s schools, daycare centers, or through other parents.

“Otra persona sin hogar indocumentada me dijo dónde podía ir a bañarme y así fue como encontré el centro de recursos, me dijeron que podía hablar con un administrador(a) de casos, pero no sabía qué significaba eso... Siempre creía que la ayuda era solo para personas documentadas/residentes/ ciudadanos. Fui allí durante mucho tiempo para comer y bañarme, pero no me di cuenta de que podía recibir administración de caso”.

(Originalmente dicho en Español)

“Another undocumented homeless person told me where I could go for a shower and that is how I found the drop-in center. They told me I could speak to a case manager, but I didn’t know what that meant...I thought case managers only help people with papers. I always believed help was only for people who were documented/residents/citizens, I went there for a long time for food and showers but didn’t realize I could receive case management.”

(Originally stated in Spanish)

Recommendations from Survivors

When asked what improvements are needed to better ensure effective safe housing services, survivors had many suggestions, including:

Staff Capacity and Culture

- Reduce caseloads so caseworkers can better support survivors.
- Stop assumptions and judgement; treat applicants with compassion and see them as human beings.

Training

- Caseworkers should be trauma-informed and help survivors with the housing application process.
- Provide more training on DV and on how to be inclusive of all LGBTQ+ community.
- Educate the public about people experiencing homelessness.

Equity and Language Justice

- Address implicit bias, racism, and transphobia in the system.
- Increase availability of housing for undocumented immigrants.
- Hire more bilingual workers and have information available in other languages.

Safety

- Take safety seriously at intake and entry points when violence and abuse is being shared; offer support and services.
- Increase safety in affordable housing neighborhoods and increase affordable housing in safe neighborhoods.

Resource Development

- Subsidies should be longer-term.
- Provide more housing opportunities for people with disabilities.
- Provide more permanent supportive housing and mental health support.
- Increase support groups to help survivors along their journey.
- Rehab abandoned buildings
- Expand Rapid Rehousing.

Service Model

- Provide survivors with a clear understanding of the housing process as it relates to the survivor pathway to housing.
- Have one place where people can access all the information.
- Create connections with organizations and housing programs and provide more help with systems navigation so survivors do not need to do it alone
- Decrease wait time for housing.
- Provide more help for survivors if they are evicted.
- Increase the presence of women in leadership in HRS shelters and agencies (some survivors don't want to tell their story to a man).

Inclusion of Survivors in Planning

- Co-create new intake process with survivors.
- Look to the strengths of the undocumented, unhoused community and learn from their recommendations on how to share information and resources.

Safe Housing Working Group

The Safe Housing Working Group is comprised of survivors and service providers contacted through Stakeholder Interviews and Listening Sessions, along with HSH staff. Provider members were selected following a representational equity review. Survivors are compensated for their time and expertise in all activities, including preparation, material review, travel time if required, and meeting time. Before the group began its work, members participated in orientation sessions (one for survivors and another for providers) in March 2022 that covered topics including:

- Project overview
 - Goals, values, and elements
- Cultivation of safe and effective group culture
 - Power dynamics

- Self-care and vicarious trauma
- Values and goals

The Working Group has convened monthly since April 2022. Three survivors and one provider serve as co-chairs and assist with agenda-development and facilitation of each meeting. The April meeting set the stage for the work ahead and included discussions around group values and agreements (see Appendix F); HSH then presented an overview of the San Francisco Coordinated Entry process to provide context for the work of the overall project and its aims. Subsequent meetings provided opportunities for project partners and Work Group Co-chairs to lead the group through dialog and an exchange of ideas foundational to the group's eventual development of recommendations for systemic change. Topics have included:

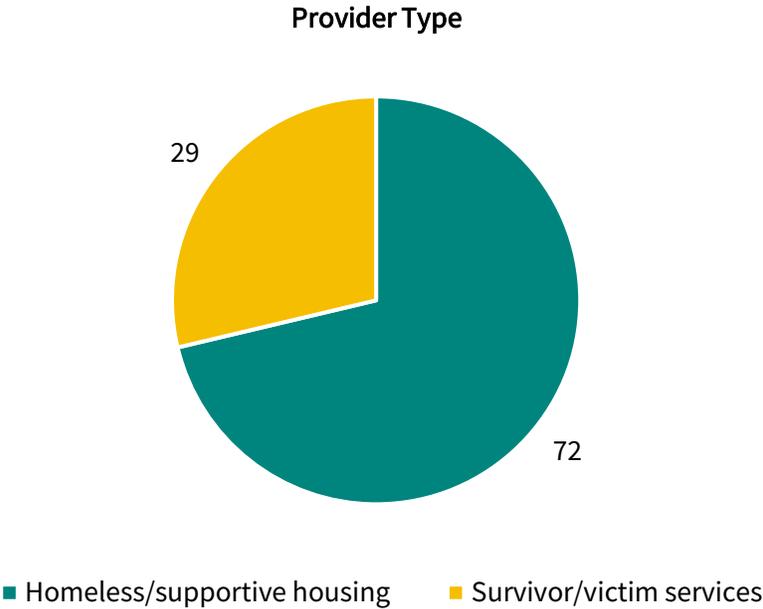
- **Findings from Stakeholder Interviews and Listening Sessions** (see previous sections of this report)
- **Online Safe Housing Community Survey of survivor-facing staff working in victim service and HRS providers:**
SHA provided a high-level overview of topics and lines of inquiry contained in the survey and Working group members were able to review and provide input to shape the final iteration.
- **“Mapping” survivors’ likely path through the current system:**
Scenarios used in the activity were co-created with survivor and provider co-chairs and aimed at allowing the Working Group to explore the possible pathways and potential barriers that survivors in different circumstances may face while attempting to access safe housing because of their survivor experience and other intersecting issues, such as language access, LGBTQ+ identity, substance use, family composition, historical trauma, etc. (see Appendix G for a summary of the group’s conversation).
- **“Visioning” exercise on three topics central to re-design:**
From data gathered to date at the time of this activity, central issues had emerged. Small groups led by survivor co-chairs examined 1) How to address the broad range of survivors’ housing needs; 2) How to ensure safe access; and 3) Envisioning the prioritization process with survivors in mind. Ideas brought forth included:
 - Providing ongoing training around culturally specific and trauma informed services and communication;
 - Expansion of Access Points and mobile services;
 - 24/7 access to emergency shelters;
 - Encrypting survivor data and incorporating confidentiality training and accountability;
 - Ensuring adequate language access;
 - Avoiding “checkbox” assessment designs that don’t ensure contextualization;
 - Matching survivors with housing that is safe and not re-traumatizing; and
 - Compensating people with lived experience to review, co-create, and contextualize the entire change process.

The Safe Housing Working Group will continue to meet through December 2022, with the primary goal of finalizing and prioritizing recommendations for systemic change that will culminate in an implementation plan. SHA and its partners are optimistic that survivor and community input will remain a central aspect of this project as it moves through implementation.

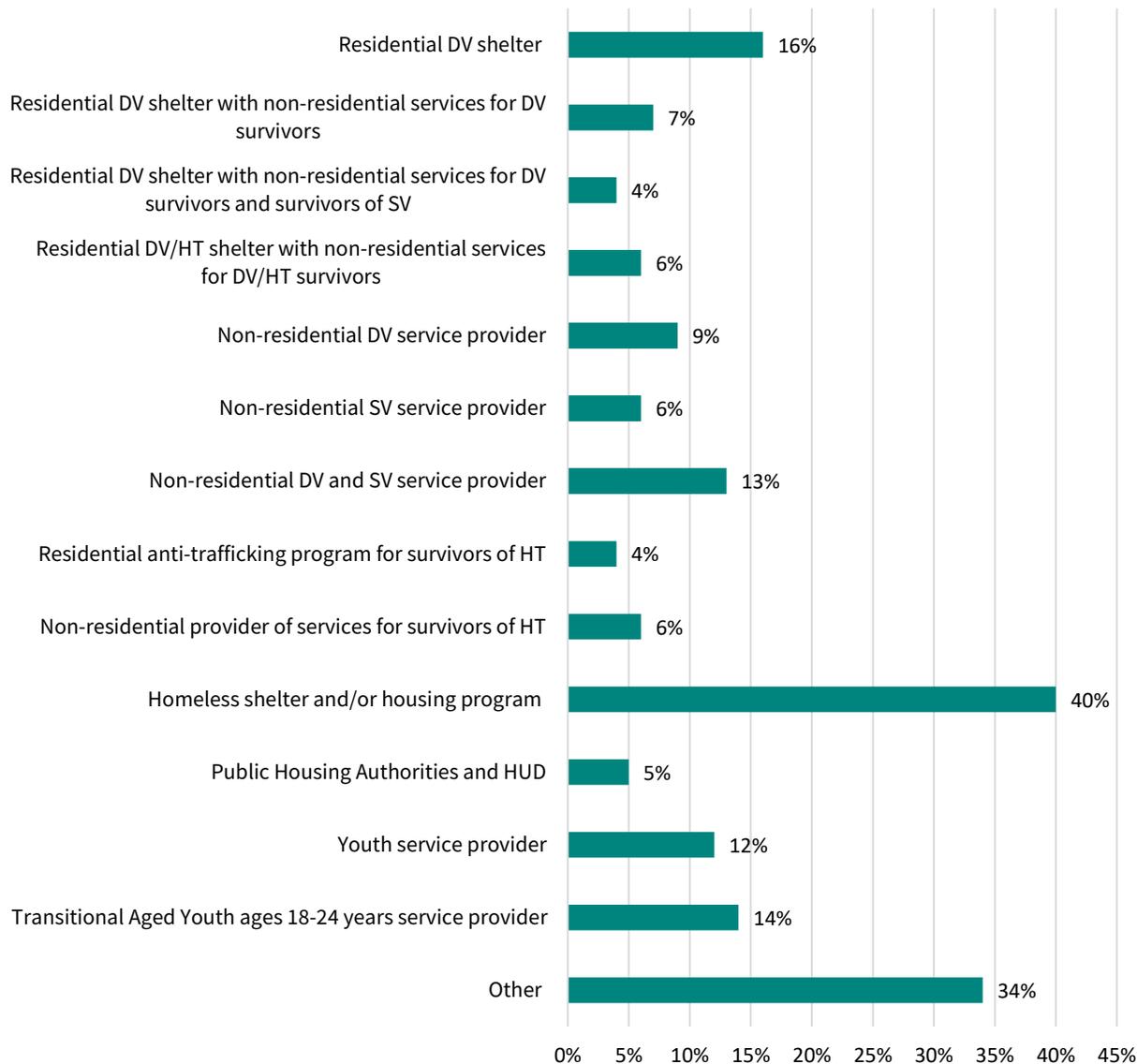
Community Survey

Who Responded to the Survey?

One hundred and one (101) people responded to the Survey. Seventy-eight percent (78%) of respondents work within the homeless/supportive housing (H/SH) system, representing 45 unique organizations. 22% of respondents work within the victim services system, representing 15 unique organizations. Broad representation across unique organizations continued throughout the survey, and despite survey attrition, as the survey progressed to questions requiring greater familiarity with legal protections, best practices, and policies relevant to serving the housing needs of a survivor population. Collaboration between these two systems is nascent in San Francisco, and particularly within the homeless/supportive housing system, the focus on a survivor population is new. Questions requiring more detailed knowledge lost the attention of some respondents.



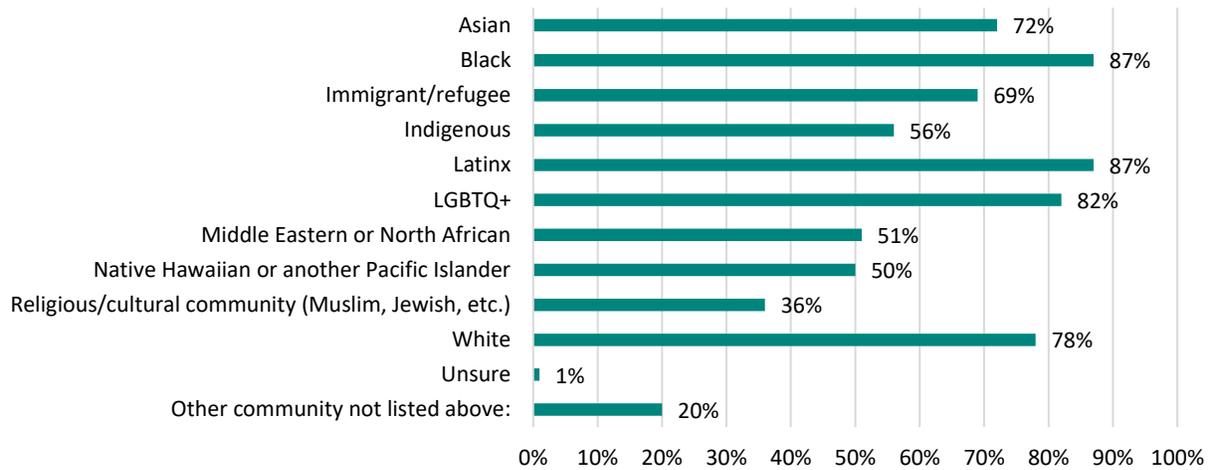
Survey Respondent Organization Type



Organizations Serve Diverse Communities and Populations

Given San Francisco’s culturally and racially diverse population, we asked respondents about the populations they serve and found that services are utilized by a broad array of racial, cultural, and other populations. Respondents were invited to add communities not listed, and 20% provided details about who else they reach with their services, including youth with significant mental health issues, elders, Queer women of color, formerly incarcerated and incarcerated Individuals, individuals with disabilities, veterans, people with mental health and addiction challenges, survivors with disabilities, parenting youth, trans folks, and sex workers.

Primary Communities Served



Housing Services More Common Among H/SH Respondents

Among Victim Services respondents, slightly more than 20% said their organization provides housing or shelter, with the most common type being shelter, followed by transitional housing and Rapid Rehousing. Only one VSP respondent indicated that their program provides permanent supportive housing. Among H/SH respondents, over 71% said their organization provides housing or shelter, with shelter the most common type, followed by transitional housing, permanent supportive housing, and Rapid Rehousing. Long-term housing options were more common service elements in the H/SH group. The H/SH group also included Transition-Age Youth among populations served, which was not found among VSP respondents, who indicated services to families and individuals only.

Low Barrier Approach Most Common in Shelter

Respondents were provided with a definition of low-barrier approaches and asked whether it applies to the housing programs offered in their organizations. Across all types of housing, low barrier approaches were the dominant strategy, with the strongest representation (76%) in emergency shelter programs. Upwards of 50% of other housing types were described as low barrier, but it was less common among longer-term housing programs such as transitional housing, Rapid Rehousing and permanent supportive housing.

A high percentage of VSP respondents (over 40%) were unsure whether a low barrier strategy is descriptive of the housing programs their organizations offer; a much smaller percentage of respondents in the H/SH group (15-20% across types of housing) were unsure. This finding is consistent with the earlier adoption of the concept of a low barrier approach in the homelessness field.

Harm Reduction Approach Also More Common in Shelter Programs

Across all types of housing, a harm reduction approach was the dominant strategy among respondent organizations, especially in emergency shelter programs (82%). Like low-barrier approaches, harm reduction approaches may be less common when people experiencing homelessness attempt to access longer-term housing options, which use harm reduction models to a lesser degree. 68% of

transitional housing and about 60% of Rapid Rehousing and permanent supportive housing programs were described as using harm reduction models. As with low barrier approaches, a higher percentage of VSP respondents were unsure of whether programs offered by their organizations were harm reduction models; this is consistent with the earlier adoption of this approach in the homelessness field.

Eligibility Requirements: Victim Services Organizations

Respondents were asked what qualifications participants must meet to be eligible for housing services. Responses from the VSP group suggested that the type and recency of interpersonal violence is a factor and may differ from program to program rather than being consistent across the system. Below are examples of factors considered to determine eligibility:

For VS Emergency Shelter:

- Violence must have occurred within past 30 days
- Must be victim/survivor of domestic or intimate partner violence (gender-based violence as defined by VAWA)
- Any survivor with sexual assault history
- Survivors with DV or HT experience

For VS Transitional Housing:

- DV has happened within the last 12 months
- Must have income
- Survivor of HT or sexual exploitation

For Rapid Rehousing, respondents added the need for a CE referral.

Eligibility Requirements: Homelessness/Supportive Housing Organizations

For emergency shelter, respondents whose organizations serve specific populations mentioned the need for the person to be part of that population (such as youth, woman-identified, family with children, sex-trafficked individual, involvement with the criminal justice system, etc.). Also mentioned were:

- Ability to care for oneself
- If family: at least 50% custody of children
- Problem-solving assessment or housing plan
- Children attending a SF Unified School District school
- CE referral
- In a dangerous situation with nowhere else to go
- Negative COVID test

For transitional housing, respondents listed the need to be assessed and connected through an Access Point, and one mentioned a prerequisite of engagement in an education or employment program.

For Rapid Rehousing, requirements became more specific, and included:

- Participant in our services
- Document-ready
- Two months of employment

- Referral through the CalWorks program
- Homeless verification
- Assessed
- Income

Respondents indicated that in addition to assessment and referral through CE, Permanent Supportive Housing may require more extensive documentation, including “proof of SSI, SSDI, DSP, a mental health diagnosis, a California ID card, and enrollment in benefits if qualified.”

Termination Policy Less Clear in Longer-Term Housing Programs

Respondents in both groups reported in high numbers that triggering involuntary exit from the program were clear for shelter/emergency housing programs, with over 70% selecting a “yes” response. Respondents were invited to provide information about their organization’s termination policy. In emergency housing/shelter among both VSP and H/SH respondents, reasons for termination included:

- Violence or threat of violence toward other residents or staff (most cited reason)
- Curfew violations or failing to return to the shelter
- Breaching confidentiality
- Destruction of property

H/SH respondents also cited the following:

- Failure to engage in services or follow case plan
- Illegal behavior (drug possession, use or sales, theft)
- Alcohol use
- Use of racial or homophobic slurs

The percentage of respondents reporting that a clear termination policy was in place dropped to 54% for transitional housing, and to approximately 48% for Rapid Rehousing and permanent supportive housing. This would suggest that programs approach termination somehow differently for longer-term housing programs. Violence or threat of violence was again the most cited reason, with breaches of confidentiality, criminal activity or substance use, and failure to engage in services also mentioned. Additional reasons for termination in these longer-term housing programs were:

- Maxing out the subsidy duration
- Failure to pay rent
- Lease violations
- Noncompliance with case management plan
- Unauthorized guests
- Need for more appropriate level of care

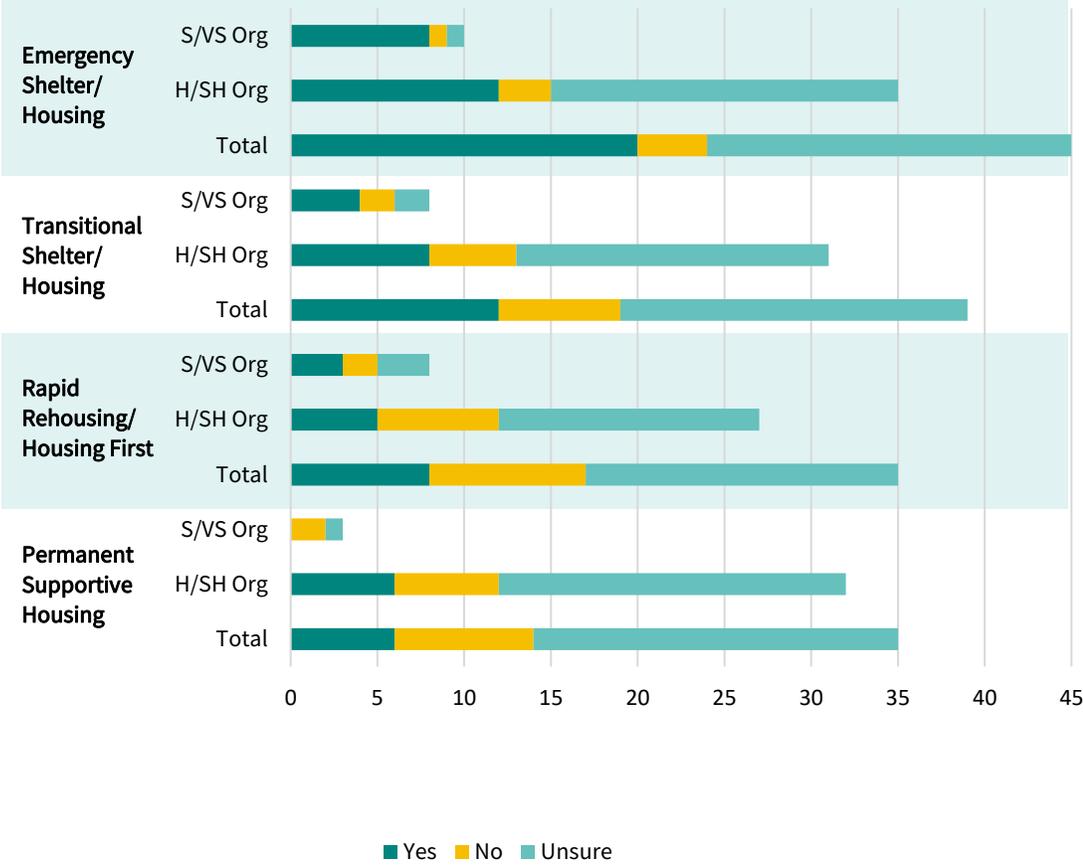
Survivor-Impact Policy Review Not Common Among H/SH Programs

Most respondents in the VSP group said their organizations had reviewed emergency shelter policies and procedures with survivor impact in mind (80%). Policies for transitional housing and Rapid Rehousing were reviewed to a lesser degree (50% and 37.5% respectively).

In the H/SH group, most respondents (58%) were uncertain whether a survivor-impact review had been conducted, which suggests that even if such review has occurred, staff had not received information about any policies or practices in need of change. Thirty-four percent (34%) of H/SH said

survivor-impact review of shelter policy had been conducted, with policies for transitional housing, Rapid Rehousing, and permanent supportive housing reviewed to a lesser degree (26%, 13.5%, and 16.7% respectively). Few respondents were aware of whether survivor experts had been included in any policy review.

Policies Reviewed for Survivor-Specific Issues



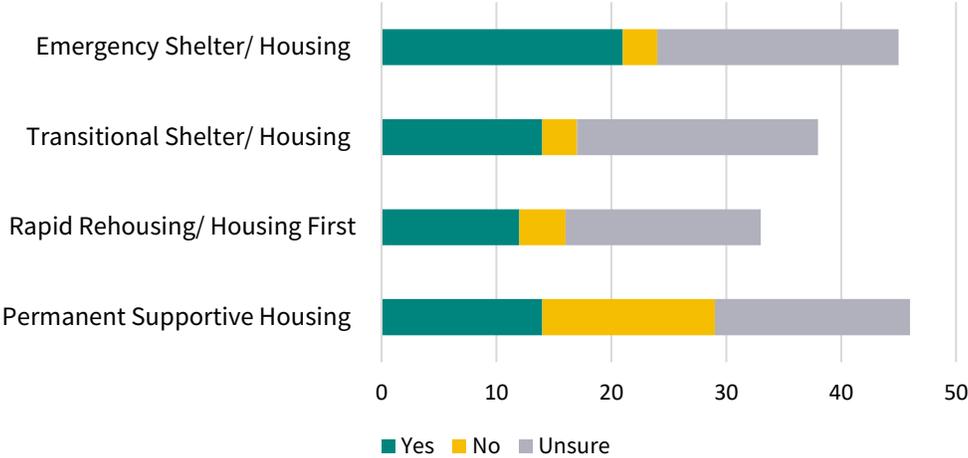
Racial Equity/Culturally Specific Policy Review More Evident in H/SH Programs

Respondents were asked whether their organization’s intake, safety planning, and service provision policies and procedures had been reviewed with a racial equity and culturally specific lens, and whether that review had been assisted by a Diversity, Equity and Inclusion (DEI) expert. There was a marked difference between respondents in the two groups, with most VSP respondents indicating that they were unsure whether this review had occurred (71% across all housing types), and only 20% across all housing types indicating that it had.

Among H/SH respondents, 45% of respondents across all housing types were unsure, but 46% said that an equity review of policy and procedure had been conducted,

suggesting that this sector has taken steps to do so that have been visible to their staff. Few respondents indicated awareness of whether DEI experts had been consulted as part of this review.

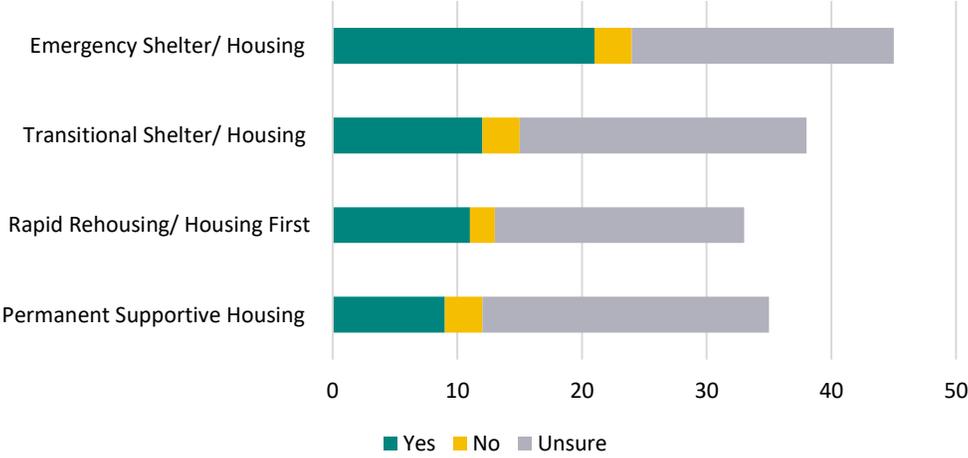
Policies Reviewed With Racial Equity and Culturally Specific Lens



LGBTQ+ - Specific Policy Review Uncommon in Both Systems

Respondents were asked whether their organization’s intake, safety planning, and service provision policies and procedures had been reviewed with a, LGBTQ+ - specific lens, and whether that review had been assisted by an LGBTQ+ expert. Both respondent groups expressed a high level of uncertainty as to whether such a review had taken place, with “unsure” being the most frequently chosen response across all housing types (74% in the VS group and 56.4% in the H/SH group). About one third of respondents in both groups said that such a review had taken place (30.4% in the VS group and 37% in the H/SH group across all housing types). Few respondents indicated awareness of whether LGBTQ+ experts had assisted in any policy review that may have been undertaken.

Policies Reviewed for LGBTQ+ Issues

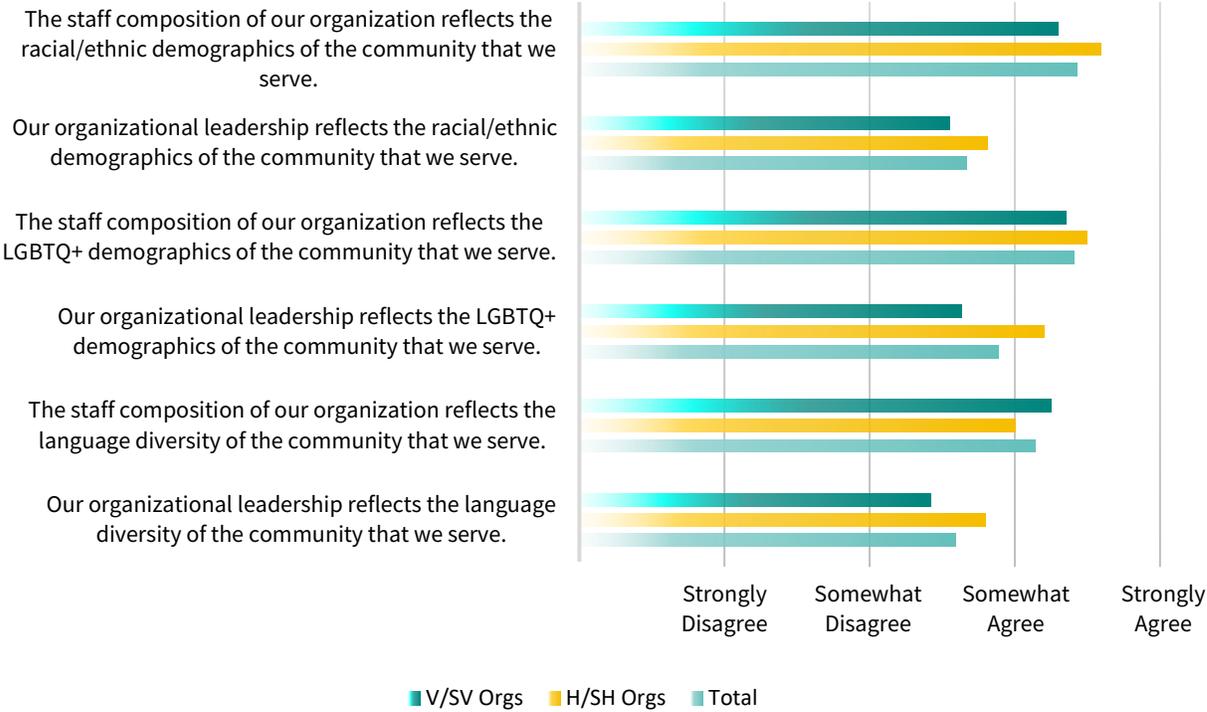


Diverse Representation Higher Among Staff than Among Organization Leaders

Respondents asked about the degree to which the staff and leadership of their organizations are representative of the diverse population in San Francisco and of the people they serve. Below are weighted averages based on a four-point scale, with one being “Strongly Disagree” and four being “Strongly Agree”. On all items, respondents rated diversity to be more represented among staff than among leadership.

“We have difficulties hiring and retaining bilingual staff. We profess to accommodate disabilities but have not improved our infrastructure because of lack of funding. We do not have enough culturally specific resources for Native American and East Asian communities.”
-H/SH respondent

Organizational Diversity



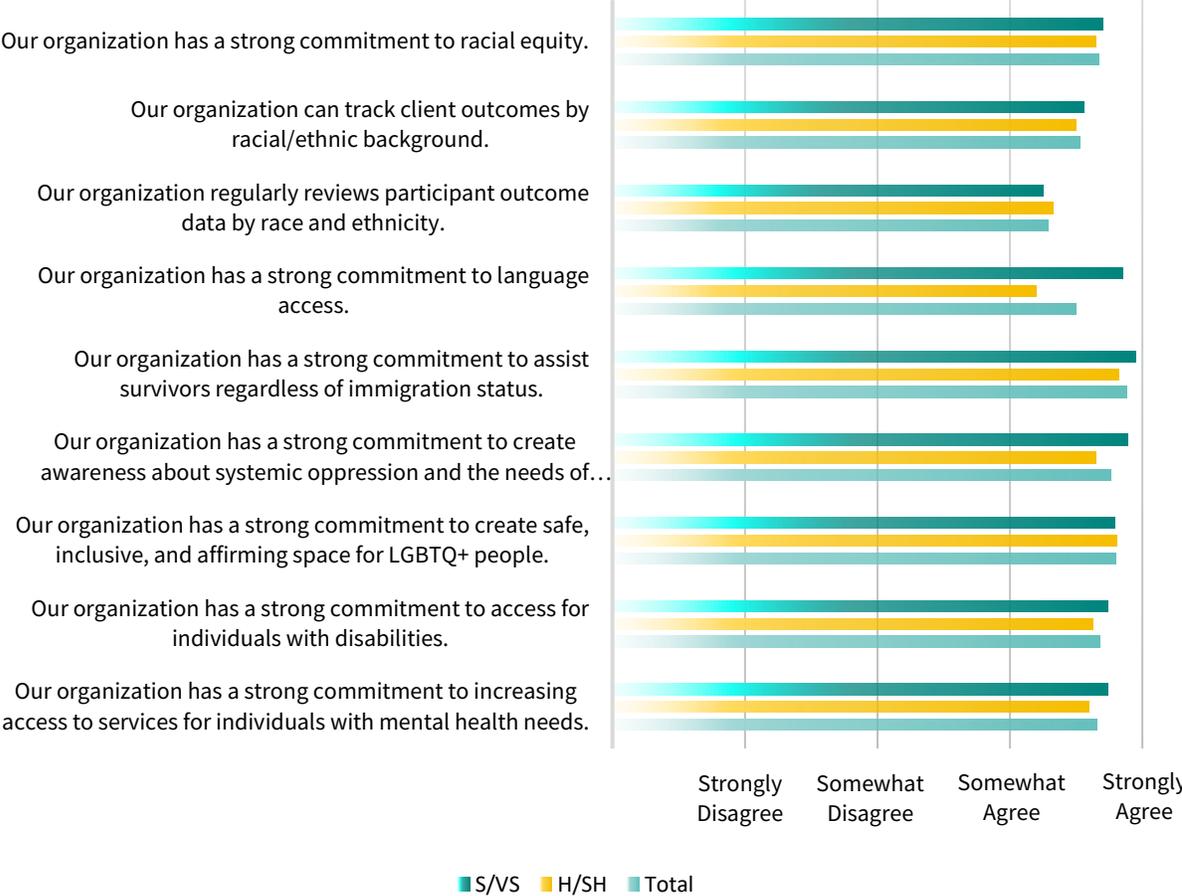
Diversity, Equity, and Inclusion (DEI) Practices

Respondents in both groups were asked to reflect on the degree to which a commitment to DEI is reflected in the values and practices in their organizations. Below are weighted averages based on a four-point scale, with one being “Strongly Disagree” and four being “Strongly Agree.” There was very little variation between the two groups except on commitment to language access, where the average was almost a point higher in the VSP group. On all items, respondents assessed

“We are currently undergoing an independent DEI review with an external third party and hope to learn more about our own internal policies barriers.”
-VSP respondent

commitment to these values as “strong”, with somewhat lower assessment of practices (tracking and review of outcomes).

Commitment to Equity and Access



What’s it Like Out There for Survivors with Intersecting Identities?

Respondents were invited to share things they have observed or heard from survivors about disparities they’ve experienced based on their race and/or other identities. Below are some responses:

From the Victim Services respondent group:

- “Cis and transgender women of color sexual assault (SA) survivors are often unable to access emergency and/or DV shelter in the aftermath of a SA. Many of these women are also homeless/marginally housed and with disabilities (i.e., psych impairments, physical disabilities, chronic illnesses, cognitive/developmental disabilities). Those SA survivors at the intersection of multiple systems of oppression continue to be the individuals least likely to be able to access safe and affordable housing options.”

- “Lao and Thai in need of housing are often limited in English and knowledge of how to apply for it and larger more supported groups tend to get in front. Compare Russian and Chinese in low-income housing and Lao and Cambodian.”
- “I have heard domestic violence survivors who are trying to gain access to shelters complain of feeling ostracized because of their race, sexuality or gender, particularly transgender survivors who are unsure if a domestic violence shelter will even do an intake for them. The need for shelter and transitional housing also seems much higher for marginalized communities.”

From the Homelessness/Supportive Housing respondent group:

- “Despite our attempts at demographic reflection between clients and staff, our LGBTQ+ clients often feel discriminating against in sheltered and transitional housing.”
- “Clients' history of eviction or ‘behavioral issues’ may be rooted in racism of decision-makers.”
- SF does not have sufficient homeless shelter options for the LGBTQ+ community, and current options are not always community competent.”
- “Housing placement requires identification, proof of income, proof of residency, etc. which require people to navigate complex systems in which they face discrimination if they have challenges with hygiene, proper footwear, mental health issues, etc.”

Meeting the Needs of Impacted Groups

Respondents were asked to identify the approaches their agencies use to meet the needs of marginalized groups. In both respondent groups, the most relied-upon strategy was to provide services with a focus on a particular cultural group or population, followed by providing some culturally specific programming as part of the service constellation. Some have formal contracts with interpreters or community partners, and others rely on donated services. A handful (5) of respondents in each group acknowledged that their organization doesn't have the resources to provide culturally specific services.

Say More About What You're Trying!

Respondents were invited to tell us anything else they thought might be helpful for us to know about services to marginalized impacted groups.

“We have access to 24/7 all language interpreters; while staff does not fully represent the cultural diversity of clients, we strive to do so when we can. Staff continually engage in trainings/webinars on DEI subjects, and we



consider how our culture interacts with our clients and how to mitigate implicit bias.”

“We try to make sure larger agencies understand language, literacy and cultural barriers to access and help them serve our communities (Lao, Lao Mien, Thai) as best we can.”

“The translation service - Language Line - that we receive from SFHSH/DPH does not actually function, so we have to use Google Translate.”

“We respond to anyone unhoused and we can refer to more specific orgs to care for individual needs to address medical, behavioral health, substance use, etc. that are culturally sensitive to the individual client.”

“We have very limited options to refer people to community services and I have very little faith that their needs are adequately met even if they do connect to our referral sources.”

“I think the increased focus on hiring individuals from served communities rather than focusing hiring on access to higher education has been a huge improvement in the industry.”

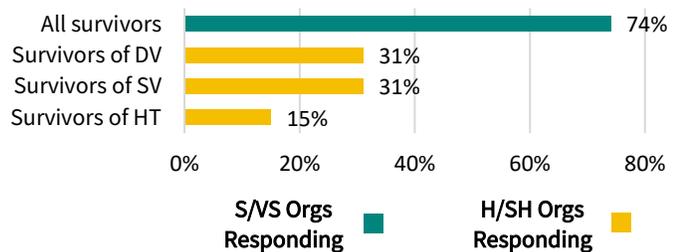
Partnerships

Communities that take up the challenge of aligning services to better meet the safe housing needs of survivors must interweave two systems (Victim Services Providers and Homelessness/Supportive Housing Providers) that historically may have worked quite independently of one another – which sounds to be true in San Francisco. This alignment requires developing an overarching “braided” system with robust coordination among component parts, identification of and attention to important points of connection, and cultivation of a shared understanding of the survivor population’s needs and issues – all with an eye to optimizing the survivor’s ability to receive meaningful assistance. This section of the Survey was designed to gauge how well agencies are currently collaborating and communicating across the two systems.

Beliefs About Survivors’ Needs

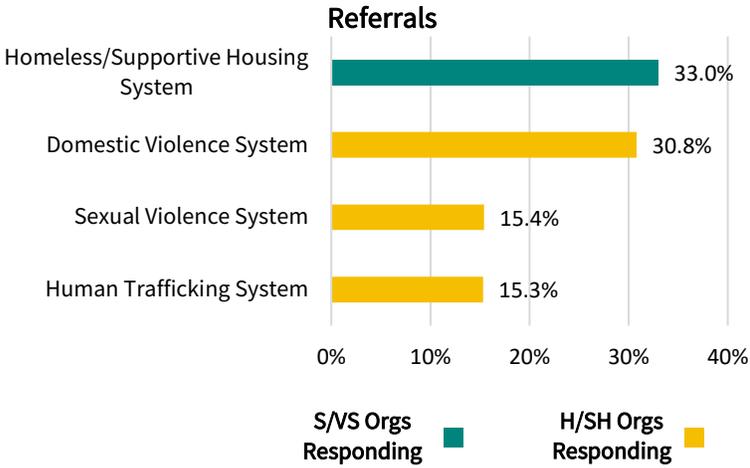
Respondents said they feel at least “somewhat” informed about the scope of the other system, though H/SH respondents feel slightly more familiar with the DV and sexual violence (SV) response systems than they do about HT. Both groups were asked about perceptions of the need among the participants they serve for the kind of help that the counterpart system can provide. As can be seen in the chart, VSP respondents

Incidence of Participants Who Need Services Provided by the Counterpart System



estimate that nearly three-quarters of the survivors they work with need help with housing, while Homeless/Supportive Housing respondents identify the need for victim services assistance among 15-31% of their clients.

In looking at referral practices, though VSP respondents believe many if not most of the survivors they serve need housing help, they estimate referring only about 33% to HRS, demonstrating a significant gap. H/SH providers refer to DV/HT services at rates consistent with how many they perceive to be surviving DV or HT, but less so for those they perceive to be surviving SV. Referral tracking practices ranged broadly, from “no tracking in place” to client files or electronic databases.



Providers Uncertain What Happens After Referral

Respondents were asked if they understood how to help survivors access the other system. Responses suggest broad awareness about common entry points, but limited awareness about the “inner workings” of the other system that is vital when supporting a survivor’s navigation through services. Only 19% of respondents agreed with the statement: “Yes, our staff can easily describe the [other] system to survivors and help them navigate it.” Fifty-eight percent (58%) of VSP respondents agreed that the establishment of Access Points has made the starting point clear for their staff, but that what happens next is less transparent. Sixty-two percent (62%) of H/SH respondents said they have a list of the DV shelters and can start with that, but what to do next - especially if shelters are full - is less clear.

Few Opportunities to Exchange Ideas

When asked whether their organization was part of the CoC, over half (53%) of the VSP respondents were unsure, and 47% said no, with the most common reason being that their program doesn’t receive CoC funding. Only one VSP respondent said their organization regularly attends CoC meetings, and there was little to no indication that VS providers sit at the same tables with HRS providers anywhere else, with 83% saying they had never attended any such meetings. Most respondents said that their organizations have not established communication channels with organizations in the other provider system. Lack of interchange is a significant detriment to cultivation of a shared vision and collaborative response to survivors’ safe housing needs.

Some Collaboration in Place

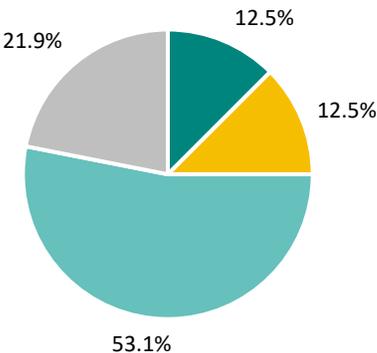
Respondents were asked whether they had active partnerships with providers in the other system to coordinate service provision for participants needing both survivor services and housing resources. Forty-three percent (43%) had either formal or informal agreements, examples of which included an MOU between an SV program and a shelter to hold beds expressly for SV survivors, and a VSP partnership with PSH programs to provide DV support services. Most respondents (57%), however, either had no agreements or were unsure.

Some Cross-System Co-Location is Underway

Providing staff to or hosting staff from a program in the other system can be an effective way for survivors receiving VSP services to connect with housing access, and for survivors housed in an H/SH program to receive survivor-specific advocacy and support services. Embedding VS advocates at CE points is another practice employed in some communities to ensure effective survivor response; this practice seems not yet to be in place at Access Points in San Francisco.

Respondents were asked about whether these practices are utilized in their organizations. As can be seen in the chart below, these practices are employed in about a quarter of respondent organizations.

Co-Located Staff from Counterpart System



- An advocate from the counterpart system is available at regularly scheduled hours
- Advocates from the counterpart system connect with us by request
- Advocates from the counterpart system do not connect with survivors we serve
- Not sure

Entering Services

Enhancing safe access to housing services for survivors in San Francisco requires looking at the starting points of interaction with the system: intake and assessment. Screening for domestic violence, sexual assault, and human trafficking during CE is best practice and allows for a tailored response, including assessing for immediate danger, conducting safety planning, and matching with population-specific resources. Consideration of other intersecting risk factors that compound vulnerability and working with survivors to ensure they can plan for their safe participation in services are also critical and should be standard practice. This section of the Survey allowed exploration into current practices.

H/SH Programs: A Mixed Bag of Screening and Safety Planning Practices

Responses suggest that some best practices (early risk assessment in a safe environment) have been incorporated by H/SH organizations. Most H/SH respondents (73%) said that a danger/risk assessment is conducted as part of the assessment process, and 91% said their intakes/assessments are conducted in a safe environment (private, separate from companion/partner, etc.). Subsequent questions revealed a few details that could explain the discrepancy from survivor and stakeholder input. For example, about 40% said that assessments are sometimes conducted in public locations where privacy could be compromised, and nearly one fifth (18%) said that there are sometimes barriers that interfere with doing assessments safely, such as when safety concerns are disclosed during street outreach and when there is insufficient access to interpreters.

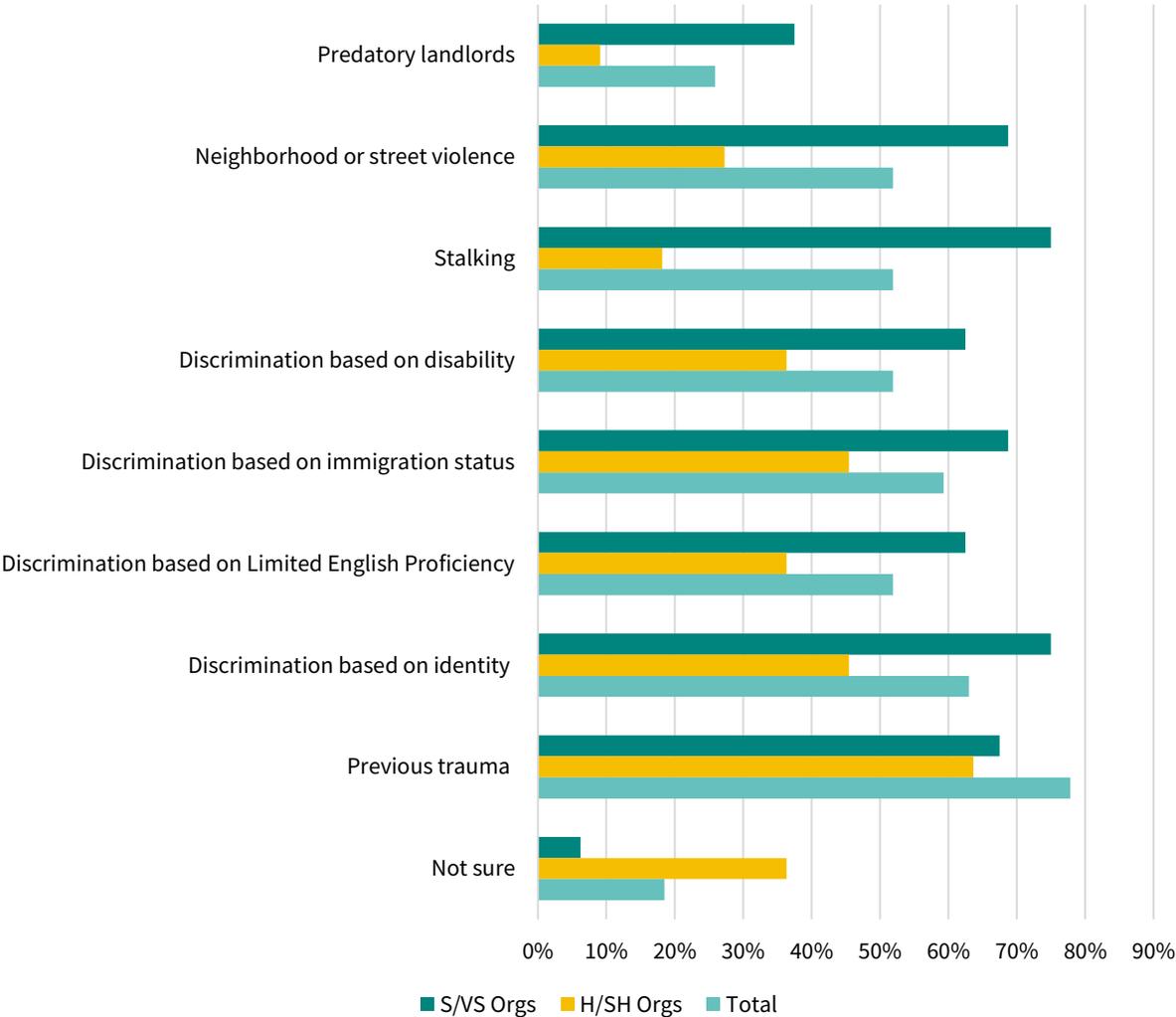
Universal screening for DV, SA, and HT is not standard practice in organizations represented by Survey respondents, nor is safety planning. Twenty-seven percent (27%) said that DV-specific questions are asked as part of the full assessment process, and 36% said that they are sometimes asked. Less than

half (45%) said that sexual violence-specific questions are sometimes asked, and 36% said that human trafficking-specific questions are asked. Half (50%) said that once survivors are participating in their housing program or other direct services, their organization includes safety planning as part of their case management or services delivery.

Assessing for Intersecting Risk Factors

Many people seeking housing help are experiencing multiple and intersecting risk factors. For survivors, these factors may greatly compound risk associated with surviving DV, SA, and/or HT, and are important considerations in assessing vulnerability. Survey respondents were asked what other risk factors the assessment process allows them to consider in assessing vulnerability. Responses suggest that there may be a higher likelihood that many of these risk factors will be considered as part of assessing vulnerability within VS programs than within H/SH programs.

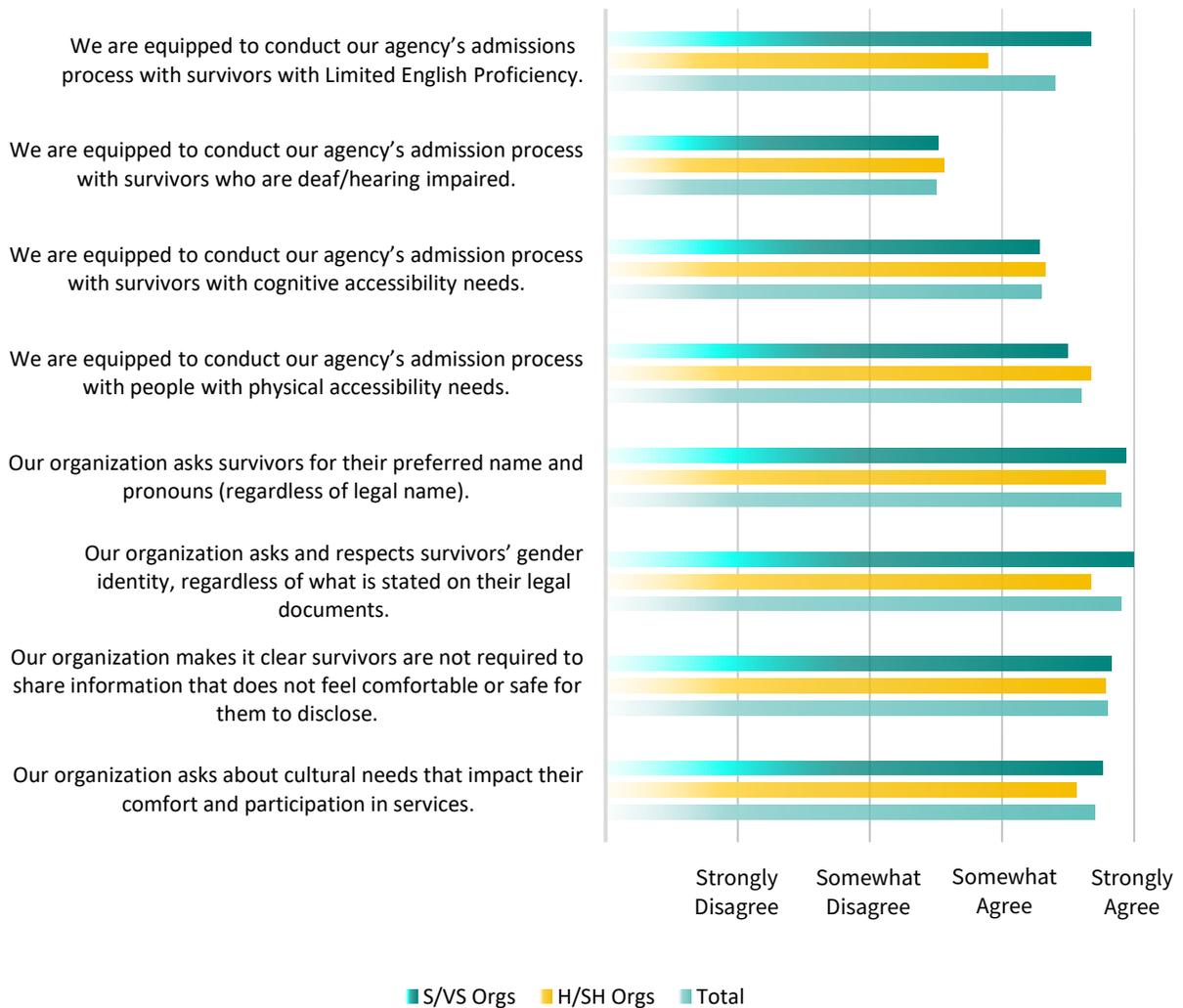
Vulnerability Risk Factors Considered in Assessment



Equity in Admissions Process

Respondents were asked about their organizations’ capacities to ensure the intake/admissions process is accessible to a variety of needs, and to rank them on a four-point scale, with one being “Disagree” and four being “Strongly Agree.” There was little difference between the two groups except in the capacity to conduct admissions with LEP survivors, where the VSP average was nearly a point higher.

Admissions Equity



Training and Awareness of Legal Protections

Adequate staff training is an essential ingredient of a well-functioning system of care and is critical to forging and sustaining the robust cross-system partnerships necessary to building on survivors' safe housing options. Providers in both systems must have a basic understanding of how the other system functions, what resources it can provide, and how to assist people to access them. Further, given the reality that survivors of domestic violence, sexual assault, and human trafficking who are struggling to meet their safe housing needs may present for help in either system, providers in both systems must be prepared to serve them.

For victim service providers, this means understanding the intersection between interpersonal violence and housing instability/homelessness, having the skills to conduct a basic assessment of housing needs, and knowing how to help survivors pursue options that may be available to them with both emergency needs and long-term housing needs. For homeless/housing organizations, this means understanding that survivors represent a considerable proportion of the overall homeless population, having the skills to confidently and sensitively discuss how abuse dynamics impact the current housing crisis and safety plan around that, and knowing how to help survivors pursue some of the routes available to them for both immediate safety and long-term safety. For both systems, providers must receive training that prepares them to utilize a trauma-informed approach, and to know about federal, state, and local housing protections available to survivors.

This section of the Survey asked respondents about training they have received from and provided to the other system, and what training their system and the other system could benefit from to provide more effective response to survivors needing help with housing.



Cross- System Training is Extremely Infrequent

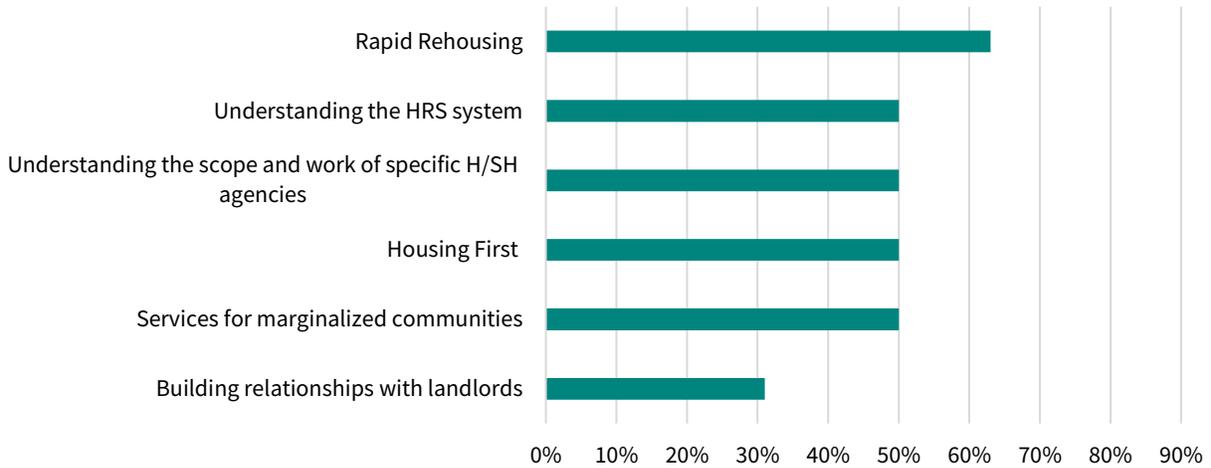
Among VSP Respondents, 94% said their organizations had never received or were unsure if they had received training from HRS providers. The story was similar when asked about training provided; 82% said their organizations had never provided or were unsure if they had ever provided training to HRS providers.

Among H/SH Respondents, the picture looks slightly different, with 30% indicating that they received yearly trainings from DV providers, 40% from SV providers, and 30% from HT providers. As far as providing trainings to VSP agencies, 80% said their organizations had never provided or were unsure if they had ever provided such training.

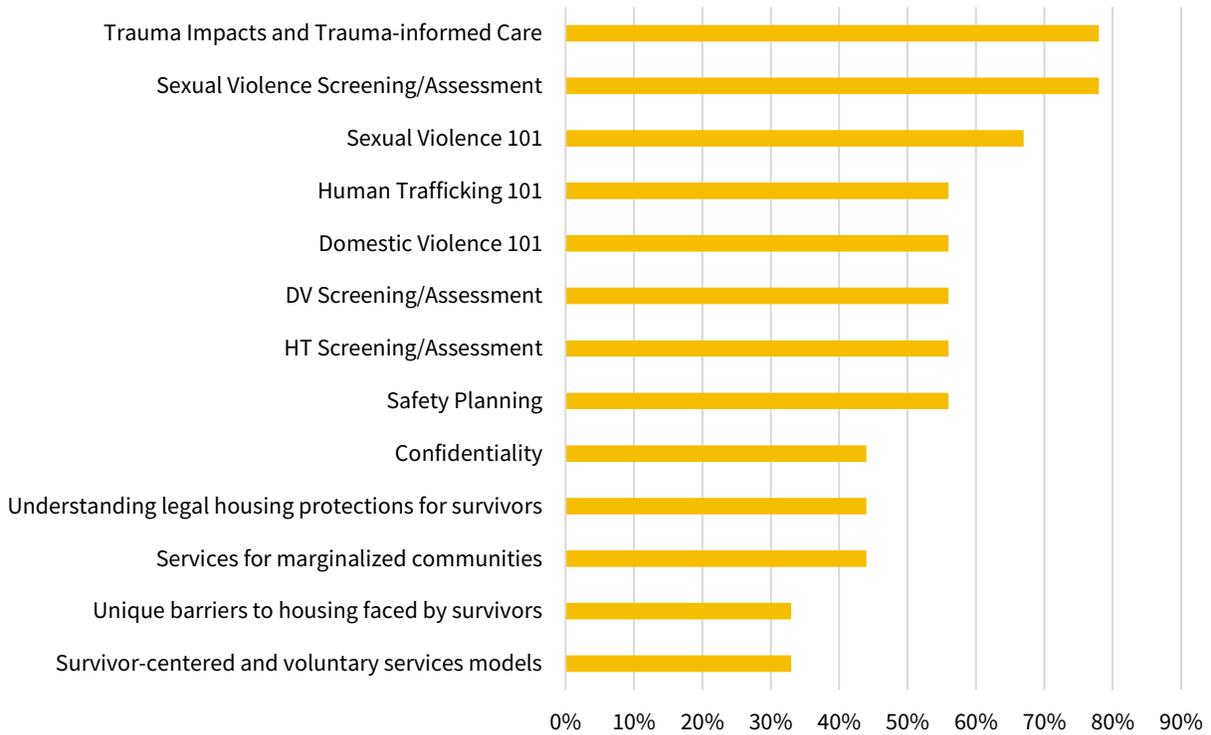
Agreement that Training is Needed

All respondents said that more training about the other system would be helpful. Respondents were asked to choose the topics they felt would be most helpful to their work with survivors needing housing assistance. Topics selected by each group can be seen below:

Topics VSP Respondents Selected as Most Beneficial to Their Work With Survivors Needing Housing Help



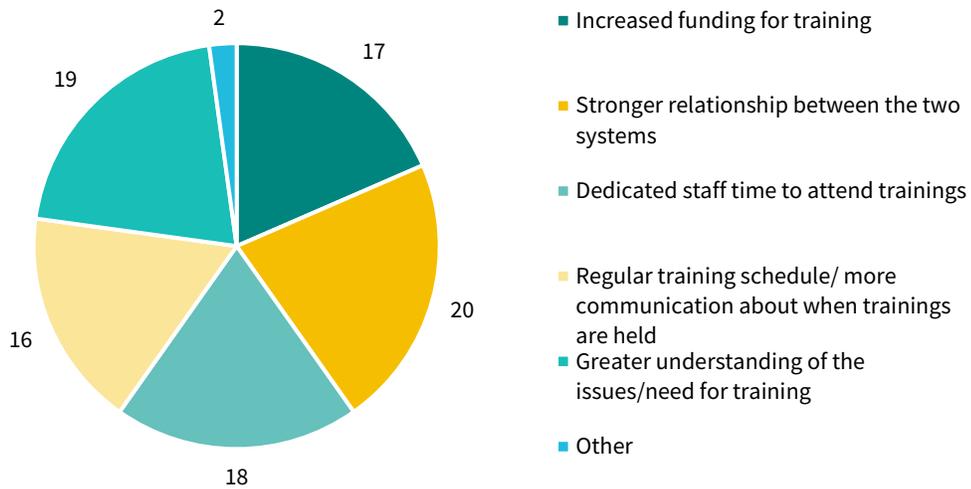
Topics H/SH Respondents Selected as Most Beneficial to Their Work With Survivors Needing Housing Help



What Will It Take to Increase Cross-Training?

Respondents were asked what could be done to improve training opportunities. Forging a stronger relationship between the two systems was seen as the best route to improve cross-training, closely followed by developing a greater shared understanding of the issues and the need for such training. These two factors were seen by respondents as slightly more important than attention to capacity issues (dedicated staff time and increased training funds).

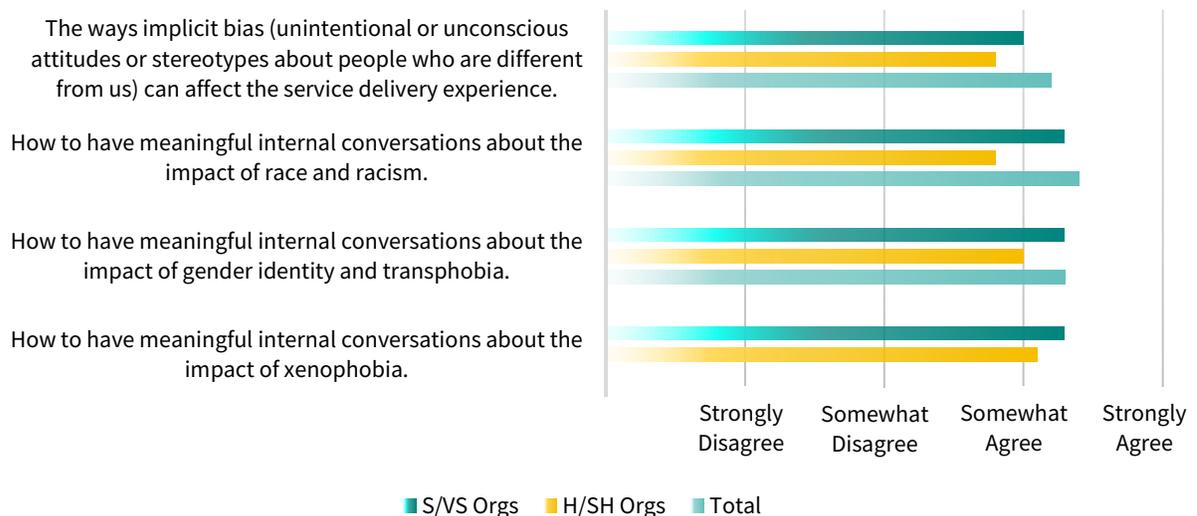
Strategies for Increasing Cross-System Training



Equity- Related Training Needs

Respondents were asked what equity-related training would be beneficial to people in their organizations. Below are weighted averages based on a four-point scale, with one being “Strongly Disagree” and four being “Strongly Agree.” There was relatively strong agreement with the need for training on **all** topics listed.

Our Organization Would Benefit from Additional Training On:

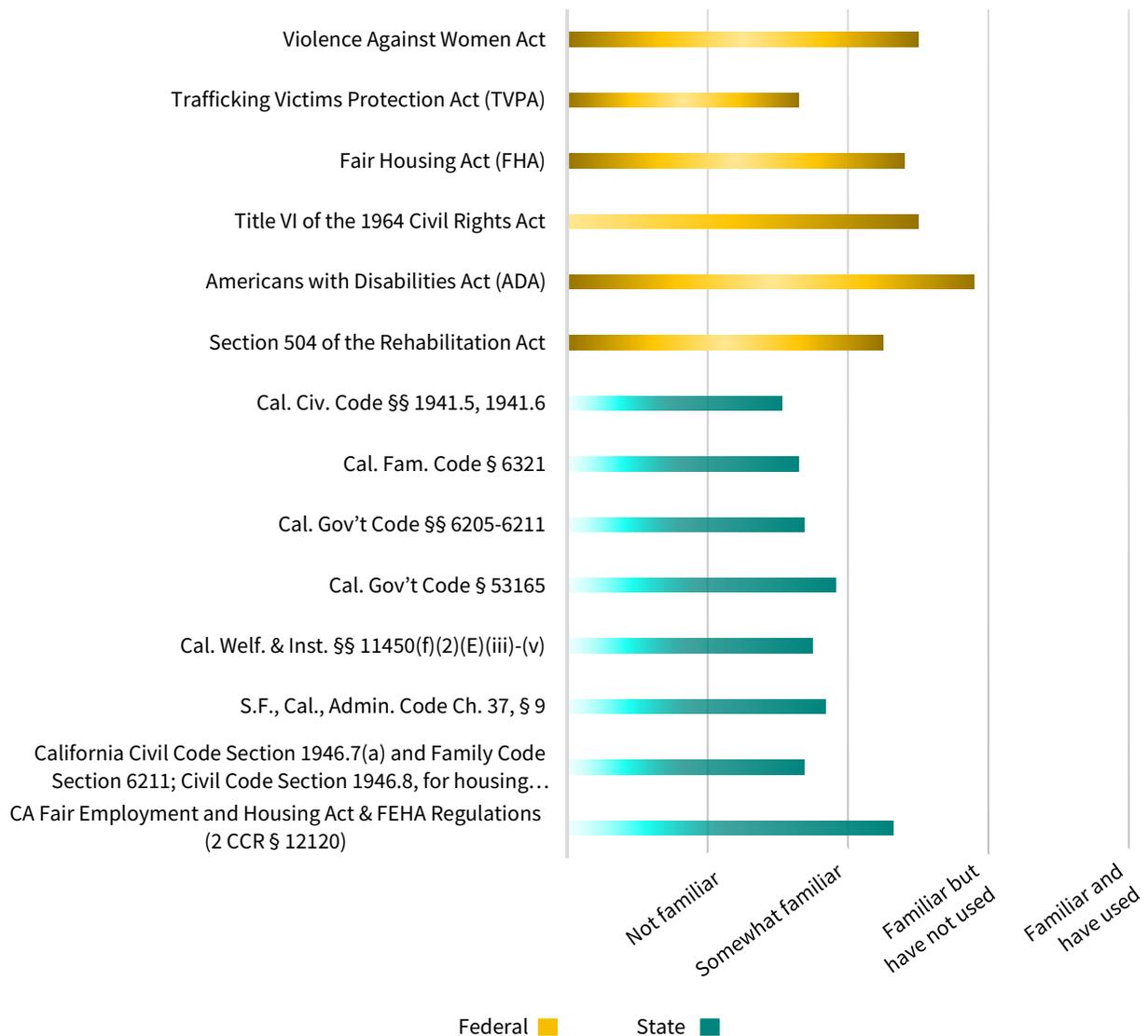


Awareness of Legal Protections

To further identify training needs among VSPs and H/SH providers, respondents were asked to assess their familiarity with the federal and state laws and the legal housing protections they provide to survivors and whether they have been employed in their advocacy work with survivors. Below are weighted averages based on a four-point scale: 1 = Not familiar; 2 = Somewhat familiar; 3 = Familiar but have not used; 4 = Familiar and have experience using.

As can be seen in the figure below, respondents were “somewhat familiar” to “familiar” with most protections, with higher levels of familiarity with federal protections than state protections. Employing these protections on behalf of survivors does not seem to be part of the advocacy respondents have implemented.

Familiarity With Legal Protections



Survivor Experience with Coordinated Entry

CE Process Struggles to Address Survivor Needs

While many respondents were unsure and opted out of the rating scale, 62% of those who weighed in said that survivor needs are met “somewhat poorly” or “poorly” in the current CE process. Respondents in both groups agreed that attention to the following strategies could improve the process for survivors:

- Increase the range of housing options available to survivors through CE (76% of VSP group, 56% of H/SH group, 64% overall)
- Increase recognition of survivors as a priority population for scarce affordable housing resources (76% of VSP group, 44% of H/SH group, 61% overall)
- Increase coordination and communication between survivor/victim service providers and the homeless service system (71% of VSP group, 44% of H/SH group, 57% overall)
- Invest in development of more affordable housing resources (71% of VSP group, 44% of H/SH group, 57% overall)
- Improve trauma-informed survivor-centered assessment and screening (65% of VSP group, 44% of H/SH group, 54% overall)

VSP respondents selected the strategies below at higher rates than H/SH respondents:

- Increased transparency about the CE process (59%)
- Examine and improve CE system’s ability to protect survivor’s confidentiality within data entry and data sharing practices (47%)
- Improve safety and privacy at Access Points (47%)
- Examine and improve CE system’s ability to protect survivor’s confidentiality within data entry and data sharing practices (47%)
- Incorporation of best practices adopted in other communities (47%)

Gaps in Awareness About Survivor Safety Needs and Privacy Protections

VSP respondents had little information about the inner workings of the CE process, and H/SH respondents had little awareness of survivor-specific protocols. When asked whether survivors can withhold consent to share data and identifying information in CE’s shared database without compromising their housing options, 76% of VSP respondents and 100% of H/SH were unsure. 50% of respondents in both groups said that survivors may choose to consent to sharing personal information due to fear that their housing options would be compromised. One respondent offered: “CE staff don’t seem to understand that is a right under VAWA.”

More gaps in awareness were found when respondents in the H/SH group were asked additional questions about data-related policies and practices within CE:

- 56% were unsure whether their organization secures informed consent from survivors prior to sharing their personally identifying information with a third party.
- 50% were unsure whether there is an alternative to entering personally identifying information in the ONE System. 38% said this alternative is an option that is explained to all participants.
- 89% were unsure whether the CoC recognizes that VSPs are prohibited from entering data into the ONE System.

“Train city employees on VAWA - particularly for employees that are identified as ‘experts’ in gender-based violence.”

- VSP Provider

Little Indication of Inclusion of Best Practices in CE

Nineteen unique organizations responded to questions about recommended practices for survivors in the CE system. More than half (54%) of all respondents were unsure whether Access Point staff are equipped to help survivors explore VSP referral needs and whether their housing preferences are respected. About one third of respondents said that survivors in need of immediate safety do not receive assistance in a timely manner, and another 50% were unsure.

Barriers and Challenges to Accessing and Maintaining Shelter/Housing

Federal housing protections, and often state and local laws, may serve to redress housing discrimination; other disparities may be addressed though program policy and practice adaptations. As communities move into optimizing safe housing access for survivors, identifying community-specific housing barriers experienced by survivors and then building system capacity to address them is critical, as is assuring that providers root out violations they may unknowingly have in place in their own housing programs. The Survey included a look into these issues in San Francisco, and responses are categorized and depicted in the tables that follow.

**Attaining HRS or Private Market Housing:
Most Common Challenges Respondents Reported Hearing About**

Economic Challenges (by number of times selected by respondents)
<ul style="list-style-type: none"> • No income or cannot work - not related to disability (35) • Survivor cannot realistically afford available housing option (33) • Poor credit/poor rental history (26)
Characteristic or Background-Related (by number of times selected by respondents)
<ul style="list-style-type: none"> • Is or is perceived to be a DV Survivor/has DV history (36) • Criminal record (24) • Limited English Proficiency (24) • Disability (20) • Has Been/is Perceived to be Victim of Sex Trafficking (18) • Is or is Perceived to be Survivor of Sexual Violence (17) • Has Been/is Perceived to be Victim of Labor Trafficking (15)
Identity-Related (by number of times selected by respondents)
<ul style="list-style-type: none"> • Immigrant - undocumented status (27) • LGBTQ+, gender non-conforming, or perceived to be (23) • Black, Indigenous, or Person of Color (15) • Immigrant - documented status (14) • Male/masculine-identifying (13) • Over the age of 50 (10) • Member of a minority religious group (7)

Program Requirement – Related (by number of times selected by respondents)
<ul style="list-style-type: none"> • Opted out of sharing confidential information due to safety concerns (20) • Admission includes prerequisites that survivor does not have in place (19) • Admission requires additional information the survivor does not want to provide (17) • Family composition (17) • Does not want to engage in services beyond receiving housing (16) • Requirements to leave the shelter during the day (16) • Type of victimization falls outside program’s eligibility criteria (16)
Also Mentioned (by number of times selected by respondents)
<ul style="list-style-type: none"> • Housing waitlists closed or too long (43) • Animal companion/pet - not connected with a disability (29) • Chooses to stay with their harm doer but still need to access housing (21) • Engaged in or perceived to be engaged in commercial sex or sex in exchange for something of value (19) • Suspected of recruiting others into human trafficking while in the housing program (17) • Uses or is perceived to use drugs and/or alcohol (21)

Staying Housed: Most Common Challenges Respondents Reported Hearing About

(By number of times selected by respondents)
<ul style="list-style-type: none"> • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (25) • Does not feel/is not safe in the housing (23) • Unable to obtain/sustain income necessary to meet housing costs (23) • Assistance is not long enough (22) • Does not engage in case management or other services (20) • Housing provider is abusive and/or threatening (18) • Threats of eviction/termination because of domestic violence-related disruptions (16) • Survivors' immigration applications (VAWA or T/U visa) still pending; could not secure/maintain employment (16) • Survivor not added to or removed from the lease by person causing harm (15) • Engages in or perceived to be engaging in commercial sex or sex in exchange for something of value while in the program's housing unit (14) • Eviction/termination or threat thereof for calling police or other emergency services (12) • Sexual harassment/violence by housing provider (12)

Housing Approaches

This section of the survey asked about the degree to which various housing strategies have been adopted among VSP programs in San Francisco.



Housing First in VSP-Operated Housing

A handful of programs (4) indicated that housing services are part of their work and that they use a Housing First approach, which they described as “somewhat” to “very” effective with a survivor population as it respects survivor choice, facilitates permanent housing, and offers an appealing alternative to shelter. Important to its implementation, however, is that there be affordable housing stock in the community, adequate subsidized or permanent supportive housing for survivors with high needs, and adequate support services for survivors once in housing.



Rapid Rehousing in VSP-Operated Housing

Two VSP respondents represented organizations that use Rapid Rehousing. Those who don’t were asked why they do not; responses included the need for support in developing such a model, the lack of relationships with landlords and property managers, lack of funding, and inadequate staff capacity. Five respondents said their organizations would or might implement RRH specifically for survivors if there were adequate funding available.



An Emerging Strategy: Flexible Funding

Thirty-eight percent (38%) of VSP respondents indicated that their organizations have had flexible funding available for use with survivors. Funding sources included donations, private foundations, VOCA funds, and local/state government funds. Flexible funding models used by these organizations included the option for survivors to receive other advocacy or supportive services in addition to financial assistance. Some respondents mentioned barriers their organizations faced when trying to use this strategy, including caps on the amount per household and funder requirements for third-party payments:

“... the funds cannot go directly to the survivor to use as they may determine. For example, if a survivor needs support with rent, we must write a check to their landlord.”

Unique Needs of Sexual Violence and Human Trafficking Survivors

Until recently, much of the attention on the housing needs of survivors has been focused on survivors of domestic violence. To get a sense of what this looks like in San Francisco, respondents were invited to share their thoughts on the housing needs specific to survivors of human trafficking and sexual assault. While some of these themes are in common with survivors as a group, some are specific to SV and HT survivors, who may face particular barriers because the type of victimization they are surviving is not intimate partner violence and is seen as “outside the purpose area” of DV programs. Some respondents represented programs that work specifically with these populations, providing support and systems navigation to help them secure the housing options they seek. However, the needs of

these populations are not as focal in the larger housing and victim services systems as those of DV survivors.

Tell Us About SV and HT Survivors' Housing Needs and Their Interactions with the Housing System

- Very overlooked population with few compatible and specific services;
- Scarce emergency beds for SV survivors; especially challenging for them to access DV emergency housing;
- We provide housing services to SV and HT survivors;
- Very difficult to find affordable housing, relocation funds, and survivor shelter – especially for older adults and survivors with disabilities
- Child victims of sexual assault unable to move and remain in harm's way
- Long wait lists, narrow eligibility criteria for CE programs
- Insufficient affordable housing options. Not enough emergency safe shelter beds. Not enough beds for trans survivors. Not enough of any housing resource.
- Many sex workers are distrustful of public organizations in general and assume they are not welcome to access services. Because sex work is criminalized, it is framed as "trafficking," and this creates additional barriers.
- This population often has Complex PTSD and have a hard time living in community. The housing system and CE is acutely traumatic for them

Discussion/Analysis

Strengths/Assets

The decision by HSH to critically examine its response to survivor's safe housing needs is consistent with other forward-thinking communities across the country that are engaged in a similar process of analyzing gaps and addressing survivors' safety needs throughout their housing continuum. Over the last decade, communities have come to understand that the singular "battered women's shelter" response to survivor's housing needs which emerged through the work of the battered women's movement in the late 1970's and 1980's, is no longer sufficient. Factors motivating this shifting framework include:

- The sharp decrease in affordable housing options, especially in rapidly gentrifying areas with evident income inequality, drastically limiting survivors' long term safe housing choices;
- Emerging research showing the high incidence of gender-based violence among people experiencing homelessness, particularly among women, and high rates of homelessness among survivors of DV, SA, and HT;
- Deepening awareness of the diverse experiences and multiple identities of survivors, and how this, along with the over-representation of people of color within the homeless system, interacts with the unique barriers to housing survivors face and the wide range of housing interventions required; and

- The promise of Rapid Rehousing (RRH)/Housing First (HF) approaches, including trauma-informed and survivor-centered service models, to effectively address survivors' safety and long-term housing needs.

Federal housing protections and new funding resources have been mobilized to address survivor's housing needs in recent years. The 2013 and 2022 Violence Against Women Act (VAWA) includes housing protections for survivors of domestic violence, sexual assault, dating violence, and stalking, who are applying for or living in federally assisted housing. The U.S. Department of Housing and Urban Development (HUD), in Notice CPD-17-01, established additional requirements for a Continuum of Care (CoC) Centralized or Coordinated Entry System, including safety planning for victims of domestic violence, dating violence, sexual assault, and stalking. Additionally, Coordinated Entry (CE) policies and procedures must ensure that people fleeing or attempting to flee¹ domestic violence, and victims of trafficking, have safe and confidential access to the CE process as well as to victim services. In the 2018 HUD CoC NOFA, \$50 million was dedicated to addressing survivor's housing needs through the DV Rapid Re-Housing Bonus; this funding opportunity has been renewed each year since and has become a resource for a growing number of communities, including San Francisco.

San Francisco is aspiring to go beyond what is minimally required for HUD compliance. As investment in the Safe Housing Needs Assessment attests, HSH is examining how to reconceptualize its housing response to strengthen the alignment between victim service providers and HRS providers and identify and implement policies and practices that can provide a more meaningful response to survivors. Though these efforts are nascent, some steps have already underway:

- HSH is implementing a comparable database to comply with HUD requirements and federal law, which prohibits victim service providers from entering client level data into the ONE system database used within the HRS. Comparable databases pave the way for victim service providers to fully comply with HUD reporting requirements without compromising their VAWA and FVPSA confidentiality requirements. This can reduce trepidation victim service providers may have about receiving HUD funding and could be a boon to expanding survivor-specific housing options.
- A portion of the Emergency Housing Vouchers (EHV) allocated to San Francisco through the American Rescue Plan in 2021 were earmarked for survivors. Survivors were a priority population for these funds, and the vouchers provided an all-too-rare opportunity for survivors to be eligible to receive long-term housing resources. The program also required conversation and collaboration across the victim services and housing services systems, the need for which was a consistent finding in this Safe Housing Community Assessment.
- Urgent Accommodation funds were earmarked for survivors needing safe emergency housing during COVID, providing hotel accommodations to survivors unable to access or safely use emergency shelters during the height of COVID. Like with EHV distribution, the two systems were called upon to collaborate to make this work.
- HSH has made successful application to HUD for DV Bonus funds in past award cycles, with the latest award for expansion of RRH for survivors. Making the acquisition of these resources for the survivor community a priority demonstrates a commitment to stepping up efforts to meet the need.
- Meaningful engagement of impacted communities should be high priority in any planning efforts around systems change. HSH has shown a commitment to that value in this project by endeavoring to shape planning processes to allow for survivor input and by providing fair

compensation and other supports for survivor participants in the Safe Housing Working Group and the Survivor Data Working Group.

Affordable housing shortages were often cited by survivors and stakeholders who participated in the Safe Housing Community Needs Assessment; even the most promising housing approaches employed by HRS and victim service providers can only go so far when housing units are not available. Increasing housing inventory requires a broad community response beyond the reach of these two systems. San Francisco plans to examine its entire affordable housing portfolio more deeply as part of the [Housing Element](#), a state-mandated planning process slated for 2023. This process will bring valuable information to planning for the City's future growth. And there are glimmers of hope that recent bond measures and new state funding are beginning to impact the City's affordable housing stock, which has increased in recent years. Between 2017 and 2021, the City built more than 5,000 affordable units, and since July 2020, Project Homekey made it possible for the City to purchase or lease 2,500 units of permanent supportive housing. If this momentum continues, more survivors and others experiencing homelessness may find success in their pathway to housing.^{xix}

Gaps and Challenges

San Francisco's efforts to ensure safe housing for all its residents are challenged by many of the same issues confronted by communities across the country – escalating rates of homelessness, difficulty retaining trained staff, lasting impacts of redlining and other forms of discrimination, and inadequate affordable housing, especially for extremely low-income people. COVID has worsened many of the social conditions that interact with housing insecurity and homelessness and compromised public and non-profit response, with many services reduced or shuttered, at least temporarily.

San Francisco has some additional challenges, including the most expensive rental market in the country, making housing highly unaffordable for the average household in the lowest 10% of median income.ⁱ And while the City's diversity is the source of much of its vibrancy, it presents many challenges to access. San Francisco is twelfth in the US for foreign-born population, at 34%; more than 112 different languages are spoken in the Bay area, and nearly 44% of all San Francisco residents speak a language other than English at home.ⁱⁱ The information contained in this report was gathered from survivors, providers in both the Victim Services System and the Homeless Response System, other key community members and stakeholders, and from the quantitative data analysis conducted by Focus Strategies. Findings shine a light on gaps and challenges we believe have great bearing on accomplishing HSH's goal to improve access to safe homeless and housing services for survivors of Domestic Violence (DV), dating violence, Sexual Assault (SA), stalking, Human Trafficking (HT), and other forms of violence. Challenges include:

- Minimal collaboration across the victim services and homelessness response systems;
- Safety concerns at Access Points and in housing programs (particularly shelters);
- Inadequate language access; lack of training for staff in both systems; overwhelming caseloads and a staff culture that impacts the ability to provide a safe environment and the level of services needed (especially for systems navigation);
- Low rate of referral to housing placement for survivors;
- Lack of clear information for survivors and Victim Service providers about how the system works; and
- An assessment process that doesn't consistently screen or adequately account for the unique vulnerabilities of survivors.

While this list may seem long, it's very much in keeping with what other communities find they must confront as they work towards similar goals. Identification of the need is the first huge step toward developing a plan for systemic change that can overturn these challenges.

Recommendations

The recommendations that follow derive from information gathered through the Community Needs Assessment, Focus Strategies Quantitative Data Analysis, and Safe Housing Working group convenings. SHA, its project partners, and the Safe Housing Working Group have determined that they are key elements for moving the project forward into planning and implementation.

System-wide

1. **With the Safe Housing Working Group as its foundation and people with lived expertise at its core, HSH and DOSW should establish an ongoing cross-system committee or coalition to guide and advise implementation of systemic change.**

Survivors' lived expertise should be central to plans for service enhancement and systems alignment that result from the Community Needs Assessment and can provide an essential feedback loop as HSH drills deeper into how best to take action to address identified needs. Dialog begun in this project with survivors and providers from both systems is an excellent first step toward building a higher level of cross-system familiarity and cultivating a fully formed shared vision and culture of collaboration. Forming and funding such coalitions is an emerging practice showing promising outcomes in other jurisdictions. A cross-disciplinary team containing structured work groups can be the dedicated vehicle through which HSH can further refine, prioritize, and then help tackle the recommendations in this report.

2. **HSH should extend the practice of incorporating meaningful participation by survivors and VSPs into HRS meetings and decision-making processes.**

Conveners of CoC and HRS meetings should ensure that impacted communities and the providers who serve them are part of regularly scheduled conversations and planning. Full participation by survivors ensures that people navigating the systems being discussed are front and center, and VSPs can help establish a consistent two-way flow of information across systems, including information about funding opportunities, trainings, impact CoC policies, etc., and would allow VSPs to bring issues pertinent to survivors to the attention of the CoC. Survivors should receive compensation for their time and preparation/support to bolster their ability to succeed in these settings, and attention should be paid to proactive recruitment of survivors who may be unaware of opportunities open to them.

3. **HSH, DOSW, and VSPs should work together to develop a training project plan that includes curriculum, schedule, and evaluation process that encompasses the content needs identified by both systems.**

Victim service providers feel in the dark about how the housing system works; this contributes to a low rate of referral to the housing system and a compromised ability to orient survivors as to what to expect. HRS providers need more information about DV, SA, and HT dynamics and

about trauma-informed approaches; having this foundation will increase the likelihood that survivors receive effective and compassionate services when they enter the CE process and participate in HRS programs. Training should allow for interactive engagement (including scenario-based problem-solving), have a strong cultural sensitivity component and racial equity lens, and should be periodically updated to enfold service delivery system and policy changes.

4. HSH and DOSW should work with legal services providers (such as BAYLA, NHLP, etc.) to provide system-wide training on federal, state, and local housing law and legal protections.

Advocates and caseworkers, private market landlords and privately- and federally funded housing providers alike must receive current information about the Civil Rights Act, the Fair Housing Act, the Violence Against Women Act, and other federal and/or state and local housing protections. Many forms of discrimination reported by survivors may be redressed through these protections, and service providers who know what to listen for can facilitate connection to local legal services providers. Protections for underserved and historically marginalized communities should be of particular emphasis.

5. HSH and DOSW should work together to develop mechanisms to ensure that information about safe housing pathways for survivors is available and accessible.

The lack of awareness among survivors and providers alike about what services are available to survivors and how to access and navigate them was a consistent finding and illuminates the need for easy-to-find information about survivors' housing options that is available in multiple languages. This might take the form of setting up a link to one webpage that leads survivors and providers to a page where information about safe housing options in both the VSP and HRS systems is centralized and regularly updated. A communication campaign to ensure this information is widely publicized to the public, hotlines, and organizations whose work touches survivors (schools, employers, health care, etc.). HSH's website is a good place to start, as many people we spoke with indicated that their efforts to find information specific to survivors were unsuccessful.

6. HSH and DOSW should develop strategies to invest in enhancing staff capacity, with strong emphasis on hiring people from impacted communities.

VSP, CE, and HRS staff need more co-workers. Staffing in both sectors is inadequate and results in high caseloads, poor staff retention, and environments that can feel judgmental and unwelcoming to people seeking help. Access Point staff must often deliver the message: "There are no housing options for you." Shelter staff are confronted daily with a higher level of human need than they have resources to help address. Language access is spotty, excluding many from receiving information they can understand. Survivors need more help with systems navigation, options when "problem-solving" doesn't work, and help with surviving safely while enduring long waits for help. Heavy workloads and the constant flow of new requests for help allow little time for providers to learn more about each other's systems and services and how they might collaborate more. Some funding streams are heavily focused on supporting costs such as rent assistance and less so on supporting the staff needed to put those resources to work; HSH should explore options for doing both. Staff members need

adequate compensation, opportunities for professional development and self-care, and a reasonable workload; retention of a skilled workforce is critical to a system that works. Augmenting staff capacity through creating career pathways for hiring people from impacted communities can also ameliorate staff capacity issues in general, expand language capacity, address disparities in employment opportunity caused by requiring a traditional education history, and help the system make progress towards more representative staff.

7. HSH should invest in fulfillment of its Equity Goals.

Many stakeholders felt that HSH's commitment to equity was clearly stated but underfunded. Survivors described numerous barriers to housing and services based on race, gender identity, sexual orientation, immigration status, language, disability, and other protected categories. Survey respondents described strides many agencies were making toward more representative staff, but less so among organization and system leaders. While HSH's Diversity, Equity and Inclusion Action plan was not explored as part of this Needs Assessment, there is a definite need for an examination of our findings within the lens of that plan.

8. HSH and DOSW should develop and provide resources to assist VSP and HRS providers with a review of policies and procedures through a survivor safety, equity, language access, and LGBTQ+ lens.

Survivors and others experiencing homelessness should be able to count on accessible, culturally sensitive, and participant-centered services no matter which door they enter. Policy review can be a helpful step to examining requirements that could have unintended consequences or do not align with best practices. Some organizations have conducted such reviews, but many face capacity issues or lack the supports needed to undertake this work. HSH and DOSW can form a joint work group that includes subject matter experts to design guidance for programs.

9. HSH and DOSW should work together to encourage and institutionalize partnerships, joint problem-solving, and cross-referral between Victim Service and HRS providers, including through co-advocacy and co-location.

Focus Strategies Quantitative Data Analysis Report points out that the overlap between survivors and people experiencing homelessness suggests the importance of bi-directional partnerships between providers in the two systems, including development of referral pathways and systems navigation. Another avenue for increased attention to survivor-specific needs is co-location, a best practice utilized in many communities and reported as highly effective. Though the pandemic may be partly responsible and staffing shortages certainly play in, this practice doesn't appear to be widely used in San Francisco. Co-locating a victim service advocate at CE Access Points could provide a safe harbor for survivors and a huge help to CE staff around safety planning, assessment, attention to confidentiality issues, and case consultation. Victim services advocates could have scheduled hours within HRS programs to provide trauma-informed, survivor-centered advocacy for survivors and cross-training/consultation opportunities for staff. Likewise, homeless/housing system staff could

be available within VSP agencies to provide housing information and assessment for survivors and cross-training/consultation opportunities for staff.

Access Points

10. HSH should examine the design and location of Access Points with an eye to safety, privacy, and a focus on survivors' unique needs.

Many of the findings in this Needs Assessment signaled that change to the current model should be high priority, as did Focus Strategies' quantitative data analysis. Survivors are often reluctant to go to Access Points and have a mixed bag of bad experiences when they do, from not being asked about their safety and survivorship to actual physical danger. Implementation of a strategy to ensure 24-hour access for those fleeing immediate danger should be considered, current Access Points need to be made safer and alternatives need to be added to available starting points for survivors seeking housing help. There are many possibilities worthy of exploration: Access points for survivors could be located in victim service agency settings where survivors are already going for services; Access Point assessors could be mobile, traveling to locations survivors find safe and convenient, such as libraries, schools, or community centers; Access Point assessors could hold "office hours" in victim service agencies, or; victim advocates could be embedded among staff at Access Points. In some communities, victim services advocates receive training in conducting housing assessments and act as direct conduits to the larger housing system for survivors they have contact with. Survivors and victim service providers must be central to exploring these alternatives.

11. As part of a comprehensive training plan developed in collaboration with DOSW, VSPs, and survivors, HSH should ensure the CE and Access Point staff receive training in trauma-informed approaches, screening for DV/SA/HT, and how to help survivors plan for their safe participation in services.

Local victim services providers can provide invaluable assistance with developing and providing this training and should be compensated for their work. Online resources, such as [SHA's Safety Planning Toolkit](#) may also be assistive.

12. HSH should implement an "opt-in" policy and robust informed consent process for survivors accessing homeless/housing services and training in the protocol for all assessors.

HSH is currently developing a comparable database for VSP agencies that meets HUD HEARTH Act and VAWA requirements, allowing VSPs to receive CoC funding without compromising adherence to privacy protections required by OVC and FVPSA. In collecting survivor input for this project it became clear that survivors are not consistently receiving information about the ONE System, where their data is stored, who has access, and options they have regarding inclusion in the database. The work of the Survivor Data Project should include or spur attention to protocols for survivors served in the CE system rather than through a VSP.

Screening

13. HSH should implement universal screening for DV/SA/HT as part of CE assessment.

Survivors may have many reasons not to disclose that they are experiencing or have history of DV, SA, and HT, but it shouldn't be because no one asks them about it. The assessment process should include an invitation to do so by including questions about it with everyone who enters. Screening and identification open the doors to ensuring that danger assessment, safety planning, and referral to victim services can follow, and alerts screeners to the need to consider safety concerns around data entry, data sharing, and location of housing placement.

14. HSH should explore the possibility of incorporating an alternative assessment tool and/or process for use with survivors accessing CE.

Like veterans and youth, the survivor population is recognized by HUD as one that has unique vulnerabilities and needs and could be better served by using alternative intake and assessment processes. Some jurisdictions have implemented a pre-screen that helps to identify specific populations and route them to a tailored assessment; others have adopted a trauma-informed conversation-based assessment (rather than a checklist) that helps assessors get a fuller understanding of the context surrounding the person's request for housing help, and other communities have developed a parallel CE system for survivors.

15. HSH should consider elevating the weight of DV, SA, and HT as vulnerability factors in the prioritization process.

Survivors and providers alike recognized that survivors have little incentive to disclose survivorship during CE and may not even see the system as a resource for them. The current prioritization process heavily weights factors such as length of time homeless and chronic health issues, which may not be part of a survivor's story thus, as reported by survivors and stakeholders alike, many survivors who do try to access CE are assessed at "Problem-Solving" status, which, as previously mentioned, has a low housing success rate. CE participants scored as in need of housing placement are matched with housing opportunities at higher rates, and rethinking prioritization to include the unique vulnerabilities faced by survivors could result in more survivors receiving safe housing through CE. Careful consideration should be given to how abuse history can be explored in a trauma-informed manner that allows the survivor to self-assess current threat level and ongoing impact on housing instability.

Access to Shelter

16. DOSW should support VSPs to examine how current funder requirements restrict them from broadening emergency housing eligibility to include sexual assault and human trafficking survivors.

Providers and survivors described exclusions from DV emergency shelter based on type of victimization. Exploring ways to broaden eligibility to be more inclusive of non-intimate partner violence could open resources for people needing the specialized services VSP shelters can provide. This may require dialog with funders or seeking discretionary funds that allow programs more flexibility. Survivors also described exclusion from VSP shelters based on inability to produce certain documentation; while policies such as these were changed

long ago in San Francisco, examining whether vestiges of these practices remain should also be explored.

17. HSH should address safety concerns in general population shelters.

Similar to Access Points, survivors and providers described multiple ways survivors may feel unsafe in shelters or why they may avoid them or quickly exit. Shelters should be made safer and more accessible for all who need them, and survivors who are looking for safety and escape from harm may be particularly impacted. A solid emergency services system is foundational to building out enhancements to the broader community response to survivors' safe housing needs. Beyond simply considering where shelters are located, we recommend a deeper look into other bases for survivors' fears and lack of access: are staffing patterns robust enough to ensure survivors can trust that interventions will interrupt violent behavior? Is the pay scale competitive enough to attract and retain staff with experience and the required skill set? Examining these elements can help determine future funding priorities, while others may require changes in practice.

18. HSH and DOSW should address language access concerns in shelters.

Survivors and providers alike noted limited ability in to provide language access in shelters; survivors unable to understand, read, and respond in the languages available may receive inadequate response, and some are shut out entirely. An examination of steps needed to ensure that programs have funds and hiring practices to support interpretation, translation, and staff orientation to cultural needs (such as food, prayer, etc.) should be part of broad systemic change.

Access to Housing

19. As part of its multi-year funding strategy, HSH should continue to identify CoC funds that can expand the availability of survivor-specific housing.

This expansion might include vouchers and PSH units earmarked for survivors as well as HUD DV Bonus funds that flow directly to VSP agencies for use with survivors who would benefit from the specialized services that the victim services system can provide. While RRH is not yet broadly used by victim services providers, findings suggested that with support and funding, more agencies would be interested in expanding to include it. DV "Joint Component" funds (TH/RRH model) could help survivors leaving shelter – or unable to find it – have a safe housing alternative while waiting on years-long lists for public housing.

20. As part of its multi-year funding strategy and in collaboration with VS providers, city departments (including HSH, MOHCD, and SFHA) should continue to seek funds to increase the overall amount of funding allocated to survivor-specific housing.

In the past decade, an increasing number of victim services programs have begun procuring funds that expand their capacity to provide Rapid Rehousing and eviction prevention services. Having these services in-house allows providers to seamlessly pair victim support services with housing assistance. Expanding on existing programming to include a robust housing program also provides incentive toward developing working relationships and effective partnerships with the homeless/housing system, landlords, and property managers. Advocates' skill- and knowledge-bases increases through partnerships, allowing them to be

ready resources to survivors about how to identify their post-shelter housing options. Sharing the provision of housing services also allows both the housing system and the victim services system to properly route those survivors who need the privacy protections and safety provisions that victim service providers are uniquely positioned to provide.

21. City departments (HSH, OEWD, OFE) should examine standards on length of rental subsidy in RRH programs across both the VSP HRS systems and explore ways to provide supports for income development.

Survivors and providers describe the duration of rental subsidy as too short to allow adequate time for survivors to build enough income to sustain the cost of their housing. Once housed, services to assist with addressing issues that are critical to housing retention are often unavailable. Longer rental subsidies coupled with aftercare services and economic advocacy may prevent many survivors from a return to homelessness.

22. As City agencies (HSH, MOHCD, and SFHA) continue to purchase, develop, and lease more affordable housing units, special emphasis should be placed on neighborhood safety, diversifying the neighborhoods where PSH is located, investment in scattered site housing, and increasing the stock of ADA-compliant units.

Survivors asked for more safety in affordable housing neighborhoods, and more affordable housing in safe neighborhoods. While this is easier said than done, based on where most affordable housing is currently located and push-back from neighborhoods that don't welcome affordable housing, ongoing advocacy around this could be strengthened by centering the voices of people with lived experience.

23. HSH, DOSW, and VSPs should conduct an evaluation of termination policies to improve transparency and understanding for housing participants and staff.

Roughly half of the survey respondents were not clear regarding the termination policies for transitional housing, Rapid Rehousing, and Permanent Supportive Housing. Problematic terminations, such as noncompliance with case plans and unauthorized guests, indicate a lack of understanding around safe, survivor-centered, voluntary services that enhance participant agency and counter trauma impact. An evaluation of policies and their impact is a first step toward identifying policy changes that could help participants retain housing once they have attained it and can ultimately reduce return to homelessness and/or dangerous living situations. This evaluation would also provide opportunities for communication and collaboration between VSPs and H/SH providers to ensure that funding requirements, as well as legal protections, are implemented.

24. HSH should use data from a re-envisioned CE process to assess housing gaps in greater detail.

Because survivors for many reasons may not disclose their DV, SA, or HT upon entering the current CE system, or may choose not to access CE for reasons cited throughout this report, there are limitations in available data that make it difficult to quantify gaps. As mentioned in the quantitative data report produced by Focus Strategies, design and implementation of a CE process specifically for survivors will enhance HSH's ability to assess capacity gaps in greater detail. "We recommend expanding and standardizing data collection in the ONE system to include multiple types of violence to better reflect the number of survivors in the

Homelessness Response System. Additionally, the ONE system could be used to gather detailed information about survivors' needs and to track referrals to key services. Adding these capabilities would help fill knowledge gaps and enable more detailed analysis of survivors' unmet needs, which could in turn inform system planning."^{lii}

Diversions

25. HSH should invest in increasing the availability of systems navigation and advocacy services for survivors not matched with housing.

Increased capacity for housing navigation is a system-wide need, and some of the ways to provide more of it have been discussed above (partnerships, co-location, clearer information, language access, etc.). The extremely low success rate of people ranked at Problem-Solving status suggests that more should be done to ensure that they have guidance, options, and ideas about next steps. Training that better ensures safety-centered problem-solving and referral pathways to VSP agencies could be initial steps, but those organizations must have resources, staff capacity, and clear information to be of help.

26. DOSW and VSPs should explore funding options to increase availability of flexible financial assistance to help fill gaps left by funding restrictions and eligibility requirements.

For many survivors, CE does not result in a housing match or help with next steps. Other survivors seek assistance from alternative community organizations or from victim service providers who are unable to help with housing. Immediate cash assistance can help survivors avoid eviction, help a friend or family member with their rent in exchange for providing them a couch or spare bedroom, or make other arrangements that can prevent having to return to a dangerous relationship or the street. Flexible funds would improve outcomes for survivors during CE Problem-Solving. Where practicable, grants that allow victim service providers to dispense these funds directly would prevent survivors from waiting for help with urgent needs while high-level approval is processed. There is a growing body of evidence, and community examples of successful design and implementation of survivor-centered flex funding programs.

Next Steps

Community Violence

As part of its ongoing Safe Housing Community Needs Assessment process, HSH has considered how to address the needs of survivors of violent crimes committed outside of the context of family relationships and/or between unrelated individuals, and generally outside the home. Examples include assaults, murder, fights among groups, and shootings in public places, such as schools and on the streets.^{liii} Community-based violence affected more than 1.9 million people in the U.S. in 2020 and 4,720 people in San Francisco that same year.

Community violence disproportionately impacts people of color, particularly Black and Latinx residents.^{liiv} A limited range of services are available to assist survivors of community violence, and fewer community-based programs are resourced to serve survivors of these types of crimes. Of the more than 7,000 new cases addressed by the San Francisco District Attorney's Office Victim Services Division in 2020, 41% of the victims were survivors of domestic and family violence, stalking, sexual assault, or human trafficking, but the

majority were victims of a range of community violence crimes.^{lv} Based on a survey conducted by the same office among 528 victims of crime in 2021, 11% of victims (59) reported losing their housing as a result of the crime they experienced, and 26% (137) reported having to move because of the crime.^{lvi} While the report doesn't pinpoint the types of crime that most often led to these victims' homelessness, it is clear that safe housing is an urgent need of crime victims across the board.

When consulted about how these considerations can be woven into HSH's goal to enhance safe housing options for survivors of domestic violence, sexual assault, and human trafficking, SHA connected HSH with Ujima – the National Network on Violence Against Women in the Black Community. A national culturally-specific training and TA provider under the Family Violence Prevention and Services Agency of the U.S. Department of Health and Human Services (FVPSA), Ujima addresses the confluence of violence against women – including community violence, domestic violence, sexual assault, and human trafficking – and its disproportionate impact on communities of color, and particularly women of color. Ujima has worked with communities across the U.S. to increase their understanding of and response to survivors of community violence through listening sessions, outreach to community-based programs, advocacy with policy makers, and increased cultural competence. In partnership with HSH and SHA, Ujima will be conducting a climate survey, convene community listening sessions, and deliver trainings and workshops around community violence and racial equity. These activities will engage with community activists, survivors, and city and county systems, to better ascertain the safe housing needs of survivors of community violence in San Francisco. Ujima's work will begin in January 2022 and their results will be published as an addendum to this report.

Developing an Implementation Plan

Through ongoing dialog with the Working Group, HSH staff and project partners, in- depth conversations with key stakeholders, analysis of survey responses, and Focus Strategies' Quantitative Data Report we have a detailed picture of a community with the assets to build and strengthen its systems response to the safe housing needs of survivors. Here's what comes next:

- This report will be distributed to HSH and other City staff, project partners, survivors who participated in listening sessions, and members of the Working Group.
- HSH staff will team with members of the Safe Housing Working Group to present a high-level overview of this report to other stakeholder groups and invite comment and encourage investment in moving the plan forward.
- Safe Housing Working Group members will be invited to continue their service into the implantation phase (January – June 2023). New members will be recruited to ensure balanced representation of survivors, providers, and City department staff, with orientation and training provided to new members in January.
- Safe Housing Working Group meetings will resume in February 2023. Working Group members, along with representatives of HSH, key City partners* and the Department on the Status of Women, will engage in implementation planning through participation in one of four subcommittees, each working on a subset of the 26 recommendations.
- Subcommittee work will culminate in action plans that include goals, tasks, timelines, and how progress will be tracked and outcomes measured.

* Examples include Mayor’s Office of Housing and Community Development (MOHCD), San Francisco Housing Authority (SFHA), Federal Housing Administration (FHA), Human Services Agency (HSA), and Office of Sexual Harassment and Assault Response Prevention (SHARP)

Conclusion

Findings from The Safe Housing Community Needs Assessment suggest that a number of challenges are ahead for HSH to accomplish its goals to ensure that survivors can receive services from the Homelessness Response System (HRS) that are accessible, safe, protect privacy and promote choice, and to improve coordination between Victim Service Providers and the Homelessness Response System. At the same time, people had energy, ideas, and some degree of optimism that things can change for the better. As one VSP stakeholder put it:

“I believe we’ll figure it out...there is a wealth of knowledge in the community. The streets are scary right now, and we’re in a dark period. But people love San Francisco and there will be a return to vibrancy - but the City must be alive and vibrant for EVERYBODY.”

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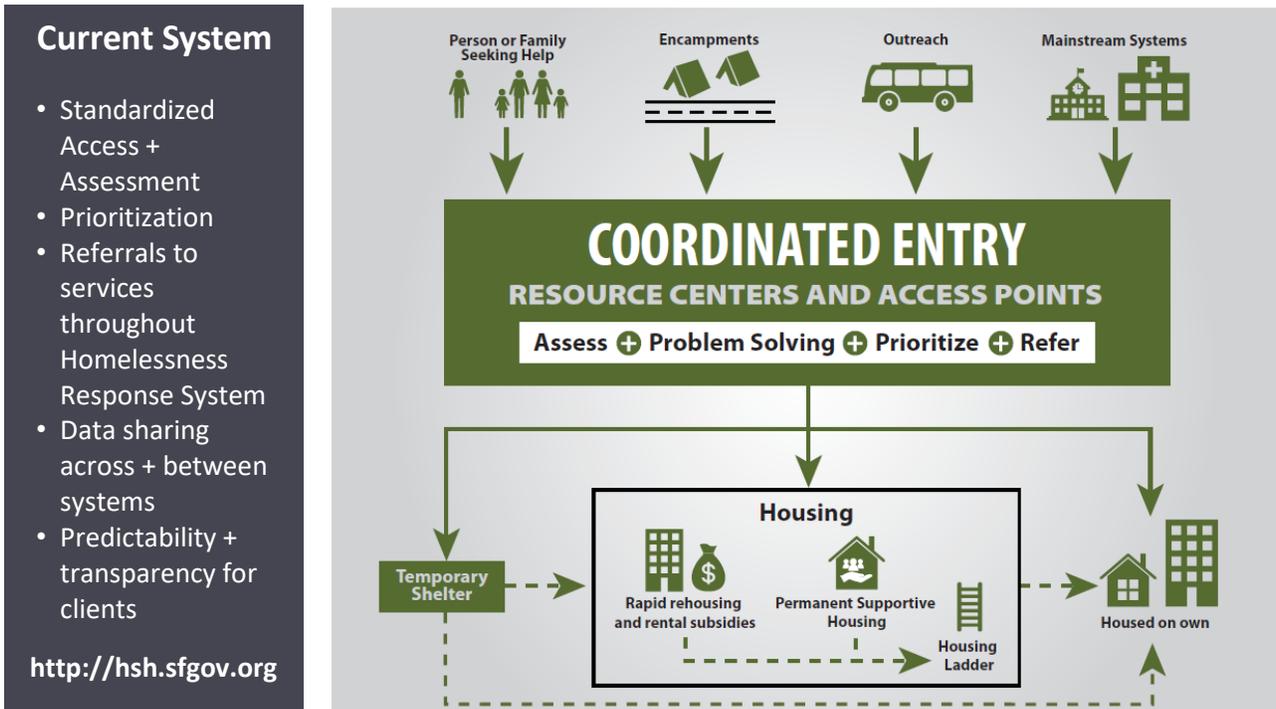
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Appendices

Appendix A: Coordinated Entry Systems Flow (provided by HSH)



Coordinated Entry Process Flow					
ACCESS & INITIAL SCREENING	PROBLEM SOLVING	ASSESSMENTS	PRIORITIZATION	REFERRAL	
7					
Connection to Homelessness Response System (HRS)	Resolution outside HRS	Eligibility for Programs	Housing Referral Status Problem Solving Status	Matched/Referred to Housing Opportunity	
<ul style="list-style-type: none"> • Triage • Client search • Profile creation, including household members • Release of Information • Data privacy disclosure • Contact information • Location information • Resource referrals 	<ul style="list-style-type: none"> • Problem Solving Screening Assessment • Problem Solving Services • Housing Resolution Plan • Coordinated Entry Program Exit when problem solving is successful 	<ul style="list-style-type: none"> • Program Enrollment • Current Living Situation Assessment (HUD) • Primary Assessment (Housing Prioritization) 	<ul style="list-style-type: none"> • Complete the Primary Assessment (Housing Prioritization) • Housing Referral Status: referred to housing opportunity • Problem Solving Status: referred to Problem Solving • Housing Navigator Assigned 	<ul style="list-style-type: none"> • Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) program match/referral • RRH or PSH Program Enrollment • Housing Navigation: application, doc ready • Housing Interview • Housing move-in • Coordinated Entry Program Exit 	
Various community resources—HSOC, SFHOT, community advocates, social services agencies, police and fire staff—can direct or assist households with getting connect to HRS.	Problem Solving resolution is when a household can stay in a safe, indoor place that is resourced outside HRS. For details, see the Problem Solving Guide.	Access Points enroll eligible households in the Coordinated Entry Program. Ineligible households are referred to resources in their home county.			
PROBLEM SOLVING IS A CONSTANT RESOURCE THROUGHOUT THE PROCESS					

Appendix B: Stakeholder Interview Questions

- 1) **Intro:** First, can you tell me about your work/organization and how it connects to Domestic violence, sexual assault, and human trafficking (DV/SA/HT) survivors and their housing needs?
- 2) **Overall Challenges & Survivor-Specific Needs:** What do you believe are the biggest challenges for survivors in accessing housing or shelter in San Francisco?
 - When survivors are sheltered or housed by providers in San Francisco's Homelessness Response System (as opposed to victim-specific service providers), do you think their safety and unique housing needs are adequately addressed? (Ex. Are survivors able to disclose in a confidential setting, are safety protocols in place, are referrals to DV/SA/HT providers made, etc.)
 - When survivors contact or receive services from DV/SA/HT programs, do you think their housing needs are adequately addressed? (Why or why not?)
- 3) **Marginalized Communities:** There's an essential national conversation going on right now about disparities experienced by Black, Indigenous, other people of color, and other historically marginalized communities – including in housing.
 - Do you think San Francisco is looking at how these disparities show up in the Homelessness Response System and the victim services system? What more should be done?
 - Do you see historic and ongoing discrimination impacting how historically marginalized survivors access safe housing and resources? In what ways?
- 4) **System/Program Communication:** How well-developed are the partnerships and communication channels across the homelessness response system and DV/SA/HT programs/systems? (Do they know each other's work? Are referrals made? Is cross-training happening? Do DV/SA/HT programs participate in the Continuum of Care?)
 - What are the barriers to partnerships and communication across systems/agencies? (training? values? capacity? other?)
 - What's your level of optimism that these two systems can work together to better align services to increase safe housing options for survivors in San Francisco?
- 5) **Recommendations for Change:** This project is aimed at identifying and then making a plan to address gaps in access to safe and racially equitable housing services for survivors.
 - What would you most like to see as a result of this process? What changes are most needed?
 - Given what you know about San Francisco (including its "personality," its politics, its history, etc.) what potential roadblocks or challenges should we be looking out for as we try to build momentum for this project?

-
- 6) **Recommendations for Equity:** What's your opinion on how to ensure an equitable and community-based solution? How can survivors and non-mainstream organizations be brought to the table?
 - 7) **Ongoing Connections:** Who else do you think we need to speak with?
 - 8) **Final Thoughts:** Is there anything else you want us to know?

Appendix C: Survivor Listening Session Questions

Context: Synopsis on why we are here and why we value your input

Intro: Who we are and what we do (not a system)

- 1) **One word Check-in:** Can you share one word for how you are feeling today and when were you looking for housing or are you currently still looking for housing?
- 2) **Overall Challenges:** What challenges do you face when looking for housing?
 - Physical challenges
 - Mental Health challenges
 - Legal challenges
 - Financial challenges
 - Transportation challenges
 - Discrimination
 - Lack of information
 - Any others not listed
- 3) **Information Sources:** Who's the first person you go to when you need housing or need information about housing options?
 - Is the information available in your native language?
- 4) **Barriers to Access:** If you did not go to the system for help, what prevented you?
- 5) **Collaborations Between Systems/Organizations**
 - 5a) **Homelessness Response System:** Did you receive services through the homelessness response system (rent assistance programs, homeless shelters, affordable housing provider, public housing, etc)? If yes, how was that for you? If not, why not?
 - 5b) **Victim Services:** Did you receive services through the Victim Services (domestic violence shelter, sexual assault program, human trafficking program, etc.)? If yes, how was that for you? If not, why not?
- 6) **Recommendations for Change:** What would you like to see changed? What would make it easier for survivors to access safe housing; how should things work?
- 7) **Recommendations for Safety/Empowerment:** What would make you feel safer and more empowered as you work to meet your housing goals?
- 8) **Ongoing Connections:** How do we reach survivors for Listening Sessions who may not be connected to organizations?
- 9) **Final Thoughts:** Is there anything else you would like for us to know?

Appendix D: Focus Strategies Quantitative Data Report



SAN FRANCISCO DEPARTMENT OF
HOMELESSNESS AND SUPPORTIVE HOUSING

COMMUNITY NEEDS ASSESSMENT FOR
SURVIVORS OF VIOLENCE: QUANTITATIVE ANALYSIS

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Focus Strategies helps communities reduce homelessness by leveraging the power of analytics and an equity-informed systems approach to deliver effective crisis response strategies and expand housing solutions. With an expert team of multi-disciplinary professionals, we help communities ask the right questions, develop strategic responses, and implement powerful solutions.

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I. INTRODUCTION

The San Francisco Department of Homelessness and Supportive Housing (HSH) engaged Focus Strategies to develop a quantitative analysis of the needs of survivors of violence for services and interventions in the Homelessness Response System. The quantitative analysis draws on aggregated, anonymous data from a range of systems and sources. The analysis serves as a “problem statement,” setting out what is known about the population and their needs based on available data. It is a key element of a Community Needs Assessment for this population.

Safe housing is a critical resource for survivors of violence who are leaving dangerous situations. Emergency shelter and transitional housing help survivors to establish safety amid crisis and permanent housing provides lasting safety and stability. In the fall of 2021, HSH initiated a Community Needs Assessment for survivors of violence to inform the development of a Coordinated Entry system that provides survivors with access to safe housing. The Coordinated Entry planning process centers survivors’ rights, voices, and perspectives in a collaborative design process. The goals of the Community Needs Assessment are to:

- Improve survivors’ access to housing;
- Increase survivors’ safety, choice, and privacy in receiving services from the Homelessness Response System; and
- Improve coordination between victim service providers and the Homelessness Response System

The Community Needs Assessment will integrate information from key stakeholder interviews, survivor listening sessions, a safe housing workgroup, a provider survey, and quantitative analysis. Recommendations from the Community Needs Assessment will guide next steps for updating Coordinated Entry standards, developing homeless management information system (HMIS) data privacy protocols for survivors, and designing referral processes for survivors in the Homelessness Response System.

II. METHODOLOGY

A. Data Sources and Methods

Focus Strategies compiled and reviewed available documents, reports, and datasets to extract data on gender-based violence, human trafficking, and community-based violence. We relied on local data whenever possible, supplementing the analysis with state and



national data as appropriate. All data were pre-aggregated and anonymous to protect the privacy and safety of survivors.

Local data sources included reports published by the San Francisco Department on the Status of Women, data published by the San Francisco Police Department and the California Department of Justice, reports published by HSH, data from San Francisco's 3-1-1 customer service center, as well as data provided by local victim service providers. National data sources included data and reports from the National Criminal Victimization Survey, reports from the Centers for Disease Control and Prevention, reports from the National Human Trafficking Hotline, and data from the American Community Survey.

Additionally, HSH provided pre-aggregated data from the ONE system (San Francisco's homeless management information system) to enable analysis of the number of survivors in the Homelessness Response System. This custom data request focused on anyone who reported experiencing domestic violence, which is a required data element collected during the program enrollment process.¹ The Department of Housing and Urban Development defines this data element broadly to include "domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member."² However, in San Francisco's ONE system, this required question is phrased as "domestic violence victim/survivor." This narrow phrasing may result in underreporting the number of survivors in the Homelessness Response System. For additional analysis, we also included people who reported trading sex for a place to stay in the prior 12 months, which is asked at the time of Coordinated Entry assessment.

Because all data used in this report were pre-aggregated, the data cannot be deduplicated if survivors access multiple services. Our analyses draw on multiple data sources to derive estimates of service needs and service providers' capacity.

¹ This data element captures a broad population, including those who are experiencing homelessness because they are fleeing domestic violence as well as survivors of domestic violence who are experiencing homelessness for other reasons.

² U.S. Department of Housing and Urban Development, *FY 2022 HMIS Data Standards (Manual), Development Version 1.3*, (Washington, D.C., December 2021), 144, <https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf>



B. Terminology

The scope of this analysis includes survivors of multiple types of violence. Gender-based violence, human trafficking, and community-based violence overlap, and survivors may experience multiple types of violence. Below we describe the terminology used throughout this report. In some cases, data is collected only about specific types of violence, so we use more specific language when applicable.

- We use the phrase *gender-based violence* to refer to domestic violence, intimate partner violence, family violence, sexual violence, sexual exploitation, and stalking.
- We use the phrase *human trafficking* to describe the “use of force, fraud, or coercion to obtain some type of labor or commercial sex act”³ or commercial sex involving people under age 18.
- We use the phrase *community-based violence* to refer to “exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim.”⁴
- We use the term *survivors* to refer to people who have experienced any of these types of violence.

Survivors of violence access a range of services from multiple systems. Below we define a few service-related key terms used throughout this report.

- The phrase *Homelessness Response System* describes the system of care and advocacy provided by HSH and its nonprofit partners for people experiencing or at risk of homelessness. These services include Outreach, Problem Solving, Coordinated Entry, Temporary Shelter, Housing, and Housing Ladder.⁵
- *Coordinated Entry* is the primary entry point into the Homelessness Response System. It provides a standardized assessment that matches households in need with the most

³ “What Is Human Trafficking?” Blue Campaign, Department of Homeland Security, accessed January 18, 2022, <https://www.dhs.gov/blue-campaign/what-human-trafficking>.

⁴ “What Is Community Violence?” Ujima: The National Center on Violence Against Women in the Black Community, accessed January 18, 2022, <https://ujimacommunity.org/community-violence/>.

⁵ “Homelessness Response System,” Department of Homelessness and Supportive Housing, City, and County of San Francisco, accessed 3/21/2022, <https://hsh.sfgov.org/homelessness-response-system/>.



appropriate available resources. The Coordinated Entry process consists of four parts: access, assessment, prioritization, and referral.⁶

- The terms *victim services* and *victim service providers* are commonly used in the domestic violence and legal systems to refer to services for survivors and the organizations that provide those services, respectively. We use this language to describe services designed for and targeted specifically to survivors of violence.

III. ANALYSIS FINDINGS

A. Survivors of Violence in San Francisco

Thousands of people experience violence in San Francisco each year, affecting people across all demographics and identities. However, people from some demographic groups are more likely to experience violence than others. In Table 1 we present demographics of survivors of gender-based violence who accessed victim services,⁷ survivors of human trafficking,⁸ survivors of community-based violence,⁹ and survivors of domestic violence in the Homelessness Response System¹⁰ compared to San Francisco's general population.¹¹ Women are overrepresented among survivors of gender-based violence and human trafficking compared to San Francisco's general population. Additionally, a disproportionate number of survivors of gender-based violence and human trafficking are transgender.¹²

⁶ "Department of Homelessness and Supportive Housing, City and County of San Francisco, *Five-Year Strategic Framework*, (San Francisco, October 2017), <https://hsh.sfgov.org/about/research-and-reports/strategic-planning/>. ⁷ Department on the Status of Women, City and County of San Francisco, *Gender-Based Violence Prevention and Intervention Grants Program FY 2019-2020 Program Highlights* (San Francisco, 2020), 2, <https://sfgov.org/dosw/sites/default/files/FY%2019-20%20GBV%20Report%20-%20Updated%202.18.21%20%281%29.pdf>.

⁸ Department on the Status of Women, City and County of San Francisco, *Human Trafficking in San Francisco 2017 Data* (San Francisco, 2019), https://sfgov.org/dosw/sites/default/files/Human%20Trafficking%20in%20San%20Francisco%20-%202017%20Data%20Report_3.pdf.

⁹ San Francisco Police Department, *SFPD Quarterly Activity & Data Report, 2020 Quarter 4 Report, Crime Victim Data Reporting* (San Francisco, 2021), <https://www.sanfranciscopolice.org/sites/default/files/2021-02/SFPD.QADRQ4VictimData.20210217.pdf>

¹⁰ Authors' analysis of a custom data request from San Francisco's ONE system

¹¹ U.S. Census Bureau, *2019 American Community Survey 1-Year Estimates, San Francisco city, California*, <https://data.census.gov/cedsci>

¹² Transgender population estimates are not available from the U.S. Census Bureau. However, recent studies estimate that there are approximately 800 transmen and 1,000 transwomen in San Francisco, representing 0.2% of the total population. See the following studies for more detail: McFarland, Willi, Erin Wilson, and H. Fisher Raymond, "How many transgender men are there in San Francisco?" *Journal of Urban Health* 95, no. 1 (2018), 129-133; Wesson, Paul, Redha F. Qabazard, Erin C. Wilson, Willi McFarland, and H. Fisher Raymond, "Estimating the population size of transgender women in San Francisco using multiple methods, 2013," *International Journal of Transgenderism* 19, no. 1 (2018), 107-112.



TABLE 1: Demographic characteristics of survivors of violence compared to the general population in San Francisco

Characteristic	Survivors of Gender-Based Violence		Survivors of Human Trafficking		Survivors of Community-Based Violence		Survivors in Homelessness Response System		San Francisco General Population	
	Estimate	Percent	Number	Percent	Number	Percent	Number	Percent	Estimate	Percent
Total	19,600	100%	673	100%	8,151	100%	4,966	100%	881,549	100%
Gender										
Female	13,900	71%	460	68%	2,765	34%	2,728	55%	434,133	49%
Male	3,900	20%	136	20%	4,295	53%	2,026	41%	447,416	51%
Transgender	1,800	9%	21	3%	-	-	131	3%	-	-
Other Genders	-	-	14	2%	1,042	13%	55	1%	-	-
Not reported	-	-	42	6%	49	1%	26	1%	-	-
Sexual orientation										
LGBQQ+	3,700	19%	84	12%	-	-	853	17%	-	-
Race and ethnicity										
Asian or Pacific Islander	3,700	19%	72	11%	1,256	15%	277	6%	307,649	35%
Black	2,900	15%	214	34%	1,442	18%	1,948	39%	48,225	6%
Latina/o/x	3,900	20%	127	20%	1,979	24%	1,209	24%	134,309	15%
Middle Eastern	200	1%	12	2%	-	-	-	-	-	-
Native American	200	1%	10	2%	55	1%	239	5%	3,568	<1%
White	2,200	11%	119	19%	1,987	24%	1,869	38%	398,662	45%
Other Races	4,300	22%	30	5%	1,095	13%	285	6%	50,124	6%
Not reported	2,200	11%	45	7%	337	4%	408	8%	-	-
Age										
0-17	3,900	20%	155	23%	529	6%	19	<1%	118,246	13%
18-24	2,400	12%	316	47%	6,474	79%	726	15%	62,024	7%
25-64	12,500	64%	202	30%			4,051	82%	559,815	64%
65+	800	4%					223	4%	141,464	16%



Characteristic	Survivors of Gender-Based Violence		Survivors of Human Trafficking		Survivors of Community-Based Violence		Survivors in Homelessness Response System		San Francisco General Population	
	Estimate	Percent	Number	Percent	Number	Percent	Number	Percent	Estimate	Percent
Not reported	-	-	3	<1%	1,148	14%	-	-	-	-
Language										
English	16,700	85%	505	75%	-	-	-	-	-	89%
Spanish	1,500	8%	66	10%	-	-	-	-	-	2%
Asian and Pacific Island languages	1,100	5%	44	7%	-	-	-	-	-	8%
Other languages	400	2%	9	1%	-	-	-	-	-	1%

Note: Data were not available for the same date ranges, so the most recent available data was used. The date ranges for each population are as follows:

Survivors of Gender-Based Violence – fiscal year 2019-20

Survivors of Human Trafficking – calendar year 2017

Survivors of Community-Based Violence – calendar year

2020 Survivors in Homeless Response System – fiscal year

2020-21

San Francisco General Population – 2019 population estimate



Overall, Black, Indigenous, and other people of color are more likely to experience violence than white people. Black and Latina/o/x people are overrepresented among survivors of violence, while Asian people are proportionately less likely to experience violence. People of all ages experience violence, with a disproportionate number of minors under age 18 and youth ages 18 to 24 experiencing gender-based violence and human trafficking. We discuss these populations in greater detail below.

B. Gender-Based Violence

In 2020 there were an estimated 860,000 instances of intimate partner or family violence and an estimated 320,000 sexual assaults in the United States.¹³ In California, an estimated 35% of women and 31% of men will experience gender-based violence in their lifetimes.¹⁴

Nationally, data suggest that 41% of survivors reported intimate partner or family violence to the police while only 23% reported sexual assaults to the police.¹⁵ Further, most survivors do not receive assistance from victim service providers, with only 18% of survivors of intimate partner or family violence and 23% of survivors of sexual assault reporting that they received assistance.¹⁶

In fiscal year 2019-20, data suggest that over 19,000 survivors of gender-based violence accessed victim services in San Francisco.¹⁷ The majority of survivors accessing victim services are female (71%). Black, Latina/o/x, and people who identify as more than one race are overrepresented among survivors compared to San Francisco's general population.¹⁸ Fifteen percent of survivors accessing services are Black compared to 6% in the general population, and 20% of survivors are Latina/o/x compared to 15% in the general population. People who identify as more than one race made up 22% of survivors compared to 6% in the general population (although this difference may be the result of differing data standards).

¹³ Rachel E. Morgan and Alexandra Thompson, *Criminal Victimization, 2020*, (2021), 2, <https://bjs.ojp.gov/library/publications/criminal-victimization-2020>.

¹⁴ Sharon G. Smith, Kathleen C. Basile, Leah K. Gilbert, Melissa T. Merrick, Nimesh Patel, Margie Walling, and Anurag Jain, "National intimate partner and sexual violence survey (NISVS): 2010-2012 state report," (2017), <https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pdf>.

¹⁵ U.S. Department of Justice, *Criminal Victimization, 2020*, 7.

¹⁶ U.S. Department of Justice, *National Crime Victimization Survey, Personal Victimization 2019*, distributed by the Bureau of Justice Statistics, <https://bjs.ojp.gov/data-collection/ncvs> [author's analysis]

¹⁷ Department on the Status of Women, *GBV Grants Program Highlights, 2*.

¹⁸ U.S. Census Bureau, *American Community Survey*



In San Francisco, the array of services available to survivors of gender-based violence include crisis lines, emergency shelter, housing, intervention and advocacy services, and legal services. In fiscal year 2019-20, crisis lines received over 150,000 inquiries serving over 18,000 survivors and other individuals requesting information and referrals.¹⁹ Of those, the crisis lines provided support to an estimated 1,600 survivors in crisis.²⁰ In the same time period, the Department of Emergency Management²¹ received 7,241 9-1-1 calls related to domestic violence.²² The Police Department responded to 3,379 incidents, resulting in 1,840 arrests and 2,255 cases investigated by the special victims unit.²³ Additionally, 3-1-1 had nearly 500 website hits related to domestic violence resources.²⁴ The crisis lines, Police Department, and 3-1-1 act as important entry points into services for survivors of gender-based violence. In fiscal year 2019-20, an estimated 900 survivors and their children were served by emergency shelter and housing programs for survivors, with 60% staying in emergency shelters and 40% staying in transitional or permanent housing programs.²⁵ Lengths of stay in emergency shelter and housing programs are highly variable and based on both program models and survivors' needs. Stays in emergency shelter range from a few days to multiple months while the shelter works to connect survivors with additional safe housing options. Stays in transitional housing range from a few months to multiple years. Survivors who do not qualify for other housing options, such as undocumented immigrants, may stay in some transitional housing programs indefinitely. One permanent housing program dedicated to serving survivors of gender-based violence, has an average length of stay of nearly 10 years.²⁶

Over 17,000 survivors received supportive services from victim service providers in fiscal year 2019-20.²⁷ Survivors received intervention and advocacy services, comprising over 20,000

¹⁹ Department on the Status of Women, *GBV Grants Program Highlights*, 1.

²⁰ Department on the Status of Women, *GBV Grants Program Highlights*, 1 and Department on the Status of Women, City and County of San Francisco, *Gender-Based Violence Intervention and Prevention Grants Program 3-Year Review* (San Francisco, 2021), 6, https://sfgov.org/dosw/sites/default/files/GBV%203-Year%20Report_Final_0.pdf.

²¹ The Department of Emergency Management employs dispatchers for the 9-1-1 emergency phone line among other emergency management and planning activities.

²² Department on the Status of Women, City and County of San Francisco, *Family Violence Council Report, July 01, 2019 – June 30, 2020* (San Francisco, 2021), 67.

²³ Department on the Status of Women, *Family Violence*, 72.

²⁴ Authors' analysis of custom data request from San Francisco's 311 system.

²⁵ Authors' analysis of data provided by victim service providers and from Department on the Status of Women, *Family Violence*, 83.

²⁶ Authors' analysis of data provided by a victim service provider.

²⁷ Authors' analysis of data from Department on the Status of Women, *GBV Grants Program Highlights* and Department on the Status of Women, *GBV 3-Year Review*.



hours of case management and 12,000 hours of counseling. Additionally, survivors received 13,000 hours of legal services to help them navigate complex legal issues.

The Gender-Based Violence Prevention and Intervention Grants Program is the primary funder of victim services for survivors of gender-based violence in San Francisco. The largest proportion of this funding goes toward emergency shelter and housing for survivors (29%), with 17% allocated to emergency shelter and 12% allocated to transitional and permanent housing.²⁸ Table 2 provides a summary of services funded in fiscal year 2019-20.

TABLE 2: Gender-Based Violence Prevention and Intervention Grants Program funding by service type, fiscal year 2019-20

Service Type	Funding Amount	Percent
Crisis line	\$ 642,500	7%
Emergency shelter	\$ 1,473,303	17%
Transitional and permanent housing	\$ 989,728	12%
Intervention & advocacy	\$ 2,252,884	26%
Legal services	\$ 1,555,909	18%
Prevention, education & training	\$ 1,670,444	19%
Total	\$ 8,584,767	100%

c. Human Trafficking

According to data from the U.S. National Human Trafficking Hotline, over 16,000 survivors of human trafficking called the hotline nationally in 2020.²⁹ The total number of people being trafficked is unknown. Of trafficking situations where the recruitment relationship was known, 31% of survivors were recruited by a family member or care giver. Nearly 70% of trafficking was for sex. Having unstable housing is a top risk factor for both sex trafficking and labor trafficking.

In San Francisco, data published by the Mayor’s Task Force on Anti-Human Trafficking indicate that 673 survivors of human trafficking were served in 2017.³⁰ Among those served, 70% of survivors were under age 25, 71% were women (either cisgender or transgender),

²⁸ Department on the Status of Women, *GBV Grants Program Highlights*, 1.

²⁹ “Human Trafficking Trends in 2020,” Analysis of 2020 National Human Trafficking Hotline Data, Polaris, accessed January 18, 2022, <https://polarisproject.org/2020-us-national-human-trafficking-hotline-statistics/>.

³⁰ Department on the Status of Women, *Human Trafficking*, 3.



and 70% were people of color.³¹ Women of color were overrepresented among survivors of human trafficking, making up the majority of survivors at 51%.³²

In 2017, survivors of human trafficking accessed a variety of services from 18 different agencies. Minors under age 18 received nearly twice as many services as adults (4.6 services per minor compared to 2.8 for youth ages 18 to 24 and 2.6 for adults over 25).³³ Case management was the most common service provided to survivors, followed by education and training, support groups, legal assistance, and food assistance.³⁴

D. Community-Based Violence

Community-based violence affects millions of people in the United States each year.³⁵ In 2020 there were an estimated 1.9 million instances of violence committed by strangers in the United States.³⁶ Of these incidents, only 44% were reported to the police.³⁷ According to uniform crime reporting statistics, there were 4,922 violent crimes in San Francisco in 2020, a 19% decrease from the prior year.³⁸ This is consistent with a broader trend: reported violent crime has decreased in San Francisco every year since 2014 except for a slight uptick in 2017. We present a summary of violent crimes in 2019 and 2020 in Table 3. Data published in the San Francisco City Performance Scorecards indicate that violent crime decreased again in 2021 to 4,384 crimes.³⁹

Although San Francisco has seen a steady decrease in reported violent crimes, violence is nevertheless concentrated in areas that disproportionately impact Black and Latina/o/x residents. The four police districts with the greatest number of reported violent crimes — Bayview, Ingleside, the Mission, and the Tenderloin — also had the highest proportions of

³¹ Department on the Status of Women, *Human Trafficking*, 24-28.

³² Department on the Status of Women, *Human Trafficking*, 27.

³³ Department on the Status of Women, *Human Trafficking*, 71.

³⁴ Department on the Status of Women, *Human Trafficking*, 71.

³⁵ “Community Violence Prevention,” National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, last modified October 18, 2021, <https://www.cdc.gov/violenceprevention/communityviolence/index.html>.

³⁶ U.S. Department of Justice, *Criminal Victimization, 2020*, 2.

³⁷ U.S. Department of Justice, *Criminal Victimization, 2020*, 7.

³⁸ “Crimes & Clearances,” Open Justice, California Department of Justice, accessed January 18, 2022, <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> [custom query for San Francisco County, 2020]. Note that (simple) assaults where no weapon was used or no serious injury resulted are not reported as violent crimes in Uniform Crime Reporting statistics.

³⁹ “Violent Crime Rate and Property Crime Rate,” City Performance Scorecards, City and County of San Francisco, accessed January 18, 2022, <https://sfgov.org/scorecards/public-safety/violent-crime-rate-and-property-crime-rate>.



Black or Latina/o/x victims in 2020. In the Bayview and Tenderloin districts, 34% and 25% of victims, respectively, were Black compared to 18% city-wide. Similarly, in the Mission and Ingleside districts, 43% and 33% of victims, respectively, were Latina/o/x compared to 24% city-wide.⁴⁰

TABLE 3: Violent Crimes in San Francisco, 2019 and 2020⁴¹

Violent Crime	2019	2020	Percent Change
Homicide	40	49	23%
Rape	330	202	-39%
Robbery	3,173	2,490	-22%
Aggravated Assault	2,549	2,181	-14%
Total	6,092	4,922	-19%

A range of services are available to survivors of community-based violence, and the Victim Services Division of the San Francisco District Attorney’s Office plays an important role in supporting survivors. The District Attorney’s Office provides crisis support to survivors, helps them navigate criminal legal system processes, assists them in applying for restitution and financial entitlements, and provides referrals to other services.⁴² In 2020, the District Attorney’s Office also provided \$333,693 in grant funding to community-based organizations to serve survivors.⁴³ Funded services include crisis support, clinical mental health services, support groups, peer counseling, case management, and support finding permanent housing.

Community-based violence has wide ranging impacts. In a recent survey conducted by the District Attorney’s Office on the impacts of crime on survivors, 68% reported worsened mental health and 32% reported long-term physical health problems. Additionally, 11% lost their housing and 26% were forced to move because of the crimes.⁴⁴ Community members

⁴⁰ Authors’ analysis of data from San Francisco Police Department, *Crime Victim Data*, 44-74.

⁴¹ California Department of Justice, “Crimes & Clearances.”

⁴² Gena Castro Rodriguez, San Francisco District Attorney’s Office Victim Services Division, *2020 Victim Impact Survey Report* (San Francisco, April 2021), 7, <https://sfdistrictattorney.org/wp-content/uploads/2021/04/4.19.21-Victim-Impact-Survey-Report.pdf>.

⁴³ Gena Castro Rodriguez, San Francisco District Attorney’s Office Victim Services Division, *End of Year Report 2020*, (San Francisco, February 2021), 21, <https://www.sfdistrictattorney.org/wp-content/uploads/2021/02/End-of-Year-Report-2020-FINAL.pdf>.

⁴⁴ Castro Rodriguez, *Victim Impact*, 17.



who are not direct victims of violent crime also suffer impacts of violence in their neighborhoods. Community-based violence can cause mental health problems, is associated with increased risk of developing chronic disease, and prevents people from participating in neighborhood activities.⁴⁵

E. Homelessness and Survivors of Violence⁴⁶

San Francisco’s homelessness response system is a primary safe housing resource for many survivors of violence. In fiscal year 2020-21, nearly 5,000 people in the homelessness response system reported being survivors of violence.⁴⁷ Compared to all people experiencing homelessness in San Francisco, survivors in the Homelessness Response System are more likely to be female (55% compared to 35%) and more likely to be Latino/a/x (24% compared to 18%).⁴⁸ Otherwise, the demographics of survivors reflect those of the broader population of people experiencing homelessness. For example, survivors in the Homelessness Response System are disproportionately Black and transgender compared to San Francisco’s general population.⁴⁹ Youth ages 18 to 24 are also overrepresented.

The Homelessness Response System provides a range of services to survivors, including homelessness prevention, outreach, emergency shelter, and housing. Nearly 30% of survivors engaged in the Homelessness Response System are living in permanent housing, and an additional 10% are staying either in emergency shelter or in transitional housing. The remaining 60% of survivors have engaged with at least one service in the Homelessness Response System — which indicates they are experiencing or at imminent risk of homelessness — but are not in shelter or housing. While shelter and housing programs in the Homelessness Response System are not specifically designed with survivors of violence in mind, they constitute the majority of affordable housing available to survivors. The number of survivors served by homelessness response programs is summarized in Table 4.

⁴⁵ National Center for Injury Prevention and Control, “Community Violence Prevention.”

⁴⁶ All Homelessness Response System data are from the authors’ analysis of a custom data request from San Francisco’s ONE system unless otherwise noted.

⁴⁷ People entering San Francisco’s Homelessness Response System are asked about experiences of violence at the time of program entry. This question is intended to refer broadly to multiple types of violence, but in practice the question may be interpreted more narrowly as domestic violence. See “Data Sources and Methods” above for further details.

⁴⁸ Authors’ analysis of custom data request from San Francisco’s ONE system and data from the 2019 Point in Time Count: Applied Survey Research, *San Francisco Homeless Count & Survey Comprehensive Report 2019* (San Francisco, 2020), 15-16, https://hsh.sfgov.org/wp-content/uploads/2020/01/2019HIRDReport_SanFrancisco_FinalDraft-1.pdf.

⁴⁹ Authors’ analysis of custom data request from San Francisco’s ONE system and U.S. Census Bureau, *American Community Survey*.



The primary entry point into the Homelessness Response System in San Francisco is Coordinated Entry. The process begins with an initial screening and progresses to housing problem solving and, if applicable, through an assessment and prioritization process. In fiscal year 2020-21, over 3,600 survivors of violence were enrolled in Coordinated Entry, which indicates that they had gone to an access point to request housing assistance and were at some stage of the Coordinated Entry process. In addition to those reporting being survivors of violence, over 3,000 people assessed in Coordinated Entry reported having traded sex for a place to stay.

TABLE 4: Survivors of violence enrolled in homelessness response programs, fiscal year 2020-21⁵⁰

Program Type	Number	Percent
Coordinated entry	3,629	73%
Homelessness prevention	23	<1%
Emergency shelter	479	10%
Transitional housing	63	1%
Permanent housing	1,466	30%
Housing with services	533	11%
Permanent supportive housing	520	10%
Rapid Re-Housing	413	8%
Street outreach	100	2%
Total	4,966	100%

Survivors of violence are not explicitly prioritized by Coordinated Entry. In the assessment used for prioritization, only families in specific living situations receive additional points for experiencing domestic violence. All other families and adults do not. Among youth ages 18 to 24, trading sex for a place to stay receives additional points. Survivors of violence across all household types are 1.15 times as likely to be placed into housing referral status (48% for survivors compared to 42% for other households). People who have traded sex for a place to stay are 1.44 times as likely to be prioritized (54% compared to 38%). Although only youth ages 18 to 24 receive additional points in prioritization, all populations who responded affirmatively to these questions scored higher. For most household types, scoring higher on the assessment is not due to reporting domestic violence or trading sex for a place to stay.

⁵⁰ Authors' analysis of custom data request from San Francisco's ONE system. The table displays unique counts of survivors enrolled in the primary service categories provided by the Homelessness Response System.



Instead, this indicates that experiences of violence are associated with other types of barriers or vulnerabilities that receive points on the assessment. We present the percentages of assessments prioritized for housing by household type along with the increased chance of being prioritized (i.e., probability ratios) in Table 5.

TABLE 5: Percentage of assessments prioritized for housing by population and household type, fiscal year 2020-21⁵¹

Population	Percent Prioritized		Probability Ratio
Survivors of Violence			
	Survivors of Violence	Not Survivors	
Overall	48%	42%	1.15
Adults	39%	37%	1.07
Families	68%	68%	1.00
Youth	67%	62%	1.08
Traded Sex for Place to Stay			
	Traded Sex	Did Not Trade Sex	
Overall	54%	38%	1.44
Adults	50%	29%	1.69
Families	-	-	-
Youth	81%	36%	2.21

F. Capacity of System Resources

The capacity of San Francisco’s shelters as well as many victim service providers has been reduced due to public health precautions taken in response to COVID-19. Safe housing programs have been impacted in multiple ways. Some programs are operating at half capacity to minimize potential exposures to COVID-19, other programs have stopped accepting new referrals altogether, and yet others have found new funding opportunities to expand services. In addition, enhanced cleaning protocols have extended the timeline for preparing shelter beds and housing units for new residents, which limits their overall capacity. Intervention and advocacy services have reduced their in-person services and expanded phone-based services instead. Overall, COVID-19 has resulted in lower capacity to

⁵¹ Focus Strategies analyzed data extracted from San Francisco’s ONE system. Households may be assessed more than one time. All assessments in fiscal year 2020-21 are included in this analysis.



serve survivors both among victim service providers and in the Homelessness Response System.

Despite the challenges posed by COVID-19, victim service providers remain committed to serving as many survivors of violence as possible. Prior to COVID-19 capacity limitations, San Francisco had over 100 emergency shelter beds and over 300 units of transitional and permanent housing dedicated to survivors of gender-based violence.⁵² Despite recent capacity reductions, emergency shelter and housing programs for survivors of gender-based violence can still serve approximately 900 survivors and their children per year.

g. Unmet Need

Victim service providers did not have the capacity to serve all survivors before the COVID-19 pandemic, and there are indications that the need for victim services has increased since. Domestic violence shelters turned away 2,150 people in fiscal year 2019-20, an increase of more than 500% from the previous year.⁵³ Although some people are turned away for reasons other than capacity limitations (for example, not experiencing domestic violence), one shelter alone was unable to serve 400 survivors and their children in fiscal year 2020-21 due to the shelter being full.⁵⁴ Additionally, W.O.M.A.N., Inc.'s domestic violence information referral center, an online network that allows victim service providers to share resources and referrals, saw website hits increase from 31,000 in 2019⁵⁵ to over 125,000 in 2020.⁵⁶

Survivors of human trafficking already experienced various service gaps before the pandemic, with safe housing and financial assistance being the most common. Service providers reported emergency shelter as the most common unmet service need among youth ages 18 to 24 and housing as the most common unmet service need among adults over 25.⁵⁷ Data on unmet needs among survivors of community-based violence is not available.

⁵² Although limited by physical space, emergency shelter and housing capacity is not fixed. Programs routinely flex their spaces to accommodate the size of survivors' families, so references to capacity are approximate.

⁵³ Department on the Status of Women, *GBV 3-Year Review*, 7.

⁵⁴ Authors' analysis of data provided by a victim service provider.

⁵⁵ W.O.M.A.N., Inc., 2019 Annual Report, 2, <https://womaninc.wordpress.com/2019/12/03/2019-w-o-m-a-n-inc-annual-report/>.

⁵⁶ W.O.M.A.N., Inc., 2020 Annual Report, 3, <https://womaninc.wordpress.com/2020/12/02/womaninc2020/>.

⁵⁷ Department on the Status of Women, *Human Trafficking*, 77-78.



Because data on survivors of violence and their needs is limited, it is difficult to quantify the total need for services and to estimate service gaps. Considering the increase in requests for victim services and a decrease in capacity among some service providers, it is likely that service gaps have increased since the start of the COVID-19 pandemic.

Likewise, in the Homelessness Response System, fewer than 1,200 total people experiencing homelessness — not just survivors — received rapid re-housing, permanent supportive housing, or other rental subsidies in fiscal year 2020-21 out of over 2,600 who had been prioritized.⁵⁸ Assuming that survivors and non-survivors are placed in housing at the same rate, we estimate that about 750 out of 3,600 survivors (21%) in Coordinated Entry received permanent housing placements. While not all survivors of violence in Coordinated Entry need housing with a permanent subsidy, demand for housing clearly exceeds what is available through the Homelessness Response System.

IV. CONCLUSION

Survivors of violence and people experiencing homelessness are overlapping populations. The systems serving people at this intersection are fragmented, which complicates accessing and navigating services. Safe housing programs — including emergency shelter, transitional housing, and permanent housing — play an important role for survivors of violence who need safe places to stabilize and rebuild their lives. Many San Francisco residents who have experienced violence seek services each year, but the capacity to provide services, especially safe housing, is limited.

The lack of housing opportunities for survivors of violence is acute, as it is for people experiencing homelessness. While the current system does not have all the housing resources needed, system improvements could help survivors access safe housing more quickly. Based on the available data, Focus Strategies recommends the following:

Explore Coordinated Entry Access Points for Survivors

Safe housing is a critical resource for survivors of violence. To ensure that survivors have access to housing opportunities through Coordinated Entry, we recommend exploring

⁵⁸ Department of Homelessness and Supportive Housing, City and County of San Francisco, *Director's Report, Local Homelessness Coordinating Board, August 2, 2021*, (San Francisco, 2021), <https://hsh.sfgov.org/wp-content/uploads/2021/08/LHCB-August-2021-FINAL-003.pdf>.



targeted access points for survivors. Access points for survivors should be designed with a focus on safety, privacy, and survivors' unique experiences and needs. Depending on survivors' needs and priorities, targeted access points could be embedded within victim service providers, carved out as dedicated spaces at existing access points, or developed as new stand-alone spaces in specifically selected geographic locations. Exploring these and other possibilities should foreground the voices of survivors and incorporate the expertise of victim service providers.

Foster Partnerships with Victim Service Providers

The substantial overlap between survivors of violence and people experiencing homelessness suggests the importance of fostering partnerships between victim service providers and the Homelessness Response System. Partnerships between these systems should be bi-directional. For example, the Homelessness Response System could collaborate with victim service providers to identify strategies to improve access to Coordinated Entry or to help survivors navigate the housing referral process. Similarly, victim service providers could establish referral pathways for survivors in the Homelessness Response System or provide expertise in the development of new trauma- and violence-informed services. Creating opportunities for collaboration between systems in both service design and delivery will help ensure survivors' needs are met regardless of which system they enter first.

Fill Knowledge Gaps to Improve System Planning

Data limitations make it difficult to quantify capacity gaps to inform system planning. However, designing and implementing a Coordinated Entry process for survivors of violence creates an opportunity to assess capacity gaps in greater detail. We recommend expanding and standardizing data collection in the ONE system to include multiple types of violence to better reflect the number of survivors in the Homelessness Response System. Additionally, the ONE system could be used to gather detailed information about survivors' needs and to track referrals to key services. Adding these capabilities would help fill knowledge gaps and enable more detailed analysis of survivors' unmet needs, which could in turn inform system planning.



APPENDIX A: LIST OF DATA SOURCES

A. Local Data Sources

Publisher	Data Source	Data Source Type
Applied Survey Research	San Francisco Homeless Count & Survey Comprehensive Report 2019	Report
California Department of Justice	Crimes & Clearances	Custom data query from website
City and County of San Francisco	Violent Crime Rate and Property Crime Rate	Website
Department of Homelessness and Supportive Housing	Custom data request from ONE system	Custom data query
Department of Homelessness and Supportive Housing	Director's Report, Local Homelessness Coordinating Board, August 2, 2021	Report
Department on the Status of Women	Family Violence Council Report, July 01, 2019 - June 30, 2020	Report
Department on the Status of Women	Gender-Based Violence Intervention and Prevention Grants Program 3-Year Review	Report
Department on the Status of Women	Gender-Based Violence Prevention and Intervention Grants Program FY 2019-2020 Program Highlights	Report
Department on the Status of Women	Human Trafficking in San Francisco 2017 Data	Report
San Francisco 311	Custom data request from 311	Custom data query
San Francisco District Attorney's Office	2020 Victim Impact Survey Report	Report
San Francisco District Attorney's Office	End of Year Report 2020	Report
San Francisco Police Department	SFPD Quarterly Activity & Data Report 2020 Quarter 4 Report	Report
W.O.M.A.N., Inc.	2019 Annual Report	Report
W.O.M.A.N., Inc.	2020 Annual Report	Report



B. National Data Sources

Publisher	Data Source	Data Source Type
Centers for Disease Control and Prevention	Community Violence Prevention	Website
Centers for Disease Control and Prevention	National Intimate Partner and Sexual Violence Survey: 2010-2012 State Report	Report
Polaris	Human Trafficking Trends in 2020	Report
U.S. Census Bureau	2019 American Community Survey 1-Year Estimates	Custom data query from website
U.S. Department of Justice	Criminal Victimization, 2020	Report
U.S. Department of Justice	National Criminal Victimization Survey	Dataset



APPENDIX B: SERVICES PROVIDED BY THE HOMELESSNESS RESPONSE SYSTEM AND VICTIM SERVICE PROVIDERS

Services	Homeless Response System (as of January 2019)	Victim Service Providers
Entry Points	Coordinated Entry via various community resources, including: Access points Access partners Community advocates Social services agencies Police and fire staff	Crisis lines Domestic violence information and referral center 311 Police
Problem Solving	700 Eviction prevention & move-in assistance slots 850 Homeward Bound slots	
Street Outreach	193 Chairs in resource centers, HSOC, SFHOT	St James Infirmary
Temporary Shelter	1,400 Shelter beds 500 Navigation center beds 100 Stabilization units 450 Transitional housing beds	35 beds at La Casa 10 beds at AWS 23 beds at Riley Center
Housing	440 Rapid rehousing slots 300 Moving On initiative subsidies 7,770 Permanent supportive housing units	Rapid rehousing Transitional housing: 28 units at Gum Moon 10 units at Safe House 35 units at Brennen House Permanent housing: 91 units at Mary Elizabeth Inn
Other Services		Intervention and advocacy Counseling Legal services Violence prevention, education, and training



Appendix E: Safe Housing Working Group Values and Group Agreements

The Safe Housing Working Group is Guided by the Following Values:

- Centering Survivors
- Intersectionality
- Radical Listening

Safe Housing Working Group Members Operate Together with These Agreements in Mind:

- Disclosure of survivorship/lived experiences is neither required or silenced.
- We don't ask details about trauma history.
- We engage in brave conversation.
- We use active listening.
- We respect and acknowledge each other's expertise.
- We're mindful of avoiding acronyms and explaining if we do.
- We respect people's privacy and confidentiality and don't share details of personal experiences that may be shared. We acknowledge that mandatory reporters are participating in the group.
- We respect people's rights to keep their cameras on or off and to cope as needed.
- We are mindful that some members may be in dual relationships with other members (client/provider; funder/grantee) and that power dynamics may be present.



Appendix F: Systems Mapping Summary

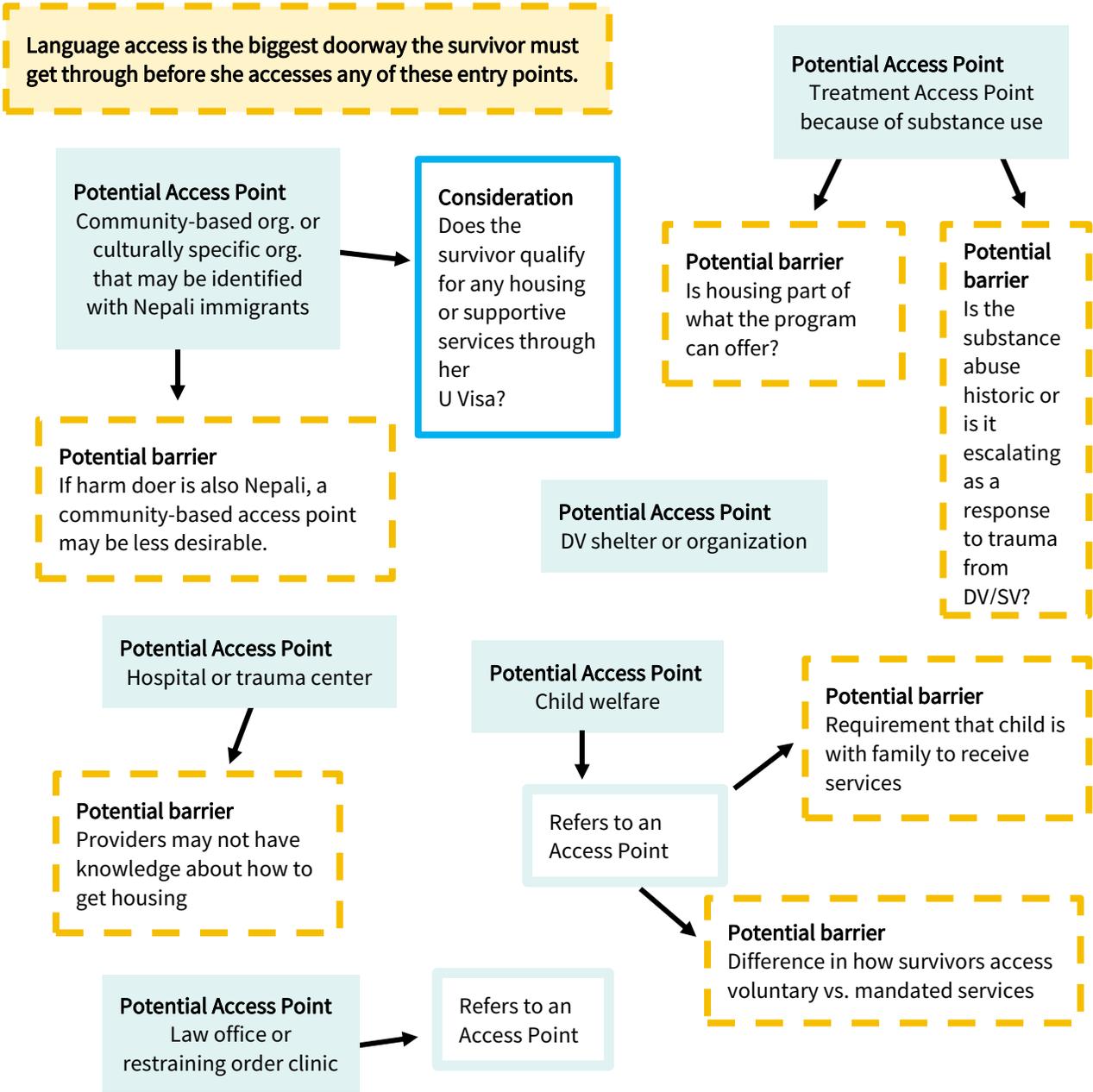
The Safe Housing Working Group developed visual depictions of two potential experiences of hypothetical survivors attempting to navigate the Coordinated Entry (CE) system. The scenarios that were developed for use in the mapping activity were created so that the Working Group was able to explore the pathways and potential barriers that survivors face while attempting to access safe housing, not only because of their survivor experience, but also because of issues that could arise around language access, LGBTQ+ identity, substance use, family composition, and historical trauma.

Scenario 1

Chantin is a Nepali immigrant with limited English proficiency who has fled her harm-doer but is wary of and unsure about mainstream social services. She has one child. Her child is not in her custody due to concerns about substance use but she is working on getting the child back. She needs housing that will accommodate her and her son.

- Barriers discussed included language access for *any* services, culturally specific services, qualifying for housing based on immigration status, child welfare interactions, mandatory services, and the difference between escalating or historic substance abuse.
- Overall, the group found that the survivor has several possible pathways; however, some entry points have formalized relationships with the Homelessness Response System (HRS) while others do not. Therefore, connection to housing resources may not be even a part of what survivors will receive.
- The group questioned if referring agencies are equipped to provide follow up services and help survivors navigate through the next steps.

Scenario 1 Map



Conclusion
 The survivor has several possible pathways, but some entry points have formalized relationships with the Homelessness Response System while others do not. Connection to housing resources may not be part of what the survivor will receive.

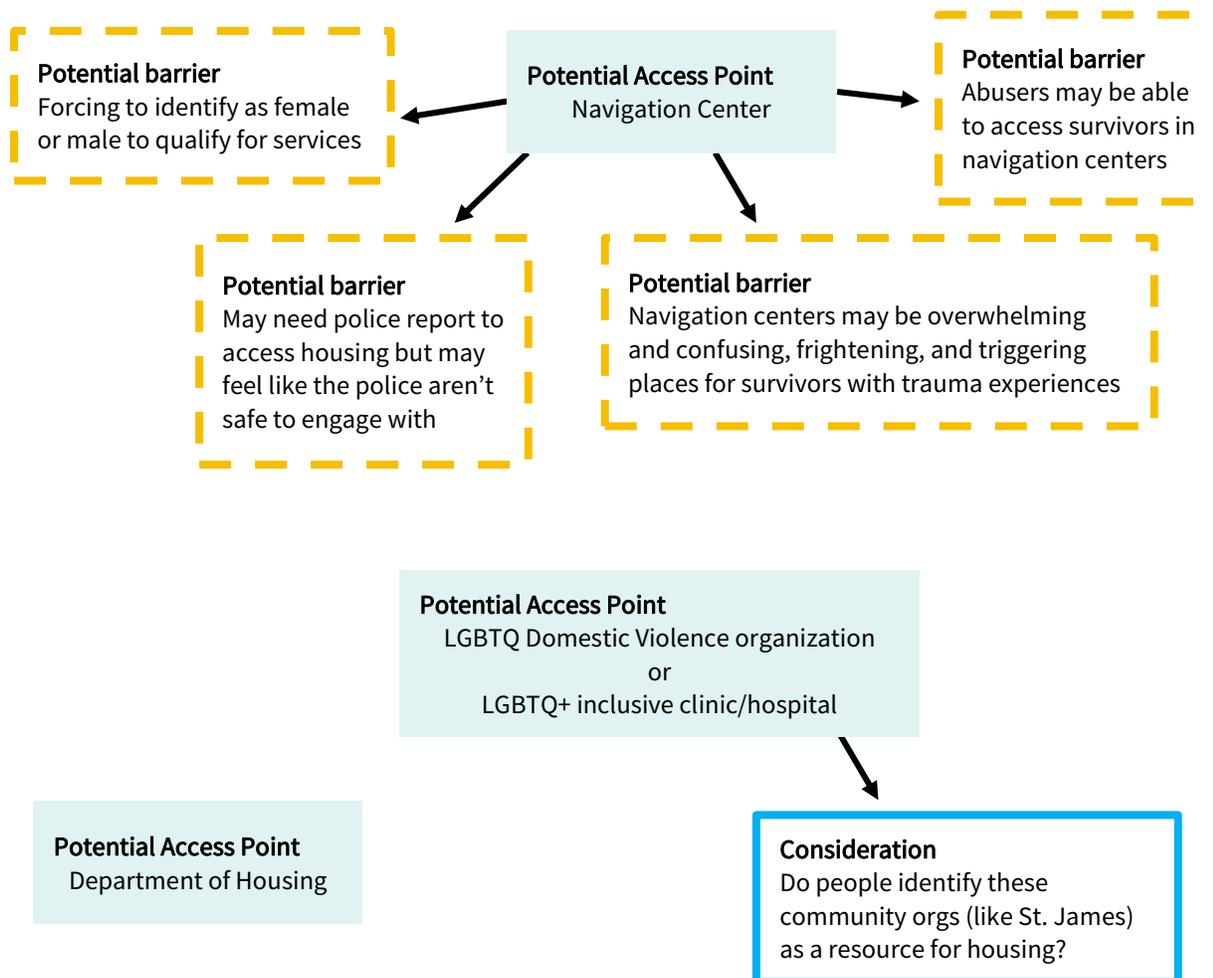
When the survivor is referred on, how equipped is the referring agency to follow the survivor and help her navigate through the next steps?

Scenario 2

Alex is a BIPOC non-binary individual who has been unhoused for four years. They are surviving chronic trauma and have been harmed by multiple abusers but have rarely fit neatly into eligibility requirements for anything other than temporary housing. They are looking for a way off the street that can lead to permanent housing.

- Barriers identified in navigating the CE system, included abusers having access to survivors at navigation centers; navigation centers that may be overwhelming, confusing, frightening, and triggering; requirements around engaging with law enforcement; and whether LGBTQ+ organizations are perceived as potential housing referral sources.

Scenario 2 Map



Re-Envisioning Coordinated Entry

The Working Group members split into smaller breakout groups to discuss three topics, with related questions.

1. Group One's topic: *Addressing the Broad Range of Survivor-Specific Needs*.
 - a. Questions focused on what survivors are looking for in Coordinated Entry (CE), barriers to be addressed for a more effective response, and what a survivor-centered CE would look like.
 - b. Themes that emerged, included that survivors do not feel comfortable or safe accessing services; perpetrators work within the system and can track survivors through databases; housing options are not safe; mental safety is just as important as physical safety; there should be a separate CE for survivors with additional confidentiality measures; and that service providers need ongoing training around culturally specific and trauma informed services and communication (especially during intakes).
2. Group Two's topic: *Safe Access*.
 - a. Questions focused on accessibility, protocols, and privacy at Access Points.
 - b. Themes that emerged from this group, included the expansion of Access Points and mobile services; 24/7 access to hotlines and emergency shelters; co-located services; encrypted data; confidentiality training and accountability; and language access.
3. Group Three's topic: *Prioritization*.
 - a. Questions focused on priority populations for housing referral status, factors to consider for a matching process for open units, and what training should be provided to HRS staff.
 - b. Themes included avoiding "checkbox" designs/forms that do not ensure contextualization; matching survivors with housing that is safe and not re-traumatizing; barriers from prioritizing "chronically" homeless; expanding knowledge of survivor's unique issues; complexities of disclosing when not comfortable; and compensating people with lived experience to review, co-create, and contextualize the entire process (including the environment).

Appendix G: Memo on Dept. on the Status of Women FY22-23 Gender-Based Violence Housing Portfolio



City and County of San Francisco

London N. Breed
Mayor



Department on the Status of Women

Date: September 29, 2022

To: Joseph Macaluso, Deputy Director / Chief of Staff From: Elise Hansell, Program Manager, Economic Security

Subject: Dept. on the Status of Women FY22-23 Gender-Based Violence Housing Portfolio

The following eight contracts total \$3,159,955. Three (3) are emergency shelters, while the other five (5) provide transitional housing and case management services. These contracts were initiated through a competitive RFP process. Renewal options will set to expire in in FY 24-25 on June 30, 2025.

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
Asian Women's Shelter	Emergency Domestic Violence Shelter Program	Domestic Violence Shelter	\$305,948
<p><u>Program Description:</u> Asian Women Shelter's (AWS) Emergency Domestic Violence Shelter Program provides shelter, food, clothing, and other necessities for survivors of violence and their children. Under the provision of this grant, AWS will provide 11 adults with 512 bed nights and 10 children with 512 bed nights through the Shelter Program. AWS also provides comprehensive case management, individual and group counseling for survivors and their children.</p>			

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
La Casa de las Madres	Emergency Domestic Violence Shelter Program	Domestic Violence Shelter	\$635,068

Program Description: The Emergency Domestic Violence Shelter Program at La Casa de las Madres (La Casa) provides confidentially located, short term shelter to survivors of domestic violence and their children. Under the provision of DOSW's grant, La Casa will provide 28 survivors over 12-months, a minimum 1,112 bed nights in a secure environment.

Each bed-night includes access to three (3) balanced meals per day and basic need provisions for food, clothing, personal items, and emotional support. La Casa also engages residents in effective, culturally relevant, and linguistically accessible support services – counseling and therapeutic services as well as case management-related services.

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
La Casa de las Madres	Safe Housing Project at the San Francisco Housing Authority	Domestic Violence Shelter	\$155,691

Program Description: The Safe Housing Project at San Francisco Housing Authority (SFHA) builds access, knowledge, and capacity among SFHA residents, staff, and partners. The project and service provision will be based out of the San Francisco Housing Authority offices from 8:30 am to 5 pm Monday through Friday, with pre-arranged evening and weekend hours to facilitate events as determined. Services will also be provided at La Casa's Drop In Center. Through outreach, education, training and technical assistance, survivors support services and systems advocacy, the project empowers domestic violence survivors, prioritizes their safety, and fosters community norms that center accountability for the impacts of domestic violence with abuse perpetrators and support healthy and domestic violence-free relationships.

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
Gum Moon Women's Residence	Transitional Housing for Immigrant Domestic Violence Survivors	Transitional Housing	\$117,599

Program Description: Gum Moon's Transitional Housing for Immigrant Domestic Violence Survivors Program reserves 15 subsidized, transitional beds at Gum Moon Women's Residence for immigrant domestic violence survivors. Gum Moon will provide case management to assist monolingual immigrant survivors to navigate resources as well as provide bilingual support services, informal counseling, support groups, referral to employment/vocational training, and enrollment for English as a Second Language (ESL) classes.

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
San Francisco Safe House	Safe House Transitional Housing Program	Transitional Housing	\$293,234
<p><u>Program Description:</u> Safe House's Transitional Housing Program provides secured and confidential housing to 10 women at a time. The case management team provides individual meetings as well as accompaniment and mobile advocacy for residents of the program. Case Managers support residents in identifying and working towards goals related to self-sufficiency, recovery from trauma, economic independence and permanent housing.</p>			

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
Mary Elizabeth Inn	The INN Roads + 58 Units Property Management, Program Administration and Permanent Supportive Housing	Transitional Housing	\$1,077,328
<p><u>Program Description:</u> The Mary Elizabeth Inn provide Support Services to tenants who reside in 58 units at the Mary Elizabeth Inn. Grantee also administers the InnRoads Program, a post-shelter empowerment program that provides 18 units for extremely low-income survivors of domestic violence. Support Services are voluntary and are available to all tenants of the building. Support Services include, but are not limited to the following: outreach, intake and assessment case management, benefits advocacy, and assistance, referrals and coordination of services, support groups and social events.</p>			

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
St. Vincent de Paul (Riley Center) - Rosalie House	Emergency Domestic Violence Shelter Program - Rosalie House	Domestic Violence Shelter	\$309,123
<p><u>Program Description:</u> Rosalie House is a 12-week, 22 bed emergency shelter for domestic violence survivors and their children who have experienced physical, sexual or emotional abuse, with priority to those in immediate danger. In addition to providing shelter, food, and clothing, Rosalie House offers safety planning, individual counseling, support groups, case management, parenting groups, legal assistance, employment/education referrals and housing search assistance.</p>			

Grantee Organization Name	Grant Title	Program Area	FY 22-23 Base Contract
St. Vincent de Paul (Riley Center) - Brennan House	Transitional Housing Program - Brennan House	Transitional Housing	\$265,964
<p><u>Program Description:</u> Brennan House is a 32-bed, 12-month transitional housing program for survivors and their children. Each family unit has a private room with the appropriate number of beds with access to a communal kitchen and gathering spaces. Staff helps survivors and their children deal with the long-term effects of abuse through weekly individual counselling sessions, support groups and parenting meetings. Case managers may also accompany survivors to appointments, serve as advocates in legal hearings, provide weekly assistance with job searching, including transportation to interviews.</p>			

-
- i. Email communication with Sarah Locher; 8/28/2022.
 - ii. Focus Strategies. (2022) San Francisco Department of Homeless and Supportive Housing Community needs Assessment for Survivors of Violence: Quantitative Analysis.

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Most of all, the Safe Housing Alliance gives deep thanks to the San Francisco survivors of domestic violence, sexual assault and human trafficking who contributed their time, expertise, vision, and heart to this project.

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