Transgender and Gender Nonbinary San Franciscans

Evidence from Seven Years of SOGI Reporting Across Five City Departments

FY 2017–18 to FY 2023–24 | Latine Social Work Caucus at UC Berkeley | March 2026

Executive Summary

San Francisco's 2016 SOGI Ordinance requires city departments to collect and report gender identity and sexual orientation data for clients served. This brief synthesizes seven years of annual reports (FY 2017–18 through FY 2023–24) from DPH, HSH, HSA, MOHCD, and DCYF to surface key findings on transgender and gender nonbinary (TGNB) San Franciscans.

Three findings every policymaker should know:

1. TGNB San Franciscans access city services at 10–29 times their estimated share of the general population — consistent across all five departments and all seven years.

2. Trans women are the largest identified trans subgroup in every service system. Their counts in MOHCD public services grew from 531 (FY21-22) to 677 (FY23-24). Trans women of color bear the greatest burden.

3. The 2024 Point-in-Time Count found that 9% of people experiencing homelessness in SF identified as transgender or nonbinary/GNC — more than double the 4% recorded in 2022.

This brief recommends eight specific actions for city administrators and service providers, organized by responsible department.

Policy Context

Ordinance 159-16, enacted July 2016, mandates SOGI data collection across health and social service departments. The Office of Transgender Initiatives (OTI) provides guidance and oversight. Since 2016, the City has also enacted:

- Ordinance 250-22 (2023): Updated definitions of gender identity, sex, sexual orientation, and gender expression across all departments.
- California SB 219 (effective 2017): LGBTQ+ Long-Term Care Residents' Bill of Rights, protecting room assignment, pronoun, and clothing rights by gender identity.
- Ending Trans Homelessness Initiative (FY22-24 budget): $3 million for rental subsidies and housing navigation for TGNC+ individuals.
- SF Transgender Sanctuary City Declaration (2024): Declared San Francisco a sanctuary city for transgender, gender-nonconforming, intersex, and two-spirit people, explicitly protecting providers of gender-affirming care.

Federal context (as of 2025–26): The Trump administration has issued executive orders banning transgender people from military service, restricting gender-affirming care for youth under 19, and directing the Department of Justice to subpoena health care providers performing gender-affirming care for children — in some cases demanding individual patients' medical records. In response, regional providers including Kaiser Permanente and Stanford Medicine curtailed gender-affirming surgeries for minors in mid-2025. These federal actions are driving increased in-migration of trans people to San Francisco and elevating demand on city-funded services. OTI Director Honey Mahogany told the SF Public Press (September 2025) that El/La Para TransLatinas, a local organization serving trans people

from Latin America, had seen a 43% increase in people served. “There are more and more trans people feeling far less safe in their home states,” Mahogany said.

Baseline population context: Estimates of the transgender and gender nonbinary adult population in San Francisco vary by methodology and year. DCYF reports (FY17-18 through FY23-24) cite older studies placing the transgender adult figure at approximately 0.24%. The Williams Institute (2022) estimates approximately 0.5% of U.S. adults identify as transgender. The City’s own 2023 City Survey found approximately 1% of residents identified as genderqueer, non-binary, or other — itself likely an undercount, since trans respondents selecting male or female are not separately captured. Most recently, OTI Director Mahogany cited 2023 OTI estimates placing the transgender share of SF’s population at approximately 3% (SF Public Press, September 2025) — though the methodology underlying that estimate has not been publicly detailed. A reasonable working range is 1–3% of SF adults. Regardless of the precise baseline, the service data below shows overrepresentation across all departments and all seven years — a gap too large to be explained by measurement differences alone.

Key Data Across Departments

DCYF — Youth and Transitional Age Youth Services

Fiscal Year	Trans % of TAY participants	Total TAY with GI data	Note
FY 2017-18	9%	734	Concentrated in 4 of 13 programs
FY 2018-19	3%	2,841	Broader program base
FY 2020-21	6%	~1,511	EQTY program active
FY 2021-22	6%	~1,613	
FY 2022-23	5%	~2,001	
FY 2023-24	7%	~3,165	Uptick from prior year

Across all years, transgender TAY participants represent 3–9% of DCYF program participants with valid gender identity data — compared to an estimated 1–3% of the general SF adult population (OTI, 2023; City Survey 2023; Williams Institute, 2022). Youth write-in responses include Genderfluid, Nonbinary, Transmasculine, Agender, and Two Spirit, indicating that binary Trans Female/Trans Male categories undercount gender diversity. National data from The Trevor Project (2023) shows that transgender and nonbinary youth report higher rates of housing instability and suicidal ideation than cisgender LGBQ+ peers, reinforcing the urgency of youth-specific services.

MOHCD — Housing and Community Development Services

Fiscal Year	Trans female	Trans male	Genderqueer/GNB	Total LGBTQ clients
FY 2021-22	531 (1.29%)	76 (0.18%)	276 (0.67%)	~4,200 of 41,172
FY 2022-23	649 (1.46%)	98 (0.22%)	370 (0.83%)	~4,900 of 44,547
FY 2023-24	677 (1.46%)	118 (0.25%)	425 (0.91%)	~5,100 of 46,503

Trans female clients outnumber trans male clients by approximately 5–7:1. The most common MOHCD service areas for trans clients are Eviction Prevention and Housing Stabilization, Access to Civil Justice, and Access to Opportunity.

HSH — Homelessness and Supportive Housing

Measure	FY 2020-21	FY 2021-22	FY 2023-24	Change
Transgender clients served	~207	~260	354	+71%
Nonbinary/GNC clients served	~112	~165	275	+146%
TGNC+ as % of all clients	~2%	~2%	~3%	Steady
PIT Count: trans/NB/GNC (see note)	N/A	4% (2022 count)	9% (2024 count)	More than doubled

TGNC+ clients were slightly less likely to receive prevention services than crisis/emergency services — indicating an access gap in upstream intervention. HSH's FY19-20 report explicitly names anti-trans bias, alongside anti-Blackness, as a structural driver of disproportionate homelessness among TGNC people of color. These trends are accelerating: community-based organizations report a surge in demand driven by trans people relocating to San Francisco from states with anti-trans legislation, with El/La Para TransLatinas reporting a 43% increase in clients served as of 2025 (SF Public Press, September 2025).

Note on PIT Count row: Point-in-Time Counts are conducted in January of each year and do not align to fiscal year boundaries. The 4% figure is from the January 2022 PIT Count; the 9% figure is from the January 2024 PIT Count.

DPH — Department of Public Health (FY 2023-24)

Clinical Setting	Trans women	Trans men	Nonbinary/GNC	Note
SF City Clinic (STI/HIV)	1.60%	0.24%	2.01%	High HIV/STI risk population
Laguna Honda Hospital	0.40%	0.20%	<0.5%	SB 219 protections implemented
Jail Health Services	0.70%	0.11%	0.40%	Carceral setting suppresses disclosure
Primary Care (Epic)	Tracked	Tracked	Tracked	99.9% SOGI completion rate

DPH's Dimensions Clinic for Queer and Trans Youth (ages 12–25) at Castro-Mission Health Center provides gender-affirming care, primary care, behavioral health, and insurance navigation. DPH notes that disclosure in jail settings occurs in the presence of law enforcement, likely suppressing TGNC counts.

HSA — Human Services Agency

Trans female, trans male, and genderqueer/GNB clients represented approximately 1.3% of APS clients in FY21-22 and approximately 2% in FY23-24. Key actions taken in this period include:

- IHSS adopted a policy of not asking about sex assigned at birth, recognizing it places undue burden on TGNC clients and is not relevant to non-medical services.
- DAS contracted with the SF LGBT Center to fund the Transgender Employment Program (TEP) for TGNC individuals.
- DAS funded programming for TGNC older adults and adults with disabilities through Openhouse and Curry Senior Center, addressing social isolation and unmet service needs.

What the Data Shows

1. Overrepresentation is structural, not incidental

TGNB individuals consistently access city services at rates far exceeding population share, across departments and across time. This is not an artifact of program design — it reflects documented structural drivers: family rejection, employment discrimination, housing instability, and targeted violence. The 2024 PIT Count's jump from 4% to 9% TGNC representation in the homeless population demands urgent policy response.

The 2023 City Survey found a decline in citywide feelings of safety. 63% of residents reported feeling safe during the day (down from 85% in 2019) and 36% at night (down from 53% in 2019). Lower-income residents reported the lowest safety ratings, confirming the structural inequity documented in the SOGI reports. The survey couldn't separately analyze LGBTQIA+ respondents' safety experiences due to a small sample size and the fact that LGBTQIA+ respondents tended to be male and White, groups associated with higher safety ratings. Therefore, the claim that trans people face elevated safety risks in San Francisco relies on national data rather than local surveys, a gap the City should address.

2. Trans women carry a disproportionate burden

Trans female clients outnumber trans male clients by 5–7:1 in MOHCD data, and trans women are overrepresented in STI/HIV services, homelessness services, and criminal legal system data. This pattern is consistent with national research showing trans women — particularly Black and Latina trans women — face the highest rates of poverty, housing instability, and violence. Policy responses that treat "transgender" as a monolithic category will miss this disparity.

3. Nonbinary and gender expansive identities are growing in visibility

HSH documented a 146% increase in nonbinary/GNC clients served between FY20-21 and FY23-24. Write-in responses in DCYF youth surveys consistently include Agender, Genderfluid, Two Spirit, Pangender, and Transmasculine. Binary categories (Trans Female/Trans Male) are insufficient for capturing the full range of gender diversity in these populations.

4. Data infrastructure has improved substantially — but gaps remain

Epic EHR adoption drove SOGI completion to 99%+ at major DPH facilities. However, three significant gaps persist that limit the City's ability to act on this data:

- **No race/ethnicity and gender identity disaggregation.**None of the five departments report TGNC client data disaggregated by race/ethnicity, preventing analysis of intersectional disparities. This is the most consequential gap.
- **Carceral disclosure barriers.** Jail Health Services data underreports TGNC people because individuals are asked to disclose in the presence of law enforcement.
- **Prevention underservice.** HSH data shows TGNC+ clients are slightly less likely to receive prevention services than crisis services, indicating that trans people are reaching the system late.

Policy Recommendations

The following eight recommendations are organized by lead department and intended to be specific and actionable. Each is directly supported by evidence in the SOGI reports reviewed.

City Administrators/ Office of Transgender Initiatives

1

OTI + City Administrator: Mandate race/ethnicity-disaggregated gender identity reporting.

Amend Chapter 104 reporting requirements to require all departments to report TGNC client data cross-tabulated by race/ethnicity beginning FY 2025-26. The City cannot effectively address intersectional disparities — particularly for Black and Latina trans women — without this data.

2

OTI: Standardize nonbinary/gender expansive response options across all departments.

Current category inconsistency limits cross-department comparability and erases gender expansive identities. OTI should issue updated guidance requiring at minimum: Trans Female/Woman, Trans Male/Man, Nonbinary/Genderqueer, Gender Nonconforming, and an open-ended “Not Listed” field.

Department of Homelessness and Supportive Housing (HSH)

3

HSH: Maintain and expand the Ending Trans Homelessness Initiative beyond FY 2023-24.

The $3M investment in rental subsidies and housing navigation for TGNC+ individuals showed early results: 354 transgender and 275 nonbinary clients served in FY23-24, a 71% and 146% increase respectively. Continued funding is essential. HSH should publish annual outcome metrics (housing placements, retention rates) disaggregated by trans subgroup.

4

HSH + DPH + Sheriff’s Office: Develop TGNC-specific discharge pathways from Jail Health Services.

TGNC individuals exiting incarceration face immediate housing vulnerability, yet SOGI data from Jail Health Services likely undercounts them due to carceral disclosure barriers. HSH and DPH should jointly develop a pilot program to identify and connect TGNC individuals to housing navigation services at the point of discharge, in collaboration 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 (ATAH) training symposia, launched in November 2023, were mandatory for HSH providers. HSH should track completion rates, extend the training to sub-contracted providers, and adapt the curriculum for use by MOHCD and DPH contracted service agencies.

Department of Public Health (DPH)

6

DPH: Expand the Dimensions Clinic model and track gender-affirming care access in SOGI reporting.

The Dimensions Clinic for Queer and Trans Youth (ages 12–25) is a model of comprehensive, low-barrier, gender-affirming care. DPH should assess unmet need for adult gender-affirming primary care within SFHN and report on gender-affirming care access metrics — not just SOGI completion rates — in future annual reports.

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

7

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

MOHCD data shows growing trans client representation in public services. However, current reporting tracks intake demographics, not outcomes (e.g., housing placement rates, eviction prevention success). MOHCD should require grantees to report outcomes by SOGI category, enabling analysis of whether trans clients achieve comparable results to cisgender clients.

Department of Children, Youth and Their Families (DCYF)

8

DCYF: Target outreach to trans TAY in the 9 programs where trans participation is lowest.

In FY17-18, transgender participants were concentrated in only 4 of 13 TAY programs. This pattern persists. DCYF should identify programs with near-zero TGNC participation, assess whether barriers exist (staff capacity, program culture, geographic access), and require targeted outreach plans as a grantee reporting requirement.

Data Gaps and Limitations

Policymakers should be aware of the following limitations when using this data:

- **Administrative data captures only people who access services.** Trans people who avoid services due to stigma or prior negative experiences are not counted.
- **Race/ethnicity is not disaggregated by gender identity** in any of the five departments' reports, preventing analysis of intersectional disparities.
- **Carceral settings suppress SOGI disclosure.** Jail Health Services data should be interpreted cautiously.
- **Category definitions changed over the reporting period,** limiting strict year-over-year comparability in some cases.
- **Population baseline estimates vary significantly:** The 0.24% figure cited in older DCYF reports is likely a substantial undercount. The Williams Institute (2022) estimates ~0.5% of U.S. adults; the 2023 City Survey found ~1% of SF residents identified as genderqueer/non-binary/other (with trans respondents in male/female categories uncounted). The brief uses a working range of 1–3% of SF adults.

Sources

All quantitative findings are drawn directly from the following official reports, submitted to the Office of the City Administrator under Chapter 104 of the Administrative Code:

Department	Reports reviewed	Fiscal years
DCYF	7 annual SOGI reports	FY17-18 through FY23-24
DPH	7 annual SOGI reports	FY17-18 through FY23-24
HSA	6 annual SOGI reports	FY17-18 through FY23-24
HSH	6 annual SOGI reports	FY17-18 through FY23-24
MOHCD	6 annual SOGI reports	FY17-18 through FY23-24

External sources referenced for population context (not directly analyzed):

- City and County of San Francisco, Office of the Controller — City Survey 2023 Summary Report (April 2023). Provides general population SOGI baseline (16% LGBTQIA+; ~1% genderqueer/NB/other) and citywide safety data.
- Williams Institute, UCLA School of Law — "How Many Adults and Youth Identify as Transgender in the United States?" (June 2022). Estimates ~0.5% of U.S. adults identify as transgender.
- The Trevor Project — National Survey on LGBTQ+ Youth Mental Health (2023). Referenced for elevated rates of housing instability and suicidal ideation among transgender and nonbinary youth compared to cisgender LGBQ+ peers.
- Centers for Disease Control and Prevention — HIV Surveillance Report, data by gender identity. Referenced for disproportionate HIV burden among trans women.
- Human Rights Campaign — Fatal Violence Against the Transgender and Gender Non-Binary Community (2021). Referenced for rates of fatal violence; 2021 was a record year with the majority of victims being Black trans women.
- Gallup — San Francisco metropolitan area LGBT population estimates (2015). A decade-old floor estimate; Gallup (2022) puts national LGBT identification at 7.2%, with SF likely higher. Used only for context in DCYF section.

Journalism cited for current policy context (independent, nonprofit newsroom; not directly analyzed for quantitative findings):

- Alvarado, Madison. "SF's Transgender Residents Still Face Threats, Even in Sanctuary City." San Francisco Public Press, September 11, 2025. sfpublicpress.org. Referenced for OTI Director Mahogany's 3% population estimate, El/La Para TransLatinas demand surge data (43% increase), sanctuary city declaration context, and federal policy landscape including executive orders restricting trans care and military service.

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