



Gavin Newsom, Mayor

Department of Aging and Adult Services

Trent Rhorer, Executive Director

November 2, 2009

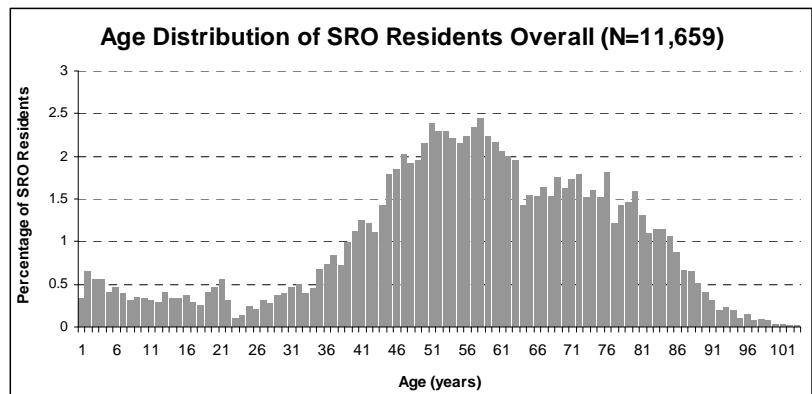
To: SF-HSA Managers/City Department Representatives
From: Dan Kelly
Re: Fiscal and Policy Implications for Single Room Occupancy Hotels

This memo highlights findings from previous SRO studies, considering them within the context of city policy, and adds new fiscal analysis and research. It is organized into sections that describe three different SRO populations: 1) seniors; 2) adults with disabilities; and 3) families and children.

Seniors

San Francisco’s official policy is to support seniors to “age in place” in their own homes (Long Term Care Coordinating Council, 2009). Though often overlooked, many low income seniors call SROs home. These hotels provide affordable, centrally-located housing that allows older persons to remain in the community. Yet San Francisco has no comprehensive strategy for serving a group that, because of poverty, isolation, and hazardous physical environments, is at particular risk for entering institutions.

Ms. Fribourg matched SRO addresses against caseload data from city programs and found over 11,000 unique clients lived in these hotels.¹ Based on Ms. Fribourg’s estimate of 18,500 total SRO residents in San Francisco, it would mean that 63% of all SRO residents are either clients of SF-HSA or are receiving SSI. The data match was used to infer a profile of who was living in SROs. The accompanying chart depicts the ages of SRO residents in the client database. The mean age was 55 years, but more than 5,000 were over the age of 60, comprising 43% of the total clients in SROs. Other findings about seniors from the data match include:



¹ The 530 SRO addresses were matched against administrative data from the following programs: CalWORKs; subsidized child care; children’s protective services; Department of Children, Youth, and Families; Medi-Cal; County Adult Assistance Program; Food Stamps; SSI; In Home Supportive Services; Office on the Aging; and Adult Protective Services. The match revealed that 11,660 unique clients lived in SROs. Please see Ms. Fribourg’s study for more detailed information.

- ❖ *Asian Pacific Islanders (API) comprise 37% of the city's seniors, but among senior clients living in SRO hotels, they are 61%. The majority of API senior clients (1,611) live in Chinatown, although more API seniors (673) live in Tenderloin SROs than Whites (537). SRO seniors are also more likely to be male. Men comprise only 43% of all seniors in San Francisco, but 56% of SRO seniors in the client database are male.*
- ❖ *Seniors in SROs are exceptionally poor, but have none of the rental protections of seniors in public housing. Of all seniors in the database, two thirds (3,371) rely on monthly SSI checks of \$991. The average monthly SRO rent of \$589 would claim almost 60% of their income, leaving them with approximately \$402 for living expenses. Residents of public housing pay no more than 30% of their monthly adjusted gross income for rent.*
- ❖ *Seventy one percent of seniors in SRO hotels live alone. Data from the Office on the Aging suggests that about half of SRO seniors have never been married, with another 18% divorced or separated and 16% widowed.*

In addition to social isolation, seniors living in SROs are often trapped by physical barriers. For example, only nine of Chinatown's 144 SROs have elevators, yet Chinatown has a higher density of seniors than any neighborhood in the city. In a survey of In Home Supportive Services (IHSS) recipients who had mobility impairments and lived in Chinatown SROs, 40% reported that they left their rooms once a week or less (San Francisco Department of Aging and Adult Services, 2006).

In focus groups, respondents often described Chinatown SROs as having steep stairs, unsteady banisters, and torn tiles. Falls are a common factor in the decline of seniors. A study by the San Francisco Department of Public Health (1999) found that seniors accounted for almost half of all injury-related hospitalizations in San Francisco, and falls accounted for 77% of those hospitalizations. According to the Centers for Disease Control and Prevention (2005), falls often hasten the decline of seniors' ability to live independently.

Eleven percent (2,374 total) of all IHSS recipients live in SRO hotels. They tend to be slightly younger and more capable of caring for themselves than non-SRO residents who receive these services, according to a numeric ranking system that indicates clients' level of functioning. This may be expected, as surviving in an SRO likely requires a higher level of independence. *It likely also reflects that as they age, seniors living alone in hazardous SROs are more likely to enter institutions than those who live with family in safe housing.*

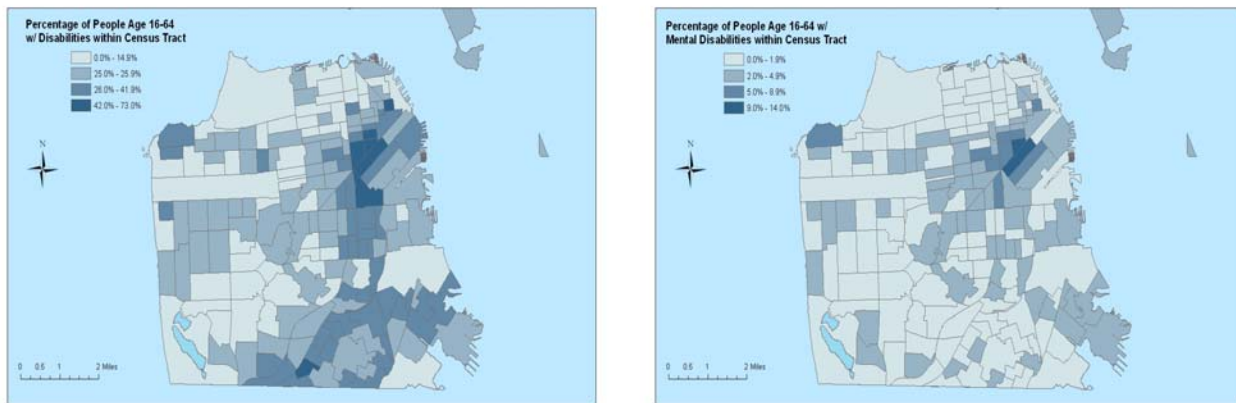
The cost of keeping seniors safely in SROs can be contrasted with the cost of a skilled nursing facility. The total annual cost of a bed at Laguna Honda Hospital is \$166,356 (FY 07/08), including local general fund costs of \$66,026. A 2008 analysis of SF-HSA's Community Living Fund, a local, flexible funding stream aimed at keeping individuals out of institutions, found that the majority of clients needed an average of \$2,088 annually in case management and purchase of services, plus an additional \$24,228 annually of IHSS to remain safely at home. All of the Community Living Fund, and 16% of IHSS costs come from local general fund, making the total local cost \$5,965. Therefore, the annual difference in local general fund between keeping a non-intensive senior in a Chinatown SRO hotel --where he or she wants to live -- versus Laguna

Honda would be \$60,061. If a senior can be maintained in an SRO for an additional five years, it could create a savings of \$300,305. About 8,000 seniors live in SRO hotels.²

To help seniors in SROs age in place, San Francisco needs to develop creative strategies across city departments to reduce their isolation, make their homes safe, and provide greater access to the community's resources. The geographic concentration of at-risk seniors offers opportunities for precisely targeted strategies, as is discussed further in the recommendations section of this report.

Younger Adults with Disabilities

More younger adults (ages 16 – 64) have disabilities in San Francisco than seniors, and the largest concentration of them is in the Tenderloin and South of Market neighborhoods, followed by the inner Mission and Chinatown (Department of Aging and Adult Services, 2006). In particular, persons with mental disabilities are concentrated in the Tenderloin and South of Market. The maps below illustrate the prevalence of persons with disabilities by census tract.



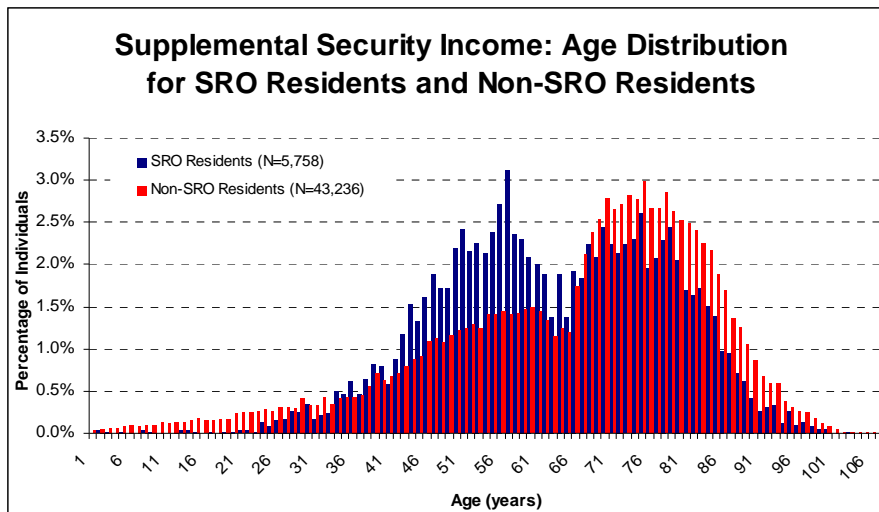
Almost 19,000 San Franciscans between the ages of 16 and 64 rely on SSI, 16% of whom (2,962) live in SRO hotels. The chart on the next page compares the ages of individuals receiving SSI in San Francisco with those of SSI recipients living in SROs, illustrating a skew toward younger adults with disabilities. Another 1,500 persons under the age of 65 live in SRO hotels and rely on CAAP. Seventy eight percent of these CAAP recipients are male, with the mean age being 48. A 2003 SF-DPH study found that half of CAAP recipients seeking employment assistance had received publicly-funded behavioral health services.

For Ms. Fribourg's study, the San Francisco Department of Public Health matched SRO addresses against its behavioral health databases. It found over 3,500 substance abuse treatment clients in its databases had SRO addresses, including 714 who received treatment in 2008. Over half lived in Tenderloin SROs; about one-fourth, South of Market SROs. The match also found

² The total number of seniors in SROs is not known, but 43% of the 11,160 persons in the client database are seniors. Ms. Fribourg's census analysis estimated that 18,543 people are living in SROs. Forty three percent of the difference would be an additional 3,175 seniors, for a total of 8,192. Though speculative, this number seems reasonable.

that 1,773 SRO residents received mental health services in 2008. Over half (992 individuals) lived in the Tenderloin, with SOMA residents being the second largest group (389). Tenderloin SRO residents were also more likely to use crisis/emergency mental health services (229 individuals), with SOMA SRO residents being the second highest (106).

Many SRO residents are prone to using expensive, emergency services, including:

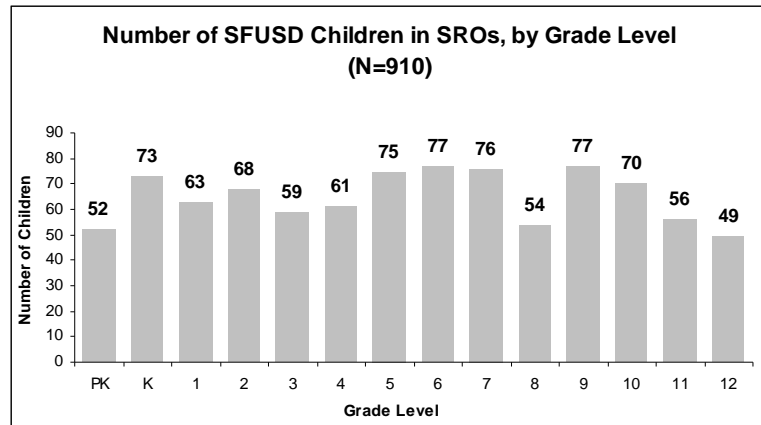


- ❖ **Ambulance Services:** Many Tenderloin and SOMA SRO residents severely undermine their health through self neglect and risky behavior and require ambulance calls. For example, a 2003 study found that heroin-related overdose was the single largest category of accidental deaths in San Francisco, surpassing suicide, homicide, and traffic fatalities. Almost half of heroin-related overdose deaths occur in SROs. One third of such deaths occur within 500 meters of the intersection of Golden Gate and Jones streets (Davidson et al., 2003).
- ❖ **Emergency Medical Services:** SRO residents are also prone to using emergency medical services. For the 1,037 SRO residents in the Tenderloin who used emergency services in 2008, the average annual cost was \$1,114 per person, or \$1.15 million for SRO residents in this one neighborhood. Across neighborhoods, 1,895 adult SRO residents used emergency services on 3,087 occasions, costing the city approximately \$2.15 million.
- ❖ **Charity Care:** Many SRO residents have no health insurance. In the SRO client database, almost 1,500 clients received County Adult Assistance Program (CAAP) assistance but not Medi-Cal. According to SF-DPH (2009), the supervisory district that encompasses the Tenderloin and SOMA had substantially more uninsured applicants for charity healthcare than any other district, with 16,745 applicants, over 17% of the total charity care applicants. The Mission was next highest (11,976 applicants, 13% of total).

These figures are most likely undercounts, since many adults with disabilities interlace periods of living in SROs with episodes of street homelessness. In focus groups, nonprofit case managers described a cycle in which indigent persons, especially persons with mental illness, cycled from private SROs to shelters to the street. While data on SRO vacancies is contradictory, the most recent survey by the Department of Building inspections suggests that as many as 5,400 SRO units may be vacant, which contrasts with the city’s homeless population of 6,500. These vacancies present opportunities for partnership that are discussed further in the recommendations section.

Children and Families

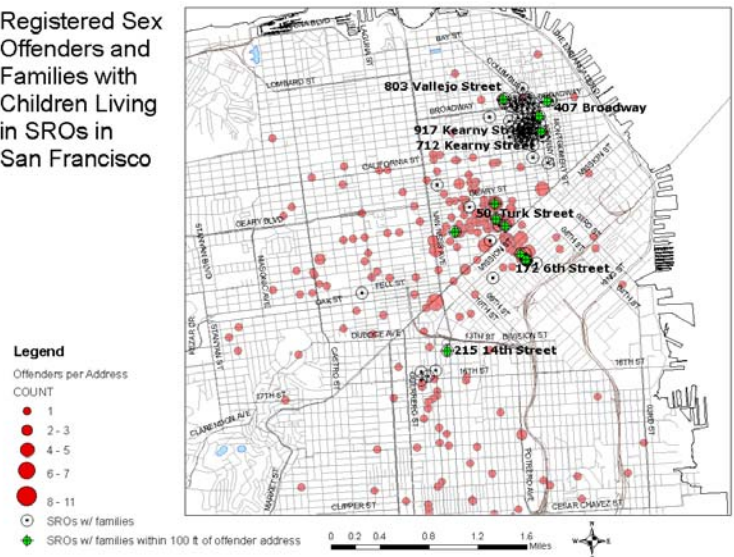
According to a San Francisco Board of Supervisors decree, families living in SROs are homeless. Yet the number of San Francisco Unified School District students living in private SROs is 910. They are evenly distributed across grades, with 29% in high school. A reasonable estimate of the total number of children living in SROs, including pre-school age children and those attending private schools, would be 1,100 – 1,200. Assuming the presence of siblings, the number of families would be lower. Most of these children live in Chinatown (65%), are Chinese (59%), and are English language learners (60%). They are evenly distributed across grade levels, with 28% (252) being high school students.



The lack of space in SROs places particular stress on families, making it difficult for children to study and play, for parents to have appropriate privacy, and for older children and youth to share their homes with friends. Since SROs are planted in high crime neighborhoods, residents are exposed to danger when they go outside. *Between March and June, 2009, more than half of all San Francisco's crimes in the following categories occurred in the four neighborhoods with SROs: assault; burglary; drug/narcotic, larceny/theft, robbery, and forcible sex offences.* Thirty-one percent occurred in just the Tenderloin and Chinatown neighborhoods. Tenderloin and SOMA SROs are particularly unsafe for children. The accompanying map compares the location of SRO families with the addresses of registered sex offenders.³

Families living in SROs use city services unevenly. Just 29 children in SROs receive subsidized child care, and 30 participate in First Five programs. Though 77% of students living in SROs participate in the school district's Free and Reduced Lunch program, only 60 children receive Temporary Assistance to Needy Families (TANF). The Department of Children, Youth, and Families has the highest SRO penetration rate, especially through after school programs like the Chinatown Beacon Center, serving 514

Registered Sex Offenders and Families with Children Living in SROs in San Francisco



³ Data drawn on June 4, 2009 from San Francisco Police Department website (http://www.sfgov.org/site/police_index.asp) for the period between March 7th and June 4th, 2009.

children. Families in SROs often use the city's medical services: in a one year period 195 children from SROs made 600 primary care visits to city clinics, and 69 were inpatients at SFGH. Children in Tenderloin SROs were more likely to use emergency services (22 total) and be inpatients (41).

Children in the Tenderloin and SOMA SROs appear to have worse outcomes than those in Chinatown. More students in the Tenderloin (16%) and SOMA (22%) SROs receive special education services. Over four years, 655 children living in SROs were subjects of child abuse reports, with 213 being under the age of two, most from the Tenderloin and SOMA. Reports about children living in SROs were more likely to involve caretaker absence and neglect.

It should also be recognized that students living in Chinatown SROs, who form the majority of SRO students, score higher on standardized tests than the average school district student and are less likely to be receiving special education services. Nevertheless, raising children in a room less than 8 X 10 feet in a Chinatown SRO must be stressful, and information is not available about parent indicators of stress. School performance is a narrow measure of child outcomes.

Though the Board of Supervisors has identified SROs as unsuitable housing for families, this global policy may impede efforts that acknowledge the reality of the city's housing shortage and make SROs more habitable for families. Directions for city policies related to families in SROs are discussed in the next section.

Recommendations

As described by Ms. Friebourg, SRO residents outnumber people living in public housing developments, but have none of their advantages. The San Francisco Housing Authority (SFHA) has resident councils and makes decisions in public forums. Besides private security officers, SFHA has MOUs with the police department for community policing, and screens housing applicants for felonies. It also has MOUs with non-profits and can apply for grants. Each family development has a Head Start program.

In contrast, private SROs are businesses. Owners want to maximize profit. Yet by housing such vulnerable populations, the SRO business model implicitly relies on expensive city-funded services. Though not organized like the Housing Authority to achieve specific outcomes, the city has an extensive economic relationship with privately owned SROs. On an ad hoc basis, it directly rents about 300 "stabilization beds" as well as rooms for probation, treatment, and other purposes across departments. Moreover, the city's large scale entry into the SRO sector through its Housing First initiative, filling large hotels that had high vacancies, has drawn residents away from privately operated SROs and may have altered the market. By recognizing this economic relationship, San Francisco can create incentives to improve the lives of SRO residents and minimize their use of expensive city services. Elements of a broad strategy might include:

- ❖ ***Develop mutually beneficial partnerships with SRO owners.*** Too often the relationship between city government and SRO owners has focused on monitoring health and safety codes, which are non-negotiable, but which should not eclipse the possibility for

partnerships between owners and city departments to improve the well-being of SRO tenants. For example, the city could develop loan programs or matching fund strategies that encourage SRO hotel owners to install bathroom grab bars and fix hazards, reducing the risk of hospitalization for large groups of seniors. One finding of the attached studies is that private SROs may have a large number of unwanted vacancies. Owners want their hotels to be fully occupied with stable tenants; the city wants to minimize costly services. These are mutually beneficial goals worthy of an explicit strategy.

- ❖ ***Develop desk clerks as professionals.*** One SRO owner who was interviewed noted that hotel staff seldom know how to approach persons with mental illness, much less recognize signs that a resident has stopped taking medication. Rather than calling crisis intervention, they call the police. An exemplary model for training desk clerks has been developed by the Community Housing Partnership, which covers such topics as “customer service, safety, emergency procedures, de-escalating conflicts, and setting boundaries.” At this time, however, the training is only used by community based organizations that manage hotels. On an ad hoc basis, the city directly rents about 300 “stabilization beds” in private SROs, as well as rooms for probation, treatment, and other purposes across departments. Yet it has no formal standards for desk clerks in those hotels where it rents rooms. The city should rent only in hotels with trained desk clerks. Nonprofit organizations that rent SRO rooms should abide by the same standard. With trained clerks, SROs would work with health and social service providers proactively and prevent the use of emergency services.
- ❖ ***Geographic caseloads.*** City caseworkers often have clients living in SROs, but their caseloads are not organized geographically. By concentrating SRO residents in a few caseloads, caseworkers can build knowledge about SROs, collaborate more readily across programs with other geographically assigned caseworkers, and build relationships with desk clerks and tenants that would result in earlier referrals of new clients and more proactive phone calls about existing clients who are struggling.
- ❖ ***Target outreach:*** The data matches that were conducted for the current studies can be used to identify which hotels have large concentrations of at-risk individuals – families, disabled persons, and seniors. With the owners’ cooperation, programs can provide efficient, targeted outreach that engages high-risk individuals in services like Healthy San Francisco that would mitigate the use of costly city services.
- ❖ ***Organize CBO contracts strategically.*** Many nonprofits are serving SRO residents, and most receive city funding. Rather than limiting itself to drop-in models of service delivery, the city can contract for services that target specific hotels where high risk individuals live, with an outcome measure that they retain their housing. Even in the midst of a depressed budget cycle, San Francisco has program resources that can be reconfigured to keep SRO residents out of institutions, emergency care waiting rooms, and homeless shelters.
- ❖ ***Fund more program beds.***⁴ Given that SROs appear to have vacancies, the city should explore expanding the use of program beds to achieve specific interventions that would allow clients better odds at changing their lives. For example, SF-HSA could reserve

⁴ A program bed is one rented by SF-HSA or another agency and provided to a client for program purposes. The client is not the building tenant and does not receive tenancy rights. If the client drops out of the program, he or she loses the unit. Once the client completes the program, however, he or she could be given the opportunity to assume tenancy in the unit.

program beds for homeless clients receiving SSI advocacy, ensuring that the clients are situated during the application process, and possibly be reimbursed for rent through the retroactive award of SSI.

- ❖ ***Prioritize SRO families:*** Until they can enter better housing, families in SROs need strategies that improve their current situation. For example, since such a high number of infants in SROs are referred to children's protective services, a wise prevention policy would specify that any child born to parents living in an SRO is assigned a public health nurse as a home visitor. To ensure that children spend as many hours as possible in enriched environments outside of SROs, the city should allow them to rise to the top of waiting lists for subsidized child care, early education, and after-school programs.
- ❖ ***Incorporate SROs into city disaster planning:*** SF-HSA recently responded to a fire in a Chinatown hotel without elevators and discovered a 91 year old person with a wheelchair and an oxygen bottle who was living on an upper floor. In the event of a large scale disaster, the city could be faced with hundreds of vulnerable persons living in environments that would be hard to evacuate them from or return them to. Furthermore, the 1989 Loma Preita earthquake increased the city's homeless population by damaging a large number of SRO hotels. San Francisco should consider the role of SRO hotels as it thinks about longer-term rebuilding challenges related to major disasters.

SROs are a valuable asset to San Francisco, housing vulnerable populations and acting as a safety valve on homelessness. Without a coordinated strategy for working with SROs, however, the city is missing an opportunity to reach large concentrations of persons who are at extreme risk to use expensive city services. In the next few weeks, SF-HSA will be organizing a forum of city departments to start a discussion of how to use the city's resources more strategically to meet the needs of SRO residents.

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December 3, 2009

To: SF-HSA Managers/City Department Representatives
From: Dan Kelly
Re: Single Room Occupancy Hotels

This memo introduces four studies of San Francisco's Single Room Occupancy (SRO) hotels. These are an initial effort to understand the SRO community, especially the 88% of hotels that are privately owned and operated, as well as to act as a starting point for discussing how city departments might work together to serve SRO residents more strategically.

Over 18,000 low-income San Franciscans live in SROs, compared to 12,000 in public housing developments. Yet poverty in SROs is different than in public housing. The profile of residents is different; the environments are different. SROs offer a unique opportunity to reach clusters of the city's most vulnerable citizens. Eight thousand seniors, many at risk of institutionalization, live in SROs. Younger adults with disabilities are concentrated in Tenderloin and South of Market SROs, often using expensive city services. Over 1,100 children live in SROs.

Three of the four studies were conducted by graduate students and include:

- 1) *A profile of who lives in SROs and who owns the hotels* by Aimee Friebourg. Her study synthesizes information about SROs from the Department of Planning, Department of Building Inspections, and Assessor's Office, as well as from a series of data matches using SRO addresses and administrative data from a range of city programs.
- 2) *A survey of SRO owners*, conducted by Michael Shen and William Leiter, about resident characteristics, vacancy rates, and the owners' willingness to partner with the city to better meet the human service needs of residents; and
- 3) *Interviews of SRO desk clerks in the Tenderloin*, also by Shen and Leiter, asking about the residents' characteristics, the operations of the hotel, and the nature of their jobs.
- 4) *Fiscal and policy issues related to SROs*, by the SF- HSA Planning Unit, drawing on public health cost information related to the use of city services by SRO residents, additional research articles, and summarizing some of the information from the other three studies in the context of existing San Francisco policies. This memo also contains additional rationale for the recommendations listed below.

Recommendations

As described by Ms. Friebourg, SRO residents outnumber people living in public housing developments, but have none of their advantages. The San Francisco Housing Authority (SFHA) has resident councils and makes decisions in public forums. Besides private security officers, SFHA has MOUs with the police department for community policing, and screens housing

applicants for felonies. It also has MOUs with non-profits and can apply for grants. Each family development has a Head Start program.

In contrast, private SROs are businesses and tenants are on their own. By housing such vulnerable populations, though, the SRO business model implicitly relies on expensive city-funded services. Though not organized like the Housing Authority to achieve specific outcomes, the city has an extensive economic relationship with privately owned SROs. By recognizing this relationship, San Francisco can create incentives to improve the lives of SRO residents and minimize their use of expensive city services. Elements of a broad strategy might include:

- ❖ ***Develop mutually beneficial partnerships with SRO owners.*** Too often the relationship between city government and SRO owners has focused on monitoring health and safety codes, which are non-negotiable, but which should not eclipse the possibility for partnerships between owners and city departments to improve the well-being of SRO tenants. For example, the city could develop loan programs or matching fund strategies that encourage SRO hotel owners to install bathroom grab bars and fix hazards, reducing the risk of hospitalization for large groups of seniors. One finding of the attached studies is that private SROs may have a large number of unwanted vacancies. Owners want their hotels to be fully occupied with stable tenants; the city wants to minimize costly services. These are mutually beneficial goals worthy of an explicit strategy.
- ❖ ***Develop desk clerks as professionals.*** One SRO owner who was interviewed noted that hotel staff seldom know how to approach persons with mental illness, much less recognize signs that a resident has stopped taking medication. Rather than calling crisis intervention, they call the police. An exemplary model for training desk clerks has been developed by the Community Housing Partnership, which covers such topics as “customer service, safety, emergency procedures, de-escalating conflicts, and setting boundaries.” At this time, however, the training is only used by community based organizations that manage hotels. On an ad hoc basis, the city directly rents about 300 “stabilization beds” in private SROs, as well as rooms for probation, treatment, and other purposes across departments. Yet it has no formal standards for desk clerks in those hotels where it rents rooms. The city should rent only in hotels with trained desk clerks. Nonprofit organizations that rent SRO rooms should abide by the same standard. With trained clerks, SROs would work with health and social service providers proactively and prevent the use of emergency services.
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- ❖ **Fund more program beds.**¹ Given that SROs appear to have vacancies, the city should explore expanding the use of program beds to achieve specific interventions that would allow clients better odds at changing their lives. For example, SF-HSA could reserve program beds for homeless clients receiving SSI advocacy, ensuring that the clients are situated during the application process, and possibly be reimbursed for rent through the retroactive award of SSI.
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ADVANCED POLICY ANALYSIS

San Francisco's Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs

**A Study Conducted for the San Francisco
Human Services Agency (SF-HSA),
San Francisco, California**

by

Aimée Fribourg

SPRING 2009

The author conducted this study as part of the program of professional education at the Goldman School of Public Policy, University of California at Berkeley. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Goldman School of Public Policy, by the University of California or by any other agency.

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Executive Summary

This report provides a profile of Single-Room Occupancy (SRO) hotel residents and their human service needs, drawing on caseload data from various city programs, key informant interviews, and administrative records reviews. Specifically, this study describes SRO residents through four distinct lenses: an overall “master profile”, seniors and adults with disabilities, children and families, and public service utilization.

The city of San Francisco is unable to meet residents’ demand for affordable housing. Many of the city’s most vulnerable populations, including families with children, seniors and adults with disabilities, and other public service recipients, are often at risk for homelessness. SROs account for a substantial portion of San Francisco’s affordable housing stock, as they provide housing for more low-income people than all the city’s public housing developments.

Most of San Francisco’s SRO hotels were built in the early decades of the 20th century. Most of these buildings have less than 40 units, and average monthly rents range from \$500 and \$600. These residential hotels are concentrated in four neighborhoods: the Tenderloin (208 buildings), Chinatown (145), South of Market (60), and Mission (50). While these neighborhoods differ across many dimensions, they all have lower median household incomes, higher proportions of residents in poverty, more racial and ethnic diversity, and higher unemployment rates than citywide measures.

An estimated 18,500 people live in the 530 buildings classified as SROs by the Planning Department. The city works closely with 46 of these hotels through the Human Service Agency (HSA)’s Single Adult Supportive Housing program, including Care Not Cash, and the Department of Public Health’s Direct Access to Housing program. Sixty-six are owned by non-profits. The remaining hotels represent opportunities for mutually beneficial partnerships between service providers and hotel owners.

I. Master Profile

The master profile is based on aggregated information from ten human service programs:

<ul style="list-style-type: none">• Adult Protective Services (APS)• California Work Opportunities and Responsibility to Kids (CalWORKS)• Cash Assistance Program for Immigrants (CAPI)• County Adult Assistance Programs (CAAP, or General Assistance)• Food Stamps	<ul style="list-style-type: none">• Foster Care• In-Home Supportive Services (IHSS)• Medi-Cal• Office on the Aging (OOA)• Supplemental Security Income (SSI)
--	--

These are all the programs for which Social Security Number was available, thus enabling the merging of caseload data into one master list of unduplicated individuals. While this dataset represents almost two-thirds of the estimated total number of SRO residents, it only includes those individuals connected with at least one of the ten above programs. People who receive other services or no services at all (e.g., those who are ineligible or not in need) are therefore

excluded. Nevertheless, this master profile is a good faith effort to capture as much information as possible about SRO residents. Key findings include:

- Most of the individuals in this dataset (57%) participate in only one of these ten programs.
- While males represent between two-thirds and three-fourths of SRO residents among African-Americans, Latinos, and Whites, they are the minority among Asian/Pacific Islanders (API) SRO residents.
- Close to half the individuals in the SRO resident master profile are API, just under one-fourth are White, and almost one-fifth are African-American.
- English is the primary language of more than half of these SRO residents; Chinese is the primary language of slightly over one-third.
- Younger SRO residents (under 18 years old) are mostly API and Latino. The API population also has the highest proportion of seniors living in SROs.

II. Seniors and Adults with Disabilities

The profile of seniors and adults with disabilities who live in SROs draws on caseload data from Adult Protective Services (APS), In-Home Supportive Services (IHSS),¹ Office On the Aging (OOA),² and Supplemental Security Income (SSI). Data and key informant interviews suggest that seniors and adults with disabilities who live in SROs are generally more socially isolated than their non-SRO-dwelling counterparts, and that they often need a broad range of comprehensive support services. Key findings include:

- Males account for the majority of SRO residents who receive SSI, IHSS, OOA, and APS services, while they represent minority of non-SRO program participants.
- In all four programs, SRO residents are significantly younger than non-SRO residents.
- With respect to ethnicity, almost half of all IHSS recipients in SROs are Asian/Pacific Islanders, while Whites make up over half of those with reports of abuse. Among SRO residents in all four programs, about one-fifth are African-American and a small percentage is Latino.
- SRO residents are generally less functionally limited than non-SRO residents, according to IHSS rankings.
- Compared to non-SRO residents who receive OOA services, SRO residents are more likely to be disabled or unemployed (as opposed to retired or employed), single or divorced (as opposed to married or widowed), and have veteran status.
- With respect to abuse, SRO residents involved with APS are more likely to be reported for “self-abuse”, while non-SRO residents are more likely to be reported for abuse by others.

¹ IHSS provides personal assistance services that allow low-income people with chronic and disabling conditions to remain in their homes.

² OOA contracts with community-based organizations to provide services for seniors and people with disabilities.

III. Children and Families

Findings about children and families who live in SROs are informed by individual-level data from the California Work Opportunities and Responsibility to Kids (CalWORKS), Child Welfare Services, First 5 San Francisco, and Subsidized Child Care; and neighborhood-level data from the Department of Public Health and the San Francisco Unified School District (SFUSD). SROs are generally far from ideal homes for children and families due to crowded conditions, lack of privacy, and often unsafe surroundings. Key findings include:

- Of the 910 SFUSD children living in SROs, over half are in Chinatown and close to one-third are in the Tenderloin.
- Over half of the SFUSD children who live in SROs are Chinese and almost one-fifth are Latino. The data suggest that many of these children are immigrants—over two-thirds of children living in SROs are in Chinatown and the Mission, and half of those in the Tenderloin, have English Language Learner status.
- With respect to public health services used by children who live in SROs, those in Chinatown's SROs made the greatest number of primary health care visits in 2008 and those in the Tenderloin's SROs account for the most Emergency Department and inpatient service visits. Children in those two neighborhoods also represent the bulk of mental health service clients among SRO residents.
- Children who live in SROs display a higher substantiation rate for child abuse reports than non-SRO residents, although the total number of child welfare referrals made for SRO residents decreased by about one-third between 2005 and 2008.

IV. Public Service Utilization

This profile uses individual-level data from the Food Stamps program, County Adult Assistance Programs (CAAP, or General Assistance), and Medi-Cal; and neighborhood-level data from the Department of Public Health. Key findings include:

- Among SRO residents, males make up just over half of Medi-Cal recipients, about two-thirds of Food Stamps recipients, and over three-fourths of CAAP beneficiaries.
- The mean and median ages for Medi-Cal, Food Stamps, and CAAP recipients who live in SROs range from 43 to 55 years.
- Ethnicity varies across programs. African-Americans and Whites each make up slightly over one-third of CAAP recipients who live in SROs; Food Stamps recipients who live in SROs are relatively evenly distributed among African-Americans, Asian/Pacific Islanders, and Whites; almost two-thirds of Medi-Cal recipients who live in SROs are Asian/Pacific Islanders.
- English is the primary language of the overwhelming majority of CAAP and Food Stamps recipients who live in SROs, while Chinese is the primary language of just over half of SRO residents with Medi-Cal.
- Among all SRO residents, those in the Tenderloin used the largest portion of medical, mental health, and substance abuse services in 2008.

Recommendations

1. Develop and use criteria to target specific SROs and populations of SRO residents for outreach.

The data suggest that many SRO residents may not be taking full advantage of services for which they are eligible. Moreover, many private SRO owners have a strong interest in addressing tenants' needs, especially when they interfere with hotel operations (e.g., mental illness, substance abuse, hoarding and cluttering, criminal activities).³ Potential criteria for targeted outreach include:

- a. Supplemental Security Income (SSI) recipients who do not receive In-Home Supportive Services (IHSS). This study found that, while all SSI recipients are income-eligible for IHSS and many would likely benefit from caretaker services, just under one-third of SSI recipients living in SROs also receive IHSS.
- b. SFUSD children with free/reduced lunch who do not receive Food Stamps. This study found that the number of children living in SROs who receive Food Stamps is less than half the number of children in SROs who receive free/reduced lunch. While some of these children may be ineligible (e.g., due to immigration status), those who do qualify would likely benefit from additional nutritional support.
- c. Concentrations of Personal Assisted Employment Services (PAES) recipients, especially in the Tenderloin. PAES recipients are employable adults, and SRO residents who receive PAES should be targeted by HSA's Boyd Hotel Workforce Development Center in the Tenderloin, which offers services for formerly homeless individuals living in supportive housing units.
- d. Concentrations of seniors and adults with disabilities, considering the Services Connection Program as a model. This program is a collaboration between DAAS, the San Francisco Housing Authority, resource centers, and community-based service providers.
- e. Concentrations of children and families. Target hotels with the greatest number of children and families for on-site services such as outreach for benefit screening, after-school activities, and exit strategies.

2. Preserve SROs as affordable housing stock in San Francisco.

While new construction may take years, San Francisco's SROs already house more low-income people than the city's public housing developments. Strategies such as master leasing can be mutually beneficial to owners, service providers, and residents. Owners benefit from a guaranteed income stream, service providers are able to offer on-site support and, according to the San Francisco Planning Department, "the transfer of residential hotels to effective non-profit housing organizations...ensure[s] permanent affordability, livability, and maintenance."⁴

3. Bring key stakeholders together to strategize about how to better serve low-income SRO residents.

Establishing partnerships that promote information-sharing between city departments,

³ Conversation with Sam Patel, president of the San Francisco Independent Hotel Owners and Operators Association, on 5/7/09.

⁴ San Francisco General Plan: Housing Element (2004)

community-based organizations, and hotel owners and residents will increase efficiency by fostering collaborative service delivery. For example:

- a. San Francisco Police Department. While some private SRO owners already work closely with local police,⁵ formalizing these partnerships would grant owners more direct access to police services and allow police officers to better protect and serve the community.
- b. Human Services Agency (HSA) and community-based service providers. Establishing partnerships with human service providers would equip hotel owners with information about available services and more direct access to providers. Moreover, the HSA and community-based providers would have the opportunity to expand their client base.
- c. SRO Commission and/or Resident Councils. Creating a formal setting in which tenants may voice their concerns and communicate with hotel owners and property managers would help foster increased understanding and cooperation.

4. Monitor changes in the SRO resident profile over time.

San Francisco's SRO population is constantly shifting, and the HSA and other service providers should identify changing trends in SRO residents' demographics and human service needs. Monitoring changes in the SRO population will help ensure the provision of appropriate services based on clients' needs. This report may be used as a baseline against which to measure change.

⁵ Conversation with Sam Patel, president of the San Francisco Independent Hotel Owners and Operators Association, 5/7/09.

1. Introduction

This is the San Francisco Human Service Agency (HSA)'s first comprehensive assessment of the city's SRO residents and their human service needs. An evidence-based understanding of the city's SRO residents is crucial in order to determine whether they differ significantly from comparable non-SRO populations, whether they merit differential treatment, and how to most effectively reach them and address their needs.

Section 2 of this report contains a brief explanation of the research methods used.

Section 3 provides contextual information about SRO buildings and residents, outlines the history of San Francisco's SROs, discusses several advantages and drawbacks of SRO living, and reviews relevant citywide programs and policies. It also contains descriptions of the four neighborhoods in which most SROs are located and additional information about building characteristics, monthly rents, and SRO owners. Following that is a brief discussion of public housing developments, as they represent the primary housing alternative for low-income San Francisco residents who might otherwise live in SROs.

Sections 4 through 7 of this report describe SRO residents through four distinct lenses: an overall "master profile", seniors and adults with disabilities, children and families, and public service utilization. Each SRO resident profile includes findings about characteristics such as gender, age, ethnicity, and language spoken, as well as various additional descriptors.

Section 8 offers recommendations for future action.

2. Methodology

2.1. Quantitative Analysis

This report uses caseload data from various city programs in order to generate descriptive information about SRO residents (see Table 1). Within each set of caseload data, only those individuals with San Francisco addresses were retained. Data cleaning involved eliminating duplicate records when appropriate, fixing typographical errors (e.g., misspellings or non-standardized street names), and separating the street number and street name into two separate fields. Addresses from caseload data were matched against the 530 SRO addresses, and those individuals with matching addresses were flagged as SRO residents. All other individuals were labeled non-SRO residents. **Primary data sources** are those that include social security number and, when aggregated into one large dataset, produce this report's master profile of SRO residents. **Additional data sources** are those that do not include social security number and/or were obtained as aggregated information.

PRIMARY DATA SOURCES (FOR MASTER PROFILE)			
Data Source	Date of Extract	Number of Individuals	Percentage that are SRO Residents
1. Adult Protective Services (APS)	Calendar Year 2008	3,807	16.39%
2. California Work Opportunity and Responsibility to Kids Information Network (CalWIN) (comprises eight programs)	January 2009 (and December 2006)	104,029 (2009) 99,120 (2006)	6.23% (2009) 6.45% (2006)
3. In-Home Supportive Services (IHSS)	December 2008	20,754	11.44%
4. Office on the Aging (OOA)	January 2009	14,728	7.90%
5. Supplemental Security Income (SSI)	January 2008	48,994	11.75%
ADDITIONAL DATA SOURCES			
Data Source	Date of Extract	Number of Individuals	Percentage that are SRO Residents
1. Child Welfare Services Case Management System (CWS CMS)	2004 - 2008	28,669 (referrals)	2.28%
2. First 5 San Francisco	Academic Year 2008-2009	3,723	≤ 0.81%
3. Department of Public Health: Medical, Mental Health, and Substance Abuse Services	2008 Calendar Year	varies by type of service	unknown
4. San Francisco Unified School District	April 13, 2009	unknown	(910 children)
5. Subsidized Child Care (from Children's Council)	March 11, 2009	3,558 families 1,824 providers	0.82% of families 1.43% of providers

Table 1. Primary and Additional Data Sources.

2.2. Records Review

This study uses building-level information about SROs from the following sources:

- Planning Department
- Department of Building Inspections (DBI)
- Office of the Assessor-Recorder

2.3. Qualitative Research

One focus group and numerous interviews were conducted with individuals from public and community-based organizations that interface with SRO residents. Interviews used a uniform protocol for consistency.⁶

City Programs and Services

- Care Not Cash, Housing and Homeless Programs, HSA (Deputy Director)
- Community Programs, DPH (Deputy Director)
- In-Home Supportive Services (Hospital Discharge Liaison and Senior Social Worker)
- Policy and Planning, Department of Children Youth and Families (Director)
- Temporary Rental Subsidy Program, Family Programs, Housing and Homeless Division, HSA (Manager)

Community-Based Organizations

- Chinatown Community Development Center (Community Organizing Manager)
- Curry Senior Center (Case Management Supervisor)
- Glide Foundation (Director of Community Building, Walk-In Case Manager, and Health Services Case Manager)
- Self-Help for the Elderly (Home Care & Hospice Administrator and Home Care Occupational Therapist)

⁶ See Appendix G for key informant questionnaire.

3. Context

3.1. SRO Buildings and Residents

In different contexts, an SRO unit may be a studio apartment or a room, with or without a private bath, with or without a kitchen, with or without food preparation permitted in the unit or in a common kitchen on the premises.⁷ Some SROs mix revenues from the lower discount rates that residents and tourists pay with occasional income from guests who pay higher prices for shorter stays.

Because this report relies largely on building-level data provided by San Francisco's Planning Department, it uses their definition of SRO units:

"SEC. 890.88. RESIDENTIAL USE.

A use which provides housing for San Francisco residents, rather than visitors...

(c) Single Room Occupancy (SRO) Unit. A dwelling unit or group housing room consisting of no more than one occupied room with a maximum gross floor area of 350 square feet and meeting the Housing Code's minimum floor area standards. The unit may have a bathroom in addition to the occupied room...

A single room occupancy building (or "SRO" building) is one that contains one or more SRO units and no nonaccessory living space.

(Added by Ord. 131-87, App. 4/24/87; amended by Ord. 368-94, App. 11/4/94)."

According to a 2006 U.S. Census Bureau report about people who live in hotels, SRO inhabitants are largely single locals of the city and its surrounding suburbs taking advantage of low rates.⁸ In San Francisco, a person who has lived in an SRO hotel continuously for 32 days or more is considered to be an SRO hotel resident.⁹

3.2. History

Early 20th Century: SRO Expansion

According to historian Paul Groth, residential hotels were "an integral part of the casual labor supply and its culture" in the early 20th century.¹⁰ As early as the 1890s, unskilled day laborers began coming to San Francisco in search of work. They were mostly men with few belongings and no family attachments who had a reputation for drinking, working intermittently, and traveling often.¹¹ Due to the low wages they earned, their own subculture, and the fact that they were not welcome in most of the city despite the importance of their labor to the local economy, these casual laborers often stayed downtown in lodging houses.¹²

⁷ Brownrigg (2006). See Appendix H for a discussion of different definitions.

⁸ Brownrigg (2006)

⁹ Different jurisdictions have varying classifications of SRO residents, tenants, and transients.

¹⁰ Groth (1994)

¹¹ Groth (1994)

¹² Groth (1994)

In the 1920 census, San Francisco registered over 17,000 general laborers and an additional 7,000 longshoremen and sailors.¹³ A significant proportion of San Francisco’s casual labor market and lodging house residents comprised new immigrants and racial minorities, especially Chinese and Japanese workers. A small number of women and families also lived in these lodging houses.

Rising employment due to World War II production began in 1939, increasing the demand for hotel housing in San Francisco. Many workers resided in emergency dormitory and barracks-style housing modeled on traditional lodging and rooming houses.¹⁴ The post-war rooming house market continued to thrive with the influx of single young men and women. These residential hotels also housed college and technical school students, whose numbers grew in the 1940s and 1950s.

1960s: SRO Residents’ Changing Profile

In the 1960s, the profile of San Francisco’s residential hotel tenants began to shift. Downtown, the demand for unskilled labor began to diminish as workshop employers and shipping firms moved to outlying suburbs, the cargo port lost traffic to more modern ports, and still other jobs were eliminated through mechanization. As Groth notes, “By 1960, welfare departments were sending more unemployed downtown people—especially the elderly—to hotels for temporary housing that tended to become permanent.”¹⁵ He goes on to describe the influx of former mental hospital patients into SRO hotels: “In the mid-1960s, the well-intentioned (and budget-cutting) decision...to mainstream mental hospital populations had been coupled with promises of halfway houses and group homes...However, the halfway houses were never established. Patients were essentially dumped into downtown hotels where neither hotel staff nor residents were prepared for the care required by these new neighbors.”¹⁶

Post-1960s: SRO Stock Loss

Between World War II and 1960, a generation of hotel owners died and many of their inheritors sold those properties in favor of suburban real estate investments. Urban renewal put additional pressure on San Francisco’s residential hotels in the 1960s, as coalition of retailers and real estate developers strove to accommodate the increased demand for office space downtown. The need to connect surrounding suburban areas with the rebuilt downtown resulted in the demolition of thousands of hotel rooms in order to make way for highways and viaduct routes. As Groth puts it, “urban renewal was also a period of hotel resident removal.”¹⁷

Since hotels were not officially considered to be permanent housing, the people who lived in hotels were not seen as “residents.” Consequently, when SRO buildings were demolished during the massive downtown clearances that occurred between 1950 and 1970, “no one” had been moved, and no dwelling units were lost in official counts and newspaper reports.¹⁸

¹³ Groth (1994)

¹⁴ Groth (1994)

¹⁵ Groth (1994)

¹⁶ Groth (1994)

¹⁷ Groth (1994)

¹⁸ Groth (1994)

Between 1975 and 1988, San Francisco lost 43% of its low-cost residential hotels.¹⁹ An estimated one million SRO units across the nation were demolished between 1970 and the mid-1980s.²⁰ Examples from other cities include:

- Chicago’s “cubicle hotels”²¹ were “totally eliminated” by 1982²²
- Denver lost 64% of its SRO hotels between 1971 and 1981²³
- Los Angeles lost more than half of its downtown SROs by 1985²⁴
- New York City lost 87% of its SRO stock renting at \$200 a month or less between 1970 and 1982²⁵
- Portland, Oregon lost 59% of its residential hotels from 1970 to 1986²⁶
- In Seattle, demolition and urban redevelopment claimed most “skid row” hotels; by 1998, only four were left²⁷

Current Situation: SRO Preservation

Recently, there has been growing interest in protecting and preserving SROs. Following the widespread demolition and degradation of these hotels, several jurisdictions passed laws to protect or remodel their remaining stock of SRO units.²⁸ Various retention programs in San Francisco have slowed the rate of SRO loss from the late 1970s, when the city lost almost 700 units per year.²⁹ Nevertheless, many of San Francisco’s SROs have been converted to permanent or seasonal tourist uses, which tend to be more lucrative. Others are used as family housing, dormitories, or efficiency apartments for nearby educational institutions. Still others were demolished and replaced with buildings for entirely different uses. Between 1981 and 1997, fires eliminated at least 684 low cost SRO hotels in San Francisco.³⁰ A net loss of 392 residential hotel rooms was recorded citywide between 1996 and 2002.³¹ Between 1999 and 2004, San Francisco lost approximately 700 SRO units to fire, earthquake damage, or other types of conversion.³²

San Francisco’s 10-Year Plan to End Homelessness, released in 2004, set a goal of 3,000 housing units for the “chronic homeless” While new construction may take years, SROs are often overlooked as affordable housing stock. Individual/SRO housing made up the smallest proportion of new affordable housing construction in 2007 (see Table 2):

¹⁹ Wright (1997)

²⁰ Dolbeare (1996)

²¹ Type of hotel in which tenants pay for a small cubicle as opposed to a private room. See Appendix A for detailed definition.

²² Koegel (1996)

²³ Wright (1997)

²⁴ Koegel (1996)

²⁵ Koegel (1996)

²⁶ Wright (1997)

²⁷ McKnight (2002)

²⁸ Brownrigg (2006). See Appendix I for examples of other cities’ efforts to preserve SRO stock.

²⁹ San Francisco General Plan: Housing Element (2004)

³⁰ Cell (1998). In August 2001, the Board of Supervisors passed the Residential Hotel Sprinkler Ordinance, requiring the installation of automatic sprinkler systems in all residential hotels by December 31, 2002.

³¹ San Francisco General Plan: Housing Element (2004)

³² San Francisco General Plan: Housing Element (2004)

Year	Family	Senior	Individual / SRO	Homeowner	Total
2003	126	50	98	85	359
2004	354	25	0	169	548
2005	228	226	235	110	799
2006	260	0	56	175	491
2007	154	258	120	203	735
Total (2003-2007)	1,122	559	509	742	2,932
% of Total, 2003-2007	38%	19%	17%	25%	100%

Table 2. New Affordable Housing Construction by Housing Type, 2003-2007

Source: San Francisco Housing Inventory 2007

Notes: Family units include projects with a majority of two or more bedroom units. Individual / SRO includes projects with a majority of studios or one bedroom, residential care facilities, shelters, and transitional housing.

In recent years, the general trend among residential hotels is toward a decreasing supply of *for-profit* residential hotels and residential rooms in these hotels, and a concurrent increase in the number of *non-profit* residential hotels and rooms. Table 3 shows the changes in residential housing stock between 2001 and 2005.

Year	For-Profit Residential Hotels			Non-Profit Residential Hotels		Total Residential Rooms	
	Number of Buildings	Residential Rooms	Tourist Rooms	Number of Buildings	Residential Rooms	Number of Buildings	Residential Rooms
2000	457	16,331	3,781	61	3,314	518	19,645
2001	460	16,031	4,084	61	3,482	521	19,513
2002	457	15,902	3,846	61	3,473	518	19,375
2003	457	15,878	3,520	62	3,495	519	19,373
2004	455	15,767	3,239	65	3,652	520	19,419
2005	435	15,106	3,345	71	4,217	506	19,323
Overall, 2000-2005	-22	-1,225	-436	10	903	-12	-322

Table 3. Changes in Residential Hotel Stock, 2001-2005.

Source: San Francisco Housing Inventory 2005

The increasing number of residential hotel buildings owned and/or managed by non-profits helps ensure their long-term affordability.³³ Sixty-six of the city's 530 SROs, or 12.5% of the total, are run by nonprofits.³⁴ Figure 1 indicates the location of San Francisco's 530 SROs.

³³ San Francisco General Plan: Housing Element (2004)

³⁴ Data source: San Francisco Planning Department.

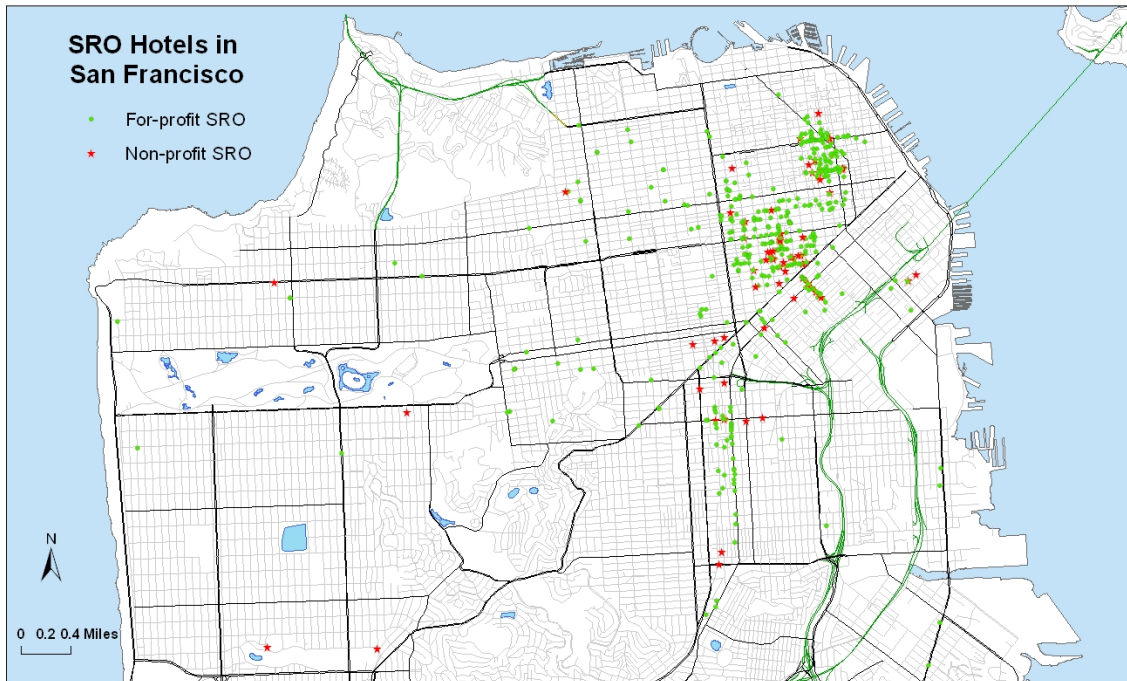


Figure 1. For-profit and non-profit SROs in San Francisco.

Non-profit involvement in SROs includes those hotels that are master-leased by the San Francisco Human Services Agency (SF-HSA) for its Single Adult Supportive Housing program, including Care Not Cash, and by the Department of Public Health (DPH) for its Direct Access to Housing (DAH) program. For-profit, privately-owned SROs may also contain some DPH “stabilization rooms” where formerly homeless individuals can stay temporarily while they receive help searching for permanent housing.³⁵

3.3. SRO Living: Advantages and Opportunities

Social Network

Dense urban living and communal living, including in SROs, offer several potential benefits. SRO residents can build a social network for each other. Some buildings may have sense of community and foster information-sharing among residents. Other homeless populations, including those who stay in temporary shelters, may be more socially isolated.

Support Services

According to several interviewees who work with this population, SRO residents are often aware of available support services and programs (e.g., public assistance, free meal sites, low-cost dining halls, medical clinics, detoxification programs) as a consequence of information-sharing among residents, physical proximity to these services and, in some cases, onsite case management. Dense concentrations of SRO residents with similar needs offer “economies of scale” for service providers. Some interviewees noted that, if there is a case manager on site, living in an SRO can be better for seniors than other group housing situations that do not offer onsite support.

³⁵ See Section 3.5 for detailed explanations of these and other programs.

An SRO Is a Home

San Francisco is unique in having the amount of SRO housing stock that it has. For a subset of SRO residents, the only alternatives may be living the street or in a temporary shelter. Although an SRO is not an ideal home, it is nonetheless a home with some degree of stability and often inexpensive rent.

3.4. SRO Living: Disadvantages and Challenges

Crowded Conditions

SRO rooms have very limited space and the buildings, with communal kitchens and bathrooms, generally lack privacy. While some rooms are occupied by single individuals, there are reports of up to two generations families in one room. Crowded conditions can be especially problematic for families and residents with mental health issues.

Social Isolation and Vulnerability

Although some SROs are said to foster a sense of community, many SRO residents can be socially isolated. These hotels were not originally designed to build community and consequently do not usually have any communal space. One interviewee explained that “there is no living room, so residents go hang out on Market Street.” Some residents may have no friends, no family, and/or no telephone. Many have scarce or limited support systems, especially when there are no on-site case managers. Interviewees noted that some SRO residents may behave as if they were homeless by spending all day outside, often in unsafe environments, and coming home only to sleep. Seniors and immigrants who live in SROs are also said to be particularly vulnerable target populations for scams.

Lack of Alternatives

According to several key informants, while residents usually want to move out of SROs, they often do not want to leave their neighborhoods. In addition, some SRO tenants may be ineligible for public services due to income restrictions yet remain unable to pay for private services.

Low Service Uptake

History and qualitative research indicate that, compared to apartment dwellers, SRO residents tend to be more transient. One service provider noted that a small but significant subset is unstably housed due to substance abuse or other risk factors. Still others are simply not attached to any city services—these “off-the-grid” or “shadow” groups include undocumented immigrants, people who have timed out on aid, and those with criminal histories or mental health issues. Finally, according to several interviewees, not all SRO residents are willing to accept services for a variety of reasons (e.g., immigration status concerns, fear of the government, uncertainty about how the system works).

3.5. San Francisco’s SRO Programs and Policies

In recent decades, San Francisco has developed numerous programs and policies that aim to preserve SROs as affordable housing and support SRO residents, owners, and service providers.

The Residential Hotel Ordinance. The Residential Hotel Ordinance, administered by the Department of Building Inspection (DBI)’s Housing Inspection Services Division, was originally adopted in 1980. This ordinance regulates and protects the existing stock of

residential hotels by requiring permits for conversion of residential hotel rooms to commercial use, imposing a strong replacement provision, and mandating that 80% of the replacement cost be provided to the City in the case of conversion or demolition. Measures to strengthen the enforcement of the program were incorporated in 1990, significantly decreasing the annual loss of SRO units in the City.

*The Single Room Occupancy Hotel Safety and Stabilization Task Force.*³⁶ Established in 2001, San Francisco's SRO Hotel Safety and Stabilization Task Force's mission is "to monitor, develop and present recommendations to the Mayor and Board of Supervisors regarding policies and procedures around fire prevention, investigations and prosecution of SRO violators, and stabilization of hotel tenants and residents."³⁷ The SRO Task Force is also charged with producing a comprehensive annual report.

Planning Department. San Francisco's Planning Department recognizes SROs as "unique and often irreplaceable resource for thousands of lower income elderly, disabled, and single-person households."³⁸ In 2004, the Planning Department's Housing Element General Plan included two policies directly related to SROs:

1. *Preserve the existing stock of residential hotels.* The Planning Department recommended that those hotels located in predominantly residential areas be protected by zoning that does not permit commercial or tourist use. In non-residential areas, they assert that conversion of units to other uses should either not be permitted or only be permitted where a residential unit will be replaced with a comparable unit elsewhere. The plan also states that hotels that operate as mixed tourist/residential hotels should be subject to strict enforcement to ensure the availability of the hotel for permanent residential occupancy. Finally, the report recommends that the City facilitate the purchase and master lease of residential hotels by "effective non-profit housing organizations" in order to ensure permanent affordability, livability, and maintenance.³⁹
2. *Encourage the construction of affordable units for single households in residential hotels and "efficiency" units.* In 1995, the City adopted a set of development standards for residential hotel construction. These SRO Design Guidelines focused on strategies to ensure neighborhood compatibility, affordability levels, and adequate life safety for SRO development. This report recommends that appropriate sites and sponsors for both market rate and affordable residential hotels should be developed. In order to achieve this, the Planning Department set out to identify appropriate sites and sponsors for affordable residential hotels in collaboration with the Mayor's Office of Housing and the Redevelopment agency. The City also requires that qualified property management companies be responsible for operating newly constructed SROs so that the facilities and associated services will be properly maintained and suitable for occupancy in the future. Finally, in order to get communities on board, the City encourages affordable housing advocacy groups to hold project specific

³⁶ See Appendix E for a description of the Task Force's membership and goals.

³⁷ SFGov Website, http://www.sfgov.org/site/sro_index.asp

³⁸ San Francisco General Plan: Housing Element (2004)

³⁹ San Francisco General Plan: Housing Element (2004)

neighborhood acceptance community meetings when SRO housing developments are proposed in “particular neighborhoods.”⁴⁰

Direct Access to Housing (DAH). San Francisco’s Department of Public Health (DPH) established DAH in 1998 to provide permanent housing with on-site supportive services for approximately 400 formerly homeless adults, most of whom have concurrent mental health, substance abuse, and chronic medical conditions. This program provides 370 units of permanent supportive housing in five SROs that were acquired through master leasing.⁴¹ The key components of master leasing are:⁴²

- Identify privately-owned buildings that are vacant or nearly vacant and whose owners are interested in entering a long-term lease in which the owner retains responsibility only for large capital improvements.
- Negotiate improvements to the residential and common areas of the building prior to executing the lease. The owner is responsible for building improvements in compliance with all health and safety codes, with all rooms fully furnished prior to occupancy.
- Contract with community-based organizations to provide on-site support services and property management. Most DAH buildings include a collaborative of two or more entities.⁴³

Care Not Cash. In 2004, a voter referendum caused San Francisco to abandon the “Continuum of Care” strategy that graduated the formerly homeless from shelters to transitional housing to permanent housing. In its place, the City adopted the “Housing First” model, which emphasizes “immediate placement of the individual in permanent supportive housing, and then provides the services, on site, necessary to stabilize the individual and keep them housed.”⁴⁴ The HSA began implementing the Care Not Cash initiative, a plan that Mayor Gavin Newsom claimed would end chronic homelessness in ten years, on May 3rd, 2004.

Care Not Cash targets homeless people who receive cash assistance from San Francisco’s County Adult Assistance Program (CAAP), a cash aid program for adults without dependent children, and people in emergency shelters. Under this program, homeless CAAP recipients are offered housing/shelter and other amenities as a portion of their benefit package. Care Not Cash reduced welfare payments for the homeless by 86%, using the savings to expand permanent housing and increased services, including access to mental health, substance abuse, and other support services. In order to execute this plan, the city master leased several former commercial SRO hotels, targeting larger hotels (i.e., those with more than eighty units). As of 2006, the HSA was contracting with 17 SRO buildings to provide a total of 1,321 units⁴⁵.

⁴⁰ San Francisco General Plan: Housing Element (2004)

⁴¹ An additional 33 units are located in a licensed residential care facility.

⁴² “Local Implementation of 10 Year Plans to End Homelessness”, 7.11.05 NAEH Conference, HomeBase/Legal and Technical Services Supporting Shared Property—Training Institute

⁴³ Service providers include Episcopal Community Services; Baker Places, Inc.; Tenderloin AIDS; Lutheran Social Services; Page St. Guest House; and Richmond Area Multiservices.

⁴⁴ The San Francisco Plan to Abolish Chronic Homelessness, 2004 (<http://sfgov.org/site/uploadedfiles/planningcouncil/news/TheSFPlanFinal.pdf>)

⁴⁵ Tipton (2008)

Temporary Rental Subsidy Program. This program, operated by the HSA's Division of Housing and Homeless Programs, aims to help families who live in SROs, shelters, or other overcrowded conditions out of their current living situation. Recipients must demonstrate a viable plan for self-sufficiency within 12-24 months. Although no citizenship documentation is required, immigrant status can be a barrier to achieving self-sufficiency, as can lack of experience, work history, and education.

Stabilization Rooms. The San Francisco Homeless Outreach Team (SF HOT) was established in June 2004 with the goal of engaging chronically homeless individuals in services to get them off the streets and into stabilized situations. SF HOT operates “stabilization rooms” in private SROs, mostly in the Tenderloin, where clients may stay temporarily while searching for permanent housing.

Definition of Homelessness. In December 2001, the board of Supervisors and the Mayor expanded the Definition of Homelessness to include families with children who live in SROs, as recommended by the SRO Task Force. This made services that had previously only been open to individuals living on the street or in shelters available to families in SROs. The Families in SROs Collaborative engages in outreach activities to inform potential beneficiaries about these services.

Tenancy Rights. SRO dwellers gain tenancy rights as legal "permanent residents" after a continuous stay of 30 days under state law, or 32 days under city law.⁴⁶ In the past, some San Francisco SRO hotel managers were reported to evict tenants every few weeks to prevent them from establishing tenants' rights, a practice sometimes referred to as “musical rooms.” The City Attorney has sued the proprietors of several SROs for engaging in this practice.⁴⁷

Safety regulations. Since 1999, safety code violations have displaced hundreds of SRO residents.⁴⁸ The City Attorney has sued several SROs to bring them up to code.⁴⁹ A significant number of units found to have violations were subsequently converted to other types of permanently affordable housing.⁵⁰ The DBI and SF Fire Department are required to conduct annual inspections to regulate SRO building safety.⁵¹

Hoarding and Cluttering. The San Francisco Task Force on Compulsive Hoarding began in June 2007 and is co-chaired by the Mental Health Association of San Francisco and DAAS. They define “compulsive hoarding” as:

- The acquisition of, and failure to discard possessions that appear to be useless or of limited value
- Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed

⁴⁶ Cell (1998)

⁴⁷ the Drake Hotel, Hotel West, Edgewater Hotel, the (new) Minna Lee, and the Alder; source: Cell (1998)

⁴⁸San Francisco General Plan: Housing Element (2004)

⁴⁹ the Hotel Alder, the Henry, the Elm, and the Alkain; source: Cell (1998)

⁵⁰San Francisco General Plan: Housing Element (2004)

⁵¹ San Francisco General Plan: Housing Element (2004)

- Significant distress or impairment in functioning caused by the hoarding⁵²

Hoarding and cluttering are common problems among SRO residents. This Task Force works to identify gaps and barriers in services, assess current services and needs, identify best practices, raise awareness among the public and policymakers, and make policy recommendations.

3.6. Neighborhood Characteristics

San Francisco’s SROs are concentrated in four neighborhoods that contain 463 of its 530 SROs (87% of the total). This report uses the Planning Department’s neighborhood definitions as a basis for delineating these four neighborhoods:

Neighborhood	Refers to Planning Department’s Neighborhood(s)
“Chinatown”	Chinatown, Financial District, North Beach, Russian Hill
“Mission”	Mission
“South of Market”	South of Market
“Tenderloin”	Downtown/Civic Center, Nob Hill

Table 4. Neighborhood Definitions.

The above definitions of Chinatown and the Tenderloin reflect the areas that many service providers and residents commonly refer to as such.

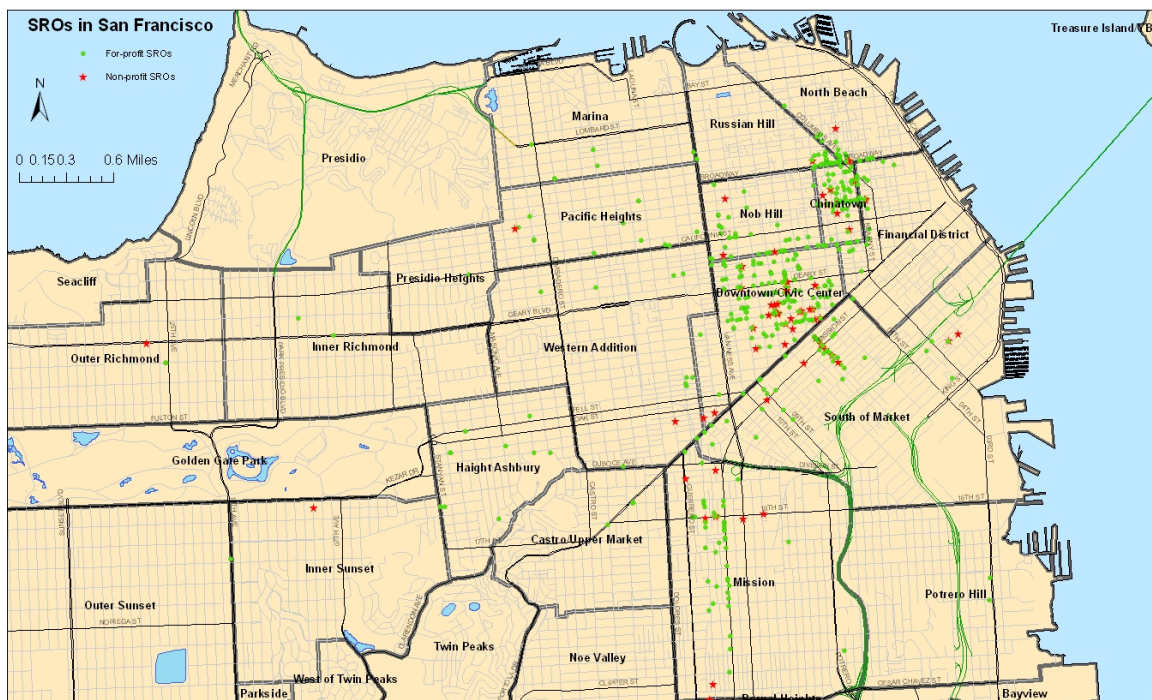


Figure 2. SROs in San Francisco and Planning Department Neighborhoods.⁵³

⁵² From “MHA-SF’s Institute on Compulsive Hoarding and Cluttering, HSA Management Retreat 4/26/08”; Citation: Frost and Hartl (1996)

The Tenderloin contains the largest number of SROs (208), followed by Chinatown (145). South of Market and the Mission also have a substantial number of SROs (60 and 50, respectively), and the remaining 67 are scattered throughout the city. Table 5 enumerates the number of SROs, the number of total and occupied residential units, the occupancy rates, and the estimated number of residents in each neighborhood and overall.

Neighborhood	Number of SROs	Number of residential units	Number of occupied residential units	Occupancy rate	Number of residents (estimated ⁵⁴)
Tenderloin	208	8,616	6,064	70.38%	7,731
Chinatown	145	5,464	4,404	80.60%	5,615
South of Market	60	2,522	1,860	73.75%	2,371
Mission	50	1,764	1,246	70.63%	1,589
Other	67	1,647	971	58.96%	1,238
Total	530	20,013	14,545	72.68%	18,543

Table 5. SROs, SRO Units, Occupancy Rates, and Estimated SRO Residents by Neighborhood.
Source: Planning Department

The four neighborhoods in which SROs are concentrated differ across many dimensions, and each has a distinct set of strengths, needs, and characteristics.

Demographics

Compared to citywide averages, these neighborhoods' residents have lower median household incomes, higher proportions living in poverty, more racial and ethnic diversity, and higher unemployment rates (see Table 6).⁵⁵

Demographic Indicator	Tenderloin	Chinatown	South of Market	Mission	Citywide
Weighted median household income	\$41,649	\$43,170	\$43,195	\$61,817	\$71,451
Proportion living below the poverty level	18%	17%	23%	17%	11%
Diversity index score (0-100) ⁵⁶	59.5	45.75	68	79	58

⁵³ See Figures 3 through 6 below for neighborhood-specific maps, and Appendix C for maps with Realtor Neighborhoods, Zip Codes, and Supervisorial Districts.

⁵⁴ Estimated using average occupancy rate for zero-bedroom apartments in San Francisco, 2005-2007, according to ACS data (source: IPUMS)

⁵⁵ See Appendix C for additional neighborhood demographic information.

⁵⁶ represents the likelihood that two persons, chosen at random from the same area, belong to different race or ethnic groups; 0 means no diversity and 100 means complete diversity

Unemployment rate	6%	6%	10%	7%	5%
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Table 6. Neighborhood Demographics. Source: Healthy Development Measurement Tool⁵⁷

Note: Figures for Tenderloin and Chinatown are based on unweighted means of figures for the Planning Department neighborhoods to which they refer (see Table 4).

Density and Mobility

The Tenderloin far surpasses the other neighborhoods and the city as a whole with respect to residential and population densities, South of Market exhibits the greatest residential mobility, and the Mission has the largest average household size (see Table 7).

Density and Mobility	Tenderloin	Chinatown	South of Market	Mission	Citywide
Average household size	2	1.75	2	3	2
Residential density (average housing units per acre)	63	29.75	10	20	12
Population density (people per square mile)	60,617	28,854	11,016	31,961	15,381
Residential mobility (proportion of persons residing in the same house as five years ago)	47%	55%	36%	52%	54%

Table 7. Neighborhood Density and Mobility. Source: Healthy Development Measurement Tool

Note: Figures for Tenderloin and Chinatown are based on unweighted means of figures for the Planning Department neighborhoods to which they refer (see Table 4).

Quality of Life

All four neighborhoods have more per-person code violations for housing safety and habitability than the city average, with the Tenderloin and the Mission showing the highest numbers (see Table 8).⁵⁸ The Tenderloin also has the highest density of take-out alcohol outlets. Relative to the other neighborhoods and the city as a whole, a much smaller proportion of South of Market residents live close to a park, recreation facility, or public library.

⁵⁷ The majority of HDMT indicators that use U.S. Census data rely on data from the 2000 Census, obtained from the GeoLytics® CensusCD® Neighborhood Change Database (NCDB) 1970-2000. In Spring 2008, some HDMT indicators using Census-based population and household denominator data were updated with new 2007 data released by Applied Geographic Solutions (AGS) in an attempt to reflect the changing population demographics of San Francisco. Unfortunately, AGS does not provide updated estimates for all Census variables used in the HDMT. As a result, HDMT indicators are based on a combination of both 2000 and 2007 data.

⁵⁸ See Appendix C for additional neighborhood quality of life indicators.

Quality of life Indicator	Tenderloin	Chinatown	South of Market	Mission	Citywide
Proportion of population within 1/4 mile of neighborhood or regional park	86%	99%	72%	85%	88%
Proportion of population within 1/4 mile of a recreation facility	71%	60%	29%	57%	46%
Proportion of population within 1/2 mile and 1 mile of a public library	67%	78%	36%	51%	57%
Density of take-out alcohol outlets (per square mile)	102	79.5	28	48	18
Number of code violations for housing safety and habitability in the past year (per 1,000 people)	27.5	15.5	30	24	12

Table 8. Quality of Life Indicators. Source: Healthy Development Measurement Tool

Note: Figures for Tenderloin and Chinatown are based on unweighted means of figures for the Planning Department neighborhoods to which they refer (see Table 4).

3.7. Key Neighborhoods

Tenderloin

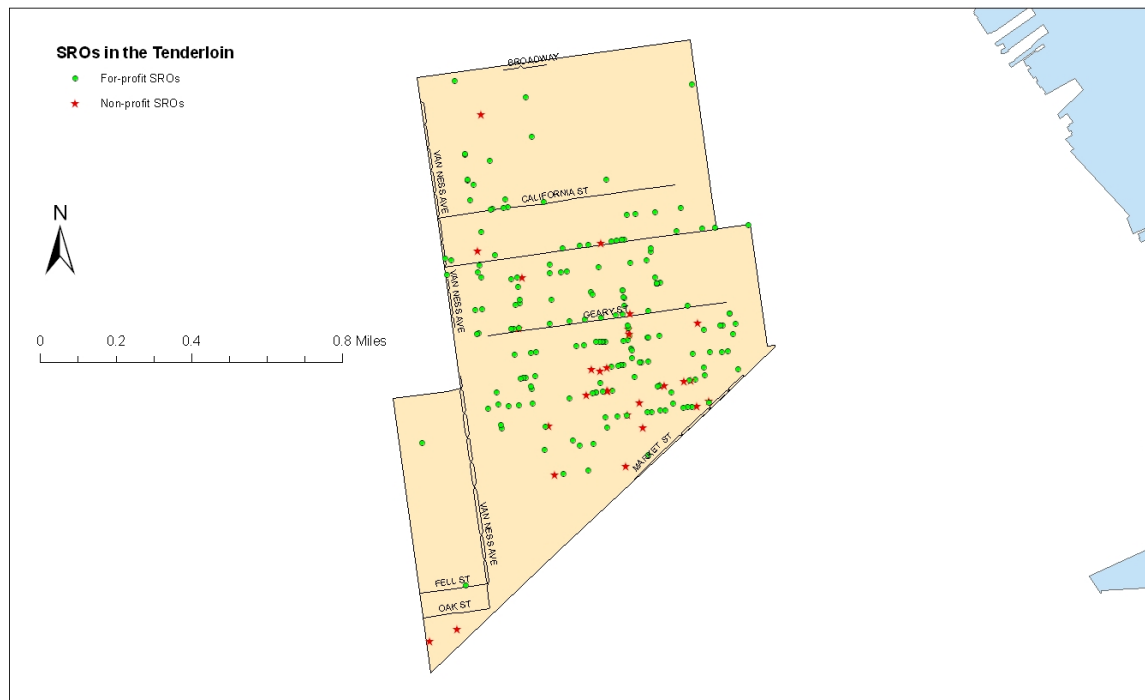


Figure 3. SROs in the Tenderloin (Downtown/Civic Center and Nob Hill).

In this report, “Tenderloin” refers to the Planning Department’s Downtown/Civic Center and Nob Hill neighborhoods.⁵⁹ One service provider noted that the Tenderloin mostly consists of SRO hotels and one-bedroom apartments, as opposed to many other parts of San Francisco in which multiple-bedroom apartments are a housing alternative. It is the most densely populated of the four SRO neighborhoods, and most Tenderloin residents are at or below the poverty level. This neighborhood is also home to a number of support services. As one interviewee noted, “there is as much good service provision and creativity as there is edgy, hideous stuff.” He offered the example of a local restaurant that serves low-cost breakfast and lunch, setting up accounts for customers who are unable to manage their own expenditures. Food is easily accessible—but not necessarily fresh, nutritious food—and residents are close to medical services, public transportation, and downtown.

Of the four SRO neighborhoods, the Tenderloin has the highest density of take-out alcohol outlets and a relatively large number of code violations for housing safety and habitability. It also has a reputation for containing high concentrations of individuals with mental health problems and people involved with substance abuse/recovery and other criminal activities such as prostitution. Key informants noted that, compared to other SRO neighborhoods, there is generally more fear of break-ins among residents in the Tenderloin’s SROs, and most of the buildings have security measures in place (e.g., multiple locks, windows that do not open). Residents are said to not want to go out at night because of personal safety concerns. Some SRO residents are also reported to be engaged in illegal and aberrant behavior, especially related to drugs.

A number of the Tenderloin’s SROs contain high concentrations of seniors. Many seniors have lived in the same SRO unit for ten to twenty years or more, “aging in place”, and may have physical or mental health problems. While some seniors who live in SROs need a fair amount of structure and support, others are capable of living independently. One interviewee noted that “ghettoizing” certain populations in the Tenderloin presents quality of life problems and health and safety concerns for residents and their visitors. Still, he went on to explain that many seniors who live in Tenderloin SROs prefer to stay where they are when offered alternative housing because “despite the negative aspects, people build community where they find it.” This is one reason why some advocates support the expansion of senior-only SRO housing.

In addition to seniors and single adults, several interviewees noted that there seems to be an increasing population of families, especially Latinos, living in the Tenderloin’s SRO hotels.

⁵⁹ The Tenderloin is sometimes referred to as “Central City”.

Chinatown

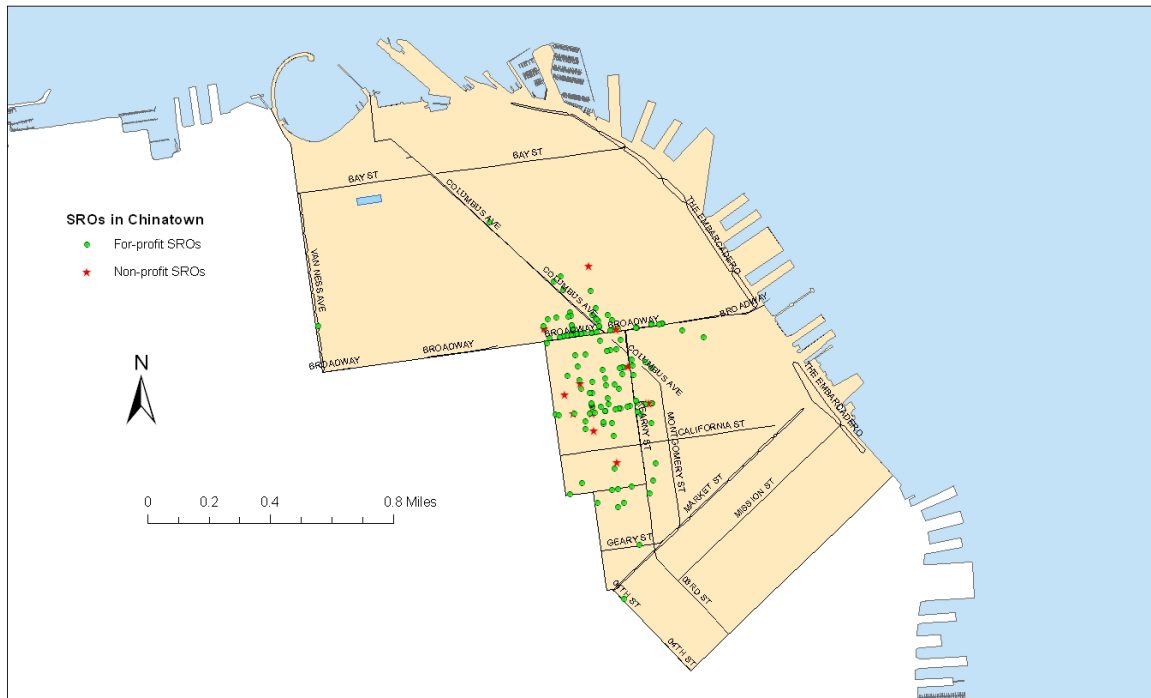


Figure 4. SROs in Chinatown (Chinatown, Financial District, North Beach, and Russian Hill).

In this report, “Chinatown” includes the Planning Department’s Chinatown, Financial District, North Beach, and Russian Hill neighborhoods. All four neighborhoods are included because many SROs lie along their borders. Chinatown is an ethnic enclave with a large Chinese immigrant population. Several service providers mentioned their clients’ strong neighborhood attachment.

Chinatown’s SRO residents are principally low-income families, new immigrants, and seniors. Several interviewees noted that while families who live in SROs in other neighborhoods move out more frequently, often to shelters or to the street, families who live in Chinatown’s SROs tend to stay for longer periods of time. This may be because of the support they have in SROs (e.g., grandparents, neighbors), or because non-SRO housing options are limited in Chinatown.

Compared to SROs in other neighborhoods, those in Chinatown are more apartment-like (e.g., often have no front desk) and are said to be more communal and have more family and neighbor involvement. Several key informants noted that Chinatown’s SROs have less of the tenant problems that plague residential hotels in other neighborhoods, such as substance abuse/recovery, prostitution, transients, and personal safety concerns. Interviewees also noted that in Chinatown, the fact that residents tend to be older people and families who often share a common language further helps build community and decrease social isolation. One interviewee said that the Asian community in Chinatown tends to be insular and not touch the mainstream systems, and for this reason SRO residents may be unaware of available resources. Because Chinatown SRO buildings are locked, on-site outreach efforts usually necessitate already having a contact in each hotel.

South of Market (SOMA)

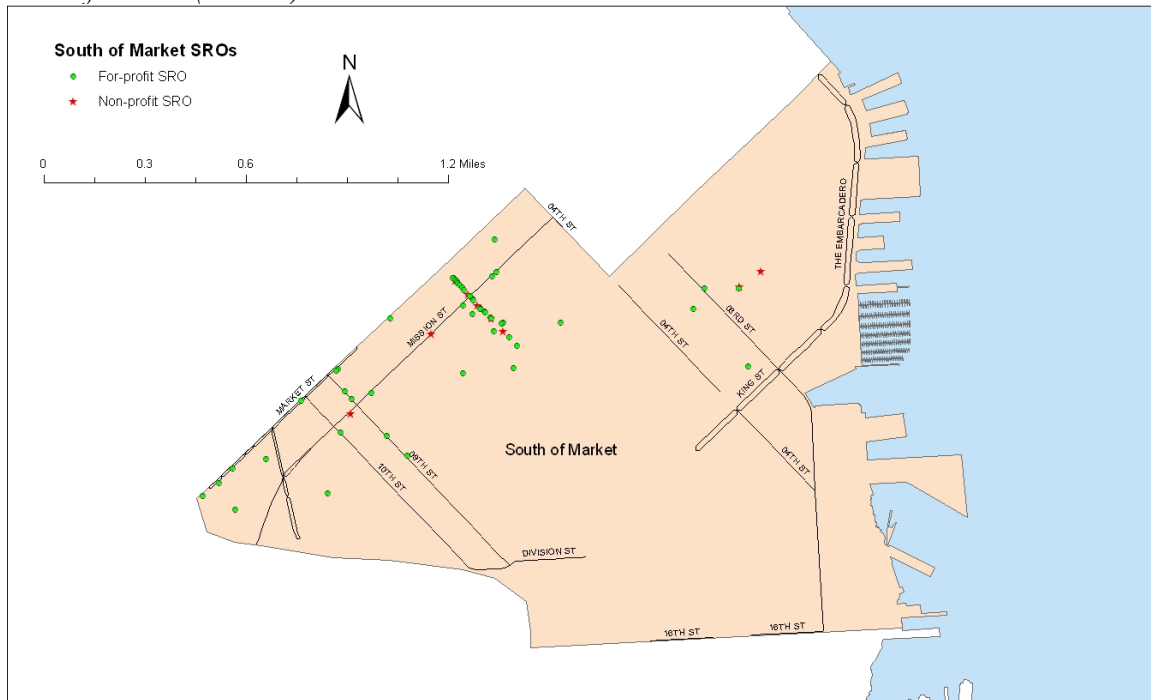


Figure 5. SROs South of Market.

A large number of SROs in the South of Market (SOMA) district are clustered along the 6th Street corridor.⁶⁰ SOMA is a relatively poor neighborhood⁶¹ and has the highest residential mobility rate of the four main SRO neighborhoods. It also has the largest number of property crimes per person and, like the Tenderloin, a large number of code violations for housing safety and habitability.

SOMA's SRO residents have a reputation for being more transient than those other SRO neighborhoods. Some interviewees noted that, aside from the 6th St. corridor, SOMA's SROs are generally more "livable" than those in the Tenderloin and Chinatown. On the other hand, several interviewees described the 6th St. corridor, where many of SOMA's SROs are located, as dangerous and rife with criminal activity.

⁶⁰ "6th Street corridor" refers to the area bordered by 5th and 7th St.'s and Market and Harrison

⁶¹ 23% below the poverty level and 10% unemployed, versus 11% and 5% citywide, respectively. Source: Healthy Development Measurement Tool

Mission

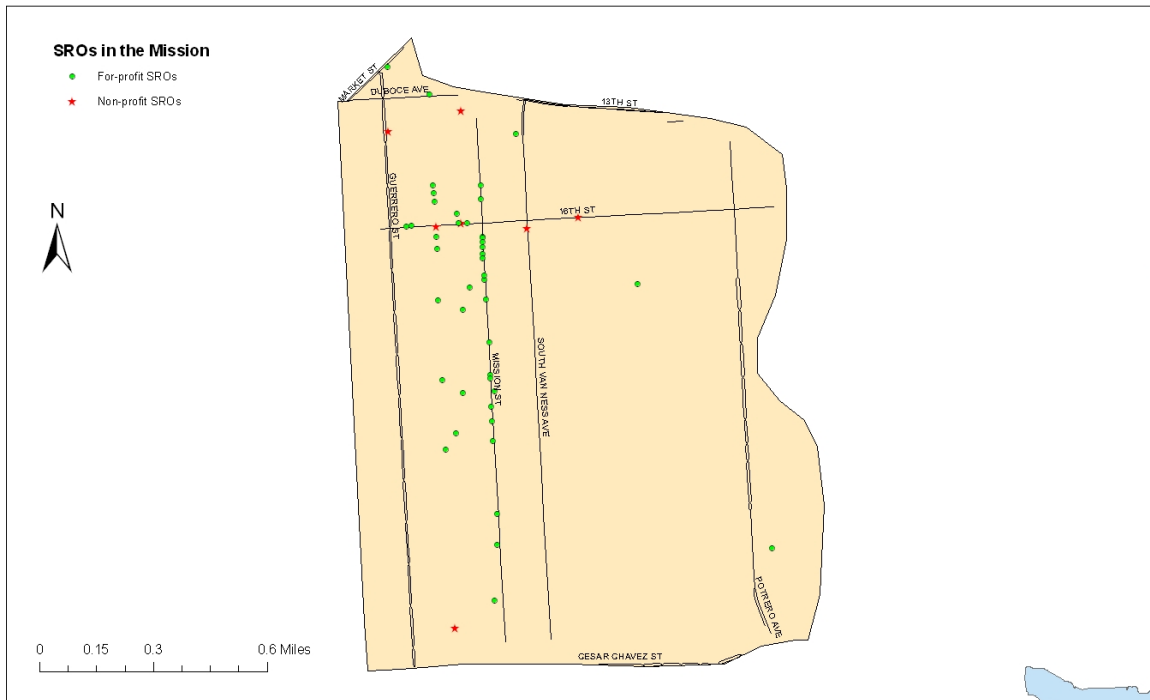


Figure 6. SROs in the Mission.

The largest share of the Mission's SROs is located on Mission Street. This neighborhood has a large Latino immigrant population and a relatively large proportion of younger residents.⁶²

Key informant interviews did not yield information about the Mission's SROs, suggesting that these residential hotels are somehow distinct or disconnected from SROs in the Tenderloin, Chinatown, and South of Market.

3.8. Building Properties

Year Built

San Francisco SRO construction began in earnest at the beginning of the 20th century (see Figure 7). The 1906 earthquake and subsequent fires caused widespread destruction throughout the city, resulting in an upsurge of SRO construction between 1907 and 1915⁶³, at which time most reconstruction was complete. After 1930, SRO construction began to taper off dramatically.

⁶² 17% are under 18 years old, compared to 14% citywide. Source: Healthy Development Measurement Tool

⁶³ The Panama-Pacific International Exposition was held in San Francisco in 1915, another reason for construction in the city during this time.

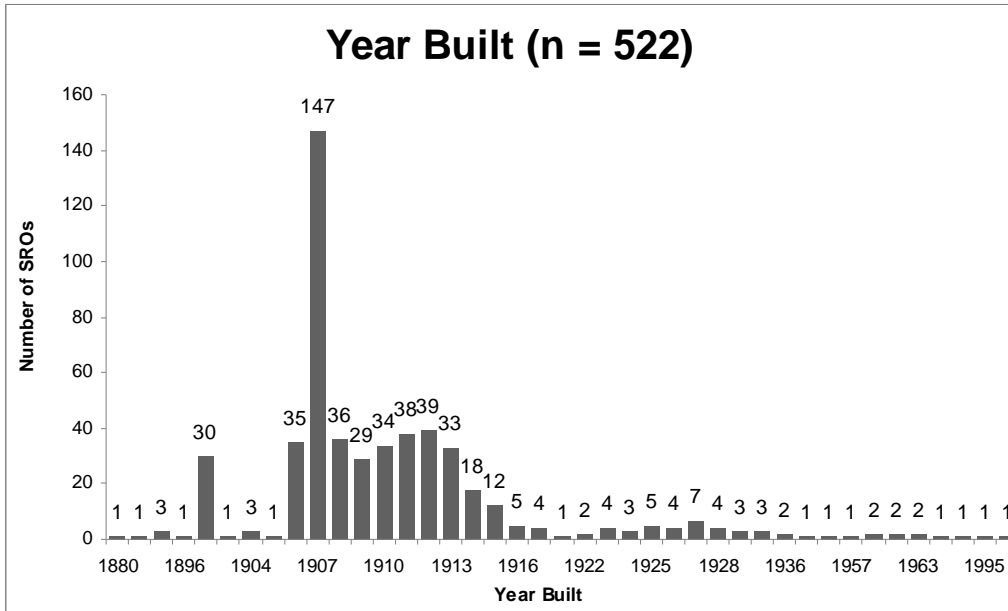


Figure 7. Year Built for All SROs. Note: Time axis not to scale.
 Data Source: San Francisco Office of the Assessor-Recorder

The Tenderloin contains a large share of the hotels built in the 1920s, while post-1950 construction is largely in the “other” neighborhoods (see Figure 8).

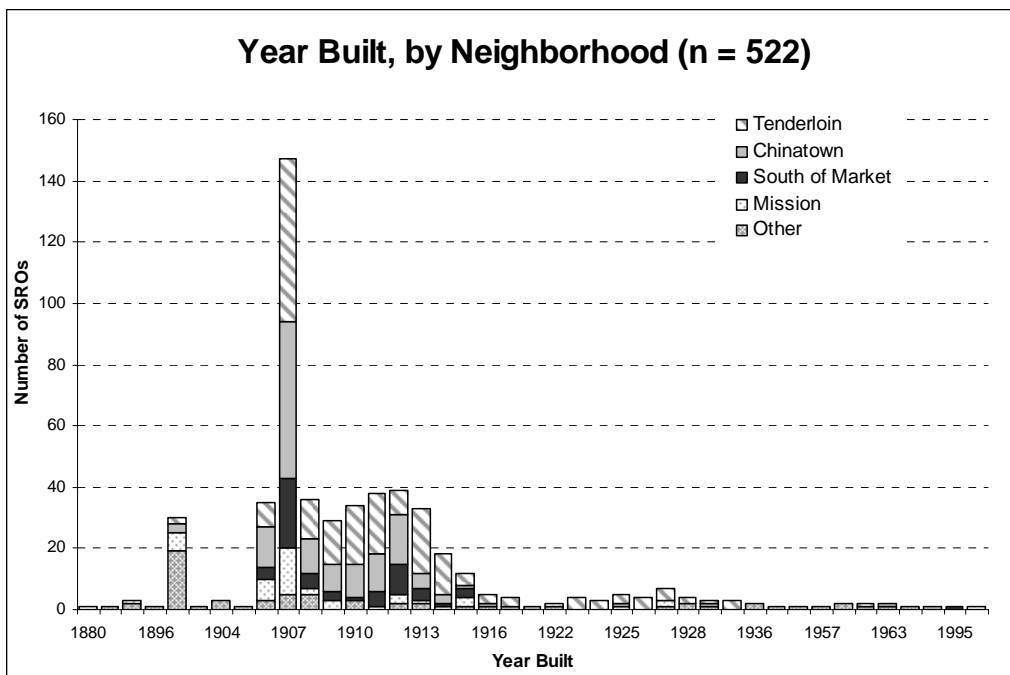


Figure 8. Year Built, by Neighborhood. Note: Time axis not to scale.
 Data Source: San Francisco Office of the Assessor-Recorder

Number of Units per Hotel

Eighty percent of San Francisco’s SROs have less than seventy units (see Figure 9). The average number of units per building is 44.5, and the median is 31.⁶⁴

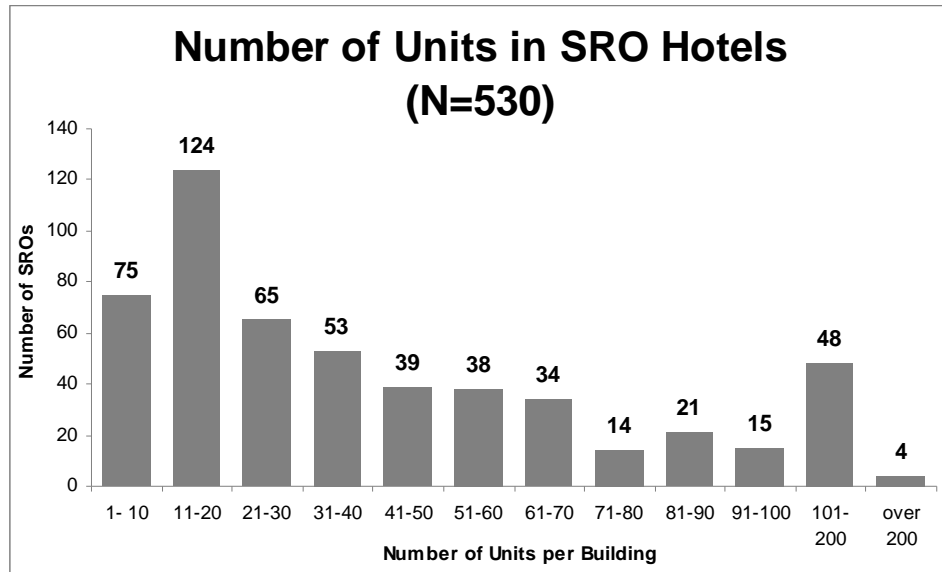


Figure 9: Number of Units in SRO Hotels
Data Source: San Francisco Planning Department

Many of the larger hotels are located in the Tenderloin and SOMA, while Chinatown and Mission SROs tend to have fewer units per building (see Table 9 and Figure 10).

Number of Units per SRO, by Neighborhood		
	Mean	Median
Tenderloin (N=208)	52.25	40
Chinatown (N=145)	39.3	28
SOMA (N=60)	54.2	45
Mission (N=50)	39.6	27.5
Other (N=67)	26.8	17

Table 9: Number of Units per SRO, by Neighborhood
Data Source: San Francisco Planning Department

⁶⁴ Standard deviation = 40.2

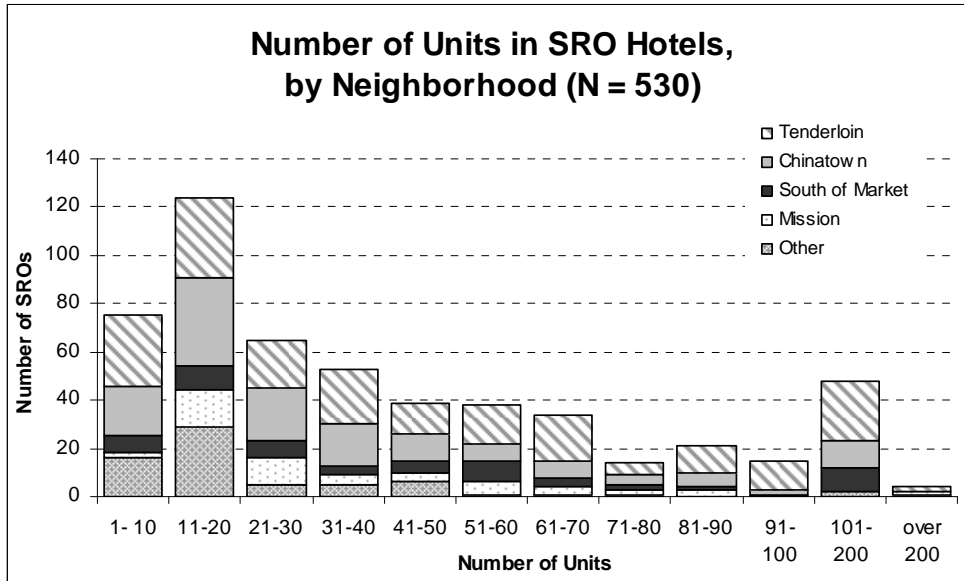


Figure 10: Number of Units in SRO Hotels, by Neighborhood
Data Source: San Francisco Planning Department

Bedroom to Bathroom Ratios

On average, San Francisco’s SRO hotels have 4.17 units for each bathroom, although the average bedroom to bathroom ratio varies across neighborhoods (see Figure 11). The Mission’s SROs have the highest number of units per bathroom, followed by those in Chinatown, South of Market, and “other” neighborhoods. The Tenderloin’s SROs exhibit the lowest average bedroom to bathroom ratio.

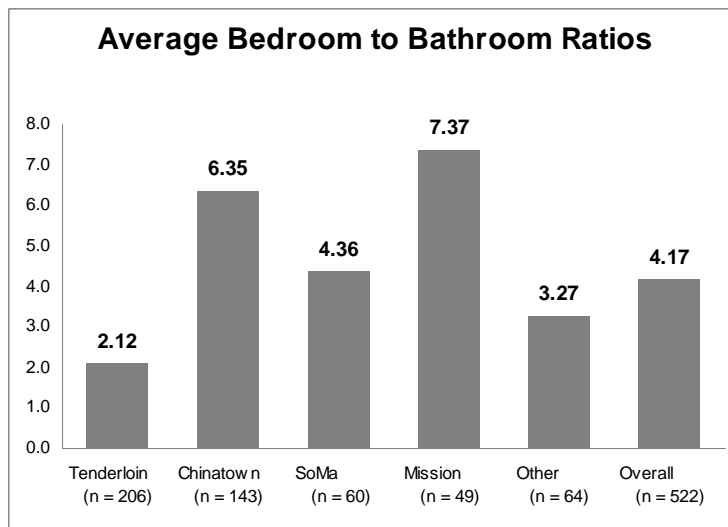


Figure 11: Bedroom to Bathroom Ratios, by Neighborhood and Overall
Data Sources: San Francisco Planning Department (number of units) and San Francisco Office of the Assessor-Recorder (number of bathrooms)

3.9. Monthly Rent

Monthly rents range from \$195⁶⁵ to \$2,943 (see Table 10 and Figures 12 and 13).⁶⁶ However, such high rents are unusual and do not represent the typical SRO. Over two-thirds⁶⁷ of these hotels have monthly rents below \$601, while less than 10%⁶⁸ have a monthly rent that exceeds \$1000.

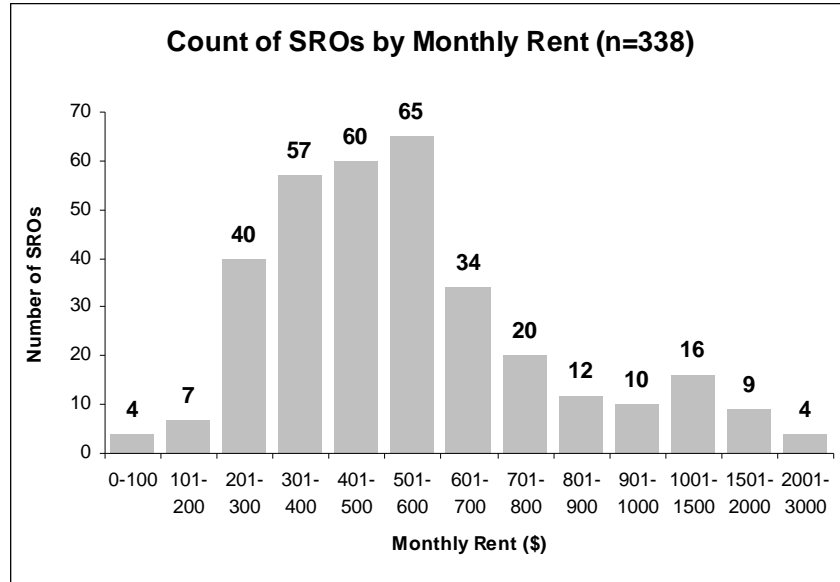


Figure 12. SRO Monthly Rent.

Data Source: Housing Inspection Services, Residential Hotel Unit Conversion and Demolition Ordinance, Executive Summary for Hotel Unit Usage Report - Group by Status, 9/18/08

Chinatown has the lowest mean and median rents, while SROs outside the four main neighborhoods have the highest mean and median rents.

Neighborhood	Mean Rent (\$)	Median Rent (\$)	Minimum Rent (\$)	Maximum Rent (\$)	n (out of total)
Tenderloin	724	600	195	2,943	129 (of 208)
Chinatown	380	318	0	1,600	111 (of 145)
SOMA	517	540	300	759	31 (of 60)
Mission	538	600	300	1,100	34 (of 50)
Other	881	699	210	2,270	33 (of 67)
Overall	589	512	0	2,943	338 (of 530)

Table 10. SRO Monthly Rents by Neighborhood.

Data Source: Housing Inspection Services, Residential Hotel Unit Conversion and Demolition Ordinance, Executive Summary for Hotel Unit Usage Report - Group by Status, 9/18/08

⁶⁵ the smallest non-zero rent

⁶⁶ Rent data from September 2008 is available for 338 of the 530 SROs, or about 64% of the total.

⁶⁷ 69% (233 hotels)

⁶⁸ 8.6% (29 hotels)

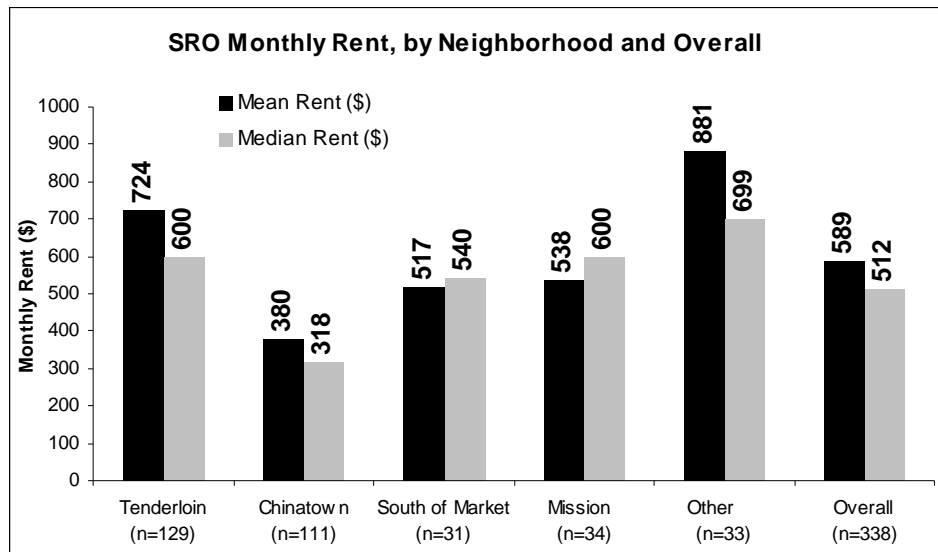


Figure 13. SRO Monthly Rent, by Neighborhood and Overall.

Data Source: Housing Inspection Services, Residential Hotel Unit Conversion and Demolition Ordinance, Executive Summary for Hotel Unit Usage Report - Group by Status, 9/18/08

3.10. Owners

As illustrated in Table 11, most SRO owners have local addresses.

Location (Zip Code)	Number of SRO Owners (N = 522)	Percentage of Total
San Francisco (941--)	420	80.5%
Bay Area (94---)	497	95.2%
California (9----)	517	99.0%

Table 11. SRO Owners by State

Note: 94--- Zip Codes (“Bay Area”) include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma counties

Data Source: San Francisco Office of the Assessor-Recorder

Just over ten percent of San Francisco’s SROs are nonprofit-owned, and another 18% belong to family trusts (see Table 12). At least half belong to private, for-profit owners.

Owner Type	Number	Proportion of Total
Nonprofit	66	12.5%
INC, CORP, LLC, LTD, LP	283	53.4%
Family Trust	96	18.1%
Other	85	16.0%

Table 12. SRO Owners by Owner Type

Key informants discussed the range of attitudes and approaches held by SRO owners, and their impact on residents. One interviewee noted that “property management can make or break a community”, and both non-profit and for-profit SROs vary greatly in this respect. The SRO Task Force strives to bring owners together with residents and other key stakeholders.

Several interviewees alluded to management companies that are not particularly responsive and owners who have “caused trouble” such as shutting off the heat or restricting the time when residents can use the kitchen. Moreover, as one interviewee noted, case managers may have a harm reduction philosophy while property managers may have a zero-tolerance policy (e.g., with respect to substance abuse or other criminal activity).

While owners and managers display a varying level of responsiveness to residents’ needs, key informants generally agreed that the situation is improving overall. A Tenderloin service provider noted that “it is remarkable how much heart and community sense there is in many of the SROs. There is lots of good stuff that goes on in the SROs and staff can be remarkably responsible.”

Throughout the key stakeholder interviews, a clear distinction emerged between perceptions of privately-owned SROs and those that have city or nonprofit involvement. While the generalizations below are not necessarily based on facts or even personal experience, they are important in that they reflect notions and stereotypes held by some service providers. Prevalent themes include:

Privately-owned SROs

- no resources or on-site support
- often have no lease and no/unclear rules
- residents often stay for very short periods of time (e.g., one week)
- incidents of prostitution, drug-dealing, break-ins, violence, noise, unhygienic bathrooms
- buildings in ill repair
- more expensive rent

City-leased / Nonprofit-run SROs

- on-site case managers
- coordinated responses, rules (may be overly restrictive), security
- buildings must be well-maintained
- base of stable residents
- foster a sense of community and social networks (e.g., welcome parties for new tenants, communal events)
- more connected to services (for example, 70%-80% of Glide’s SRO clients live in nonprofit hotels)
- more difficult to get into, long waitlists (ten to twelve months)

3.11. Public Housing and Section 8

Aside from temporary shelters, public housing developments and Section 8 vouchers are the primary housing alternatives for low-income San Francisco residents who might otherwise

live in SROs.⁶⁹ This section describes public housing and Section 8, comparing and contrasting them with SROs across various dimensions.

Units and Residents

In San Francisco, more low-income people live in SRO hotels than in public housing (see Figure 14). There are only approximately five Section 8 voucher holders living in SROs.⁷⁰

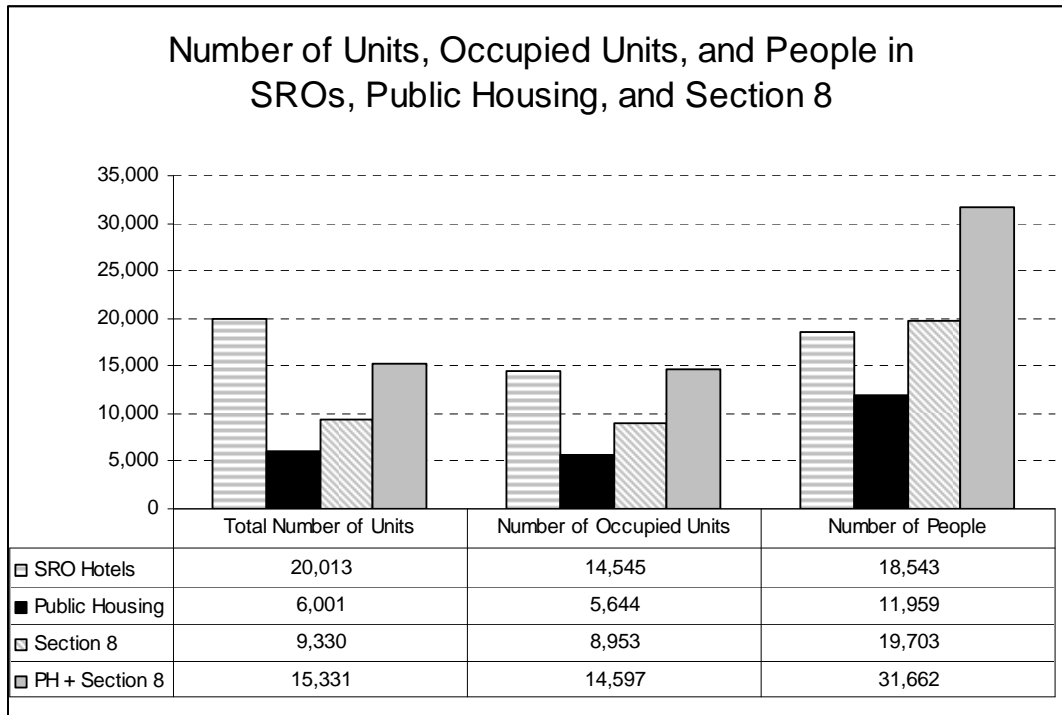


Figure 14. Total Number of Units, Number of Occupied Units, and Number of People in SROs, Public Housing, and Section 8.

Building Properties

San Francisco’s Public Housing developments were constructed much more recently than its SROs. The average year built for San Francisco’s SROs is 1911, and the average year built for Public Housing developments is 1968. Of San Francisco’s 51 Public Housing developments, including Hope VI sites, nine were rehabilitated since their original construction⁷¹. Figure 15 illustrates the number of Public Housing developments built or rehabilitated in a given year.

⁶⁹ The San Francisco Housing Authority (SFHA) provides for the city’s public housing residents and Section 8 participants.

⁷⁰ According to Kyle Pedersen, Director, Governmental Affairs & Communications, San Francisco Housing Authority.

⁷¹ The average year rehabilitated is 1985.

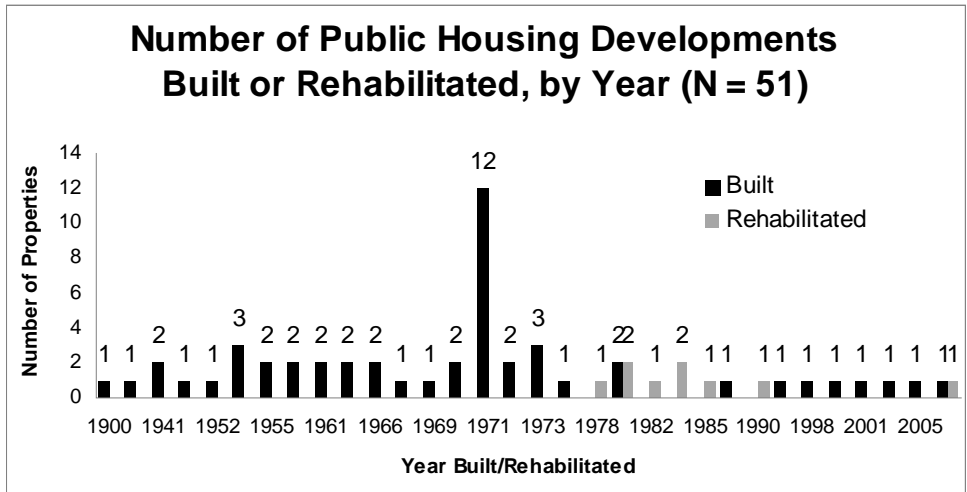


Figure 15. Number of Public Housing Developments Built or Rehabilitated, by Year
 Data Source: SFHA (<http://www.sfha.org/about/developments/index.htm>) (includes senior sites, family sites, and Hope VI sites)

While construction of SROs began to dwindle in the 1930s, Public Housing construction began in earnest in the 1950s, ramping up through the end of the 1970s. Figure 16 shows the percentage of total stock of each type of housing constructed in a given year.

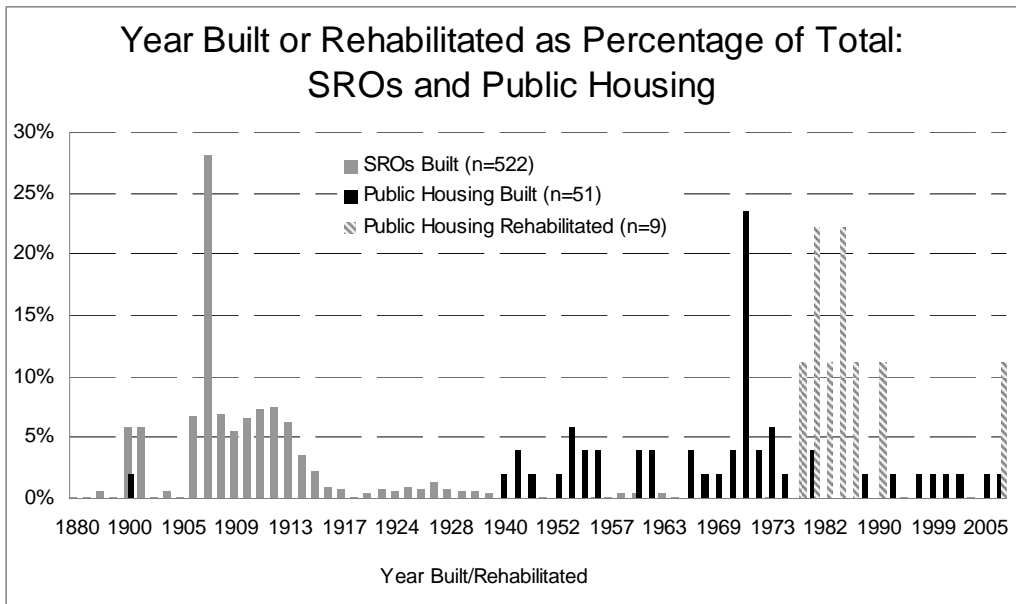


Figure 16: Year Built or Rehabilitated as a Percentage of Total: SROs and Public Housing
 Data Source for SROs: San Francisco Office of the Assessor-Recorder
 Data Source for Public Housing: SFHA (<http://www.sfha.org/about/developments/index.htm>)

Rent and Household Income

Public housing residents and Section 8 voucher holders pay far less in monthly rent than the average SRO resident (see Table 13).

	Public Housing	Section 8	SRO Hotel
Average Tenant Rent	\$286.95	\$466.11	\$598
Average Household Income	\$13,206	\$17,548	unknown

Table 13. Average Rent and Household Income for Public Housing and Section 8
Source for PH and Section 8: San Francisco Housing Authority data from September 27, 2007
Source for SRO Hotels: Housing Inspection Services, Residential Hotel Unit Conversion and Demolition Ordinance, Executive Summary for Hotel Unit Usage Report - Group by Status, 9/18/08

Tenant Demographics

African-Americans represent the largest proportion of Public Housing and Section 8 residents, followed by Asian/Pacific Islanders, Whites, and Latinos (see Table 14). Based on this report’s findings, the ethnic composition of SRO residents differs from that of Public Housing and Section 8 residents—Asian/Pacific Islanders make up almost half of the total, followed by Whites, African-Americans, and Latinos.⁷²

	Public Housing	Section 8	SROs (based on this report’s master profile)
African-American	41.6%	31.8%	18.2%
Asian/Pacific Islander	26.8%	30.0%	45.6%
White	18.6%	28.1%	23.7%
Latino	10.6%	9.1%	6.5%
Native American	0.5%	0.7%	0.6%
Other	1.9%	0.3%	5.5% (other / unknown / decline to state)

Table 14. Racial Composition of Public Housing and Section 8.
Source for Public Housing and Section 8: San Francisco Housing Authority data from September 27, 2007

Resources⁷³

In addition to living in more recently constructed buildings and paying lower monthly rents than SRO tenants, Public Housing residents are granted numerous opportunities to voice their concerns and access additional services, none of which are mandated or guaranteed to people who live in SROs. For example:

- Public Commission – The SFHA Commission has seven members, appointed by the mayor, two of whom are public housing residents. The Commission makes decisions regarding the SFHA at public meetings where residents may ask questions and make comments.

⁷² This does not necessarily represent the true ethnic composition of all SRO residents, as it is based on aggregated caseload data from a select number of HSA programs.

⁷³ Information is based on interview with Kyle Pederson, Director, Governmental Affairs & Communications, San Francisco Housing Authority, conducted by Dan Kelly, Director of Planning, Human Services Agency, on 3/16/09.

- Public Housing Administrative Plan—Residents have the opportunity to comment on and influence SFHA’s Public Housing Administrative Plan, which sets goals and allocates resources for the upcoming year. This plan must be submitted to the Department of Housing and Urban Development (HUD) annually.
- On-Site Resident Council—HUD gives the local Housing Authorities \$25 per unit per year for "resident participation." SFHA is planning to give the Resident Councils the structure to budget these funds for improvements at the sites.
- Property Managers and Labor Force— Each public housing group has a property manager and a labor force to fix problems and respond to complaints.⁷⁴ The residents can either go through the property managers to request repairs, or they can use the City's 311 phone system.
- Grant Money—SFHA can apply for federal, state, and local grants to improve the sites and develop the community.
- Support Services—SFHA has Memoranda of Understanding (MOUs) with non-profits, and one with the Department of Aging and Adult Services (DAAS), to provide support services to seniors and families.
- Head Start—Each family site has a Head Start Center that pulls from the tenants and from the surrounding neighborhood.
- Security—Although some have a reputation for being dangerous, the developments have private security officers on site and SFHA has an MOU with the San Francisco Police Department to conduct community policing activities.
- Screening—SFHA conducts criminal background checks on applicants and monitors the developments for drug activity, frequently evicting residents who engage in illegal activity.

⁷⁴ In order to organize its resources, SFHA groups two or three similar smaller developments together (e.g., for seniors, for families). Large developments are their own group.

4. Master Profile

An estimated 18,500 people live in San Francisco's SRO hotels.⁷⁵ This section describes San Francisco's SRO residents based on information from five datasets comprising ten human service programs, merged by Social Security Number (see Table 15). This master profile describes 11,660 unduplicated individuals, or 63% of the estimated total number of SRO residents. While this report draws on data from additional sources, it was not possible to incorporate their information into the master dataset because they do not include Social Security Number and/or were obtained as aggregate information. Findings from these additional data sources are discussed in subsequent sections.

Key Findings for Master Profile of SRO Residents

Gender

- 61.5% male, 38.5% female
- males are the majority for all ethnicities except Asian/Pacific Islanders
- males are the majority for English- and Spanish-speakers, but not for Chinese- and other non-English-speakers

Age

- average age is 55.1 years; for males it is 54.5; for females, 56.0
- mean age is youngest for Latinos and oldest for Asian/Pacific Islanders
- mean age is youngest for those whose primary language is Spanish and oldest for those whose primary language is an "other" non-English language (i.e., not Chinese or Spanish)

Ethnicity

- close to half are Asian/Pacific Islanders, just under one-fourth are White, almost one-fifth are African-American

Language Spoken

- more than half speak English, slightly more than one-third speak Chinese

4.1. Methodology

The Master Profile comprises caseload data from ten human service programs:

Adult Protective Services (APS)
California Work Opportunities and Responsibility to Kids (CalWORKs)
(CalWIN database)
Cash Assistance Program for Immigrants (CAPI) (CalWIN database)
County Adult Assistance Programs (CAAP) (CalWIN database)
Food Stamps (CalWIN database)

⁷⁵ Estimated using average occupancy rate for zero-bedroom apartments in San Francisco, 2005-2007, according to ACS data (source: IPUMS)

Foster Care (CalWIN database)
In-Home Supportive Services (IHSS)
Medi-Cal (CalWIN database)
Office on the Aging (OOA)
Supplemental Security Income (SSI)

Table 15. Human Service Programs Included in SRO Resident Master Dataset.

Most individuals in the master dataset (57%) participate in only one of these ten programs, and nobody participates in more than five (see Figure 17).⁷⁶

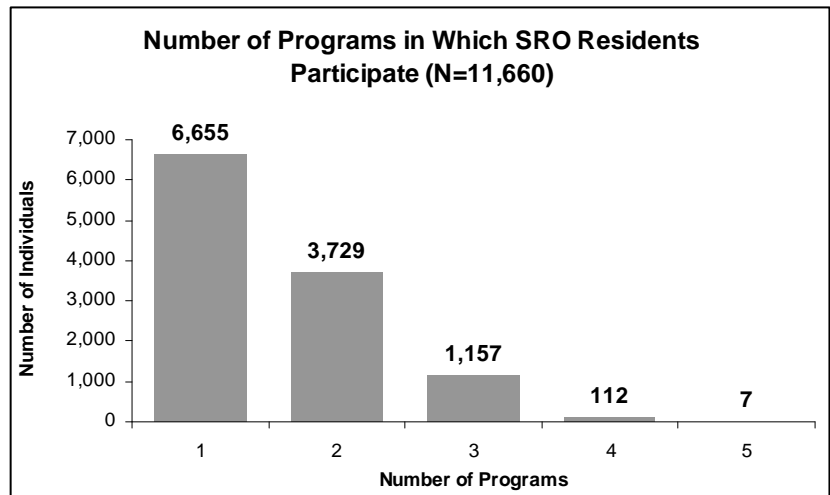


Figure 17. Number of Programs in Which SRO Residents Participate.

SRO residents who participate in more than one program have multiple entries for the same indicator (e.g., name, address, date of birth). In order to generate descriptive information about SRO residents, each individual was assigned the age, gender, ethnicity, and language given in the first of the following databases in which s/he appears:⁷⁷

- (1) SSI, (2) CalWIN (includes 6 programs), (3) IHSS, (4) APS, (5) OOA

Categories for ethnicity and language differ across the five databases. For this master profile, ethnicity was standardized into six categories: African-American, Asian/Pacific Islander (API), Latino, Native American, White, and Other/Decline to State. Language was standardized into four categories: Chinese (includes Cantonese, Mandarin, and other Chinese languages), English, Spanish, and Other/Decline to State.

4.2. Gender

The majority of individuals in the SRO master dataset are males (see Figure 18).

⁷⁶ See Appendix B for additional data about cross-program participation.

⁷⁷ SSI, CalWIN, and IHSS tend to be the most reliable databases because they involve payments. APS is the next most reliable, because data is entered by HSA staff, while OOA data is entered by contractors.

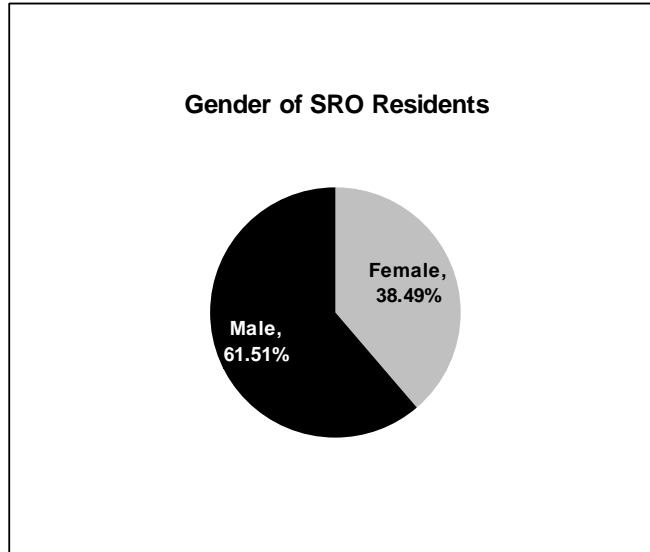


Figure 18. Gender of SRO Residents.

Gender by Ethnicity. With the exception of Asian/Pacific Islanders, the majority of SRO residents in each ethnic group are also males, to varying degrees (see Figure 19). In this respect, the API population living in SROs is distinct from the others.

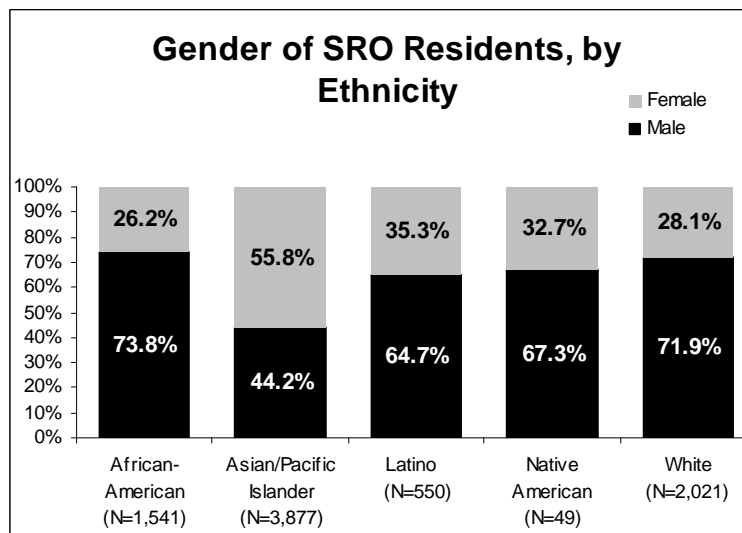


Figure 19. Gender of SRO Residents, by Ethnicity.

Gender by Language Spoken. Males are also the majority of SRO residents among those whose primary language is English or Spanish (see Figure 20). However, males are the minority among SRO residents for whom Chinese⁷⁸ or other non-English languages are the primary language.

⁷⁸ Here, “Chinese” refers to Cantonese, Mandarin, and other Chinese languages.

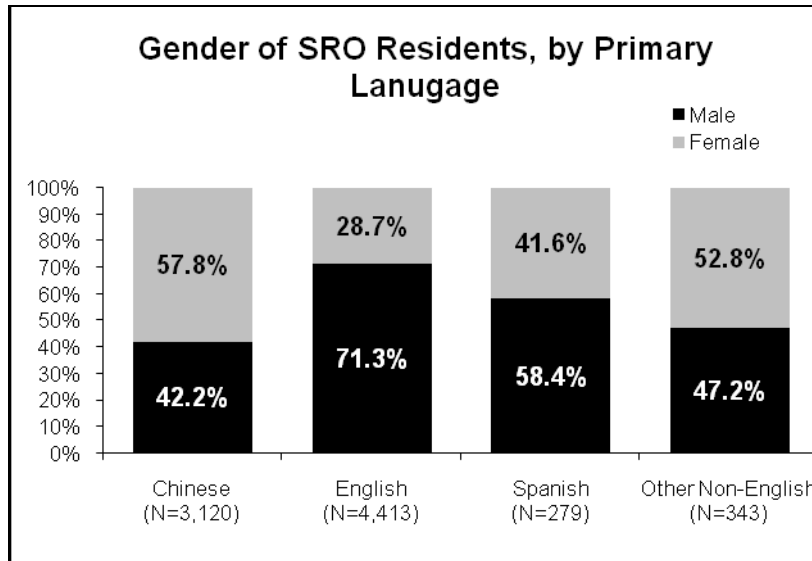


Figure 20. Gender of SRO Residents, by Primary Language.

4.3. Age

The average age of SRO residents in the master dataset is 55.1 years.⁷⁹ Figure 21 shows the age distribution of all individuals in the master dataset. Zero to twenty-one-year-olds hover between 0.3% and 0.5% of the total population, with a decline among twenty-two to twenty-five-year-olds. Thereafter, older people make up an increasingly greater proportion of SRO residents until the early sixties. There is another, smaller spike around the late sixties and early seventies, and another decline in the proportion of SRO residents that consists of those who are eighty and older.

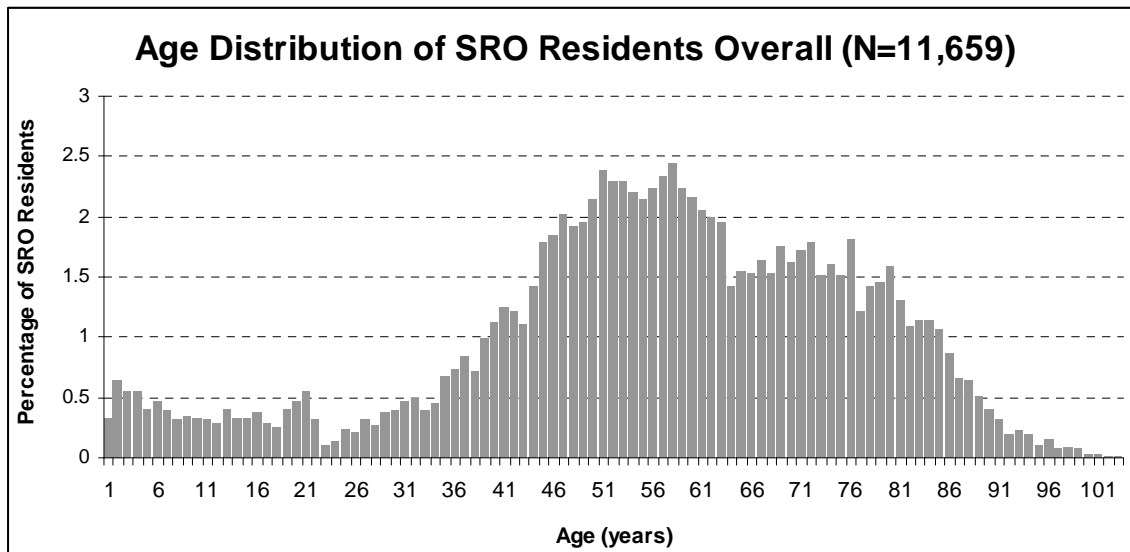


Figure 21. Age Distribution of SRO Residents Overall.

⁷⁹ standard deviation = 20.4 years

Age by Gender. The average age of males in the master dataset is 54.5 years, and the average age of females is 56.0.⁸⁰ Age distribution also differs by gender (see Figures 22 and 23). The male age distribution has one clear peak that spans the late forties through the early sixties. Female SRO residents are more evenly distributed across ages, with a larger proportion of older individuals than male SRO residents.

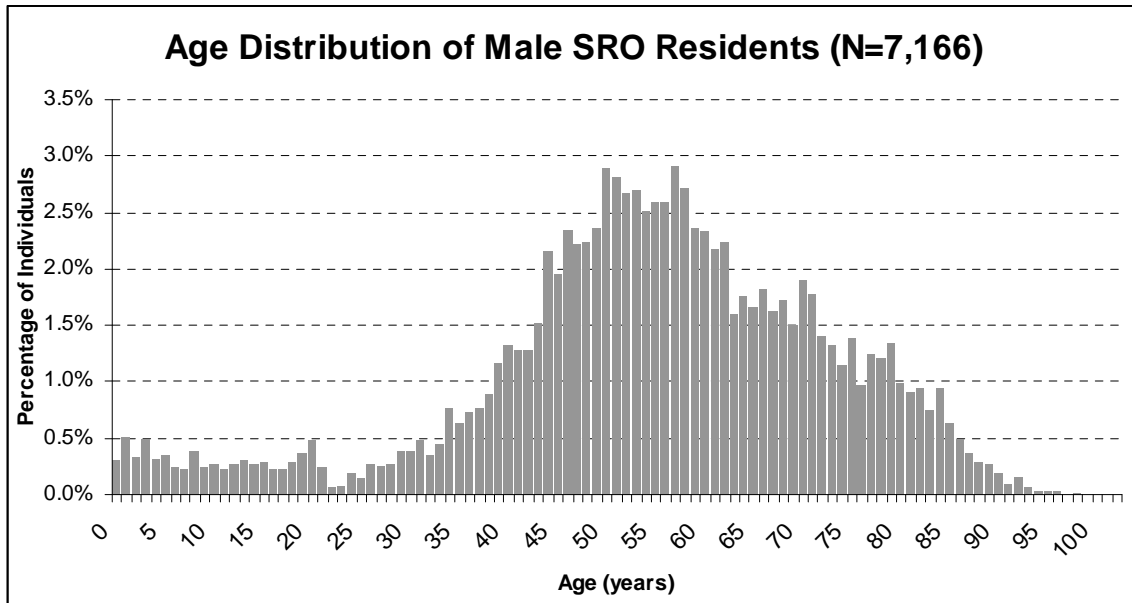


Figure 22. Age Distribution of Male SRO Residents.

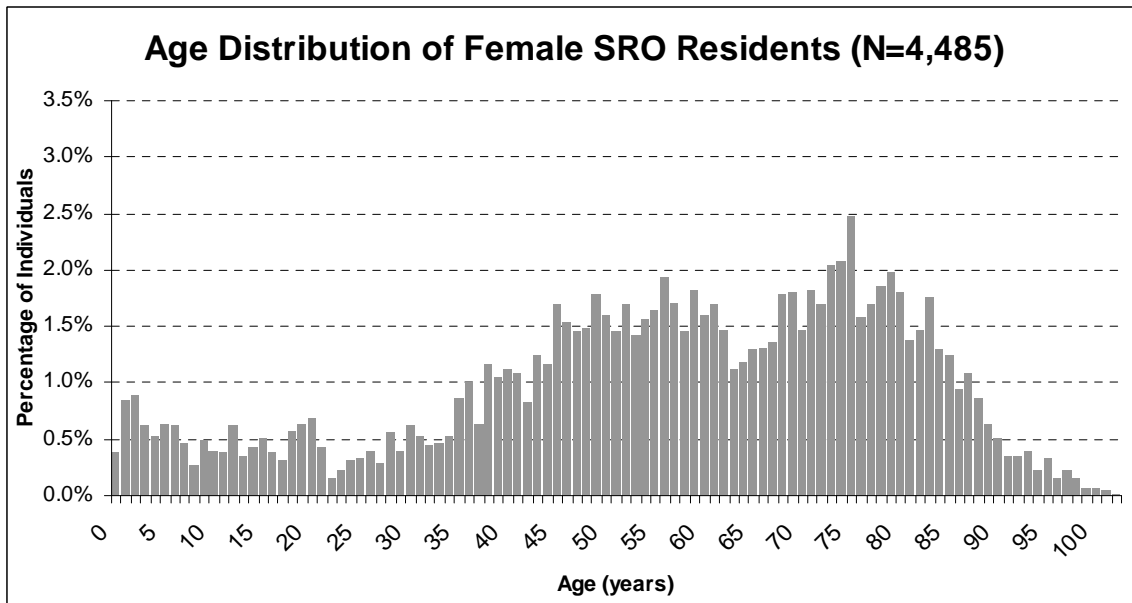


Figure 23. Age Distribution of Female SRO Residents.

Age by Ethnicity. Mean age also differs by ethnicity (see Table 16). On average, Latino SRO residents are youngest and Asian/Pacific Islanders are oldest.

⁸⁰ This difference is statistically significant, with $p=0.0002$.

Ethnicity	Mean Age (years)	Standard Deviation
African-American (N=1,547)	51.09	13.49
Asian/Pacific Islander (N=3,878)	57.01	26.95
Latino (N=550)	41.05	24.55
Native American (N=49)	49.37	14.05
White (N=2,021)	54.95	15.27
Other/Unknown/Decline to state (N=467)	52.69	16.91

Table 16. Mean Age with Standard Deviation for Master Dataset, by Ethnicity.

Figure 24 shows SRO residents' age distributions by ethnicity.⁸¹ Younger SRO residents in the master dataset (i.e., those under eighteen) are mostly Asian/Pacific Islanders and Latinos, suggesting that many of the families in SROs belong to those two ethnic groups. The largest proportions of African-Americans and Whites are between forty and sixty-five years old. Asian/Pacific Islanders also have the highest proportion of seniors among these SRO residents.

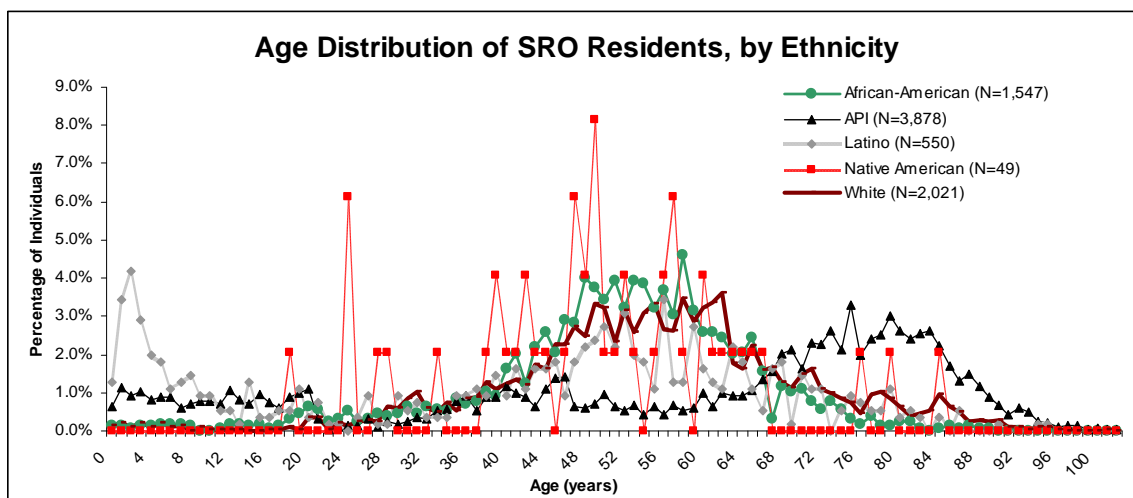


Figure 24. Age Distribution of SRO Residents, by Ethnicity.

Age by Language Spoken. On average, Spanish-speaking SRO residents are youngest and other non-English speakers (i.e., not Chinese or Spanish) are oldest (see Table 17).

Language	Mean Age (years)	Standard Deviation
Chinese ⁸² (N=3,121)	57.12	27.36
English (N=4,414)	51.84	16.27

⁸¹ see Appendix B for individual age distribution graphs by ethnicity

⁸² Here, "Chinese" refers to Cantonese, Mandarin, and other Chinese languages.

Language	Mean Age (years)	Standard Deviation
Spanish (N=279)	33.99	27.3
Other Non-English (N=343)	62.44	23.18

Table 17. Mean Age with Standard Deviation for Master Dataset, by Language Spoken.

Figure 25 shows the age distribution of SRO residents by primary language.⁸³ A large proportion of younger SRO residents in the master dataset speak Spanish as their primary language. The highest percentage of individuals who speak other non-English languages (i.e., not Chinese or Spanish) is among the oldest SRO residents. SRO residents whose primary language is English peak among forty-five to sixty-five-year-olds, and those whose primary language is Chinese peak among sixty-five to ninety-year-olds.

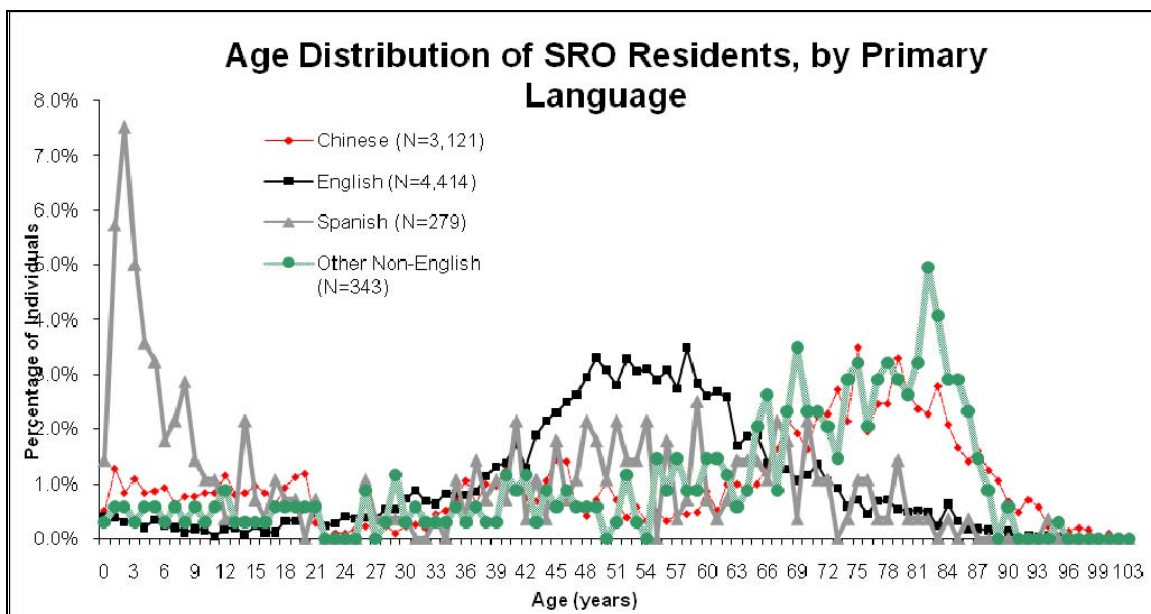


Figure 25. Age Distribution of SRO Residents, by Primary Language.

4.4. Ethnicity

Close to half of the SRO residents in this dataset are Asian/Pacific Islanders (see Figure 26). The next largest ethnic groups are Whites (23.7%) and African-Americans (18.2%).

⁸³ See Appendix B for language-specific age distribution histograms.

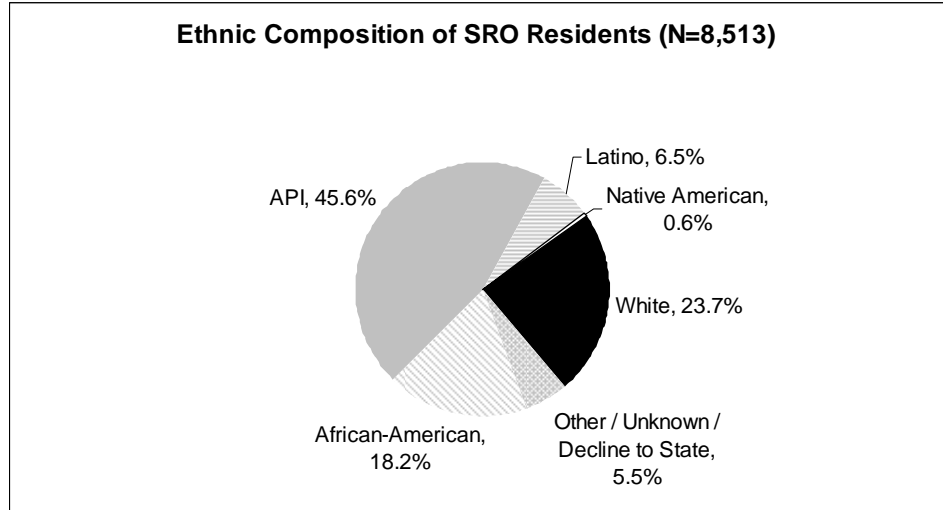


Figure 26. Ethnic Composition of SRO Residents.

4.5. Language Spoken

Just over half of the SRO residents in the master dataset speak English as their primary language (see Figure 27). The next most common primary language is Chinese, at 37.9%.⁸⁴

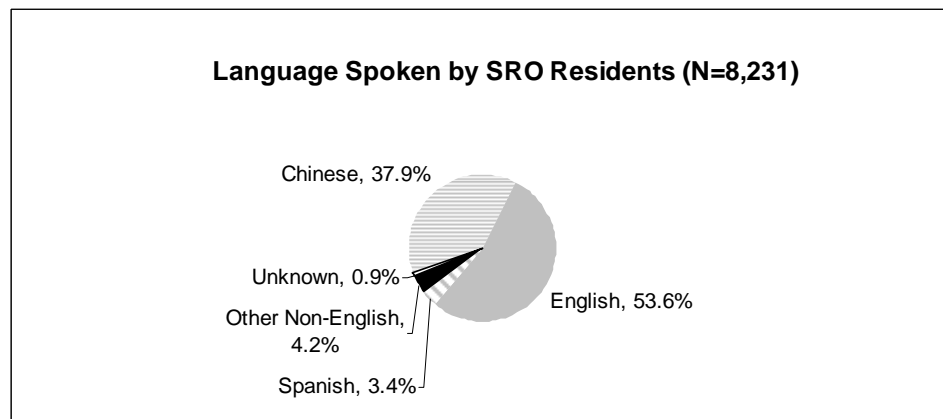


Figure 27. Language Spoken by SRO Residents.

4.6. Change over Time

While tracking changes in the SRO population over time is a valuable endeavor, it is beyond the scope of this study.⁸⁵ When asked about how the SRO population has changed over time, key informants offered a variety of responses. Some commented that the biggest change is an increased amount of families in SROs and a lack of exits and longer stays for these families. Another service provider noted that the population of 25- to 50-year-olds has been growing in recent years, perhaps due to Care Not Cash and the economic downturn. Others said that more people who receive unemployment benefits seem to be living in SROs. There was also mention of an increase in people with disabilities and DPH placement of chronic inebriants in SROs. Finally, another interviewee spoke of an increase in residents with acute psychological and medical health issues.

⁸⁴ Here, “Chinese” refers to Cantonese, Mandarin, and other Chinese languages.

⁸⁵ However, this report may be used as a baseline against which to compare future findings.

5. Seniors and Adults with Disabilities

5.1. Data Sources

Adult Protective Services, 2008 Calendar Year

Adult Protective Services (APS) assists all San Francisco elders (i.e., 65 and older) and adults with disabilities (18-64 years old) whose physical or mental conditions restrict their ability to protect their rights and who are abused or neglected or at risk of abuse or neglect. The two categories of abuse reported by APS are (1) abuse by others and (2) self-abuse, with more specific types of abuse identified within each category.

In-Home Supportive Services (IHSS), December 2008

In-Home Supportive Services (IHSS) is a statewide program that provides personal assistance services to low-income people with chronic and disabling conditions who need such assistance to remain safely in their homes and engaged in their communities. In San Francisco, most IHSS beneficiaries are over 65 years of age. The remainder are younger adults as well as a small number of children. IHSS includes chore and house cleaning services and personal care (e.g., assistance with eating, bathing, dressing, and using the toilet).

Office on the Aging (OOA), January 2009

The Office on the Aging selects, funds, manages and oversees contracts for direct service programs provided by 40-50 community-based organizations and two public agencies, serving persons 60 years of age and older and adults with disabilities. Service providers target younger adults with disabilities as well as frail seniors, low-income seniors, and cultural/racial/ethnic minority groups of elders. Participating agencies provide a wide range of programs and services, including nutrition, transportation, and bilingual/bicultural needs, to help keep clients healthy and living independently in the community.

Supplemental Security Income (SSI), January 2008

SSI is a Federal income supplement program designed to help aged, blind, and disabled people who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter.

5.2. Findings

Gender. In all caseload data used, males represent the majority of SRO residents and the minority of non-SRO residents (see Table 17).

Data Source	SRO Residents: Percentage Male	Non-SRO Residents: Percentage Male
APS	63.3% (N=619)	39.4% (N=3,165)
IHSS	53.2% (N=2,374)	35.4% (N=18,380)
OOA	63.5% (N=1,164)	35.6% (N=13,564)

Data Source	SRO Residents: Percentage Male	Non-SRO Residents: Percentage Male
SSI	60.6% (N=5,758)	45.1% (N=43,236)

Table 17. Percentage Male among SRO Residents and Non-SRO Residents for APS, IHSS, OOA, and SSI recipients.

Age. In all caseload data used, SRO residents who receive services for seniors and the disabled were significantly younger than non-SRO residents (see Table 18).⁸⁶

Data Source	SRO Residents: Average Age (years)	Non-SRO Residents: Average Age (years)
SSI	62.3 (N=5,758)	65.7 (N=43,236)
IHSS	67.2 (N=2,374)	71.0 (N=18,380)
OOA	68.3 (N=1,164)	78.8 (N=13,564)
APS	63.4 (N=608)	72.7 (N=3,065)

Table 18. Average Age of SRO Residents and Non-SRO Residents for APS, IHSS, OOA, and SSI recipients.

Ethnicity. The ethnic composition of SRO residents differs across the three caseload data sources that provide this information (see Figure 28).⁸⁷ In all cases, about one-fifth are African-American and about 5-6% are Latino. Asian/Pacific Islanders make up almost half of IHSS recipients living in SROs, one-third of those who receive OOA services, and only 14% of those with reports of abuse. This trend reverses itself for Whites, who make up one fourth of IHSS recipients living in SROs, one-third of those who receive OOA services, and over half of those with reports of abuse.

⁸⁶ All differences are statistically significant, with $p < 0.001$. See Appendix B for program-specific age distribution histograms.

⁸⁷ See Appendix B for program-specific information about SRO residents' and non-SRO residents' ethnic compositions.

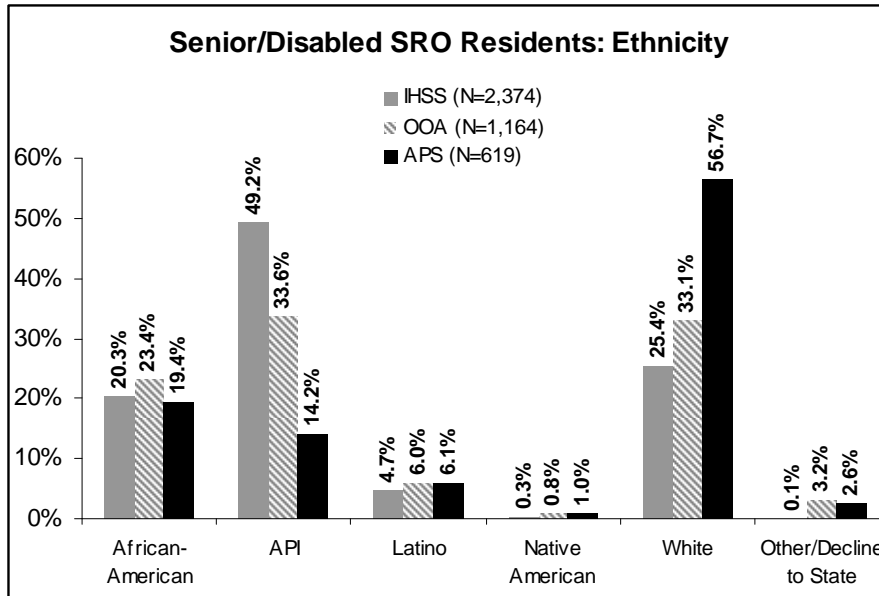


Figure 28. Senior/Disabled SRO Residents: Ethnicity

Language Spoken. Slightly over half of OOA recipients who live in SROs speak English as their primary language, a greater proportion than among non-SRO residents (see Figure 29).⁸⁸ Relative to all other OOA recipients, SRO residents include a smaller proportion of individuals whose primary language is Chinese, Spanish, or another non-English language.

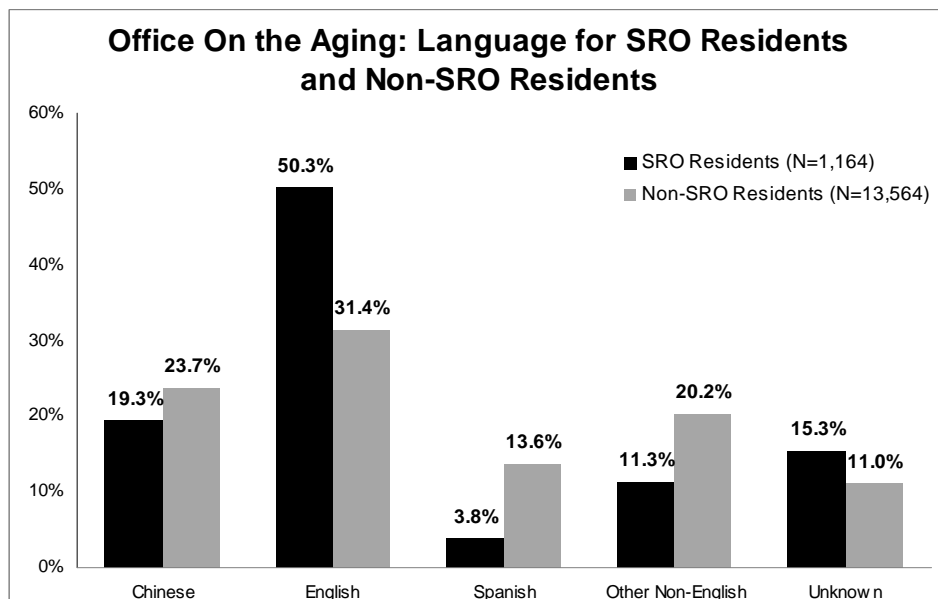


Figure 29. Office On the Aging: Language for SRO Residents and Non-SRO Residents.

Functionality. IHSS assigns clients a numeric ranking (one through six) that indicates their level of independence in specific functional areas. Table 19 below explains the meaning of each ranking.

⁸⁸ OOA is the only data source used that provides information about client language.

Rank	Definition
1	Independent—Able to perform functions without human assistance thought client may have difficulty. However, no completion of the task with or without a device poses a risk to his/her safety.
2	Able to perform but needs verbal assistance such as reminding, guidance or encouragement.
3	Can perform with some human help, i.e., direct physical assistance from the provider.
4	Can perform with a lot of human assistance.
5	Cannot perform function at all without human assistance.
6	Paramedical services needed.

Table 19. In-Home Supportive Services Functional Rank Definitions

According to IHSS rankings, SRO residents are *less* functionally limited in most areas than non-SRO residents (see Figure 30).

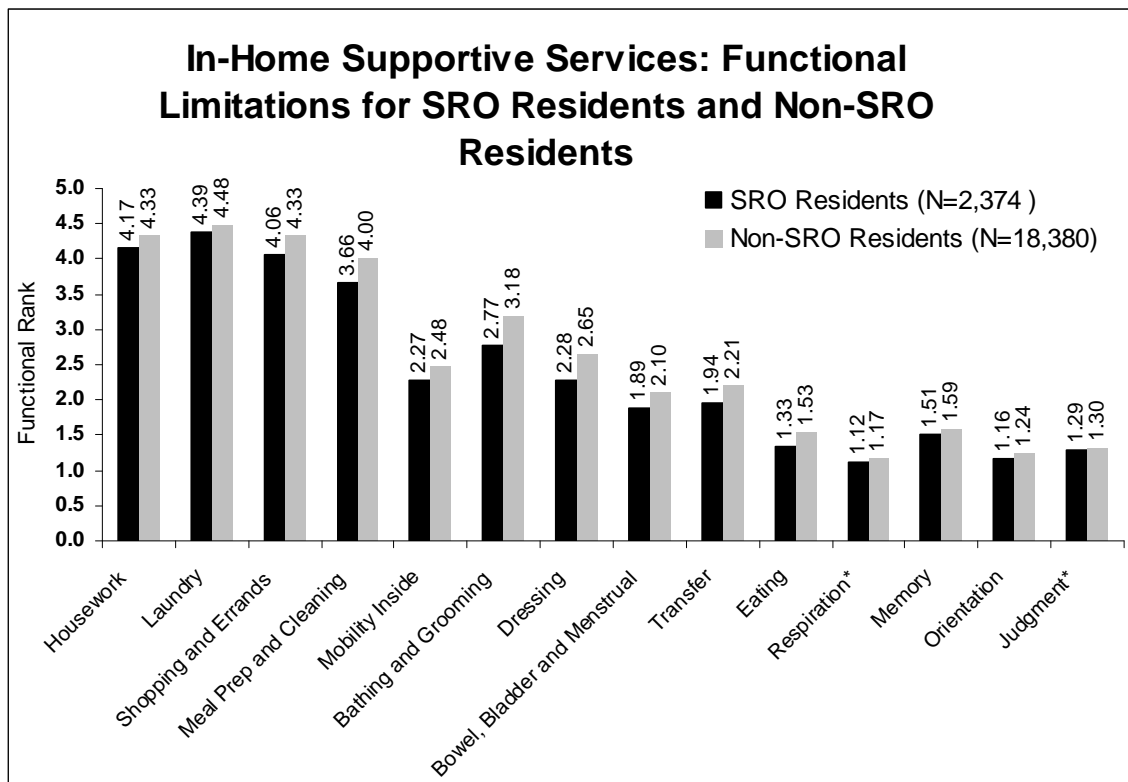


Figure 30. In-Home Supportive Services: Functional Limitations for SRO Residents and Non-SRO Residents. *All differences are statistically significant with $p < 0.001$, except Respiration ($p = 0.003$) and Judgment ($p = 0.7$)

IHSS also provides an overall functional index that indicates clients' relative need for services. As with the individual rankings, one indicates the lowest level of need and five indicates the highest. The mean overall functional index for SRO residents is 2.56 and the

mean for non-SRO residents is 2.81.⁸⁹ Here as well, SRO residents tend to be *less* functionally limited than non-SRO residents.

Employment, Relationship, and Veteran Status. OOA classifies program participants into mutually exclusive categories that reflect employment, relationship, and veteran status.⁹⁰

About one third of SRO residents who participate in OOA services are retired and one-fifth are disabled (see Figure 31). Relative to non-SRO residents, a greater proportion of SRO residents who participate in OOA services is disabled or unemployed, and a smaller proportion is retired or works full- or part-time.

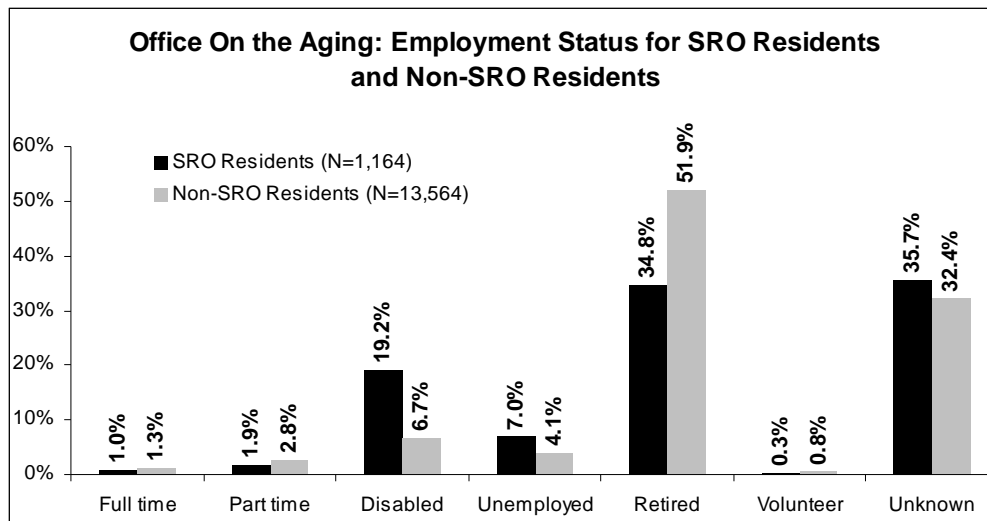


Figure 31. Office On the Aging: Employment Status for SRO Residents and Non-SRO Residents.

Among OOA participants, two thirds of those who live in SROs are either single (never married), divorced, or widowed, while the majority of non-SRO residents are married or widowed (see Figure 32).

⁸⁹ This difference is statistically significant, with $p < 0.001$. See Appendix B for an overall functional index histogram for SRO residents and non-SRO residents.

⁹⁰ In practice, individuals may fall into more than one category (e.g., disabled and retired).

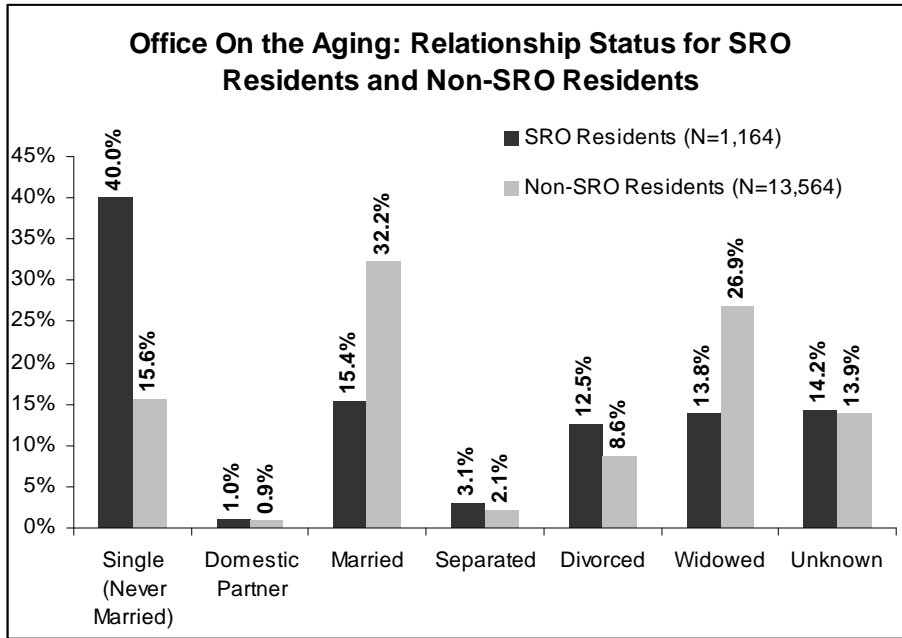


Figure 32: Office On the Aging: Relationship Status for SRO Residents and Non-SRO Residents.

The proportion of SRO residents that are veterans (13.6%) is more than twice that of non-SRO residents (see Figure 33).

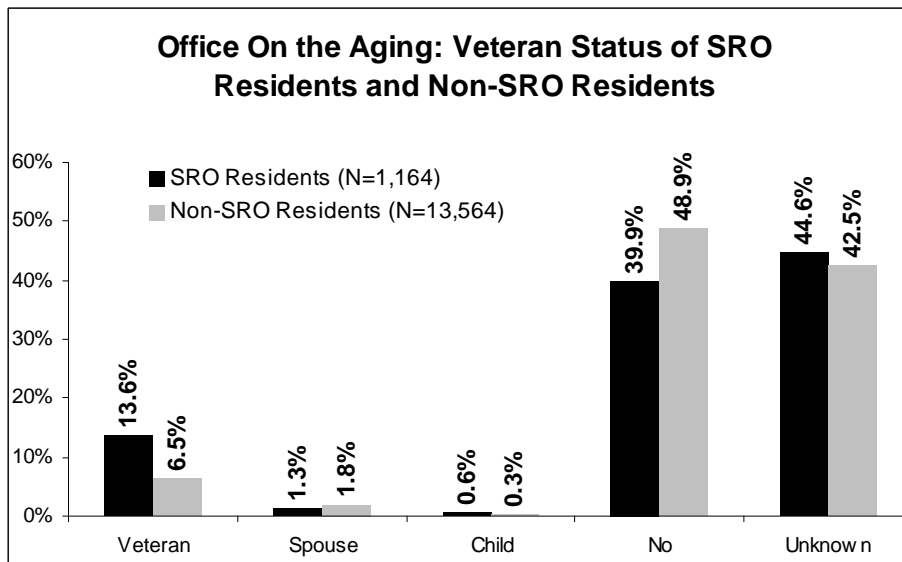


Figure 33. Office On the Aging: Veteran Status of SRO Residents and Non-SRO Residents.

Living Situation. Close to three-fourths of IHSS and OOA participants who reside in SROs live alone (see Table 20).⁹¹

	Independent (Lives Alone)	Shared (Does Not Live Alone)	Other / Unknown
IHSS (N=2,374)	71.1%	27.8%	1.1%
OOA (N=1,164)	71.7%	18.3%	10.0%

Table 20. Seniors/Disabled SRO Residents: Living Situation.

The proportion of IHSS recipients who live in SROs that have a stove or refrigerator at their residence is much lower than that of non-SRO residents (see Table 21).

IHSS Participants	SRO Residents (N=2,374)	Non-SRO Residents (N=18,380)
Stove in Residence	46.5%	97.6%
Refrigerator in Residence	68.1%	98.6%

Table 21. IHSS Participants with Stove or Refrigerator in Residence, SRO vs. non-SRO.

Abuse. According to APS caseload data, SRO residents display a greater tendency to be reported for self-abuse, while non-SRO residents are more likely to be reported for abuse by others (see Figure 34).

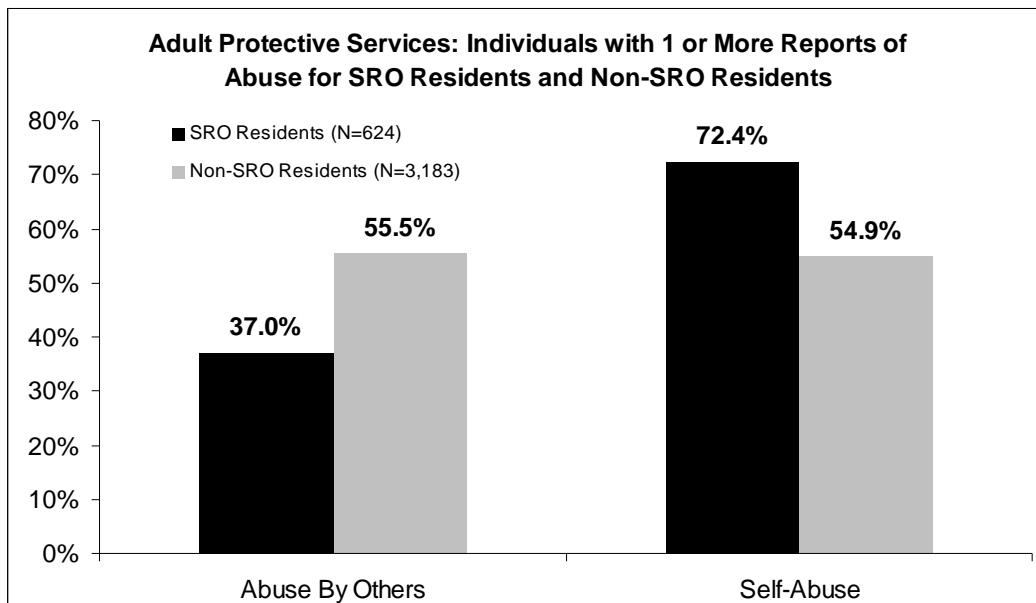


Figure 34. Adult Protective Services: Individuals with 1 or More Reports of Abuse for SRO Residents and Non-SRO Residents.

⁹¹ Appendix B contains program-specific comparisons of SRO residents and non-SRO residents.

Compared to non-SRO residents, SRO residents have a smaller proportion of alleged financial abuse and neglect by others, and a larger proportion of alleged self-abuse in the areas of health, malnutrition, medical, and physical (see Figure 35).⁹²

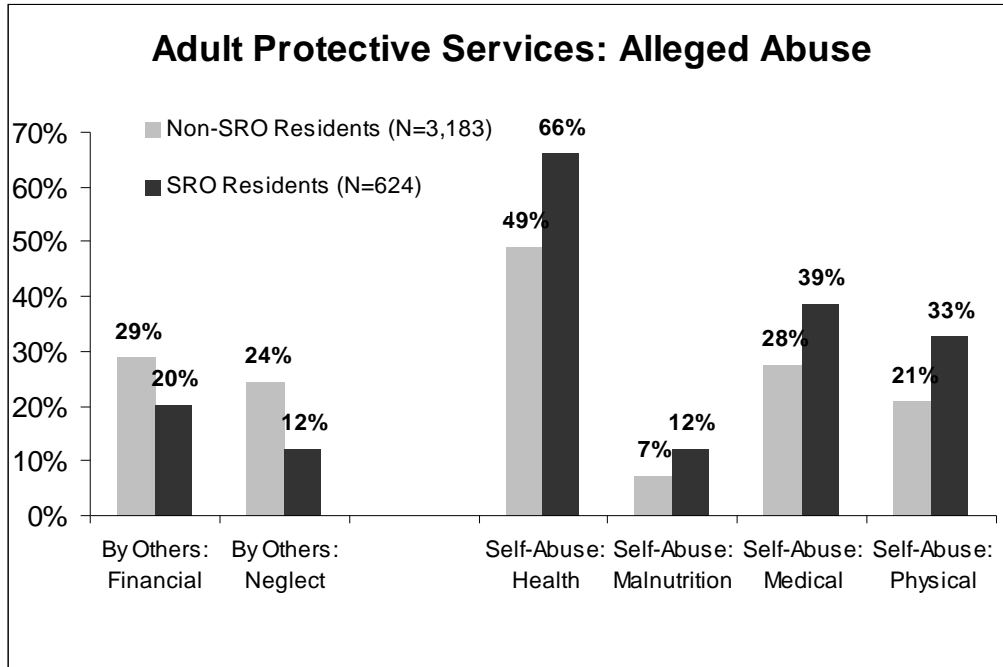


Figure 35. Adult Protective Services Alleged Abuse for Non-SRO Residents and SRO Residents.

Additional Issues. Many seniors who live in SROs have multiple challenges such as mobility limitations, mid-range dementia, and/or forgetfulness, and may need on-site or readily accessible case managers. American Disabilities Act (ADA) code enforcement can be a concern for this population. One service provider noted that some residents, especially those in Chinatown SROs, may choose not to call attention to code enforcement because they do not speak English or want to avoid conflict. Other concerns for seniors and the disabled who live in SROs include buildings with long flights of stairs, some without rails, coupled with a lack of functional elevators, and few lifeline buttons in SRO units. Some advocates stress the need for more senior-only housing options.

⁹² See Appendix B for additional APS data about SRO residents and non-SRO residents.

6. Children and Families

6.1. Data Sources

California Work Opportunities and Responsibility to Kids (CalWORKS) / Temporary Assistance for Needy Families (TANF) (CalWIN database) January 2009 and December 2006

The CalWORKs program provides temporary financial assistance and employment-focused services to families with children who have income and property below State maximum limits for their family size. Most able-bodied aided parents are also required to participate in the CalWORKs employment services program.

Child Welfare Services Case Management System, 2004-2008

The information in this section describes child abuse data from the Child Welfare Services Case Management System (CWS CMS) for all San Francisco addresses from 2004-2008 (inclusive). Often, more than one referral, removal and/or placement is associated with an individual child. For this report, duplicate entries for a single child were removed, such that the numbers given here refer to individual children, not unique incidents.⁹³

Department of Public Health (DPH), 2008 Calendar Year

DPH matched SRO addresses against its records for medical, mental health, and substance abuse treatment services during calendar year 2008. Aggregated data was provided at the neighborhood level.

First 5 San Francisco, Program Year 2008-2009

First 5 San Francisco was established in 2000 as part of the statewide First 5 California movement to assist public agencies, non-profit organizations and families in supporting early education, pediatric healthcare, family support and systems change. Grantees include Compass Family Services, Good Samaritan Family Resource Center, and Portola Family Connections.

San Francisco Unified School District, April 13, 2009

The San Francisco Unified School District (SFUSD) matched SRO addresses against all public school students, pre-kindergarten through 12th grade. Aggregated data was provided at the neighborhood level.

Subsidized Child Care, March 11, 2009

Children's Council of San Francisco provides free child care referrals and child care subsidy assistance to low-income parents and supports licensed and legally license-exempt child care. SRO addresses were matched against subsidized child care recipients and providers.

6.2. Findings

Neighborhood. According to SFUSD data, Chinatown contains the largest number of children living SROs, followed by the Tenderloin (see Table 22). SROs in SOMA, the Mission, and other neighborhoods have far fewer children.

⁹³ In these cases, substantiated referrals were kept in favor of unsubstantiated referrals.

Neighborhood	Number of Children with SRO Addresses
Chinatown	512
Tenderloin	288
SOMA	37
Mission	33
Other	40
Total	910

Table 22. Number of Children with SRO Addresses, by Neighborhood.

Age. SFUSD children with SRO addresses are relatively evenly distributed across grade levels, pre-kindergarten through 12th (see Figure 36).⁹⁴

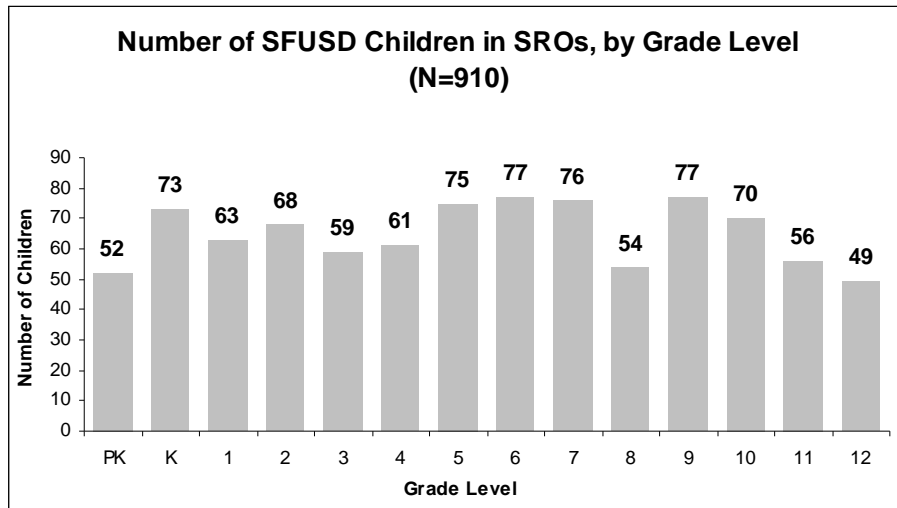


Figure 36. Number of SFUSD Children in SROs, by Grade Level.

In December 2006, there were 192 CalWORKS recipients living in SROs.⁹⁵ This number decreased to 160 in January 2009. Figure 37 shows the age distribution of January 2009 CalWORKS recipients living in SROs, who are members of families with minor children.

⁹⁴ See Appendix B for grade level distribution by neighborhood.

⁹⁵ This number reflects individuals, not households.

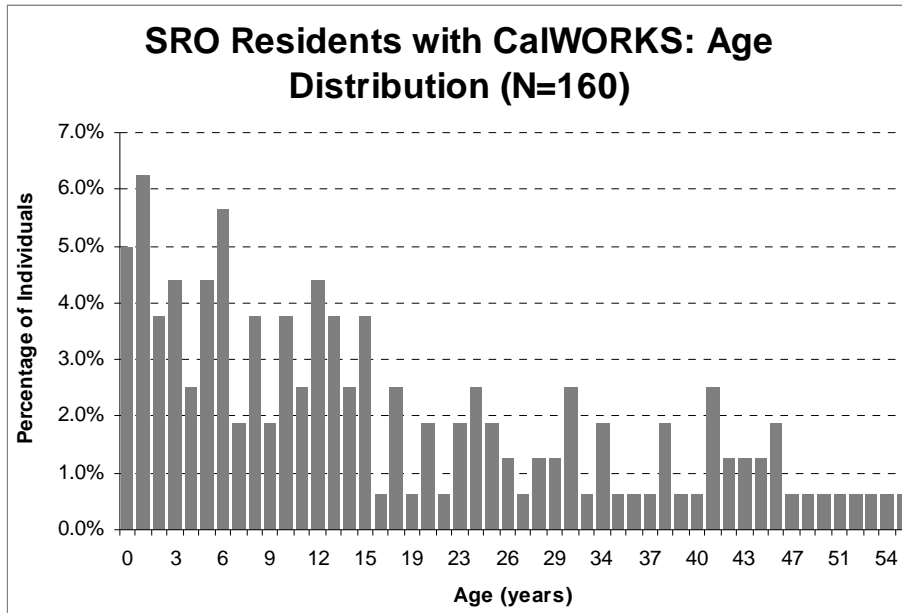


Figure 37. SRO Residents with CalWORKS: Age Distribution.

With respect to child welfare, a relatively large number of child abuse referrals were made for babies (i.e., under one year old) living in SROs between 2004 and 2008, over half of which were substantiated (see Figure 38). While a large number of referrals for school-age children (i.e., over five years old) was also made during this time period, a smaller proportion of those referrals were substantiated.

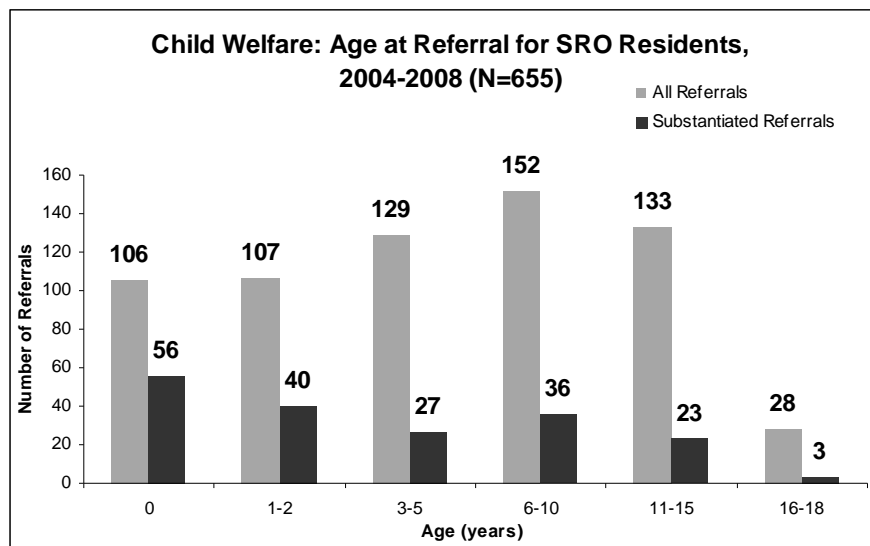


Figure 38. Child Welfare: Age at Referral for SRO Residents, 2004-2008.

Ethnicity. Given that most SFUSD children with SRO addresses live in Chinatown, it is not surprising that the bulk of these children (59%) are Chinese (see Figure 39).⁹⁶

⁹⁶ See Appendix B for neighborhood-specific ethnicity data.

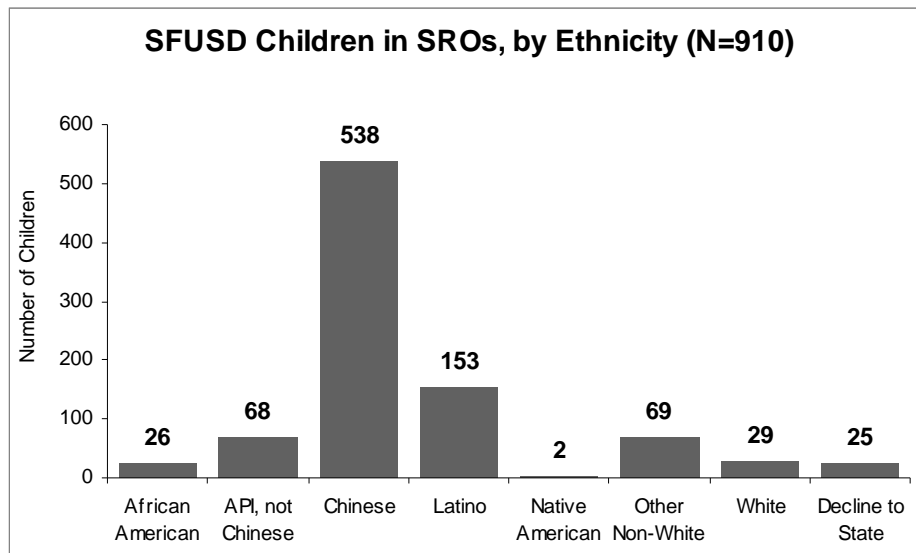


Figure 39. SFUSD Children in SROs, by Ethnicity.

Although most school-age children who live in SROs are Chinese, the greatest proportions of child abuse referrals among SRO residents between 2004 and 2008 were made for African-Americans and Latinos (see Table 23).⁹⁷

	African-American	API	Latino	Native American	White	Unknown
Percentage of Total Child Welfare Referrals with SRO Addresses, 2004-08 (N=655)	29.8%	18.9%	24.7%	1.1%	20.6%	4.9%

Table 23. Percentage of Total Child Welfare Referrals with SRO Addresses, 2004-08.

Between 2005 and 2008, the total number of child welfare referrals made for SRO residents decreased by about one-third (see Figure 40). In 2004, Latinos made up the largest proportion of child abuse referrals. Between 2005 and 2007, African-Americans displayed the largest share of referrals, and in 2008, Asian/Pacific Islander and White children each made up about one quarter of referrals.

⁹⁷ See Appendix B for ethnicity information for substantiated referrals.

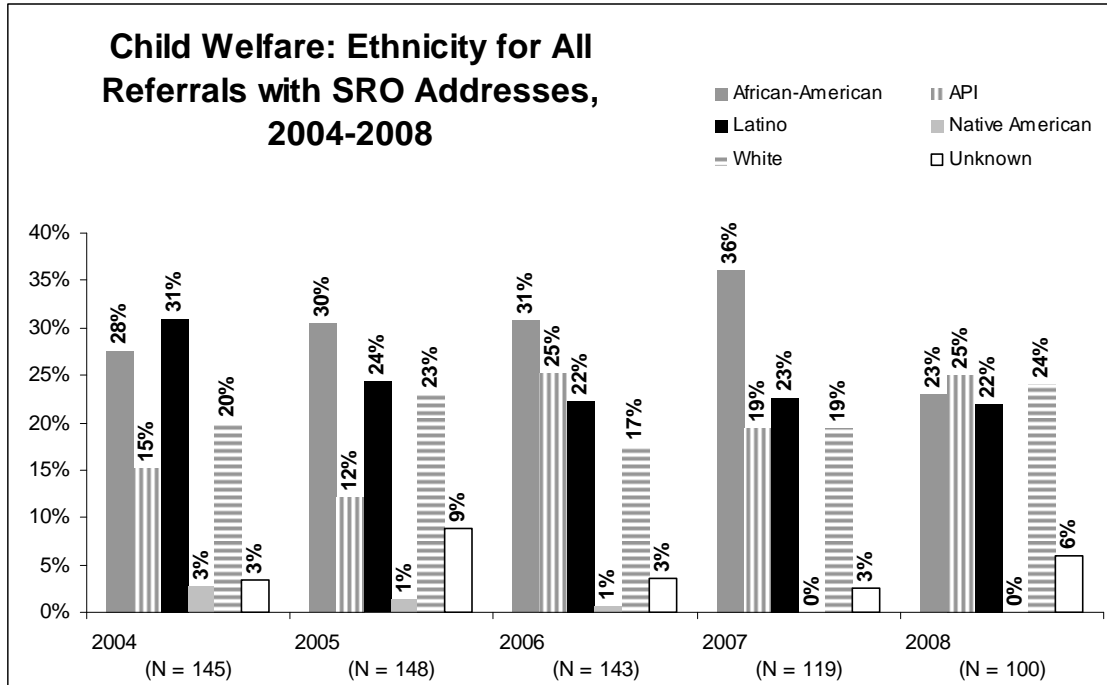


Figure 40. Child Welfare: Ethnicity for All Referrals with SRO Addresses, 2004-2008.

Language. Overall, 60% of SFUSD children in SROs have English Language Learner (ELL) status (see Figure 41). Since Chinatown and the Mission have large immigrant populations, it is expected that these neighborhoods' SROs also have the highest proportion of ELL children. The large percentage of ELL children in Tenderloin SROs (50%) probably indicates the presence of immigrant families.

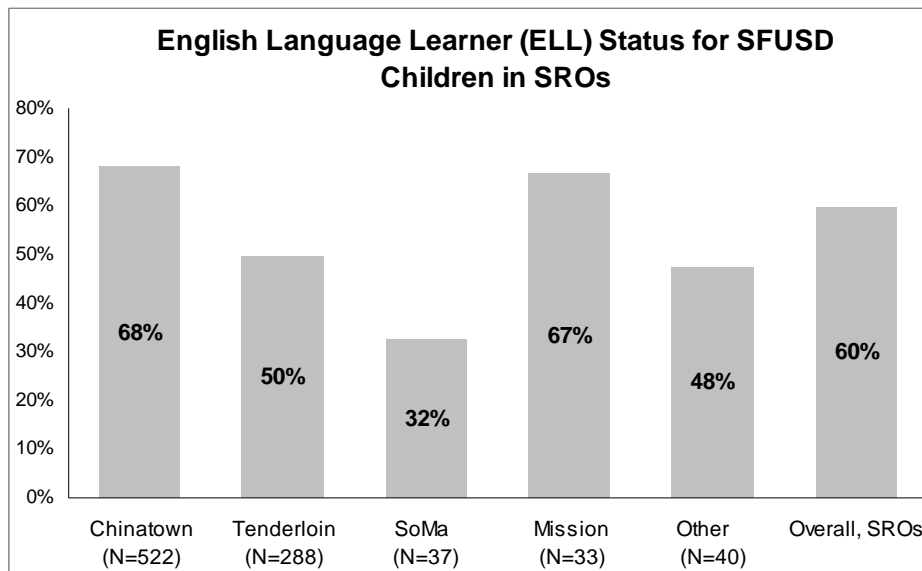


Figure 41. English Language Learner (ELL) Status for SFUSD Children in SROs.

Special Education, Testing Proficiency, Free/Reduced Lunch. In aggregate, the proportion of children with special education status in SROs is the same as the proportion districtwide (see

Figure 42). However, this number varies greatly across neighborhoods. South of Market SROs have the highest percentage of special education students (22%), while Chinatown has the lowest (4%).

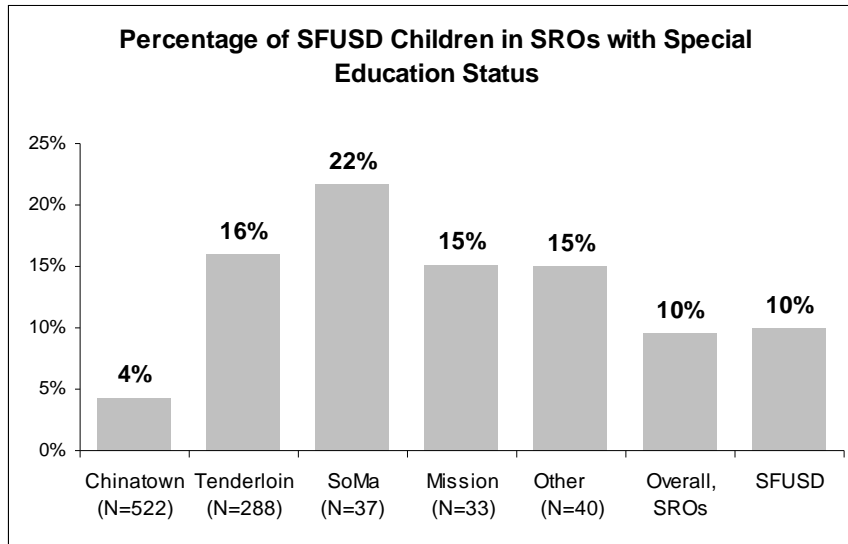


Figure 42. Percentage of SFUSD Children in SROs with Special Education Status.

Fifty-three percent of all SFUSD children in SROs test as “proficient” (see Figure 43). Children who live in the Mission’s SROs have the highest proportion that tests “proficient”, while SOMA and the Tenderloin have the lowest.

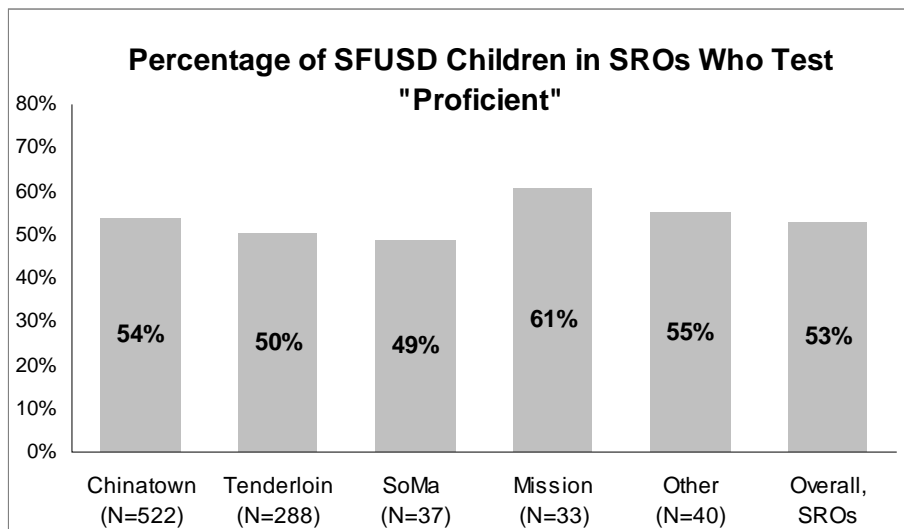


Figure 43. Percentage of SFUSD Children in SROs Who Test “Proficient”

Free/reduced lunch status is a proxy for poverty among school-age children. It is therefore not surprising that the proportion of SFUSD children in SROs who receive free/reduced lunch is much greater than the districtwide average of 53% (see Figure 44). Chinatown SROs have the highest proportion of children who receive free/reduced lunch, and SROs in “other” neighborhoods have the lowest proportion.

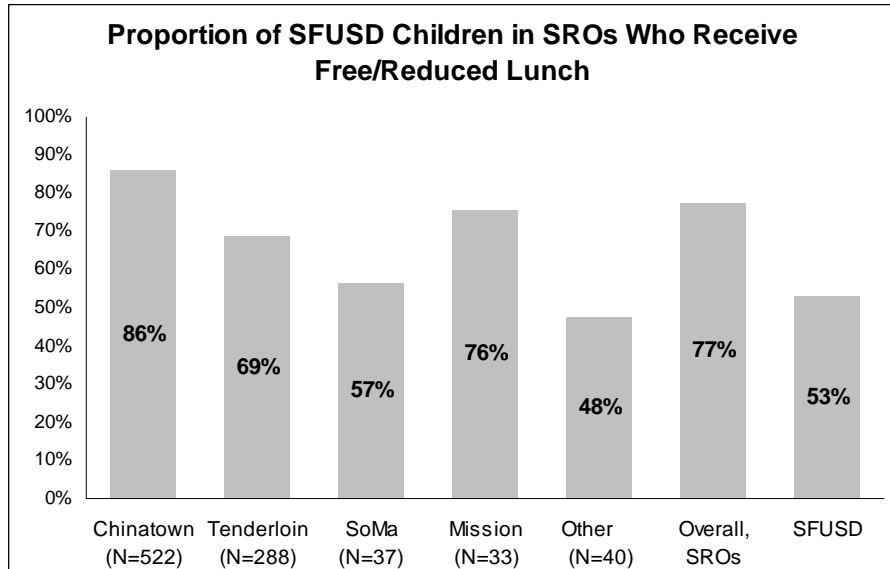


Figure 44. Proportion of SFUSD Children in SROs Who Receive Free/Reduced Lunch.

Health Care. DPH provided information about medical service usage (i.e., primary care, emergency department and inpatient services) and mental health service usage for SRO residents under 18 years old.⁹⁸

Among SRO residents, Chinatown’s youth used 63% of the total primary care visits made to public health clinics in 2008, and those in the Tenderloin used 24% of the total (see Figure 45). SOMA and the Mission used smaller proportions of these primary care visits among children who live in SROs.

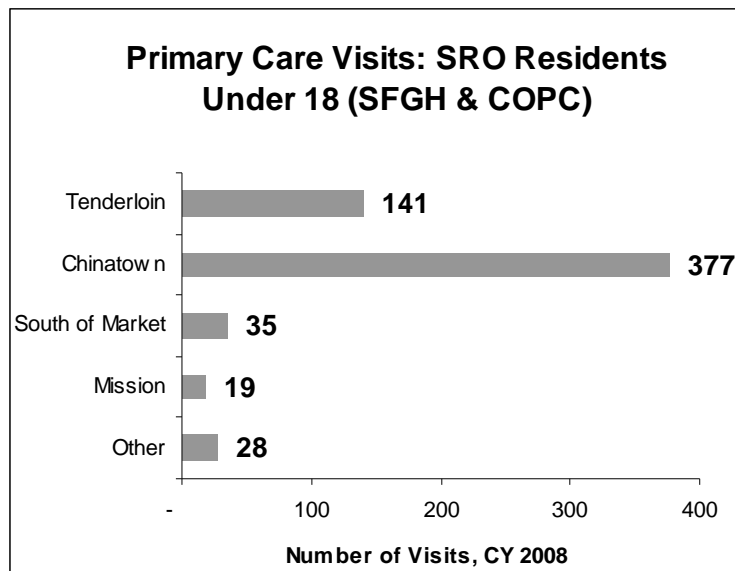


Figure 45. Primary Care Visits: SRO Residents Under 18 (SFGH & COPC).⁹⁹

⁹⁸ See Section on Public Service Utilization for DPH data about SRO residents over 18 years of age.

⁹⁹ SFGH: San Francisco General Hospital, COPC: Community Oriented Primary Care, PES: Psychiatric Emergency Services, PSY: Psychiatric.

Among children living in SROs, those in the Tenderloin made the most Emergency Department and inpatient service visits in 2008 (see Figure 46). Children who live in Chinatown's SROs made the next largest number of visits, and those in SOMA and the Mission show smaller numbers.

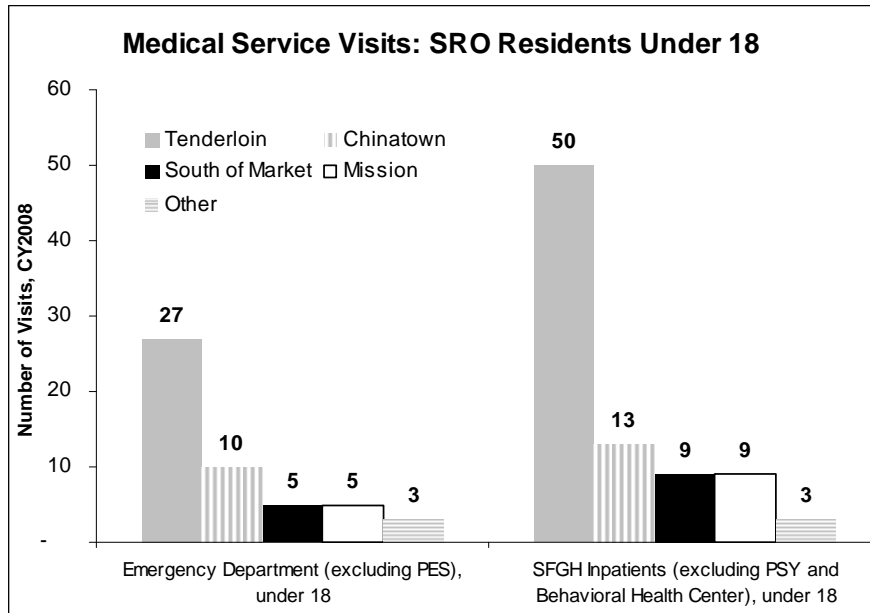


Figure 46. Medical Service Visits: SRO Residents under 18.

Chinatown leads in mental health service usage among SRO residents under 18, with 49% of the total, followed by the Tenderloin with 39% of the total (see Figure 47). The numbers for other neighborhoods and for crisis/emergency mental health service usage among SRO residents under 18 are much lower.

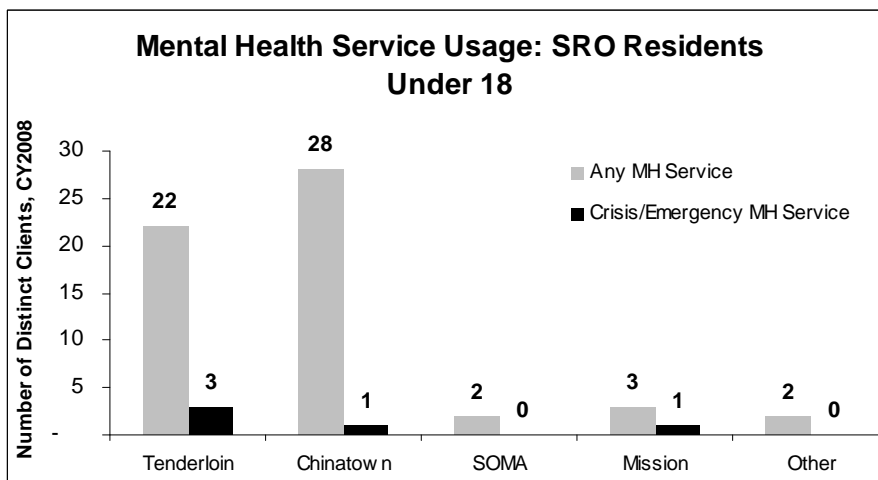


Figure 47. Mental Health Service Usage: SRO Residents Under 18.

Subsidized Child Care and First 5. Only a very small proportion of San Francisco's subsidized child care recipients (0.82%) and providers (1.43%) and First 5 program participants (0.8%)

correspond with SRO addresses (see Table 24).¹⁰⁰ Coupled with the substantial number of young children living in SROs, these numbers suggest low service uptake for these programs.

	Subsidized Child Care Recipients	Subsidized Child Care Providers	First 5 San Francisco
Percentage that are SRO Residents	0.82%	1.43%	0.81%
Number of SRO Residents	29	26	30
Number of Observations (N)	3,558	1,824	3,723

Table 24. Subsidized Child Care and First 5 San Francisco Participants with SRO addresses.
Data Source: Children’s Council of San Francisco (March 11, 2009) and First 5 San Francisco (PY 2008-9)

Child Abuse. Compared to non-SRO residents, children in SROs display a higher proportion of substantiated child abuse referrals (see Table 25).

	Total Number of Referrals	Number of Substantiated Referrals	Proportion of Referrals That Were Substantiated
Non-SRO residents	28,014	5,391	19.24%
SRO residents	655	185	28.24%
Total	28,669	5,576	19.45%

Table 25. Proportion of Referrals That Were Substantiated.

Relative to non-SRO residents and total child abuse referrals, SRO residents have a larger proportion of referrals made for caretaker absence/incarceration, emotional abuse, general/severe neglect, and substantial risk (see Figure 48a). On the other hand, a smaller proportion of the referrals for SRO residents were for being at risk of sibling abuse and for physical and sexual abuse, relative to non-SRO residents and total referrals (see Figure 48b).¹⁰¹

¹⁰⁰ First 5 San Francisco data probably represents fewer than 30 households, because each child and adult participant is counted separately.

¹⁰¹See Appendix B for figures on substantiated referrals

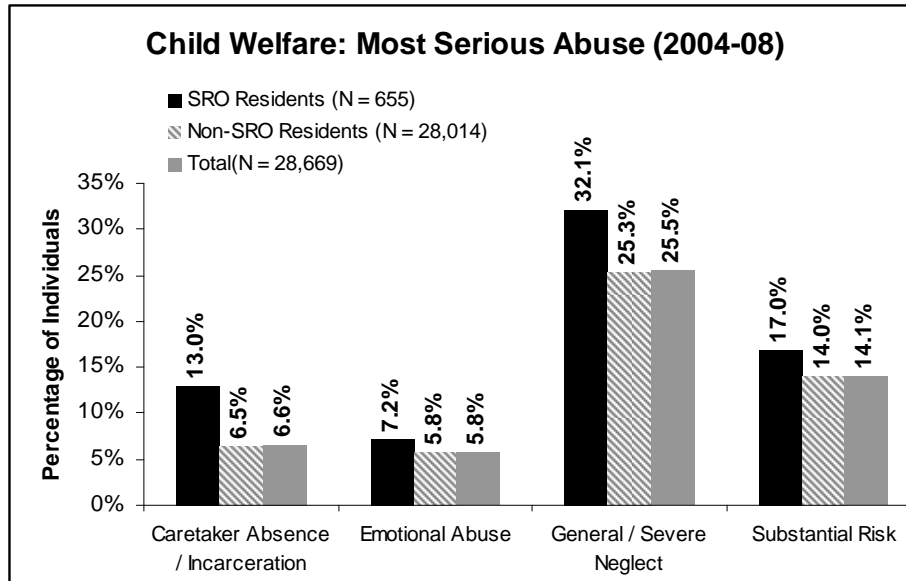


Figure 48a. Child Welfare: Most Serious Abuse (2004-08).

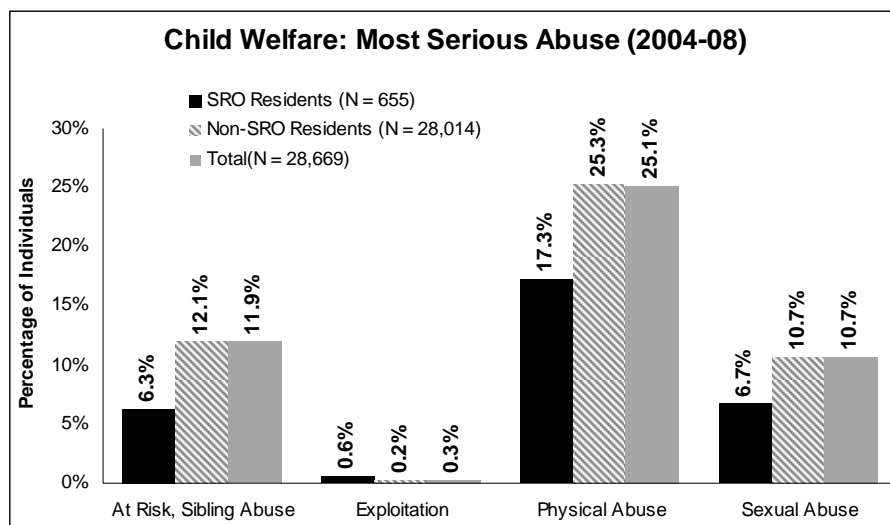


Figure 48b. Child Welfare: Most Serious Abuse (2004-08).

Additional Issues. Living in SROs is especially challenging for families and can lead to emotional stress, abuse, neglect, and mental health problems.¹⁰² One interviewee noted that the SROs are not family friendly and “children cannot be children”. Family boundaries and environmental health (e.g., shared bathrooms and kitchens) are of particular concern. Moreover, even when the building itself is safe, children who live in SROs are often exposed to unsafe conditions in the surrounding neighborhoods when going to and from school. Many advocates note the need for expanded support for this population, such as child care, homework space, and play space.

¹⁰² Families are not permitted to live in city-run SROs.

7. Public Service Utilization

7.1. Data Sources

County Adult Assistance Programs (CAAP) (CalWIN Database), January 2009

CAAP serves very low-income San Francisco adult residents without dependents through four programs: Personal Assisted Employment Services (PAES), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM), and General Assistance (GA). These four programs, which are unique to San Francisco, were created to provide more opportunities to engage those individuals formerly served only by GA, the most basic financial safety net. CAAP determines eligibility and issues benefits to clients who are not eligible for other state or federal cash aid programs.

Department of Public Health (DPH), 2008 Calendar Year

DPH matched SRO addresses against its records for medical, mental health, and substance abuse treatment services during calendar year 2008. Aggregated data was provided at the neighborhood level.

Food Stamps (CalWIN Database), January 2009

The Food Stamp Program is a federally-mandated, state-supervised, and county-operated government program designed to eliminate hunger. Food Stamp benefits help low-income families and individuals improve their health by providing access to a nutritious diet. Income limits and financial resource levels establish eligibility for food stamp benefits. Most people enrolled in CalWORKs or CAAP are eligible.

Medi-Cal (CalWIN Database), January 2009

Medi-Cal provides health and long-term care coverage to low-income children, their parents, elderly, and disabled Californians. It is the largest source of federal funds to California.

7.2. Findings

Gender. The majority of SRO residents who receive CAAP, Food Stamps, and/or Medi-Cal are males (see Table 26). Males make up just over half of Medi-Cal recipients, about two-thirds of Food Stamps recipients, and over three-fourths of CAAP beneficiaries.

SRO Residents	Percentage Male	Percentage Female
CAAP (N=1,520)	77.6%	22.4%
Food Stamps (N=2,431)	67.3%	32.7%
Medi-Cal (N=4,751)	50.8%	49.2%

Table 26. Gender Measures for CAAP, Food Stamps, and Medi-Cal recipients.

Age. The mean and median ages of CAAP, Food Stamps, and Medi-Cal recipients who live in SROs range from 43 to 55 years (see Table 27).¹⁰³

¹⁰³ See Appendix B for program-specific age distribution histograms.

Program	Mean Age (years)	Median Age (years)	Standard Deviation
CAAP (N=1,520)	48.4	50	10.4
Food Stamps (N=2,431)	43.2	48	17.9
Medi-Cal (N=4,571)	50.8	55	27.3

Table 27. Age Measures for CAAP, Food Stamps, and Medi-Cal recipients.

Ethnicity. The ethnic composition of SRO residents who receive public assistance differs across programs (see Figure 48). African-Americans and Whites each make up slightly over one-third of CAAP recipients. Food Stamps recipients are relatively evenly distributed among African-Americans, Asian/Pacific Islanders, and Whites. Almost two-thirds of Medi-Cal recipients who live in SROs are Asian/Pacific Islanders, with much smaller percentages of African-Americans, Latinos, and Whites.

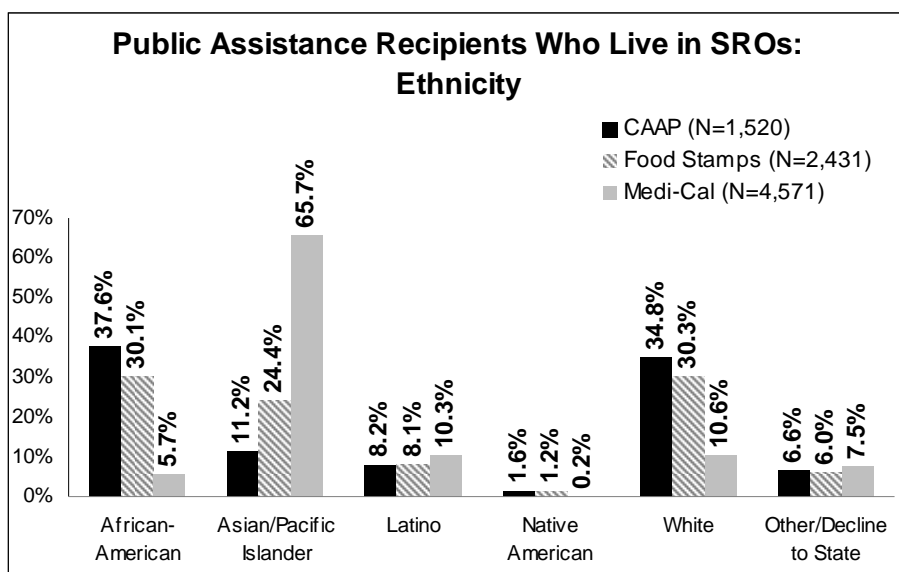


Figure 48. Public Assistance Recipients Who Live in SROs: Ethnicity.

Language. The primary language of SRO residents who receive public assistance also differs across programs (see Figure 49). The overwhelming majority of CAAP and Food Stamps recipients who live in SROs speak English as their primary language. However, Chinese is the primary language of just over half of SRO residents with Medi-Cal, and English is the primary language of about one-third of this population.

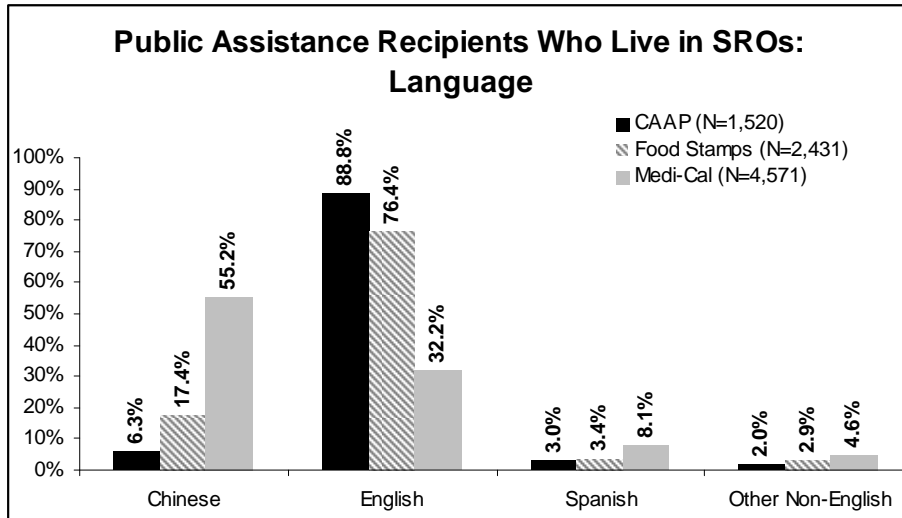


Figure 49. Public Assistance Recipients Who Live in SROs: Language.

Medical Services. DPH generated information about primary care medical service utilization by SRO residents at San Francisco General Hospital (SFGH) and Community Oriented Primary Care (COPC) clinics¹⁰⁴ during the 2008 calendar year. Among SRO residents 18 and older, those in the Tenderloin use the largest portion (62%) of total primary care visits (see Figure 50). South of Market’s SRO residents used the next largest portion of the total (17%), and those in Chinatown and the Mission made still less primary care medical visits.

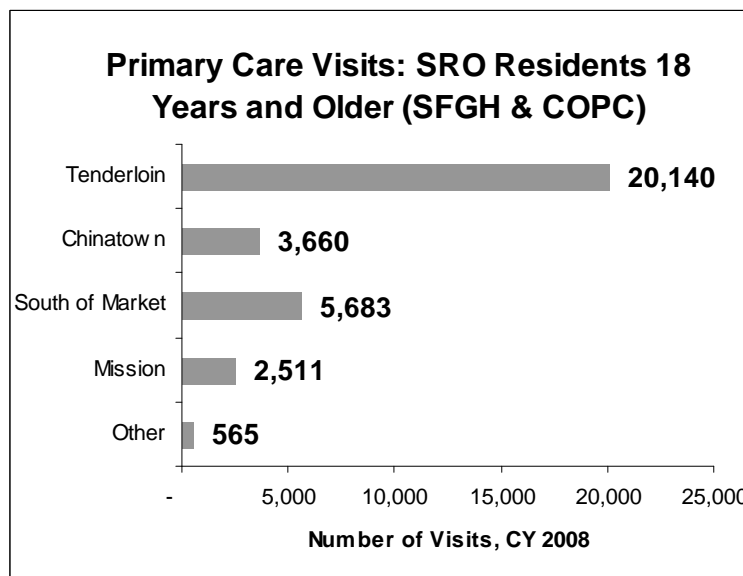


Figure 50. Primary Care Visits: SRO Residents 18 Years and Older (SFGH & COPC).

¹⁰⁴ In addition to offering these services at San Francisco General Hospital (SFGH), DPH operates a network of 18 Community Oriented Primary Care (COPC) clinics throughout San Francisco. COPC clinics offer a broad array of primary care and mental health services including youth health, senior health, infectious disease, and family planning.

DPH also provided information about SRO residents' utilization of the following medical services (see Figure 51):

- i) Emergency Department (ED), excluding Psychiatric Emergency Services (PES)
- ii) SFGH Inpatients, excluding Psychiatric (PSY) and Behavioral Health Center (BHC)
- iii) SFGH Urgent Care

For all three types of services, among SRO residents 18 years and older, those in the Tenderloin made the greatest number of visits in 2008, followed by South of Market, Mission, and Chinatown.

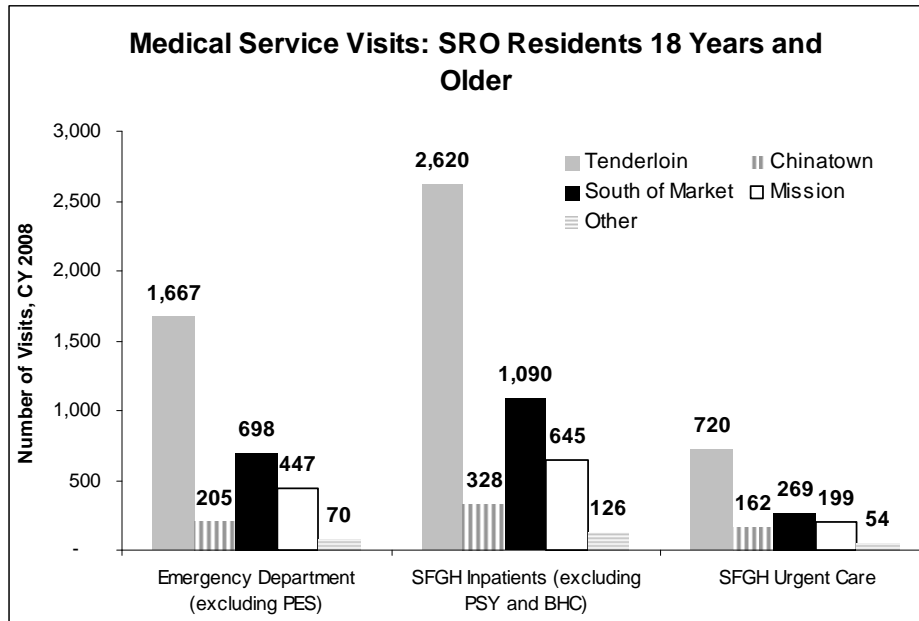


Figure 51. Medical Service Visits: SRO Residents 18 Years and Older.

Mental Health Services. People living in the Tenderloin's SROs used over half (56%) of the total mental health services used by SRO residents in 2008 (see Figure 52). South of Market's SRO residents used the next largest proportion (22%), followed by Chinatown and the Mission. In the same manner, Tenderloin SRO residents used over half (55%) of the total crisis/emergency mental health services, and individuals in South of Market's SROs used one-fourth, with smaller numbers in the Mission and Chinatown. A similar pattern emerges among only those SRO residents who are 18 years old and over.¹⁰⁵

¹⁰⁵ See Appendix B.

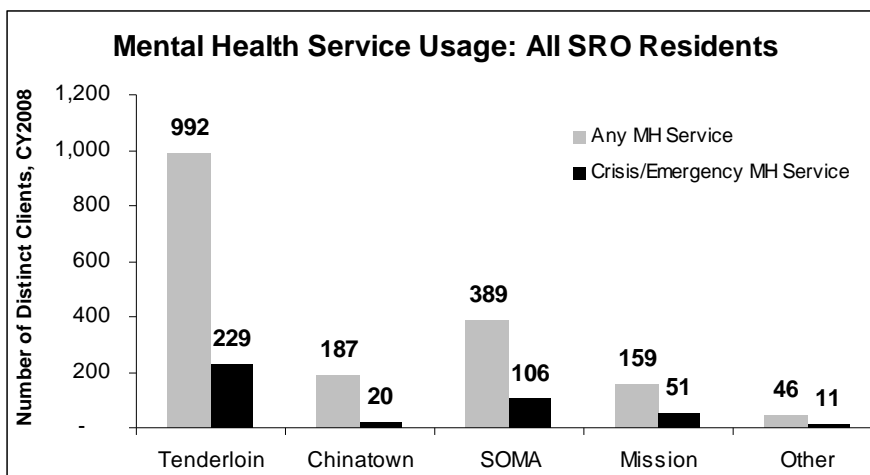


Figure 52. Mental Health Service Usage: All SRO Residents

Substance Abuse Treatment Programs. Out of the 714 distinct clients living in SROs that utilized substance abuse treatment programs in 2008, over half lived in the Tenderloin’s SROs, about one-fourth in South of Market’s SROs, and about one-tenth in the Mission (see Figure 53).¹⁰⁶

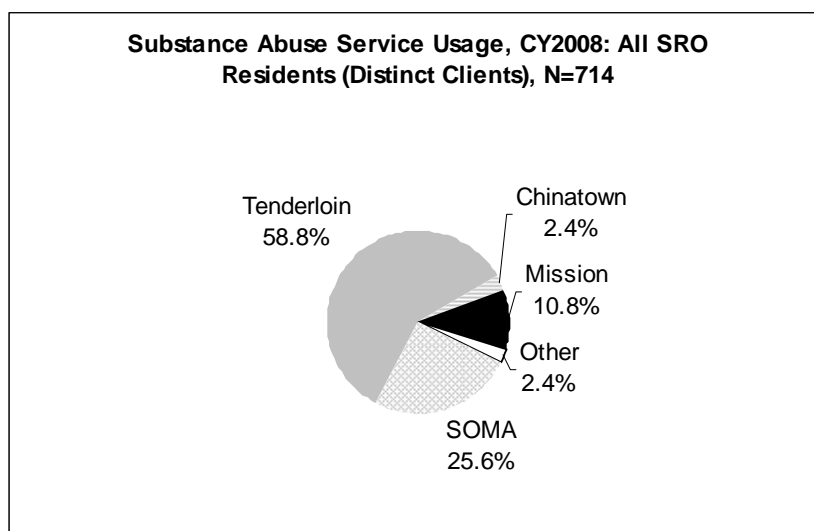


Figure 53. Substance Abuse Service Usage, CY 2008: All SRO Residents (Distinct Clients).

Additional Issues. One interviewee asserted that provision of support services for SRO residents is mostly a capacity issue, stressing the need to expand existing services rather than create new ones.

While SRO rent is relatively low by San Francisco standards, public assistance alone rarely covers the full monthly rent, and accumulating enough savings to move out can take a long time. Although Care Not Cash recipients are housed, many of them still have no job, no savings, and no other source of income, and may continue to panhandle on the street. Some CAAP recipients are said to augment their income with under-the-table work, and some SSI

¹⁰⁶ Only three substance abuse treatment clients were under the age of 18 (2 in the Tenderloin and 1 South of Market).

beneficiaries take advantage of services such as hygiene kits, food pantries, and clothing vouchers. Still other SRO residents need money management services, but existing services can be oversubscribed. Moreover, those with limited English skills face constrained employment opportunities. One interviewee noted that some immigrants may prefer sending remittances home to spending their savings on higher, non-SRO rent.

The availability of fresh, nutritious food is another concern for SRO residents because they often do not have access to food storage or cooking facilities. One Tenderloin service provider noted that most food outlets in the area are liquor stores and there is no “real food.” Some buildings in that neighborhood have started food pantries in order to address this concern.

Other common needs for SRO residents that interviewees mentioned include substance abuse treatment and enforcement of tenants’ rights. HIV- positive SRO residents have their own service sphere that includes Catholic Charities and the AIDS Alliance.

8. Recommendations

8.1. Develop and use criteria to target specific SROs and populations of SRO residents for outreach.

SRO tenants are historically an “invisible” population, and the data suggest that many residents may not be taking full advantage of services for which they are eligible for a number of reasons (e.g., lack of awareness, misinformation). Moreover, many private SRO owners have a strong interest in addressing tenants’ needs, especially when they interfere with hotel operations (e.g., mental illness, substance abuse, hoarding and cluttering, criminal activities).¹⁰⁷ Targeting specific SROs and populations of SRO residents would enable service providers to reach more clients and residents to receive increased support services. Potential criteria for targeted outreach include:

- a. *Supplemental Security Income (SSI) recipients who do not receive In-Home Supportive Services (IHSS).* This study found that of the 5,758 SSI recipients living in SROs, just under one-third also receive IHSS (1,802 individuals, or 31.1%). All SSI recipients are income-eligible for IHSS, and many of them would likely benefit from caretaker services. According to this study’s data, the ten SROs with the greatest number of SSI recipients who do not receive IHSS are:¹⁰⁸

▪ xxx Eddy (87 residents who receive SSI but not IHSS)	▪ xxx Ellis (51 residents)
▪ xxx Turk (74 residents)	▪ xxx Sixth St. (51 residents)
▪ xxx Jones (69 residents)	▪ xxx Sixth St. (49 residents)
▪ xxx South Van Ness (69 residents)	▪ xxx Polk (48 residents)
▪ xxx Sixth St. (55 residents)	▪ xxx Turk (48 residents)

- b. *San Francisco Unified School District (SFUSD) children with free/reduced lunch who do not receive Food Stamps.* This study identified 704 school-age children living in SROs who receive free/reduced lunch and only 323 Food Stamps recipients in SROs under the age of 19. While some of these children may not be eligible (e.g., due to immigration status), those who do qualify would likely benefit from additional nutritional support.
- c. *Concentrations of Personal Assisted Employment Services (PAES) recipients, especially in the Tenderloin.* PAES recipients are employable adults, often in need of services such as psychological and vocational assessment, substance abuse and mental health counseling, expenses for work-related clothing, tools and supplies, and transportation assistance to and from work activities. SRO residents who receive PAES should be targeted by HSA’s Boyd Hotel Workforce Development Center in the Tenderloin, which offers services for formerly homeless individuals living in supportive housing units.
- d. *Concentrations of seniors and adults with disabilities.* The data suggest that many seniors and adults with disabilities are not accessing all the support services available to them.

¹⁰⁷ Conversation with Sam Patel, president of the San Francisco Independent Hotel Owners and Operators Association, on 5/7/09.

¹⁰⁸ Addresses not listed here because of confidentiality concerns. However, addresses were provided to HSA.

Consider using the Services Connection Program (SCP) as a model. The SCP aims to link older adults and adults with disabilities who live in public housing with services provided in the community. It is a collaboration between DAAS, the San Francisco Housing Authority (SFHA), resource centers for seniors and adults with disabilities, and community-based service providers.¹⁰⁹ According to this study’s master profile of SRO residents, the ten SROs with the greatest number residents aged 65 and over are:¹¹⁰

▪ xxx Eddy (300 residents aged 65 years or older)	▪ xxx Jones (185 residents)
▪ xxx Ellis (239 residents)	▪ xxx Polk (145 residents)
▪ xxx Turk (215 residents)	▪ xxx Washington (144 residents)
▪ xxx Stockton (202 residents)	▪ xxx Jackson (124 residents)
▪ xxx Ellis (202 residents)	▪ xxx Washington (123 residents)

- e. *Concentrations of children and families.* Although SROs are generally not ideal homes for children and families, the data show that a number of children and families are nevertheless living in these hotels. Hotels with larger numbers of children and families should be targeted for on-site outreach for benefit screening, after-school activities (e.g., academic support, recreation), and exit strategies to more family-friendly housing. According to this study’s master profile of SRO residents, the ten SROs with the greatest number residents aged 18 and under are:¹¹¹

▪ xxx Belden (34 residents 18 years and under)	▪ xxx Polk (21 residents)
▪ xxx Washington (26 residents)	▪ xxx Grant (18 residents)
▪ xxx Washington (29 residents)	▪ xxx McAllister (17 residents)
▪ xxx Stockton (24 residents)	▪ xxx Sixth St. (17 residents)
▪ xxx Powell (23 residents)	▪ xxx Turk (17 residents)

8.2. Preserve SROs as affordable housing stock in San Francisco.

In 2004, as part of its 10-Year Plan to End Homelessness, San Francisco set a goal of creating 3,000 units to house the chronically homeless. While new construction may take years, San Francisco’s SROs already house more low-income people than the city’s public housing developments. Strategies such as master leasing can be mutually beneficial to owners, service providers, and residents. Owners benefit from a guaranteed income stream, service providers have the opportunity to offer on-site support and, according to the San Francisco Planning Department, “the transfer of residential hotels to effective non-profit housing organizations...ensure[s] permanent affordability, livability, and maintenance.”¹¹²

¹⁰⁹ See Appendix F for detailed information about the Services Connection Program.

¹¹⁰ Addresses not listed here because of confidentiality concerns. However, addresses were provided to HSA.

¹¹¹ Addresses not listed here because of confidentiality concerns. However, addresses were provided to HSA.

¹¹² San Francisco General Plan: Housing Element (2004)

8.3. Bring key stakeholders together to strategize about how to better serve low-income SRO residents.

Numerous city entities are already working with SRO residents.¹¹³ Establishing partnerships that promote information-sharing between city departments, community-based organizations, and hotel owners and residents is likely to increase the efficiency of service delivery by fostering collaboration and preventing the duplication of services. For example:

- *San Francisco Police Department (SFPD).* While some private SRO owners already work closely with local police,¹¹⁴ expanding and formalizing these partnerships would grant owners more direct access to police services while enabling police officers to better protect and serve the community. The San Francisco Housing Authority (SFHA), the next largest provider of affordable housing after SROs, has a Memorandum of Understanding (MOU) with the SFPD for community policing activities.
- *San Francisco HSA and community-based service providers.* While the data suggest that many SRO residents are already connected with HSA services (i.e., Department of Human Services (DHS) and Department of Aging and Adult Services (DAAS)), many more SRO residents would likely benefit from additional support. Establishing partnerships with social service providers would equip hotel owners with information about available services and more direct access to providers. Moreover, the HSA and community-based providers would have the opportunity to expand their client base. The SFHA has MOUs with DAAS and several nonprofits to provide support services for seniors and families.
- *SRO Commission and/or Resident Councils.* Establishing a formal setting in which tenants may voice their concerns and communicate with hotel owners and property managers provides an opportunity to foster mutual understanding and cooperation. The SFHA Commission, which includes two public housing residents, holds semi-monthly public forums. Public housing developments also have on-site resident councils.

8.4. Monitor changes in the SRO resident profile over time.

San Francisco's SRO population is constantly shifting, and the HSA and other service providers should identify changing trends in SRO residents' demographics and human service needs. Monitoring changes in the SRO population will help ensure the provision of appropriate services based on clients' needs. This report may be used as a baseline against which to measure changes.

¹¹³ City entities that work with SRO residents include: Department of Children Youth and Their Families, Department of Building Inspections, Department of Public Health, Human Services Agency, Police Department, San Francisco Unified School District According to Sam Patel, president of the San Francisco Independent Hotel Owners and Operators Association, a forum that includes many of these key stakeholders is planned for August or September 2009.

¹¹⁴ Conversation with Sam Patel, president of the San Francisco Independent Hotel Owners and Operators Association, 5/7/09.

Appendix A: Glossary of Terms and Acronyms

- APS:** Adult Protective Services. Assists all San Francisco elders (65 years and over) and adults with disabilities (18 to 64 years old) whose physical or mental condition restricts his/her ability to protect his/her rights who are abused or neglected or at risk of abuse or neglect. The abuse may be physical violence, sexual assault, financial exploitation, neglect by others or self, abandonment, or emotional harassment and intimidation. They provide short-term case management and crisis intervention services for victims, connecting the individuals to the services needed to stop the abuse and ensure their on-going safety. The focus is on maintaining individuals in their own homes. Services include: emergency shelter/in-home protection, counseling, and tangible services. The services are free and voluntary, individuals may refuse them.
- CAAP:** County Adult Assistance Program; serves very low-income San Francisco adult residents without dependents through four programs: Personal Assisted Employment Services (PAES), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM) and General Assistance (GA). These four programs, which are unique to San Francisco, were created to provide more opportunities to engage those individuals formerly served only by General Assistance, the most basic financial safety net. CAAP determines eligibility and issues benefits to clients who are not eligible for other state or federal cash aid programs. Homeless CAAP clients may receive housing, support services and smaller cash grants.
- CALM:** County Assistance Linked to MediCAL
- CalWIN:** CalWORKS Information Network; a integrated on-line, real-time automated system with 26 subsystems to support eligibility and benefits determination, client correspondence, management reports, interfaces and case management for public assistance programs. CalWIN supports programs including Cash Assistance Program for Immigrants (CAPI), California Work Opportunities and Responsibility to Kids (CalWORKS)/Temporary Assistance for Needy Families (TANF), Foster Care, Food Stamps, County Adult Assistance Programs (CAAP), Kinship Guardianship Assistance Payment (Kin-GAP), Medi-Cal, and Refugee Cash Assistance.
- CalWORKS:** California Work Opportunities and Responsibility to Kids; provides temporary financial assistance and employment-focused services to families with minor children who have income and property below State maximum limits for their family size.
- CLF:** Community Living Fund; launched in 2007, administered by the Department of Aging and Adult Services (DAAS) through Institute on Aging and seven partner organizations. CLF funds home and community-based services, or combination of goods and services, that will help individuals who are currently or at risk of being institutionalized. The program uses coordinated case management and purchase of services for vulnerable older adults and younger adults with disabilities.
- COPC:** Community Oriented Primary Care. DPH operates a network of 18 COPC clinics throughout San Francisco. COPC clinics offer a broad array of primary care and mental health services including youth health, senior health, infectious disease, and family planning.
- Cubicle hotel:** “These multistory buildings might contain as many as 400 cubicles for residents. The interior walls did not extend floor to ceiling, but left space for air to circulate. Chicken wire nailed across the top of the units prevented tenants from

climbing over. A single hanging bulb shed light on little more than bed, chair, and stand...Tenants paid just enough for personal privacy and security in the ‘cages,’ but not enough to escape the noise and stench of a shared atmosphere. As many as forty tenants might share the same toilet and bath.”¹¹⁵

DAAS: Department of Aging and Adult Services

DAH: Direct Access to Housing; provides permanent housing with on-site supportive services for approximately 400 formerly homeless adults, most of whom have concurrent mental health, substance abuse, and chronic medical conditions. **DBI:** Department of Building Inspection

DHS: Department of Human Services

DPH: Department of Public Health

Efficiency apartment: a dwelling unit containing one habitable room (California Department of Housing and Community Development); which has a minimum floor area of 150 square feet and which may also have partial kitchen or bathroom facilities (Section 17958.1 of the California Health and Safety Code)

Extended stays hotels: a fast-growing segment of the accommodations industry. Brands and properties have multiplied in the last decade. They offer furnished, well-equipped units, common facilities, and hotel services in dedicated buildings and complexes. As hotels, at a minimum, extended stays provide housekeeping services, change the linens (sheets and towels), collect trash, handle mail and messages, and provide at least some limited hours of reception services. Brands vie with each other by including “extras” in the price of the unit rental: free parking, free use of hotel facilities (pool, exercise room), shuttle buses, free prepared food (breakfast, dinner), concierge services, evening receptions. Unit style varies by brand, and within brand, by adaptations to local market and hotel legal standards because few jurisdictions recognize extended stays as the hybrids they are¹¹⁶

HSA: Human Services Agency; its mission is to promote well-being and self-sufficiency among individuals, families and communities in San Francisco. HSA was formed in 2004 with the merger of two previously existing city departments, the Department of Human Services (DHS) and the Department of Aging and Adult Services (DAAS).

IHSS: In-Home Supportive Services; a statewide publicly funded program providing personal assistance services to low-income people with chronic and disabling conditions who need such assistance to remain safely in their homes and engaged in their communities. In San Francisco, most consumers served by IHSS are over 65 years of age. The remainder are younger adults and a small number of children. In-Home Supportive Services include chore and house cleaning services as well as personal care, such as assistance with eating, bathing, dressing, and using the toilet. IHSS allows consumers to live safely at home, where they want to be, rather than in institutions.

Master leasing: a legal contract in which a third party (other than the actual tenant) enters into a lease agreement and is responsible for tenant selection and rental payments. Under “master leasing” a nonprofit or public agency leases multiple units of housing (could be scattered site units or a whole apartment building) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to

¹¹⁵ Levinson (2004)

¹¹⁶ Brownrigg, 2006

poor credit, evictions, or lack of sufficient income. The landlord receives a certain monthly payment whether or not the units are occupied.

McKinney/Vento Homeless Assistance Act: (originally called the Stewart B. McKinney Homeless Assistance Act of 1987) this legislation created three U.S. Department of Housing and Urban Development (HUD) programs that can be used to develop permanent housing for homeless individuals and families with disabilities: the Shelter Plus Care program (S+C), the Supportive Housing Program (SHP), and the Section 8 Mod Rehab SRO Program. These three programs form the backbone of the Continuum of Care.¹¹⁷

OOA: Office on the Aging; selects, funds, manages and oversees contracts for direct service programs provided by 40-50 community-based organizations and two public agencies to serve persons 60 years of age and older and adults with disabilities 18 years of age and older.

PAES: Personally Assisted Employment Services; PAES recipients are employable adults, often in need of services such as psychological and vocational assessment, substance abuse and mental health counseling, expenses for work-related clothing, tools and supplies, and transportation assistance to and from work activities.

SFGH: San Francisco General Hospital

SSI: Supplemental Security Income; SSI is a Federal income supplement program designed to help aged, blind, and disabled people who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter.

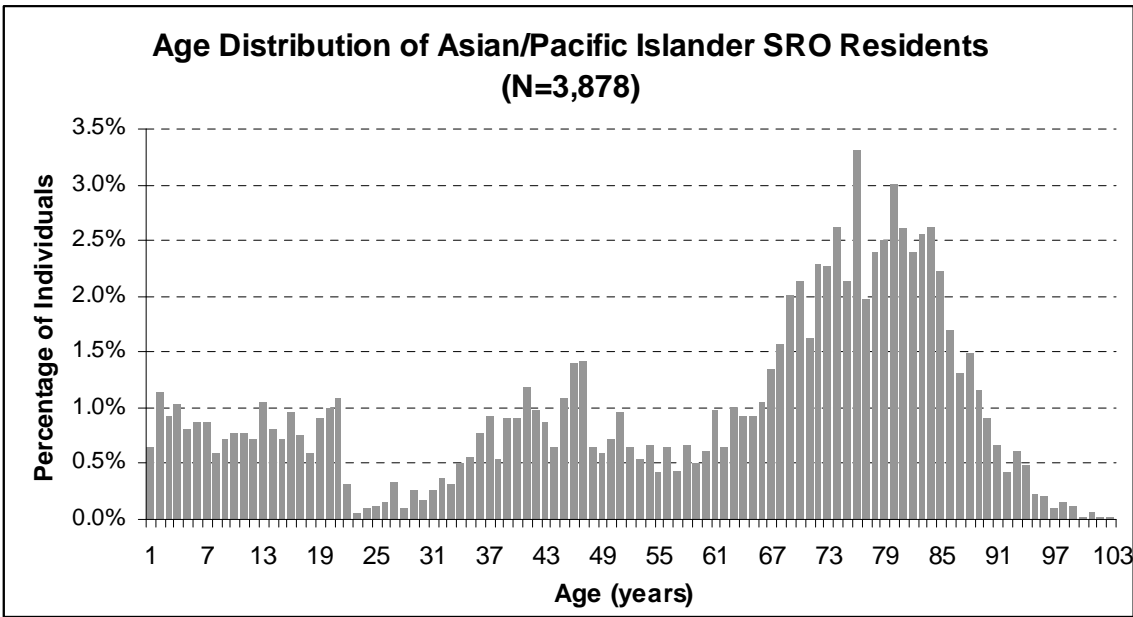
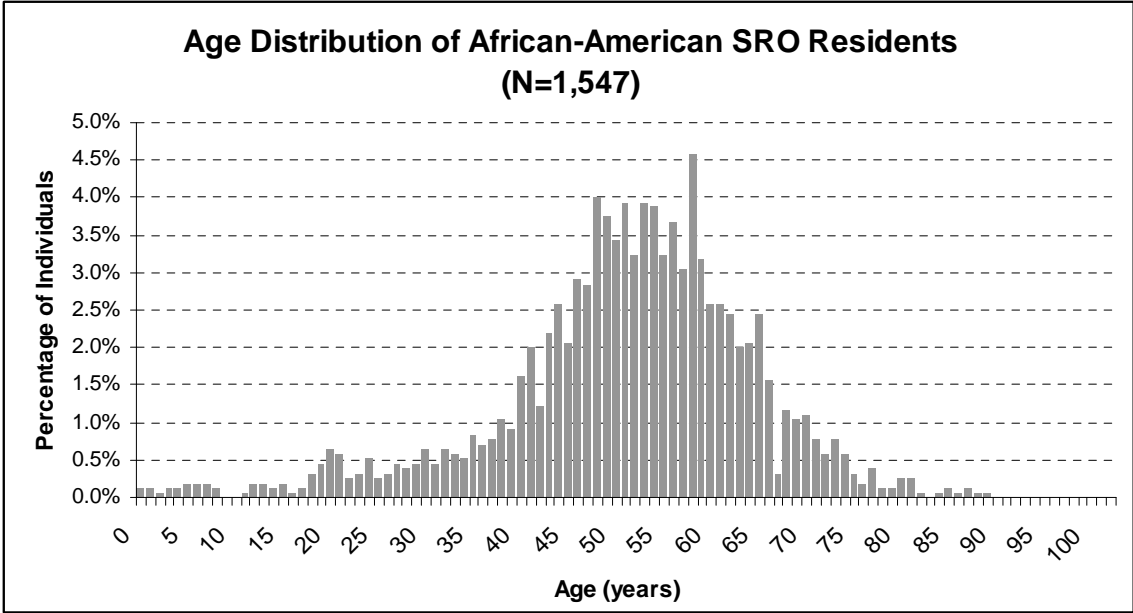
SSIP: Supplemental Security Income Pending

¹¹⁷ http://www.tacinc.org/HH/Program_Policy/Section8SROMod.htm

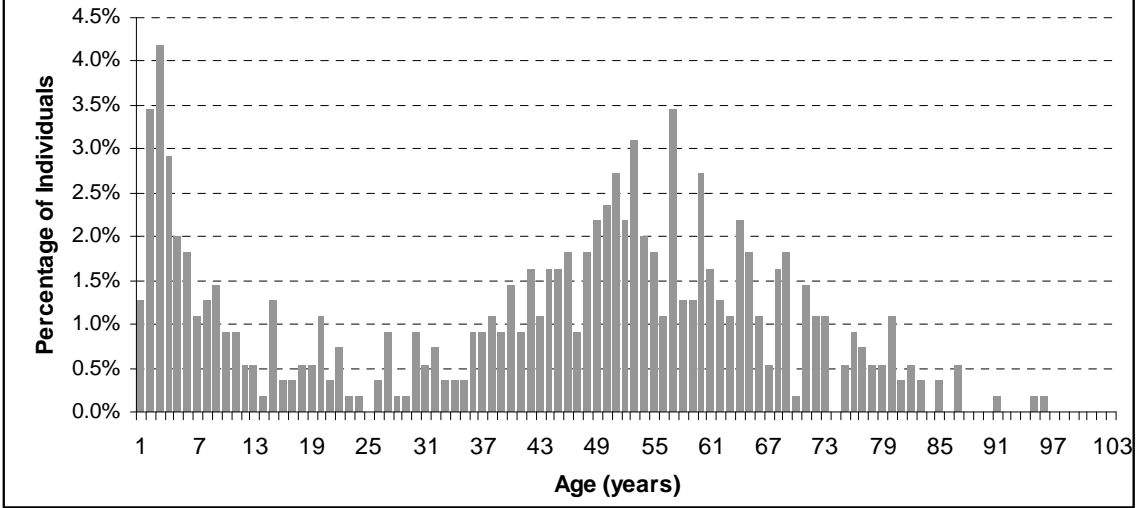
Appendix B: Additional Data

Master Profile

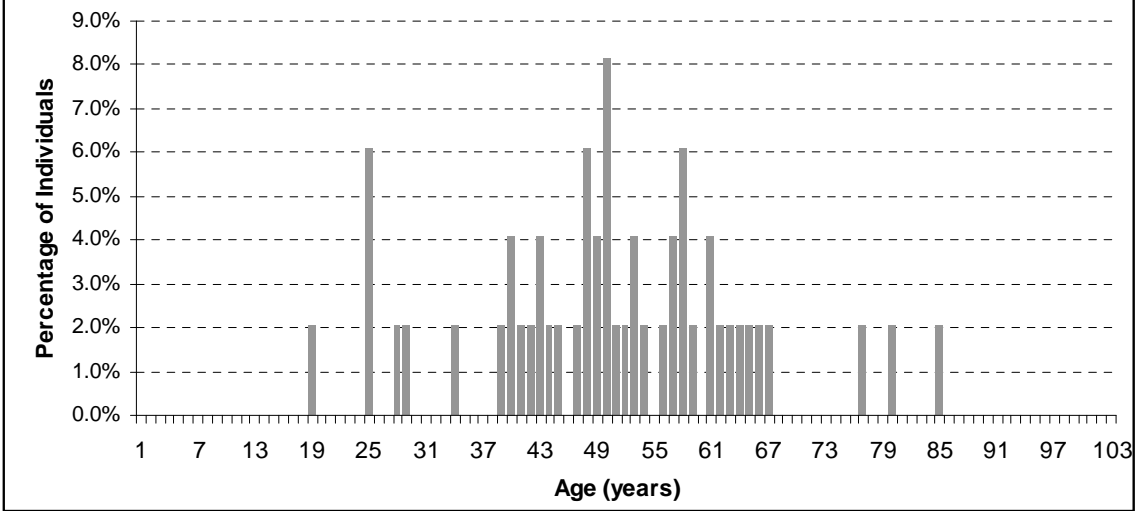
Name of Program	(A) Number of SRO Residents Who Participate in <u>Only</u> This Program	(B) <u>Total</u> Number of SRO Residents Who Participate in This Program	(A) / (B) Percentage of Program Participants Involved in This Program Only
Adult Protective Services (APS)	196	576	34.0%
County Adult Assistance Program (CAAP)	114	1495	7.6%
CalWORKs	0	159	0.0%
Cash Assistance Program for Immigrants (CAPI)	0	67	0.0%
Food Stamps	454	2426	18.7%
Foster Care	0	5	0.0%
In-Home Supportive Services (IHSS)	265	2374	11.2%
Medi-Cal	2219	4356	50.9%
Office on the Aging (OOA)	260	840	31.0%
Supplemental Security Income (SSI)	3147	5758	54.7%

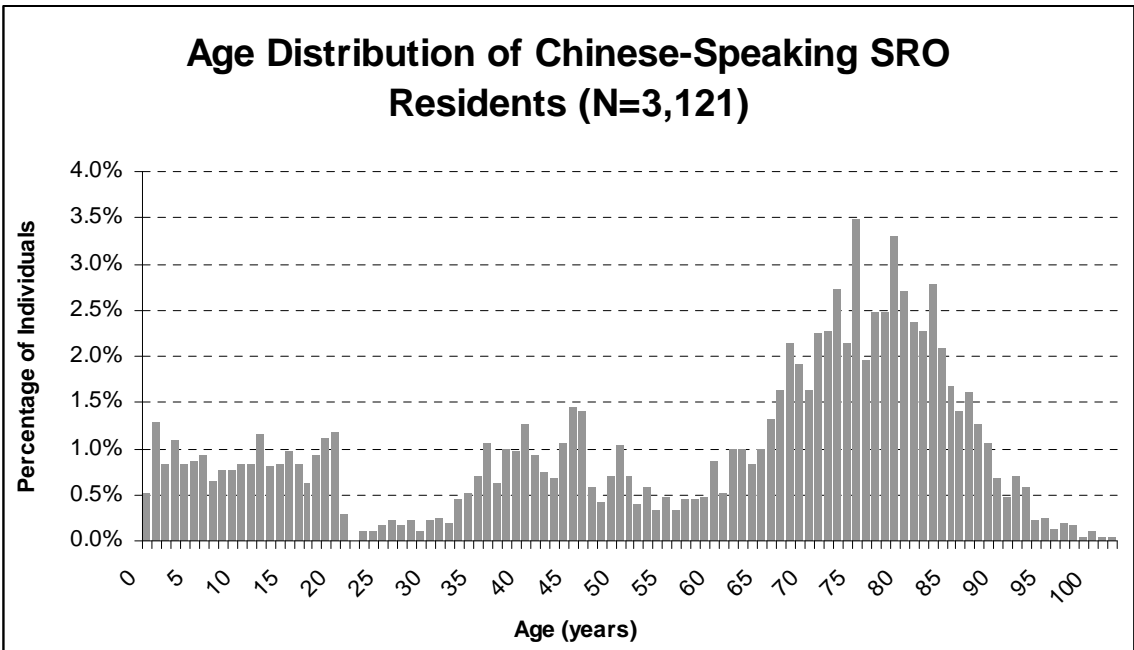
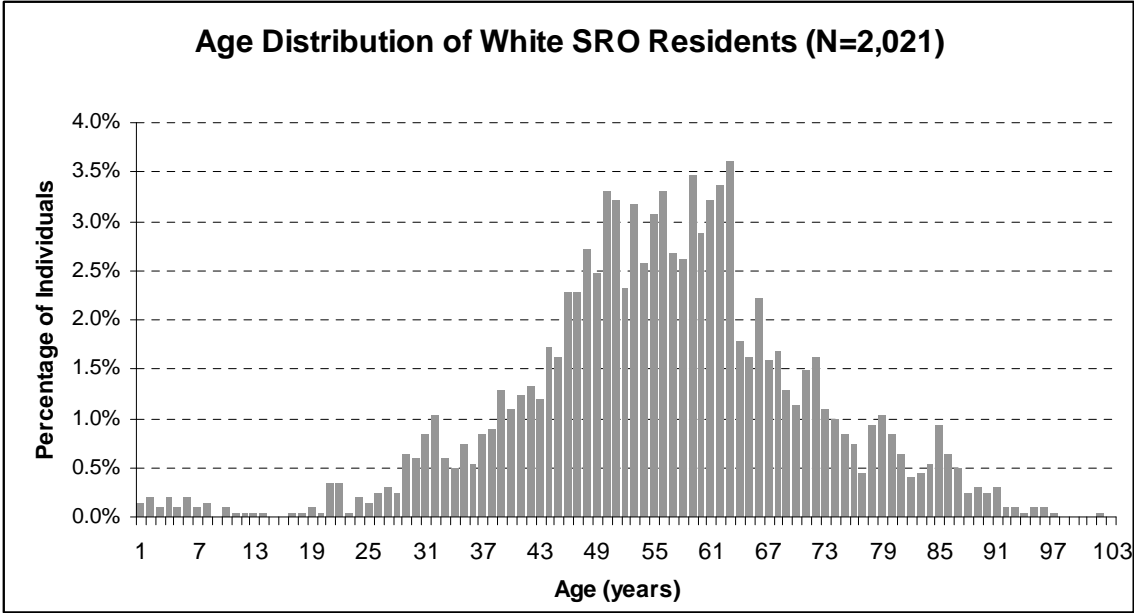


Age Distribution of Latino SRO Residents (N=550)



Age Distribution of Native American SRO Residents (N=49)

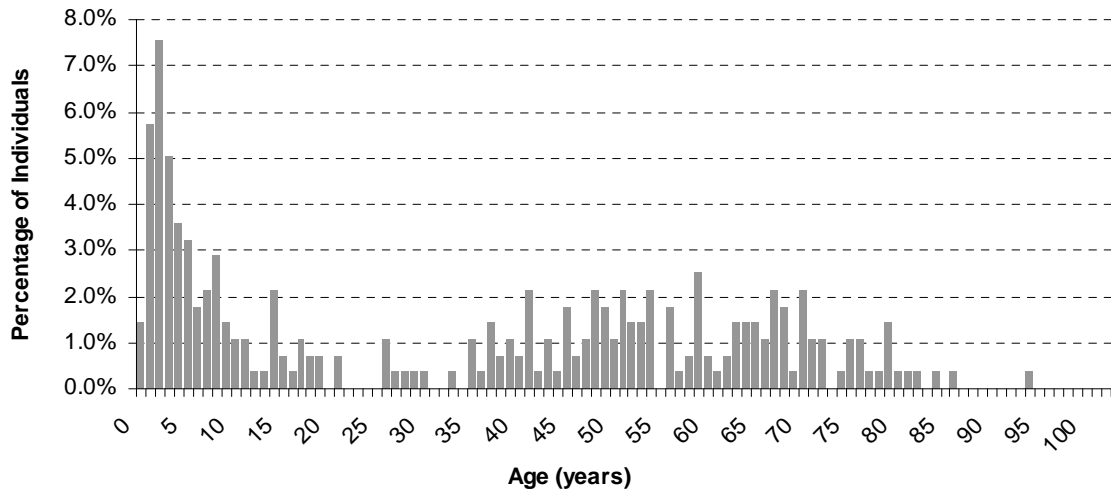




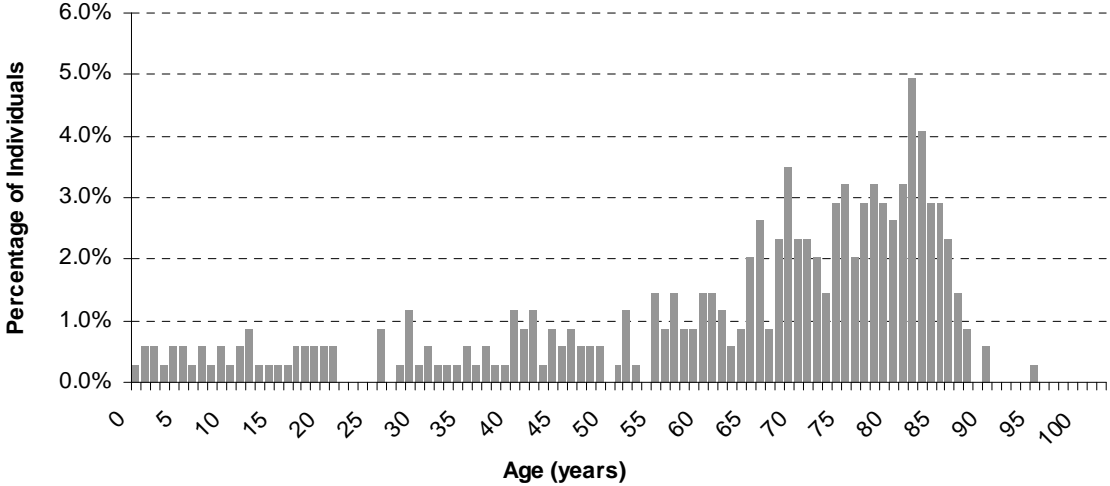
Age Distribution of English-Speaking SRO Residents (N=4,414)



Age Distribution of Spanish-Speaking SRO Residents (N=279)



Age Distribution of Other Non-English-Speaking SRO Residents (N=343)

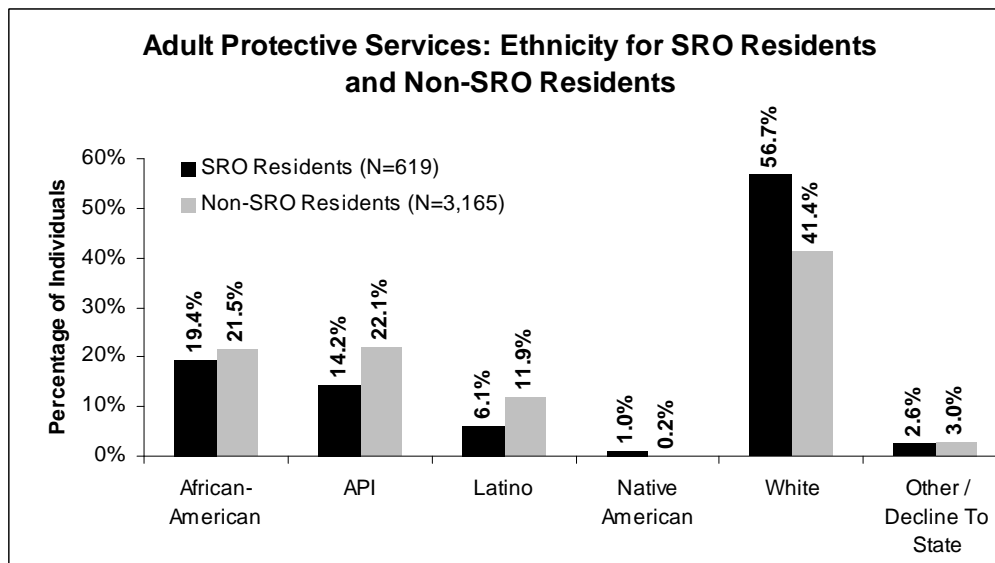
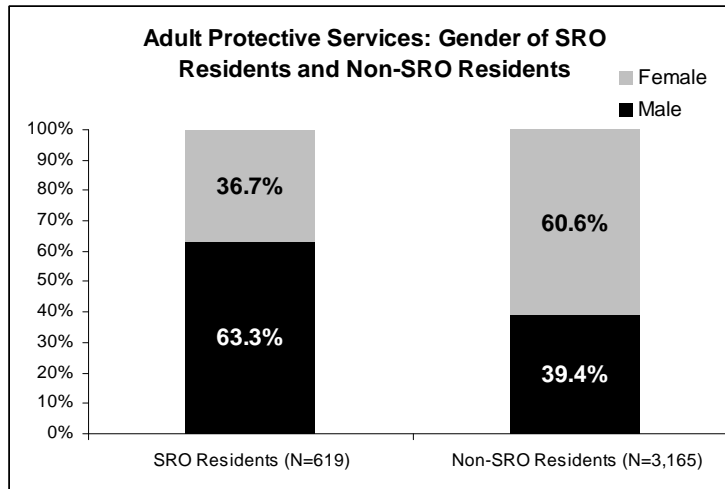


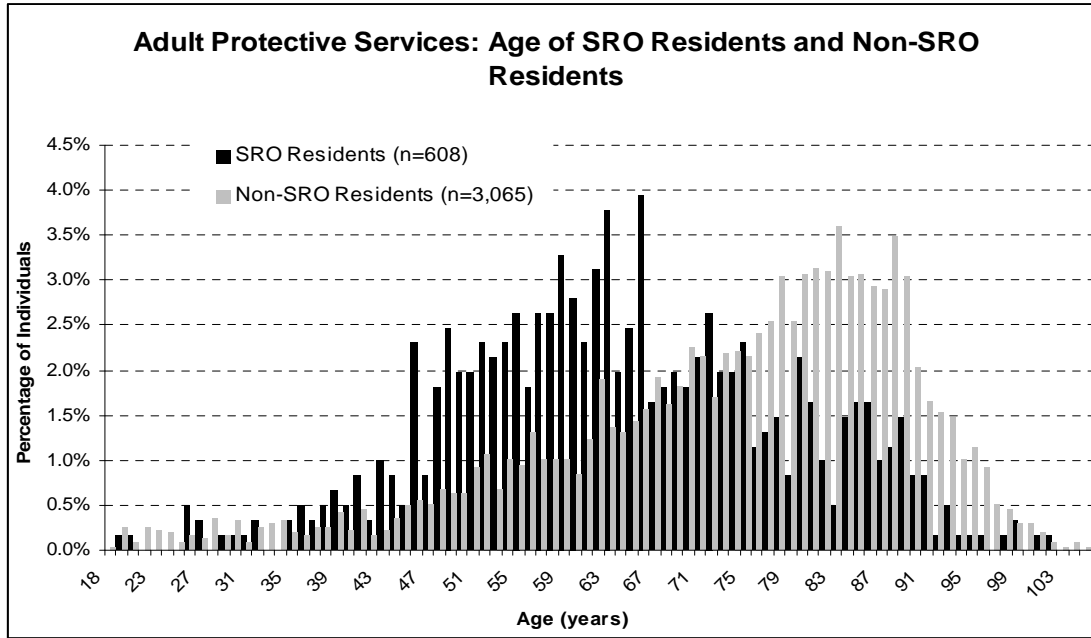
Adult Protective Services, 2008 Calendar Year

Key Findings for Adult Protective Services

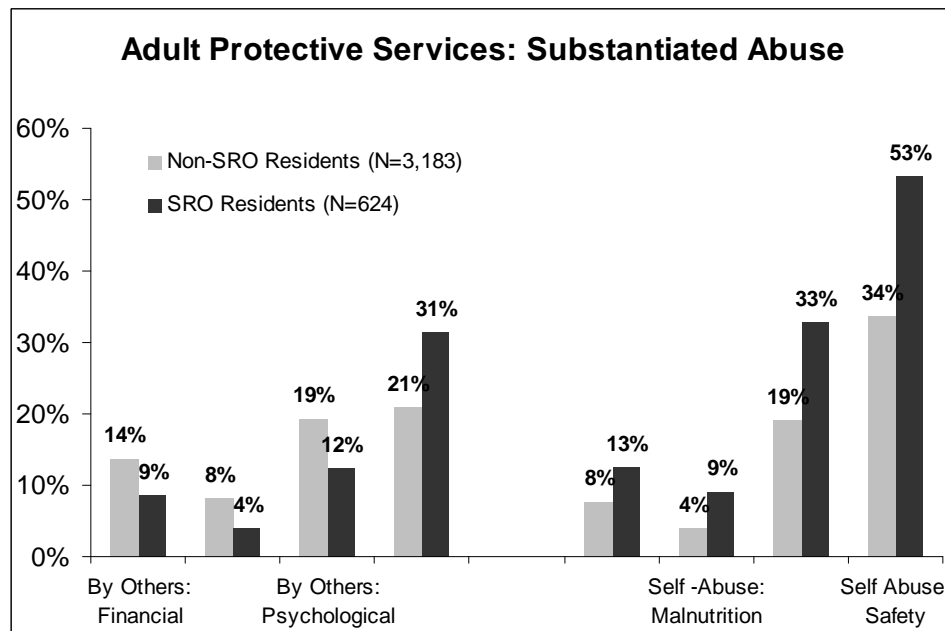
Relative to non-SRO residents, SRO residents display the following characteristics:

- higher percentage of males
- greater proportion of Whites; smaller proportion of African-Americans, Asian/Pacific Islanders, and Latinos
- tend to be younger
- smaller proportion reported for abuse by others (financial and neglect)
- larger proportion reported for self-abuse (health, malnutrition, medical, and physical)





Note: Age data was not available for all program participants.



CalWIN, January 2009

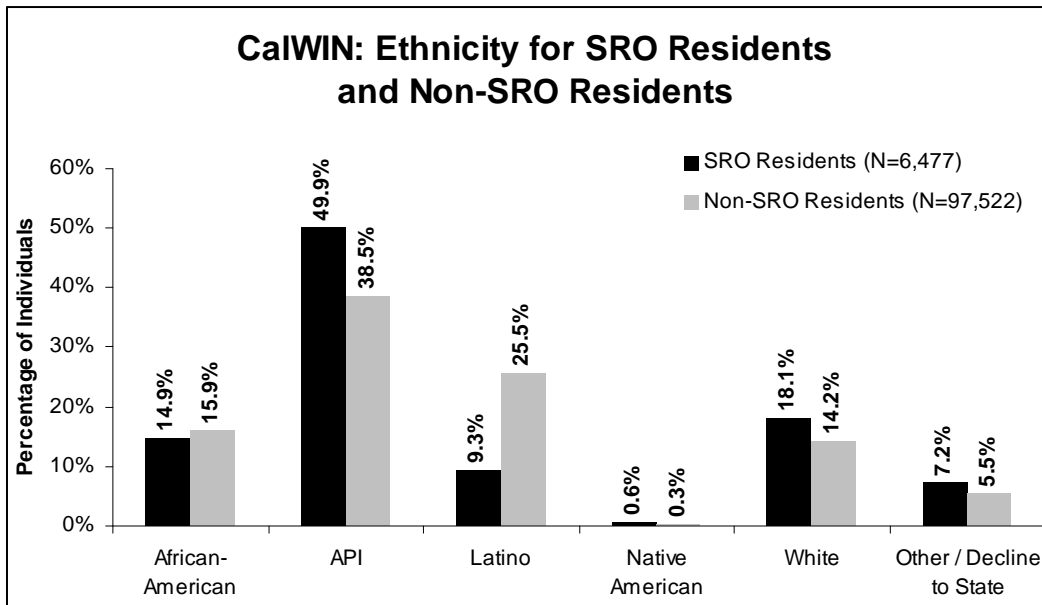
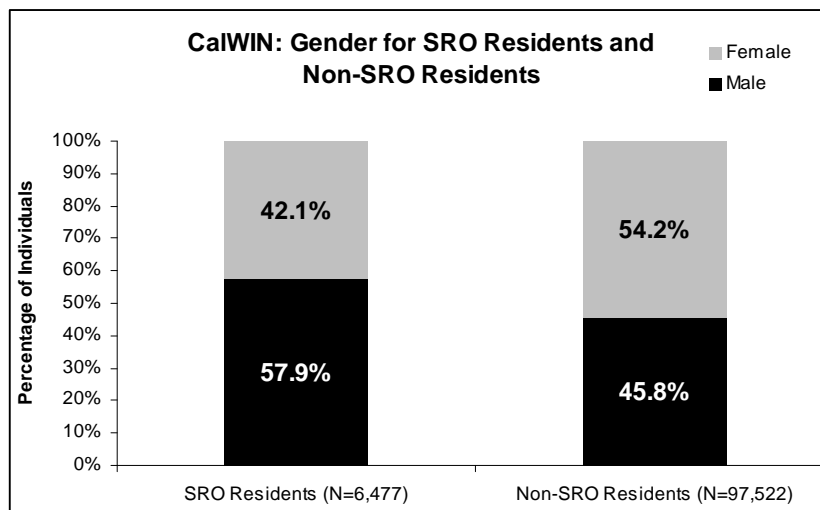
This report uses includes CalWIN data for the following programs:

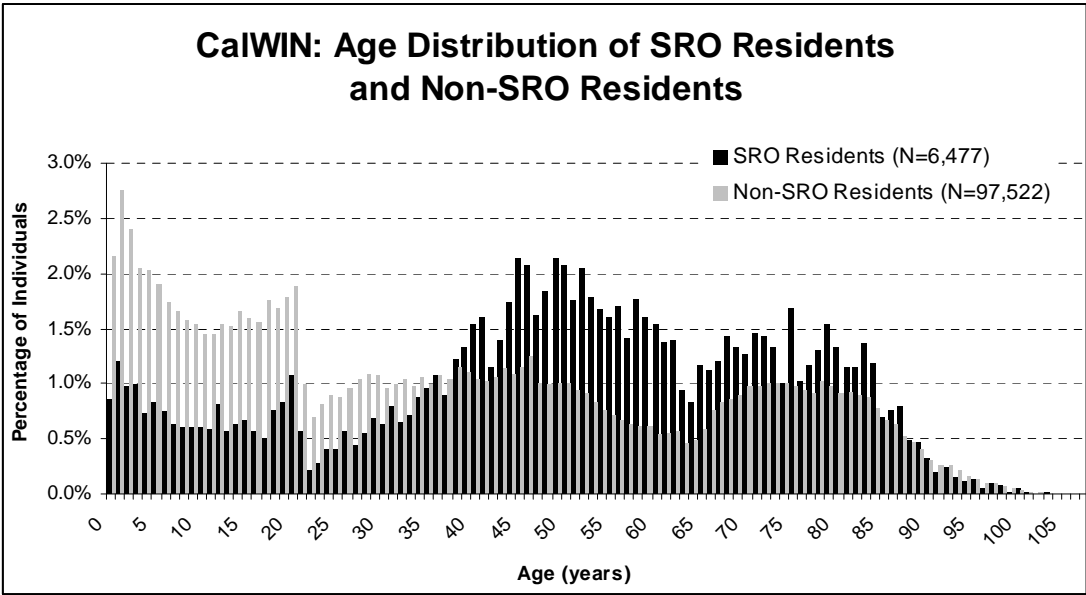
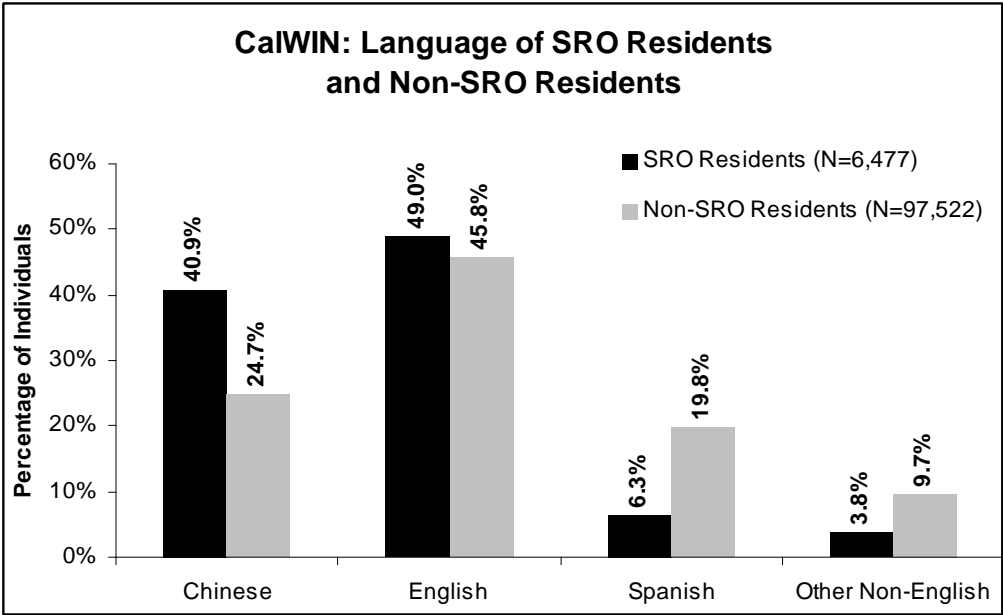
	Program Name	Program Description
1	Cash Assistance Program for Immigrants (CAPI)	Cash assistance program for immigrants who are disabled, blind, or age 65 or older. CAPI is a state-funded program that pays cash benefits to lawful non-citizens who do not qualify for SSI/SSP solely due to their immigration status.
2	California Work Opportunities and Responsibility to Kids (CalWORKS) / Temporary Assistance for Needy Families (TANF)	The CalWORKs program provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size. Most able-bodied aided parents are also required to participate in the CalWORKs GAIN employment services program.
3	Foster Care	The Foster Care Program provides financial assistance for children who are in need of substitute parenting and have been placed in out-of-home care.
4	Food Stamps	The Food Stamp Program is a federally-mandated, state-supervised, and county-operated government program designed to eliminate hunger in the United States. Food Stamp benefits help low-income families and individuals improve their health by providing access to a nutritious diet. Income limits and financial resource levels establish eligibility for food stamp benefits. Most people enrolled in CalWORKs or San Francisco's County Adult Assistance Programs (CAAP) are eligible.
5	County Adult Assistance Programs (CAAP)	CAAP serves very low-income San Francisco adult residents without dependents through four programs: Personal Assisted Employment Services (PAES), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM) and General Assistance (GA). These four programs, which are unique to San Francisco, were created to provide more opportunities to engage those individuals formerly served only by General Assistance (GA), the most basic financial safety net. CAAP determines eligibility and issues benefits to clients who are not eligible for other state or federal cash aid programs.
6	Kinship Guardianship Assistance Payment (Kin-GAP)	Kin-GAP enables children exiting the juvenile court dependency system to live with a relative legal guardian as a permanent plan. Kin-GAP provides a subsidy payment that matches the basic foster care rate, based upon age, and pays the clothing and special needs allowance if applicable.
7	Medi-Cal	Medi-Cal provides health and long-term care coverage to low-income children, their parents, elderly, and disabled Californians. It is the largest source of federal funds to California.
8	Refugee Cash Assistance	Refugee Cash Assistance is a cash assistance and employment services program designed for adults without children who have official status as a refugee, and who have been in the United States for less than eight months. Aid is limited to eight months.

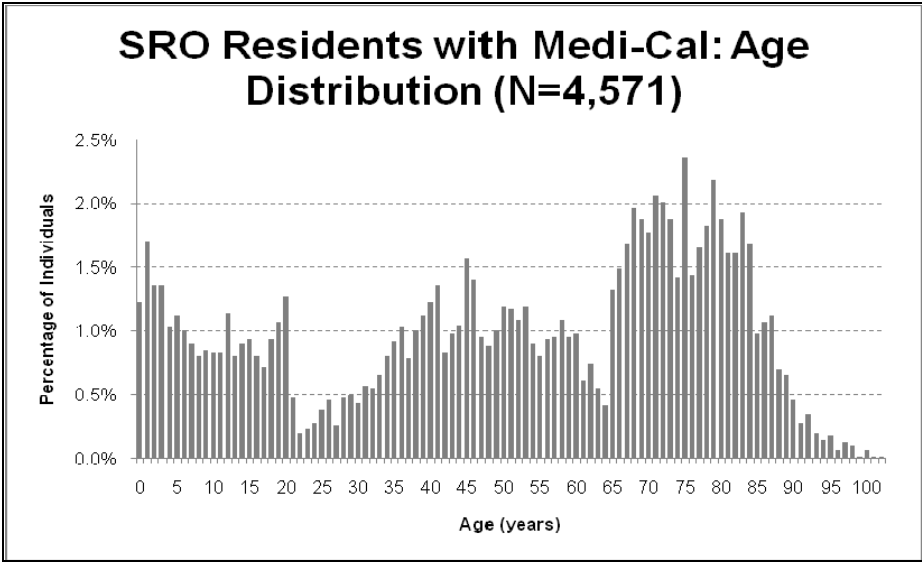
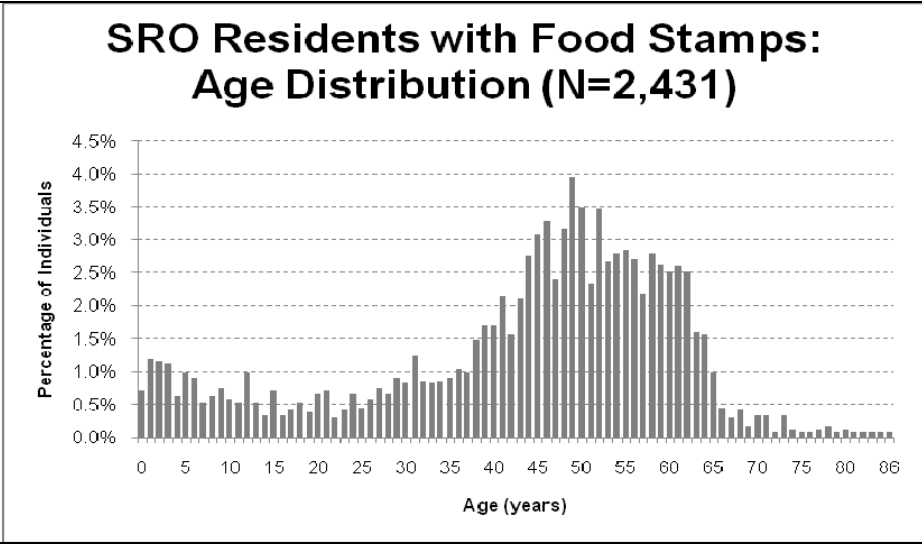
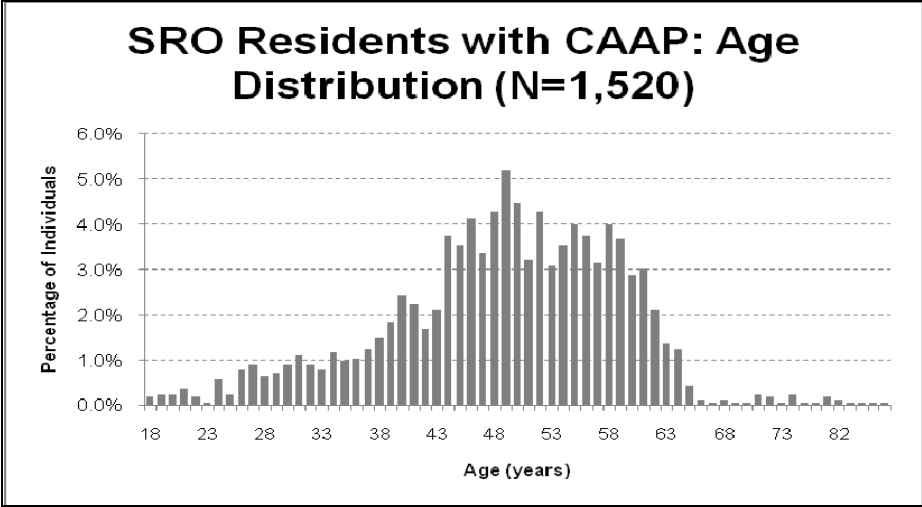
Key Findings for Individuals in CalWIN Database

Relative to non-SRO residents, SRO residents display the following characteristics:

- higher percentage of males
- larger proportion of Asian/Pacific Islanders and Whites, smaller proportion of Latinos
- much greater proportion of Chinese speakers, much smaller proportion of Spanish and other non-English speakers
- older







Child Welfare Services, 2004-08 (inclusive)

Key Findings for Child Welfare Services

Children in the Child Welfare Services Case Management System listed as living at an SRO address display the following characteristics:

- higher rate of substantiated child abuse allegations, relative to non-SRO residents
- higher percentage of allegations for neglect, substantial risk, caretaker absence/incarceration, and emotional abuse, relative to non-SRO residents
- large number of referrals for newborns (i.e., under one year old)
- increase in allegations, but not in substantiations, for school-age children
- decreasing number of children referred between 2006 and 2008

Gender	SRO Residents, All Referrals (N = 655)	Non-SRO Residents, All Referrals (N = 28,014)	All Referrals (N = 28,669)
Female	52.37%	50.24%	50.29%
Male	46.41%	49.09%	49.03%
Not Reported	1.22%	0.67%	0.68%
Total	100.00%	100.00%	100.00%

Year	Total Referrals (substantiated and unsubstantiated)	SRO Residents	Non-SRO Residents	Percentage of Referrals that are SRO Residents
2004	6,240	145	6,095	2.32%
2005	5,963	148	5,815	2.48%
2006	6,008	143	5,865	2.38%
2007	5,243	119	5,124	2.27%
2008	5,215	100	5,115	1.92%
Total	28,669	655	28,014	2.28%

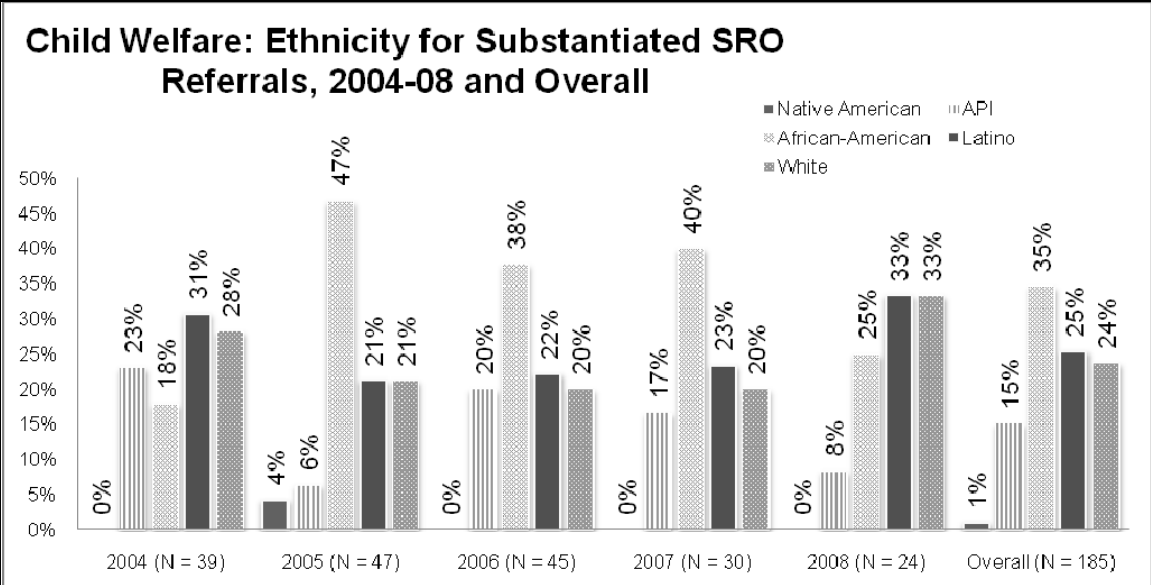
Year	Substantiated Referrals	SRO Residents	Non-SRO Residents	Percentage of Substantiated Referrals that are SRO Residents
2004	1,176	1,215	39	3.21%
2005	1,110	1,157	47	4.06%
2006	1,059	1,104	45	4.08%
2007	1,013	1,043	30	2.88%
2008	1,033	1,057	24	2.27%

Year	Substantiated Referrals	SRO Residents	Non-SRO Residents	Percentage of Substantiated Referrals that are SRO Residents
Total	5,391	5,576	185	3.32%

A “removal” refers to when children are removed from their homes and placed with an alternative caretaker for some period of time.

Year	Total Removals	SRO Residents	Non-SRO Residents	Percentage of Removals that are SRO Residents
2004	1,507	39	1,546	2.52%
2005	1,309	66	1,375	4.80%
2006	1,358	65	1,423	4.57%
2007	1,227	39	1,266	3.08%
2008	1,145	37	1,182	3.13%
Total	6,546	246	6,792	3.62%

Most Serious Abuse, 2004-08 (substantiated referrals)	SRO Residents (N = 185)	Non-SRO Residents (N = 5,391)	Total (N = 5,576)
At Risk, Sibling Abuse	1.62%	7.55%	7.35%
Caretaker Absence / Incarceration	23.78%	15.77%	16.03%
Emotional Abuse	8.11%	5.40%	5.49%
Exploitation	0.00%	0.15%	0.14%
General/Severe Neglect	36.76%	31.14%	31.33%
Physical Abuse	11.35%	15.97%	15.82%
Severe Neglect	0.54%	0.98%	0.97%
Substantial Risk	17.30%	17.60%	17.59%
Total	100.00%	100.00%	100.00%



Department of Public Health, Calendar Year 2008

DPH matched SRO addresses against its records for medical, mental health, and substance abuse treatment services during calendar year 2008. Aggregated information was provided at the neighborhood level.

Key Findings for Department of Public Health (DPH) Services, CY2008

With respect to public health service usage during calendar year 2008, SRO residents display the following characteristics:

Primary Care

- Among SRO residents 18 and older, those in the Tenderloin made the most visits; among residents under 18, those in Chinatown made the most visits

Other Medical Services

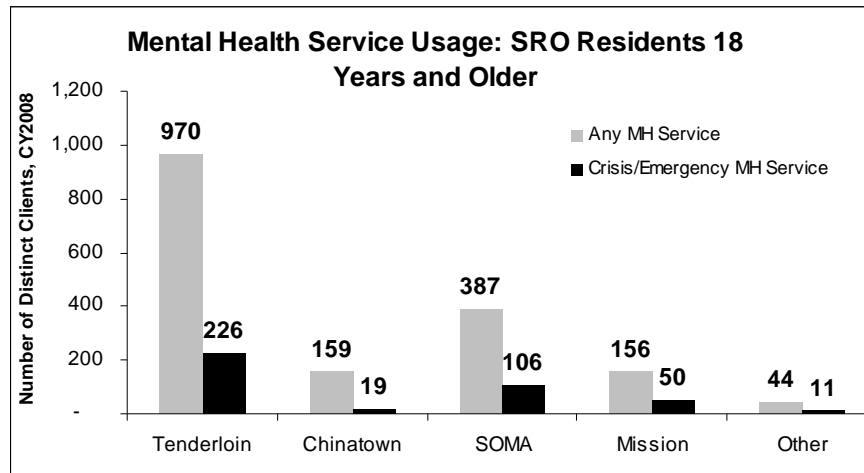
- Tenderloin SRO residents used the majority of other medical services
- Among SRO residents 18 and older, those in South of Market made the next largest number of visits; among residents under 18, those in Chinatown made the next largest number of visits

Mental Health Services

- Among SRO residents 18 and older, the greatest number of distinct mental health clients lived in the Tenderloin, followed by those in South of Market
- Among residents under 18, the greatest number of distinct mental health clients lived in Chinatown, followed by those in the Tenderloin

Substance Abuse Treatment Programs

- Tenderloin's SRO residents made up more than half the number of distinct substance abuse service clients, and South of Market's SRO residents made up one fourth

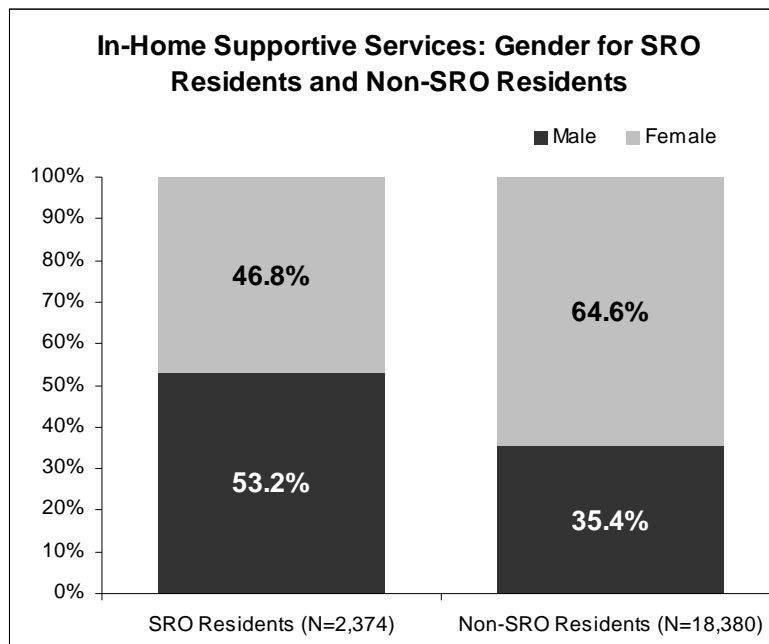


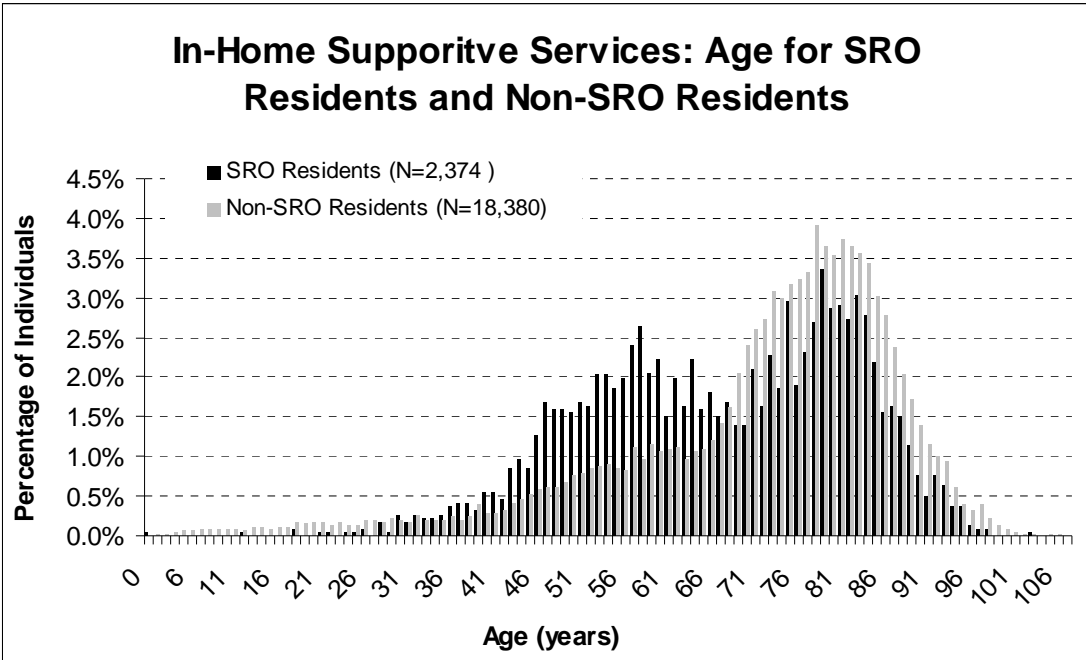
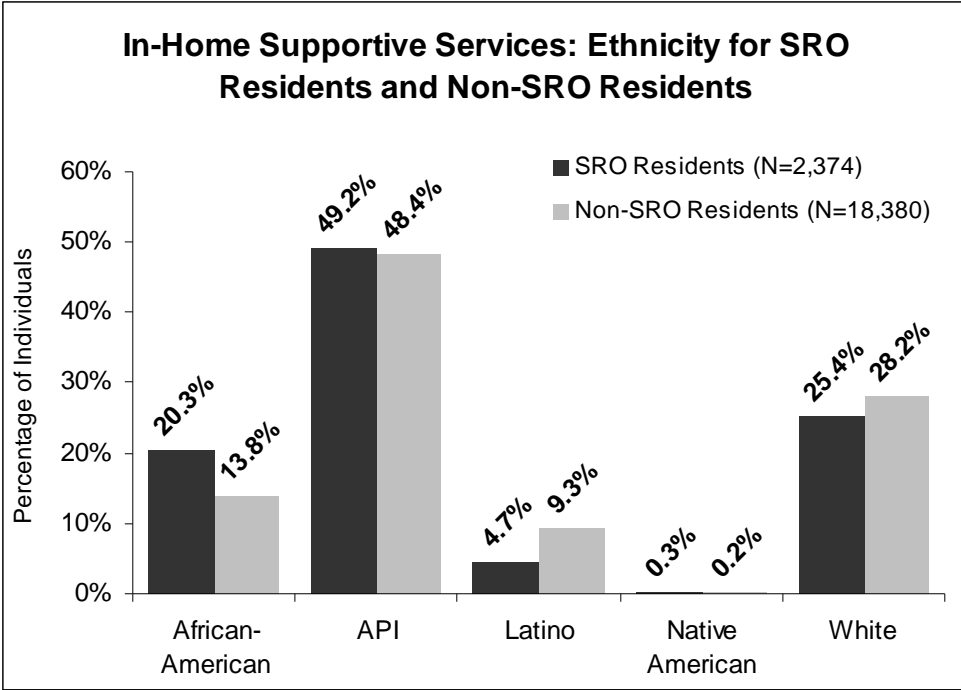
In-Home Supportive Services, December 2008

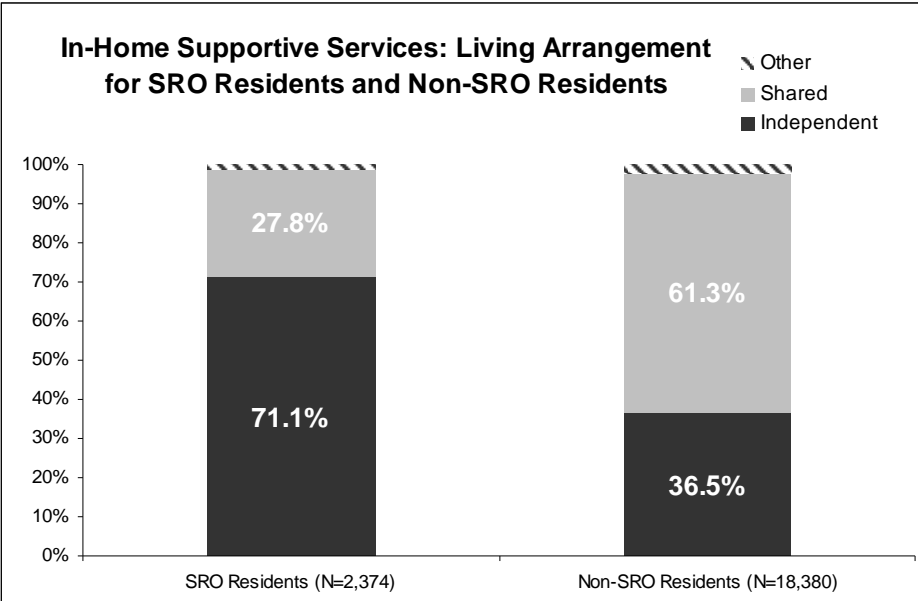
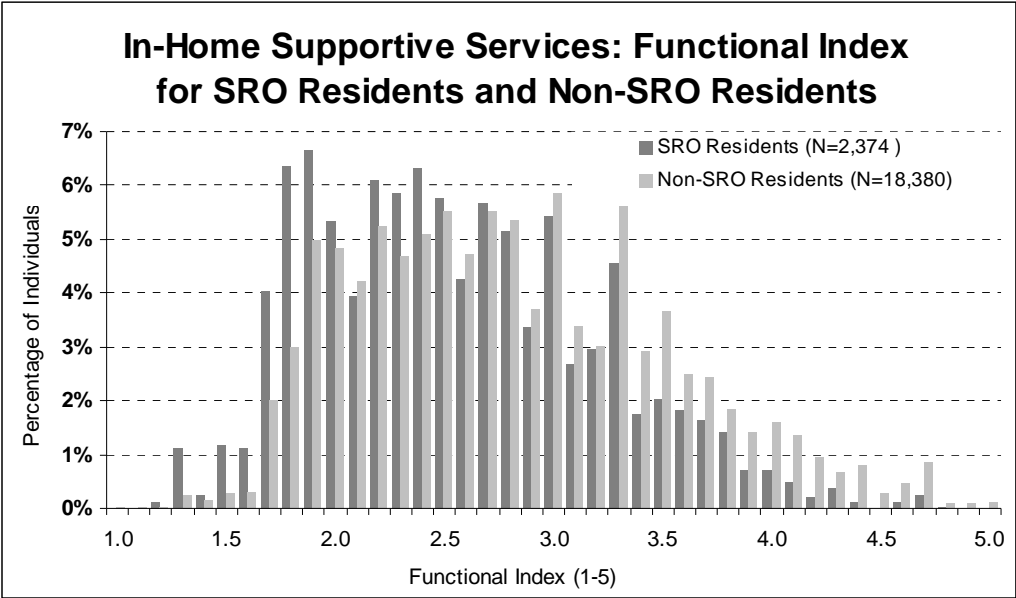
Key Findings for In-Home Supportive Services (IHSS) Recipients

Relative to non-SRO residents, SRO residents display the following characteristics:

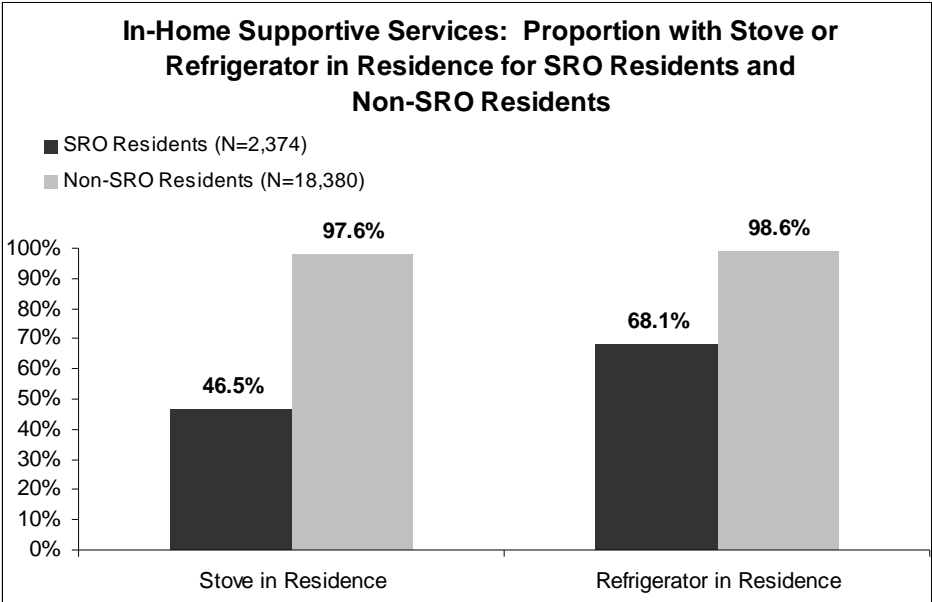
- higher proportion of males
- larger proportion of African-Americans, smaller proportion of Latinos and Whites
- younger
- less functionally limited
- greater proportion live independently
- fewer number of rooms in residence
- smaller proportion have stove or refrigerator in residence







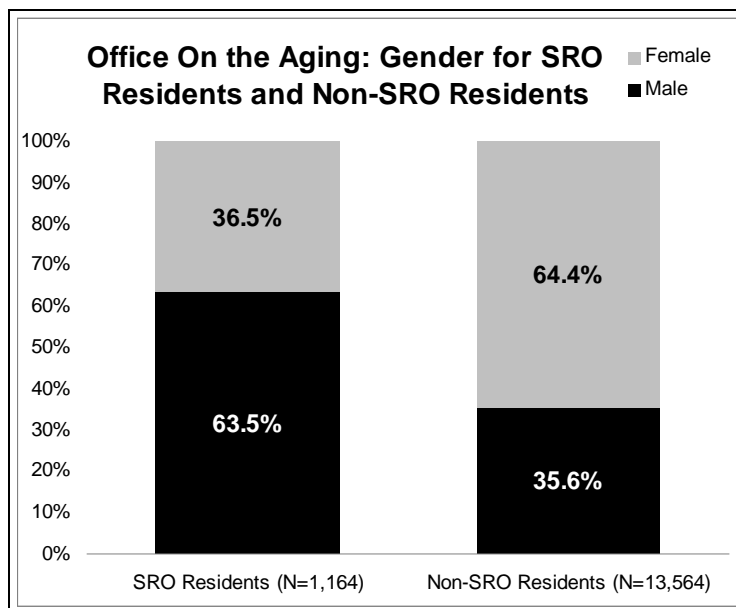
	SRO Residents (N=2,374)	Non-SRO Residents (N=18,380)
IHSS Average Number of Rooms in Residence (includes bathrooms)	1.6	4.4

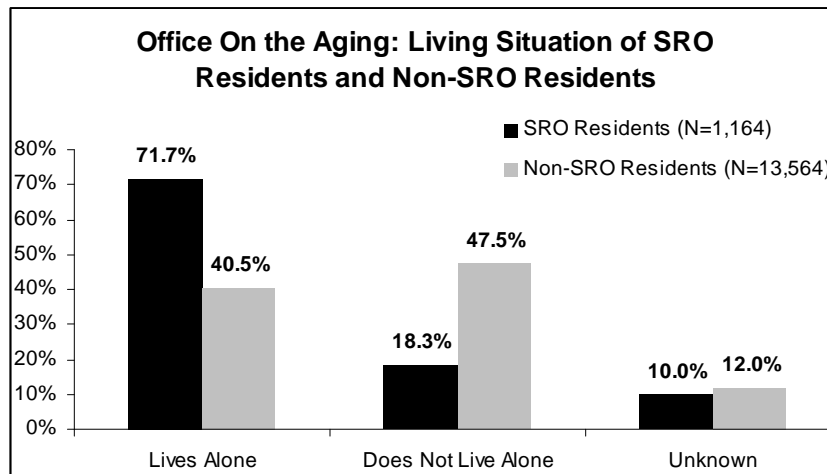
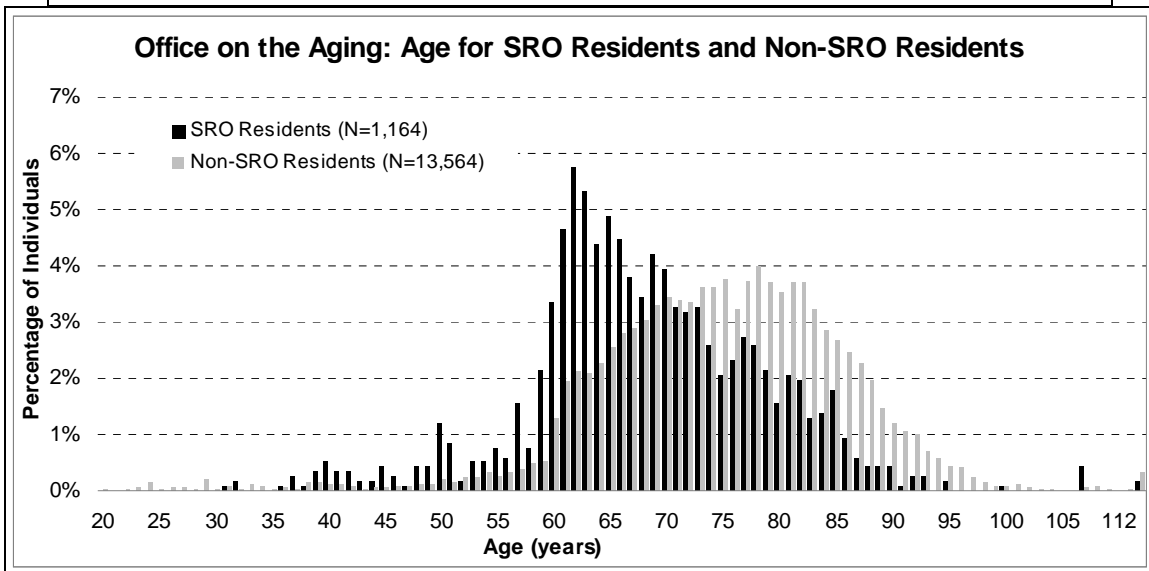
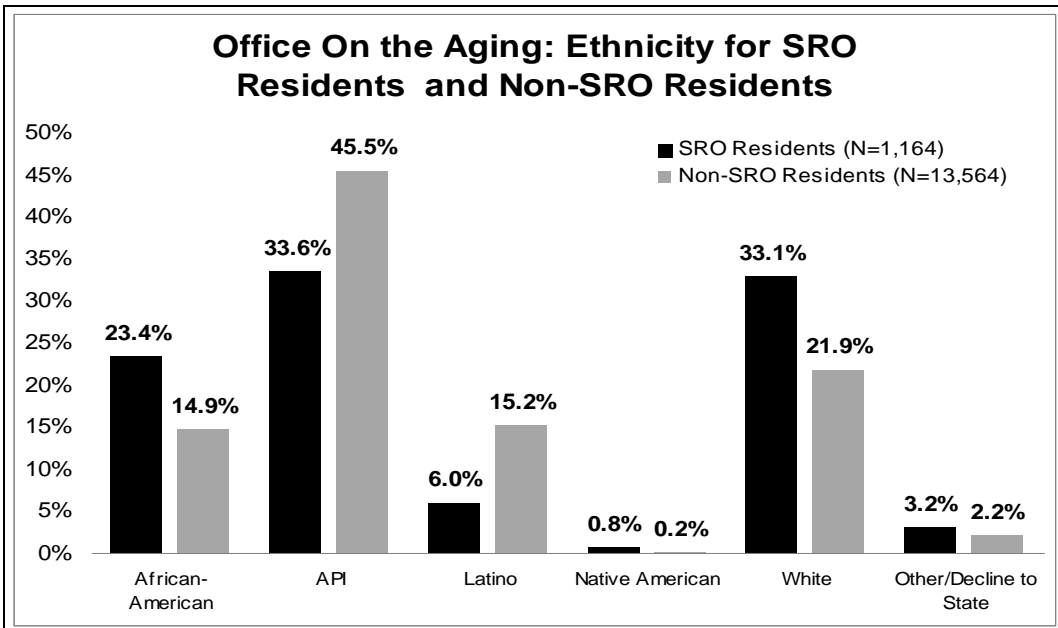


Key Findings for Office on the Aging (OOA) Participants

Relative to non-SRO residents, SRO residents display the following characteristics:

- higher proportion of males
- larger percentage of African-Americans and Whites, smaller percentage of Asian/Pacific Islanders and Latinos
- greater proportion of English speakers, smaller proportion of individuals who speak Chinese, Spanish, and other non-English languages
- younger
- larger proportion identified as disabled, smaller proportion retired
- greater proportion single or divorced, smaller proportion married or widowed
- greater proportion are veterans
- tend to live alone



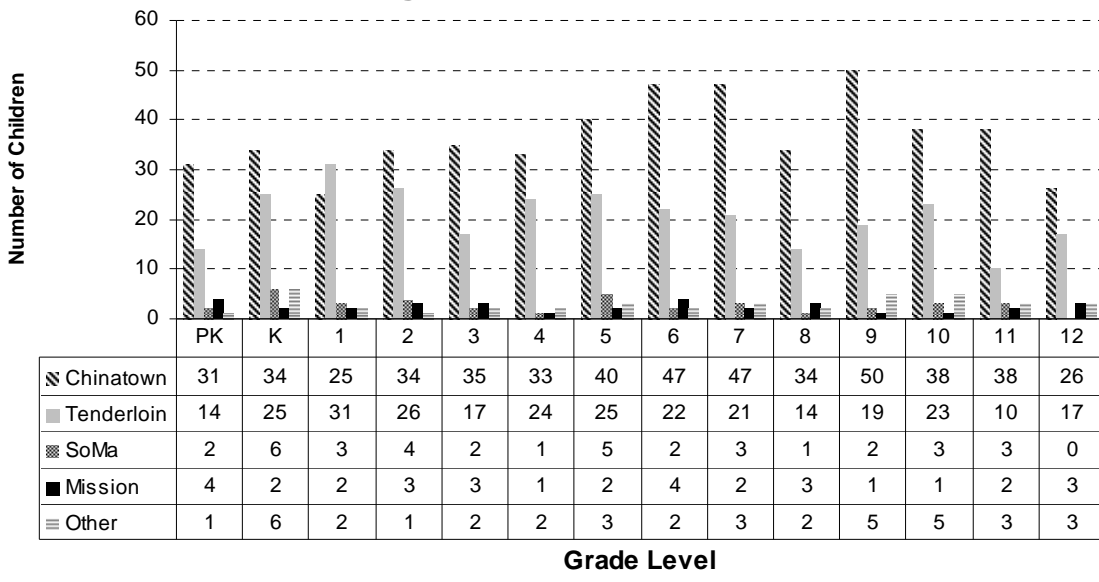


Key Findings for San Francisco Unified School District (SFUSD)

SFUSD children listed as living at an SRO address display the following characteristics:

- over half live in Chinatown; over one-fourth are in the Tenderloin
- more or less even distribution across grade levels
- 59% are Chinese and 17% are Latino
- 60% are English Language Learners, with the highest proportions in Chinatown and the Mission and the lowest in South of Market
- 10% have Special Education status, with the highest proportion in South of Market and the lowest in Chinatown
- just over three-fourths receive free/reduced lunch, the highest proportion being in Chinatown

SFUSD Children in SROs by Grade Level for Each Neighborhood (N=910)



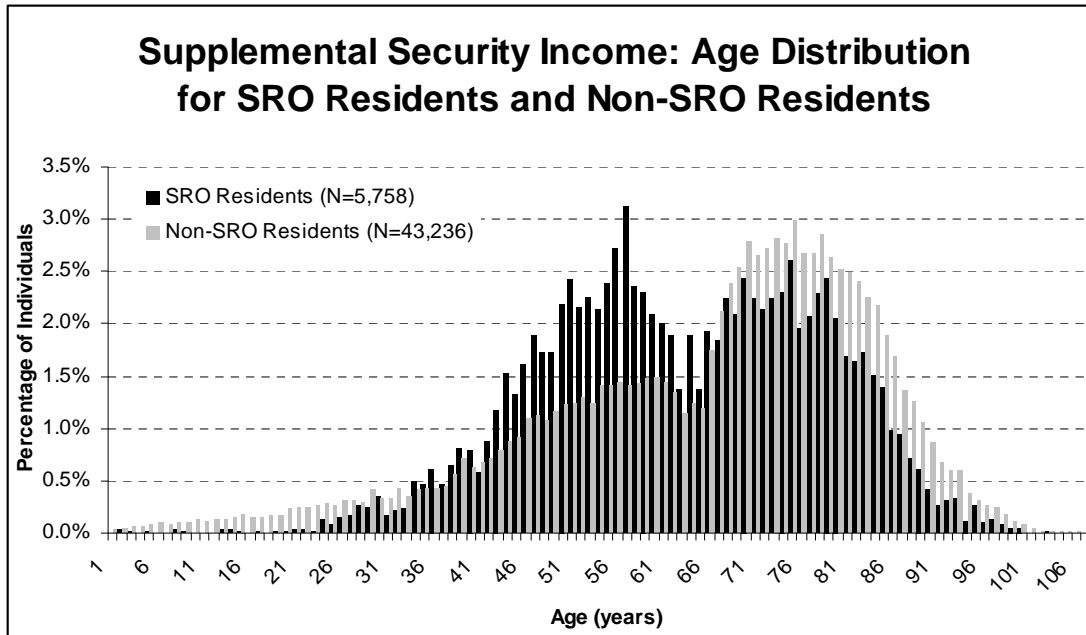
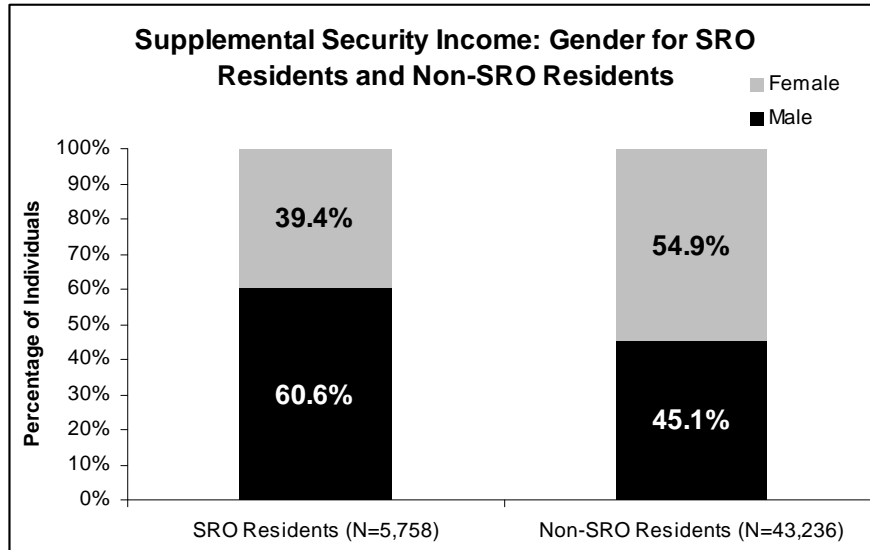
Ethnicity of SFUSD Children in SROs, by Neighborhood						
	Chinatown	Tenderloin	SOMA	Mission	Other	Total
African American	0	14	8	0	4	26
American Indian	0	1	1	0	0	2
Chinese	474	62	2	0	0	538
Filipino	9	30	0	4	3	46
Japanese	0	3	0	0	0	3
Latino	12	90	11	25	15	153
Samoan	0	0	1	0	1	2
Southeast Asian	1	15	1	0	0	17
Other Non-White	4	44	8	3	10	69
Other White	0	17	5	0	7	29
Decline to State	12	12	0	1	0	25

Supplemental Security Income, January 2008

Key Findings for Supplemental Security Income (SSI) Recipients

Relative to non-SRO residents, SRO residents display the following characteristics:

- higher proportion of males
- younger



Appendix C: Additional SRO Neighborhood Information and Maps

Neighborhood Demographics

Demographics	Tenderloin	Chinatown	South of Market	Mission	Citywide
Total neighborhood population	60,580	41,566	23,260	55,274	725,179
Median per-capita income	\$32,516	\$38,433	\$36,244	\$23,842	\$34,946
Proportion of non-English speaking population	19%	33%	12%	19%	13%
Proportion of foreign-born population	41%	53%	35%	45%	37%
High school graduation rate	81%	74%	86%	78%	86%
Proportion of persons 18 years old and under	9%	10%	6%	17%	14%
Proportion of married persons among persons aged 15 and older	26%	37%	22%	25%	34%

Source: Healthy Development Measurement Tool¹¹⁸

Note: Figures for Tenderloin and Chinatown are based on unweighted means of figures for the Planning Department neighborhoods to which they refer (see Table 4).

Neighborhood Quality of Life Indicators

Quality of life indicator	Tenderloin	Chinatown	South of Market	Mission	Citywide
Number of property crimes per 1,000 population	254	508	739	174	177
Proportion of population within 1/2 mile from retail food market ¹¹⁹	90%	79%	76%	83%	65%
Number of active neighborhood watch groups	2	3	11	10	178

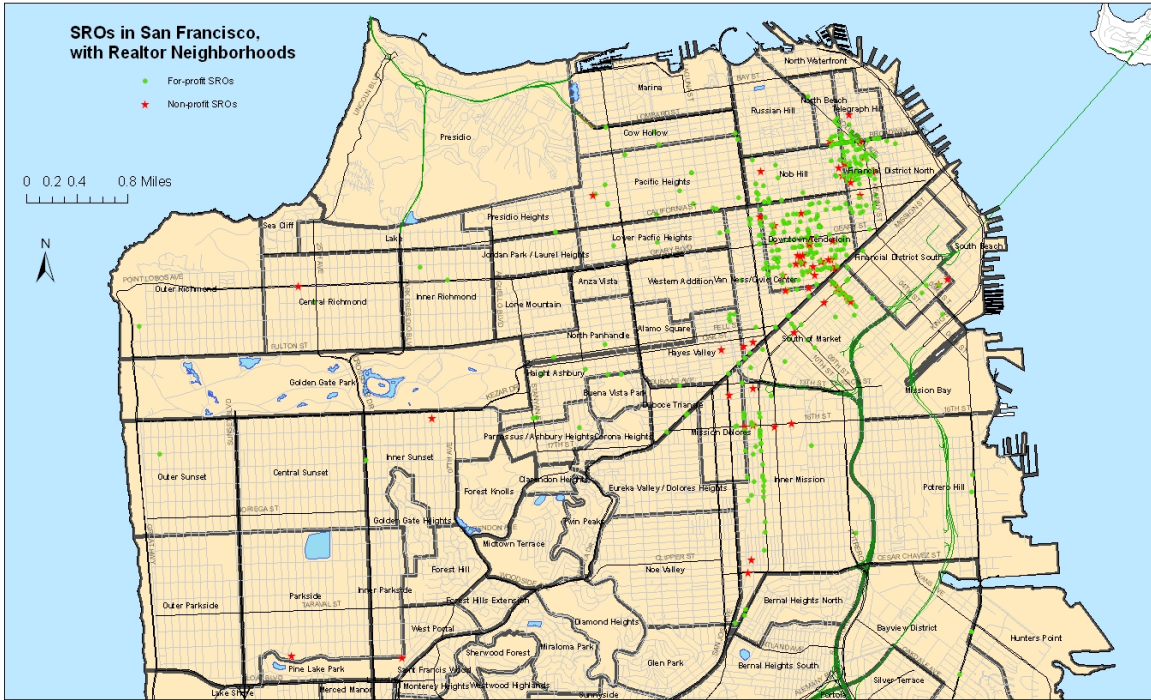
Source: Healthy Development Measurement Tool

Note: Figures for Tenderloin and Chinatown are based on unweighted means of figures for the Planning Department neighborhoods to which they refer (see Table 4).

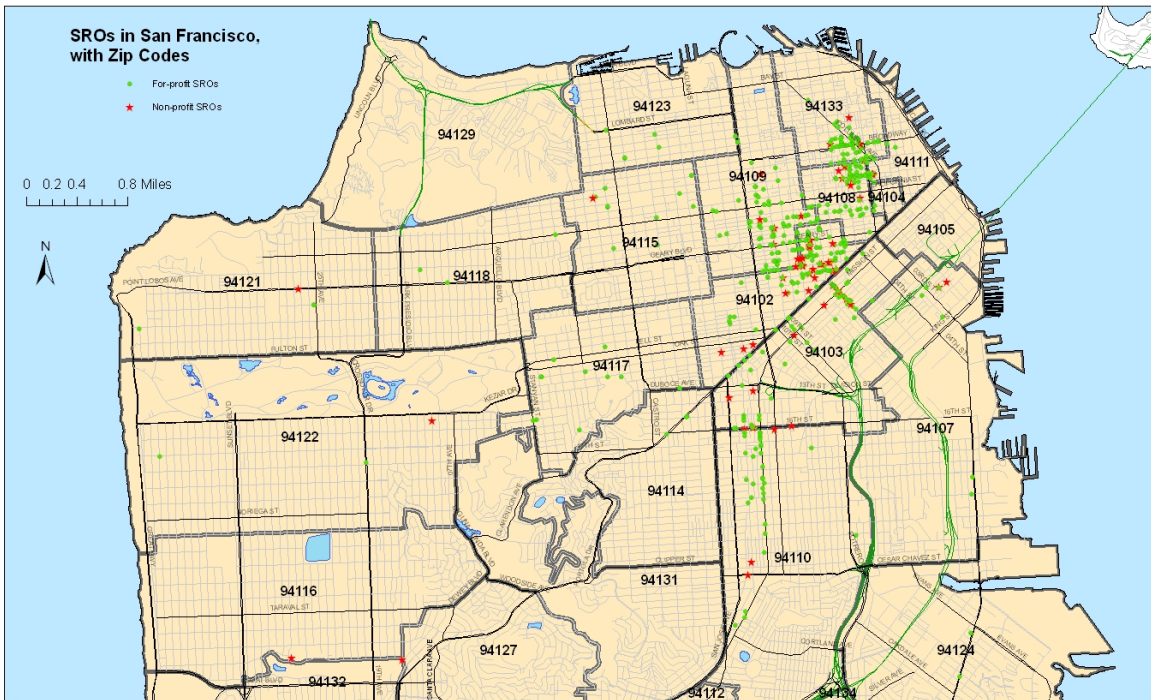
¹¹⁸ The majority of HDMT indicators that use U.S. Census data rely on data from the 2000 Census, obtained from the GeoLytics® CensusCD® Neighborhood Change Database (NCDB) 1970-2000. In Spring 2008, some HDMT indicators using Census-based population and household denominator data were updated with new 2007 data released by Applied Geographic Solutions (AGS) in an attempt to reflect the changing population demographics of San Francisco. Unfortunately, AGS does not provide updated estimates for all Census variables used in the HDMT. As a result, HDMT indicators are based on a combination of both 2000 and 2007 data.

¹¹⁹ supermarket, grocery store, and produce store; 10,000+ sq ft

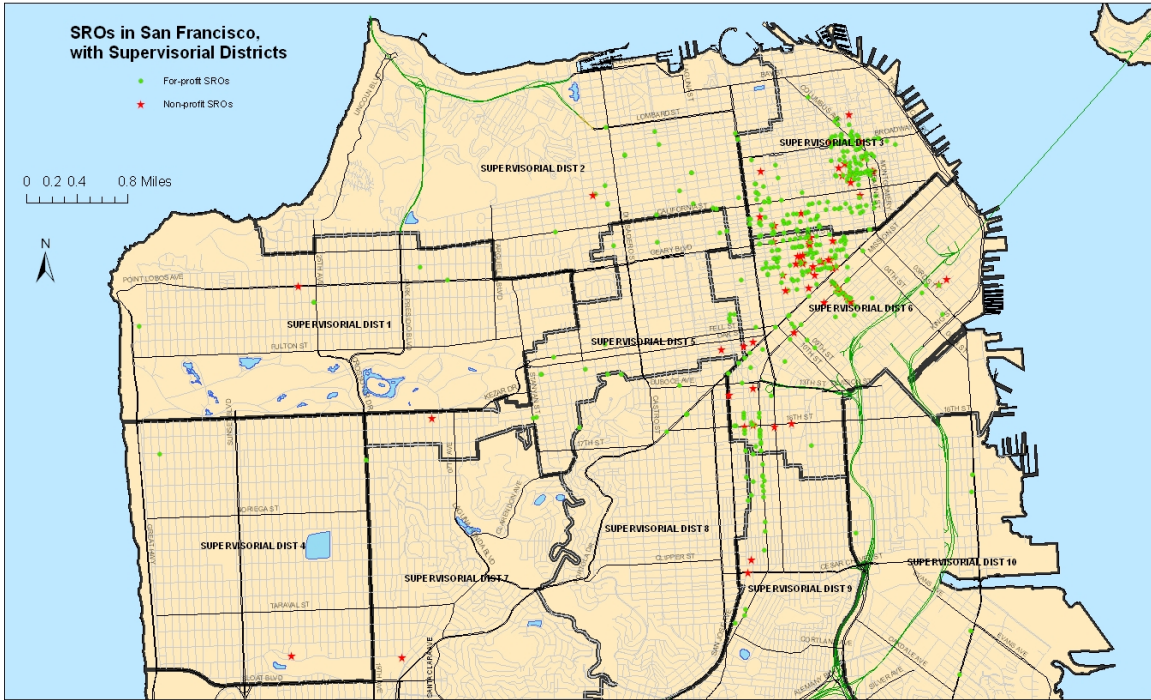
SROs and Realtor Neighborhoods



SROs and Zip Codes

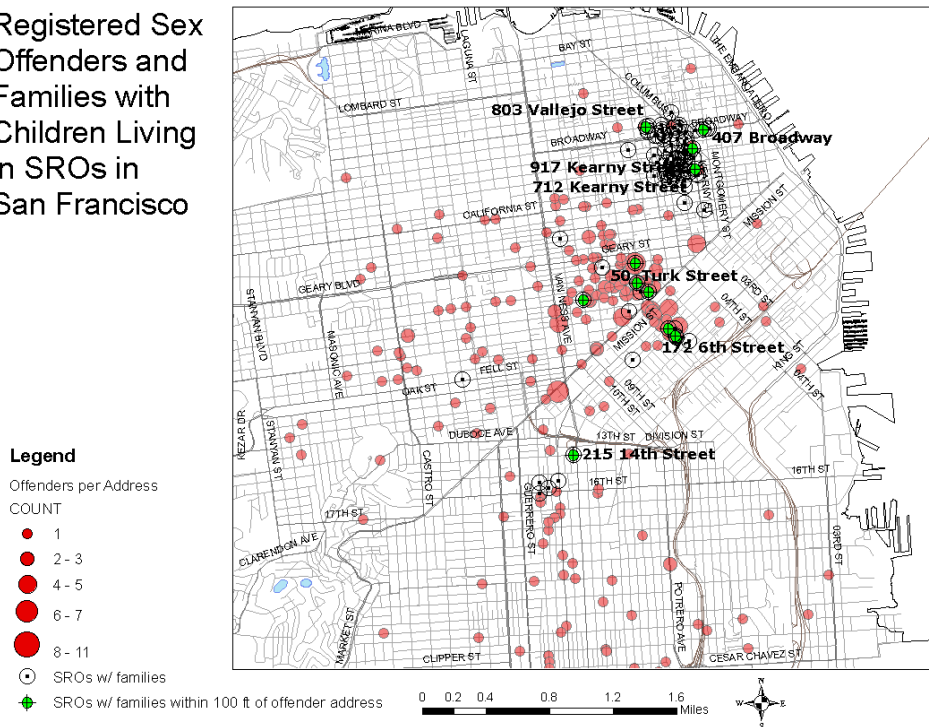


SROs and Supervisorial Districts



Registered Sex Offenders and Families with Children Living in SROs in San Francisco

Registered Sex Offenders and Families with Children Living in SROs in San Francisco



Source: San Francisco DPH

Registered Sex Offenders and Families with Children Living in SROs in San Francisco



Source: San Francisco DPH

Appendix D: HSA Single Adult Supportive Housing (SASH) and DPH Direct Access to Housing (DAH) Sites

HSA Single Adult Supportive Housing Sites

CNC = Care Not Cash, SO = Services Only, MS = Master Leased, O = Owned

Agency	Building	Units	Program	Owned / Leased	Street Address	Zip Code
CATS	Coronado	63	nCNC	ML	373 Ellis St	94102
Conard House	McAllister	80	CNC	ML	270 McAllister St	94102
Episcopal Community Services (ECS)	Elm	81	CNC	ML	364 Eddy St	94102
	Mentone	71	CNC	ML	387 Ellis St	94102
	Hillsdale	84	CNC	ML	51 6th St	94103
	Alder	117	CNC	ML	175 6th St	94103
	Coast	124	CNC	ML	516 O'Farrell St	94103
	Canon Kip	104	SO	O	705 Natoma St	94103
	Rose	75	SO	O	125 6th St	94103
Mary Elizabeth Inn	Mary Elizabeth Inn	90	CNC/SO	L	1040 Bush St	94109
Tenderloin Housing Clinic (THC)	AllStar	87	CNC	ML	2791 16th St	94103
	CalDrake	50	CNC	ML	1541 California St	94109
	Graystone	74	CNC	ML	66 Geary St	94108
	Pierre	87	CNC	ML	540 Jones St	94102
	Royan	69	CNC	ML	405 Valencia St	94103
	Union	60	CNC	ML	811 Geary Blvd	94109
	Elk	88	CNC	ML	670 Eddy St	94109
	Boyd	82	CNC	ML	41 Jones St	94102
	Hartland	137	nCNC	ML	909 Geary St	94109
	Jefferson	110	nCNC	ML	440 Eddy St	94109
	Leroy Looper	43	nCNC	ML	875 Post St	94109
	Mission	248	nCNC	ML	520 S. Van Ness Ave	94110
	Raman	85	nCNC	ML	1011 Howard St	94103
	Seneca	204	nCNC	ML	34 6th St	94103
Vincent	103	nCNC	ML	459 Turk St	94102	
Tenderloin Health	Aranda	110	CNC	ML	64 Turk St	94102
St. Vincent de Paul	Arlington	150	CNC	O	480 Ellis St	94102
Tenderloin Neighborhood Development Corporation (TNDC)	Ritz	88	SO	O	216 Eddy St	94102
	Civic Center Residence	203	SO	O	44 McAllister St	94102
	Dalt	177	SO	O	34 Turk St	94102

Agency	Building	Units	Program	Owned / Leased	Street Address	Zip Code
	Franciscan Towers	104	SO	O	217 Eddy St	94102
	9 Scattered Sites	450	SO	O		
	Sierra Madre	47	SO	O	421 Leavenworth St	94102
	Cameo	31	SO	O	481-485 Eddy St	94102
	Yosemite	32	SO	O	480 Eddy St	94102
	Klimm	42	SO	O	460 Ellis St	94102
	Plaza Ramona	63	SO	O	250/260 McCallister St	94102
	398 Haight St.	12	SO	O	398 Haight St	94102
	1601 Howard St.	12	SO	O	1601 Howard St	94102
	220 Pierce St.	8	SO	O	220 Pierce St	94102
Civic Center Residence	203	SO	O	44 McCallister St	94102	
Community Housing Partnership (CHP)	Iroquois	74	SO	O	835 Ofarrell St	94109
	Senator	89	SO	O	519 Ellis St	94109
	San Cristina	59	SO	O	1000 Market St	94102
	Essex	84	LOSP	O	684 Ellis St	94109
	Hamlin	67	SO	O	385 Eddy St	94102
	Cambridge	59	SO	O	473 Ellis St	94102
	William Penn	91	SO	O	160 Eddy St	94102

DPH Direct Access to Housing Sites

Agency	Building	DAH Units	Street Address	Zip Code
Episcopal Community Services (ECS)	The Le Nain Hotel	86	730 Eddy St	94109
	The Pacific Bay Inn (PBI)	75	520 Jones St	94102
Baker Places	The Star Hotel	54	2176 Mission St	94110
	The Camelot Hotel	55	124 Turk St	94102
	The Empress Hotel	90	144 Eddy St	94102
DPH, Housing and Urban Health	The Windsor Hotel	90	238 Eddy St	94102
Tenderloin Neighborhood Housing Corporation (TNDC)	The Civic Center Residence	60	44 McAllister St	94102
	The West Hotel	40	141 Eddy St	94102
Lien Shutt	Parkview Terraces	10	871 Turk St	94102
Lutheran Social Services	Folsom Dore Apartments	20	75 Dore St	94103
Mercy Housing	Mission Creek Senior	51	225 Berry St	94158
Conard House	The Plaza Apartments	106	988 Howard St	94103
DPH Chronic Alcoholics Program	Arlington Hotel	20	480 Ellis St	94102
	Bayanihan House	152	88 6th St	94103
	Eddy St. Apartments	5	425 Eddy St	94109
	Hotel Isabel	10	1095 Mission St	94103
	Knox Hotel	10	241 6th St	94103
	William Penn Hotel	5	160 Eddy St	94102
	990 Polk	50	990 Polk	94109
	Mosaica	11	601 Alabama St	94110

Appendix E: San Francisco SRO Hotel Safety and Stabilization Task Force

According to the City and County of San Francisco Board of Supervisors¹²⁰, the SRO Task Force assists in the implementation of the following two goals:

- “1. San Francisco SRO Hotels are safe, accessible, stable, and ‘just’ places to live in.
 - Identify and provide training, consultation and direct services furthering this goal.
 - Develop and advocate legislation, regulations, policies and/or procedures furthering this goal.
 - Monitor compliance with relevant laws, regulations, policies and/or procedures.
2. Affordable, healthy, and appropriate housing options are available in San Francisco so that extremely low-income families do not have to raise their children in SRO Hotels.
 - Advocate strategies to move families out of SROs and into permanent housing.
 - Advocate goals for assuring San Francisco housing and supportive housing units are affordable to 0-25% medium income families will be advocated for.
 - Advocate strategies to prevent families from losing their housing.
 - Review San Francisco Planning Code, Administrative Code, and other pertinent City Ordinances and recommend amendments necessary to implement Goal 2.”

The SRO Task Force has fourteen members, eight of whom are appointed by the Board of Supervisors:

- one SRO tenant;
- two private SRO owners/operators;
- one non-profit SRO operator/owner; and
- one representative from each of the four SRO Collaboratives (Mission SRO Collaborative, Central City SRO Collaborative, Chinatown SRO Collaborative, and Families SRO Collaborative).

In addition to these eight members, five voting members are appointed by the heads of each of the following San Francisco departments/agencies:

- the Director of the Human Services Agency (one representative),
- the Director of the Department of Building Inspection (one representative),
- the City Attorney (one representative from the Code Enforcement Task Force), and
- the Director of the Department of Public Health (one representative from Housing and Urban Health and one representative from Environmental Health).

Also, the Director of the Department of Public Health appoints one non-voting (except in the case of a tie vote) Task Force Chair. Members of the SRO Task Force are appointed for a term of three years. In the event a vacancy occurs, the Board of Supervisors appoints a successor to complete the remainder of that term.

The SRO Task Force is set to sunset on December 31, 2009.

¹²⁰ http://www.sfgov.org/site/bdsupvrs_page.asp?id=49415

Appendix F: Services Connection Pilot Project and Program

According to the Department of Adult and Aging Services (DAAS), “research demonstrates that older adults who live in federally subsidized housing, including public housing, have much more complex service needs than their more affluent counterparts.”¹²¹ The same is likely true for low-income seniors living in SROs.

- Purpose: To link older adults and adults with disabilities living in public housing with services provided in the community.
- Collaboration between DAAS, the San Francisco Housing Authority (SFHA), Resource Centers for seniors and adults with disabilities, and community-based service providers

2006 Pilot Project, worked with 2 sites (350 Ellis and 666 Ellis), services offered:

- meals
- transportation
- IHSS
- mental health (early intervention)
- health education
- information and referrals (resource centers for seniors and adults with disabilities)
- social events
- on-site recreation activities
- social outings
- day trips to service providers

June-August 2007, brought the following services into buildings:

- Department of Public Health
- Adult Day Health Center
- Paratransit
- St. Mary’s Senior Lifeline
- IHSS
- Community Living Fund (CLF)
- Zen Hospice
- Glide Community Outreach
- Curry Center
- Project SAFE
- 211 Community Services Information Line
- San Francisco Police Department
- Independent Living Resource Center
- California Telephone Access Program
- Mental Health Association
- Food Stamps
- Medi-Cal
- On Lok
- Hospitality Center
- Self-Help for the Elderly
- Downtown Senior Center

In 2008, expanded into two new senior/disabled SFHA buildings (Rosa Parks, Clementina Towers).

¹²¹ Memorandum dated 7/25/08 from Shireen McSpadden, HSA Deputy Director, and David Curto, HSA Director of Contracts, to the Human Services Commission about implementation of Services Connection Program.

Appendix G: Key Informant Interview Protocol

ORGANIZATION

- How does your agency or organization work with SRO residents?

RESIDENTS

- How would you describe the population living in SRO's in San Francisco? What are the differences between neighborhoods (Tenderloin, Chinatown, South of Market, the Mission)?
- What is unique about SRO residents as opposed to other low-income/at-risk populations?
- What do you see as SRO residents' most common needs (in general, or for sub-populations)?
- What are the unique opportunities in working with SRO residents?
- What are the barriers to serving them?
- About how many SRO residents receive no services or only receive services when they are in crisis? Do you have any ideas about how to better reach them?

OWNERS/STAFF

- Have you attempted to work with SRO owners or staff?
- What have your interactions with SRO owners/staff been like?

CHANGE OVER TIME

- Have you noticed changes in this population over time?
- Have you noticed differences in SROs' physical conditions and/or social climates across time or across different properties?

FURTHER QUESTIONS

- What has been done (that did or did not work)?
- What has not been done and why?
- Has your agency collected any information or research about SRO residents?
- Who else should I talk to?

Appendix H: SRO Definitions

Units in new construction SRO housing and SRO hotels are almost universally complete studio (or larger) apartments¹²². Properties legally classified as “SRO hotels” name and call themselves “hotels,” and many are known by a unique name, such as “The Vincent” or “The Roxy”.

Federal definitions stress the suitability of SROs for able-bodied single adults. The federal Homeless Assistance Amendments Act of 1992 establishes that “‘single room occupancy housing’ means a unit that contains no sanitary facilities or food preparation facilities, or contains one but not both types of facilities,...that is suitable for occupancy by an eligible individual capable of independent living¹²³.”

The Department of Housing and Urban Development (HUD) defines an SRO unit as “a residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both¹²⁴.”

In a publication about affordable housing for “low- and modest-income seniors,” HUD offers a more detailed definition: “An SRO is a residential building, often in a downtown area, that rents small private rooms to low-income individuals on a weekly or monthly basis. SROs usually have some common or shared spaces such as bathrooms, living rooms, and kitchens¹²⁵.”

A recent HUD newsletter article explains that SROs are “efficiency or studio units, ranging in size from 200 to 400 square feet, which provide affordable housing options to very-low- and low-income single adults. Residents may share common areas and, in some cases, kitchen and bathroom facilities. While SROs have traditionally been hotels located in central cities that catered to low-wage workers, today, they are often studio apartments that offer affordable housing options for students, recent graduates, and other low-income, single-person households¹²⁶.”

Some states and local authorities distinguish SROs from other living facilities. Numerous states and local jurisdictions recognize SROs or “compact living quarters” as a unique living situation¹²⁷. Illinois, New York and California legally define “Single Room Occupancy” as a distinct class of hotels. In general, SRO hotels are regarded as more residential than transient, although few studies have ever examined the precise mix. A 1992 study based on financial filings compared residential hotels, SRO hotels, and rooming houses in New York City. Hotels that the city classified and taxed as “residential” derived 40 per cent or more of their income from accommodating transients; hotels the city classified as

¹²² Brownrigg (2006)

¹²³ Stewart B. McKinney Homeless Assistance Amendments Act of 1992. This law modified and expanded Title IV shelter and housing provisions and the use of vouchers.

¹²⁴ Brownrigg (2006)

¹²⁵ Harahan et al. (2006)

¹²⁶ Regulatory Barriers Clearinghouse (2008)

¹²⁷ Brownrigg (2006)

SRO hotels collected less than 22 per cent of their incomes from transients, while boarding houses had practically no income from transients¹²⁸.

California. California jurisdictions generally recognize SRO (or “compact living”) hotels although these are classified differently in various counties and cities, as transient, as residential, or in a special category.

- **Fullerton.** In the City of Fullerton, an SRO residential hotel is “a building or structure containing six or more SRO units and developed in accordance with § 15.30.080 of this title. Notwithstanding the above, an SRO hotel does not include a building or structure in which persons are housed or detained under legal restraint, hospitalized or otherwise under medical, nursing or psychiatric care.” [SOURCE: City of Fullerton 2004 (Zoning Ordinance)]
- **Oakland.** A study of 22 “residential SRO hotels” in central Oakland concluded 75 per cent of the occupants' households had been living in their respective units for longer than one year and a third had been residing in the same hotel for longer than five years. In a prior 1985 survey of Oakland SRO hotels, 37 per cent of the residents reported they had been staying longer than one year (City of Oakland HCD/CEDA 2004).
- **San Diego.** The City of San Diego classifies an SRO facility as "a facility with more than five sleeping rooms that is kept, used, maintained, advertised, or held out to the public as a place where sleeping rooms are offered on a single room occupancy (SRO) basis and intended for use as a primary residence for residential guests for a period of more than thirty days." [SOURCE: City of San Diego 2003 (Municipal Code 1301:7-5-08 (A) §124.1.2).] San Diego also identifies Supportive Housing Options (“SHO”) permanent residences, which are a protected class of residential hotels which must be replaced in kind or with a contribution to the SRO construction fund if demolished or converted and (since 1985) for which repair, rehabilitation, and new construction is encouraged with City tax breaks, loan guarantees, loans and grants, and other incentives. [SOURCE: City of San Diego 2002 (Municipal Code, Chapter 14)]
- **San Francisco.** San Francisco history and architecture reveal a wide variety of styles and situations in the well-established category of residential hotels. Residential hotels range from low end SROs to legacy elite hotel residences [Groth (1994) 1999; San Francisco Board of Supervisors 2001].
- **Santa Cruz.** According to the City of Santa Cruz, "an SRO is a cluster of residential units of a smaller size than normally found in multiple dwellings within a residential hotel, motel, or facility providing sleeping or living facilities in which sanitary facilities may be provided within the unit and/or shared, and kitchen or cooking facilities may be provided within the unit or shared within the housing project." [SOURCE: City of Santa Cruz 2002]

Chicago. The City of Chicago classifies the “Single Room Occupancy hotel” as a type of sleeping accommodation, like other hotels and motels, and distinguishes subclasses by the proportion of units occupied as “permanent” housing. “Permanent residents” of Chicago’s formally designated SRO hotels lease rooms, typically for a year, while “transient residents”

¹²⁸ New York DHCR 1992, cited in Brownrigg (2006)

pay weekly or, rarely, monthly. (They are not “transients” in the sense of travelers, tourists, or visitors on business, rather sojourners and regulars.) In Chicago, SRO hotel units are usually rooms without kitchens, some with private bathrooms, others with shared sanitary facilities and showers. Both Chicago and New York recognize SRO hotels as a distinct legal class of hotels (Cook County Assessor’s Office, 2002). Chicago offers hotels which accept housing assistance vouchers a real estate tax break which requires their reclassification as an SRO hotel.

New York.

- **Classification.** New York defines "single room occupancy" as the occupancy by one or two persons of a single room, or of two or more rooms which are joined together, separated from all other rooms within an apartment in a multiple dwelling, so that the occupant or occupants thereof reside separately and independently of the other occupant or occupants of the same apartment. [SOURCE: New York State 1929: 16]
- **Restrictions.** New York restricts occupancy of SRO units to a maximum of one or two adults and although New York classifies SRO hotels as “commercial” hotels rather than “residential” hotels, New York stabilizes the rental rate for hotel units of any style which are occupied by legal permanent hotel residents and tenants (on leases). New York and Chicago also both have separate categories for “residential” hotels (including so-called “retirement” or “senior” hotels. The properties classified as residential or retirement in these cities mainly contain apartment units, and by law, must function as hotels by providing housekeeping, linen service, and 24-hour reception. Both cities distinguish between SRO housing units from units in SRO hotels. In New York, rental units in subdivided privately owned homes in New York City risk reclassification as “SRO” units (WNYC 2003) and into a legally protected class of “SRO” housing, whereas jurisdictions elsewhere identify rental units carved out of single family homes (and apartments) as creating licensed or unlicensed “rooming” houses.
- **Laws and regulations.** Applicable laws include New York City Local Law 19 requiring landlords to file a certificate of no harassment" (of tenants) to obtain a permit to alter or demolish a SRO unit or building. SRO buildings are subject to unique regulations. SRO buildings must provide one toilet, one washbasin, and one bath or shower for every six SRO units. Every floor on which tenants reside must have bathroom facilities. Each room has a maximum occupancy of two adults. No residents may be younger than 16 years old. Each sleeping room must have at least one window that faces outside. The manager of a SRO building is required to reside in the building. The NY State. Division of Housing and Community Renewal (DHCR) regulates rents for most SRO buildings. SRO building owners who wish to alter the number of rooms, transform rooms into apartments or alter the number of kitchen and bathroom facilities must first receive a Certificate of No Harassment from HPD. SOURCE: NYC Housing Department, HPD SRO Compliance Unit]

Ohio. The State of Ohio defines an SRO facility as "a facility with more than 5 sleeping rooms that are kept, used, maintained, advertised, or held out to the public as a place where sleeping rooms are offered on a single room occupancy (SRO) basis and is intended for use as a primary residence for residential guests staying for a period of more than 30 days....that

offer such rooms to 1 occupant with the intent of the room being the occupant's permanent residence for period longer than 30 days. Note: Various state titles and housing authorities define SRO buildings." [SOURCE: Ohio nd(2)]

Portland, Oregon. The City of Portland defines an SRO housing unit as "a one-room dwelling unit in a hotel providing sleeping, cooking, and living facilities for one or two persons in which some or all sanitary or cooking facilities (toilet, lavatory, bathtub or shower, kitchen sink, or cooking equipment) may be shared with other dwelling units." [SOURCE: City of Portland nd (City Code Chapter 29.10.F)]

Appendix I: SRO Preservation Efforts and Supportive SRO Programs outside San Francisco

Seattle was one of the first cities to address health and safety concerns. In 1970, after two deadly hotel fires, the city retroactively amended the fire and housing codes, requiring older hotels and apartments to upgrade. However, many owners could not afford to do so and, consequently, “thousands of low-cost housing units were lost, buildings were vacated, redeveloped or demolished, and the character of some of Seattle's oldest urban neighborhoods was forever changed.”¹²⁹

In December 1985, the city of San Diego passed an ordinance requiring that every SRO unit a developer converts or demolishes must be replaced, one-for-one, elsewhere in San Diego. However, exceptions were granted. In 2004, for example, a local court exempted the Maryland Hotel, a 200-plus room SRO slated to become a boutique hotel; tenants were served 30-day eviction notices.¹³⁰

Although urban renewal eliminated many SROs, some cities have been trying to increase housing options for homeless persons, including seniors, by acquiring and rehabilitating dilapidated hotels and converting them into SROs with supportive services. Services may include meals, health and nutrition education, assessment and case management, and transportation, and is typically funded by municipal sources. Some senior centers also target older residents of SROs.¹³¹

By the early 1980s, half of the hotels in Los Angeles' Skid Row (“Central City East”) had been torn down, many for parking lots, or had burned. Of the 63 SROs that remained, 18 were bought and rehabilitated by the Skid Row Housing Trust, and another 19 by a sister nonprofit, the SRO Housing Corporation. Between them, the two organizations own more than one third of all the residential rooms in the Skid Row area. One article written in 2001 describes the situation at that time:

“the Trust'renovated SRO hotels as clean and modern and architecturally stylish as anything in Beverly Hills. The hotels are relics of a venerable heritage of male transiency: Built to house the seasonal agricultural workers, ambitious adventurers, and layover railroad personnel who filled downtown Los Angeles in the early years of the 20th century, they weren't considered disreputable at the time. But their standard layout – small rooms with a bed and a dresser, communal bathrooms down the hall -- made them convenient dormitories for despondency when Central City East became a dead end instead of a way station...”¹³²

¹²⁹ McKnight (2002)

¹³⁰ Davis (2004)

¹³¹ Harahan (2006)

¹³² Rymer (2001)

The following information is from Brownrigg (2006):

“Single Room Occupancy Program (SRO), Federal (HUD). The SRO Program provides rental assistance for homeless persons in connection with the moderate rehabilitation of SRO dwellings. SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both.

The Single Room Occupancy (SRO) program is authorized by § 441 of the McKinney-Vento Homeless Assistance Act. Under the program, HUD enters into Annual Contributions Contracts with public housing agencies (PHAs) in connection with the moderate rehabilitation of residential properties that, when rehabilitation is completed, will contain multiple single room dwelling units. These PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between a portion of the tenant's income (normally 30%) and the unit's rent, which must be within the fair market rent (FMR) established by HUD. Rental assistance for SRO units is provided for a period of 10 years. Owners are compensated for the cost of some of the rehabilitation (as well as the other costs of owning and maintaining the property) through the rental assistance payments. To be eligible for assistance, a unit must receive a minimum of \$3,000 of rehabilitation, including its prorated share of work to be accomplished on common areas or systems, to meet housing quality standards (HQS). Assistance provided under the SRO program is designed to bring more standard SRO units into the local housing supply and to use those units to assist homeless persons. The SRO units might be in a rundown hotel, a Y, an old school, or even in a large abandoned home.

Supportive Single Room Occupancy Residences (“supportive SRO”), New York. Supportive SROs provide permanent housing in a single room occupancy building where tenants receive leases. Supportive SRO residential buildings are typically owned and operated by nonprofit organizations. On site mental health and social services are funded by state agencies, including the Department of Mental Health (DMH), the HIV/AIDS Services Administration (HASA), the Department of Homeless Services (DHS), among others. Supportive SROs often specialize in an exclusive category of eligible residents, and only house, for example, people certified as mentally ill, or AIDS patients, or recovering from substance abuse, or low income elderly. Other supportive SROs receive a mix of tenants. The rent (housing service) payment is set at Social Security Insurance Level I (known as the “community level”). Residents receiving social security disability or retirement generally pay between \$200 and \$250 per month rent; residents on New York Public Assistance (“PA”) pay the “shelter allowance”.

Supportive SRO Subtypes (New York).

- **Single Room Occupancy Community Residences (SRO/CRs).** License limits size to 100 beds; usually residents have their own bedroom and share bathrooms; some SRO/CRs have efficiency apartments. Those eligible for residence must be NYC/NYS certified with a mental illness or certified to have spent 14 days in prior 2 months in a NYC shelter. Rent/services payment is at SSI Level II.
- **Private Proprietary Home for Adults (PPHA).** A permanent boarding residence housing licensed by the NYS Department of Health to house 50-400 residents in doubles sharing a bathroom, usually a mixed population of the elderly and the

medically or psychiatrically ill or physically disabled. Residents are required to be served three meals a day, some housekeeping, and 24 hour staffing. (Various PPHA offer additional on-site services, from medical supervision to organized social dancing.) Most PPHAs operate as for-profit businesses, accept SSI or PA Level II rent, directly receive residents' checks, and deduct for rent, food, laundry, and other services.

- **Residences for Adults (RFA).** Non-profits licensed by the New York State Department of Health which house residents in single or double rooms, and provide meal, housekeeping, linen, 24 hour staffing and supportive services. RFAs combine the model of the Supportive SRO and the PPHA. Payment for rent and services is SSI Level II.

NOTE: New York City outlawed construction of new for-profit SROs residential buildings in the late 1950s and occupancy of SROs by families with children or children under age 16 in the early 1960s. Since the early 1990s, these and other laws and tax incentives favored the conversion of former hotels, rooming houses, lodging houses, and SRO buildings by non-profit organizations into supportive housing under the New York State Single Room Occupancy Support Services Program. By 1996, 225 community-based nonprofit groups owned and managed over 50,000 housing units in the City. The first new construction "SRO" in New York City -- studio apartments units with kitchens and baths, a common dining hall, and social assistance opened in 2000 as supportive housing for elderly military veterans."

Appendix J: Selected Photos



Tenderloin SRO.



Tenderloin SRO.



Kitchen in Chinatown SRO.



Bathroom in Chinatown SRO.

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A Survey of Private SRO Owners

A Report for the San Francisco Human Services Agency
San Francisco, CA

By William Leiter and Michael Shen

Summer 2009

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Executive Summary

This report provides a description of privately-run SROs in San Francisco. The study had two purposes; the first was to learn about the residents and business model of privately-run SROs and the second was to gauge the interest of these SROs in collaboration with the city. Such collaboration has the potential to better meet the social service needs of the estimated 18,543 SRO residents in San Francisco and to expand public housing programs.¹

SF-HSA designed a one page, ten-question survey instrument that addressed the types and needs of residents, the cause and number of vacancies, the average length of stay, interest in collaboration with SF-HSA, and hotel contact information. SF-HSA mailed the survey to the owners of all 441 properties in San Francisco that the Planning Department classifies as privately-run SROs. The SROs are divided by location into five groups - Chinatown, Mission, SOMA, Tenderloin, and Other. SF-HSA printed the survey on SF-HSA letterhead and included a cover letter explaining the purpose of the study and a one-page sheet with contact information for city social service programs.

SF-HSA mailed surveys to 441 hotels and 82 completed the survey while 25 said that the survey did not apply to their property, yielding a 24% response rate; 14 were returned to sender. The key findings regarding privately-run SROs include:

- Almost 90% have residents that are seniors, while roughly a quarter have children, people with physical disabilities, and people with mental health needs
- 37.8% have unwanted vacancies, but the median vacancy rate is 0% - 10%
- 52.4% have an average length of resident stay of one year or more
- 51.2% are interested in some type of collaboration to better serve the social service needs of residents

This study is part of a preliminary effort by SF-HSA to learn more about privately-run SROs. To continue these efforts, this study recommends that SF-HSA:

- Refine the definition of SRO to focus on buildings that contain primarily SRO units and refine the language used to describe SROs to avoid confusion.
- Follow up with the SROs that expressed interest in partnerships, beginning with the Tenderloin, to learn more about their specific interests.
- Consider partnering with Tenderloin SROs to expand public housing options in San Francisco.
- Continue to research SROs and focus on their business models, strategies for contacting ownership, their attitudes towards the city, and vacancies.

¹ Fribourg, Aimee. 21.

Section I. Introduction

A. Purpose

The purpose of this study is twofold. First, SF-HSA aimed to learn about the residents and business model of privately-run SROs. Second, SF-HSA aimed to gauge the interest of these SROs in collaboration with the city. This study is one of the preliminary steps in SF-HSA's attempt to explore partnerships with privately run SROs to benefit low-income residents. It builds upon the work of Aimee Fribourg, who conducted an Advanced Policy analysis of SROs for the Planning Unit as part of a program of professional education at the Goldman School of Public Policy, UC Berkeley.

B. Context

The demand for affordable housing in San Francisco far exceeds the supply. Vulnerable populations such as families with children, seniors, adults with disabilities, adults with mental health needs, and other public service recipients are often at risk for homelessness. SROs account for a substantial portion of San Francisco's affordable housing stock and are thus home to many of SF-HSA's clients, making them an important part of SF-HSA's efforts to reduce homelessness and better serve clients.²

The Department of Planning defines an SRO as any unit "consisting of no more than one occupied room with a maximum gross floor area of 350 square feet. ... The unit may have a bathroom in addition to the occupied room."³ A typical SRO unit does not have a kitchen and often does not have a private bathroom. The Planning Department considers any building with one or more SRO units to be an SRO building.⁴ Though some SROs are apartment buildings, many are residential hotels that house a mix of long-term residents, short-term residents, and tourists.

Most of San Francisco's SROs were built in the early decades of the 20th century, have less than 40 units, and average rents from \$500 to \$600. There are 530 SROs in San Francisco, with the largest concentration in Chinatown and the Tenderloin.⁵ Forty-three of these hotels have a relationship with the city through SF-HSA's Single Adult Supportive Housing program (SASH) or the Department of Public Health's Direct Access to Housing program (DAH); an additional 46 are owned or operated by non-profits. The remaining 441 hotels are privately-owned and operated.

A 2009 HSA report concluded that privately-owned SROs "represent opportunities for mutually beneficial partnerships between service providers and hotel owners." However, SF-HSA has little information about the residents, physical environment, and operations of privately-owned SROs compared to those affiliated with SASH, DAH, and non-profits. Because so many current and potential HSA clients live in privately-owned SROs, it is in HSA's interest to learn more

² Fribourg, Aimee. 3.

³ Department of Planning Code Sec. 890.88.

⁴ Ibid.

⁵ Fribourg, Aimee. 21.

about them, and possibly to pursue partnerships. Accordingly, the 441 privately-owned and operated SROs in San Francisco will be the focus of this study.

C. Methodology

SF-HSA designed a one page, double-sided survey instrument with 10 questions (**Appendix A.**) Specifically, the instrument addressed the types and needs of residents, the cause and number of vacancies, the average length of stay, interest in collaboration with HSA, and hotel contact information. The instrument also asked hotel owners or managers to consult with members of their staff if they did not feel they had sufficient information to answer any of the questions. SF-HSA developed the survey with the help of members of the Planning Unit.

Possible mistrust between hotel owners and the city necessitated that SF-HSA select topics and word questions with care. For example, owners may conflate the intentions of HSA, which are to better serve residents, with those of the Department of Building Inspection or other agencies that enforce regulations. There is also a perception among residents and their advocates that privately-owned SROs have more crime and disturbances, and are in worse repair, than city-leased non-profit SROs.⁶ As a result of this mutual suspicion, and to encourage frank responses, SF-HSA designed the survey to be as short and unobtrusive as possible.

SF-HSA mailed the survey to the owners of all 441 privately-run SROs in San Francisco. SF-HSA generated the list of hotels and owner addresses from the Planning Department's and Office of the Assessor-Recorders' data. In some cases one person or company owned multiple SROs, and in those cases SF-HSA sent one mailing per hotel. The survey was sent on SF-HSA letterhead and also included a cover letter from William Leiter and Michael Shen, two student-interns, explaining the purpose of the study (**Appendix B.**) Lastly, each mailing included one of five versions, depending on the location of the hotel, of a one page "Guide to San Francisco's Social Services" with contact information for city agencies and programs (**Appendix C.**)

After waiting for responses to the first round of mailing, SF-HSA conducted follow up phone calls to all non-respondents to confirm or update the owners' contact information. SF-HSA then sent a second round of mailings to the 370 SRO owners for which SF-HSA had yet to receive a response. In this second mailing SF-HSA amended the cover letter to instruct SRO managers that they, and not just the owner, should feel free to answer the survey as well. Three hotels called us to do the survey over the phone, and others called to say that the survey did not apply to their property.

SF-HSA divided the hotels into five subgroups based on their location – Chinatown, the Mission, SOMA, Tenderloin, and Other. Using the Planning Department's neighborhood definitions:⁷

- Chinatown includes Chinatown, the Financial District, North Beach, and Russian Hill.
- The Mission includes only the Mission.
- SOMA includes only South of Market.
- The Tenderloin includes Downtown, the Civic Center, and Nob Hill.
- Other includes all other parts of San Francisco.

⁶ Fribourg, Aimee. 33.

⁷ This is the same neighborhood classification system used in Aimee Fribourg's 2009 SRO report.

Section II. Findings

A. Response Rate

SF-HSA mailed surveys to 441 hotels and 82 completed the survey while 25 said that the survey did not apply to their property, yielding a 24% response rate; 14 were returned to sender (**Figure 1.**) *Chinatown SROs were the most responsive to the survey, while Tenderloin SROs were the least responsive.* The 25 respondents who said the survey did not apply most frequently reported that the property was vacant or under renovation; 9 did not offer an explanation. Other explanations included that the property was a dormitory, an apartment building, a single family home, or a tourist hotel.

Figure 1: Survey response rate data

Neighborhood	Percent that completed the survey	Percent that said the survey did not apply	Percent that were returned to sender
Chinatown (n = 132)	25.0	3.0	1.5
Mission (n = 41)	19.5	2.4	4.9
SOMA (n = 46)	17.4	4.3	0.0
Tenderloin (n = 164)	13.4	4.9	3.7
Other (n = 58)	19.0	17.2	6.9
TOTAL (n = 441)	18.6	5.7	3.2

This was SF-HSA’s first attempt to reach out to owners of privately run SROs, and the resulting lack of familiarity likely depressed the response rate. The response rate was also due, at least in part, to the complicated nature of SRO ownership. Most privately-run SROs are owned by INCs, CORPs, LLCs, LTDs, LPs, or family trusts.⁸ While the Office of the Assessor-Recorder had owner information for all of the hotels, the opaque nature of these organizations complicates the use of these records. Some surveys were returned from addresses that did not match the address to which SF-HSA sent it, or were returned from a person or legal entity that was not in the records at all. Accordingly, a number of the surveys presumably went through layers of management, changing hands and even location.

While SF-HSA will report findings for all four neighborhoods and “Other,” it is important to note that only Chinatown and the Tenderloin had more than a dozen respondents. This was not due to substantially lower response rates, but instead the comparatively small number of SROs in these groups. Due to the small number of respondents, SF-HSA will focus less on SROs in the Mission, SOMA, and “Other” and figures for these groups should be taken with caution.

B. Residents and their Social Service Needs

Eighty of the respondents indicated the type of residents that live in their hotel, while two said that they did not know (**Figure 2.**) Because HSA believes that it has many clients living in SROs, this question attempted to determine what types of clients, and thus what types of services, are most common. *SF-HSA found that a large majority of SROs have senior and single*

⁸ Fribourg, Aimee. 32.

adult residents, and that roughly 25% of hotels are home to physically disabled persons, families with children, or people with mental health needs.

The high number of families and children in Chinatown indicates that its SROs are the most mixed of any neighborhood. For example, only about a fifth of Tenderloin SROs with single adults also reported having families with children, while in Chinatown almost half of the SROs with single adults also reported having families with children.

Figure 2: Type of residents in SROs

Neighborhood	Percent of responding SROs with residents of this type				
	Single adults	Seniors	Physically disabled	Families with children	People with mental health needs
Chinatown (n=33)	87.9	97.0	18.2	45.5	18.2
Mission (n = 8)	100.0	75.0	25.0	12.5	50.0
SOMA (n = 8)	100.0	87.5	37.5	12.5	50.0
Tenderloin (n =22)	86.4	77.3	27.3	18.2	31.8
Other (n = 11)	90.9	81.8	27.3	18.2	9.1
TOTAL (n = 82)	90.2	86.6	24.4	29.3	28.0

SF-HSA also asked respondents to select which of a number of social services would benefit their residents (**Figure 3.**) *The most commonly cited services, overall, were medical care and counseling. However, 37 respondents, or 45.2%, said that they did not know which services would benefit their clients; this was particularly common in the Tenderloin, where 13 of the 22, or 59.1%, answered that they did not know which services would benefit their clients. Another 9 respondents, or 11.0%, skipped the question altogether.*

Figure 3: Social services that would benefit SRO residents

Percent of responding SROs with residents that would benefit from	Chinatown (n=33)	Mission (n = 8)	SOMA (n = 8)	Tenderloin (n = 22)	Other (n = 11)	TOTAL (n = 82)
Medical care	24.2	37.5	50.0	9.1	18.2	23.2
Counseling	21.2	50.0	50.0	22.7	18.2	26.8
Childcare	30.3	25.2	0.0	0.0	18.2	6.1
Transportation	21.2	12.5	12.5	4.5	36.4	17.1
In-home assistance	6.1	0.0	12.5	9.1	9.1	7.3
Job training or placement	9.1	12.5	0.0	4.6	18.2	8.5
English classes	21.2	0.0	0.0	4.6	18.2	12.2
Help with food	9.1	12.5	12.5	4.6	18.2	9.8
Social activities/recreation	9.1	37.5	12.5	4.6	9.1	11.0

A number of services received starkly different responses in different neighborhoods. For example, almost three times as many respondents in Chinatown thought medical care would be beneficial as did in the Tenderloin; and nearly five times as many respondents in Chinatown said transportation and English classes would be beneficial as did in the Tenderloin. *Finally, The*

large number of seniors, combined with the large interest in transportation services, suggests isolation is an issue for SRO residents in Chinatown.

C. The Privately-run SRO Business Model

SF-HSA wants to learn about the business models of privately-run SROs and SF-HSA asked owners a series of questions on this topic. These questions build upon analysis of vacancy rates from a previous SF-HSA report, which estimated that the average vacancy rate was 27.3%.⁹

SF-HSA first asked if the hotel has unwanted vacancies (**Figure 4.**) SF-HSA included the term “unwanted” because some hotels purposefully keep rooms that are not up to code vacant to avoid paying for renovations. In addition, a related study of SRO desk clerks found that some hotel operators turn away clients that they deem too “rough” for the hotel, or in other words choose to keep rooms vacant to avoid disturbances.¹⁰ Accordingly, SF-HSA sought to measure only the number of unwanted vacancies. *SF-HSA found that 37.8% of responding hotels had unwanted vacancies; this number is substantially higher in the Tenderloin and substantially lower in Chinatown.*

Figure 4: Unwanted vacancies

Neighborhood	Percent of responding SROs with unwanted vacancies	Percent of responding SROs with no unwanted vacancies	Percent of responding SROs that did not answer
Chinatown (n = 33)	27.3	72.7	0.0
Mission (n = 8)	50.0	50.0	0.0
SOMA (n = 8)	50.0	37.5	12.5
Tenderloin (n = 22)	59.1	36.4	4.5
Other (n = 11)	9.1	72.7	18.2
TOTAL (n = 82)	37.8	57.3	4.9

To provide a more detailed picture of vacancy rates, SF-HSA also asked respondents to report the average vacancy rate in their hotel (**Figure 5.**) Forty to 50% was an option for this question, but no respondents selected it and it is thus excluded from the table. Only one respondent, from the “Other” subgroup, did not answer this question. *The Tenderloin was the only neighborhood with a median average vacancy rate above 0% - 10%.*

⁹ Fribourg, Aimee. 21.

¹⁰ “A Survey of Desk Clerks in Private Tenderloin SROs.” Leiter, William and Shen, Michael. San Francisco Human Services Agency, 2009.

Figure 5: Average vacancy rates

Neighborhood	Number of responding SROs with an average vacancy rate of				
	0% - 10%	10% - 20%	20% - 30%	30% - 40%	Above 50%
Chinatown (n = 33)	30	3	0	0	0
Mission (n = 8)	3	3	1	1	0
SOMA (n = 8)	4	2	1	1	0
Tenderloin (n = 22)	10	8	3	1	0
Other (n = 10)	5	2	1	1	1
TOTAL (n = 81)	52	18	6	4	1

SF-HSA also asked owners what factors contribute to unwanted vacancies in their hotels. *The most frequently cited factors in every neighborhood were frequent turnover of residents and insufficient demand for units (Figure 6.)* The low response rate for this question is likely due to a number of SROs that reported a 0% - 10% vacancy rate having no factors that contribute to unwanted vacancies.

Figure 6: Factors contributing to vacancy

Neighborhood	Percent of responding SROs that cited it as a cause of vacancies				Percent that did not answer
	Frequent turnover of residents	Prefer to maintain lower resident population	Insufficient demand for units	Unable to make necessary repairs to units	
Chinatown (n = 33)	21.2	0.0	9.1	6.1	54.5
Mission (n = 8)	75.0	0.0	12.5	0.0	12.5
SOMA (n = 8)	75.0	0.0	25.0	0.0	25.0
Tenderloin (n = 22)	63.6	4.5	31.2	0.0	13.6
Other (n = 11)	27.3	0.0	27.3	9.1	27.3
TOTAL (n = 82)	43.9	1.2	19.5	3.7	32.9

Finally, SF-HSA asked respondents to report the average length of stay in their hotel (**Figure 7.**) This question provides insight into whether SROs rely on short or long term residents. This was an open ended question, and to quantify the answers SF-HSA divided them into discrete categories, though some answers were too vague to be quantified. *The most commonly reported average length of stay was 1 year or more, particularly in Chinatown, while Tenderloin SROs most frequently answered a month to a year.*

Figure 7: Average length of stay

Neighborhood	Percent of responding SROs with an average length of stay of				Percent that did not answer
	Less than a month	A month to a year	1 year or more	Could not quantify	
Chinatown (n = 33)	3.0	3.0	81.8	0.0	12.1
Mission (n = 8)	0.0	12.5	50.0	12.5	25.0
SOMA (n = 8)	12.5	37.5	12.5	25.0	12.5
Tenderloin (n = 22)	18.2	45.5	27.3	0.0	9.1
Other (n = 11)	0.0	18.2	45.5	9.1	27.3
TOTAL (n = 82)	7.3	20.7	52.4	4.9	14.6

D. Collaboration with SF-HSA or CBOs

SF-HSA asked hotel owners what types of partnerships that connect residents to social services would interest them (**Figure 8.**) SF-HSA did not specify the options as partnerships with SF-HSA, but instead described the nature of the partnership and did not mention the partnering organization. While SF-HSA designed the question with partnerships with SF-HSA in mind, CBOs might also be promising candidates for partnerships with SROs, especially since many CBOs already do this.

Figure 8: Interest in partnerships to better serve the needs of residents

Neighborhood	Percent of responding SROs reporting interest in			Percent that did not answer
	Receiving information about social services	Receiving free training for ownership and staff	Having social service providers visit the hotel	
Chinatown (n = 33)	33.3	12.1	12.1	66.7
Mission (n = 8)	50.0	25.0	50.0	12.5
SOMA (n = 8)	75.0	37.5	37.5	12.5
Tenderloin (n = 22)	54.5	13.6	31.8	31.8
Other (n = 11)	18.2	0.0	9.1	81.8
TOTAL (n = 82)	42.7	14.6	23.2	48.8

Overall, a slight majority of responding SROs, 51.2%, expressed interest in some type of partnership to better serve the needs of residents. SROs in the Tenderloin are substantially more interested in partnerships than those in Chinatown, and they most frequently reported interest in receiving additional information about social services. Three of the respondents that did not select any of the options noted that HSA should contact them to discuss this matter, and another wrote that they did not know the answer.

Section III. Neighborhood Profiles

This section contains profiles of the two neighborhoods with the highest concentration and number of SROs, Chinatown and the Tenderloin. SF-HSA analyzed these two neighborhoods separately because, together, they constitute over two thirds of the respondents and are quite distinct from one another. SF-HSA did not profile the Mission and SOMA because of the small sample size, and did not profile “Other” because it is simply a catch-all for SROs that are not in one of the four neighborhoods.

A. Chinatown

SF-HSA mailed the survey to 132 hotels in Chinatown and 33 of those completed it; five replied that it did not apply to them and three were returned to sender. The study found that responding SROs from Chinatown have more families and senior citizens than in other neighborhoods, have more mixed populations in terms of age, and that residents tended to stay in the hotels for longer periods of time. Also, a lower than average percent of SROs in Chinatown have residents with physical disabilities or mental health needs.

The SROs in Chinatown have a distinct business model, operating more like long-term apartments. A lower than average percent of SROs in Chinatown reported unwanted vacancies and the neighborhood had the lowest median vacancy rate in this study. This is, perhaps, a result of Chinatown SROs having the longest average length of stay.

While Chinatown SROs were the most responsive to the survey, they were also the least interested in partnerships to better serve the needs of residents. Two thirds of Chinatown respondents said they were not interested in any type of partnership.

These findings are consistent with Fribourg’s analysis of Chinatown SROs.¹¹ Her report argued that the large number of families and seniors, and the longer average length of stay, are due to strong community support networks in Chinatown. She also noted that the community tends to be “insular and not touch the mainstream systems,” which supports the finding that they are less interested in partnering with SF-HSA or CBOs to better serve residents.

In terms of social service needs, a higher than average percent of Chinatown SROs reported that residents would benefit from childcare, transportation, and English classes. The combination of seniors and the desire for transportation services also suggests that isolation is a problem in Chinatown SROs. These findings are consistent, respectively, with the higher number of children and seniors and the large number of Chinese immigrants in the neighborhood. Four of the respondents from Chinatown also noted on the survey that information about social services needs to be bilingual to be helpful to residents.

¹¹ Fribourg, Aimee. 25.

Figure 9: Chinatown SROs compared to non-Chinatown SROs

Characteristic	Percentage of Chinatown SROs reporting	Percentage of non-Chinatown SROs reporting
Families with children	45.5	18.4
Seniors	97.0	80.0
Residents with physical disabilities	18.2	28.6
Residents with mental health needs	18.2	34.7
Residents that would benefit from English classes	21.2	6.1
Residents that would benefit from childcare	30.3	8.2
Residents that would benefit from transportation services	21.2	14.3
Unwanted vacancies	27.3	44.9
Average vacancy rate of 0% - 10%	90.9	44.9
Average length of stay of 1 year or more	81.8	32.7
Interest in a partnership to better serve residents	33.3	63.3

B. The Tenderloin

SF-HSA mailed the survey to 64 SROs in the Tenderloin and 22 completed it; eight responded that it did not apply and six were returned to sender. SF-HSA found that a higher than average percent of Tenderloin SROs have residents with physical disabilities or mental health needs. Tenderloin SRO residents are also more transient; the hotels reported a shorter than average length of stay and desk clerks knew less about their residents, more frequently responding that they did not know which services would benefit them. Despite this, Tenderloin SROs reported the most interest in partnerships to better serve the needs of residents.

Fewer Tenderloin owners than in any other neighborhood responded that their residents would benefit from medical care and transportation. The latter is likely due to the density of the neighborhood, but the former may suggest that the Tenderloin SRO population is younger and thus in less need of medical services. While 90.0% of non-Tenderloin SROs reported having seniors, only 77.3% did in the Tenderloin. It should also be noted, however, that Tenderloin owners were also the least likely to know about the needs of their residents.

Tenderloin SROs have higher vacancy rates and more unwanted vacancies than SROs on average. These vacancies are likely due to more frequent resident turnover and less demand for rooms, which were frequently cited as causes of vacancies.

The combination of high vacancy rates, interest in partnerships, and the preponderance of neighborhood support services makes Tenderloin SROs promising candidates for partnerships with SF-HSA to better serve the needs of residents.

Figure 10: Tenderloin SROs compared to non-Tenderloin SROs

Characteristic	Percentage of Tenderloin SROs reporting	Percentage of non-Tenderloin SROs reporting
Seniors	77.3	90.0
Residents with physical disabilities	27.3	23.3
Residents with mental health needs	31.8	26.7
Don't know what services would benefit residents	59.1	40.0
Interest in a partnership to better serve residents	68.2	45.0
Unwanted vacancies	59.1	30.0
Average vacancy rate of 0% - 10%	45.5	70.0
Average length of stay of 1 year or more	27.3	61.7
Frequent resident turnover as a cause of vacancies	63.6	36.7
Insufficient demand for units as a cause of vacancies	31.2	15.0

Section IV. Recommendations

A. Refine the definition and description of SROs

Twenty-five hotels, or 5.7%, said the survey did not apply to them. This figure is likely an under representation since it is easier for someone in that position to discard the survey than to contact SF-HSA and explain why it does not apply. While the survey did not apply to some hotels because they are vacant or under renovation, there is also confusion regarding what qualifies as an SRO, and how to describe those properties.

HSA should refine the way it defines SROs. This survey used the Planning Department's list of SROs, but because this list defines any building with one or more SRO units as an SRO, many of the buildings on it contain primarily non-SRO units.¹² A related survey of desk clerks in the Tenderloin, which used this same list, found that staff at 13% of the properties considered it an apartment building instead of an SRO.¹³ This study therefore contends that some of the owners who said this survey did not apply, without explanation, consider the property an apartment building.

To maximize outreach to clients, HSA should focus on buildings that contain primarily SRO units. The Planning Department already has data on the number of SRO units, tourist units, and non-SRO residential units for roughly 75% of the buildings it classifies as SROs, and has at least partial information for all of the buildings. *SF-HSA should not consider buildings with less than a minimum percentage of SRO units to be SROs.* The aforementioned survey of SRO desk clerks recommended that properties be at least 43.2% SRO units to qualify as an SRO.¹⁴

Another way to narrow the list of SROs would be to define as SROs only those properties that have a minimum bathroom to room ratio. While low-income SROs do not typically have private bathrooms, more upscale SROs that resemble apartments typically do.

HSA should also refine the way it describes SROs. SF-HSA used the term "residential hotel" in the cover letter (**Appendix B**) to avoid negative connotations associated with the term "SRO." However, this confused owners of properties that fit SF-HSA's SRO profile in that they have SRO units and house low-income tenants. There were two respondents that said their property is "not a hotel" yet answered most or all of the questions, and there was one respondent that said his property is an SRO, not a hotel. The source of this confusion is not the nature of the property, but the language SF-HSA used to describe it.

SF-HSA cannot determine with certainty why these properties do not consider themselves residential hotels, but SF-HSA would, nonetheless, consider at least some of them to be SROs. *In order to reach these properties, HSA will need to use language other than "residential hotel." The most inclusive language will refer to an owner's "residential hotel, apartment building, or SRO."*

¹² Department of Planning Code Sec. 890.88.

¹³ Leiter, William and Shen, Michael.

¹⁴ Leiter, William and Shen, Michael.

B. Continue outreach to SROs that expressed interest in partnerships

All of the 42 SROs that expressed interest in some type of partnership, as well as 13 that did not, provided information for someone SF-HSA can contact to discuss partnerships in further detail.

Given that it is often difficult to determine the contact point for SRO outreach, this is valuable information. SF-HSA will provide the Planning Unit with the list of hotels that expressed interest, and *SF-HSA should follow up with these hotels to pursue partnerships.*

Over two-thirds of Tenderloin SROs reported interest in at least one type of partnership.

Eighteen of 22 Tenderloin SROs, or 81.2%, provided contact information for someone SF-HSA can contact to discuss partnerships in more detail. The owners of Tenderloin SROs were also the least likely to know what type of social services would benefit their residents. *This suggests there is more potential in the Tenderloin than in any other neighborhood for SF-HSA to help SRO staff assist residents, and to directly provide assistance to residents.*

While SRO residents in Chinatown also stand to benefit from partnerships between SROs and HSA, the need for all outreach to be bilingual and the lack of interest, contact information, and desk clerks means that outreach efforts in Chinatown will encounter more obstacles than efforts in the Tenderloin. As a result, *SF-HSA ought to begin SRO outreach in the Tenderloin.*

SF-HSA should begin outreach by contacting the designated person at hotels that are interested in partnerships. SF-HSA will then need to determine which services are most in demand, yet since almost half of respondents did not know what services would benefit their residents this may necessitate reaching out to residents directly or through hotel staff. With this in hand SF-HSA can tailor its outreach and partnership efforts to the needs of SRO residents.

The specific nature of these partnerships is outside the scope of this study. However, SF-HSA should consider the following:

- Require that SROs partner with SF-HSA in some form to be eligible for resident placement through city programs like the Homeless Outreach Team (HOT)
- Research the Community Housing Partnership's SRO desk clerk training program for guidance in how to train clerks.
- Develop a packet of information about eligibility for, and access to, social services. This information could be given to residents directly or through hotel staff.
- Offer to assist SROs in repairing damaged units and bathrooms. SF-HSA could use its workforce development abilities to, for example, install grab bars in bathrooms in Chinatown to help prevent seniors from falling.

C. Consider partnering with Tenderloin SROs to increase public housing stock

One of the motivating factors behind this study was Fribourg's claim that the average vacancy rate in San Francisco SROs was 27.3%.¹⁵ While this study found vacancy rates in SROs to be lower, it still found that many SROs have a significant number of vacant rooms (**Figures 4 and 5.**) Specifically, if one excludes Chinatown, almost 45% of SROs have unwanted vacancies; more than half of Tenderloin SROs have unwanted vacancies and the median vacancy rate in the neighborhood is 10% - 20%. These unwanted vacancies are, primarily, due to resident turnover and insufficient demand for units.

¹⁵ Fribourg, Aimee. 21.

The description of these vacancies as “unwanted” suggests that ownership wants to rent the units, and thus might be amenable to SF-HSA efforts to help them do so. Such a partnership would help to connect SROs to those who are seeking low-income housing and reduce resident turnover. Accordingly, *SF-HSA should consider SROs, particularly in the Tenderloin, as potential partners to expand public housing programs.*

However, these findings are preliminary. SF-HSA will need to conduct further research that specifically asks SRO owners about such a partnership. In addition, SF-HSA will likely need to create a set of eligibility criteria for an SRO to partner with the city. Yet given the popularity of the housing first approach to homelessness in San Francisco, housing partnerships with Tenderloin SROs deserve, at least, further consideration.

D. Continue to research SROs to develop a database of information

This survey, and a related survey of SRO desk clerks, is a preliminary effort to learn more about SROs, and SF-HSA will need to continue researching these issues. SF-HSA should aggregate the information it currently has about SROs in a database and continue to augment it. This study recommends that SF-HSA research the following:

1. *The business model of privately-run SROs.*
SF-HSA lacks information about the profitability and property values of SROs. One clerk said that his hotel was not profitable, as did others in the desk clerk survey. This suggests that SF-HSA needs to know more about the business motivations of owners, which would shed light on the incentives of owners to partner with SF-HSA.
2. *Contact points at SROs*
This study acquired contact information for 48 hotels, but even with this information it is difficult to determine the best way, as a general rule, to conduct outreach to SROs. While desk clerks serve as the eyes and ears of SROs, the decision regarding partnerships presumably rests with managers or owners.
3. *What vacancy means to an SRO*
While this survey asked a number of questions about vacancies, it did not define what qualifies as a “vacant” room. It is unclear whether ownership would consider a room that is sporadically rented for short-periods of time as vacant. This will help SF-HSA determine in what ways it can create partnerships that are also beneficial to ownership.
4. *SRO staff and owner attitudes towards the city*
To most effectively serve the needs of SRO residents, SF-HSA will need to dissociate itself from the often antagonistic relationship between SRO ownership and city agencies that enforce regulations. To do this SF-HSA must first improve its understanding of this tension, which could take the form of another survey of owners.
5. *What owners want from SF-HSA*
To best create incentives for owners to partner, there will need to be efforts to determine what owners want from SF-HSA like filling vacancies or conducting repairs. This might take the form of more qualitative research with owners, such as interviews.

Appendix A: Survey for Residential Hotel Owners

Hotel Address: Number and Street, San Francisco, CA

Below is a short list of questions designed to help us learn about the needs of your hotel's residents and the possibilities for cooperation between your hotel and the San Francisco Human Services Agency. If you do not feel that you are sufficiently familiar with your residents to answer some of the questions, then you might consult a member of your staff for assistance in filling out the survey. If you have questions, concerns or comments, please contact survey administrators William Leiter at (415) 557-6017 or Michael Shen at (415) 557-5511.

1. Do you have many of the following types of residents? Check all that apply.

- Single adults
- Seniors
- Physically disabled
- Families with children
- People with mental health needs
- Don't know

2. Does your hotel have unwanted vacancies?

- Yes
- No

3. On average, what percent of rooms in your hotel are vacant?

- 0 – 10%
- 10 – 20%
- 20 – 30%
- 30 – 40%
- 40 – 50%
- Over 50%

4. What factors contribute to the vacancy rate in your hotel? (Check all that apply)

- Frequent turnover of residents
- Prefer to maintain lower resident population
- Insufficient demand for units
- Unable to make necessary repairs to units
- Other (please specify) _____

5. What is the average length of stay in your hotel?

6. Would residents of your hotel benefit from any of the following? Check all that apply.

- Medical care
- Counseling
- Childcare
- Transportation
- In-home assistance with things like eating, bathing, and household chores

- Job training and placement
- English classes
- Help with food
- Social activities and recreation
- Other (please specify) _____
- Don't know

7. Would you be interested in helping residents of your hotel connect to social services in any of the following ways? Check all that apply.

- Receive information about social services
- Receive free training for you and your staff on how to connect residents to social services
- Have social service providers visit your hotel
- Other (please specify) _____

8. If you checked any of the options in question seven, whom may SF-HSA contact for further discussion?

- Name _____
- Position _____
- Address _____
- Phone _____
- E-mail _____

9. Name of person who completed this survey, if different from above.

10. Is there anything else important for us to know?

Appendix B: Cover Letter

Date

Hotel Owner Name
Owner Address.

Dear Owner,

My name is William Leiter. I am writing on behalf of myself and my colleague, Michael Shen, to ask that you please fill out a short survey about your hotel at Number and Street. If you have already received this survey and responded, please ignore this letter. If you are not the owner but the property manager, you may also feel free to complete the survey. Finally, if your property is an apartment building with some SRO (single-room-occupancy) hotel units, please respond to the questions with respect to these units only.

Michael and I are students at UC Berkeley and Harvard, respectively, and this summer we are working with the Human Services Agency (HSA) of the city and county of San Francisco. HSA is the central resource for public assistance in the city. Its mission is to promote well-being and self-sufficiency among individuals, families and communities. Michael and I are working with HSA to help the agency better serve the needs of residents of hotels in San Francisco.

Hotels account for a substantial portion of San Francisco's affordable housing stock, providing homes for almost 20,000 people. Many vulnerable populations, such as families with children, seniors and adults with disabilities, and other public service recipients live in hotels. As a result, we wish to learn more about the needs of your residents and the prospects for cooperation between your hotel and social service agencies.

We hope to develop our understanding of these topics through the enclosed survey. The results will help HSA determine how best to work with hotels to ensure that residents receive the best services possible. The survey is very short and your participation will be extremely helpful.

We have also included a guide to San Francisco's social services for your and your residents' reference. Please feel free to contact us if you have any questions, concerns or comments. We appreciate your time and cooperation.

Thank you,

William Leiter and Michael Shen



William Leiter
(415) 557-6017
William.Leiter@sfgov.org

Michael Shen
(415) 557-5511
Michael.Shen@sfgov.org

Appendix C: Guide to San Francisco’s Social Services

The Human Services Agency is a department of the City and County of San Francisco and the central resource for public assistance in the city. Our mission is to promote well-being and self-sufficiency among individuals, families and communities in San Francisco. SF-HSA has approximately 1,800 employees and maintains contracts with many community-based nonprofit agencies to provide crucial services to San Franciscans in need.

We provide a safety net for individuals and families by offering income support, community-based living supports, and assistance getting food, housing, and health coverage. We offer programs and services that ensure the protection and safety of children, the elderly, and dependent adults. SF-HSA help people secure employment through training, job search and child care assistance.

Below is a list of programs and contact information. If you have questions or need assistance finding a program please contact either the Department of Human Services at (415) 557-5000 or the Department of Aging and Adult Services at (415) 355-3555.

Emergency Numbers

Report Elder Abuse: (800) 814-0009

Report Child Abuse: (800) 856-5553

Fraud Hot Line: (415) 557-5771

Children and Families

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Child Protective Services	Responds to concerns of child abuse or neglect.	(800) 856-5553
SF TALK	Counseling for children and families needing help.	(415) 441-5437
Children with Disabilities	Support for families with children with special health needs and disabilities.	(415) 282-7494
Children’s Council	Assists eligible families with child care.	(415) 276-2900

Seniors and Adults with Disabilities

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Adult Protective Services	Investigates possible abuse or neglect of elders.	(800) 814-0009
Information, Referral and Assistance	24-hour services for older adults.	(800) 510-2020
Office of the Aging	Provides services including nutrition, transportation, and bilingual needs.	(415) 355-3555
In-Home Supportive Services	Helps low-income elderly people live safely in their homes by providing home-based services.	(415) 557-5251
Central City Resource Center for Seniors	Provides information, referrals, and assistance to seniors.	(415) 931-6000
County Veterans Service Office	Assists veterans and their dependants to obtain benefits and entitlements.	(800) 807-5799 or (415) 554-7100

Jobs and Employment

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Employment Information Center	Provides information about employment services and access to job listings, counseling, and computers.	(415) 557-5636
One Stop Center – Civic Center	Provides information about all publicly funded employment and training services.	(415) 749-7577
Workforce Development Center	Offers structured and intensive job readiness appraisal and job search workshops.	(415) 558-5292
First Source Hiring	Matches employers with job seekers.	(415) 401-4960
Vocational ESL Immersion Program	One to three years program to provide non-English speakers with a foundation in English.	(415) 558-1370
Workforce Solutions	Provides job seekers access to employers.	(415) 401-4949

Financial Assistance

<i>Program</i>	<i>Description</i>	<i>Contact</i>
CalWORKS	Provides financial support for 60 months to adults with dependent children.	(415) 557-5723
County Adult Assistance Programs	Serves very low-income adults without dependents. Contact this office for information on Personal Assisted Employment Services (PAES,) Supplemental Security Income Pending (SSIP,) Cash Assistance Linked to Medi-Cal (CALM,) and General Assistance (GA.)	(415) 558-1000
Cash Assistance Program for Immigrants	Pays cash benefits to lawful non-citizens who do not qualify for Supplemental Security Income (SSI.)	(415) 558-1978

Housing and Homelessness

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Eviction Prevention	Helps low-income individuals and families maintain their housing.	(415) 558-2255
Family Eviction Prevention Program	Provides eviction prevention services to low-income families.	(415) 972-1300
Connecting Point for Families	Centralized intake system for homeless families seeking emergency shelter.	(888) 811-7233
Tenderloin Health Center	Takes reservations for shelters and provides medical, social, and substance abuse services.	(415) 431-7476
Supportive Housing Programs	These programs aim to place individuals in permanent supportive housing.	(415) 558-1902

Health and Nutrition

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Food Stamps	Helps children and low-income households access a nutritious diet.	(415) 558-1001
Medi-Cal Health Connections	Provides free and low-cost health care to eligible San Franciscans.	(415) 863-9892

A Survey of Desk Clerks in Private Tenderloin SROs

A Report for the San Francisco Human Services Agency
San Francisco, CA

By William Leiter and Michael Shen

Summer 2009

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Executive Summary

This report provides a description of privately-run Single-Room Occupancy hotels (SROs) in the Tenderloin neighborhood of San Francisco. The study had two purposes. The first was to expand SF-HSA's understanding of these SROs by learning about their residents, physical environment, and operations. The second was to gauge the interest of SRO staff in collaborating with SF-HSA to better meet the social service needs of residents. Such collaboration represents a potential tool to improve the lives of the estimated 7,731 SRO residents in the Tenderloin.¹

Over five non-consecutive days in July, 2009, we visited the addresses of 53 SROs and administered a survey to desk clerks and managers. We also recorded observations about foot traffic and the physical environment of the SROs.

Of the 53 addresses, our study focuses on 30 that we defined as "typical" privately-run SROs. These hotels cater to low-income residents, are for-profit, and have on-site staff that consider the building an SRO. We found that these hotels commonly have locked front gates, long flights of stairs up to the rooms, and no functioning elevator. Desk clerks expressed moderate to low interest in collaboration with SF-HSA, but many SROs already have some relationship with city programs or community based organizations (CBOs).

To continue research and outreach to private SROs, we recommend SF-HSA do the following:

1. Refine SRO data, aggregate information that is currently spread across numerous departments and organizations, and reach out to city programs and CBOs that have relationships with SROs.
2. Consider different definitions for "SRO." The Planning Department's SRO classification system may not be optimal for SF-HSA's purposes. SF-HSA should use the Planning Department's data on the number and types of units in each property and consider adopting a definition that excludes those with a small percentage of SRO units.
3. Continue outreach to SROs that reported interest in receiving more information about SF-HSA services and potential training for desk clerks. Future outreach efforts should also gauge the interest of private SROs in working more closely with SF-HSA to fill room vacancies.
4. Determine which SROs have working elevators so SF-HSA can ensure IHSS clients are living in buildings with working elevators.

¹ Fribourg, Aimee. *San Francisco's Single-Room Occupancy (SRO) Hotels*. San Francisco Human Services Agency, Spring 2009. 21.

Section I. Introduction

A. Purpose

This study had two main objectives. The first was to expand SF-HSA's understanding of privately-run SROs in the Tenderloin by acquiring information about their residents, physical environment, and operations. The second was to gauge the interest of staff at privately-run SROs in collaborating with SF-HSA to better meet the social service needs of residents.

B. Context

The demand for affordable housing in San Francisco far exceeds the supply. Vulnerable populations such as families with children, seniors, adults with disabilities, and other public service recipients are often at risk for homelessness. SROs account for a substantial portion of San Francisco's affordable housing stock, providing more housing for low-income people than all the city's public housing developments combined.²

The Department of Planning defines an SRO as any unit "consisting of no more than one occupied room with a maximum gross floor area of 350 square feet. ... The unit may have a bathroom in addition to the occupied room."³ A typical SRO unit does not have a kitchen and seldom has a private bathroom. The Planning Department considers any building with one or more SRO units to be an SRO building.⁴ Though some SROs are apartment buildings, many house a mix of long-term residents, short-term residents, and tourists.

Most of San Francisco's SROs were built in the early decades of the 20th century, have less than 40 units, and average rents from \$500 to \$600. According to the Planning Department, there are 530 SROs in San Francisco and 208 in the Tenderloin neighborhood, which is the focus of this study.⁵ Of the hotels in the Tenderloin, the city works closely with 28 through SF-HSA's Single Adult Supportive Housing program (SASH) or the Department of Public Health's Direct Access to Housing program (DAH); an additional 16 are owned by non-profits. The remaining 164 SROs in the Tenderloin are privately-owned.

A 2009 SF-HSA report concluded that privately-owned SROs "represent opportunities for mutually beneficial partnerships between service providers and hotel owners." However, SF-HSA has far less information about the residents, physical environment, and operations of privately-owned SROs compared to those affiliated with SASH, DAH, and non-profits. Because so many current and potential SF-HSA clients live in privately-run SROs, it is in SF-HSA's interest to learn more about them, and possibly to pursue partnerships.

C. Methodology

We administered the survey in person to the desk clerks or managers of SROs over five non-consecutive days in July, 2009. SF-HSA Director of Planning Dan Kelly accompanied us on two

² This background description of San Francisco's SROs is drawn directly from another 2009 SF-HSA report: Fribourg, Aimee. *San Francisco's Single-Room Occupancy (SRO) Hotels*. San Francisco Human Services Agency, Spring 2009. 3.

³ Department of Planning Code Sec. 890.88.

⁴ Ibid.

⁵ Fribourg, Aimee. 3.

of the days. We focused our study on the Tenderloin because of its high concentration of SROs. Also, many Tenderloin SROs employ desk staff, as opposed to Chinatown SROs, which typically do not.⁶ Using addresses from the Planning Department, we created a map of privately-owned Tenderloin SROs (included as **Figure 1.**) On each day of surveying, we grouped hotels by location to create convenient walking routes for the visits. We focused on areas likely to have low-income residents.

Figure 1: Private Tenderloin SROs



We developed a survey instrument to acquire information from SRO staff (included as **Appendix A.**) In addition to the topics described in the purpose, the survey contained secondary questions to be asked if the interviewee seemed willing. These questions included how long the interviewee had worked in the SRO, the average length of residents’ stay, and substance abuse and mental health issues among residents. Upon entering the SRO, we introduced ourselves to the staff as student interns working for SF-HSA for the summer. To engage in more natural conversation, we often deviated from the survey, asking questions out of order or skipping some if the interviewee seemed unresponsive. We also recorded observations about foot traffic and the physical environment of the SRO, such as whether one needed to be buzzed in by a clerk to enter, or whether there was a working elevator. At the conclusion of each interview, we left business cards and a “Guide to San Francisco’s Social Services” listing phone numbers of SF-HSA services (included as **Appendix B.**)

⁶ Fribourg, Aimee. 25.

The questions we asked and the types of observations we recorded changed as our understanding of SROs evolved. As a result, many of our findings include the qualifying phrase “at least.” For example, we did not always take note of whether the desk clerk lived in the hotel and thus only have that information for 15 of the hotels. As a result, we claim that “at least” 13 desk clerks live in their hotels because clerks at other properties where we did not record this may have also lived in their hotels, meaning the number might be larger than 13.

Section II. Findings

A. Number and Types of SROs

We visited 53 addresses in the Tenderloin from the Planning Department’s list of SROs. This list did not accurately report the status of three buildings that are closed or do not exist. *Thirty of the addresses were “typical” privately-run SROs, meaning they met our expectation of a Tenderloin SRO in having the following characteristics:*

- On-site staff or a buzzer indicating on-site staff.
- Appear to cater to low-income residents.
- Staff considers the building to be an “SRO” or “residential hotel.”
- For-profit.

The remaining 20 addresses did not have at least one of the above characteristics and differed from the profile in the following ways:

- Four did not seem to have on-site staff.
- Seven are large apartment buildings that seem to cater to well-off residents.⁷
- Four cater to tourists.
- Two cater to students.
- Two are managed by non-profits.
- One serves as transitional housing for released prisoners.

We did not acquire additional information for buildings that were closed or for buildings without on-site staff because there was no way for us to enter.

Figure 2: Characteristics of the addresses we visited

Type of Building	Number of buildings	On-site staff	Cater to low-income residents	Staff consider it an SRO	For-profit
Typical privately-run SRO	30	Yes	Yes	Yes	Yes
SRO without staff	4	No	Yes	NA	Yes
Large apartment building	7	Some (2)	No	No or NA	Yes
Tourist hotel	4	Yes	No	No	Yes
Student housing	2	Yes	No	No	Yes
Non-profit SRO	2	Yes	Yes	Yes	No
Transitional housing	1	Yes	Yes	No	Yes
Closed or did not exist	3	NA	NA	NA	NA
TOTAL	53	41	37	32	48

B. Description of a “Typical” SRO

A typical SRO has a front gate which a staff member must buzz to unlock. Residents do not appear to possess keys to these gates and must also be buzzed in; during interviews staff often

⁷ According to the Planning Department, these buildings range from 4 to 10 stories and contain 44 to 111 units.

had to pause to admit residents to the hotel. This seems a likely source of conflict between residents and clerks.

After entering the hotel there is, most often, a long flight of stairs up to the manager's office and the rooms. There is not typically a lobby. We could not determine if there was an elevator in 15 of the 30 typical SROs we visited, most often because the clerk's office was near the front of the hotel and we could not see the entire floor. Of the remaining 15, only four had working elevators. *This lack of working elevators may pose an accessibility problem for residents and contribute to isolation. Of the 15 clerks we asked about residents, 13 reported that seniors or disabled persons lived in the building and at least 6 of those buildings lacked working elevators.*

A slight minority of the clerks in typical SROs reported disturbances in the hotel. Of the 13 we asked, five reported frequent disturbances due to drugs, alcohol, or residents with emotional or psychological problems. One desk clerk described his SRO as a "mental hospital." Another said the job was often dangerous, particularly on the first and fifteenth of each month, when residents receive financial assistance checks from the city. SRO staff seem to anticipate disturbances on these days; we often observed signs stating a hotel does not permit visitors on the 1st or the 15th day of the month.⁸

C. Experience of an SRO Desk Clerk

Because desk clerks have daily contact with SRO residents, they are a potentially valuable source of information for SF-HSA. Furthermore, the SF-HSA Planning Unit has considered the possibility of providing training to interested desk clerks to better connect SRO residents to social services. In the following section, we present our observations about the desk clerks we met.

Desk clerks were present at 27 of the 30 typical SROs we visited.⁹ Judging by their appearance or accent, or by information they supplied, at least 21 of these clerks are ethnically South Asian. We mention this trend because it appears to be strong and cultural sensitivity may play a role in future outreach efforts.

Of the 14 clerks we asked about hotel ownership, four reported being the owners, suggesting most clerks are simply on-site staff or lease the building from an off-site owner. From this limited sample size we could not find any significant differences between SROs where the clerk was the owner and SROs where he or she was not.

We conducted a number of surveys in the clerks' private quarters, which often adjoined the hotel office. *Of the 15 clerks we asked, 13 said they live in the SRO.* Ten reported their spouses or children also lived there, and five of these said that they or a family member were on-site and ostensibly on-duty 24 hours a day.

⁸ This is in accordance with Sec. 2.B of the San Francisco Rent Board's Uniform Hotel Visitor Policy, which permits hotels to restrict visitation on two out of three check days each month as long as they post a sign notifying residents of the blackout dates.

⁹ The remaining three had buzzers indicating the presence of staff, but nobody answered the buzzers when we rang.

Figure 3: Ownership and residence information about desk clerks in typical SROs

Topic	Number of SROs where this topic was recorded	Number of SROs where it is true	Percentage where it is true
Desk clerk present at time of visit	30	27	90.0
Desk clerk is the owner	14	4	28.6
Desk clerk lives in the hotel	15	13	86.7
Desk clerk's family lives in the hotel	14	10	71.4

Because we judged it a sensitive topic, we did not ask clerks about their salaries until the last series of visits. When asked, several clerks explained they did not earn specific wages because the SRO was operated by their family. However, one clerk told us that for managing the hotel, he and his wife together received \$1200 a month and free lodging in the hotel for themselves and their daughter.

Despite modest compensation, clerks tend to stay in their jobs. *We asked 15 clerks about their tenure and found a median duration of three years on the job.* However, we found wide variance in these answers, which ranged from six weeks to 32 years.

The combination of long hours, repetitive tasks, and disturbances means SROs are unlikely to offer ideal working conditions. One clerk told us his job could be dangerous and that he occasionally had altercations with residents. Another, who had worked in SROs for 15 years, complained of extreme tedium. Many clerks seemed to enjoy talking to us, perhaps as a break from their daily routines.

However, not all clerks expressed complaints. One clerk, who was also the owner, said she avoided problems by refusing to accept “rough tenants.” She reported having a 60% occupancy rate. Two clerks expressed pride in their familiarity with residents and their needs. One of these recalled taking a long-term resident, a Vietnam veteran, to the hospital when he was sick. She said she offered him counseling and support, and that she treated him as a member of her own family. Overall, however, the latter two cases appear to be exceptional.

D. Collaboration between SF-HSA and Privately-Run SROs

Clerks expressed moderate to low interest in helping residents meet their social services needs. *We asked 20 clerks about their interest in receiving training to learn how to better connect residents to social services and seven expressed interest.* We asked 11 clerks whether on the job training was sufficient to be a desk clerk; eight said that it was. Four clerks explicitly stated that residents’ needs lie outside their responsibility.

In contrast, four other clerks indicated they felt it was part of their jobs to help residents meet their needs. Of these four, two worked in SROs that have uncharacteristically pleasant lobbies and waiting lists for a room, suggesting they are especially desirable.

Figure 4: Interest in training and status of partnerships at typical SROs

Topic	Number of SROs at which this was asked	Number of SROs that responded affirmatively	Percentage that responded affirmatively
Interest in receiving training	20	7	35.0
On the job training is sufficient	11	8	72.7
Contact with city services or a CBO	17	14	82.4

Despite clerks' modest interest in receiving training, many of the 30 typical SROs already have some form of contact with the city or with community based organizations (CBOs). We asked about such partnerships at 17 SROs. *Fourteen clerks reported having contact with CBOs, caseworkers, or other advocates for residents.*

Clerks most frequently reported interaction with the Homeless Outreach Team (HOT) and representative payee services. Clerks also reported keeping business cards for some residents' case workers or advocates, and said they would call them in the event of a problem. Some entities, such as the Homeless Outreach Team and Conard House, place clients in the SROs as residents. **Figure 5** contains the full list of city services and CBOs mentioned by clerks.

As an underlying research question, we also considered whether privately-run SROs are an overlooked source of affordable housing stock for subsidized housing programs. A 2009 SF-HSA report found that Tenderloin SROs have an average vacancy rate of 30%.¹⁰ This high vacancy rate suggests a potential for partnership between the city and privately-owned SROs that would subsidize or pay for a room at an SRO for low-income persons who cannot find housing.

We asked eight clerks in typical SROs about vacancy rates and found the median to be 9%, with answers ranging from 0% to 55%. If these answers are accurate, they suggest the vacancy rate in privately-owned Tenderloin SROs may be lower than initially thought. However, five hotels did report having open rooms, indicating some potential for partnership between the city and privately-run SROs.

Possibly complicating such a partnership, one SRO owner reported that the city's Care Not Cash program has negatively affected her business. Care Not Cash screens clients and keeps waiting lists because its hotels are considered more desirable than many private SROs. The owner asserted that Care Not Cash has taken the best residents away from privately-run SROs. Her hotel, as a result, has had difficulty finding non-disruptive residents and has a 25% vacancy rate.

¹⁰ Fribourg, Aimee. 21.

Figure 5: Programs and CBOs mentioned by SRO clerks

Organization or Program	Description of the partnership	Number of SROs reporting
Bay Area Rescue Mission	Operates emergency shelters, recovery programs, transitional services, food pantries, and youth intervention. The Mission in the Tenderloin is next to an SRO and the Mission staff know the hotel clerks.	1
City case workers	SRO desk clerks had case workers' cards and told SF-HSA they would contact them in event of an emergency	3
Conard House	Provides community-based resources for vulnerable adults with serious mental illness. One clerk reported that Conard House places clients in her SRO.	1
Homeless Outreach Team (HOT)	HOT has 46 staffers and has provided permanent placements, including in SROs, for 508 formerly homeless persons in San Francisco. Six desk clerks reported HOT currently places or has formerly placed residents in their SRO.	6
IHSS	Provides in-home support to elderly or disabled adults. The clerk at one SRO reported knowing IHSS providers and calling them when clients needed assistance.	1
Larkin Street Youth	Provides numerous services to youth. One desk clerk reported that Larkin rents 7 or 8 rooms for clients in his SRO and pays the hotel directly.	1
Lutheran Social Services	Sends case workers to at least one SRO. The desk clerk reported knowing the workers and their contact information.	1
Project Open Hand	Provides meals to seniors and people living with serious illness. One clerk reported that Open Hand workers come to the hotel to deliver meals.	1
Proposition 36 transitional housing	Two clerks stated that the city places residents in their SRO through Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, which, among other services, provides transitional housing.	2
Representative Payee Programs	Four SROs reported receiving rent checks for residents that cannot handle their own finances from representative payees, who typically work for the Public Guardian or CBOs.	4
Tenderloin Housing Clinic (THC)	Provides case workers that visit clients in an SRO and pay their rent. The THC office is across the street from this SRO.	1
Westside Community Services	Provides an array of community-based prevention, mental health, substance abuse, and social services. One clerk reported that many of the residents in his hotel have caseworkers from Westside, who also serve as representative payees, and that he is in touch with them.	1
Walden House	Provides substance abuse treatment and representative payee services. One clerk reported that most of his residents have caseworkers from Walden and that he is in touch with them.	1

Section III. Recommendations

A. Refine and Aggregate SRO data

To further study potential collaboration, SF-HSA will need to refine its data and information regarding SROs. This study used the Planning Department’s data to select 53 privately-owned Tenderloin SROs, and of those listings, five were closed, did not exist, or had inaccurate addresses. This represents a 9% error rate. Given the dearth of affordable housing in San Francisco, it is important to track SRO closures and conversions of SROs to alternative uses such as student housing and tourist hotels. We will communicate the errors we found to the Planning Department to update its records.

Furthermore, to create a more complete database about SROs, the City should aggregate information currently spread across numerous departments and organizations. The SF-HSA Planning Unit is creating a database that incorporates findings from this study along with other publicly available information from city and county agencies. *Similarly, SF-HSA should reach out to city programs and CBOs that have relationships with SROs.* City programs such as HOT, the Public Guardian’s Representative Payee program, and the Proposition 36 transitional housing program work with SRO residents and managers and are likely to have useful information. Community based organizations such as the Tenderloin Housing Clinic, Westside Community Services, Meals on Wheels, and the Bay Area Rescue Mission work with SRO residents and managers as well. (For a full list of city programs and CBOs mentioned by desk clerks we interviewed, see **Figure 6.**) SF-HSA ought to reach out to these programs and organizations to learn more about the needs of SRO residents and the environment and operation of SROs.

SF-HSA can combine all of this information to create a unified data set for all SRO related projects. This will help SF-HSA to guide and plan further outreach to SROs and to better track the supply of affordable housing stock in San Francisco.

B. Consider different definitions for “SRO”

SF-HSA should reconsider its use of the Planning Department’s SRO classification system. Of the 53 hotels this study located through the Planning Department’s data, 16 were large apartment buildings, student housing, tourist hotels, non-profits, or transitional housing. The Planning Department considers these buildings SROs because it classifies buildings that have “one or more SRO units” as SROs.¹¹ The Planning Department’s inclusion of these buildings is thus intentional, and limits the usefulness of the database for SF-HSA’s purposes.

Properties that contain primarily non-SRO units are poor candidates for SF-HSA’s outreach efforts. The staff and ownership of these properties do not consider them to be SROs and, based on our experience, are likely to be confused by, or unreceptive to, SF-HSA outreach. Moreover, properties with a low percentage of SRO units will have fewer residents with social service needs than properties that primarily contain SRO units. To target its efforts more efficiently, SF-HSA ought to create an alternative classification system that excludes these properties.

¹¹ San Francisco Planning Code Sec. 890.88.

The information needed to create such a system is already available. *The Planning Department has complete data on the number of SRO units, tourist units, and non-SRO residential units for roughly 75% of the 530 buildings it classifies as SROs, and has at least partial information for all of the buildings.* SF-HSA should take this information and exclude from the list all buildings with less than a certain minimum percentage of SRO units. As a starting point, we recommend a minimum percentage of about 43.2%. We chose this number because we found that staff at properties with 43.2% SRO units or lower did not consider the property to be an SRO.¹²

In addition, SF-HSA should distinguish between SROs that have desk clerks and those that do not. In this study we did not classify four properties that appeared to be SROs, but did not have desk clerks, as “typical SROs.” We excluded these properties because we could not enter them or speak to any staff. However, these four properties otherwise appeared to be privately-owned SROs and the residents may still benefit from SF-HSA outreach. More importantly, there are likely many more hotels that fit this profile in Chinatown, where desk clerks are less common. Important differences likely exist between the business models of SROs with staff and those without staff, necessitating that SF-HSA distinguish between them to implement different outreach strategies.

C. Continue outreach

We found that there is room for collaboration between SF-HSA and privately-run SROs. Of the 20 clerks we asked, seven expressed interest in either receiving training or more information about social services. We will supply contact information for these clerks to the SF-HSA Planning Unit for follow-up, and we recommend further visits to SROs to find other clerks who may be interested.

As more information becomes available about the interest of desk clerks and the needs of residents, *SF-HSA may wish to develop an informational packet to distribute to SROs.* Following our interviews, we left behind flyers with phone numbers for city services and programs, but more detailed information would be helpful. This information could include basic eligibility guidelines for key programs and services or detail how SRO staff should handle emergency situations.

SF-HSA should also consider sending social service providers to offer information and answer questions at SROs. A related survey of SRO owners found that 19 of the 82 hotels that responded to the survey, or 23.2%, were interested in having social service providers visit their hotel. Providers could set up a table in the lobby, if there is one, or near the clerk’s office and provide information to residents, answer residents’ questions, or leave packets of information regarding social services and eligibility guidelines.

In addition, SF-HSA should continue to explore the possibility of offering training to desk clerks to help them connect residents with social services. Three of the seven clerks who expressed interest in training also said that their on-the-job training was insufficient. Anecdotally, a handful of clerks seemed interested in training as something to put on their résumé. Such training could

¹² According to Planning Department records, the percentage of total units that are SRO units in the seven apartment buildings we visited range from 8.9% to 43.2%. To err on the side of being inclusive, we chose 43.2% as our minimum ratio of SRO Units:Total Units to qualify as an SRO.

be modeled on the Community Housing Partnership's training program for desk clerks at non-profit SROs, which covers topics such as "customer service, safety, emergency procedures, de-escalating conflicts, and setting boundaries."¹³

To offer an incentive to participate, SF-HSA should consider paying desk clerks to attend the training, or paying the SRO to hire a temporary desk clerk while their usual clerk is at the training. SF-HSA might also consider requiring SROs to place their clerks in training to be eligible for city programs and initiatives that place residents in SROs, such as the HOT.

Finally, future outreach efforts should gauge the interest of private SROs in working more closely with SF-HSA to fill vacancies. Of the eight clerks we asked, five reported vacancies in the buildings. Given the high number of homeless persons in San Francisco, SF-HSA should consider partnering with private SROs that would like help filling their vacancies. SROs that, in the future, receive information or place staff in SF-HSA desk clerk training represent promising candidates for such partnerships.

D. Determine which SROs have working elevators

Of the 15 SROs where we were able to check for elevators, only four, or 26.7% had working elevators. We also found that seniors or disabled persons are living in at least 6 of the eleven hotels without a working elevator, suggesting mobility difficulties that might lead to isolation or safety problems for residents.

SF-HSA should reach out to the Division of Occupational Safety and Health (DOSH) at the California Department of Industrial Relations to determine which SROs have working elevators. The San Francisco Office of the Elevator, Ride, and Tramway unit should be able to provide this information. HSA can use this information and check it against address information for IHSS clients to ensure that clients with mobility issues are living in buildings with working elevators. In addition, this will permit HSA to advise IHSS clients and other persons with mobility issues that are looking for an SRO on which properties have elevators. This will not require a large time or resource commitment on SF-HSA's part and is likely to yield very practical benefits for a number of clients.

¹³ "Desk Clerk Training Program Course Syllabus." Community Housing Partnership.

Appendix A: Survey Instrument

Tenderloin SRO Desk Clerk Survey
Summer 2009

HOTEL ADDRESS:

HOTEL NAME:

HOTEL ID:

NAME OF RESPONDENT:

DATE:

First-tier questions

- 1) Who lives here? Do they tend to be old or young? Is it mostly single adults or families?

- 2) What kinds of special needs do your residents have, such as for food or health assistance?
 - Medical care
 - Counseling
 - Childcare
 - Transportation
 - In-home assistance with things like eating, bathing, and household chores
 - Job training and placement
 - English classes
 - Help with food
 - Social activities and recreation
 - Other (please specify) _____

- 3) Was any training available to help you do your job? What type of training would be helpful for a desk clerk?

- 4) If you wanted to connect a resident with social services, would you know whom to call?

- 5) Would you be interested in learning more about the city's social services, and possibly being trained on how to connect your residents to services?

- 6) Do you have any existing relationships with workers from HSA or non-profit service providers?

- 7) Do you have any sense of how many residents are homeless when they come in here?

Second-tier questions

- 1) How long have you worked here?
- 2) How many staff do you have here? Is a desk clerk present 24 hours a day?
- 3) Do you have many residents with substance abuse issues?
- 4) How long do residents typically stay?
- 5) Are you aware of mental health needs among residents? / Do residents ever cause commotion or problems in the hotel? If so, do you have any sense of what causes this?"

Additional Observations

Appendix B: Guide to San Francisco’s Social Services

The Human Services Agency is a department of the City and County of San Francisco and the central resource for public assistance in the city. Our mission is to promote well-being and self-sufficiency among individuals, families and communities in San Francisco. SF-HSA has approximately 1,800 employees and maintains contracts with many community-based nonprofit agencies to provide crucial services to San Franciscans in need.

We provide a safety net for individuals and families by offering income support, community-based living supports, and assistance getting food, housing, and health coverage. We offer programs and services that ensure the protection and safety of children, the elderly, and dependent adults. We help people secure employment through training, job search and child care assistance.

Below is a list of programs and contact information. If you have questions or need assistance finding a program please contact either the Department of Human Services at (415) 557-5000 or the Department of Aging and Adult Services at (415) 355-3555.

Emergency Numbers

Report Elder Abuse: (800) 814-0009

Report Child Abuse: (800) 856-5553

Fraud Hot Line: (415) 557-5771

Children and Families

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Child Protective Services	Responds to concerns of child abuse or neglect.	(800) 856-5553
SF TALK	Counseling for children and families needing help.	(415) 441-5437
Children with Disabilities	Support for families with children with special health needs and disabilities.	(415) 282-7494
Children’s Council	Assists eligible families with child care.	(415) 276-2900

Seniors and Adults with Disabilities

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Adult Protective Services	Investigates possible abuse or neglect of elders.	(800) 814-0009
Information, Referral and Assistance	24-hour services for older adults.	(800) 510-2020
Office of the Aging	Provides services including nutrition, transportation, and bilingual needs.	(415) 355-3555
In-Home Supportive Services	Helps low-income elderly people live safely in their homes by providing home-based services.	(415) 557-5251
Central City Resource Center for Seniors	Provides information, referrals, and assistance to seniors.	(415) 931-6000
County Veterans Service Office	Assists veterans and their dependants to obtain benefits and entitlements.	(800) 807-5799 or (415) 554-7100

Jobs and Employment

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Employment Information Center	Provides information about employment services and access to job listings, counseling, and computers.	(415) 557-5636
One Stop Center – Civic Center	Provides information about all publicly funded employment and training services.	(415) 749-7577
Workforce Development Center	Offers structured and intensive job readiness appraisal and job search workshops.	(415) 558-5292
First Source Hiring	Matches employers with job seekers.	(415) 401-4960
Vocational ESL Immersion Program	One to three years program to provide non-English speakers with a foundation in English.	(415) 558-1370
Workforce Solutions	Provides job seekers access to employers.	(415) 401-4949

Financial Assistance

<i>Program</i>	<i>Description</i>	<i>Contact</i>
CalWORKS	Provides financial support for 60 months to adults with dependent children.	(415) 557-5723
County Adult Assistance Programs	Serves very low-income adults without dependents. Contact this office for information on Personal Assisted Employment Services (PAES,) Supplemental Security Income Pending (SSIP,) Cash Assistance Linked to Medi-Cal (CALM,) and General Assistance (GA.)	(415) 558-1000
Cash Assistance Program for Immigrants	Pays cash benefits to lawful non-citizens who do not qualify for Supplemental Security Income (SSI.)	(415) 558-1978

Housing and Homelessness

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Eviction Prevention	Helps low-income individuals and families maintain their housing.	(415) 558-2255
Family Eviction Prevention Program	Provides eviction prevention services to low-income families.	(415) 972-1300
Connecting Point for Families	Centralized intake system for homeless families seeking emergency shelter.	(888) 811-7233
Tenderloin Health Center	Takes reservations for shelters and provides medical, social, and substance abuse services.	(415) 431-7476
Supportive Housing Programs	These programs aim to place individuals in permanent supportive housing.	(415) 558-1902

Health and Nutrition

<i>Program</i>	<i>Description</i>	<i>Contact</i>
Food Stamps	Helps children and low-income households access a nutritious diet.	(415) 558-1001
Medi-Cal Health Connections	Provides free and low-cost health care to eligible San Franciscans.	(415) 863-9892