

Collection of Sexual Orientation and Gender Identity Data: FY19-20 Annual Report

San Francisco Human Services Agency City and County of San Francisco

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BACKGROUND

San Francisco SOGI Data Collection Ordinance

The San Francisco Board of Supervisors passed Ordinance 159-16 on July26, 2016, which added Chapter 104 (Collection of Sexual Orientation and Gender Identity Data) to the Administrative Code. The ordinance posited that while the City of San Francisco was committed to using data to identify the needs of San Franciscans and to evaluate its programs, many social services programs did not then collect sexual orientation and gender identity (SOGI) demographic information. An absence of SOGI data made it difficult to quantify the needs and well-being of the LGBTQ population; Chapter 104 has greatly accelerated SOGI data collection and analysis in support of the City's efforts to better serve LGBTQ San Franciscans.

California SOGI Data Collection Law

Roughly a year before San Francisco passed its SOGI data collection ordinance, the State of California passed an analogous law (Assembly Bill 959). The San Francisco Human Services Agency (HSA) is also subject to this state law, given that HSA administers programs under the purview of the covered departments of AB 959.

SOGI Data Collection at HSA

HSA is a large and complex agency comprised of three separate departments. It serves over two hundred fifty thousand San Franciscans across dozens of programs and 400+ contracts. HSA has an annual budget of over a billion dollars that includes a combination of federal, state and city/county funding streams.

The impetus for the SOGI data collection ordinance was a recommendation in a 2014 report from the San Francisco LGBT Aging Task Force, with support from HSA's Department of Disability and Aging Services (DAS) and the Human Right's Commission.

HSA wholeheartedly supports the City's SOGI data collection ordinance and has committed significant resources to comply with it over the past four years. The complexity of the agency and the fact that SOGI data is collected by around 140 programs or contracts and is stored in 11 different computer systems has translated to a heavy implementation lift. Even so, HSA has made great strides in improving the quality and completeness of its client SOGI demographic data.

FY19-20 Annual Report

The purpose of this report is to serve as HSA's FY19-20 annual report required by the San Francisco SOGI data collection ordinance. The timing of this report was delayed due to the COVID-19 pandemic; however, HSA does not believe the collection of SOGI demographic data across HSA's programs have been negatively impacted by the Coronavirus public health crisis in a significant way. Unfortunately, the pandemic did derail a project between HSA and the Controller's Performance Audit group to develop best practices on how to present and analyze HSA's SOG data, including within this annual report. HSA hopes to return to this work in the future.

For each covered HSA program, this report includes the following:

- Breakdown of SOGI data for clients served during F19-20
- FY19-20 efforts to promote SOGI data collection
- Data collection challenges, encompassing those related to the COVID-19 pandemic
- Plans/strategies to improve data coverage and quality going forward

A summary of HSA's efforts to promote LGBTQ equity and inclusion, including during the pandemic, is included at the end of this report.

DAS PROGRAMS

The Department of Disability and Aging Services (DAS) is charged with coordinating services for older adults, veterans, people with disabilities, and their families to maximize safety, health, and independence. DAS serves over 70,000 San Franciscans each year and has been at the forefront of the City's efforts to collect SOGI data and better serve the needs of the LGBTQ community in San Francisco.

Adult Protective Services

The San Francisco Adult Protective Services (APS) program relies on masters-level social workers to investigate allegations of abuse among elders and adults with disabilities, collaborate with criminal justice partners, and conduct short-term intensive case management to facilitate service connections and help stabilize vulnerable individuals.

Below is the SOGI demographic data from the APS case management system (LEAPS). The SOGI questions have been asked and recorded for the vast majority of clients served during FY19-20. Sexual orientation data was collected for 65% of APS clients, of which 17% chose a response other than "Straight/Heterosexual". Gender identity data was collected for 98% of APS clients. Roughly 0.7% clients identified as either transgender, gender non-binary or another gender identity besides female or male.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Questioning/	Straight/ Hetero-		Decline to	Not		Grand
Program	Bisexual	Loving	Unsure	sexual	Not listed	answer	Asked	No Data	Total
Adult Protective Services	75	390	49	3,785	261	322	564	1,578	7,024
% of Grand Total	1%	6%	1%	54%	4%	5%	8%	22%	100%
% of Total with Responses	2%	9%	1%	83%	6%				

Total with
Responses
(first 5
columns)
columns) 4,560

GENDER IDENTITY

			Gender-							
			queer/			Not listed,	Declined/			
			Gender	Trans	Trans	please	Not	Not	No	Grand
Program	Female	Male	Non-binary	Female	Male	specify	stated	Asked	Data	Total
Adult Protective Services	3,544	3,263	11	28	2	5	77	14	80	7,024
% of Grand Total	50%	46%	0.2%	0.4%	0.03%	0.1%	1%	0.2%	1%	100%
% of Total with Responses	52%	48%	0.2%	0.4%	0.03%	0.1%				

Total with Responses (first 6 columns) 6,853 98% 100%

The matrix below contains a summary of the APS' activities, challenges and future plans related to SOGI data collection.

FY19-20 Efforts to Promote SOGI Data Collection	 Per initial training and our policies and procedures, intake staff was expected to ask the reporting party, and protective service workers to complete SOGI questions when interviewing client face to face.
Challenges	 Some workers feel the need to ask SOGI questions in a different circumstance.
	 Some older adults do not want to share this information, and anecdotally some clients have stated that they did not want their sexual orientation documented.
	 APS investigations can be considered invasive, and asking uncomfortable questions that may seem inconsequential can discourage rapport-building.
	 Lack of flow in assessment to naturally ask questions.
Plans/Strategies to Improve Data Coverage	 Created a survey to gather feedback surrounding challenges to collection of SOGI questions.
and Quality Going Forward	 Sent reminder to staff, and expanded detail and training on particular cases when more difficult to obtain the information.

In-Home Supportive Services

The In-Home Supportive Services (IHSS) Program is a statewide benefit for older adults and persons with disabilities to receive care in their homes rather than in nursing homes or board-and-care facilities. All California IHSS programs utilize a statewide application form (SOC 295) and database (CMIPS II) to collect and store SOGI demographic data.

Below is the SOGI data from the IHSS case management system (CMIPS II) for clients served during the most recent fiscal year. FY19-20 represents the first full fiscal year of SOGI data collection for the IHSS program, due to delays with the state forms and system. Of IHSS clients served during FY19-20, sexual orientation and gender identity data is available for 82% and 88% of clients, respectively. These coverage rates are up from around 50% for FY18-19. Of clients reporting their sexual orientation, 97% reported being straight or heterosexual. Of clients reporting their gender identify, 0.3% reported being transgender or a gender identity not listed.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Questioning/	Straight/ Hetero-	Not listed, please	Declined	Not	No	Grand
Program	Bisexual	Loving	Unsure	sexual	specify	to answer	Asked	Data	Total
IHSS	122	411	-	20,054	29	2,101	-	2,562	25,279
% of Grand Total	0.5%	2%	0%	79%	0.1%	8%	0%	10%	100%
% of Total with Responses	1%	2%	0%	97%	0.1%				

Total with
Responses
(first 5
columns)
20,616
82%

GENDER IDENTITY

			Gender- queer/ Gender	Trans	Trans	Not listed, please	Declined/	Not		Grand
Program	Female	Male	Non-binary	Female	Male	specify	Not stated	Asked	No Data	Total
IHSS	13,413	8,691	-	42	10	12	601	-	2,510	25,279
% of Grand Total	53%	34%	0%	0.2%	0.04%	0.05%	2%	0%	10%	100%
% of Total with Responses	61%	39%	0%	0.2%	0.05%	0.05%				

Total with
Responses
(first 6
columns)
22,168
88%
100%

The matrix below summarizes the status of SOGI data collection within San Francisco's IHSS Program.

FY19-20 Efforts to IHSS continued to increase the percentage of completed SOGI **Comply with SOGI Data** responses and ended the year with close to 90% collected from **Collection Ordinance** recipients who were in active status at any time during the year. IHSS collects SOGI information at initial and annual assessment visits. At the July 2019 start of the fiscal year, IHSS had visited 72% of recipients at least once since the September 2018 start of SOGI collection with translated materials. By the end of the year, IHSS visited 97% of recipients at least once and some more than once. IHSS collected complete SOGI information for 92% of recipients in active status at the end of June 2020 (point-in-time). Challenges During the COVID-19 pandemic, rate of first visit since the start of SOGI and completion rates continued to increase. Initial assessments of new applicants continued by phone and video. Annual reassessments of existing recipients stopped from mid-March to May, but social workers continued to enter new SOGI information into the state database as they completed writing and submitting their assessments from visits before the suspension of visits. The increase in completed SOGI during FY 2019-2020 has leveled off. As of September 2020, 94% of active recipients are complete and about 1,700 remain incomplete. The 150 with incomplete SOGI not yet visited since 2018, are among the cases that are very overdue for an annual assessment and prioritized for assessing soon. Reducing the remaining 1,700 further will be challenging. Plans/Strategies to IHSS monitors the quality of the annual assessments by regularly **Improve Data Coverage** drawing a sample for review. In FY 2019-20, 17% of the cases and Quality Going selected for QA review were missing the SOGI form or had **Forward** inconsistent information recorded. Unit Supervisors with incomplete SOGI will be reminded to check for SOGI before they approve the cases.

Public Guardian, Public Conservator and Representative Payee

The **Public Guardian** (PG) program supports people whose physical and mental limitations make them unable to handle basic personal and financial needs. Public Guardian staff are responsible for managing medical care, placement, and financial resources. The **Public Conservator** (PC) provides mental health conservatorship services for San Francisco residents who are gravely disabled (unable to provide for their food, clothing or shelter) due to mental illness and who have been found by the Court unable or unwilling to accept voluntary treatment. The **Representative Payee** (RP) program provides money management services directly by DAS staff. This program was developed within the Public Guardian to support high-

risk, vulnerable clients who do not require a full conservatorship but require a moderate level of financial support.

Below is the data from the case management system (Panoramic) used by PG, PC, and RP. These DAS programs have made significant progress in collecting data on sexual orientation, compared to FY18-19 (i.e., they have a lower percentages of clients in the "Not Asked" and "No Data" categories). Because PG, PC, and RP clients often face incapacitation issues, it is challenging to collect SOGI data for these programs, especially since SOGI information must be self-reported, according to best practices.

SEXUAL ORIENTATION

SEAUAL ORIENTATION										
		Gay/ Lesbian/		Sauciaha/						Total with
		Same- Gender	Ouestioning/	Straight/ Hetero-		Decline to	Not		Grand	Responses (first 5
		Gender	Questioning/	netero-		Decline to	NOL		Granu	
Program	Bisexual	Loving	Unsure	sexual	Not listed	answer	Asked	No Data	Total	columns)
Public Guardian	2	19	5	207	5	32	21	24	315	238
% of Grand Total	1%	6%	2%	66%	2%	10%	7%	8%	100%	76%
% of Total with Responses	1%	8%	2%	87%	2%					100%
Public Conservator	13	18	5	483	10	79	73	43	724	529
% of Grand Total	2%	2%	1%	67%	1%	11%	10%	6%	100%	73%
% of Total with Responses	2%	3%	1%	91%	2%					100%
Representative Payee	12	13	3	369	9	68	53	751	1,278	406
% of Grand Total	1%	1%	0.2%	29%	1%	5%	4%	59%	100%	32%
% of Total with Responses	3%	3%	1%	91%	2%					100%

GENDER IDENTITY

			Gender- queer/			Not listed,					Total with Responses
			Gender	Trans	Trans	please	Declined/	Not	No	Grand	(first 6
Program	Female	Male	Non-binary	Female	Male	specify	Not Stated	Asked	Data	Total	columns)
Public Guardian	138	173	-	1	-	-	-	1	-	313	312
% of Grand Total	44%	55%	0%	0.3%	0%	0%	0%	0%	0%	100%	99.7%
% of Total with Responses	44%	55%	0%	0.3%	0%	0%					100%
Public Conservator	267	441	2	3	2	-	6	1	2	724	715
% of Grand Total	37%	61%	0.3%	0.4%	0.3%	0%	1%	0%	0%	100%	99%
% of Total with Responses	37%	62%	0.3%	0.4%	0.3%	0%					100%
Representative Payee	479	782	1	3	2	2	4	-	5	1,278	1,269
% of Grand Total	37%	61%	0.1%	0.2%	0.2%	0.2%	0%	0%	0%	100%	99%
% of Total with Responses	38%	62%	0.1%	0.2%	0.2%	0.2%					100%

The matrix below contains a summary of activities, challenges and future plans related to SOGI data collection within PG, PC and RP.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance	 Public Guardian and Public Conservator staff completed training in 2019/2020 and gathered data from clients. Some clients in the PG and PC program were not asked SOGI questions, as the deputy assessed that asking would gather a nil or negative response or may trigger a mental health episode. The PG referral intake form requests all three SOGI fields be completed. The Representative Payee referral form has been changed to reflect all three SOGI fields.
Challenges	 Public Guardian clients have limited capacity and often cannot speak. Collecting SOGI data directly from the clients remains a challenge since the Public Conservator population is deemed gravely disabled and most are debilitated by unremitting psychotic symptoms which interfere with their ability/willingness to provide information. The Representative Payee program has delayed focus on the completion of SOGI fields due to personnel changes and COVID. The RP program began the work with RP in August 2020. RP has no direct contact with clients so gathering the information will be through non DAS agency case managers.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	 A report is run on a quarterly basis to monitor and ensure that the SOGI data fields for Public Guardian and Public Conservator are completed. The data collection process for SOGI is now operational. In August 2020, Representative Payee launched a compliance report identifying which SOGI fields needed completing. The program will continue to receive this report on a monthly basis to monitor improvement. The SOGI data field collection is currently an active project for RP.

Integrated Intake

The DAS Integrated Intake & Referral Unit was established in 2008 to streamline access to social services and maximize service connections. Through a single call, seniors and adults with disabilities are able to learn about available services throughout the city and also apply for several DAS services. The Aging and Disability Resource Center (ADRC) network provides one-stop shops for information and assistance services for seniors and younger adults with disabilities at community-based organizations throughout the city.

Below is the data from the case management system (SF GetCare) used by Integrated Intake. The ADRC's have more complete data on sexual orientation, compared to the Information and Referral unit. The percentage of clients identifying with a sexual orientation other than straight or heterosexual for the ADRC's and Information and Referral is 4% and 6%, respectively. The percentage of ADRC and Information and Referral clients selecting a gender identity other than male or female is 0.3% and 0.2%, respectively.

SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Questioning/ Unsure	Straight/ Hetero- sexual	Not listed	Decline to answer	Not Asked	No Data	Grand Total	Total with Responses (first 5 columns)
Aging & Disability Resource										
Centers	103	326	38	10,991	-	2,663	522	117	14,760	11,458
% of Grand Total	1%	2%	0.3%	74%	0%	18%	4%	1%	100%	78%
% of Total with Responses	1%	3%	0.3%	96%	0%					100%
DAAS Intake - Information &										
Referral	45	152	16	3,507	-	1,910	1,410	366	7,406	3,720
% of Grand Total	1%	2%	0.2%	47%	0%	26%	19%	5%	100%	50%
% of Total with Responses	1%	4%	0.4%	94%	0%					100%

GENDER IDENTITY

GENDER IDENTITY											
			Gender-								Total with
			queer/			Not listed,					Responses
			Gender Non-	Trans	Trans	please	Declined/	Not	No	Grand	(first 6
Program	Female	Male	binary	Female	Male	specify	Not stated	Asked	Data	Total	columns)
Aging & Disability Resource											
Centers	8,022	6,160	2	30	12	2	505	14	13	14,760	14,228
% of Grand Total	54%	42%	0.01%	0.2%	0.1%	0.01%	3%	0.1%	0.1%	100%	96%
% of Total with Responses	56%	43%	0.01%	0.2%	0.1%	0.01%					100%
DAAS Intake - Information &											
Referral	4,265	2,807	2	7	4	-	173	146	2	7,406	7,085
% of Grand Total	58%	38%	0.03%	0.1%	0.1%	0%	2%	2%	0.0%	100%	96%
% of Total with Responses	60%	40%	0.03%	0.1%	0.1%	0%					100%

The following matrix contains a summary of Integrated Intake's SOGI data collection efforts and issues.

Fy19-10 Efforts to Refresher training was conducted with DAS Intake staff on **Comply with SOGI Data** Information & Referral calls and the importance of SOGI data to **Collection Ordinance** assess areas of service need for consumers. Challenges • DAS Intake staff continue to express the challenges in collecting data on I&R calls when consumers only want specific information on services (e.g. requesting specific agency phone number and location) and unwilling to provide any identifying information (e.g., name and race). DAS Intake staff are more likely to gather SOGI information when an I&R call includes an Intake that requires identifying information (such as application for In Home Supportive Services. During the COVID-19 pandemic, call volume increased, as did referrals on behalf of consumers in crisis, and referents calling in on a consumer's behalf often lacked knowledge of that person's SOGI identification. Plans/Strategies to Annual refresher training and develop strategies for DAS Intake staff **Improve Data Coverage** to gather the information via telephone and face-to face with and Quality Going consumers. **Forward** Improvement plans in areas: "Not asked" and "Missing data" category DAS Intake staff to make attempts to ask the question of callers. Exploring ways to address consumers through a script to capture the information prior to ending the hotline call.

Community Living Fund

The Community Living Fund (CLF) is focused on preventing unnecessary institutionalization of seniors and adults with disabilities and helping those currently institutionalized transition back to the community if that is their preference. CLF is part of DAS' Long Term Care Operations division and services are provided via a contract with the Institute on Aging.

Below is the data from the case management system used to track CLF clients (CLF CaseCare). The Institute on Aging has excelled at collecting SOGI data, with very few clients in the "Not Asked" or "No Data" categories. Of clients responding to the sexual orientation questions, 14% fall into a category outside of straight or heterosexual. For the gender identify question, 0.6% of clients identified as transgender female and the remaining clients identified as either female or male.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Questioning/	Straight/ Hetero-	Not listed, please	Declined	Not	No	Grand	To Re
Program	Bisexual	Loving	Unsure	sexual	specify	to answer	Asked	Data	Total	CC
Community Living Fund	11	29	-	260	2	10	3	1	316	
% of Grand Total	3.5%	9%	0%	82%	0.6%	3%	1%	0.3%	100%	
% of Total with Responses	4%	10%	0%	86%	0.7%					

Total with
Responses
(first 5
columns)
302
96%
100%

GENDER IDENTITY

			Gender-								Total with
			queer/			Not listed,					Responses
			Gender	Trans	Trans	please	Declined/N	Not		Grand	(first 6
Program	Female	Male	Non-binary	Female	Male	specify	ot stated	Asked	No Data	Total	columns)
Community Living Fund	148	166	-	2	-	-	-	-	-	316	316
% of Grand Total	47%	53%	0%	0.6%	0%	0%	0%	0%	0%	100%	100%
% of Total with Responses	47%	53%	0%	0.6%	0%	0%					100%

The matrix below contains a summary of the Community Living Fund's activities, challenges and future plans related to SOGI data collection.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance	 Incorporate SOGI data collection in program policy and procedures. Continue ongoing training on data collection.
Challenges	Barriers due to language and/or cultural sensitivity.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	 Continue ongoing monitoring and quality assurance reviews to ensure consistent data collection. Actively collect missing SOGI data from participants during scheduled contacts or reassessments.

Clinical Quality & Improvement Unit

The Clinical and Quality Improvement (CQI) unit was created in 2015 to support DAS programs in addressing the needs of clients with complex healthcare and nursing needs. There are four CQI Registered Nurses and one Nurse Manager. The CQI RN provides nursing consultations to social workers by developing individualized service plans in the community. During the COVID-19 pandemic, the nurses consult with other programs regarding infection and exposure control guidelines and trainings to meet the City's goals of protecting the most vulnerable, protecting the workers, and mitigating the risks of exposure to COVID-19.

Below is the SOGI data from CQI's web application (Devero). The distribution of data indicates that CQI's SOGI collection rate is very high. Around 10% of clients identify with a sexual orientation other than straight or heterosexual. Almost 1% of clients identify as transgender female and the remaining identify as female or male.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Questioning/	Straight/ Hetero-	Not listed, please	Declined	Not	No	Grand
Program	Bisexual	Loving	Unsure	sexual	specify	to answer	Asked	Data	Total
Clinical Quality & Improvement	5	30	-	440	16	66	10	37	604
% of Grand Total	0.8%	5%	0%	73%	3%	11%	2%	6%	100%
					3%				

Total with
Responses
(first 5
columns)
491
491 81%

GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/N ot stated		No Data	Grand Total
Clinical Quality & Improvement	252	329	-	5	-	-	5	1	12	604
% of Grand Total	42%	54%	0%	0.8%	0%	0%	1%	0.2%	2%	100%
% of Total with Responses	43%	56%	0%	0.9%	0%	0%				

Total with Responses (first 6 columns) 586 97% 100%

The following matrix contains a summary of activities, challenges and plans related to SOGI data collection within CQI.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance	•	SOGI data collection is integrated into the CQI referral submission process – Social Workers are asked to submit SOGI data when making a referral to the CQI unit.
Challenges	•	SOGI data may be missing from CQI Referral Form due to urgency involved in the case. As an example, at the time of the visit, client is in need of emergent or urgent medical attention such as 911 activation. In events such as this, SOGI data is not collected at the initial intake.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	•	Actively collect data from clients and referrents when data is missing on CQI referral forms. Ongoing training and monitoring of staff. Routine audits of SOGI data in the database.

Office of Community Partnerships

The Office of Community Partnerships (OCP) facilitates the provision of almost all DAS-funded community-based services, including those supported by Dignity Fund and Older Americans Act funding. The Dignity Fund was passed by voters in 2016, guaranteeing funding to enhance supportive services to help older adults (60+ years old) and adults with disabilities (18 – 59 years old) age with dignity in their own homes and communities.

Below is the SOGI data pulled from CA GetCare, the system used to support OCP, including Dignity Fund initiatives. The data represents an unduplicated count of clients across all of the individual programs. Overall, around 7% of clients identify with a sexual orientation other than straight or heterosexual. About half a percent of all clients identify as transgender or gender non-binary. The SOGI data for the individual OCP programs can be found on the following two pages.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same-		Straight/	Not listed,				
		Gender	Questioning/	Hetero-	please	Declined	Not	No	Grand
Program	Bisexual	Loving	Unsure	sexual	specify	to answer	Asked	Data	Total
Office of Community									
Partnerships	476	1,451	70	30,139	115	3,781	112	3,100	39,244
% of Grand Total	1%	4%	0.2%	77%	0.3%	10%	0.3%	8%	100%
% of Total with Responses	1%	4%	0.2%	93%	0.4%				

Total with Responses (first 5 columns)
32,251
82%
100%

GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	Declined/N ot stated	Not Asked	No Data	Grand Total
Office of Community			,			. ,				
Partnerships	21,883	15,469	19	122	58	4	175	-	962	38,692
% of Grand Total	57%	40%	0.05%	0.3%	0.1%	0.01%	0.5%	0%	2%	100%
% of Total with Responses	58%	41%	0.1%	0.3%	0.2%	0.01%				

Total with
Responses
(first 6
columns)
37,555
97%
100%

SEXUAL ORIENTATION

		Gay/Lesbian/			Not listed,				
		Same-Gender	Questioning/	Straight/	please	Declined	Not	No	Grand
Office of Community Partnerships	Bisexual	Loving	Unsure	Heterosexual	specify	to answer	Asked	Data	Total
Adult Day Programs	1	1		98		2		13	115
Case Management	20	112	5	960	4	46	15	31	1,193
Community Service Program Pilot	11	43	4	1,098	4	122	1	61	1,344
Community Services	162	676	26	11,228	24	982	16	1,364	14,478
Congregate Meals	175	268	17	14,097	45	1,862	19	837	17,320
Consumer Outreach				50		4		0	54
Employment Services	1	5	1	38		4		27	76
Family Caregiver Support Program	2	13		673	1	68	1	59	817
Family Caregiver Support Program (Grandparent)				21		1		11	33
Financial Literacy	2	6	1	5				0	14
Food Assistance	24	26	6	2,956	19	763	1	61	3,856
Home-Delivered Groceries	51	123	8	2,910	13	380	25	67	3,577
Home-delivered Meals	113	373	15	5,270	20	303	44	83	6,221
Health Promotion (Physical Fitness)	11	46	2	1,131	2	122	1	54	1,369
Housing Subsidy	19	89	8	268		16		11	411
Intergenerational Programs	10	106	4	449	4	56		72	701
LGBT Care Navigation	30	150	3	61	7	14		91	356
Mental Health Support Services	2	13	1	45	2	3		4	70
Money Management	2	8		116		15		19	160
Nutrition & Supportive Services	8	28	2	379		21	4	19	461
Nutrition Counseling	42	167	2	2,102	6	114	9	18	2,460
Nutrition Education	4	9		296		30	1	18	358
Respite Care	1	6		281	1	14		6	309
SF Connected	27	45	4	1,183	4	99	1	404	1,767
Short-Term Home Care	4	10		149		10		13	186
Technology at Home	3	12		75		3		0	93
Veterans Service Connect	8	17	1	247		60		17	350
Village Programs	6	34		538	2	91	1	114	786
Volunteer Visitor		4		47		2	2	0	55
Unduplicated Client Count	476	1,451	70	30,139	115	3,781	112	3,100	39,244

GENDER IDENTITY

GENDER IDENTITY			Genderqueer/			Not listed,	Declined/		
Office of Community			Gender	Trans	Trans	please	Not	No	Grand
Partnerships	Female	Male	Non-binary	Female	Male	specify	stated	Data	Total
Adult Day Programs	86	27	•			. ,		2	115
Case Management	592	586	1	9	3		2	0	1,193
Community Service Program Pilot	809	491	1	3	1	1	5	34	1,344
Community Services	8,520	5,181	8	43	22	1	46	658	14,478
Congregate Meals	9,801	7,125	4	27	22	2	86	255	17,320
Consumer Outreach	49	5						0	54
Employment Services	35	17	1				1	22	76
Family Caregiver Support Program	618	166		1	1		3	28	817
Family Caregiver Support Program (Grandparent)	25	1						7	33
Financial Literacy	6	7	1					0	14
Food Assistance	2,691	1,140		2	5		11	7	3,856
Home-Delivered Groceries	2,277	1,236	3	18	5		13	25	3,577
Home-delivered Meals	2,889	3,271	7	43	7	1	2	2	6,221
Health Promotion (Physical Fitness)	1,078	268					5	18	1,369
Housing Subsidy	176	216	2	8	1			8	411
Intergenerational Programs	376	277	2	21	3		2	20	701
LGBT Care Navigation	93	164		13	5			81	356
Mental Health Support Services	39	27		1				3	70
Money Management	48	100	1					11	160
Nutrition & Supportive Services	190	257		5	3		1	5	461
Nutrition Counseling	1,121	1,317	1	17	2		1	1	2,460
Nutrition Education	240	105	1				4	8	358
Respite Care	235	68		1	1		1	3	309
SF Connected	906	644	1	6	1		8	201	1,767
Short-Term Home Care	111	74					1	0	186
Technology at Home	52	40		1				0	93
Veterans Service Connect	16	315		2	2		2	13	350
Village Programs	534	192					5	55	786
Volunteer Visitor	32	23						0	55
Grand Total	22,071	15,439	20	133	52	3	158	1371	39,244
Volunteer Visitor	27	13						1	41
Unduplicated Client Count	21,883	15,469	19	122	58	4	175	962	38,692

The following matrix contains a summary of efforts and challenges related to SOGI data collection across OCP programs.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance	 Data collection of SOGI information is a routine part of demographic information collection upon intake in community programs. Staff are trained in SOGI collection as they are in all other routine demographic information areas. DAS staff and community partner staff are trained in SOGI data collection, with other demographic data collection, upon hire.
Challenges	 New staff are trained to include SOGI questions into routine demographic data collection. If needed, retraining is provided. As with other demographic data, SOGI information collection can be challenged by lack of face-to-face opportunities during pandemic parameters. Staff attempt to gather all demographic information.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	 Program analysts provide ongoing technical assistance to address data collection issues, including SOGI and all needed demographic areas. CBOs are encouraged to audit their data collection efforts to ensure accurate SOGI and other demographic information is collected as required. Program analysts assist. Work with Office of Transgender Initiatives to share their training opportunities.

County Veterans Services Office

The County Veterans Service Office (CVSO) is a locally-funded service program that assists veterans and their families in accessing U.S. Department of Veterans Affairs benefits and entitlements, such as service-connected disability benefits and education benefits.

Below is the SOGI data from VetPro Panoramic (the system used to track CVSO clients). The CVSO has done a good job of collecting the gender-related SOGI data, but is missing sexual orientation data for 52% of its clients. The matrix below the data describes some of the challenges the CVSO faces in collecting SOGI data.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Questioning/	Straight/ Hetero-	Not listed, please	Declined	Not	No	Grand
Program	Bisexual	Loving	Unsure	sexual	specify	to answer	Asked	Data	Total
County Veterans Services Office	3	25	3	1,333	17	9	26	1,471	2,887
% of Grand Total	0.1%	1%	0.1%	46%	1%	0%	1%	51%	100%
% of Total with Responses	0%	2%	0%	97%	1.2%				

Total with Responses (first 5 columns) 1,381 48% 100%

GENDER IDENTITY

GENDERIBEININI										
			Gender-							
			queer/			Not listed,				
			Gender	Trans	Trans	please	Declined/N	Not		Grand
Program	Female	Male	Non-binary	Female	Male	specify	ot stated	Asked	No Data	Total
County Veterans Services Office	197	2,180	1	1	1	28	25	331	123	2,887
% of Grand Total	7%	76%	0.03%	0.03%	0.03%	1%	1%	11%	4%	100%
% of Total with Responses	8%	91%	0.04%	0.04%	0.04%	1%				

Total with Responses (first 6 columns) 2,408 83% 100%

The following matrix contains a summary of efforts and challenges related to SOGI data collection within the CVSO.

FY19-20 Efforts to All CVSO personnel, including Veterans Service Representatives and **Comply with SOGI Data** Administrative Clerks are trained to collect SOGI information from **Collection Ordinance** clients. After long-time staffing shortages at CVSO, the program is fully staffed and is continuing to build capacity for SOGI data collection. CVSO veteran representatives often see repeat clients for whom Challenges demographic data has already been collected prior to the development of SOGI data fields. Veteran clients express some trepidation and fear in response to SOGI data collection efforts, despite staff assurances regarding the purpose of SOGI data collection and clients' ongoing access to benefits. Many veterans faced discrimination in the military for their sexual orientation/gender identity (dependent on when they served, what Branch they served in, etc.). They fear retaliation by means of Benefits denial by the VA if they are forthcoming with SOGI information. Technical challenges in extracting existing SOGI data from the database vendor for reporting and aggregate analysis. Plans/Strategies to Ongoing training and monitoring of staff to ensure compliance with **Improve Data Coverage** SOGI data collection standards, especially to address persistent and Quality Going challenges in client relations with respect to SOGI, providing scripting **Forward** to staff to address persistent challenges in client relations with respect to SOGI. Incorporate review of SOGI/demographic data collection prior to each client appointment and then asking the questions if the data is missing Interim SOGI monitoring for data completion, quality assurance, etc. Work with Swords to Plowshares to record Prop 63 SOGI data.

BFS ECONOMIC SUPPORT & SELF-SUFFICIENCY PROGRAMS

HSA's Department of Human Services was recently renamed the Department of Benefits and Family Support (BFS). BFS' Economic Support & Self-Sufficiency (ESSS) Division operates the core social services programs of county welfare departments: CalWORKs (cash aid and employment services for families), CalFresh (food assistance), Medi-Cal (Medicaid health insurance), and CAAP (cash aid and employment services for single adults). Together these programs serve over 200,000 San Franciscans. ESSS uses the CalWIN case management information system to administer these programs. CalWIN is jointly funded and managed by a consortium of 18 California counties, so San Francisco cannot add or change fields on their own. Because of the California SOGI data collection law, CalWIN added SOGI fields in 2018. There is no option to indicate whether a client declined to answer the SOGI questions versus not being asked. The California Department of Social Services (CDSS) developed a form/questionnaire for collecting SOGI data in 2019. However, there are many pathways for applying for these public benefits and in some cases there is no interaction with a case/social worker. Similarly, some clients are not required to interact with county staff as part of the renewal process to continue receiving benefits. These factors mean that some new and pre-existing clients are not directly asked the SOGI questions, which has resulted in overall lower data coverage across the ESSS programs. The programs endeavor to gather SOGI information for the majority of clients and continue to look for ways of increasing SOGI demographic data coverage over time.

CalWORKs

CalWORKs provides temporary financial support, as well as job training, education, child care, and counseling, to pregnant women and eligible families with children under age 19. The CalWORKs program uses a state SOGI demographic questionnaire (CW2223) designed by CDSS. CDSS directs county welfare departments to provide their optional SOGI questionnaire to adults present during the intake interview. Copies of the optional questionnaire are also included in the annual renewal packets.

The data below is for all adults aided on CalWORKs during FY19-20. A little more than half of all adult clients have provided SOGI demographic information. Only 3% of clients report a sexual orientation other than straight or heterosexual. Looking at the gender identity data, no CalWORKs clients have reported being transgender and a tenth of a percent have identified as non-binary.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender	Straight/ Hetero-	Not listed, please		No	Grand
Program	Bisexual	Loving	sexual	specify	Unknown	Data	Total
CalWORKs	30	9	1,397	3	52	1,307	2,798
% of Grand Total	1%	0.3%	50%	0.1%	2%	47%	100%
% of Total with Responses	2%	1%	97%	0.2%			

Total with
Responses
(first 4
!
columns)
1,439

GENDER IDENTITY

GENDER IDENTITY								
			Gender-					
			queer/			Not listed,		
			Gender	Trans	Trans	please		Grand
Program	Female	Male	Non-binary	Female	Male	specify	No Data	Total
CalWORKs	1,293	256	2	-	-	-	1,247	2,798
% of Grand Total	46%	9%	0.1%	0%	0%	0%	45%	100%
% of Total with Responses	83%	17%	0.1%	0%	0%	0%		

Total with
Responses
(first 6
columns)
1,551
55%
100%

The matrix below describes efforts of the CalWORKs program to collect SOGI demographic data.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance

- CalWORKs continues to provide SOGI training during induction & inservice trainings.
- The CW2223 State SOGI form is included in all Intake and Annual Renewal packets.

Challenges

- As stated in past years the CalWORKs face-to-face application process is cumbersome for both clients and staff as it covers four programs, Cash Aid, CalFresh, Medi-Cal and Welfare-to-Work. EWs are required to gather a huge amount of sensitive data as part of eligibility determination. Therefore, it is not surprising that many clients get fatigued from answering so many questions and, therefore, decline to fill out the optional SOGI questionnaire.
- During the pandemic face-to-face interviews have been converted to telephone appointments adding yet an additional layer of complexity to the already lengthy interview process. Due to the length and complexity of the process and questioning most clients may end up declining to answer optional questions. In addition in the early stages of the pandemic, a lot of in-person meetings, where SOGI reminders could be given, got cancelled.
- Another big challenge is with culture, language and sometimes age. Every culture accepts SOGI in a different way and not all cultures are willing to respond to these questions. Language translation of the SOGI forms is also a contributing factor since the questions are based on the form and style of the English language. Older generations not exposed to or accepting of the concept of SOGI also tend to decline to answer these questions.

Plans/Strategies to Improve Data Coverage and Quality Going Forward

- Discuss SOGI at section and unit meetings as well as online virtual meetings with Staff.
- Require supervisors to review SOGI quarterly with their staff to hear challenges faced by staff directly so they can offer guidance on how to ask questions.
- A strategy that would help staff would be to provide formal SOGI training from a LGBTQ+ agency that includes components on working with aged individuals and individuals from different cultures.

SF BenefitsNet: CalFresh and Medi-Cal

Low-income individuals and families use CalFresh to purchase food at many retail food outlets, grocery stores, and farmers markets. Medi-Cal provides free or low-cost health insurance for eligible individuals and comes with a range of health benefits and services. The CalFresh and Medi-Cal programs are jointly administered under a division called SF BenefitsNet (SFBN). These programs are overseen by two separate agencies at the state level; both parent agencies require counties to collect SOGI data, but prescribe different tools and methods. The online portals for both programs include optional SOGI demographic fields. CalFresh is required to use the same state SOGI demographics questionnaire as CalWORKs (CW2223). This optional questionnaire is given to all adults present at the Intake interview and included in renewal packets. Medi-Cal asks adults the SOGI questions during intake interviews (in-person or over the phone). However, the Medi-Cal paper application controlled by the state does not contain SOGI questions (clients can mail-in these paper applications). Also, Medi-Cal does not conduct renewal interviews and a significant percentage of Medi-Cal beneficiaries are automatically renewed each year, so there is limited opportunity to collect SOGI data for pre-existing Medi-Cal clients.

The data below is for all adults aided on CalFresh and Medi-Cal during FY19-20. A little more than 40% of CalFresh adult client records contain SOGI demographic data, while around 20% of adult Medi-Cal client records contain SOGI data. These coverage rates are up a few percentage points compared FY18-19. Medi-Cal will likely continue to have a lower coverage rate than CalFresh, due in part to the paper mail-in applications and automatic renewal processes described in the previous paragraph. Around 10% of CalFresh clients and 8% of Medi-Cal clients who responded to the sexual orientation question, indicated a response other than straight or heterosexual. Approximately, 1% of both CalFresh and Medi-Cal clients providing gender identity information, identified as non-binary, transgender or another gender identity besides female or male.

SEXUAL ORIENTATION

SEXUAL ORIENTATION								
		Gay/ Lesbian/ Same- Gender	Straight/ Hetero-	Not listed, please		No	Grand	Total with Responses (first 4
	l			•				•
Program	Bisexual	Loving	sexual	specify	Unknown	Data	Total	columns)
CalFresh	715	1,460	21,164	100	1,530	32,184	57,153	23,439
% of Grand Total	1%	3%	37%	0.2%	3%	56%	100%	41%
% of Total with Responses	3%	6%	90%	0.4%				100%
laa ii a i		4 5 5 6	20.040	44-	4 040	100.071		24.20
Medi-Cal	729	1,570	28,849	117	1,819	120,371	153,455	31,265
% of Grand Total	0.5%	1%	19%	0.1%	1%	78%	100%	20%
% of Total with Responses	2%	5%	92%	0.4%				100%

GENDER IDENTITY

Program	Female	Male	Gender- queer/ Gender Non-binary	Trans Female	Trans Male	Not listed, please specify	No Data	Grand Total	Total with Responses (first 6 columns)
CalFresh	12,113	13,579	122	54	23	26	31,236	57,153	25,917
% of Grand Total	21%	24%	0.2%	0.1%	0.04%	0.05%	55%	100%	45%
% of Total with Responses	47%	52%	0.5%	0.2%	0.1%	0.1%			100%
Medi-Cal	17,219	16,767	108	86	31	31	119,213	153,455	34,242
% of Grand Total	11%	11%	0.1%	0.1%	0.02%	0.02%	78%	100%	22%
% of Total with Responses	66%	65%	0.4%	0.3%	0.1%	0.1%			100%

The matrix summarizes the efforts, challenges and strategies related to SOGI data collection within SFBN.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance

- Issue periodic SOGI reminders via the weekly Supervisor Forum meetings, and in bi-weekly newsletters. Supervisors convey this information to Eligibility Staff via Unit meetings.
- Medi-Cal and CalFresh intake packets now include SOGI CW 2223 form. Intake packets are issued to all Medi-Cal applicants. Intake packets are issued for CalFresh applicants, upon approval.
- Medi-Cal (cases not automatically renewed) and CalFresh renewal packets now include SOGI CalWORKs 2223 form. CalFresh renewal packets are mailed to all households due for a renewal.
- Program pursued CalWIN functionality enhancements to allow Eligibility Workers to record client refusal to provide SOGI information.
- Covered California online application portal now includes SOGI questions.

Challenges

- California Department of Healthcare Services has not modified the state Medi-Cal paper application to include SOGI questions.
- California Department of Social Services has not modified the state CalFresh paper applications to include SOGI questions.
- Benefits online application portal does not collect SOGI information.
- In person/phone applications are usually made by one adult household member, which means other adults are not asked to provide voluntary SOGI information.
- In alignment with Medi-Cal policy, a significant percentage of Medi-Cal renewals are done following the automated path, with no client contact, and thus no opportunity to collect SOGI information.
 Additionally, due to the COVID-19 pandemic Medi-Cal renewals (for cases where the automated path failed) are in suspended status, since March 2020.
- Due to the COVID-19 Pandemic, the CalFresh interview requirement was waived for most households on applications and renewals; and Eligibility Workers were typically authorizing applications and renewals without a telephone or face to face contact.
- Although work to add functionality in CalWIN to record when a client declines to provide SOGI information was underway, program decided not to pursue due to high cost concerns.
- With new telephonic recording technology clients are advised when calling our service center that the full conversation is recorded; clients may be more hesitant to provide information if there is a voice recording of their answers.

Plans/Strategies to Improve Data Coverage and Quality Going Forward

- Continue to provide periodic SOGI reminders via Supervisors Forum meetings, and bi-weekly newsletters.
- Conduct a SOGI refresher training for all staff
- Provide an automated way for callers to provide SOGI information before or after interacting with call service center worker.
- Implement new call service center business process to require EWs to attempt to obtain SOGI information whenever client contacts the county and SOGI information is blank (please note information could be blank because client declined to provide SOGI information in the past. However, without CalWIN functionality to record that in SOGI window, EW would not know this).
- Include EW compliance to the collection of SOGI information as a standard component to case reviews and phone call reviews.

CAAP

County Adult Assistance Programs (CAAP) provide cash assistance to low-income adults without dependent children, adults that cannot work, and refugees. CAAP clients are required to also apply for both CalFresh and Medi-Cal, so their SOGI demographic data is generally collected by the SFBN program procedures (described in previous section of this report). CAAP eligibility workers have been trained to update the SOGI demographic fields during the application or renewal process.

Below is the SOGI data for all CAAP clients active during FY19-20. Around two-thirds of CAAP client records contain SOGI demographic data. Of clients with SOGI data, around 12% identified with a sexual orientation other than straight/heterosexual and around 1% chose non-binary, transgender, or another gender identity other than male or female.

SEXUAL ORIENTATION

		Gay/ Lesbian/ Same- Gender		Not listed, please		No	Grand
Program	Bisexual	Loving	sexual	specify	Unknown	Data	Total
CAAP	204	444	4,855	34	382	2,733	8,652
% of Grand Total	2%	5%	56%	0.4%	4%	32%	100%
% of Total with Responses	4%	8%	88%	1%			

Total with Responses (first 4 columns)
5,537
64%
100%

GENDER IDENTITY

			Gender- queer/			Not listed,		
			Gender	Trans	Trans	please		Grand
Program	Female	Male	Non-binary	Female	Male	specify	No Data	Total
CAAP	1,860	4,219	25	18	7	6	2,518	8,653
% of Grand Total	21%	49%	0.3%	0.2%	0.1%	0.1%	29%	100%
% of Total with Responses	30%	69%	0.4%	0.3%	0.1%	0.1%		

Total with
Responses
(first 6
columns)
6,135
71%
100%

The information below describes the CAAP program's experience with SOGI data collection.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance

- CAAP has a section for SOGI in its handbook/procedures.
- All staff were trained either through Induction training or supervisory training.
- A How-To was created to guide Eligibility Workers on how to update the SOGI screen in CalWIN.

Challenges	•	CAAP do not have any challenges at this point.
	•	All the CAAP clients are required to apply for Medi-Cal and CalFresh, and the SOGI data is entered by the Eligibility Workers in these programs before coming to CAAP.
	•	While CAAP workers do not ask for this information, CAAP Eligibility Workers will update SOGI information if the client volunteers the information.
Plans/Strategies to Improve Data Coverage	•	Continue to include SOGI demographic data collection as part of CAAP training.
and Quality Going Forward	•	Keep SOGI data handbook section and How-To Guide available and up-to-date.

BFS FAMILY AND CHILDREN SERVICES

HSA's recently renamed Department of Benefits and Family Support (BFS) also houses San Francisco's county child welfare services within its Family and Children Services (FCS) Division. FCS protects children from abuse and neglect and finds permanency for children through reunification, legal guardianship, or adoptions. FCS conducts investigations and provides case management for families and for children living at home and in foster care. FCS uses a statewide computer system called the Child Welfare Services Case Management System (CWS/CMS). SOGI fields were added to CWS/CMS in 2018. Guidance from the State on how to collect SOGI data were issued in 2019. FCS also uses a structured decision making tool called the Family Strengths and Needs Assessment, which includes collection of SOGIE information.

San Francisco FCS has a policy related to SOGI data collection that states:

"Protective Service Workers shall engage with youth ages 10-21 about SOGIE information, so long as they are developmentally and cognitively capable of understanding and discussing gender, in an age-appropriate discussion of their preferred gender expression and the gender with which they identify."

The tables below contain the SOGI demographic data for youth 10 years old and older collected by FCS for three populations. The first population is CWS/CMS Investigated Referrals opened during FY19-20 (880 youth in this group). The second population is all CWS/CMS cases open anytime during FY19-20 (520 youth in this group). The third population is youth who were assessed using the Family Strength and Needs Assessment during FY19-20 (201 unduplicated youth assessed). The data shows between 6% and 15% of youth across the three populations identify with a sexual orientation other than straight or heterosexual

(out of those that provided information on their sexual orientation). Between 4% and 6% of youth across the three populations identified as non-binary, transgender, unsure, or another gender identity other than male or female.

SEXUAL ORIENTATION

Program	Bisexual	Gay/ Lesbian/ Same- Gender Loving	Straight/ Hetero- sexual	Not listed	Declined to Answer	Not Asked	Unable to Deter- mine	Grand Total	Total with Responses (first 4 columns)
Youth Referred	3	6	176	3	3	-	689	880	188
% of Grand Total	0.3%	1%	20%	0.3%	0.3%	0%	78%	100%	21%
% of Total with Responses	2%	3%	94%	2%					100%
Youth with Opened Child Welfare									
Case	-	1	75	9	2	-	433	520	85
% of Grand Total	0%	0.2%	14%	2%	0.4%	0%	83%	100%	16%
% of Total with Responses	0%	1%	88%	11%					100%
Youth Assessed using Family									
Strength and Needs Assessment	4	1	47	3	-	146	-	201	55
% of Grand Total	2%	0.5%	23%	1%	0%	73%	0%	100%	27%
% of Total with Responses	7%	2%	85%	5%					100%

GENDER IDENTITY

GENDER IDENTITY										
Program	Female	Male	Gender- queer/ Gender Non-binary	Trans- gender	Not listed, please specify	Unsure	Declined to Answer	Not Asked	Grand Total	Total with Responses (first 6 columns)
Youth Referred	109	106	-	4	-	4	-	657	880	223
% of Grand Total	12%	12%	0%	0.5%	0%	0.5%	0%	75%	100%	25%
% of Total with Responses	49%	48%	0%	2%	0%	2%				100%
Youth with Opened Child										
Welfare Case	50	67	1	-	1	5	2	394	520	124
% of Grand Total	10%	13%	0.2%	0.0%	0.2%	1%	0.4%	76%	100%	24%
% of Total with Responses	40%	54%	1%	0.0%	1%	4%				100%
Youth Assessed using Family Strength and Needs										
Assessment	117	80	-	2	2	-	-	-	201	201
% of Grand Total	58%	40%	0%	1%	1%	0%	0%	0%	100%	100%
% of Total with Responses	58%	40%	0%	1%	1%	0%				100%

The matrix below summarizes the status of SOGI data collection within the FCS Program.

To-Date Efforts to Comply with SOGI Data Collection Ordinance	 FCS Program leadership affirmed their support of the state and local SOGI data collection ordinances. SOGI fields were added to the state CWS/CMS database in spring of 2018 (San Francisco could not control the timing or exact design of the fields) and an All-County Letter issued March 13, 2019 gave further guidance on how to use the new fields. FCS developed policies and procedures for populating SOGI fields in 2018. FCS arranged for an all-day training for its staff delivered by California Youth Connections in 2018. The training covered SOGI data collection and how many LGBTQ youth have the added layer of trauma that comes with being rejected or mistreated because of their sexual orientation, gender identity or gender expression.
Challenges	 Still work to be done to institutionalize policies and procedures around confidentiality of SOGI data, so information is not inappropriately shared with parents or foster parents. Issue of minor consent and shaping age-appropriate protocols for collecting SOGI data from minors. Overcoming staff fears and wariness, and ensuring SOGI information is collected with sensitivity.
Plans/Strategies to Improve Data Coverage and Quality Going Forward	 The FCS Data Team has monitored the use of the SOGIE fields and updated management to the use and quality of the SOGI fields. FCS will continue to offer training and has discussed mandated training. Current thinking is that a shorter training more focused on SOGI data collection may make sense (versus the all-day training like ones offered in the past).

CONTRACTOR-OPERATED PROGRAMS

HSA has over 200 contracts with numerous non-profits. Many contractors collect demographic data and are therefore subject to San Francisco's SOGI data collection ordinance. Some contractors input client-level data through an HSA program case management system, so this data would be reflected in a preceding program-specific section of this report. The remaining contractors use HSA's contract management system, CARBON, to submit aggregate SOGI data. This system was modified to flag whether contracts are required to report aggregate SOGI data in CARBON, which allows for sending targeted reminders and compliance tracking.

The aggregate SOGI data submitted by contractors for FY19-20 can be found within the **Appendix** of this report. In the first year of SOGI data collection (FY17-18), HSA only received SOGI reports for 50% of

applicable contracts. In response, HSA provided additional training and reminders, which resulted in a 100% report submission rate for FY18-19. The contractor report submission rate for FY19-20, dropped only slightly to 97%, despite the impact of the COVID-19 Pandemic on local community based organizations.

The matrix below summarizes the status of SOGI data collection among HSA's contractor-operated programs.

FY19-20 Efforts to Comply with SOGI Data Collection Ordinance	 HSA Program Monitors continue to check in with vendors to confirm they are collecting SOGI data. Since we now collect mid-year and end of year, we are able to better identify vendors that are having issues with collection and may need additional training or technical support. HSA contract management database (CARBON) sent out reminder alerts throughout the fiscal year to remind vendors of the requirement to report SOGI data and due dates. Contract Monitoring & Performance Analyst attended contrator meetings to discuss SOGI data collection throughout the fiscal year and remind contractors of due dates and offered further training as needed. Contract Monitoring & Performance Analyst provided SOGI training to new HSA Program Monitors.
Challenges	 HSA Program Monitors were not able to do in-person site monitoring for many contracts this Fiscal Year. The monitoring visit is a chance for Monitors to check in with vendors and continue to instill the importance of this data. Due to COVID, the end of year data submission was delayed from a
	few vendors and required follow-up. Many vendors were not working in the office and did not have immediate access to documentation.
Plans/Strategies to Improve Data Coverage	 We will send out 30 and 15 day reminders to vendors to submit their mid-year data by January 10th for the July 1-December 31st. period
and Quality Going Forward	 For those with late data for the January 10th submission, Monitors will reach out to provide support.

HSA EFFORTS TO PROMOTE LGBTQ INCLUSION

HSA has taken many actions to address underrepresentation of LGBTQ clients and better serve the unique needs of LGBTQ communities. Below is a summary of these efforts, starting with some recent initiatives to mitigate the impact of the COVID-19 pandemic.

Description	Division
Give2SF distribution via HSA of around \$75,000 in gift cards for food purchases through LGBTQ-focused CBOs (SF LGBT Center lead with sub-grants to El/La Para TransLatinas, TGI Justice Project, & TurnOut)	HSA COVID Response
COVID centered survey of LGBTQ seniors under development to determine unmet needs created or exacerbated by the Pandemic (in conjunction with Openhouse and HMA Community Strategies)	DAS COVID Response
DAS Executive Director and the LGBTQ Programs Manager actively working with former members of the LGBTQ Aging Policy Task Force and other community leaders addressing COVID related concerns of the community	DAS COVID Response
Added Openhouse Food Coordinator to work with clients, volunteers and food resources	DAS COVID Response
LGBTQ cultural sensitivity training for all HSA employees	HSA
Contract with the LGBTQ Community Center to fund the Transgender Employment Program (TEP)	BFS
Openhouse LGBTQ Cultural Humility Training for service providers	DAS
Alzheimer's Association LGBTQ Dementia Care Project	DAS
Legal Assistance to the Elderly's Legal and Life Planning Program for LGBTQ older adults and adults with disabilities	DAS
Shanti Project's Isolation Prevention Services and Animal Bonding Services for isolated LGBTQ seniors and adults with disabilities	DAS
LGBTQ Care Navigation and Peer Support Programs for persons at risk of isolation	DAS
All single use bathrooms converted to all gender bathrooms.	HSA
Detailed review of forms and applications to promote gender inclusive edits in response to Mayor's Gender Inclusivity Executive Directive	HSA
Mayor's Gender Inclusivity Executive Directive values have been woven into the LGBTQ inclusivity trainings across HSA. For example, front line staff is encouraged to ask how clients would like to be addressed and child welfare workers document and use the preferred name and pronouns of foster care children on their caseload.	HSA
New LGBTQ senior mental Telehealth project in development	DAS
Roundtable of community leaders and service providers convened to help understand the needs of transgender and gender non-conforming (TGNC) individuals	DAS
Two new community providers funded to offer TGNC specific services to support social connections (outcome of needs assessment referenced above).	DAS

CONCLUSION

HSA is aware that LGBTQ persons face disproportionately higher rates of poverty, suicide, homelessness, isolation, substance abuse and violence. Reliable, longitudinal data is essential to inform the design and delivery of programs to better serve LGBTQ populations. HSA continually strives to welcome and affirm all of San Francisco's diverse communities in order to connect them to our agency's web of vital services and benefits; SOGI data collection is part of that broader strategy. HSA also created its Office of Diversity, Equity, Inclusion & Belonging during FY19-20. It's important to continue to focus on SOGI data collection even during this pandemic, given that COVID-19 has exacerbated the disparities and inequity experienced by vulnerable communities, including LGBTQ persons. HSA commends the Office of Transgender Initiatives' longstanding leadership in monitoring implementation of the SOGI ordinance, as well as the Mayor's Gender Inclusivity Directive, and organizing the Board of Supervisors SOGI Data Hearings, which raise awareness, accountability and facilitate cross-department information sharing.

Thank you for your time and attention in reviewing this report. HSA welcomes any follow-up questions or input related to the agency's efforts to collect and analyze SOGI data to better meet the needs of San Francisco's LGBTQ communities.

SOGI Contact at HSA:

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www.SFHSA.org



HSA Contractor SOGI Report											Sexual Orie	entatio	n						
	Year: 2019-2020				ight/				ay/		stioning/			Decli					
Program	Teal. 2019-2020		# of Clients	Hetero	sexual	Bise	exual	Les	bian	U	nsure	Not L	isted	Ans	wer	Not as	sked	Incom	plete
Area	Vendor/Agency	Contract	Served	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CalFresh	SAN FRANCISCO FOOD BANK	CalFresh and Medi-Cal Promotion 18-21	423	78	18%	5	1%	8	2%	2	0%	3	1%	15	4%	309	73%	3	1%
CalFresh	SAN FRANCISCO FOOD BANK	DHS - IFA / PFA Renewal 17-22	1,080	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	1,080	####	-	0%
DAAS	ASIAN AMERICANS ADVANCING JUSTICE - ASIAN LAW CAUCUS	Legal Services For Older Adults FY19-21	72	44	61%	-	0%	2	3%	1	1%	-	0%	25	35%	-	0%	-	0%
DAAS	HOMEBRIDGE	Case Management FY18-21	56	44	79%	-	0%	1	2%	-	0%	-	0%	10	18%	1	2%	-	0%
DAAS	HOMEBRIDGE	Contract Mode, Training & Supports FY17-20	1,857	1,154	62%	24	1%	86	5%	15	1%	_	0%	433	23%	145	8%	-	0%
DAAS	LA RAZA CENTRO LEGAL INC	Legal Services for Older Adults FY19-20	101	77	76%	-	0%	2	2%	-	0%	_	0%	19	19%	-	0%	3	3%
DAAS	LA RAZA CENTRO LEGAL INC	Legal Services to YAD FY18-20	42	24	57%	1	2%	-	0%	-	0%	-	0%	9	21%	-	0%	8	19%
DAAS	LA RAZA CENTRO LEGAL INC	Naturalization FY18-20	14	11	79%	-	0%	-	0%	-	0%	-	0%	2	14%	-	0%	1	7%
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services Program for Health-Related Law	150	131	87%	-	0%	10	7%	-	0%	-	0%	9	6%	-	0%	-	0%
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services to Older Adults FY19-20	962	820	85%	4	0%	65	7%	3	0%	_	0%	70	7%	-	0%	-	0%
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services to YAD FY18-20	112	86	77%	4	4%	10	9%	2	2%	-	0%	10	9%	-	0%	- 1	0%
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Life Planning Legal Service Program for LGBT Older Adults and AWD	104	8	8%	1	1%	83	80%	2	2%	-	0%	10	10%	-	0%	-	0%
FCS	FAMILY SUPPORT SVCS	SafeCare Parenting Education FY19-22	77	65	84%	4	5%	-	0%	-	0%	3	4%	4	5%	-	0%	1	1%
FCS	FIRST PLACE FOR YOUTH	Independent Living Skills Program for Foster Youth	311	125	40%	10	3%	9	3%	7	2%	2	1%	1	0%	128	41%	29	9%
WtW	ARRIBA JUNTOS - IAL	Employment Services to Formerly and Currently At-Risk Homeless Individuals	40	31	78%	5	13%	2	5%	-	0%	2	5%	-	0%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	Transitional Empl Support Svc (TESS) for PST Clean Street	217	210	97%	4	2%	1	0%	_	0%	_	0%	_	0%	-	0%	2	1%
WtW	ARRIBA JUNTOS - IAL	Transitional Empl Svc (CJP/CJP1) 16-21	713	661	93%	27	4%	2	0%		0%	1	0%	18	3%	-	0%	4	1%

HSA Contractor SOGI Report						Sexual Orientation Straight/ Gay/ Questioning/ Decline to													
	I Year: 2019-2020			Straight/ Heterosexual		Bisexual		Gay/ Lesbian			stioning/ nsure	Not Listed				Not asked		Incomplete	
Program			# of Clients	Hetere	Jockuai	Disc		Addi Ecopian				HOLE		Allowel		Not asked			
Area	Vendor/Agency	Contract	Served	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
WtW	ARRIBA JUNTOS - IAL	Vocational Immersion VIP/VESL 18-21	80	53	66%	-	0%	-	0%	2	3%	-	0%	25	31%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	WTW - PST Skills Development for Work Study 18-21	24	24	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	WTW - Transitional Empl for Re-Engagement 18-21	796	677	85%	23	3%	2	0%	4	1%	2	0%	36	5%	-	0%	52	7%
WtW	ARRIBA JUNTOS - IAL	WTW - WPA Bridge & Filler 18-21	42	36	86%	4	10%	-	0%	-	0%	-	0%	2	5%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	Youth Employment Services II	78	74	95%	-	0%	4	5%	-	0%	-	0%	-	0%	-	0%		0%
WtW	BALANCE	SMART MONEY COACHING SERVICES - Welfare to Work FY19 - FY23	171	140	82%	8	5%	9	5%	-	0%	2	1%	10	6%	2	1%	-	0%
WtW	BAY AREA LEGAL AID	Client Advocacy and Individualized Legal Support Services	1,898	632	33%	25	1%	52	3%	5	0%	28	1%	63	3%	1	0%	1,092	58%
WtW	COMMUNITY HOUSING PARTNERSHIP	Employment Services to Formerly and Currently At-Risk Homeless Individuals	77	67	87%	4	5%	2	3%	_	0%	_	0%	4	5%	_	0%	-	0%
WtW	EPISCOPAL COMMUNITY SVCS OF S F INC	Employment Services to Formerly and Currently At-Risk Homeless Individuals	57	40	70%	9	16%	3	5%	-	0%	-	0%	5	9%	-	0%	-	0%
WtW	FIVE KEYS CHARTER SCHOOLS	Academic Assessment Services For Welfare-To- Work Participants FY19-22	249	212	85%	20	8%	1	0%	_	0%	_	0%	16	6%	-	0%		0%
WtW	FIVE KEYS CHARTER SCHOOLS	Cal-Learn Educational Support Services FY19- 22	7	2	29%	-	0%	-	0%	-	0%	-	0%	1	14%	4	57%	-	0%
WtW	GOODWILL INDUST OF S F SAN MATEO & MARIN	Employment Services to Formerly and Currently At-Risk Homeless Individuals	37	33	89%	2	5%	1	3%	-	0%	-	0%	1	3%	,	0%	,	0%
WtW	HAMILTON FAMILIES	Housing Locator and Connector Services to CW Participants FY19-21	342	220	64%	1	0%	2	1%	-	0%	-	0%	3	1%	88	26%	28	8%
WtW	LA CASA DE LAS MADRES	Domestic Violence Services to CalWORKs	161	79	49%	5	3%	1	1%	-	0%	1	1%	3	2%	-	0%	72	45%
WtW	LARKIN STREET YOUTH SERVICES	Youth Employment Services II	31	21	68%	1	3%	4	13%	-	0%	-	0%	3	10%	-	0%	2	6%
WtW	SAN FRANCISCO CLEAN CITY COALITION	Transitional Employment in Urban Maintenance FY19-22	18	18	100%	-	0%	-	0%	-	0%	_	0%	-	0%	-	0%	-	0%
WtW	SAN FRANCISCO LGBT COMMUNITY CENTER	Transgender Employment	87	11	13%	15	17%	20	23%	_	0%	41	47%	_	0%	-	0%		0%
WtW	SELF HELP FOR THE ELDERLY	Light Duty Community Services	1,085	752	69%	58	5%	73	7%	2	0%	11	1%	71	7%	_	0%	118	11%
WtW	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Support Svc (TESS) for PST	166	134	81%	1	1%	10	6%	-	0%	1	1%	10	6%	_	0%	10	6%
WtW		Transitional Empl Svc (CJP/CJP1) 16-21	244	239	98%	3	1%	1	0%	-	0%	-	0%	1	0%	_	0%	-	0%

HSA Contractor SOGI Report Fiscal Year: 2019-2020								Gender Identity Gendergueer/ Decline to Question													
													Genderqueer/				Decline to				
	fear: 2019-2020		# of Clients	Ma	le	Fem	Female		Trans Male		Trans Female		r Non-binary	Not I	Listed	answer		not asked			
Program Area	Vendor/Agency	Contract	# or Clients Served	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
CalFresh	SAN FRANCISCO FOOD BANK	CalFresh and Medi-Cal Promotion 18-21	423	44	10%	69	16%	-	0%	-	0%	-	0%	-	0%	1	0%	309	73%		
CalFresh	SAN FRANCISCO FOOD BANK	DHS - IFA / PFA Renewal 17-22	1,080	102	9%	267	25%	-	0%	1	0%	1	0%	1	0%	57	5%	651	60%		
DAAS	ASIAN AMERICANS ADVANCING JUSTICE - ASIAN LAW CAUCUS	Legal Services For Older Adults FY19-21	72	31	43%	38	53%	-	0%		0%	-	0%	2	3%	1	1%	-	0%		
DAAS	HOMEBRIDGE	Case Management FY18-21	56	19	34%	36	64%	-	0%	-	0%	-	0%	-	0%	-	0%	1	2%		
DAAS	HOMEBRIDGE	Contract Mode, Training & Supports FY17-20	1,857	1,019	55%	688	37%	-	0%		0%	-	0%	-	0%	19	1%	131	7%		
DAAS	LA RAZA CENTRO LEGAL INC	Legal Services for Older Adults FY19-20	101	38	38%	60	59%	-	0%	-	0%	-	0%	-	0%	3	3%	-	0%		
DAAS	LA RAZA CENTRO LEGAL INC	Legal Services to YAD FY18-20	42	17	40%	19	45%	-	0%		0%	1	2%	-	0%	5	12%	-	0%		
DAAS	LA RAZA CENTRO LEGAL INC	Naturalization FY18-20	14	7	50%	7	50%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%		
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services Program for Health-Related Law	150	62	41%	86	57%	1	1%	1	1%	-	0%	-	0%	-	0%	-	0%		
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services to Older Adults FY19-20	962	392	41%	567	59%	-	0%	2	0%	1	0%	-	0%	-	0%	-	0%		
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Legal Services to YAD FY18-20	112	58	52%	52	46%	1	1%	1	1%	_	0%	_	0%	-	0%		0%		
DAAS	LEGAL ASSISTANCE TO THE ELDERLY INC	Life Planning Legal Service Program for LGBT Older Adults and AWD	104	95	91%	9	9%	-	0%		0%	-	0%	-	0%	-	0%	-	0%		
FCS	FAMILY SUPPORT SVCS	SafeCare Parenting Education FY19-22	77	22	29%	55	71%	-	0%		0%	-	0%	-	0%	-	0%	-	0%		
FCS	FIRST PLACE FOR YOUTH	Independent Living Skills Program for Foster Youth	311	132	42%	168	54%	2	1%	-	0%	1	0%	-	0%	-	0%	8	3%		
WtW	ARRIBA JUNTOS - IAL	Employment Services to Formerly and Currently At-Risk Homeless Individuals	40	15	38%	24	60%	-	0%		0%	-	0%	_	0%	1	3%	-	0%		
WtW	ARRIBA JUNTOS - IAL	Transitional Empl Support Svc (TESS) for PST Clean Street	217	125	58%	92	42%	-	0%		0%	-	0%	-	0%	-	0%	-	0%		
WtW	ARRIBA JUNTOS - IAL	Transitional Empl Svc (CJP/CJP1) 16-21	713	122	17%	584	82%	-	0%	-	0%	-	0%	-	0%	4	1%	3	0%		

HSA (Contractor SOGI Report										Gend	er Identi	ty						
	cal Year: 2019-2020				Male		Female		Trans Male		Trans Female		Genderqueer/ Gender Non-binary		Decl Not Listed ans			Ques	
Program			# of Clients	IVIA		Telliale		ITALIS	Wale	Trans remai		Genue	i Woll-billary	NOLE		d answer		not asked	
Area	Vendor/Agency	Contract	Served	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
WtW	ARRIBA JUNTOS - IAL	Vocational Immersion VIP/VESL 18-21	80	15	19%	64	80%	-	0%	-	0%	-	0%	1	1%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	WTW - PST Skills Development for Work Study 18-21	24	2	8%	22	92%	_	0%	_	0%	-	0%	_	0%	_	0%	_	0%
WtW	ARRIBA JUNTOS - IAL	WTW - Transitional Empl for Re-Engagement 18-21	796	163	20%	576	72%	-	0%	-	0%	-	0%	-	0%	57	7%	-	0%
WtW	ARRIBA JUNTOS - IAL	WTW - WPA Bridge & Filler 18-21	42	2	5%	40	95%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
WtW	ARRIBA JUNTOS - IAL	Youth Employment Services II	78	40	51%	36	46%	1	1%	1	1%	-	0%	-	0%	-	0%	-	0%
WtW	BALANCE	SMART MONEY COACHING SERVICES - Welfare to Work FY19 - FY23	171	53	31%	108	63%	1	1%	2	1%	1	1%	-	0%	4	2%	2	1%
WtW	BAY AREA LEGAL AID	Client Advocacy and Individualized Legal Support Services	1,898	653	34%	1,192	63%	4	0%	16	1%	5	0%	7	0%	21	1%		0%
WtW	COMMUNITY HOUSING PARTNERSHIP	Employment Services to Formerly and Currently At-Risk Homeless Individuals	77	41	53%	35	45%		0%	1	1%	-	0%	-	0%	-	0%	_	0%
WtW	EPISCOPAL COMMUNITY SVCS OF S F INC	Employment Services to Formerly and Currently At-Risk Homeless Individuals	57	38	67%	19	33%	-	0%	-	0%	-	0%	_	0%	-	0%	_	0%
WtW	FIVE KEYS CHARTER SCHOOLS	Academic Assessment Services For Welfare-To- Work Participants FY19-22	249	42	17%	200	80%	-	0%	-	0%		0%	-	0%	7	3%	-	0%
WtW	FIVE KEYS CHARTER SCHOOLS	Cal-Learn Educational Support Services FY19- 22	7	,	0%	5	71%	-	0%	_	0%	-	0%	-	0%	-	0%	2	29%
WtW	GOODWILL INDUST OF S F SAN MATEO & MARIN	Employment Services to Formerly and Currently At-Risk Homeless Individuals	37	22	59%	15	41%		0%	-	0%	-	0%	-	0%	1	0%		0%
WtW	HAMILTON FAMILIES	Housing Locator and Connector Services to CW Participants FY19-21	342	44	13%	297	87%	-	0%	-	0%	-	0%	-	0%	1	0%	-	0%
WtW	LA CASA DE LAS MADRES	Domestic Violence Services to CalWORKs	161		0%	122	76%	-	0%	-	0%	-	0%	-	0%	39	24%	-	0%
WtW	LARKIN STREET YOUTH SERVICES	Youth Employment Services II	31	19	61%	11	35%	_	0%	_	0%	1	3%	-	0%	_	0%	_	0%
WtW	SAN FRANCISCO CLEAN CITY COALITION	Transitional Employment in Urban Maintenance FY19-22	18	16	89%	2	11%		0%	-	0%	-	0%	-	0%	-	0%	_	0%
WtW	SAN FRANCISCO LGBT COMMUNITY CENTER	Transgender Employment	87	-	0%	-	0%	17	20%	51	59%	19	22%	-	0%	-	0%	_	0%
WtW	SELF HELP FOR THE ELDERLY	Light Duty Community Services	1,085	640	59%	293	27%	2	0%	10	1%	7	1%	4	0%	129	12%	-	0%
WtW	YOUNG COMMUNITY DEVELOPERS	Transitional Empl Support Svc (TESS) for PST	166	99	60%	67		-	0%	-	0%	-	0%	-	0%	-	0%	_	0%
WtW		Transitional Empl Svc (CJP/CJP1) 16-21	244	111	45%		53%	2		1	0%	1	0%	_	0%	-	0%	_	0%