



Memorandum

July 14, 2020

TO: Shakirah Smiley
Director, Office of Racial Equity

FROM: Trent Rhorer, Executive Director, Human Services Director
Shireen McSpadden, Executive Director, Department of Disability and Aging Services
Ingrid Mezquita, Executive Director, Office of Early Care and Education

SUBJECT: Vulnerable Population Engagement Survey

Through this memo, the San Francisco Human Services Agency (SF-HSA) is responding to the Office of Racial Equity's Vulnerable Populations Engagement Survey.

SF-HSA's mission is to protect the city's most at risk populations, to safeguard their economic stability, and to provide the support necessary for equitable outcomes. Comprised of three departments under one banner (see organization chart in Appendix A), SF-HSA is a complex institution of more than 25 different programs, and its equity activities are difficult to capture in a handful of survey answers. Given the complexity and the time urgency to complete the survey, SF-HSA determined that the most sufficient response was in the form of a memo covering the survey questions. As a social service agency, SF-HSA adheres to a professional standard of ethics that requires self-examination on questions of social justice and racial equity, acknowledging the harm done by past policies and striving to repair past injuries.

SF-HSA employs singular and plural approaches to equity, reaching specific populations through directed programs, but also rallying the resources of the City to work across programs, across departments, and across communities to create outcomes that are more equitable for all San Franciscans. SF-HSA serves over 260,000 unique persons; almost one in three city residents is a client of the agency. With a few exceptions, it has a relationship with every low-income household in the city.

The responses in the following pages describe the agency's broader approach to community engagement, with examples of specific efforts. Please note that SF-HSA prefers the term "at risk populations" or "communities of color" when we are specifically referring to communities of color, rather than the term "vulnerable." We substituted for it in this survey response, except when citing the Office of Racial Equity's survey.

CONTENTS

- Communities and Groups Served 4
 - Question 1: Which communities of color do you serve? (Select all that apply.) 4
 - Question 2: What other vulnerable groups/communities do you serve? 4
- Overview of Engagement Activities 5
 - Question 3: Please describe your community engagement activities with individuals and groups in San Francisco’s communities of color..... 5
 - Question 4: Based on your work, what critical issues do these communities face? 15
 - Question 5: What are the community based organizations, leaders and/or groups within the vulnerable population(s) you serve? (Describe your engagement with these stakeholders.) 19
- Budget Considerations and Impacts 20
 - Question 6: What is your Department's total annual budget for FY 20/21? Briefly describe how your Department generally decides upon its proposed budget allocations..... 20
 - Question 7: What data, indicators and considerations were taken into account to maximize equity and support for vulnerable populations within your proposed Budget? 20
 - Question 8: Does your Department provide community participatory budgeting opportunities, or perform external outreach to get feedback on its budget decision-making processes? 21
 - Question 9: If your Department does have a community participatory budgeting process, or perform external outreach to get feedback on budget decisions, please outline that process here:21
 - Question 10: What is your largest projected expenditure? Please go beyond listing a line item and be specific and explanatory. 22
 - Question 11: Beyond salaries and benefits, what is your largest projected expenditure? Please go beyond listing a line item and be specific and explanatory..... 23
 - Question 12: What is your second largest projected expenditure? Please go beyond listing a line item and be specific and explanatory. 24
 - Question 13: What is your lowest projected expenditure? Please go beyond listing a line item and be specific and explanatory. 24
 - Question 14: What percent and dollar amount of your overall budget supports the vulnerable population(s) you serve? 24
 - Question 15: What are the recurring funding gaps or limitations in your overall budget that could inhibit your Department’s ability to advance equity? 25
 - Question 16: Please identify potential impacts of your proposed reductions on communities of color and vulnerable communities, and describe what strategies your Department recommends to mitigate any potential adverse impacts..... 26

Question 17: How does your commitment to vulnerable population(s) show up in your proposed expenditures?	27
Question 18: In what ways will your entire budget be realigned for the next fiscal year in targeted ways to advance equity?.....	27
Question 19: Does your spending address equity needs? Please refer to your previous responses about expenditures.....	28
Question 20: How do you get feedback on the success of your proposed spending? The return on investment	29
Appendices.....	30
Appendix A: Client Caseload and Budget Approximation	
Appendix B: San Francisco Human Services Agency Organizational Chart	
Appendix C: San Francisco Human Services Agency Contractors	
Appendix D: African-American Participants in Wage Subsidy Program	

COMMUNITIES AND GROUPS SERVED

QUESTION 1: WHICH COMMUNITIES OF COLOR DO YOU SERVE? (SELECT ALL THAT APPLY.)

- | | |
|--|------------------------------------|
| ✓ Black or African-American | ✓ Pacific Islander/Native Hawaiian |
| ✓ Latino/a/x or Hispanic | ✓ East Asian |
| ✓ Middle Eastern or North African | ✓ Southeast Asian |
| ✓ Indigenous, Native American or American Indian | ✓ South Asian/Indian |
| | ✓ Filipino/a/x |

QUESTION 2: WHAT OTHER VULNERABLE GROUPS/COMMUNITIES DO YOU SERVE?

- | | |
|--|---|
| ✓ Seniors and Older Adults | ✓ Public Housing Residents |
| ✓ Children and Youth | ✓ Caregivers |
| ✓ Transgender, Gender Variant, Intersex People | ✓ Detained/Justice-Involved People |
| ✓ Lesbian, Gay, Bisexual, Queer People | ✓ Shift, Temporary Gig, Low-wage Workers |
| ✓ People with Disabilities and Medical Conditions | ✓ Low-income Students |
| ✓ People with Mental Health and Behavioral Health Issues | ✓ People facing Digital Access/Connectivity Issues |
| ✓ People with Limited-English Proficiency | ✓ People who Rely Exclusively on Public Transit |
| ✓ Undocumented People | ✓ Under/Uninsured People |
| ✓ People Facing Food Insecurity | ✓ People Who Are Unbanked/No Access to Credit/Debit Cards |
| ✓ People who are Subjected to Intimate Partner Violence | |

Note, we heard from staff that the following, more nuanced categories should be included in future surveys of “Vulnerable Groups”:

- US-born/citizen children of undocumented parents
- Immigrants with temporary status (e.g. DACA, Temporary Protection Status) and
- Immigrants in general (e.g., foreign born residents) should be included in this group.

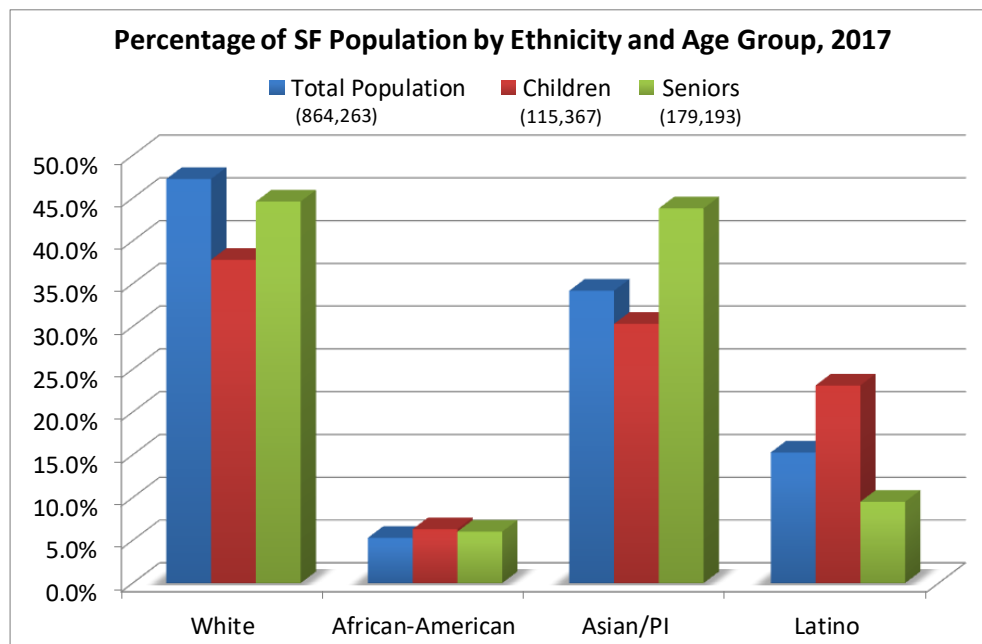
OVERVIEW OF ENGAGEMENT ACTIVITIES

SF-HSA's clients fall into three overlapping groups: 1) seniors and persons with disabilities; 2) indigent single adults; and 3) low income and 'at risk' families. They pose intersections of race, gender, age, and income levels that often combine in their effects to magnify inequities. Some programs like Medi-Cal serve all of these populations; others like CalWORKs focus on a single group, families. Appendix B details the racial and ethnic breakdown across the agency by major programs. SF-HSA is attempting to answer the following questions in the spirit of equity, with broad approaches and specific examples; the responses reflect just a fraction our work serving at risk populations and communities of color.

QUESTION 3: PLEASE DESCRIBE YOUR COMMUNITY ENGAGEMENT ACTIVITIES WITH INDIVIDUALS AND GROUPS IN SAN FRANCISCO'S COMMUNITIES OF COLOR.

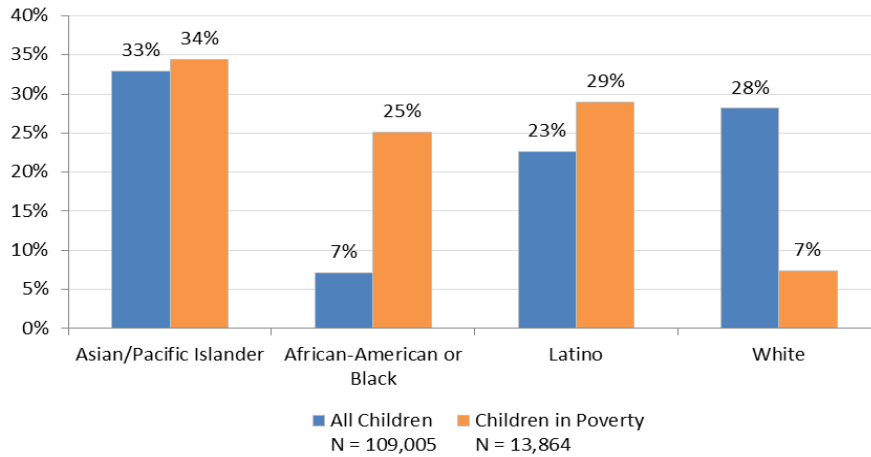
CHANGING DEMOGRAPHICS AND THE FACE OF POVERTY IN SAN FRANCISCO

San Francisco's demographics have changed as it has become a minority/majority city, and today one in two clients of SF-HSA speaks a language other than English at home. The age distribution between minority groups differs, though. While the Latinx community skews younger, the Asian/ Pacific Islander community (API) holds the largest group of seniors, as well as a substantial number of children. The distribution of poverty in the city has also shifted, with API becoming the largest single group of low-income persons.



The demographics of child poverty have changed, too. The low-income family in San Francisco is much more likely to have two-parents, both working, but at destitution wages, and the family is likely to speak a language other than English at home. African American children are disproportionately affected by poverty, and form the largest group in deep poverty (<50% Federal Poverty Level), but the single largest group of low-income children are API. Latinx families are also disproportionately living in poverty.

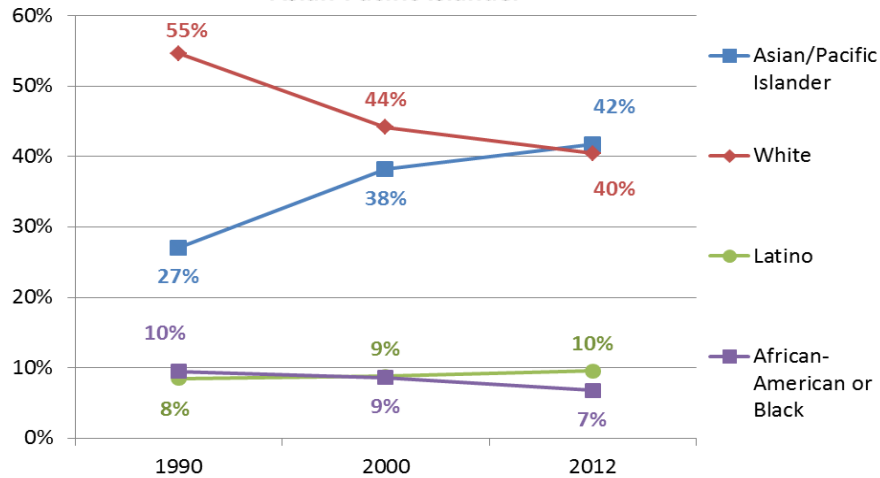
Race/Ethnicity of Children (Age 0 – 17): All and Those Living Below Poverty



**Poverty based on federal poverty threshold
Source: ACS 2014 5-Year Estimates*

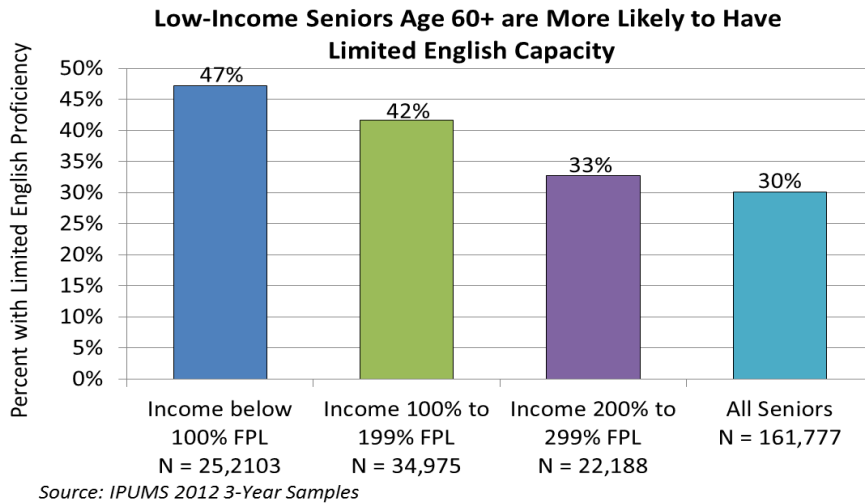
Today Asian/Pacific Islanders are the largest group of older persons in San Francisco, growing while the older population of whites is dwindling.

San Francisco Senior Population (Age 60+) is Increasingly Asian-Pacific Islander



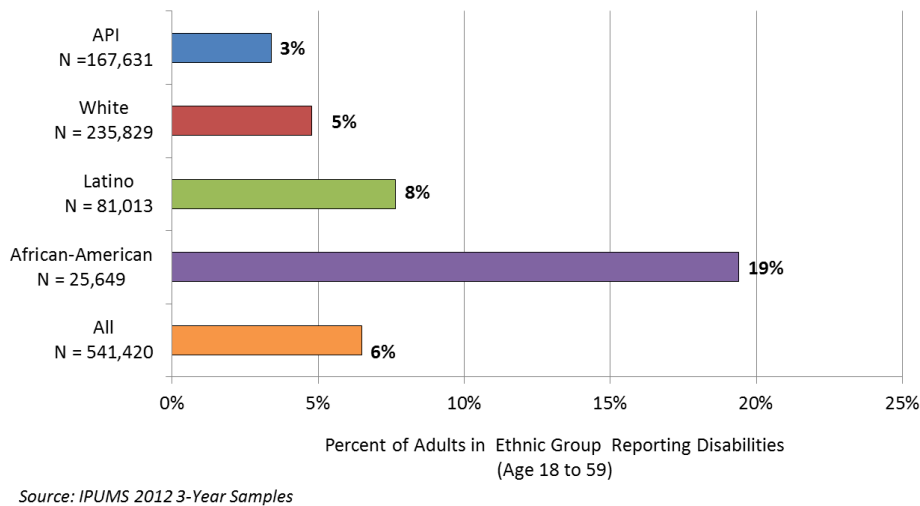
Source: IPUMS

Poverty amongst the city’s older persons is highly correlated with immigration status. Almost half of all older persons who are living in poverty in San Francisco speak a language other than English. In fact, the deeper the level of poverty affecting an older person in the city, the more likely he or she is to have limited English capacity. As shown in the breakdown of program demographics in Appendix A, API persons form half of all persons in the In Home Supportive Services program, and they are much more likely to use the Department of Disability and Aging Services’ information and referral hub.



African Americans are over-represented amongst persons with disabilities, a factor deeply intertwined with poverty. As shown in Appendix A, they are also the largest group of indigent single adults in SF-HSA’s County Adult Assistance Program (CAAP) caseload.

Disability by Race and Ethnicity



While about 50 percent of SF-HSA's benefit programs are comprised of immigrants, historically, certain immigrant communities have been reluctant to enroll in some benefit programs for which they are eligible due to concerns about the impact of participation on the future immigration pathway for themselves or their family members. Fear of participation in public benefit programs have been amplified by national rhetoric that vilifies immigrants. In response, SF-HSA mounted a **public charge public education campaign**, explaining the laws that allow immigrants to receive some public benefits, but acknowledging the potential risks. SF-HSA tracks program enrollment and withdrawal by immigration status, and found that it was not losing large numbers of immigrants from its caseloads, but was still seeing a slow decline in applications and renewals, particularly in the SNAP/CalFresh program.

When the public charge rules were being proposed, HSA reached out to the Mayor's Office, the City Attorney's Office, OCEIA, DPH, MOHCD, SFUSD and other impacted city partners to discuss the dire implications of this draconian rule change and to advocate for a citywide voice in opposition. In 2019, we established a free Bay Area Legal Aid hotline for City residents to receive free immigration legal advice on receipt of public benefits. And **HSA's proactive collection of benefit enrollment by immigration status became a key component of the City's lawsuit against the Trump Administration's public charge rule.** We continue to advocate for access to supportive benefits among immigrant communities with our CBO partners, OCEIA and national immigration law advocates. As described in Question #3, the COVID-19 pandemic has created a new urgency in the city's immigrant community.

DEPARTMENT OF HUMAN SERVICES COMMUNITY ENGAGEMENT STRATEGIES

As a government agency, we recognize that, implicitly or explicitly, we have been, and are complicit in, perpetuating structural racism within our institution. The following summarizes some of our engagement strategies that we have taken over the years to address and redress the role of government in perpetuating institutional racism. We try to come to this work with humility, recognizing that this is an evolutionary process and we still have a long way to go to right the past wrongs and the wrongs that still exist within our Agency. We are committed to continuing to examine our processes, to use a racial equity lens in everything we do, and to partner with diverse staff across our Agency and community stakeholders and organizations to help hold us accountable.

For the past decade, SF-HSA has worked to improve our engagement with communities of color to address long-standing structural racism. One leading example of our restorative justice practices includes **SF-HSA's child welfare program** joining with the community to re-examine its values. Historically, it had emphasized investigation and control. Advocates like Ruth E. Smith long pressed that SF-HSA could not protect children by itself, that it needed the community. In response, SF-HSA opened its child welfare office in Bayview Plaza as an intentional effort to work differently, re-orienting itself to developing more community support for parents. Rather than removing children from their families and the communities where they had support, SF-HSA began putting more resources in the African American community and focusing on strengthening families and preventing child welfare involvement.

Although racial disproportion in foster care has declined over the past decade, it remains unacceptably high, and bias continues to be a challenge. However, SF-HSA's child welfare practices today are far removed from the past, as typified by the following engagement strategies:

- ❖ *Shared Power in Decision-Making:* Throughout the course of a child's case, SF-HSA convenes meetings with the family's support network, encouraging parents to include relatives, pastors, or neighbors who can help share in the responsibility of providing for a child's safety. These structured team meetings are culturally reflective, respectful, and responsive.. These structured team meetings are culturally reflective, respectful, and responsive.
- ❖ *The Family Resource Center Initiative:* SF-HSA has teamed with other city departments to create a network of neighborhood-based family support programs, allowing families of different backgrounds to find culturally responsive and easily accessed support that includes therapy, parent support, child development offerings, and practical assistance.
- ❖ *Differential Response:* Contracting with community-based organizations, SF-HSA funds early response efforts intended to divert families from involvement in the child welfare system. When a family has been referred by a member of the community to SF-HSA's child welfare hotline for concerns that are significant, but do not rise to the level of child maltreatment, SF-

HSA refers them to a culturally appropriate community based organization. The CBO conducts outreach and engages them in support services early before the families' difficulties deepen.

- ❖ *Parent Advisory Board:* SF-HSA welcomes feedback from parents, foster parents, and youth representatives through its advisory board. It also has an independent ombudsman who investigates family complaints to ensure fairness.
- ❖ *Safety Organized Practice:* To minimize potential bias, SF-HSA has integrated a research-based framework that keeps child welfare decisions focused squarely on the safety of the child, using actuarial-based tools to assess the risk for child maltreatment and minimize subjective judgments.
- ❖ *Housing Assistance:* In partnership with the San Francisco Housing Authority and the Homeless Prenatal Program, SF-HSA has developed a national model for homeless families, providing mobile housing choice vouchers and housing search assistance, helping them find the stability needed to fulfill the requirements of their child welfare plan.
- ❖ *Recruitment of San Francisco Foster Parents:* Working with the schools, SF-HSA has launched a campaign to recruit foster parents in the city so that children who need to be removed from their families for their safety are not placed in distant communities.
- ❖ *Training:* SF-HSA surrounds child welfare workers with trainings on bias, including *Liberatory* training that offers insight into systemic power dynamics.
- ❖ *County Self-Assessment:* Once every five years FCS completes a County Self-Assessment, analyzing how all process and outcome metrics vary by race and ethnicity, and conducting focus groups with youth, biological parents and resource families. This data and client perspective informs the agency's System Improvement Plan. SF-HSA completed its most recent assessment and improvement plan in 2019.

San Francisco has recognized the **racial disparities in birth outcomes** that affect African American and Pacific Islander women, and SF-HSA participates in the **Expecting Justice** collective impact effort to prevent pre-term births. The initiative brings together city departments, CBOs, and African American and Pacific Islander women who have experienced pre-term births to organize consistent efforts to improve birth outcomes. As an outgrowth of its work with this initiative, SF-HSA is funding the wages of doulas in the community who provide advocacy and support to pregnant African American and Pacific Islander women who are navigating the institutional biases of the health system. It will also be funding parent advocates to directly support the initiative's work, and it has provided analytical and program support to the income supplement effort that will soon be providing pregnant women with \$1,000 per month through their pregnancy and six months after delivery. SF-HSA is also developing a partnership with the Department of Public Health's (SF-DPH) Pregnancy Village initiative. Recognizing that geographic isolation and racially biased systems contributes to poor birth outcomes, SF-DPH has obtained funds for a mobile clinic that will go into the Bayview and other southern neighborhoods, bringing health care to the community. SF-HSA is in conversation about how it can join that effort by including greater access to benefits like CalFresh as part of the mobile clinic's services.

Through its **Families Rising** program, SF-HSA provides home visiting services to pregnant women and families with young children in a two-generation approach that seeks to promote child well-being and family economic stability. Of the families served, 7% have a head of household who is undocumented, 41% are black, 33% are Latinx and over half come from a background of intergenerational poverty. Prior to the pandemic, the agency's **Economic Self Sufficiency Services division** -- encompassing CalFresh, CalWORKs, Medi-Cal, and the County Adult Assistance Program -- was conducting a strategic planning process. SF-HSA's primary client service centers are located downtown and South of Market, far removed from the largest concentrations of residential zip codes among the populations we serve.

To remove barriers for at risk populations, these programs have been evolving in phases toward more **integrated, simultaneous enrollment of multiple programs at once**, while also making it easier for a person to receive services with support and dignity in the communities where they live. The division was planning to open **neighborhood offices**, identifying potential spots in the Bayview and possibly the Ocean-Merced-Ingleside district, too. This planning process involved deep **analyses of caseload data** to understand the transportation issues related to each potential site. SF-HSA also conducted a series of **key informant interviews** with service providers and leaders in the Bayview, Visitacion Valley, and OMI districts, as well as **focus groups** with specific groups, organizing them both by race and ethnicity and by geographic locations. The process was put on pause while we are working under temporary rules necessitated by the pandemic; however, we continue our two-prong goals of both more integrated services and making our services more accessible in communities where our clients live.

The agency is a national leader in the use of **wage subsidies** (sometimes referred to as ‘subsidized employment’) as its workforce engagement strategy, placing public assistance recipients directly into jobs and paying their wages, a way of providing an immediate and meaningful experience populations that have faced multiple barriers to the labor market. It incentivizes employers to hire low-income persons, and rather than putting clients through lengthy job readiness and training processes, it provides them with the meaning and remuneration of real work, now. Once a client “gets in the door” and employers see the value they bring, we are often able to transition them to unsubsidized work with the same employer. As an example of how these subsidies have been used to assist priority populations, SF-HSA is working with **Hope SF** to provide wage subsidy opportunities to households participating in the Housing Authority’s Family Self Sufficiency program that allows residents to build savings. A 2017 analysis of the JobsNOW! subsidized employment program found that **42% of the 9,800** individuals who benefitted from the program over a 6 year period were **African American** and **15% were Latinx**.

Up until Covid-19, this program division partnered with community-based organizations and deployed public benefit **outreach teams** that outstation workers in strategic locations, to improve enrollment application rates and client outcomes, including for priority groups like homeless persons, persons with limited English and persons being released from incarceration. In FY 19-20, the outreach program helped enroll over 22,000 aged and disabled recipients of federal SSI benefits in the CalFresh nutrition assistance program. In FY 20-21, it has plans to deploy a CBO roving team to help people experiencing homelessness apply for benefits from Shelter-in-Place hotels, conduct benefits outreach at behavioral health clinics and expand telephonic enrollment of otherwise hard to reach populations.

DEPARTMENT OF DISABILITY AND AGING SERVICES ENGAGEMENT STRATEGIES

The Department of Disability and Aging Services (DAS) serves over 70,000 older people and adults with disabilities each year through direct services and in partnership with over 60 non-profit service providers. The Department employs a number of strategies to engage community members, particularly communities of color. A key part of this is a commitment to contracting with a diverse array of community-based organizations. By partnering with trusted organizations, the Department is able to connect with hard-to-reach groups and help facilitate culturally-appropriate services and programming. These partnerships also allow DAS to learn from clients and providers about population trends and unmet needs. DAS provides staffing support to its community providers to help facilitate standing groups, including the African-American Partnership, to meet regularly and collaborate on community needs and special events.

DAS works to engage the community and increase awareness of resources through **public outreach**. Multilingual staff from its Benefits and Resource Hub regularly attend public events to offer connection to a broad spectrum of aging and disability resources. Staff from the Department's direct service programs, such as the County Veterans Service Office and In-Home Supportive Services, also participate in and host events to increase awareness and participation in services, as well as to communicate about changes in state regulations that impact programs. Last year, DAS facilitated a collaborative local campaign to reframe aging (shifting negative stereotypes and highlighting the diversity of the aging experience) and increase broad community awareness of how to connect to supportive resources. And DAS funds over a dozen Aging and Disability Resource Centers at non-profit organizations throughout San Francisco, centralized sources of free information and assistance on issues impacting older people and adults with disabilities.

DAS also is working to ensure its **staff are well equipped to understand and relate to clients**, particularly those who have faced extreme hardship and often have more complex needs. This is especially relevant in Adult Protective Services and the Office of the Public Conservator. Beginning with these programs, DAS is rolling out an effort to train staff on trauma-informed systems and plans to conduct a baseline organizational health assessment to develop and implement a plan for adopting trauma-informed practices. These tools increase staff's understanding of the lived experiences of systemic oppression and engage with them more compassionately and effectively.

DAS also **engages communities of color in planning its services and programs**. This is evident in its administration of the Dignity Fund, a special fund established by voters in 2016 to fund supportive services to help older adults and adults with disabilities age with dignity in their own homes and communities. The Fund is allocated using a four-year funding cycle that provides extensive opportunities for community engagement and input, beginning with a yearlong community needs assessment process. To complete the [2018 Dignity Fund Community Needs Assessment](#), the Department held public forums in each supervisorial district, 29 focus groups with priority and hard-to-reach populations (e.g., monolingual Spanish speakers, African-American seniors, and people with vision impairment), and a community survey of consumers, caregivers, and service providers. This assessment included an **equity analysis** to understand how groups that face systemic barriers to opportunity do (or do not) utilize services. Findings from this assessment shaped a four-year funding plan, published last year, that outlined how Dignity Fund resources would be allocated to address unmet needs and equity concerns. This process, and the Dignity Fund allocation, is overseen by a special advisory council that holds at minimum six open public meetings per year.

Another way in which DAS engages the community is through its many **stakeholder advisory and community groups**. In addition to the Dignity Fund Oversight and Advisory Council described above, DAS is supported by its Advisory Council, a group comprised of seniors from across the City's geographic regions and racial/ethnic groups. Each supervisorial district has an appointed member, and the other 11 seats are nominated by the DAS Commission. The DAS Executive Director meets with the Advisory Council monthly to gather input from the members and their representative communities about services and needs. DAS also participates in and receives guidance from the Long Term Care Coordinating Council and the Age- and Disability-Friendly Task Force, two bodies that have dedicated seats for community members and are responsible for making recommendations about the needs of persons who are older or who have disabilities. In recent years, DAS has formed a partnership with the Interfaith Council to promote information exchange and connection between service providers and faith leaders.

THE OFFICE OF EARLY CARE AND EDUCATION ENGAGEMENT STRATEGIES

The Office of Early Care and Education adopted a racial equity framework to help disrupt our current educational outcomes in school readiness for children of color. Through a racial equity framework and policies, our priority populations have increased access to quality early care and education. OECE's priorities take into account structural oppression and aims to focus attention on people of color who increasingly experience marginalization, systemic inequity, and health inequities. By increasing access to quality early care and education opportunities for African American, Latino/a/x, dual language learners, children with disabilities, and children from low-income households, OECE provides an early educational pathway for life-long success. OECE developed a locally funded early learning program that reduces or eliminates families' cost of enrolling in early care and education programs that have demonstrated high-quality benchmarks. Guaranteeing access and uninterrupted enrollment, regardless of parental economic circumstances, provides quality early learning experiences for children in priority populations until they reach kindergarten. OECE, in partnership with First 5 San Francisco, is embarking on a strategic planning process that will incorporate a racial equity framework to inform future investments in San Francisco's early childhood system.

USING SF-HSA DATA FOR EQUITY AND SOCIAL INCLUSION

Because of the vast amount of the information it gathers to make low-income persons eligible for benefits, **SF-HSA has begun using its data to help other agencies meet their equity goals.** It cannot give confidential information to other organizations, but it can be a vehicle for other organizations to reach target groups. For example, two years ago it began a partnership with the **Recreation and Park Department** to create an early summer camp enrollment period for children living in **Hope SF** sites. SF-HSA identified the groups of children in the developments, matched them to the summer programs by ages, mailed targeted materials to each household, walked the developments knocking on doors, and worked with Recreation and Parks to convene enrollment fairs.

As part of its integration efforts, SF-HSA also **collaborated with other departments** to either co-locate services (e.g. WIC and CalFresh) or utilize its access to low-income households to facilitate their outreach. SF-HSA also assisted the Department of Children, Youth, and Families, the Department of Public Health, the Recreation and Park Department, the Municipal Transportation Agency, the Treasurer's Office, the San Francisco Public Library, and other city departments, mailing their materials to targeted group and helping them with their equity objectives. Building on these partnerships, *SF-HSA assisted other departments in equity analyses, matching their data against the agency's comprehensive databases and providing them with feedback on what low-income communities they were reaching and which they might be missing.*

SF-HSA has a long relationship with **Hope SF**. In 2005 it conducted a spatial analysis of all children who were involved in more than one city system – Juvenile Probation, Child Welfare, or Children's Mental Health – and found that most lived within walking distance of one of seven street corners in the city, six of which were adjacent to family developments. Hope SF leadership has credited this study as an early catalyst for rebuilding the family developments. SF-HSA continues to have access to the Hope SF, RAD, and Housing Authority data, and conducts frequent analyses about how residents utilize city services, identifying opportunities for outreach and supporting initiatives for residents. It also conducted the first analysis of how city services were being utilized by persons holding mobile housing choice vouchers, a group much less visible than development residents.

SF-HSA is looking beyond its role as a service provider to use its access to the city's low-income population to create greater opportunities for **social inclusion**. Poverty is not just about a paycheck. It is also about being excluded from the community – common experiences, relationships, and enrichment opportunities – and that compounds poverty. Collaborating with the Mayor's Office and the Treasurer's Financial Justice Project, SF-HSA was instrumental in development the "Museums for All" initiative: we recruited most of the museums in the city, convincing them to allow persons holding Medi-Cal cards free admission. Over 25,000 low income San Franciscans went to the Academy of Science, the Museum of Modern Art, and over 20 different museums for free last summer. The Museums for All initiative recently became year-round and permanent, but the announcement was delayed by the pandemic. SF-HSA has also worked closely with the Presidio, a national park within the city that is not often visited by low-income persons living on the other side of the city, and through coordinated events and mailing and texting, the Presidio was able to boost the racial and ethnic mix of its visitors.

SF-HSA has also created **equity databases**. For the Office of Economic and Workforce Development (OEWD) this last year, we compiled a [data book of low-income, working age adults](#), allowing for the mixing and matching of dozens of demographic and other variables; that data now informs OEWD's grantmaking and has become the baseline for the City's Workforce Alignment Committee to measure progress on its collective impact equity objectives. SF-HSA also led in the creation of the **Shared Youth**

Database, which merges information from the Juvenile Probation Department, SF-HSA's child welfare program, the Department of Public Health's children mental health programs, and the school district information on truancy and academic failure. *This last year a pilot was launched to alert each of these systems whenever a child in one system had contact with another system, prompting a case conference to coordinate plans to deflect the child from deeper entanglement in the city's systems for at risk youth.* Finally, SF-HSA created the **Income Verification Database**, placing its clients' income information in a cloud-based database that can be accessed with the client's permission by MTA to provide immediate confirmation of the person's eligibility for the fee and fine relief program, reducing towing and ticket penalties. This last year the database also began to be used by the PUC, Rec and Park, and other departments making it easier for at low-income and isolated populations to participate in scholarship and discount programs.

SF-HSA recently conducted a **pandemic survey**, texting a survey link to 115,000 households on its caseloads to learn about their needs during the shelter in place period, and what they anticipated as their needs after shelter-in-place ended. Over 10,000 people responded, for an adjusted response rate of 11% when the bounce-back phone numbers were removed. The response rate was particularly high for Spanish-speakers, and extraordinary for Spanish-speakers living in households with mixed citizenship status (25%). By all accounts, this is the population that proved one of the most at risk during the pandemic, and it is the group that the least is known about. The survey will be a foundational document as the city engages at risk populations and communities of color through the pandemic and its aftermath. (See Question 4 for responses.)

WORKFORCE EQUITY

To better engage communities of color, SF-HSA must recruit and hire a diverse workforce. SF-HSA has conducted periodic all-staff surveys, which have consistently revealed racial disparities in staff feelings of inclusion and respect. In 2019 SF-HSA began its participation in GARE and formed a Racial Equity Work Group to evaluate the agency's staffing practices. The process included a granular analysis of equity questions at every phase of the agency's hiring process, focus groups and key informant interviews with over 70 members of the HSA staff at all levels of the Agency, and drew on a diverse work group that ensured transparency. It found that overall SF-HSA had a racially and ethnically diverse workforce, generally reflecting the race and ethnicity of its clients. At its highest levels of leadership, however, the agency lacks similar diversity. The work group recommended that the agency develop a more assertive recruitment process for job seekers of color, make the hiring process more transparent, and create a more supportive work culture and infrastructure for workers of color to advance professionally, including resources to guide long-term career planning, professional growth, and promotion.

Last year SF-HSA created an Office of Diversity, Equity and Inclusion, led by a new manager-level position, and we formally adopted racial equity as a core organizational value. In this first phase of the work, the new Office is cultivating recruiting relationships with educational institutions and professional organizations primarily serving people of color, advertising job opportunities in venues primarily serving job seekers of color, and promoting existing opportunities by increasing staff access to professional development. The Office has begun implementing racial equity training(s) for all staff, as well as a training on Core Competency Modeling to ensure fairness in staff performance assessment and development. The creation of the Office illustrates how the agency has prioritized racial equity and is working toward embedding it in organizational leadership, culture, and operations.

QUESTION 4: BASED ON YOUR WORK, WHAT CRITICAL ISSUES DO THESE COMMUNITIES FACE?

The critical issues faced by communities of color have been overtaken by the pandemic crisis, but some of the issues SF-HSA observed before the pandemic are likely to be aggravated by the crisis, including:

- ❖ **Isolation:** Whether discussing African American families whose relatives have moved out of San Francisco, or seniors who have raised their children in San Francisco but whose adult children have moved away to raise their own children, or immigrants who have limited English, a hallmark of poverty in San Francisco is isolation. It compounds the disadvantages of poverty, making it more difficult for at risk persons to find informal support, and increasing the need for the formal support offered by the public and non-profit sectors.

With the unusually large number of older adults living alone, many of the city's senior services were focused on getting people out of their homes and into the community, but with COVID-19 SF-HSA is having to re-conceptualize some of the bedrock programs within the aging network. San Francisco's older population is more likely to live alone than seniors state- and nation-wide. They also are less likely to be tech connected. Even as the community opens back up from the COVID-19 shelter-in-place period, older people and those with underlying health conditions will likely be asked to stay home given their higher risks.

- ❖ **Overlapping Vulnerabilities:** Vulnerabilities intersect. For example, the majority of children who had a child welfare case opened were either African American or Latinx, and they frequently had overlapping vulnerabilities. Among children with a child welfare case opened in 2019:
 - 58% had parental substance abuse risk factor;
 - 44% had parental mental health issues risk factor;
 - 43% had familial domestic violence risk factor; and
 - 24% were homeless.

- ❖ **Food insecurity:** This is a challenge locally and throughout the state. Even prior to the coronavirus public health-turned-economic crises, one in four San Franciscans lacked reliable access to healthy food. The pandemic has only exacerbated these issues, as thousands lost their jobs, and those at heightened risks related to COVID-19 must remain sheltering in place even as society begins to open back up. Our City's residents are now, more than ever, reliant on support to get the nutrition they need.

This need is apparent across neighborhoods and populations. It is particularly critical in communities of color, which experience higher rates of poverty, as well as diet-related chronic diseases and other health inequities, due to structural inequities. Many of San Francisco's lowest-income households live in areas where access to healthy food is limited by affordability and geographic accessibility. In these food deserts, large-scale grocery retailers are limited or non-existent; instead, people rely on corner stores and small markets that often charge higher prices for fresh fruits and vegetables.

- ❖ **Neighborhood Fragmentation:** In the course of exploring an office move to the Southeast, SF-HSA dove deeply into all available data and conducted focus groups across the Bayview,

Visitacion Valley, and Ocean-Merced-Ingleside (OMI) neighborhoods. It found that San Francisco's traditional racial and ethnic enclaves have splintered because of displacement. For example, API households now form the largest proportion of low-income households in the Bayview, and Latinx and African American communities are of about the same size there. San Francisco has historically invested in neighborhood-based, culturally-specific CBOs, but the populations have moved about and now often have to travel to other neighborhoods to receive support.

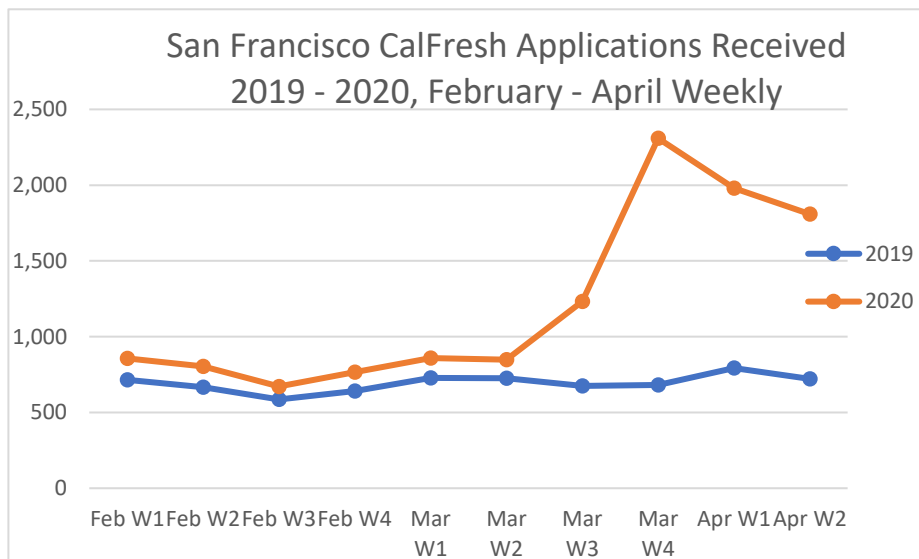
The city's network of support services seems somewhat misaligned with today's neighborhoods. As an example, the OMI now has the largest number of low-income households. By almost any measure, whether babies born on Medi-Cal or unemployment insurance claims or persons on public benefits, the OMI far exceeds any other neighborhood, including Bayview Hunters Point. Yet while Bayview Hunters Point has over 70 non-profit CBOs serving it, the OMI has only a handful.

- ❖ **Non-profit staffing:** Because San Francisco is so expensive, many of the staff of CBOs serving low-income communities of color populations cannot afford to live near their jobs and commute from distant communities. This can create staffing and program instability and affect the quality of services.
- ❖ **Transportation:** The issue of transportation arises time and again as a barrier to services for at risk populations. The bulk of the city's jobs and resources are in its northern neighborhoods, but the majority of low-income persons live in its southern neighborhoods. Older people and those with mobility challenges are hard-hit by the recent Muni disruptions. While MTA is trying to ensure there is a bus stop within a mile of every resident, it can be very difficult for those who are older and/or have disabilities to walk that distance.
- ❖ **Fear in the Immigrant Community:** The national political environment and changes in federal policies have been hostile to immigrants in general, and often seem designed to intimidate non-citizens from seeking safety net benefits related to housing, nutrition assistance, and employment. Parents who are undocumented can still seek benefits for their children, but many are anxious about future federal actions that may penalize them. Even the thousands of immigrants we serve who are legally eligible for federal benefits have expressed fear about seeking assistance. SF-HSA's efforts to provide support and opportunity to the city's immigrant communities are often complicated by the national context.
- ❖ **Cost of Living:** While every resident knows the high cost of living in San Francisco, it has countless ramifications for at risk populations and communities of color. SF-HSA provides not only basic safety net benefits, but also services aimed at helping people become economically self-sufficient. Research on poverty has emphasized that the stress of housing instability or meeting basic needs disrupts people's ability to make long-term plans. In San Francisco, that stress is extreme.

COVID-19 IMPACT

At the outset of the pandemic, SF-HSA experienced a flood of CalFresh applications, indicating widespread food insecurity. The new applications were disproportionately from Spanish-speakers. In reviewing their case histories, SF-HSA discovered that a plurality of this group had never been on public benefits before, suggesting that their concerns about public charge were overtaken by hunger.

Research suggests that during and after a disaster, low-income persons first present with immediate needs, like food insecurity, but soon after they present other needs, like trauma, exposure to violence, housing insecurity, and employment assistance. The tragedy of the pandemic offers SF-HSA an opportunity to build confidence and trust with a community that had been living in the shadows, meeting their immediate needs now, but also connecting them with the range of support available through the city's entire network of services.



SF-HSA's first priority is to keep its clients and staff safe, and during the pandemic many federal and state requirements for certification were waived to make it easier for people to receive help. Eventually, the full requirements will return, and SF-HSA will need to get clients to utilize virtual channels for transactions. This raises issues related to the digital divide. Each year SF-HSA has over 400,000 visitors to its lobbies, largely for face-to-face exchanges that could be done remotely. Low-income persons often lack computers, are perplexed by native phone applications, or have a cultural preference for the in-person resolution of questions or needs. SF-HSA will have to work in new ways with them, and it will be focusing on this critical issue in coming months.

SF-HSA is still analyzing the results of its pandemic survey, but the largest response was by Spanish-speakers, including from households with an undocumented person. The survey contained 22 questions and 85% of respondents completed them all, and there are thousands of free-text comments that were added. The tables below highlight just a few of the critical issues raised by the clients we serve, disaggregated by race and ethnicity.

1. SF HSA Pandemic Survey Findings: Immediate Needs, by Vulnerable Population

Population	Number of survey participants (% of survey participants)*	Reported <u>employment</u> as most immediate need	Reported <u>food</u> as most immediate need	Reported <u>housing</u> as most immediate need
Black/African American	1,091 (13%)	27%	34%	13%
Latinx	3,088 (37%)	35%	32%	11%
Chinese	902 (11%)	38%	23%	9%
Persons from Mixed Status Households**	2,434 (24%)	36%	33%	11%

*Excluding missing responses

**May overlap with race/ethnic groups

2. Post-SIP Needs, by Population

Population	Number of survey participants (% of survey participants)*	Need help with <u>employment</u> after shelter-in-place	Need help with <u>food</u> after shelter-in-place	Need help with <u>housing</u> after shelter-in-place	Need help with <u>back-rent</u> after shelter-in-place
Black/African American	1,091 (13%)	31%	39%	27%	31%
Latinx	3,088 (37%)	40%	45%	15%	39%
Chinese	902 (11%)	37%	35%	18%	9%
Persons from Mixed Status Households**	2,434 (24%)	43%	33%	11%	11%

*Excluding missing responses

**May overlap with race/ethnic groups

3. Pre- and Post-SIP Financial Situation, by Population

Population	Number of survey participants (% of survey participants)*	Reported "Very poor" financial situation <u>pre-SIP</u>	Reported "Very poor" financial situation <u>post-SIP</u>
Black/African American	1,091 (13%)	19%	42%
Latinx	3,088 (37%)	7%	39%
Chinese	902 (11%)	12%	28%
Persons from Mixed Status Households**	2,434 (24%)	5%	41%

*Excluding missing responses

**May overlap with race/ethnic groups

QUESTION 5: WHAT ARE THE COMMUNITY BASED ORGANIZATIONS, LEADERS AND/OR GROUPS WITHIN THE VULNERABLE POPULATION(S) YOU SERVE? (DESCRIBE YOUR ENGAGEMENT WITH THESE STAKEHOLDERS.)

One of SF-HSA's historical approaches to creating greater access and equity has been to contract with CBOs that are anchor institutions in their respective communities. The agency does this both to better engage different low-income communities and to improve client outcomes. For example, SF-HSA works with CBOs that help clients with limited English proficiency or other barriers to apply for benefits online through the agency's website. It also contracts for direct services like funding local, community-specific workforce development organizations to increase the self-sufficiency of San Francisco's most at risk and underserved citizens.

SF-HSA contracts with over 200 organizations, and a list of them can be found in Appendix B. Beyond contractual relationships, SF-HSA also participates in many community groups serving at risk and underserved populations.

BUDGET CONSIDERATIONS AND IMPACTS

QUESTION 6: WHAT IS YOUR DEPARTMENT'S TOTAL ANNUAL BUDGET FOR FY 20/21? BRIEFLY DESCRIBE HOW YOUR DEPARTMENT GENERALLY DECIDES UPON ITS PROPOSED BUDGET ALLOCATIONS.

SF-HSA's original FY19-20 budget was a \$1.075 billion. Its interim FY20-21 budget is \$1.06 billion. SF-HSA relies on State and Federal funds to cover two-thirds of its expenditures. These funds support the public benefit and social service programs SF-HSA oversees as required by State and Federal mandates. For these funds, SF-HSA must meet the specific requirements and associated regulations in order to draw the revenue and must administer the benefits in accordance with the law. The Agency strives to maximize the revenue it draws down to support at risk populations and low-income communities in San Francisco, while administering these programs with an eye towards local needs and communities.

Another significant portion of SF-HSA's overall budget, including much of its General Fund, is devoted to aid entitlement payments. These go directly as cash to clients, such as those on general assistance or CalWORKs, or to those who care for clients, such as resource (foster) families, adoptive parents and guardians, or in-home supportive services workers. These payments are governed by federal, state, and local laws that define eligibility. SF-HSA works closely with the Mayor's Office to project and budget sufficient funding to cover the costs of all the eligible individuals who enroll.

SF-HSA also administers several local set-aside funds -- the Dignity Fund (\$55.2 M) and Public Education Enrichment Fund (\$44.4 M) -- which were established with charter amendments that govern their shares of local revenue and establish parameters for the funding. A smaller portion of SF-HSA's budget is discretionary general fund programmed to meet local priorities.

To the extent that SF-HSA has discretion within or across these buckets, SF-HSA relies on research and regular community input to inform its budgeting decisions along with guidance and input from its partners, its Commissions, advisory bodies, the Mayor and the Board of Supervisors. SF-HSA's program directors and planning staff track performance metrics of SF-HSA's programs, and -- as noted earlier -- regularly perform citywide needs assessments, equity analysis, and strategic planning processes to keep SF-HSA apprised of San Francisco's changing demographics and service needs. This information enables SF-HSA leadership to take into account equity issues from a variety of angles when crafting the annual budget plan.

QUESTION 7: WHAT DATA, INDICATORS AND CONSIDERATIONS WERE TAKEN INTO ACCOUNT TO MAXIMIZE EQUITY AND SUPPORT FOR VULNERABLE POPULATIONS WITHIN YOUR PROPOSED BUDGET?

SF-HSA's largest local, discretionary budget is for DAS and OECE programming. As described in Question 3, DAS conducted an extensive needs assessment related to the Dignity Fund that included an substantive equity analysis with funding recommendations. The assessment was completed in 2019. The Office of Early Care and Education conducted a citywide assessment process. [The San Francisco Citywide Plan for Early Care and Education](#) it was completed in 2016. The OECE has a community

assessment underway now that it is doing in conjunction with First Five, and it expects to complete it before the end of the current fiscal year. SF-HSA’s child welfare program also conducts an assessment and plan every five years, and completed it last year.

The table below provides examples of the metrics SF-HSA uses regularly to review equity issues. For some of the benefit programs, the most appropriate measures describe equal access, while other services like early education, workforce or child welfare lend themselves more readily to measures of equity outcomes. In either instance, **we collect metrics by race ethnicity, and other demographic variables, identify disparities, and proactively implement strategies to address racial inequities in our programs and services.**

Program/Service	Measures
Child welfare	Rates related to child maltreatment reports, substantiation, recurrence of maltreatment, case opening, child removal, placement stability, timely permanency (reunification, adoption, or guardianship), and re-entry into foster care.
Workforce Development	Job placement, job retention, and wage progression measures by different tiers of workforce developed support needed
Public Benefits (e.g. CalFresh)	Enrollment and retention of benefits
Early Care and Education	Kindergarten readiness scores; scholarship utilization by at risk populations.
DAS/Dignity Fund	Service participation rates across key equity priorities (e.g., communities of color, limited English speakers)

QUESTION 8: DOES YOUR DEPARTMENT PROVIDE COMMUNITY PARTICIPATORY BUDGETING OPPORTUNITIES, OR PERFORM EXTERNAL OUTREACH TO GET FEEDBACK ON ITS BUDGET DECISION-MAKING PROCESSES?

- a. Yes

QUESTION 9: IF YOUR DEPARTMENT DOES HAVE A COMMUNITY PARTICIPATORY BUDGETING PROCESS, OR PERFORM EXTERNAL OUTREACH TO GET FEEDBACK ON BUDGET DECISIONS, PLEASE OUTLINE THAT PROCESS HERE:

Each of the Human Services Agency's three Departments - the Department of Human Services, the Department of Aging and Adult Services, and the Office of Early Care and Education - are overseen by a Commission or Committee. These bodies help ensure that department activities are aligned with the Agency's mission to promote well-being and self-sufficiency among individuals, families, and communities in San Francisco and align with the City's values. Each has the opportunity to weigh in on the Department’s budget proposal. Members of the public are also welcome to attend the public hearings held by these bodies and offer feedback on how the Agency prioritizes its funding. These bodies are:

- ❖ **Human Services Commission:** The Human Services Commission provides oversight of the Department of Human Services by approving the goals and objectives as reflected in the annual

budget. The Department of Human Services plans and administers a variety of federal, state, and local programs that are designed to meet basic human needs and to ensure protection of our most at risk citizens. The department provides supportive services to families, children, and single adults.

- ❖ **Disability and Aging Services Commission:** The San Francisco Disability and Aging Services Commission is a charter commission of the City and County of San Francisco that provides oversight over the Department of Disability and Aging Services (DAS). The Commission's purpose is to formulate, evaluate, and approve goals, objectives, plans, and programs and to set policies consistent with the overall objectives of the City and County that are established by the Mayor and the Board of Supervisors.
- ❖ **Citizens' Advisory Committee:** The Office of Early Care and Education (OECE) carries out its work to fulfill its mission with support from the Citizens' Advisory Committee (CAC), a nine-member group of qualified individuals that are appointed by the Mayor and County Board of Supervisors. The committee members provide strategic input and guidance through regularly scheduled CAC meetings. Membership includes parents, caregivers and other individuals who have an expertise in serving children and families.

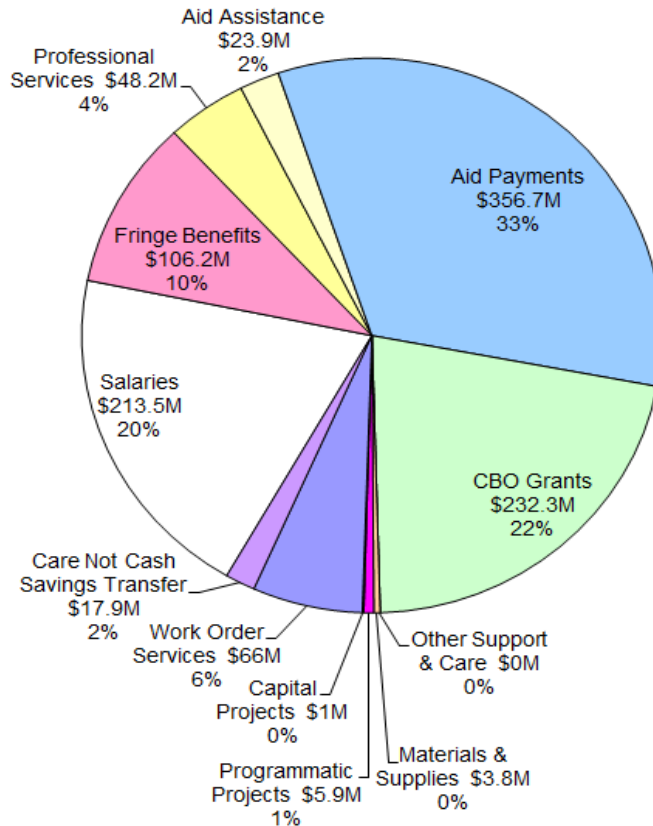
In the months leading up to SF-HSA's annual budget submission, the DHS and DAS commissions meet twice to review and approve the upcoming two-year budget submission. The Citizens' Advisory Committee also receives a formal presentation on OECE's proposal and offers feedback.

Beyond these annual efforts as part of the City's budget process, the Department also goes through public processes that guide its allocation strategy of its local funding. For example, the Dignity Fund has a four-year Service and Allocation Plan, informed by the Dignity Fund Community Needs Assessment. The Plan, which is required by ordinance, guides its allocations. As described in Question 3, the Needs Assessment process included extensive opportunities for community input, including public forums in each supervisorial district, 29 focus groups with hard-to-reach populations, and a community survey of consumers, caregivers, and service providers. This process, and the Dignity Fund allocation, is overseen by a special advisory council of community members and partners. OECE has also undergone an extensive strategic planning process that guides its use of local funds under PEEF and, should the litigation be resolved, implementation of the new Proposition C, ECE for All Initiative.

QUESTION 10: WHAT IS YOUR LARGEST PROJECTED EXPENDITURE? PLEASE GO BEYOND LISTING A LINE ITEM AND BE SPECIFIC AND EXPLANATORY.

Aid entitlement payments are SF-HSA's largest expenditure, comprising more than a third of its budget at \$357 M in FY19-20. These payments go directly as cash to clients, such as those on the County Adult Assistance Program (CAAP) or CalWORKs, or to those who care for clients, such as resource families/foster parents, adoptive parents and guardians, or in-home supportive services workers. These payments are governed by federal, state, and local laws that define eligibility. SF-HSA directly administers aid to its IHSS, CalWORKs, CAAP, and Foster Care recipients among others. (See the following budget chart)

HSA FY19-20 Original Budget by Category \$1075.3M



QUESTION 11: BEYOND SALARIES AND BENEFITS, WHAT IS YOUR LARGEST PROJECTED EXPENDITURE? PLEASE GO BEYOND LISTING A LINE ITEM AND BE SPECIFIC AND EXPLANATORY.

As noted in the prior question, aid payments to clients are our largest expenditure. In-Home Supportive Services (IHSS) is SF-HSA's largest individual program, comprising \$247 M of the aid budget and so almost a quarter of its overall budget. IHSS helps older adults and persons with disabilities receive care in their homes rather than in nursing homes or board-and-care facilities, and provides help with everyday activities, such as bathing, dressing, laundry, shopping, and cooking to older adults and persons with disabilities. IHSS's largest expenditure is for wages and health benefits to in-home service providers. It pays the local share of these costs to the State, which actually pays the wages out to providers, and then directly pays for the health benefits of the workers. Since these full costs of these funds are not part of SF-HSA's budget, the actual program is an even larger expenditure than is represented in the budget.

QUESTION 12: WHAT IS YOUR SECOND LARGEST PROJECTED EXPENDITURE? PLEASE GO BEYOND LISTING A LINE ITEM AND BE SPECIFIC AND EXPLANATORY.

SF-HSA's salaries and benefits costs are almost \$320 M a year, or about 30% of its budget. These funds support its workforce of more than 2,400 employees which includes a diverse group of hundreds of social workers, eligibility workers, and employment specialists who provide direct service to at risk populations. These workers assist clients in accessing public assistance benefits, connect them to jobs and services, and intervene in many forms of client crises. In FY19-20, SF-HSA budgeted for more than 500 social workers, 600 eligibility workers, and more than 150 employment and training specialists on the front lines of social service delivery.

QUESTION 13: WHAT IS YOUR LOWEST PROJECTED EXPENDITURE? PLEASE GO BEYOND LISTING A LINE ITEM AND BE SPECIFIC AND EXPLANATORY.

Capital projects are SF-HSA's lowest expenditure, comprising less than 0.1% of its budget. These funds ensure that City-owned properties managed by SF-HSA and used as child care facilities are maintained. They also support needed renovations at its office buildings. It is likely the City will make no such capital investments through SF-HSA in FY20-21, given the fiscal situation.

QUESTION 14: WHAT PERCENT AND DOLLAR AMOUNT OF YOUR OVERALL BUDGET SUPPORTS THE VULNERABLE POPULATION(S) YOU SERVE?

As the City Agency with the mission to promote well-being and self-sufficiency among individuals, families, and communities, **100 percent** of SF-HSA's budget is committed to serving San Francisco's at risk or vulnerable populations. Much of its budget goes directly to people in the form of cash assistance, other aid payments, or subsidies for child care, housing, wages, and care for the elderly and those with disabilities. It also provides more than \$200 M in funding to community based organizations, providing services to vulnerable populations and employing thousands of staff who directly serve the community. The smaller portions of its budget spent on administrative costs ensure that the City complies with the federal, state, and local laws that govern these programs, thereby increasing the resources available to the community. SF-HSA also looks continually for opportunities to minimize its administrative costs and increase its revenues.

While all of its funding is devoted to at risk populations, there are many important and challenging equity questions to tackle in looking at how SF-HSA's budget is deployed to serve them both within and across its programs. SF-HSA is deeply committed to examining racial equity in the work of its three departments and to honing its approach to these issues in its budget to maximize its impact.

QUESTION 15: WHAT ARE THE RECURRING FUNDING GAPS OR LIMITATIONS IN YOUR OVERALL BUDGET THAT COULD INHIBIT YOUR DEPARTMENT'S ABILITY TO ADVANCE EQUITY?

As a safety net agency, the need for our services only increases in a time of emergency and economic distress. The coronavirus pandemic and the accompanying economic downturn are already causing significant increases in those coming to SF-HSA and its partners seeking assistance. Because many of its expenditures are tied to its caseloads and there is also recognition of the importance of the safety net at both the State and local level, SF-HSA will actually see increases in its overall levels of federal, State, and local support in next year's budget. At the same time, the fiscal climate at both the State and local level will make it challenging to address all these new needs. SF-HSA is committed to advancing racial equity as it develops its response to the pandemic and the economic downturn. Among key areas of concern:

Massive Job/Income Loss. Over 170,000 San Franciscans have filed for Unemployment Insurance since the pandemic began. For comparative purposes, during the Great Recession of 2008-09, the peak number of Unemployment Insurance applications was 41,000. SF-HSA played a key role in the 2008-09 Great Recession by developing and implementing our award winning and nationally recognized JobsNow! subsidized employment program, which employed over 5,000 individuals and helped support small and medium sized businesses to reopen and thrive during uncertain economic times. As noted earlier in this document, a large number of JobsNow! placements in 2008-09 and beyond were persons of color (**42%** over a 6 year period were African American and **15%** were Latinx – see page 11). Based on the effectiveness of this program, SF-HSA proposed FY20-21 budget has proposed a \$7 million expansion to provide employment opportunities to thousands of currently unemployed low income San Franciscans to address the massive job and income loss that resulted from the pandemic.

Food security. Food is a major need as a result of the economic impacts of the pandemic. SF-HSA has already seen around a 20% increase in its CalFresh caseload since the declared health emergency and is working to respond quickly to the increase in applications. Because of a dramatic increase in nutrition-related expenditures for older adults and those with disabilities, the Office of Community Partnerships (OCP) in DAS will be spending down one-time fund balances and shifting funds within its portfolio of contracts to meet the new demand. To do this, OCP will move some budget from programs which, due to current conditions, are either unable to perform—or only able to do so at reduced levels—primarily into delivery of nutrition-related services. SF-HSA is also administering millions of dollars in investments from Give2SF, the City's philanthropic effort, to support food security both by sending gift cards directly to clients and by partnering with community-based organizations to ensure racial equity in its reach of gift card and other emergency food programming.

Undocumented immigrants and mixed-status families. SF-HSA is largely restricted in its usage of non-local funding by the stipulations accompanying these fund sources. The State and Federal governments, which supply two-thirds of SF-HSA's funding, often proscribe whom SF-HSA may serve and how, as well as how their dollars may be spent. SF-HSA can still pursue racially equitable goals with earmarked funds, but only to the extent that it abides by the funding guidelines. Some at risk populations, especially undocumented individuals, do not qualify for many services despite having demonstrable need. In addition, SF-HSA must overcome concerns about public charge and fears about adverse impacts on immigration status for those seeking government assistance on behalf of themselves or their families. SF-HSA continues to look for opportunities to reach and serve immigrant households, including through the use of Give2SF funding.

Digital Divide. SF-HSA is also looking closely at how to overcome the digital divide as it adapts its services to the pandemic environment. To protect the safety of its clients, its staff, and its partners, the Agency and its community-based service providers are working rapidly to migrate services online. Success, however, will require support to clients to ensure they have the access to equipment, to high-speed internet, and to training in how to use technology. None of these can be taken for granted in the at risk communities we serve. To the extent possible, the Agency is planning to scale up its support in these areas and also work with other City partners on these issues.

Early education and the achievement gap. Current public health guidance for child care providers – which is expected to remain in place for much or all of the next fiscal year – significantly reduces the capacity at early education programs by requiring providers to keep groups small and minimize the number of people children and teachers interact with. At the same time, children of color already faced challenges accessing quality early care and now have been disproportionately impacted by the pandemic. In addition, OECE and First 5’s early education efforts have long been hampered by federal and state child care funding and policies that have typically fallen far short in their support for high-quality programming and livable wages for teachers. OECE is focusing its funding to maximize opportunities for on-site, quality instructional experiences for all children entering kindergarten in 2021 and continued, priority service to children from at-risk populations – including children experiencing homelessness, those engaged with child welfare, those with special needs, and children of color. We are also seeking to preserve the City’s recent infusion of funding to elevate early educator compensation, which not only helps with retaining teachers but also supports a workforce that is dominated by women of color.

QUESTION 16: PLEASE IDENTIFY POTENTIAL IMPACTS OF YOUR PROPOSED REDUCTIONS ON COMMUNITIES OF COLOR AND VULNERABLE COMMUNITIES, AND DESCRIBE WHAT STRATEGIES YOUR DEPARTMENT RECOMMENDS TO MITIGATE ANY POTENTIAL ADVERSE IMPACTS.

Because much of its funding is tied to its caseloads, SF-HSA actually anticipates increases in its State and Federal funding, which will allow it to maintain or even expand programs while reducing the local contribution. Locally, the City will also increase its funding to SF-HSA, primarily by increasing its investment in public assistance payments as it anticipates growth in caseloads, and by funding targeted emergency response efforts. To fund these efforts, SF-HSA had to reduce local support in other areas of its budget. In rebalancing its budget, SF-HSA uses the following principles:

- ❖ Maintain core client services
- ❖ Maximize revenue opportunities
- ❖ Look for opportunities to repurpose existing position vacancies and funds to meet new needs

Consistent with this guidance, SF-HSA will propose to rebalance its FY20-21 and FY21-22 budget primarily by leveraging increased revenues. It will also redeploy and spend down one-time balances in continuing projects and funds that have accumulated some savings in recent years as a good economy had reduced needs in some areas or where expansions of new work have resulted in some underspending as programs were ramped up. Lastly, it will make some targeted cuts to reduce budget in programs that demonstrated perennial underspending, under-performance, or that do not align with core performance objectives.

As a result of flat or falling contributions to Dignity Fund and PEEF, SF-HSA will delay or pull back on some planned expansions or enhancements of service to concentrate on core areas.

QUESTION 17: HOW DOES YOUR COMMITMENT TO VULNERABLE POPULATION(S) SHOW UP IN YOUR PROPOSED EXPENDITURES?

- | | |
|---|--------------------------------------|
| X Staff Time | X Professional Development for Staff |
| X Grants to Community-Based Organizations | X Recruitment and Hiring |
| X Direct Service(s) | X Events |
| | Other: |

QUESTION 18: IN WHAT WAYS WILL YOUR ENTIRE BUDGET BE REALIGNED FOR THE NEXT FISCAL YEAR IN TARGETED WAYS TO ADVANCE EQUITY?

In FY20-21, SF-HSA has multiple programmatic initiatives explicitly aimed at reducing racial and economic disparities within SF-HSA and the City government. These include:

DEIB Office. In FY19-20, SF-HSA established a Diversity, Equity, Inclusion, Belonging (DEIB) team, which will be fully dedicated to investigating issues of racial disparities, and spearheading initiatives that promote racially equitable outcomes across SF-HSA's workforce and clients. The DEIB team will continue the groundwork laid out by SF-HSA's participation in the Government Alliance on Race and Equity (GARE). As part of GARE, SF-HSA staff performed an 18-month strategic planning project to understand racial inequities within the agency and collect best practices from scholarly and industry research. One of the DEIB's chief priorities will be advancing racial diversity across all levels of the SF-HSA workforce.

Career Pathways. SF-HSA's Career Pathways program affords a subset of high-performing public service trainees (PSTs) up to three additional years of employment with City departments and, upon completion, grants guaranteed minimum qualification of the individual for permanent City positions in their classification track. Career Pathways is an important avenue into permanent City employment for SF-HSA's racially diverse clients; persons of color represent the majority of Career Pathways participants. SF-HSA will double its dedicated investment to the program in FY20-21, by annualizing funding for 20 slots for partner departments first supported in FY19-20 and setting aside ongoing funding for 30 slots within SF-HSA. These SF-HSA slots were previously funded with other salary underspending.

Expanded Employment Services. SF-HSA will augment its employment services in FY20-21 to combat the widespread unemployment that has financially marginalized thousands of San Franciscans already at risk. In particular, SF-HSA will significantly increase capacity in its Wage Subsidy program, which pairs clients with local employers for six-month subsidized work placements. This program not only places clients into paid employment, but also assists local businesses that have become financially strained during the shelter-in-place. In FY20-21, CW/WDD will budget for 1,200+ wage subsidy openings, up from about 400 at the start of FY19-20.

ECE Supports for Children of Color and Community Providers. Due to historic under-investment, the City's early care and education (ECE) system is fragile and access to high-quality ECE, particularly for families with low incomes and children of color, has always been a challenge. The coronavirus pandemic

has exacerbated this challenge. To combat these challenges, OECE is realigning its budget with two goals in mind:

- 1) Maximize opportunities for an on-site, quality instructional experience for all children entering Kindergarten in 2021 and continued, priority service to children from at-risk populations – including the homeless, those engaged with child welfare, and those with special needs. Beyond that, OECE will work to serve as many 3 and 4 year olds from low-income households as possible and to mitigate impacts to the children of color disproportionately facing the pandemic’s negative impacts.

- 2) Maintain as much capacity as possible in the early care and education (ECE) system, helping stabilize its core non-profit and small business providers in the face of higher costs and static State revenues.

Expanded Meals Programs for Older Adults. Since the start of the citywide shelter-in-place, DAS has modified and significantly expanded its nutrition services capacity to deliver groceries and meals to individuals who are unable or for whom it is inadvisable to leave their homes. Congregate meal sites have been retooled to become meal delivery operations, and many more individuals may now avoid the health risks of shopping for their own meals. In addition, DAS and the Emergency Operations Centers are administering the new Great Plates Delivered Program. The program partners with local restaurants and food providers to deliver three free meals a day to eligible adults 65+ who are sheltering in place and adults 60-64 who are at high-risk from COVID-19. FEMA will pick up most of the cost of the program; it is expected to cost about \$4.5 M a month.

QUESTION 19: DOES YOUR SPENDING ADDRESS EQUITY NEEDS? PLEASE REFER TO YOUR PREVIOUS RESPONSES ABOUT EXPENDITURES.

	Largest Expenditure: Aid Payments	Second Largest Expenditure: Salary and Fringe	Lowest Expenditure: Capital
Racial Disparities	X	X	
Disability Access	X	X	
Public Safety			
Economic development	X	X	
Academic Achievement		X	
Climate and Environment			
Housing and Homelessness	X	X	
Transportation and Mobility		X	
Justice System		X	
Community Health and Wellness	X	X	
Workforce and Fair Employment		X	

Information Technology and Digital Equity		X	
Education, Knowledge and Community Wisdom			
Wealth Building and Economic Justice		X	
Arts and Culture			
Food Justice and Sovereignty	X	X	
LGBTQIA+ and Gender Justice		X	

QUESTION 20: HOW DO YOU GET FEEDBACK ON THE SUCCESS OF YOUR PROPOSED SPENDING? THE RETURN ON INVESTMENT

	Largest Expenditure: Aid Payments	Second Largest Expenditure: Salary and Fringe	Lowest Expenditure: Capital
Focus Groups / Interviews with Stakeholders	X	X	
Results Based Evaluation	X	X	
Unbiased data collection	X	X	
Participatory budgeting			
Performance on Key Indicators	X	X	

APPENDICES

The following documents are included with this memorandum:

- Appendix A: Client Caseload and Budget Approximation
- Appendix B: San Francisco Human Services Agency Organizational Chart
- Appendix C: San Francisco Human Services Agency Contractors
- Appendix D: African-American Participants in Wage Subsidy Program