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## Stakeholder Input to the Development of the Santa Clara County LGBTQ-Focused Shelter: A Process and Policy Analysis

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**Stakeholder Input to the Development of the Santa Clara County LGBTQ-Focused  
Shelter: A Process and Policy Analysis**

By

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A Thesis Quality Paper  
Submitted in Fulfillment of the  
Requirements for the  
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in

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The Graduate School  
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## INTRODUCTION

### Statement of the Problem

Homelessness, and the housing crisis, have elevated the need for additional housing services in the Santa Clara county region. In January 2017, the Office of Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Affairs (OLGBTQ), the Office of Immigrant Relations, and Office of Women's Policy reported growth in the number of reported hate crimes at the Children, Seniors, and Families Commission (CSFC) meeting. The following year, the Santa Clara County Board of Supervisors (SCCBOS) directed the Office of Supportive Housing (OSH), along with the OLGBTQ, to research, develop, and implement an LGBTQ-focused shelter by June of 2018 (the date was later extended to November 2018) (Office of LGBTQ Affairs [OLGBTQ] & Office of Supportive Housing [OSH], 2017; Campos, 2017; Santa Clara County Board of Supervisors [SCCBOS], 2018; Le, 2018a). Because, across the country, few shelter programs existed that expressly addressed homelessness in the LGBTQ community, the development of this program represented an opportunity to purposefully design a shelter based on research and identifiable needs of the LGBTQ community.

The following research investigated whether the process to design the LGBTQ-focused shelter program in Santa Clara county took the necessary steps to ensure that the program represents the community it intends to serve. Using process evaluation to identify the problem and proposed solutions, and policy analysis to examine the alternative solutions, the research answered the question: Did the approved design of the LGBTQ-focused shelter represent the stakeholder planning process used to create it?

## **LGBTQ Terms and Definitions**

The following terms are used throughout the body of the research. These terms have been provided to improve the reader's understanding of concepts and ideas presented here. All terms have been sourced from national expert organizations. This selection represents a subset of possible terms that relate concepts about the LGBTQ community; they are by no means comprehensive or exhaustive. The terms are as follows:

Bisexual: “Someone who experiences sexual, romantic, physical, and/or spiritual attraction to people of their own gender as well as toward another gender” (Harvard Medical School [HMS], 2017).

Cisgender: “A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender)” (National LGBT Health Education Center, 2016, p. 2).

Gay: “A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity but is more commonly used to describe men” (National LGBT Health Education Center, 2016, p. 2).

Gender Identity: “The words we use to describe our gender: man, woman, androgynous, bigender, transgender, genderqueer, among others” (New York University [NYU], n.d.).

Gender Expression (and Presentation): “Outward manifestations of one's gender identity as presented by one's vocal tenor, body shape, hairstyle, clothing selection, behavior, etc. Many transgender people seek to align their gender expression (how they look) with their gender identity (who they are), rather than with the gender associated with their sex assigned at birth” (HMS, 2017).

Gender Non-Conforming: “An umbrella term for people whose gender characteristics and/or behaviors fall outside, or in between, traditional masculine or feminine binaries. Gender

non-conforming people may or may not identify as lesbian, gay, bisexual, transgender, or queer” (NYU, n.d.).

Genders and Sexualities Alliance or Gay Straight Alliance (GSA): “GSA clubs—originally called Gay-Straight Alliance clubs when they first established in the 1980s—are student-run organizations, typically in a high school or middle school, which provide a safe place for students to meet, support each other, and talk about issues related to sexual orientation and gender identity and expression” (GSA Network, n.d.).

Heterosexual: A sexual orientation that describes a person who is emotionally and sexually attracted to some members of another gender (National LGBT Health Education Center, 2016; GLSEN, 2014).

Homophobia: “Refers to discriminatory thoughts or practices against LGBTQ people. Homophobia can be understood as a destructive force that prevents many LGBTQ people from securing safe, open, and equal lives. It can also pertain to a person’s feelings about themselves called internalized homophobia” (NYU, n.d.)

Lesbian: “A sexual orientation that describes a woman who is emotionally and sexually attracted to other women” (National LGBT Health Education Center, 2016, p. 3)

LGBTQ (sometimes referred to as LGBT, GLBT, and recently TLGBQ): “An umbrella term referring collectively to people who identify as lesbian, gay, bisexual, transgender, questioning, and/or queer. Gay used to be the general phrase used, but now LGBTQ is the more current and inclusive term” (NYU, n.d.). Additionally, the acronym can also include additional letters, and sometimes exclude letters, referring to identities that “do not conform to dominant societal norms around sexual orientation and gender identity and expression” (GLSEN, 2014).

Queer: “An umbrella term to refer to all LGBTQ people as well as an identity which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid. While it has been reclaimed as a unifying, celebratory, and neutral term among many LGBTQ people today, historically it has been derogatory and can still be viewed negatively by some” (NYU, n.d.).

Sex (Assigned at Birth): “The sex (male or female) assigned to a child at birth, most often based on the child’s external anatomy” (National LGBT Health Education Center, 2016, p. 1).

Sexual Orientation: “How a person characterizes their emotional and sexual attraction to others” (National LGBT Health Education Center, 2016, p. 5).

Transgender: “An umbrella term used to describe people who are not cisgender, who have a gender identity different than their sex assigned at birth” (HMS, 2017).

Transphobia: “Refers to discriminatory thoughts or practices against those who are perceived to break or blur stereotypical gender roles, expressed as stereotyping, discrimination, harassment and/or violence. Usually directed at those who defy stereotypical gender norms or those who are perceived to exhibit non-heterosexual characteristics regardless of their actual gender identity or sexual orientation” (NYU, n.d.).

Two-Spirit: “A contemporary term that connects today's experiences of LGBT Native American and American Indian people with the traditions from their cultures” (National LGBTQ Health Education Center, 2016, p. 6).

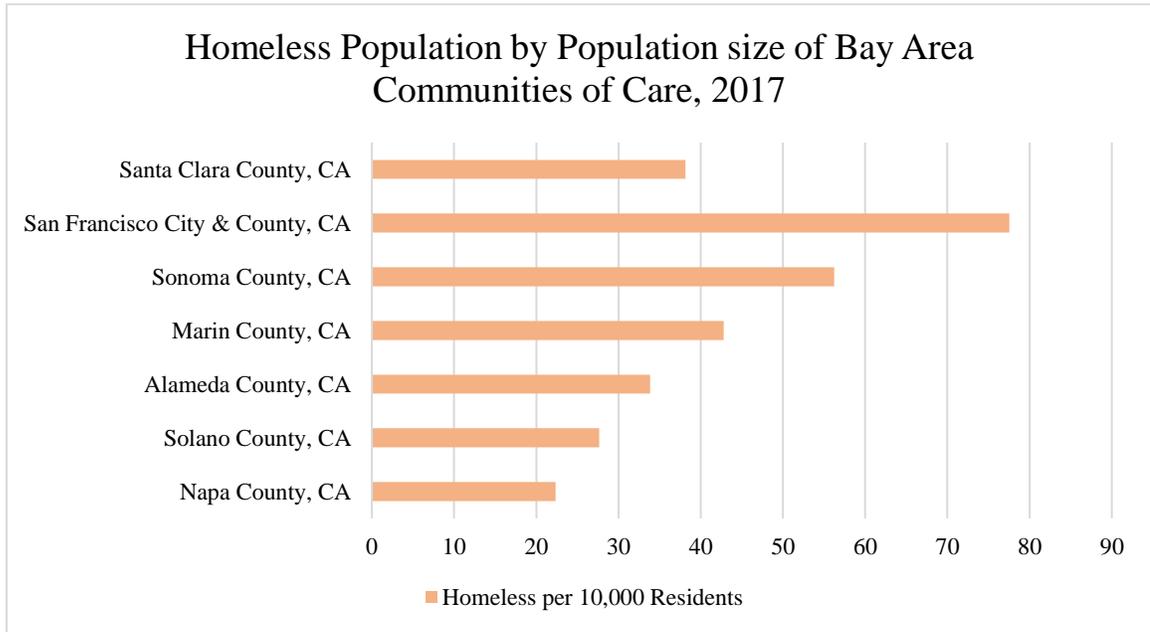
## BACKGROUND

### Homelessness in Santa Clara County

Every two years the Santa Clara County Continuum of Care (SCCCoC), a stakeholder group dedicated to preventing and ending homelessness, conducts the Homeless Census and Survey to count the local population of individuals experiencing homelessness in Santa Clara county (Applied Survey Research [ASR], 2017b; County of Santa Clara Office of Supportive Housing [OSH], 2017c). The SCCCoC program, and the biennial point-in-time (PIT) count, are funded by the U.S. Department of Housing and Urban Development (HUD), and are required for “all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness” (OSH, 2018c; ASR, 2017b, p. 7). The PIT census is the only source of nationwide data on sheltered and unsheltered individuals. It informs federal understanding of the extent of homelessness, and is used to develop strategic plans, capacity building, and advocacy campaigns to prevent homelessness in Santa Clara county (ASR, 2017b).

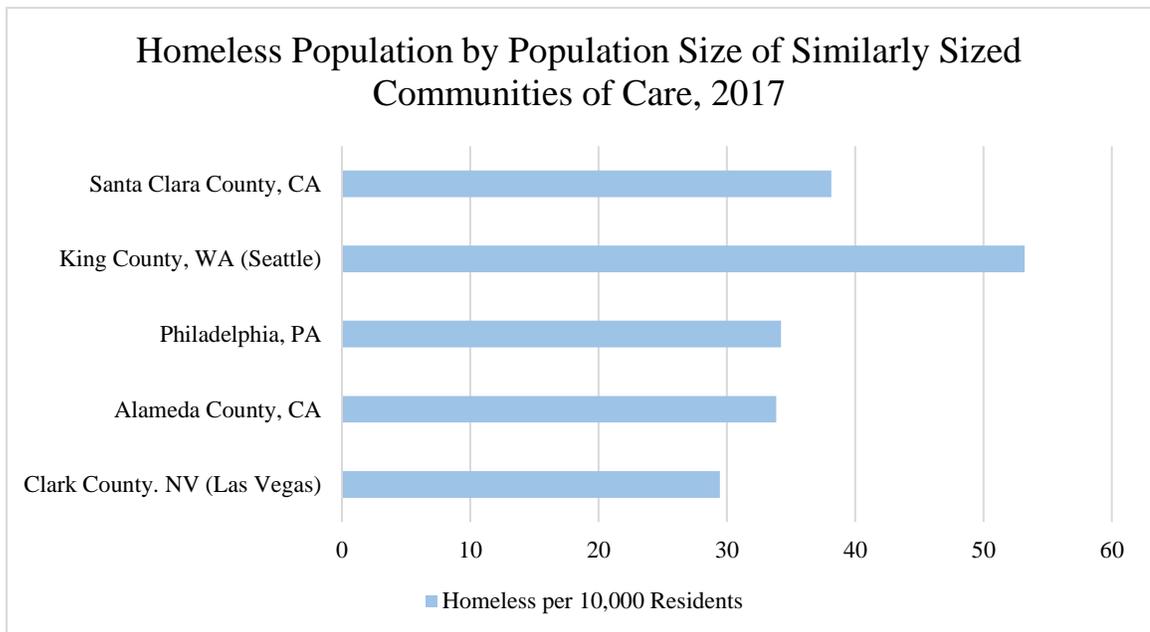
Between 2015 and 2017, the number of tallied individuals experiencing homelessness increased by 3,331 individuals, an 82% increase from 2015, according to the results of the point-in-time “blitz count and survey” (ASR, 2015b; ASR, 2017b, p. 55). When compared to five Continuum of Care (CoC) communities that the OSH identifies as similar in size in its 2017 *Ending Homelessness* report, national HUD point-in-time data ranks Santa Clara county second by homeless population per 10,000 residents (see Figure 1-2). Compared to the seven neighboring San Francisco Bay Area CoC communities, the national HUD data ranks Santa Clara county fourth by the same measure (see Figure 1-1). Santa Clara county ranks second in total homeless population compared to CoC community by size or region (see Figure 1-3).

Figure 1-1. Total Homeless by Bay Area Communities of Care, 2017



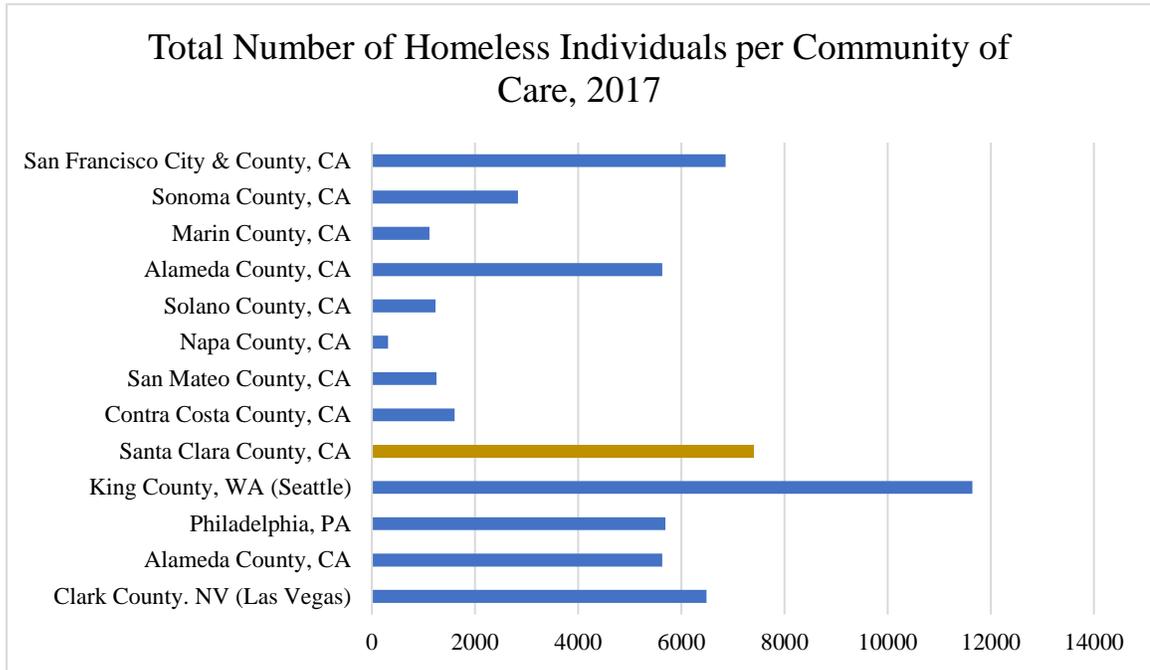
(HUD Exchange, 2017; United States Census Bureau, n.d.)

Figure 1-2 Total Homeless by Population Size of Similar Size Communities of Care, 2017



(HUD Exchange, 2017; United States Census Bureau, n.d.)

Figure 1-3. Total Number of Homeless Individuals per Community of Care, 2017



(HUD Exchange, 2017; United States Census Bureau, n.d.)

One potential reason for this growth includes the use of enhanced measurement methods to count the number of homeless transitional aged youth (TAY) and unaccompanied children residing in the county (ASR, 2017b). Traditionally, survey methods have been unable to account for this population, because youth homelessness and adult homelessness differ significantly (ASR, 2017b). Homeless TAY and children are less likely to be found residing in locations alongside adult homeless individuals, nor are they likely to be present at an equivalent time of day (ASR, 2017b). In the past, the methods employed for the point-in-time surveying did not account for these factors (ASR, 2017b).

Another potential factor for the growth includes that “macroeconomic concerns and difficulties finding locations to live” have made it challenging for low-income households to maintain housing; wages have stagnated while rents have risen due to slow-paced housing development (ASR, 2017b; OSH, 2017a, p. 12). Though the OSH, and its partner organizations,

provide supportive housing programs to help meet the needs of vulnerable households by means of subsidies, these programs rely heavily on private market units being available (OSH, 2017a). The OSH has reported that not enough units exist for the program to remain effective or sustainable (OSH, 2017a). Additionally, the demand for temporary housing—emergency shelters and transitional housing—exceeds current programs’ capacities and resources (OSH, 2017a).

### **Homelessness in the LGBTQ Community**

The exact number of LGBTQ persons who experience homelessness in the United States is currently unknown. However, research suggests that LGBTQ individuals are disproportionately represented in homelessness and housing programs (Keuroghlian & Bassuk, 2014; ASR, 2013; 2015b; 2017b). It is estimated that the population of LGBTQ youth who experience homelessness ranges between 200,000 to 600,000 individuals nationally (Keuroghlian & Bassuk, 2014; Coolhart & Brown, 2017). The *2017 Santa Clara County Homeless Census and Survey Comprehensive Report* suggests that the population of LGBTQ persons experiencing homelessness has risen from 10% of all homeless people, as reported in 2013 and 2015, to 29% of all homeless people in Santa Clara county. An analogous report by the same firm reported a comparable rise from 10% to 34% in the same time period in the county’s largest city, San Jose (ASR, 2015a; 2017a). Prior to 2013, Applied Survey Research did not collect data regarding the sexual orientation, gender identity, or gender expression of surveyed homeless individuals (Santa Clara County Public Health Department [SCCPHD], 2013).

#### *Differing Elements of Homelessness in the LGBTQ community*

Census-type studies, like the point-in-time census and survey, risk underreporting populations of “hidden” individuals experiencing homelessness (Ecker et al., 2017). The *2017*

*Santa Clara County Homeless Census and Survey Comprehensive Report* uses the federal HUD definition of homelessness, including individuals and families:

living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (ASR, 2017b, p. 9).

LGBTQ individuals are less likely to be included in point-in-time census reporting because many members of the LGBTQ community experience homelessness in ways that do not fit into this definition, and therefore are considered “invisible.” LGBTQ individuals who are at-risk of becoming homeless, temporarily residing with family or friends, or who avoid seeking homeless services—for fear of being outed, harassed, discriminated against, or becoming a victim of violence—are less likely to be included in the census process (Ecker et al., 2017).

Additionally, past studies have shown that anywhere from 25% to 50% of homeless youth (between age 15 and 26) have engaged in survival sex “because they had no place to stay and would not have done so if they had alternative options for shelter” (Banuelos et al., 2016, p. 19). Involvement in this sex behavior revolves around survival and acquiring necessities such as food and shelter (Banuelos et al., 2016). LGBTQ youth also report engaging in survival sex behavior (Banuelos et al., 2016) after being denied access to programs like “public housing and shelters, food relief and gender-affirming health care” (Human Rights Campaign, 2015). Because the living situations of individuals engaged in survival sex vary, individuals may misrepresent as being stably housed when their lived experience might indicate otherwise.

Because the LGBTQ community is diverse, and not characterized by any single shared characteristic, LGBTQ identities are not consistently and outwardly recognized or represented in the general population as being LGBTQ. This is particularly true for LGBTQ older adults, persons of color, transgender individuals, and bisexual individuals (Moore, Satter, Stewart-Winter, & Strub, 2014; San Francisco Human Rights Commission, 2011; Jordan, 2018; Fredriksen-Goldsen, 2016).

### **Programs Addressing Homelessness**

In Santa Clara County, the OSH provides several programs to support the housing needs of homeless and underhoused individuals and to prevent vulnerable households from becoming homeless. These programs are funded by the County of Santa Clara and operated by various community-based organizations (CBOs) to create a broad housing network, providing program services generally for homeless individuals, as well as those specifically for vulnerable populations. This network is united by the Santa Clara County's coordinated assessment tool (the Vulnerability Index-Service Prioritization Decision Assessment Tool or VI-SPDAT) (OSH, 2018a). All contracted housing providers use the VI-SPDAT to determine the appropriate housing intervention to match individuals' housing needs. The VI-SPDAT acts as a front door to resources, adding the names of housing-seeking individuals to queues regardless of which provider the individual initially accessed, reducing the need to travel to apply for program eligibility (OSH, 2017a; OSH, 2018a).

These programs generally break down into three categories: permanent solutions, temporary solutions, and special initiatives. Permanent solutions are those programs that attempt to prevent individuals from entering homelessness by keeping them in their homes or locating permanent housing quickly after housing loss (OSH, 2017d). Permanent solutions also include

those programs that provide permanent housing for the chronically homeless (OSH, 2017d).

Temporary solutions include those programs that address homelessness by providing consistent shelter for some specified short-term period. Special initiatives include housing and housing-related programs that either (a) do not achieve the goals of the above-state solutions but address other issues surrounding homelessness (e.g., employment, inclement weather shelter, intensive case management, among others), or (b) take a highly innovative approach to solving homelessness for a particular subset of individuals (i.e. wraparound services of high-utilizers of medical and psychiatric services) (OSH, 2017h).

### *Permanent Housing Solutions*

The permanent housing programs operated in Santa Clara County fall into three categories: permanent supportive housing, rapid rehousing, and homelessness prevention services (OSH, 2017d; 2017b;2017e). The first two solutions—permanent supportive housing and rapid rehousing—are similar in two key ways. First, they provide homeless individuals with permanent stable housing through rental subsidies (OSH, 2017d; 2017f). Second, they connect homeless individuals with case management and other supportive services (OSH, 2017d; 2017f). Permanent supportive housing aims to provide housing support for chronically homeless individuals through a harm reduction model called “housing first” that prioritizes housing before connecting the individual with services (OSH, 2017d). Rapid rehousing aims to quickly connect recently or episodically homeless individuals with appropriate housing, while providing case management to increase individuals’ capacity to maintain stable housing without subsidies (OSH, 2017i). The key difference is that rapid rehousing provides decreasing subsidies, while permanent housing provides consistent subsidies.

Many types of innovative permanent supportive housing programs exist, including one partnered program between the OSH and the Behavioral Health Services Department to divert individuals with serious mental illness who experience chronic homelessness from jails, using case management, medical and mental health care, and other services to address complex health needs and support stable housing (OSH, 2017a). The Santa Clara Valley Medical Center (VMC) Supportive Housing Program is another such partnership program that targets homeless, disabled high utilizers of emergency services between ages 18 and 85 (OSH, 2017a). It uses “California’s Whole Person Care Program” to fund intensive case management and medical coordination and county funds to provide rental subsidies through the partner agencies Peninsula Healthcare Connections and Abode Services (OSH, 2017a, p. 33).

Innovative rapid rehousing programs exist, as well. The County of Santa Clara Office of Reentry Services uses AB109 funds to operate a public safety and justice rapid rehousing program, attempting to break the cycle of homelessness and incarceration by providing one-stop-shop “on-site counseling, public benefits application assistance, peer mentoring, medical care, health, housing, and other referrals” for individuals reentering society after involvement with the justice system (OSH, 2017a, p. 40). A collaboration between the OSH and the Department of Family and Children Services provides rapid rehousing services to reunify homeless families with children in the child welfare system (OSH, 2017a). A rapid rehousing program collaboration between the OSH, the Bill Wilson Center, and established school district McKinney-Vento Homeless Education liaisons attempts to identify and house families with school-aged children who do not reach homeless services through traditional entry points (OSH, 2017a). The OSH, YWCA of Silicon Valley, The Health Trust, and the City of San José have

also partnered to create confidential, safe and supportive rapid rehousing for survivors of domestic assault, sexual assault, and human trafficking (OSH, 2017a).

Homeless prevention services are distinct from the other permanent housing solutions programs because they do not provide residences for homeless individuals. Instead, the Santa Clara County Emergency Financial Assistance Network (EAN), a network of CBOs, provides financial and legal assistance for households at risk of imminently losing housing based on their residential zip code (OSH, 2017c). In July 2017, this network became Destination: Home, a 27-month pilot program of ten county CBO partnerships coordinated by Sacred Heart Community Services to provide similar prevention services not linked to residential zip code (2018b).

### *Temporary Housing Solutions*

Temporary housing programs consist of two general types of services: emergency shelters and transitional housing programs. Emergency shelters represent temporary housing that homeless individuals can access in a crisis, or fleeing unsafe situations (OSH, 2017b). The various emergency shelters contracted by the County of Santa Clara follow diverse program models and offer services ranging from meals, showers, beds, and laundry to case management and additional supportive services (OSH, 2017a). Transitional housing programs (THP) represent an intermediate form of temporary housing (OSH, 2017i). THPs provides shelter for up to a maximum of 24 months for “specific subpopulations of homeless people – transition age youth, victims of domestic violence, people leaving jail or prison, or people recovering from substance abuse disorders” (OSH, 2017i). Participants are generally required to pay a portion of their monthly income as rent and receive a temporary rent subsidy for the duration of their stay (OSH, 2017i). THPs also provide case management, counseling, and various employment and life skills supports for participants.

### *Special Initiatives*

The OSH supports several special initiative programs, including cold weather shelter programs, Project Welcome Home, and Destination: Home's employment program Destination: Work (OSH, 2017e; 2017b; Destination: Home, 2018a). Cold weather shelter programs are nearly identical to other year-round emergency shelters (OSH, 2017b). They differ in that the programs only operate seasonally during declared inclement cold weather (OSH, 2017b). Project Welcome Home is a public-private model social enterprise implemented in partnership with the CBO Abode Services to serve high utilizers of emergency medical and psychiatric services in the county who have long-term experiences with homelessness (OSH, 2017a). Participants receive intensive support services, and private companies who have invested in the program receive repayments on their investment (OSH, 2017a). However, invested entities agree to only receive repayment when "the program fulfills its purpose to stably house the County's highest utilizers" (OSH, 2017a, p. 36). Destination: Work represents another social enterprise operation that provides homeless individuals access to high-growth industry jobs and job training (Destination: Work, 2018a). The program provides access to well-paying jobs to stabilize future housing concerns and promote the self-sufficiency of program participants (Destination: Work, 2018a).

### **Housing Law Regarding Sexual Orientation and Gender Identity and Expression**

Providing shelter solely and specifically to house LGBTQ homeless individuals presents a unique set of challenges. Several laws protect individuals from discrimination in publicly funded shelter programs on the basis of sex and gender (National Transgender Center for Equality [NTCE], 2012; Transgender Law Center, 2015; Transgender Law Center, n.d.). The major protections stem from the Civil Rights Act of 1964 and the Fair Housing Act of 1968, which both include protections against sex-based discrimination (NTCE, 2019). For LGBTQ

persons, the Fair Housing Act allows individuals to file a lawsuit in federal court “against a housing provider that has engaged in discrimination based on sex, race, color, national origin, religion, familial status, or disability” (NTCE, 2012). Additionally, the HUD under the Obama administration instituted two rules to protect transgender individuals based on gender (Transgender Law Center, 2015). The first regulation, called the equal access rule, was adopted in 2012, and requires transgender and gender nonconforming people “equal access to public and assisted housing and rental assistance programs that receive federal funds” (Transgender Law Center, 2015, p.8). The second rule, issued in 2015 “clarified that providers should place clients in shelters or other facilities that correspond to the person’s gender identity” and it also “clarifies that a client’s own views with respect to personal health and safety should be given serious consideration in making the placement” (Transgender Law Center, 2015, p.8).

These protections, however, are not guaranteed in perpetuity. Federal guidance to follow the Obama-era rules halted under the Trump administration (Quinn, 2019). As reported by the Washington Post:

In 2017, the HUD website removed links to documents that guided emergency shelters on how best to serve transgender people facing homelessness and comply with agency regulations. It also withdrew policy proposals requiring HUD-funded emergency shelters to post notices informing people of LGTBQ rights and protections. (Jan, 2019)

The same article revealed that HUD issued a statement that acknowledged that the agency planned to make in late 2019 “that will offer local homeless shelter providers greater flexibility when making decisions about individuals who may misrepresent their sex to access sex-specific shelters” (Jan, 2019).

The federal Office of Management and Budget confirmed that these proposals would allow shelters “the power to consider ‘an individual’s sex for the purposes of determining accommodation within such shelters and for purposes of determining sex for admission to any facility” as well as to consider "privacy, safety, practical concerns, religious beliefs [...] the individual’s sex as reflected in official government documents, as well as the gender which a person identifies with" (Kasana, 2019). Many of the considerations could lead to exclusion of transgender individuals in shelter programs. Add to that the administration’s suggestion to redefine the word gender (see “Barriers in Housing Programs, Adults” in the Literature Review section) (Green, Benner, & Pear, 2018), protections that currently prevent discrimination against transgender and gender nonconforming individuals are in a state of disorder.

A new act of Congress, like the Equality Act introduced into Congress in 1974 and reintroduced in March of 2019, would solidify federal protections for LGBTQ individuals, adding explicit protections on the basis of sexual orientation, gender identity, and gender expression (Keisling, 2015; Human Rights Campaign, 2019). Similarly, the United States Supreme Court (SCOTUS) could decide future cases regarding LGBTQ discrimination such that LGBTQ individuals gain protected class category (Green, 2019). Existing protections might also be weakened in the future SCOTUS decisions, potentially allowing parties to discriminate against LGBTQ individuals in certain circumstances and under certain legal provisions such as the Religious Freedom Restoration Act which allows certain organizations to discriminate against LGBTQ individuals if it goes against their religious beliefs (Green, 2019).

Ultimately, protections at the federal level depend largely on the movements of the three branches, and the consideration of the perspectives of the American people. Though American perspectives on LGBTQ community are changing, various religious groups and institutions, and

nearly a third of Americans, believe it should be legal to refuse to serve LGBTQ individuals when it violates one's religious beliefs (Green, 2019). There is no concrete way to determine how long it might take for federal legislation to protect LGBTQ people from discrimination either in housing or in any other area (Green, 2019).

Under California law, gender discrimination for transgender and gender nonconforming individuals is explicitly addressed. The State of California has enacted "public accommodations nondiscrimination laws that cover sexual orientation, gender identity and expression" with laws in 2005 and 2012 (Transgender Law Center, 2015, p. 8; n.d.). Additionally, under the California Civil Code:

'Sex' also includes, but is not limited to, a person's gender. 'Gender' means sex, and includes a person's gender identity and gender expression. 'Gender expression' means a person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth. CAL. CIV. CODE § 51(e)(5).

(Transgender Law Center, 2015, p .9)

Though the law protects LGBTQ, and specifically transgender and gender nonconforming individuals seeking shelter, it also presents a conundrum. Because the law provides nondiscrimination based on sexual orientation, gender identity, and expression, it also provides nondiscrimination for individuals whose sexual orientation, gender identity, and gender expression are not LGBTQ, namely cisgender and heterosexual individuals. In general, this does not present an issue at traditional emergency shelter models, because the law primarily prevents shelters from rejecting homeless individuals because they may be transgender or gender nonconforming. However, in the case of operating a shelter that explicitly provides housing to

individuals who identify as LGBTQ, the law prevents any housing provider from discriminating against individuals who do not identify as LGBTQ from accessing the same service.

Traditionally, sex-segregated shelters have existed in the United States since the 19<sup>th</sup> century with the introduction of the sex-segregated restroom in 1887 when Massachusetts “required the establishment of separate privies in businesses” (Rhodan, 2016). This cultural phenomenon is based the idea that women needed separate facilities, and Terry Kogan, a professor at the University of Utah who has conducted extensive research into the history of sex-segregated restrooms determined that this cultural phenomenon stemmed primarily from social norms at the time (Rhodan, 2016). Specifically, Kogan determined that:

Social norms of the period dictated that the home was a woman’s place. Even as women entered the workplace, often in the new factories that were being built at the time, there was a reluctance to integrate them fully into public life. Women, policymakers argued, were inherently weaker and still in need of protection from the harsh realities of the public sphere. Thus, separate facilities were introduced in nearly every aspect of society: women’s reading rooms were incorporated into public libraries; separate train cars were established for women, keeping them in the back to protect them in the event of a crash; and, with the advent of indoor bathrooms that were then in the process of replacing single-person outhouses, separate loos soon followed.

This separation-for-protection permeates into the sex-segregation of housing and housing programs. The social custom allows housing providers to discriminate against individuals on the basis of gender in order to preserve safety in women’s only shelters, often a real source of safety for women who have survived domestic abuse or wish to escape the trauma of abuse by men (O’Hara, 2016). The same custom, however, is not afforded to individuals based on other gender

identities and has resulted in the exclusion of LGBTQ, transgender, and gender-nonconforming individuals from accessing domestic violence shelters that match their gender expression (O’Hara, 2016).

Past Santa Clara County District 4 Supervisor Ken Yeager affirmed that the planned LGBTQ-focused shelter be “welcome to all” (Cassell, 2018). Furthermore, Supervisor Yeager expressed that “creating a safe place for LGBT homeless adults [is] an easier route than attempting to change existing shelters to accommodate LGBTs (sic)” (Cassell, 2018). The admission highlights the challenges present at traditional shelter models to produce the intended safety for LGBTQ residents. It also underscores part of the problematic nature of using exclusivity as a strategy. The changes necessary to produce safety for LGBTQ homeless individuals are often at odds with the customs housing providers traditionally use to operate shelters. As a policy, the main difference between an LGBTQ-focused shelter and any other shelter is that the former overtly and intentionally decides to prevent potential harm for future LGBTQ residents through planning.

Whether it is legal for a housing program to explicitly house LGBTQ individuals, and LGBTQ individuals only, is a question of navigating these laws. It is not technically legal for any housing program to turn away an individual because their sexual orientation, gender identity, and/or gender expression does not coincide with membership in the LGBTQ community. There is no regulation or prohibition against creating spaces overtly welcoming of the LGBTQ community, and prioritizing individuals based on their housing need and risk levels. This is something the OSH already does using the VI-SPDAT (see “Programs Addressing Homelessness” in the Background Section), prioritizing individuals through queues based on the various factors that play into one’s housing need.

## **Programs Supporting the LGBTQ Community**

Over the years, several CBOs have attempted to address the lack of LGBTQ-affirmative programs in the County of Santa Clara. The most notable is the Billy DeFrank Center, which has provided support to the LGBTQ community in the Santa Clara county and South San Francisco Bay Area since 1981, one year after residents voted to repeal county ordinances that extended housing and employment protections to lesbians and gay men (The Billy De Frank LGBTQ+ Community Center [BDF], n.d.-a). The Billy DeFrank Center primarily hosts space for LGBTQ community groups to promote “community, leadership, advocacy, ... and support” (BDF, n.d.-a). Though the Billy De Frank Center does not label itself as a service-provider, it does host one of the sites for the Senior Nutrition Program, offering LGBTQ seniors over age 65 free-to-low-cost nutritious lunches (Department of Aging and Adult Services, 2019; BDF, n.d.-b). The center also hosts a lending library with a free internet-enabled cyber center donated by the David Bohnett Foundation, in addition to HIV testing through a partnership with the Asian Americans for Community Involvement HIV Outreach, Prevention, and Education (AACI HOPE) program (BDF, n.d.-c; n.d.-d; n.d.-e; n.d.-f).

The Bill Wilson Center, a CBO that delivers services to address youth and family homelessness, also provides several notable LGBTQ support services (The Bill Wilson Center [BWC], n.d.-e). The Bill Wilson Center offers a “Transitional Living Program” (TLP) for homeless LGBTQ TAY ages 18-21, which follows the transitional housing program model aforementioned in the section “programs addressing homelessness” (BWC, n.d.-c). The Bill Wilson Center also provides a host home matching program for transitional housing akin to rapid rehousing, as well as support groups for LGBTQ youth, support groups for families with

LGBTQ children, and affirmative outreach services, all located at the Bill Wilson Center's Drop-in Center (BWC, n.d.-b; n.d.-a).

FCS, a division of Caminar (formerly known as Family and Children Services of Silicon Valley) supports two LGBTQ programs in the form of The LGBTQ Youth Space and LGBTQ Wellness program (Caminar, n.d.). Like the Bill Wilson Center, the LGBTQ Youth Space provides a confidential drop-in center for LGBTQ TAY ages 13 to 25 in Santa Clara County (The LGBTQ Youth Space, n.d.). Nevertheless, the Youth Space does not provide housing-related services (The LGBTQ Youth Space, n.d.). Instead it co-houses individual counseling, case management, and psychiatry services that youth participants may access voluntarily (The LGBTQ Youth Space, n.d.). The LGBTQ Youth Space also offers support groups, a volunteer speakers bureau, educational outreach presentations, and a host of diversionary activities for participating youth (The LGBTQ Youth Space, n.d.).

In contrast, the LGBTQ Wellness program is primarily an outreach and support program that “provides community outreach, mental health education and training, and engages in mental health advocacy and policy work to encourage the support and holistic wellness of the LGBTQ community” that addresses community members of all ages (LGBTQ Wellness, n.d.). The Wellness program is funded by the Ethnic & Cultural Communities Advisory Committee, a Family Outreach and Engagement Program out of the Behavioral Health Services Department, providing culturally affirmative peer-based mental health support to residents of Santa Clara county (Santa Clara County Behavioral Health Services Department, 2018a; 2018b). Both the LGBTQ Youth Space and Wellness programs provide support services available to homeless LGBTQ community members seeking affirmative services within the county.

Like the LGBTQ Youth Space, the CBO Adolescent Counseling Services (ACS) operates a free, safe and confidential drop-in center called Outlet in north Santa Clara County and San Mateo County (Adolescent Counseling Services [ACS], n.d.). Outlet provides support groups for LGBTQ youth as young as 10 and as old as 25, as well as individual counseling, resource referrals, support starting a Genders and Sexualities Alliance (GSA), and LGBTQ educational workshops (ACS, n.d.). Like the LGBTQ Youth Space, Outlet does not provide direct housing support services, instead providing mental health and community supports that homeless LGBTQ youth can access in north Santa Clara County.

Lastly, the Office of LGBTQ Affairs was created in 2015 by a referral from former Supervisor Ken Yeager (OLGBTQ, 2017a). The office performs multiple functions, including: (1) LGBTQ-related training for county staff and community stakeholders; (2) providing individual assistance to county departments; (3) ensuring that county departments follow LGBTQ best-practices; (4) external relations to government and private organizations on LGBTQ issues; (5) LGBTQ communications strategies; (6) identifying gaps in LGBTQ services and addressing them with resources; (7) promoting and collaborating on LGBTQ community events; and (8) developing a metric to evaluate the effectiveness of the OLGBTQ in all above categories (OLGBTQ, 2017a). The OLGBTQ does not provide direct housing services but is integral in the development and implementation of current and future LGBTQ-affirmative programs funded by the County of Santa Clara.

### **Service Gaps for “Adult” Age LGBTQ Homeless Individuals**

Late-age TAY young adults and post-TAY adults face service gaps in housing services funded by the County of Santa Clara. Previously, only one transitional housing program existed that catered directly to the homeless LGBTQ community—the Bill Wilson Center’s TLP (BWC,

n.d.-c). The program provides housing and support services to TAY ages 13 to 21. When TAY turn 22, they are no longer eligible for housing under this program and must either enter another housing program or attain stable housing. However, at the time of writing, no other LGBTQ-affirmative housing program existed for late-age youth to transition into when participants age out of the TLP. Instead, homeless LGBTQ adults must seek shelter in programs that are not specifically designed to support LGBTQ and transgender individuals. Programs of this type typically lead to poorer outcomes for LGBTQ homeless individuals (see “Barriers in Housing Programs” in the Literature Review).

Other LGBTQ TAY programs, like The LGBTQ Youth Space and Outlet, extend TAY services until the day participants turn age 26, leaving a four-year gap where older TAY are ineligible for identity-affirming housing but remain eligible for identity-affirming drop-in centers and counseling (The LGBTQ Youth Space, n.d.; Adolescent Counseling Services, n.d.).

For many, entering an emergency shelter as an adult is a challenging experience. Specifically, transgender individuals and individuals whose gender identities are perceived as non-conforming to dominant social norms experience risk (“The Body of Law,” 2018). Gender segregated spaces, like emergency shelters, pose a heightened risk of violence for transgender people, as societal rules aimed to protect women from male propensity for violence do not protect transgender individuals equally (“The Body of Law,” 2018). For example, a transgender woman risks disparate treatment if housed in female sex-segregated facilities. Some orthodox religious beliefs, as well as past trauma, and expectations of binary gender identities, predispose many cisgender women against accepting transgender women as women (“The Body of Law,” 2018). In the same vein, a transgender woman would not be safe housed in male sex-segregated facilities due to the heightened risk of sexual violence to her (“The Body of Law,” 2018).

Despite the emerging trend of shelter programs welcoming LGBTQ identities at the organizational and staff level (Ives, 2018; Community Solutions, n.d.), neither agencies nor staffs can control for the behavior of non-LGBTQ homeless individuals residing in shelter facilities. The general lack of supportive LGBTQ-affirmative housing programs indicates that vulnerable LGBTQ adults—those in crisis, or fleeing violence, harm, or discrimination—are no more likely to experience identity-affirming care.

### **Where Does the LGBTQ-focused Shelter Fit?**

According to the County Executive Office's (CEO) work plans for the OIR, OLGBTQ, OWP, and Office of Cultural Competency—presented to and approved by, the Santa Clara County Board of Supervisors on June 20, 2017—the impetus to design an LGBTQ shelter stemmed from a policy initiative to explore the viability of including capacity for shelter beds in the development of a wraparound transgender center modeled after the City and County of San Francisco (County Executive's Office [CEO], 2017). The OLGBTQ had already conducted work with Valley Health Plan and the Santa Clara Valley Medical Center (VMC) to produce a gender clinic to address the needs of transgender and gender expansive community members, and had learned from dialogue at the 2017 Transgender Youth Roundtable, about a dearth of shelter beds, supportive services, and knowledgeable staff to support transgender individuals in housing programs (CEO, 2017).

This series of events, in addition to testimony and reports provided to the CFSC committee, steered the County to explore innovative and affirmative shelter options for LGBTQ-identifying individuals. Prior to this, the only identifiable and available beds that could be immediately utilized were temporary shelter beds reserved for inclement cold weather (CEO, 2017). Because a new shelter, even one aimed to safeguard vulnerable LGBTQ homeless

individuals, cannot legally preclude non-LGBTQ persons in order to create safe or affirmative housing, the OLGBTQ recommended creating feasibility plans for affirmative transitional and emergency shelter models (CEO, 2017). These plans aimed to investigate “community input and decision making,” and to research best practices for wraparound services, employment support, and additional housing support options (mentioned in the section “Programs Addressing Homelessness”) for individuals across the lifespan, leading to the approved plan for an LGBTQ-focused transitional shelter (CEO, 2017; SCCBOS, 2018).

The OSH and OLGBTQ later determined to solely pursue a THP program model, leaving the development of an emergency shelter model for a later date. The factors contributing to this decision included conditions from the City of San Jose to best align with their housing strategy, as well as safety and privacy concerns about making the location of the shelter residence not public. (M. Martinez, personal communication, April 5, 2019; M. Covert, personal communication, April 8, 2019). Additionally, it was the County’s official direction to follow a “housing-first approach” (M. Martinez, personal communication, April 5, 2019). A THP program model prioritizes structuring pathways toward permanent housing and not having residents exit programs back into homelessness (M. Martinez, personal communication, April 5, 2019).

## **LITERATURE REVIEW**

The topic of LGBTQ homelessness is understudied and underserved, despite known health and mental health disparities associated with homelessness (Enciso, 2015). Overall, research pertaining to LGBTQ adults experiencing homelessness, as well as research addressing the transition from adolescence into adulthood for LGBTQ homeless individuals, is lacking (Keuroghlian & Bassuk, 2014; Ecker et al., 2017). The review of the literature also revealed that little is known about the outcomes of LGBTQ adults experiencing homelessness (Ecker et al., 2017). In contrast, numerous studies exist that analyze the impact of homelessness and evaluate the service needs and disparities for youth populations. Because of this disparity, the review of the literature focuses on research pertaining to LGBTQ individuals experiencing homelessness beginning at age 18. Consequently, the resulting review refers to articles that address both youth and adult populations, because several youth-focused studies include data from TAY individuals between the ages of 18 and 25.

The ensuing review of the literature addresses homeless services gaps for LGBTQ young adults and adults, highlighting unique challenges that homeless LGBTQ individuals face. The review investigates the impact of homelessness on LGBTQ individuals. It also explores the topics of bias and discrimination in homelessness and housing service programs. Additionally, the review examines a participatory model that aims to elicit LGBTQ community feedback in the design of LGBTQ-focused programs. The review also probes the scope of LGBTQ homelessness nationally via a review of existing contemporary housing solutions.

### **Causes and Factors for LGBTQ Homelessness**

No single cause for homelessness exists. Often an individual's experiences depend on a confluence of intersecting environmental and individual factors, including:

structural inequalities (e.g., homophobia, transphobia, discrimination), systemic inequalities (e.g., inadequate legal protections), interpersonal problems (e.g., familial conflict, relationship breakdown), intrapersonal problems (e.g., mental illness, addictions), and evictions (Ecker, Aubry, & Sylvestre, 2017, p. 7).

Many of these factors are identical to those related to homelessness in general, while several are community specific disparities that increase an LGBTQ individual's risk of homelessness.

### *Structural Inequalities*

Overt and subtle discrimination is present in the lives of LGBTQ people via homophobic and/or transphobic policies and behaviors present in society at large. In 2017 Pew Research Center polling indicated that 32% of Americans remain opposed to same-sex individuals marrying. The 2018 *Accelerating Acceptance* Survey, commissioned by GLAAD and conducted by Harris Poll, indicated decreased attitudes of acceptance towards LGBTQ community members from 2017 survey data, as well as significant increases in LGBTQ people reporting having experienced discrimination. Verbal harassment, physical violence, and discrimination impact one's ability to maintain employment and obtain housing (Ecker et al., 2017).

### *Systemic Inequalities*

Additionally, LGBTQ individuals face disparities in terms of economic security and legal protections. Research from the University of California, Los Angeles (UCLA) Williams Institute indicates that LGB individuals, particularly same-sex couples, are more vulnerable to poverty than different-sex married couples (Badget, Durso, & Schneebaum, 2013). Income disparities widen especially by subgroup, particularly for women in same-sex couples and African Americans in same-sex couples (Badget, Durso, & Schneebaum, 2013). The overall findings of the Williams Institute report demonstrate that:

poverty data are consistent with the view that LGB people continue to face economic challenges that affect their income and life chances, such as susceptibility to employment discrimination, higher rates of being uninsured, and a lack of access to various tax and other financial benefits via exclusion from the right to marry (Badget, Durso, & Schneebaum, 2013, p. 5).

In addition to having been previously legally excluded from certain local and state benefits under the Defense of Marriage Act (such as exclusion on a spouse's Social Security and preclusion from petitioning for alimony) such findings positioned LGBTQ individuals at heightened risk of poverty and homelessness (Ecker et al., 2017).

#### *Interpersonal Problems*

For both LGBTQ youth and adult populations, family rejection, defined as negative reactions to an individual coming out and having an LGBTQ identity (Family Acceptance Project, n.d.), contributes to poor health outcomes (Ecker et al., 2017; Katz-Wise, Rosario, & Tsappis, 2016). Research conducted by Ryan, Huebner, and Diaz revealed that high levels of family rejection are significantly associated with high levels of suicide attempts, depression, illegal drug use, and risky sexual behavior in LGB individuals (2009). Katz-wise et al., extend that similar outcomes occur for transgender and gender non-conforming individuals, including higher rates of physical, psychological, and/or sexual abuse by caregivers (2016), though more research is necessary. Conversely, a 2010 study by Ryan, Huebner, Russel and Diaz indicated that higher levels of family acceptance relate to high levels of self-esteem, social support, and overall health among LGBT young adults (Ryan, Russel, Huebner, & Diaz, 2010). When applied to adults, Ecker et al. posit that LGBTQ adults are at increased risk for homelessness because many adults lack the emotional and financial support provided by family; when LGBTQ adults

experience crisis, they may not return to their parent's home due to the experience of family rejection (2017).

### *Intrapersonal Problems*

Studies on the health outcomes of LGBTQ individuals experiencing homelessness indicate that, compared to their heterosexual and cisgender peers, LGBTQ youth and adults are at increased risk for developing mental illness, substance abuse behaviors, HIV/AIDS, and are also at increased risk for sexual victimization because of high risk survival strategies such as survival sex (Keuroghlian & Bassuk, 2014; Coolhart & Brown, 2017). However, different subpopulations within the LGBTQ community experience unique challenges depending on one's age, sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender identity (Keuroghlian & Bassuk, 2014). A 2009 study conducted in the United States by Shelton, Taylor, Bonner, & van den Bree, and another 2016 study conducted in Canada by To et al., look into the predictors of homelessness, citing in both studies among other results that a relationship between mental illness and substance use exists at entry into homelessness. In addition, thesis research conducted by Thorburn-Quihuis highlights complications with mental illness and addiction as factors that contribute to homelessness (2018). The heightened risk for LGBTQ community members to develop mental illness and substance use disorder consequently results in elevated risk for homelessness.

### **Barriers in Housing Programs**

#### *Youth and Young Adults*

The transition from youth to adulthood can be significantly challenging for LGBTQ youth and young adults utilizing shelter programs. Despite being overrepresented among homeless and runaway youth programs (Coolhart & Brown, 2017; Maccio & Ferguson, 2016),

service providers' programs and policies are often designed primarily to accommodate the needs of heterosexual and cisgender individuals (Maccio & Ferguson, 2016). Maccio and Ferguson conducted a qualitative study that gathered data from 24 administrative staff and service providers across 19 different nonprofit agencies. The results of the study provided insights into the service gaps for runaway and homeless LGBTQ youth (2016). They found that shelter staff lacked training in LGBTQ cultural competency to provide affirming services for LGBTQ youth (Maccio & Ferguson, 2016). This lack of preparedness results in inadequate care for the LGBTQ youth receiving services and can translate to avoidant behavior towards shelter services altogether in the future, further perpetuating the risks that LGBTQ youth face (Maccio & Ferguson, 2016). Another study on youth homelessness by Forge and Ream (2014) affirms the likelihood for LGBTQ youth to choose sleeping on the streets above using shelters if they develop feelings of betrayal or disgust about shelter services.

Coolhart and Brown, in a 2017 qualitative study interviewing 19 runaway and homeless youth organizations and 24 participating staff, examine the experiences that homeless youth and young adults face in shelters. They found that LGBTQ youth face mistreatment while using shelter services (Coolhart & Brown, 2017). From interviews of youth and young adult shelter participants in a mid-sized northeastern city, Coolhart and Brown identified that: (1) LGBTQ individuals face problems with gender segregation policies that isolate LGBTQ individuals from other heterosexual and cisgender shelter participants; (2) LGBTQ individuals are subject to mistreatment by staff based on religious beliefs (citing refusal to respect transgender individuals, harassing LGBTQ individuals to repent, and generally threatening the safety of LGBTQ persons through disparate treatment); (3) shelters perpetuate the chaotic, uncomfortable, and unsafe environments young LGBTQ individuals seek refuge from at home; and (4) the fear of

mistreatment often gets in the way of accessing services that the shelter provides (Coolhart & Brown, 2017). The study's findings reiterate that the lack of affirmative service occurs largely by staff who administer the services, regardless of the policy of the larger organization (Coolhart & Brown, 2017).

### *Adults*

Few resources focus on the barriers that LGBTQ adults face in housing programs, as few programs exist currently that focus on the needs of LGBTQ adults. Two exceptions exist. The first is "Marsha's House," a shelter named after Marsha P. Johnson, transgender activist and veteran of the Stonewall riots who died in 1992, that opened in the Bronx borough of New York City in 2017 to accommodate LGBTQ adults who have aged out of LGBTQ-affirmative youth housing services (West, 2017). The other is Jazzie's Place, a homeless shelter located in the Mission District of San Francisco that, offers emergency housing beds to adult-aged LGBTQ individuals (Cheung, 2015). Those articles that do examine homelessness issues in the LGBTQ community focus on the distinct housing disparities of individual identities rather than those of the LGBTQ community as a whole.

Nyamathi et al. conducted a trial intervention study in 2016 to "improve hepatitis knowledge and health promoting behaviors and subsequently decrease stimulant use and incarceration with 422 gay and bisexual homeless men between 18 and 46 years of age" (p. 1037). Though not particularly a study about homelessness, or inclusive of the entire LGBTQ community, the study did not find a significant difference in incarceration rates (Nyamathi et al., 2016). However, the study's statistical analysis found that younger gay and bisexual men and gay and bisexual men who have experienced a prior incarceration were at greater risk to become

reincarcerated, and, more importantly, that living on the street for at least one week factored into incarceration (Nyamathi et al., 2016).

Lyons et al. conducted a qualitative interview study of 32 transgender women and two-spirit individuals recruited from cohorts of sex workers and individuals who use drugs in a downtown neighborhood of Vancouver, Canada to determine their experiences accessing women-specific health and housing services (2016). The study found that transgender women and two-spirit persons were frequently denied housing services due to their perceived gender, and they faced severe adverse consequences of sexual violence and homelessness because they were denied and disincentivized from accessing programs for women (Lyons et al., 2016). In a Las Vegas housing program, the Salvation Army of Southern Nevada acknowledge similar disparities, and changed tactics to engage vulnerable transgender adults (Milligan, 2017). The Salvation Army created a “Safety Dorm” where statistically vulnerable transgender women can feel accepted and secure (Milligan, 2017).

A new regulation released by the U.S. Department of Housing and Urban Development in September 2016 provides legal protection for transgender and gender non-conforming individuals experiencing homelessness (Opalewski, 2016). The new rule states that:

Providers that operate single-sex projects that receive funding from HUD’s Office of Community Planning and Development will be required to provide all individuals – including transgender and gender expansive individuals – with full access to programs, services, benefits, and accommodations in accordance with their gender identity (Opalewski, 2016, p. 12).

Critics of this rule suggest that the legal protections enable men to dress as transgender women and take advantage of homeless women, as well as make other homeless shelter participants

uncomfortable to sleep in the same room (Opalewski, 2016). However, transgender women are more at risk for violence for harm than their cisgender peers when they are housed in a space that does not correspond to their gender identity; any shelter operators' discomfort and unfamiliarity with transgender individuals is not justification to discriminate against them (Opalewski, 2016). In October 2018, the Trump administration suggested redefining the word gender to include only "as a biological, immutable condition determined by genitalia at birth," which threatens protections for transgender individuals (Green, Benner, & Pear, 2018).

### **Contemporary LGBTQ Homelessness Programs**

Although housing programs that specifically address LGBTQ homeless populations are few (see "Service Gaps for 'Adult' Age LGBTQ Homeless Individuals" in the Background section; "Barriers in Housing, Adults" in the Literature Review section), a handful of Programs addressing LGBT homelessness exist in cities across the United States. In Los Angeles, the Los Angeles LGBT Center provides day services and "transitional residence" to homeless LGBTQ youth (Los Angeles LGBT Center, n.d.; Los Angeles LGBT Center, 2016). In New York City, several shelters exist to specifically address LGBT homelessness among youth, including Trinity Place Shelter, run by the non-profit 501(c)3 organization Trinity Community Connection, and emergency and transitional shelter programs through the Ali Forney Center (Trinity Place Shelter, n.d.; The Ali Forney Center, 2019).

At the time of writing, at least one contemporary housing program emerged to serve LGBTQ young adults in Sacramento, California. The Short-Term Emergency Program house (STEP), a program of the Sacramento LGBT Community Center, opened its doors in July 2019 (Chalermkraivuth, 2019; Sacramento LGBT Center, 2019). The shelter was created in response to reports that existing shelters have not been safe for LGBT youth using the one-size-fits all

approach to emergency housing (Quinn, 2019). The 2019 homeless count in Sacramento, referred to as the PIT count regarding its use in Santa Clara County (see “Homelessness in Santa Clara County” in the Background section), found that:

1 in 6 homeless young adults in Sacramento County identified as gay, lesbian, bisexual or otherwise not straight, while 3 percent identified as gender nonconforming. Nine percent of all unsheltered homeless individuals identified as gay, lesbian, bisexual or not straight. (Chalermkraivuth, 2019).

According to a supplemental survey that the Sacramento LGBT Center and the Homeless Youth Taskforce conducted, “38 percent of homeless youths identify as LGBTQ,” which the researchers found to be consistent with prior UCLA William’s Institute findings regarding LGBTQ homelessness, between 30 and 43 percent (Chalermkraivuth, 2019).

Since December of 2018, the Santa Clara County LGBTQ-focused shelter, also known as the New Haven Inn, grows the handful of adult-serving LGBTQ housing programs nationally by one (see “Barriers in Housing Programs, Adults” in the Literature Review section) (Baldassari, 2019). The program offers a non-stigmatizing housing environment for its 20 residents, many of whom are in some stage of gender transition (Baldassari, 2019). It also represents the second program in the state to address homelessness amongst LGBTQ adults specifically (Cheung, 2015; Cassell, 2018).

The importance of the emergence of new housing programs like STEP housing is that it demonstrates contemporary and concurrent attempts to address the issue of LGBTQ homelessness. It also illustrates that the problem of LGBTQ homelessness is not unique to Santa Clara County. Governments and housing providers across the nation are working to fill the service gaps for the homeless LGBTQ population. During the Obama administration HUD

launched the LGBTQ Youth Homelessness Prevention Initiative ‘to inform ‘national strategies for preventing homelessness among LGBTQ youth’ and created the “LGBT Access rule” to support efforts nationally by “prevent[ing] discrimination in public housing on the basis of sexual orientation, marital status or gender identity” (Quinn, 2019). Such efforts have halted in the Trump administration, and the Obama-era rule has since been taken down (Quinn, 2019). Nonetheless, Cities across the United States continue to come up with solutions to meet the largely unmet needs of the LGBTQ population in homeless shelters (Quinn, 2019). The development of the New Haven Inn from the LGBTQ-focused shelter initiative represents a local solution within this larger national effort to end LGBTQ homelessness.

### **Participatory Design for LGBTQ Programs**

Due to the indications of mistreatment of LGBTQ individuals, lack of staff training on LGBTQ cultural competence, and the prevalence of less-than-affirmative services, models that intentionally incorporate LGBTQ stakeholders in program design are significant to ensure that programs reflect the identified needs of the target community—in this case LGBTQ adults and young adults. Several models exist that engage community stakeholders in program planning in general, but, from the review of the literature, none could be found that deliberately organize to engage LGBTQ persons facing homelessness. Instead, research exists that examined the impacts of community participation for developing HIV and STI programs for LGBTQ young adults. It remains relevant due to its relationship with LGBTQ engagement in guiding program design.

Using a case study approach, Bauermeister et al. illustrate how intentional community dialogues strengthen program development and provide recommendations for future program planning opportunities (2017). The researchers depict a five-step process (introduction, idea generation, refinement, prioritization, and internal decision-making process) incorporating a

kick-off meeting, 12 meetings open generally to LGBTQ young adults, and closed coalition meetings consisting of key stakeholders (Bauermeister et al., 2017). The researchers found that, after using the method to design an HIV/STI program in Michigan, “listening to and incorporating community member’s feedback into [the] program planning process help[s] build trust and relationships with members of marginalized communities or organizations that serve them” (Bauermeister et al., 2017, p. 226). The value of this research is that it provides a clear outline for a method, and strategies to engage, LGBTQ populations in planning.

The researchers present several recommendations for following this planning model. The first is “recognizing that community input and expertise [is] as valuable as public health and/or empirical data during the program planning process” because listening and incorporating feedback helps build trust with members of marginalized communities (Bauermeister et al., 2017, p. 226). The second: “engaging community members and organizations early and often in the program planning process help[s] build support for our programs (Bauermeister et al., 2017, p. 226). The researchers add that adequate number and diversity of voices in the room, as well as co-facilitation during dialogues, helps make community perspectives as visible as those of researchers and service providers (Bauermeister et al., 2017). The third: “community engagement strategies should vary in size and scope” (Bauermeister et al., 2017, p. 227). And the last: “the community dialogue process helps clarify roles during internal decision-making processes,” which is to say that the communication strategies, paired with a means for the planning process to vote or decide on program policies, interventions, objectives, and other facets, promotes engagement in the service (Bauermeister et al., 2017, p. 227).

## **Conclusions**

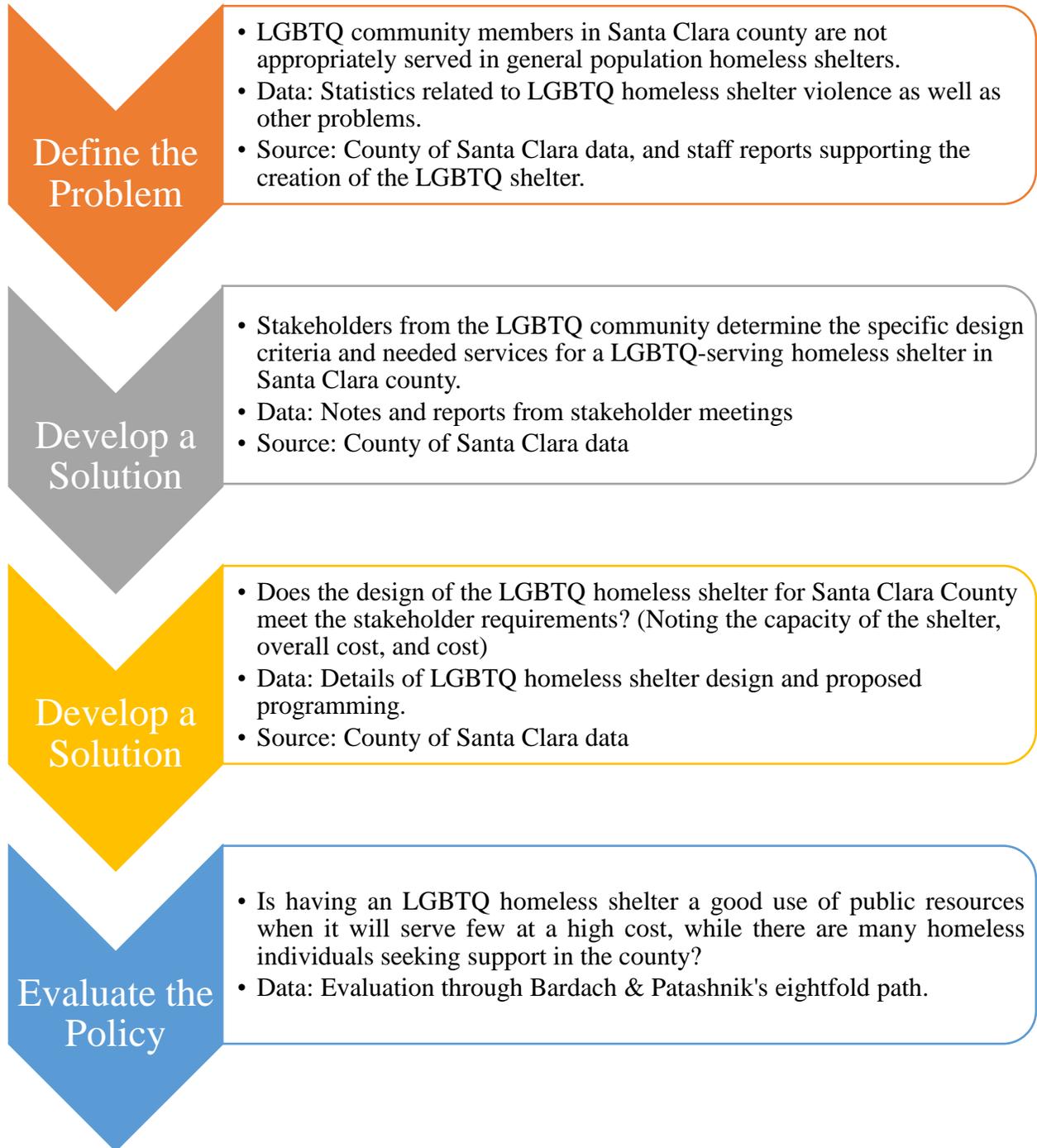
The review of the literature provided an overview of the extent of LGBTQ homelessness, making connections between factors that contribute to LGBTQ persons becoming homeless and the major disparities that LGBTQ homeless individuals experience when seeking support in general housing services that do not have deliberate capacity to serve LGBTQ clientele. The review posits that some members of the LGBTQ community are at higher risk for violence and harm, but the community as a whole has relatively poor experiences in shelter services. The review introduces two shelter programs, in New York and Nevada, that actively designed services to serve LGBTQ persons, and it posits regulation as a solution for some bias and discrimination that members of the LGBTQ community experience (of particular mention is the transgender community). However, the review acknowledges that policies based on gender, especially those implemented through the executive administration, are inherently mutable by a new administration.

The review also offers examples of other housing programs that exist to explicitly serve and house LGBTQ individuals, suggesting that the issues that prompted the development of an LGBTQ-affirmative housing program in Santa Clara County are not unique to Santa Clara County, and that various solutions are being developed in different places simultaneously. Finally, the review posits participatory design modelling as a means to create new LGBTQ shelter programs from feedback provided by LGBTQ community stakeholders who may use services. This is presented as a comparison point to research presented earlier that indicated that programs that are designed with heterosexual and cisgender homeless individuals in mind do not adequately support LGBTQ individuals in the same way (Coolhart & Brown, 2017; Maccio & Ferguson, 2016).

The goal of this literature review demonstrated that involving LGBTQ stakeholders in the planning of the new LGBTQ-focused Temporary Housing Program is grounded in prior research. Particularly, the review argues that involving LGBTQ homeless individuals in the stakeholder planning process may prevent unintentional harm from befalling future shelter users. The participatory model shown here is not a recommendation for this shelter program, as the planning process has already occurred for the new LGBTQ-focused shelter. Rather, it is a corroboration that community-planning processes are a valid means to create programs for marginalized communities, such as the LGBTQ community.

## METHODOLOGY

Figure 2. Steps of the Evaluation Process



## **Methods Overview**

The research applied the first two steps of Sylvia and Sylvia’s process evaluation (2012), and Bardach and Patashnik’s eightfold path policy analysis approach (2016) to evaluate whether the approved program design for the LGBTQ-focused shelter reflects the inputs of the stakeholder planning process. This methodology was chosen because, at the time of writing, the LGBTQ-focused shelter existed as a form of policy that had not been fully implemented. The data available reflected the planning and decision-making processes. This research attempted to evaluate the data from the stakeholder planning process, as well as the approved policy solution, to determine how well the final LGBTQ shelter design matched the stakeholder input.

The first step of process evaluation was problem identification (Sylvia & Sylvia, 2012). At this stage, report data collected was generated by the OLGBTQ—in partnership with collaborating offices, such as the OSH, Office of Women’s Policy (OWP), and Office of Immigrant Relations (OIR)—or was information from county proceedings, including agenda packets, minutes, and video recordings of the relevant committee, sub-committee and board of supervisor’s meetings. The data was used to determine the problem the shelter policy solution addressed.

The second step of process evaluation was “solution development” (Sylvia & Sylvia, 2012). At this stage data from various county sources were obtained via California Public Records Act request. The data included notes from participant focus groups, reports, emails, and other government documents in which information was generated to support the creation of the LGBTQ-focused shelter as policy. This stage substantiates whether the LGBTQ-focused shelter policy was a solution related to the problem defined by the first step of process evaluation.

Instead of continuing the steps of process evaluation as specified by Sylvia & Sylvia (2012), the research diverged to employ the “eightfold path” policy analysis method (Bardach & Patashnik, 2016). This technique guided critical analysis of the policy by constructing alternative policy solutions to the identified problem and selecting discrete criteria to evaluate the alternatives. The third and fourth step of the evaluation process (see Figure 2) were incorporated via the “eightfold path” policy analysis method (Bardach & Patashnik, 2016).

At this stage, documents collected from the County of Santa Clara were consulted to verify the details of the approved shelter design. The approved design was compared against the criteria proposed by the stakeholder planning process in step two of the evaluation process (see Figure 2). Concurrently, the approved design was compared to alternative solutions for the LGBTQ-focused shelter design. The resulting table demonstrated whether the approved LGBTQ-focused shelter reflected the requirements of the stakeholder planning process, whether it was the best way to solve this problem, and whether the decision was a good use of public resources (see Table 1).

### **Evaluation Criteria**

The criteria used to evaluate the LGBTQ-focused shelter policy for its reflection of the stakeholder planning process were selected from the outputs generated from the stakeholder planning process (also referred to as “community dialogues”). The criteria selection was also informed by the results of the analysis of the problem definition (looking at information deemed important based on research and reporting) in order to improve understanding of significant differences between the outputs of the stakeholder planning process and the identified solution. The criteria answered the question: How well does the final shelter design match the stakeholder input?

The criteria were separated into columns, and compared to the alternative solutions, one of which being the design for the LGBTQ-focused shelter creation as approved by the SCC Board of Supervisors. The breakdown of those criteria, and the comparisons, were also included in Table 1.

### **Data Sources**

Data from the problem-definition stage of the program-policy planning process was obtained through an investigation of reported data generated by the OLGBTQ, as well as collaborating offices and commissions. Data from the solution identification stage was obtained through exploration of the agenda packets, minutes, and recorded video of various relevant Santa Clara County (SCC) public meetings (including the Children, Seniors, and Families Committee and the Board of Supervisors meetings).

Data from the LGBTQ-focused shelter stakeholder planning process, including staff emails, notes summarizing the recommendations posed by the several community dialogues across the County of Santa Clara, and reports of findings, were collected from the OLGBTQ. Records, including staff emails, reports and documents from the OSH regarding contracts, as well as supplementary research documents, were acquired by California Public Records Act request. Additionally, information necessary to clarify decision-making was collected by personal communication methods, including email and phone.

*Table 1. Decision Criteria vs. Alternate Solutions*

	Stakeholder Planning Process Criteria	Proposed Solution Alternative: SCC LGBTQ Shelter as proposed	Solution 1 Alternative: Extra security protocols at existing SCC-funded housing programs	Solution 2 Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Solution 3 Alternative: LGBTQ housing program funded and run by a local CBO
1	Safe for Transgender Population				
2	Safe for All LGBTQ People				
3	LGBTQ-affirmative Counseling Availability				
4	LGBTQ & Gender-affirming Health Services Available				
5	LGBTQ Privacy Issues Addressed				
6	Cost to the County				

## FINDINGS

The findings were broken up into three sections: (1) data from the problem definition step; (2) data from the solution development step of process evaluation; and, (3) data from the solution development step of policy analysis. The fourth step, evaluation of the policy, relies on the collective data from the three preceding sections. The evaluation, mentioned in the fourth step, continues as the analysis in the following section.

### **Step 1. Define the Problem (Process Evaluation)**

Problem definition for the LGBTQ transitional shelter occurred in two parts. The first part occurred on January 31<sup>st</sup>, 2017 during the CSFC special meeting conducted as a hearing on hate crimes in Santa Clara county. The second occurred on June 20<sup>th</sup>, 2017 as part of the *Recommended Comprehensive Work Plan for Special Hearings on: (1) Immigration Issues, (2) Hate Crimes and Climate, and (3) Women's Issues* presented to the board of supervisors in response to the aforesaid special meeting (CEO, 2017). Together, the information described in both parts represent the material made available to the board of supervisors. This description of the problem informed the board's decision to refer the OLGBTQ and OSH to research, develop, and implement an LGBTQ-focused shelter (OLGBTQ & OSH, 2017b; Campos, 2017; SCCBOS, 2018; Le, 2018a).

From the CSFC special meeting, 23 individual panelists were asked to provide testimony related to the experience of hate crimes in the county (CSFC, 2017b; 2017c; 2017d). The panelists were divided into five panels speaking on the topics of: Public Safety and Justice, Legal Protection and Civil Rights, Climate for Race and Religion, Climate of K-12 and College Campuses, and Hate Crimes in the LGBT Community (CSFC, 2017b; 2017c; 2017d). Each panelist was allotted three minutes to describe problems and a related solution to the committee

(CSFC, 2017b; 2017c; 2017d). Ten panelists spoke directly to issues significant to the LGBTQ community of which six represented LGBTQ serving organizations. Those contributions are represented in Appendix A.

Precisely three panelists, those representing the nonprofit organizations, The LGBTQ Youth Space and AACI as well as a youth representative, directly addressed the absence of LGBTQ and/or transgender affirming housing services. An additional three non-panelist individuals submitted public comments in support of solutions addressing issues in the LGBTQ community—in total 30 non-panelist speakers submitted cards for public comment while 23 spoke to the committee—however, none of these comments addressed the topic of LGBTQ homelessness (CSFC, 2017b; 2017c).

Additionally, at the January 17<sup>th</sup> special meeting on women’s issues, one of the four planned panelists, Dr. Jackie Newton, medical director of the Valley Medical Center’s Homeless Healthcare program, spoke directly to unmet needs of “queer women [and] especially queer homeless women” (CSFC, 2017a). That information is presented for clarity in Table 2.

*Table 2. CSFC Special Meeting on Women’s Issues Panel*

Panel	Organization	Problem	Solution
Women’s Issues	Valley Medical Center’s Homeless Healthcare Program	<ul style="list-style-type: none"> <li>- LGBTQ women face disparities related to poor mental health and violence.</li> <li>- Transgender women clients have been turned away from domestic violence shelters because of their gender identity.</li> <li>- Transgender women experience discrimination from healthcare providers.</li> <li>- Transgender individuals become homeless when they are turned away from services.</li> </ul>	<ul style="list-style-type: none"> <li>- Provide services tailored to LGBTQ women.</li> <li>- Created an adult transgender clinic to meet medical needs of this population.</li> <li>- Fund psychiatry services for LGBTQ people.</li> <li>- Funding additional housing and shelters.</li> </ul>

(CSFC, 2017a)

From these meetings, County Executive Jeffrey V. Smith directed county staff (including the OWP, OIR, OLGBTQ, and Office of Cultural Competency) to generate a single county work plan to create “a County-wide strategy for each area, as well as a coordinated approach where

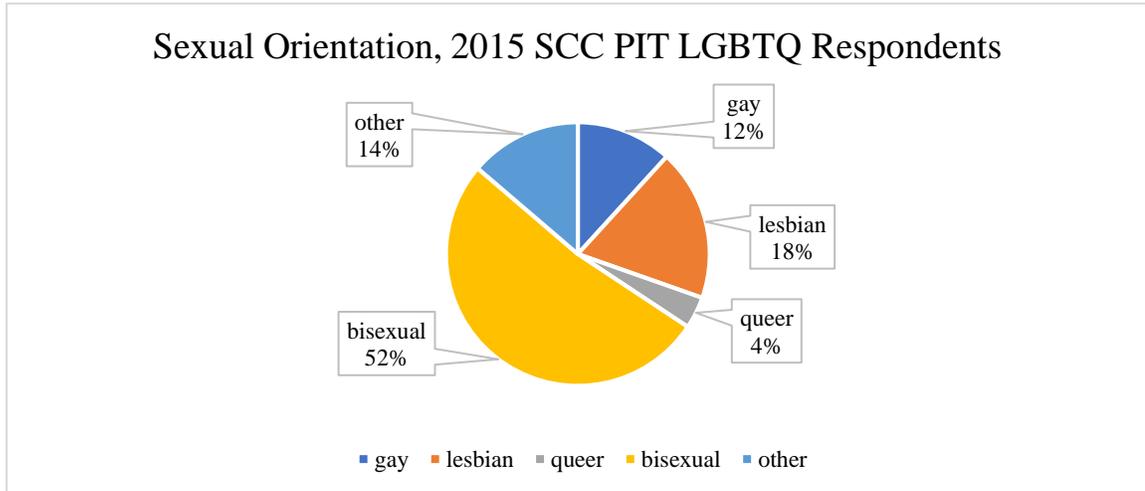
necessary and appropriate” (CEO, 2017, p. 5). That plan proposed 19 policy areas and 64 policy initiatives based on the results of the three hearings (CEO, 2017). Of the proposed initiatives, 16 directly addressed LGBTQ policy areas (CEO, 2017). Of those 16 initiatives, none explicitly called for the development of an LGBTQ-focused shelter. Instead, Item 22 suggested exploration of the “feasibility of developing a wraparound transgender center ... [that includes] specific LGBTQ shelter bed capacity” (CEO, 2017, p. 34) (see Appendix B).

Related to the Item 22, the OLGBTQ specified three factors that precipitated the decision to explore an LGBTQ-focused shelter as a policy proposal in addition to the contributions from the CSFC special meetings. First, work had already begun on a “clinic to address the unique needs of the transgender and gender expansive community” (CEO, 2017, pp. 34-35). Second, the results from the 2017 youth roundtable expressed a need for “shelter bed availability and safety, wraparound services and medical transition services, recovery services and overall provider knowledge” (CEO, 2017, pp. 34-35). Third, the IVPC identified the “need for a domestic violence shelter to serve the LGBTQ community, as there are no agencies that currently serve LGBTQ men” (CEO, 2017, pp. 34-35).

Additionally, several county reports documented unmet needs of the LGBTQ population in Santa Clara county via survey and statistical analyses. Some data regarding the homelessness rate for LGBTQ community members in Santa Clara County (SCC) has already been presented via the Santa Clara County point-in-time (PIT) homeless census & survey in the years 2013, 2015(b), and 2017 (see “Homelessness in the LGBTQ Community” in the Background section). This data was also compiled into an unpublished progress report drafted by OLGBTQ staff to be presented to the CSFC on November 8th, 2017 (OLGBTQ & OSH, 2017a). This draft contained comments from key OSH staff (OLGBTQ & OSH, 2017a). The SCC PIT homeless census &

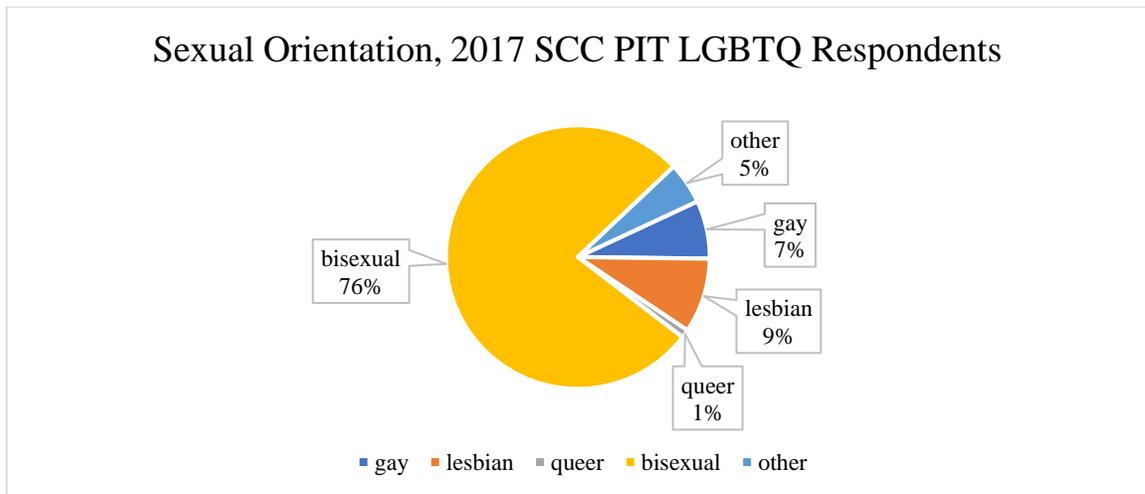
survey from the years 2013, 2015(b), and 2017 included demographic information regarding LGBTQ respondents as well. That data has been reproduced below:

Figure 2-1. Sexual Orientation Among 2017 Santa Clara County (SCC) PIT Survey Respondents



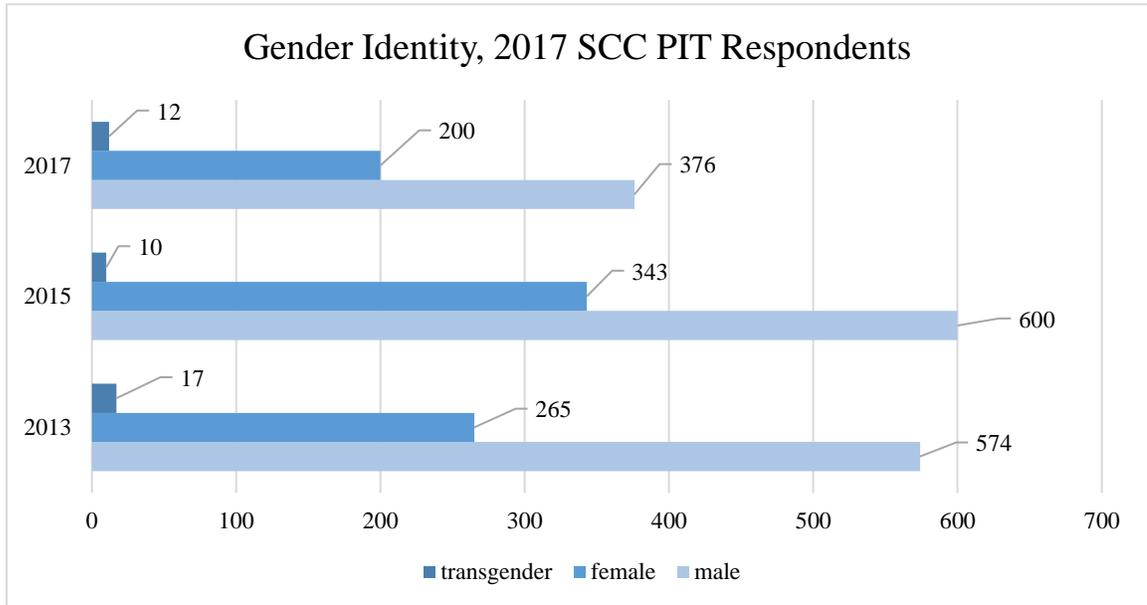
(OLGBTQ & OSH, 2017a; ASR, 2013; 2015b; 2017)

Figure 2-2. Sexual Orientation Among 2017 SCC PIT Survey Respondents



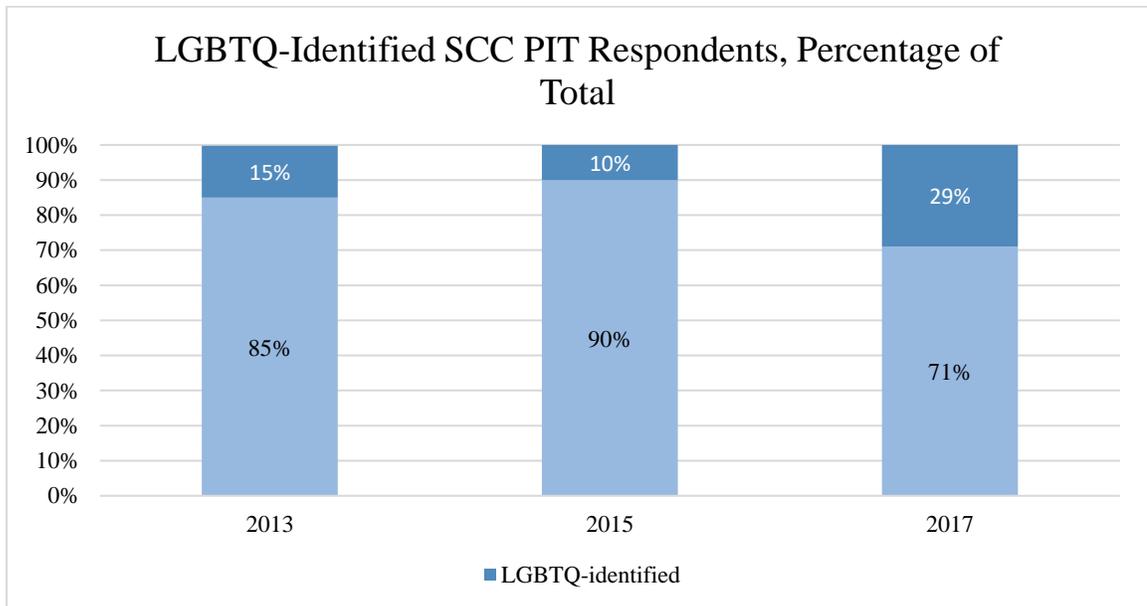
(OLGBTQ & OSH, 2017a; ASR, 2013; 2015b; 2017)

Figure 2-3. Gender Identity Among SCC PIT Survey Respondents



(OLGBTQ & OSH, 2017a; ASR, 2013; 2015b; 2017)

Figure 2-4. LGBTQ-Identified SCC PIT Survey Respondents as a Percentage of Total



(OLGBTQ & OSH, 2017a; ASR, 2013; 2015b; 2017)

The 2013 *Status of LGBTQ Health* report was instrumental to understanding existing health disparities that LGBTQ individuals faced in Santa Clara county (SCCPHD, 2013). The

data collected by the County of Santa Clara's Public Health Department, and the resulting findings, represented the first reporting of comprehensive LGBTQ health data in the County. The *Status of LGBTQ Health* report includes the following data regarding LGBTQ homelessness: "LGBTQ comprise nearly one-third of homeless youth and young adults under the age of 25 and 10% of homeless adults ages 25 and older. (SCCPHD, 2013, p. 87)." Additionally, the report identified that: "Six percent (6%) of LGBTQ survey respondents identified homeless shelters as a social service they needed, but had a hard time accessing" (SCCPHD, 2013, p. 97).

Finally, the report provided a summary of the qualitative responses from community conversations hosted in concert with the survey collection tool. From this community conversation process, the report identified the concern for availability of affordable housing and the concern for safe housing (SCCPHD, 2013, p.92). Additionally, participants expressed the following regarding current available homeless shelters and services for LGBTQ persons:

Community members also expressed concerns that there are limited homeless shelters and homeless support services that are welcoming and safe for LGBTQ adults and noted that LGBTQ people often avoid shelters out of fear of violence and harassment from staff and other residents. Community conversation participants and key informants who serve as youth advocates were especially concerned about the limited resources available for homeless LGBTQ youth, who sometimes live on the streets after being kicked out of their homes because of their sexual orientation or gender identity.

Transgender community members pointed out that homeless shelters tend to be organized by gender, severely limiting housing services for transgender people who are homeless. (SCCPHD, 2014, p. 92)

Those sentiments were reiterated anecdotally through the CSFC special meetings, as well as through participant contribution in the community conversations for the LGBTQ-focused shelter (see Findings, Step 2). The report generated by the IVPC Blue Ribbon Taskforce, titled *Working Together to Promote Healthy and Safe Relationships in Santa Clara County*, reiterates these needs, quoting directly from the *Status of LGBTQ Health* (Harder+Company Community Research, 2017; SCCPHD, 2013). The IVPC report went on to describe intimate partner violence (IPV) in the LGBTQ community as prevalent and recognized that “IPV services for victims and perpetrators are primarily geared toward cisgender people in heterosexual relationship[s]” (Harder+Company Community Research, 2017, p. 24). The IVPC noted the absence of general IPV services tailored for LGBTQ persons as a priority area for the task force to address in conjunction with the OLGBTQ (Harder+Company Community Research, 2017).

## **Step 2. Develop a Solution (Process Evaluation)**

The stakeholder participation model for the LGBTQ-focused shelter consisted of seven community conversations to “gather ideas and suggestions for the proposed LGBTQ-focused homeless shelter” (OLGBTQ & OSH, 2017b, p. 2). The participants of the stakeholder process consisted of “LGBTQ-identified community members, allies, individuals with experiences of homelessness, and professionals who serve these clients” (OLGBTQ & OSH, 2017b, p. 2). Per the unpublished progress report, the OLGBTQ hosted these conversations “specifically to ensure that community members would be included as co-creators of services, not just recipients of services” (OLGBTQ & OSH, 2017a).

When asked to collect the unadulterated contributions that participants of the community conversation provided, OLGBTQ staff indicated that the office did not have the original data produced by the community conversations because the contributions were recorded by hand on

large easel pads (A. Lanteigne, personal communication, October 30, 2018). The findings presented here are representative of a collection of substantive notes generated after the collection of the raw participant contributions. These notes were summative, encompassing items from several groups together. The dataset, as presented, does not represent the final prioritization by the OLGBTQ or the County of Santa Clara. The data instead represents the aspirational requirements of an LGBTQ-focused shelter. The contributions of the seven community conversations were communicated in an unpublished write-up and have been reproduced from the original document (see Table 3-1).

The results of the community conversations produced a diverse collection of requirements for the shelter. The participant contributions separated into three general areas— (1) client services, (2) facilities and operations, and (3) staff operations. These areas further divided into 13 subcategories: health care, crisis intervention, jobs and education, legal assistance, life skills, food, clothing, transportation, utilities (including the former laundry subcategory), building operations, intake processes, housing and bathrooms, staff hiring, staff training, staff accountability, and staff-to-client ratios (OLGBTQ, n.d.). In total, 80 distinct items were deemed essential by the stakeholders to ensure an LGBTQ affirming LGBTQ-focused shelter (OLGBTQ, n.d.). These 80 items were identified after cleaning the data for clarity, and after consolidating items that were closely associated or nearly identical in phrasing.

Table 3-1. Stakeholder Contributions from Community Conversations

Client Services (39)	Facilities & Operations (24)	Staff Operations (17)
<p><u>Health Care</u></p> <p>Transgender Affirmative Services Mental Health Services Substance Use/Treatment On-Call Mental Health Staff Physical Health Services Vaccinations Sexual Health Services Menstrual Hygiene Products</p> <p><u>Crisis Intervention</u></p> <p>Crisis De-escalation Training Mediation Transformative Justice Training Non-Reliant on Police Intervention</p> <p><u>Jobs &amp; Education</u></p> <p>Job Skills Education Support Trade/Certification Support Transgender Hiring Incentives</p> <p><u>Legal Assistance</u></p> <p>Discrimination/Implicit Bias Training Name Change/Gender Identification Birth Certificate Change Gender Confirmation Surgeries MediCal/CalFresh Assistance Know Your Rights Self-Defense</p> <p><u>Life Skills</u></p> <p>Fostering Independence Cooking/Nutrition Classes Driving/Automotive Classes Household Skills Classes Financial Management Classes Mentorship</p> <p><u>Food</u></p> <p>Food Storage/Pantry for Clients Food Access (Food Banks, etc.)</p> <p><u>Clothing (Appearance)</u></p> <p>Clothing (Inclement Weather/Interviews) Shoes Haircuts</p> <p><u>Transportation</u></p> <p>Shuttle/Bus Passes Carpool/Vanpool System Maps and Direction Services</p> <p><u>Utilities</u></p> <p>Computer &amp; Wi-Fi Access Electrical/Charging Port Access Laundry Services/Detergent</p>	<p><u>Building &amp; Operations</u></p> <p>Discreet Exterior HVAC Timely and Consistent Building Maintenance Wheelchair Accessible Support Animal Accessible (with Documentation)</p> <p><u>Intake (Process &amp; Procedures)</u></p> <p>Screening Process Plan for Emergency Housing Needs Screened to be Ineligible Zero-Tolerance Discrimination Policy (for Clients) Safe Space Agreements (Admission Requirement) Entrance/Exit Surveys Absence of a Sobriety Policy</p> <p><u>Housing &amp; Bathrooms</u></p> <p>Gender Neutral/Affirmative Rooming 200 Beds Available Locker Storage with Bed Ability to Store Possessions During Daytime Assurance of Shelter and Storage the Next Day Flexible Curfew Hours Communal Cooking Area Multi-Service Provider Space(s) Residential Advisors at Night Single Stall Showers (with Locks) Locked Bathroom Stalls Hygiene Products/Towels</p>	<p><u>Hiring</u></p> <p>LGBTQ-Affirming Hiring Practices Clients Involved in Interview Process</p> <p><u>Staff Training</u></p> <p>Respectful Interactions Regarding Sexual Orientation and Gender Identity (SOGIE) Cultural Competency/Anti-Discrimination First Aid/CPR Mental Health Crisis Response Team Leader/Mentors for New Staff Zero-Tolerance Discrimination Policy (for Staff)</p> <p><u>Staff Accountability</u></p> <p>No-Retaliation Grievance Process (for Clients) Anonymous Complaint/Suggestion Box Positional Authority to Hold Staff Accountable Three-Strike System Safe Spaces to Speak with Staff</p> <p><u>Staff-to-Client Ratio</u></p> <p>4-8 Clients per Staff Member Pair Staff with Clients based on Rapport Maximum Caseload of 5 per Staff Extra Overnight Staff</p>

(OLGBTQ, n.d.)

Because participants represented community members, and not necessarily experts on the topic of housing or homelessness, the suitability of the stakeholder contributions varied considerably. Some contributions specifically addressed concerns applicable to be resolved by housing programs, while others addressed more general concerns that might be served by another program or organization. From the data, the contributions diverged in one key area, their suitability to be addressed directly by a housing service provider.

A total of 29 items (36.25%) in Table 3-1 addressed intangible services customarily provided in unison with housing services (Garcia, 2017), though not always by the service provider contracted to deliver housing.

*Table 3-2. Stakeholder Planning Process, Intangible Services*

Health Care	Crisis Intervention	Jobs & Education	Legal Assistance	Life Skills
- Transgender Affirmative Services	- Crisis De-escalation Training	- Job Skills	- Discrimination/Implicit Bias Training	- Fostering Independence
- Mental Health Services	- Mediation	- Education Support	- Name Change/Gender Identification	- Cooking/Nutrition Classes
- Substance Use/Treatment	- Transformative Justice Training	- Trade/Certification Support	- Birth Certificate Change	- Driving/Automotive Classes
- On-Call Mental Health Staff	- Non-Reliant on Police Intervention	- Transgender Hiring Incentives	- Gender Confirmation Surgeries	- Household Skills Classes
- Physical Health Services			- MediCal/CalFresh Assistance	- Financial Management Classes
- Vaccinations			- Know Your Rights	- Mentorship
- Sexual Health Services			- Self-Defense	
- Menstrual Hygiene Products				

(OLGBTQ, n.d.)

The ability for any single housing service provider to simultaneously act at some level as health care provider, social service provider, or behavioral health care provider is entirely case specific. For some, services are provided in-house, while others purposefully collaborate with other service providers to fill the gap. This is confirmed by data Garcia produced in the research paper, *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* (2017). Garcia’s benchmarking provides a comparison of 5 different THPs nationwide and notes the degree with which each THP “integrat[es] with social services” (Garcia, 2017, p. 38) (see Appendix C). The value of this work to the research at hand rests in Garcia’s demonstration that the services provided in unison with transitional housing programs are not consistent between housing providers, and often reflect distinct programs.

Of the remaining contributions that were suitable to be addressed by a housing program, many addressed specific concerns about elements of the physical environment. Many of these concerns relate to attributes of emergency shelter models, not THP models. For example, the items relating to multi-day assurance of a shelter bed, as well as multi-day assurance for personal possession storage, imply housing models that do not habitually guarantee more than one night’s shelter at a time—emergency shelters. A total of 20 items (25%) fell into this category.

*Table 3-4. Stakeholder Planning Process, Elements of Physical Environment*

Building & Operations	Housing & Bathrooms	Jobs & Education
<ul style="list-style-type: none"> <li>- Discreet Exterior</li> <li>- HVAC</li> <li>- Timely and Consistent Building Maintenance</li> <li>- Wheelchair Accessible</li> <li>- Support Animal Accessible (with Documentation)</li> </ul>	<ul style="list-style-type: none"> <li>- Gender Neutral/Affirmative Rooming</li> <li>- 200 Beds Available</li> <li>- Locker Storage with Bed</li> <li>- Ability to Store Possessions During Daytime</li> <li>- Assurance of Shelter and Storage the Next Day</li> <li>- Flexible Curfew Hours</li> <li>- Communal Cooking Area</li> <li>- Multi-Service Provider Space(s)</li> <li>- Residential Advisors at Night</li> <li>- Single Stall Showers (with Locks)</li> <li>- Locked Bathroom Stalls</li> <li>- Hygiene Products/Towels</li> </ul>	<ul style="list-style-type: none"> <li>- Computer &amp; Wi-Fi Access</li> <li>- Electrical/Charging Port Access</li> <li>- Laundry Services/Detergent</li> </ul>

(OLGBTQ, n.d.)

Additionally, 8 items (10%) directly addressed tangible and quasi-tangible resources essential to satisfy the basic survival needs that homeless individuals require, excluding the

obvious need for shelter. Quasi-tangible resources imply items that have physical presence, but simultaneously cannot be held or given to an individual. In this case, one or more items related to transportation are quasi-tangible.

*Table 3-5. Stakeholder Planning Process, Tangible & Quasi-Tangible Essentials*

Food	Clothing (Appearance)	Transportation
<ul style="list-style-type: none"> <li>- Food Storage/Pantry for Clients</li> <li>- Food Access (Food Banks, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- Clothing (Inclement Weather/Interviews)</li> <li>- Shoes</li> <li>- Haircuts</li> </ul>	<ul style="list-style-type: none"> <li>- Shuttle/Bus Passes</li> <li>- Carpool/Vanpool System</li> <li>- Maps and Direction Services</li> </ul>

(OLGBTQ, n.d.)

Because Santa Clara County OSH opted to pursue a THP model (see “Where Does the LGBTQ-focused Shelter Fit?” in the Background), many of the participant contributions ill-fit the approved shelter model. Despite these complications, the addition of these items was deemed highly important by stakeholders during the planning process, and, because they were deemed important, the decision criteria incorporate their presence in the data. To compensate for the disconnection between what stakeholders distinguished and the question of suitability, the decision criteria considers the contribution data in general buckets, relating to concerns that the stakeholders attempted to resolve generally (e.g. safety, privacy, relevant LGBTQ-affirmative health services, etc.). The decision criteria also narrow focus on those elements that distinctly tailor to the needs of LGBTQ homeless individuals and would be intentional choices for an LGBTQ-focused shelter program.

Proceeding this way validated the presence of the individual contributed items by means of satisfying general “domains,” rather than matching for the precise language. The effect preserved the spirit of the contributions from the community conversation planning process, while it also allowed a degree of flexibility, so that the final design might contain some variation

of the items described that meet equivalent ends. Table 4-1 displays the domains determined from the contribution data, which are used again as decision criteria later in the Step 4. The breakdown of where each individual contribution fits under its respective domain can be found in the table under Appendix D.

*Table 4-1. Decision Criteria*

Stakeholder Planning Process, Decision Criteria	
1	Safe for Transgender Population
2	Safe for All LGBTQ People
3	LGBTQ-affirmative Counseling Availability
4	LGBTQ & Gender-affirming Health Services Available
5	LGBTQ Privacy Issues Addressed

Furthermore, the decision criteria intentionally excluded criteria that described characteristics standard to housing and homelessness programs (i.e. number of beds, storage, minutiae of room designs) as those characteristics are determined in combination by housing law, OSH policies regarding homelessness program sites, as well as the practicability and feasibility of remodeling the structure of the real property available for future site development (per provisions in place for the contract-agency to work with the City of San Jose to renovate the city-owned property) (OSH, 2018b)—all of which lie outside the scope of this research.

**Step 3. Develop a Solution (Policy Analysis)**

In order to evaluate the policy at hand, it was necessary to determine alternatives to the approved policy from which one might compare the ultimate decision. The proposed solution was the LGBTQ-focused shelter as proposed, a 20-bed THP program provided by a contracted nonprofit agency (OSH, 2018b). The alternatives were comprised of three variations on the solution proposed that the County of Santa Clara might have chosen to pursue to fulfill the promise of a LGBTQ-focused shelter in the region. To maintain parity between the alternative

solutions, all alternatives assumed a THP model as a base. The three alternatives chosen to compare the approved policy were as follows:

*Table 4-2. Alternative Solutions*

	Stakeholder Planning Process, Alternative Solutions
1	Extra security protocols at existing SCC-funded housing programs
2	LGBTQ counseling resources at existing SCC-funded housing programs
3	LGBTQ housing program funded and run by a local CBO

The three alternatives presented here provided significant variation for the purposes of this analysis. The attributes that distinguish the three alternative solutions were that: (1) one made a slight improvement (not LGBTQ specific) to existing models, (2) one made at least one significant improvement for LGBTQ clients accessing services, and (3) one completely relinquished control of the final design of the policy to an outside organization. Because there exists no best alternative solution, only varying iterations, and there is no ideal maximum of solutions with which to compare the approved policy—this analysis prioritized the expediency of analysis and stops at four solutions.

**Step 4. Evaluate the Policy (Policy Analysis)**

Table 4-3 compares the decision criteria (the subcategories determined by the participant contributions) with the alternative solutions generated in Step 2 and Step 3 respectively. The table depicts where each alternative best attends the issues presented by the participant contributions. Only the proposed solution draws directly from specifics of the approved policy via the service agreement contract specifics for the contract housing service provider (OSH, 2018b) (see Appendix E). Additionally, Table 4-3 includes one other criterion not listed in Step 2, “cost to the county.” The inclusion of this criterion is based on the need for government agencies to maximize efficiency in program costs, as well as in quality and effectiveness of program services, and is based in part by the outside research. No analysis would be complete

without the consideration of cost, especially as payment for any resulting program relies on public resources. The following section expands on the results present in Table 4-3 and continues the evaluation of alternatives presented herein (see Analysis).

*Table 4-3. Decision Criteria vs. Alternate Solutions*

	Stakeholder Planning Process Criteria	Proposed Solution Alternative: SCC LGBTQ Shelter as proposed	Solution 1 Alternative: Extra security protocols at existing SCC-funded housing programs	Solution 2 Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Solution 3 Alternative: LGBTQ housing program funded and run by a local CBO
1	Safe for Transgender Population	yes	maybe	no	yes
2	Safe for All LGBTQ People	yes	maybe	no	yes
3	LGBTQ-affirmative Counseling Availability	yes	no	yes	yes
4	LGBTQ & Gender-affirming Health Services Available	yes	no	no	yes
5	LGBTQ Privacy Issues Addressed	yes	no	no	yes
6	Cost to the County	\$1,982,842 to develop with county funds, \$396,568/year	no change	no change	\$0 per bed to develop, no county funds

(Le, 2018b; OSH, 2018b)

The subsequent two tables detail maximum costs allowed to the LGBTQ-focused shelter as determined by the SCC. These figures are reproductions of data available in the county service agreement and is restated in a memo to the Board of Supervisors (OSH, 2018b; Le, 2018b). The costs are a result of contract negotiation with the CBO LifeMoves via a single source procurement process (Barroga, 2018).

*Table 4-4. Maximum Financial Obligations for Agreements (from County of Santa Clara)*

	FY 2018-19 (10 months) Startup & Operations	FY 2019-2020 Operations	FY 2020-2021 through FY 2022-23	Total
Services & Operations (Life Moves)	\$356,620	\$388,691	\$1,237,531	\$1,982,842
Site Lease (City of San Jose)	\$63,000	\$63,000	\$189,000	\$315,000
Total	\$419,620	\$451,691	\$1,426,531	\$2,297,842

(Le, 2018b)

The operations costs, from 2019 onward, represent maximum allowable costs. According to the specifics of the service agreement for the proposed shelter, the contractor “shall be reimbursed for actual, reasonable, necessary and allowable costs incurred up to the maximum financial obligation of this Agreement for the performance of services” (OSH, 2018b, p. 19). The service agreement details the allowable cost categories up to the contracted maximum of \$1,298,842 from October 16, 2018 to June 30, 2023 (OSH, 2018b, p. 1). Thus, the cost to the county as depicted here represents the upper limit of costs, not the real cost of service provision.

Table 4-5 details the breakdown of county allocated funds per fiscal year up to the allowable maximum. The cost to the county in Table 4-3 is based on the average per year determined from this breakdown. The costs projected here are related the service provider’s initial proposal to the County of \$52 per day for shelter and supportive services (Barroga, 2018).

*Table 4-5. Budget Years 1-5, October 16, 2018 to June 30, 2023*

Fiscal Year	Fiscal Year Dates	Total Budget	County Funds
FY1	10/26/2018 – 6/30/2019	\$406,620	\$356,620
FY2	7/1/2019 – 6/30/2020	\$441,867	\$388,691
FY3	7/1/2020 – 6/30/2021	\$457,594	\$400,353
FY4	7/1/2021 – 6/30/2022	\$472,821	\$412,388
FY5	7/1/2022 – 6/30/2023	\$489,593	\$424,790
FY1-5	10/26/2018 – 6/30/2023	\$2,268,495	\$1,982,842
	Average (cost per year)	\$453,699/year	\$396,568/year

(OSH, 2018b).

## ANALYSIS

In order to evaluate the degree to which the approved design of the LGBTQ-focused shelter meets the requirements proposed by the participants' planning process, it is important to consider the circumstances under which the policy was first given life. For that, this analysis looks at data collected during the problem definition stage (see "Step 1" in the Findings section). From this data, several dominant themes appear. Those themes are: (1) that LGBTQ people exist in current homelessness and health-service organizations, (2) that LGBTQ individuals experience harm and discrimination that non-LGBTQ individuals do not experience, (3) that current services do not adequately meet the safety, privacy, and health needs of this population, and (4) that no housing service presently exists that guarantees bodily safety and positive outcomes for homeless LGBTQ individuals and/or LGBTQ individuals at risk of homelessness.

Through a separate process, contributions collected from community members to design an LGBTQ-focused shelter, and the resulting domains generated through the distillation of the raw data, corroborate that the design of an LGBTQ-focused shelter was, certainly, a solution to those problems identified in Step 1 (see "Step 2" in the Findings section). In large part, the domains generated in Step 2 match the themes presented during Step 1. The development of an LGBTQ-focused shelter as a solution did not directly address concerns about medical care, immigration, marriage status, or the various legal issues stated (see Appendix A). However, because the development of the solution addresses problems identified during the problem identification stage in large part, the choice of an LGBTQ-focused shelter as a policy solution is appropriate from a process evaluation perspective.

Having validated the process, it is possible to evaluate the alternative solutions against the policy as proposed. Table 4-3 displays the comparison of the decision criteria by the

alternative solutions generated in step 3 (see “Step 3” in the Findings section; “Step 4” in the Findings section Step 3). To expand on the value of each criterion compared in Table 4-3, each row is presented on its own, and each criterion offers a brief analysis to demonstrate the major takeaways from the comparisons.

*Table 5-1. Decision Criteria, Safe for Transgender Population*

Stakeholder Planning Process Criteria	Proposed Solution Alternative: SCC LGBTQ Shelter as proposed	Solution 1 Alternative: Extra security protocols at existing SCC-funded housing programs	Solution 2 Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Solution 3 Alternative: LGBTQ housing program funded and run by a local CBO
Safe for Transgender Population	yes	maybe	no	yes

(OSH, 2018b)

The first decision criterion is safety for transgender individuals seeking and/or receiving housing service. Of the four solutions, only the proposed LGBTQ-focused shelter, and the third alternative solution—one implemented completely by a CBO—assure the highest safety for transgender individuals. Additional security protocols, though they evoke the idea of increased safety, do not guarantee improvement of interactions between other homeless individuals in the same program, especially those prejudiced against, or who harbor bias against, transgender individuals. Furthermore, violence and harm may also arise from interactions with staff without intentional, suitable training and recruitment to foster an affirmative staffing environment (see “Barriers in Housing Programs” in the Literature Review section).

In terms of affirmative counseling resources, the addition of affirmative clinical programs does little to assure the bodily safety of transgender individuals outside the hours of therapeutic care. The remaining solutions differ primarily by who controls funding the housing program. The

remaining solutions also offer no obvious difference in security protection—an assumption that rests on the supposition that the implementation of an LGBTQ-affirmative shelter would not necessitate security in excess of that provided in non-LGBTQ settings. Because a resulting LGBTQ-focused shelter would be designed with the needs of the LGBTQ community in mind (OSH, 2018b), the question of who pays matters less in the case of security for the transgender community.

*Table 5-2. Decision Criteria, Safe for All LGBTQ People*

Stakeholder Planning Process Criteria	Proposed Solution Alternative: SCC LGBTQ Shelter as proposed	Solution 1 Alternative: Extra security protocols at existing SCC-funded housing programs	Solution 2 Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Solution 3 Alternative: LGBTQ housing program funded and run by a local CBO
Safe for All LGBTQ People	yes	maybe	no	yes

(OSH, 2018b)

The second decision criterion is the safety of all LGBTQ persons seeking or receiving housing service. Though this table resembles the previous one, a major difference exists between the two. Between the first and second alternative solutions, changes to existing housing services that specifically address needs specific to the transgender community do not necessarily address the needs of other members of the LGBTQ community. Where protocols to protect the safety of transgender individuals consider how one’s gender identity and gender expression (and presentation) impacts ones’ vulnerability to harm, protocols that protect LGBTQ individuals generally also consider one’s sex (or sex assigned at birth), sexual orientation, and the particular differences and needs of individual identities within the community, for example, the cultural, historical, and spiritual components of two-spirit identity (see “LGBTQ Terms and Definitions”

in the Introduction section). The results are comparable between Table 5-2 and 5-1 for similar reasons. Neither extra security protocols nor LGBTQ counseling assure improved safety for the LGBTQ community generally, though security protocols may play a partial role in providing that sense of security in housing. LGBTQ affirmative counseling services may, for some individuals, increase a sense of safety emotionally, but further research is necessary to determine whether counseling alone would suffice.

*Table 5-3. LGBTQ-affirmative Counseling Availability*

Stakeholder Planning Process Criteria	Proposed Solution Alternative: SCC LGBTQ Shelter as proposed	Solution 1 Alternative: Extra security protocols at existing SCC-funded housing programs	Solution 2 Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Solution 3 Alternative: LGBTQ housing program funded and run by a local CBO
LGBTQ-affirmative Counseling Availability	yes	no	yes	yes

(OSH, 2018b)

The third decision criterion, LGBTQ-affirmative counseling availability, relates the potential for each of the alternative solutions to deliver clinical counseling services in connection to housing service. In this comparison, the main takeaway is that only the first alternative solution lacks the potential to improve counseling services for LGBTQ individuals. This is the case because there exists no rational relationship between increasing security and providing affirming behavioral health care for LGBTQ persons. As for the remaining solutions, the potential for LGBTQ-affirmative care exists. However, this ought not be confused with the assurance of LGBTQ-affirmative healthcare. Data to determine affirmative experience of care was not collected for this analysis. Further research is necessary to determine whether agencies

who provide mental health services contracted by the Santa Clara County Behavioral Health Services Department currently produce positive outcomes for LGBTQ individuals.

*Table 5-4. Decision Criteria, LGBTQ & Gender-affirming Health Services Available*

	Proposed Solution	Solution 1	Solution 2	Solution 3
Stakeholder Planning Process Criteria	Alternative: SCC LGBTQ Shelter as proposed	Alternative: Extra security protocols at existing SCC-funded housing programs	Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Alternative: LGBTQ housing program funded and run by a local CBO
LGBTQ & Gender-affirming Health Services Available	yes	no	no	yes

(OSH, 2018b)

The fourth decision criterion is the availability LGBTQ and gender-affirming health services. Because the County of Santa Clara operates a Gender Health Center (GHC), which “specializes in care for transgender, non-binary, and gender diverse people” (Santa Clara Valley Medical Center, 2019), an intentional plan to provide some level of health service with the newly designed housing program is realistic, either by on-site service provision or via intentional transportation of clients. Both the proposed solution and the third alternative solution offer the opportunity to intentionally incorporate a partnership with the GHC. However, the opportunity for LGBTQ persons to seek care with the GHC also exists for person who seek housing at other housing programs or shelters. The degree of active outreach and information about GHC services (or other resources like the GHC in the region) depends entirely on the active interest on the part of staff at other respective housing agencies. The proposed solution and third alternative solution have some obligation to connect LGBTQ individuals with appropriately focused services (OSH, 2018b).

*Table 5-5. Decision Criteria, LGBTQ Privacy Issues Addressed*

	Proposed Solution	Solution 1	Solution 2	Solution 3
Stakeholder Planning Process Criteria	Alternative: SCC LGBTQ Shelter as proposed	Alternative: Extra security protocols at existing SCC-funded housing programs	Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Alternative: LGBTQ housing program funded and run by a local CBO
LGBTQ Privacy Issues Addressed	yes	no	no	yes

(OSH, 2018b)

The fifth decision criterion, whether the solution addresses issues of privacy for LGBTQ persons, refers to privacy in the sense of an LGBTQ individual’s ability to seek accommodations without fear that environment of the housing program would make public discreet or private information about their sex assigned at birth, sexual orientation, gender identity, or gender presentation. This criterion is closely related to safety, with a greater focus on the safety of personal identity as an LGBTQ person. The first and second alternative solutions do not provide assurance of privacy for LGBTQ persons receiving housing. Though each may partially address the issues privacy in part—security protocols, like a discreet exterior and active screening of participants for red-flag behavior, and counseling protocols connected to HIPPA protections, may reduce incidences of privacy issues (Office for Civil Rights, 2013)—they ultimately do not prevent them. The proposed solution and third alternative solution, because of their intentional program design, offer several opportunities to initiate complementary avenues to safeguard the privacy of LGBTQ individuals receiving housing service.

Table 5-6. Decision Criteria, Cost to the County

	Proposed Solution	Solution 1	Solution 2	Solution 3
Stakeholder Planning Process Criteria	Alternative: SCC LGBTQ Shelter as proposed	Alternative: Extra security protocols at existing SCC-funded housing programs	Alternative: LGBTQ counseling resources at existing SCC-funded housing programs	Alternative: LGBTQ housing program funded and run by a local CBO
Cost to the County	\$1,982,842 to develop with county funds, \$396,568/year	no change	no change	\$0 per bed to develop, no county funds

(OSH, 2018b)

Because THP programs are not paid out per bed, as is custom for emergency shelter programs, the total cost for the program does not disaggregate the cost of all included services for the proposed solution (Le, K., personal communication, March 1, 2019). Were one to divide the full annual cost to operate the program by the number of beds, the cost would run roughly \$19,828 per bed per year. Per year that cost becomes nearly \$54 per day, two dollars above the budget quoted to the county. However, this number also includes costs to maintain the building, costs related to staffing, and other indirect costs that do not directly fund bed-stays.

In terms of cost to the County, the LGBTQ-focused shelter as proposed is the costliest solution to the identified needs. Because it requires completely funding a new, innovative housing program, the County must appropriate new dollars to see the LGBTQ-focused shelter come to fruition. The alternative solutions offer negligible-to-no costs to the county. The first and second alternative solutions represent mandates on contract agencies, introduced during the requests for proposals (RFP) process when the contract service goes up for rebid, regardless of adjustment for the awarded amount to continue program operation, whereas the third alternative solution relies on a non-governmental organization to fully fund, and operate, the program.

The alternative solutions come with indirect costs not present in the proposed policy solution. These costs include: (1) the opportunity cost to an agency to recruit, train, and maintain the “cultural competence” to provide LGBTQ-affirmative counseling services (Assistant Secretary for Health, 2014); (2) increased costs and/or budget reprioritization depending on the means by which an agency chooses to improve security protocols within contract funding limits; and (3) the cost to a CBO in terms of staff time and fundraising to actualize an LGBTQ-affirmative shelter without dedicated funding from the government or another source. Compared to the discrete cost to create and maintain a new contract housing program, those costs are small.

Moreover, the first and second alternative solutions require systemwide changes to all housing programs funded through the County to see the intended benefit for LGBTQ individuals. Because the County contracts with various CBOs to provide various types of housing services (see “Programs Addressing Homelessness” in the Background section), the costs associated with these alternatives are difficult to fully ascertain without considering the whole of the housing network. As each program’s contracts are implemented by distinct, separate contract agencies, and each contract agency has its own priorities in deciding cost-benefits for the organization, the ultimate determination of cost becomes proprietary. Because there would be no single agency specializing in LGBTQ-affirmative housing services, were the implementation of the first and/or second alternative solutions accomplished in piecemeal, LGBTQ adults seeking homelessness services might remain unaware of said change. Those most vulnerable, and thus most in need of affirmative LGBTQ shelter policies, would be unlikely to recognize those providers with affirmative policies from those without affirmative policies under such a circumstance.

Among the solutions presented, the policy as proposed, and the third alternative solution provide the greatest potential to suit the needs identified by the participant planning process. The

major differences between the two come down to cost and control. The third alternative solution meets all decision criteria domains, and it offers no cost to the county to develop or operate. However, in return for raising the full cost to develop, this solution releases the county of control as a regulating agency. The impact of this alternative solution is that the implemented program would not be beholden to the public, outside of obligatory regulatory enforcements.

An LGBTQ-focused shelter designed in this manner meets the identified needs of the LGBTQ community as determined by the participant planning process, however it also risks drifting away from the intent of the participant planning model. Without direct oversight or other mechanisms to direct the program, any independent model risks moving away from the intent of a community-driven design process, to provide services representative of the community the program serves. Mission drift, such as that described here, can be offset by incorporating intentional organizational mechanisms to keep the program on track with the intent of the original design process. One strategy to retain the representativeness of the LGBTQ community's needs is discussed in the literature review, and involves the incorporation of a participant planning and engagement model to actively “[listen] to and [incorporate] community member’s feedback into [the] program planning process [to] build trust and relationships with members of marginalized communities or organizations that serve them” (Bauermeister et al., 2017, p. 226) (see “Participatory Design for LGBTQ Programs” in the Literature Review section). Such a strategy duplicates the design process from which the proposed LGBTQ-focused shelter policy originally derives, ensuring some degree of parity with the spirit of the community-driven design process, while ensuring that the program continues to reflect the needs of the LGBTQ community beyond the initial planning period.

## CONCLUSION

The question proposed at the beginning of this research asked whether the approved design of the LGBTQ-focused shelter represented the stakeholder planning process used to create it. The policy as proposed from the participant planning process for an LGBTQ-focused shelter diverges from the stakeholder process in several ways. However, the fact that the policy does not perfectly match the requests of community members does not itself answer whether the approved policy “represents the planning process.” Divergence is an inevitable result of the design process. Only under the most ideal circumstances would an entirely community-based design approach determine entirely the policy of a new housing program. The resulting LGBTQ-focused shelter as policy—though it diverges in many ways from the ideal, aspirational contributions of the LGBTQ community that helped design it—manages to retain the spirit of the participant-driven process. The approved policy maintains the essential qualities (also referred to as domains) posited by the stakeholders: safety for the LGBTQ community in general, safety specifically for transgender individuals, and imposed requirements that the contracting agency provide case management, counseling, health care, and other auxiliary supportive services to ensure access for participants of the targeted population.

The proposed policy does fail in some places where policy alternatives offer potential success. Insofar as LGBTQ-affirmative counseling and healthcare are concerned, the approved policy makes no determination that those services be LGBTQ-affirmative (see Appendix E). However, it does provide that the contracting agency provide, or arrange the provision of “mental health, substance abuse, medical, and dental services” for the residing community (OSH, 2018b, p. 16) (see Appendix E). The acknowledgement that “the program [be] designed with needs in mind of the population” (OSH, 2018b, p. 16) (see Appendix E) alleviates the concern

that care providers attending residents of the program would not be aware of its purpose as a safe haven for homeless LGBTQ adults. This is particularly important for transgender and gender non-confirming individuals. Because the onus falls on the contracted provider to ensure that the services described above meet the needs of LGBTQ residents, failure to meet those obligations would impact the contracted agency's ability to renew the contract. Additionally, because of the contractor-contracted relationship, the success of the program to meet that obligation also becomes the responsibility of the County as monitor and agent of enforcement. This relationship provides some degree of protection for residents. Additional research on the outcomes of the LGBTQ individuals receiving LGBTQ-affirmative services (as claimed by a service provider) is necessary to confirm whether this model meets the health care needs of the LGBTQ community.

The approved policy also does not include specific provision to increase or improve security protocols such that security at the LGBTQ-focused site would be different from non-LGBTQ focused sites. This itself is not necessarily a failure of the policy as approved. Because the approved policy is designed with provisions specifically to address the needs of LGBTQ community members, the need for heightened security becomes less imperative to safeguard residents. The addition that program enrollment be dependent on referral, and that intake includes a screening—paired with obligatory case management to check for program compliance—satisfies the concerns that the corresponding alternative attempts to solve.

The cost of the program, though in many ways prohibitive to justify reproducing the program, is not itself a concern for the representativeness of the program. It is indeed possible to institute some, or all, of the essential qualities of the LGBTQ-focused shelter, but the alternative solutions, though less costly, come with inherent risks to quality of care. In order to truly

determine whether the cost of the program is justified, and to determine whether the program implemented from this policy indeed meets the identified needs of homeless LGBTQ adults, a costs-benefits analysis of the program's true costs during contract period is necessary.

However, to answer the second question of this research, posed in Figure 2 of the Methodology section, which asks “Is having an LGBTQ homeless shelter a good use of public resources when it will serve few at a high cost, while there are many homeless individuals seeking support in the county?” requires an introspection of values. Indeed, the cost of the LGBTQ-focused shelter necessitates additional costs not previously budgeted, and, as a result, pulls from other potential services that might have benefited from the same funds. However, when one considers that the county is expanding the capacity of all shelter programs “by 500 individuals”—this expansion includes new capacity in emergency housing, transitional housing, and alternative dwelling of which is included the opening of anticipated housing programs like the Plaza Hotel for 50 persons per night, and the creation of entirely new homelessness programs in Sunnyvale, Mountain View and San Jose for a combined 160 beds per night, and also floats the possibility of developing an LGBTQ emergency shelter program model—the question moves away from one concerned about whether one community should one receive specialty housing services while others go without any improvement (Le, 2017).

The question instead becomes one concerned with whether providing housing to address unattended needs in the LGBTQ homelessness population specifically represents a priority for SCC during this expansion. As demonstrated in the Background section, and the problem definition stage of the Findings section of this research, the value of the policy is in line with the current priorities of the OLGBTQ and the OSH, filling a need that is left nearly unfilled in the State and in the country. Does this policy represent a cost worthwhile to the county to pursuit

compared to other competing policy solutions to homelessness? The recommendation from the body of this research is that the County of Santa Clara continue to engage with community-driven participant processes to develop solutions to LGBTQ homelessness in the region. LGBTQ-focused housing programs do have high-value for LGBTQ individuals experiencing homelessness. Continuing to develop a LGBTQ-focused site guarantees some secured level of housing safety for LGBTQ persons. It should be the eventual goal for the County, and ultimately the OLGBTQ and the OSH, to build the capacity of the network of housing service providers to provide affirmative services in all shelters, and provide safeguards in all emergency shelters, such that future LGBTQ-focused shelters are less necessary. Until such a time comes, the cost is worth the benefit so long as SCC retains its commitment to supporting the most vulnerable members of the LGBTQ community.

Ultimately the approved policy does represent the process used to create the LGBTQ-focused shelter as policy, even if the final approved form of the policy does not represent every item identified by stakeholders as necessary to create the ideal LGBTQ-focused shelter.

### **Research Limitations & Areas for Future Research**

This research, though useful to affirm the community-driven participation process that created the LGBTQ-focused shelter as policy, has several limitations. Because this research was conducted prior to the implementation of the approved policy by the contracted housing service provider, data obtained did not include measures to determine outcomes for the program. Because this data was not yet available, an outcomes analysis was not yet possible. Future researchers might consider pursuing an outcomes analysis of the program to determine what impacts this newly created LGBTQ-focused shelter has on those homeless individuals residing there who identify as LGBTQ. Areas of interest from such an outcomes analysis might include

the following: job retention, housing retention, health outcomes, and mental health outcomes for program participants, among others. Another major limitation of the research hinges on the fact that the approved policy does not address concerns regarding a lack of LGBTQ-affirmative emergency shelter (see “Where Does the LGBTQ-focused Shelter Fit?” in the Background section). Data on the outcomes of LGBTQ individuals who receive shelter from general emergency shelter programs in Santa Clara County would improve understanding and would prove helpful for future LGBTQ shelter planning.

Previously mentioned in the body of the research were the needs for future research in three additional areas. First is further research on whether agencies that provide mental health services contracted by the Santa Clara County Behavioral Health Services Department currently produce positive outcomes for LGBTQ individuals. Second is research on whether mental health programs that self-proclaim that their services are LGBTQ-affirming are perceived by their client-base to indeed be LGBTQ-affirming. Finally, additional research is necessary to determine whether participants in homelessness programs experience any greater sense of safety when affirmative counseling services are provided in-line with housing services; results of such a study would consequently modify the results of Table 5-2 regarding safety for LGBTQ persons, adding valuable information on the value of this resource on emotional safety.

Finally, because LGBTQ-youth focused shelters are being developed in various communities across the nation (Quinn, 2019), future research should be conducted that focuses on comparing services available across those different shelter designs. The result of such research would be useful to develop a best practices theory for agencies to use to design future LGBTQ-focused shelters. HUD funding might be available to support future construction that expands the capacity of residential sites for LGBTQ youth (Quinn, 2019). This presents an

opportunity for locales that are interested in creating LGBTQ-affirmative housing, but do not have the financial resources to currently expand shelter services, to create similar shelter programs based on the successes and outcomes of pioneering LGBTQ housing programs.

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*Appendix A. CSFC Special Meeting on Hate Crimes, LGBTQ Panel*

Panel	Organization	Problem	Solution
Hate Crimes in the LGBT Community	Colectivo Accion Latina de Ambiente (ALA)	<ul style="list-style-type: none"> <li>- LGBT immigrants, undocumented persons, and persons under political asylum targeted.</li> <li>- Individuals likely to forgo medical care because they are banned from federal health programs.</li> <li>- Messages of hate and fear impact mental health of LGBT immigrants.</li> </ul>	<ul style="list-style-type: none"> <li>- Bring trainings on cultural humility to all public service providers, and ensure trainings affirm LGBT community.</li> </ul>
	The Billy DeFrank Center	<ul style="list-style-type: none"> <li>- Community members have questions about immigration, marriage status, and legal issues.</li> <li>- Few resources connected to the center.</li> </ul>	<ul style="list-style-type: none"> <li>- Inviting other groups into the center to eliminate silos.</li> </ul>
	Family and Children Services of Silicon Valley, a Division of Caminar, The LGBTQ Youth Space	<ul style="list-style-type: none"> <li>- LGBTQ hate crimes have occurred prior to the current presidential administration.</li> <li>- Hate crimes primarily impact transgender women of color.</li> <li>- No LGBTQ specific shelters exist in the county.</li> <li>- Lack of adequate housing for LGBTQ youth make them susceptible to hate crimes.</li> <li>- Law enforcement perpetuate violence against LGBTQ youth.</li> </ul>	<ul style="list-style-type: none"> <li>- Creating LGBTQ specific housing and transitional housing.</li> <li>- Equip schools with resources for LGBTQ youth.</li> <li>- Educate school staff on bias and discrimination to intervene in incidents of hate or violence against LGBTQ students.</li> <li>- Ensure law enforcement officials do not resort to physical means to keep LGBTQ demonstrations peaceful.</li> <li>- Liaison in law enforcement agencies to report hate crimes for minority groups.</li> </ul>
	Silicon Valley Gay Softball League	<ul style="list-style-type: none"> <li>- Harassment at Twin Creeks Sports Complex.</li> <li>- Denied facilities to host national tournament because 'they are a threat to children.'</li> </ul>	<ul style="list-style-type: none"> <li>- Help the league address the discrimination at the sports complex.</li> </ul>
	Youth Representative and LGBTQ Community Member	<ul style="list-style-type: none"> <li>- Personal friend verbally and physically assaulted by homophobic white supremacists near Alum Rock Transit Center in San Jose and suffered a head injury.</li> </ul>	<ul style="list-style-type: none"> <li>- Resources to educate larger community.</li> <li>- Create structural safety for LGBTQ youth.</li> <li>- Hate crime hot line staffed by trained individuals sensitive to the community.</li> <li>- LGBTQ-specific foster homes for youth.</li> <li>- Training for school staff and faculty.</li> <li>- Funding to teach LGBTQ and Transgender youth their legal rights.</li> </ul>
	Asian Americans for Community Involvement (AACI)	<ul style="list-style-type: none"> <li>- Street harassment and harassment on public transportation has risen.</li> <li>- Individuals starting transition, people of color, youth, immigrants, and homeless most at risk.</li> <li>- Transgender individuals who engage in fringe, subsistence work or do not have legal immigration status are unlikely to report crimes perpetrated against them.</li> <li>- Transgender women cannot access women's shelters, and men's shelters pose a risk of violence and harassment.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue and enrich services to the high-risk populations already named, including shelters, hospitals, and other county-supervised agencies.</li> <li>- Provide safe shelter for transgender women.</li> <li>- Ensure proper name and gender pronouns are validated through all government services regardless of gender presentation.</li> </ul>

(County of Santa Clara Children, Seniors, and Families Committee [CFSC], 2017b; 2017c; 2017d)

Appendix B. Hate Crimes and Climate Special Hearings, LGBTQ Affairs Item 22

Policy Area: LGBTQ Affairs						
Line #	Policy Initiative	External Partners	Review of County Programs	Recommendation	Implementation Plan/Timeline	Future Resource Allocation Needs
22	Refer to the Administration exploration of the feasibility of developing a wraparound transgender center modeled on the City and County of San Francisco's center to include specific LGBTQ shelter bed capacity.	(No Data)	OLGBTQ has been working with Valley Health Plan (VHP) and Valley Medical Center (VMC) toward the creation of a gender specialty clinic to address the unique needs of the transgender and gender expansive community. Additionally, conversations at the transgender youth roundtable in March 2017 raised aweless (sic) of other transgender community needs including shelter bed availability and safety, wraparound services, and medical transition services, recovery services and overall provider knowledge. The Intimate Partner Violence Committee (IPVC) has also brought to light the need for a domestic violence shelter to serve the LGBTQ community, as there are no agencies that currently serve LGBTQ men. The County has available some emergency spaces from closure of cold weather shelters but these spaces are only for temporary use. Actual housing units / developments would not be able to discriminate against non-LGBTQ persons, but perhaps the development could be welcoming	<p>1) Create feasibility plan for a shelter / transitional housing program that specializes and is welcoming to homeless persons who are LGBTQ connected to services that</p> <p>a) Give ample opportunity for community input and decision-making,</p> <p>b) Demonstrate best practices in coordinated wraparound services and linkage to care,</p> <p>c) Create a pipeline for economic stability including job readiness, job placement and planning for permanent housing, and</p> <p>d) Provide a menu of housing support options from homelessness</p>	<p>Pending Project Scope Approval:</p> <p>Launch Action Group comprised of community members and key County offices for phase 1 proposal implementation.</p>	<p>Included in work scope of Program Manager-Transgender Services (Proposed FY18 Inventory Item)</p> <p>Land use and feasibility study costs Program Funding will come forward at a later date.</p>

Appendix B. (Continued) Hate Crimes and Climate Special Hearings, LGBTQ Affairs Item 22

Policy Area: LGBTQ Affairs						
Line #	Policy Initiative	External Partners	Review of County Programs	Recommendation	Implementation Plan/Timeline	Future Resource Allocation Needs
22	(cont.)	(cont.)	to, celebratory of LGBTQ persons, needs etc. For example, we could co-locate a housing program for young adults at Billy de Frank to outreach to and engage the priority population. Staffing levels, operating budgets and space allocation studies will be needed for this project at the short, mid and long. OLGBTQ has begun this process by meeting with project leads from the shelter implementation in San Francisco. Follow up meetings and site visits are forthcoming for Jazzie's Place in SF and the LGBTQ Center in San Mateo. In the planning of this process, it will be essential that Office of Supportive Housing (OSH) and OLGBTQ staff support a community- driven process that is consumer- centered. It will require consultation with existing LGBTQ shelters and key informants and organization to establish best practices.	prevention, rapid rehousing, transitional housing, and permanent and supportive housing for individuals across the life span (youth, families, single adults, and seniors). 2) Create feasibility plan for emergency and temporary housing strategies to address the needs of LGBTQ populations affected by intimate partner violence.	(cont.)	(cont.)

*Appendix C. THP Programs & 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 (sic) services
Partners with other non-profit agencies to provide services	Yes	Yes	Yes	No	Yes

(Garcia, 2017, p. 38)

*Appendix D. Decision Criteria, Broken Down by Participant Contribution*

	Stakeholder Planning Process, Decision Criteria	
Safe for Transgender Population	<ul style="list-style-type: none"> <li>● Housing &amp; Bathrooms                             <ul style="list-style-type: none"> <li>○ Gender Neutral/Affirmative Rooming</li> <li>○ Single Stall Showers (with Locks)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Locked Bathroom Stalls</li> </ul>
Safe for All LGBTQ People	<ul style="list-style-type: none"> <li>● Crisis Intervention                             <ul style="list-style-type: none"> <li>○ Crisis De-escalation Training</li> <li>○ Mediation</li> </ul> </li> <li>● Hiring                             <ul style="list-style-type: none"> <li>○ LGBTQ-Affirming Hiring Practices</li> </ul> </li> <li>● Housing &amp; Bathrooms                             <ul style="list-style-type: none"> <li>○ Residential Advisors at Night</li> </ul> </li> <li>● Intake (Process &amp; Procedures)                             <ul style="list-style-type: none"> <li>○ Plan for Emergency Housing Needs</li> <li>○ Safe Space Agreements (Admission Requirement)</li> </ul> </li> <li>● Staff Accountability                             <ul style="list-style-type: none"> <li>○ No-Retaliation Grievance Process (for Clients)</li> <li>○ Anonymous Complaint/Suggestion Box</li> <li>○ Positional Authority to Hold Staff Accountable</li> </ul> </li> <li>● Staff-to-Client Ratio                             <ul style="list-style-type: none"> <li>○ 4-8 Clients per Staff Member</li> <li>○ Pair Staff with Clients based on Rapport</li> </ul> </li> <li>● Staff Training                             <ul style="list-style-type: none"> <li>○ Respectful Interactions Regarding Sexual Orientation and Gender Identity (SOGIE)</li> <li>○ Cultural Competency/Anti-Discrimination</li> <li>○ First Aid/CPR</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Transformative Justice Training</li> <li>○ Non-Reliant on Police Intervention</li> <li>○ Clients Involved in Interview Process</li> <li>○ Multi-Service Provider Space(s)</li> <li>○ Zero-Tolerance Discrimination Policy (for Clients)</li> <li>○ Three-Strike System</li> <li>○ Safe Spaces to Speak with Staff</li> <li>○ Maximum Caseload of 5 per Staff</li> <li>○ Extra Overnight Staff</li> <li>○ Mental Health Crisis Response</li> <li>○ Team Leader/Mentors for New Staff</li> <li>○ Zero-Tolerance Discrimination Policy (for Staff)</li> </ul>
LGBTQ-affirmative Counseling Availability	<ul style="list-style-type: none"> <li>● Health Care                             <ul style="list-style-type: none"> <li>○ Mental Health Services</li> <li>○ Substance Use/Treatment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ On-call Mental Health Staff</li> </ul>
LGBTQ & Gender-affirming Health Services Available	<ul style="list-style-type: none"> <li>● Health Care                             <ul style="list-style-type: none"> <li>○ Transgender Affirmative Services</li> <li>○ Physical Health Services</li> <li>○ Vaccinations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Sexual Health Services</li> <li>○ Menstrual Hygiene Products</li> </ul>
LGBTQ Privacy Issues Addressed	<ul style="list-style-type: none"> <li>● Building &amp; Operations                             <ul style="list-style-type: none"> <li>○ Discreet Exterior</li> </ul> </li> <li>● Intake (Process &amp; Procedures)                             <ul style="list-style-type: none"> <li>○ Screening Process</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Screened to be Ineligible</li> </ul>

(OLGBTQ, n.d.)

*Appendix E. Official Service Agreement Items, LGBTQ-focused Shelter*

	Service Agreement, Contract Specific, LGBTQ-focused Items
Safe for Transgender Population	<p>Housing &amp; Bathrooms</p> <ul style="list-style-type: none"> <li>○ Target population: 1) Single adult homeless individuals enrolled in Rapid Rehousing Programs (RRH) or Permanent Supportive Housing (PSH) programs in need of housing; 2) Clients who require minimal intervention in order to obtain permanent housing. <i>While clients do not have to be LGBTQ to be served, the program is designed with needs in mind of that population.</i></li> <li>○ If bathroom or shower facilities are single-sex, transgender clients should have access to a bathroom and shower facilities based on their gender of identification. People who identify outside the male/female gender binary should have access to whichever bathroom and shower facilities help them feel safest.</li> <li>○ Single-sex shelter and transitional housing programs will place clients in shelter or housing that corresponds to the gender with which that person identifies or, if the client does not identify with either binary gender, in the shelter or housing situation that makes the client feel safest.</li> <li>○ Program ensure that there are at least 5 beds available for transgender individuals whose housing needs cannot be met in another setting for such reasons as facility design or safety concerns.</li> </ul>
Safe for All LGBTQ People	<p>Crisis Intervention</p> <ul style="list-style-type: none"> <li>○ Contractor shall serve its clients at all sites using harm reduction principles, under which the contractor focuses on reducing the negative consequences of substance use, not enforcing sobriety</li> </ul> <p>Staff Training</p> <ul style="list-style-type: none"> <li>○ Agency shall ensure staff receive initial and ongoing training on cultural competency, with emphasis on vulnerable populations, LGBTQ community in order to create an environment free of bias.</li> </ul> <p>Intake (Process &amp; Procedures)</p> <ul style="list-style-type: none"> <li>○ Develop policies and program guidelines regarding resident safety and resident expectations for participation. At intake, all residents will be required to agree to follow a consistent set of program guidelines to ensure safety of residents.</li> </ul>
LGBTQ-affirmative Counseling Availability	<p>Health Services</p> <ul style="list-style-type: none"> <li>○ Case Management: Contractor will provide case management to all new program enrollees. Case management should be community-based and client-centered. <i>Additionally, contractor will administer required assessment tools; monitor client activities to ensure they are compliant with program requirements; and support client in developing connection to LGBTQ tailored services as needed, mainstream community resources and support networks to support long-term housing retention.</i></li> <li>○ Other Supportive Services: Contractor will provide other services that support self-sufficiency, successful housing placement and retention either through direct provision or partnerships with other providers. Other supportive services may include vocational training, educational support, employment assistance, connections to mainstream benefits, life-skills training, access to legal services. <i>Additionally, contractor shall provide or arrange for mental health, substance abuse, medical, and dental services, as well as information and referral services and onsite cases to assist shelter clients in addressing their barriers in obtaining and maintaining housing.</i> Onsite workshops may include, but will not be limited to, substance abuse recovery groups, financial literacy workshops, and workplace communication classes.</li> </ul>
LGBTQ & Gender affirming Health Services Available	See LGBTQ-affirmative Counseling Availability above.

(OSH, 2018b)

*Appendix E. (Continued) Official Service Agreement Items, LGBTQ-focused Shelter*

<p>LGBTQ Privacy Issues Addressed</p>	<p>Intake (Process &amp; Procedures)</p> <ul style="list-style-type: none"> <li>○ Conduct intakes, assessments and program discharges in accordance with the current Homeless Management Information System (HMIS) standards for Santa Clara County. <i>Intake process that is referral based and will not accept walk-in clients, staff will be able to conduct screening, intake, and assessments seven days a week.</i></li> <li>○ Conduct targeted outreach and receive referrals from Office of Supportive Housing, RRH, PSH service providers, LGBTQ community centers / health care programs and other agencies in the Coordinated Entry System.</li> </ul>
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(OSH, 2018b)