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**A Program Evaluation of the Project Roomkey
in Santa Clara, San Francisco, and Alameda Counties**

by

Louella Sevegan

A Thesis Quality Research Project
Submitted in Partial Fulfillment of the
Requirements for the
Master's Degree
in

PUBLIC ADMINISTRATION

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Table of Contents

Background.....	6-18
US Homelessness.....	7
Age and COVID-19.....	8
Government Role in COVID-19.....	8
California and COVID-19.....	10
Project Roomkey Program.....	12
Counties in Bay Area (Santa Clara, San Francisco, and Alameda)	16
Literature Review.....	19-26
Homeless Population during COVID-19 Pandemic.....	19
The Housing First Approach.....	21
Housing Intervention.....	22
Barriers Among Homeless Population.....	24
Collaboration Between Public and Private Agencies.....	25
Methodology.....	27-28
Findings.....	29-46
Population.....	29-31
Percent of Program Participants by Demographics.....	31-38
County Participants by Age.....	31-33
County Participants by Gender.....	34
County Participants by Race/Ethnicity.....	35-38
Project Roomkey Exits.....	38-44
Other Services: Case Studies.....	44-45

Analysis.....	46-54
Limitation.....	52-53
Areas for Future Study.....	53-54
Conclusion.....	54-56
References.....	57-67

List of Figures

Figure 1: Program Analysis Logic Model.....	28
Figure 2: Percent of Participants by Age (Santa Clara County)	31
Figure 3: Percent of Participants by Age (San Francisco County)	32
Figure 4: Percent of Participants by Age (Alameda County)	33
Figure 5: Percent of Program Participants by Gender (Santa Clara County, San Francisco County, and Alameda County)	34
Figure 6: Percent of Program Participants by Race/Ethnicity (Santa Clara County)	35
Figure 7: Percent of Program Participants by Race/Ethnicity (San Francisco County)	36
Figure 8: Percent of Program Participants by Race/Ethnicity (Alameda County)	37
Figure 9: Total Number of Exits (Santa Clara County)	39
Figure 10: Total Number of Exits (San Francisco County)	40
Figure 11: Total Number of Exits (Alameda County)	42
Figure 12: Percent of Program Participants Exit by Destination (Alameda County).....	43

List of Tables

Table 1: Project Roomkey Room Occupancy.....	16
Table 2: Project Roomkey Funds.....	17
Table 3: 2020 Population per County.....	29
Table 4: Total Number of COVID-19 Cases and Deaths per County.....	30
Table 5: Housing (Program Participants Exit).....	41
Table 6: Temporary Shelter (Program Participants Exit).....	41
Table 7: Other Institution (Program Participants Exit).....	41
Table 8: Other (Program Participants Exit).....	41

BACKGROUND

During the early months of 2020, the rapid spread of SARS-CoV-2 (COVID-19) had a significant impact on the homeless population. The U.S. Department of Housing and Urban Development, Office of Community Planning and Development defines a homeless person as someone who "lacks a fixed, regular, and adequate nighttime residence" (Henry, et al., 2020, page 2). According to a report conducted by Culhane et al. (2020), the homeless population has a higher chance of being infected by COVID-19 than the general population. Issues such as inadequate access to sanitation or proper hygiene, and the inability to isolate, especially in a congregate shelter, were some of the reasons homeless individuals have a greater risk of being hospitalized and dying of highly contagious diseases like COVID-19 (Culhane et al., 2020).

On March 4, 2022, Governor Newsom signed an Executive Order N-33-20, declaring the State of Emergency Order in the State of California. The governor encouraged the public to follow directives from the California Public Health Department requiring everyone to shelter in place to slow the spread of the disease (CDSS, 2020d). However, homeless people had nowhere to shelter in place except congregate-care facilities, which have the potential to spread the virus further. Therefore, in the same month, the State of California established the Project Roomkey program to provide unhoused individuals, especially those who were in at-risk categories, the ability to shelter in place in non-congregate shelters, such as hotels and trailers. (Office of the Governor, 2020).

The purpose of this study was to conduct an outcome evaluation of the Project Roomkey program provided in three of the Bay Area's largest counties: Santa Clara County, San Francisco County and Alameda County. This study examined the problem of homelessness during COVID-

19 pandemic, described the implementation of Project Roomkey displayed in the Findings, and analyzed the effectiveness of the program based on the data in the Analysis section.

U.S. Homelessness

According to a HUD report in 2019, there were approximately 500,000 homeless individuals in the United States on any given night, and 25% of them can be found in California (approximately 150,000 unhoused individuals). Although most states experienced a decline in their homeless population, homelessness in California increased by 16%, or roughly 21,000, between 2018 and 2019 (Henry et al., 2020). A similar report showed that major cities and counties in the Bay Area, such as Santa Clara County and Alameda County, had 9,706 and 8,022 unsheltered people, respectively (Henry et al., 2020). Although San Francisco County was not included in the HUD 2019 Annual Report as one of the significant counties with the most homeless people, the 2019 San Francisco Homeless Point-in-Time Count & Survey showed that it still held 5,180 unsheltered homeless individuals.

The federal and local governments have used and explored several approaches for dealing with homeless people effectively. California has recognized the Housing First evidence-based model in addressing chronic homelessness (SB-1380, 2016). The federal agencies - like United States Interagency Council on Homelessness and Department of Housing and Urban Development - also recognized this method, for it was proven to be effective in increasing housing retention rates and decreasing the homelessness recurrence among homeless individuals (HUD, n.d.). Providers of the Housing First approach must support housing recipients in securing permanent housing, long-term rental, income, and employment assistance as quickly as possible. It meant that providing “housing services must be used as a tool rather than as a reward” (SB-1380, 2016, (d) (1)).

Age and COVID-19

It is important to understand that aging homeless adults required extra medical care even before COVID-19. Metraux, et al. (2011) linked mortality rate and homelessness, suggesting that resolving the homelessness crisis might reduce the average mortality rate in the United States. Compared to the general adult population ages 50 and above, adult homeless people in the same age bracket experienced more severe geriatric conditions (Brown et al., 2012). Health care providers were required to attend to the aging homeless population's health needs, which could overload the health care and social welfare systems (Culhane et al., 2013). A similar condition appeared to heighten the scarcity of medical supplies and resources during the COVID-19 pandemic (Shumaker, 2020). Metraux (2011) also highlighted that although an immediate need for supportive health assistance was apparent, it was more imperative to support the adult homeless population with stable and permanent housing to avoid any kind of diseases.

Government's Role in COVID-19

Prior to the COVID-19 pandemic, the role of the government in handling emergencies was visible, as revealed during the Great Influenza of 1918 (Rubin, 2012). Although many emergency features have changed and improved over time, some strategies are still the same. During the Great Influenza Pandemic outbreak, the United States' public health infrastructure was fragile due to the limited capacity of hospitals and military camps (Rubin, 2012). Similar concerns - such as shortage of medical staff, quarantine, and prohibiting public assembly - were also evident. Collaboration between state and local public health agencies and private entities as part of the emergency strategy as concerted actions from different organizations were pivotal in addressing both natural and human-made disasters (Sobelson et al, 2015). The National Response Plan, which the National Response Framework replaced in 2008, stated that:

"No single entity possesses the authority, expertise, and resources to act unilaterally on the many complex issues that may arise in response to a disease outbreak and loss of containment affecting a multijurisdictional area. The national response requires close coordination between numerous agencies at all levels of government and with the private sectors" (Homeland Security, 2004, page 3).

Before the COVID-19 pandemic, federal agencies such as the Department of Housing and Urban Development (HUD) collaborated with the local government to prevent and end homelessness in the United States (Henry et al., 2020). This community-centric approach, also known as the Whole Community approach, "means that you are involving partners in the development of your response planning and that everyone's roles and responsibilities are clear" (CDC, 2020a, n.p.). Other federal agencies such as FEMA, the National Foundation for the Centers for Disease Control and Prevention (CDC Foundation), and the Centers for Disease Control and Prevention's (CDC) Office of Public Health Preparedness and Response (OPHPR) promoted and encouraged the implementation of the whole community approach (CDC, 2020a).

Based on FEMA's *Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action* (2011), community resiliency and security during an emergency can be attained through understanding the needs and collectively engaging all the members of the community. According to the CDC, older adults ages 65 and over have a higher risk of experiencing severe illness from COVID-19. This severity included hospitalization, intensive care, a ventilator for breathing, and death (CDC, 2020b). Other vulnerable individuals who were considered at high risk for COVID-19 were those with chronic conditions like diabetes, chronic obstructive pulmonary disease (COPD), cancer, and chronic kidney disease (CDC, 2020b). During the COVID-19 pandemic, aging homeless individuals with underlying

diseases, such as chronic conditions, made them susceptible to getting seriously ill from the virus (CDC, 2020b).

California and COVID-19

On March 4, 2020, due to COVID-19, the State of California proclaimed a state of emergency. Under Executive Order N-25-20, Governor Newsom ordered the California Health and Human Services Agency and Office of Emergency Services to identify viable facilities, particularly hotels, as temporary shelters for vulnerable and high-risk individuals. By enacting this policy, the state aimed to address the needs of people experiencing homelessness by collaborating with local government and public health officials during the pandemic (Office of Governor Gavin Newsom, 2020). After determining the immediate need for housing, Governor Newsom signed Senate Bill 89 (Chapter 2, Statutes of 2020, Section 36), which augmented the 2019 Budget Act, making \$150 million available for local emergency homelessness actions.

Housing homeless people was funded at \$100 million during the COVID-19 pandemic and supported by local agencies' emergency services offices. The remaining \$50 million was dedicated to leasing and purchasing isolation facilities such as trailers, hotels and motels for the homeless population. The governor further issued Executive Order N-32-20, providing government agencies with additional flexibilities to expand isolation and emergency shelter capacity. According to the California Department of Social Services, the \$50 million was available to the counties that operated Project Roomkey from July 2020 to November 2020, depending on the number of rooms reportedly occupied by each county (Office of Governor Gavin Newsom, 2020). Aside from the allocation made available from the state government, county homeless providers of the Project Roomkey could also apply for a Federal Emergency

Management Agency (FEMA) cost-share up to 75% upon meeting the eligibility requirements (Office of Governor Gavin Newsom, 2020).

In response to the government's underlying goal to minimize strain on health care system capacity and provide immediate shelter options to unhoused individuals during the COVID-19 epidemic, Project Roomkey was established (CDSS, 2020a). The program's initial goals were "to provide non-congregate shelter options for people experiencing homelessness, to protect human life, and minimize strain on health care system capacity" (CDSS, 2020a). However, in November 2020, the State of California allocated \$62 million in one-time state General Fund money from the State's Disaster Response Emergency Operations Account, allowing Project Roomkey to continue operation with additional service components, such as housing financial assistance, housing navigation, and surge activities, and housing case management to program participants (Office of Governor Gavin Newsom, 2020). In December 2020, Governor Newsom stated that since the beginning of the pandemic in April 2020, California had made a total of \$512 million funds available to support the local governments' efforts to house their homeless populations (Office of the Governor, 2020).

With these funds, Project Roomkey could transition to focusing on housing homeless individuals, ensuring that participants are not returning to homelessness. The State of California also expected providers to assist their program participants in transitioning into permanent, safe, and stable housing even after the pandemic (CDSS, 2020a). The Project Roomkey was a collaborative effort of federal, state, and local government units to secure hotels and motels for vulnerable and high-risk individuals, such as those experiencing homelessness, recovering from COVID-19, and exposed to COVID-19 (CDSS, 2020a).

Project Roomkey

In March 2020, during the first wave of the pandemic, the State of California established Project Roomkey, with the main goals of providing "non-congregate shelter options for people experiencing homelessness, to protect human life, and minimize strain on the health care system capacity" (CDSS, 2020a). It also served as an immediate resource for people recovering from the virus, and an isolation place for people who have a high risk of complications if they become infected. In the initial implementation of the program, the main goal of Project Roomkey was to provide shelter in the non-congregate house to vulnerable individuals during the COVID-19 pandemic. However, in November 2020, the state added an additional element to the program, and that was to provide a re-housing plan to avoid homelessness recurrence (CDSS, 2020). Thus, the program providers also assisted their program participants in transitioning into permanent or stable housing. However, the Project Roomkey program was initiated by the state and was partially funded by FEMA; the administration of the program varied locally (CDSS, 2022e). Due to the variation of process per county, even the name of the program in each county differed from each other. Santa Clara referred to the program as Shelter in Place and Isolation & Quarantine Support Program (Santa Clara County, n.d.). San Francisco County called it COVID-19 Alternative Housing Program or Shelter in Place (San Francisco County, n.d.). However, Alameda County maintained the name Project Roomkey (Alameda County, n.d.).

According to the California Department Social Services (CDSS) (2022), the eligibility of the program participants was also dependent upon the program requirement set by the county's local Homeless Continuum of Care or county's welfare departments; however, due to the limited budget, and for the sake of consistency, the CDSS suggested that county officials follow federal public health guidance and FEMA Reimbursement Eligibility Criteria.

FEMA Reimbursement Eligibility Criteria was exclusive to the homeless population who met the three situations: tested positive for COVID-19, exposed to COVID-19, and/or posed a "high risk" of health complication (CDSS, 2022d). To get up to 75% reimbursement from the federal fund, one of the requirements from FEMA was to cater to a specific group of individuals. Every county had its program approaches for what group to focus on, such as housing only people who tested positive for COVID-19, people who were exposed to COVID-19, or both. Santa Clara County, for instance, served three groups that met one or more criteria:

- Individuals who tested positive for COVID-19 but were incapable of isolating themselves.
- Housed and unhoused individuals who got tested for COVID-19 and were incapable of isolation in their current circumstances.
- Homeless individuals who were 65 years of age or older and/or had underlying conditions which made them susceptible to contracting COVID-19 (Santa Clara County, 2021, n.p.).

Alameda County also provided Project Roomkey services to medically fragile individuals and/or homeless people 65 years or older, who could not isolate themselves in their current housing situation. In addition, Alameda County placed people in Project Roomkey facilities who either tested positive for COVID-19, showed symptoms or had COVID-19 exposure (Alameda County, n.d.). The sites in San Francisco County served homeless people who had a higher risk of complications from COVID-19. Based on their respective county websites, Santa Clara and San Francisco had both Isolation and Quarantine (I.Q.) Project Roomkey sites where guests (homeless or not) could safely recover and isolate themselves (San Francisco, n.d.).

Through Project Roomkey, the State of California supported the local governments to make sure that the program participants transitioned into permanent and stable housing to avoid the recurrence of homelessness. Every county had its own criteria for determining the transition process of participants into permanent housing. In Alameda County, the process of assisting its Project Roomkey participants in achieving permanent housing relied heavily on subsidies coming from federal programs, such as the Emergency Solution Grant Program within the CARES Act (ESG-CV) (Zeger, 2021). The county used the fund to secure twelve-month housing subsidies after program guests moved out of the program. In addition, Alameda County collaborated with large cities like Oakland and Berkeley by joining California's 100-Day Challenge and contracted Abode Services, which provided a housing navigation team of staff to assist Project Roomkey participants as they exit the program (Zeger, 2021). The collaboration with these agencies helped the county of Alameda and its program participants as they navigated their housing options, found apartments and dealt with landlords.

In assessing permanent housing placement for its program clients, Santa Clara County used the "Housing First" strategy (County of Santa Clara Office of Supportive Housing, 2020). The partnership between the County of Santa Clara and other organizations, such as city agencies, private funders, and non-profit housing organization Abode Services, created a housing navigation team that assisted program clients in transitioning into permanent and stable housing (County of Santa Clara Office of Supportive Housing, 2020). By using the Vulnerability Index – Service Prioritization Decision Assistance Tool and Homeless Management Information System to assess homeless individuals' housing crisis, health, and behavioral status, the county determined who needed to be prioritized (County of Santa Clara Office of Supportive Housing, 2020). According to the State of the Supportive Housing System in Santa Clara County "Ending

Homelessness 2019-2020" report (2020), the county used the Housing First strategy in determining the most vulnerable program clients – "those who have experienced long-term homelessness and rely heavily upon emergency medical and psychiatric services to treat chronic health conditions" (page 14).

Just like the other two counties, San Francisco County also aimed to provide assistance in its program for guests transitioning to permanent housing. However, the county clearly identified two groups of its Shelter in Place guests: Guests Eligible for the SIP Housing Process and Other Guests. According to San Francisco County's official website (n.d.), Guests Eligible for SIP Housing Process were program participants who met the criteria for SIP Housing Process and were active in any program hotels since November 2020, the date when the Rehousing Plan started. Other guests, on the other hand, were program clients who left the program prior to the Rehousing Plan or those who did not meet the eligibility criteria for SIP Housing Process.

Similar to Santa Clara County, the San Francisco County's COVID-19 Alternative Housing Program also assessed its program participants to determine whether they qualified for housing placement, which consisted of permanent housing or a two-year rapid rehousing subsidy (San Francisco County, n.d.). The eligibility of the program residents was dependent upon several factors like age, health conditions, length of homelessness, and negative impact on the individuals in case infected by COVID-19. Once the conditions were met, the staff prepared three housing options for their clients, based on their individual needs. If the program participants accepted one of the housing offers, the staff would help them transition to the housing. However, if the individual declined all three housing units offered, the county would still offer the Housing Problem Solving outside the Homelessness Response System, like

offering to reunite with families or friends, or a guaranteed placement in shelters (San Francisco County, n.d.).

Santa Clara, San Francisco and Alameda Counties' Project Roomkey Programs

Three of the largest counties in the Bay Area - Santa Clara, San Francisco, and Alameda - have all managed Project Roomkey. Although they all administered the same program, each county had its unique approach to running it, while still adhering to the state and federal health guidelines. The program participants were referred by health care, homeless services, law enforcement, or other service providers. In determining who would be placed and served, depending on the local jurisdiction, some counties used a combination of CDC criteria and other prioritization methods, like the Vulnerability Index Service Prioritization Decision Assistance Tool (Santa Clara County, n.d.; Alameda County, n.d.; San Francisco County, n.d.)

Table 1 below shows the number of rooms secured and occupied by the three counties. The CDSS Housing and Homelessness Branch maintained and provided the data.

Table 1: Project Roomkey Room Occupancy

County	Rooms Secured	Rooms Occupied	Percent Occupied
Santa Clara	720	465	65%
San Francisco	2731	1912	70%
Alameda	994	660	66%

Source: CDSS, Housing and Homelessness Branch, 2021b (as of 2021)

In November 2020, CDSS released a letter containing Fiscal Year 2020-2021 Project Roomkey and Rehousing Strategy Allocation.

Table 2 shows the funds allotted for the three counties:

Table 2: Project Roomkey Funds

County	Allocation
Santa Clara	\$6,598,846
San Francisco	\$32,104,309
Alameda	\$11,921,579

Source: CDSS, 2021c

Santa Clara County's Emergency Operations Center established the Joint Departmental Operations Center to oversee the temporary shelter program and collaborate with other county agencies, with the City of San Jose and Continuum of Care partners, to address the needs of homeless individuals who were affected by COVID-19. In April 2020, the county secured 453 hotel/motel rooms at San Jose, Santa Clara, Sunnyvale, Morgan Hill, and Gilroy for isolation and quarantine. As the program continued to expand and extend, the county added more temporary sites (Santa Clara County, 2020). The county's priority for providing shelter was homeless individuals who "have tested positive for COVID-19; have confirmed exposure or are under investigation for COVID-19; or are at greater risk for serious illness or death should they contract COVID-19 due to age or underlying health conditions" (Santa Clara County, 2020, n.p.).

There are two types of Project Roomkey sites in Alameda County: Operation Safer Ground and Operation Comfort. The Operation Safer Ground site served homeless people over the age of 65, medically vulnerable individuals or both. The Operation Comfort site served homeless people and those who 1) "tested positive for COVID-19, or 2) are experiencing signs and symptoms of COVID-19, and/or have been exposed to COVID-19" (Alameda County, 202, n.p.). However, in November 2020, some of the Alameda County hotel leases ceased accepting

referrals and guests for the Project Roomkey hotels and temporary shelters. Due to the extended reimbursement program by FEMA, other hotels continued their operation until September 2021(Alameda County, 2021).

The County of San Francisco started its operation in Shelter-In-Place (SIP) hotels in April 2020, with 25 SIP hotel sites (San Francisco County, n.d). Although it had the lowest homeless population among three of the Bay Area counties (only 5% of California's homeless population), the County and City of San Francisco, in collaboration with non-profits and the housing department, housed 2,000 COVID-19 vulnerable individuals in the early stage of the pandemic (San Francisco County, n.d.). In December 2020, the county Board of Supervisors passed legislation that led to the Rehousing and Site Demobilization Proposal that focused on transitioning the SIP guests into permanent housing as quickly as possible (San Francisco Department of Homelessness and Supportive Housing, 2021).

During the COVID-19 epidemic, the CDC mandated its homeless service providers to adopt the Whole Community approach in their interim guidance (FEMA,2021a). Homeless service providers of Project Roomkey exemplified this philosophical approach in determining the community's needs, capabilities, and resources during the COVID-19 emergency by collaborating with the local government, a non-profit organization, and health experts.

LITERATURE REVIEW

Homeless Population during COVID-19 Pandemic

According to Baggett et al. (2010), homeless adults have high unmet healthcare needs due to food insufficiency, unemployment, and poor healthcare access. Thus, a homeless and aging person could require more help from the government's social, health, and economic agencies. Likewise, it is reasonable to expect that people experiencing homelessness are at a higher risk of becoming severely ill from COVID-19, which was confirmed by the CDC, due to unusual outdoor settings, especially those sleeping outside and in places not meant for habitation, unsheltered individuals increased the risks of transmitting and spreading the virus (CDC, 2021a).

The homeless also suffered from a lack of access to local services, such as healthcare, food, sanitation, and hygiene facilities, and were unable to social distance among their cohorts. Apart from the aging homeless population, gender and race were also critical components that needed to be considered. According to Golembiewski (2019), most homeless populations were dominated by men and Black or African American cohorts. In the 2017 US Census count, Black or African Americans in the United States were only 13.4% of the entire US population. However, 40% of the homeless were Black or African American (Golembiewski, 2019).

Masson et al. (2020) studied homeless individuals in San Francisco related to the Hepatitis C virus (HCV). Their research showed that the main barriers impeding HCV testing and treatment for the homeless population involved three factors: individual, system, and social levels. These factors varied from limited knowledge about the virus, mistrust of healthcare providers, limited advocacy about HCV by shelter staff, and the stigma of homelessness. Participants' medical issues, such as substance abuse and psychiatric and chronic medical conditions, were included as individual factors. According to the authors, these factors are the

significant barriers that affected the decision of the participants to engage in HCV prevention and treatment.

Ly et al. (2021) conducted a study that described vaccine-preventable diseases among people experiencing homelessness. The result showed that the best approach to inoculating the homeless population against communicable diseases is to perform it in homeless shelters or healthcare settings rather than implementing preventive measures. Delivering services to this high-risk population has been a challenge. The outbreak of a virus such as COVID-19 was highly likely to occur in this type of community, which could affect the ability to lower the incidence and control the virus (Maxmen, 2020).

Baggett et al. (2020) studied 147 participants in homeless shelters in Boston to determine how prevalent the spread of SARS-CoV-2 was in this type of population. The research found that the majority of the participants who tested positive for the virus showed no symptoms at the time of the diagnosis, which suggested that testing these individuals in homeless shelters did not accurately capture the extent of the transmission of the disease. The type of congregate setting that created rapid transmission of COVID-19 was apparent due to the hygienic challenges of the homeless shelters (Baggett et al.,2020). The CDC claimed that a non-congregate shelter is the safest sheltering option during infectious and communicable disease outbreaks (CDC,2020). This type of housing method ensured that social distancing was implemented to prevent the spread of the virus (CDSS, 2020a).

In April 2020, Samuels et al. (2020) studied 300 homeless individuals across five congregate shelters in Rhode Island. The study found that residents in congregate shelters increased the chance of getting infected due to a lack of social distancing capacity and limited

space. The authors concluded that universal testing, social distancing in congregate shelters, and increased non-congregate housing must be accessible to slow down the virus transmission.

Levitt et al. (2012) used 52 chronically homeless and 46 long-term shelter stayers to study the impact of the transition of homeless tenants on supportive housing programs. The research indicated that the two groups did not significantly differ in terms of their tenant lease compliance. The authors concluded that the homeless population could acquire a supportive housing program, although adjustment and some added services may be needed.

The Housing First Approach

In 2016, the California legislature passed Senate Bill 1380, requiring all housing programs to adopt the Housing First model. This evidence-based policy prioritized clients' housing needs before other social services, such as medical, employment, and other issues. The legislation defined Housing First as a "model that uses housing as a tool, rather than a reward, for recovery and centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested voluntarily, and that does not make housing contingent on participation in services" (SB 1380, Section 2 Chapter 6.5, (d)1). Affordable housing programs that generally used this approach were Supportive Housing and Rapid Re-housing.

Stefancic, et al. (2003) experimented with two housing approaches for housing chronically homeless individuals with psychiatric disabilities. The authors studied 225 participants using the Housing First program, which provided immediate housing without requiring psychiatric treatment. The Continuum of Care program, which made treatment a prerequisite for housing, was used as a control group. The results showed that the Housing First model reduced hospitalization costs and increased participants' housing stability. The findings

demonstrated that offering Housing First without other prerequisites opened an opportunity for clients to focus on program entry and engagement. Support services would eventually be needed once participants' housing was stabilized.

Montgomery et al. (2013) studied two groups of homeless veterans admitted to the H-Veterans Affairs Supportive Housing (HUD-VASH) program using two housing approaches. The traditional approach focused on requiring clients to be "housing ready," such as maintaining sobriety and participating in treatment. The housing approach followed the "alternate to linear residential treatment" where no client's health or mental health conditions were prioritized to receive housing (Montgomery et al., 2013, n.p.) The study found that the Housing First model helped homeless veterans acquire permanent supportive housing and generally improved their housing outcomes through a higher retention rate and an eventual elimination of homelessness among the veterans.

Housing Intervention

In the United States, the government spends billions of dollars annually providing homeless assistance. According to the Legislative Analysts' Office, in the 2021-2022 budget, United States allotted almost \$10 billion to provide housing programs to 15 states (LOA, 2021). The Annual Home Assessment Report (AHAR) in 2018 covered three project types: emergency shelter (ES), transitional housing (TH), and permanent supportive housing (PSH). However, starting the same year, AHAR adopted the Longitudinal Systems Analysis (LSA) approach, expanding from three project types to five categories: ES, safe haven (SH), TH, rapid re-housing (RRH), and PSH (AHAR.2018). According to Locke, et al. (2007), the most advantageous homeless housing intervention, especially for chronically homeless individuals, was transitional

housing, permanent housing, and safe haven, which could either be transitional or permanent housing.

The Family Options Study conducted by HUD (2015) studied the impact of four intervention programs: community-based rapid re-housing, permanent housing subsidy, project-based transitional housing, and usual care. After comparing the four housing programs' effects on homeless families, the study found that the families assigned to the permanent housing subsidy did better than the other three housing options.

Rodriguez and Eidelman conducted another similar study (2017) focused on three housing interventions in Georgia: rapid re-housing (RRH), transitional housing (TH), and emergency shelter (ES). The research found that the probability of homeless people returning to shelters within two years of leaving housing interventions was not dependent on whether individuals were gradually housed or rapidly placed (Rodriguez & Eidelman, 2017). A study conducted by Brown, et al. (2017) evaluating the federal Homelessness Prevention and Rapid-Re-housing Program (HPRP) showed that participants in these programs have a high number of placements into permanent housing. The study found that veterans and individuals who have received services from rapid rehousing programs and had no changes in income had a greater risk of returning to homelessness.

Other housing interventions were emerging in the United States that aimed to alleviate homelessness in the nation, and one of these was the development of "tiny homes." One study was conducted to test the efficacy of this type of housing. The Jackson, et al. (2020) case study of "The Dwellings" found that one of the major deterrents in achieving success with "tiny home" types of housing intervention (apart from funding constraints) was the existence of NIMBYism (Not in My Backyard-ism), meaning that community acceptance was very low.

Barriers Among Homeless Population

Aside from housing issues, one of the most apparent barriers among the homeless population was the prevalence of having a disability, such as mental and physical challenges, alcohol and substance abuse, and human relationship trauma. The study conducted by Nishio et al. (2017) reported that the majority of homeless people believed that economic difficulty and failed human relationships were two of the most important factors that cause them homelessness, which was exacerbated if they have a mental illness or cognitive problems. Furthermore, the same study revealed that mentally ill individuals had caused concerns and difficulties when transitioning into permanent or stable housing.

Nishio et al. (2017) also encouraged organizations to provide services such as job training and treatment once a homeless individual secured stable housing. For individuals who suffered from mental illness, a meta-analysis conducted by Coldwell and Bender (2007) suggested that an assertive community treatment approach was an effective way of treating a homeless person with severe mental problems. "Assertive community treatment is distinguished from traditional approaches by the following features: a multidisciplinary team, low client/staff caseloads that enable more intensive contact, community-based services that are directly provided rather than brokered to other organizations, and 24-hour coverage by the treatment team" (Coldwell & Bender, 2007, n.p).

Conditions in homeless shelters also played a role in unhoused individuals' overall well-being. A study called *Assessing the relationship between the perceived shelter environment and mental health among homeless caregivers* by Beharie, Lennon, and McKay (2015) highlighted the importance of understanding the impact of an environment on someone's mental health. The

authors presented the idea of early intervention and support in any form to aid people who are experiencing mental challenges, especially those living in shelters.

Collaboration Between Public and Private Agencies

The implementation of the Project Roomkey Initiatives was a product of a partnership between government agencies. In order for the local agencies to operate, the program needed state-level support from CDSS in partnership and collaboration with agencies like the California Department of General Services (DGS), the California Office of Emergency Services (Cal OES), and the California Department of Business, Consumer Services, and Housing.

Collaboration between government entities has precedent in the United States, especially during a national disaster, whether human-made or natural calamities. During major disasters, like Hurricane Katrina, Super Storm Sandy, and the Deepwater Horizon Oil Spill, a partnership among different entities proved effective (Sobelson et al., 2015). Although most of the collaborations were between government-to-government units, the Joint Center for Housing Studies at Harvard University (2019) recommended that commitment between public and private sectors was also equally imperative, as recognized by Presidential Policy Directive-8's Whole Community approach.

The partnership between public and private entities was important in every human service, but several studies proved that this partnership became notable in the public health sector. The World Health Organization (WHO) called private sector engagement in contributing to international health policy development important (WHO, 2018). In Reich's (2002) book *Public-Private for Public Health*, he mentioned that public and private partnership was a long practice in the public health sector. Trends like academic institutions partnering with private agencies to develop therapies, or international pharmaceutical companies developing drugs and

vaccines for the public, were long evident. According to Reich (2002), the traditional public health approach tackled several issues, such as limited financial resources, national boundary concerns, as well as access to new technology. A study by Widdus (2017) discussed the potential of combining the skills and resources of public and private entities. The author added that the collaboration between these two organizations could bring improvement to the deprived populations, especially in achieving health services and strengthening coordination in developing pharmaceutical products for the public.

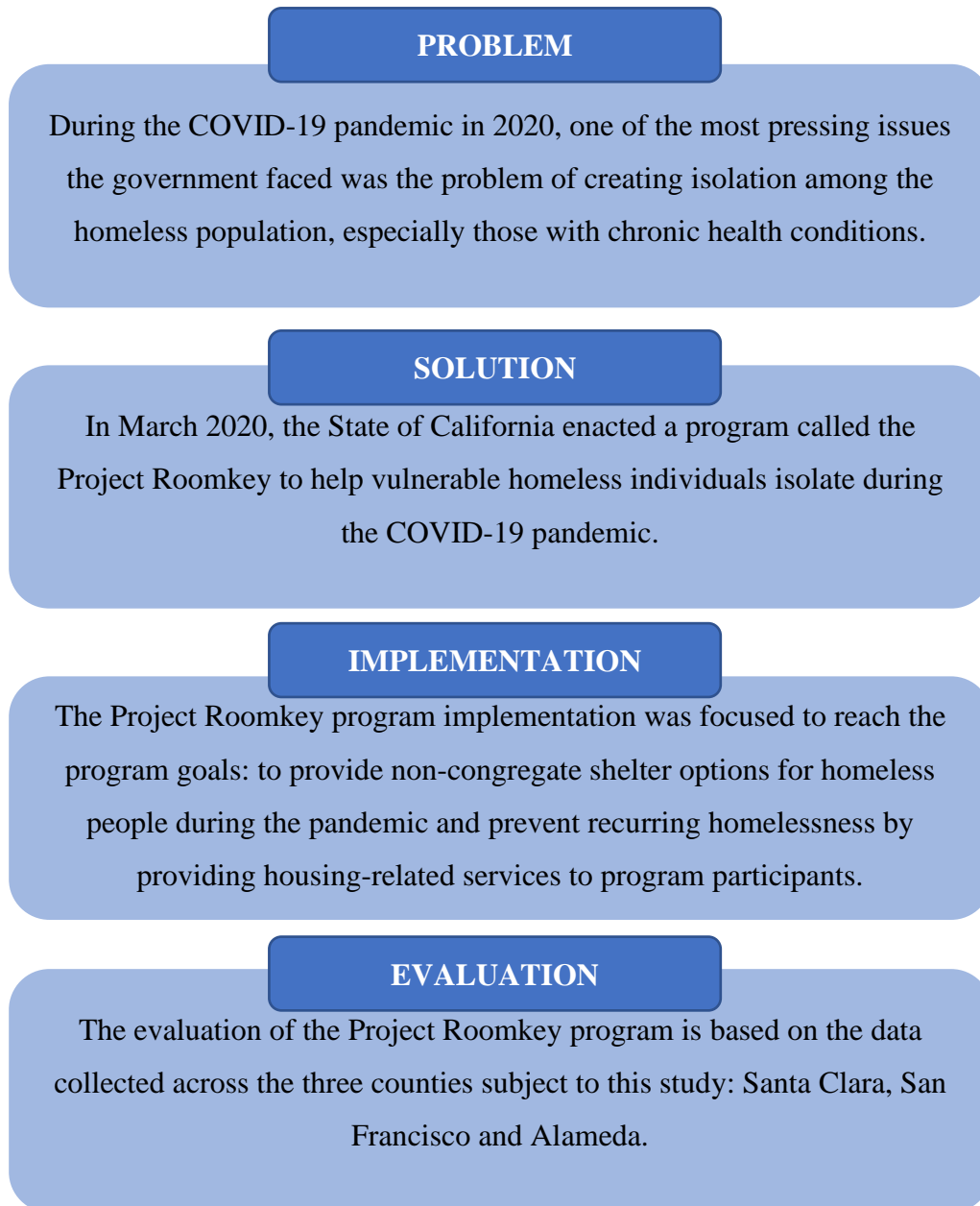
METHODOLOGY

This research used the Program Analysis Logic Model in evaluating the Project Roomkey. The study analyzed the homelessness issues in the three largest San Francisco Bay Area counties: Santa Clara, San Francisco and Alameda. The Project Roomkey was launched with the goals of providing non-congregate shelter options for people experiencing homelessness, protecting human life, and minimizing strain on the healthcare system's capacity. The program also assisted participants in transitioning into permanent, safe, and stable housing.

The Background and Literature Review sections discussed the problem of homelessness and how government intervened to address the issue of isolation during the COVID-19 pandemic. The solution to the problem was the formation of the Project Roomkey program. Information and data presented in the Findings section describe the implementation, while the program's evaluation is shown in the Analysis section of the study.

All the identified data used to measure the success of this program was obtained from the three counties' official websites, public documents, and communication with government staff overseeing the program in each county. The activities involved in this study did not include human subjects; therefore, it was excluded from review by the Institutional Review Board (IRB).

Figure 1: Program Analysis Logic Model



FINDINGS

This study was focused on the implementation of Project Roomkey in three of the biggest counties in the San Francisco Bay Area. The findings that are provided in this section were subject to the following variations in terms of each county's individual data presentation. In providing their data for public access, every county had a different approach. For instance, Alameda County had two parallel programs under Project Roomkey: Operation Comfort and the Safer Ground. Since the Operation Comfort site was formed for the model of the I/Q site, the information for this site was unavailable for public access. Thus, this study involving Alameda County was solely focused on its Safer Ground program.

In Santa Clara County, the information provided to the author of this research varied in categorizing the study's objects. As shown below, Santa Clara County's total number of exits was determined in households, while the other categories, such as demographics, were presented as an individual. In San Francisco County, the presentation of Exit Destinations was further broken down into detailed categories. Information and data for Alameda County were derived from a report conducted by Cody Zeger in May 2021 for the Alameda County Office of Homeless Care and Coordination.

Population

Table 3: 2020 Population (Santa Clara, San Francisco, Alameda Counties)

County	2020 POPULATION	Total Homeless Population	Homeless (Unsheltered)
Santa Clara	1,936,259	9,706	7,922
San Francisco	873,965	8,035	5,180
Alameda	1,682,353	8,022	6,312

Source: United States Census Bureau, n.d.

Based on the 2020 Census Report (see Table 3), the total population of the three major Bay Area Counties was 3,618,612. Santa Clara County was the most populated county among these three counties, with almost 2 million people. Alameda County came second with approximately 1.6 million, and San Francisco County had fewer than a million people. In terms of the homeless population, Santa Clara County also held the most unhoused individuals among the three counties mentioned, with 9,706 people, wherein almost 8,000 of them were unsheltered. Both San Francisco and Alameda Counties shared almost the same number of homeless residents, approximately 8,000 people, but San Francisco had a thousand fewer unsheltered individuals, with only 5,180, compared to Alameda County, with 6,312. In the 2019 Annual Assessment Homelessness Report, the U.S. Department of Housing and Urban Development defined Unsheltered Homelessness as people who live and spend a night in unusual places not meant for habitation, such as streets, parks, and vehicles.

Table 4: Total Number of COVID-19 Cases and Deaths per County

County	Total Number of COVID-19 Cases	Total Number of COVID-19 Deaths	Total COVID-19 Cases by Homelessness	Total COVID-19 Deaths by Homelessness
SANTA CLARA	307,996	2,201	333	n/a
SAN FRANCISCO	122,918	839	1,878	11
ALAMEDA	256,212	1,814	929	<10

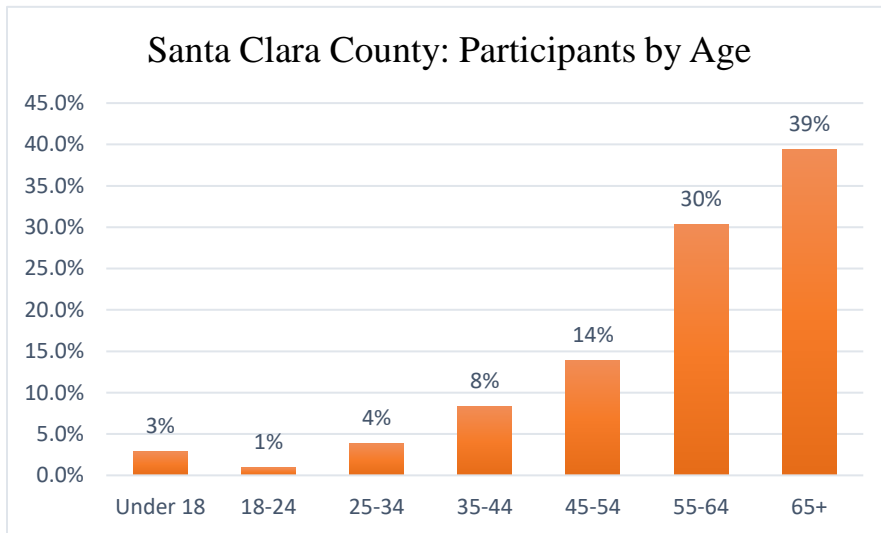
Source: Santa Clara County, n.d.
City and County of San Francisco.n.d.
Alameda County, n.d.

As shown in Table 4, COVID-19 deaths among unhoused individuals comprised less than 0.1 % of each county's total number of deaths. However, data from Santa Clara County regarding its COVID-19 deaths among its homeless population were currently unavailable for public view. Similarly, in terms of COVID-19 cases, the total number of COVID-19 cases among homeless

individuals was less than 0.01% of the total number of cases in each county. Although Santa Clara County had the highest number of cases in its county, it had the lowest number of cases in its unhoused population. In comparison, San Francisco and Alameda County had 1,878 and 929 cases, respectively.

Percent of Program Participants by Demographics

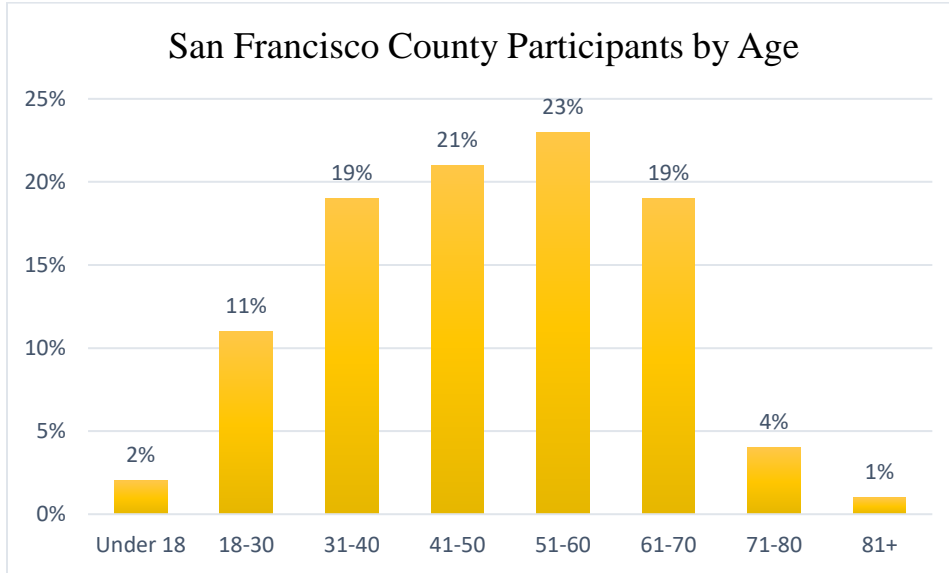
Figure 2: Percent of Participants by Age (Santa Clara County)



Source: H. Cao, personal communication, February 16, 2022.

Figure 2 is a breakdown of the age groups of Santa Clara County Project Roomkey program participants. The data showed that 39% of program participants were 65 years old and over, while 30% were between ages 55 to 64 years old, followed by 45-54 years old with 14% of the total program participants. Other participants, ages 44 years old and below, comprised less than 20% of the total number of program participants. The data from Santa Clara County reflected its program age requirement of 65 years old and over, since almost 40% of their clients were from this age group. It was also important to note that 3% of Santa Clara County’s participants were minors. Although a small percentage, this shows that the county provides housing to household clients with minor individuals.

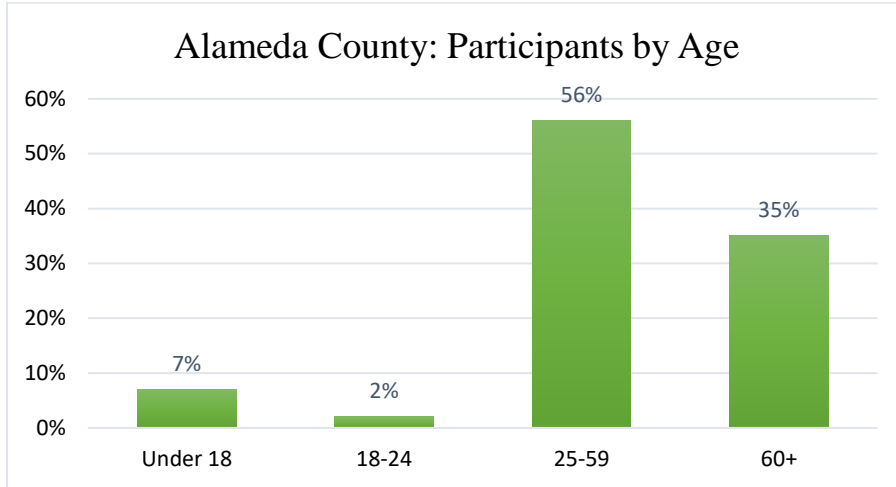
Figure 3: Percent of Participants by Age (San Francisco County)



Source: City and County of San Francisco, n.d.

As shown in Figure 3 above, San Francisco County was more detailed than Alameda and Santa Clara County. Most of San Francisco’s COVID-19 Alternative Shelter Program participants were aged 51-60 years old with 23%. Accumulatively, 24% of the total number of participants were made of the age group 61years old and above. At the same time, ages 41-50 years old and 31-40 years old were not far off with 21% and 19%, respectively. Participants who were under 18 years of age comprised only 2% of the total number of participants. As shown in Figure 3 above, participants were highly distributed in the middle of the graph, which suggested that more than half of the county’s participants were between 18 years old to 60 years old.

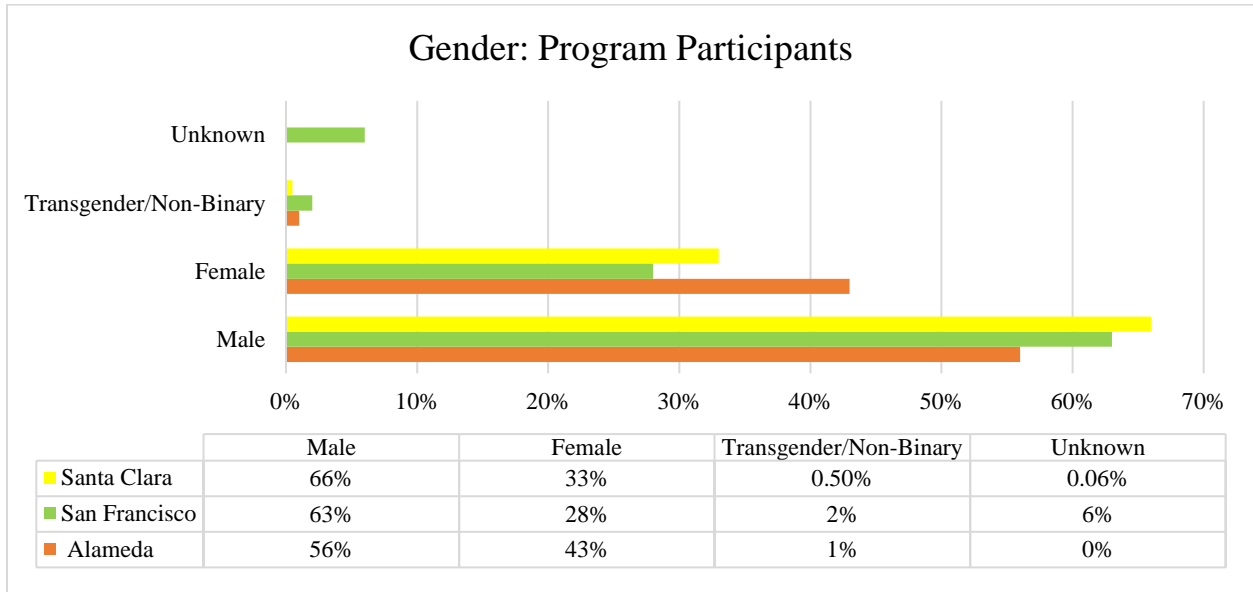
Figure 4: Percent of Participants by Age (Alameda County)



Source: Alameda County, n.d.

As mentioned in the previous section, this study will not cover Operation Comfort due to the lack of information available. Therefore, Safer Ground was the focus of this entire study when data pertained to Alameda County. As shown in Figure 4, 56% of the total number of participants were ages 25-59, while 60 years old and above made up 35% of the program participants. The lowest percentage of the Alameda County participants were aged 18-24, and participants under 18 years old comprised 7% of the program. The presentation of the data above is unusual compared to the other two counties due to the fact that the age ranges the county listed were vast, which made it hard to determine whether a particular age group was more than the other. It was not surprising that the program was made of more than a quarter of the total participants who were 60 years old and more since one of the requirements of the Project Roomkey in Alameda County was to be at least 65 years old.

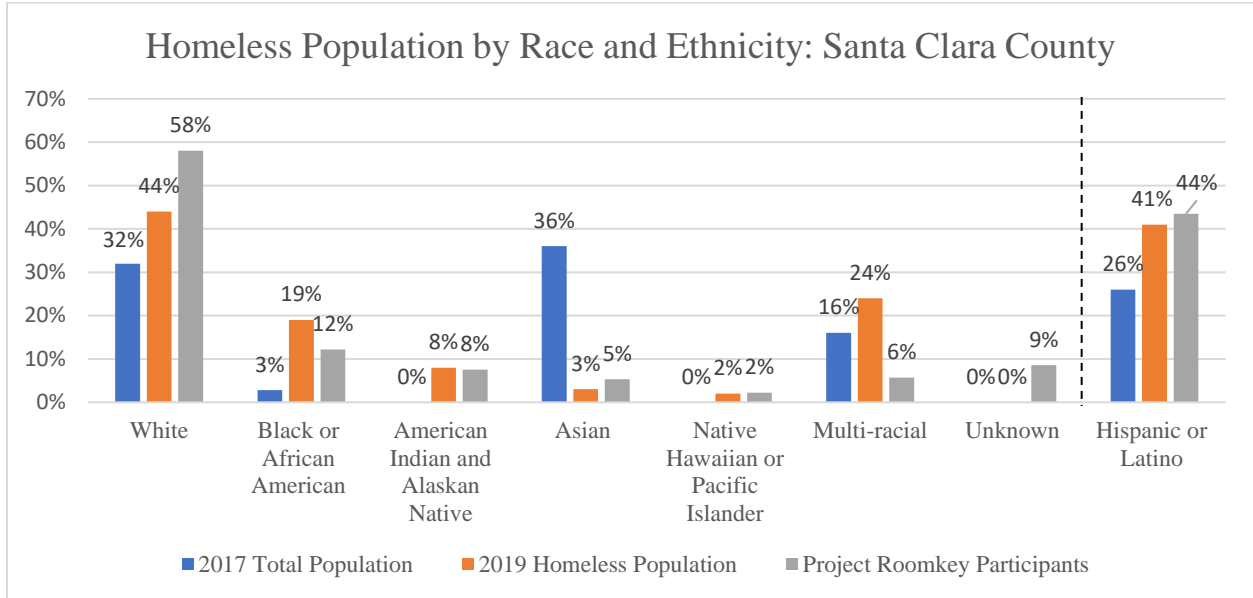
Figure 5: Gender (Santa Clara County, San Francisco Count, and Alameda County)



Source: Santa Clara County, n.d; City and County of San Francisco, n.d, Zeger, 2021

As shown in Figure 5 above, the Project Roomkey participants in all three counties - Alameda, Santa Clara, and San Francisco - had the same findings in terms of the gender of their program participants. More than 60% of the participants in Santa Clara and San Francisco counties were composed of male clients, while Alameda County had 56% Male clients in its Project Roomkey program. Alameda County served the most female clients among the three counties with 43%, followed by Santa Clara County with 33% and San Francisco with 28% female clients. Participants identifying as transgender and/or Non-Binary were relatively low compared to their male and female counterparts. San Francisco held the most number of transgender/non-binary clients with 2%, while the remaining 6% of its participants' gender were unknown or declined to disclose their gender. Both Santa Clara and the Alameda counties had 1 to less than 1% of transgender and non-binary, while less than 1% decided not to disclose their gender.

Figure 6: Percent of Program Participants by Race/Ethnicity (Santa Clara County)

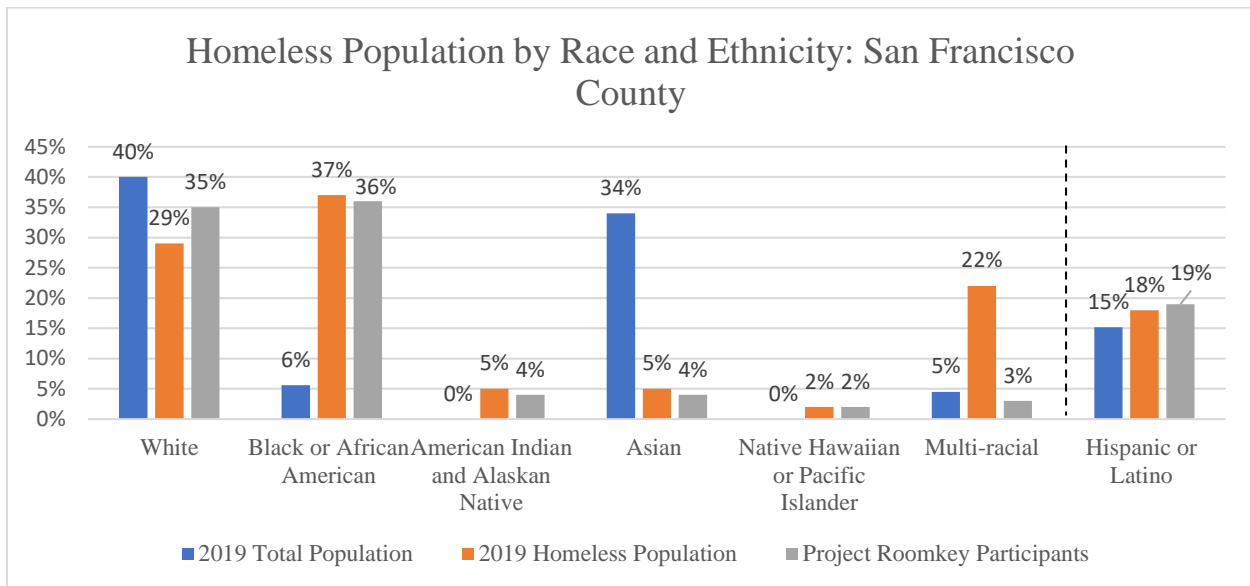


Sources: H. Cao, personal communication, February 16, 2022; Applied Survey Research, Santa Clara County Homeless Census and Survey Comprehensive Report, 2019; DataUSA, Santa Clara County, 2021.

As shown in Figure 6, Santa County’s population in 2017 was 26% Hispanic/Latino. However, 41% of the homeless population self-identified as Hispanic or Latino, while 44% of the Project Roomkey participants self-identified as Hispanic/Latino, an overrepresentation in both categories. Figure 6 also showed that the county’s population in 2017 was 32% white while the homeless population was 44% white and the Project Roomkey population was 58% white, also an overrepresentation. American Indian/Alaskan Native community was less than 1% of the local population, but represented 8% of all homeless people, and were 8% of the Project Roomkey participants. Native Hawaiian or Pacific Islander population was less than 1% of the general population, but represented 2% of all homeless people, and 2% of Project Roomkey participants. Multi-racial represented 16% of the county’s population, 24% of the homeless population, but only 6% of Project Roomkey participants.

One notable disparity was in the African American or Black population, which is 3% of the county’s population, but notably overrepresented as both 16% of the homeless population and 12% of the Project Roomkey participants. Another notable disparity was in the Asian population, which is 36% of the county’s population, but significantly underrepresented, with only 3% of the homeless and 5% of the Project Roomkey participants.

Figure 7: Percent of Program Participants by Race/Ethnicity (San Francisco County)

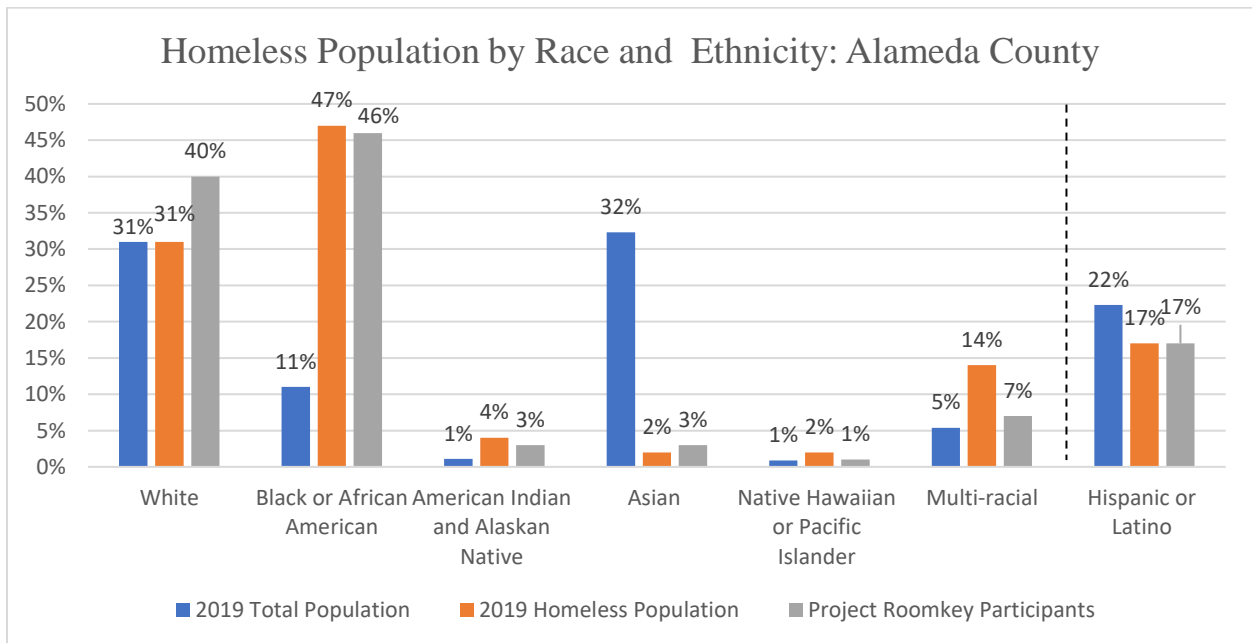


Sources: City and County of San Francisco, n.d. Applied Survey Research, San Francisco Homeless Count & Survey Comprehensive Report, 2019; Data USA, San Francisco, 2021.

As shown in Figure 7, San Francisco’s population in 2017 was 15% Hispanic/Latino, while 18% of the homeless population self-identified as Hispanic or Latino, and 19% of the Project Roomkey participants self-identified as Hispanic/Latino. Figure 7 also shows that the county’s population in 2017 was 40% white, the homeless population was 29% white, and the Project Roomkey program participants were 35% White. At the same time, American Indian/Alaskan Native community was less than 1% of the local population, but represented 5% of all homeless people, and were 4% of the Project Roomkey participants. Native Hawaiian or Pacific Islander population was less than 1% of the general population, but represented 2% of all

homeless people, and 2% of Project Roomkey participants. On the other hand, Multi-racial represented 5% of the county’s population, 22% of the homeless population, but only 3% of Project Roomkey participants. One notable disparity was in the African American or Black population, which is 6% of the county’s population, but notably over represented as both 37% of the homeless population and 36% of the Project Roomkey participants. The overrepresentation is probably driven by socio-economic factors in the Black community, with 22% below the poverty line (City and County of San Francisco, 2022). Another notable disparity was in the Asian population, which is 34% of the county’s population, but significantly underrepresented, with only 5% of the homeless and 4% of the Project Roomkey participants. This underrepresentation is likely driven by social norms within the Asian community.

Figure 8: Percent of Program Participants by Race/Ethnicity (Alameda County)



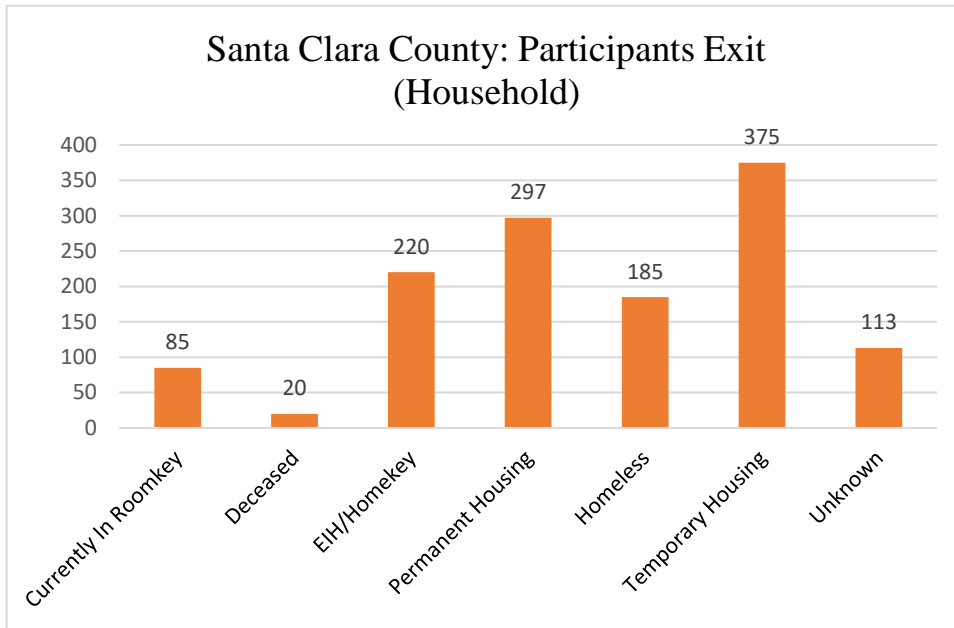
Sources: “Evaluating Project Roomkey in the Alameda County” Cody Zeger, May 2021 Oakland-Berkeley-Alameda County Continuum of Care Centering Racial Equity in Homeless System Design, 2021, DataUSA: Alameda County, 2021.

As shown in Figure 8, Alameda County's population in 2017 was 22% Hispanic/Latino. Only 17% of the homeless population self-identified as Hispanic or Latino, and 17% of the Project Roomkey participants self-identified as Hispanic/Latino. Figure 8 also showed that the county's population in 2017 was 31% white, the homeless population was 31% white, and the Project Roomkey program participants were 40% White. At the same time, American Indian/ Alaskan Native community was 1% of the local population, but represented 4% of all homeless people, and were 3% of the Project Roomkey participants. Native Hawaiian or Pacific Islander population was less than 1% of the general population, but represented 2% of all homeless people, and 1% of Project Roomkey participants. Multi-racial represented 5% of the county's population, 14% of the homeless population, but only 7% of Project Roomkey participants. One notable disparity was in the African American or Black population, which is 11% of the county's population, but notably over represented as both 47% of the homeless population and 46% of the Project Roomkey participants. Another notable disparity was in the Asian population, which is 32% of the county's population, but significantly underrepresented, with only 2% of the homeless and 3% of the Project Roomkey participants.

Project Roomkey Exit

This category varied by how the county broke down their program participants' exit destination. Although each county had different preferences for how they wanted the data to be laid out, this information must ultimately show whether their clients headed to housing, came back to the street, died, or their status after exiting the program was unknown.

Figure 9: Total Number of Exits (Santa Clara County)

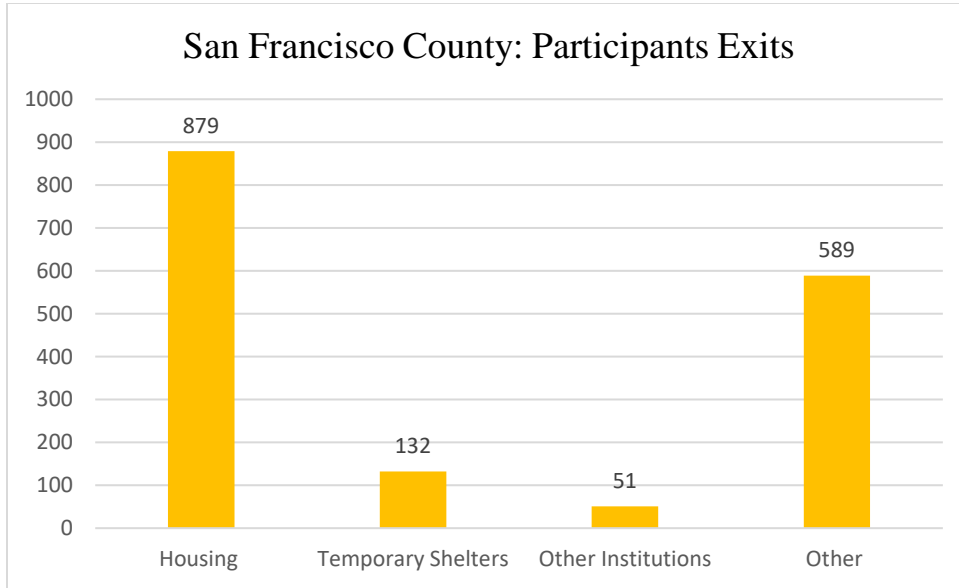


Source: (H. Cao, personal communication, February 16, 2022)

As shown in Figure 9 above, the Santa Clara County Project Roomkey participant exits have seven categories: Currently in Roomkey, Deceased, EI/ Homekey, Permanent Housing, Homeless, Temporary Housing (also known as Transitional Housing), and Unknown. It is important to note that instead of counting individuals, the data provided by the county in this category was by the household. The County of Santa Clara disclosed that 113 households, or approximately 9% of programs participants' exits, were unknown, and 20 participants died during their stay in the program. The total number of exits was 1,295 households, and among the seven program exit types, it appeared that 297 households, or approximately 23%, headed to permanent housing, and 375 households, or 29%, went to temporary housing. Santa Clara County also noted that 220 of its program participants, or 17% of the total households, were able to secure a place in Emergency Interim Housing or the county's Homekey Program. At the time of the release of this report in March 2022, 85 households were still in the Santa Clara County

Project Roomkey Program. Unfortunately, 185 of the total program participants were categorized as homeless upon exit. This category was considered homeless because they did not fall into any of the other categories or would be going to places not meant for habitation, such as streets, vehicles, or tents.

Figure 10: Total Number of Exits (San Francisco County)



Source: City and County of San Francisco, n.d.

San Francisco County showed two types of groups who participated in the Shelter in Place Program: Guests Eligible for SIP Housing Process and Other SIP Hotel Guests. The Other SIP Hotel Guests were the ones who left the program before the City/County offered assistance in housing their program participants in November 2020. Those individuals who were not eligible for the housing process and were still in the hotels were provided Problem Solving services and were guaranteed a shelter bed placement. As shown in Figure 10 above, there were four exit destinations in San Francisco County for those who were eligible for the SIP Housing process: Housing, Temporary Shelters, Other Institution, and Other. These four exits were

further broken down to more destinations. Tables 5 through 8 below show more specific Housing exits for participants.

Table 5: Housing (Program Participants Exit)

Housing	Count
Permanent Housing	689
Permanent Housing: Flexible Housing Subsidy	77
Rapid Rehousing	83
Reunited with Friends or Family	30

Source: City and County of San Francisco, n.d.

Table 6: Temporary Shelter (Program Participants Exit)

Temporary Shelter	Count
Shelter (including Navigation Center)	93
Transitional Housing	24
Other Temporary Living Situation	15

Source: City and County of San Francisco, n.d.

Table 7: Other Institutions (Program Participants Exit)

Other Institution	Count
Hospital/Other residential non-psychiatric medical facility	20
Jail, prison, or juvenile detention facility	9
Long-term care facility/nursing home	11
Halfway house with no homeless criteria	5
Substance abuse treatment facility/detox center	6

Source: City and County of San Francisco, n.d.

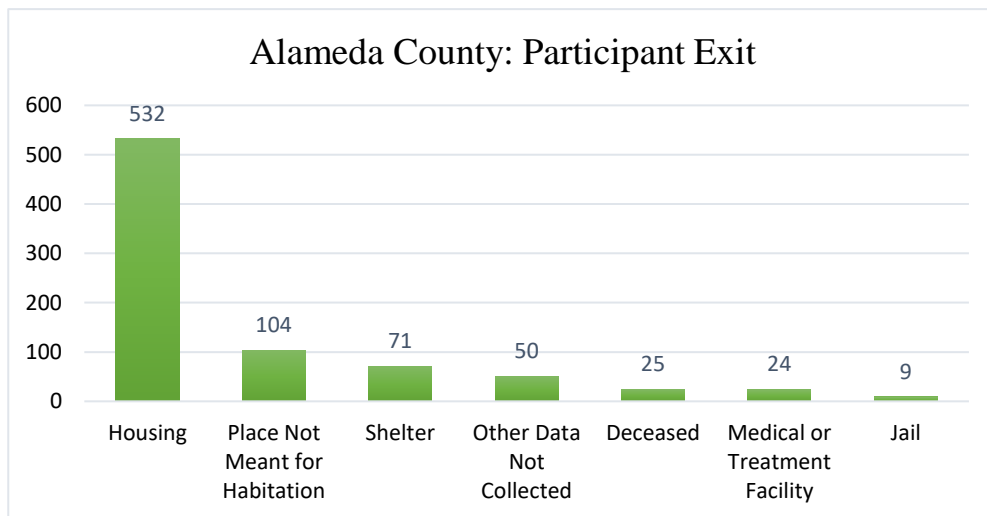
Table 8: Other (Program Participants Exit)

Other	Count
Exit by Client Choice or Bed Abandonment	290
Safety Discharge Due to Behavior	84
Deceased	82
Offered Shelter/Destination Unknown	133

Source: City and County of San Francisco, n.d.

According to San Francisco County, as reported above, 879 participants, or 53.2%, went to Housing. Of this, 689 went to Permanent Housing, 77 to Permanent Housing with Flexible Housing Subsidy, 83 to Rapid Rehousing, and 30 were reunited with friends and family of the 132 participants, or 8% of program participants, who exited the Temporary Shelters (Table 6), 93 went to navigation centers, 24 to transitional housing, and 15 program participants headed to other temporary living situations. The Other Institutions (Table 7) category that San Francisco County included in their report included 20 people who went to a hospital or other residential non-psychiatric medical facility, another 20 went to jails/prison or juvenile detentions, 11 people found a place in a long-term care facility, five people exited to a residential project with no housing criteria, and six were referred to substance abuse treatment facility. The last exit category San Francisco County presented was the Other, as shown in Table 8 above. Out of 589 participants, or 36% of total program participants who exited in this group, 290 were bed abandonment, 84 were discharged due to bad behavior, 82 were reported as deceased, and the remaining 133 participants were either offered shelter options or had an unknown destination.

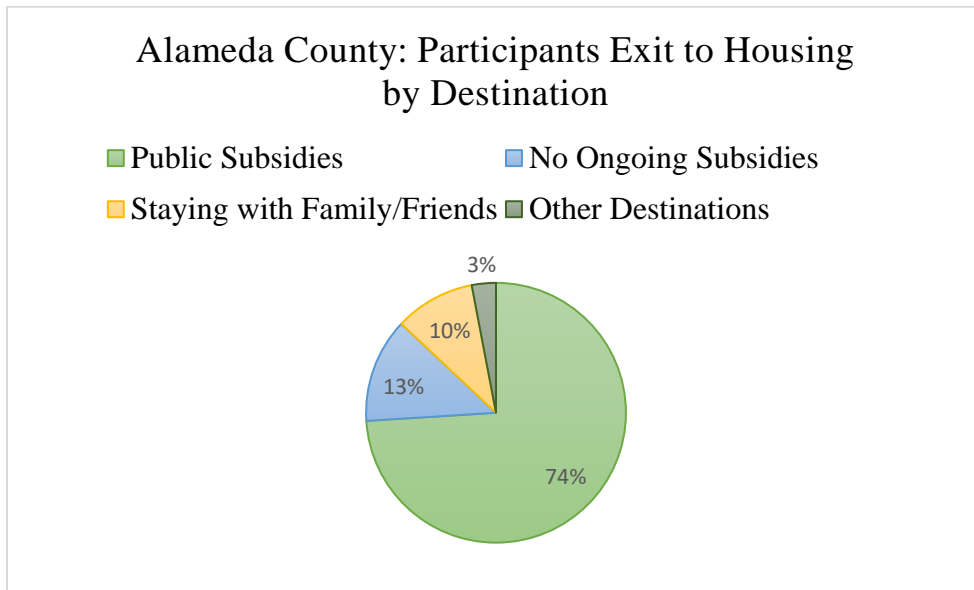
Figure 11: Total Number of Exits (Alameda County)



Source: “Evaluating Project Roomkey in the Alameda County” Cody Zeger, May 2021

As presented in Figure 11 above, the Alameda County Project Roomkey exits included Housing, Place Not Meant for Habitation, Shelter, Medical or Treatment Facility, and Jail. During their stay in the program, 25 participants were recorded as deceased, while the rest of the participants exits were not collected due to other factors such as participants abandoned the hotel/motel, or failed to report to the program providers exits plans. With the total number of 815 participants who exited the program, 532 – or roughly 65% of the total number of people who exited – were headed to housing. There were 104 program participants who exited to places not meant for habitation, such as vehicles, streets, and tents (HUD, 2019). Upon exiting the program, 71 participants went to a shelter, 24 to medical or treatment, and nine clients to jail.

Figure 12: Percent of Program Participants Exit by Destination (Alameda County)



Source: “Evaluating Project Roomkey in the Alameda County” Cody Zeger, May 2021

Figure 12, as shown above, presented a further breakdown of the destination of the Alameda County Project Roomkey participants who transitioned to housing. Due to limited data presented

in the county's sources and unlike other counties, the county of the Alameda included staying with families and friends, no Ongoing subsidies, and other destinations to their Housing category. According to the official Alameda County Project Roomkey website, other exits to housing by destination may also include shelter, temporary housing, and medical and treatment facilities. Alameda County Project Roomkey participants who exited to housing showed that 74% qualified for public subsidies, which included some level of support from service providers (Zeger, 2021).

Other Services Provided: Case Studies

Besides providing housing problem solving to their program participants, Alameda County and Santa Clara County had offered other services beyond assisting in finding permanent and stable housing. These two counties also delivered services such as medical, behavioral, and even daily needs to their program tenants. Below are case studies from Alameda and Santa Clara counties.

In contrast, due to the unavailability of such information, a San Francisco County case study will not be included in this section.

Case Study 1: Alameda County

In May 2021, Cody Zeger of the Alameda County Office of Homeless Care and Coordination released a report called Evaluating Project Roomkey in Alameda County. The report included a number of lessons the county learned from responding to the homeless population during the COVID-19 pandemic. The author interviewed program providers, participants, and county officials regarding their experiences in the program. According to the analysis, aside from shelter options, the county also allotted a budget for other services, such as caregiving, housekeeping, transportation, and meals. Providers stated that having an available service improved their client's overall health conditions after their admission to the program. Based on the participants'

self-reported information, 65% of program participants had physical disabilities, 73% had chronic health problems, and 59% had psychiatric/emotional conditions. Providers also added that these additional resources - like transportation - allowed participants easy access to medical appointments that otherwise would not be met in a regular setting. The Project Roomkey evaluation study can be accessed at <https://homelessness.acgov.org/homelessness-assets/img/reports/Final%20PRK%20Report.pdf>.

Case Study 2: Santa Clara County

In Santa Clara County, other services for Project Roomkey were also extended to their program participants. In collaboration with other agencies, such as Valley Homeless Healthcare Program (VHHP), Gardner Health Services, City of San Jose, and other non-profit organizations, Santa Clara County was able to offer 24-hour site security, meals, transportation, health and behavioral assistance, and social services assistance to their program clients. The Santa Clara County's Isolation and Quarantine Support site also offered unique services such as grocery drop-off, laundry cleaning, and limited case management. This information is available at <https://covid19.sccgov.org/isolation-and-quarantine-support>.and <https://caph.org/2021/12/14/county-of-santa-clara-blog/>.

ANALYSIS

The main objective of this research was to analyze whether the Project Roomkey program implemented and administered by three of the largest counties in the Bay Area - Alameda, Santa Clara, and San Francisco - were able to achieve the program goals. The first goal was providing shelter to vulnerable unhoused individuals during the height of the COVID-19 pandemic, alleviating overcrowding in the counties' medical facilities and resources. The second goal was assisting Project Roomkey participants to transition to permanent and stable housing upon exiting the program to avoid homelessness recurrence. To better understand the goal achievement, this study also collected data and program outcomes, including the number of cases and deaths among program participants, and their demographics, such as gender, age, and race/ethnicity. Another critical factor that was examined was program participants' exit destinations.

The findings demonstrated that the total number of COVID-19 cases and deaths among the homeless population was extremely low, with only less than 0.01% compared to the total number of COVID-19 cases and deaths in each county. The low cases among the homeless population could be because of multiple factors and not solely due to the current program administered for unhoused individuals. One possible reason could be that infected homeless individuals were not part of the Project Roomkey program, or may not have joined any housing programs during the waves of the COVID-19 pandemic. The low number of cases among the homeless population could also be due to the efforts of local agencies, such as county homeless or housing departments, diligently doing their best to contain the virus among vulnerable unhoused people. The number of cases and deaths could also be either higher or lower due to the possibility that those homeless individuals who got infected with COVID-19 failed to report or

disclose their situation. This may be due to resisting limitations that would be placed on them by the programs, or just to avoid isolation.

It is also important to note that in some counties, like Santa Clara County, data on homeless COVID-19 cases and deaths were restricted from public viewing by the time this study was conducted. The unavailability of some of this information limited the author from drawing any conclusion pertaining to the actual number of cases and deaths among the homeless population.

Based on the total number of COVID-19 cases among the homeless, compared to the total number of program participants served and exited from the Project Roomkey, compared to the other counties, Santa Clara County was the only county with a more significant number of total program participants than its number of cases among its homeless population. Therefore, using an average of the three counties, goal 1 was not achieved. However, it is critical to note that this study was missing the other components of the program, such as the total number of individuals sheltered in trailers and Isolation and Quarantine sites.

The Findings showed that approximately 40% of program participants in Alameda County and Santa Clara County were 60 years old and above, while San Francisco County only had approximately 47% of their program participants belonging to this same age group. This indicated that ages 59 years old and below made up the remaining 53% of the program participants. Although the percentage of participants ages 60 years old above was more than half of the total participants in the county, these findings were still particularly unexpected, since one of the requirements of program entry was for clients to be at least 65 years old and/or have underlying chronic health conditions. Although FEMA released a list of groups to prioritize, local agencies and counties could accept participants at their own discretion for their program. It

was important to note that due to the difference in data presentation of the participants' ages in each county, it is hard to predict whether specific age brackets were an important factor in achieving the program goal. For instance, in the case of the Alameda County, the data indicated that 56% of the total number of their program participants were aged 25-59 years old, but the age range was too wide to draw an analysis of whether a specific age group, apart from those who were 60+ years old, contributed to the outcome goals of the Project Roomkey program.

The findings also demonstrated that, although approximately less than 40% of the program participants met the age required by the program, the majority of the participants who were below this age group might have had underlying diseases and did not have any means to isolate themselves during the pandemic. Among the three counties, the County of Santa Clara was the only one that reported that the majority of its program participants were 65 years old and above. In comparison, the counties of Alameda and San Francisco fell short. The majority of the age group in their programs was between 25-and 60 years old, despite the distinctive presentation of their data. All three counties showed similar gender data results, with more than 50% of program participants self-identifying as male.

The overall percentage of race and ethnicity in the three counties showed both similarities and variations, but no county had an ethnic majority population. White, Asian and Hispanic were about one third of each county, while the Black population was significantly smaller, under 11%. Approximately 31% of Alameda, 32% of Santa Clara, and 40% of San Francisco (35%) counties' population is White; followed by Asian, with 36% in Santa Clara, 34% in San Francisco, and 32% in Alameda County. The findings also showed that Black or African Americans were 3% of the population in Santa Clara and 6% in San Francisco Counties, while Alameda County had 11% Black or African American. In terms of ethnicity, the representation of Hispanics or Latinos

in the general population was similar in percentage across three counties where Santa Clara County had 26%, San Francisco County had 15%, and Alameda County had 22% Hispanic or Latino.

One of the most noticeable elements in race and ethnicity demographics was the disproportionate homeless population percentage of Black/ African Americans. Alameda County had the highest percentage of homeless individuals among the three counties, with 47% Black, despite only making up 11% of the entire county population. Similarly, San Francisco also over-represented Black or African Americans in the homeless population, with 37% compared to only 6% of the general population. Although Santa Clara County had a smaller percentage of Black population than the other two counties, Black or African Americans were still over-represented, with 19% of the homeless compared to only 3% of the population. In contrast, Asian was under-represented in the homeless population, with 2% in Alameda, 5% in San Francisco, and 3% in Santa Clara County. This disparity in percentage was a significant difference compared to more than 30% Asian in the general population in each of the three counties.

The data showed that most of Alameda County and San Francisco County's participants in the Project Roomkey program were Black or African American. In contrast, most of the Santa Clara County program participants were White. The obvious disparity was apparent due to the over-representation of Black or African Americans that participated in the program, more than triple the percentage of their race in the general and homeless population. Regarding ethnicity, in Santa Clara County, Latinos made up the highest number of participants in the program, with approximately 44%, while they were 20% in San Francisco and Alameda counties. The data on race and ethnicity of program participants demonstrated that demographic breakdown in the total

number of program participants was also far off from the overall population and homeless population, especially in Black or African Americans.

These findings proved the usual assumption that minorities are the most vulnerable during calamities, such as during the COVID-19 pandemic. Possible causes of minorities' higher participation in Project Roomkey may be limited access to healthcare, housing, education, or employment, as Baggett et al. (2010) described in related literature.

As described by each county's program process, clients or participants who wished to isolate could receive service from the Project Roomkey program. It meant that the program was not available just for the homeless population, but also to individuals who lived in a house with several people and could not isolate themselves in their current location. The program's flexibility made it difficult to predict what race and ethnicity of participants would be served. However, the findings demonstrated that most program participants in the Alameda and San Francisco counties were people of color, wherein the dominant group belonged to Black/African Americans.

In the span of two years (March 2020-March 2022), the three counties placed, served (provided services other than housing assistance), and exited their respective program participants. Among these three counties, Santa Clara County, despite having the lowest financial allocation from the state, had exited and housed 69% percent of the people they had placed or admitted. Out of the total number (in households) of participants housed under the Santa Clara County Project Roomkey, 23% headed to permanent housing, 17% went to Emergency Interim Housing (EIH) or Project Homekey, and the majority of the county participants were sheltered in temporary/transitional housing. Emergency opportunities were available for unhoused adults using three phases of service delivery – Emergency Interim

Housing, Transition Period, and Bridge Housing (HomeFirst, 2021, n.p). Based on Santa Clara County's official website, Transitional Housing caters to a subpopulation group of homeless individuals, including youth, victims of domestic abuse, people coming out of jail/prison, or people dealing with alcohol and substance abuse. Depending on the program, generally, transitional housing was only for a limited period of time. It also requires its tenants to pay a portion of the rent. Participants in both EIH and Transitional Housing had the possibility of transitioning into permanent housing, depending on their individual situations (HomeFirst, 2021, n.p).

These findings demonstrated that Santa Clara County's approach was more focused on transitioning and more on transfer into permanent housing. This process showed that the county's focus was on sustaining and healing its program participants, preparing them for more stable housing. The county promoted an approach that directly reflected its "Housing First" strategy.

Alameda County's Project Roomkey participants' exit to housing was vague because its Housing category included participants' reunification with their families and friends, which should be a separate category. Findings showed that 75% of Alameda County's participants had public subsidies, which could be highly beneficial, since some publicly funded housing programs also offered other services like health and minimal case management.

Since the exit destination in San Francisco County was detailed in terms of the specific exit categories, it was clear that more than 50% of the Project Roomkey participants went to some type of housing, including Rapid Re-housing and Family and Friend Unification. Findings also showed that 46% of participants who exited housing went to the Permanent Housing and Permanent Housing with Flexible Housing Subsidy. Aside from the Housing type of exit, participants were also transferred to Temporary Housing (8%), Other Institution (3%), and Other

(36%). Temporary Housing in San Francisco County included shelters which included Navigation Center, Transitional Housing, and Other Temporary Living Situation. Other Institutions pertained to Hospital/Other residential non-psychiatric medical facility, jail, prison, juvenile detention facility, long-term care facility/nursing home, halfway house with no homeless criteria, and substance abuse treatment facility/detox center.

The most unexpected results from San Francisco County Project Roomkey were that 36% of the total participants exited due to clients' choice or bed abandonment, and some participants chose not to seek help from the organization to transition to more stable and permanent housing eventually. Therefore, given the above results, only approximately 47% of program participants had successfully transitioned into permanent and stable housing.

The Project Roomkey participants across these three counties have different styles in presenting their data and exit destinations. However, it is essential to note that unhoused individuals who choose to abandon their program placement, or an opportunity to transition to more permanent housing, could be due to a lot of other factors. There was the possibility of an unstable situation that they were going through in terms of either/both their physical or mental health. There were also possibilities of threats among their groups, inability to live in a more structured environment, and/or fear of not being able to sustain their housing stability.

Limitations

This study had several limitations, so any interpretation of these findings must be regarded with caution. First, the data presented did not embody the complete elements associated with the Project Roomkey Program as a statewide program. Apart from creating non-congregate shelters such as hotels, motels, and trailers, the Project Roomkey as a statewide program also covered the Isolation and Quarantine sites, where clients could be homeless individuals or someone who just

got out of the hospital and was still recovering from COVID-19, or who lived in crowded conditions that prevented social distancing at home. These types of Project Roomkey sites were not able to be captured by this study due to the unavailability of the data.

The program also evolved from merely housing homeless individuals during COVID-19 to providing a housing plan for them as they exited the program. Another limitation of this study was the variation of program presentations of each county's Project Roomkey data for public access. For instance, unlike in Santa Clara and San Francisco counties, the Alameda County program participants' housing destinations were not explicitly identified.

It is also important to note that the period the data were gathered varied between counties. The Alameda County data information gathered for this study was between March 2020- and March 2021, while San Francisco and Santa Clara County were from March 2020- to March 2022. Lastly, during the time of this research, the COVID-19 cases in California had fluctuated, causing the program in each county to modify the information they posted for the public constantly.

Areas for Future Study

The Project Roomkey program can lead future researchers to explore other aspects of the program's process and how it conforms with the COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service Providers created by the CDC. This tool showed counties' consistency in following the CDC interim guidelines for homeless service providers to plan for and respond to COVID-19. Using methodology that measures counties' ability to provide supportive services covers nine categories presented in ICIP: whole community, facility operations, communications, staff considerations, facility lay-out, face covering, symptom screening, hygiene facilities and supplies, and environmental cleaning. Since Project Roomkey

was a unique program, another interesting area to explore would be conducting a qualitative study that will include interviews with site providers or operators, programs participants, and other counties that participated in the program across the entire State of California.

Conclusion

The Project Roomkey program in California was one of the first of its kind in the United States. However, the administration of the program varied from county to county, but program goals and collaboration between private and public entities were still evidently consistent. This study outcome showed that the difference in results among these three counties, particularly in terms of the demographics of the participants and their exit destinations, only proved that the program allowed a huge amount of flexibility among local agencies to address their individual local needs as a community. This proved that when creating a state-level program, it must include aspects that allow local agencies to apply their own approach to cater to the unique needs of their communities.

Like any other programs created to address a particular issue, Project Roomkey evolved and adapted to the needs of the people it served. From providing shelter to vulnerable unhoused individuals during the COVID-19 pandemic to making sure that their program participants transitioned to permanent and stable housing, it showed that program goals had developed and improved to better serve the communities.

Measuring the success of the program's first goal was determined to be difficult and can only be presented based on the findings on COVID-19 cases among the homeless population. With less than 0.01% of cases ending in death among the homeless population, the findings demonstrated that creating a unique program specifically for this type of population during a pandemic helped alleviate the burden on medical facilities. On the other hand, Project

Roomkey's second goal did not reach its objective of successfully providing at least the majority of its program participants with a transition into permanent and stable housing.

In summary, the three counties only housed an average of 45% of their total participants in permanent housing. Approximately 21% still lived in places not meant for habitation, like streets or vehicles, or identified as homeless. However, there are different lenses in evaluating the second goal, by identifying and acknowledging how the Project Roomkey program led these counties to expand and create similar housing programs to serve their homeless population. Because of the continued support and operation of Project Roomkey, a meaningful conversation is occurring about addressing homelessness in the State of California, which led to the creation of long-term programs in each county. For instance, Alameda County has created and expanded its homeless assistance through programs like Project Homekey, offering an incentive to landlords. Santa Clara County also acquired hotels to proceed with operating Project Homekey and continued with their efforts to end homelessness through their 5-year plan called 2020-25 Community Plan to End Homelessness. On the other hand, San Francisco County also continued to implement a similar approach through their Homelessness Recovery Plan, which revolved around the idea of a "response to recovery" mode, targeting to continue what the COVID-19 Alternative Shelter Program in the county started. The county's new program similarly aligned with Project Roomkey's goal of reducing the number of homeless cases in the county and recovering from the pandemic.

Lastly, apart from Housing, this research also emphasized that Project Roomkey provided services to many homeless people during the program's first two years, highlighting the partnership between different government agencies in the state, counties, and cities. It also emphasized the collaboration between internal departments within these organizations, like

housing, public health, behavioral health, social services, and law enforcement organizations committed to working together to achieve a common goal. As stated in Whole Community Approach (2011), collaboration and partnership were critical factors in delivering services to vulnerable individuals during a disaster. Coordinating with program providers and other stakeholders demonstrated a new level of community approach to achieve a common goal. This strategy was necessary to build resiliency and security, especially during difficult times.

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