



# Memorandum

**TO:** HONORABLE MAYOR  
AND CITY COUNCIL

**FROM:** Rosalynn Hughey

**SUBJECT:** SEE BELOW

**DATE:** September 26, 2023

Approved

Date

10/5/2023

**SUBJECT: INTERIM HOUSING FINANCIAL STABILITY – STUDY OF CITY  
INTERIM HOUSING AND ACTIONS RELATED TO INTERIM  
HOUSING GRANT AGREEMENTS**

## RECOMMENDATION

- (a) Adopt a resolution adopting the Initial Study/Mitigated Negative Declaration for the Emergency Interim Housing Programs project and adopting a related Mitigation Monitoring and Reporting Program in accordance with the California Environmental Quality Act.
- (b) Accept the staff report and implement the recommendations of the Emergency Interim Housing Report.
- (c) Approve staff work plan for implementing the recommendations.
- (d) Direct staff to return to City Council with an update within one year of the start of implementation.
- (e) Adopt a resolution authorizing the Director of Housing, Acting Director of Housing, or designee to negotiate and execute amendments to the following existing Emergency Interim Housing grant agreements:
  - (1) HomeFirst Services of Santa Clara County (Monterey/Bernal and Rue Ferrari) in an amount not to exceed \$4,078,815 from January 1, 2024 to June 30, 2024;
  - (2) LifeMoves (Guadalupe) in an amount not to exceed \$1,829,882 from January 1, 2024 to June 30, 2024;
  - (3) People Assisting the Homeless (Evans Lane) in an amount not to exceed \$1,900,000 from January 1, 2024 to June 30, 2024; and
  - (4) HomeFirst Services of Santa Clara County (Bridge Housing Community sites Mabury and Felipe) in an amount not to exceed \$2,206,415 from January 1, 2024 to June 30, 2024.

## **SUMMARY AND OUTCOME**

The Homebase Emergency Interim Housing Report (EIH Report) (**Attachment A**) responds to existing City Council direction to develop recommendations that reduce costs and improve outcomes for individuals staying at interim housing communities. Adoption of the recommendations and work plan will enable staff to develop new policies and programs to improve the operations and outcomes of the City's interim housing communities.

### ***EIH Report Executive Summary***

On September 29, 2021, the City Council directed the Housing Department to study the current Emergency Interim Housing (EIH) and Bridge Housing Communities (BHC) programs and services and recommend any improvements. The San Francisco Foundation, working with the Housing Department, entered into a contract with Homebase, a collective of legal, policy, and subject matter experts on addressing homelessness and its root causes. Homebase also provides support to the County of Santa Clara's (County) Continuum of Care Program.

Homebase worked directly with the Housing Department, nonprofit partners, and program participants of the EIHS and BHCs to conduct a study to identify improvements to the operations of the interim housing sites. More specifically, it identified proven best practices (local and national) for interim housing program models that:

- Reduce operations and service costs;
- Engage participants in the governance and operations of their own community; and
- Move participants to permanent housing.

In its EIH Report, Homebase developed a total of 45 recommendations. Staff recommends that 31 of these recommendations be implemented. The following are eight **summary recommendations** based on needs and challenges that were identified during the study:

- 1) **Serve Distinct Subpopulations at Each Site:** Recognizing that program participants have a broad range of lived experiences with homelessness, including short-term circumstances compared to chronic homelessness, developing program models that cater to the level of need for each subpopulation is a fundamental factor in improved outcomes for program participants. Some program participants were considered mid-acuity level based on the County's standard coordinated entry assessment, while other program participants entered the programs from abated encampments with higher acuity levels of need. Many of those from abated encampments experience more chronic homelessness as compared to participants entering the program from the coordinated entry system. The program participants with higher acuity levels often faced significant mental and physical health challenges. Having acuity-based and/or subpopulation-designated sites would allow providers to tailor program duration, site layout, and supportive service provision and staffing to better address the unique needs of distinct groups.

- 2) **Reallocate Staffing Resources:** Program participants reported that the roles of their on-site case managers, rapid rehousing case managers (if applicable), housing specialists, and resident coordinators are sometimes unclear, and they are unsure how to direct requests for assistance. A clearer delegation of roles can allow for a reallocation of resources that prioritizes direct specialized services and facilitates greater positive exits to permanent housing.
- 3) **Prevent Health-Related Emergency Service and Ambulance Calls:** Program participants and staff expressed concern about frequent emergency service calls resulting from a lack of alternative preventive health support and aid. Staff also observed that their heavy reliance on ambulance calls has strained their relationship with emergency service partners. Connecting participants to non-emergency health care services would help prevent resorting to emergency service calls for non-emergency matters.
- 4) **Provide Sufficient Supervision and Security in a Cost-Effective Way:** Participants greatly value how safe they feel at the sites, often citing it as their favorite thing about living at the EIH and BHC sites. Since hiring private security is a significant operational cost for programs, exploring alternative models of providing supervision can reduce operational costs, respond to participants' desire for security, and encourage compliance with community guidelines without having supervision feel like a form of policing.
- 5) **Programmatic Design to Fund Operation Costs:** Currently, EIH and BHC sites do not charge program rent. If the City is willing to explore a shift in that programmatic design, it may be able to make use of local, state, and/or federal rental assistance monies that could be used as program income to help fund operations costs.
- 6) **Clarify Program Duration and Supportive Transition:** Many participants are under the impression that they are going to imminently "time out" of their program stays and be displaced back onto the streets, which can result in resentment and avoidant and disengaged behaviors. Clearly communicating program expectations and requirements can address this confusion and mitigate participants' anxieties and concerns.
- 7) **Create Greater Community Building and Engagement Opportunities:** Participants expressed interest in opportunities to take ownership and care of their communities and be involved in aspects of decision-making at the sites. Creating a community council of participants elected by fellow participants to facilitate conversations and be involved in decision-making regarding the social and physical environment at the sites could boost participant buy-in and compliance. Participants across the sites would also like to see more intentionally designed group spaces so they can have multiple options for places to congregate and share in community with one another. In addition, offering culturally responsive and nutritious food offerings, as well as the space and ability to prepare meals for oneself and loved ones, is an essential component of participant belonging and holistic care. Strengthening and expanding the current volunteer infrastructure would allow greater engagement between participants, community advisory committee members, and the surrounding neighborhood.

- 8) **Support Toward Secure Living Wage Employment:** Program participants noted that rising housing costs, inflation, and prolonged unemployment are significant barriers to housing stability. They also expressed a need for more hands-on support to secure jobs that will enable them to afford housing once short-term assistance is phased out.

Across EIH and BHC sites, the EIH Report identified several common challenges and opportunities to improve service provision and lower operational costs. The report outlined findings and potential solutions in separate categories; in practice, many of the strategies are interconnected and would be most effectively addressed in tandem. To start implementation in Fiscal Year 2023-2024, staff developed a work plan that will implement the eight summary recommendations; the work plan is detailed in **Attachment B**.

## **BACKGROUND**

On September 27, 2016, Assembly Bill 2176 was signed into law and amended the Shelter Crisis Act. A subsequent extension was passed under Assembly Bill 1745, authorizing a five-year pilot program allowing the City of San José to create emergency BHCs as an intervention for people experiencing homelessness.

This legislation also allowed the EIH and BHC sites greater flexibility with building codes, which required California Department of Housing and Community Development's approval and stipulated that EIH and BHC sites:

- Only be temporary housing solutions;
- Be in response to an emergency; and
- Provide a clear pathway to housing for the participants who live there.

The construction of BHC and interim housing aimed to provide unhoused individuals with a safe and stable environment while they successfully transitioned from the street to permanent housing. In addition, in response to the COVID-19 pandemic, these interim housing sites provided a means to reduce the spread of COVID-19 while continuing to provide bridge housing opportunities beyond the public health emergency. Because these sites were developed and in operation so quickly during the pandemic response, operation plans were not standardized. Still, the Housing Department's nonprofit service providers rapidly established operations, relying on their vast expertise in meeting an urgent need.

In the post-pandemic era, the Housing Department understands the need to evaluate and standardize its programs to provide effective and sustainable service delivery. In partnership with the San Francisco Foundation, staff developed a contract with Homebase to conduct an in-depth analysis on San José's current EIH and BHC sites through a collection of feedback from program participants, people with current or past experience of homelessness (also known as lived

experienced partners), and program operators (i.e., HomeFirst Services of Santa Clara County (HomeFirst), People Assisting the Homeless, and Abode Services).

In addition to the EIH Report, there has been a breadth of research reviewed about interim housing models across the Bay Area to support standardizing guidelines to follow for similar projects. For example, All Home, a leading innovator and partner working to end systemic failures that cause homelessness in the Bay Area, developed a comprehensive “1-2-4” framework<sup>1</sup> for addressing the unsheltered crisis in the region. This framework proposes a flow that calls for capacity additions in the following ratio: one additional interim housing unit, two permanent housing solutions, and four prevention interventions. All Home believes this model will add the capacity necessary to address the crisis in the near term. This framework also aligns with Homebase’s assessment that interim housing is not a standalone solution to end homelessness and must have other necessary support to identify realistic paths to permanent housing to fully address this crisis. While the Housing Department is not recommending following this precise formula for San José, the basis of this research emphasizes goals outlined in the local 2020-2025 Community Plan to End Homelessness<sup>2</sup>:

“We must continue to build permanent housing to expand the local homeless prevention system while bolstering our existing interim housing infrastructure.”

All Home also engaged in a working group to identify the “Seven Principles of Interim Housing”<sup>3</sup> that was published in March 2023. The goal of this program framework is to serve as a reference point for local governments and non-profit providers when looking to develop and/or improve their interim housing models. The seven principles are:

1. Flexible length of stay with housing navigation.
2. Prioritize individual privacy.
3. Include basic supportive services.
4. Set basic site management standards.
5. Develop grievance procedures and conflict resolution services.
6. Track metrics and desired outcomes.
7. Strategic and flexible eligibility methodology.

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<sup>1</sup> [All Home Regional Action Plan](https://www.allhomeca.org/wp-content/themes/allhome/library/images/plan/210413_Regional_Action_Plan_Final.pdf)[https://www.allhomeca.org/wp-content/themes/allhome/library/images/plan/210413\\_Regional\\_Action\\_Plan\\_Final.pdf](https://www.allhomeca.org/wp-content/themes/allhome/library/images/plan/210413_Regional_Action_Plan_Final.pdf)

<sup>2</sup> [Community Plan to End Homelessness 2020-2025](#)

<sup>3</sup> [7 Principles of Interim Housing](#)

### ***EIH Contract Amendments***

The Housing Department currently operates six EIH and BHC sites funded under four grant agreements. The City Council approved<sup>4</sup> six-month extensions to these agreements as the Housing Department planned to release a request for proposals with subsequent new agreements beginning in January 2024. The Housing Department is seeking approval to amend these four agreements to provide sufficient time to create standardized program guidelines and incorporate the recommendations of the EIH Report in a new request for proposals, which would result in new agreements for each program beginning on July 1, 2024.

### **ANALYSIS**

The EIH Report, finalized in December 2022, was a comprehensive assessment and analysis of EIH programs that collected feedback from various stakeholders with the goal of identifying best practices and strategies to reduce operational costs for emergency housing program models. To complete this study, Homebase conducted 12 interviews with staff and leadership at EIH and BHC sites to understand existing system gaps, challenges, and opportunities for improvement. Homebase also conducted five resident focus groups in partnership with the lived experience consulting work group and facilitated three interviews with community advisory committee members to identify recommendations for building greater resident and community involvement at the sites.

Additionally, Homebase researched emerging practices and interviewed workforce development partners that have successfully leveraged social enterprise models and utilized innovative approaches to help clients build toward careers that will enable them to achieve and financially maintain permanent housing stability. Based on this community feedback and research, Homebase identified several key areas of need at EIH and BHC sites and made recommendations for potential solutions.

Of the eight summary recommendations, the EIH Report includes 45 specific recommendations, a summary of those recommendations is included in **Attachment C** – Homebase Recommendations Chart. Staff recommends implementing 31 of the total recommendations. **Table 1** below provides an overview of the eight summary recommendations from the EIH Report and describes the Housing Department’s brief assessment of these recommendations.

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<sup>4</sup> [Actions Related to Grant Agreements for Multiple Homelessness Programs for Fiscal Year 2023-2024, June 20, 2023](#)

**Table 1: Homebase Recommendations Overview**

Homebase Recommendations	Reduces Cost?	Best Practice?	Is this a current practice?
Distinct Subpopulations Are Served Under One Program Structure	Unclear	Yes	No
Reallocate Staffing Resources	Unclear	Yes	No
Prevent Health-Related Emergency Service and Ambulance Calls	No	Yes	No
Provide Sufficient Supervision and Security in a Cost-Effective Way	Yes	No	No
Shift Programmatic Design to Fund Operation Costs	Yes	Yes	No
Program Duration and Supportive Move On	No	Yes	Yes
Create Greater Community Building and Engagement Opportunities	No	Yes	Yes
Desire for More Hands-on Support to Secure Living Wage Employment and Housing	No	Yes	No

Homebase was able to identify some key challenges and needs of staff and participants. The feedback collected includes participants and staff from each site that identify some specific needs at certain EIH programs as well as common challenges and benefits reported across the spectrum of EIH programs.

***Program Participant Feedback***

Program participants of the EIH and BHC sites reported several benefits and positive experiences at each site based on services and amenities available before and during the EIH Report (fall 2022). Their feedback included the following highlights:

- Program participants expressed appreciation towards the security of the sites and reported that this is one of the main factors of a well-functioning facility.
- Program participants specifically highlighted having the ability to lock their doors and have their belongings secured as a significant benefit.

- Many program participants felt that the EIH communities provided a space for them to create a foundation and focus on their most basic needs, such as improving their health and fostering self-sufficiency.
- Program participants reported that they can work on life skills and empower themselves to attain and maintain permanent housing through the various workshops offered at the sites.
- On-site staff support was also a commonly expressed benefit during the interviews; program participants could rely on staff to assist with higher level needs, such as support with job applications and attending support group meetings.
- Program participants expressed the availability of amenities such as a full-service kitchen and access to fresh food is a benefit not always available in other programs.

Program participants also reported some unmet needs and challenges they experienced during their stay. Their feedback included the following highlights:

- Some participants expressed the need for more security stations throughout the sites rather than just at the entry and exit points.
- Some anecdotal accounts of program participants who experienced intimate partner violence were provided and cited in the EIH Report to demonstrate the need for security throughout the sites. Program participants report that when they have altercations with other participants, they often do not see anything done to address their needs; this is a delicate balancing act between keeping program participants safe while also providing trauma-informed services to program participants experiencing challenges with emotional regulation or a mental health crisis.
- Children at family-based sites expressed the need to increase the availability of additional recreational activities. Similarly, program participants who are parents reported that there are not enough services geared toward youth. Some parents mentioned they would be willing to lead workshops and/or group activities to help with child engagement. Some program participants expressed that some program policies felt restrictive and did not allow for socialization/engagement between program participants. Although many of the policies were put in place during the COVID-19 pandemic as an effort to prevent the spread of disease, it is clear from the feedback that some program policies are now hindering program participants from building meaningful connections.
- Some program participants reported separation from their support networks upon transition to their respective emergency housing site due to program policies that limit visitors and resulted in making them feel isolated.



**Table 2** below is a categorized summary of the program participant feedback.

**Table 2: Program Participant Feedback Summary**

Positive Responses	Opportunities for Improvement
<ul style="list-style-type: none"> <li>• Feeling of safety with security</li> <li>• Private space/ability to lock doors</li> <li>• Addressing basic needs (shelter, food)</li> <li>• Variety of workshops available</li> <li>• On-site support staff available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of security during altercations</li> <li>• More recreational activities for children</li> <li>• Lack of services geared toward children and youth</li> <li>• Program policies feel restrictive</li> <li>• Separation from support networks when sites do not allow visitors</li> </ul>

***On-Site Staff Feedback***

Staff members at the various sites provided their feedback on the identified challenges and needs of the diverse population they serve. Staff reported that engaging program participants who are of higher acuity can be an extremely challenging task, sometimes making them feel poorly equipped to address those program participants’ needs. Some program participants at the sites experience severe mental health symptoms related to post-traumatic stress disorder and anxiety, symptoms of which are best treated by specialized professionals. Some staff reported that engaging clients can usually be done more effectively when clients have had sufficient time to adjust to their new living environment. Staff indicated that participant engagement increased when incentives are provided, such as bus passes and workshop raffles. While staff reported that policies put in place during the pandemic resulted in participants being less willing to engage due to their inability to socialize and get accustomed to their new space, they noted more recently that outdoor community space encouraged community building and socialization.

Staff at multiple sites worry that higher acuity program participants are going to transition back into unsheltered homelessness after they are discharged from the program; this was especially true for the Felipe site, where land use restrictions only allow for clients to stay a maximum of 180 days. In some cases, program participants are not successfully transitioning out of an EIH or BHC site during that amount of time, and the instability results in an unsuccessful outcome for the program participants. Staff also spoke to the challenges that arise from trying to serve two distinct subpopulations (low acuity vs. high acuity) under the same program structure, resulting in some participants being more successful under the program structure while others struggle for various reasons. Staff also observed that having access to professional medical and mental health support is important to keep program participants and staff safe, prevent staff from feeling overwhelmed as they do their jobs, and prevent excessive 911 calls for non-emergency circumstances. **Table 3** below is a summary of the on-site staff feedback.

**Table 3: Summary of On-Site Staff Feedback**

Positive Responses	Opportunities for Improvement
<ul style="list-style-type: none"> <li>• Participant engagement increased when incentivized (e.g., bus passes, workshop raffle)</li> <li>• Outdoor community space encourages community building and socialization</li> <li>• Extended program participation timeframes during the shelter-in-place protocols allowed for staff to develop trust and rapport with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support for higher acuity clients</li> <li>• Need for specialized staff to support mental health concerns/needs</li> <li>• Outdated COVID-19-related policies hinder engagement and socialization</li> <li>• Concerns that participants will not successfully transition out of the program within 180 days (Felipe site)</li> <li>• Need for professional medical and mental health personnel on-site</li> </ul>

***Cost Reduction Strategies***

Homebase conducted a cost comparison study using the EIH and BHC annual budgets from Fiscal Year 2022-2023. **Table 4** below displays the operating budgets for each San José project, actual expenditures during the fiscal year, and the annual cost per bed for each site.

**Table 4: Homebase Cost Analysis**

Project/Community	Number of Units	FY 2022-2023 Operations Budget	Total Cost FY 2022-2023	Annual Cost per Bed
Mabury BHC	40 units; 40 beds	\$1,945,700	\$1,945,700	\$48,642/bed
Felipe BHC	40 units; 40 beds	\$2,065,300	\$2,065,300	\$51,632/bed
Monterey Bernal EIH	78 units, 78 beds	\$3,319,850	\$2,858,516	\$36,648/bed
Rue Ferrari EIH	82 units; 124 beds	\$4,080,150	\$3,819,884	\$30,806/bed
Evans Lane EIH	48 units; 121 beds	\$2,880,000	\$2,956,213	\$24,431/bed

Homebase compared the San José programs' costs to two similar programs located in two other cities: Oakland Community Cabins (Oakland, CA) and Riverside Shelter Village (Riverside, CA). Because the Oakland and Riverside programs most closely resembled San José projects in scope and Homebase had access to their program annual budgets, Homebase staff used this information to identify an average baseline cost. The Oakland and Riverside sites were most similar to San José's BHC sites—the City's first iteration of interim housing. However, they are not lateral comparisons to San José's EIH sites. The interim housing communities used for the comparison case study had total costs per bed at \$21,000 per bed (Oakland) and \$20,000 per bed (Riverside).

Staff conducted further analysis of the comparison case study programs and identified several key components differing from the current San José EIH communities, including unit size/structure, the availability of bathroom/shower facilities, and other key amenities. From this analysis and Homebase's research, it is evident that the current model of San José EIH programs is unique.

Through the analysis of total funds spent on the projects, staff concluded there is an opportunity to reduce operational costs for current and future EIH and BHC community projects in three areas:

1. A new on-site security model,
2. Restructuring program design to fund operations, and
3. Separating subpopulations among sites.

The Housing Department developed a sample budget with the cost reduction strategies for the five EIH and BHC sites in **Attachment D – Cost Savings Analysis**.

### **1. New On-Site Security Model**

Initially, BHC and EIH sites invested in a robust security model to address and ease public concerns as well as ensure safety at the sites. Through feedback from program participants, operators, and staff, Homebase identified security as an expenditure that may be unnecessary at the current levels. Staff at these sites typically perform similar functions to the security team and have the skill set to provide a higher level of service through crisis de-escalation and trauma-informed communication.

Homebase conducted an analysis of the current security models at all the EIH and BHC sites and compared those models to alternative forms of security where other agencies are utilizing a combination of different personnel that moves away from solely contracting with private security agencies. Homebase gathered the security model for each HomeFirst EIH and BHC site and the total budget allocated to each program. All HomeFirst sites utilize the same private security agency. **Table 5** below provides the amounts HomeFirst EIH and BHC sites spend on private security annually.

**Table 5: Annual Security Costs at HomeFirst EIH and BHC sites**

Site Name	Guard(s)	Guard(s)	Guard(s)
	24 Hours/7 Days a Week	12 Hours	
Rue Ferrari	2	1	\$600,000
Monterey Bernal	2	0	\$480,000
Felipe	1	1	\$384,000
Mabury	1	0	\$264,000

An alternative model (hybrid approach with private security only providing supervision overnight) is one that is already being implemented at the County’s Casitas de Esperanza site (operating 25 EIH units with 100 beds serving families and children). The on-site provider, Amigos de Guadalupe, hired a private security company (one security guard) to cover the graveyard shift. Through this model, Amigos de Guadalupe spends \$7,980/monthly on security services, which amounts to \$95,760 annually. If this practice were made standard across all HomeFirst EIH sites, estimated savings on operational costs would average \$336,240 annually for security expenses.

The EIH Report addressed concerns of only having private security part-time with an analysis of other programs that function without utilizing private security at all. Agencies that reduced levels of security services, or in some cases completely transitioned away from hiring private security, have managed to maintain, if not improve, the safety and supervision of on-site staff and program participants. EIH staff already receive extensive training about on-site security with a specialized focus on crisis prevention and intervention, de-escalation, and administering first aid and Narcan (a medicine used to counteract opioid overdose). Furthermore, private security companies do not typically hold the subject matter expertise in serving individuals who have experienced trauma to the extent of the population currently residing at the EIH and BHC sites. Reducing the presence of a private security company appears to be a promising option to reduce operational costs while possibly improving outcomes at the interim housing sites.

Staff Recommendation:

- Implement a hybrid approach with private security only providing supervision overnight. Reduce security levels across all interim housing sites while keeping some form of private security on-site, as their roles are still important to the overall function of the site and the peace of mind for program participants and the surrounding community. Essential security tasks include and would remain as follows: fire watch, site safety assessments, and perimeter walks.

## **2. Restructuring Program Design to Fund Operations**

The EIH Report explored ways of restructuring the design of EIH and BHC communities to reduce costs and make efforts to improve service delivery to program participants.

One of the proposals explored charging program rent by leveraging Rapid Rehousing vouchers. This idea would allow the EIH sites to make use of other forms of funding to cover operational costs. There are many factors to consider in the exploration of this redesign, including ensuring that EIH units meet housing quality standards, executing signed lease agreements, and many other requirements. These are significant programmatic design changes that have many immediate and downstream implications, each of which varies with the funding stream tied to Rapid Rehousing. A design co-mingling EIH and Rapid Rehousing funding is merely conceptual and does not represent a model currently in practice.

Another model of interim housing can be seen through the Willow Glen Studios program, which is funded by the County's Office of Supportive Housing and Santa Clara County Housing Authority (Housing Authority). Willow Glen Studios interim housing assists individuals already enrolled in supportive housing programs (such as permanent supportive housing and Rapid Rehousing) but who are still in the process of finding an apartment to rent or who are waiting for a new supportive housing unit to finish construction. While this is the designated population, County staff reports that they do not charge rent or any other fees and do not utilize subsidies to offset operational costs. However, when clients possess a voucher through the Housing Authority and are participating in the program, the program receives some form of financial assistance for temporarily housing those clients while they identify a permanent solution; the amount of assistance varies depending on the voucher.

This program model has resulted in strong performance metric outcomes regarding successful exits to permanent housing but has stricter qualifications for entry, which limits the number of unsheltered homeless individuals who qualify to enroll in the program.

Specifically, participants are enrolled through the County's Continuum of Care coordinated entry system. For reference, Willow Glen Studios interim housing has served 283 total individuals since opening and has successfully placed 204 of those individuals (72%) into permanent housing. The County leverages multiple sources of funding to operate this program, including substantial donations from Sobrato Philanthropies and Destination: Home in the amount of \$4,000,000. The County estimates an operating cost of \$95,611,973 over 20 years to sustain this model, which includes property management and supportive services.<sup>5</sup>

This type of project requires a great deal of coordination between the City, the County, the Housing Authority, and the site operator. Through its work on Willow Glen Studios interim housing, the County identified that having two full-time employees dedicated to the site for those voucher holders ensured the most success for the program and its participants. These employees'

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<sup>5</sup> [County of Santa Clara Agreement/Amendment 106279](#)

sole responsibility is following up with participants on their transition plans, keeping them informed on exit dates, and helping them gather documentation needed for housing opportunities. Another unique element for this project is the Housing Authority requiring that units meet housing quality standards under the U.S. Department of Housing and Urban Development guidelines. This means that before a housing choice voucher holder can move in, each unit must pass inspection according to the housing quality standards regulations. This level of coordination would be new to the City's interim housing model and would be something that requires significant preparation and execution on the part of all partners.

*Staff Recommendation:*

- To restructure the City's interim housing program design, use the upcoming Branham/Monterey Homekey site to replicate the County's Willow Glen Studios interim housing model. The County's Office of Supportive Housing has identified over 100 voucher holders on its waitlist who need interim housing. Staff is interested in using half of the 200 spaces at Branham/Monterey for voucher holders, which would help offset some operational costs for the interim housing project.

**3. Separating Subpopulations Among Sites**

A part of the EIH Report was dedicated to identifying the challenges EIH staff experience serving program participants with unique higher-level needs under a generalized universal program model. Designating sites for specific subpopulations could minimize these challenges and allow more flexibility in programming, and more specifically, tailoring the program duration, site layout, and supportive service provisions to better address program participants' needs. The subpopulations proposed in the EIH Report are the following:

- Clients qualified for Rapid Rehousing;
- Clients referred from encampment abatements;
- Senior adults/persons with significant health conditions; and
- Survivors of gender-based violence.

The EIH Report was strictly on the six BHC and EIH sites currently in operation; however, there is an opportunity to apply recommendations on other sites such as Homekey projects and hotel-based programs.

*Staff Recommendation:*

- Based on the City's current suite of interim housing sites, identify specific subpopulations for the current sites as well as future sites to best accommodate each subpopulation based on multiple factors, including location, proximity to services/amenities, unit size, and on-site accommodations.

**Table 6** below outlines the sites and recommended subpopulations. The survivors of gender-based violence subpopulation is recommended for one or more of the new sites: Cerone, Cherry Avenue, Cottle/85, and/or Via del Oro.

**Table 6: Subpopulation Site Recommendations**

Site Name	# of Beds	Subpopulation Recommendation
Mabury BHC	40	Rapid Rehousing participants
Felipe BHC	40	Rapid Rehousing participants (property has time constraint for program duration by Caltrans lease)
Rue Ferrari EIH	124 (+100 new beds in phase II)	Outreach referrals, encampment abatement + seniors/medical needs
Monterey Bernal EIH	78	Outreach referrals, encampment abatement + seniors/medical
Evans Lane EIH	121	Potentially convert to single adult/couples site in the future, contingent on identifying an alternative family site
Guadalupe	96	SJ Bridge/Workforce
Plaza Hotel	43	Downtown outreach referrals
Arena Hotel	89	Potentially convert to a family site in the future
Monterey and Branham	204	Single adults/couples. “Willow Glen Studios Interim Housing Program Model,” partnership with County and Housing Authority. Opening June 2024
Pacific Motor Inn	72	Single adults, couples. Downtown outreach referrals Opening July 2024
Pavilion Inn	43	Families and Transitional Age Youth
Cerone	TBD	TBD - Negotiations with Santa Clara Valley Transportation Authority underway
Cherry Ave (Valley Water site)	TBD	TBD - Negotiations with Valley Water underway
Cottle/85	TBD	TBD - Negotiations with Santa Clara Valley Transportation Authority underway
Via del Oro	TBD	TBD - Cost-benefit analysis underway

Program participants that fall into the Rapid Rehousing range on the Vulnerability Index-Service Prioritization Decision Assistance Tool have shown to succeed in short-term EIH and BHC programs (120-140 days) compared to higher acuity clients. Rapid Rehousing participants have an extra layer of support in an entire service team dedicated to identifying permanent housing, collecting necessary documentation, and identifying employment and/or mainstream benefits for

clients to ensure long-term housing stability. This additional support takes the onus from the participant having to depend primarily on the EIH service team for these higher-level needs.

Sites targeting the Rapid Rehousing subpopulation range could have a larger staff-to-client caseload ratio (1:35) since the staff do not need to focus on supporting higher acuity participants. The ability to expand caseloads also creates an opportunity for cost-savings in the form of reducing staff. Previously, when Mabury BHC began operating in 2019, prior to the pandemic, Rapid Rehousing clients were the designated population for the site.

Three specific areas have been identified to separate subpopulations among sites:

### **1. Converting BHC Sites to Sites for Mid-Level Acuity Program Participants**

Designating BHC sites for mid-level acuity program participants would prevent higher acuity clients from being placed at sites that do not allow for longer-term programs, preventing further unsuccessful outcomes due to exceeding their length of stay. The Housing Department is considering this decision, as having the most flexibility among multiple sites for referral prioritization has assisted with transitioning high-priority clients into interim housing more immediately when there are fewer restrictions on the sites.

Historically, participants referred to EIH and BHC sites from abated encampments have had many challenges in acclimating and succeeding at any given site. Many of these participants experiencing chronic homelessness also suffer from severe mental and physical health challenges. This, along with the trauma of their encampment location undergoing abatement, creates a combination of complex issues for staff to navigate when trying to serve this subpopulation. The EIH Report also revealed that a shorter program duration created anxiety and was detrimental to clients when they are already under duress.

#### **Staff Recommendation:**

- Convert BHC sites to sites for mid-level acuity program participants.

### **2. Extending Program Duration for Higher Acuity Level Program Participants**

Longer timeframes (12 months) would provide time for participants to acclimate to a new environment, build trust with on-site staff, and ultimately have a more successful program leading to more successful overall outcomes. The EIH Report also explored the notion of keeping clients from the same encampment together to maintain their support networks. EIH and BHC sites currently prioritize clients experiencing unsheltered homelessness and/or from encampments.

There may also be some tradeoffs when implementing an increase in the length of stay for participants. Providing participants with longer lengths of stay, on the surface, seems like it



could lead to fewer participants being served annually, which in some cases is possible; however, participants will likely benefit greatly from the reduced stress and anxiety around having to move out of their interim housing unit in such a short time frame and help them stabilize quicker, leading to successful outcomes sooner. Currently, there is no available evidence in this analysis; however, the Housing Department will track metrics related to the length of stay when all recommendations are implemented to assess the outcomes and identify where additional improvements are necessary.

*Staff Recommendation:*

- Extend program duration for higher acuity level program participants.

**3. Designating Interim Housing Sites by Accessibility Needs**

Many participants of the EIH and BHC programs echoed accessibility and safety concerns at the sites for participants of varying physical abilities. While there are Americans with Disabilities Act units designated at sites, many times those units are occupied and clients will accept a standard unit although it may not meet all their needs. The EIH Report also identified, through reports from the County’s Here4You hotline, that the waitlist is impacted by this demographic of individuals with accessibility needs as congregate shelters typically are not suitable for their level of needs. Sites designated for this subpopulation would benefit from larger units to better accommodate participants, especially those using wheelchairs and other medical equipment. Also, these sites could benefit from a restructuring of the staffing plan to include more specialized staff, such as a vocational nurse, that would supplement some of the medical care that clients are not receiving regularly.

*Staff Recommendation:*

- Designate interim housing sites by accessibility needs.

***Participant Engagement and Programming***

The EIH Report also made recommendations for improvement in further engaging program participants in governance, management and operations, and building a stronger sense of belonging and community between the participants at the sites and the greater neighborhood. The client engagement and programming recommendations focused on four primary areas:

1. Program duration;
2. Participant community councils;
3. Standardizing community advisory councils; and
4. Volunteer infrastructure and support for living wage employment.

## **1. Program Duration**

Program participant length of stay has varied by site and individual, but generally, participation is granted in four-month increments. Extensions are granted if the program participant is working towards employment and housing goals. Focus group program participants expressed anxiety and re-traumatization caused by the perception of active time limits. Challenges noted by on-site staff include serving a significant number of people who are vulnerable and need a greater level of care and serving individuals who may not be able to work or increase their income. Serving a highly vulnerable individual takes time to find appropriate long-term housing options. On-site service providers also noted that helping participants become document-ready for permanent housing is often difficult to do within two to four months. Finally, on-site staff noticed that long-term success for people transitioning out of EIHS are most common when transitions are made on the program participants' terms and after they have had enough time to build self-sufficiency without the expectation to move out on a timeline.

Several recommendations were made in the EIH Report to increase program participant engagement and foster a greater sense of community. After moving into a BHC or EIH, many people were separated from their larger support networks and communities and they felt alone. Also, program participants expressed a desire for involvement in developing the program policies and procedures that affect them on a day-to-day basis.

### **Staff Recommendation:**

- Lengthen interim housing program duration to 12 months. The longer length of stay could result in fewer program participants being served each year but should lead to more successful and sustainable outcomes over time.

## **2. Participant Community Councils**

A community council of program participants at each EIH and BHC would facilitate conversations and provide feedback on matters that impact the social and physical environment. Forming peer-to-peer support networks at each site will help address the feeling of isolation or loneliness that program participants often feel when they leave their community and move to a new EIH or BHC. Volunteers with lived experience of homelessness or housing instability can support new EIH or BHC participants to help build social connections and provide support to new program participants as they transition into the sites.

### **Staff Recommendations:**

- Form a community council of program participants at each EIH and BHC.
- Form peer-to-peer support networks at each EIH and BHC site.

### **3. Standardizing Community Advisory Councils**

Each BHC and EIH location currently has a Community Advisory Council (CAC) that is typically led by the appropriate District City Council Office and comprised of nearby businesses, neighbors, Housing Department staff, an on-site service provider, and often staff from the Police Department. The CAC composition, meeting frequency, and member roles differ from site to site. The EIH Report found that the CAC members believe the structure should be standardized and roles and responsibilities clarified. In addition, CAC members would like more support and resources to spread positive information about the sites to the larger neighborhood and more opportunities to volunteer at the site and foster community. The CACs are also an opportunity to have a seat for individuals with lived experience of homelessness.

#### **Staff Recommendation:**

- Develop standardized CAC roles and responsibilities for each interim housing site, with a composition that includes a seat for a person with lived experience.

### **4. Volunteer Infrastructure and Support for Living Wage Employment**

The EIH Report had several recommendations for improving program participant support to secure living wage employment. By way of background, the original intent of the City's first interim housing program, Mabury BHC, was to assist individuals in Rapid Rehousing with finding employment and housing. During the pandemic, the shift was made to house older adults with underlying health conditions, making them vulnerable to COVID-19. As the pandemic subsided, the Housing Department had an opportunity to return to a focus on employment and housing, particularly with the City's SJ Bridge program. The SJ Bridge program employs people experiencing homelessness to assist in clean-up and beautification projects throughout the City. Through the SJ Bridge Program, participants complete a 15-week program to receive job training that will lead to a living wage and linkages to housing and other resources to support their path to self-sufficiency and stabilization. On March 16, 2021, the City Council approved the March Budget Message for Fiscal Year 2021- 2022, which expanded the number of SJ Bridge program participants and transferred the program to the Housing Department and put a greater focus on getting participants housed. In 2021, the Housing Department released a Request for Proposals seeking potential operators of the SJ Bridge program and the Guadalupe EIH Program with the intent for the two programs to work in collaboration on employment development and housing. Goodwill of Silicon Valley was selected as the awardee for the SJ Bridge program, and LifeMoves was selected as the operator of the Guadalupe EIH program. The two organizations have a formal memorandum of agreement to coordinate employment and housing for SJ Bridge program participants. The Goodwill contract ends June 30, 2024.

*Staff Recommendation:*

- Evaluate the SJ Bridge Program and the Guadalupe EIH Program effectiveness, financial costs, and potential expansion of the living wage employment and housing model for other interim housing locations.

***Existing EIH and BHC Contracts and Implementing Recommendations***

Currently, the Housing Department has four contracts for EIH and BHC on-site services and operations. HomeFirst operates the two BHC sites along with the Monterey Bernal and Rue Ferrari EIH locations. People Assisting the Homeless and Abode operate the Evans Lane EIH and LifeMoves operates the Guadalupe EIH. The Housing Department contracted with HomeBase to assist in developing standardized EIH and BHC program guidelines, which will be the primary documentation for implementing 31 of the 45 recommendations (outlined in **Attachment B**) from the EIH Report .

To provide adequate time to develop the program guidelines, incorporate the recommendations resulting from the EIH Report, and develop new contracts, staff is seeking approval to extend the existing agreements for six months.

**Contract Timeline**

**Table 7** below summarizes the contract timeline between winter 2023 and summer 2024.

**Table 7: Contract Timeline**

Action	Deadline
Finalize EIH Standard Operating Procedures	December 2023
Finalize EIH Request for Qualifications	January 2024
Release Request for Qualifications	January 2024
Select program operators	March 2024
City Council approval of contracts	June 2024
Negotiate and execute new agreements	June 2024

***Racial and Equity Impact Analysis***

The Housing Department is committed to ensuring racial and gender equity in service delivery, housing placements, housing retention, changes in procurement, and/or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness. There are several specific actions that were put in motion throughout the analysis of interim housing sites to ensure racial and gender equity across policies, procedures, and service delivery. Actions included:

- Consulting with participants with lived experience;
- Consulting with the Lived Experience Advisory Board; and
- Adhering to the City's Language Access Plan.

### **EVALUATION AND FOLLOW-UP**

Staff recommends returning to the City Council one year from the start of implementation, January 2025, to assess progress and results from the changes made to guidelines and functions of the interim housing sites. Staff plans to further evaluate the performance metrics of the programs as well as client satisfaction via the Pulse4Good surveys that program participants are encouraged to complete on-site. Staff will follow up via the Neighborhood Services and Education Committee, including a memorandum with the results of the proposed changes.

### **COST SUMMARY/IMPLICATIONS**

The City of San José has four active agreements with HomeFirst, LifeMoves, and People Assisting the Homeless to provide interim housing services to operate Monterey/Bernal, Rue Ferrari, Guadalupe, Evans Lane, San Felipe, and Mabury locations through December 31, 2023, totaling an amount not-to-exceed \$12,089,677. Below is a breakdown of the total cost of the grant agreements for each site as a result of executing the amendments to extend services between January 1, 2024 and June 30, 2024.

#### **1. TOTAL COST OF GRANT AGREEMENT:**

<u>Grantee/Location</u>	<u>Amount</u>
HomeFirst	
Monterey/Bernal	\$1,666,475
Rue Ferrari	\$2,412,340
LifeMoves	
Guadalupe	\$1,829,882
People Assisting the Homeless	
Evans Lane	\$1,900,000
HomeFirst	
San Felipe	\$1,111,735
Mabury	<u>\$1,094,680</u>
<b>TOTAL</b>	<b><u>\$10,015,112</u></b>

**2. SOURCE OF FUNDING:** Homeless Housing, Assistance, and Prevention Fund (454)

**3. FISCAL IMPACT:** Approval of the recommended action authorizes a not-to-exceed amount of \$10,015,112 for four grant agreements with HomeFirst, LifeMoves, and

People Assisting the Homeless to continue to provide interim housing services to operate the Monterey/Bernal, Rue Ferrari, Guadalupe, Evans Lane, San Felipe, and Mabury locations. The costs for these grant agreements will be paid from a \$29,118,995 State of California HHAP3 grant. There are no ongoing fiscal impacts to the General Fund as a result of the actions recommended in this memorandum.

**BUDGET REFERENCE**

The table below identifies the funds and appropriations to fund the contract recommendations as part of this memorandum.

Fund #	Appn #	Appn Name	Total Appn	Amt. for Contract	2023-2024 Proposed Operating Budget Page*	Last Budget Action (Date, Ord. No.)
454	209X	Emergency Shelters	\$20,663,387	\$10,015,112	897	6/20/2023 Ord. No. 30933

\* The 2023-2024 Adopted Operating Budget was approved on June 13, 2023 and adopted on June 20, 2023 by City Council.

**COORDINATION**

The preparation of this memorandum was coordinated with the City Attorney’s Office and the City Manager’s Budget Office.

**PUBLIC OUTREACH**

This memorandum will be posted on the City’s Council Agenda website for the October 17, 2023 City Council meeting.

**COMMISSION RECOMMENDATION AND INPUT**

No commission recommendation or input is associated with this action.

**CEQA**

Not a Project, File No. PP17-009 Staff Reports, Assessments, Annual Reports, and Informational Memos that involve no approvals of any City action; and File No. PP17-003, Agreements/Contracts (New or Amended) resulting in no physical changes to the environment;

HONORABLE MAYOR AND CITY COUNCIL

September 26, 2023

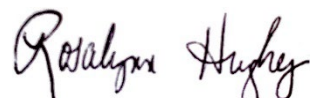
**Subject: Interim Housing Financial Stability – Study of City Interim Housing and Actions Related to Interim Housing Grant Agreements**

Page 23

Mitigated Negative Declaration for the Emergency Interim Housing Programs project, File No. ER22-198.

### **PUBLIC SUBSIDY REPORTING**

This item does not include a public subsidy as defined in sections 53083 or 53083.1 of the California Government Code or the City's Open Government Resolution.



ROSALYNN HUGHEY

Deputy City Manager

and Acting Housing Director

The primary author of this memorandum is Ryan Sanders, Development Officer in the Homelessness Response Division. For questions, please contact Ragan Henninger, Deputy Director, at [ragan.henninger@sanjoseca.gov](mailto:ragan.henninger@sanjoseca.gov).

### **ATTACHMENTS**

Attachment A: Homebase Emergency Interim Housing Report

Attachment B: Implementation Work Plan

Attachment C: Homebase Recommendations Chart

Attachment D: Cost Savings Analysis

# Emergency Interim Housing Report

Identifying Promising Practices to Increase Sense of Belonging and Involvement  
Among Residents and Opportunities to Lower Service and Operational Costs

December 2022

Prepared by Homebase



## Acknowledgements

This report was compiled by Homebase on behalf of the City of San José and the San Francisco Foundation. Homebase would like to thank the lived expertise consulting workgroup comprised of Claudine Sipili, Gabriela Gabrian, Sketch Oppie, and K'Ronna Harmon for their work in facilitating focus groups and developing recommendations. Special thanks to the HomeFirst, PATH, and Guadalupe Emergency Interim Housing (EIH) staff and residents who shared their experiences and provided invaluable insight.

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## Executive Summary

On behalf of the City of San José and the San Francisco Foundation, Homebase, a national technical assistance provider on homelessness, conducted an assessment of the following emergency interim housing (EIH) and bridge housing community (BHC) sites to identify strategies to improve resident engagement and lower operational and service costs.

### **Operated by HomeFirst:**

- Mabury Bridge Housing Community
- Felipe Bridge Housing Community
- Monterey Bernal Emergency Interim Housing
- Rue Ferrari Emergency Interim Housing

### **Operated by PATH:**

- Evans Lane Emergency Interim Housing (serving families)

### **Under Construction and Will be Operated by LifeMoves:**

- Guadalupe Emergency Interim Housing

To complete this assessment, Homebase conducted 12 interviews with staff and leadership at EIH and BHC sites to understand existing system gaps, challenges, and opportunities for improvement. Homebase also conducted five resident focus groups in partnership with the lived expertise consulting workgroup and facilitated three interviews with Community Advisory Committee members to identify recommendations for building greater resident and community involvement at the sites. In addition, Homebase researched emerging practices and interviewed workforce development partners that have successfully leveraged social enterprise models and utilized innovative approaches to helping clients build toward careers that will enable them to achieve and financially maintain permanent housing stability. Based on this community feedback and research, Homebase identified several key areas of need at EIH and BHC sites and made recommendations for potential solutions.

## Identified Challenges and Needs

After identifying challenges to providing high quality services that empower and involve residents while lowering operational and service costs, Homebase developed recommendations responsive to each of the needs identified. Based on key stakeholder feedback, Homebase prioritized these recommendations to meet immediate and

foundational needs across the system while leveraging opportunities to effectively and strategically lower expenses where possible.

- **Distinct Subpopulations Are All Served Under One Program Structure:** Some residents fall within rapid rehousing acuity based on Santa Clara County's standard coordinated entry assessment while other residents entered the programs from abated encampments, experienced chronic homelessness, and face significant mental and physical health challenges. Having acuity-based and/or subpopulation-designated sites would allow providers to tailor program duration, site layout, and supportive service provision and staffing to better address the unique needs of distinct groups.
- **Reallocating Staffing Resources:** Residents reported that the roles of their onsite case managers, rapid rehousing case managers (if applicable), housing specialists, and resident coordinators are sometimes unclear, and they are unsure about how to direct requests for assistance. Clearer delegation of roles and evaluating staffing levels by position can allow for a reallocation of resources that prioritizes direct specialized services and facilitates greater positive exits to permanent housing.
- **Prevent Health-Related Emergency Service and Ambulance Calls:** Residents and staff alike expressed concern about frequent emergency service calls resulting from a lack of alternative preventive health supports and aid. Staff also observed that their heavy reliance on ambulance calls has strained their relationship with emergency service partners. Connecting residents to health care services would help prevent emergency calls.
- **Providing Sufficient Supervision and Security in a Cost-Effective Way:** Residents greatly value how safe they feel at the sites, often citing it as their favorite thing about living at the EIH and BHC sites. Since hiring private security is a substantive operational cost for programs, exploring alternative models of providing supervision can lean out operational costs, respond to residents' desire for security, and facilitate encouraging compliance without having supervision feel like a form of policing.
- **Shifting Programmatic Design to Fund Operation Costs:** Currently the BHC and EIH sites do not charge program rent. If the City is willing to explore a shift in that programmatic design decision, it may be able to make use of local, state and/or federal rental assistance monies that could be used as program income that could be used to fund operations costs.
- **Program Duration and Supportive Move On:** Many residents are under the impression that they are going to imminently time out of their program stays and be displaced on the streets which can result in resentment and avoidant and disengaged behaviors. Clearly communicating program expectations and requirements can address this confusion and mitigate residents' anxieties and concerns.

- Creating Greater Community Building and Engagement Opportunities:** Residents expressed interest in opportunities to take ownership and care of their communities and be involved in aspects of decision making at the sites. Creating a community council of residents elected by fellow residents to facilitate conversations and be involved in decision making regarding the social and physical environment at the sites would boost resident buy-in and compliance. Residents across the sites would also like to see more intentionally designed group spaces so they can have multiple options for places to congregate and share in community with one another. In addition, offering culturally responsive and nutritious food offerings and the space and ability to prepare meals for oneself and loved ones is an essential component of resident belonging and holistic care. Strengthening and expanding the current volunteer infrastructure would allow for greater engagement between residents, Community Advisory Committee members, and the larger neighborhood.
- Desire for More Hands-on Support to Secure Living Wage Employment and Housing:** Residents noted that rising housing costs, inflation, and prolonged unemployment are significant barriers to housing stability and expressed a need for more hands-on support to secure jobs that will enable them to afford housing once short-term assistance is phased out.

## Introduction

Santa Clara County has some of the highest rates of unsheltered homelessness in California and in the nation. San José City Council first declared a shelter crisis on December 8, 2015, and continued to reaffirm the existence of a shelter crisis due to the lack of available shelter and affordable housing to meet the needs of people experiencing homelessness in San José. Per California state law, jurisdictions that declared a shelter crisis could locate homeless shelters on land owned or leased by a City or County, and certain housing, health, habitability, planning and zoning, and safety laws were suspended or eased during this shelter crisis period.

On September 27, 2016, AB 2176<sup>1</sup> was signed into law and amended the Shelter Crisis Act, authorizing a five-year pilot program and allowing the City of San José to create bridge housing communities and emergency interim housing as an emergency housing intervention for people experiencing homelessness.<sup>2</sup>

This legislation also allowed the EIH and BHC sites greater flexibility with building codes, which required California Department of Housing and Community Development's approval and stipulated that the EIH and BHC sites only be temporary, be in response to an emergency, and provide a clear pathway to housing for the residents who live

<sup>1</sup> [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520160AB2176](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2176)

<sup>2</sup> AB2176 was extended and site bill AB1745 extended the bill to January 1<sup>st</sup>, 2025.

there. The construction of bridge housing communities and interim housing aimed to provide unhoused individuals with a safe, healthy, and stable environment while they successfully transitioned from the street to permanent housing. In addition, in response to the COVID-19 pandemic, these interim housing sites provided a means to reduce the spread of COVID-19 while continuing to provide bridge housing opportunities beyond the public health emergency.

Permanent housing takes an average of three to five years to develop and begin serving those most in need. The State shelter crisis declaration and dedicated emergency funding has allowed communities, including the City of San José, to quickly set up EIH and BHC sites as a viable temporary and immediate solution to addressing homelessness. While EIH and BHC sites are cost effective in terms of development and quick start up timelines of six to nine months, annual operating costs continue to be higher than those for both scattered-site and site-based permanent supportive housing, which average about \$32,000 per household.

EIH has already proven to be more successful in connecting residents to long-term housing than traditional emergency shelters, largely in part due to the investment in one-on-one case management and the privacy and security residents are afforded to regain a sense of normalcy. Within the City of San José, 48% of individuals served in the City's EIH and BHC sites exited to permanent housing between February 2021 and September 2022, outperforming the 2021-2022 Santa Clara County CoC performance benchmark metric of 30% successful exits to permanent housing from emergency shelter.

As many of the services and operations at the EIH and BHC sites are currently funded with time-sensitive emergency funding and one-time COVID-19 related federal and state funding sources, the City of San José partnered with Homebase to develop strategies to make EIH and BHC sites a more financially sustainable temporary solution to addressing homelessness.

The recommendations highlighted in the report focus on unrealized opportunities to reduce operational costs while maintaining a high level of service provision to residents at the sites. The report also covers areas for improvement in further engaging residents in governance, management, and operations and building a stronger sense of belonging and community between the residents at the sites and the greater neighborhoods.

## Emergency Interim Housing Cost Comparisons

The following chart contextualizes the costs of the San José BHC and EIH projects by comparing to similar emergency interim housing projects located in California. The chart compares the ongoing operations budget for each project which generally includes all onsite personnel and other operating costs such as maintenance, utilities, janitorial, etc. Projects differ in size (i.e., number of units/beds) so the cost per unit/bed is offered to compare costs more easily across projects. Like the projects in San José, the

comparison projects serve high needs households who are coming from unsheltered locations, with onsite supportive services.

**Community Cost Comparison<sup>3</sup>**

Project/Community	Units	Ops. Budget	Annual Cost Per Unit/Bed
Oakland Community Cabin	20 units; 40 beds	\$850k	\$42k/unit; <b>\$21k/bed</b>
Riverside Shelter Village	30 units; 60 beds	\$1.2m	\$40k/unit; <b>\$20k/bed</b>
Santa Cruz Pallet Shelter	30 units; 30 beds	\$1.2m	\$40k/unit; <b>\$40k/bed</b>

**San José’s BHC/EIH Cost Comparison**

Project/Community	Units	22-23 Ops. Budget	Annual Cost Per Unit/Bed
Mabury BHC	40 units; 40 beds	\$1,945,700	\$49k/unit; <b>\$49k/bed</b>
Felipe BHC	40 units; 40 beds	\$2,065,300	\$52k/unit; <b>\$52k/bed</b>
Monterey Bernal EIH	78 units; 78 beds	\$3,319,850	\$43k/unit; <b>\$43k/bed</b>

<sup>3</sup> <https://housinginnovation.co/deal/riverside-community-shelter-village/>;  
<https://housinginnovation.co/deal/oakland-community-cabins/>;  
<https://housinginnovation.co/deal/santa-cruz-pallet-shelter/>

Project/Community	Units	22-23 Ops. Budget	Annual Cost Per Unit/Bed
Rue Ferrari EIH	82 units; 118 beds	\$4,080,150	\$50k/unit; <b>\$35k/bed</b>
Evan's Lane (serves families)	48 units; 121 beds	\$2,880,000	\$59k/unit; <b>\$24k/bed</b>

Comparing the costs of San José’s projects to other community projects illustrates that two of the five San José projects (Rue Ferrai and Evan’s Lane), are within the same cost range while three of the projects (Mabury, Felipe, and Monterey Bernal) exceed the upper end of the cost range for the comparison sites. Since cost per bed better aligns with the number of people served, which is particularly important because of the onsite personnel focus of the operations cost, we encourage particular attention to that analysis.

Comparison projects have a range of annual cost per bed from \$21,000-\$40,000, while **San José’s projects range from \$24,000-\$52,000 per bed**. Two of the San José’s projects, Mabury and Felipe BHC, have costs at the higher end of the range at \$49,000-\$52,000 per bed. In the middle is Monterey Bernal EIH with an annual cost \$43,000 per bed. Rue Ferrari EIH and Evan’s Lane are at the lower end of the range at \$35,000 and \$24,000 per bed. As evidenced by the comparison projects, a range in costs can be expected when looking across projects due to variation in project design, service delivery, population served, and permanent/positive housing placement rates. While it may not be possible to firmly standardize costs across each project, it may be appropriate to bring San José’s projects within closer range of each other with respect to costs per bed.

Detailed staffing budgets (including salaries for all positions across all programs) were not part of the analysis of this report but should be the starting point for future analyses across all San José’s projects to understand the drivers of cost more deeply. Taking the aforementioned factors into consideration, there may be opportunities to standardize the staffing/services across projects and realize some cost savings (**See Lower Resident Advocate Staffing Levels**). Importantly, while an additional analysis may unearth opportunities for costs savings across projects, it is critical to acknowledge the careful balance between cost and maintaining the level of services necessary to engage project residents and graduate them to successful housing exits.

**Distinct Subpopulations Are All Served Under One Program Structure**

HomeFirst staff expressed challenges with serving residents with unique needs coming from distinct circumstances under one program design and at the same sites. Having



designated sites would allow providers to tailor program duration, site layout, and supportive service provision and necessary staffing to better address their unique needs.

One way to separate sites out could be based on acuity—the level of care and resource allocation needed for individuals to access housing and remain housed. Santa Clara County uses the VI-SPDAT to assess households' vulnerability and acuity in order to match them to housing programs that will provide a level of support that best matches their needs.

High acuity households need the highest level of support to maintain housing and often experience challenges with trauma, illnesses, cognitive functioning impairments, behavioral health challenges, and chronic homelessness. Higher acuity households require deeper levels of coordination and expertise with other care providers. Lower acuity households on the other hand typically require less intensive, shorter-term supports to successfully stabilize.<sup>4</sup>

**Lower acuity sites such as a site designated to serve only residents within the rapid rehousing acuity range could have slightly larger staff-to-client caseload ratios (1:30 to 1:35)<sup>56</sup> than sites serving residents with higher acuity needs. For sites with higher staff-to-client caseload ratios, Portland State University's Homelessness Research and Action Collaborative's Village Research How to Guide suggests maintaining an approximate 10:1 ratio of those without significant behavioral health conditions to those with significant behavioral health conditions to balance caseloads and allow for case managers to have sufficient time to work with each client on their goals.<sup>7</sup> Higher acuity sites should prioritize lower staff to client caseload ratios – no greater than 1:15 to 1:20 as a best practice.**

**We recommend considering sites specifically dedicated to RRH-acuity clients, clients referred from abated encampments, senior adults and individuals with significant health conditions, and survivors of domestic violence.** Other specializations to potentially consider might be creating culturally specific pods within sites to address feelings of isolation among residents who are monolingual non-English speakers, sites targeting transitional aged-youth, sites catered toward individuals seeking sober living environments, and sites centered around goals and interests to support workforce development and workshop programming. While having designated sites might extend wait times for EIH or BHC placement, it could also increase retention

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<sup>4</sup> <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Primer-on-Serving-People-with-High-Acuity-Needs.pdf>

<sup>5</sup> *Ibid*

<sup>6</sup> <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf>

<sup>7</sup> [https://www.pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU\\_HRAC\\_Village%20Research%20and%20How-To%20Guide\\_SPREADS\\_04\\_22.pdf](https://www.pdx.edu/homelessness/sites/g/files/znldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf)

within the EIH and BHC programs because they would be better suited to meet the needs of participants.

In terms of the size of designated sites, national research suggests 20-30 residents maximizes community cohesion, potential for greater self-governance aspects and resident involvement, and efficiencies related to the physical infrastructure of EIH and BHC sites. Larger sites (~60 residents) should be filled in two phases—with 20-25 residents moving in within the first phase.<sup>8</sup> Non-specialized sites and/or sites that serve residents who fall within RRH acuity are better suited to fall within this larger size range.

While the above subpopulations could be well served by specialized BHC/EIHs, the City should continue to use local data and input from people with lived experience to inform decisions about what subpopulations to serve at designated sites, as this will ensure that designated sites will meet the needs of the unhoused community in San José. Furthermore, if a decision is made to create a site serving a specific population, the City and BHC/EIH providers should proactively do outreach to the target population to ensure units will be filled once a site is ready. LifeMoves began doing outreach while Guadalupe EIH was under construction, resulting in a group of people ready to move in as soon as it begins operation. In addition, LifeMoves used proactive outreach as an opportunity to communicate program terms and expectations to prospective residents.

It is important to note that the goal should not necessarily be for the City to create various designated sites at once, but rather start with one that will meet the current immediate needs of the community and consider others in a phased approach so as to mitigate potential disruptions in referrals and extended placement wait times.

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### Create a Designated Site for Rapid Rehousing (RRH) Range Clients

For residents who fall within RRH acuity, a short-term program (120-140 days) to get documentation in order, connect to mainstream benefits, and connect to affordable housing listings and employment specialists can be incredibly effective in achieving housing stability. A staff member at the Bernal emergency interim housing site noted that the program has a 90% success rate for residents who come in with a RRH voucher. Sites targeting this subpopulation could have slightly larger staff-to-client ratios than sites targeting higher acuity clients (1:35 vs. 1:15).

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### Create a Designated Site for Clients Referred from Abated Encampments

As encampments continue to be abated across the City of San José, EIH and BHC sites are receiving more and more referred clients who have experienced chronic homelessness and face significant mental and physical health challenges. When

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<sup>8</sup> Ibid

serving individuals with complex conditions such as post-traumatic stress disorder, successfully connecting them to long-term employment opportunities and supporting them in reintegrating into housing requires more time and supportive services.

For individuals under duress, short time limits lead to emotional flooding and trigger a primary instinct to be avoidant, disengage, and self-isolate. Short program timelines also exacerbate their feelings of being involuntarily shuffled around and funneled through a revolving door of homelessness and erode the stability and supports they may have. Furthermore, staff reported that helping residents become document-ready can take upwards of two to three months. **While it recommended that time limits are lifted altogether**, in the instances that limits are required by property owners, **longer time frames (eight to twelve months) would allow residents to acclimate and move away from a fight-or-flight mode, build trust and rapport with staff and peers, and become document-ready.**

Individuals residing in encampments often have a deep sense of community and heavily rely on one another for support. **Real consideration must be given to housing encampment residents together in the same EIH sites. Maintaining these support networks can make the transition to housing easier, increase participant retention, and improve housing outcomes.** Community and belonging are profound protective factors for all people, especially during times of crisis.

In addition, while current program design is intended to motivate residents to move toward self-sufficiency, policies that require removing televisions from all units and impose violations if individuals do not complete housing search logs in a timely manner strip residents of their sense of agency. While understanding that residents are required to actively be working on a housing plan per A.B. 2176, staff should prioritize working with residents on any barriers that preclude residents from achieving the set weekly goals. Individuals referred from abated encampments often feel pressured to leave their community and support networks against their will--having additional program restrictions exacerbates their feelings of powerlessness and precludes them from deeply engaging with staff and other residents.

**Sites targeting individuals referred from abated encampments who are experiencing complex mental health conditions and higher acuity service needs should minimize policies that impose further restrictions and consequences, as such an approach can lead to resistance rather than motivate and empower residents to achieve their goals.**

Beyond RRH-acuity individuals and individuals abated from encampments, the following subpopulations may also benefit from having specific designated sites.

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**Create a Designated Site for Senior Adults and Individuals with Significant Health Conditions**

According to the Here4You Call Center, senior adults experience particularly significant unmet needs. Congregate shelters are often unable to provide accessible sleeping arrangements, restrooms, and other communal facilities.

Residents at the EIH and BHC sites echoed accessibility and safety concerns and expressed that the process to request reasonable accommodations is confusing. **Staff should formally incorporate the process to request reasonable accommodations early on as part of residents' intake and/or orientation, rather than put the onus on residents to come forward and inquire about the process.** Residents at the HomeFirst sites noted that there are a limited number of cabins with ramps. In addition, residents across several sites noted that the mattresses provide insufficient padding, and there is a metal bar in the middle of the bedframe that has exacerbated residents' back problems. The size of the units can also make it difficult to move around, especially for residents with auxiliary equipment. Residents who have epilepsy have also reported falling on sharp objects and furniture. Unpaved parking lots and gravel also pose an accessibility issue. Residents also expressed that individuals with mobility issues sometimes struggle with maintaining their units and would benefit from additional support with tasks and with cleaning their units so it can pass inspection checks.

Per, the American Disability Act guidance, designated sites should include “an unobstructed 5 foot turning radius within private units, have an entry door with a minimum clear width of 32 inches requiring the door to be larger, likely 34 inches to 36 inches), and a bed height at 20 inches to 23 inches to the top of the mattress, and accessible entry into the pod and appropriate ground cover.”<sup>9</sup>

Furthermore, residents would like more transportation support such as bus tokens and shuttle services. For some of the HomeFirst and PATH sites, the bus stop is over a mile away, a distance inaccessible for individuals with mobility limitations. Participants expressed great appreciation for the onsite Uber services and lamented that these have stopped.

**In addition to building designated sites to serve this subpopulation with a focus on accessible design, these designated sites could benefit from having specialized staffing such as an onsite licensed vocational nurse who can administer medication, support residents with hygiene care needs, and help manage residents' medical equipment.**

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### Create a Designated Site for Survivors of Domestic Violence

The YWCA shared the following data with the City of San José regarding the unmet needs for shelter requests from survivors of domestic violence. From 7/2021 to 7/2022 the YWCA received 700 requests for emergency housing (shelters and motels). Of those 700 calls, they were able to place 23.7% of survivors (166) in emergency housing.

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<sup>9</sup> Ibid

58.2% of the calls (408) were not able to be accommodated due to motels and shelters being at full or staffing capacity. The other 18% of calls (126) were not placed because they did not want to be in a motel or could not meet program requirements to be in a motel. This data indicates an insufficient supply of emergency housing options for survivors of domestic violence.

In addition, a staff member at the Bernal EIH site shared a client story about a survivor of domestic violence that was working on substance recovery goals and had to choose between a unit with male neighbors and a unit with female neighbors who actively used substances. The survivor ultimately prioritized personal safety and opted to live by the women, but the staff person noted that she faced significant challenges that hindered her recovery goals as a result of the environment.

At the Rue Ferrari site, a resident expressed that she was originally placed at Mabury but had to move to Rue Ferrari because her ex-partner attempted to kill her and Mabury did not have sufficient safety measures in place. She noted that while there used to be sufficient security staffing at Rue Ferrari, there currently is not security stationed at each tower/entry to address potential breaches. She noted that staff should be better equipped at developing safety plans and emergency protocols to address such matters.

**Sites serving only survivors should consider that this approach could make the EIH community more vulnerable to violence. For example, the name of Kenton's Women Village<sup>10</sup> made some villagers uncomfortable because having women in the name made them feel like targets. EIH programs must consider putting in place confidentiality measures, clear and thorough safety protocols, and an appropriate model of security that ensures residents at sites serving historically marginalized groups are properly protected.**

## Reallocating Staffing Resources

Strategically evaluating current staffing levels can allow for a reallocation of resources that prioritizes direct specialized services, promotes stronger continuity of care, and facilitates greater positive exits to permanent housing.

### Lower Resident Advocate Staffing Levels

The HomeFirst EIH and BHC sites are staffed as following:

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<sup>10</sup> [https://www.pdx.edu/homelessness/sites/g/files/znlldhr1791/files/2022-04/PSU\\_HRAC\\_Village%20Research%20and%20How-To%20Guide\\_SPREADS\\_04\\_22.pdf](https://www.pdx.edu/homelessness/sites/g/files/znlldhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf)

Project	Resident Capacity	Number of Resident Advocates <sup>11</sup>	Number of Shift Supervisors <sup>12</sup>	Number of Program Managers <sup>13</sup>	Number of Case Managers
Mabury BHC	37	9 FTE	2.5 FTE	1 shared with Felipe	1 FTE
Felipe BHC	38	9 FTE	2.5 FTE	1 shared with Felipe	1 FTE
Monterey Bernal EIH	78	18 FTE	3 FTE	1 FTE	2 FTE
Rue Ferrari EIH	124	19 FTE	3 FTE	1 FTE	2 FTE

As illustrated above, staffing levels vary significantly across HomeFirst’s BHC and EIH sites. At the BHC sites, case manager to resident ratios range from 1:30—1:34, whereas, at the EIH sites, caseload ratios jump up to a larger overall spread ranging from 1:39—1:52. **The caseload ratios at the EIH sites are higher than the aforementioned best practice ratios based on level of acuity— (1:30 to 1:35) for lower acuity sites and no greater than 1:15 to 1:20 for higher acuity sites.**

Evans Lane, which serves families and children currently has the following staffing<sup>14</sup>:

Number of Residents	Number of Case Managers	Number of Resident Associates <sup>15</sup>	Number of Housing Specialists	Number of Employment Specialists

<sup>11</sup> Resident advocates manage the day-to-day tasks of ensuring the safety of the site and provide immediate support to residents.

<sup>12</sup> Shift supervisors ensure shifts are adequately staffed and monitor the flow of the shift—responsible for delegating tasks, resolving any issues that arise, and keeping track of inventory on shift as needed,

<sup>13</sup> Program managers are responsible for oversight and ensuring operational standards and expectations are met.

<sup>14</sup> All staff assist with daily operations of Evans Lane, such as providing meals and logging case notes.

<sup>15</sup> Resident associates provide self-sufficiency workshops and other courses that pertain to residents’ interests and goals and provide support to case managers with researching resources in the area.

148—60 adults and 88 children	4 FTE	3.5 FTE	1 FTE	.5 FTE
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HomeFirst resident advocate staffing levels at the EIH and BHC sites are considerably higher compared to Evans Lane. At HomeFirst sites, resident advocate to resident ratios are as low as 1:3 compared to Evans Lane which has a ratio of 1:34.

**There is potential to lean out resident advocate staffing and prioritize staffing related to providing direct specialized services.** When determining adequate resident advocate staffing, it is important to have a clear vision on the roles resident advocates should play at the sites. Minimizing rule enforcement and compliance checks wherever possible can reduce current resident advocate staffing while still allowing resident advocates to play a primary role in supporting safety amongst residents at the sites.

**Reducing resident advocate staffing levels might also open up budgets to hire more onsite case managers. Hiring more onsite case managers would be particularly beneficial for Rue Ferrari which currently only has two FTE case managers serving 104 residents. Rue Ferrari’s case manager to resident ratios should ideally be lowered from 1:52 to anywhere between 1:15—1:20 (if serving high acuity subpopulations) and 1:30—1:35 (if serving low acuity subpopulations).**

In addition, at sites serving RRH-acuity clients, residents have an onsite case manager, a RRH case manager, and a housing specialist. Currently, these clients’ RRH case managers and housing specialists are not onsite, and residents have noted that maintaining contact with them over the phone can be challenging. This in turn can significantly delay progress on residents’ housing stability goals, especially when RRH case managers make onsite visits as infrequently as once a month. Adding more case managers per site and consolidating the onsite case management and RRH case management role into one position can better foster continuity of care for residents. **Hiring onsite housing specialists would allow case managers to be able to more effectively balance their caseloads and open up more time for case managers to focus on residents’ care coordination. Additionally, reducing resident advocate staffing levels may make it possible to hire licensed vocational nurses that can rotate throughout the sites to provide basic health care services, something that both residents and staff consider one of the most needed onsite services (See Preventing Health-Related Emergency Services and Ambulance Calls).**

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### Create Clear Delegation of Roles

In addition, focus group participants observed confusion among residents regarding the appropriate point person for each task. HomeFirst recently went through a restructure of roles—there are monthly management meetings to discuss common goals and outcomes, and biweekly meetings among direct staff, case managers, RRH case

managers, and housing specialists to case conference and share progress on clients' goals. In addition, housing specialists now provide a housing transaction service either in person or by phone call once a week and actively monitor residents' income and maximum rent potential so they can assess what residents can comfortably afford and sustain. Teams are proactively tracking and monitoring housing leads on a weekly basis and using a tool in case conferencing to help ID housing barriers and determine program extensions for residents. **Staff have seen an increase in positive exits to permanent housing, particularly among longer stayers, and staff largely credit this success to greater communication and clarity of roles across staff and residents.**

**Reducing resident advocate staffing and staffing that does not pertain to direct services can allow for more strategic staffing tailored by site and subpopulation. In addition to hiring more case managers per site, onsite housing specialists can be hired to help residents with the housing search. For sites serving families with children a child specialist can be hired to focus on the kids' needs. For sites serving senior adults and individuals with serious health conditions, a licensed vocational nurse can be hired.**

### Preventing Health-Related Emergency Services and Ambulance Calls

Due to a lack of onsite healthcare services, every medical issue requires staff to call emergency services. Staff reported that frequent ambulance calls have damaged their relationships with local emergency services partners, are incredibly costly, and contribute to a lack of safety at the sites. Rue Ferrari EIH, Bernal EIH, and Mabury BHC provided Homebase with data to quantify the calls:

Bernal EIH: Over a four-month period, there were 28 health-related calls made to emergency services.

Rue Ferrari EIH: Over a 12-month period, there were 104 calls made to emergency services.

Mabury BHC: Over a 12-month period, there were 52 calls made to emergency services.

Although the emergency calls for Rue Ferrari and Mabury were not specified as health-related, residents and staff anecdotally confirmed that the majority of 911 calls are due to health incidents. Residents and staff alike expressed that there is a significant need to connect residents to health care in order to prevent many of the costly health-related emergency calls and hospital visits that are currently occurring. The following recommendations focus on ways to strategically connect residents with health care services.

### Create a Protocol to Enroll All Eligible Residents in Medi-Cal and Leverage CalAIM to Connect Residents to Health and Housing Services



While most individuals experiencing homelessness are Medi-Cal-eligible, not all who are eligible are enrolled. Many face enrollment barriers due to lack of access to an internet connection, lack of a permanent mailing address, lack of transportation to enrollment agencies, limited or no documentation to support their eligibility, and challenges with navigating the often-complicated public benefit enrollment systems. EIH and BHC sites should create a protocol to ensure all eligible residents are enrolled in Medi-Cal as part of their initial intake. Once an eligible resident is enrolled, the care team should provide them with ongoing assistance on how to use their health insurance, including finding out who their assigned primary care physician is; how to find a doctor who accepts Medi-Cal near them; and how to schedule appointments.

California was granted a federal waiver to adapt Medi-Cal to better serve enrollees with complex care needs. This initiative, called the California Advancing and Innovating Medi-Cal (CalAIM), is a multi-year program that aims to address the needs of the whole person, not just their medical needs. CalAIM includes many traditional and new Medi-Cal resources that a resident's care coordination team can leverage to connect residents to health and housing-related services and resources. One example of a critical new Medi-Cal resource within CalAIM specifically targeted toward enrollees with complex care needs is Enhanced Care Management (ECM). ECM, a program that all Medi-Cal managed care plans are required to provide, is "intended to address the clinical and non-clinical needs of Medi-Cal members by providing intensive care coordination and services across multiple systems of care" and require providers to "meet members where they are in their communities", allowing them to be treated at any physical location.<sup>16</sup> An ECM care manager can help a resident find a doctor, schedule appointments for health-related services, manage medications, set up a ride to go to an appointment or pharmacy, find and apply for community-based services, or set up follow-up care after a hospital visit.

Once a resident is enrolled in Medi-Cal and is connected to a managed care plan, they are often identified by their plan as eligible for ECM, which may trigger an ECM care manager to reach out to them. If the managed care plan does not proactively inform the enrollee that they qualify for ECM, the resident can be referred to the ECM program by any member of their care coordination team or even self-refer.

Effective January 1, 2022, both Santa Clara Family Health Plan and Anthem, the two Medi-Cal managed care plans covering Santa Clara County, began implementing the ECM program for individuals and families experiencing homelessness, high utilizer adults, and adults with severe mental illness and substance use disorders. Many EIH and BHC site residents fall into one or more of these population categories and are likely eligible for ECM. Anthem and Santa Clara Family Health Plan currently contract with 14 and 18 different community providers, respectively, in Santa Clara County to provide ECM services to enrollees experiencing homelessness, including the County itself.

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<sup>16</sup> [https://www.homebaseccc.org/files/ugd/7a8b17\\_99e88fe62eb44585adb2f73044762fe3.pdf](https://www.homebaseccc.org/files/ugd/7a8b17_99e88fe62eb44585adb2f73044762fe3.pdf)

Under CalAIM, Medi-Cal managed care plans continue to be incentivized to provide wraparound services and care coordination to enrollees. **Ensuring that all eligible EIH/BHC residents are enrolled in Medi-Cal will help finance critical medical care and supportive services and assist onsite case managers in residents' care coordination, without increasing operational costs to the City of San José or EIH/BHC site service providers.**

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### Hire Licensed Vocational Nurses (LVNs) and Utilize Mobile Health Units

The EIH and BHC sites are serving a large number of residents with serious chronic health conditions who have not had access to meaningful and consistent preventive care since becoming unhoused. Residents have expressed interest in onsite medical assessment and treatment, and staff have said that onsite medical care would help staff feel safer and better prepared to handle health-related incidents that arise.

**The City of San José and the service providers for EIH and BHC sites should consider hiring licensed vocational nurses that can rotate across the sites to provide these services to residents.**

Licensed vocational nurses (LVNs) are healthcare professionals that can provide basic nursing care, such as gathering information on patients' medical histories, measuring, and recording vital signs, providing medical advice, assisting with medication management, and cleaning or maintaining medical equipment and instruments. Both staff and residents alike expressed that there is a significant need for these basic healthcare services onsite provided by healthcare professionals that can build trust and rapport with residents through consistent interaction.

LifeMoves, recognizing that the majority of their 911 calls involve medical issues, utilizes LVNs to serve as liaisons between residents and primary care providers, advise clients regarding medical issues, take vital signs, and work with clients around medication compliance as needed. They have very small caseloads of up to five individuals maximum that they see regularly – their services are available only for very medically fragile residents.

Multiple staff members have said medication management is a critical service that could help keep residents stable and prevent escalation. Current onsite staff is not trained or authorized to do medication management and feel helpless in that respect. Residents also expressed concern that the sites do not have a healthcare professional to provide aid with non-emergency health-related issues.

**In addition to providing direct care to residents, onsite LVNs could participate in residents' care coordination. This could include working with case managers to ensure residents are being connected to the mainstream benefits they are eligible for, receiving any off-site services they need, and receiving any reasonable accommodations that they may need to be successful on the site and in any future housing.**

Having LVNs that are onsite often provides another opportunity for building trust and rapport with residents. This trust could support residents, particularly those that are coming from chronic homelessness, to overcome any fear that may have prevented them from seeking health care in the past. The median pay of an LVN in California is \$30.62 per hour, or \$63,676 per year.<sup>17</sup> LifeMoves pays their LVNs at a rate of around \$44 per hour, or approximately \$91,520 per year. The average cost of one emergency room visit in California is \$2,960.<sup>2</sup> Given these cost estimates, it would take only approximately 21 emergency hospital visits to amount to the average yearly salary of an LVN, an amount that has already been exceeded by each site. Although this recommendation may not result in operational cost savings for the EIH/BHC sites, it could be paid for through a strategic staffing reallocation (see Lower Resident Advocate Staffing Levels on page 14) and could result in improved outcomes, increased feelings of safety for residents and staff, and a significantly reduced number of calls to emergency services. Reducing the number of emergency calls would result in cost savings to local hospitals and the County. This could ultimately serve as an opportunity for the City of San José to request additional resources from the County and local hospitals to sustain these and other direct services that save reduce costs for the system as a whole.

While onsite LVNs would not be able to provide the full spectrum of care that many EIH and BHC site residents need, mobile health units could fill in the gaps by meeting residents where they are and coming onsite to provide varying levels of preventive healthcare services, chronic disease management, and referrals. **The City of San José should leverage partnerships with community partners and health sector partners to bring mobile health units to provide screenings and preventive health care services to residents of the EIH/BHC sites.**

Community health organizations that have experience working with individuals experiencing homelessness can tailor their preventive care measures and target screenings and services based on their specialized knowledge of morbidities and conditions that commonly impact individuals that are unhoused. Santa Clara County is fortunate to have the Valley Homeless Health Care Program (VHHP) and Gardner Health Services, among others, as its health care partners with experience serving the county's most vulnerable residents. Unfortunately, VHHP has indicated they are at capacity and would not be able to provide services to BHC/EIH residents at current staffing and resource levels. Funding from private hospitals could help community health partners such as VHHP, Gardner, and others expand their current work and increase capacity to include current and future BHC/EIH sites. These strategic partnerships would result in cost savings for both the County and the City, and leverage emergency interim housing as an opportunity to connect current and future residents to critical services. Connecting residents to community healthcare providers is also an

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<sup>17</sup> <https://www.bakersfieldcpr.net/average-lvn-salary-california/>

opportunity to help them establish primary care that they can continue to utilize once they exit into permanent housing.

The health care sector has long recognized the need to invest in preventive and respite care for individuals experiencing homelessness in order to lower hospital readmission rates. This creates an opportunity for the City of San José to explore leveraging funding from or partnerships with local hospitals and other health care providers to bring health care services to EIH/BHC residents onsite by increasing the capacity of mobile health units. Such partnerships are not new in California. One example is Abode's Napa Shelter, which has medical staffing funded by OLE Health, a nonprofit health center in Napa.

It is clear that the sustainability of mobile health units and health care services for residents of temporary housing in the City of San José must rely on collaborations with multiple partners to leverage funding and resources. Providing direct medical services to residents through LVNs and mobile health units can prevent recidivism back to the hospital, ultimately reducing costs for the City, the County, and local hospitals – making it more likely that residents are able to stabilize and move forward in their housing goals.

### Providing Sufficient Supervision and Security in a Cost-Effective Way

Residents greatly value how safe they feel at the sites and largely attributed this sense of safety to having a private unit with a lockable door. Residents also expressed feeling like security's priority should be securing the perimeter and keeping residents safe from events going on outside, rather than imposing restrictions internally and intruding on residents' sense of agency and privacy. Residents at the Mabury site noted there used to be three security staff and now they only have one security at a time. Residents would prefer having at least two staff stationed and have one staff patrolling the perimeter. The BHC sites often have folks parked outside in their RVs, which has made the residents feel a little unsafe. The following recommendations aim to balance the high costs of hiring 24/7 private security with a desire for sufficient supervision to provide safety that does not impose upon and restrict residents' freedom.

### Explore Alternatives to Hiring Private Security

Hiring private security to provide 24/7 supervision at the sites poses a substantial operational cost with private security often charging approximately \$30-\$40/hour. In addition, staff interviewed across sites have experienced challenges with quality of service, with security found to be asleep in their vehicles during their shifts and incidents where security inappropriately navigated crises. **Agencies who have explored alternative models and leaned out or completely transitioned away from hiring private security have managed to maintain if not improve the safety and supervision of staff and residents onsite.**

HomeFirst EIH and BHC sites spend the following on private security:

Rue Ferrari (two 24/7 guards and one guard for 12 hours)	\$600,000/year
Monterey Bernal (two 24/7 guards)	\$480,000/year
Felipe (one 24/7 guard and one guard for 12 hours)	\$384,000/year
Mabury (one 24/7 guard)	\$264,000/year

PATH currently has 24/7 security staff on-site—typically consisting of one to two security staff members at any given time reviewing camera footage, greeting and monitoring cars and individuals entering and exiting the property, completing walk-throughs, and responding to security concerns. The annual budget for security services at Evans Lane is \$505,000 per year.

LifeMoves previously hired private security and later shifted to a residential service coordinator model to provide site security and supervision. They found that not only was this a huge opportunity to lean out operational costs, but also an opportunity to create a supervision model that is more person-centered and another touchpoint for genuine interactions and rapport-building. Under their current model, LifeMoves has three residential service coordinators that carry out supervision and security functions. Residential service coordinators complete multi-day trainings focused on crisis prevention and intervention, motivational interviewing, de-escalation, and administering first aid and Narcan.

LifeMoves leadership reported that they have yet to encounter a situation in which private security would have been equipped to handle a crisis better than their residential service coordinators. If a situation escalates to a high enough level, in either situation, external law enforcement would have to be called in. Furthermore, residential service coordinators have been more successful in de-escalating situations because they have rapport with the residents. LifeMoves also strategically utilizes security cameras to promote and encourage safety and compliance while balancing residents’ privacy. This model addresses the need for supervision while also stepping away from a traditional security model reminiscent of policing and institutional settings. LifeMoves has found success in this model at their other sites and at their Mountain View EIH site and plan on adopting this approach to the Guadalupe EIH site as well.

The starting salary for their residential service coordinators is \$20/hour, and they would generally contract with security companies at ~\$36/hour. Based on these estimates, shifting to a residential service coordinator model could yield **~140,000/year** in savings for just one staff person.

One 24/7 Residential Service Coordinator	\$175, 200/year
One 24/7 Private Security Guard	\$315,360/year

While Casitas de Esperanza is not a program originally evaluated for this report, information was pulled in for the purposes of cost comparisons. At the Casitas de Esperanza site (operating 25 EIH units with 100 beds serving families and children), Amigos de Guadalupe does not have private security staffed 24/7. Instead, Amigos staff provide supervision and private security cover only the graveyard shift which runs from 10pm-5am. Amigos currently spends \$7,980 in security on a monthly basis, amounting to \$95,760 for a year. Strategically hiring private security to cover limited night hours has allowed them to save a quarter of a million dollars that would have been dedicated to private security expenses.

In addition to being a massive cost saving opportunity, supervision roles can be an onramp for new hires to then grow into case management and supportive services roles within the agency.

### Provide Career Advancement Track for Individuals with Lived Expertise of Homelessness and Current Residents Through Alternative Security Model

A significant portion of individuals with lived expertise of homelessness hired by LifeMoves start off as residential service coordinators, and roughly three quarters of case managers started off as residential service coordinators. Residential service coordinator roles are centered around being person-centered and building authentic relationships with residents rather than having a punitive compliance overtone. Residential service coordinators are supervised by onsite leadership and advance within the organization by stepping into larger responsibilities and leadership roles. LifeMoves views their residential service coordinators as the heart of their operations—responsible for facilitating safety and first and foremost ensuring residents are respected and heard.

**There is an opportunity for EIH and BHC sites to create stipend tracks for residents to take on roles akin to the LifeMoves residential service coordinator position. Residents who have exhibited interest in taking on more responsibilities and being more involved with sites can receive training to become residential supervision coordinators at other EIH or BHC sites.** Working at one site while being a resident at a different site allows for separation which can mitigate concerns around potential power dynamic imbalances and tensions among residents. These concerns can also be addressed by intentionally designing the role to focus on providing support and building connection rather than completing compliance checks and administering punitive measures.

## Shifting Programmatic Design to Fund Operation Costs

While some cost saving measures have been explored in this report, opportunities may be limited, especially those that do not substantially lower service provision and compromise program effectiveness. As such, this section explores an alternative opportunity for funding operations costs, through charging program rent. Please note that the idea explored below represents some initial conceptual thinking and does not represent a model we have yet seen in other communities.

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### Explore Charging Program Rent by Leveraging RRH Vouchers

Currently the BHC and EIH sites do not charge program rent. **Should the City be willing to explore a shift in that programmatic design decision, it may be able to make use of local, state and/or federal rental assistance monies that could be used as program income which in turn could be used to fund operations costs.** Rental assistance is funded through a variety of sources, each with its own rules, regulations, and requirements to remain in compliance. This section considers the use of CoC-funded RRH but the City may consider whether ESG, ESG-CV, HEAP, HHAP, SSVF, CESH, or locally funded RRH programs would be better suited for use at the BHC/EIC sites.

Using CoC-funded tenant-based RRH as an example (a historically underutilized resource in Santa Clara County), CoC program funds could be used to fund participant rent if the unit and participant meet a variety of CoC-funding requirements: the unit meets Housing Quality Standards, the participant/tenant meets eligibility requirements (e.g., Literally Homeless or Fleeing DV) and signs a one-year lease, and rent meets rent reasonableness standards, among other requirements. In this example, the nature of the tenant-based rental assistance enables the tenant to take the rental assistance with them to another unit after they have stabilized at the BHC/EIH sites. This model would utilize the BHC/EIH as a bridge, aiming to provide stability for the participant while housing search happens in the private market.

Depending on the services associated with the RRH program, BHC/EIH sites may be able to reduce on site services, such as housing navigation, in favor of relying on the services available through the RRH program. There may be further opportunities to reduce services costs depending on breadth and depth of services offered through the RRH program.

Charging program rent has several potential impacts, including changing the nature/acuity of who is being served, changing the process of referral, and adding administrative duties to staff. The current process of referral from abated encampments results in higher acuity participants filling the program. By comparison, people who hold RRH vouchers generally have a lower acuity. The process of referral would also need to change to focus in on the referral of participants already holding CoC-funded RRH vouchers. A shift to collecting program rent would result in additional administrative responsibilities for program staff. These (and other) impacts must be weighed against the opportunity to collect rent and potentially reduce services costs. These are large

programmatic design changes, that have many immediate and downstream implications, each of which will be varied with the funding stream tied to the RRH.

## Program Duration and Supportive Move-On

Interim housing solutions with no clear pathway to permanent housing can lead to individuals experiencing homelessness being retraumatized as they are involuntarily shuffled around and funneled through a revolving door of homelessness. This continuous displacement erodes the stability and supports they have worked hard to rebuild and can exponentially worsen their situations. Having greater clarity and transparency around the goals of interim housing and setting feasible programmatic expectations around how long it takes residents to exit to permanent housing destinations can ease the distrust and concern individuals have with EIH and BHC sites. Additionally, supporting residents as they transition out of the sites is critical in minimizing re-traumatization and building bridges to long term housing stability.



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## Consistently and Frequently Communicate Program Expectations and Program Duration with Residents

Focus group residents expressed looming anxiety and re-traumatization caused by the perception of active time limits. Many residents are under the impression that they are going to imminently time out of their program stays and be displaced on the streets.

Participant length of stay limits at each site have varied since inception which has caused significant confusion among residents. The uncertainty and changing information negatively impact staff's rapport with clients. Some clients worry that their case managers are hiding something from them, which further breeds mistrust and hinders staff's ability to effectively work with them on stability goals.

For example, residents who are enrolled in RRH initially learn that they are given 60 days to find housing with two possible one-month extensions for those who are engaged in case management and housing planning. These timelines can be challenging for residents who have deeply embedded fears about their ability to obtain and maintain housing based on past traumatic experiences. It can take a significant period of time for a case manager to successfully build rapport with residents to help them work past these self-limiting beliefs during the housing search process. Discussion of short time parameters around this process leads residents to feel pressured into employment and housing opportunities that are not the right fit for them.

**Concerted efforts around clearly and frequently communicating program expectations and requirements and case management's roles and responsibilities in supporting clients throughout the process can address confusion and mitigate residents' anxieties and concerns and foster their sense of agency. While some deadlines may be necessary, the focus of all communications should be on supporting and facilitating positive exits rather than deadlines. Any extensions should be discussed and further clarified with residents.** Consistent communication around program requirements is particularly important at sites like Evans Lane where there are multiple providers playing different roles (i.e., Abode is a subcontractor for property management and responsible for unit turnover and minor maintenance while PATH is responsible for program and service provision) so as not to further confuse residents regarding what is being expected of them.

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## Modify Contract Goals for Successful Exits to Permanent Housing Destinations

EIH programs have in large part proven to be more successful in connecting residents to long-term housing than traditional emergency shelters due to the investment in one-on-one case management and the space residents are afforded to regain a sense of normalcy. Contract goals should be adjusted to address the challenges that come with time limits and to further promote program success.

Focus group participants expressed sometimes feeling pressured by staff to accept employment positions that are not the right fit for them and/or move out of the EIH and BHC sites into unsustainable living situations as they neared their 120-day thresholds. Challenges noted by staff include serving a significant number of participants who have higher acuity and serving individuals who may not be able to work or increase their income. Staff also observed that helping participants become document-ready for permanent housing is often very difficult to do within two to four months.

Staff also noted that long term success for participants transitioning out of EIH are most common when transitions are made on the residents' terms and after they have had enough time to build self-sufficiency without the expectation to move out on a timeline.

While 120-day contract goals might be particularly achievable for sites serving families<sup>18</sup>, the City might want to explore extending program duration within their contract goals, particularly for sites serving residents who are higher acuity or were experiencing chronic homelessness. A study conducted by Bay Area News Group, which spent four months following several EIH and BHC residents and analyzed three years of data from Santa Clara County, found that participants who stay longer than six months are more likely to move into permanent housing.<sup>19</sup> **Lengthening program duration to at least 6-8 months would give case managers more time to build rapport with residents and work on motivating them towards working on and successfully achieving housing stability goals.**

Some sites have length of stay limits imposed by property owners. For example, Felipe is on property owned by California Department of Transportation (Caltrans), which has imposed a six-month limit. **Sites located on Caltrans owned property might be better suited to serve families and lower acuity subpopulations.**

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## Coordinate Furniture Delivery for Residents Moving Out

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<sup>18</sup> Evans Lane, which serves families, was able to meet and exceed the contract goal of having 50% of residents exit to a permanent housing destination within 120 days of entry. Similarly, Casitas de Esperanza has also had success with placing families in permanent housing destinations with a median stay of 122 days and an average stay of 144 days.

<sup>19</sup> <https://www.mercurynews.com/2022/09/25/tiny-homes-and-homelessness-what-the-data-shows/>

When a client does find housing, they must exit the EIH/BHC program the day they sign the lease. While the rapid re-housing team coordinates furniture to be delivered to the unit, they can only start this process once they have a copy of a signed lease. As a result, clients are forced to sleep on the floor for up to two weeks until their furniture arrives. According to a clinician interviewed, “starting off their living situation with this dynamic destroys the buy-in that clients have to maintain their housing. They feel resentful, ignored, uncared for, and start to self-sabotage.” EIH/BHC sites can better facilitate successful transitions to stable housing by **prioritizing obtaining a donation of beds or air mattresses that sites can offer clients the day that they move in to serve as interim furniture or coordinating a quicker method for furniture delivery.**

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### Provide Fleet Vehicles to EIH and BHC Sites so Staff Can Support Residents with Obtaining Housing and Moving Out

Currently, only Bernal has a fleet vehicle. Most case managers are bound to sites and are unable to attend off-site appointments with clients, limiting their ability to leverage their existing relationships with landlords and supporting clients with overcoming barriers to obtaining housing. **Hiring more onsite case managers and having a fleet vehicle would allow staff to transport clients to housing interviews and moving residents’ belongings when they move out. While there is a potential cost associated with this, it in turn would also support quicker unit flipping so other residents can move in.**

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### Keep Residents Enrolled Until They Have a Shelter Bed Secured

In situations where residents are nearing their time limits and are ineligible for an extension, sites call the Here4You Call Center to secure shelter beds. According to HomeFirst staff, the shelter waitlist is currently 4+ weeks long, which results in residents returning to unsheltered homelessness. **Sites should explore putting in place policies to allow clients who are on the Here4You Call Center waitlist to remain enrolled in the program until they are notified that a shelter bed is available to ensure that programs are not displacing residents back into unsheltered homelessness.**

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## Expanding Community Building and Engagement Opportunities

While a few focus group participants expressed that they like to stick to themselves and spend most of their time in their private units either due to health conditions or unprocessed trauma, the vast majority of residents indicated that they would appreciate more opportunities to engage with one another and to become more involved at the sites. Focus group participants noted that greater involvement would foster a stronger sense of ownership and belonging at the EIH and BHC sites.

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## Foster Community Through Design

Residents at multiple sites lamented having limited spaces to congregate and also expressed interest in more green space. Residents appreciate the picnic tables but observed that they get crowded quickly and their usability is highly dependent on the weather—it can get too hot during the days or too cold at night to spend time there with others. **Having more sheltered or semi-sheltered community spaces so residents can gather and spend time with one another regardless of the weather would address this concern.** Residents at multiple sites expressed interest in amenities such as barbeque and/or fire pits to bring the community together. An alternative to fire pits that could be further explored are rocket mass heaters.

**When designing communal spaces, comfort should be a key consideration—a range of seating/posture options for comfort and accessibility should be included.** The small size of the private units often limits the options for comfortably positioning one’s body making it crucial that residents can freely move and re-position themselves while in shared facility spaces.<sup>20</sup>

**Having dedicated spaces for residents to engage in hobbies and potentially in micro-enterprise, such as a craft room or a woodshop, can provide opportunities for residents to create elements to improve the site such as furniture, shelving, curtains/blankets, etc.** Creating a can and bottle drop spot could also be a promising addition at sites to support residents who use recycling as income and could potentially become a place for neighbors from the greater community to bring their recyclables.<sup>21</sup>

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## Revisit Policies that Hinder Ability to Engage with One Another and Impact Sense of Belonging

Some policies are perceived to be restrictive and impede residents’ ability to engage with one another. Participants underscored the importance of encouraging socializing with others as a means of building trust and community with fellow residents. Residents sometimes want to stay out as long as possible so they can socialize because they know when they get back to the EIH/BHC sites, they will have to isolate. Parents at Evans Lane observed that there are too many policies that curb their children's freedom and ability to play and have fun with other kids. **While some of these policies were implemented as precautionary health measures to limit the spread of COVID-19, these policies should be revisited and re-communicated to residents so the intent behind certain policies is clearly understood.**

Parents at Evans Lane noted that their children are not allowed in the common areas and cannot request water for themselves or diapers for their siblings without having their

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<sup>1</sup>Ibid

<sup>21</sup> Ibid

parents accompany them. This restriction takes away from their children's agency and can make the kids feel dismissed and invalidated. **Sites that serve families should adopt a two-generation approach where there is equal focus on serving the adult household members and on serving the children. Staff should be mindful of adulthood when creating and implementing policies and procedures and prioritize creating policies that reflect and honor children's sense of agency.**

Parents expressed frustration with policies at Evans Lane that prohibit their teen children from looking after some of their younger siblings so the parents can perform essential tasks (i.e., apply for jobs, visit potential housing placements, etc.). Enforcing parental supervision without providing any alternative childcare services makes it more challenging for families to take proactive steps to achieving self-sufficiency. Families would like to see more opportunities to engage with one another and to be able to leverage mutual interdependence across other family and community members. **Policies around who can supervise a household's children for a limited number of hours so the parents can perform essential tasks should be revisited and these policies should be implemented consistently across the site.**

Similarly, at the HomeFirst EIH and BHC sites, residents lamented having to solely rely on staff for support because residents are not allowed to help each other. Staff are stretched thin and are often unable to respond in a timely manner. Participants expressed that if a resident were able to help another resident (i.e., clean their rooms for them) and be paid or receive something bartered in return, they would be very interested in providing help.

After moving into EIH/BHC sites, a fair number of participants have been separated from their larger support networks and communities. Not being able to have their support networks visit them at their new homes can be difficult and isolating. Former EIH and BHC residents expressed to some of the lived expertise consulting workgroup members that they felt like they had left their entire community behind and were all alone at the sites. They were not allowed to have visitors at the sites, and they would get lonely so they would go back to the encampments to spend time with and check up on their friends and loved ones. Some former residents would then struggle with securing transportation or would lose track of time and return to the sites to find out that their spot had been given to someone else because the program thought they had abandoned the unit. Some residents also expressed feeling isolated because of language barriers with other residents and staff at the sites. **Visitation policies should be amended to allow for families and close support networks to be able to visit residents at the sites during day hours at least once a month. While there is a need to balance site safety and security with resident community and dignity, there is an opportunity to meaningfully engage residents and people with lived experience in the creation of the visitation policy to find what may work best for a particular EIH community.**

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### Provide Varied and Flexible Programming for Residents

While a majority of participants expressed that there are sufficient opportunities to engage with other residents and staff, they also noted they would appreciate more community-led workshops. Residents have particularly enjoyed gardening as a way to have ownership and take care of their communities while at the EIH/BHC sites. Children at Evans Lane would like to see more programming and play-based activities. Parents noted that there used to be a supply of games for the children which are no longer there, and community activities have been scaled back due to budget cuts.

**Providing flexible and varied programming, including life skills courses and art workshops, would be greatly appreciated.** To provide greater program offerings, the EIH and BHC sites could explore leveraging economies of scale across the sites, such as a liaison that coordinates events allowing for a more efficient use of resources to bring residents across sites together. These larger workshop and community activities could be held off-site and the sites could arrange for transportation to the events. Having programming offered in various commonly spoken languages can bridge the monolingual language barriers some residents have faced. Parents at Evans Lane also noted they would be interested in stepping up and organizing events for fellow residents.

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### Involve Residents in Decision Making

Focus group participants expressed a desire for greater transparency and more of a say in the policies and procedures that are going to impact them. In addition, most focus group participants either did not know the Pulse for Good feedback kiosks existed, weren't sure how to use them, or were uncertain about who would receive the feedback and how it would be used.

Resident input on programmatic design is most impactful when entities actively implement feedback and communicate the outcomes of the feedback process to all involved parties by building a feedback loop. Clear feedback loops signify a commitment to thorough follow-up processes that better support residents who have spent time and emotional labor providing feedback and foster deeper trust in the process, which in turn incentivizes future engagement opportunities.

For example, Our House in Little Rock, Arkansas utilizes happy or not voting terminals<sup>22</sup> that ask residents different questions and ask them to vote. They pair them with "talk back" sessions where residents dive more deeply into the feedback collected and brainstorm opportunities to improve.

**EIH and BHC sites can explore forming a community council of residents elected by fellow residents who facilitate conversations and make decisions around matters and trends raised through the Pulse Feedback surveys that impact the**

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[https://ssir.org/videos/entry/homeless\\_shelter\\_uses\\_feedback\\_to\\_help\\_its\\_clients\\_regain\\_independence](https://ssir.org/videos/entry/homeless_shelter_uses_feedback_to_help_its_clients_regain_independence)

**social and physical environment. This initiative could identify candidates for a stipend track to greater involvement at the sites, including potentially receiving training to become a resident service coordinator.**

**Recognizing the value residents bring to the EIH and BHC sites by providing informal peer-to-peer support, sites should explore operationalizing employment opportunities for residents.** Residents are particularly well-suited for operational roles because they share an intimate understanding of what it is like to live at an EIH and BHC site and what is important for residents during their stay. Focus group participants expressed that they have felt like they are stepping on staff's toes when they have offered to take on leadership roles and do more within the sites. **Having more residents involved in the operations of the sites itself would allow for greater resident buy-in across the sites.**

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### **Leverage Volunteers to Foster Community Engagement**

**Community Advisory Committee (CAC) members believe the current volunteer infrastructure needs improvement to allow for more engagement between residents and the greater neighborhood. In addition, CAC members would like more clarity on their roles and would appreciate more support and resources to spread positive information about the sites to the larger neighborhoods. They would like to be given resources to effectively bust myths and provide accurate information regarding unrelated incidents that sometimes cause concern amongst community members.**

As of September 26<sup>th</sup>, HomeFirst has re-opened in person volunteering. The lived expertise consulting workgroup strongly advocated for expanding volunteer programs to include programs like the Befriender program at Austin's Community First site. In this model, each resident is supported by a special team of volunteers that spend a few hours each month serving as supportive friends. Before residents arrive, they are asked about what they love, and the Befriender team finds pictures and objects to reflect those passions for the incoming residents.

Similarly, at Eden Village in Missouri volunteers can take part in home teams—a long-term opportunity to make a personal connection with an Eden Village resident. Each resident is assigned a home team upon move-in, and they meet once a month to provide support and encouragement during their transition from life on the streets to life at the site. Volunteers with lived experience of homelessness or housing instability can be prioritized within this program to help build bridges and provide tips and tricks to support residents' transitions into the sites.

Additionally, **Santa Clara County's Lived Experience Advisory Board recommended having peer-to-peer tours of communities as part of orientation to further support new residents in acclimating to their new environments.**

**EIH and BHC sites may even want to consider "seeding" sites with experienced residents who opt into this leadership role and who are then compensated for**

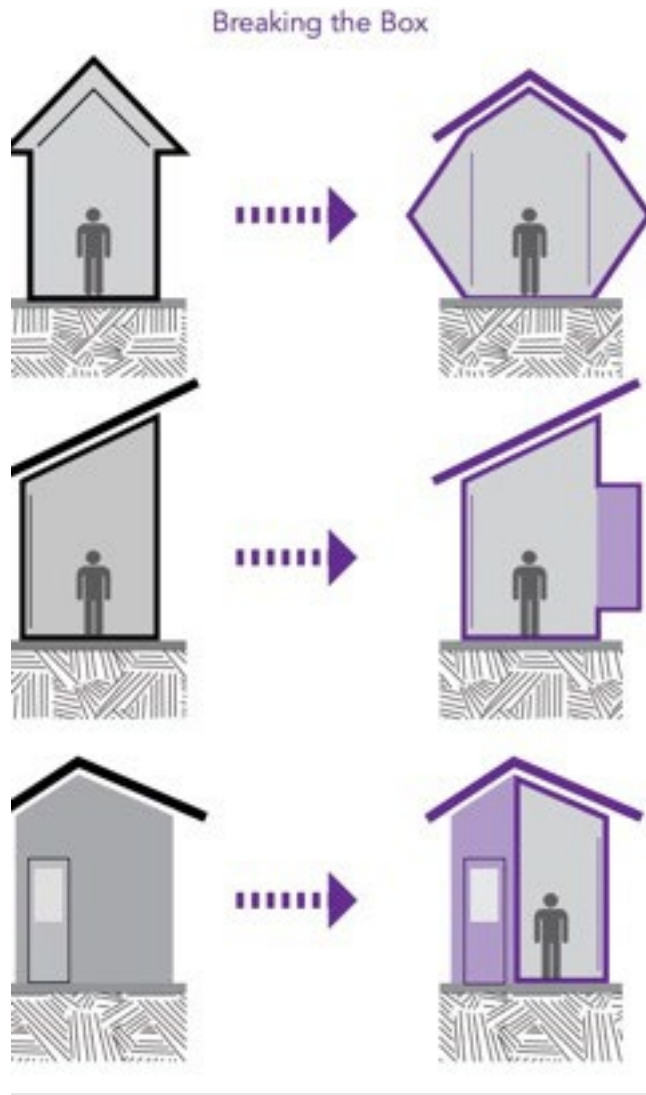
**their expertise.** These experienced residents can support in establishing a community culture and support newer residents in transitioning to life at the EIH and BHC sites. One of the first things folks lose when they become unhoused is a sense of belonging and community and so infusing EIH and BHC sites with community building ethos is essential.

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### Utilize Intentional Design

While boxy pod designs can maximize interior square footage and volume, this set-up coupled with the small size of units can often feel confining and can activate triggers of institutionalized settings. **Whenever possible, it is recommended that unit design aim to “break the box” and to prioritize design that creates forms that feel more welcoming and distinct,** as illustrated in the depiction on the next page.





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Additionally, the ability to personalize and rearrange the interior of their pods is greatly valued by residents. **EIH and BHC sites should consider opportunities for residents to rearrange the space.** This can be done by offering several layout configurations which help divide the space to best meet the households' needs, as depicted below.

<sup>23</sup> Ibid



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Focus group participants expressed a desire for desk space in their units to fill out housing applications and complete job searches and lamented the lack of space to store some of their belongings. **EIH and BHC sites should explore installing built-in storage and desk elements that are incorporated into the wall so as not to take up limited floor space. Sites can also provide residents with a platform to barter items they no longer want or need.**

As aforementioned, the current mattresses provide insufficient padding, and there is an uncomfortable metal bar in the middle of the bedframe. **EIH and BHC sites might want to explore prioritizing donation requests for thicker mattress topper padding to cushion the metal bedframes or look into alternative slatting for the bedframes.**

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### Provide Nutritious and Culturally Sensitive Food Offerings

While kitchen areas are central to community life at an EIH or BHC site and can garner comradery among residents, they can also be a common source of tension. Conflicts over food can be particularly intense when considering food insecurity among people experiencing homelessness.

Focus group participants appreciated that refrigerators at the EIH and BHC sites are always well stocked and expressed that having that food security puts them at ease. However, at Evans Lane, families noted that while the food is filling, it is often lacking in nutritional value. In addition, residents at HomeFirst expressed frustration when their

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<sup>24</sup> Ibid

food, especially food they purchased themselves, was either taken or thrown away by someone else. HomeFirst considered implementing a locked fridge policy after this issue became a recurring point of tension amongst residents. Implementing a locked fridge policy came with its own inconveniences and challenges, especially at the larger EIH sites (Rue Ferrari and Monterey and Bernal) with higher volumes of residents who need access to a single fridge.

The lack of a full kitchen within private units at Evans Lane can negatively impact households' considerations of whether to accept placements at this site. The head of a family that rejected their offer indicated that cooking is very important for her family and the kitchen amenities in her residential vehicle are far better than those at Evans Lane. **This example underscores the importance of having full kitchen amenities at EIH and BHC sites, as nutritious food offerings and the space and ability to prepare meals for oneself and loved ones is an essential component of holistic care.**

**For EIHs and BHCs to provide culturally responsive services and better serve residents from diverse cultural backgrounds, sites must communicate with each resident regarding their diet and preferred foods and ensure they have access to those foods.** For residents from BIPOC communities in particular, food can be a way to feel more at home. A resident at Mabury expressed he was glad there was another resident from his cultural background because this resident cooked their native food and shared it with him. While this resident expressed feelings of isolation due to being a monolingual Spanish speaker, he noted being able to eat his native food with another resident helped reduce those feelings.

**The City should explore standardizing guidance around site expectations for providing nutritious and fresh food to ensure sites have a dedicated budget for food provision that a central part of their operational plans.**

From a design perspective, it is best practice to have sufficient room for a significant number of residents to comfortably use the kitchen at the same time. In addition, while a complete kitchen with multiple sinks, stoves and ovens, and counter space is extremely valuable, microwaves and coffee makers have been reported to be the most used items at many comparable sites, so sufficient counter space and outlets should also be accommodated in layout designs.<sup>25</sup> **Having multiple refrigerators to store fresh perishable food is also highly recommended and can make implementing a locked perishables policy easier to implement, if necessary.**

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<sup>25</sup> <sup>25</sup> [https://www.pdx.edu/homelessness/sites/g/files/znlidhr1791/files/2022-04/PSU\\_HRAC\\_Village%20Research%20and%20How-To%20Guide\\_SPREADS\\_04\\_22.pdf](https://www.pdx.edu/homelessness/sites/g/files/znlidhr1791/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf)

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## Leverage Community Supports to Assist with Maintenance of the Physical Layout

In addition to the programmatic costs for operating the EIH and BHC sites, the City identified the need to have a staff team located in the Public Works Department who can maintain and repair the physical structures. While the sites are relatively new, there have been warranty issues, ongoing site projects to improve the livability of the communities, and repairs needed when units turn over. Current residents at Mabury have expressed that when something does break, it takes a long time for maintenance to address it because there is only one staff person handling all the calls for three sites. While residents do not think onsite maintenance staff is necessary, having additional staffing would ensure matters are addressed in a more time responsive manner. **EIH and BHC sites should explore leveraging the Community Advisory Committees to engage residents in the greater neighborhoods who may be able to lend their skills to maintain sites and supplement the City Public Works Department team by completing minimal/superficial repairs and landscaping.**

## Provide More Hands-on Support to Secure Living Wage Employment and Housing

As mentioned previously, the EIH/BHC sites are currently serving some residents within the rapid rehousing acuity that would benefit from supportive services to secure living wage employment. **The City of San José should expand partnerships with workforce development organizations to offer opportunities for residents of BHC/EIH sites to actively participate in these programs to help them sustain future housing.**

LifeMoves has partnered with Goodwill to provide workforce development to future residents of Guadalupe EIH that are willing and able to participate in the program, as well as to connect folks that come into Goodwill and need housing to interim housing at the Guadalupe EIH. Goodwill follows the ABC Model, which focuses on helping program participants get A job, get a Better job, and then get a Career through social enterprise. Phase A of Goodwill's model is rooted in a harm reduction approach -- the only expectation in the first two weeks is that program participants show up (even if they are under the influence). Once a program participant shows up for two weeks, they begin intensive training to help them become familiarized with common workplace expectations and cultivate habits that will help them sustain meaningful employment. The ultimate goal is to help participants attain livable wage employment within 18 months. Goodwill's model is nonpunitive and emphasizes building trust with clients.

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## Partner with Workforce Development Organizations for Different Phases of the ABC Model

Homebase, through an interview with JobTrain, identified several potential community partners that might be able to provide support and services to EIH/BHC residents at each phase of their workforce development. **For phase A, the City should explore partnering with Mountain View Day Center and Conxcion to Community to provide opportunities for EIH/BHC residents to gain employment. For phases B and C, where residents would need support with resumes, interviews, and career development, the City should explore partnering with JobTrain, Work2Future, and IRC, in addition to Goodwill.**

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### Designate Specific On-Site Positions for Current Residents

**One approach to providing EIH/BHC residents with meaningful temporary employment while fostering career development is to designate certain on-site positions for current residents.** While this recommendation can come with added costs, there are also opportunities for cost savings if certain tasks can eventually be taken on by residents, in turn allowing for provider staffing levels to be reallocated or even reduced. An interested resident would have to apply for an open position, and the position must pay at least minimum wage, help the resident refine transferable skills, and be conducive to the operation of the site. The supervisor could be a staff member from a workforce development partner that can provide feedback to, guidance for, and consistent and regular check-ins with the resident. It is important that the supervisor not be site staff, as this could jeopardize rapport and trust that site staff have with residents. Along with the duties of the paid position, residents would receive training like they do in Phase A of Goodwill’s model to help them with emotional supports and to become accustomed to and familiarized with workplace expectations. According to the Homeless Hub, “when done right, social enterprises not only provide an inclusive workplace but also aim to provide supports beyond the workplace to meet the complex needs of employees”.<sup>26</sup>

Austin's Community First Village offers contract job opportunities for 1099 income through their Community Works Program, a program consisting of a limited number of onsite jobs that provide micro-enterprise opportunities for residents. These opportunities include janitorial services and maintenance, car servicing, gardening, art, blacksmithing, woodworking, and concessions.<sup>27</sup> While San José’s EIH/BHC sites do not have the same type of facilities that would enable residents to work in some of these areas, partnerships with workforce development organizations could be leveraged to provide structure and supportive services for a meaningful onsite social enterprise program.

## Conclusion

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<sup>26</sup> <https://www.homelesshub.ca/about-homelessness/service-provision/social-enterprise>

<sup>27</sup> <https://mlf.org/introducing-the-community-works-entrepreneur-hub/>

Across EIH and BHC sites, staff and residents identified several common challenges and opportunities to improve service provision and lower operational costs. While this report reviews findings and potential solutions in separate categories, in practice many of the strategies are interconnected and would be most effectively addressed in tandem.

Greater transparency and communication around program requirements and length of stay limits at the sites, coupled with subpopulation-designated sites with tailored program duration, layout, and supportive service provision are key strategies to consider in addressing resident and staff concerns. Additionally, creating opportunities for wider community engagement and resident involvement would make residents feel more valued, heard, and welcomed.

Opportunities to lower operational costs without substantially reducing service provision, while limited, are also explored in this report. Evaluating current staffing levels and reducing resident advocate/associate staffing, can allow for a strategic reallocation of resources that supports direct service provision. Exploring alternative person-centered security models can reduce operational costs while also providing a pathway for people with lived expertise to become program staff. Leveraging private, state, and federal funding can better ensure residents are connected to critical services like health care and result in cost savings for the County, local hospitals, and the system as a whole. Finally, the City can explore utilizing voucher programs and charge program rent to fund operation costs.

Emergency interim housing is far more successful in connecting residents to long-term housing than traditional homeless shelters, largely in part due to the investment in one-on-one case management and the privacy and security residents are afforded to regain a sense of normalcy. As residents noted during the focus groups, emergency interim housing sites can serve as secure places for individuals to regain grounding, stability, and integrity and to focus on relearning life skills and achieving self-sufficiency. The time provided in a safe place to heal empowers and prepares residents to successfully maintain housing once they leave the sites. While providing more time and hands-on support to assist residents with securing living wage employment comes at a cost, it also substantially increases odds of success and positive exits to permanent housing destinations.

It is important to acknowledge that while EIH and BHC sites can be effective in helping residents stabilize and rebuild a sense of belonging, ending homelessness requires concurrent community collaboration and dedicated investments in affordable permanent housing. Until there is a sufficient supply of permanent housing available for individuals that need it, emergency interim housing can be one part of the solution to ending homelessness. As more communities look to the emergency interim housing sites as a model for temporary housing, it is imperative that communities balance strategies to improve program effectiveness and positive client experience with strategies to lower costs to ensure sustainability. Achieving this balance, while challenging, is a worthwhile investment of time and resources for all those that were, are, and will become residents of these sites.

## Stakeholder Engagement Appendix

Homebase facilitated nine interviews with staff at the emergency interim housing (EIH) and bridge housing community (BHC) sites, three interviews with community advisory committee members, and five focus groups with residents to identify opportunities to improve the operations of the interim housing sites. Homebase staff are grateful to the staff at these organizations and sites for their help with planning the focus groups and interviews.

Homebase gathered feedback from staff and residents of the following sites:

- Rue Ferrari Emergency Interim Housing (HomeFirst)
- Monterey Bernal Emergency Interim Housing (HomeFirst)
- Mabury Bridge Housing Community (HomeFirst)
- Felipe Bridge Housing Community (HomeFirst)
- Evans Lane Emergency Interim Housing (PATH)
- Guadalupe EIH (LifeMoves)

Based on the information gathered, Homebase has developed a high-level summary of findings that will be presented to the City of San José, the San Francisco Foundation, and the Lived Expertise Consulting Workgroup.

### Resident Feedback

Homebase conducted five resident focus groups in July to gather feedback from over 50 current EIH/BHC residents to share their experiences in interim housing—what has worked well, what could be improved, and what could make residents feel more at home at the sites. Across all the sites, it was noted that most participants either do not know that the evaluation kiosks exist or are unclear on the exact purpose of the kiosks and how they can provide feedback on the sites through the kiosks. Responses that came up repeatedly have been grouped together and paraphrased to reflect the general themes. Responses have been tagged with a [site name] to demarcate which sites direct quotes came from.

### Perceptions of Safety and Belonging at EIH/BHC Sites

- There is an overwhelming sense of safety and security at the sites, which is what residents appreciate most about being at the EIH/BHC sites. (All sites)
- Residents first and foremost appreciate having a private lockable unit. (All sites)
- Residents viewed the sites as secure places to regain grounding, stability, and

integrity and to focus on bettering oneself. (Felipe)

- One participant described the EIH site as a place to build back a foundation of health—use this time to heal and recover from being on the streets so they can regain employment once they are healthy. (Mabury)
- Sites provide an opportunity to relearn life skills and foster self-sufficiency, ensuring residents are empowered and prepared to successfully maintain housing once they leave. (Bernal and Felipe)
- Children expressed loving their private cabins and being able to go out and play on the swings with other children. (Evans Lane)
- Residents expressed that they felt cared for and seen and heard by staff. (Bernal, Rue Ferrari, and Mabury)
  - Staff make an effort to learn residents' names right away and are responsive to residents' needs. (Bernal)
    - For example, one resident expressed feeling overwhelmed attending meetings alone, so a staff member joined them for a virtual NA meeting. (Mabury)
- Residents also expressed that, while staff are available and have a lot of services to offer, they are not overbearing. (All sites)
- Refrigerators are always well stocked, and having food security puts residents at ease. However, some participants reported that, while the food is filling, it is lacking in nutritional value. (Evans Lane)

### Creating a Safer and More Welcoming Community

While residents have expressed that the EIH/BHC sites are by and large a place they can call home and a place they feel secure and accepted, there are a few notable constructive observations that were raised:

- Multiple residents across EIH and BHC sites expressed a desire for more security stationed at both ends of the site.
  - This is especially important to residents who are survivors of intimate partner violence. (Bernal)
  - Some sites used to have more security (three staff), and now they only have one security at a time.
    - Residents would prefer having at least two staff stationed and have one staff paroling the perimeter. The BHC sites often have



folks parked outside in their RVs, which has made the residents feel a little unsafe. (Mabury)

- While parents appreciated the safety provided by security, they felt like security's priority should be securing the perimeter and keeping residents safe from events going on outside, rather than imposing restrictions internally and intruding on residents' sense of agency and privacy. (Evans Lane)
- Participants expressed that some residents have repeatedly threatened other residents and when they have reported it to staff, nothing has happened. Those residents are still at the sites, and it makes participants uncomfortable spending time in common areas with them. (Mabury)
  - Incidents like the one above lead participants to feel like staff are not enforcing their own policies and procedures around safety.
- Residents would like more green space at the BHC sites. (All sites)
- Residents at multiple sites expressed that having a swimming pool and/or barbeque pit would be appreciated and could bring the community together. (Rue Ferrari, Felipe, Bernal, Mabury)
- Kids expressed a keen interest in seeing more programming and fun activities for them to take part in. (Evans Lane)
- The EIH sites are in the process of implementing a policy where residents have to get rid of their TVs and residents expressed being sad about this policy. (Bernal and Rue Ferrari)
  - Watching TV in their room is a means of escapism and coping for a lot of residents.
  - If sites are going to take televisions away, there need to be more opportunities to connect with folks (i.e., games)
    - Participants noted that there is a fair bit of programming but there is minimal engagement if no incentives are provided.

Some policies are restrictive and impede residents' ability to engage with one another. Participants noted if you isolate yourself for a long time, it can lead to depression. Socializing with others also facilitates building trust and community with fellow residents. (All sites).

- Residents are not allowed to step on another resident's porch or be in each other's units, and there are limited communal areas to engage with one another. (Mabury)
  - Sometimes it is too hot or cold to be congregating by the picnic tables. (Bernal)

- Parents observed that there are too many policies that curb their children's freedom and ability to play and have fun with other kids. (Evans Lane)
  - Parents also noted that there used to be a supply of fun games for the children which are no longer there.
- After moving into EIH/BHC sites, a fair number of participants have been separated from their larger support networks and communities. Not being able to have their support networks visit them at their new homes can be difficult and isolating for residents. (Rue Ferrari)
  - Participants observed that families should be able to visit residents at the sites during day hours at least once a month. (Felipe)
- Residents sometimes want to stay out as long as possible so they can socialize because they know when they get back to the EIH/BHC sites, they will have to isolate. (Mabury)
- Some residents expressed feeling isolated because of language barriers. (Felipe, Bernal, and Rue Ferrari)

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### Opportunities for Resident Engagement

- A majority of participants expressed that there are sufficient opportunities to engage with other residents and staff but that they would appreciate more community-led workshops. (All sites)
- Participants noted that they spend most of their time in their private units, either due to health conditions or because they are still working through trauma. (Mabury)
- Some residents lament having to call staff for support (residents are not allowed to help other residents) as staff are stretched thin and do not respond in a timely manner. (Mabury)
  - Participants expressed that sometimes staff do not take initiative until it is too late.
- Participants expressed that if a resident were able to help another resident (i.e., clean their rooms for them) and be paid or receive something bartered in return, they would be very interested in providing help. (Rue Ferrari and Mabury)
- Residents have enjoyed community gardening as a way to have ownership and take care of their communities while at the EIH/BHC sites. (Rue Ferrari and Mabury)

- Parents would like to see more opportunities for families to engage with one another; they mentioned hearing about opportunities and workshops that used to be held but are no longer offered due to budget cuts. (Evans Lane)
- Parents also noted they would be interested in stepping up and organizing events for residents. (Evans Lane)
- Participants expressed interest in potentially overseeing the maintenance of the sites and in collaborating on the implementation of rules and procedures at the EIH/BHC sites. (All sites)
  - Participants expressed this could help them build and refine their competitive employability skills. (Bernal)
  - They also expressed it would help them feel a sense of ownership of this community and it would contribute to a sense of safety. (Felipe and Mabury)
  - Participants noted they would need training support and expressed some concern regarding whether the training/onboarding process would be worthwhile given their limited program stays. (Bernal)
  - Some participants expressed wanting to be more involved but feeling constrained by staff indicating that they are overstepping and policies and procedures prohibiting simultaneously working for and living at the EIH/BHC sites. (Felipe)
  - Participants expressed that having more residents involved in the operations of the sites itself would paint a picture of success rather than restriction and allow for greater resident buy-in across the sites. (Mabury and Felipe)

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### Challenges and Service Gaps at EIH/BHC Sites

- Residents repeatedly asked where they are expected to go in six months, expressed concern about the potential prospect of returning to the streets, and observed that it will take years to be accepted for Section 8 housing. (All sites)
  - There is a looming anxiety around where residents will go when they time out of their final program stay extensions.
- Residents expressed feeling pressured into job searches and accepting employment opportunities or housing that they do not believe are a good fit for them or are sustainable long term. (Mabury)
- A significant portion of residents experience chronic health conditions and disabilities which make securing employment challenging, and they do not feel like they can succeed in time-limited programs where they are expected to eventually maintain housing on their own. (All sites)

- In terms of physical accessibility, residents observed that there are a limited number of cabins with ramps, that the mattresses provide insufficient padding, and that there is a metal bar in the middle of the bedframe that has exacerbated residents' back problems. (Mabury, Felipe, Rue Ferrari, and Bernal)
- The size of the units can make it hard to move around, and participants noted that some of their children keep bumping into furniture due to limited space. (Evans Lane)
- The unpaved parking lot and gravel also pose an accessibility issue.
- For participants who do not have a car, it is difficult to get around and they would like more bus tokens and transportation support/shuttle services. In addition, for some sites, the bus stop is over a mile away. (All sites)
  - Participants expressed appreciation for the Uber services and lamented that these have stopped.
- Participants also expressed a desire for desk space in their units to fill out housing applications and complete job searches. (Mabury and Bernal)
- Parents expressed frustrations with policies that prohibit their teen children from looking after some of their younger siblings so the parents can perform essential tasks (i.e., apply for jobs, visit potential housing placements, etc.). (Evans Lane)
  - Enforcing parental supervision without providing any alternative childcare services makes it more challenging for families to take proactive steps to achieving self-sufficiency.
- Parents also noted that their children are not allowed to come into the common areas and request water for themselves or diapers for their siblings without having their parents accompany them and this takes away from their children's agency and can make the kids feel dismissed and invalidated. (Evans Lane)
- Residents suggested that more free vet services should be provided. (Rue Ferrari)
- Participants expressed a desire for more self-care workshops and exercise offerings. (Rue Ferrari)
- Participants expressed a desire for AA and NA supports to be made more readily available to residents who are in recovery. (Rue Ferrari)
- Participants expressed that staff are not properly equipped or trained to deal with residents who have serious mental health challenges. (Rue Ferrari)
- Some residents knew going in that EIH/BHC placements were only ever meant to be temporary and serve as a steppingstone, but most participants are looking for

the sites to seamlessly be able to transfer them to rapid rehousing or permanent supportive housing. (All sites)

- Participants would like more hands-on housing search support.
- Participants also noted that the housing options that are provided to them are not feasible and do not consider their budget constraints.
- Participants expressed a critical need for an on-call nurse and a mobile medical van like the Gardner health truck come to the sites. (Mabury)
- Participants expressed that maintenance is short-staffed and very slow to address issues. (Mabury)
- Participants also noted a lack of clear guidance on rules and observed that policies change frequently without proper communication it to residents. (All sites)
  - In addition, participants at Evan Lane expressed receiving contradictory guidance from staff and noted that there is miscommunication between Abode and PATH which is exacerbating confusion among residents.

## Staff Feedback

Homebase conducted a total of eight staff interviews in July across all sites to gather feedback on successes, challenges, resident engagement and program retention, the community needs that the EIH/BHC sites are filling, and how they fit into the homeless system of care more broadly. Staff interviewed ranged from case managers and shift supervisors to program managers, clinicians, and directors. Responses that came up repeatedly have been grouped together and paraphrased to reflect the general themes.

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## Opportunities for Resident Engagement

- Engaging can be challenging with residents with higher acuity – many residents are experiencing high levels of anxiety and/or PTSD and are in survival mode. (Rue Ferrari, Bernal, Evans Lane)
- Staff say there is not a lot of engagement unless there are incentives or prizes. (Bernal)
- Engagement could make residents feel valued, heard, and welcomed, but can only happen after residents have time to stabilize and adjust to their new living situation, particularly for higher acuity residents. (Rue Ferrari, Evans Lane)
- Staff said that having physical spaces that encourage building community could help, including having BBQ pits and additional indoor and outdoor spaces. (Mabury)
- COVID restrictions have made resident engagement even harder (All sites).

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## Whom are the EIH/BHC sites intended to serve?

- Staff at different levels expressed that a significant number of participants have higher acuity and should be in a longer-term program. (Rue Ferrari, Mabury, Bernal, Felipe)
- Staff are worried about clients ending back up on the streets. (Felipe, Rue Ferrari, Mabury)
- Staff have said that even those that come to EIH/BHC designated as RRH-level will not have long term success in RRH, as their chances of securing employment are low due to chronic health conditions, disabilities, age, and/or acuity of mental health challenges. (Mabury, Rue Ferrari, Felipe)
- Staff say it is very difficult to help clients get their documentation within the 2-4-month time range. (Mabury, Felipe, Rue Ferrari)
- Staff spoke to the challenges of serving two distinct subpopulations within one program structure; stating that residents that came from hotels or had not been chronically homeless were more successful within the program structure, and residents that had been chronically homeless and/or unsheltered faced challenges around program time limit and requirements around engagement to maintain their housing (Evans Lane, Bernal, Rue Ferrari, Mabury)
- Some participants have mental health and substance use challenges – impacting participants that may be in recovery and other residents' feelings of safety. (Mabury and Rue Ferrari).

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## Challenges and Service Gaps at EIH/BHC Sites

- Staff observe that having professional medical and mental health support is important to keep participants and staff safe, prevent staff from feeling overwhelmed, and prevent 911 calls, which are made as often as every other week at some sites. (Felipe, Bernal, Rue Ferrari, Mabury).
- Staff identified some accessibility issues, especially for older clients and those with chronic health issues – including loose gravel, uneven surfaces, and water leakage. (Felipe, Mabury, Rue Ferrari).
- Staff turnover is high, resulting in inconsistent supervision from managers. Whenever management has to re-structure, communication does not trickle down, which causes inconsistencies that impact clients. (Bernal, Rue Ferrari, Mabury).
- Staff lamented a lack of training on how to interact with clients that are experiencing significant trauma—especially when staff must enforce rules or address tense situations. (Bernal, Rue Ferrari, Mabury).
- Staff observed that uncertainty around changing timelines as COVID policies lift make it challenging to build trust and rapport with clients. (Rue Ferrari and Mabury)
- Some staff do not feel safe onsite, as budget constraints have resulted in decreased security despite trespassers and illegal activity. (Felipe, Bernal, Rue Ferrari, Mabury)
- Burn out is evident – the pandemic has taken a toll on everyone. (Mabury)
- Caseload numbers have gotten higher due to staff cuts, making it difficult to establish rapport with clients. (Felipe).
- Staff lamented being unable to be responsive to resident needs for donations, as they have to navigate a convoluted process. (Mabury).

## Guadalupe EIH Feedback

While Guadalupe EIH is not yet in operation, Homebase interviewed leadership from LifeMoves to discuss their service delivery model, anticipated challenges, and strategies aiming to maximize resident engagement and integration with the surrounding community.

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## Distinctions between Guadalupe EIH and Other EIH/BHC sites

- Whereas other EIH/BHC sites follow a complete harm-reduction model, active drug use will be prohibited on Guadalupe EIH with the idea that all participants can feel safe and those engaged in recovery can be supported.

- LifeMoves will not be having private security officers onsite, instead staffing the site 24/7 by a LifeMoves Residential Services Coordinator. They hope the lack of security presence can help residents feel like the site is more a home than an institution and will save operational costs.
- There will be more intensive services support in Guadalupe EIH – including a housing specialist, employment specialist, clinicians and possibly an outpatient substance use counselor – for participants to utilize.
- LifeMoves is able to engage with future residents far earlier on through their homeless outreach team—helping build rapport and trust with participants which in turn will hopefully facilitate greater resident buy-in and engagement when Guadalupe EIH does begin operations.

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### Plans for Resident Engagement

- The layout of congregate spaces – kitchens, conference rooms, computer area – will be built intentionally in a way that fosters community-building.
- In order to maximize engagement, there will be a variety in program offerings to participants as well as flexibility in the time activities are held. They are relying on variety, flexibility, and word of mouth to boost resident engagement.
- Guadalupe EIH staff plan on organizing celebrations for holidays and birthdays onsite to foster a sense of connection between residents and staff and provide sober spaces to build community for participants in recovery.
- LifeMoves will be partnering with doctoral students to provide participants with therapeutic services offered in a range of modalities that they hope will also foster community.
- LifeMoves is hoping that by being transparent and ensuring that prospective program participants understand the terms of their program, participants will understand what will be required of them once they are there and there will be less miscommunication and frustration.

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### Proposed Relationship with the Surrounding Community

- LifeMoves will continue leveraging their connection to Santa Clara County Behavioral Health’s law enforcement liaison to build a relationship with the police department next to Guadalupe EIH. They are hoping they can do this in a way that will balance public safety on the site while maintaining participants’ feeling of autonomy and safety.
- LifeMoves is hoping to utilize their existing networks, including volunteers and private partners, to integrate the site into the community and bring outside workshops and activities to residents. LifeMoves will leverage their location by the downtown corridor to maximize connecting residents to community resources.



### Challenges

- Participants described a disconnect between their understanding of their role and providers' understanding— the committee is more of a conduit of information rather than an advisory body.
- Members desire support from providers to aid them in communicating with their neighbors about the sites, such as summaries of the information presented at committee meetings, updated data, and success stories.
- Participants observed that incidents unrelated to the sites may be contributing to neighbors' negative perspectives and noted a disconnect between what is happening in the community outside the sites vs. what neighbors think is happening on the sites.
- Members observed that volunteer infrastructure for the sites is not strong.
- Members stated EIH is not able to keep up with the need and is only a “drop in the bucket” but acknowledged that the community can only fill a bucket drop by drop, so there is value in these programs.

### Opportunities for Interfacing with the Greater Community

- Some of the CAC members envisioned more opportunities for residents at the sites to engage with their surrounding community, including at cookouts, craft nights, game nights.
- Building relationships with the greater community could help neighbors see the positives in these sites.

## Attachment B Implementation Work Plan

<b>1. Distinct Subpopulations are all served under one program structure</b>		
<b>Task</b>	<b>Description</b>	<b>Timeline</b>
Designate two EIH sites serving rapid rehousing and permanent supportive housing individuals	Clearer delegation of roles and evaluating staffing levels by position can allow for a reallocation of resources that prioritizes direct specialized services and facilitates greater positive exits to permanent housing.	July 2024
Formal partnerships and services at EIH sites for survivors of gender-based violence	Memorandum of Association established between Next Door Solutions and EIH site operators to assist with emergency placements and streamline process of assisting survivors of gender-based violence.	July 2024
Designate an EIH site for seniors/those with more acute needs	Site will have more specialized staff and resources for the elderly population. Having more ADA compliant units and a better site layout for those with ambulation challenges.	July 2024
Designate an EIH site for encampment demobilization	Site will be designated for referrals solely from San José Outreach teams that serve local encampments. These sites will be outfitted with supports and input by Lived Experience Advisory Board to better support transition of encampment residents.	July 2024

<b>2. Reallocating staffing resources</b>		
<b>Task</b>	<b>Description</b>	<b>Timeline</b>
Establish staffing levels for each EIH site in the EIH Program Guidelines	The EIH program guidelines will state the staffing levels for each site, RRH/PSH, seniors and encampment. Setting clear expectations for case management ratios.	January 2024

<b>3. Prevent Health-related Emergency Service and Ambulance Calls</b>		
<b>Task</b>	<b>Description</b>	<b>Timeline</b>
Secure partnership with private healthcare provider	Private healthcare provider to support regular on-site health services and workshops.	Spring 2024

<b>4. Providing Sufficient Supervision and Security in a Cost-Effective Way</b>		
<b>Task</b>	<b>Description</b>	<b>Timeline</b>
Eliminate private security during day at EIH sites and replace	Private security company provides guards during the graveyard shift (10pm-5am) while	January 2024

## Attachment B Implementation Work Plan

with resident advocates	site security throughout the rest of the day is handled by resident advocates.	
Establish clear staffing guidelines in the EIH Program Guidelines	Security post orders should be understood by all on-site staff. Staff will receive extensive training around on-site security focused on crisis prevention and intervention, de-escalation, and administering first aid and Narcan.	January 2024

### 5. Shifting Programmatic Design to Fund Operation Costs

Task	Description	Timeline
Designate Monterey/Branham to replicate Pedro St. interim housing model	In partnership with the County of Santa Clara, the HomeKey project at Monterey/Branham will designate half of the total occupancy to PSH program participants and voucher holders that need interim shelter while waiting for permanent housing placement.	January 2024

### 6. Program Duration and Supportive Move on

Task	Description	Timeline
Eliminate length of stay limitations at EIH sites	Length of stay limitations will be eliminated in new contracts with service providers.	January 2024
Establish clear guideline on length of stay	Clear guideline in EIH program guidelines that allows participants to stay at EIH until they transition to other temporary or permanent housing.	January 2024

### 7. Creating Greater Community Building and Engagement Opportunities

Task	Description	Timeline
Create a Community Council of Residents at each EIH location.	Creating a community council of residents elected by fellow residents to facilitate conversations and be involved in decision making regarding the social and physical environment at the sites.	Summer 2024
Develop formal Community Advisory Committee roles and responsibilities	Strengthening and expanding the current volunteer infrastructure would allow for greater engagement between residents, community advisory committee members, and the larger neighborhood. CAC Roles and Responsibilities would be part of the EIH program guidelines.	January 2024

**Attachment B**  
**Implementation Work Plan**

<b>8. Desire for more hands-on support for living wage employment and housing</b>		
<b>Task</b>	<b>Description</b>	<b>Timeline</b>
Evaluate the SJ Bridge Employment and Housing program for potential expansion at other EIH sites	Identify capacity of SJ Bridge program to partner with other EIH sites and expand those placements designated for this partnership to better support unsheltered individuals in employment program.	Summer 2024

## Attachment C Homebase Recommendations Chart

Homebase Recommendations	Reduces Cost?	Best Practice?	Adopting Recommendation?
1) Site designated for subpopulations	Unclear	Yes	Yes
2) Program time limits lifted or extended to 6-8 months	No	Yes	Yes
3) Formally incorporate reasonable accommodations into intake process	No	Yes	Yes
4) Reorganize staff structure to include more specialized staff	Unclear	Yes	Yes
5) Leverage CalAim for health services	Yes	Unclear	Requires further consideration
6) Hire licensed vocational nurses to float sites	No	Yes	Yes
7) Leverage partnerships for mobile health unit	Yes	Yes	Yes
8) Explore alternative security models	Yes	Yes	Yes
9) Create stipend tracks for residents to take on roles at sites and gain work experience	Requires further consideration	Yes	No
10) Explore charging rent for RRH vouchers	Yes	Unclear	No
11) Focus on communication to residents about deadlines and extensions	No	Yes	Yes
12) Communication focused on supporting a successful transition if timelines are presented	No	Yes	Yes
13) Caltrans property sites designated for lower acuity residents	No	Yes	Yes
14) Obtain furniture donations to help support exiting clients	No	Yes	Yes
15) Provide fleet vehicles to support residents	No	Yes	Yes
16) Keep exiting residents enrolled until shelter bed is secured	No	Yes	Requires further consideration
17) Have more sheltered community spaces	No	Yes	Yes
18) Have more seating options in community spaces	No	Yes	Yes
19) Dedicated spaces for residents to engage in hobbies	No	Yes	Yes
20) Revisit COVID-19 policies that inhibit social interaction	No	Unclear	Yes
21) Family sites should create policies that provide children a sense of agency	No	Yes	Yes
22) Identifying a policy to supplement childcare so parents have time to complete essential tasks	No	Yes	Yes
23) Visitation should be permitted to allow family and close support networks to come on site	No	Yes	Yes
24) Provide flexible and varied programming to include life skills and art workshops	No	Yes	Yes

## Attachment C Homebase Recommendations Chart

25) Have a liaison create partnerships with external providers to allow for off-site workshops	No	Yes	Yes
26) Explore forming a resident-led community council; could also lead to a stipend track	No	Yes	Requires further consideration
27) Operationalize employment opportunities for residents such as peer support	No	Unclear	Requires further consideration
28) Strengthen volunteer infrastructure to allow for more engagement between CAC and residents	No	Yes	Yes
29) Provide resources to CAC to bust myths and provide accurate information to surrounding community	No	Yes	Yes
30) Have peer-peer tours of community as a part of orientation	No	Unclear	Requires further consideration
31) “Seeding” sites with experienced residents taking on a leadership role to mentor new residents	No	Unclear	Requires further consideration
32) “Break the box” and prioritize a unit design that provides a welcoming atmosphere	No	Unclear	Requires further consideration
33) Provide residents opportunities to rearrange their space	No	Unclear	Yes
34) Install built-in storage and desk elements incorporated into the wall to not take up space	No	Unclear	Requires further consideration
35) Provide a space for residents to barter items that they no longer need	No	Unclear	Requires further consideration
36) Prioritize donation requests for thick mattress topper padding to cushion metal bedframes	No	Yes	Yes
37) Provide private kitchen amenities to participants	No	Yes	Yes
38) Have culturally responsive services in regard to preferred food	No	Yes	Yes
39) Address dietary concerns and preferences	No	Yes	Yes
40) Have a dedicated budget for food provision	No	Yes	Yes
41) Have multiple refrigerators to store fresh and perishable food	No	Yes	Yes
42) Leverage CAC to outsource landscaping and maintenance of site to surrounding community members	Yes	Unclear	Requires further consideration
43) Expand partnerships with workforce development partners to employ EIH residents	No	Yes	Yes
44) Adopt ABC model (Employer partnership plan)	No	Unclear	Requires further consideration
45) Designate specific on-site positions for residents	No	Unclear	No

## Attachment D Cost Savings Analysis (Bernal)

### FY 2022-2023 Budget

Personnel Costs	FTE	Annual Costs
Program Director	0.05	\$5,750.00
Associate Director	0.22	\$20,900.00
Site Manager	1	\$85,000.00
Resident Advocate	17	\$813,280.00
Shift Supervisor	1	\$65,000.00
Case Manager	2	\$110,000.00
Clinician	0.4	\$30,000.00
Community Engagement Coordinator	0.5	\$22,000.00
Fringe Benefits	25.00%	\$287,982.50
Security	2 24/7 guards (~8.4 FTE)	\$657,000.00
	<b>Sub Total</b>	<b>\$2,096,912.50</b>

### Approximate Budget w/ Proposed Changes

Personnel Costs	FTE	Annual Costs
Program Director	0.05	\$5,750.00
Associate Director	0.22	\$20,900.00
Site Manager	1	\$85,000.00
Resident Advocate	15	\$717,600.00
Shift Supervisor	1	\$65,000.00
Case Manager	3	\$165,000.00
Clinician	0.4	\$30,000.00
Community Engagement Coordinator	0.5	\$22,000.00
Fringe Benefits	25.00%	\$277,812.50
Security	1 12 hour guard (~2.1 FTE)	\$131,400.00
	<b>Sub Total</b>	<b>\$1,520,462.50</b>

<b>Cost Savings</b>	<b>\$576,450.00/year</b>
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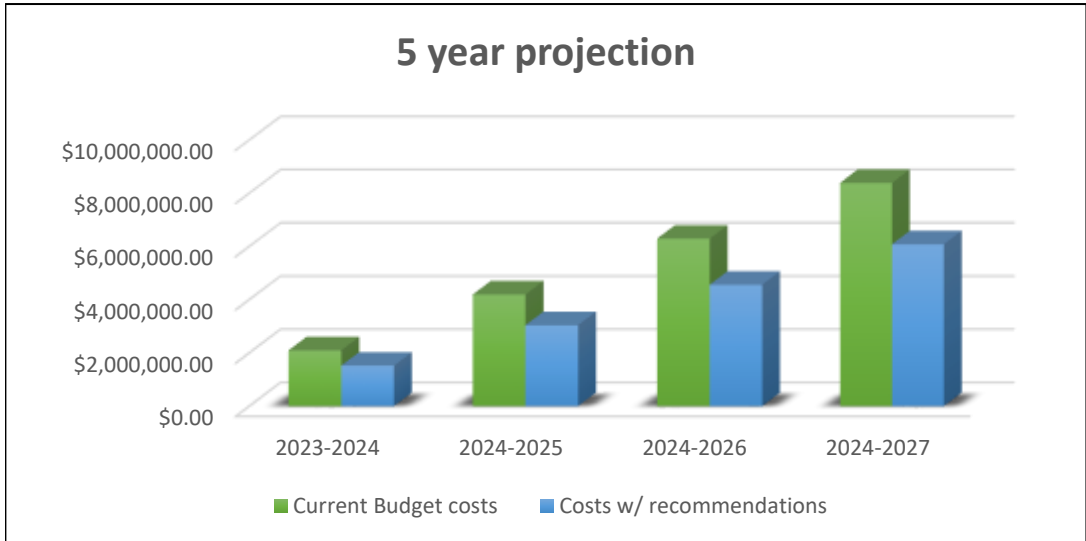
Comparison Summary
Reduce RA's from 17 to 15
Increase of 1 Case Manager
Reduction to 1 Night Guard

## Attachment D Cost Savings Analysis (Bernal)

### Staffing Changes Implemented

The Housing Department is exploring reducing the number of Resident Advocates from **17 to 15** to instead add an additional case manager to bring the total to **3**. The motive behind this change is to provide more specialized staffing and reduce case load ratios for case managers to align with best practices. Lastly, all sites will adopt the same security model as noted in memo.

	Current Budget costs	Costs w/ recommendations
2023-2024	\$2,096,912.50	\$1,520,462.50
2024-2025	\$4,193,825.00	\$3,040,925.00
2024-2026	\$6,290,737.50	\$4,561,387.50
2024-2027	\$8,387,650.00	\$6,081,850.00
2024-2028	\$10,484,562.50	\$7,602,312.50





## Attachment D Cost Savings Analysis (Rue Ferrari)

### FY 2022-2023 Budget

Personnel Costs	FTE	Annual Costs
Program Director	0.05	\$5,750.00
Associate Director	0.22	\$20,900.00
Site Manager	1	\$85,000.00
Resident Advocate	21	\$1,004,640.00
Shift Supervisor	1	\$65,000.00
Case Manager	3	\$165,000.00
Clinician	0.6	\$45,000.00
Community Engagement Coordinator	0.6	\$33,000.00
Fringe Benefits	25.00%	\$356,072.50
Security	Two 24/7 guards & One 12 hour guard (~10.5 FTE)	\$1,051,200.00
<b>Sub Total</b>		<b>\$2,831,562.50</b>

### Approximate Budget w/ Proposed Changes

Personnel Costs	FTE	Annual Costs
Program Director	0.05	\$5,750.00
Associate Director	0.22	\$20,900.00
Site Manager	1	\$85,000.00
Resident Advocate	18	\$861,120.00
Shift Supervisor	2	\$130,000.00
Case Manager	4	\$220,000.00
Clinician	0.6	\$45,000.00
Community Engagement Coordinator	0.6	\$33,000.00
Fringe Benefits	25.00%	\$350,192.50
Security	1 12 hour guard (~2.1 FTE)	\$131,400.00
<b>Sub Total</b>		<b>\$1,882,362.50</b>

<b>Cost Savings</b>	<b>\$949,200.00/year</b>
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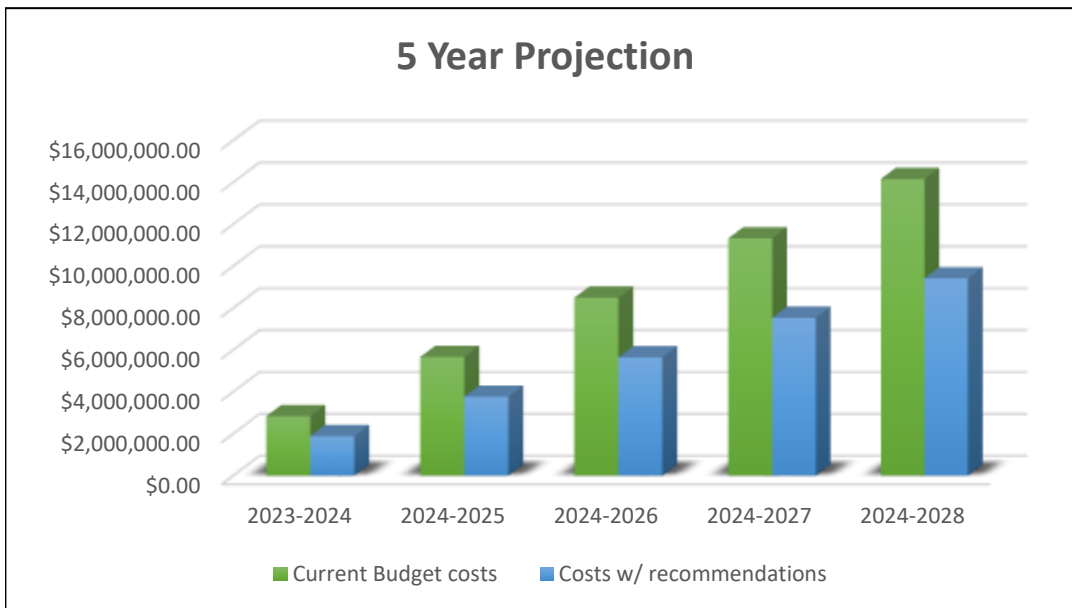
Comparison Summary
Reduce RA's from 21 to 18
Increase of 1 Shift Supervisor
Increase of 1 Case Manager
Reduction to 1 Night Guard

## Attachment D Cost Savings Analysis (Rue Ferrari)

### Staffing Changes Implemented

The Housing Department is exploring lowering the amount of Resident Advocates from **21 to 18** to invest in **1 additional shift supervisor** to supplement the reduction in security. Also, adding **1 case manager** to bring the caseload ratios more in line with best practices. Lastly, all sites will adopt the same security model as noted in memo.

	Current Budget costs	Costs w/ recommendations
2023-2024	\$2,831,562.50	\$1,882,362.50
2024-2025	\$5,663,125.00	\$3,764,725.00
2024-2026	\$8,494,687.50	\$5,647,087.50
2024-2027	\$11,326,250.00	\$7,529,450.00
2024-2028	\$14,157,812.50	\$9,411,812.50



## Attachment D Cost Savings Analysis (Mabury)

### FY 2022-2023 Budget

Personnel Costs	FTE	Annual Costs
Program Director	0.15	\$17,510.00
Housing Director	0.02	\$2,330.00
Site Manager	0.5	\$48,100.00
Housing Manager	0.05	\$4,810.00
Resident Advocate	7.25	\$377,630.00
Shift Supervisor	3.5	\$248,820.00
Case Manager	1	\$61,520.00
Clinician	0.25	\$21,320.00
Community Engagement Coordinator	0.25	\$16,710.00
Senior CEC	0.25	\$18,580.00
Housing Specialist	0.5	\$29,580.00
Fringe Benefits	25.00%	\$211,727.50
Security	1 24/7 guard (~4.2 FTE)	\$264,000.00
<b>Sub Total</b>		<b>\$1,322,637.50</b>

### Approximate Budget w/ Proposed Changes

Personnel Costs	FTE	Annual Costs
Program Director	0.15	\$17,510.00
Housing Director	0	\$0.00
Site Manager	0.5	\$48,100.00
Housing Manager	0	\$0.00
Resident Advocate	7.25	\$377,630.00
Shift Supervisor	3.5	\$248,820.00
Case Manager	1	\$61,520.00
Clinician	0.25	\$21,320.00
Community Engagement Coordinator	0.25	\$16,710.00
Senior CEC	0.25	\$18,580.00
Housing Specialist	0	\$0.00
Fringe Benefits	25.00%	\$202,547.50
Security	1 12 hour guard (~2.1 FTE)	\$131,400.00
<b>Sub Total</b>		<b>\$1,144,137.50</b>

<b>Cost Savings</b>	<b>\$178,500.00/year</b>
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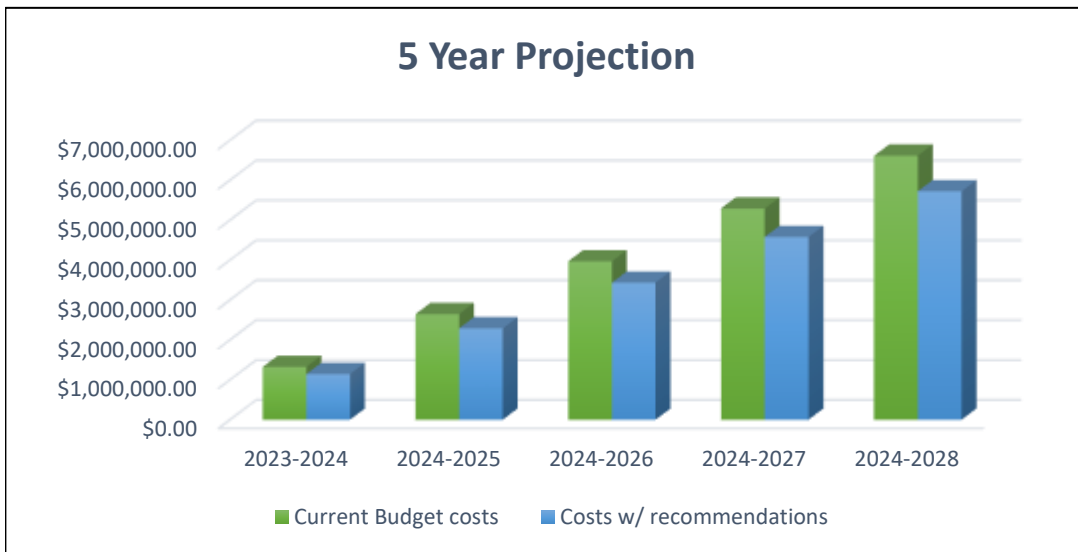
Comparison Summary
Reduce to 0 Housing Director
Reduce to 0 Housing Manager
Reduce to 0 Housing Specialist
Reduction to 1 Night Guard

## Attachment D Cost Savings Analysis (Mabury)

### Staffing Changes Implemented

The Housing Department is focusing on reallocating specialized staff for the Mabury site. **Maintaining current levels of case managers** and **eliminating housing specialists** costs as this site is likely being designated for RRH voucher holders who will already have that level of support. Lastly, all sites will adopt the same security model as noted in memo.

	Current Budget costs	Costs w/ recommendations
2023-2024	\$1,322,637.50	\$1,144,137.50
2024-2025	\$2,645,275.00	\$2,288,275.00
2024-2026	\$3,967,912.50	\$3,432,412.50
2024-2027	\$5,290,550.00	\$4,576,550.00
2024-2028	\$6,613,187.50	\$5,720,687.50



## Attachment D Cost Savings Analysis (Felipe)

### FY 2022-2023 Budget

Personnel Costs	FTE	Annual Costs
Program Director	0.15	\$17,510.00
Housing Director	0.02	\$2,330.00
Site Manager	0.5	\$48,100.00
Housing Manager	0.05	\$4,810.00
Resident Advocate	7.25	\$377,630.00
Shift Supervisor	3.5	\$248,820.00
Case Manager	1	\$61,520.00
Clinician	0.25	\$21,320.00
Community Engagement Coordinator	0.25	\$16,710.00
Senior CEC	0.25	\$18,580.00
Housing Specialist	0.5	\$29,580.00
Fringe Benefits	25.00%	\$211,727.50
Security	One 24/7 guard and one 12 hour guard (~6.3 FTE)	\$384,000.00
<b>Sub Total</b>		<b>\$1,442,637.50</b>

### Approximate Budget w/ Proposed changes

Personnel Costs	FTE	Annual Costs
Program Director	0.15	\$17,510.00
Housing Director	0	\$0.00
Site Manager	0.5	\$48,100.00
Housing Manager	0	\$0.00
Resident Advocate	7.25	\$377,630.00
Shift Supervisor	3.5	\$248,820.00
Case Manager	1	\$61,520.00
Clinician	0.25	\$21,320.00
Community Engagement Coordinator	0.25	\$16,710.00
Senior CEC	0.25	\$18,580.00
Housing Specialist	0	\$0.00
Fringe Benefits	25.00%	\$202,547.50
Security	1 12 hour guard (~2.1 FTE)	\$131,400.00
<b>Sub Total</b>		<b>\$1,144,137.50</b>

<b>Cost Savings</b>	<b>\$298,500.00/year</b>
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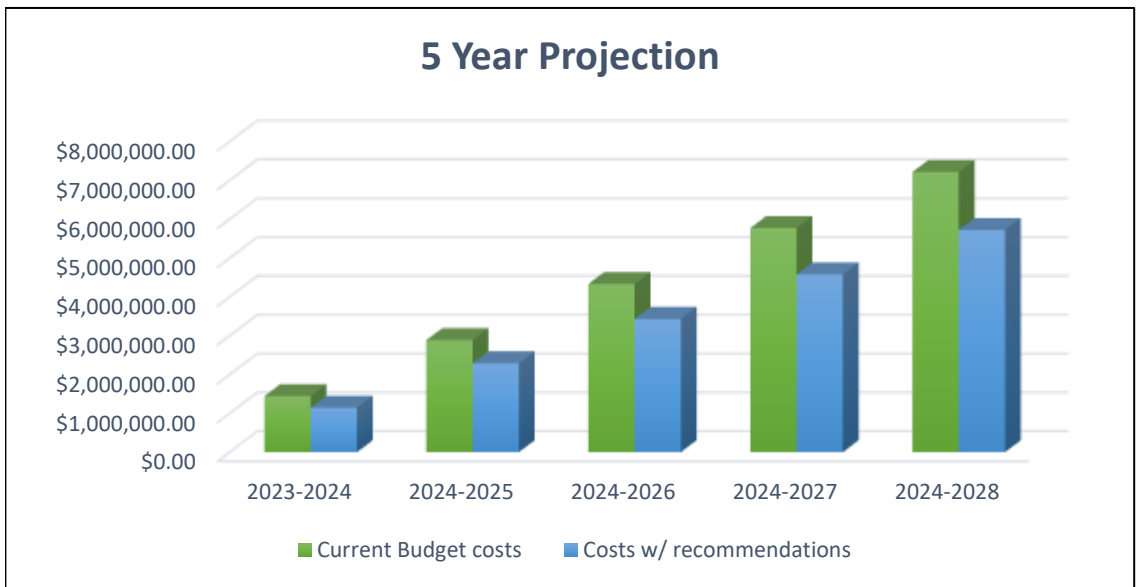
Comparison Summary
Reduce to 0 Housing Director
Reduce to 0 Housing Manager
Reduce to 0 Housing Specialist
Reduction to 1 Night Guard

## Attachment D Cost Savings Analysis (Felipe)

### Staffing Changes Implemented

The Housing Department is focusing on reallocating specialized staff for the Mabury site. **Maintaining current levels of case managers** and **eliminating housing specialists** costs as this site is likely being designated for RRH voucher holders who will already have that level of support. Lastly, all sites will adopt the same security model as noted in memo.

	Current Budget costs	Costs w/ recommendations
2023-2024	\$1,442,637.50	\$1,144,137.50
2024-2025	\$2,885,275.00	\$2,288,275.00
2024-2026	\$4,327,912.50	\$3,432,412.50
2024-2027	\$5,770,550.00	\$4,576,550.00
2024-2028	\$7,213,187.50	\$5,720,687.50



## Attachment D Cost Savings Analysis (Evans Ln)

### FY 2022-2023 Budget

Personnel Costs	FTE	Annual Costs
Regional Director	0.1	\$14,000.00
Director of Programs	0.1	\$12,880.00
Program Manager	1	\$87,359.00
Program Manager (HOP)	0.3	\$21,168.00
Resident Associate	3.4	\$161,874.00
Lead Case Manager	1	\$67,200.00
Case Manager	3	\$168,000.00
Housing Specialist	1	\$63,840.00
Employment Specialist	0.1	\$6,720.00
Community Affairs Coordinator	0.7	\$52,528.00
Activities and Volunteer Coordinator	0.25	\$18,760.00
Quality Assurance Specialist	0.2	\$13,000.00
Program Finance Specialist	0.2	\$13,000.00
Fringe Benefits	25.00%	\$175,082.25
Consortium: Abode	1	\$1,104,079.00
<b>Sub Total</b>		<b>\$1,979,490.25</b>

### Approximate Budget w/ Proposed Changes

Personnel Costs	FTE	Annual Costs
Regional Director	0.1	\$14,000.00
Director of Programs	0.1	\$12,880.00
Program Manager	1	\$87,359.00
Program Manager (HOP)	0.3	\$21,168.00
Resident Associate	3.4	\$162,656.00
Lead Case Manager	1	\$67,200.00
Case Manager	3	\$168,000.00
Housing Specialist	1	\$63,840.00
Employment Specialist	0.1	\$6,720.00
Community Affairs Coordinator	0.7	\$52,528.00
Activities and Volunteer Coordinator	0.25	\$18,760.00
Quality Assurance Specialist	0.2	\$13,000.00
Program Finance Specialist	0.2	\$13,000.00
Fringe Benefits	25.00%	\$175,277.75
Security	One 24/7 guard and one 12 hour guard (~6.3 FTE)	\$384,000.00
<b>Sub Total</b>		<b>\$1,260,388.75</b>

Comparison Summary	Cost Savings	\$719,101.50
All paid living wage		
Reduction to 1 Night Guard		

## Attachment D Cost Savings Analysis (Evans Ln)

### Staffing Changes Implemented

The Housing Department is exploring **eliminating the consortium between two agencies on a single project**. Evans Lane is managed via a partnership between one agency that provides supportive services and one agency that provides property management oversight. The elimination of the consortium will result in the adoption of standard security model and save costs.

	Current Budget costs	Costs w/ recommendations
2023-2024	\$1,979,490.25	\$1,260,388.75
2024-2025	\$3,958,980.50	\$2,520,777.50
2024-2026	\$5,938,470.75	\$3,781,166.25
2024-2027	\$7,917,961.00	\$5,041,555.00
2024-2028	\$9,897,451.25	\$6,301,943.75

