



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Director's Report

Homelessness Oversight Commission | November 5, 2026



November 2026 Limelight Awardee: Kyle Wehner



Homelessness Response System's Stories of Impact

A Crucial Lifeline: From Winter Shelter to a Home of His Own

Eric | Interfaith Winter Shelter

Eric connected with the Interfaith Winter Shelter in December 2025, where staff helped address his immediate medical needs and connected him with additional support. Working with community partners, staff helped Eric transition to a more stable shelter, where he was assessed and found eligible for permanent supportive housing.

In February 2026, Eric moved into his own apartment.

The Interfaith Winter Shelter provides more than a warm place to stay. It connects guests to essential services and pathways to housing.



Interfaith Winter Shelter 2026-27

The 2026–27 Interfaith Winter Shelter season begins November 23, providing overnight shelter and meals through March 28, 2027.

Program Overview

- Adults 18+ of all genders
- Five rotating shelter locations
- Dinner and breakfast provided
- Self-referrals accepted

Nightly Schedule

- **6 pm:** Doors open
- **7 pm:** Dinner
- **7am:** Shelter Closes

Shelter Locations & Dates

- Nov. 23 – Dec. 13: Canon Kip Senior Center
- Dec. 14 – Jan. 21: Saint Mary's Cathedral
- Jan. 22 – Feb. 15: St. Mark's Lutheran
- Feb. 16 – Mar. 7: First Unitarian Church
- Mar. 8 – Mar. 28: Quaker Meeting House

Key initiatives for the coming year

Relaunch Procurement

Enhance Safety in PSH

Maximize CalAIM Revenue

Implement FY 26-27 Budget Investments

Key Policy Updates: Good Neighbor, Shelter Engagement

Expand Recovery and Drug-Free Housing Options

Coordinated Entry Redesign and Queue Management

Launch the Contract Lifecycle Management System (CLMS)

Navigate State and Federal Changes



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Reprocurement

What Performance-Based Contracting Is

*“Performance Based Contracting is a **results-oriented contracting method** that focuses on the outputs, quality, or outcomes that may tie at least a portion of a contractor’s payment, contract extensions, or contract renewals to the achievement of specific, measurable performance standards and requirements. These contracts may include both monetary and non-monetary incentives and disincentives.”*

— NIGP: The Institute for Public Procurement

Traditional contracting	Performance-based contracting
Pays for approved costs, staffing, or service hours	Ties part of payment to agreed performance measures
Measures activities delivered	Measures results for clients
Focuses on contract compliance and spending	Adds accountability for whether services achieve results
Example: number of case management contacts	Example: housing stability, housing retention, fewer returns to homelessness, or connections to services

Related terms: performance-based and outcomes-based contracting both describe how providers are paid; the former focuses more attention on process and quality, the latter on human results. Population-based contracting, also raised in the RFI, describes who is responsible for serving a group of people. The two can be combined.

A Range of Performance-Based Designs

From bonuses on top of full funding to paying mainly for results

Where the RFI responses pointed: over 80% favored base funding plus incentives; views differed on whether any base should be at risk.

Cost reimbursement

Most HSH contracts today

Providers are paid their approved costs. Results don't change payment.

Bonus on top

Full base funding, plus a bonus for meeting targets. (Base funding not at risk.)

Example: Austin rapid rehousing (bonus up to about 5% of contract value)

Partial shared risk

Most base funding is guaranteed; a small share is earned by meeting targets, often alongside a bonus.

Example: Medi-Cal managed care plans (1% of payments withheld until quality targets are met)

Paid mainly for results

Most or all payment depends on verified outcomes; investors or philanthropy sometimes offer working capital..

Example: Denver Housing to Health (a Social Impact Bond)

More of each provider's payment depends on results

How large incentives are, and whether any base funding is at risk, are design choices still to be made with providers.

Examples from Other Cities: Denver's Housing to Health

Pay for success supportive housing | Housing began July 2022

1 INTERVENTION

Permanent supportive housing with intensive wraparound services for people experiencing chronic homelessness who have frequent arrests and emergency room visits.

Referrals come through Denver Health and the Denver Police Department.

2 PAYMENT DESIGN

The City pays per outcome achieved, focused on stable housing and reductions in jail days; a federal outcomes-based grant adds a final payment if the Urban Institute's randomized trial shows Medicaid and Medicare savings.

3 RESULTS TO DATE

119 met the housing stability requirement; 105 stayed housed for a year or more.

70,676 adjusted days through December 2024 earned \$1.36 million in success payments.

Structured as a Social Impact Bond: private investors, such as The Denver Foundation, fund services up front and are repaid only for independently verified outcomes. In a randomized trial of Denver's earlier supportive housing SIB (launched 2016), 77% remained in stable housing after three years, with 34% fewer police contacts and 40% fewer arrests than people receiving usual services.

Sources: Urban Institute evaluation report to the U.S. Treasury (July 2025); U.S. Treasury; Urban Institute (2021).

Examples from Other Cities: Detroit's ShotStoppers

Performance-based community violence intervention | Launched 2023

1 INTERVENTION

Community-based organizations prevent and de-escalate gun violence in designated high-violence neighborhoods (3-5 square miles), using locally tailored strategies such as conflict mediation and mentoring people at high risk.

2 PAYMENT DESIGN

Each team receives \$175,000 per quarter in base funding, plus up to \$175,000 per quarter in bonuses for reducing homicides and nonfatal shootings faster than the rest of the city.

Because bonuses are measured against the rest of Detroit, teams are rewarded only for beating the citywide trend.

3 RESULTS TO DATE

In the program's second year, homicide victims fell 33% and nonfatal shooting victims 38% in program zones, versus 12% and 26% in the rest of Detroit.

Sources: University of Michigan Poverty Solutions (2026), via Michigan Public; The Trace (2025).

Examples from Other Cities: Austin's Rapid Rehousing

Performance scorecard and bonuses for homelessness providers | In place since October 2022

1 INTERVENTION

Rapid rehousing funded by the City of Austin and delivered by eight community-based organizations, serving an estimated 2,000 residents a year.

2 PAYMENT DESIGN

Providers keep their full contracts and can earn an annual bonus of up to about 5% of contract value, based on a scorecard: time to enroll, time to move in, exits to permanent housing, and income gains, with a racial equity measure across all four.

Points are deducted for unexplained referral denials, so there's no reward for passing over harder-to-serve clients.

3 WHAT HAPPENED

Providers meet with the City quarterly to review results and strategy.

Austin's Continuum of Care has since adopted the scorecard as its standard for City- and CoC-funded rapid rehousing and permanent supportive housing.

What Could Go Wrong, and How to Guard Against It

Common risks of performance-based contracting, with safeguards raised in the RFI

1 SERVING CLIENTS WITH FEWER NEEDS

Consider adjusting targets for client needs and acuity, and setting referral rules so providers can't pass over harder-to-serve clients without cause.

2 RESULTS OUTSIDE A PROVIDER'S CONTROL

Match the right measurement method to the right intervention, and support providers with adequate referrals, unit availability, and timely payment.

3 STRAIN ON PROVIDER FINANCES

Carefully consider true costs for providers (including indirect costs); timing of payments (and cash needs); and phasing/size of incentives.

4 MORE PAPERWORK

Use a manageable number of clear measures per program, replacing rather than adding to current reporting.

5 CHASING METRICS OVER CARE

Pair outcome measures with quality reviews and participant feedback, and revisit the model regularly, changing it if it isn't working.

Getting Performance-Based Contracting Right

What needs to be in place before payment depends on results

1 SHARED OUTCOMES

Allow time and establish a community process to agree on the outcomes that matter most, and define each carefully and consistently.

2 RELIABLE, SHARED DATA

Use consistent, trusted data, with regular progress reports to providers and visibility across programs to support learning and improvement.

3 HSH SHARED ACCOUNTABILITY

Commit to resolving implementation barriers and providing the supports providers need to achieve outcome goals.

4 READY STAFF

Train HSH and provider staff on the outcome measures, their role in achieving them, and how progress is tracked, with clear points of contact.

MYPP Technical Assistance Consultant Procurement

HSH is procuring specialized consulting support to implement the Multi-Year Procurement Plan and build lasting capacity for outcomes-based contracting.

1 Budget & Financial Modeling

Establish baseline system costs and performance; model funding scenarios and future contract pricing.

2 Outcomes & Service Design

Define priority outcomes, service models, and measures for each procurement area, informed by provider engagement.

3 Payment & Contract Design

Evaluate outcomes- and rate-based payments; develop pricing, accountability provisions, and contract terms.

4 Capacity Building & Change Management

Equip HSH teams and providers with training, tools, and processes to support implementation.

5 Project Management & Governance

Coordinate workstreams, milestones, leadership decisions, and reporting across the MYPP.



Request for Information (RFI) – *Thank You*

- From September – October, HSH issued a Request for Information to receive input on outcomes, payment structures, contracts, and service delivery
- **53 people and organizations responded**
 - 77% identified as homelessness service and housing providers
 - 26% identified as healthcare, behavioral health, and Medi-Cal partners
 - 11% identified as researchers and subject matter experts
 - 32% identified as organizations with experience implementing innovative contracting or service delivery models
- HSH also asked all internal staff for feedback
- Altogether, we received over **300 pages** of feedback

More information at
www.sf.gov/hsh-procurement-overview

RFI Feedback - Highlights

• Areas of broad agreement

- Contracts should include both outputs (e.g., quality of case management) and outcomes (e.g., housing retention), be adjusted for varying needs, and focus on factors within providers' control
- Compensation for performance-based contracting should pair base funding with performance incentives, coupled with longer contracts. HSH should “phase in” changes to payment and contracting over time
- Performance-based contracting should be paired with greater provider flexibility and reduced administrative burden, including streamlined reporting and monitoring and more flexibility within approved budgets

• Areas of tension / diversity of views

- Many support population-based contracting in specific cases while others urge caution; there was also disagreement on whether this should be led by a single provider or a network
- There is mixed support for including providers outside of San Francisco, with concerns about potential impacts on displacing smaller, culturally-specific organizations
- Views differ on the appropriate size and direction of performance incentives
- Respondents somewhat disagree on how to ensure that outcomes reflect voluntary participation in services vs. the desire for stronger client accountability

RFI Feedback – Highlights (1 of 5)

APPROPRIATE CONTRACT OUTCOMES

- **Over two-thirds** of respondents emphasized **connections to services** (e.g., healthcare, benefits) & **housing retention**
- **About half** highlighted **client well-being**, safety, and satisfaction & **consistency and quality of case management** (e.g., individualized service plans created, successful referrals)
- **Other key outcomes include:**
 - Timeliness of key functions including housing placement & unit turnover
 - Progress toward client-defined goals, including income and employment
 - Exits to permanent housing & recidivism

KEY OUTCOME CONSIDERATIONS

- **About two-thirds** of respondents recommended **adjusting outcomes for differing needs, acuity levels, and population differences** to avoid disincentivizing care for high-need individuals
- **Over half** stressed evaluating providers **only on factors within their control**
- Outcomes should have **clear and appropriate definitions**, data standards, timeframes, and denominators
- Outcomes should be **program-specific** rather than a system-wide set
- HSH should **avoid evaluating programs solely on activities / outputs** or only on volume without regard to quality

“[We] support a performance framework that prioritizes **meaningful client outcomes** over compliance-oriented activity counts. At the same time, expectations should recognize **client choice, external system limitations, participant acuity, and the resources available to each program**. Good-faith provider effort and meaningful client progress should be recognized.”

RFI Feedback – Highlights (2 of 5)

PAYMENT STRUCTURE

- **Over 80%** of respondents favor a **blended payment model** pairing base funding with performance incentives and, in some cases, fee-for-service (volume-based) payments
- **Base funding should cover all core operations**; include cost-of-living adjustments; be paid consistently and reliably, with a portion provided upfront; and fully fund indirect costs
- Performance incentives should **include milestones** that show progress from baseline
- Funding should **reflect the true cost of providing quality services**, be tailored to different populations, and include **risk-adjusted payments** for those with higher needs
- Any new payment model should be **piloted** before broader implementation. Consider establishing **baselines** to set reasonable targets and introducing financial implications **gradually**

“Pay for outcomes, but pay first for the people who produce them.”

CONTRACT STRUCTURE

- **Over 75%** of respondents prefer **longer contracts**, ideally 3-5 years, with annual performance reviews and clear renewal and termination options
- Contracts should be **right-sized** so they feasibly support operations without excluding smaller organizations; avoid consolidation purely for efficiency
- **Subcontracting and partnerships** should be allowed and supported, with proper funding and structure
- Contract design should **build in staffing needs** such as wage floors, wage increases, and feasible case management ratios
- Multiple contracts held by the same provider should be **consolidated or aligned**

"HSH could consider a portfolio approach: consolidate and align contracts where doing so improves continuity and reduces unnecessary administrative fragmentation; maintain specialized contracts where distinct expertise or community access is important; and use adequately resourced partnerships when multiple organizations are better positioned collectively to deliver a continuum of services."

RFI Feedback – Highlights (3 of 5)

PROVIDER FLEXIBILITY & ADMINISTRATIVE BURDEN

- **Over 75%** of respondents requested **streamlining reporting and monitoring** by removing duplicative requirements and data entry; standardizing templates and expectations; coordinating program monitoring across departments; and using a risk-based monitoring approach
- **Over half** support more **flexibility within approved budgets**, including line-item shifts without a formal modification and reduced detailed tracking
- HSH should enable **flexible service delivery and staffing** (e.g., authority to reassign staff, tailor service and engagement based on client needs) and avoid rigid staffing ratios, position-by-position approvals, and strict service requirements / timelines
- **Workforce-stability strategies** that improve staff retention should be supported (e.g., retention bonuses)
- **Client flexible funds** should be more accessible and disbursed quicker
- HSH should create **clearer, simpler, and timelier budget and contract processes**, minimizing extensive invoice documentation and eliminating unnecessary or unused reporting

“Providers should be able to assemble **multidisciplinary teams** based on the needs of the population served, including peers, community health workers, nurses, behavioral health clinicians, housing specialists, benefits advocates, and care coordinators. Flexibility should extend to **caseload size, staff-to-client ratios, schedules, and the substitution of comparable qualifications** when rigid classifications would create vacancies or delay services.”

“**Double entering notes in the ONE system and in HENRI is the greatest administrative burden.** Some providers are participating in the Converge Pilot in order to test the viability of one potential technological solution by integrating the ONE System with Salesforce through middleware...We hope that this pilot leads to effective database integration for all providers **so that case managers can use a greater proportion of their time for client care** and case management over administrative duties.”

RFI Feedback – Highlights (4 of 5)

POPULATION-BASED CONTRACTING

- **About 70% of** respondents support population-based contracting in some cases, though others urge caution; opinions differ on using a single lead provider vs. a network
- This model works best for groups with distinct, cross-system needs (e.g., veterans, people with high behavioral-health or medical needs, TAY, families, older adults) who have dedicated population-specific resources
- **Key advantages:** Improved continuity and fewer handoffs, stronger service alignment with client needs, clearer accountability
- **Key risks:** Reduced client choice and provider diversity, particularly for smaller, culturally specific organizations; fragmentation for people with overlapping needs; concentrated risk for lead providers
- **Key implementation considerations:** Maintain partnerships to avoid reliance on a single provider; set clear roles, communication and data-sharing practices; define populations and referral pathways clearly, while preserving broad access; and pilot this model before expanding

LEARNINGS OUTSIDE OF SAN FRANCISCO

- We received examples from over **25 jurisdictions and fields**, particularly healthcare
- Several places (e.g., Denver, Santa Clara) have already implemented outcomes-based payment models and offer many lessons learned
- Respondents noted **several requirements for external providers to operate in SF** including:
 - Sufficient startup resources, capacity building, and realistic ramp-up timelines
 - Partnerships with qualified local organizations
 - Clear, transparent procurement processes
 - Strong understanding of local housing conditions, referral systems, and populations
 - Knowledge of local regulations
- Several respondents **expressed concerned** that expanding providers not from San Francisco could displace established organizations, particularly culturally specific ones

RFI Feedback – Highlights (5 of 5)

OTHER RECOMMENDATIONS

- Make **accountability reciprocal**, with HSH sharing responsibility for outcomes
- Foster **continuous quality improvement** through transparent, real-time data, collaborative problem-solving, support for evaluation capacity, room for innovation, and an independent review of the new contracting model
- **Strengthen coordination with other systems** through aligned metrics, integrated data, and shared program goals
- Maintain **regular provider and client feedback** including in program design, target-setting, and contract/payment structures
- **Center equity** through strategies including:
 - Creating equity-focused metrics and convening workgroups focused on increasing access for historically excluded communities (e.g., the Black community)
 - Engaging Black-led organizations, frontline staff, and people with lived experience in feedback structures
 - Providing capacity-building for small, culturally specific organizations
 - Evaluating proposals for cultural responsiveness, lived-experience leadership, partnership quality, and impact on racial equity

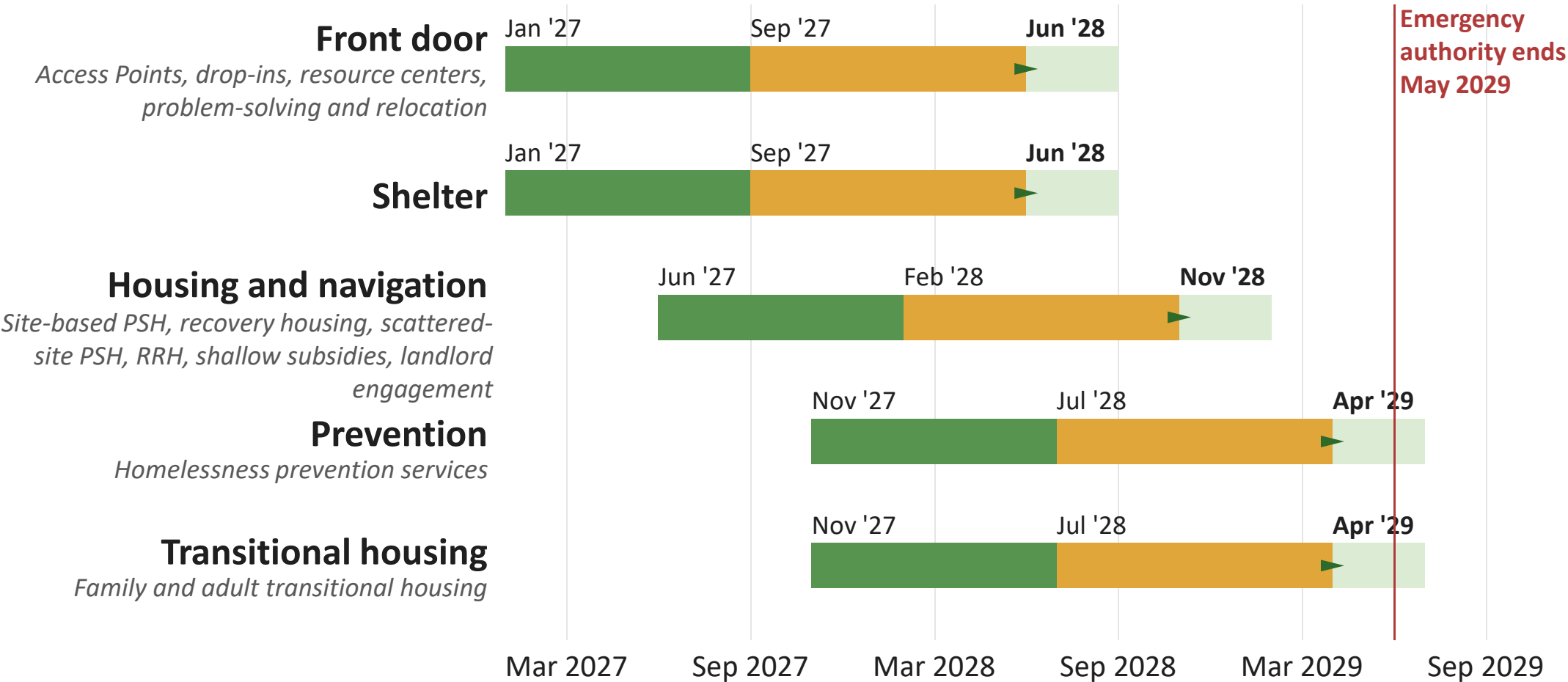
“[The goal] should be to create a system in which participants experience better services and greater stability, providers have the capacity and flexibility to do high-quality work, public resources are used responsibly, and HSH and its partners can continuously learn and improve.”

Proposed HSH MYPP timeline

Subject to change

- Design: 8 months, including preparing the RfX
- Procurement: RfX live → effective, about 9 months
- ▶ Contracts effective (rolling)

MYPP procurements to be organized as...



Scattered Site Housing Programs Reprocurement

HSH is canceling the previously issued Scattered-Site Housing RFQ and will issue a revised solicitation through its multiyear reprocurement initiative. We remain committed to strengthening our scattered site housing programs and look forward to reissuing the procurement.

WHY HSH IS MAKING THIS CHANGE

- **Federal changes**
Respond to changes in federal CoC & EHV funding
- **Strengthen accountability**
Apply outcome-based contracting and consistent performance expectations to scattered-site programs.
- **Improve program effectiveness**
Reevaluate program design, populations served, and service delivery to improve participant outcomes.

NEXT STEPS

- **Issue a revised procurement**
Align the solicitation with HSH's multiyear procurement plan and performance measurement framework.
- **Continue planned investments**
Advance recently approved one-time funding for scattered-site housing programs.



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Homelessness Response System: Performance Summary

Performance Summary: September 2026

Systemwide	364 people exited homelessness in September. With 16,136 exits since July 2023, we are at 54% of our HBTB 5-year goal to end homelessness for 30,000 people.
Prevention	186 households received assistance in September. Volumes are higher than usual due to expanded eligibility and because some MOHCD funds are paused during contract renewal.
Coordinated Entry	1,028 households were assessed for housing in September. So far this fiscal year, 24% of assessed households are prioritized for housing. 67% of prioritized households leave the queue without housing.
Problem Solving	77 households' homelessness was resolved through problem solving in September.
Housing	173 households moved into permanent housing within the Homelessness Response System in September. Vacancy rate in in site-based PSH is 8.4% (as of Oct. 16).
Shelter	4,722 people stayed in shelter in September; 90% occupancy is consistent with recent trends. 654 households are on waiting lists for adult/family shelters (as of Oct. 16).



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Adult and Transitional Age Youth Shelter Engagement Policy

Shelter Engagement Policy: Purpose & Scope

Why the policy is needed

- Restores consistent engagement expectations following their suspension during COVID-19.
- Supports progress toward housing through case management and individualized housing planning.
- Helps keep limited shelter capacity available to people who need it.

Who it applies to and how it works

- Applies to HSH-funded adult and transitional age youth (TAY) temporary shelters.
- Establishes an initial 90-day placement; transfers count toward the same continuous stay.
- Eligible guests may receive repeated 90-day extensions, with no fixed maximum.
- Specialized programs may have different requirements.

Shelter Engagement Policy: Stay Periods and Approval Authority

Period	Approval authority
Initial 90 days	Standard temporary shelter placement
Three 90-day extensions	Shelter provider approval through 360 days
Beyond 360 days	HSH approval based on provider recommendation
Each extension	Guest must continue to meet eligibility criteria

Shelter Engagement Policy: Extension Eligibility Criteria

Housing Referral Status Guests

- Regular case management engagement
- Maintain Housing Referral Status designation

Problem Solving Status Guests

- Regular case management engagement
- **AND** meet at least 1 of the following:
 - Medical/Behavioral Health
 - Transitional Housing or Residential Treatment Placement Pending
 - Housing Pending
 - Housing Barriers

Guests with an unknown Coordinated Entry status

- Adult and TAY clients unknown to CE at the end of the initial LOS are ineligible for extensions.

Shelter Engagement Policy: Guest Expectations and Protections

Engagement and provider responsibilities

- Complete a housing support plan within 2 weeks; update every 90 days (existing requirement).
- Meet with guests weekly and record at least 4 eligible services per month in ONE.
- Guests pursue housing goals, identify barriers and provide extension documentation.
- Providers coordinate assessments/referrals and document decisions and exit dates.

Notice, grievances, and safety net

- Provide written extension decisions at least 30 calendar days before scheduled exit.
- Denial notices explain how to grieve; guests have 5 business days to file in writing with documentation.
- Provider decisions use the provider grievance process; HSH reviews City-administered decisions.
- Guests may rejoin the shelter waitlist or access one-night beds, subject to availability.

Shelter Engagement Policy: One-night bed program

Planned sites: Next Door, MSC-South, Sanctuary, and Lark Inn

- Otherwise unused beds may serve walk-in guests for one night when vacant or when a reserved guest has not returned by curfew.
- Self-referral will operate each night on a first-come, first-served basis. The reserved guest retains their longer-term reservation.
- The program expands emergency access within existing capacity. Availability varies and cannot guarantee shelter for everyone.
- Proposing to reestablish a curfew. The details will be defined through a collaborative working group.

Shelter Engagement Policy: Implementation Timeline

POLICY DEVELOPMENT & SYSTEM READINESS

OCT 16, 2026

Draft published; public comment opens

NOV 9, 2026

Public comment closes

NOV 2026

Review feedback; revise policy and approvals

EARLY DEC 2026

Reconvene system leaders on final plan

DEC 15, 2026

ONE System policy updates go live

SHELTER ENGAGEMENT POLICY ROLLOUT

Executive preview briefing

EARLY 2027

HSH, shelter and Access Point training; guest communications

FEB 15, 2027

Provider training completed

MAR 1, 2027

Shelter Engagement Policy takes effect

JUN 1, 2027

First exits anticipated under the new policy

ONE-NIGHT BED PROGRAM ROLLOUT

EARLY 2027

Site preparation and operational coordination

BEFORE LAUNCH

Provider orientation and referral procedures

APR 1, 2027

One-night bed program launches

Shelter Engagement Policy: Public Comment

01

READ THE DRAFT POLICY

Review the proposed policy and implementation approach.

[View the draft policy ↗](#)

02

SUBMIT PUBLIC COMMENT

Share your feedback by November 9, 2026.

[Submit public comment ↗](#)

Public comment period closes November 9, 2026





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HomeRise Transition Updates

HomeRise: Phase I Supportive Services Transition

1 TRANSITION SCOPE

Three HomeRise service agreements covering four supportive housing properties expire December 31, 2026.

HSH is transitioning services to new nonprofit providers; residents will remain housed.

2 TRANSITION PLAN

Nov–Dec: Interim agreements support hiring, onboarding, and handoff preparation.

Jan 1: New providers begin services; January HOC review of long-term agreements.

3 NEXT STEPS

February 1, 2027: New long-term service agreements begin, subject to approval.

MOHCD separately leads the transition of property operations to qualified operators.



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Other Updates

Protecting Client Privacy

- HSH and its partner agencies comply with **HUD Homeless Management Information System (HMIS) Standards** to protect the privacy and security of client information. Authorized uses of information are described in the **Homelessness Response System Privacy Notice**.
- All personnel with access to client information must keep it secure and confidential at all times – whether it is collected or shared electronically, on paper, or verbally. Privacy requirements and best practices are described in the **HSH Compliance, Privacy, and Data Security Training**, which must be completed annually.
- HSH reviews for compliance with privacy and security requirements as part of its monitoring procedures, including documentation of notice and consent, secure storage of information, and accurate and timely data entry. Where appropriate, HSH will issue findings and require corrective action.
- The **HSH Privacy Office** provides clients with access to their own information, processes disclosure requests, and investigates privacy incidents. For support on privacy issues or to report a privacy concern, please contact hsh.privacy@sfgov.org.

HSH Staffing & Leadership Update

Leadership appointments, recruitment and capacity investments

Jessica Kaushal | Strategy & Transformation

Strategic planning, cross-divisional priorities and reprocurement.

Dylan Schneider | Administration & Finance

Leads Budget, Finance, Contracts, Human Resources and Real Estate.

Sarah Locher | Informatics & Systems

New division integrates Data & Performance, CalAIM, IT and the ONE System.

Christine Rolan | Acting Finance Director

Oversees Budget and Finance, reporting to Dylan Schneider.

Steve Adami | Recovery Services & Initiatives

Will advance recovery-focused and drug-free models; will report to Deputy of Programs.

Additional capacity: Four philanthropically funded fellows — three Breaking the Cycle fellows (Prevention, Strategic Initiatives and Operations) and one FUSE Fellow (organizational management and planning).



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Thank you



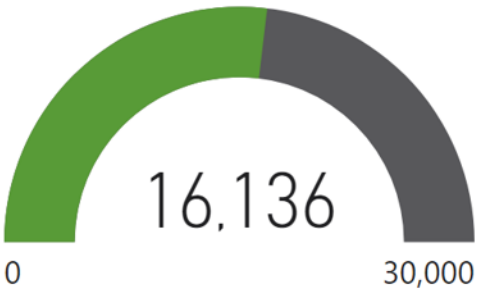
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Appendix Slides

Systemwide Exits From Homelessness

HOME BY THE BAY GOAL: Actively support at least 30,000 people to move from homelessness into permanent housing

5 year progress to goal

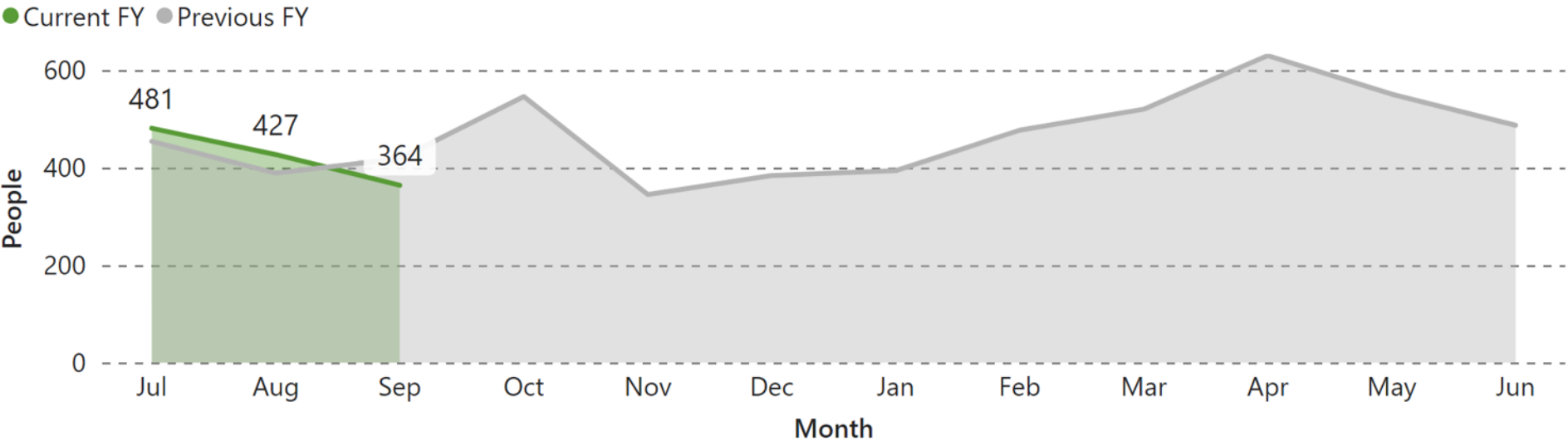


FYTD comparison

1,224
Current FYTD

1,213
Previous FYTD

Number of unique clients exiting homelessness



Fiscal Year	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY2023-24	374	518	498	706	427	499	497	492	523	506	502	412
FY2024-25	512	638	535	519	355	360	375	364	439	501	417	402
FY2025-26	454	389	419	546	345	384	394	477	520	630	551	487
FY2026-27 YTD	481	427	364									

Coordinated Entry

Number assessed

3,441
Current FYTD

3,494
Previous FYTD

By household type

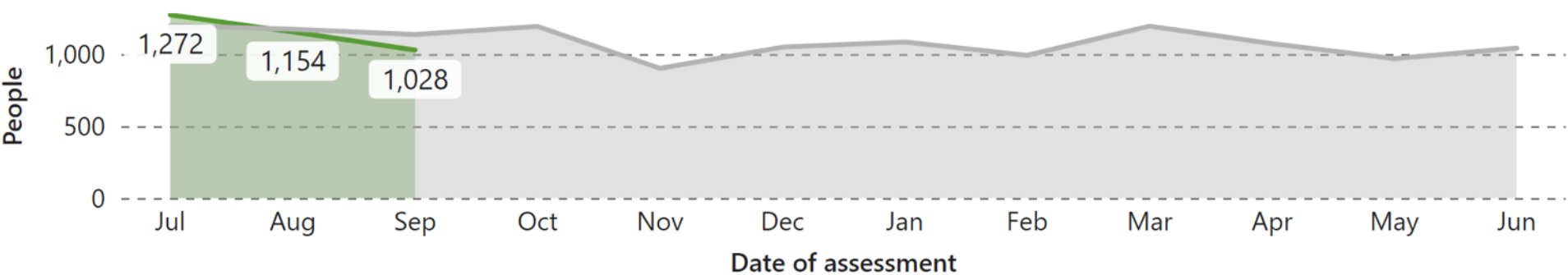
Current FYTD

	Youth*	All Households
Adult	606	3,013
Family	111	432

*Households led by youth age 18-27

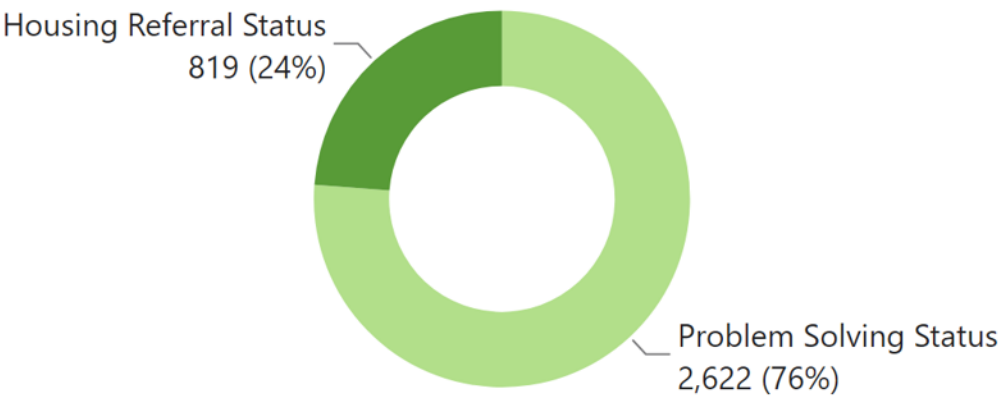
Number of unique clients assessed for housing

● Current FY ● Previous FY



By outcome of housing assessment

Current FYTD



Homelessness Prevention

Reflects San Francisco Emergency Rental Assistance Program (ERAP) applications assigned to HSH providers

Average award amount

Current FYTD

\$5,783

Households awarded

596

Current FYTD

390

Previous FYTD

Total distributed

\$3,446,588

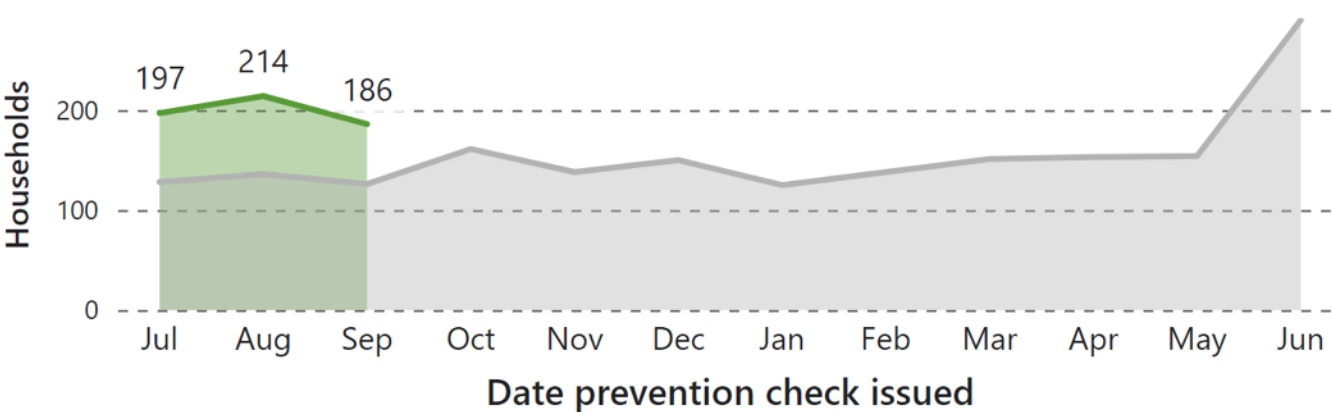
Current FYTD

\$1,959,435

Previous FYTD

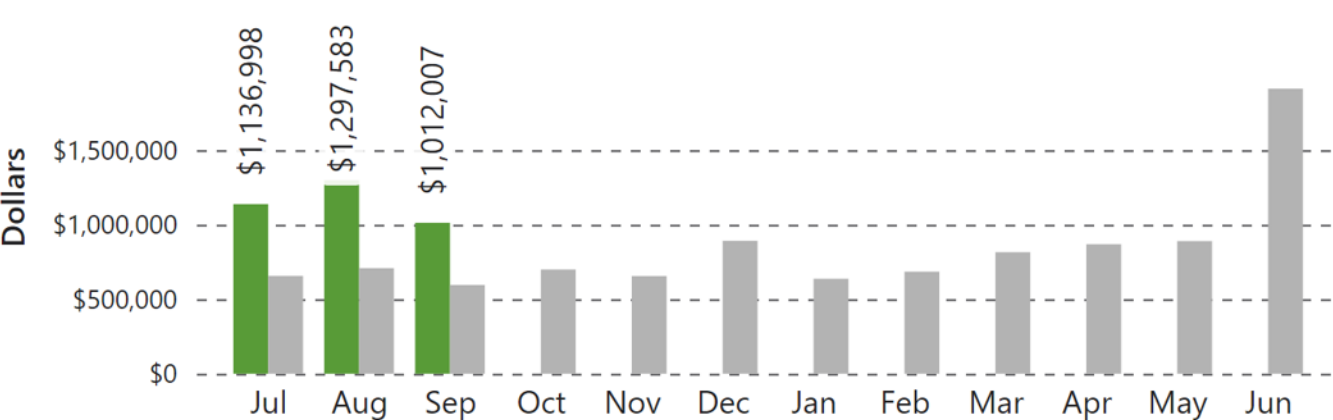
Number of unique households receiving prevention financial assistance

● Current FY ● Previous FY



Total amount of prevention financial assistance distributed

● Current FY ● Previous FY



By household type

Current FYTD

	Youth*	All Households
Adult	27	295
Family	28	298

* Households led by youth age 18-27

By type of assistance

Current FYTD

\$17,413,138

Back Rent

\$3,895,282

Future Rent

\$6,474,123

Move In

\$6,874,653

Stipulated

Problem Solving

Average award amount

Current FYTD

\$1,853

Number resolved

221

Current FYTD

213

Previous FYTD

Total distributed

\$409,524

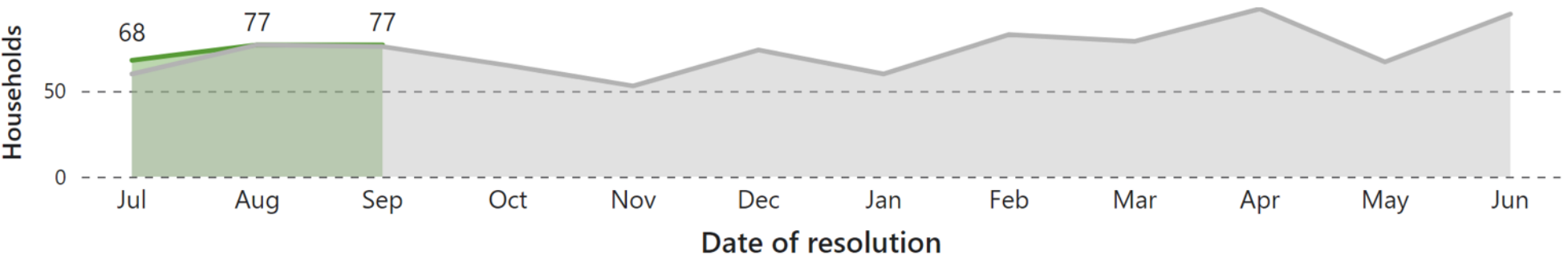
Current FYTD

\$484,633

Previous FYTD

Number of unique households resolved through problem solving

● Current FY ● Previous FY



By type of assistance (Top 5)

Current FYTD

Assistance Type	Amount
Move-In Assistance for housing outside the San Francisco HRS, including deposits and first month's rent	\$252,580
Furniture, such as a bed, if reasonable and directly linked to a housing resolution	\$75,483
Travel and relocation support outside of San Francisco that will result in a housing connection - airline, train or bus ticket	\$53,235
Rental Assistance after Move-in	\$19,707
Travel and relocation support outside of San Francisco that will result in a housing connection- food stipend	\$3,535

By household type

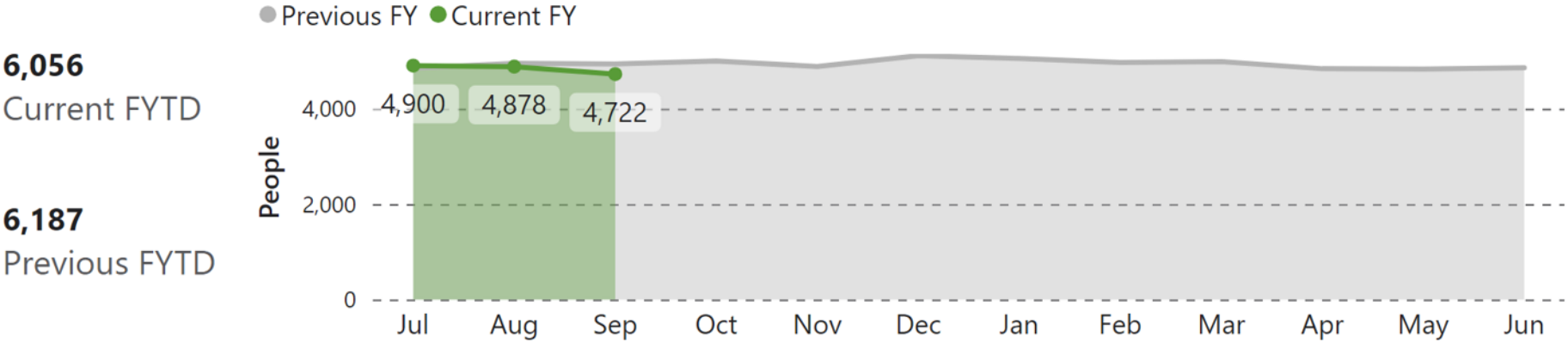
Current FYTD

	Youth*	All Households
▲		
Adult	40	178
Family		3

*Households led by youth age 18-27

Shelter Programs

Number of unique clients served by emergency shelter or transitional housing



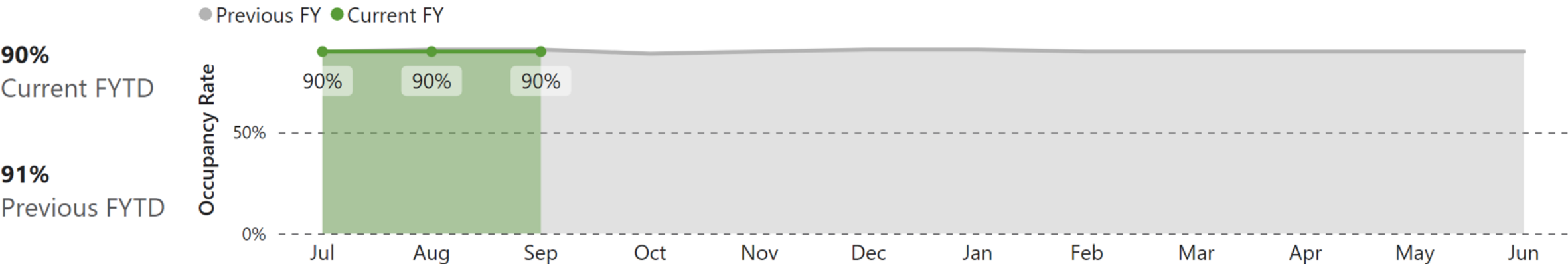
Clients by household type

Current FYTD

	Youth*	All Households
▲		
Adult	714	4,677
Family	213	1,347
Minor		55

* Households led by youth age 18-27

Occupancy rate of year-round emergency shelter and transitional housing (HSH-funded)



Housing Programs

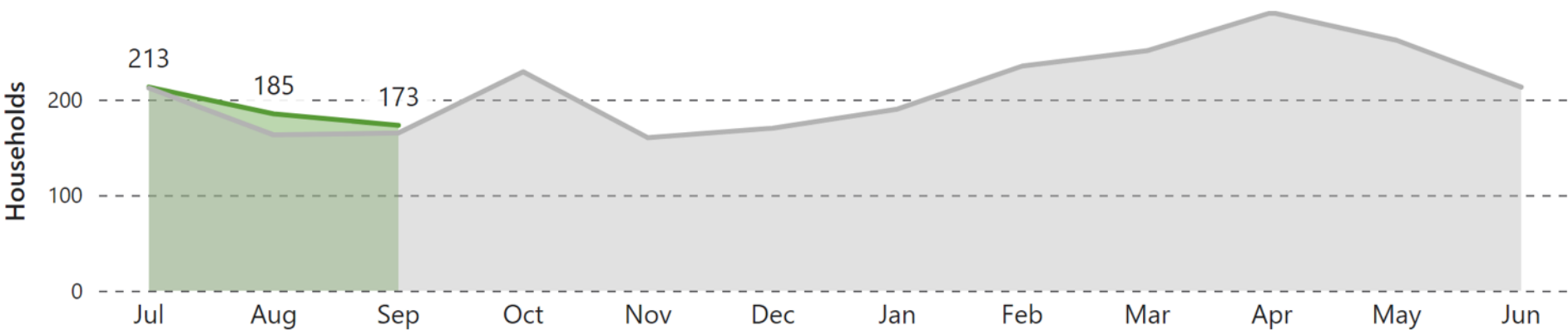
Households moved in

570
Current FYTD

539
Previous FYTD

Number of unique households moved in to permanent housing within the homelessness response system

● Current FY ● Previous FY



By household type

Current FYTD

	Youth*	All Households
	▼	
Adult	106	478
Family	12	92

* Households led by youth age 18-27

By program area

Program Area	FY2025-26	FY2026-27 YTD
Housing Ladder	104	6
Rapid re-housing	753	186
Scattered site-PSH	249	41
Site-based PSH	1,423	339

Time to move in to housing

Median days to move in

157
Current FYTD

155
Previous FY

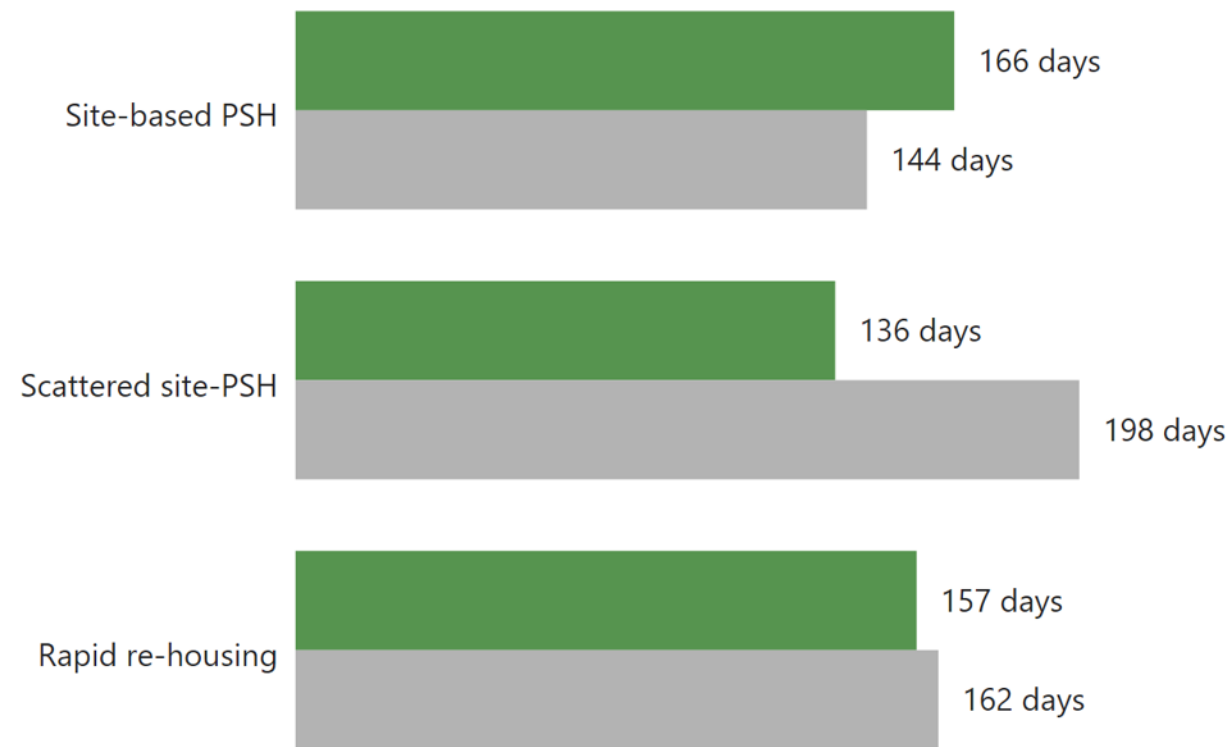
Average days to move in

218
Current FYTD

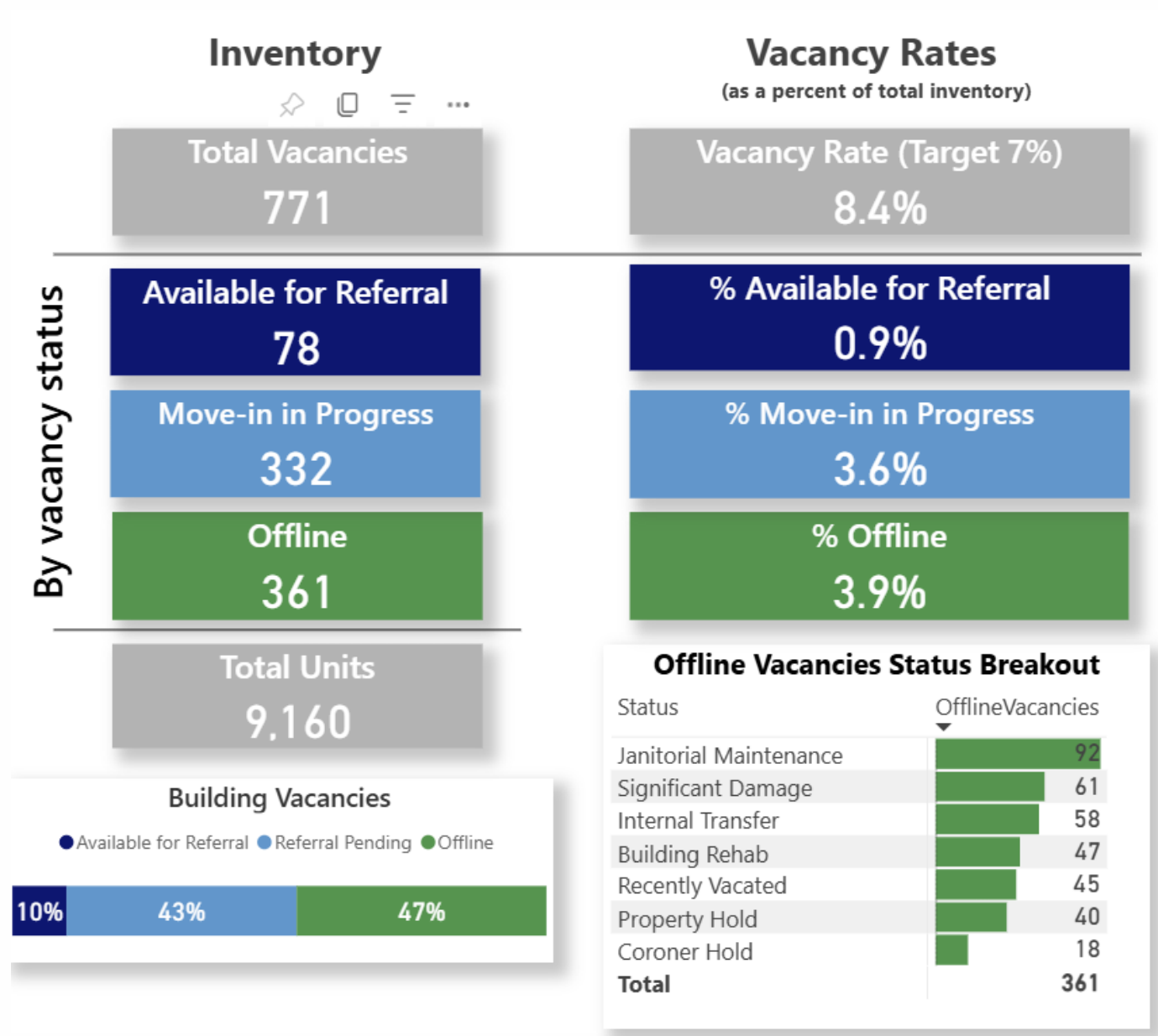
217
Previous FY

Median number of days between queue placement and move in to HSH housing

● Current FYTD ● Previous FY



Permanent Supportive Housing Vacancies



Large Vehicle Program Outcomes

Citations

Citations are tickets given when an unpermitted Large Vehicle violates TC 7.2.54: parking in excess of 2 hours.

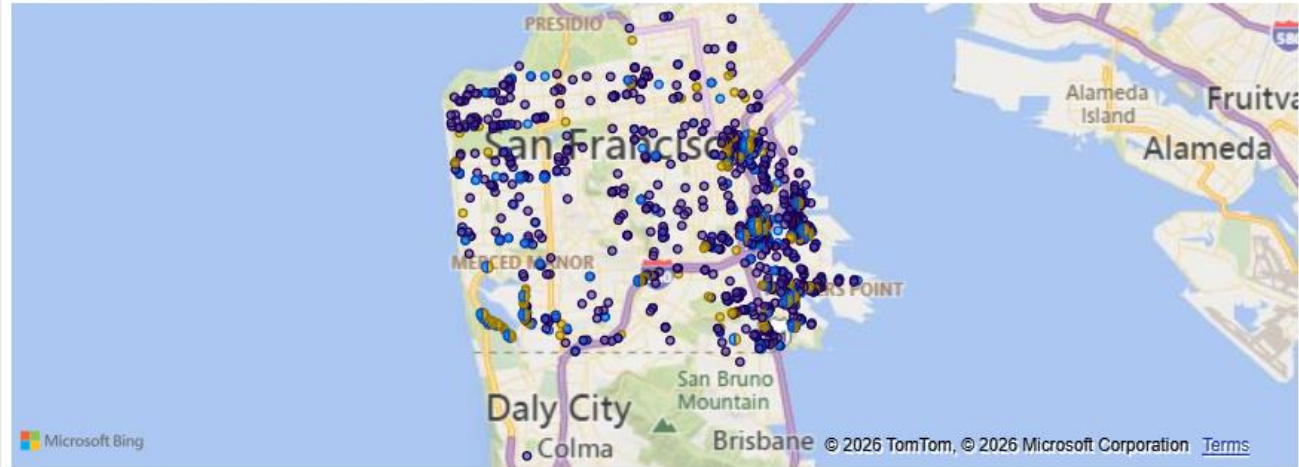
1170

Tows

Tows may occur when an unpermitted LV violates TC 7.2.54: parking in excess of 2 hrs or a permitted vehicle completes a buyback.

389

Outcomes Map



Legend ● citations ● household housed ● tows

LVs w Active Permits

Permits were issued in October 2025 and exempt Large Vehicles from the 2 hour parking limit.

79

Buybacks Completed

LVs are removed from the street after they are voluntarily relinquished in exchange for a financial incentive.

186

Sheltered or Housed Households

Number of households that have moved out of Large Vehicles and into housing or shelter through the program.

249

Housing Placements: 207

Shelter Placements: 42



Shelter Waiting List - Commission Metrics

Adult waitlist counts are based on unique requests for shelter and might not represent unique people.

Adult Shelter Waiting List

There are currently 449 people on the waiting list.

606 people joined the waiting list in September 2026.

Average time on waiting list = 15 days
(for people who accepted placement offers)

In September 2026, 109 people were placed into shelter from the waiting list. 409 people were offered shelter but did not accept (331 did not respond, and 78 declined shelter).

Family Shelter Waiting List

There are currently 212 families (602 people) on the waiting list.

130 families (366 people) joined the waiting list in September 2026.

Average time on waiting list = 39 days
(for families who accepted placement offers since January 2025)

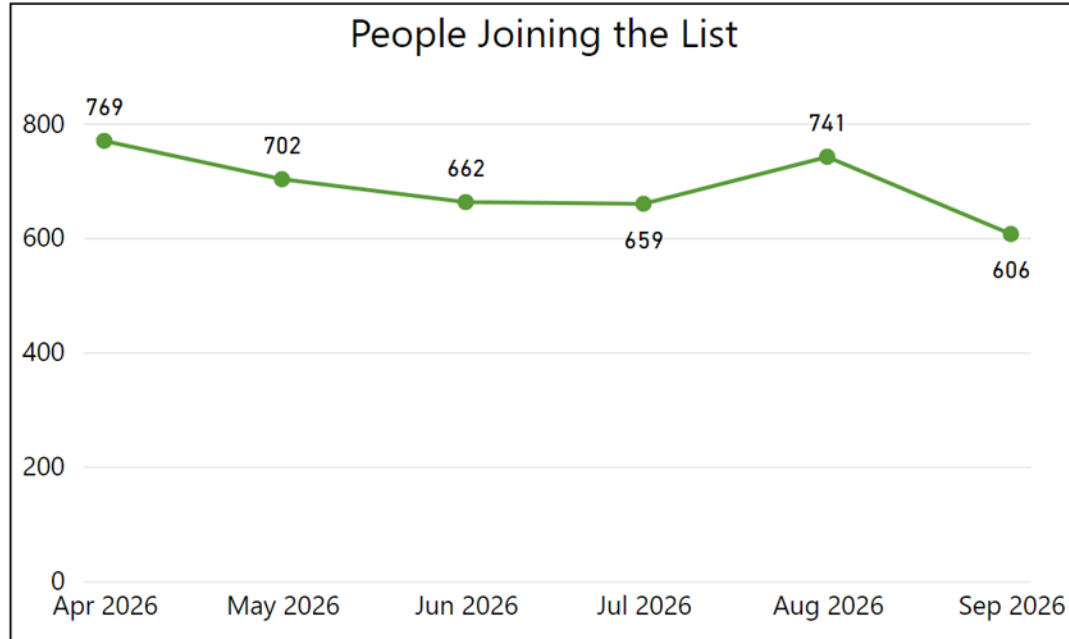
In September 2026, 32 families (90 people) were placed into shelter from the waiting list. 44 families were offered shelter but did not accept (24 did not respond, and 20 declined shelter).



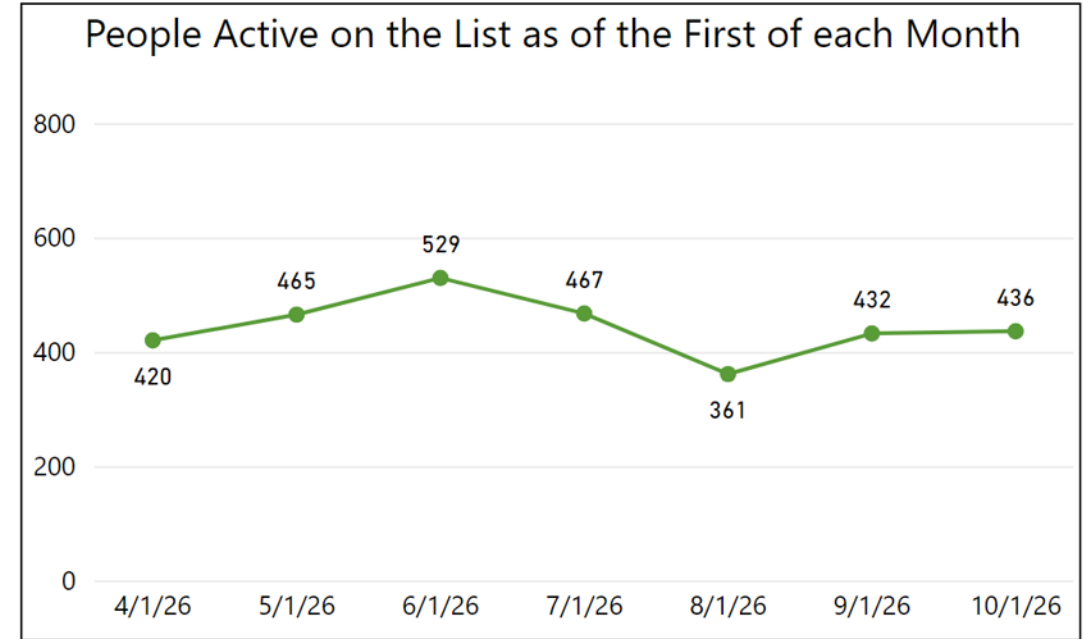
Adult Shelter Waiting List - Joining & Active

Adult waitlist counts are based on unique requests for shelter and might not represent unique people.

People Joining the List



People Active on the List as of the First of each Month





Adult Shelter Waiting List - Coming Off the Waitlist

Adult waitlist counts are based on unique requests for shelter and might not represent unique people.

Month ▲	Placed into Shelter	Removed from the List Without Placement*
Apr 2026	119	596
May 2026	107	545
Jun 2026	130	582
Jul 2026	125	633
Aug 2026	127	561
Sep 2026	109	481

*Reasons someone may be removed from the adult shelter waiting list without being placed into shelter include not responding to a shelter offer within three days, declining a shelter offer, or already having a shelter bed.

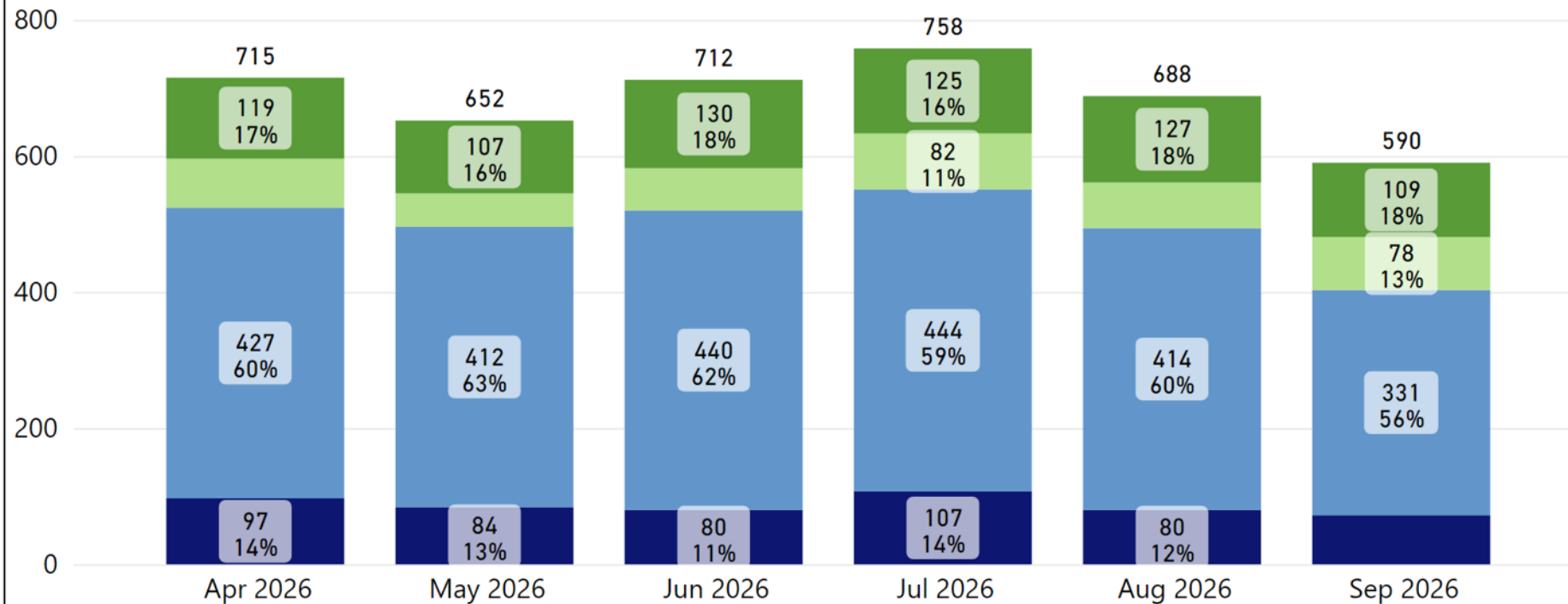


Adult Shelter Waiting List - Waitlist Removal Reasons

Adult waitlist counts are based on unique requests for shelter and might not represent unique people.

Adults Who Came Off the Shelter Waiting List Each Month by Reason

● Placed into shelter ● Offered shelter but declined ● Offered shelter but did not respond ● Already had a shelter bed



Average Days on Waitlist by Outcome

4/1/2026 - 9/30/2026

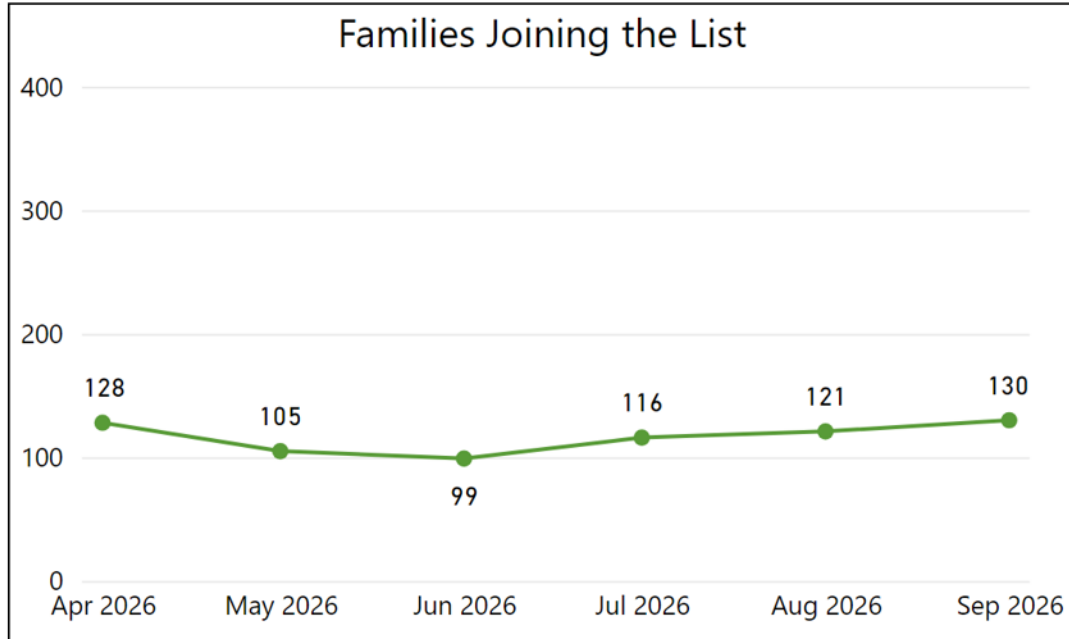
Outcome	Average Days on Waitlist	# of Adults
Placed into shelter	17	717
Offered shelter but declined	17	410
Offered shelter but did not respond	20	2,468
Already had a shelter bed	17	520
Total	19	4,115



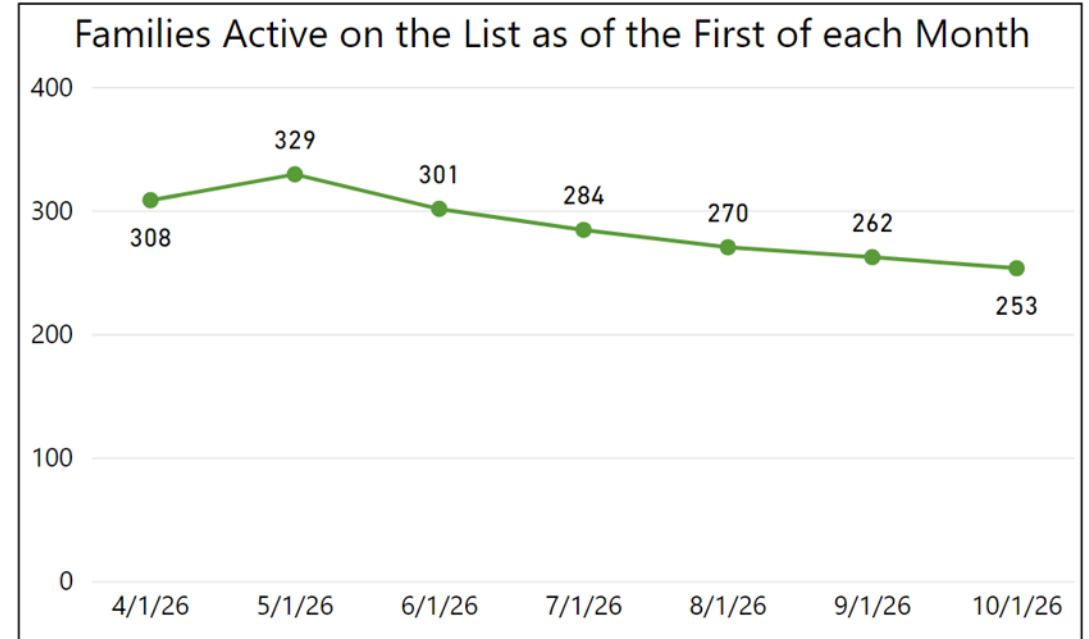
Family Shelter Waiting List - Joining & Active

Family counts are based on unique Heads of Household.

Families Joining the List



Families Active on the List as of the First of each Month





Family Shelter Waiting List - Coming Off the Waitlist

Family counts are based on unique Heads of Household.

Month ▲	Placed into Shelter*	Removed from the List Without Placement**
Apr 2026	19	93
May 2026	29	98
Jun 2026	35	84
Jul 2026	39	87
Aug 2026	37	97
Sep 2026	32	105

*Starting in December 2024, placements into shelter from the list include placements into Hamilton Family Emergency Center, a 44-bed congregate shelter.

**Reasons a family may be removed from the family shelter waiting list without being placed into shelter include not responding to a shelter offer, declining a shelter offer, or becoming housed.



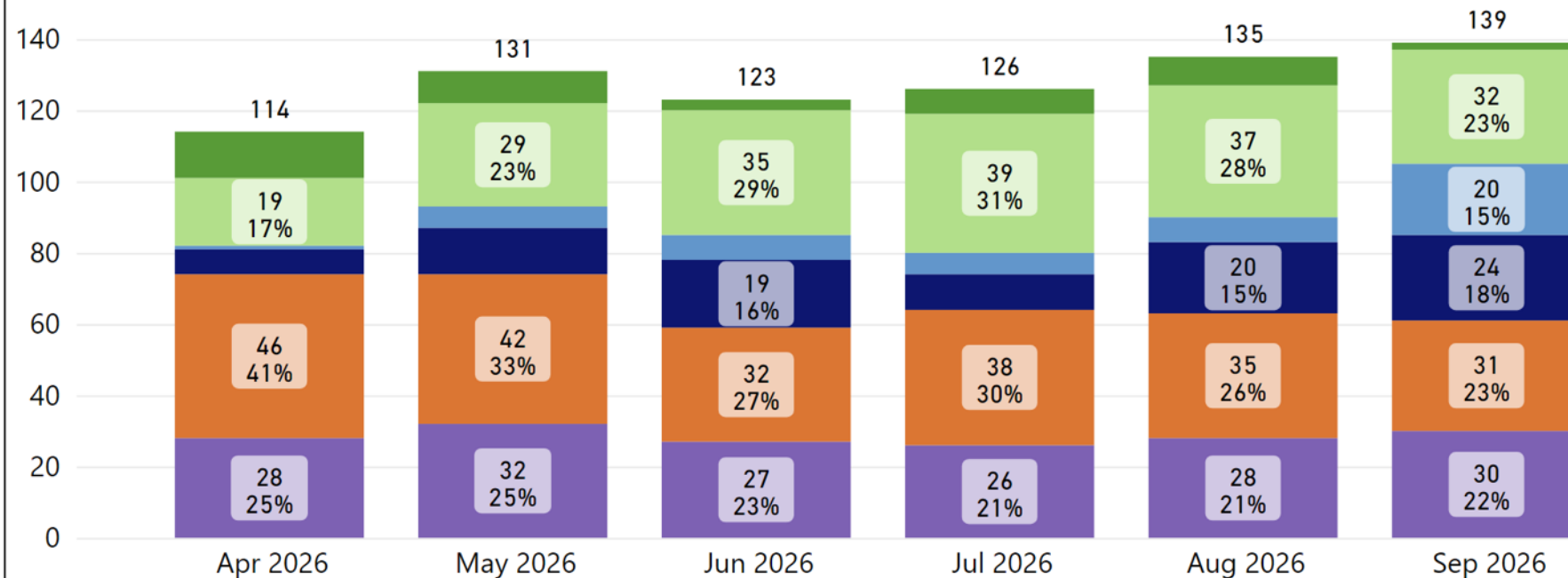
Family Shelter Waiting List - Coming Off the Waitlist

Family counts are based on unique Heads of Household.

Families Who Came Off the Shelter Waiting List Each Month by Reason

For most families counted as "Other," the provider explicitly selected "Other" as the reason.

● Became housed ● Placed into shelter ● Declined shelter offer ● Did not respond ● Expired from inactivity before offer ● Other



Average Days on Waitlist by Outcome

4/1/2026 - 9/30/2026

Outcome	Average Days on Waitlist	# of Unique Families
▲ Became housed	211	42
Placed into shelter	43	188
Declined shelter offer	30	47
Did not respond	36	88
Expired from inactivity before offer	124	224
Other	55	162
Total	77	687