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Ending Transitional Homelessness in San Jose, California: A Process Evaluation of the City of San Jose's Plan to Convert a Hotel/Motel into a Single Room Occupancy Living Unit for the Transitionally Homeless

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By

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BACKGROUND

The City of San Jose, California is designing a new program for lessening homelessness among transitionally homeless people. They have acquired control of a vacant hotel building in the downtown core that will be converted to single-room occupancy for transitionally homeless individuals. The programming at the facility will be managed by the Abode Housing (Abode) non-profit organization (Morales-Ferrand, 2016). Since San Jose's approach is unique, there is a need to develop an understanding of whether this approach is a good investment of public funds. This research is a process evaluation assessing whether this solution is appropriate to the problem of transitional homelessness in San Jose. It considered the problem, the SRO solution, and the effectiveness of that solution in other similar programs in large cities. The San Jose plan is benchmarked against five selected successful homeless SRO programs focused on transitional housing. The purpose is to provide information for the San Jose Hotel/Motel Supportive Housing Program and Underutilized City-Owned Property Project that may be useful in developing strategies to be successful as an interim housing and single-room occupancy (TH/SRO) facility.

Homelessness in the United States

Homelessness is a major problem in the United States. Based on the U.S. Department of Housing and Urban Development's (HUD) 2016 Annual Homeless Assessment Report (AHAR), there were 549,928 homeless people during a one night point-in-time count, where 351,099 of them were categorized as homeless individuals, that is, people living by themselves and not part of a family. (Henry, et al., 2016). These numbers estimate homelessness on any given night at a national level. Ninety-nine percent of homeless

individuals self-identified as over 18 years old, while 1% self-identified as under 18 years old. Forty-four percent of all homeless individuals were living in unsheltered locations, while 56% were in sheltered locations, such as emergency shelters, transitional housing, or safe havens (Henry, et al., 2016). Nationally, the number of homeless individuals has declined by 1% since 2015, but within that time there was an increase of 4,398 unsheltered individuals (Henry, et al., 2016). These numbers help local governments learn how individual homelessness has increased or decreased through the years. It also helps them determine what can be done differently, at a local level, to mitigate or prevent homelessness.

Homelessness in San Jose

The City of San Jose, located in Santa Clara County, is the 10th largest city in the United States, with a population of 1,000,536 (City of San Jose's Department of Planning, Building & Code Enforcement, Planning Division, 2014). It is also the largest city within the county. It ranks 7th for the number of homeless residents and 3rd for the number of unsheltered homeless individuals in the United States. (Henry, et al., 2016).

According to the findings of the Santa Clara County Census and Survey (2015b), which reports on a local point-in-time count of homeless individuals, there were 6,556 sheltered and unsheltered homeless individuals in Santa Clara County, while 4,063 of them were primarily located in San Jose. From San Jose's count, 1,253 (29%) people were sheltered while 2,810 (69%) were unsheltered. Additionally, 84% of the individuals were residents of Santa Clara County prior to becoming homeless (San Jose's Homeless Census and Survey, 2015a). Santa Clara County and the City of San Jose have had to address the issue of homelessness, and have been doing so for a long time.

The City of San Jose started its efforts to end homelessness in the early 1990s. The City started by clearing homeless encampments along creeks and other waterways (Homeless Encampment Response Report, 2014). In 2003, the federal government, along with the National Alliance to End Homelessness, the Interagency Council on Homelessness, and the U.S. Conference of Mayors, adopted a ten-year goal to end homelessness (Corsiglia, 2003). They encouraged cities all across the U.S. to take part in achieving this goal. In response, the City of San Jose created a Homeless Strategy to join in on this national effort (Corsiglia, 2003). The Homeless Strategy provides a history of homelessness in the City of San Jose, and includes multiple strategies regarding prevention, rapid re-housing, wraparound services, and proactive efforts (Corsiglia, 2003). It also describes the numerous programs that were implemented and how each program focused on providing shelter support and temporary housing, with the ultimate goal of permanent housing. However, regardless of these efforts, the number of homeless individuals has stayed consistently in the four thousands range since 2004 (San Jose's Homeless Census and Survey, 2015a).

San Jose's homeless rates have generated a large cost. In Santa Clara County, it is estimated that the financial cost of homelessness is $520 million per year. The costs go toward healthcare (53%), the justice system (34%), and social services (13%) (Emmons, 2015). Additionally, there are about 247 homeless encampments in the City of San Jose. Encampment locations include rivers, creeks, trails near water, parking lots, empty lots and fields near freeways, streets, train tracks, parks, under bridges, in abandoned buildings, in parked RVs, or other locations (Homeless Encampment Response Report, 2014).

In response to San Jose's 2013 Homeless Census and Survey, the City's Homelessness Response Team focused on "the Jungle," San Jose's largest homeless encampment, for a rapid re-housing project. Their three main goals were to provide housing and support services to the 200 homeless individuals living at the encampment ($653,754), abatement ($489,780), and to prevent re-encampment (Morales-Ferrand, 2015c). Unfortunately, the team's biggest obstacle was obtaining access to replacement housing for those displaced by the clearing of the Jungle. Therefore, individuals had to relocate from one unsafe place to another. To date, obtaining access to housing is still difficult for homeless individuals. More specifically, one of the biggest challenges continues to be finding interim housing (transitional housing) for homeless individuals. Many of San Jose's newer initiatives are now geared toward achieving this goal.

The Transitionally Homeless and Transitional Housing

According to the Millennial Housing Commission (2002), there are two types of homeless populations, the "transitionally homeless" and the "chronically homeless." The transitionally homeless generally move through the homeless assistance system more quickly than other homeless populations. They usually lose their home due to a rent increase, job loss, or medical emergency. They also work entry-level jobs and are usually homeless for six months or less. (Corsiglia, 2003). In contrast, the chronically homeless are homeless for a long period of time, usually for a year or more, or are repeatedly homeless and experience mental health or substance abuse issues (National Alliance to End Homelessness, 2017). More recently, the City of San Jose's Housing Department defined the "transitionally homeless" as those that "have the ability to seek and gain

employment, do not demonstrate debilitating psychological or chemical dependency issues, and therefore have the ability to eventually become independent." (2016, p. 4.)

Transitional housing is a housing model, but the term "transitional housing" is less commonly used by organizations. More recently, organizations prefer the term "interim housing." According to Focus Strategies (No Date), programs that converted to interim housing were previously transitional housing programs. The difference between the two housing models is the length of stay, where interim housing is usually a year or less and transitional housing programs could be up to two years, but transitional housing has a fixed time for when residents have to leave, while interim housing can vary by program (Focus Strategies, No Date). Unfortunately, the Department of Housing and Urban Development (HUD) does not recognize interim housing as a housing model (Focus Strategies, No Date). However, for this study, "transitional" and "interim" will be used interchangeably.

Current Transitional Housing Programs in the County of Santa Clara

There are various transitional housing (TH) programs that assist adult individuals in Santa Clara County. The programs are offered through non-profit organizations, such as Abode Services, the Bill Wilson Center, City Team San Jose, HomeFirst, and the Veterans Housing Facility (HUD Exchange, 2016). However, each program targets different homeless subpopulations. For example, the Bill Wilson Center offers a TH program for homeless youth between 18-24 years old (Bill Wilson Center, No Date). The TH program for City Team targets abused and homeless women (City Team San Jose, 2017). However, there are no housing programs that target those that fall under the city's

definition of "transitionally homeless" and currently house clients in hotels or motels in the City of San Jose.

San Jose's Hotel/ Motel Supportive Housing Program and Underutilized City-Owned Property Project

On June 13, 2016, the Director of the Housing Department for the City of San Jose, Jacky Morales-Ferrand, and Senior Deputy City Manager/Budget Director, Jennifer Maguire, provided a memorandum with an update on current homeless housing initiatives. One section described the interim and bridge housing solutions, such as the Tenant-Based Rental Assistance project, Transition in Place Housing Program, Interim Housing Community project, and the Hotel/ Motel Supportive Housing Program and Underutilized City-Owned Property project (Morales-Ferrand, 2016). The latter was a new strategy that had never been done in San Jose or Santa Clara County.

In 2012, San Jose's City Council approved more research to be done to determine if hotel/motel conversions and single-room occupancy (SRO) facilities were a viable option to house the homeless. From 2012 to 2015, the City's Housing Department looked at different options to obtain control of the Plaza Hotel, located in downtown San Jose. It was initially owned by the city's Redevelopment Agency and only required a Special Use Permit to operate as a SRO facility (Corsiglia and Horwedel, 2013). It also had been unoccupied for over 7 years (Giwargis, 2015). In June of 2015, Morales-Ferrand (2015a) found that it would be cheaper to acquire the Plaza Hotel rather than master-leasing a private hotel. Additionally, in early September of 2015, it was determined that the Plaza Hotel would house the transitionally homeless by the City of San Jose's definition (Morales-Ferrand, 2015b). Finally, on September 22, 2015 the City Council adopted

Resolution Number 77529 (City Council Agenda Synopsis, 2015). The resolution allowed the City Manager to pursue the acquisition of the Plaza Hotel and to also provide a report to the City Council on costs and any problems the city may encounter to acquisition (City Council Agenda Synopsis, 2015).

In December of 2015, the city's Housing Department received approval from the City of San Jose's Successor Agency and the City Council to purchase the Plaza Hotel for the appraised value of $740,000 (Kiet, 2015). However, the project was placed on a brief hold due to a lien that was placed on the property by Santa Clara County (Kiet, 2016). According to Jon White (2017) of Abode, the lien was removed and the City of San Jose purchased the property sometime in early 2016 for the appraised value. In March of 2016, the City Council approved a conditional grant commitment and lease agreement with Abode to rehabilitate the Plaza Hotel and get it ready for occupancy (Morales-Ferrand and Maguire, 2016). Abode estimated that the rehabilitation cost was $1,500,000, but the City Council approved $1,800,000, with an additional 20% contingency. The ultimate funding source is the Community Development Block Grant. (Morales-Ferrand and Maguire, 2016).

Rehabilitation of the Plaza Hotel started in April of 2017, occupancy is expected in July of 2017, and it is expected to house 47 residents who are referred by the City of San Jose through their Homeless Housing Program or Transition in Place program, which are rapid re-housing programs (White, 2017). They must also qualify as transitionally homeless by the City of San Jose's definition and have a housing voucher with the city or county (Morales-Ferrand and Maguire, 2016). Abode also views the Plaza Hotel as an interim housing program, since there is no fixed amount of time a resident can stay, but

there is a 5-year sunset when the building will be torn down as part of a future redevelopment project (White, 2017). Therefore, it is somewhat of a hybrid model between interim and transitional housing. The program will be referred to as the Plaza Hotel throughout the rest of the paper. Overall, the project is unique, as it is the first of its kind in the City of San Jose.

Overview of Santa Clara County/ City of San Jose and Homelessness

A major concern for the County of Santa Clara, as the operator of the county medical center, has been the use of the medical facilities for health care purposes. According to Destination Home's Fact Sheet (2017), $1.9 billion was spent, over a 6-year period, for medical diagnoses and associated health care services for the homeless. However, most of the money was spent on the persistently homeless population (Destination Home's Fact Sheet, 2017). Another major issue has been the unemployment rate and lack of affordable housing. According to Keller (2015), Santa Clara County had a thriving economy with many jobs, but workers cannot afford the high rent and mortgage costs, which forced workers to live in places with affordable housing, such as the Central Valley. The negative outcome has been the long travel time from home to work and vice versa, which could be equivalent to four hours a day (Keller, 2015).

In the City of San Jose, the primary causes of homelessness were due to the loss of a job (30%), alcohol/drug use (21%), divorce, separation, or breakup (16%), arguments with family or friends (15%), and previous incarceration (12%) (San Jose Homeless Census and Survey, 2015a). San Jose also had a high unemployment rate of 82% among the homeless population. The top five responses given by homeless people, as obstacles to obtaining permanent housing, were inability to afford rent (69%), no job

or income (57%), no money for moving costs (37%), no housing availability (35%), and no transportation (29%). Additionally, about three quarters of respondents received some form of government assistance, which included food stamps (38%), General Assistance (32%), Medi-Cal or Medicare (22%), or Social Security insurance/Social Security Disability Insurance (13%). However, about 24% of respondents could not receive government assistance due to not having a permanent address (San Jose's Homeless Census and Survey, 2015a). Finally, San Jose Homeless Census and Survey (2015a) did not include data or information on transitionally homeless individuals, which also contributed to their population being underrepresented in the City's Homeless Census and Survey results.

San Jose has various solutions to ending homelessness. Below is a list and description of current housing solutions besides the Hotel/Motel Supportive Housing Program and Underutilized City-Owned Property project:

Tenant-Based Rental Assistance – A program where the City of San Jose partners with The Health Trust to administer time-limited tenant-based rental assistance to homeless households (Morales-Ferrand, 2016, p. 7)

Transition in Place Housing Program – A program that provides access to apartments in subsidized housing developments where individuals and families will eventually "transition in place" and remain stably housed after the expiration of their rental coupon (Morales-Ferrand, 2016).

Interim Housing Community –A pilot interim housing project that provides interim housing options for homeless program participants and addresses the demand for a more economical way to house people quickly (Morales-Ferrand, 2016).

Assembly Bill (AB) 2176 - Modernization of the Shelter Crisis Act – AB 2176 authorizes the City of San Jose to "prepare local building, housing, health, habitability, or safety standards, in lieu of such state laws, for the development of emergency bridge housing (Morales-Ferrand, 2016, p. 10)."

Additionally, residents of Santa Clara County passed Measure A on November 21, 2016 as a strategy for addressing homelessness. Measure A will "fund the development of permanent affordable housing for the County's most vulnerable populations, including homeless, veterans, disabled, seniors, foster youth and others (Yes on Affordable Housing, 2017, p. 1)." The plan is to build PSH, mainly for the chronically homeless population, while rapid re-housing targets individuals and families that experience homeless for short periods. Santa Clara County plans on using about $950 million in the development of affordable housing (Yes on Affordable Housing, 2017).

San Jose's Hotel/Motel Supportive Housing Program and Underutilized City-Owned Property Project (Plaza Hotel)

There are three requirements in order to qualify as a potential resident of the Plaza Hotel. An individual needs to be considered transitionally homeless, under San Jose's definition, and have a housing coupon (or voucher) through the City of San Jose or County of Santa Clara (Morales-Ferrand and Maguire, 2016). An individual also needs to be referred by the City of San Jose's Homeless Housing Program or Transition in Place Program (White, 2017). According to Kelly Hemphill (2017), of the City of San Jose's Homelessness Response Team, a homeless person can be referred to a housing program once they complete a countywide assessment tool known as the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool). The score from

how they answer the questions determines what program is most appropriate to refer them to, such as the County or City subsidy programs (Hemphill, 2017). Staff from these programs can also refer them to programs, such as the Plaza Hotel. Additionally, the assessment determines whether an individual or family qualifies for a housing coupon. The VI-SPDAT is the standard assessment survey that homeless people have to take during the intake process and is used community wide (Santa Clara County HMIS, 2015). According to the City of San Jose's (2016) General Fund Recommended Budget Adjustments Summary 2016-2017 Mid-Year Budget Review, occupancy for the Plaza Hotel was moved to the summer of 2017 since there were lower than anticipated use of housing coupons due to delays with the execution of loan agreements.

The City of San Jose owns the Plaza Hotel and leased it to Abode to administer the services through a five-year lease agreement (Morales-Ferrand and Maguire, 2016). Abode must meet property management obligations and will provide two on site/ full-time coordinators to help clients with connections to community resources and services (White, 2017). Another non-profit agency, contracted by The City of San Jose, will be responsible for street outreach, the referral process, intensive case management, and housing placement (White, 2017). According to Morales-Ferrand and Maguire (2016, p. 3), Abode must meet the following requirements:

- "Lease each room to a homeless individual;
- Coordinate residential and supportive services;
- Collect tenant rents;
- Provide on-site 24-hour front desk services and secured access;
- Prohibit loitering outside the facility;

- Maintain and operate the facility;
- Proactively respond to neighborhood concerns; and
- Prepare a transition plan for future use of the Property after the five-year term of the Lease."

Abode estimated that the conversion, into SRO units, and rehabilitation of the hotel would be $1,500,000, but the project was granted $1,800,000, with an additional 20% contingency. Abode started the conversion and rehabilitative phase in April of 2017. The Housing Director acquired the money from Community Development Block Grant (CDBG) Fund, the ultimate funding source to execute the project. In the 2015-16 fiscal year (FY), the city was awarded $8.3 million in CDBG funding, compared to the $8.1 million for FY 2014-15 (City of San Jose, 2016).

It was also estimated that Abode would have an operating cost of $617,400 per year, or $51,450 per month, for all 49 rooms (Morales-Ferrand and Maguire, 2016), or about $1,050 per month per room. However, the Plaza Hotel is expected to only house 47 clients (White, 2017). For 5-years, the cost total of the project is estimated to be $3,087,000. Abode plans on using the City or County's housing coupons to pay for the monthly operating expenses.

Summary

The City of San Jose has been working on the Hotel/Motel Supportive Housing Program and Underutilized City-Owned Property project since 2012. The City acquired the Plaza Hotel in downtown San Jose from the Successor Agency to the Redevelopment Authority and leased the property to Abode. Abode converted the rooms into SRO units for the transitionally homeless and occupancy is expected in July of 2017. The program is

estimated to operate for five years before it is torn down. The project is unique, as the city has never had a hotel/motel conversion program tailored towards transitionally homeless adults.

A process evaluation was conducted in order to assess whether the project would be beneficial to the transitionally homeless population based on other programs that have used a similar approach. This research will also be beneficial for other localities that want to implement similar projects.

METHODOLOGY

This research is based on a process evaluation approach (problem/solution/ implementation/evaluation) of similar programs in other large cities throughout the United States, and benchmarking San Jose's plan against these experiences. The first step was to define the problem of homelessness in San Jose by analyzing data from the most recent homeless census conducted by the City of San Jose, including the percentage of unsheltered homeless individuals, the number of homeless men versus the number of homeless women, age and race/ethnicity demographics, and the percentage of homeless people who lost a job or have other conditions that make it hard to find permanent housing for them. This data provided an estimate of the number of transitionally homeless individuals in San Jose, because the City of San Jose historically has not collected data on this specific population.

Second, data was collected by emailed questionnaires or through publicly available data on current solutions for housing the transitionally homeless used by non-profit organizations in other large cities throughout the United States. There were very few programs that served only clients that met the transitionally homeless criteria by San Jose's definition. The data includes the implementation of transitional housing programs, integration with social services, and their data on success: number of clients served, number of clients that found permanent housing, and length of the program. However, not all participants were able to provide numeric data. Table 1 shows how data was retrieved, the organization and program names, the location of the program and form of contact used.

Table 1: Benchmarked Transitional/Interim Housing Programs

Interviewee	Organization	Housing Program Name	Location of Program	Form of Contact
Scott Van Gorden (Project Manager)	Downtown Streets Team	Rapid Re-housing Program	San Jose, CA	Telephone
Maria Machado (Executive Director)	Shared Housing Center (SHC)	SHC Transitional Housing Program	Dallas, TX	Email
John Hayner (Chief Executive Officer)	Bridge Communities	Bridge Communities Transitional Housing Program	Glen Ellyn, IL	Email
Joel Derrough (Director of Programs)	Arms of Hope	Together Program	Medina, TX	Telephone
Steve Werthman (VP of Operations)	HOPE	HOPE4Families	Fort Lauderdale, FL	Telephone

Finally, the research benchmarked the City of San Jose's proposal to use underused hotels and motels against successes in Los Angeles, San Francisco, Seattle, San Antonio and Queens, including the integration of non-profit agencies and social services into the housing solution. Each program listed in Table 2 met a majority of the same criteria as the Plaza Hotel. The housing facility for each program used a TH model, underwent a conversion, or was considered a SRO. All the programs served adults, 18 years or older. The data was collected by telephone interviews or email communication. Some data was also collected from the WellLife Network website. Table 2 shows the participants, the organization and program names, the location of the program and form of contact used.

Table 2: Benchmarked Hotel/ SRO Programs

Participants	Organization	Transitional Housing Program Name	Location of Program	Form of Contact
Jon White (Director of Real Estate Development)	Abode Housing	Plaza Hotel	San Jose, CA	Email
Flo Beaumon (Associate Director)	Catholic Community Services of Western Washington (CCSWW)	The Aloha Inn	Seattle, WA	Telephone
Joe Shaffer (Director of Operations)	Crosspoint, Inc.	Veterans Health Care for Homeless Veterans (HCHV) Program	San Antonio, TX	Email
Ilsa Lund (Senior Director of Operations) and Haley Mousseau (Director of Research and Evaluation)	Larkin Street Youth Services (Larkin Street)	Castro Youth Housing Initiative (CYHI)	San Francisco, CA	Email (for both interviewees)
Denice Walker (Program Manager)	SRO Housing Corporation	Veterans Transitional Program	Los Angeles, CA	Telephone
Crystal John (Director of Mental Health Services)	WellLife Network	Far Rockaway Community Residence (CR)-SRO	Queens, NY	Email

The research used both publicly available data on public agency-sponsored programs and data retrieved by telephone interviews or emailed questionnaires. Overall, the research will determine whether the Plaza Hotel is effective for its target population. "Effective" is defined as beneficial to the city where the program is located, and also beneficial to the targeted transitionally homeless population as measured by the number of clients served, number of clients that maintain a stable income or some form of income, time length of a program, and program graduation rates into permanent housing.

LITERATURE REVIEW (scholarly articles on homelessness and related issues)

Federal Legislation on Homelessness

Stewart B. McKinney Homeless Assistance Act of 1987

Nonprofit organizations and the private sector, as well as a few local and state governments, were the first to respond to homelessness in the early 1980's. Nonprofit organizations provided the resources and services needed by the homeless while the governments were known to provide funding (Burt and Cohen, 1989). The federal government later took action towards ending homelessness by enacting the Stewart B. McKinney Homeless Assistance Act of 1987, also known as the McKinney-Vento Act (National Coalition for the Homeless, 2006). According to the National Coalition for the Homeless (2006, p. 2), "The McKinney-Vento Act originally consisted of fifteen programs providing a range of services to homeless people, including emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing." The law also prompted all other local and state governments to pursue initiatives to end homelessness (Burt and Cohen, 1989). Since its enactment, the McKinney-Vento Act has been amended many times (National Coalition for the Homeless, 2006). However, from the late 1980s to the mid-2000s, the efforts to end homelessness evolved.

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

In 2009, President Barack Obama signed the HEARTH Act, which amended and reauthorized the programs of the McKinney-Vento Act. According to HUD Exchange (2016), the HEARTH Act made changes and updates to the Continuum of Care Program,

the definition of "chronic homelessness," the definition of homelessness, the Homeless Management Information System (HMIS), and two other programs.

National Efforts toward Ending Homelessness

In 2010, The Interagency Council on Homelessness (ICH) introduced *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the first national comprehensive strategic plan to end homelessness (United States ICH, 2015). ICH currently consists of nineteen member agencies, and partners with state agencies, private, and non-profit organizations to accomplish four main goals. One of the goals was to end all forms of homelessness. In addition to the goals, it contains ten objectives to end homelessness. However, the most relevant to this topic is objective 10, which would change homeless services to crisis response systems that prevent homelessness and help people go back to stable housing faster. One strategy was to encourage communities to assess and retool transitional housing programs (United States ICH, 2015).

Homeless Definition and Transitional Homelessness

The homeless definition has evolved since the early 1980's due to the focus and emergence of subpopulations, such families, youth, the chronically homeless, and veterans. However, a large group that goes unnoticed is the transitionally homeless population (HomeAid America, 2017). Currently, the definition of homelessness is:

> (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4)

> individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (U.S. HUD, 2009, p. 1).

Each subpopulation falls under the current definition, but there are more efforts and funding aimed at assisting other subpopulations, such as chronically homeless individuals, rather than the transitionally homeless (HomeAid America, 2017). The transitionally homeless become homeless due to a loss of a job, a foreclosure, a domestic fight, or an argument with a friend or relative. They may live with other friends or family for a short while or stay in places such as a car, but eventually end up living in unsheltered locations (HomeAid America, 2017).

Paths Toward Homelessness

Paths toward homelessness may start as early as childhood (Lee, et al., 2010). According to Lee, et al. (2010, p. 509), "Exposure at a young age to physical and sexual abuse, neglect, family conflict, poverty, housing instability, and alcohol and drug use increases the odds of experiencing homelessness." Additionally, youth that leave their home before the age of 18 are at risk of becoming homeless due to not being financially or mentally prepared for independent living (Bader, 2015). Adults that were exposed to similar experiences are also at risk. They may also have experienced additional issues, such as a health problem (most commonly a mental disorder), death of a spouse, or some form of violence (Lee, et al., 2010). These factors make it easy for children, youth, and adults to fall into the cycle of homelessness.

Individual and Structural Risk Factors

Paths toward homelessness are also explained by individual and structural risk factors associated with homelessness. Individual risk factors include mental illness, child abuse/trauma, physical and sexual trauma, financial crises, loss of relationships, death of loved ones, foster care placement, psychiatric hospitalization, and prior incarceration (Piat, et al., 2015). Additionally, there are structural risk factors (Piat, et al., 2015). One of these factors was the transition from foster care or an institutional placement into the community, which could be caused by lack of supports, especially for transition age youth. Those that transition into the community may not be properly prepared or acquire the right skills needed to survive outside an institutional environment (Piat, et al., 2015). A second structural risk factor was the lack of affordable housing. Individuals and families can also easily lose their homes if they do not have a stable job and income, sufficient to afford rent or a mortgage. For example, more than 90% of California families in low-income households earning less than $35,000 per year, spent more than 30% of their income on housing (Thornberg, 2016). Discrimination was another structural risk factor. Marginalized minority groups experience discrimination due to being overrepresented among the homeless population (Piat, et al., 2015).

Contributors to Homelessness

Lack of Affordable Housing

Unaffordable housing is a major contributor to homelessness. Studies have shown that the strongest predictor of homelessness was housing costs and measures of household income (Fargo, et al., 2013). According to Byrne, et al. (2012, p. 609), "Many researchers have placed primary focus on the shortfall of available affordable housing, resulting from a mismatch among housing cost, housing availability, and household income."

Additionally, Fargo, et al. (2013) found that high housing costs and the availability of rental housing in the housing market are related to single-adult homelessness. Individuals with low incomes have a more difficult time paying for housing due to high rent or mortgage costs.

Housing insecurity was experienced by a majority of homeless people (Curtis, et al., 2013). Studies associate housing insecurity with difficulty paying for housing, the use of more than 50% of income on housing, eviction, frequent moving, and overcrowded living arrangements (Curtis, et al., 2013). Individuals may not be able to afford their own place to live and in turn live with multiple people in order to stay housed. According to projections from the Joint Center for Housing Studies of Harvard University (2015, p. 29), "Individuals that are currently under age 30 will form over 20 million new households between 2015 and 2025, and most of these households will be renters." In general, housing costs have made it difficult for individuals to buy or own their own property.

Lee, et al. (2010) found that it was more common to have transitional or episodic homelessness rather than chronic homelessness due to overrepresentation by cross-sectional investigations. Chronic homelessness occurs when people are homeless for long periods of time, usually for over a year or more, while episodic homelessness occurs when people experience homelessness for short periods and cycle in and out of homelessness. The transitionally homeless are known to have residential instability and go unrecognized by data collectors, as they are not always homeless, but are at risk of being homeless due to rent burdens and low incomes. They may live in trailer parks or live with friends or relatives (Lee, et al., 2010). Once individuals become homeless, they

may suffer from "reduced life chances, experience disadvantage in material well-being (e.g. income and benefits), physical and mental health, life expectancy, and personal safety (Lee, et al., 2010, p. 515)." These experiences make it difficult for them to find employment, stable income, and maintain social ties.

Poverty and Unemployment

Poverty and unemployment rates were found to be positively associated with homelessness (Byrne, et al., 2012). Studies have shown that those who were considered poor or unemployed were most likely to experience homelessness (Byrne, et al., 2012). Additionally, unemployment rates for homeless young adults became extremely high and ranged between 66% and 71% (Ferguson, et al., 2012). Ferguson, et al. (2012) found that participants who were older were 23% less likely to be unemployed than younger participants. The research also found that easy income sources for young adults were prostitution, selling blood/plasma, dealing drugs, stealing, and panhandling, all of which add the risk factor of a criminal record to their challenges. Being unemployed for a long period could also affect an individual's identity formation, which was associated with social norms and conventional institutions. If identity formation were compromised, individuals would have a harder time integrating into society. It also made it harder for them to obtain economic self-sufficiency and independent living (Ferguson, et al., 2012).

Lack of Social Support

According to Grigsby, et al. (1990, p. 142), "Affiliation and social bonds have long been considered essential to psychological well-being." Therefore, the authors emphasized disaffiliation and defined it as a process of increased disconnection between an individual and traditional institutions and social roles. They found that disaffiliation

increased the likelihood that individuals would be pushed toward persistent homelessness, as mental health suffers without adequate social support. In addition, Grigsby, et al. (1990) also found that homelessness could be caused by individual factors that ultimately led to the loss of stable or permanent housing. Grigsby, et al. (1990) described three classifications of homeless persons in relation to the size of an individual's social network, level of psychological functioning, and time spent homeless. The first classification referred to individuals that recently became homeless, but were homeless for a short period of time, had a small social network that they can come to for support, and showed the least mental impairment. The second classification referred to individuals that were homeless for a longer timeframe, continued to lose social support, and became more isolated and prone to mental illness due to their decrease of a social network. The third classification also referred to the same individuals that were homeless for a longer timeframe. However, these individuals built a new social network with the homeless community and had a lower likelihood of mental impairment. It also made them stay homeless for a longer timeframe (Grigsby, et al., 1990). Their findings were "consistent with the idea that both continued loss of social support and re-affiliation are processes that contribute to the entrenchment of homelessness (Grigsby, et al., 1990, p. 151)." People became homeless due to personal vulnerabilities such as lack of social ties, as well as high unemployment rates (Lee, et al., 2010).

Interim Housing (Transitional Housing)

Transitional housing (TH) programs, now known as Interim Housing, were created in the 1980's and were meant to empower the homeless (Washington, 2002). The first "modern" TH programs were created in 1983 by the Los Angeles Family Housing

Corporation and were initially used to house low-income families. Between the late 1980's and 1990, HUD gave over 500 Transitional Housing Program grants, worth $338.5 million, to state and local governments as well as nonprofit organizations (Washington, 2002). Families and individuals would usually stay in a TH facility for up to 1 to 2 years, depending on the program, before transitioning into independent living (Washington, 2002). According to Brown and Wilderson (2010, p. 1465), "Transitional living programs commonly provide subsidized housing, life skills training, education and employment assistance, mental and physical health care, and interpersonal skill building." And the ultimate goal of TH programs was to assist families and individuals to find permanent and stable housing (Washington, 2002).

More recently, TH programs have been a less popular method since the emergence of Rapid Re-housing and Housing First practices (HUD Exchange, 2013). The latter have shown better results of efficiency and effectiveness, as the ultimate goal of permanent housing is usually met quicker than through TH programs (HUD Exchange, 2013). According to the HUD Exchange (2013), changes to transitional housing programs may need to occur, such as serving a different population or changes to program designs. The retooling of TH programs is important and TH methods need to be viewed more critically. Additionally, as mentioned earlier, organizations now prefer using the term, "interim housing," rather than "transitional housing." However, the HUD does not recognize interim housing as a program type (Focus Strategies, No Date).

Other Housing Models

Permanent Housing - Treatment First Approach

There are many housing approaches that are currently used nationwide to address homelessness. The traditional housing approach is known as the "treatment first" approach, where prerequisites have to be met prior to obtaining permanent housing, which is the ultimate objective (Henwood, et al., 2013). The deciding factor of whether an individual can be placed in permanent supportive housing (PSH) or permanent housing is dependent on an individual's plan, usually created by a case manager or counselor. This method is typically used for the chronically homeless, where they were required to receive consistent treatment for substance abuse or mental health disorders, as well as stay abstinent from alcohol or non-prescription drugs, in order to qualify for some form of permanent housing (Henwood, et al., 2013). However, this approach is used less often.

Permanent Housing - Housing First Approach

In contrast, the housing first (HF) approach is a more popular approach (Henwood, et al., 2013). The key principles and purpose of HF is to, "(a) eliminate barriers to housing access and retention, (b) foster a sense of home, (c) facilitate community integration and minimizing stigma, (d) utilize a harm-reduction approach, and (e) adhere to consumer choice and providing individualized consumer-driven services that promote recovery (Stefancic and Tsemberis, et al., 2013, p. 241)." Therefore, housing needs to be easily accessible, private, able to integrate the formerly homeless into a community, and a place where they are able to receive treatment. The HF approach provides permanent housing to homeless individuals first, while also offering treatment services, either on-site for single-site housing or mobile teams for scattered-site housing (Henwood, et al., 2015). This approach spread throughout the U.S. and internationally

because it has proven to be an evidence-based approach that has shown better results for the chronically homeless population rather than the former treatment-based approach (Henwood, et al., 2015).

Rapid Re-Housing

According to the National Alliance to End Homelessness (NAEH) (2017), temporary financial assistance and services are provided to rapid re-housing programs to return homeless people in to permanent housing quickly. There are no preconditions needed before obtaining rapid re-housing assistance, and the services provided are tailored toward the needs of an individual or family (NAEH, 2017). The core components of this type of housing approach are housing identification, Rent and Move-in Financial Assistance, and Rapid Re-housing Case Management and Services. Overall, there are many housing approaches, but choosing the right approach for a target homeless population can be the most difficult part of the process.

Single Room Occupancy (SRO) Units

SRO units were typically located in residential hotels and comprised of a single room without a private bath and kitchen (Shepard, 1997). Communities used SRO hotels to provide innovative site-based social services with the mission to reduce homelessness and increase self-sufficiency. However, many of the original SRO hotels were demolished or converted into other facilities. There were different problems with SRO hotels, but one of the biggest issues was management. Without proper management, the facility was unsafe and unsanitary (Shepard, 1997). Many cities still have SRO facilities, such as San Jose and San Francisco, California. However, just like TH programs, the use

of SRO units needs to be analyzed more critically to allow for the development of strategies that better serve the residents and target population.

Importance of Comprehensive Services for TH Programs

The services provided by TH programs help families and individuals gain the skills needed to obtain a better future and permanent housing. According to one study of a TH program, the services provided were budget management, job development, leadership skills, networking, housing referrals, and counseling, which were usual services provided by TH programs (Washington, 2002). However, other housing programs may offer different services depending on the need by the population they serve.

Based on the study, budget management was necessary in order for individuals to prioritize their responsibilities and know what they could or could not spend their income on (Washington, 2002). It also taught them how to develop a list of bill payments for tracking purposes (Washington, 2002). Washington's (2002) data found that participants emphasized how poor their budgeting was prior to obtaining budget management services. Credentials were also needed to obtain employment and in turn, it made obtaining a job harder due to competition. The minimum requirement was usually a high school diploma (Washington, 2002). Therefore, TH programs offered job-training classes to help individuals choose careers and develop plans for those specific careers. Technical job training and assistance with securing a job, such as interviewing skills, were usually offered also (Washington, 2002). Third, leadership skills were key to helping residents. Based on Washington's (2002) research, leadership skills were obtained by having individuals lead programs within the facility. It gave them a chance to be responsible and take charge. This would also be accomplished by letting individuals be vocal, such as

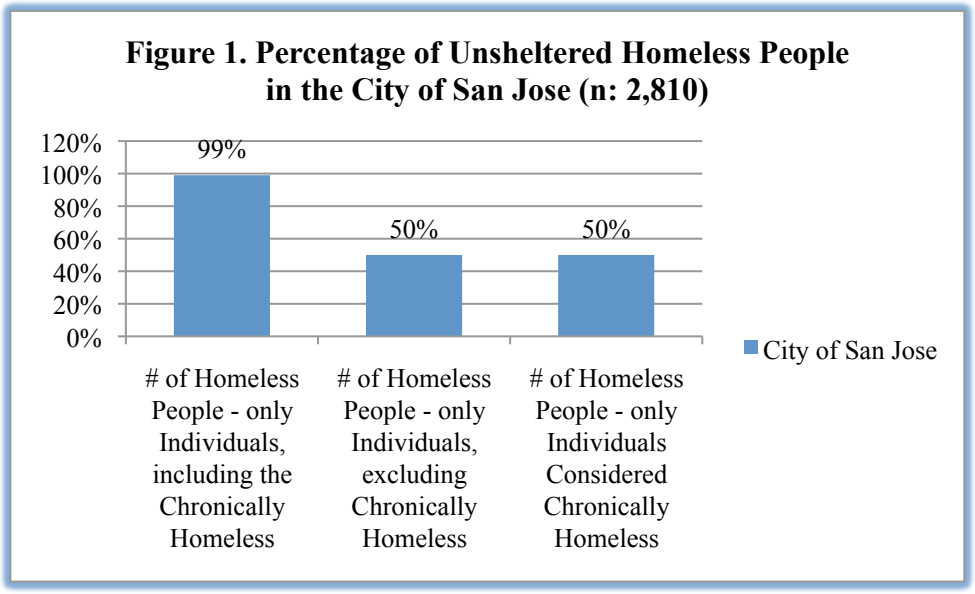
allowing them to give speeches (Washington, 2002). Overall, the point was to instill them with self-confidence, which could ultimately flow into them having confidence in their budgeting and job training abilities (Washington, 2002).

Additionally, networking and referrals were beneficial to residents. Other outside agencies recognized successful TH programs and in turn, employees at those agencies would be willing to hire program clients recommended by program staff or assist with housing referrals (Washington, 2002). Networking also helped clients "locate employment and financial aid for school, helped them locate affordable housing facilities, and generally helped make their lives less complicated (Washington, 2002, p. 186)." The referrals became beneficial for clients that were transitioning out of TH programs into stable and permanent housing (Washington, 2002). Counseling also helped individuals gain self-confidence; allowed them to vent about any issues, and introduced them to problem-solving skills (Washington, 2002). It provided support for positive mental health in order for individuals to not return to homelessness (Washington, 2002). Providers of a program determined what services are necessary for residents to achieve their ultimate goal of self-support and stable housing.

FINDINGS

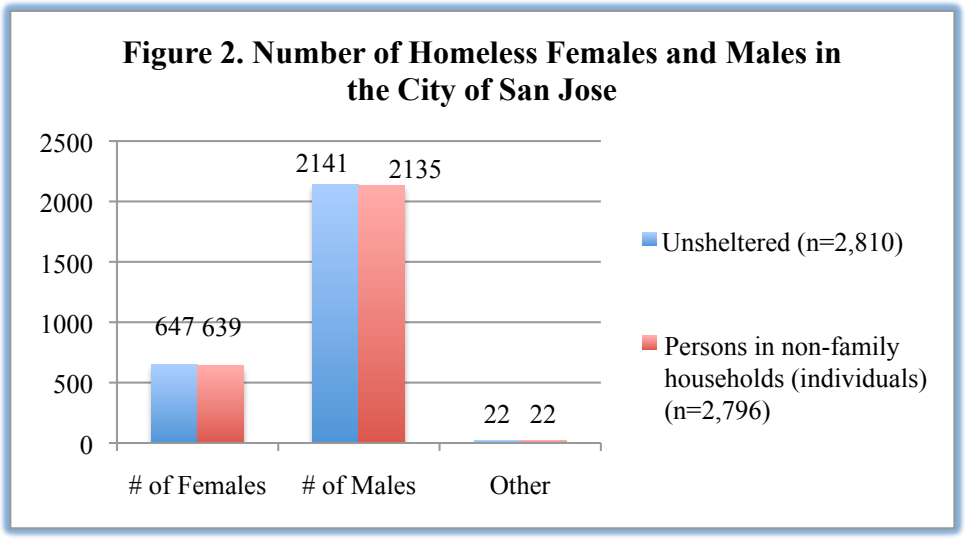
Defining the Problem of Homelessness with the Use of City of San Jose's 2015 Homeless Census and Survey

San Jose's (2015a) Homeless Census and Survey provided useful information on individual homelessness, but there was no data specifically for transitional homelessness, as the City of San Jose historically has not collected data on this specific population. Additionally, there was no data publicly available on this specific population from other organizations in Santa Clara County. However, based on the City of San Jose's definition of transitionally homeless individuals, an analysis of San Jose's (2015a) Homeless Census and Survey data for unsheltered homeless individuals gave an estimate of how many transitional homeless individuals there were in the city. First, there were 2,810 unsheltered homeless people in 2015. Out of 2,810 unsheltered homeless people, 2,796 (99%) of them were considered individually homeless, meaning they were people in non-family households. San Jose's transitional homeless definition excludes the chronically homeless population, which made up 1,398 of the 2,796 homeless individuals. Therefore, the other 1,398 homeless individuals, that were not considered chronically homeless, were homeless for short periods and likely to be transitionally homeless. Additionally, the number may be higher since the transitionally homeless population is underrepresented and goes unseen for living with friends or family, as displayed in Figure 1.



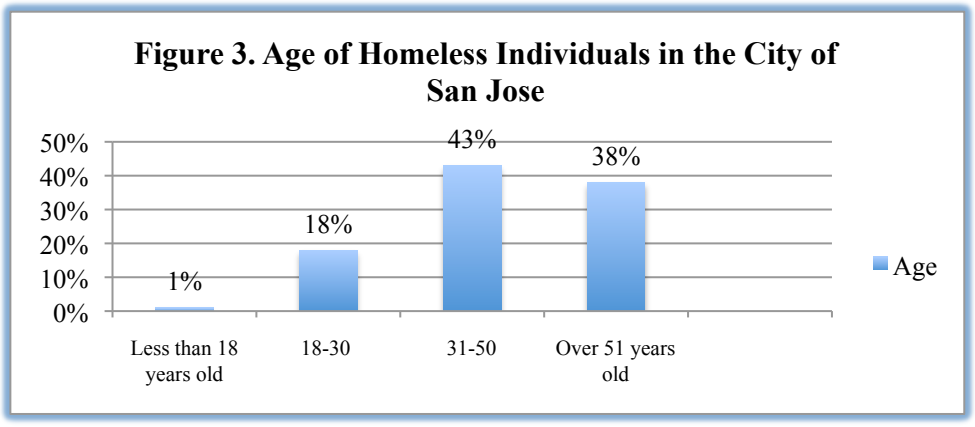
Source: Applied Survey Research. (2015a). San José Homeless Survey. San José, CA.

Figure 2 shows the number of unsheltered females and males based on San Jose's (2015a) Homeless Census and Survey. In blue, it shows that there were 647 unsheltered females and 2,141 unsheltered males, including persons in family and non-family households. In red, it shows that there were 639 females and 2,135 males in non-family households, meaning they were considered unsheltered individuals. Figure 2 does not show female and male persons in family households. The 22 individuals that categorized as "Other," were considered transgender. In total, there were 2,796 unsheltered individuals that are considered female, male, and transgender that are single person in non-family households.



Source: Applied Survey Research. (2015a). San José Homeless Survey. San José, CA.

Figure 3 shows the data of 626 (n=626) homeless people that provided their age for San Jose's (2015a) Homeless Census and Survey count. The data shows that 1% were younger than 18 years old, 18% were between the ages of 18-30 years old, 43% were 31-50 years old, and 38% were over 51 years old. However, the small percentage response poses a threat to the validity of the information for extrapolation to the rest of the respondents.

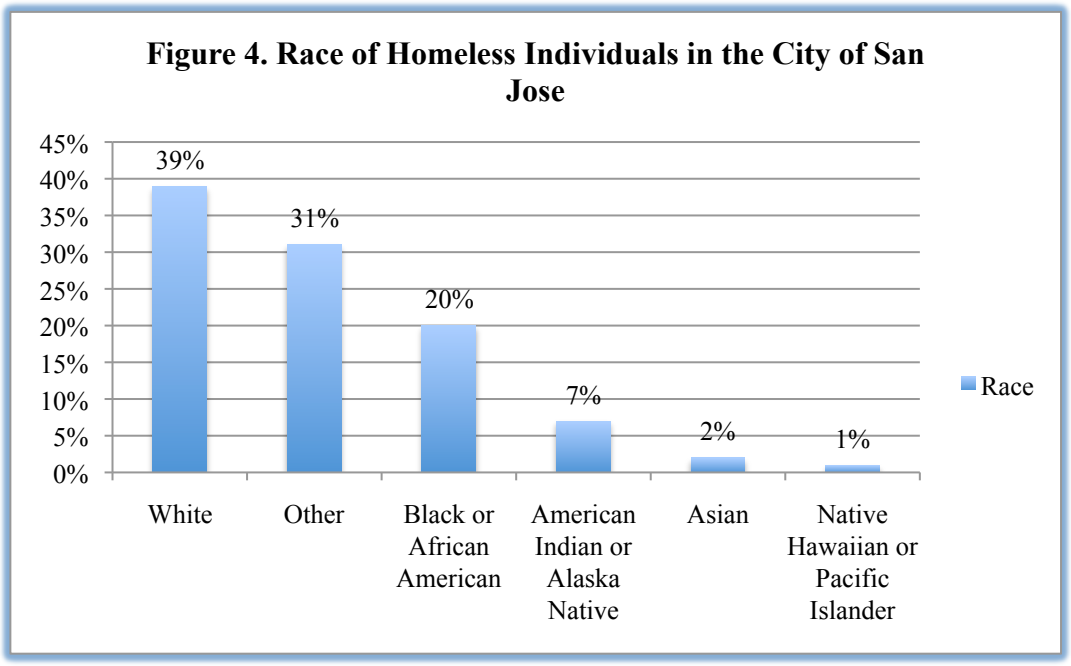


2015 n: 626

Source: Applied Survey Research. (2015a). San José Homeless Survey. San José, CA.

Figure 4 shows the data of 568 (n=568) homeless people that provided their race for San Jose's (2015a) homeless Census and Survey. It shows 39% were white, 31% were

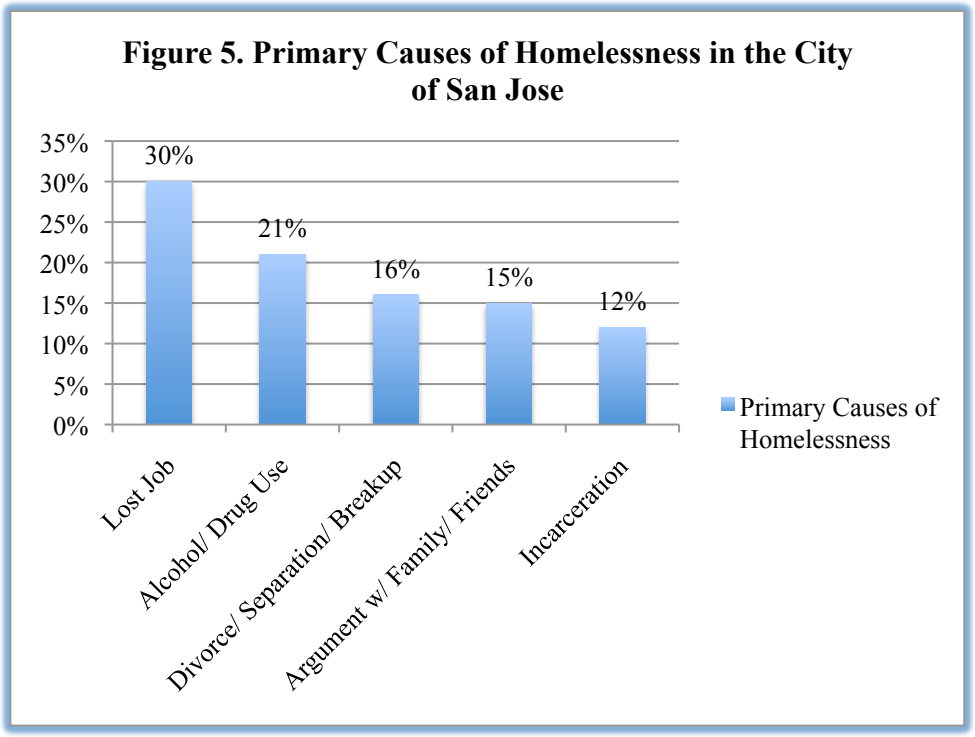
"Other," 20% were black or African American, 7% were American Indian or Alaska Native, 2% were Asian, and 1% were Native Hawaiian or Pacific Islander. It is not provided in the figure below, but based on 620 other responses, 36% were considered Hispanic/Latino in ethnicity. Again, the small percentage response poses a threat to the validity of the information for extrapolation to the rest of the respondents.



2015 n: 568

Source: Applied Survey Research. (2015a). San José Homeless Survey. San José, CA.

Figure 5 shows the data of 611 (n= 611) homeless people that provided their primary cause of homelessness. The data shows that 30% lost their job, 21% were homeless due to alcohol and drug use, 16% were due to a divorce, separation, or break-up, 15% were due to arguments with family or friends, and 12% were due to incarceration. As before, the small percentage response poses a threat to the validity of the information for extrapolation to the rest of the respondents.



2015 n: 611 respondents offering 897 responses
Source: Applied Survey Research. (2015a). San José Homeless Survey. San José, CA.

Current Solutions for Housing the Transitionally Homeless used by Non-profit Organizations in Other Large Cities throughout the United States

The data collected shows current solutions for housing the transitionally homeless, or those that were able to seek employment and did not suffer from mental or substance abuse issues. There were very few programs that met the criteria, as many were hybrid programs that served the chronically homeless and the transitionally homeless.

Table 3 shows the five participants in the study (including their titles), the organizations they work for, the housing program they obtained data from, the location of the program, the form of contact used, and the fiscal year (FY) of data collection. However, the numeric data from the Bridge Communities Transitional Housing Program was retrieved from the organization's website.

Table 3. Participant and Program Information

Interviewee	Organization	Housing Program Name	Location of Program	Form of Contact	FY of Data Collection
Scott Van Gorden (Project Manager)	Downtown Streets Team	Rapid Re-housing Program	San Jose, CA	Telephone	2016/17
Maria Machado (Executive Director)	Shared Housing Center (SHC)	Shared Housing Center (SHC) Transitional Housing Program	Dallas, TX	Email	2016
John Hayner (Chief Executive Officer)	Bridge Communities	Bridge Communities Transitional Housing Program	Glen Ellyn, IL	Email	2013
Joel Derrough (Director of Programs)	Arms of Hope	Together Program	Medina, TX	Telephone	2015/16
Steve Werthman (VP of Operations)	HOPE	HOPE4Families	Fort Lauderdale, FL	Telephone	2016

Table 4 shows data on the implementation of housing programs, which include the program service model used, the reason the program model was chosen, program goals, target population, program length, and type of housing facility. Each target population met the transitionally homeless criteria as defined by the City of San Jose.

The Rapid Re-housing Program and HOPE4Families used the rapid re-housing model while the SHC Transitional Housing Program and the Bridge Communities Transitional Housing Program used the transitional housing model. The Together Program used an interim housing model where there was no fixed time for length of stay. The program goals differed depending on the clients that were served. The Rapid Re-housing Program served only adults while all the other programs served single parent families or families with both parents. The interviewees also provided short-term goals. However, the ultimate goal for four of the programs was permanent housing. The Together Program's ultimate goal was getting their clients, single mothers, educated.

Table 4. Implementation of Housing Programs					
Program Name:	**Rapid Re-housing Program**	**SHC Transitional Housing Program**	**Bridge Communities Transitional Housing Program**	**Together Program**	**HOPE4Families**
Location:	**San Jose, CA**	**Dallas, TX**	**Glen Ellyn, IL**	**Medina, TX**	**Fort Lauderdale, FL**
Program Model	Rapid Re-housing	Transitional Housing	Transitional Housing	Interim Housing	Rapid Re-Housing
Reason for Program Model	To get the homeless off the streets quickly with an intent to employ them	To set goals with timeframe, such as getting clients employed within 90 days of entering the program	To help homeless families toward a path of self-sufficiency through meaningful partnerships with community- based agencies, especially during crisis	To help single mothers gain an education and to help them transition towards independency	To help homeless families get off the streets quickly and to help them towards stability
Program Goal (besides the ultimate goal of permanent housing)	To employ clients	To have clients secure employment, secure mainstream resources to help with independence, enroll children in school or day care, and to engage in counseling (short term). To repair their credit (long term)	To enable families to achieve self-sufficiency, sustain permanent housing, and to break the cycle of poverty within the family unit through increasing life skills and earning power	To help single mothers succeed through education and requiring them to get a GED (case-by-case basis)	To provide families with temporary rental subsidies and case management services to allow the families to pay for their own housing (100%) once the services and subsidies end
Target Population	Adults that are willing and able to work and do not have mental or substance abuse issues	Single parent families or grand-families that were homeless due to domestic violence, additional dependents (grandmothers), veteran women reunited with children, and those that lost a job due to outsourcing or were abused by the spouse/significant other	Families (must be over 21 and have at least 1 child) that were homeless or at risk of homelessness	Single mothers (and their children) escaping homelessness, domestic violence, human trafficking, abuse or lost sustainable support when a death, incarceration or divorce occurred	Families
Program Length	2 years	1 year	2 years	No time limit (2-year average length of stay)	1 year (2 years if extension is needed)
Type of Housing Facility	Apartments or rooms in houses (SRO)	Group home	Apartments	Houses	Apartments or Houses

Source: Participant Responses or through organization website (Refer to Table 1.)

Table 5 shows data on the five programs and the integration of social services. Case management was the most common among all the programs. Other commonalities included employment, counseling, parenting, and childcare services. Additionally, all the programs partnered with other non-profit agencies to directly provide services except the Together Program.

Table 5. Integration with Social Services

Program Name:	Rapid Re-housing Program	SHC Transitional Housing Program	Bridge Communities Transitional Housing Program	Together Program	HOPE4Families
Location:	**San Jose, CA**	**Dallas, TX**	**Glen Ellyn, IL**	**Medina, TX**	**Fort Lauderdale, FL**
Social Services offered	case management and employment services (every client is assigned a case manager and an employment specialist)	case management and other services through partnerships, such as money management, career advise, employment, children programs, and medical services	case management, employment counseling, children services, and other services through partnerships, such as behavioral and physical health, community, and childcare services, and parenting training	case management, counseling, parenting classes, life skills training	case management: links clients to any other services needed, such as employment or job training, childcare, medical insurance, counseling, and legal advise services
Partners with other non-profit agencies to provide services	Yes	Yes	Yes	No	Yes

Source: Participant Responses or through organization website (Refer to Table 1.)

Table 6 shows data on the five programs and client success. It includes the number of clients served and the percentage of clients that found permanent housing. The Together Program did not provide the percentage of clients that found permanent housing, as they measured success with educational advances. The other programs, except HOPE4families, provided the percentage of clients that found permanent housing based on the total number of clients served. The SHC Transitional Housing Program

served 289 women and children, where 231 (80%) of them found permanent housing; and Bridge Communities Transitional Housing Program served 129 families, where 34 of them (26%) found permanent housing. The Rapid Re-housing program served 122 adults with a 23% (28 adults) permanent housing graduation rate, while HOPE4Families served 57 families. The latter program had a 98.18% graduation rate into permanent housing based on 54 out of 55 families that remained in permanent housing at of the end of the operating year or exited to permanent housing during the operating year (Werthman, 2017).

Table 6. Data on Clients

Program Name:	Rapid Re-housing Program	SHC Transitional Housing Program	Bridge Communities Transitional Housing Program	Together Program	HOPE4Families
Location:	**San Jose, CA**	**Dallas, TX**	**Glen Ellyn, IL**	**Medina, TX**	**Fort Lauderdale, FL**
Number of Clients Served and FY	122 Adults	289 Women and children	129 Families	138 Women and child	57 Families
Percentage of Clients that Graduated Program and Found Permanent Housing	23%	80%	26%	NA (program measured educational advances)	98.18%

NA: Not Available

Source: Participant Responses (Refer to Table 1.)

Source Bridges Communities: https://www.bridgecommunities.org/uploads/cms/documents/bridgecommunitiesonesheet5-6-2014.pdf

Survey Results from 5 Successful Programs throughout the United States Benchmarked with the City of San Jose's Proposal to Use the Underused Plaza Hotel

The research benchmarked the City of San Jose's Plaza Hotel program against successes in Los Angeles, San Francisco, Seattle, San Antonio and New York. The programs met

most of the Plaza Hotel criteria, such as the use of the TH model, undergoing a conversion, or were considered an SRO. There were very few programs that met the criteria.

Table 7 shows the six participants of the study (and their titles), the organizations they work for, and the TH programs they obtained data from, along with the location of the program, form of contact, and the fiscal year (FY) of data collection. All data for the City of San Jose's Plaza Hotel are estimates for the first year of operation, and are highlighted in blue.

Table 7. Participant and Program Information

Participants	**Organization**	**Transitional Housing Program Name**	**Location of Program**	**Form of Contact**	**FY of Data Collection**
Jon White (Director of Real Estate Development)	Abode Services	Plaza Hotel	San Jose, CA	Email	NA
Flo Beaumon (Associate Director)	Catholic Community Services of Western Washington (CCSWW)	The Aloha Inn	Seattle, WA	Telephone	2015/16 *(10/1/2015 – 9/30/2016)*
Joe Shaffer (Director of Operations)	Crosspoint, Inc.	Veterans Health Care for Homeless Veterans (HCHV) Program	San Antonio, TX	Email	2015/16 (*7/1/2015 - 6/30/2016)*
Ilsa Lund (Senior Director of Operations) and Haley Mousseau (Director of Research and Evaluation)	Larkin Street Youth Services (Larkin Street)	Castro Youth Housing Initiative (CYHI)	San Francisco, CA	Email (for both)	2015/16 *(7/1/2015 – 6/30/2016)*
Denice Walker (Program Manager)	SRO Housing Corporation	Veterans Transitional Program	Los Angeles, CA	Telephone	2015/16 *(11/1/2015 – 10/31/2016)*
Crystal John (Director of Mental Health Services)	WellLife Network	Far Rockaway Community Residence (CR)-SRO	Queens, NY	Email	NA

NA: Not Available

Table 8 shows the first benchmark between the Plaza Hotel and the five successful programs (the Aloha Inn, Veterans HCHV, CYHI, the Veterans Transitional Program, and the Far Rockaway CR-SRO). It shows data on the social services offered and whether or not the program partnered with other non-profit agencies to provide services.

The Plaza Hotel will offer two sets of services. The first set of services will be provided by Abode, which includes two on site/full-time coordinators that will help clients with connections to community resources and services, such as food pantries, clothes closets, addiction recovery programs, life skills training, financial training, medical care, behavioral health, and housing opportunities. The second set of services will be provided by another non-profit agency contracted by the City of San Jose. They will be responsible for street outreach, the referral process, intensive case management, and housing placement (White, 2017). Few services will be directly offered through the Plaza Hotel, except for case management and coordination services. However, the coordinators will be able to assist clients to gain access to other services, if needed. Other services, such as those listed above, may be offered through partner agencies.

There were a wide range of services offered by each program where some offered similar services and others did not. At the Aloha Inn, residents were in charge of managing the program. The services offered were support services, which included: housing counseling, employment assistance, dental and vision services, personal counseling, and recovery counseling. Medical students at the University of Washington also offered a free clinic every Sunday for residents. At the Veterans HCHV, the services offered included: Department of Veterans Affairs (DVA) case management, health and

wellness services, and employment assistance. At the Veterans Transitional Program, services provided were support case management, their own personal space (SRO), and services from outside entities. There was also a clinical team that came out twice a month, and three meals were provided everyday. At the Far Rockaway CR-SRO, case management and care coordination services were provided. Additionally, all programs confirmed that they partnered with different non-profit agencies to provide some of the services, but none of the interviewees elaborated on the partner agencies.

Lund (2017), of Larkin Street, provided a lot of information regarding their services. According to Lund (2017), wraparound services were offered at CYHI in order for clients to access all supportive services needed to support a transition into independence. Each youth participant was assigned a case manager (CM), who used "motivational interviewing techniques to develop a goal-oriented and strengths-based case plan (Lund, 2017)." The case plan included short, intermediate, and long-term goals related to housing, health and wellness, education, and employment. The CM helped determine what supportive services were needed for clients to achieve their goals. The services could be offered internally or through external agencies depending on the needs of each youth. They also provided education and employment support programs through Larkin Street Academy, primary health care through a medical clinic at the service hub in the Tenderloin area of San Francisco, as well as behavioral health and life skills services.

Table 8. Integration with Social Services						
Program Name:	**Plaza Hotel**	**The Aloha Inn**	**Veterans HCHV**	**CYHI**	**Veterans Transitional Program**	**Far Rockaway CR - SRO**
Location:	**San Jose, CA**	**Seattle, WA**	**San Antonio, TX**	**San Francisco, CA**	**Los Angeles, CA**	**Queens, NY**
Social Services offered	**Provided by Abode**: two (2) on site/ full-time coordinators (to help clients with connections to community resources and services, such as food pantries, addiction recovery programs, life skills training, financial training, medical care, behavioral health, and housing opportunities) **Provided by another non-profit agency contracted by the City of San Jose**: street outreach, referrals, intensive case management, and housing placement	employment assistance, housing counseling, vision and dental care, counseling, drug/alcohol help, computer training and medical clinic (only Sundays)	DVA case management, health and wellness services, addiction and mental health services, and employment assistance	case management and engagement services, education, employment assistance, health and wellness services, legal services, and life skills training	case management, clinic (offered twice a month), and three meals a day	case management and care coordination
Partners with other non-profit agencies to provide services	Yes (expected)	Yes	Yes	Yes	Yes	Yes

Source: Participant Responses (Refer to Table 2.)

Table 9 shows the second benchmark between the Plaza Hotel and the five successful programs, including data on the implementation of the programs, such as the program service model used and the reason the program model was chosen, as well as program goals, target population, program length, and funding source(s) for the program.

The Plaza Hotel will use an "interim housing" model since there is no set length of time that clients can stay except for the 5-year deadline before it is torn down. At the Aloha Inn, the model used was known as "resident management," where clients (residents) were in charge of managing the program, such as managing the front desk,

acting as security, making meals, enforcing rules, housekeeping, and screening other residents. The facilitators of the program were program staff (Beaumon, 2017). The Veterans HCHV used the "housing first" model, which emphasized placement in secure, stable transitional housing with minimal regard for commitment to other program services (Shaffer, 2017). The CYHI used the "case management" model where each youth was assigned a case manager. The Veterans Transitional Program used a "psychosocial" model while the Far Rockaway CR-SRO used a "case management" model, but both interviewees did not provide additional information.

Additionally, there were different target populations served. However, the commonality between them was that all clients served were adults, 18 years old or older. The Aloha Inn served both the transitionally and chronically homeless. The Veterans HCHV and Veterans Transitional Program targeted homeless veterans, while the CYHI targeted youth between the ages of 18-24 that identified as LGBTQ. The Far Rockaway CR-SRO targeted the chronically homeless, especially those that suffered a mental illness. The Plaza Hotel excluded the chronically homeless, but may include youth and veterans that meet the requirements and transitionally homeless criteria. The City of San Jose and Abode targeted a population that could find employment and permanent housing faster than other homeless populations due to the 5-year limit of the program. The Plaza Hotel will be better utilized for helping the transitionally homeless toward economic stability rather than not being used at all. Prior to this project, the hotel was unoccupied for seven years.

The program lengths also differed from one another. It was usually a 2-year length-of-stay at the Aloha Inn, the Veterans Transitional Program, and the CYHI.

However, for the CYHI, clients also had to leave if it reached their 25th birthday. It was a 180-day stay for the Veterans HCHV and a 365-day stay at the Far Rockaway CR-SRO. The Plaza Hotel plans to operate for 5 years, but by year four a transition will begin, and staff will be sure to get everyone out and housed elsewhere before the lease ends.

The table also shows the source of funding for each program. The Plaza Hotel rehabilitative costs will be funded by City of San Jose CDBG and operational costs will be funded by client income and housing vouchers. The Aloha Inn was funded by HUD's Continuum of Care Program, City of Seattle's Human Services Department, City of Seattle's local housing levy, King County, and from rent that residents pay. The Veterans HCHV was funded by a per diem contract with the DVA. The CYHI had a contract with the City of San Francisco's Department of Homelessness, Supportive Housing General Fund dollars, and supplemented the funding gap with privately raised dollars. The Veterans Administration (VA) funded the Veterans Transitional Program and New York's Office of Mental Health (OMH) funded the Far Rockaway CR-SRO.

Table 9. Implementation of Transitional Housing Programs						
Program Name:	**Plaza Hotel**	**The Aloha Inn**	**Veterans HCHV**	**CYHI**	**Veterans Transitional Program**	**Far Rockaway CR - SRO**
Location:	**San Jose, CA**	**Seattle, WA**	**San Antonio, TX**	**San Francisco, CA**	**Los Angeles, CA**	**Queens, NY**
Program Service Model	Interim Housing	Resident Management	Housing First	Case Management	Psychosocial	Case Management
Reason for Program Model	To operate for 5 years and to execute an immediate solution with the intent that people will move into permanent housing. There is no fixed amount of time a client can stay (such as 12-24 months) other than the 5 year deadline	To emphasize on the idea that homeless people should work together	To emphasize that placement is secure with minimal regard for commitment to other program services	To have CM motivate youth into utilizing services that help them exit homelessness	(No information provided)	To have CM make it easier for clients to access and manage services in the community and to ultimately improve their health and well-being
Program Goal (other than permanent housing)	To house 100 people within 5 years and to provide a stable, supported, and dignified place to stay until permanent housing is available either at a permanent supportive housing site based program or a scattered site rental assistance model	To give clients management opportunity and promote self-sufficiency	To reduce homelessness among Veterans and to provide supportive and rehabilitative services	To provide wraparound services for youth that promote self-sufficiency	To provide a sober-living facility where clients follow their Individual Action Plans (IAP)	To provide a supportive environment and to further client recovery and independency through program services
Target Population	Adults that meet the City of San Jose's criteria of a transitionally homeless individual and have an income of $550 per month or less	Adults or couples that were chronically or transitionally homeless	Veterans	Youth between 18-24 years old and identified as LGBTQ	Veterans	Single adults with a mental illness and/or were considered chronically homeless
Program Length	5 years	Usually 2 years	Usually up to 180 days	Usually 2 years or until a client's 25th birthday	Usually 2 years	365 days
Funding of Program	City of San Jose CDBG, Operational Costs from housing vouchers	HUD: McKinney Grant, City of Seattle's Human Services Department, City of Seattle's local housing levy, King County, and rent that residents pay	Per diem contract with the Department of Veteran Affairs (DVA)	Contract with City of San Francisco's Department of Homelessness, Supportive Housing General Fund dollars, and with privately raised dollars	Veterans Administratio n	New York's Office of Mental Health (OMH)

Source: Participant Responses (Refer to Table 2.) / Website: WellLife Network (No Date)

Table 10 shows the third benchmark, between the Plaza Hotel and the five successful programs, on client success, including the number of clients served throughout the FY, number of clients that maintained a job or some form of income, and the number of clients that found permanent housing for the given FY. The data was benchmarked against the Plaza Hotel's expectations for the first year of operation.

The Plaza Hotel expects to house 47 clients within the first year where zero (0) clients will have to maintain a stable job, but will be required to work or have some form of income. However, according to White (2017), all clients will be encouraged to increase or maintain their income during their stay. Clients will also have to pay at least $20.00 per month or 30% of their income. In the first year of operation, it is expected that 10-15 clients will graduate from the program into permanent housing (White, 2017).

All interviewees provided the number of clients served during the 2015/16 FY except Crystal John of the WellLife Network (Far Rockaway CR-SRO). She provided numeric data, but did not provide the year of data collection. However, the questionnaire specifically asked for the most recent and completed data. Additionally, the number of clients that maintained a stable income or some form of income varied since it was not a requirement for all the programs except the Veterans Transitional Program. Interviewees explained that there were clients who were incapable of working due to medical conditions, which was true for many clients at the Far Rockaway CR-SRO (John, 2017). The numeric data was out of the total number of clients served for CYHI (73%), Veterans Transitional Program (100%), and the Far Rockaway CR-SRO (14%). However, the number was out of the 96 clients that exited the program at the Aloha Inn (89%) while

the number was out of 86 clients that were discharged from the military at the Veterans HCHV (43%).

All interviewees also provided the number of clients that graduated from the program and found permanent housing during the 2015/16 FY. For the Aloha Inn, 59 (60%) clients out of 96 clients that exited the program graduated into permanent housing, while an estimate of 84 (72%) out of all 116 clients served found permanent housing for the Veterans HCHV. For the CYHI in FY 2016, 19 (96%) clients out of 21 clients that exited the program graduated to permanent housing. For the Veterans Transitional Program, 127 (88%) clients out of all 145 clients graduated from the program. For the Far Rockaway CR-SRO, 40 (90%) clients out of all 44 clients graduated into permanent housing. Clients at the Far Rockaway CR-SRO were moved to permanent supportive housing facilities after they were assessed and stayed for 365 days or less.

Table 10. Data on Clients

Program Name:	Plaza Hotel	The Aloha Inn	Veterans HCHV	CYHI	Veterans Transitional Program	Far Rockaway CR - SRO
Location:	**San Jose, CA**	**Seattle, WA**	**San Antonio, TX**	**San Francisco, CA**	**Los Angeles, CA**	**Queens, NY**
Number of Clients Served throughout FY	47 (expected)	158	116	48	145	44
Number of Clients that Maintained a Stable Job or some form of Income	0 (expected)	85 out of 96 that exited during FY	37 out of 86 discharged Veterans	35 out of 48 total clients	145 out of 145 total clients	6 out of 44 total clients
Number of Clients that Graduated Program and Found Permanent Housing	10-15 (estimated for first year of operation)	59 out of 96 that exited during FY	84 out of 116 total clients (estimate)	19 out of 21 that exited during FY	127 out of 145 total clients	40 out of 44 total clients

Source: Participant Responses (Refer to Table 2.)

Table 11 shows each program and whether the program facility underwent a conversion process, whether it was considered a SRO facility, and whether the TH facility was owned or master-leased by the program organization. The Plaza Hotel underwent a conversion, is considered an SRO, is owned by the City of San Jose and leased to Abode, and will only serve adult individuals. The Aloha Inn underwent a conversion, but was considered a double room occupancy facility rather than a SRO. It jointly housed two individuals or one couple in each room. The Veterans HCHV Program and the CYHI were similar, as both their program facilities underwent a conversion and were considered a SRO. The Veterans Transitional Program and Far Rockaway CR-SRO housing facilities did not undergo a conversion process, but were considered SROs.

CCSWW (Aloha Inn), Crosspoint, Inc. (Veterans HCHV), SRO Housing Corporation (The Veterans Transitional Program), and WellLife Network (Far Rockaway CR-SRO) own the housing facility for each of their programs. Larkin Street (CYHI) has master-leased units at the Perramount Hotel, a privately owned building.

Table 11. Program Facility Details

Transitional Housing Program Name	TH Facility Underwent a Conversion Process	TH Program in a SRO Facility	Owned or Leased Facility
Plaza Hotel	Yes	Yes	Owned by the City of San Jose and leased to Abode
The Aloha Inn	Yes	No - double room occupancy	Owned
Veterans HCHV Program	Yes	Yes	Owned
CYHI	Yes	Yes	Leased
Veterans Transitional Program	No	Yes	Owned
Far Rockaway CR-SRO	No	Yes	Owned

Source: Participant Responses (Refer to Table 2.)

Table 12 shows additional details for each program, such as the requirements to enter each program, requirements to stay and complete the program, the types of outreach and referral methods that are used to obtain clients, the service model that is used, services offered, and how clients manage their finances.

At the Plaza Hotel, an individual will need to be considered transitionally homeless, under San Jose's definition, and will need a housing voucher through the City or County to enter the program. The requirements to stay and complete the program include having an income of $550 per month or less. A second service provider, contracted by the City of San Jose, will perform street outreach. Management of client finances has not been determined yet.

At the Aloha Inn, the requirements to enter the program were to be considered homeless (HUD Category 1), a single adult or an adult couple, clean and sober (for about 30 days), show proof of support for maintaining sobriety (if a person has recent history of substance abuse), and agree to pursue permanent housing, follow program rules, and be able to live with a roommate. The requirements to stay and complete the program were applying for and saving money for permanent housing, working 15 hours for the program, pay rent of $10-$25 per week depending on income, staying clean and sober, and following the program rules. The referral technique used was word-of-mouth. The program was also advertised in 2-1-0, which is the local telephone referral system for social services. Clients also managed their own finances, but had to present their finances to the resident screening committee once every two weeks. This included showing proof of savings through a bank statement (Beaumon, 2017).

At the Veterans HCHV, the requirements were to be eligible for Veterans benefits under DVA criteria and meet means-testing criteria. The requirements to stay and complete the program were compliance with facility rules, such as no violence, weapons, or substance use, plus pursuit of housing goals as set with DVA CM. Clients were referred through the DVA and were required to maintain savings accounts at banks. They were also asked to limit the amount of money and valuables kept in the facility (Shaffer, 2017).

At the CYHI, youth had to be between the ages of 18–24, they needed to be homeless or at-risk of homelessness, and it was designed for youth who identify as lesbian, gay, bisexual, transsexual, or queer (LGBTQ). Lund (2017), indicated that the requirements to stay and complete the program were for youth to meet regularly with a CM, generally one time per week, and make progress toward case plan goals that promote self-sufficiency, such as education, employment, wellness, and life skills. They were expected to engage in some kind of productive activity, such as school, work or one of Larkin Street's many programs designed to get them work or school ready. Clients were expected to maintain their unit and to comply with general health and safety issues, but the goal was not to set such high expectations that they were terminated from the program for issues that can be easily addressed. A street outreach team identified youth that were on the streets and linked them to services while two drop-in centers and two emergency shelters provided regular referrals. Larkin Street also worked closely with partner agencies, for referrals, and with the City of San Francisco. Youth were expected to save 30% of their income, which Larkin Street return to the clients at exit to support their transition into stable housing. CMs worked with youth to develop a monthly budget,

which was reviewed and updated quarterly as part of the case plan. Larkin Street also had a financial literacy curriculum, or youth may be linked with financial literacy supports through Larkin Street Academy (Lund, 2017).

At the Veterans Transitional Program, the requirements to enter the program were to have a steady income, be eligible for veteran services, take a TB test, and have a risk assessment done. The requirements to stay and complete the program were to create an individual action plan (IAP), attend medical appointments, have an income and savings, and meet with a case manager weekly. Outreach and referrals came from the Veterans Administration (VA), but a two-fold screening was done to evaluate potential clients. The stay was limited in time and referrals were accepted based on individual commitments to comply with facility rules and agreement to pursue personal long term housing/employment goals in conjunction with DVA case management support. Clients also managed their own money, but they initially talked about money management and created a budget plan when they created their individual action plan.

At the Far Rockaway CR-SRO, the requirements to enter the program were to have a history of long-term homelessness, be at least 18 years old, and have a serious mental illness. The requirements to stay and complete the program were payment of a program fee and non-violent behavior. The intake department outreaches to shelters and hospitals. Additionally, a majority of clients received Social Security Insurance (SSI) or Social Security Disability (SSD). There was no information about how clients managed their finances.

Table 12. Program Specifics

Program Specifics	Plaza Hotel	The Aloha Inn	Veterans HCHV	CYHI	Veterans Transitional Program	Far Rockaway CR-SRO
Requirements to Enter the Program	Must be considered transitionally homeless, under San Jose's definition, and must have a housing voucher through the City or County	Must be considered homeless (HUD Category 1), must be clean and sober, show proof of support for maintaining sobriety, agree to pursue permanent housing, follow program rules, and be able to live with a roommate	Must be eligible for Veterans benefits under DVA criteria and meet means-testing criteria	Must be between the ages of 18–24, homeless or at-risk of homelessness, and identify as LGBTQ	Must have an income, be eligible for Veteran services, take a TB test, have a risk assessment done, and be sober for at least 30 days prior to entry	Must have a history of long-term homelessness and mental illness
Requirements to Stay and Complete the Program	Must have an income of $550 per month or less (still in planning phase)	Apply for and save money for permanent housing, work 15 hours for the program, pay $10-$25 per week for rent depending on income, stay clean and sober, and follow the program rules	Compliance with facility rules, such as no violence, weapons, or substance use) plus pursuit of housing goals as set with DVA CM	Meet regularly with a case manager, make progress toward case plan goals that promote self-sufficiency, engage in some kind of productive activity	Stay sober, create an IAP (such as housing goals), attend medical appointments, have an income and savings, and meet with a case manager weekly	Payment of program fee and non-violent behavior
Type of Outreach and Referral Techniques Used to Obtain Clients	Referrals from the City of San Jose's Homeless Housing Program or Transition in Place Program while outreach will be done by a second service provider contracted with the City of San Jose	Word-of-mouth and being advertised by 2-1-1, a local referral system for social services	Clients are referred by a DVA HCHV program	Larkin Street has a Street Outreach team to identify youth who are currently on the streets and link them to services, two drop-in centers and two emergency shelters for referrals, and referrals through partner agencies and the City of San Francisco	Referrals from Veterans Administration	The intake department outreaches to shelters and hospitals
Management of Client Finances	Unknown (still in planning phase)	Clients manage their own finances, but have to present it to the resident screening committee once every two weeks. This includes showing proof of savings through a bank statement.	Clients are required to maintain savings accounts at banks. They are asked to limit the amount of money and valuables kept in the facility.	Clients are expected to save 30% of their income, which Larkin Street then puts in an interest-bearing savings account to return to clients when they leave the program. CMs work with youth to develop a monthly budget. Larkin Street also has a financial literacy curriculum that CMs may deliver or youth may be linked with financial literacy supports	Clients manage their own finances, but when IAP is created, they talk about money management and create a budget plan	SSI/SSD

Source: Participant Responses (Refer to Table 2.)

Table 13 represents the reasons clients became homeless for each program. However, the Veterans HCHV program and the Aloha Inn could not provide data, as they did not collect data on the reasons that clients become homeless. The Plaza Hotel also does not have data on this yet.

Table 13. Reasons Clients Became Homeless per Program

Reasons for Homelessness	CYHI (n=48)	Veterans Transitional Program (n= 145)	Far Rockaway CR-SRO (n=44)
Loss of a Job/ Stable Income	55%	100%	100%
Lack of Affordable Housing	63%	31%	90%
Family and/or Relationship Breakdown	34%	3%	5%
Domestic Violence	7%	1%	7%
Other Reasons			
Substance Use	12%	NA	NA
Mental Health Issues	21%	NA	NA
Physical Health	5%	NA	NA
Abuse/ Neglect	14%	NA	NA
Transportation Issues	12%	NA	NA
Income or Financial Issues	34%	NA	NA
Legal Issues	8%	NA	NA
Incarcerated parent/ guardian	1%	NA	NA
Orientation or Gender Identity	3%	NA	NA
Not Specified	0%	10%	5%

Source: Participant Responses (Refer to Table 2.)

ANALYSIS

Defining the Problem

The City of San Jose bought the Plaza Hotel, which will house 47 transitionally homeless adults in SRO units using an interim housing model. As mentioned earlier, the City of San Jose ranks 7th for the number of homeless residents and 3rd for the number of unsheltered homeless individuals in the United States. (Henry, et al., 2016). The biggest cause for concern was large number of homeless people living in unsheltered areas in San Jose (San Jose's Homeless Census and Survey, 2015a). Additionally, there was a lack of data in regards to how much funding goes towards the transitionally homeless versus the chronically homeless, or any other subpopulation, despite the high percentage (64%) of people that are homeless for less than a year, based on Destination Home's 2015 *Home Not Found* report. Santa Clara County and the City of San Jose have data on different subpopulations, but they placed a large emphasis on the persistent or chronically homeless subpopulation, as they consumed the largest part of the total cost of homeless services. This may be a reason why there was a lack of data on the transitionally homeless. Also, it may be due to the fact that the transitionally homeless bounce into interim or permanent housing more quickly than other subpopulations. Overall, the Plaza Hotel will be beneficial to house the transitionally homeless since it will be torn down after five years for a future redevelopment project (White, 2017).

Analysis of the Program Findings

Based on all programs in the Findings section, the program service models, services, and goals were determined by the homeless population they were targeting. In the current solutions section, all the programs only served those that met the transitionally

homeless criteria. However, four out of the five programs targeted homeless families. Families are more likely to fall under the transitionally homeless category, as they have children to support and are willing to find work to become economically stable. The Downtown Streets Team was the only agency that targeted transitionally homeless adults, just as the Plaza Hotel will do. The commonality between the two groups was that they directly offered case management services through the programs where they could be connected to other services within the overall organization or through partner agencies. Another commonality was the program service models used, which were the rapid re-housing or interim/TH model. The models were designed to house the homeless quickly and to provide services that will help them eventually maintain stable, safe, and affordable permanent housing on their own. The models were also more beneficial for the transitionally homeless since they typically become homeless unexpectedly and were determined to become self-sufficient again. Other housing models, such as the housing first model, were commonly used for the chronically homeless.

Additionally, all the programs, except CYHI, owned their housing facilities. It was cheaper to buy and convert the Plaza Hotel into a SRO rather than master-leasing a private hotel (Morales-Ferrand, 2015a). The City of San Jose's Housing Department and the service providers at Abode had more control of what service model they would use, what services they would offer, and how services would be administered. Owning a hotel, or any type of facility, is beneficial because owners have more control over the use of the property. They are able to determine how many clients to house, how the program will be run, and how services will be provided, or to determine what services can be provided on-site or off-site. Conversely, non-profit agencies that master-lease units of hotels have

to negotiate with owners as well as comply with owner rules and preferences, such as negotiating on how many clients can be housed.

Funding also affects what program services will be offered and how they will be administered, as funding is usually provided in order to meet specific goals. All programs, including San Jose's Plaza Hotel, received funding from government agencies. In particular, the Plaza Hotel received funding from the CDBG (Morales-Ferrand and Maguire, 2016). The use of CDBG funding is strict and has specific requirements. According to Morales-Ferrand and Maguire (2016), the Plaza Hotel cannot be used for anything other than what it was initially intended for, which goes for many programs that use CDBG funding or other forms of government funds. Program staff may change certain aspects of their program to meet the funding requirements, while other programs may already align with the requirements. Programs are also likely to continue to receive funds if goals are met.

Recommendations

Recommendation 1.

The City of San Jose should request to include data on the transitionally homeless when doing the next point-in-time census and survey.

The Plaza Hotel targets transitionally homeless adults, but the city did not have any numeric data regarding this population. It is essential that they are included in order for the community and program staff to have a better understanding of how many transitionally homeless people there are within the city. Knowing the size of the problem would also motivate the city's Housing Department to think of new ideas to house this specific population. In the next point-in-time census and survey, the homeless can be

asked if they consider themselves transitionally homeless (using the city's definition), how long a person or family has been homeless, the reason why they became homeless, and whether they suffer from any mental or substance abuse issues.

Recommendation 2.

The City of San Jose and Abode should have the following as top services for clients at the Plaza Hotel: case management with an emphasis on employment services and financial management.

Almost all the programs partnered with outside agencies to provide services and offered case management services. The Plaza Hotel will do that same, but will offer case management through a second service provider. As the second service provider has not been determined yet, the City of San Jose should look into an agency that could provide direct case management, employment, and financial management services, especially for the population they are targeting and length of time the program has. Focusing on the three services can help clients enhance their economic stability, find affordable and permanent housing quickly, and it will allow for more clients to enter and use the program once other clients successfully find permanent housing.

Recommendation 3.

The City of San Jose and Abode should promote self-sufficiency by offering clients voluntary managerial duties to assist with the maintenance of the hotel.

Based on the findings, the lack of affordable housing and the loss of a job were reasons why people become homeless in San Jose. Therefore, promotion of self-sufficiency can be done at the Plaza Hotel if residents were offered the opportunity to voluntarily manage the facility. This would be similar to the Aloha Inn. Residents could assist coordinators

and take turns managing the front desk, collecting tenant rents, acting as security, and proactively responding to neighborhood concerns, which are required of Abode based on their lease agreement with the City of San Jose. Coordinators can also act as facilitators who would create a list of duties and times for each duty. Clients could fill in their name next to a specific duty and time based on preference. Doing such tasks can also help with their management skills and their adjustment into a new environment.

CONCLUSION

Homelessness in San Jose is an issue, but finding solutions to this problem by utilizing unused hotel/motels to house a homeless population that have a higher chance of becoming economically stable can get a small portion of San Jose's homeless population off the streets. The five programs in the current solutions section showed methods to house the transitionally homeless from programs already underway prior to the Plaza Hotel project.

The other five programs acted as benchmarks to determine whether San Jose's Plaza Hotel (Hotel/Motel Supportive Housing Program and Underutilized City-Owned Property project) will be an effective program for its target population. As mentioned earlier, effectiveness was defined as beneficial to the city where the program was located and the homeless population it chose to target. It was measured by number of clients served, the number of clients that maintained a stable income or some form of income, and program graduation rates. For every benchmarked program, over half of the clients that were served found permanent housing or permanent supportive housing using the TH model. Therefore, it will be beneficial for the city and Abode to use the same housing model to at least get 10-15 participants to graduate into permanent housing within the first year.

Overall, San Jose's Plaza Hotel (the City of San Jose's Hotel/ Motel Supportive Housing Program and Underutilized City-Owned Property project) should be beneficial to its target population based on the Findings. This research is a good starting point for other cities that want to use underutilized hotels or motels and convert them into housing

facilities for specific homeless populations. It is a creative way to house the homeless without having to build new infrastructures to house them at far greater cost.

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