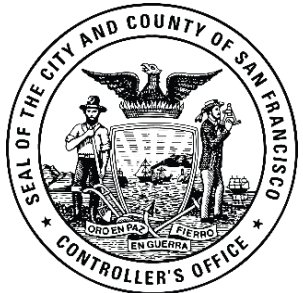# 2025 Homelessness Needs Assessment

Office of the Controller, City Performance

December 10, 2025

Project Team:
Radhika Mehlotra, *Homelessness Policy Specialist*
Hannah Kohanzadeh, *Senior Performance Analyst*
Aya Kanan, *Senior Performance Analyst*
Jessie Wong, *Senior Performance Analyst*

2025 Homelessness Needs Assessment

The Controller's Office conducted the 2025 Homelessness Needs Assessment to fulfill requirements of the **Our City, Our Home Fund ordinance**, as defined in the **San Francisco Business Tax Regulation Code § 2810 (e)(2)(B):**

Conduct a needs assessment with respect to homelessness and homeless populations, including but not limited to an assessment of available data on sub-populations with regard to race, family composition, sexual orientation, age, and gender.

The Controller's Office analyzed available data from:

1. Department of Homelessness and Supportive Housing (HSH)

2. Mayor's Office of Housing and Community Development (MOHCD)

3. Department of Public Health (DPH)

4. Other public sources

2022 Homelessness Needs Assessment

The 2025 Homelessness Needs Assessment affirms and builds on the findings of the first assessment conducted in 2022. These findings were:

1. Homelessness has structural roots in racial and economic inequality.

2. Racial inequality appears as barriers to education, stressed family networks, barriers to employment, and disabling health conditions. Combined, these barriers make the gap between income and the cost of living appear unbridgeable.

3. The population of people experiencing homelessness shows a significant need for ongoing housing and support services.

4. Against incredible barriers, people experiencing homelessness are resourceful and motivated.

Executive Summary – Key Findings

1. Systemic **inequities** in housing, employment, and healthcare drive **higher rates of homelessness among marginalized groups**, including people of color, LGBTQ+ individuals, and many others.

2. While more people experiencing homelessness are in shelter than ever before, and although the City has provided housing and services to a significant number of households in recent years, **unsheltered homelessness in the Point-in-Time (PIT) Count is largely unchanged since 2022**.

3. This indicates a **high rate of "inflow" to the system**. As a result, the City's **inventory of shelter and housing is not aligned with the scale of the unhoused population**. Flow through the homelessness response system and into sustainable exits remains challenging.

4. According to the PIT Count, **rates of Family and TAY homelessness are on the rise**, suggesting these are key populations where inflow may be high.

5. A substantial share of people experiencing homelessness have **behavioral health conditions**, and PIT Count reports of mental illness, substance use, and chronic homelessness rose between 2022 and 2024.

6. Existing **programs and services may need adjustments** to account for the unique needs of each population and for changing trends in the population overall.

Executive Summary – Key Interventions

The City may utilize the following interventions to address the needs of individuals experiencing homelessness and those at risk of homelessness, as identified in this assessment.

1. **Tackle systemic disparities**: prioritize marginalized groups who are disproportionately affected by homelessness, create culturally competent housing and support service programs, and invite partnerships with community organizations to ensure accessibility, among other strategies.

2. **Limit inflow into homelessness**: invest in affordable housing, rental assistance, eviction prevention, and other support services targeted to preventing homelessness among those at imminent risk. In addition, investments in housing stabilization services to keep people housed are important for limiting inflow.

3. **Address behavioral health needs**: increase and improve access to behavioral health services across a broad spectrum of needs ranging from low barrier stabilization interventions to recovery-oriented treatment and step-down services.

4. **Align interventions to population needs**: single adults are more likely to be experiencing health barriers and need supports to address those needs in addition to housing; families are more likely to require affordable housing and job training or employment services for a living wage.

5. **Match capacity with demand**: improve processes to increase flow out of shelter and increase sustainable exits; adjust inventory to meet the total demand across a broad spectrum of needs.

State of Homelessness

Population Experiencing Homelessness

2024 PIT Count found more than 7,000 households experiencing homelessness on one night in San Francisco.

This represented 8,323 individuals.

7,111
Total Homeless Households

Adults
6,666
(94%)

Families
405
(6%)

TAY*
1,137
(16%)
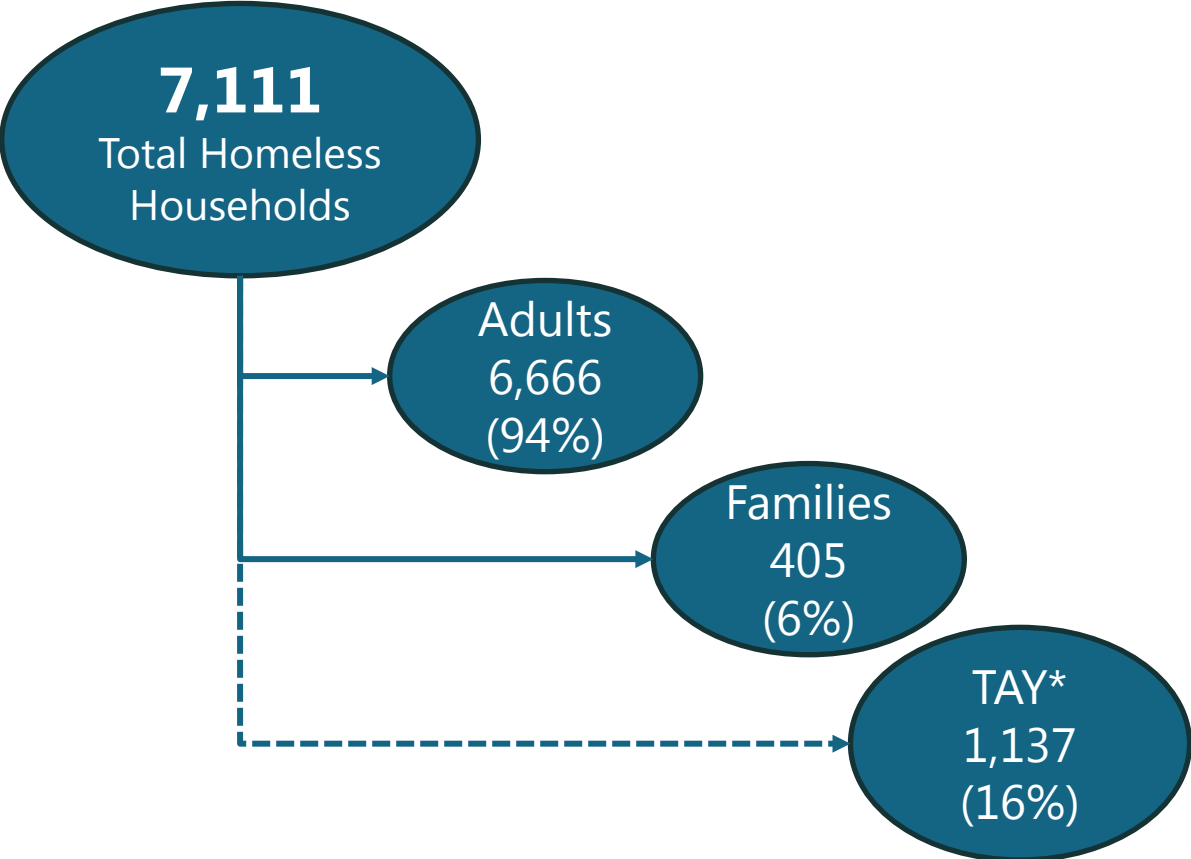
At points throughout 2024, the City provided services to over 20,000 households experiencing homelessness.

This represented 26,634 individuals.

20,236
Total Unhoused Households

Adults
17,234
(85%)

Families
2,764
(14%)

Youth & Young Adults**
4,201
(21%)

Population snapshot of 2024 PIT Count.

More than half were unsheltered

Overwhelmingly single adults

Nearly half were aged 25-44

More than half were men

Overrepresentation of Black and Hispanic/Latina/e/o individuals

According to individuals surveyed during the PIT Count, the top four factors causing homelessness include:

1. Lost Job
2. Alcohol or Drug Use
3. Eviction
4. Argument with Family or Friend

Source: 2024 PIT Count; PIT Count Appendix.
Note: Data are individuals

8

On the night of the PIT Count, San Francisco had enough emergency shelter and transitional housing beds for 50% of people in need (4,440 total beds).

Veteran Beds — 76
Seasonal & Overflow/Voucher Beds — 91
Youth Beds — 315
Family Beds — 1,009
Adult-Only Beds — 3,340

2024 PIT Count found:

3,969 individuals in emergency shelter and transitional housing programs

4,354 unsheltered individuals
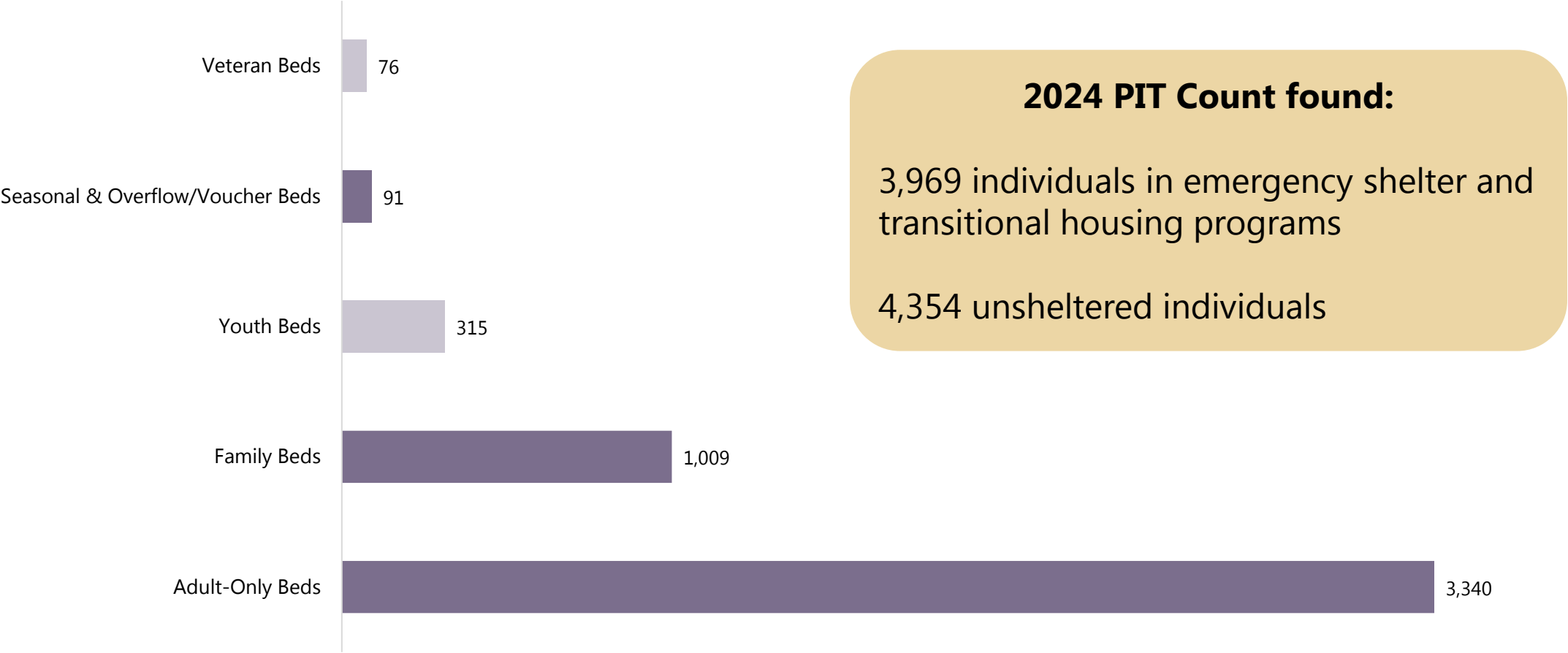
Point-in-time homelessness in 2024 increased 7% since the 2022 PIT Count, as did reports of barriers faced by individuals experiencing homelessness.

82% increase in Family homelessness*
- Sheltered homelessness increased by 59%
- Unsheltered homelessness more than doubled

11% increase in TAY homelessness
- Sheltered homelessness increased by 77%
- Unsheltered homelessness decreased by 6%

2% increase in Adult homelessness
- Sheltered homelessness increased by 11%
- Unsheltered homelessness decreased by 4%

18% increase in sheltered homelessness

1% decrease in unsheltered homelessness

38% increase in individuals living in cars

25% increase in reports of serious mental illness

16% increase in reports of substance use disorder

11% increase in reports of chronic homelessness

In 2024, the City provided services to more than 26,000 individuals experiencing homelessness.

HSH served over 20,000 households experiencing homelessness in 2024, which represented more than 26,000 individuals.

Chart legend:
- ■ Total number of Individuals
- ■ Total number of Households

Category	Total number of Individuals	Total number of Households
Adult	17,816	17,234
Families	8,818	2,764
Youth Adults (age 18-29)	5,129	4,201

Source: HSH Administrative Data
Note: Youth and Young Adults (aged 18-29) overlap with Adult and Family households.

11
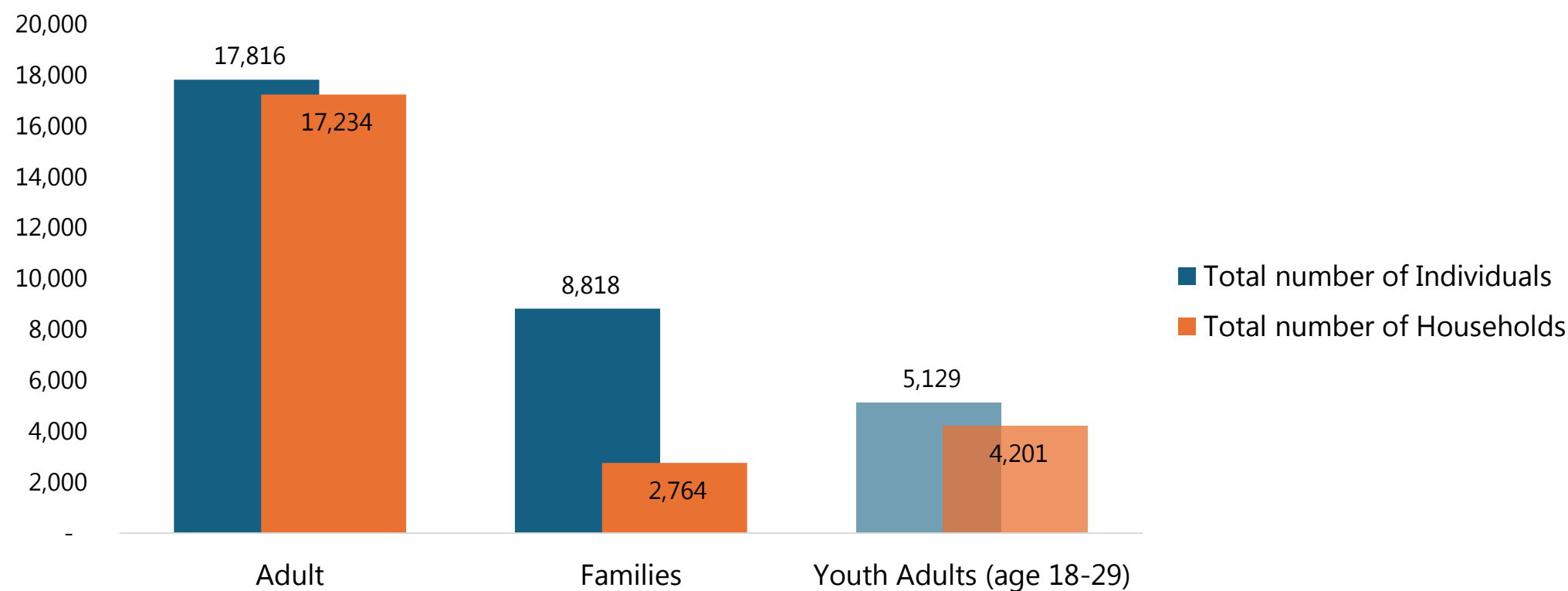
Among households accessing HSH services, unhoused Single Adults and Families have different demographic characteristics.

Unhoused Single Adults

- **Nearly half aged 25-44**
  - TAY (10%) and Seniors 65+ (9%) were the lowest shares

- **High share of Black individuals (33%),** as compared to the city's population*
  - 35% White individuals
  - 14% Latine/Hispanic individuals

- Mostly **men (65%)**
  - 29% Women
  - 4% Transgender and nonbinary

- Mostly **straight or heterosexual (78%)**
  - 12% Bisexual and Gay/Lesbian

Unhoused Families

- **Young**, 53% aged 18-34

- **High shares of Black (40%) and Latine/Hispanic (28%) individuals**, as compared to the city's population*
  - 14% White individuals

- Mostly **women (86%)**
  - 14% Men

- Mostly **straight or heterosexual (84%)**
  - 4% Bisexual and Gay/Lesbian

Unhoused Single Adults served by HSH report a higher share of health-related barriers than unhoused Families.

Chart: Health-related barriers by Unhoused Families (orange) and Unhoused Single Adults (blue)

Category	Unhoused Families	Unhoused Single Adults
HIV/AIDS Positive	(minimal)	5%
Veterans	(minimal)	7%
Justice-Involved	6%	52%
Survivors of Violence	25%	13%
Long-term Physical Disabilities	8%	36%
Physical Disabilities	10%	38%
Chronic Health Conditions	19%	43%
Developmental Disabilities	7%	27%
Chronic Homelessness	12%	44%
Long-term Mental Health Challenges	25%	51%
Substance Use or Mental Health Disorders	32%	65%

■ Unhoused Families   ■ Unhoused Single Adults

Unhoused adults receiving HSH services are very likely to have **substance use or mental health disorders**, as well as long-term mental health challenges.

They are also very likely to have **chronic health conditions** and physical disabilities.

Unhoused Adults also report higher levels of justice system involvement as compared to families.

A much smaller share of unhoused families report similar conditions and needs.

In 2024, DPH estimated more than 16,000 unhoused individuals had serious mental health and/or substance use diagnosis.

In 2024, DPH identified 16,671 people experiencing homelessness who also had a substance use and/or serious mental health diagnosis. These individuals had used City housing or health care services in the past two years and reported or identified as homeless within the past year.

Of these 16,671 individuals:

- **50%** had a **substance-use disorder diagnosis**
- **34%** had **substance-use disorder and serious mental health diagnoses**
- **16%** had a **serious mental health diagnosis**

> **Serious Mental Health Disorder:** Persons with psychotic disorders, bipolar disorders, post-traumatic stress disorder, or depressive disorders associated with a psychiatric inpatient episode.
> **Substance Use Disorder:** Persons with alcohol, cannabis (with psychotic features), hallucinogen, inhalant, opioid, sedative, stimulant, or other substance-related disorders except nicotine, caffeine, and cannabis only related disorders.

Source: DPH 2024 MHSF Data; DPH Appendix.
*These data represent the CY 2024 Mental Health SF Population.

14

Flow through the homelessness response system continues to be a challenge.

Ensuring steady progress through the homelessness response system is essential to reducing time spent in crisis, increasing housing stability, and reducing homelessness overall.

Data on housing outcomes of sheltered clients is limited and outcomes are mixed:

- 51% of clients don't have a record of where they went after leaving shelter, data varying widely by shelter site

- 13% exited to permanent housing, higher for Families and TAY than Adults

- Clients in non-congregate shelter were more likely to exit to permanent housing

Low exits may be driven by:

- **Limited availability of permanent housing options**

- **Long waiting lists**

- **Client ineligibility due to lack of income, immigration status, or criminal background**

City shelters are typically institutional spaces that may not offer the same privacy and comfort as housing – client experiences reflect that.

"Clients generally view **safety in shelters as adequate** except when staff took breaks simultaneously, and clients at one congregate shelter felt like they had to be constantly "on guard" to avoid confrontations over space and privacy."

"I feel safe to a degree, but when staff take breaks at the same time, I have found people who don't live here in the dorms."

"Clients spoke about wanting **more social programming at some sites**. Some providers said that on-site programs meant to build community among shelter clients stopped during the pandemic and hadn't been fully re-started."

"They used to have programs and activities here, but now we just walk around like zombies. No movie nights, bingo nights, coffee days, nothing."

"Providers and clients frequently **noted issues with theft** and expressed a strong desire for larger and more secure storage options. Clients noted that theft and safety concerns increased when staff took breaks simultaneously."

"Clients agreed that the **facilities were as clean as they could be**, with staff cleaning constantly. Staff noted that bathrooms were particularly difficult to maintain, especially at larger sites with hundreds of people."

"Clients were **dissatisfied with the quality of meals** at shelters."

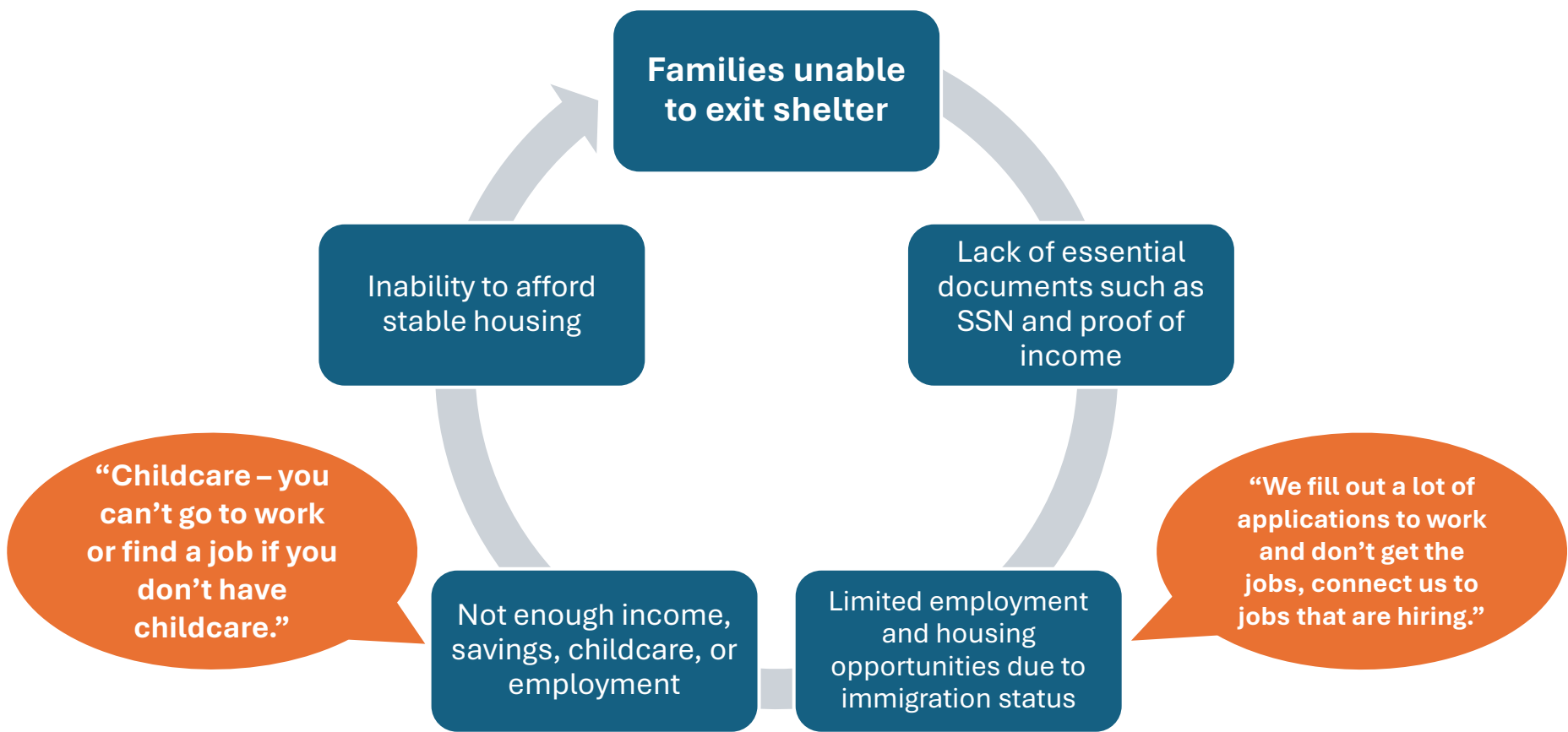"HSH noted **challenges providing frozen meals that are healthy, delicious, and affordable**."

"Many Adult and TAY providers said that **overdose reversals happen frequently**. Some shelter sites estimated they are at least a **weekly occurrence**."

Analysis for a specific period found that of the reported overdoses and reversals, they largely **occurred at congregate shelter sites, and shelters serving adult populations**.

Families reflect on key challenges in moving from shelter into housing.

HSH engaged families in sessions to provide input and offer insights on the housing process.

Families unable to exit shelter

Lack of essential documents such as SSN and proof of income

Inability to afford stable housing

Not enough income, savings, childcare, or employment

Limited employment and housing opportunities due to immigration status

"Childcare – you can't go to work or find a job if you don't have childcare."

"We fill out a lot of applications to work and don't get the jobs, connect us to jobs that are hiring."

"Families emphasized the need for **safe and confidential housing**, especially for those escaping domestic violence."

"Delays in receiving housing subsidies and complex filing requirements extended shelter stays. Many residents **faced high-income disqualifications from subsidies while having low incomes** that made it difficult to afford housing."

"**Larger family** sizes faced delays in placement due to the **scarcity of adequately sized apartments**."

Source: Qualitative feedback regarding the Family System gathered by Talent Poole, June 2024.

17

Transgender and Gender Diverse people are particularly vulnerable to homelessness. In qualitative reporting, safety is a major concern.

"I've been in San Francisco about three years. My first initial experience was not so good. I went through two or three different nav centers that just didn't have a real friendly feel...They seemed to be not queer welcome at all...**I was on the wait list for this place for 8 months before I got [into Traimon Booton].**"

"[When TGD staff are present], it makes a difference...**Representation is really important**. Hopefully, the worker would be trying to be more cognizant of how to be as best of a worker for the fellow people in the community as possible. It would do a lot just to have somebody in the community present, a visible worker."

"**They should have more shelters for us**...This is a safe haven for [TGD] girls and queer people all around the country. People come here from other states...trying to escape stuff...[Housing options in SF]...are not always super safe. It's kind of a slap to the community that there's only one shelter dedicated?"

"I am not going to sleep in those shelters [with shared bathrooms] because I am not going to get raped...I am an HIV positive trans woman, and **I need my own bathroom when I have emergencies, I need my own little space that I can call my own.**"
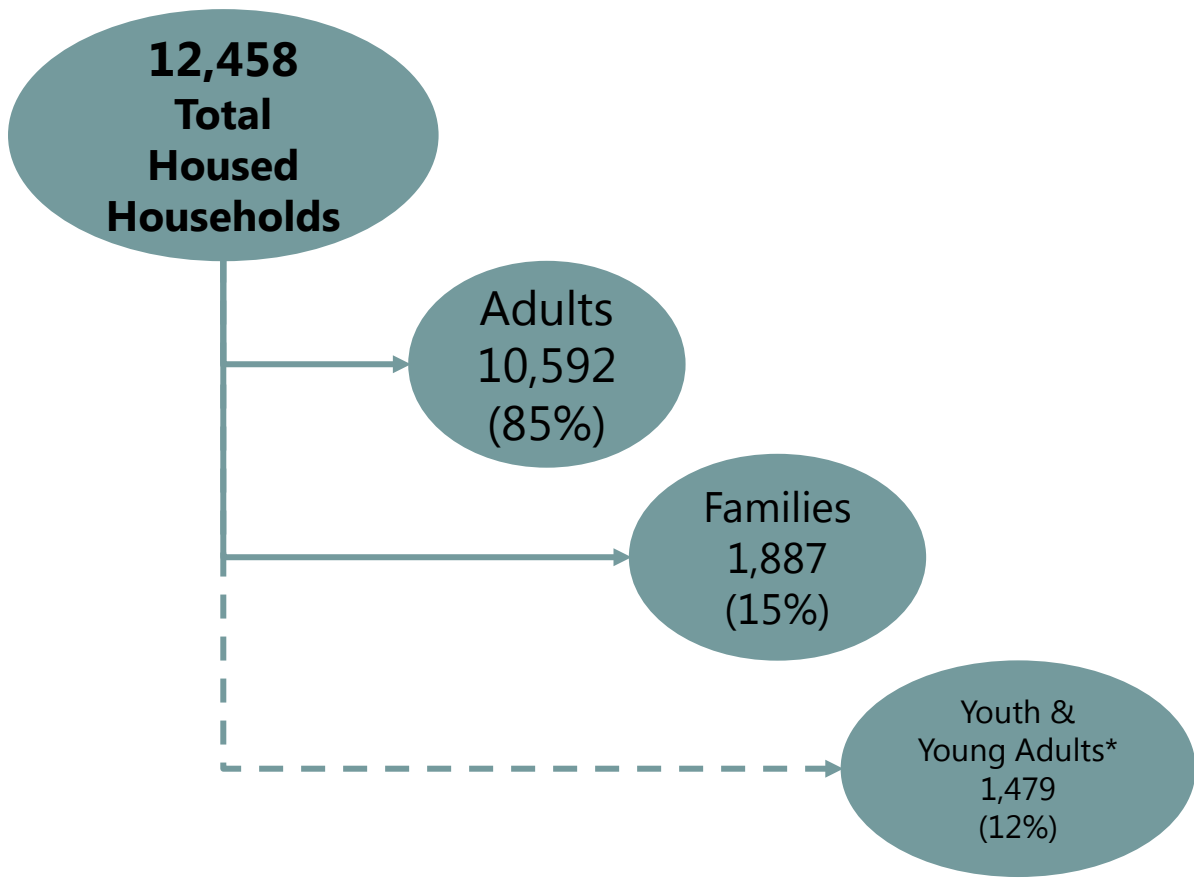
Source: Qualitative feedback regarding the Ending Trans Homelessness Initiative gathered by Facente Consulting, May 2025.

18

State of Homelessness

Housed Population

Housing is an essential component of the homelessness response system.

In 2024, HSH served over 12,000 households within its housing programs.

This represented 16,514 individuals.

In 2024, San Francisco had 16,383 year-round permanent housing beds.

12,458
Total
Housed
Households

Adults
10,592
(85%)

Families
1,887
(15%)

Youth &
Young Adults*
1,479
(12%)

Youth Beds — 847
Veteran Beds — 1,437
Chronic Beds — 2,216
Family Beds — 5,188
Adult-Only Beds — 11,141
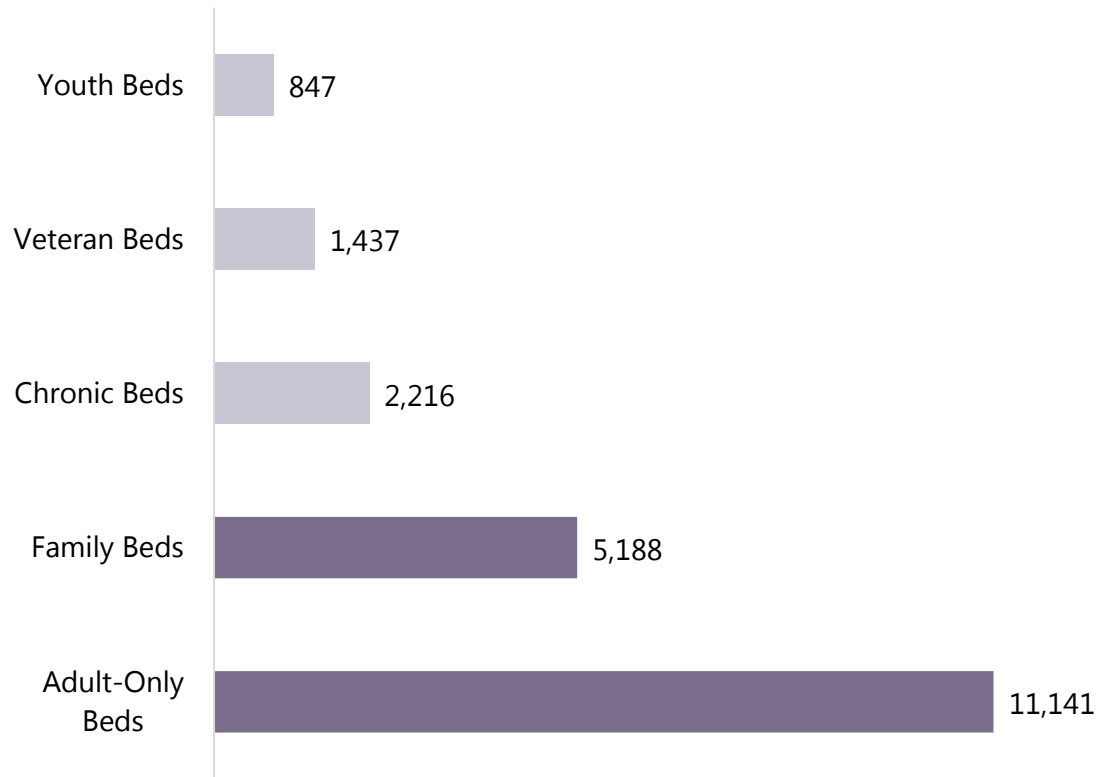
In 2024, the City served more than 16,000 individuals through housing programs designed for people experiencing homelessness.

HSH served over 12,000 households across its housing programs in 2024, which represented more than 16,000 individuals.

■ Total number of Individuals
■ Total number of Households

Source: HSH Administrative Data
Note: Youth and Young Adults (aged 18-29) overlap with Adult and Family households.

21
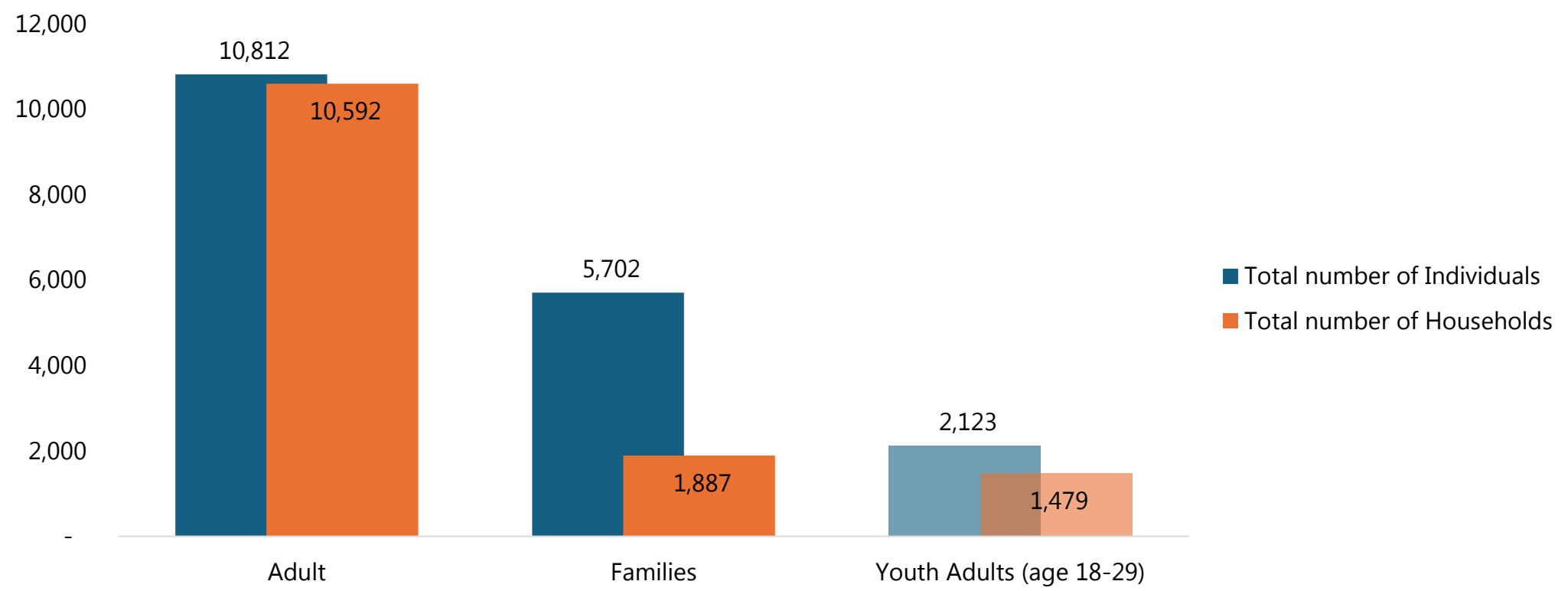
Housed Single Adults differ from housed Families across demographic characteristics.

Housed Single Adults

- **Older**, 51% aged 55+

- **Low share of Latine/Hispanic (4%)**, as compared to city's population*
  - 40% White
  - 38% Black: higher share than city's populations, but in line with % homeless

- Mostly **men (66%)**
  - 28% Women
  - 4% Transgender and nonbinary

- Mostly **straight or heterosexual (70%)**
  - 12% Bisexual and Gay/Lesbian

Housed Families

- **Young**, 46% aged 18-34

- **Low share Latine/Hispanic (10%) and White (24%)**, as compared to city's population*
  - 42% Black: higher share than city's populations, but in line with % homeless

- Mostly **women (85%)**
  - 13% Men

- Mostly **straight or heterosexual (85%)**
  - 4% Bisexual and Gay/Lesbian

Sources: HSH Administrative Data; HSH Admin Appendix
Data are heads of households
*Note: Compared to City's 2020 Census data – White 39%, Hispanic/Latino 16%, Black 5%

22

Housed Single Adults also face different barriers compared to housed Families.

As in the unhoused population, adults served through HSH's housing programs in 2024 reported high levels of **substance use and mental health disorders**, as well as **chronic health conditions**.

Adults in housing also report higher levels of justice system involvement as compared to families.

Barriers may inform the types of housing needed by each population or supports needed to keep them housed.

Barrier	Housed Families	Housed Single Adults
HIV/AIDS Positive	2%	6%
Veterans		8%
Justice-Involved	7%	44%
Survivors of Violence	12%	3%
Long-term Physical Disabilities	9%	28%
Physical Disabilities	11%	34%
Chronic Health Conditions	15%	38%
Developmental Disabilities	5%	12%
Chronic Homelessness	14%	41%
Long-term Mental Health Challenges	20%	36%
Substance Use or Mental Health Disorders	28%	53%

■ Housed Families   ■ Housed Single Adults

A 2023 qualitative review showed that people living in Permanent Supportive Housing (PSH) have significant needs and service providers often have limited capacity to meet those needs.

"**Tenants** desire more proactive engagement from staff."

"...**tenants** report that wellness checks are sometimes missed, resulting in severe consequences, including tenant deaths."

"Despite coordination efforts, **tenants** report frustration about coordination amongst staff at PSH sites, stating that poor communication between building staff and service providers is common."

Providers report that they lack the capacity and resources to provide sufficient support for housing stability and tenancy support needs.

"Tenants and staff agree PSH tenants need access to **additional behavioral health services and assistance with daily living activities**. Across staff and PSH tenants, there were reports of more severe mental health disorders, increased substance use, and a need for in-home support with daily living activities, especially among the **aging PSH population."**

Tenants are concerned about safety due to the physical state of the PSH buildings in which they reside.

"Staff and tenants feels unsafe getting to and from PSH residences due to safety concerns, specifically in the Tenderloin neighborhood."

"Staff and tenants report that new and stronger substances and more severe behavioral health issues cause additional safety concerns due to unpredictable behavior. **PSH sites and service providers do not have the capacity to provide sufficient mental health support and substance use treatment."**

Other noted barriers amongst PSH sites included **language**, some reports of **racism and favoritism, tenant relationships, unit and building configuration**, etc.

Providers report more robust training is needed to support on-site staff.

Training and training methods were noted as being **inconsistent**

Low wages were noted as a high driver of **high turnover** among providers, with staff generally feeling underpaid for their contributions.
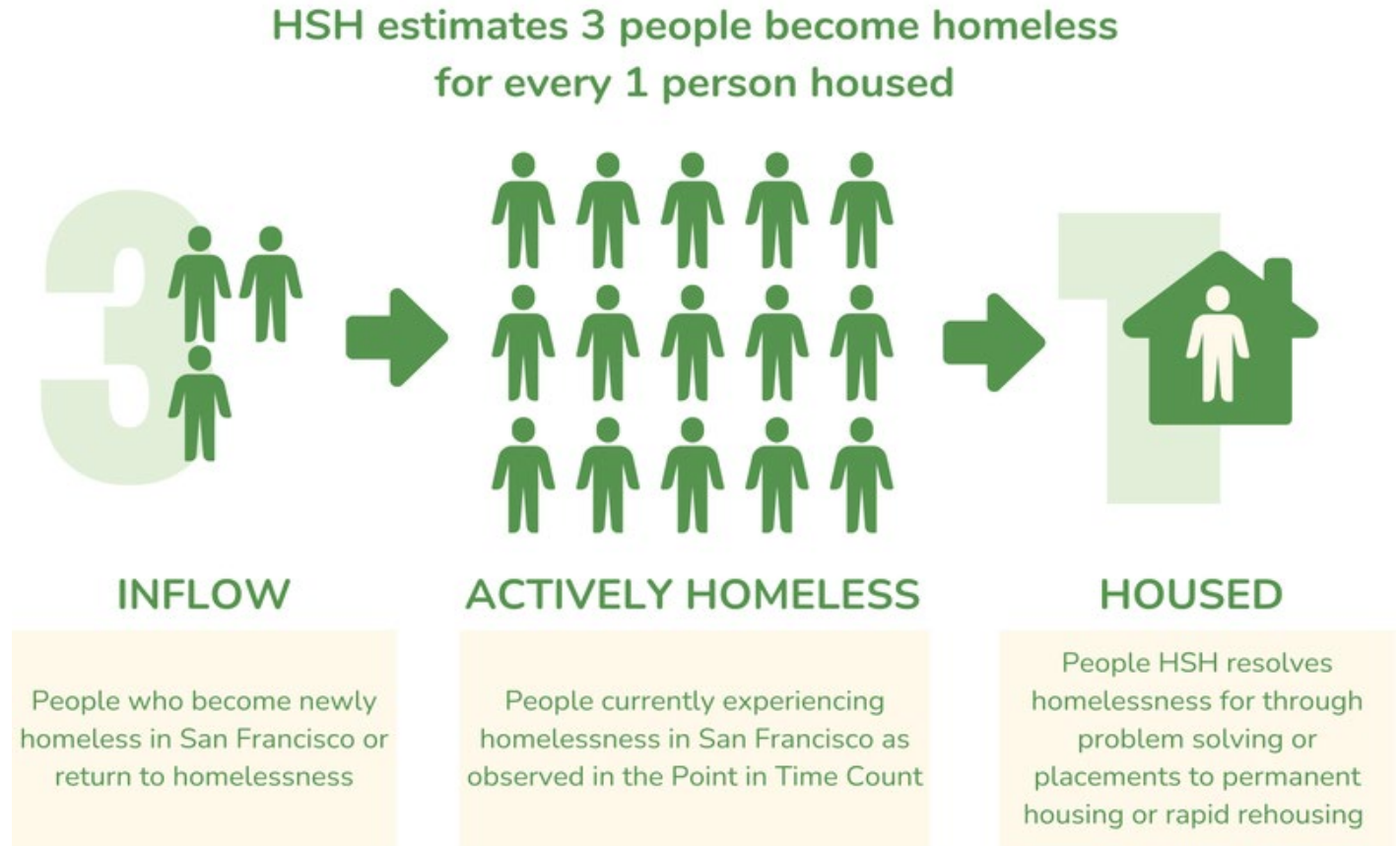
Staff overwhelmingly stated that the **PSH work environment is stressful**

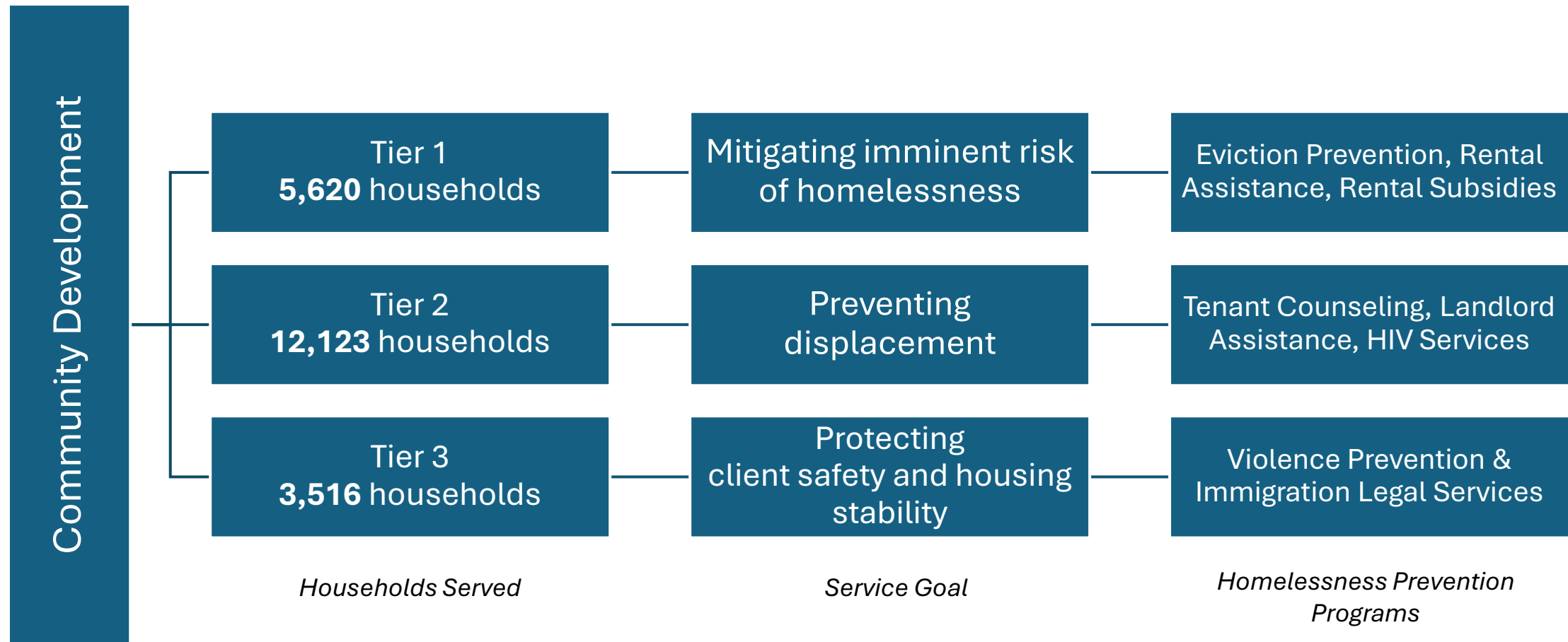# State of Homelessness

Population at risk of Homelessness

San Francisco continues to experience a high rate of inflow into homelessness.

- In its 2024 PIT Count report, HSH suggests that for every person that exits from homelessness, approximately 3 people become homeless.

- Therefore, the City has designed homelessness prevention programs to address the needs of this at-risk population.

HSH estimates 3 people become homeless for every 1 person housed

INFLOW

People who become newly homeless in San Francisco or return to homelessness

ACTIVELY HOMELESS

People currently experiencing homelessness in San Francisco as observed in the Point in Time Count

HOUSED

People HSH resolves homelessness for through problem solving or placements to permanent housing or rapid rehousing
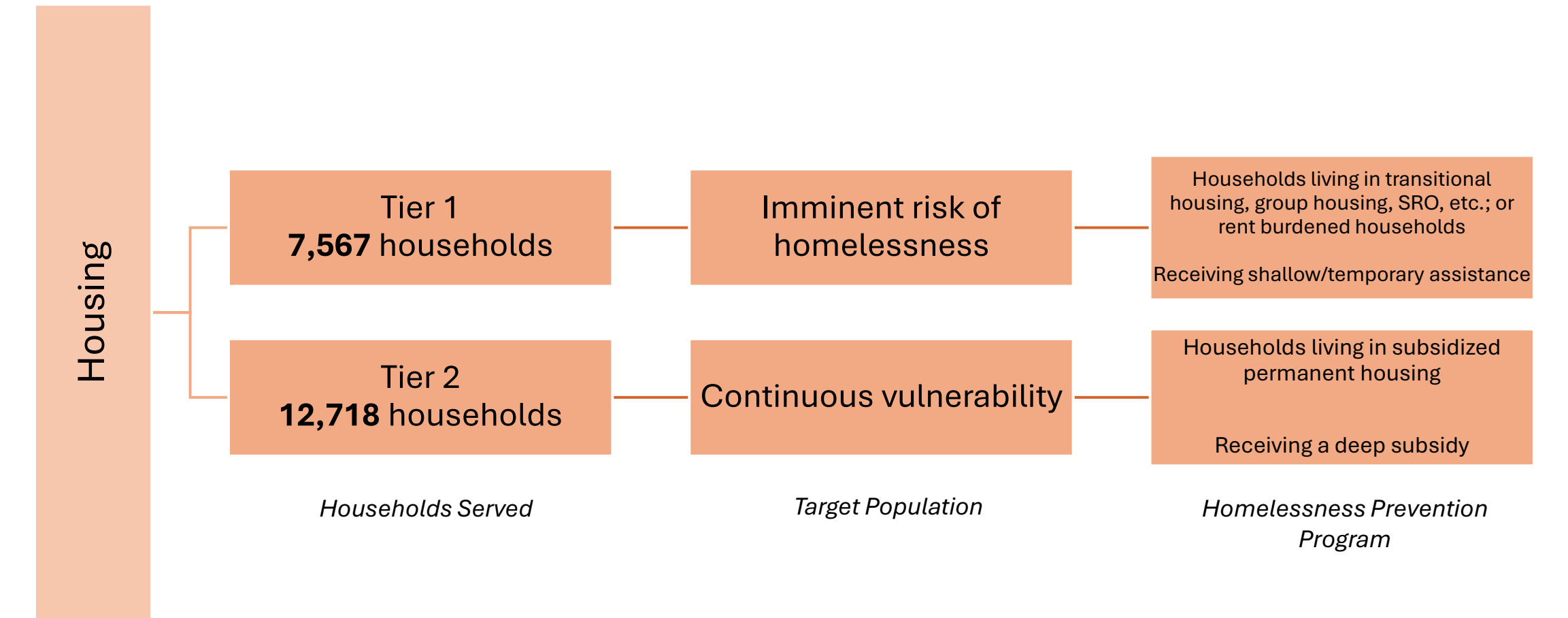
To prevent homelessness, MOHCD offers comprehensive services to address a broad range of needs and contributing factors.

In 2024 MOHCD provided homelessness prevention services through its community development portfolio across three tiers of risk and need. Households represented in the data are duplicated within and across tiers.

Community Development

Tier 1 **5,620** households	Mitigating imminent risk of homelessness	Eviction Prevention, Rental Assistance, Rental Subsidies
Tier 2 **12,123** households	Preventing displacement	Tenant Counseling, Landlord Assistance, HIV Services
Tier 3 **3,516** households	Protecting client safety and housing stability	Violence Prevention & Immigration Legal Services

Households Served   *Service Goal*   *Homelessness Prevention Programs*

MOHCD also provides housing stabilization services to keep people housed and prevent them from falling into homelessness.

In 2024 MOHCD provided housing stabilization services across two tiers of risk and need. Households represented in the data only appear once within each tier and only once across both tiers.
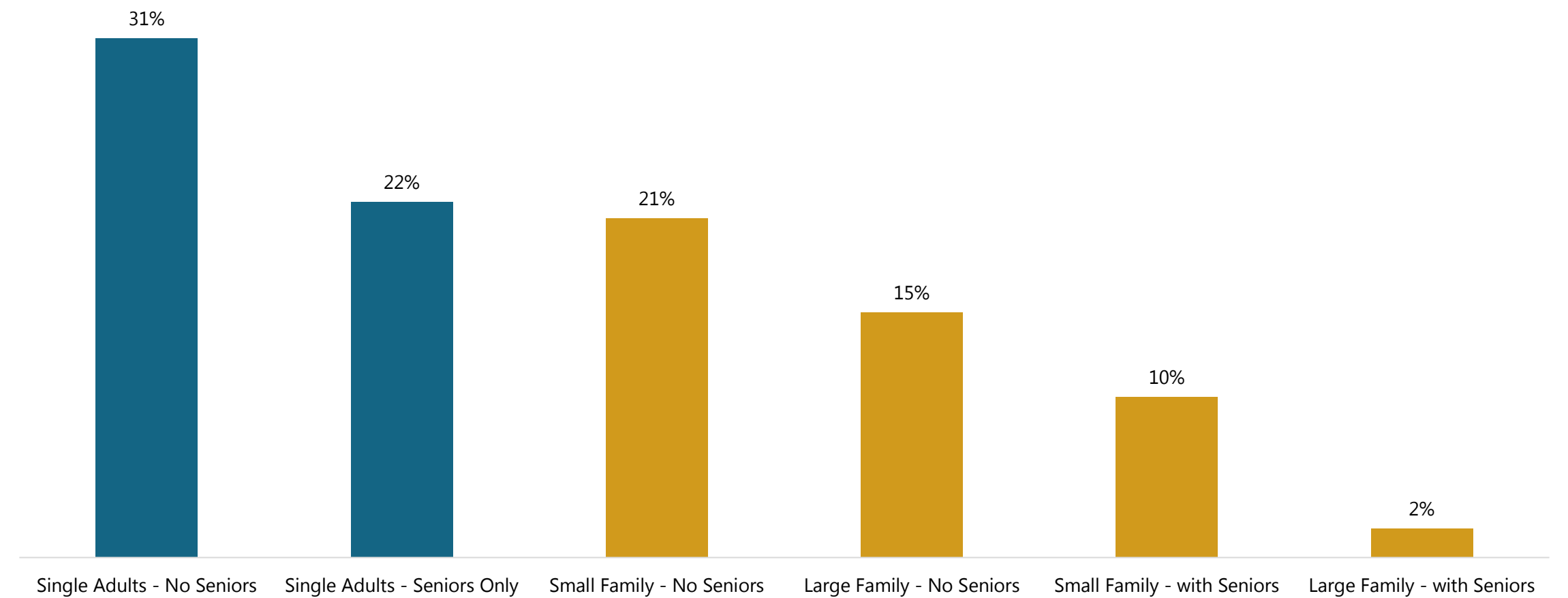
Housing

Tier 1 **7,567** households	Imminent risk of homelessness	Households living in transitional housing, group housing, SRO, etc.; or rent burdened households
		Receiving shallow/temporary assistance
Tier 2 **12,718** households	Continuous vulnerability	Households living in subsidized permanent housing
		Receiving a deep subsidy

Households Served

Target Population

Homelessness Prevention Program

Data are households; Households can only be represented once within their tier (if a household is residing both in transitional housing and an SRO unit - both considered Tier 1 - they are still counted once); Households can only be represented in one tier. If a household is living in an SRO (Tier 1) and receiving a subsidy (Tier 2), they are counted under Tier 1, which is the more vulnerable tier.

Population snapshot of MOHCD's homelessness prevention and housing stabilization services.

Key characteristics of the combined populations*:

- **Half were women** (48%), and 37% were men
  - Data unavailable for 14%
- **Half were straight or heterosexual** (48%), and 7% were LGBTQ
  - Data unavailable for 46%
- **A third included Seniors** aged 62+ (34%)
  - Across senior only and family households
- **Latino** (21%), **Asian** (19%), and **Black** (16%), with 11% White*
  - Data unavailable for 25%
- **Disability** (17%) across hearing, vision, ambulatory, self-care, independent living, or cognitive difficulty

Sources: MOHCD Administrative Data; MOHCD Admin Appendix
*Note: Data are households; In the combined population, a household can be represented in both one or more community development tiers and one housing portfolio tier (one or more community development projects serving a housing portfolio resident). In addition, low response rates for sexual orientation among affordable housing residents are due to data being collected prior to the SOGI Ordinance.

29

Overall, MOHCD is serving a similar proportion of single adults (53%) and families (47%), but household size and composition varies.

The combined Homelessness Prevention programs served a sizable portion of **seniors** across single adult and family households.

Category	Value
Single Adults - No Seniors	31%
Single Adults - Seniors Only	22%
Small Family - No Seniors	21%
Large Family - No Seniors	15%
Small Family - with Seniors	10%
Large Family - with Seniors	2%

Housing affordability is a key driver of demand for MOHCD's homelessness prevention and housing stabilization services.

83% of the combined population across services reported **extremely low income**.

Households in this range earn between 0-30% of the median income for San Francisco. Exact income limit varies by household size.

- **For a household of 1 that means up to $32,750/year**
- **For a household of 4 that means up to $46,750/year**

Homelessness prevention services can assist people in maintaining their housing.

The housed population often remains vulnerable to homelessness due to:

- Discrimination and systemic barriers
- Insufficient income or employment instability
- Rising housing costs
- Chronic health conditions
- Mental health and substance use challenges
- Legal challenges, including but not limited to justice-involvement and documentation

Homelessness prevention programs can address root causes early – such as eviction, job loss, or health crises and help individuals stay housed and falling or avoid cycling back into homelessness.

State of Homelessness

Population Trends & Needs

Despite increased shelter and housing capacity, and targeted services, homelessness has increased due to high rate of inflow.

7,754
2022 PIT Count

8,323
2024 PIT Count

Between 2022 and 2024, over **7,500 clients exited homelessness.**

4,322
Emergency shelter & transitional housing beds

14,355
Permanent housing beds

2022 HIC Count

4,440
Emergency shelter & transitional housing beds

16,383
Permanent housing beds

2024 HIC Count
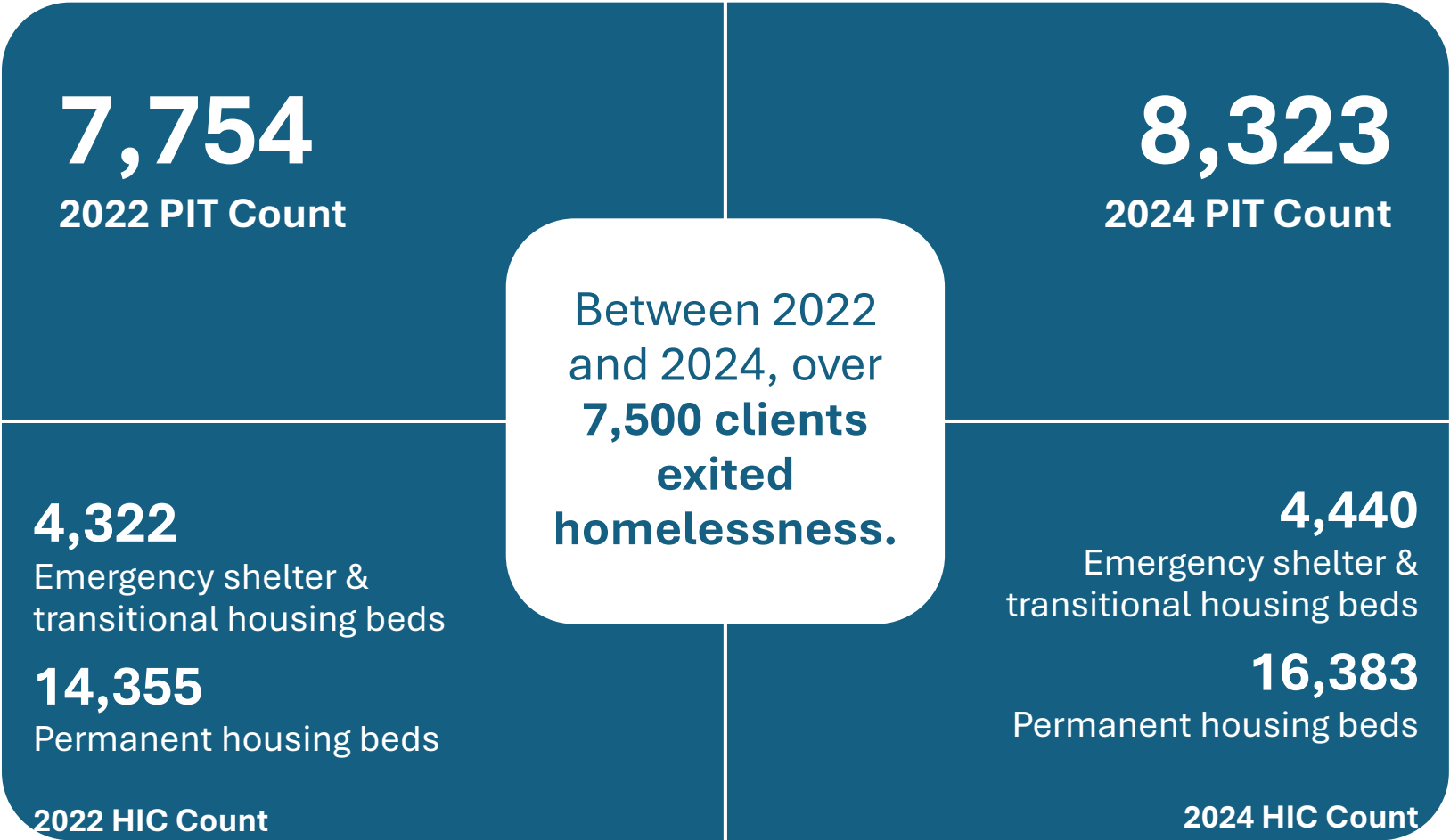
In 2024

13,000 households at imminent risk of homelessness received MOHCD support to sustain their housing

DPH estimated more than **16,000** unhoused individuals had **serious mental health and/or substance use diagnosis**.

HSH served **20,000 unhoused households**.

12,000 households entered or sustained housing with HSH.

12,000 housed households received deep subsidies through MOHCD to maintain their housing.

Marginalized groups continue to be overrepresented in the homeless population.

- 2024 PIT Count found an **overrepresentation of Black and Hispanic/Latina/e/o** individuals compared to the City's population.

- City data also showed **significant shares of Black and Latine/Hispanic** people accounted for unhoused households.

- **Women** were overrepresented amongst unhoused Families, who were more likely to have reported **fleeing domestic violence**.

- **Bisexual and Gay/Lesbian** individuals were overrepresented amongst unhoused Single Adults, compared to the City's population.

Higher shares of Single Adults face health barriers compared to Families – indicating need for higher intensity interventions at a larger scale.

Regardless of housing status, a higher share of Single Adults:

- **Have acute care needs:** reported substance use disorder, serious mental health illness, developmental disabilities, chronic homelessness
- **Have physical health and disabilities:** reported HIV/AIDS, physical disabilities, chronic conditions
- **Have veteran status:** reported serving in the US military

There is likely a compounding impact of many of these barriers. Interventions will need to be designed to meet the varying limitations of housed and unhoused Adults.

And while the shares are higher for Adults, Families face similar barriers.

Seniors are a particularly vulnerable population and will require ongoing support to remain stably housed.

Seniors are served in high shares across MOHCD's homelessness prevention programs and HSH's housing programs – indicating a heavy reliance on City funded programs to remain housed.

- **Homelessness Prevention Programs**: Seniors-only households* represent 22% of all households served through MOHCD's homelessness prevention and housing stabilization services. In addition, families that include Seniors represent another 12% of the total population.
- **Housing Programs:** Seniors** represent 51% of all housed single adults served through HSH's housing programs.

Seniors are typically on fixed incomes (e.g., Social Security or disability) and are therefore particularly vulnerable to financial and housing instability. Ongoing support is likely necessary for them to remain housed.

Higher shares of Families are young and more likely to be survivors of violence compared to Single Adults – indicating need for targeted support.

Regardless of housing status, a higher share of Families are:

- **Young:** roughly half are between the ages of 18-34 and include parenting TAY
- **Survivors of Violence:** reported fleeing domestic violence

There are complex standalone issues, and any overlap is likely to increase vulnerability to homelessness.

While in lower shares than Single Adults, Families also have acute care, physical health, and disabilities needs.

Summary of trends in homelessness

1. Systemic **inequities** in housing, employment, and healthcare drive **higher rates of homelessness among marginalized groups**, including people of color, LGBTQ+ individuals, and those with disabilities or justice system involvement.

2. While more people experiencing homelessness are in shelter than ever before, and although the City has provided housing and services to a significant number of households in recent years, **unsheltered homelessness in the PIT Count is largely unchanged since 2022**.

3. This indicates a **high rate of "inflow" to the system**. As a result, the City's **inventory of shelter and housing is not aligned with the scale of the unhoused population**. Flow through the homelessness response system also remains challenging.

4. According to the PIT Count, **rates of Family and TAY homelessness are on the rise**, suggesting these are key populations where inflow may be high.

5. A substantial share of people experiencing homelessness have **behavioral health conditions**, and PIT Count reports of mental illness, substance use, and chronic homelessness rose between 2022 and 2024.

6. Existing **programs and services may need adjustments** to account for the unique needs of each population and for changing trends in the population overall.

State of Homelessness

Key Interventions

Addressing **Behavorial Health Needs** across all households regardless of housing status

DPH's Roadmap for the behavioral health crisis includes:

1. Expansion of **treatment beds** and services, including expansion of **clinical care in shelters**

2. Speeding up and simplifying client **entry into care**

3. Supporting people to progress through **stages of care**

4. For people who use drugs, pairing "safer use" supplies with **proactive linkages to counseling** and connections to treatment

5. Building a comprehensive **pathway to recovery**, ranging from low-barrier stabilization to recovery-oriented treatment and step-down services

6. Deploying tools and strategies to **prevent overdoses**

The unhoused population has high shares of needs across substance use or mental health disorders and long-term mental health challenges.

These individuals **likely need intensive supports** to address their behavioral health needs, in addition to their housing needs.

Homelessness prevention services can help people maintain their housing and mitigate inflow into homelessness.

Prevention services have **broad reach demographically**, they support both **Single Adult and Family** households, including a **high share of Senior** household members, and are **calibrated according to need and risk level**.

The following interventions may be best suited to prevent Adults and Families from experiencing homelessness

- Affordable Housing
- Eviction Prevention
- Rental Assistance
- Rental Subsidies
- Temporary Housing
- Subsidized Permanent Housing
- Tenant Counseling
- Landlord Assistance
- Immigration Legal Services

Key Housing Interventions for Single Adults experiencing homelessness

Single Adults make up **85% of the unhoused population**, and **have high shares of needs** across acute care, physical health, disabilities, and veteran status. They are also more likely to be justice-involved.

These individuals **likely need intensive supports** to resolve their health barriers and homelessness.

Housing programs may need to adjust to reflect the varying needs of single adults, as well as the increases in reports of acute care needs.

The following interventions may be best suited to support Single Adults facing numerous barriers to housing:

1. **Medical and rehabilitation-focused care through skilled nursing and/or assisted living (also known as board & care) facilities**

2. **Interim housing with support services and/or permanent supportive housing**

3. **Support Services that offer**:
   - Behavioral health treatments including medications and counseling
   - Crisis intervention
   - Linkages to social services and family supports
   - Therapy and rehabilitation
   - Substance use/harm reduction interventions
   - Vocational and education support
   - Legal services

Key Interventions for Families experiencing homelessness

Family homelessness is on the rise.

Family households tend to report lower rates of need across acute care, physical health, and disabilities, **many indicate histories of domestic violence.**

Permanent housing programs may need to adjust to reflect the increases in youth and family homelessness.

Following interventions may be best suited to support Families facing numerous barriers to housing:

1. **Affordable housing**

2. **Long-term/permanent subsidies; housing ladder options**

3. **Rapid rehousing and financial assistance to reconnect with permanent housing**

4. **Services that offer**:
   - Job training and employment services for a living wage
   - Legal and financial assistance
   - Counseling and therapy
   - Connection to medical health care
   - Childcare

Summary of Key Interventions

The City may utilize the following interventions to address the needs of individuals experiencing homelessness and those at risk of homelessness:

1. **Tackle systemic disparities**: prioritize marginalized groups who are disproportionately affected by homelessness, create culturally competent housing and support service programs, and invite partnerships with community organizations to ensure accessibility, among other strategies.

2. **Limit inflow into homelessness**: invest in affordable housing, rental assistance, eviction prevention, and other support services targeted to preventing homelessness among those at imminent risk. In addition, investments in housing stabilization services to keep people housed are important for limiting inflow.

3. **Address behavioral health needs**: increase and improve access to behavioral health services across a broad spectrum of needs ranging from low barrier stabilization interventions to recovery-oriented treatment and step-down services.

4. **Align interventions to population needs**: single adults are more likely to be experiencing health barriers and need supports to address those needs in addition to housing; families are more likely to require affordable housing and job training or employment services for a living wage.

5. **Match capacity with demand**: improve processes to increase flow out of shelter and increase sustainable exits; adjust inventory to meet the total demand across a broad spectrum of needs.

Source Data Appendices

The appendices below provide the underlying data that was analyzed for the 2025 Homelessness Needs Assessment. **Please access those here**.

Appendices Include:

- **Appendix A**: Department of Homelessness & Supportive Housing (HSH) Administrative data
- **Appendix B**: 2024 Point-in-Time (PIT) Count data
- **Appendix C**: Department of Public Health (DPH) Administrative data
- **Appendix D**: Mayor's Office of Housing and Community Development (MOHD) Administrative data

Follow-up

Please contact:

Radhika Mehlotra

Homelessness Policy Specialist
San Francisco Controller's Office
radhika.mehlotra@sfgov.org