People Living in Encampments, Streets and Vehicles: Municipal Policy and the Public and Population Health Responses

NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE 2019
Introduction

- San Francisco Department of Public Health
  - Eileen Loughran
  - Jason Albertson LCSW
  - Mark Franczeck & Daniel Aldridge

- Seattle Department of Public Health
  - John Gilvar
  - Alicia Benish

- Deb Borne MSW, MD – Moderator
GOALS:

1. Discern the existing municipal and public health practices around people living outside or vehicularly housed in SF, Seattle and cities across the country.

2. Understand how population, displacement and control policies affect our ability to address public and population health issues for people experiencing homelessness.

3. Identify areas of policy change needed in attendees own areas, while contributing to consensus of national best practices.
Agenda

Intro - 5
Overview: 10
Consumer story – 5
Seattle - 25
San Francisco - 25
Discussion - 20
Definition of Homelessness: U.S. Department of Housing and Urban Development (HUD)

Individuals and families who are:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement;

- Or

- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
Definition of Homelessness: U.S. Department of Health and Human Services (HHS)

An individual or family without permanent housing who may:

- Live on the streets, park, abandoned building, or vehicle;
- Stay in a shelter or mission;
- Live in single room occupancy facilities, or transitional housing.
- In any other unstable or non-permanent situation.

[Section 330 (h)(5)(A) of the Public Health Service Act (42 U.S.C., 254b)]
NATIONAL DATA:
Unsheltered homeless

On a given night in 2017, an estimated 553,742 people in the U.S. were homeless, about one-quarter to one-third of them unsheltered.
<table>
<thead>
<tr>
<th>Highest Rates</th>
<th>CALIFORNIA</th>
<th>NEVADA</th>
<th>OREGON</th>
<th>HAWAII</th>
<th>MISSISSIPPI</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>68.2%</td>
<td>58.4%</td>
<td>57.1%</td>
<td>52.6%</td>
<td>48.8%</td>
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<tr>
<td></td>
<td>134,278 Homeless</td>
<td>7,883 Homeless</td>
<td>13,953 Homeless</td>
<td>7,220 Homeless</td>
<td>1,472 Homeless</td>
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<tr>
<td></td>
<td>91,642 Unsheltered</td>
<td>4,578 Unsheltered</td>
<td>7,967 Unsheltered</td>
<td>3,800 Unsheltered</td>
<td>719 Unsheltered</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lowest Rates</th>
<th>IOWA</th>
<th>NEBRASKA</th>
<th>NEW YORK</th>
<th>MASSACHUSETTS</th>
<th>RHODE ISLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.8%</td>
<td>4.8%</td>
<td>5.1%</td>
<td>5.6%</td>
<td>5.8%</td>
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<tr>
<td></td>
<td>2,756 Homeless</td>
<td>2,501 Homeless</td>
<td>89,503 Homeless</td>
<td>17,565 Homeless</td>
<td>1,180 Homeless</td>
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<tr>
<td></td>
<td>104 Unsheltered</td>
<td>120 Unsheltered</td>
<td>4,555 Unsheltered</td>
<td>991 Unsheltered</td>
<td>69 Unsheltered</td>
</tr>
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</table>
West Coast metros have a unique unsheltered challenge when compared to Midwest and East Coast peers

<table>
<thead>
<tr>
<th>People experiencing homelessness (PEH)</th>
<th>Unsheltered, % of homeless population</th>
<th>PEH per 10,000</th>
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</thead>
<tbody>
<tr>
<td>New York</td>
<td>76.5</td>
<td>5%</td>
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<tr>
<td>Los Angeles</td>
<td>55.2</td>
<td>75%</td>
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<tr>
<td>Bay Area</td>
<td>28.2</td>
<td>67%</td>
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<tr>
<td>Seattle/King County</td>
<td>11.6</td>
<td>47%</td>
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<tr>
<td>DC Metro</td>
<td>11.5</td>
<td>15%</td>
</tr>
<tr>
<td>Boston Metro</td>
<td>10.0</td>
<td>5%</td>
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<tr>
<td>San Diego</td>
<td>9.2</td>
<td>61%</td>
</tr>
<tr>
<td>Las Vegas/Clark County</td>
<td>6.5</td>
<td>67%</td>
</tr>
<tr>
<td>Chicago Metro</td>
<td>6.4</td>
<td>26%</td>
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<td>Philadelphia</td>
<td>5.7</td>
<td>17%</td>
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<td>Phoenix/Maricopa County</td>
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<td>Denver</td>
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<td>Houston</td>
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<td>31%</td>
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<td>Atlanta</td>
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<td>19%</td>
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Takeaways:
- Three of the four US metros with the highest homeless population are on the West Coast (Los Angeles, Bay Area, Seattle).
- Locations that have “right to shelter” laws (e.g., Massachusetts, New York, Washington, D.C.) have much lower unsheltered homeless population rates.

Source: 2017 HUD PIT count data, US Census 2017 population estimates, Continuum of Care county composition
Analysis: McKinsey & Company and Bay Area Council Economic Institute

1 “Right to shelter” laws require state or local governments to provide emergency shelter to all individuals eligible for services.
U.S. Cities

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<th>Unsheltered</th>
<th>Sheltered</th>
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<td>San Francisco</td>
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<td>New York City</td>
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<td>San Diego/Clark County</td>
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<td>Los Angeles City and County</td>
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% of Total Population Homeless
Kinds of Unsheltered

**Vehicle – RV or Car.**
- Some areas see vehicles as metal tents, while other consider a RV a home, and being asked to leave is equivalent to an eviction.

**Street-** In tent or “Rough Sleeper”

**Encampment**- More than one individual or family

**Location not meant for human habitation**- Train station, abandoned building
Laws on Shelter and Homelessness

Right To Shelter- NYC- 1981, Callahan v. Carey
- Temperature triggered
- Special Populations- eg Families and Children

Criminalization of Homelessness
- Restrictions on the sitting or sleeping
- Restrictions on particular areas.
- Prohibiting pan handling
- Selective enforcement or creation of laws- certain population
  - Jones v. City of Los Angeles
Public Health Issues for People Who Are Unsheltered

- Hygiene Related Issues:
  - Skin Infections
  - Infestation- Body Lice
  - Contagious disease
  - Air Born- Flu
  - Fecal- Oral: Hepatitis A, Shigella, Giardia, Salmonella
- Sexually transmitted disease
- Food safety, Clean water
- Worsening of Chronic Disease
Dehumanization

- Possessions stolen or confiscated
- Frequent forced moves - disrupt relationships
- Arrest
- Physical harm and hate crimes
Consumer stories – Mark & Daniel

- Golden Gate Park ‘Sanctioned Encampment’
- ‘Sweeps’ on the street
- ‘Why I won’t do shelter’
The Public Health Response to Seattle/King County’s Growing Unsheltered Population

JOHN GILVAR, HEALTH CARE FOR THE HOMELESS NETWORK ADMINISTRATOR
ALICIA BENISH, MOBILE MEDICAL PROGRAM MANAGER
2019 NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE
Local Policy Context
Homelessness in Seattle/King County: The Big Picture

From 2007 to 2017, the number of county residents living homeless increased by 47%

More than ½ were living outside in 2018
- About 6,000 in Point in Time count

Nearly 2/3 of individuals experiencing homelessness are people of color
- African Americans are 5 times more likely to experience homelessness than their white counterparts
- Native Americans and Alaska Natives = 7 times

Over 20,000 people exited homelessness in 2016, yet total homelessness is still increasing
70% of individuals surveyed reported living with one or more health conditions, including:

- 53% with at least one condition that preventing them from holding employment, living in stable housing, or taking care of themselves
- 44% with psychiatric or emotional conditions
- 37% with post-traumatic stress disorder
- 35% with substance use disorder
- 33% with multiple disabbling conditions
- 26% with a physical disability
2018 Point in Time Count of Unsheltered in Seattle only

Exhibit 2: Locations of Unsheltered Individuals in Seattle, January 2018

Unsheltered Individuals = 4,488 total

- On Streets/Outside (no tent) 1,120
- Tents 1,034
- Abandoned Buildings 55
- RVs 1,375
- Cars & Vans 904

Source: Office of City Auditor analysis of data from the Seattle/King County Point in Time Count for Persons Experiencing Homelessness, 2018
Growing Political Pressure
Seattle’s Sanctioned Encampment Strategy

9 City-permitted “villages” with contracted management offering tiny house space to approximately 300 individuals

- Case management services available through City contractors
- On-site common restrooms and showers
- Permits expire every 6 months
- One village has been closed

Villages augmented by 2 low-barrier 24/7 indoor shelters

- 175 spaces
- Case management available
- Welcome people with BH Needs
Seattle’s “Unauthorized Encampment” Response

Encampment removal based on complaints and city staff reports
- Camps deemed a health and/or safety hazard or obstructive are prioritized
- Pre-removal outreach and services linkage provided by the Navigation Team
  - Team includes trained police officers and contracted homeless services agency staff
  - Linkages to shelter, behavioral health, medical, and other services offered
  - Navigation Team outreach limited to encampment removal process
- Cleared campers prioritized for tiny house villages and enhanced shelter beds
- Specific rules created to govern encampment removal process:
  - 72 hours posted notice
  - Guarantee of personal property storage/delivery
  - Must offer a shelter alternative

Routine trash/waste removal from unmanaged encampments
## Local Policy Players - Unsheltered Population/Encampments

### City:
- Mayor
- City Council
- Human Services Dept
- Police Depy
- Fire Dept
- Parks and Rec Dept
- Finance & Admin Svcs Dept
- Dept of Neighborhoods
- Dept of Transportation
- Public Utilities

### County:
- County Executive
- County Council
- Board of Health
- Department of Community and Human Services
  - Community Services Div
  - Behavioral Health and Recovery Div
- Public Health Dept
  - Environmental Health Div
  - Prevention Div
  - Preparedness Div
  - Community Health Svcs Div
    - Health Care for the Homeless

### Continuum of Care:
- *All Home* Board
- *All Home* staff (County-employed)
Public Health Response
Health Care for the Homeless Network’s Role

10 Partner Agencies, led by Public Health Department
Reaching 20,000 Homeless Individuals
At 200 service locations throughout Seattle & King County
HCHN Service Model

Tailoring Services to serve those most at-risk
- Care not dependent on keeping up with appointments at an office
- Cross-agency and cross-disciplinary teams

Meeting clients where they are
- Location, Location, Location!
- Relationship, Relationship, Relationship!
- Start with client priorities

Lots of training and support for direct service providers
KC Public Health Centers
Encampments
Faith Based Orgs and Mobile Medical Program Sites
Human Service Agencies
Other sites
Shelters, Motels, and Day Centers
Supportive Housing Programs

HCHN Service Delivery Sites
HCHN’s Mobile Medical Program

Medical & Dental Care
- Acute care & chronic disease management
- MAT
- STD Testing & treatment
- HIV & Hep C testing
- Birth control options
- Emergency dental

Behavioral Health
- Mental health & substance use screening, intervention & referrals
- Safer use supplies
- Narcan & overdose prevention training

Community Resources
- Medicaid enrollment
- Connections to basic needs, disability services & housing assistance
- Transportation assistance & self-care supplies

TRAUMA INFOMED – PATIENT CENTERED – TEAM BASED
## Mobile Medical Early Experiences Serving Encampments

### Opportunities
- Collaborative relationship with camps promoted early detection of health concerns
- Strong support from residents and camp leadership
- Sanctioned encampments provided an ‘anchor’ to host clinics and see others on street

### Challenges
- Unclear who had the authority and resources to address concerns (hygiene, sanitation & needle exchange)
- Difficulties treating individuals with SUD at clean & sober camps
- ‘Sweeps’ undermine outreach and care continuity at all clinic sites, including sanctioned encampments
New Initiatives Emerged from Mobile Medical Experience

Concerted effort to increase coordination re: prevention & preparedness
  ◦ Regular Public Health meetings led by Preparedness Director and HCHN following San Diego Hep A outbreak
  ◦ Expanded to include County housing and City Human Service managers
  ◦ Expanded to broader disease prevention focus, plus emergency response planning
    ◦ HIV, Shigella, forest fire air quality, winter storms
  ◦ PH Prevention Div added RN FTE to lead ongoing immunization work
  ◦ PH Environmental Health Div added a full time homelessness coordinator

HCHN and Prevention Division developed a street medicine team proposal
  ◦ Includes MAT, HIV testing, needle exchange, behavioral health
Remaining Challenges – Disease Prevention

Lack of hygiene facilities

◦ City Auditor raised alarm in February audit of the Navigation Team

Public Health lacks effective mechanisms to enforce its published guidelines that provide hygiene and disease prevention standards for managed encampments

◦ Topics include sharps, hand-washing, food handling/mgt, garbage mgt, rat abatement, pet mgt, cleaning/disinfecting


HIV Cluster

◦ Among people living homeless who inject drugs in area around a tiny house village

Current Hep A scare/possible outbreak

◦ Significant staff capacity limitations for immunization and hygiene support
Remaining Challenges – Access to Services

A fragmented array of outreach programs

Numerous, largely disconnected City and County initiatives:

◦ Needle exchange attached to garbage collection @ Seattle Public Utilities
◦ Recent County drive to rapidly increase shelter bed numbers
◦ New City safe parking lot strategy
◦ City-contracted Mental Health outreach to Tiny House village residents
◦ Fire Dept Pilot Program to Address Non-Emergency 911 Calls Downtown
◦ City’s “enhanced shelters” – high % with intensive BH and medical needs
◦ County push for mobile MAT prescribing
Reflection

“The single most important skill and most undervalues capacity for exercising adaptive leadership is diagnosis. In most companies and societies, those who have moved up the hierarchy into senior positions of authority are naturally socialized and trained to be good at taking action and decisively solving problems. There is no incentive to wade knee-deep into the murky waters of diagnosis, especially if some of the deeper diagnostic possibilities will be unsettling to people who look to you for clarity and certainty. Moreover, when you’re caught up in the action, it is hard to do the diagnostic work of seeing the larger patterns in the organization or community. People who look to you for solutions have a stake in keeping you focused on what is right in front of your eyes...”

-Ronald Heifetz, Alexander Grashow, and Marty Linsky. The Practice of Adaptive Leadership
Thank you.

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www.kingcounty.gov/hch
San Francisco
Rates of Street Homelessness

Population per 100,000 residents

Note: Statistics for Houston, Miami, Seattle, and Los Angeles encompass cities and counties in each region that fall into the HUD Continuum of Care boundaries.

Sources: 2017 HUD point-in-time homeless counts; 2017 U.S. Census population estimates
Over Half of the People experiencing homelessness in SF are UNSHELTERED

Special Populations

TOTAL POPULATION OF CHRONICALLY HOMELESS INDIVIDUALS: 2,112 SINGLE INDIVIDUALS
- 25% Sheltered
- 75% Unsheltered

TOTAL POPULATION OF FAMILIES: 190 FAMILIES WITH 601 FAMILY MEMBERS
- 97% Sheltered
- 3% Unsheltered

TOTAL POPULATION OF VETERANS: 684 INDIVIDUALS
- 48% Sheltered
- 52% Unsheltered

TOTAL POPULATION OF UNACCOMPANIED CHILDREN: 104
- 7% Sheltered
- 90% Unsheltered

TOTAL POPULATION OF UNACCOMPANIED TRANSITIONAL-AGE YOUTH: 1,170
- 12% Sheltered
- 88% Unsheltered

COMPLAINTS TO 311
As of June 2018

- Human waste: 5,693 to 23,177, 39.2% increase
- Encampments: 5,693 to 20,219, 10.6% increase
- Needles: 6,207

Graph showing the increase in complaints over the years from 2011 to 2017.
Figure 3. UNSHELTERED AND SHELTERED POINT-IN-TIME COUNT RESULTS BY DISTRICT
SF Department of Public Health Medical Clinics, Consortium Clinics, and Shelters
Changing City Dynamics

Local tech & real estate boom has exacerbated displacement resulting in a more visible population of people experiencing homelessness.

Tensions have arisen in some neighborhoods where housing is located near homeless encampments or services for marginalized populations.

This coincides with rising public drug use and displacement.
Economic Inequality

Median Rents in California Cities

- San Francisco: $4,730
- San Jose: $2,740
- Los Angeles: $2,710
- San Diego: $2,050
- Long Beach: $2,000
- Santa Ana: $1,750
- Anaheim: $1,740
- Sacramento: $1,250
- Fresno: $850
- Bakersfield: $840

STATE 2 BR MEDIAN

apartment list
Encampment Resolution Team: July 2016

• San Francisco’s response to large, tent encampments provoked a ‘Something Must be Done outcry.’

• Many visible from freeway off-ramps bringing commuters to workplaces in San Francisco.

• Process to select, investigate, and resolve over a 3 week period.

• City wide interdepartmental coordination initiated.

• Department of Public Works provides maps showing encampments graded by size & reports of violence.

Tweaker Bob, Sculpture Found in Encampment. By permission of the artist.
Resolving Encampments

Informal notice placed on each tent, structure or sleeping area.

• Advises the encampment is in resolution process.

• Notifies individuals may not be able to stay at that location after given date.

• Provides information as to services offered, contact points for the Encampment Resolution Team with cell phone number.

3 weeks later, after a City Attorney approved 72 hour notice is posted

• Encampment Resolution Team, Department of Public Works, and the San Francisco Police Department mobilize to site.

• The site is cleared of trash and abandoned belongings. Individuals are offered Navigation Center and shelter placements.
Large debris cleanup is by front end loader
Results

• **56 encampments** resolved 7/15/2016--7/15/2019.
  • Several were re-encamped and resolved more than once.

• **1500 client contacts**, individuals logged to by names dataset, the Online Entry System.

• Between **62% and 68%** of all encampment residents accepted placement at a navigation center, shelter, or residential treatment.

• **27% achieved permanent housing**
  • Direct result of placement at a navigation center, based upon their housing priority evaluation.
  • This result met hypothesis as to percentage of individuals who met priority one as representative of unsheltered homeless in San Francisco.
Vehicular Housing
LAWS AND UNIQUE HEALTH ISSUES
Vehicular Housing in San Francisco

About 400 to 500 vehicles are identified in San Francisco as holding people who live-aboard.

44 surveys of people living in RV’s were conducted.
  - Most RV residents did not endorse the idea they were experiencing homelessness

Some RV’s were in dilapidated condition and out of registration.
  - Often held by individuals with serious health care needs

A high proportion of Latin(x) families
  - Some with young children who had lost housing and due to high cost and seasonal employment
Health Issues for the vehicularly housed

- Vehicles that cannot be moved reliably often accumulated feces and urine in containers.
- Rodents and roaches can infest older recreational vehicles.
- Black Mold
- Closed windows lead to rebreathing of stale area-smoking tobacco or other drugs.
- Privacy and isolation: Opiates may pose a greater risk to RV dwellers
RV dwellers and the vehicularly housed are subject to

• Parking regulations
• Department of Motor Vehicle Licensing and Registration requirement
• Safe operability (Brake and Lights Inspections)
• Local Ordinances that may require them to move the vehicle a specified distance each day.
San Francisco Laws Impacting the Vehicularly Housed

• San Francisco passed an oversize vehicle ban Prohibiting vehicles more than 7 feet tall or 28 feet or longer

• Enforced only after extensive comment, neighborhood agreement and request and supervisory approval.

• Certain streets where these laws prohibiting overnight parking and oversize vehicles were aggressively enforced.
IMPACT ON BEING TOWED

• Vehicles owned by those least able to maintain them, and likely in the poorest health are subject to tow-away more than ‘healthier’ vehicles.

• Fines quickly put Vehicle beyond reach.

• Incomplete registration could not access the vehicle post tow to remove medications or belongings.

• The traumatic effects of returning to a parking spot and finding your home gone and perhaps irretrievable cannot be underestimated.

• Individuals in such situations do not have a street kit and may not be equipped psychologically or physically, to live outside.
RV being towed after street is prohibited for overnight parking.

In this case, the vehicle was towed for expired registration not for a parking violation.

The owner was not able to retrieve it.
Health Issues/Concerns

4 new HIV diagnoses of individuals living in an encampment (11/2016)

Hepatitis A
Syphilis
Shigella
Sharing injection supplies
Overdose
Strategies To Address Health Needs

• “Encampment” Health Fairs
• Low-Barrier Medical Services at Syringe Access Sites
• Increased mobile outreach with medical teams
• Mobile Health Access Points
Health Fairs at various SF locations
Encampment Health Fairs

Low barrier: Start on site
- PrEP/PEP
- Family Planning
- Rapid ART start
- Addiction Treatment: Opiate=Buprenorphine; Alcohol=Gabapentin or detox

Routine medical
- Wounds
- Vaccination: Hepatitis A, Hepatitis B, flu

Testing
- HIV, HCV, STD testing

Harm Reduction Services
- Narcan trainings
- Resources and referrals
## 2018 Encampment Health Fairs

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
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<tbody>
<tr>
<td>281</td>
<td>Medical Engagements</td>
</tr>
<tr>
<td>64</td>
<td>Newly connected to SF Health System</td>
</tr>
</tbody>
</table>
| 353   | HIV Tests  
\> 10 Newly Diagnosed HIV+ (connected to care) |
| 359   | HCV Tests  
\> 67 reactive (connected to care) |
| 167   | Narcan Trainings/Overdose Prevention Education sessions |
| 47    | Buprenorphine starts |
| 29    | Homelessness and Supportive Housing Shelter & Navigation Placements |
Encampment Health Fair Providers
Low-Barrier Medical Care at Syringe Access Sites

Addiction Treatment:
- Opiate: Buprenorphine/Naloxone
- Alcohol: Gabapentin or detox

Routine medical
- Wound Care
Increased Mobile Outreach

STREET MEDICINE / ENHANCED OUTREACH

Outreach with a Street Medicine nurse combined with SFHOT or Community Health Response team
Builds on relationship
Multiple partners to enhance follow-up
Immunization Campaigns
Mobile Showers - Lava Mae

MOBILE HEALTH ACCESS POINTS

Mobile HIV/HCV/STI Testing
Mobile Harm Reduction Supplies
Collaboration amongst several agencies
Discreet, Low-barrier Services
Meeting people where they are at
Next Steps....

YOUR THOUGHTS AND IDEAS
Group Discussion

• What is happening in your area?
  • Laws and Public Health issues

• How are your communities dealing with stigma for people who are unsheltered?

• What should be the national best practice on public health initiatives?

• Next steps to support NHCH focus on public health issues facing people who are unsheltered and right to shelter and hygiene?
References

• National Law Center on homelessness and poverty  https://nlchp.org/

• Housing not Handcuffs  http://housingnothandcuffs.org/


• https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

• https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/?emailsignup&gclid=CjwKCAjw_YPnBRBREiwAIP6TJ8xZ6CgWVD545LxQ33C1oyGNXczF5Q4OoADBrl2zFCRvh6N6dOyKLoBoCrHoaQAvD_BwE

• https://en.wikipedia.org/wiki/Homeless_Bill_of_Rights
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<td><strong>Seattle:</strong></td>
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<tr>
<td><a href="mailto:john.gilvar@kingcounty.gov">john.gilvar@kingcounty.gov</a></td>
<td><a href="mailto:Deborah.Borne@sfdph.org">Deborah.Borne@sfdph.org</a></td>
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<td><a href="mailto:bashhappy420@gmail.com">bashhappy420@gmail.com</a></td>
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