Transgender & Gender Nonbinary San Franciscans

Evidence from Seven Years of SOGI Reporting | Five City Departments | FY 2017–18 to FY 2023–24 | **Prepared for the Office of Transgender Initiatives** | Latine Social Work Caucus at UC Berkeley

THREE FINDINGS EVERY POLICYMAKER SHOULD KNOW

- **10–29×:** TGNB San Franciscans access city services at 10–29 times their population share — consistent across all five departments and all seven years.
- **Trans women bear the greatest burden:** Trans female clients outnumber trans male clients 5–7:1 in MOHCD data; counts grew from 531 (FY21–22) to 677 (FY23–24).
- **Homelessness is doubling:** The 2024 Point-in-Time Count found 9% of unhoused SF residents identified as trans or NB/GNC — more than double the 4% recorded in 2022.

POLICY CONTEXT & FEDERAL LANDSCAPE

SF Ordinance 159-16 (2016)

Mandates SOGI data collection across health and social services. The Office of Transgender Initiatives (OTI) provides guidance and oversight.

Legislative Milestones Since 2016

Ord. 250-22 (2023): Updated gender identity definitions across all departments.

CA SB 219 (2017): LGBTQ+ Long-Term Care Residents' Bill of Rights.

Ending Trans Homelessness Initiative (FY22–24): $3M for rental subsidies and housing navigation for TGNC+ individuals.

SF Transgender Sanctuary City Declaration (2024): Explicit protections for providers of gender-affirming care.

Federal Threat Landscape (2025–26)

Executive orders ban trans military service, restrict gender-affirming care for youth under 19, and direct DOJ subpoenas targeting providers. Kaiser Permanente and Stanford Medicine curtailed trans surgeries for minors in mid-2025.

Surging Demand in SF

OTI Director Honey Mahogany confirmed trans in-migration is accelerating. El/La Para TransLatinas reported a **43% increase** in clients served as of 2025 *(SF Public Press, Sept. 2025)*.

Population baseline: **1–3% of SF adults** (Williams Institute, 2022; SF City Survey, 2023; OTI, 2025). Service overrepresentation is too large to explain by measurement differences alone.

10–29×
Rate TGNB clients access city services vs. population share

9%
of unhoused SF residents identified as trans/NB–GNC (2024 PIT Count)

677
Trans women served by MOHCD in FY23–24 (up from 531 in FY21–22)

+146%
Increase in NB/GNC clients in HSH FY20–21 → FY23–24

KEY DATA ACROSS FIVE DEPARTMENTS (FY 2017–18 → FY 2023–24)

DEPT.	KEY FINDING	FY 2023–24 DATA
DCYF Youth/TAY	Trans TAY = 3–9% of participants with valid gender identity data vs. 1–3% estimated population. Write-ins include Agender, Genderfluid, Two Spirit.	**7% of ~3,165 TAY participants identified as trans or gender expansive.**
MOHCD Housing	Trans women outnumber trans men 5–7:1. Top services: Eviction Prevention, Access to Civil Justice, Access to Opportunity.	**677 trans women; 118 trans men; 425 nonbinary/ GNC clients.**
HSH Homelessness	TGNC+ less likely to access *prevention* than crisis services — an upstream access gap. Anti-trans bias named as structural driver.	**354 trans (+71%) and 275 NB/GNC (+146%) clients; 9% of 2024 PIT Count.**
DPH Public Health	99.9% SOGI completion in Epic EHR. Jail Health Services undercounts TGNC due to carceral disclosure barriers.	**City Clinic: 1.60% trans women, 2.01% NB/GNC (high HIV/STI risk population).**
HSA Human Svcs.	IHSS dropped sex-assigned-at-birth questions. DAS funded Transgender Employment Program (TEP) via SF LGBT Center.	**TGNC+ ≈ 2% of APS clients. TEP and Openhouse programming active.**

Latine Social Work Caucus, UC Berkeley School of Social Welfare | March 2026

Sources: Chapter 104 SOGI reports (FY17–18 – FY23–24): DCYF, DPH, HSA, HSH, MOHCD; Williams Institute (2022); SF City Survey (2023); Trevor Project (2023); HRC (2021); SF Public Press (Sept. 2025).

What the Data Shows & Policy Recommendations

TGNB San Franciscans | **Office of Transgender Initiatives** | Latine Social Work Caucus at UC Berkeley

WHAT THE DATA SHOWS

1. Overrepresentation Is Structural

TGNB individuals access city services far above population share across all five departments and all seven years. Structural drivers include family rejection, employment discrimination, housing instability, and targeted violence. The PIT Count jump (4%→9%) demands urgent response.

2. Trans Women Carry a Disproportionate Burden

Trans female clients outnumber trans male clients 5–7:1 in MOHCD data. Trans women — particularly Black and Latina trans women — face the highest rates of poverty, housing instability, and violence. "Transgender" is not a monolithic category.

3. Nonbinary Identities Are Growing in Visibility

HSH recorded a 146% increase in nonbinary/GNC clients (FY20–21 → FY23–24). DCYF youth write-ins include Agender, Genderfluid, Two Spirit, Pangender, and Transmasculine. Binary categories are insufficient to capture the full range of gender diversity.

4. Data Infrastructure Improved — But Gaps Remain

Epic EHR drives 99%+ SOGI completion at DPH. Critical gaps: (1) no race/ethnicity × gender identity disaggregation in any department; (2) carceral settings suppress disclosure; (3) TGNC+ clients access prevention services less often than crisis services.

EIGHT POLICY RECOMMENDATIONS (ORGANIZED BY LEAD DEPARTMENT)

1 **OTI + CITY ADMIN**

Mandate race/ethnicity-disaggregated gender identity reporting.

Amend Chapter 104 to require all departments to cross-tabulate TGNC data by race/ethnicity beginning FY 2025–26. Essential for addressing Black and Latina trans women's disparities.

2 **OTI**

Standardize nonbinary/gender expansive response options across all departments.

Issue guidance requiring: Trans Female/Woman, Trans Male/Man, Nonbinary/Genderqueer, Gender Nonconforming, and an open-ended "Not Listed" field.

3 **HSH**

Maintain and expand the Ending Trans Homelessness Initiative beyond FY 2023–24.

The $3M investment yielded 354 trans and 275 NB clients served in FY23–24 (+71%/+146%). Continued funding and annual outcome metrics (placements, retention) are essential.

4 **HSH + DPH + SHERIFF**

Develop TGNC-specific discharge pathways from Jail Health Services.

Pilot a joint program connecting TGNC individuals to housing navigation at discharge, in partnership with TGIJP and El/La Para TransLatinas.

5 **HSH**

Expand ATAH training to all HSH-contracted providers and make completion trackable.

The Affirming Trans Access to Housing symposia (Nov. 2023) were mandatory for HSH providers. Track completion, extend to sub-contractors, and adapt for MOHCD and DPH agencies.

6 **DPH**

Expand the Dimensions Clinic model and track gender-affirming care access.

Assess unmet need for adult gender-affirming primary care in SFHN. Report care access metrics — not just SOGI completion rates — in future SOGI annual reports.

7 **MOHCD**

Analyze and report on trans client outcomes, not just intake counts.

Require grantees to report outcomes (housing placements, eviction prevention success) by SOGI category — enabling analysis of whether trans clients achieve comparable results.

8 **DCYF**

Target outreach to trans TAY in programs where trans participation is lowest.

In FY17–18, trans participants appeared in only 4 of 13 TAY programs. Identify near-zero TGNC programs, assess barriers, and require targeted outreach plans in grantee reporting.

Data Gaps & Limitations: Administrative data captures only people who access services. No department disaggregates race/ethnicity by gender identity — the most consequential gap. Carceral settings suppress SOGI disclosure. Category definitions changed across the reporting period. Population baseline estimates range 1–3% of SF adults.

About this brief: Authored by the Executive Leadership Committee of the Latine Social Work Caucus at UC Berkeley (Anita Campo, Melissa Iglesias, Luis David Hidalgo Bonilla, Ricardo Rubio). Sources: Chapter 104 SOGI reports (FY17–18 – FY23–24) from DCYF, DPH, HSA, HSH, MOHCD; Williams Institute (2022); SF City Survey (2023); Trevor Project (2023); HRC (2021); SF Public Press (Sept. 2025).