City & County of San Francisco

# Assessment of Rapid Rehousing

## Findings and Recommendations






Prepared by

**OFFICE OF THE CONTROLLER**

**CITY PERFORMANCE**


**November 17, 2026**

## About the Controller's Office

The Controller is the chief financial officer and auditor for the City and County of San Francisco. We produce regular reports on the City's financial condition, economic condition, and the performance of City government. We are also responsible for key aspects of the City's financial operations — from processing payroll for City employees to processing and monitoring the City's budget.

Our team includes financial, tech, accounting, analytical and other professionals who work hard to secure the City's financial integrity and promote efficient, effective, and accountable government. We strive to be a model for good government and to make the City a better place to live and work.

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The City Performance team is part of the City Services Auditor (CSA) within the Controller's Office. CSA's mandate, shared with the Audits Division, is to monitor and improve the overall performance and efficiency of City Government. The team works with City departments across a range of subject areas, including transportation, public health, human services, homelessness, capital planning, and public safety.

City Performance Goals:

- Support departments in making transparent, data-driven decisions in policy development and operational management
- Guide departments in aligning programming with resources for greater efficiency and impact.
- Provide departments with the tools they need to innovate, test, and learn.

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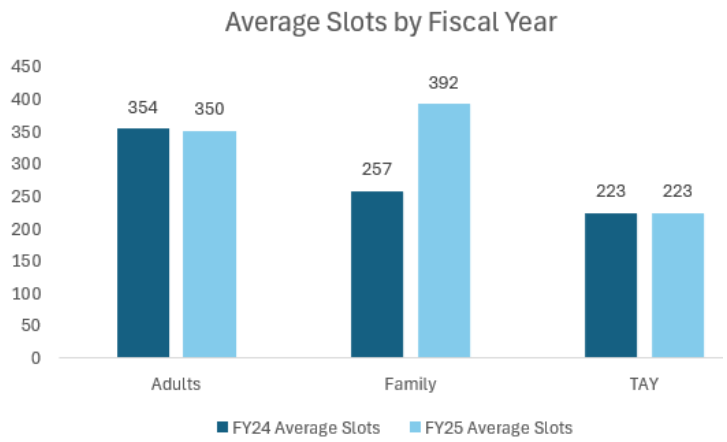
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*Note: City staff used generative AI tools to support analysis used in this report. Staff carefully reviewed all AI output for accuracy.*

# Executive Summary

## Rapid Rehousing Defined

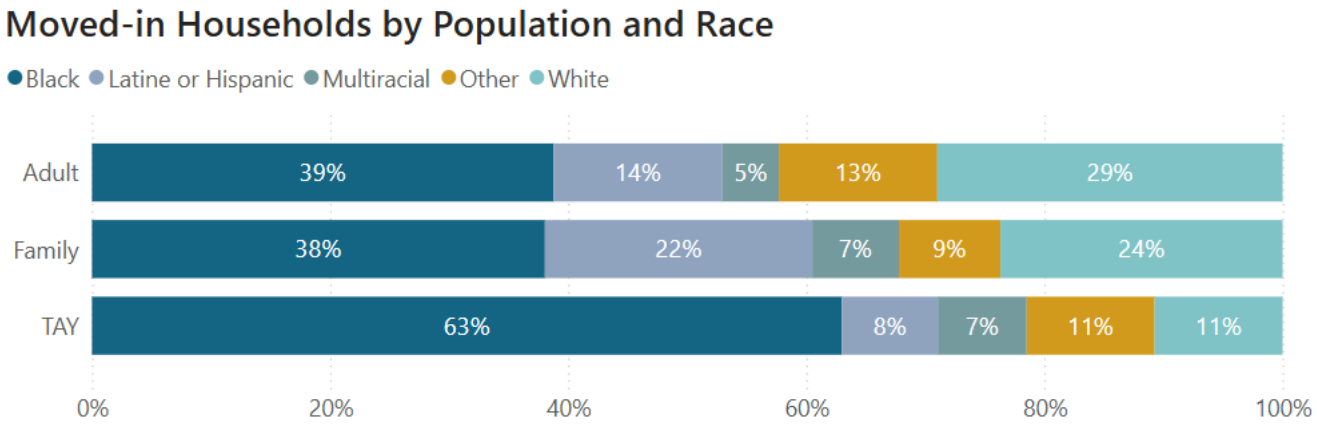
Rapid Rehousing (RRH) pairs **a time-limited subsidy with services to help households find and sustain private-market rental units**. In this program, subsidy levels are structured to decrease over time as households stabilize and develop plans to grow their income. Participants receive a subsidy for about two years, and extensions are possible.




From July 2023 through June 2025 (FY24 and FY25), the San Francisco Department of Homelessness and Supportive Housing (HSH) funded about 900 RRH slots per year, segmented by population (adult, family, and transitional-aged youth or TAY). HSH funded increased capacity for family households in FY25. Across both years, **HSH served a total of 1,328 households in RRH**. HSH spent $22 million on RRH contracts in FY25. HSH estimates a monthly cost of $3,300 to $4,000 per RRH slot.

## Populations Served by Rapid Rehousing

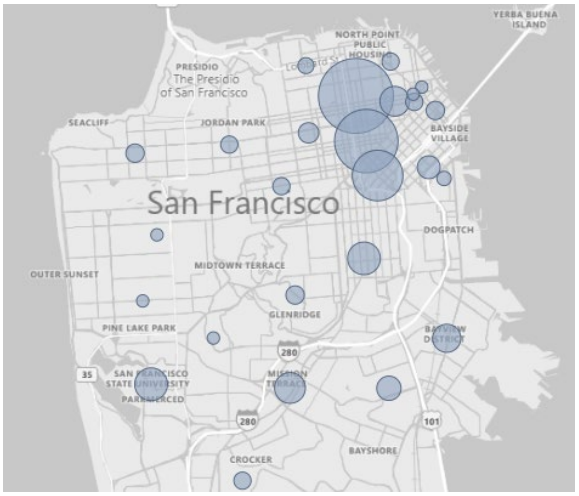
In FY24 and FY25, most heads of household identified as Black, White or Latine/Hispanic, with smaller shares of other racial identities. A large majority (88%) of family households were headed by women, while in contrast, men were overrepresented in adult households, at 69% of enrollees. While 96% of family heads of household identified as straight, 28% of TAY heads of household and 15% of adult heads of household identified as gay, lesbian or bisexual.



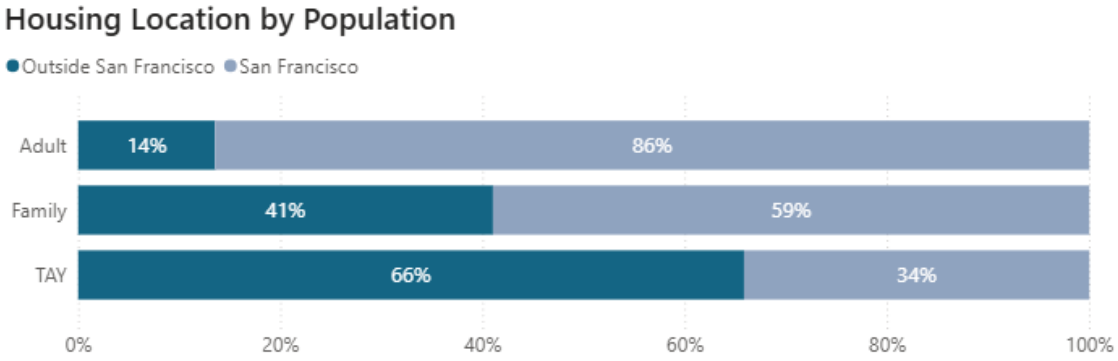

Households enter RRH through the "Coordinated Entry" process, which assesses a household's vulnerabilities, barriers to housing and chronic homelessness. Threshold scores for RRH fall just below eligibility for permanent supportive housing and may be adjusted periodically based on housing inventory.

## Housing Search and Location

On average, it took enrolled households **three months to secure housing**. Contracted providers support the housing search process by collecting information on location preferences, unit size, safety concerns, and any disability accommodations. They work with households to consider income, credit history, and subsidy levels. Providers must offer at least three viable units and households also do their own housing search.




In FY24 and FY25, **62% of moved-in households found units in San Francisco**.[1] Another 16% found housing in Oakland. Households in San Francisco were most likely to find housing in the Tenderloin, SOMA, and downtown neighborhoods, or within San Francisco's southern neighborhoods.




Black households, particularly family and TAY households, were more likely than other racial groups to find housing outside of San Francisco. Three-quarters of Black TAY households (72%) found housing outside of San Francisco, a higher share than other racial groups within the TAY population. A similar pattern arose for family households. Black family households found housing outside San Francisco at a higher rate (71%) than White (26%) and Latine/Hispanic (14%) family households.

## Financial Assistance (Subsidies)

Based on a sample of subsidy payments from FY24 and FY25, households received an **average subsidy of $1,600 per month**. Though providers plan to decrease the subsidy over time using established frameworks, they may revert to a full subsidy if the household requires it, for example, if a participant loses a job. Based on the sample of subsidies, 37% of households' subsidies decreased over time, while 26% increased during the review period. This demonstrates that **the shallowing process is likely inconsistent or variable** for many households as they work to stabilize in housing and grow their income. For example, several interviewed participants noted job losses that resulted in a subsidy increase during their enrollment.

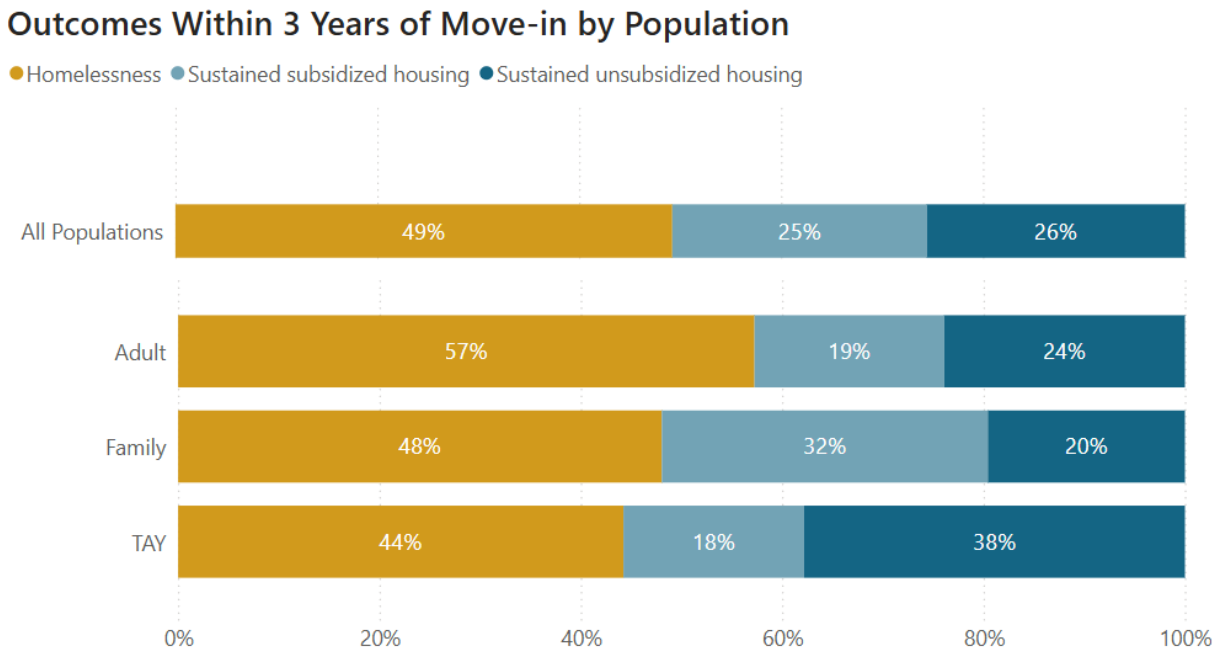
[1] Housing location data and chart exclude 205 moved-in households (18% of total) without housing location zip code.

## Outcomes

Among households that moved into housing in FY22 and FY23, **just over half (51%) sustained housing following their RRH enrollment, and 49% returned to homelessness**.[2]

This outcome measure assesses the household's program exit destination as well as whether the household returned to San Francisco's homelessness response system within three years of their housing move-in date. Just over half of households sustained housing, meaning they exited the program to housing and did not return to San Francisco's homelessness response system within three years. In contrast, the other half of households exited the program to homelessness immediately or subsequently returned to San Francisco's homelessness response system following a program exit.

TAY households were more likely to sustain housing than other groups, largely without an ongoing subsidy. Family households sustained housing primarily through ongoing subsidy support. Ongoing subsidies may include transfers to other HSH housing programs when households meet criteria. Adult households fared less favorably, with the lowest rate of sustaining housing and highest rate of returns to homelessness (57%).




Rapid Rehousing supported hundreds of households to exit homelessness each year and stay housed throughout the duration of the program, though long-term outcomes were mixed. Two major factors appear to contribute to the rate of returns to homelessness among households participating in RRH: **vulnerabilities** and **affordability**.

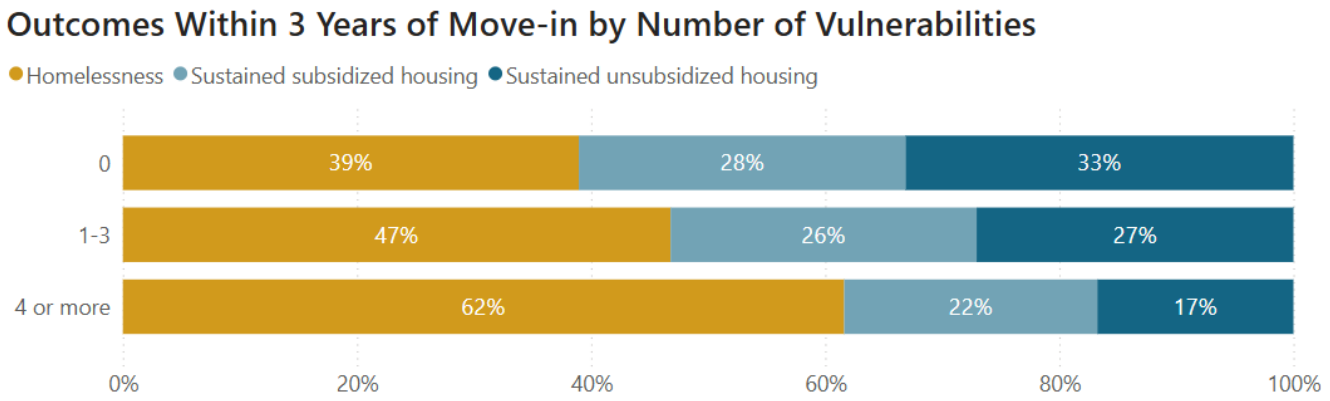
[2] Outcome data refers to RRH enrollees with a move-in date in FY22 or FY23. All data and charts related to outcomes exclude 36 households (6% of total) with no exit destination and no returns to homelessness data.

## Vulnerabilities

Households that reported one or more vulnerabilities **were more likely to return to homelessness** than those without vulnerabilities. Across all populations, participants with four or more vulnerabilities are much more likely to return to homelessness than households with no reported vulnerabilities (62% compared to 39%).

**Vulnerabilities Include:**

- Significant health conditions
- Justice involvement
- Domestic violence survivor
- Chronic homelessness




Reporting a significant health condition, including a medical or behavioral health condition, a disability or another health need, is the most common type of vulnerability and households with a **significant health condition are more likely to return to homelessness** (57%) than those without such a condition (41%). In interviews, RRH providers differed on whether they believe RRH is the right program for participants with complex health needs. Some indicated that these individuals can be successful in RRH if offered the right support services.

## Affordability

Market rents in San Francisco exceed both RRH subsidy levels and what low-income households participating in RRH can sustainably afford. In interviews, most participants, including those with jobs, expressed uncertainty about being able to afford their current rent after the subsidy ends and several shared fears about returning to homelessness.

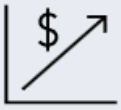
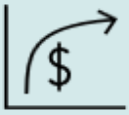
The goal of RRH is to transition a household off the subsidy by the end of the program; however, **prevailing rents leave low-income households severely rent-burdened**, raising the risk that households may return to homelessness without ongoing financial assistance.

### Affordability Case Study

- A household with a job paying $25 per hour may net $3,250 per month after taxes.
- A unit costing $2,000 per month requires **62% of the household's take-home pay for rental costs**.
- This leaves just $1,250 per month for food, utilities, transportation, medical costs, and other needs.

## Recommendations

To improve outcomes and to better understand how RRH is functioning for households and the broader system, HSH should consider the needs of **three distinct participant populations**. With these populations in mind, HSH can make operational and program design changes to account for households' distinct needs.

| 1. | 2. | 3. |
|---|---|---|
| Households with significant income growth potential | Households with some income growth potential and fewer vulnerabilities | Households with employment-limiting vulnerabilities, particularly significant health conditions |
|  |  |  |

**Matching**

1. **HSH should strengthen its procedures to match households with vulnerabilities to the housing best suited to their needs.** For example, HSH should consider using Coordinated Entry assessment data to flag households with health conditions for secondary review and potentially redirect them to an alternative housing option.

**Case Management and Service Connections**

2. **HSH should clarify expectations for case management and service linkages based on population needs and exit pathways.** Case managers should assess households upon intake to establish a reasonable exit plan, timelines and supports.

3. **HSH should work with City partners to strengthen workforce development as a core component of RRH.** With improved data and engagement in programs, HSH may consider new policies to incentivize or require workforce development.

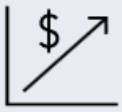
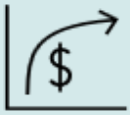
4. **HSH should clarify guidelines related to program extensions.** HSH should continue to assess extension programs and may consider aligning extensions to case management plans and exit pathways, e.g., for the duration of a job training program or for the time needed to be selected for an affordable housing program.

**Exit Planning**

5. **HSH should clarify its guidelines and expectations for RRH providers regarding exit planning pathways.** Based on each household's needs, RRH pathways may include unsubsidized housing, affordable or subsidized housing, and transfers to other HSH housing programs. HSH should ensure providers support participants to apply to relevant housing programs.

6. **HSH should work with City partners to strengthen procedures and options for engaging RRH households in the City's array of affordable and subsidized housing programs.** Other City departments offer programs for low-income households that can support participants to sustain housing after RRH exits.

**Summary of Recommended Pathways for RRH Populations**

| | 1. | 2. | 3. |
|---|---|---|---|
| **Population** | Households with significant income growth potential  | Households with some income growth potential and fewer vulnerabilities  | Households with employment-limiting vulnerabilities, particularly significant health conditions  |
| **Matching** | Match to RRH. | Match to RRH. | Strengthen matching procedures, e.g., use data to flag households with health conditions for secondary review; potentially redirect to alternative housing option. |
| **Case Management and Service Connection** | Prioritize workforce engagement, tenancy coaching, and planning for ongoing housing stability. | Prioritize workforce engagement paired with other income supports as relevant, education and training, tenancy coaching, and planning for ongoing housing. Offer behavioral and physical health stabilization as needed. | Prioritize behavioral and physical health stabilization, disability documentation, and workforce and educational supports aligned to vulnerabilities and needs. |
| **Workforce Development** | Strengthen workforce development programming, referrals and tracking processes. Consider options to incentivize or require participation for certain groups. | | |
| **Exit Planning** | Align program timeline with workforce outcomes.<br><br>Establish clear rent step-down plan to emphasize unsubsidized housing sustainability. | Align program timeline to workforce outcomes and ongoing income or rent supports.<br><br>Establish plan, if needed, for bridging to an ongoing subsidy or affordable housing program. | Align program timeline to stabilization in housing and ongoing support needs.<br><br>Establish plan, if needed, for bridging to an ongoing subsidy with support. |
| **Affordable Housing** | Strengthen City procedures and options for engaging RRH households in the City's array of affordable and subsidized housing programs. | | |

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# Assessment of Rapid Rehousing: Overview

Rapid Rehousing (RRH) pairs a time-limited subsidy with support services to help households experiencing homelessness find and sustain private-market rental units. In this program, subsidy levels decrease over time as households stabilize and work to grow their income. Participants typically receive a subsidy for two years.

During 2026, the San Francisco Controller's Office assessed RRH as part of a multi-year plan to review the effectiveness of the City's homelessness response system. This assessment provides an objective perspective on program operations and outcomes and explores the following framing questions:

**How does RRH operate and who does it serve?**

**What are RRH outcomes, and for whom does it work best?**

The assessment explores these questions across seven sections following households' progress through the RRH program:

1. **Program Initiation:** Who is eligible for RRH and what is the referral process?
2. **Household Characteristics:** What are RRH household demographics and characteristics?
3. **Housing Search:** How long does it take participants to find housing? Where do they find housing?
4. **Case Management**: What services do participants receive and how effective are they?
5. **Financial Assistance:** What subsidies do participants receive, and for what duration?
6. **Outcomes:** How many households sustain permanent housing after exiting RRH? How many households return to homelessness? How do outcomes vary across key characteristics?
7. **Program Costs and Capacity:** How much does the City spend on RRH? How does program capacity compare to other jurisdictions?

The Controller's Office conducted the assessment in partnership with the Department of Homelessness and Supportive Housing (HSH) and other City and external participants. The mixed-methods assessment included the following activities (see Appendix for complete methods):

**Interviews with City Staff and Contracted Providers**

Including interviews with 7 contractors delivering RRH services and City staff across 4 departments.

**Analysis of Household-Level Administrative Data**

Including data about households referred and enrolled in the program in FY24 and FY25 and outcomes for households that moved in during FY22 and FY23.

**Contract and Financial Analysis**

Including contract budget analysis and review of invoices to track subsidy payments.

**Participant Interviews**

Interviewed 6 current RRH participants housed outside of San Francisco (3 families and 3 transitional aged youth). See sidebars for participants' experiences (names changed).

**Benchmarking and Literature Review**

Including analysis of RRH inventory across 16 peer cities and interviews with RRH staff from 4 cities.

# 1. Program Initiation

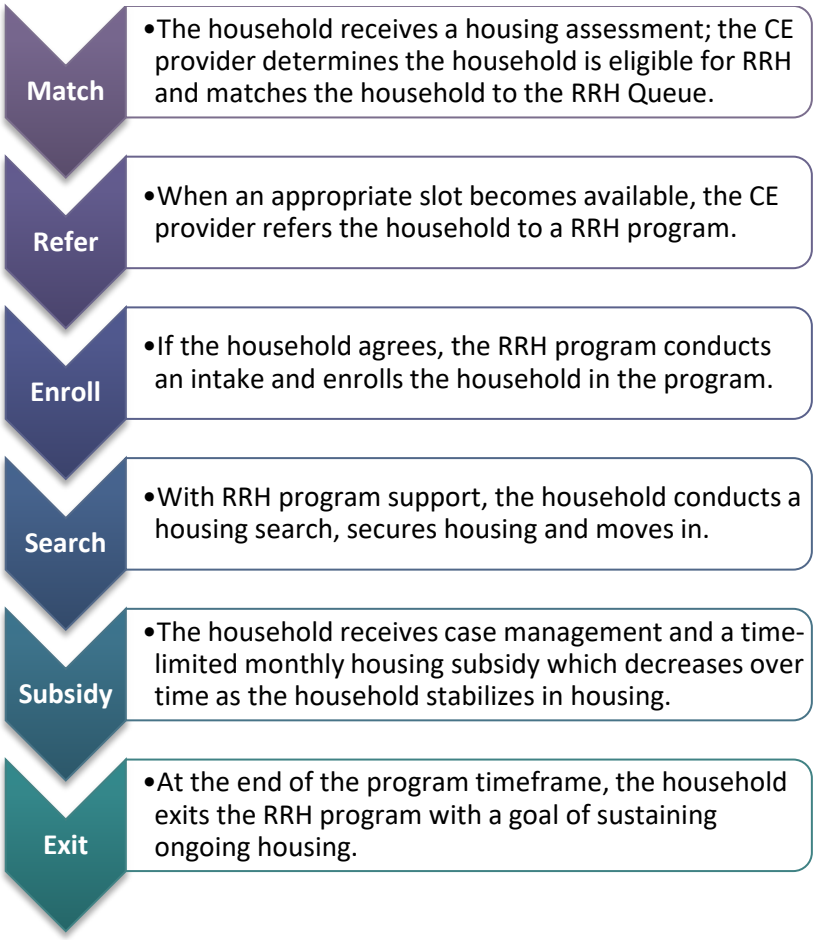
*Who is eligible for RRH and what is the referral process?*

## COORDINATED ENTRY AND ELIGIBILITY

Households experiencing homelessness visit Access Points located throughout San Francisco. Access Points are organized by population, including programs for adults, families, transitional aged youth (TAY) and domestic violence survivors.[3] Access Points deliver "Coordinated Entry" (CE) services and support households to access resources. If a household cannot resolve its housing crisis with problem solving resources, the Access Point offers a Housing Primary Assessment. The assessment results in scores ranging from 0-160 based on:

- **Vulnerability**: experience of violence, physical/behavioral health, and other factors.
- **Barriers to housing**: legal issues, income level, and resources available.
- **Chronic homelessness**: duration and frequency of homelessness.

**A Household's RRH Journey**




Based on availability of resources, the CE program adds those with the highest assessment scores to a Permanent Supportive Housing (PSH) Queue. The program **adds a subset of remaining households with various scores to each population's RRH Queue** (adult, family, TAY). Threshold scores for RRH fall just below eligibility for permanent supportive housing. Once matched to a RRH Queue, the CE program prioritizes households for referrals to a program based on their time spent on the Queue and specific program eligibility.

The CE eligibility criteria[4] and referral process differ by population (per the figure below) and change periodically based on program capacity and slot availability.

[3] Data from domestic violence-focused RRH programs is excluded from this analysis due to privacy rules.
[4] CE criteria below per May 2026 conversation with HSH and the February 2026 Prioritization Memo. CE scores change periodically based on changes in available inventory.

### Adults

**Eligibility:**

- Under **age 62**
- CE score **under 90** (no minimum)
- Not chronically homeless or on a fixed income
- Demonstrates a "meaningful path to stability"

**Process:**

- Multidisciplinary Team (MDT) visits shelters to add eligible Adults to the RRH Queue through **"real-time" matching** and referrals; most receive a referral within 1 month.

### Families

**Eligibility:**

- Household with 1+ child
- CE score of **90-114**

**Process:**

- Families work with one CE representative from first contact to program referral.
- CE Program makes **referrals in batches** based on slot availability.

### TAY

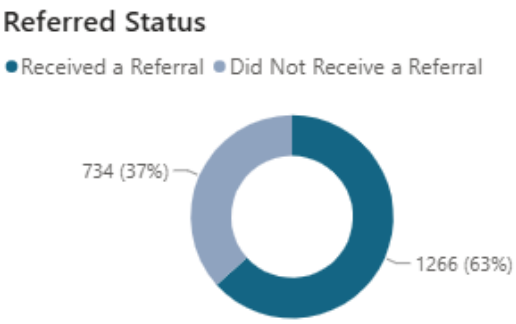
**Eligibility:**

- Age **18-25**, emancipated minors
- CE score **under 122** (no minimum)

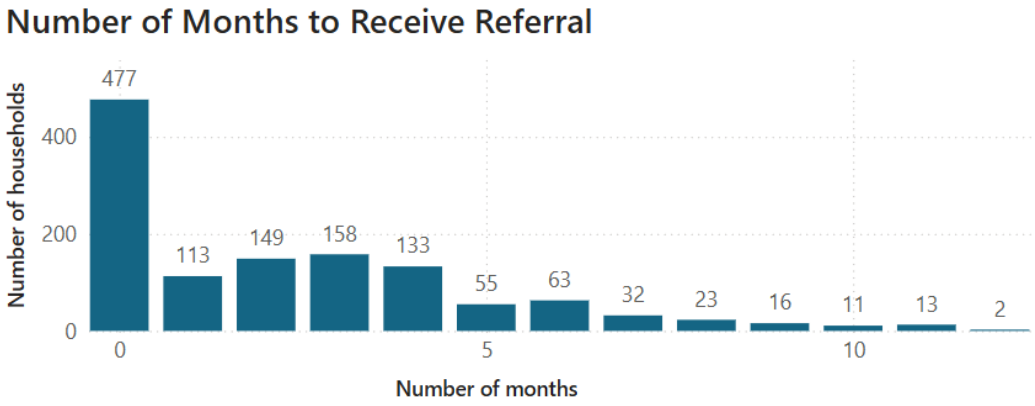
**Process:**

- Recently transitioned from making referrals in batches to real-time matching.
- Ongoing reevaluation of CE scores to prioritize for TAY RRH.

In FY24 and FY25, HSH **matched 2,000 households to the RRH Queue**. In that time, 63% of households on the RRH Queue (1,266 households) received a referral to a RRH program, while about one-third of households did not receive a referral. Of those who did not receive a referral, 53% were removed from the Queue due to a reassessment of household needs, 41% expired due to lack of contact with HSH for 90 days or more, and 6% were still pending. About 10% of households went through CE more than once and were re-added to the RRH Queue during the timeframe.




Among households with a referral, almost half received a referral in **one month or less** of being added to the Queue, and 38% received a referral almost immediately. A smaller group waited longer, bringing the average wait time across all households to three months. The time between being added to the Queue and referral to a program may be impacted by slot availability.



## CORE COMPONENTS OF RRH

Once referred to a RRH program, households meet with the program to understand their options. If the household agrees to participate, the RRH program conducts an intake and enrolls the household into the program. Enrolled households receive three core services, each described in more detail in subsequent sections of the report.

### Housing Search

The RRH program:

- Identifies and presents appropriate available units to participants (matching on household preferences)
- Supports participants with completing rental applications
- Coordinates and schedules unit viewings, accompanies participants as needed
- Troubleshoots issues with landlords

### Case Management

The RRH program:

- Onboards participants, including explaining rent contributions and program duration
- Develops and updates the Housing Stability Plan including goals for income, benefits, and other needs
- Provides ongoing housing-focused case management
- Provides referrals to service partners

### Financial Assistance

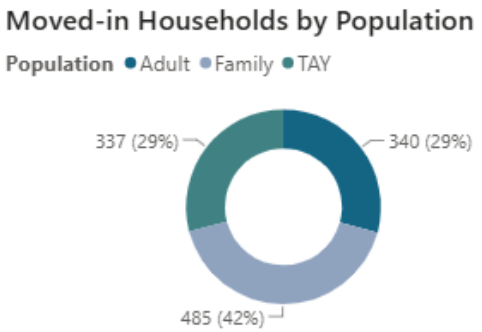
The RRH program:

- Determines the rent subsidy amount using the program's subsidy approach (varies by program, but includes planned step-down)
- Processes and pays rental subsidies to landlords
- Approves and issues one-time financial supports (security deposits, move-in support)

# 2. Household Characteristics

*What are the demographics and characteristics of heads of household participating in RRH? How does the RRH population compare to other groups?*

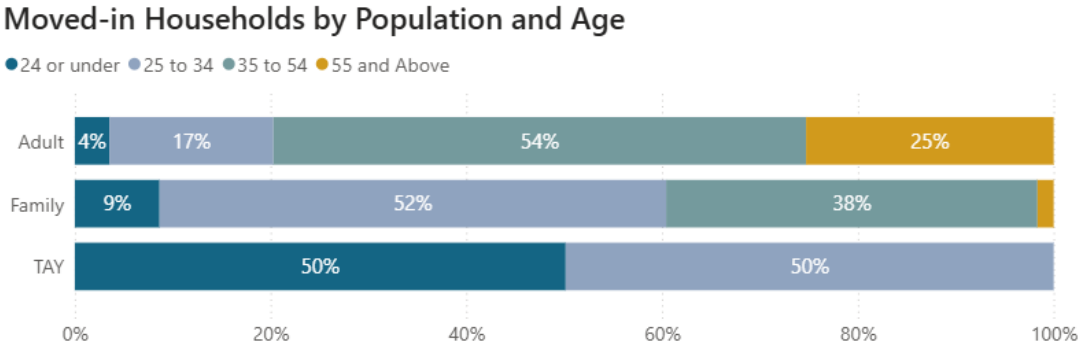
Between FY24 and FY25, **1,162 households moved into housing through a RRH program**.[5] Aligned to budgeted capacity across the program, family households made up the largest share of those moved-in, followed by equal shares of adult and TAY households.




## HEADS OF HOUSEHOLD DEMOGRAPHICS

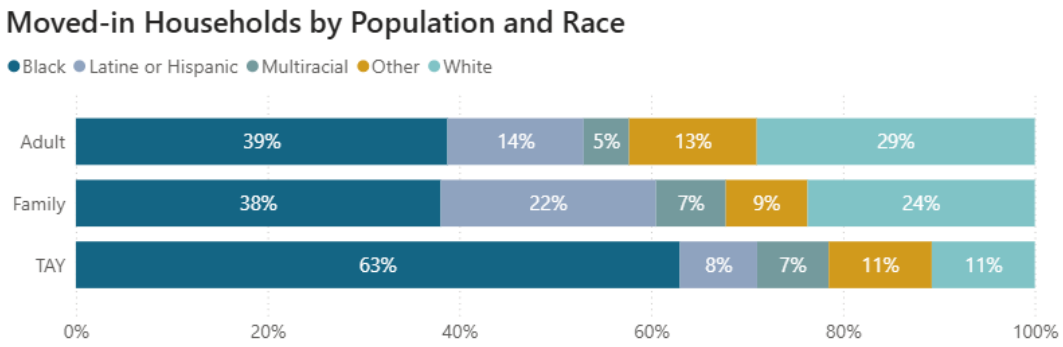
### Age

While family heads of household trended younger (61% were under age 35), a quarter (25%) of adult heads of household were 55 and older.




### Race

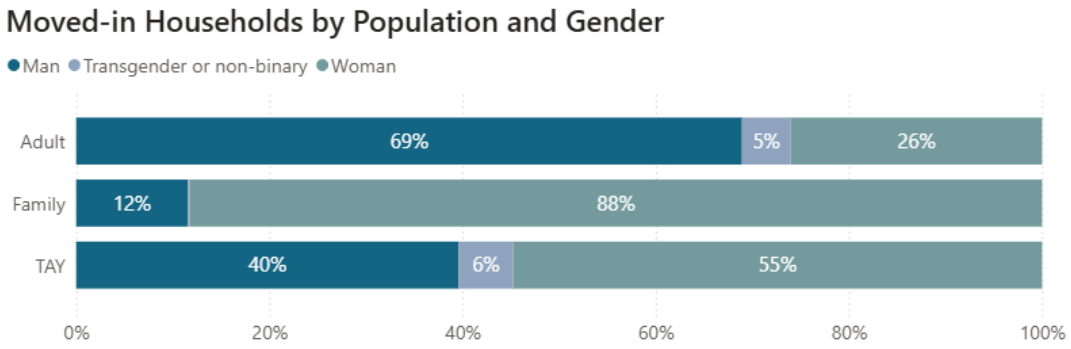
Black heads of household were highly represented in TAY programs (63%), while adult programs had the highest share of White heads of household (29%).




[5] Households may have first enrolled and moved into housing prior to FY24 and continued enrollment into the reporting period of FY24 and FY25. In FY24 and FY25, 1,328 households were enrolled in RRH and 88% were moved into housing. Review of demographics and other characteristics showed no meaningful distinctions between enrolled and moved-in populations. Households may enroll but not move in due to lack of engagement in the housing search or due to finding another housing resolution. If households are actively searching for housing, they will not be removed from the program due to an extended housing search period.

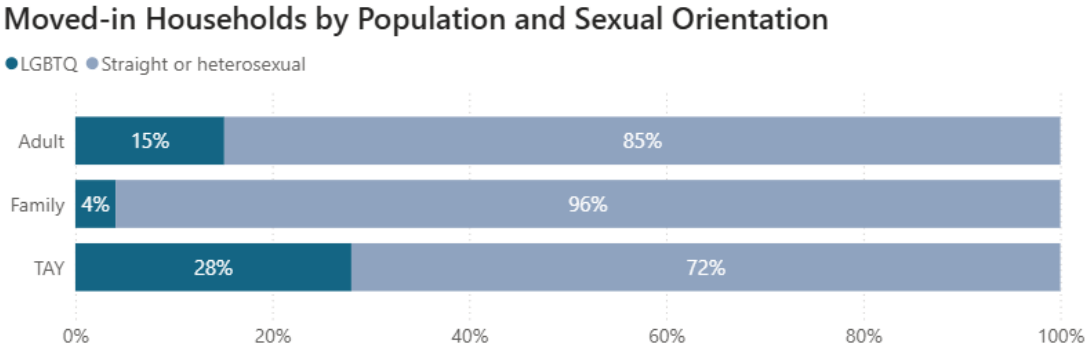
## Gender

A large majority (88%) of heads of household in family programs were women, while over two-thirds of heads of household in adult programs were men.




## Sexual Orientation

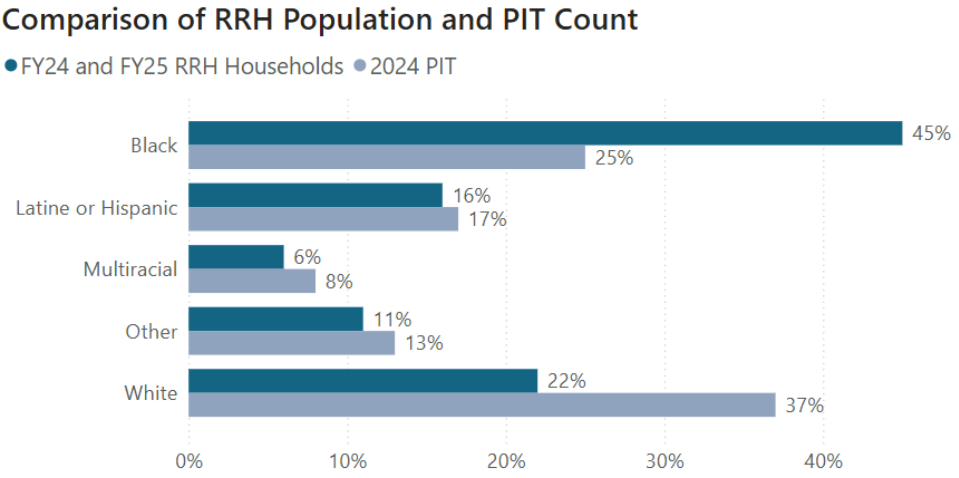
A quarter (28%) of TAY heads of household and 15% of adult heads of household identified as lesbian, gay, bisexual or queer (LGBTQ).




## Comparison to San Francisco's Homeless Population

The Homeless Point in Time (PIT) Count measures the number of people experiencing homelessness on a given night and uses survey and administrative data to gather demographic details. There are two primary demographic differences between the 2024 PIT Count and FY24 and FY25 RRH participant data.

- Black households were overrepresented among RRH participants compared to San Francisco's homeless population. In contrast, White households were underrepresented among RRH participants in comparison to the PIT Count.
- Female heads of household made up a larger share of RRH participants as compared to the adult population reflected in the PIT Count (60% of RRH heads of household compared to 32% of adults in the PIT Count).



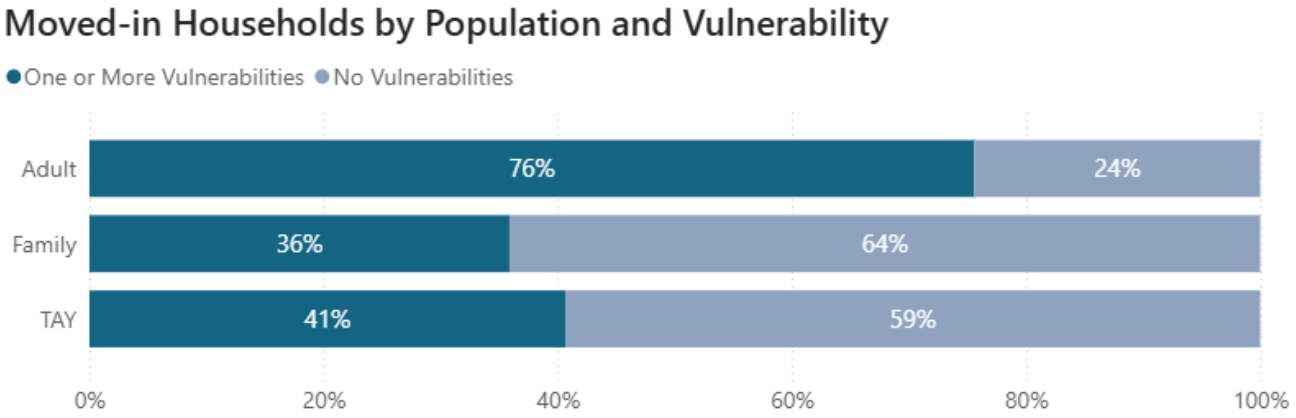
In family RRH programs, women make up 88% of heads of household, and this may contribute to the larger female population in RRH compared to the PIT Count. The PIT Count does not distinguish demographic details between adult and family households. While there is a Youth PIT Count, comparison to the TAY population is imprecise, as youth can choose to participate in adult, family or TAY programs.

## PARTICIPANT VULNERABILITIES

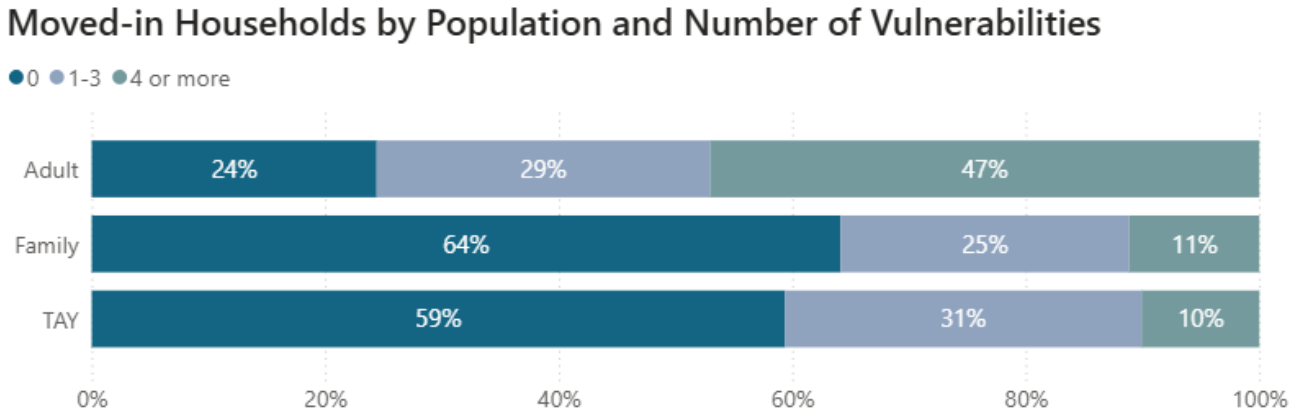
Over three-quarters (76%) of adult heads of household reported one or more vulnerabilities. **Adult households experienced vulnerabilities at roughly twice the rate** of family (36%) and TAY (41%) households.

**Vulnerabilities Include:**

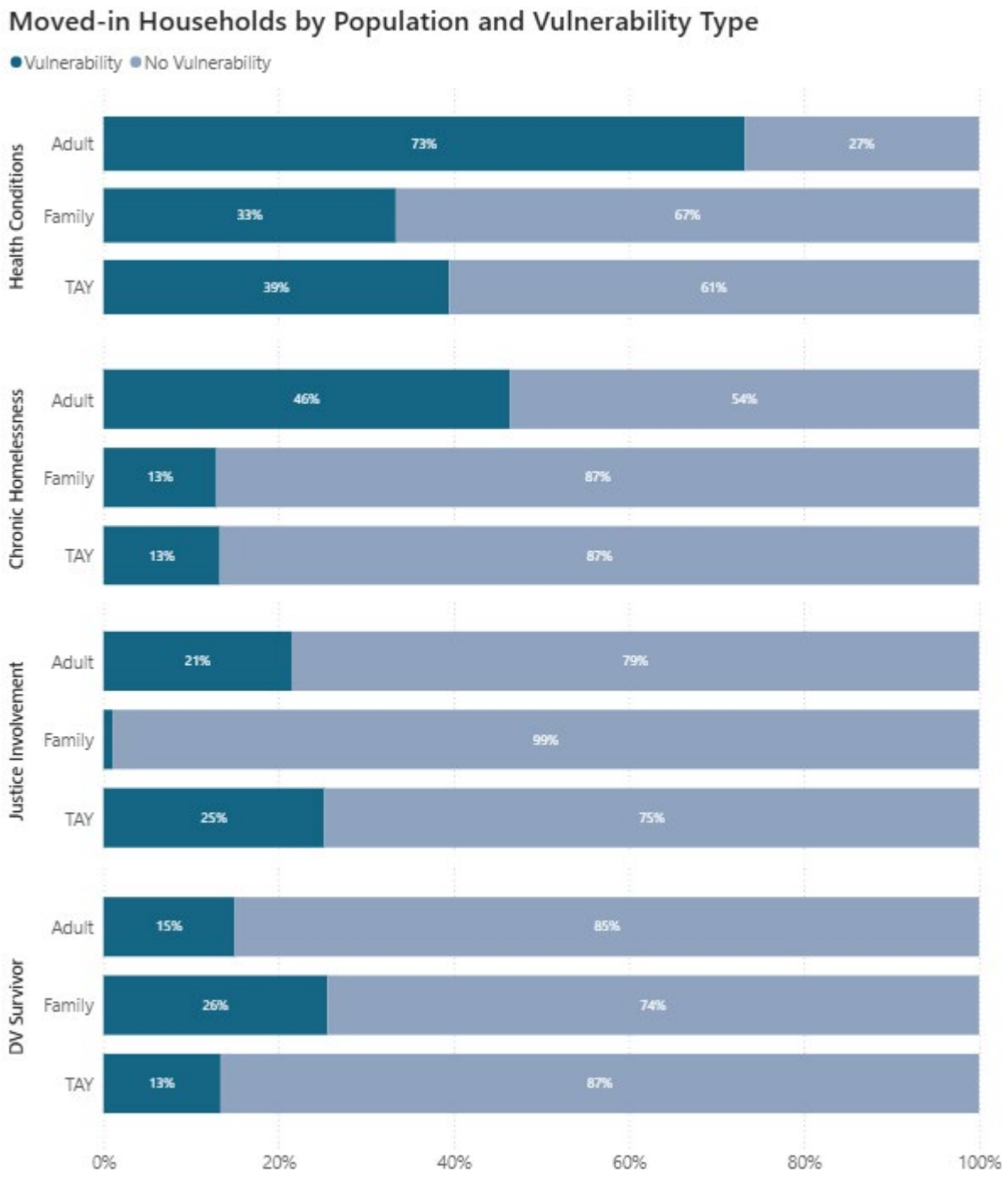
- Significant health conditions
- Justice involvement
- Domestic Violence (DV) survivor
- Chronic homelessness




Heads of household typically report on vulnerabilities during the CE assessment or in subsequent program screenings. The CE assessment uses these vulnerabilities as part of the scoring process to prioritize individuals for PSH or RRH. This report aggregates reported vulnerabilities into four categories: significant health conditions, justice involvement, domestic violence and chronic homelessness. Charts show the count of individual vulnerabilities (e.g., a head of household with two vulnerabilities may have multiple health conditions).




Adults participating in RRH were not only more likely to have vulnerabilities compared to family and TAY households, but they were also more likely to have a higher volume of vulnerabilities, with **47% of adults participating in RRH reporting four or more vulnerabilities**, compared to 10-11% of TAY and family households.




**Most adult heads of household (73%) reported experiencing one or more significant health conditions**. These include long-term disabilities, chronic medical conditions such as HIV, chronic behavioral health conditions such as mental illness or substance use disorders, and other conditions. Adults reported having such conditions at about twice the rate of family and TAY households.

Nearly half of all adult heads of household (46%) experienced chronic homelessness prior to their RRH participation. Experiences of chronic homelessness were much more prevalent among adult households compared to family and TAY households, at 13% each.

**Family heads of household were more likely to report a history of domestic violence (26%)** compared to adult (15%) or TAY (13%) households.[6] TAY heads of household were more likely to report justice involvement (25%) compared to family households (1%), though adult households had a similar rate of justice involvement (21%).

## Provider Perspectives on Household Characteristics

All providers reported receiving many referrals of households that they believe are **not appropriate for RRH**, including participants with significant behavioral health needs, disabilities and/or fixed incomes.

- Providers of adult programs reported particularly high volumes of referrals for individuals with severe mental or physical distress, frequent lack of identification, and eviction/utility debt, making RRH timelines difficult to meet.
- Providers of TAY programs emphasized that many youth referred to RRH have acutely high needs, and that CE may not appropriately assess youth for "housing readiness."

## "Amani's" RRH Experience

Amani, a single parent, **waited on the Rapid Rehousing list for two years** until she received her referral. During the time she experienced homelessness, her son stayed with extended family and Amani was in **"survival mode,"** living in her car or sleeping at the home of friends or romantic partners.

When looking for housing, Amani prioritized apartments near both her and her son's schools. She is currently on a **fixed-income and is a full-time student**. She would not be able to afford her $2,400 apartment in Hayward without the RRH program.

While she was initially happy with her unit, soon after moving in she learned the building had a **pest infestation**. While she is embarrassed to invite friends and family over, she has stayed in the unit due to its proximity to both her and her son's schools.

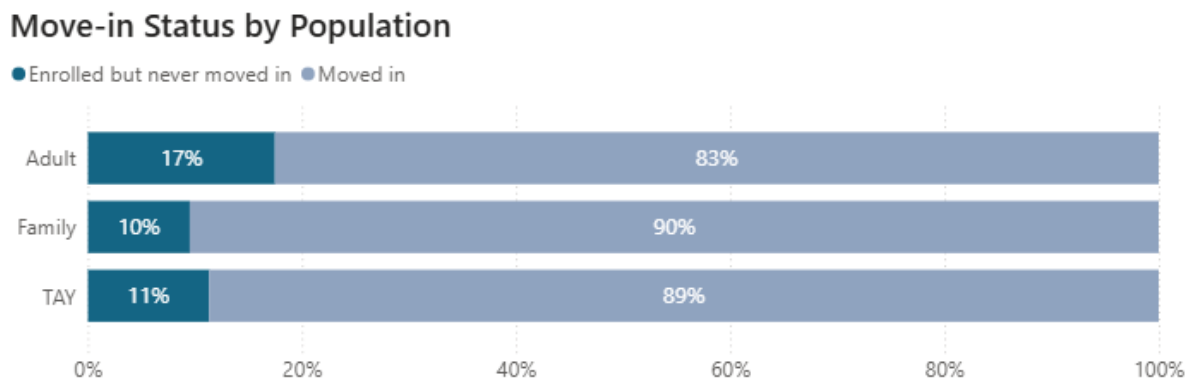
Amani will not complete her degree within the RRH timeframe and plans to request an extension of the subsidy. Her long-term housing plan is to wait to be selected off the list for a **permanent low-income unit.** She hopes to one day become a nurse and make her son proud.

[6] HSH also offers RRH programs specifically designed for domestic violence survivors, and this report excludes this population from analysis due to privacy rules. This likely results in an underrepresentation of the prevalence of domestic violence in the broader RRH population.

# 3. Housing Search

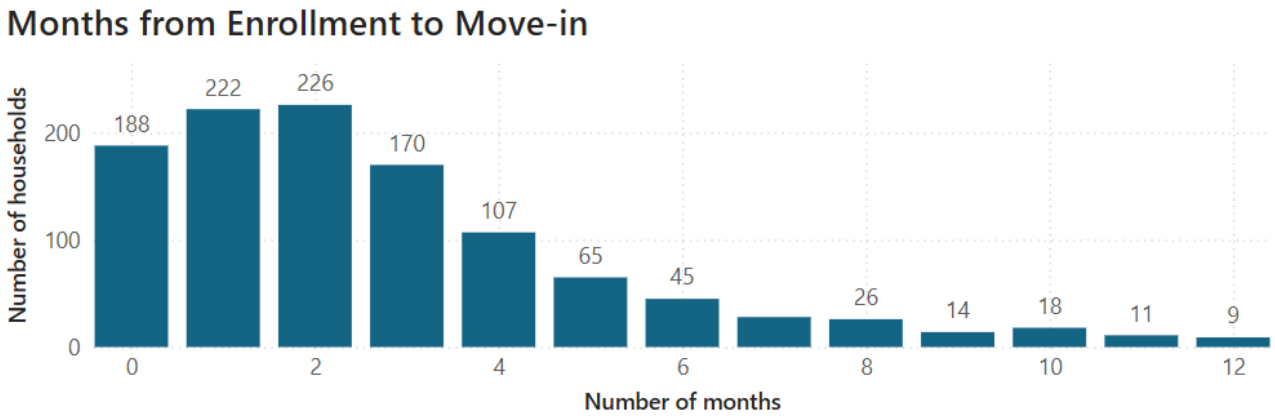
*How long does it take to find housing? Where do participants live? How does this vary across populations?*

Among the 1,328 households enrolled in RRH programs during FY24 and FY25, 88% of households moved into housing.[7] Family and TAY households moved in at a slightly higher rate than adult households.




## SEARCH PROCESS

To determine housing offers, RRH providers use a structured intake form to collect information on the household's location preferences (cities, neighborhoods), transit needs, unit size, safety concerns and reasonable accommodations, and school needs, if applicable. Providers consider practical constraints including income, credit, documentation readiness, and unit cost relative to subsidy caps, and review internal landlord and unit lists to match participant needs to properties, often with landlords that have a history of accepting subsidies or renting to RRH participants.




**On average, it took households three months to secure housing**. Among those with a move-in date, approximately two-thirds secured housing in three months or less from enrollment date to move-in date. This aligns with the 90-day window HSH established for housing search within its RRH engagement policy.

[7] Data reflects households ever enrolled during FY24 and FY25; initial enrollment date and move-in date may have occurred prior to the reporting period and continued into FY24 and FY25.

## Participant and Provider Perspectives on Housing Search

RRH providers emphasized ID and **documentation barriers** as a major driver of delays in housing placement following referral and enrollment. Family households often have difficulty providing custody documents, which can delay intake. Some providers also shared that difficulty reaching participants and credit issues led to delays in housing placement (e.g., for TAY and Adult households).

Some family providers indicated that separating housing navigation from case management improves housing placement speed, while other TAY providers shared that combining the roles improves participant trust and outcomes. Providers broadly agreed that **strong provider–landlord relationships** are critical to helping participants secure units.

Providers maintain established landlord partnerships, including small property owners willing to waive requirements like credit checks, and can often quickly identify units that match household preferences. However, providers stated that they face significant constraints in securing units within San Francisco due to cost, competition, and corporate landlord requirements; as a result, participants must often search outside San Francisco to find desirable units, reducing access to City services.

Interviewed RRH participants offered the following perspectives about the housing search process:

- Some participants felt **pressure to choose** among the first units they saw, even when the options didn't fit their needs or preferences.
- Several participants shared they were **shown very few units**, leading them to search independently early in the process.
- Several participants described **mixed experiences with housing locators**– some provider staff helped with inspections and landlord communication, while others were less available or slow to respond.
- Participants noted that **market barriers** (income needing to be three times the rent, credit checks, high fees, limited rental options under subsidy caps) severely impacted their rental choices.
- Many participants described having to **advocate for themselves**, find their own leads, or push back on units that didn't feel suitable.

### "Brianna's" RRH Experience

Brianna, a young single adult, was living in **transitional housing** in San Francisco before enrolling in RRH. While Brianna **intended to stay in San Francisco** due to having access to more resources in the City, she found that apartments in the East Bay were the first to approve her applications and meet her criteria. Brianna had criteria for the type of unit she wanted to live in tied to personal safety concerns which made finding housing in San Francisco next to impossible in her **$2,000 price range**.

While enrolled in RRH, Brianna earned a medical assistant certificate. She initially found work in the field, but after having her **hours severely reduced** last year, she has had trouble finding full-time work. When Brianna picked up on-call work to make ends meet, she was disqualified from receiving unemployment benefits.

Despite her reduced income, **Brianna's rent portion, currently $1,000, has continued to rise.** She has let her car loan go delinquent to prioritize paying rent. Brianna has already used the emergency rental assistance opportunities her RRH provider offers and does not know how she will pay her rent next month.

Due to her job losses, Brianna hasn't been able to save money while in the program and is **extremely worried that she will return to homelessness** when her subsidy ends.

# Benchmarking Highlight: Housing Navigation

Other jurisdictions organize RRH's three key functions in different ways. Some centralize housing navigation and subsidies with a single provider, and others contract with many providers, each delivering a complete package of housing navigation, case management and subsidy services (similar to San Francisco).

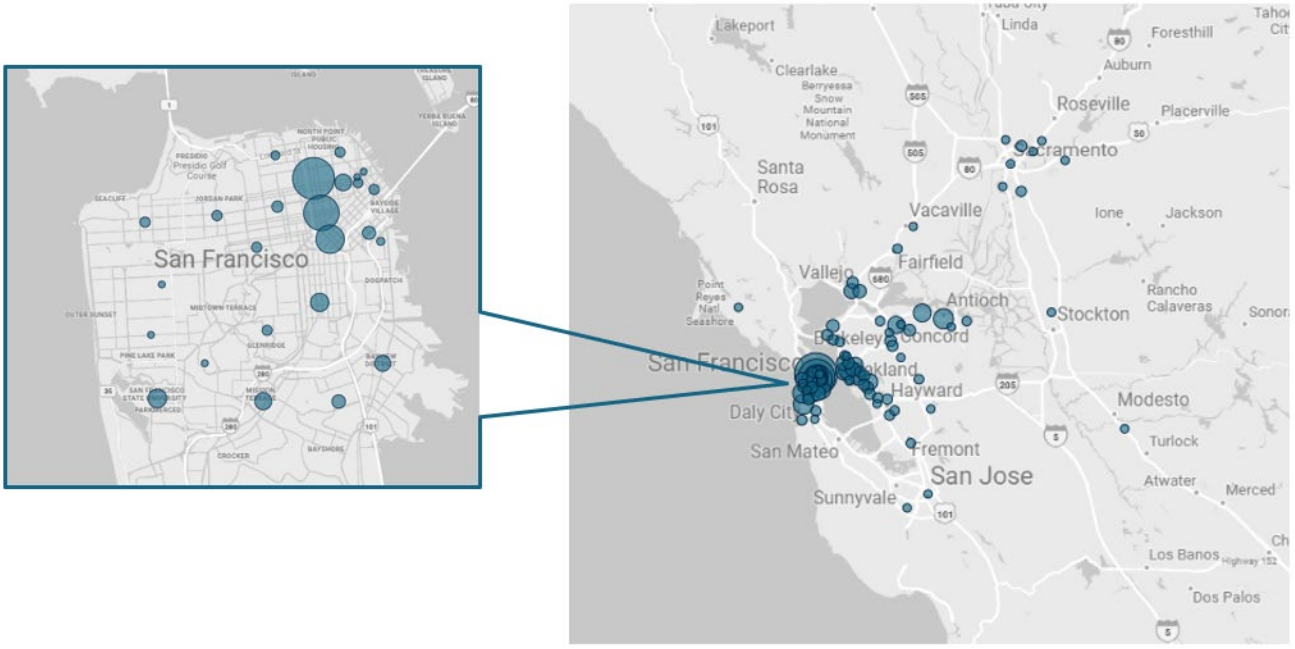
- Some cities use centralized landlord recruitment and apartment list platforms to help maintain unit pipelines despite market competition. Los Angeles and Chicago stakeholders report that centralization of housing location and subsidy administration improved budget control, landlord engagement and unit access.
- Most jurisdictions use creative approaches to landlord engagement such as offering holding fees, mitigation funds, guaranteed placements, and strong communication.

In interviews with San Francisco providers, several shared that they do not prefer a centralized or shared housing locator model without a guarantee of speed, real-time data, and landlord-facing capacity equivalent to individual providers' capabilities.

## HOUSING LOCATION

In FY24 and FY25, more than half (62%) of households who secured housing **moved into units within San Francisco**.[8]

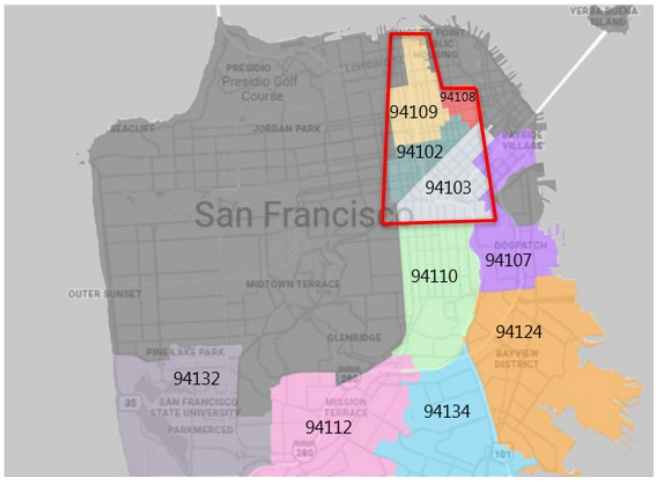
**Maps of San Francisco and Bay Area Housing Locations by Number of Moved-In Households**

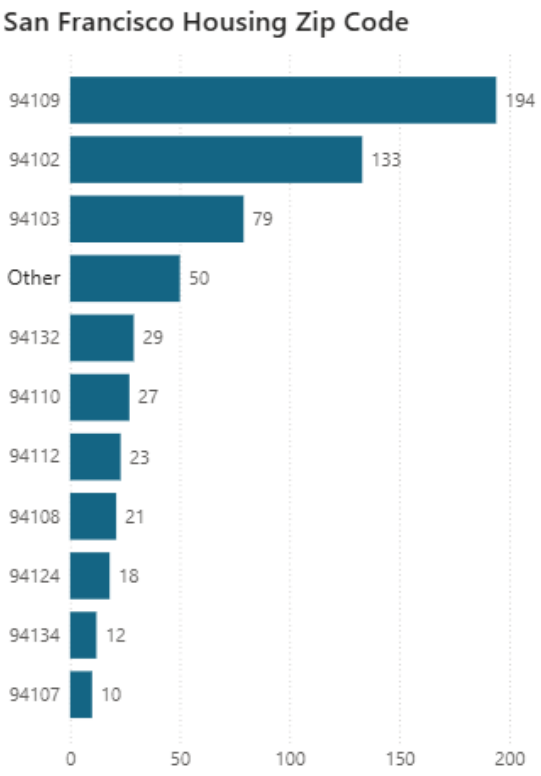



Among households securing housing in San Francisco, over two-thirds moved into housing in four ZIP Codes representing the Tenderloin, Civic Center and SOMA neighborhoods. These tend to be densely populated neighborhoods with higher unit availability and more affordable private-market housing options.

[8] All FY24 and FY25 housing location analysis excludes 18% (205) of moved-in households missing housing location ZIP code.

**Map of San Francisco ZIP Codes and Count of Moved-In Households by ZIP Code**

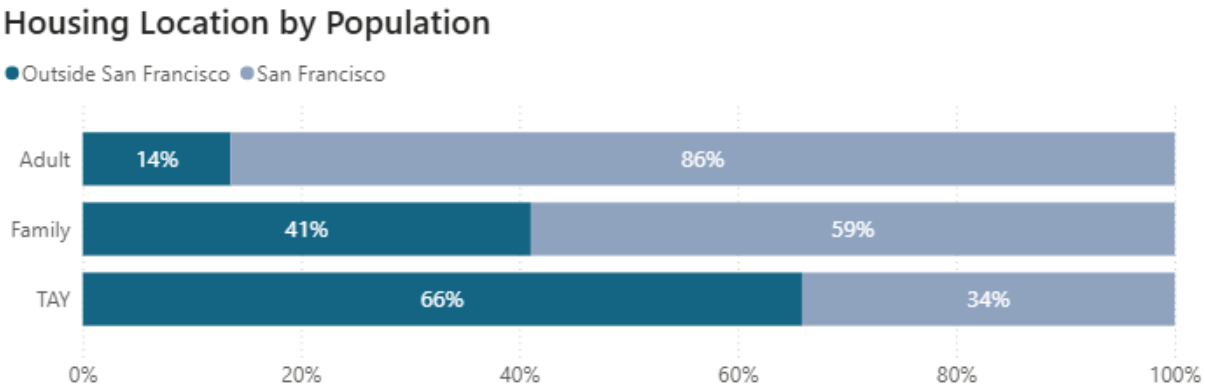



Households may seek housing within a 50-mile radius of San Francisco. Another 16% of RRH households moved into units in Oakland, but the remaining **22% of households found housing in other locations** across Alameda and Contra Costa Counties and as far away as Sacramento.

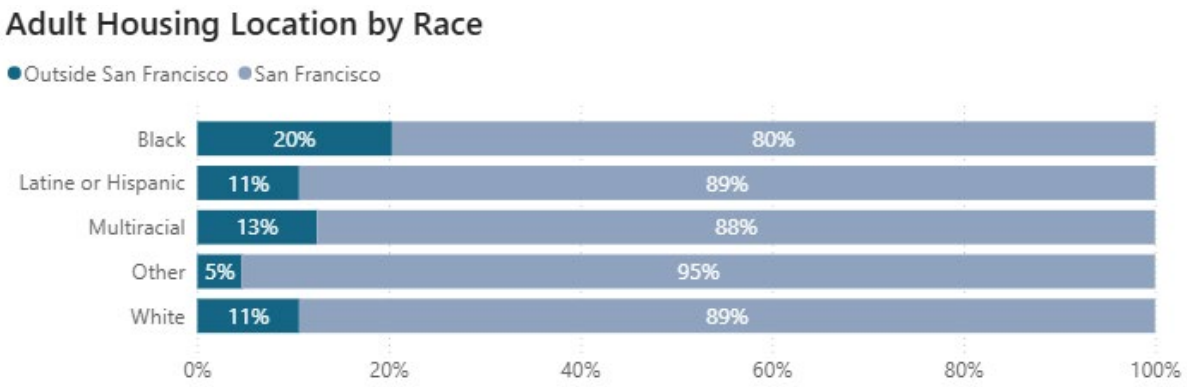
## Housing Location by Population and Race

Adult households found housing in San Francisco at a much higher rate (86%) than family and TAY households. A high share of TAY households secured housing outside San Francisco (66%). While over half of family households found housing within San Francisco, results vary by household demographics.



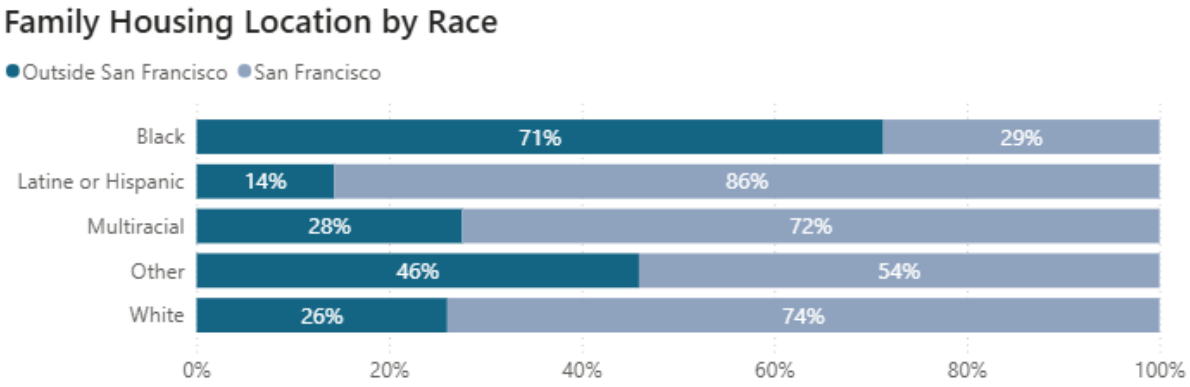

## Adults

Adult households across all racial groups were more likely to find housing within San Francisco. Black adult households were least likely to find housing in San Francisco among adult households, though the variance across racial groups is smaller than in family and TAY populations.



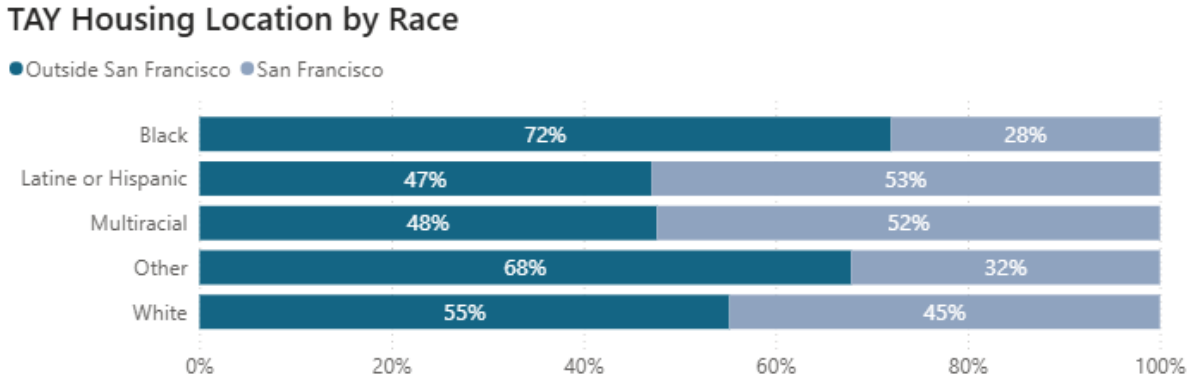

## Families

Though fewer than half of all family households found housing outside of San Francisco, almost three-quarters (71%) of Black family households found housing outside of San Francisco, compared to 26% of White family households and 14% of Latine or Hispanic family households.




## TAY

Most TAY households identified as Black (63%). Among Black TAY households, 72% found housing outside of San Francisco. This contrasts with TAY households in most other racial groups, which found housing within and outside San Francisco at roughly equal rates.



## Participant and Provider Perspectives on Housing Location

In interviews with current RRH participants that selected housing outside of San Francisco, participants shared several factors that led them to leave San Francisco for housing.

- **Physical and psychological safety**, for themselves and their children, was a major factor in choosing a location.
- Several participants noted a desire to **avoid San Francisco due to past trauma**, as well as concern about living in environments like the Tenderloin, the "projects," or where children could be exposed to sex work or drug use.
- Others appreciated San Francisco for its resources and familiarity but were unable to find a desirable unit in their price range.
- Participants chose the East Bay for various reasons, including **safety, lower rent, more space, or proximity to family or school**.
- Participants also described apartment preferences, often driven by traumatic experiences, such as in-unit laundry, parking, privacy, or smaller complexes; they could only find units with these features within budget in the East Bay.

According to providers, most households prefer to live in San Francisco because of access to services, benefits, transit, schools, and existing community ties. Several stated that **extended distance from San Francisco reduces engagement** and stability; overall, providers reported worse outcomes when households selected housing farther away. However, providers noted that some participants prefer placement outside of San Francisco and are successful, often if they are close to existing community and/or farther from safety concerns.

### "Candice's" RRH Experience

Candice, a young single adult, was **living on the street in San Francisco** before enrolling in RRH. Candice grew up in Oakland and began experiencing homelessness when Candice's parent kicked her out of her home. Candice's strong preference was to **find housing outside of San Francisco**, as she experienced trauma while living on the street in San Francisco and did not want to "pick up old habits."

Due to her **prior trauma**, Candice prioritized housing in less dense neighborhoods with privacy and smaller buildings. The RRH provider showed her three units in the East Bay, though Candice independently found the unit she ultimately chose near BART. Candice found the support of the RRH provider helpful in vouching for her and her subsidy with the landlord.

Candice previously worked in security, which required her to return to San Francisco for work, but she is currently unemployed and **looking for a new job**. When Candice could not pay rent and requested support, her RRH provider initially told her there was no "hardship support" available. After her continued advocacy, the provider ultimately approved increased subsidy payments.

Candice is unsure what she will do when the program ends, as she knows **she will not be able to afford the $1,900 rent** for her current apartment.

# 4. Case Management and Service Connections

*What services do participants receive and how effective are they?*

Throughout a household's enrollment in RRH, programs assign a case manager to develop a housing stability plan, regularly engage participants in their goals, and make referrals to services designed to support their plan and goals.

**Workforce Programs**

Participants receive support with job training and employment linkages, either through City-run programs or through providers' in-house offerings.

**Education**

Participants receive support enrolling in GED programs, community college and certificate programs. Some providers also fund tuition, books, or school supplies, though access varies.

**Mental Health Services**

Participants connect to mental health providers, and, in some cases, receive in-house support from the RRH program.

**Financial Counseling**

Participants can opt in to City-managed training programs that support them to understand their finances and develop plans to manage spending.

**Substance Use Services**

Case managers refer participants to behavioral health counseling, substance use services, peer-based support, etc., and some RRH programs offer their own behavioral health services.

In interviews, RRH providers consistently shared that case management is most successful when staff establish **trusting, consistent, and supportive relationships** with participants. Programs reported that regular, proactive communication, including home visits, helps stabilize households, improves follow-through, and surfaces issues before they become crises. Providers emphasized the effectiveness of intentional referrals to outside services, especially when case managers have **strong connections to partner organizations**.

Some providers stated that participants struggle to access consistent mental health care due to availability and location constraints, and others noted that many RRH participants do not consistently engage in offerings of substance use services.

In interviews, many existing RRH participants expressed that their case managers were encouraging and helpful with rent issues, utilities, paperwork, and contacting landlords when lease issues arose. However, participants also described **frequent case manager turnover** which made it harder to build consistent relationships.

**Provider Ideas for Program Improvement**

- **Establish smaller caseload ratios** to account for the complexity of households being referred to RRH.
- **Simplify or eliminate duplicate data entry** across HSH's and providers' internal systems and billing documentation.
- **Offer training to contracted providers about standards in delivering consistent, high-quality case management** (trauma-informed care, behavioral health, tenancy law, motivational interviewing, de-escalation).

Several interviewed participants felt uncertain about how the program was structured and what services were included as part of their enrollment in RRH. For example:

- Some participants noticed that their **rent portion seemed to suddenly increase** or that the rules about subsidy structures had changed but they had not been told why.
- Several participants said they did not understand **how extensions worked**, what criteria determined eligibility, or when they were supposed to ask for an extension.
- Several participants said they were not sure **what the program provided** and what they were expected to do or pay for themselves (e.g., utilities, job search and affordable housing list support).

## WORKFORCE DEVELOPMENT

Workforce development services help households build skills and prepare to secure and maintain employment. As a core component of RRH, households must increase their income to maintain rent stability when the subsidy ends.

### OEWD Workforce Development Services

The **Office of Economic and Workforce Development (OEWD)** offers workforce development services to the public, and all RRH households are eligible. RRH participants access workforce services though case manager referrals, by visiting contracted job centers, or by visiting Access Points with co-located OEWD employment specialists.

OEWD services for RRH participants include:

- Document readiness, soft skill training and resource navigation for participants who are not yet job-ready.
- Resume help, interview prep, individualized employment plans, and job search assistance for job-ready and formally enrolled participants.
- Sector-based training programs in tech, hospitality, healthcare, and construction.
- Referrals to training and the "Earn & Learn" program offered by Episcopal Community Services.

Data limitations prevent full insight into RRH utilization of OEWD services. In FY24-FY25, 660 enrolled OEWD participants experienced homelessness, and OEWD **placed 401 homeless participants in unsubsidized employment**. However, OEWD is unable to identify participants that were enrolled in RRH distinctly in its data.

Providers shared that **employment is a key indicator of success** in a RRH program. However, according to providers, RRH households have difficulty participating in the workforce and in workforce development programs due to a variety of factors:

- **Disability and health conditions**, such as being on disability income, having a chronic illness, and/or mobility limitations preclude work for many participants enrolled in RRH.
- **Behavioral health** and substance use challenges often destabilize participants and make workforce engagement impractical; providers indicate that such participants may benefit from more time to stabilize before beginning work and/or may not be able to increase income through employment.

- **Long-term or chronic homelessness** can mean a participant needs time to stabilize and is not work-ready immediately; stabilization may require up to one or more years.
- **Transportation/distance** (including for participants who find housing outside San Francisco) limits access to San Francisco-based services like OEWD programs.
- **Documentation gaps** can prevent or delay participation in many job programs.

Providers make workforce referrals to OEWD and indicated that TAY households typically have higher engagement and success in workforce services, whereas adult participants rarely complete intake or remain engaged with OEWD programs. Several providers also have strong internal workforce programs, and the providers noted these tend to be more accessible and flexible for participants than the OEWD program.

Given that employment and the ability to grow income is a key driver of success in a time-limited subsidy program like RRH, some providers suggested that HSH establish criteria such that only households with the potential to work be enrolled in RRH or create alternative RRH structures for households with no employment pathway.

## FINANCIAL COUNSELING

The City also supports RRH participants to manage their finances through **SF Financial Counseling**.

**SF Financial Counseling**

SF Financial Counseling, offered by the San Francisco Treasurer and Tax Collector's Economic Justice Center, helps RRH households manage their finances so they can maintain housing stability when the subsidy ends. Financial Counseling provides personalized financial guidance, budgeting help, credit-building, debt-support, support building emergency savings, and support with preparation for sustained rent contributions.

Case managers and Access Points may refer RRH participants to SF Financial Counseling.

SF Financial Counseling services for RRH participants include:

- Financial health assessments and individualized counseling plans based on participant goals.
- Credit-building support, debt management guidance, and support with savings goals.
- Flexible meeting formats: phone, virtual, or in-person at community locations throughout San Francisco.
- Unlimited voluntary sessions at any point in RRH enrollment.

Across FY24 and FY25, **SF Financial Counseling served 223 RRH participants** and held 787 Financial Counseling sessions with RRH participants.

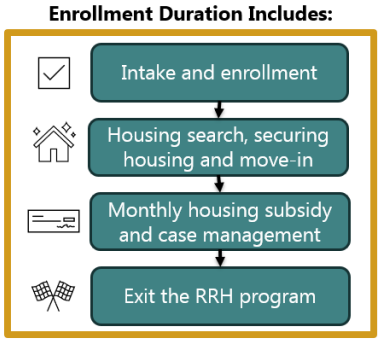
RRH providers view this service as a high-impact resource that helps participants build budgeting skills, repair credit, and prepare for rising rent contributions. They believe it has especially strong results for TAY households, who benefit from hands-on financial guidance, and workforce development participants, who benefit from support to plan around changes in income.

# 5. Financial Assistance

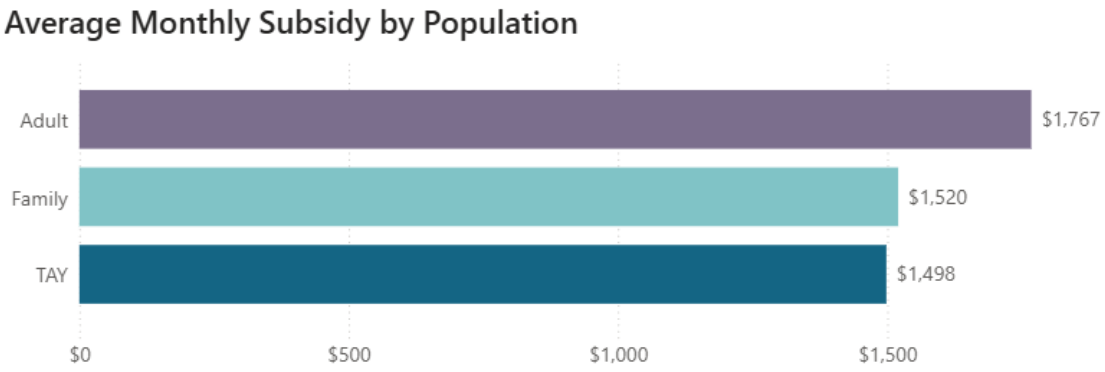
*What subsidies do participants receive, and for what duration?*

On average, RRH participants were enrolled in the program for **24 months** and received a subsidy for rent payments for 21 months. Households receive a subsidy from move-in until exit from the RRH program.

| | Average Length of Enrollment | Average Length of Subsidy |
|---|---|---|
| **All Households** | **24 months** | **21 months** |
| Adult | 24 months | 20 months |
| Family | 24 months | 20 months |
| TAY | 26 months | 21 months |




Based on a sample of FY24 and FY25 subsidy payments (see Appendix for additional details), households received a subsidy of **$1,600 per month**, on average, with slight variations by household type. Adult households had the highest average subsidy levels, at approximately $1,700, compared to approximately $1,500 per month for TAY and family households.




As potential drivers for this variance, adult households are more likely to choose housing in San Francisco compared to family and TAY households, and San Francisco rent levels are higher than other areas. Many family providers have lower subsidy caps due to budget constraints, according to HSH and provider interviews.

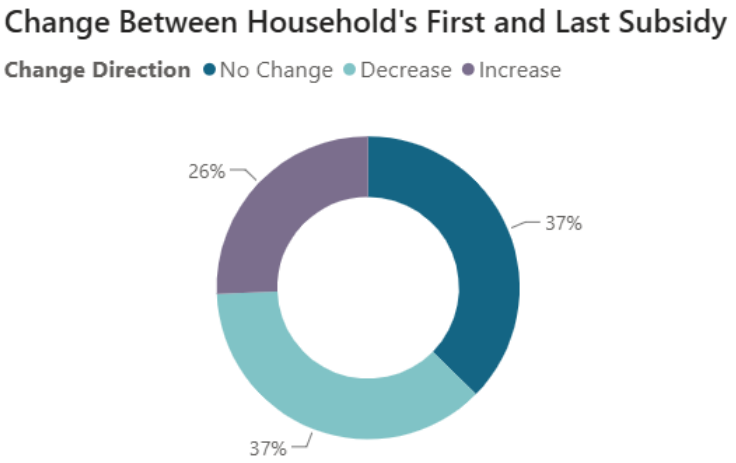
Providers determine the maximum subsidy amounts by using a fixed dollar subsidy cap or by limiting payments to what was allowable under federal "Fair Market Rent" (FMR) or rent-reasonableness standards.

Providers described two primary ways they structure household rent contributions:

- **Scheduled rent contribution model**, where participants pay a small share of the rent and increase their portion over time (TAY).
- **Income-based rent contribution model**, where the household's contribution to their rent increases or decreases as the household's income changes (family, adult).

While the rent contribution models may differ by program, the goal is to decrease subsidies over time as households stabilize and grow their income. However, a review of a sample of subsidy payments showed that just **a third of households' subsidies decreased over time**.

Only 37% of subsidies decreased between their first and last subsidies, while 37% stayed the same and 26% increased.




According to HSH staff:

- Job losses are relatively common and likely drive the 26% increase in subsidy amounts.
- Households may be reluctant to have income recertified due to the implication of increasing their rental portion.

Some providers have more structured and consistent rent contribution changes; however, interviewed participants described rent-portions that step up over time regardless of income as difficult to sustain when job losses or unstable hours were common.

Interviewed participants also consistently shared that **two years of financial support felt short**, especially for those balancing school, childcare, fluctuating income, or efforts to rebuild stability after trauma and homelessness. Providers echoed this sentiment, with several stating that subsidy durations generally need to extend beyond two years for households with significant barriers. Providers shared that extensions for three to five years may be most effective and that longer durations have enabled participants to complete education or training needed for stability.

However, several participants said **they did not understand how extensions worked**, when to ask, or what criteria determined eligibility, and only learned about the option after asking directly.

**Benchmarking Highlight**

Across jurisdictions, **rent subsidy structures vary widely,** from tapered contributions to fixed-term full subsidies and required tenant contributions at lease-up. Jurisdictions often switch between different approaches to explore what may be most effective. Each city adjusts duration and depth of assistance to respond to client needs for deeper subsidies or longer stabilization.

# RENTAL MARKET AND SUBSIDY LEVELS

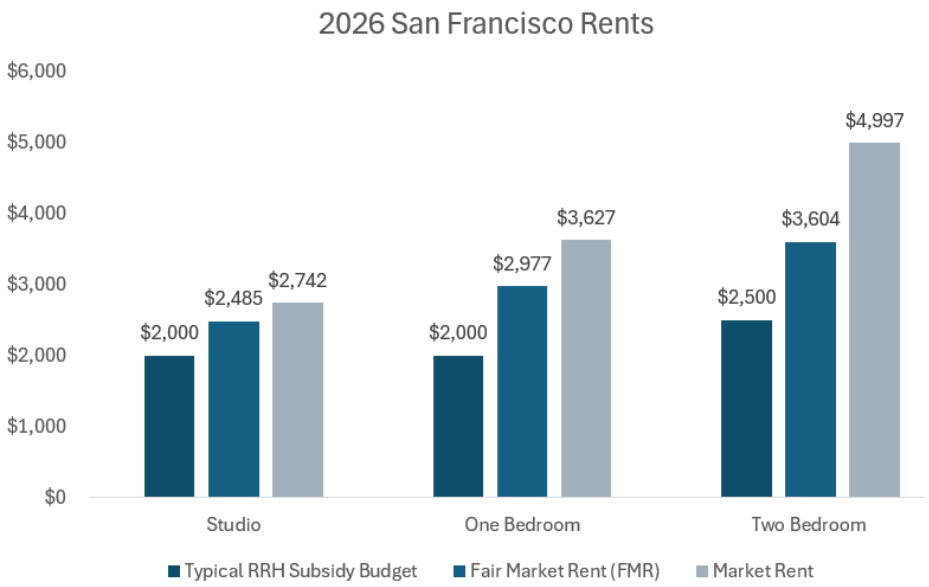
Market rents in San Francisco[9] exceed both RRH subsidy levels and what low-income households participating in RRH can sustainably afford.

**Fair Market Rent** (FMR) is set by the United States Department of Housing and Urban Development (HUD) at the 40th percentile of a city's average rents. Though this changes regularly, in 2026, the FMR cap for a studio apartment in San Francisco was $2,485.[10]

Contract budgets can lead providers to limit subsidies they offer each household. Providers also limit subsidy levels due to practical concerns about what a household will be able to afford after the subsidy ends. Interviewed RRH families reported having a $2,500 subsidy cap and interviewed TAY reported having a $2,000 subsidy cap.

The goal of RRH is to transition a household off the subsidy by the end of the program; however, available **rent levels leave low-wage households severely rent burdened** (see affordability case study).

About 40% of RRH participants move into housing outside of San Francisco, and several interviewed participants indicated affordability of desirable units as a key factor. However, most participants who moved outside of SF indicated they may not be able to afford their unit once the subsidy ends.




## Affordability Case Study

**Monthly Income at $25/hour Means:**

- $4,333 monthly gross income (before taxes) and $3,250 monthly net income (after taxes)

**$2,000 Monthly Rent Means:**

- **62%** of take-home pay spent on rent, leaving **~$1,250** per month for food, utilities, transportation, medical needs and other expenses

**$2,500 Monthly Rent Means:**

- **77%** of take-home pay spent on rent, leaving **~$750** a month for **childcare**, food, utilities, transportation, medical needs and other expenses

**General Guidance for Rent Affordability:**

- Affordable: spending **30% of gross income** on rent, a household earning $25/hour can afford a **$1,300** unit
- Severely Rent Burdened: spending **50% of gross income** on rent, a household earning $25/hour can rent a **$2,150** unit

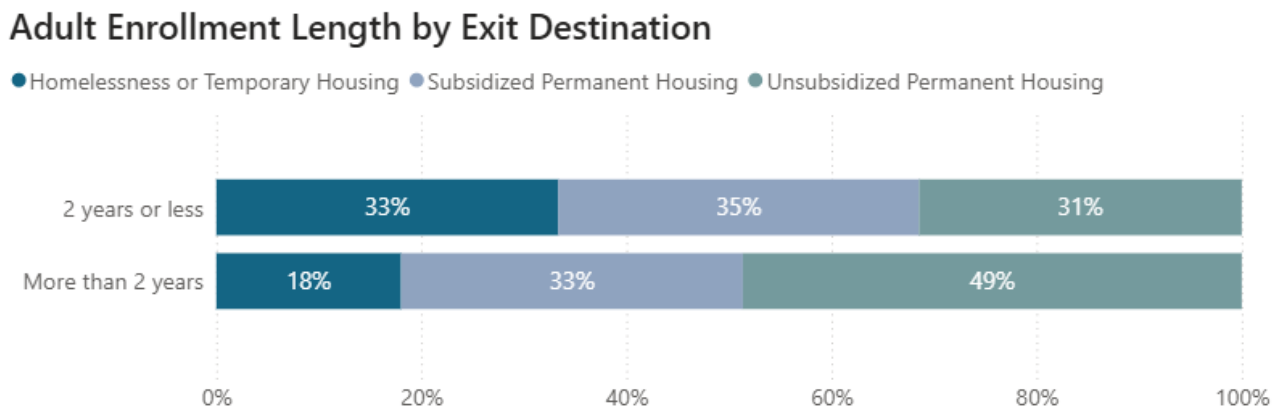
[9] https://www.apartments.com/rent-market-trends/san-francisco-ca/, market rent as of 9/18/26.
[10] https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/2026summary.odn

# PROGRAM DURATION AND EXITS

Programs typically provide up to two years of subsidies and can offer extensions of up to three years for adult and TAY households and up to five years for family households. As noted above, in FY24 and FY25, households were enrolled in RRH for 24 months on average, including an average of 3 months of housing search and an average of 21 months of subsidy. During the FY24 and FY25 reporting periods, extensions were primarily only available to family households, and longer extensions had not yet concluded. As such, this assessment does not report on the effectiveness of extension programs.

## Adults

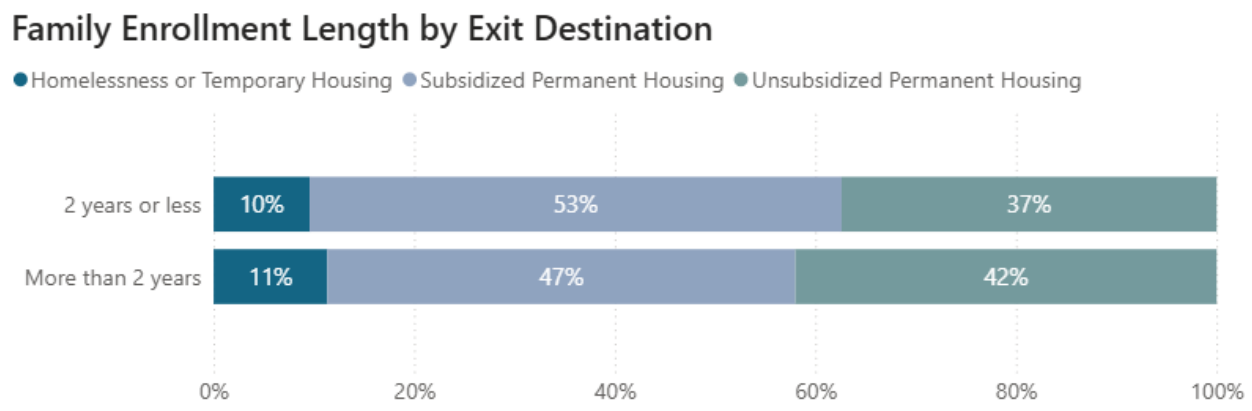
Adults who enrolled in RRH for less than the average 24 months were more likely to exit the program to homeless situations compared to adults that remained in the program for more than 24 months.[11] Adult households with enrollments of more than 24 months were much **more likely to exit the program to unsubsidized housing**, compared to those with shorter enrollments.




## Families

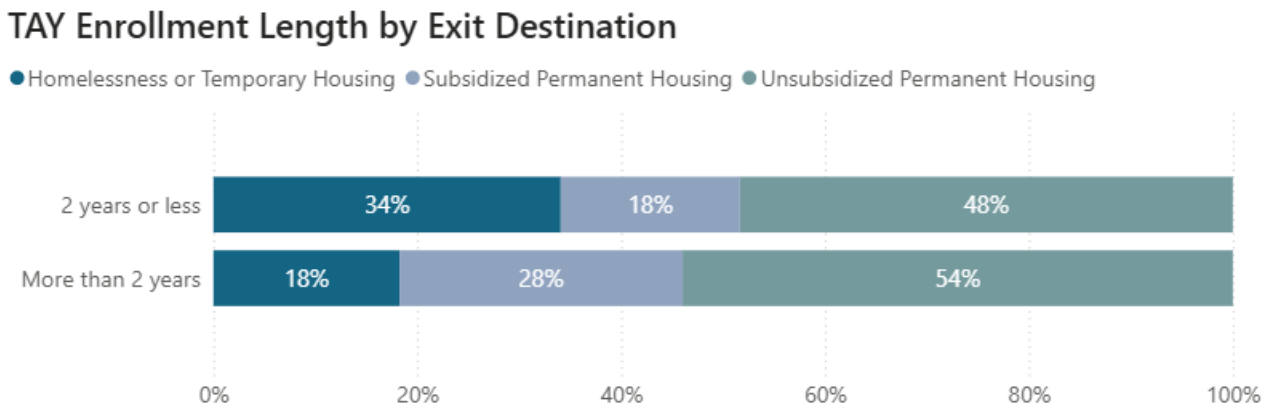
Length of enrollment does not appear to meaningfully impact family households' program exit destinations. This may be due to the availability of transfers to HSH's ongoing programs: families may be referred for a "Housing Program Type" transfer at various points during RRH program enrollment. However, it is possible transfers did impact successful program exits for families: **family households had the lowest rate of program exits to homelessness** across populations.

[11] All FY24 and FY25 exit destination analysis excludes 52 (13%) of total exited households missing an exit destination.




## TAY

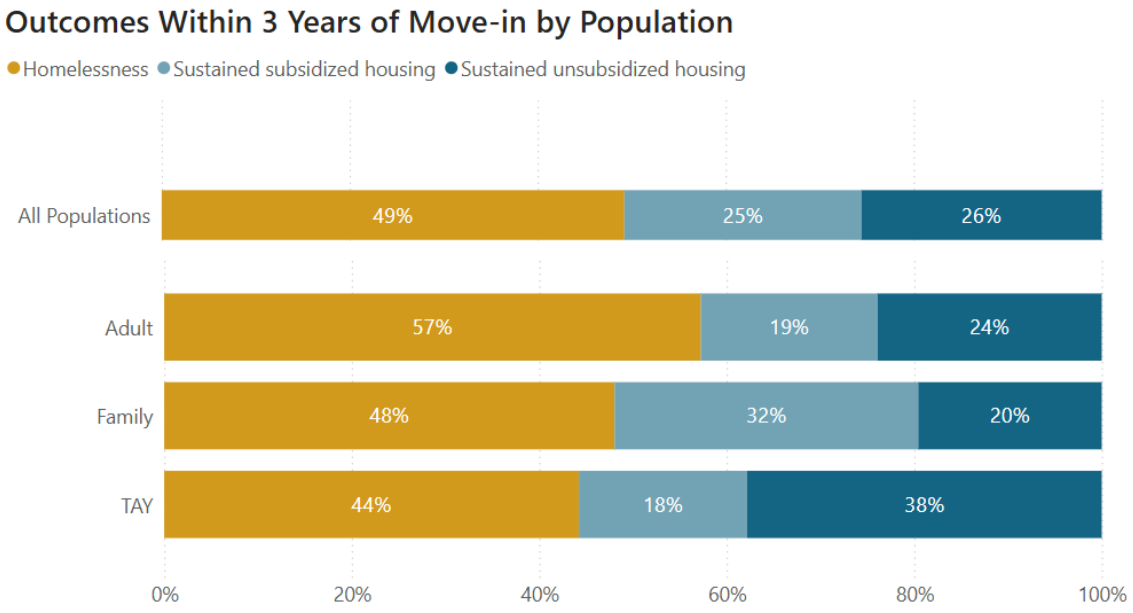
Among TAY households enrolled less than the average of two years, 34% exited the RRH program to homelessness, which is nearly double the rate of TAY households enrolled more than two years (18%). However, roughly half of TAY households exited RRH to unsubsidized housing regardless of enrollment duration.



# 6. RRH Outcomes

*How many households sustain permanent housing after exiting RRH? How many households return to homelessness? How do outcomes vary across key characteristics?*

**Just over half of households that moved in to housing via RRH during FY22 and FY23 sustained permanent housing**. Across populations, 26% of households sustained housing without an ongoing subsidy. Another 25% of households used an ongoing subsidy to sustain housing.[12]




## Approach to Measuring Outcomes

This section examines RRH outcomes by assessing where households lived after exiting the RRH program, including if they exited immediately to homelessness (including non-permanent destinations like shelter, institutional settings or temporary housing), and for those that exited to housing, whether they returned to the homelessness response system in San Francisco.

This section uses a dataset of RRH households who moved into housing during FY22 and FY23 and assesses returns to homelessness within **3 years of the household's move-in date.** The characteristics of this population may differ somewhat from those described in earlier sections.

The data does not identify households that exited RRH to permanent housing and then returned to homelessness without accessing the homelessness response system in San Francisco. This data also excludes households without any information of their whereabouts after RRH. For more details on this analysis see the Appendix.

[12] All outcome data excludes 36 households (6% of total) with no exit destination and no returns to homelessness data.

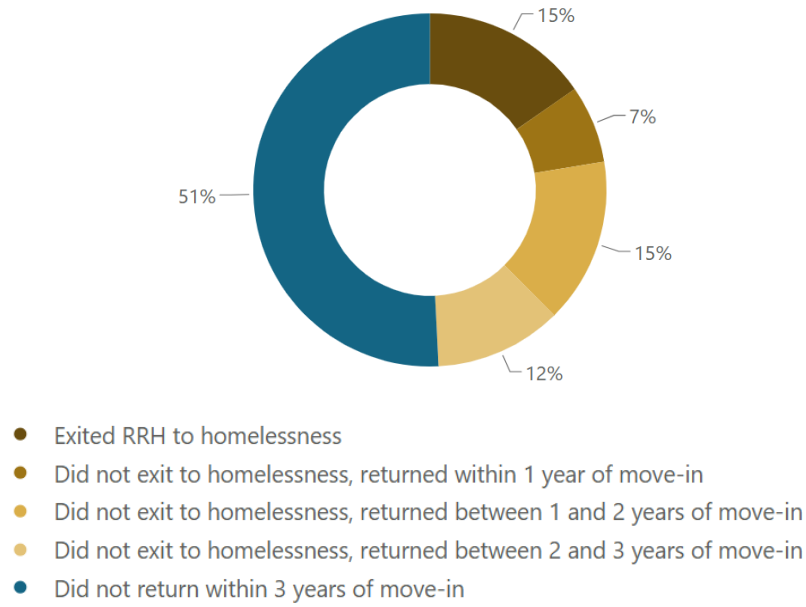
Family households were almost twice as likely as TAY and adult households to **sustain subsidized housing** after RRH. HSH initiated new family transfer policies that allowed families to transfer from RRH to ongoing programs, and this is a likely driver of the higher volume of families sustaining subsidized housing. TAY households were most likely to sustain unsubsidized housing after the program (38%), followed by adults (24%) and families (20%).

Across all populations, 15% of households exited the RRH program directly to homelessness. A third of households (34%) eventually returned to the homelessness response system after **initially exiting the program to housing**, indicating that many housing exits are not permanent.

Households that initially exited to housing are most likely to return to homelessness within 1 and 2 years of their move-in date, likely due to subsidies winding down.

The remaining 51% of households sustained subsidized or unsubsidized housing following their program exit.

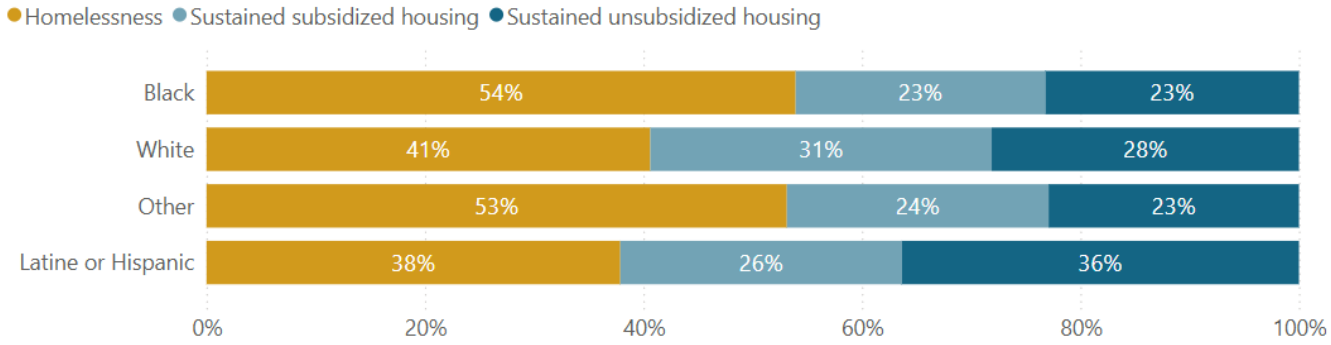
**RRH Outcomes and Duration Detail**



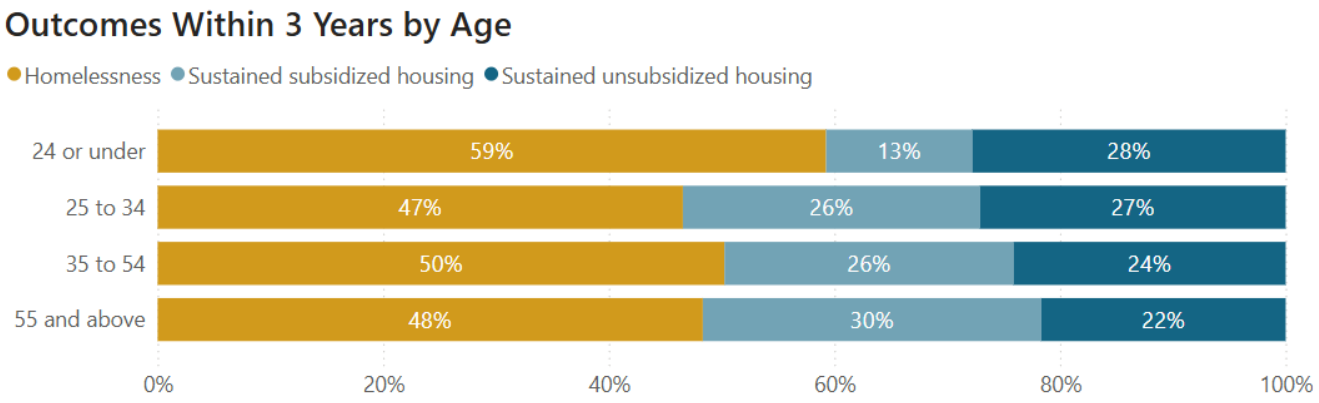

## OUTCOMES AND PARTICIPANT CHARACTERISTICS

Across racial groups, Black households were most likely to return to homelessness (54%) and least likely to sustain either subsidized or unsubsidized housing. In contrast, Latine or Hispanic households were most likely to sustain unsubsidized housing (36%) and White households were most likely to sustain subsidized housing (31%).

**Outcomes Within 3 Years by Race**

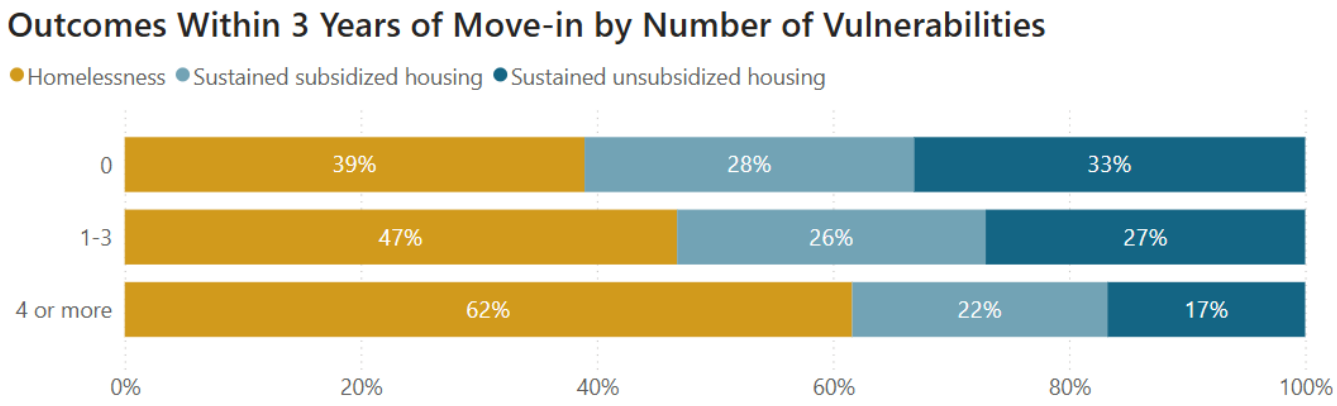



Though households enrolled in TAY programs were most likely to sustain unsubsidized housing, heads of household **aged 24 or under were most likely to return to homelessness (59%)** compared to other age groups. Households aged 18-26 may choose to receive services via TAY, adult or family programs based on preference and situation.

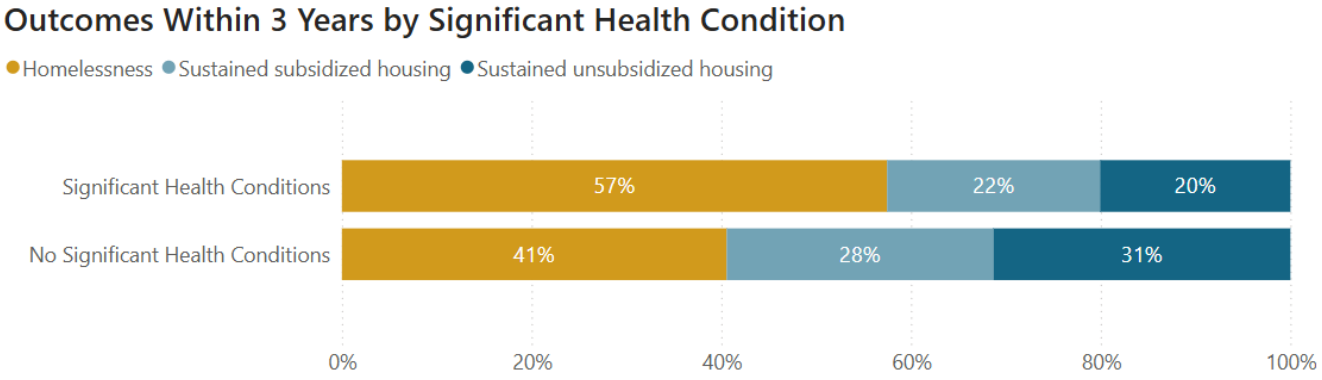



Age also appears to inform the rate of exit to subsidized housing. The youngest participants were much less likely to sustain subsidized housing (13%), while **participants aged 55 and above sustained subsidized housing at the highest rate (30%)**.

Participants' vulnerabilities may also inform outcomes. Participants with four or more vulnerabilities were most likely to return to homelessness (62%) and participants with no reported vulnerabilities are least likely (39%). As the number of reported vulnerabilities increased, participants were less likely to sustain housing and **more likely to return to homelessness**.

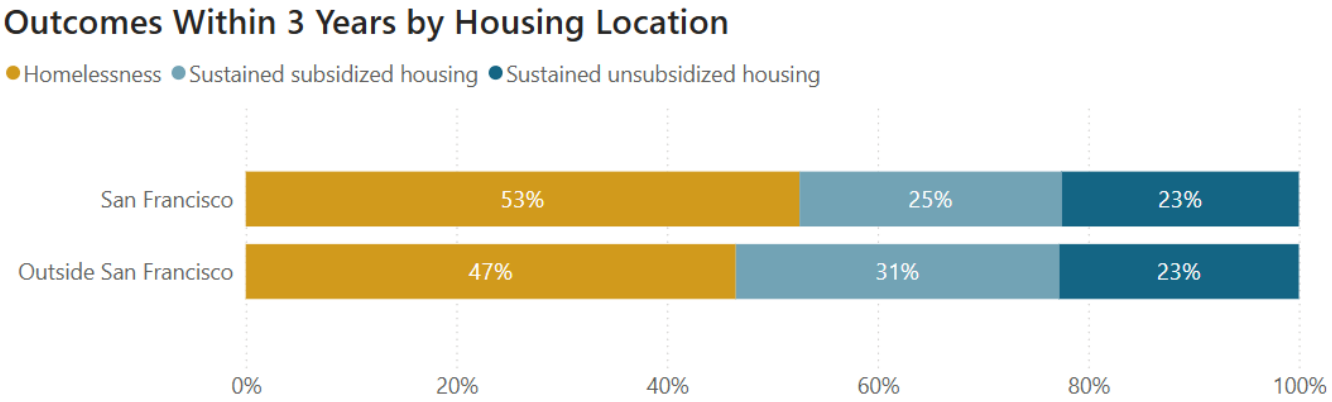



The vulnerabilities most associated with poorer outcomes were **significant health conditions:** 57% of households with one or more significant health conditions returned to homelessness compared to 41% of households without any significant health conditions.



Households with other vulnerabilities, including being a **domestic violence survivor**, **justice involvement** and **chronic homelessness** are also more likely to return to homelessness than those without these vulnerabilities, however the differences are slightly less notable.

Participants that found housing outside of San Francisco were slightly more likely to sustain subsidized housing and slightly less likely to return to homelessness.[13]




## PARTICIPANT PERSPECTIVES ABOUT OUTCOMES

For this assessment, the Controller's Office interviewed current RRH participants enrolled in either family or TAY programs. Most interviewees expressed **uncertainty about being able to afford rent** after their RRH subsidy ends, and several shared strong fears about returning to homelessness. Many participants experienced job losses, unexpected expenses, and medical issues complicating post-program stability.

Participants shared that their rent levels make paying for the full portion of their **current units financially unsustainable, even with jobs**. Most participants anticipated needing to make significant changes to maintain housing stability, such as taking on a second (or third) job, transitioning to a different career, moving to a more affordable area, or finding a permanently subsidized unit.

[13] Excludes 45% (261) of FY22 and FY23 moved-in households with exit destination or HRS return data without housing location ZIP code.

## "Dominique's" RRH Experience

Dominique, a mom of two young children, was born and raised in San Francisco. Dominique initially participated in **HSA's Housing Support Program (HSP),** which is similar to RRH but offers a 12-month subsidy. After exiting HSP, Dominique lost her housing. She was largely unable to work due to **pregnancy and birth-related disabilities**. When Dominique applied for RRH, she and her children were intermittently staying with friends and family and sometimes sleeping in their car. Dominique waited for two years on the RRH Queue before she was referred to a program.

Dominique did not want to live in San Francisco because **she did not want to live in the Tenderloin, the "projects," or near sex work or drug use** – and these were the only units she could afford. However, she also worries about similar safety concerns in her current neighborhood in Vallejo. Dominique commutes to San Francisco daily to drop her children off and pick them up from daycare.

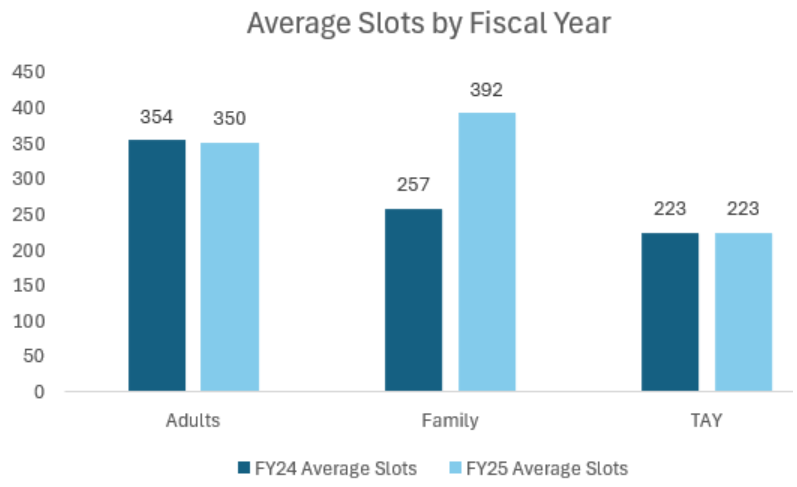
Dominique is currently unemployed and is looking for work but wants to balance work with being present for her children. Her priority is to be a good mom, and one of her children has **health issues** she needs to manage. Dominique is actively working with her RRH case manager on her goals and is hopeful she will be employed before the end of the program. She would like to move to a **more family friendly city** like Concord, San Jose or Fremont.

# 7. Program Capacity and Costs

*How much does HSH spend on RRH? What is the program's capacity? How does San Francisco's program compare to other jurisdictions?*

## PROGRAM CAPACITY

HSH contracted for an average of **893 RRH slots** in FY24 and **965 RRH slots** in FY25 across populations.[14]




Slots include both "turnover" slots, which may be re-used by subsequent households in a year, as well as "one-time" slots which cannot be re-used when the original household's enrollment ends. Family slots are often "turnover" slots, while adult slots are primarily "one-time." For this reason, program capacity reflects an estimate and should not be added across years.

HSH contracted with 12 providers to deliver RRH services across FY24 and FY25, including several partnerships between providers where one provider delivers housing location services and subsidy administration, and another provider delivers case management services.

| Population | Contracted Providers |
|---|---|
| Adults | Abode, Bayview Hunters Point Foundation, Episcopal Community Services, Five Keys |
| Families | Catholic Charities, Compass Family Services, Hamilton Families, Homeless Prenatal Program |
| TAY | Third Street Youth Center, Brilliant Corners, First Place for Youth, Five Keys, Larkin Street Youth Services |

## Benchmarking Highlight: Comparing Capacity with other Jurisdictions

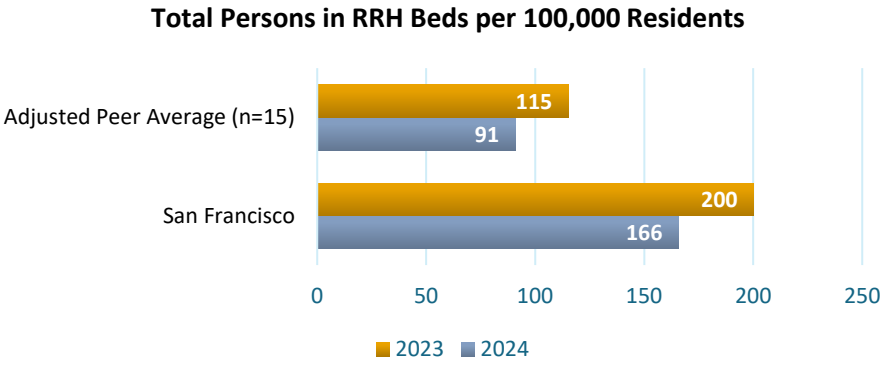
**San Francisco serves more individuals through RRH than most similar jurisdictions**. Benchmarking compares San Francisco to 16 jurisdictions from California and across the United States using Housing Inventory Count (HIC) data reported to HUD. HIC data tracks "persons in a RRH bed" and so captures the number of individuals served, as opposed to slots or units.

[14] Average annual slots data provided by HSH excludes RRH slots for domestic violence survivors, which are tracked in a different system and restricted to protect information about participants. Averages exclude months when slots are in "lease-up." Number of slots excludes "extension programs." Participants with extensions are tracked as continuing in their current slot.

## All Populations

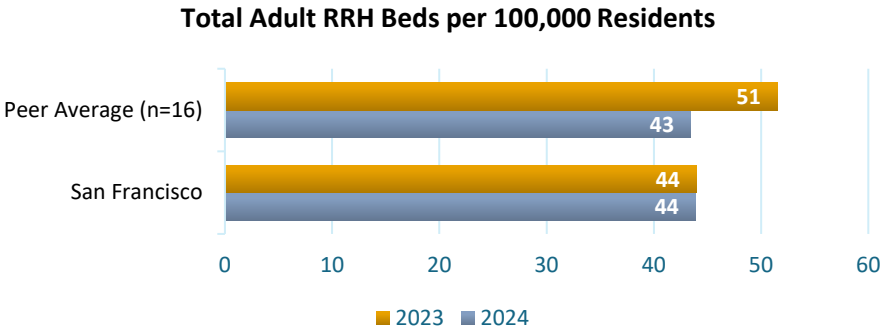
In 2024, the adjusted peer average[15] for RRH across all household types was 91 beds per 100,000 residents.

At 166 RRH beds per 100,000 residents, San Francisco **nearly doubled the peer average** in RRH capacity.




## Households without Children ("Adults")

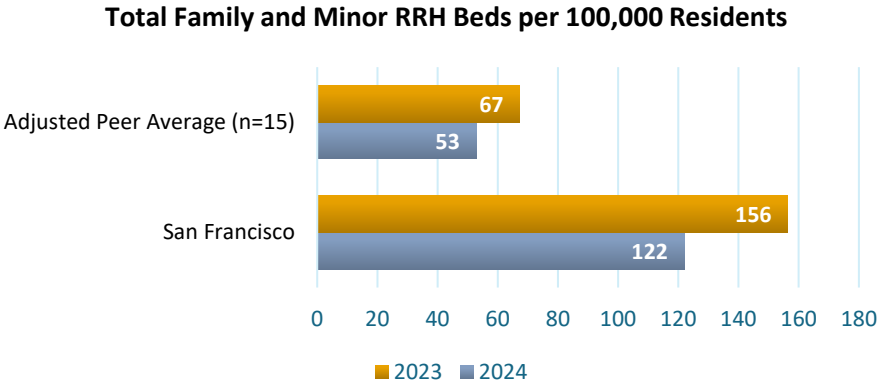
San Francisco is more in line with its peers as it relates to RRH beds for adults. In 2024, the average across all 16 peers was 43 beds per 100,000 residents, and San Francisco offered **44 adult beds** per 100,000 residents at that time. San Francisco ranked fifth among the 16 peers.




## Families and Minors

The adjusted peer average for family and minor beds was 53 beds per 100,000 residents in 2024. In comparison, San Francisco offered **122 family and minor beds** per 100,000 residents, more than double the rate of peers.

This analysis combines HIC results for minors (youth under age 18 who live alone) with families, as the minor population is very small.



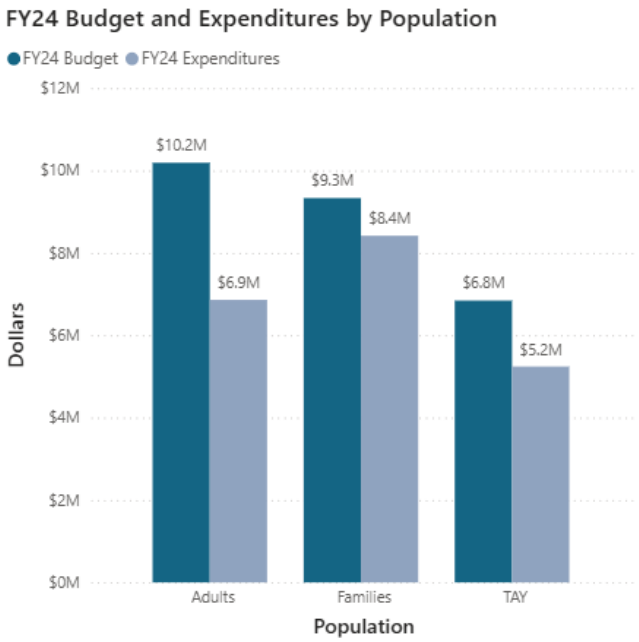

[15] The Controller's Office excluded significant outliers in the data, including the District of Columbia continuum of care (CoC), which provided 1,446 RRH beds per 100,000 residents in 2024. With all 16 peers, the peer average in 2024 was 192 beds per 100,000 residents.

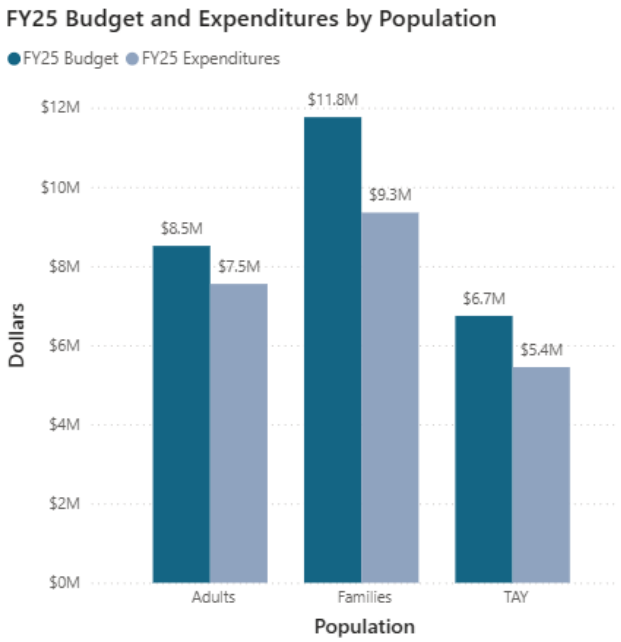
# PROGRAM COSTS

HSH **spent $43 million on RRH contracts** across FY24 and FY25. Contract expenditures do not account for HSH staffing of RRH programs, which includes two program analysts, a supervisor, and a manager.

| Fiscal Year | Contract Budget | Contract Expenditures | % Spent |
|---|---|---|---|
| FY24 | $26,362,368 | $20,517,433 | 78% |
| FY25 | $27,010,766 | $22,345,351 | 83% |
| **Total** | **$53,373,134** | **$42,862,784** | **80%** |

In FY24 and FY25, RRH expenditures were **highest for family programs**. The size of family RRH increased in FY25 due to new one-time slots added as part of the Safer Families Initiative.




Due to challenges in data availability, the Controller's Office was unable to calculate the total cost per RRH slot for FY24 and FY25. However, HSH staff developed cost models for its 2025 Scattered Site Housing Program procurement process. The model resulted in a range of costs from **$3,300 to $4,017 per RRH slot per month**.

The HSH analysis included a review of prior-year actual subsidy payments, as well as forward-looking financial modeling for non-subsidy program costs. In this model, the cost per slot includes subsidies, case management services and housing location support.

| Population | Estimated Annual Cost Per Slot | Estimated Monthly Cost Per Slot |
|---|---|---|
| Adults | $39,600 | $3,300 |
| Families | $48,200 | $4,017 |
| TAY | $41,600 | $3,467 |

## Peer Jurisdiction Highlight

Peer cities interviewed for this analysis use a mix of federal, state, county, and local discretionary funds to stretch housing dollars. Funding sources include HUD Continuum of Care (CoC), Emergency Shelter Grants (ESG) and Emergency Housing Vouchers (EHV) when ongoing rental subsidies may be needed after RRH exits. Peers also use State resources, including the transitional rent subsidy through CalAIM, Behavioral Health Services Act (BHSA) funding, CalWORKs Housing Support Program (HSP), Homeless Disability Advocacy Program funds, city or county general funds, and locally raised sources.

HSH primarily uses local and federal funding sources for RRH, including $12 million in Our City, Our Home Fund (Homelessness Gross Receipts Tax revenue) in FY24 and $15 million from this fund in FY25. HSH also uses federal HUD funding to support RRH slots. The Human Services Agency also delivers RRH via State-funded HSP (see Appendix for more) and uses Housing and Disability Advocacy Program (HDAP) funds to support disability advocacy for homeless clients.

# Discussion and Recommendations

Jurisdictions began experimenting with using short-term financial assistance to support households experiencing homelessness to "rapidly" exit to housing in the 1980s and 1990s. The federal government first launched funding for Rapid Rehousing in 2008 in response to the Great Recession.[16] Several federally-funded evaluations have had mixed findings about the program, showing that Rapid Rehousing supports many households to stabilize, but the intervention may not work for every household.[17]

**This assessment finds that Rapid Rehousing supported hundreds of households to exit homelessness each year and stay housed throughout the duration of the program. However, consistent with other research, long-term results for households enrolled in RRH were mixed**:

- A quarter of participants (26%) sustained unsubsidized housing after exiting the program.
- Another quarter of participants (25%) remained housed with an ongoing subsidy.
- Almost half of households returned to homelessness after exiting the RRH program.

Through Coordinated Entry, HSH assigns households to RRH when their assessment score falls below a level that would otherwise prioritize a household for permanent supportive housing. However, as this threshold is based on permanent supportive housing inventory availability, the score ranges for RRH may include households with fairly significant barriers to sustaining housing with a time-limited subsidy and support.

Gaps in data mean this report cannot comment on an appropriate range of scores, or specific criteria for when a household is most likely to be successful in RRH. However, the findings in this report suggest two major factors contribute to the mixed outcomes for RRH participants: **vulnerability** and **affordability**.

## RRH as a Bridge

**HSH informally uses RRH as a bridge to longer-term supports** that address these issues of affordability and participant vulnerabilities.

This practice is also common among other jurisdictions offering RRH and facing similar operational constraints. While resources are scarce for permanent housing subsidies and supportive housing, cities can deploy time-limited RRH subsidies more flexibly, including using one-time funding for the two-year period of support for a given household. The bridge approach allows a city to house a vulnerable household while they work to apply for another, more appropriate, housing option.

San Francisco has broadened the scale of its use of RRH over time and to meet policy priorities. For example, during the COVID-19 pandemic, San Francisco took life-saving measures to shelter thousands of households in "Shelter in Place" hotels. In 2021 and 2022, as San Francisco demobilized these hotels, the City made a commitment to find housing for these households. Using local funding, San Francisco significantly expanded RRH slots for adults, families and TAY and prioritized those living in Shelter in Place hotels for many of these

[16] National Alliance to End Homelessness: https://endhomelessness.org/resources/policy-information/rapid-re-housing-a-history-and-core-components/

[17] Understanding Rapid Rehousing: What did we Learn?; US Department of Housing and Urban Development: https://www.huduser.gov/portal/sites/default/files/pdf/Understanding-Rapid-Re-housing.pdf

slots. Many of the households included in the scope of this assessment received a RRH slot through this process.

As another example, HSH's Housing Program Type Transfer provides a more streamlined process for families meeting criteria to transfer from RRH to PSH. The data showed that family households had the highest rate of subsidized housing exits compared to adult and TAY households.

Nationally, there are no clear indicators or screening tools to determine which households may be best suited for RRH. Some studies show that extensive "screening out" of households based on likeliness to succeed is not appropriate,[18] but this **assessment shows that the short-term supports of RRH are not sufficient to stabilize households with significant vulnerabilities.** Additionally, in the high-cost housing market of the San Francisco Bay Area, **just a small portion of RRH households are likely to increase their income sufficiently to afford market rate housing when the program ends.**

RRH's operations and measures of success have been built for households that can stabilize with the right services and grow their income sufficiently to afford market rent. While this may be feasible for some households, using RRH as an informal bridge for households outside that profile without operational pathways built around their different needs is less likely to produce successful outcomes.

Additionally, informal variations in program operations mean current data cannot cleanly assess the program's effectiveness in producing sustained exits to unsubsidized housing or its performance as a bridge to subsidized housing.

## Findings from the Literature

A review of research and reports about RRH shows findings consistent with the assessment analysis: RRH consistently helps households exit homelessness, but long-term housing stability varies widely.

Large evaluations, such as the California Policy Lab study of Los Angeles and HUD's national demonstrations, find that adults and families who lease-up via RRH experience fewer returns to homelessness than similar households who do not participate in the program. However, RRH rarely produces measurable improvements in employment, earnings, or health outcomes; frequent moves after program exit are common; and the impact of RRH on returns to homelessness fades over time.

Qualitative research from HUD underscores that households with very low incomes, disabilities, or those living in high-rent markets face the greatest challenges maintaining housing after time-limited RRH assistance. Qualitative work from the Terner Center in the Bay Area highlights that families nearing the end of RRH fear losing housing without extended assistance, and stability is strongest when subsidies and case management last beyond the standard RRH period.

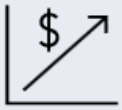
See the Appendix for additional details about the literature review findings.

[18] Understanding Rapid Rehousing: What did we Learn?; US Department of Housing and Urban Development: https://www.huduser.gov/portal/sites/default/files/pdf/Understanding-Rapid-Re-housing.pdf

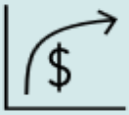
# RECOMMENDATIONS

To improve outcomes and to better understand how RRH is functioning for households and the broader system, **HSH should consider the needs of three distinct participant populations and make system-level and program design changes to account for these households' needs**. Each population may require a distinct approach or pathway, and each may require operational changes at different stages of the RRH program, including during matching, while receiving RRH services, and as part of exit planning.

**1.**
Households with significant income growth potential



**2.**
Households with some income growth potential and fewer vulnerabilities



**3.**
Households with employment-limiting vulnerabilities, particularly significant health conditions



## Matching to RRH

1. **HSH should strengthen its procedures to match households with employment-limiting vulnerabilities to housing best suited to their needs.**

Participants with significant health conditions are much less likely to sustain housing after a RRH program exit compared to those without these conditions. HSH should consider using data, such as from the CE assessment, to proactively refer households with significant health conditions for a secondary clinical review to ascertain whether the individual's conditions may limit their ability to sustain housing without support services or a subsidy. This could support households to be proactively matched to a more appropriate intervention, which might include referral to permanent supportive housing instead of RRH.

| Households with significant income growth potential | Households with some income growth potential and fewer vulnerabilities | Households with employment-limiting vulnerabilities, e.g., health conditions |
|---|---|---|
| Refer to RRH. | Refer to RRH. | Use data to flag households with health conditions for secondary review; potentially redirect to alternative housing option. |

# Case Management and Service Connections

2. **HSH should clarify expectations for case management and service linkages based on population needs and exit pathways.**

Exit planning should start upon enrollment in RRH and each household's plan should be aligned to their needs and goals. Case managers should assess each household upon intake to establish a reasonable exit plan, timelines and supports.

| Households with significant income growth potential | Households with some income growth potential and fewer vulnerabilities | Households with employment-limiting vulnerabilities, e.g., health conditions |
|---|---|---|
| Prioritize workforce engagement, tenancy coaching, and planning for ongoing housing stability. | Prioritize workforce engagement paired with other income supports as relevant (e.g., SSI/SSDI), education and training, tenancy coaching, and planning for ongoing housing needs. Offer behavioral and physical health stabilization as needed. | Prioritize behavioral and physical health stabilization and linkages, disability documentation, and workforce and educational supports aligned to vulnerabilities and needs. |

3. **HSH should work with City partners to strengthen workforce development as a core component of RRH.**

A household's ability to grow its income and sustain rent is integral to RRH program design. Both OEWD and HSA offer workforce development programs, as do several contracted providers. In collaboration with workforce development partners, HSH should:

- Improve how RRH participants are referred to and engaged in workforce development services.
- Strengthen tracking of data about referrals and engagement, including for unenrolled participants deemed not "job ready."
    - If feasible, HSH and its partners should consider data improvements that allow departments to match and track participants across data systems to measure engagement and progress.
- Establish policies or expectations for workforce development engagement for RRH participants, such as policies that incentivize and/or require participation.

4. **HSH should clarify guidelines related to program extensions.**

HSH should clarify policies and guidelines for how providers should structure subsidy step-downs and program extensions, including:

- Clarifying the ideal structure for household rent payment and subsidy step-down over time, as well as when program extensions may be offered.
- Ensuring participants receive clear information about scope of services, subsidy step-downs, and extension request process at the beginning of the program.

HSH should continue to assess the use of extension programs, and may consider aligning extensions to household pathways, e.g., for the duration of a job placement program or for the time needed to be selected for an affordable housing program.

## Exit Planning

5. **HSH should clarify its guidelines and expectations for RRH providers regarding exit planning pathways.**

Based on each household's needs, RRH pathways may include exits to unsubsidized housing, exits to affordable or subsidized housing, and transfers to other HSH housing programs.

| Households with significant income growth potential | Households with some income growth potential and fewer vulnerabilities | Households with employment-limiting vulnerabilities, e.g., health conditions |
|---|---|---|
| RRH households with stable housing and income should be supported to exit to unsubsidized housing. | RRH households that are stably housed but unable to grow their income sufficiently to afford market rent may require linkage or transfers to a shallow subsidy program.<br><br>HSH should develop clear contract expectations requiring case managers to support households to apply for all relevant affordable or subsidized housing lists. HSH should explicitly monitor contractor compliance with these expectations. | Households with vulnerabilities who need both an ongoing subsidy and support services to remain housed may require transfers to a supportive housing program.<br><br>HSH may need to update its housing type transfer policies and will need to consider how transfers into ongoing programs will impact the available inventory for new inflow. |

6. **HSH should work with City partners to strengthen procedures and options for engaging RRH households in the City's array of affordable and subsidized housing programs.**

HSH alone cannot address or resolve San Francisco's macroeconomic affordability issues. For example, though the department could consider offering higher subsidies to address rising rents in the San Francisco Bay Area, this policy choice would leave most RRH households severely rent-burdened when the time-limited subsidy ends, risking returns to homelessness. For long-term sustainability, many low-income RRH participants are likely to require ongoing support, such as affordable housing opportunities or ongoing subsidy programs.

While HSH is best suited to serve households experiencing homelessness, HSH regularly partners with other agencies, including the Mayor's Office of Housing and Community Development (MOHCD) and the San Francisco Housing Authority (SFHA), on housing options for low-income households.

HSH should work with MOHCD and SFHA to develop program options that support RRH households to engage in ongoing programs geared toward affordability issues. For example, City partners may consider

establishing a preference for RRH households meeting certain criteria to access affordable or below market rate units or ongoing shallow subsidy programs.

## Program Administration

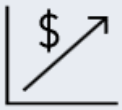
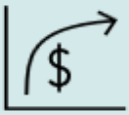
The assessment highlighted several additional opportunities and ideas to improve RRH operations:

- **Subsidy Administration:** HSH should explore whether consolidated housing location services or subsidy payment administration would improve program operations and cost effectiveness. HSH may also expand options for landlord recruitment by standardizing offers of holding fees and mitigation funds with guaranteed tenant placements.
- **Funding Models:** HSH should consider new funding models for both subsidies and support services as used by other jurisdictions, such as CalAIM transitional rent subsidies for participants with behavioral health needs. Other jurisdictions struggled to implement the six-month CalAIM subsidy for RRH given lack of local resources to support the participant after the CalAIM benefit ends. However, given that HSH already invests in RRH using local funding sources, incorporating a new revenue source to cover six months of the cost could extend the duration of the program for households with vulnerabilities needing more time to stabilize.
- **Shared Housing Models:** As a policy option to address affordability, HSH should revisit use of shared housing models. HSH previously piloted a shared housing model with TAY households but saw low uptake by participants. Due to increasing housing costs, this approach may merit additional exploration. Other jurisdictions highlighted that this approach has particular viability for senior populations, for example.

### Affordability and Displacement

Some RRH participants preferred to find housing in San Francisco but could not find affordable units. If HSH decides to pursue a policy goal to increase the rate of households finding and sustaining housing within San Francisco, HSH would likely need to offer higher subsidies to allow households to afford units meeting their needs and preferences. However, for households with limited income growth during the program, HSH would also need to ensure such households effectively bridge to ongoing subsidies or affordable housing programs through exit planning, as the higher rent levels would leave households severely rent-burdened and risk returns to homelessness. HSH should continue to ensure participants have choice in housing location and should also consider the cost and system implications of this approach.

**Summary of Recommended Pathways for RRH Populations**

| | 1. | 2. | 3. |
|---|---|---|---|
| **Population and Improvement Area** | Households with significant income growth potential  | Households with some income growth potential and fewer vulnerabilities  | Households with employment-limiting vulnerabilities, particularly significant health conditions  |
| **Matching** | Match to RRH. | Match to RRH. | Strengthen matching process, e.g., use CE data to flag households with health conditions for secondary review; potentially redirect to alternative housing option. |
| **Case Management and Service Connection** | Prioritize workforce engagement, tenancy coaching, and planning for ongoing housing stability. | Prioritize workforce engagement paired with other income supports as relevant (e.g., SSI/SSDI), education and training, tenancy coaching, and planning for ongoing housing. Offer behavioral and physical health stabilization as needed. | Prioritize behavioral and physical health stabilization, disability documentation, and workforce and educational supports aligned to vulnerabilities and needs. |
| **Workforce Development** | Strengthen program offerings, referrals and tracking processes. Consider options to incentivize or require participation for certain groups. | | |
| **Exit Planning** | Align program timeline with workforce outcomes.<br><br>Establish clear rent step-down plan to emphasize unsubsidized housing sustainability. | Align program timeline to workforce outcomes and ongoing income or rent supports.<br><br>Establish plan, if needed, for bridging to ongoing subsidy or affordable housing program. | Align program timeline to stabilization in housing and ongoing support needs.<br><br>Establish plan, if needed, for bridging to ongoing subsidy with support. |
| **Affordable Housing** | Strengthen City procedures and options for engaging RRH households in the City's array of affordable and subsidized housing programs. | | |

HSH should consider the needs of three distinct participant populations, and with these populations in mind, HSH can make operational and program design changes to account for households' distinct needs and improve household outcomes.

# Appendix: Methods

The Controller's Office initiated work on the Rapid Rehousing Assessment in December 2025, with a scope and approach encompassing the following key activities:

- **Background Research**:
  - Background meetings with staff including scoping a robust data request for client-level data pulled from HSH's ONE System.
  - Literature review.
- **Interviews:**
  - Interviews with City department staff and contracted providers on RRH operations.
  - Interviews with RRH administrators from four peer jurisdictions.
  - Interviews with six current RRH participants
- **Administrative Data Analysis**:
  - Review of RRH service contracts and budgets for contracts active in FY24 and FY25.
  - Review of program financials for FY24 and FY25 as provided by HSH.
  - Subsidy analysis using RRH invoices.
  - Analysis of programmatic data pulled from the ONE System regarding RRH referrals, enrollments, services and outcomes (returns).
  - Analysis of HUD Housing Inventory Count data for San Francisco and 16 peer jurisdictions.
- **Stakeholder Engagement:**
  - Hosted biweekly meetings with HSH project lead to clarify details and review content.
  - Hosted four review meetings with HSH executives to review analysis and assess implications.

These methods provides details, data notes, and, where relevant, additional data and information to further inform the results of the assessment.

## INTERVIEWS

The Controller's Office conducted a slate of individual or small-group interviews with City staff, contracted RRH providers, and peer jurisdictions to gather details about program operations and outcomes. The Controller's Office synthesized results and incorporated themes and highlights from across these interviews as relevant to the content areas of the assessment.

### City Department Staff

- Department of Homelessness and Supportive Housing (HSH)
  - Scattered Site Housing Program
  - Coordinated Entry Program
- Office of Economic and Workforce Development (OEWD)
  - Workforce Programs
- Treasurer and Tax Collector (TTX)
  - Economic Justice Center
- Human Services Agency (HSA)
  - Housing Support Program (HSP)

### Contracted RRH Providers

- Abode
- Brilliant Corners
- Compass Family Services
- Episcopal Community Services
- Five Keys
- Hamilton Families
- Larkin Street Youth Services

## Peer Jurisdictions

- Chicago, Illinois – All Chicago
- City and County of Denver, Colorado – Department of Housing Stability
- Multnomah County, Oregon – Department of Homeless Services
- Sacramento County, California – Department of Homeless Services and Housing

## RRH Participant Interviews

The Controller's Office interviewed six current RRH participants who moved into housing in FY25 and selected units in the East Bay. The team chose to interview individuals who identify as Black and participate in family and TAY RRH programs based on report findings that over 70% of Black family and TAY participants choose housing outside San Francisco. The Controller's Office conducted in-person interviews exploring participants' experiences with housing search and location selection, subsidies, case management, and overall satisfaction with the program. The assessment incorporates details of these participants' perspectives related to each program component, as well as vignettes of participants' experiences in the program, with names changed to protect participant privacy. Each interview participant received a $100 gift card to compensate them for their time and expertise.

## CalWORKs Housing Support Program

The Human Services Agency (HSA) delivers a Rapid Rehousing program called the Housing Support Program (HSP) for families experiencing homelessness who are enrolled in CalWORKs. There are key operational distinctions between HSP and HSH's RRH program, namely that HSP typically only offers a 12-month subsidy, as compared to HSH's two-year program. Though HSP contracted providers use HSH's ONE System to record program slots and enrollments (and this capacity is also included in Housing Inventory Count reports to HUD – see benchmarking section), operators inconsistently log participants' demographic and exit details within the ONE System (as most also log information in their own or HSA systems as well). Given poor data quality for HSP programs within the datasets used in this assessment, and given the operational differences between the programs, the Controller's Office chose to exclude all HSP data from results: this assessment does not evaluate the operations or outcomes of HSP.

In December 2026, the Controller's Office interviewed HSA's Housing Support Program administrators about program operations. The summary below highlights key details about HSP derived from the interview to support understanding of this alternative RRH program operating in parallel with HSH's system.

**Overview of CalWORKs HSP – Interview Summary**

The CalWORKs Housing Support Program (HSP) is a state-funded intervention designed to help CalWORKs families who are homeless or at risk of homelessness secure and stabilize housing using a RRH model. The program supports families regardless of their stage in the CalWORKs journey and serves a wide range of household situations, including families experiencing literal homelessness, those fleeing domestic violence, individuals in reunification processes, undocumented parents, and households facing eviction or severe rent burden. Eligibility requires active CalWORKs participation and meeting the state's definition of homelessness, with income generally at or below 50% of the federal poverty level.

HSP's RRH framework includes a **12-month rental subsidy** during which tenants pay 40% of their net income toward rent and HSA pays the remainder. Extensions are available on a case-by-case basis for families with significant health, safety, or domestic violence concerns.

Program funding comes solely from the California Department of Social Services (CDSS), and San Francisco had a baseline allocation for this program of about **$5.7M in FY25** following the expiration of COVID-response supplemental funds. HSP historically served larger numbers during periods of expanded funding, but, as of October 2026, supports **62 families** with rental subsidies and maintains a queue of approximately **55 families awaiting RRH referral**.

HSP offers supports designed to help families access housing and maintain stability after the subsidy ends. Once deemed eligible, HSP connects families with contracted providers who assist with a 90-day housing search that can be extended when needed. HSP also covers move-in costs (up to two months of rent), provides furniture assistance, and coordinates aid for barriers, such as poor credit history or lack of identification documents. Throughout participation, HSP staff conduct regular check-ins and link families to job training, education programs, and workforce supports embedded within CalWORKs, such as employment services, childcare, transportation benefits, and behavioral health or domestic violence services. HSP's connection to CalWORKs also means families receive economic mobility supports.

According to program administrators, **about 50% of families maintain their housing after exiting**, while others transition to Section 8 or other affordable housing. HSP administrators highlighted that RRH tends to work best for families with employment potential, fewer health complications, and stable support systems. Families with stronger employment prospects are more likely to succeed under the 12-month model, whereas those with complex medical or behavioral health needs often require longer-term support, such as Permanent Supportive Housing (PSH). According to administrators, participants appreciate the financial assistance and time to build income, though many desire longer subsidy periods given San Francisco's rental market, credit checks, and the steep tapering of tenant portions over time. Program administrators emphasized the importance of balancing program duration with serving as many families as possible and ensuring that intensive case management continues to help families prepare for rent responsibility once the subsidies end.

While HSA operates its own RRH program and contracts with its own providers, HSP is structurally integrated with HSH through Coordinated Entry, which determines prioritization for RRH placement. Historically, HSP's CE score threshold was lower than HSH's RRH threshold, meaning CalWORKs families could access HSP with lower vulnerability scores. This led to an overly-long queue and a temporary pause in adding new families. During this pause, CalWORKs families who met HSH's RRH or PSH thresholds were routed to those queues instead. HSA and HSH maintain ongoing coordination to set appropriate thresholds, manage shared queues, and align referral pathways where families may qualify for both programs but can only enroll in one.

Departments also coordinate around participants with longer housing searches. When a participant exceeds 90 days and struggles to find housing, HSP may work with HSH to explore whether PSH or other specialized placements are indicated. HSP uses HSH's ONE System to track certain program data, enabling visibility across agencies and allowing HSH to flag when CalWORKs families qualify for other programs. Though HSP subsidies are separate, HSA has occasionally work-ordered some HSP funds to HSH to support family shelters due to significant overlap between CalWORKs families and the shelter population.

HSA is currently reviewing the HSP prioritization process with a goal of creating a CalWORKs-specific prioritization tool.

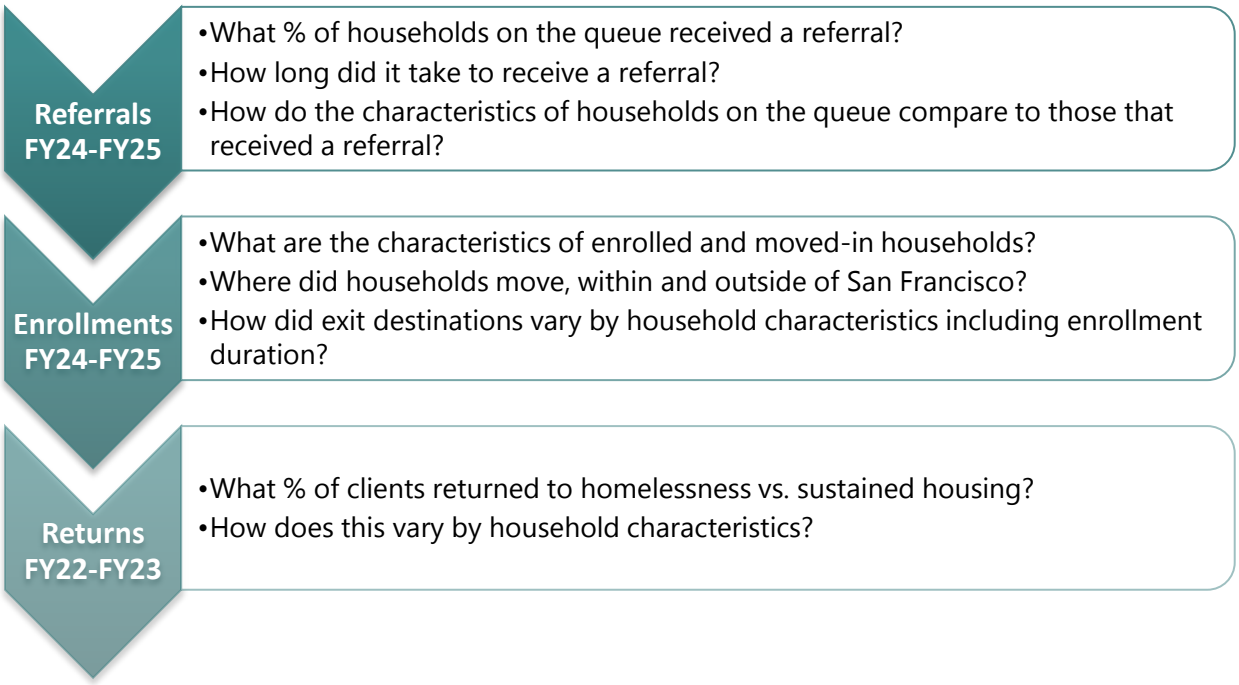
# ADMINISTRATIVE DATA ANALYSIS

## ONE System Data

### Overview

The Controller's Office analyzed three independent data sets to answer key research questions at critical phases of the RRH journey: referrals, enrollments, and returns to homelessness. The Controller's Office analyzed referral and enrollment information for FY24 and FY25 – the two years of focus of our broader assessment. The Controller's Office analyzed returns to homelessness data for FY22 and FY23 to analyze longer-term household outcomes.

### Data Sources and Research Questions




### General Data Notes

- Data provided by HSH Data and Performance Team and run as of May 21, 2026.
- Analysis only includes HSH-managed RRH programs in the ONE System. The Controller's Office excluded programs managed by other departments within or outside of the City and County of San Francisco that are tracked in the ONE system (e.g. HSA HSP, VA programs). The Controller's Office also excluded HSH DV programs from this analysis.
- All data is based on characteristics of the head of household. Households may include one or more individuals with different demographic characteristics.
- When households had missing or unknown data for a field of analysis, the Controller's Office excluded these households from the relevant analysis. The Controller's Office noted the number of households excluded and % of total as a footnote when that number is greater than 5% of the total population of interest.

## ONE System Data Sources

| Name | Data Source Description | Key Data Transformations |
|---|---|---|
| **Referrals** | One row per time a household was added to the RRH Queue (also known as an end-to-end referral) between FY24 and FY25. Data includes information about referrals, demographics, and vulnerabilities. | |
| **Enrollments** | One row per household with an active enrollment in a RRH program within FY24 and FY25. This could include households who initially enrolled and moved-in prior to these FYs, then continued their enrollment within FY24 or FY25. Data includes information about enrollments, demographics, vulnerabilities, and exit destinations. | • If one household had multiple enrollments within 30 days of each other (often because household was moved into "extension" program), these enrollments were combined and the exit date and exit destination from the most recent enrollment was maintained. This approach facilitated analysis of exit destinations by length of enrollment combining initial and extension programs.<br>• For households with multiple program enrollments, demographic data was de-duped keeping most recent information and joined back onto combined enrollments table (above).<br>• All demographics analysis is limited to only households who moved into housing. |
| **Returns** | One row per household moved into housing in a RRH program between FY22 and FY23. Data includes information about demographics, vulnerabilities, exit destinations, and whether household returned to HRS within 3 years of their move-in date. | • Approximately 20 households in this data set had multiple program enrollments. For these households, the enrollment with the most recent exit destination was retained. For all households with multiple program enrollments, the most recent exit destination was either the same, or more favorable than the prior exit destination. |
| **HSH Inventory** | One row per average annual slots per program per fiscal year. Average annual slots data provided by HSH excludes RRH slots for domestic violence survivors, which are tracked in a separate system and restricted to protect information about participants. Average slots exclude months when slots are in "lease-up." | • Controller's Office analysis excludes "extension programs." Participants with extensions are tracked as continuing in their current slot. |

## Controller's Office Data Definitions

| Field Name | Data Sources | Field Details |
|---|---|---|
| **Significant Health Conditions** | Referrals, Enrollments, Returns | Includes one or more of the following: mental health condition, substance use disorder, physical disability, chronic medical condition, developmental disability, HIV/AIDS. |
| **Vulnerability** | Referrals, Enrollments, Returns | Includes one or more of the following: significant health conditions (see above), chronic homelessness, domestic violence survivor, justice-involvement. When vulnerabilities are counted, each significant health condition is counted independently and added to any additional vulnerabilities. |
| **Exit Destination** | Enrollments, Returns | Where a household lived immediately upon exit from RRH program – aggregated into three categories: permanent (owned or rented) subsidized housing, permanent (owned or rented) unsubsidized housing and homelessness. Homelessness includes all temporary housing (e.g. motel, halfway housing, staying temporarily with friends or family, transitional housing), homeless situations (shelter, place not meant for habitation) and institutional settings (e.g. hospital, jail, or treatment center). Subsidized housing includes Section 8, public housing, RRH, Permanent Supportive Housing and other subsidized housing. Clients who died during their program enrollment are excluded from exit destination and outcomes analyses. |
| **Returned to HRS** | Returns | Whether a household returned to San Francisco's homelessness response system while currently experiencing homelessness. This excludes households who returned to the HRS to receive support with homelessness prevention. |
| **Program Outcomes** | Returns | Program outcomes include homelessness, sustained subsidized housing and sustained unsubsidized housing. The homelessness outcome includes if a household returned to homelessness by any definition, inclusive of whether households "exit" to homelessness or "return" to HRS. See additional detail on field logic below. |

| Exit Destination Field Status | Returned to HRS Field Status | Program Outcomes Status |
|---|---|---|
| Subsidized housing | Did not return | **Sustained subsidized housing** |
| Unsubsidized housing | Did not return | **Sustained unsubsidized housing** |
| Homelessness | Any return status | **Homelessness** |
| Any exit destination | Returned to HRS | **Homelessness** |
| *No exit destination* | *No returns data* | ***Excluded from calculation*** |

## HSH Race and Ethnicity Reporting Standards

- In October 2023, HUD implemented a new race and ethnicity approach using a multi-select field with 10 response options. Clients can select up to seven response options.
- For analysis and reporting purposes, HSH aggregates client responses into a single public reporting category to ensure each client is counted once in reporting outputs and to support consistent reporting over time.
- This combined race and ethnicity question may produce lower Latine or Hispanic representation than ethnicity-based reporting alone due to multi-racial (e.g. Hispanic/Latine and White) households now being designated multiracial instead of Hispanic/Latine. HSH reviews both combined and separated race/ethnicity measures to provide a more complete understanding of client demographics.
- All analysis in this report showcases data from the combined race and ethnicity question.
- The Controller's Office analyzed demographic results using both a separate and combined race/ethnicity field but only included the combined field results in this report.

| HSH Public Reporting Category | Client Responses |
|---|---|
| Asian | "Asian or Asian American" only |
| Black | "Black, African American, or African" only |
| Latine or Hispanic | "Hispanic/Latina/e/o" only |
| Multiracial | Multiple selections, including "Hispanic/Latina/e/o" with any other selection |
| Middle Eastern or North African | "Middle Eastern or North African" only |
| Native American | "American Indian, Alaska Native, or Indigenous" only |
| Native Hawaiian or Pacific Islander | "Native Hawaiian or Pacific Islander" only |
| White | "White" only |
| Doesn't know or prefers not to answer | "Client doesn't know" or "Client prefers not to answer" |
| Data not collected | "Data not collected" |

# Contract and Financial Data

The Controller's Office analyzed a sample of contracts terms and all contract budgets for HSH RRH contracts active in FY24 and FY25. The Controller's Office aggregated budgeted expenditures from these contracts and confirmed final numbers with HSH Finance team. HSH finance team provided complementary actual expenditures associated with each RRH contract.

## Subsidy Data

The Controller's Office extracted data regarding monthly subsidy payments from FY24 and FY25 invoices submitted by two adult RRH providers, two family RRH providers and one TAY RRH provider. Across all invoices, the Controller's Office extracted and analyzed a dataset of 1,438 monthly subsidy payments made by these providers between FY24 and FY25. The Controller's Office used this dataset of 1,438 monthly subsidy payments to calculate the average monthly subsidy by population. While most subsidy payments were not associated with a unique client ID, the Controller's Office was able to track monthly subsidy payments over time using 238 uniquely identifiable households that had multiple subsidy payments at least 6 months apart. The first and last recorded subsidies associated with each uniquely identifiable participant were used to calculate the percent increase or decrease in subsidy amount over time. Subsidies are marked as "no change" if they were within $100 above or below the previous amount.

## Housing Inventory Count Data

This report adapts a list of peer jurisdictions developed through prior benchmarking analysis in which the Controller's Office used a "likeness score" method that accounted for population characteristics and density. Jurisdictions typically provide Housing Inventory Count (HIC) data to HUD via a "Continuum of Care" (CoC) reporting entity. In many cases, the CoC aligns to a city or county, but there are some CoCs that contain multiple counties or have variable geographic boundaries. The charts show data normalized per 100,000 residents according to the geographic boundaries of the CoC.

The Housing Inventory Count (HIC) Analysis uses data provided by CoCs to HUD within structured spreadsheets. Rapid Rehousing data in the HIC represents a count of people currently using a Rapid Rehousing subsidy. "Households without Children" are labeled as "Adults." Data on beds for households with children and households with only children are combined and labeled "Family and Minor Households." Households with only children represent unaccompanied minors and typically make up a small portion of total clients counted in the HIC. HSH submits HIC reports to HUD inclusive of all inventory in the San Francisco CoC. Data about clients in RRH includes HSH's RRH inventory, HSA's Housing Support Program (HSP) inventory, as well as Veteran's Affairs (VA) inventory like SSVF.

Data in the report excludes outliers that bias results. Charts in the main body of this report exclude District of Columbia CoC from All Persons and Family and Minor Persons results. Results exclude San Francisco from the calculation of the peer average. As such, the peer average refers to the average of 16 peers when District of Columbia CoC is included and 15 peers when that CoC is excluded.

| Peer Jurisdictions | Total Persons in RRH Beds per 100,000 Residents, 2023 | | | Total Persons in RRH Beds per 100,000 Residents, 2024 | | |
|---|---|---|---|---|---|---|
| | Family and Minors, 2023 | Adults, 2023 | All Persons, 2023 | Family and Minors, 2024 | Adults, 2024 | All Persons, 2024 |
| **District of Columbia CoC** | 1235 | 105 | 1339 | 1324 | 123 | 1446 |
| **Portland, Gresham/Multnomah County CoC** | 291 | 169 | 460 | 169 | 136 | 305 |
| **San Francisco CoC** | 156 | 44 | 200 | 122 | 44 | 166 |
| **Boston CoC** | 191 | 210 | 401 | 56 | 63 | 119 |

| Peer Jurisdictions | Total Persons in RRH Beds per 100,000 Residents, 2023 | | | Total Persons in RRH Beds per 100,000 Residents, 2024 | | |
|---|---|---|---|---|---|---|
| | Family and Minors, 2023 | Adults, 2023 | All Persons, 2023 | Family and Minors, 2024 | Adults, 2024 | All Persons, 2024 |
| **Long Beach CoC** | 42 | 23 | 65 | 40 | 75 | 116 |
| **Chicago CoC** | 41 | 37 | 78 | 66 | 44 | 109 |
| **Los Angeles City & County CoC** | 46 | 48 | 94 | 58 | 44 | 102 |
| **San Jose/Santa Clara City & County CoC** | 47 | 27 | 74 | 64 | 23 | 87 |
| **Seattle/King County CoC** | 35 | 19 | 54 | 55 | 30 | 85 |
| **Minneapolis/Hennepin County CoC** | 65 | 24 | 89 | 63 | 21 | 84 |
| **Baltimore CoC** | 64 | 40 | 104 | 48 | 33 | 80 |
| **Oakland, Berkeley/Alameda County CoC** | 34 | 39 | 73 | 47 | 26 | 73 |
| **Philadelphia CoC** | 61 | 24 | 85 | 44 | 23 | 67 |
| **Sacramento City & County CoC** | 38 | 21 | 59 | 37 | 21 | 58 |
| **Metropolitan Denver CoC** | 34 | 23 | 57 | 24 | 15 | 39 |
| **Miami-Dade County CoC** | 12 | 6 | 19 | 16 | 10 | 26 |
| **New York City CoC** | 9 | 9 | 18 | 6 | 8 | 14 |

# LITERATURE REVIEW

## Research Summaries

**California Policy Lab – Does RRH Reduce Homelessness? (2026):**

A study exploring the outcomes of 3,500 RRH participants in LA found that single adults benefited from RRH in the short term, but statistically significant reductions in use of homelessness services [returns to homelessness] in LA faded after around three years. Among adults and families, 31.6% of adult participants who had "leased up" in RRH utilized homelessness services within four years, compared to 43.9% of participants who enrolled in the program, but did not lease up. Leasing up did not lead to a statistically significant improvement in earned income, health, criminal justice outcomes, or public assistance income among adults. For families, those who leased up through RRH saw 30% reductions in homeless-service use for four years, with the stronger outcomes among those receiving larger or longer subsidies. There is no evidence that lease up changed employment or earned income for families, but it did improve health and criminal justice outcomes.

**Urban Institute – Evaluation of Rising Up (2023):**

Rising Up, a San Francisco RRH program designed for youth aged 18-24, housed 92% of enrolled youth. Long housing search timelines and faster-than-expected spend-down of the allotted $27,000 total subsidy contributed to one-third of youth leaving their unit at program exit. 42% of participants increased their

income while enrolled, while 38% decreased their income. Participants of color were more likely to select housing outside of San Francisco compared to White participants. A disproportionate share of participants who left their unit upon program exit reported at least one disabling condition – 70% compared to 58% of the total sample. To improve program effectiveness, the authors recommend SF expand roommate and shared housing opportunities, add supports for participants with behavioral health conditions, and consider opportunities to provide continuity of services as the program ends.

**Rapid Re-Housing for Homeless Families Demonstration (2016):**

HUD's evaluation of 490 households across 23 distinct communities found that 10% of families returned to homelessness within 12 months of RRH subsidy exit. During the same period, 76% of families moved at least once, and 24% remained in the unit where they received RRH assistance. Families with incomes ≥30% AMI at intake were less likely to return, while income at exit showed no effect on returns. The study found no meaningful changes in employment, earnings, or health and criminal justice outcomes. The study found that families were most successfully served in communities that had higher rental vacancy rates (above 5%) and moderate rent levels (below the 75th percentile nationally).

**Understanding Rapid Re-Housing: What Did We Learn? (2020):**

This 2020 HUD report is a qualitative synthesis of RRH experiences drawn from five sub-studies involving interviews with 20 RRH programs and 30 adult and family households across multiple US communities. The report finds that RRH reliably helps households exit homelessness quickly, but that post-RRH stability varies, with households with low incomes, disabilities, or high local rents experiencing more difficulty sustaining housing. The report concludes that RRH works best when paired with progressive engagement, individualized case management, and sufficient subsidy depth to match local housing market conditions.

**RRH Outcomes for Families in SF (2023):**

A master's thesis exploring RRH outcomes for 718 families in San Francisco found that 81% exit the program to housing stability, but on average, households are paying 86% of their income toward rent upon program exit. The study analyzed that to pay median rent in the SF Bay Area MSA in 2021, $2010 per month, a single adult would use 70% of their gross income if making minimum wage. The author identified this structural mismatch between market rents and wages as a limiting factor for long-term housing stability. The study concluded that the extremely high cost of rent in San Francisco led to most families exiting RRH severely rent-burdened unless their income increased or subsidies were extended or deepened.

**San Francisco OCOH Needs Assessment (2025):**

The 2025 Homelessness Needs Assessment reports that homelessness in San Francisco stems from systemic inequities and disproportionately affects marginalized groups. Despite expanded shelter and housing, unsheltered homelessness persists due to high inflow. Single adults make up most of the homeless population, while family and youth homelessness rates are rising. Behavioral health needs are significant and limited housing, long waitlists, and systemic barriers slow exits. The analysis calls for tailored interventions, prevention strategies, and expanded behavioral health services to address growing homelessness and complex needs.

**Terner Center – Families Approaching End of RRH (2025):**

A qualitative study interviewing 61 families nearing the end of RRH subsidies in the Bay Area reported that most families expressed significant concerns about paying for their units when the subsidy ended. Families nearing the end of RRH reported the most stability when they had steady income or benefits, reliable transportation, and strong case-manager relationships. The authors recommended extending financial assistance beyond RRH, extending case management supports, and ensuring that families do not lose benefits as income increases.

## Literature Review Citations

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