



Strategies to Address Chronic Homelessness: Lessons Learned in San Francisco

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Homelessness and Behavioral Health

- 700,000 individuals are homeless on a given night in the United States
- 31.1 million people live at or below the poverty line and are at risk for homelessness (Census, 2000)
- 5-8 million people (2-3% of the U.S. population) will experience at least 1 night of homelessness over a 5 year period
- 20-25% of homeless have a serious mental illness
- 50% of these also have an alcohol and/or drug problem
- > 50% of homeless qualify for disability benefits, but < 11% receive benefits

Homelessness in San Francisco

- San Francisco is 2nd most densely populated urban area and 14th most populous city in United States (764,976 in 47 square miles)
- 5th highest number of homeless in U.S.
- 6,248 homeless (85% male, 15% female) counted in a single night (2005)
- 10,000 people cycle through streets, SROs, treatment, and unstable accommodations over a year

Chronic Homeless

- 3,000 estimated San Francisco homeless (20% of SF total homeless population)
- 2,700 estimated New York chronic homeless



Late 1990's

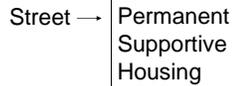
- SF Had to Face the Fact that Our Approach Wasn't Working
- Driven to Act Based on Own Experience
- Strong Will to End Homelessness
- Conviction That Health Care is Key to the Solution

Continuum Model



- Goal: Stabilize individual with services BEFORE permanent housing placement

Housing First / Direct Access to Housing Model



- Goal: Immediate placement in permanent housing with services onsite to stabilize the individual and keep them housed

“Permanent supportive housing has been proven to be the most effective and efficient way to take the chronically homeless off the streets.”

Direct Access to Housing

A housing approach that invites homeless people inside and strives to non-judgmentally help tenants recover from trauma and improve their overall health and well being.

Core Goals

- Help a marginalized population live a better life
- End the widespread phenomenon of people sleeping on the streets
- Reduce costly over-utilization of emergency services

Key Elements

- Low entrance threshold
- Active engagement
- Experienced on-site behavioral health and medical services
- Control of access

Direct Access to Housing (DAH)



Pacific Bay Inn (1999)	75
Windsor Hotel (1999)	92
LeNain Hotel (2000)	86
Broderick St. RCF (2001)	33
Star Hotel (2003)	54
Camelot Hotel (2003)	55
Civic Center Res. (2004)	60
West (2004)	40
Empress Hotel (2004)	89
Folsom/Dore (2005)	40
Plaza Hotel (2006)	106
Mission Creek (2006)	51
Chronic Alcoholics* (2006)	62
Prop. 63** (2007)	20
Pipeline	472+
TOTAL DAH UNITS	1335+

* 62 units of permanent housing spread across six sites.
** TNDC-owned Ritz and Dalt Hotels.

Plaza Apartments

Luxury Apartments? Yes!

Housing for Chronically Homeless? Yes!



- \$24 million development
- \$1 million annual subsidy
- 106 chronically homeless individuals off the street
- 106 people with beautiful new apartments with a profound sense of hope

Plaza Apartments high users of medical system

- Opened 12/05
- 106 studio apartments
- 12% move-out rate/yr
- 5% eviction rate/yr
- \$1 million/yr in public funds
- Approximately \$1.5 million in healthcare reductions in first year



990 Polk Street



- \$32.9 million development
- MHSAs Application to CALHFA/DMH for \$1 million Capital Development Funds
- 110 units – 50 for Chronically Homeless (10 for MHSAs Older Adult Full Service Partners)
- Scheduled completion August 2008
- **Partners:**
 - Tenderloin Neighborhood Development Corporation
 - Citizens Housing Corporation

990 Polk Street – Building details

- Nine-story building with 110 apartment units, including 81 studios and 29 one-bedroom apartments
- Ground floor includes:
 - Residential lobby & waiting area
 - Two residential service staff offices for case managers
 - Private conference/meeting room for larger groups
 - Nurse/health station



990 Polk Street – Building details

- Second floor includes:
 - Two large community common areas for residents
 - Kitchen, 8-station computer learning center/library, solarium, an outdoor courtyard/deck/patio for social gathers, laundry room
- Eighth floor houses a community garden
- All units are adaptable with wheelchair clearance; ten units will be fully accessible for households with member(s) with physical disabilities and the visual and hearing-impaired



990 Polk Street – Financial Information

- Project financed by the Mayor's Office of Housing (\$32.9 million)
- \$1 million MHSAs Housing Funds
- Operating subsidy from the City and County of San Francisco's Local Operating Subsidy Program (LOSP) will support DAH & MHSAs units
- Rent levels for DAH and MHSAs units will be set at 50% of tenant income.

Central YMCA



- 174 units of permanent supportive housing opening in 2010
- Future home of DPH-Housing and Urban Health Clinic and Wellness Center
- **Partners:**
 - DPH-Housing and Urban Health
 - Mayor's Office on Housing
 - Tenderloin Neighborhood Development Corporation

Financial Information

\$500 Support Services
\$500 Lease
\$500 Property Management
\$1,500 per unit per month

Residents pay fifty percent of their income towards rent.

(avg. rent paid is \$300)

Cost of Homelessness in San Francisco

- \$61,000 per person average annual cost of emergency services and/or incarceration
- \$16,000 per person average annual cost of supportive permanent housing

Housing and Urban Health Clinic



- Integrated health clinic serving tenants in supportive housing
- Received Federally Qualified Health Center status (2006)
- Logs 1,000 encounters monthly, 75% of which generate revenue for the City

Integrated Support Services



- Outreach, engagement, and linkage
- Intensive case management

Project Homeless Connect

- One-stop-shop model
- Nearly 2,000 persons access the 100+ services offered at each PHC event
 - Medical care (3,944 to date)
 - Employment services (2,397 to date)
 - Shelter / stabilization (2,000 to date)
- Public, private, nonprofit partnership
 - 250 nonprofit and government agencies
 - 300 corporations
 - 15,000 volunteers
- Award-winning best practice model replicated across the country and around the world
 - 100+ US cities
 - Puerto Rico, Canada, Australia



Estimating Homelessness

- As of 2007 HUD/McKinney requires bi-annual homeless counts for all areas receiving federal housing funds, but request that annual count be done if resources allow
- Homeless count methodology has been standardized and strengthened over the past 4 years
- Beginning in 2007, HUD will competitively evaluate the methods used to enumerate homeless persons
- The numbers reported must be accurate and based on reliable methods

Defining Scope of Homelessness

- **Literally Homeless:** Living in shelters or transitional housing, or unsheltered places not meant for human habitation (streets, parks, subway tunnels, abandoned buildings).*
- **Precariously Housed:** On the edge of being literally homeless, doubled up with friends/relatives, paying high proportions of resources for rent

* HUD count focus on Unsheltered homeless

Chronic Homeless Person

“an unaccompanied disabled individual who has been sleeping in one or more places not meant for human habitation or in one or more emergency homeless shelters for over one year or who has had four or more periods of homelessness over three years”

Episode of Homeless

- A separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter



Disabling Condition

- A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Count Strategies

- Point-In-Time Count of Sheltered and Unsheltered homeless people
- Conducted in the last 7 days in January
 - Shelter count
 - Simple street counts
 - Simple street counts with interview component
 - Screening and Interviewing Homeless people at service provider locations