

# The Regional Steering Committee on Homelessness and Housing

*for the San Francisco Bay Area*

*Since 1986, members of the RSC have identified problems that cross county borders and searched for solutions that prevent and end homelessness in all of our communities.*

*RSC members collectively participate in policy development, peer support, information sharing, training, strategizing and planning.*

Friday, April 1, 2016

10:00 am – 2:00 pm

Joseph P. Bort Metrocenter  
101 8th Street  
Oakland, CA 94607

*The Metrocenter is located across the street from the Lake Merritt BART station. If you choose to drive, you can find parking at the Oakland Museum of California. Directions to parking can be found here: <http://museumca.org/directions-parking>*

*Lunch will be provided, and we only ask for a small donation to cover our expenses.*

## AGENDA

### *Coordinated Entry: What Have We Learned? What Comes Next?*

#### **1. Lessons Learned**

*What do we know now about Coordinated Entry that we did not know three years ago?*

#### **2. Nuts and Bolts**

*How are communities who are successfully using Coordinated Entry operating their systems?*

#### **3. Impact**

*How has Coordinated Entry changed the homelessness response system? How has it impacted homelessness?*

#### **4. Barriers to Success**

*How do we overcome the continuing barriers to successful Coordinated Entry systems?*

#### **5. Issues of the Moment**

*How are other system and program changes impacting our communities and their ability to end homelessness, including formalizing governance structures and measuring performance?*

# COORDINATED ENTRY: LESSONS LEARNED, A LOOK FORWARD

## BACKGROUND: HOW WE GOT HERE

In 2012, HUD mandated that communities receiving Continuum of Care (CoC) funds institute centralized or coordinated entry systems in order to ensure that resources are easily accessible and prioritized for the most vulnerable homeless people in a community. Such systems – variously called coordinated entry or assessment systems – were not new. Some communities already had begun implementing them as ways to ensure coordination of resources, target the most vulnerable populations, and to regulate waiting lists. With the issuance of the 2012 CoC Program Interim Rule (24 CFR Part 578, referred to as “Interim Rule”), HUD made coordinated entry a requirement rather than a best practice.

The Interim Rule set out the roles, responsibilities, and requirements of the CoC program, as authorized by the McKinney Vento Homeless Assistance Act (42 U.S.C. 11371 et seq.) and its amendment by the 2009 Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). Integral to this regulatory framework is coordination, as noted in the introduction to the Interim Rule: “A Continuum of Care is designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system of housing and services to address those needs.”

Fun fact: A version of the word “coordinate” is used 65 times in the Interim Rule.

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The Interim Rule requires the CoC to establish and operate either a centralized or coordinated assessment system that:

- Covers geographic area
- Is well-advertised and easily accessed by individuals and families
- Includes a comprehensive and standardized assessment tool
- Provides an initial, comprehensive assessment
- Assesses the needs of individuals and families for housing and services
- Addresses the needs of individuals and families fleeing or attempting to flee domestic violence

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While the Interim Rule focuses on assessment or entry aspects of the system, the ultimate goal of such a system is to coordinate the community’s service providers to target the community’s most vulnerable members, identify appropriate resources, refer them to the providers who have the resources, and place them into housing.

Since 2012, more and more communities have engaged in the process of implementing these systems, and, in some cases, reconfiguring them to better fit their community needs. What have we learned from these communities and how can those lessons be used to help other communities? Through research, information sharing, and expert and community convenings, we have uncovered some core obstacles – including lack of existing infrastructure, housing resources, services, and integrated systems – that must be overcome to lay the groundwork for successful implementation. This session will outline ways communities are overcoming these obstacles to ensure that coordinated assessment systems work to help make their community response to homelessness stronger.

## GETTING STARTED: LESSONS LEARNED ON CREATING ASSESSMENT TOOLS

**For discussion:** Was (or is) your community ready to implement coordinated entry? What planning was necessary, and what obstacles have you faced and overcome?

Much of the work on coordinated entry has focused on the front end of the system, and the development and implementation of tools to enter people into the system and assess their needs. Some core lessons learned have been:

### **Assessment tools and processes may need to be refined to fit community needs**

Many communities start with a standardized, “off-the-shelf” tool for assessments, but have found that it is important to adapt the assessment process for their unique populations and needs. For example, Las Vegas may have a need to include questions about gambling in addition to substance abuse. Baltimore and many other cities have adapted their assessment tools to meet community concerns and to best serve the needs of homeless people in their region.

### **Look beyond the assessment tool to ensure the system creates the best match for resources**

A tool is not useful if it over- or under-identifies those individuals with the highest needs. For example, if too many individuals qualify for the same resource or service, the tool is not adequately identifying the most high-need individuals, and may result in a lengthy waiting period or failure to provide the appropriate level of housing or services. In areas with large numbers of high-need individuals and limited resources, tie-breaker criteria or other strategies may help to further prioritize the most vulnerable in the community.

### **Focus on community priorities to target those with highest needs**

HUD recommends that communities use the coordinated entry process to best target the most vulnerable by organizing their analysis around one or two central prioritizing principles that address community needs. Those priorities may include:

- Significant health or behavioral health challenges or functional impairments that require significant support in order to maintain permanent housing
- High utilization of crisis or emergency services to maintain basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

### **Consider phased implementation/pilot projects of coordinated entry**

HUD’s mandate is to have an inclusive coordinated entry process for all subpopulations, but CoCs may have different access points and tools for certain subpopulations, including adults without children and those with families. Some communities have found success by focusing on pilot projects targeting certain subpopulations like veterans or families. For example, Nashville, Tennessee has piloted two decentralized coordinated entry systems, one for individuals, and one for families.

Other communities have phased in entry systems based on geographic areas. Los Angeles engaged in pilot efforts with limited populations as well as map boundaries, starting with Skid Row, and then launching 14 pilot communities in seven Service Provider areas (SPAs). By implementing standardized assessments but working with existing systems, the community could use approaches tailored to geographic constraints, provider engagement and capacity. Similarly, Denver sparked regional cooperation by launching a common assessment system for six counties and a city. Large geographic areas require more intense system planning and management, with considerations about how to bring consistency while at the same time building upon existing frameworks and relying on local leadership.

The advantage of the phased implementation or pilot program approach:

- Leverage existing resources and systems
- Create working relationships across existing providers
- Identify obstacles and create strategies for success on smaller scale
- Build the framework for bringing coordinated entry to scale

**For discussion:** What has been your community's experience with identifying and using assessment tools? What has worked best? What resources are needed?

## THE NEXT PHASE: INTEGRATING THE SYSTEM

As more communities have implemented coordinated assessment systems, the limitations of such systems have become clear: A coordinated entry system can refer people to housing and service providers, but it cannot create new housing or services; it can provide information about bottlenecks and gaps in the system, but cannot move through them.

As a result, the conversation has shifted from how to assess individual needs to a larger discussion of how to assess the needs of the CoC so that the goals of coordinated assessment – providing appropriate-level services to the most vulnerable – can be met. HUD has determined that coordinated entry ensures that the people with the greatest needs are prioritized for permanent supportive housing, rapid rehousing, and other services – but once they are prioritized, those resources must be made available.

### **Use coordinated entry to assess the system, not just the individuals in it**

In order to assess what resources are necessary to house the populations prioritized by coordinate entry, the community should engage in system analysis. Communities may employ different types of gaps analysis or system mapping, but core elements include:

- Document system capacity – use Housing Inventory Counts, HMIS, and other data to determine the numbers of beds and programs available
- Use data to evaluate program outcomes – analyze where and how are people being diverted or placed into programs
- Evaluate system flow to see where the referral or placement system is stuck due to lack of resources or other obstacles

- Examine the time frame at each stage of assessment, referral, and placement – wait times can be both the cause and effect of bottlenecks
- Look at short- and long-term returns to homelessness
- Analyze future needs and demands using coordinated entry data
- **Use coordinated entry to create an integrated system**
- Just as coordination and community buy-in was necessary at the front end of the system in order to build standardized assessment tools and procedures, continued coordination is needed to ensure targeted placement and referrals.
- Build an integrated system of housing and service providers
- Consider placement committees, which bring together service providers to review assessments and placement
- Engage service providers to share housing navigation and other placement strategies and resources
- Consistently review and share data and evaluate outcomes
- **Create strategies for filling gaps**
- Share lists of resources – landlords, available housing
- Create clear referral and low-barrier policies for housing providers
- Require participation in coordinated entry as a condition of funding awards
- Coordinate with mainstream resources – mental health providers, jails, probation departments, housing providers, specialized providers for youth, veterans, or others with specific needs in the community – to expand the support and connections provided to homeless individuals
- Invest in housing resources that reflect community needs and provide data-driven solutions

Question: Has your community used coordinated entry to analyze resource needs?

**For discussion:** What system gaps has your coordinated entry system shown? How does data make the difference? What strategies have worked for closing those gaps?

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# NUTS AND BOLTS

## HOW ARE COMMUNITIES WHO ARE SUCCESSFULLY USING COORDINATED ENTRY OPERATING THEIR SYSTEMS?

### INTRODUCTION

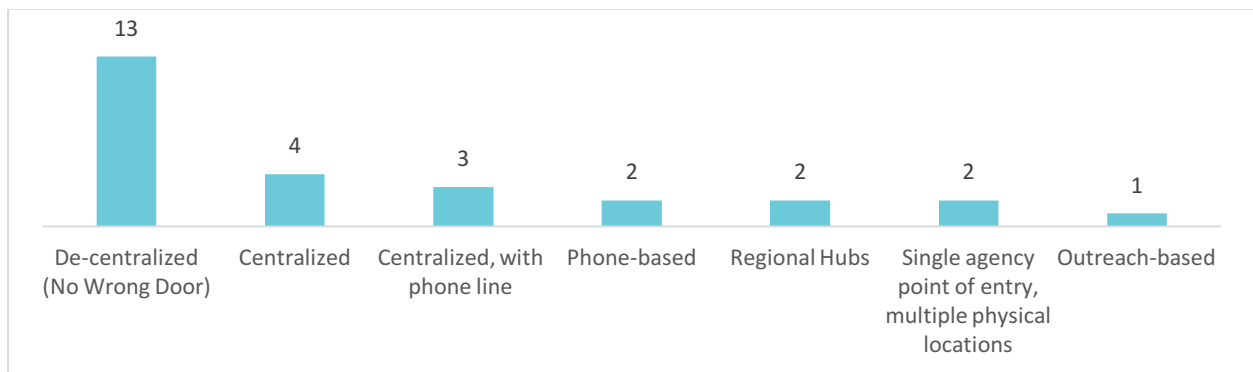
In the years since 2012, when the CoC Interim Rule was published and coordinated entry became a mandated part of a Continuum of Care, CoCs across the country have wrestled with how to make coordinated entry work in their communities. Building and launching a coordinated entry system requires communities to ask difficult questions of their service providers and about their existing resources as they shape a system that makes sense in their context: how will assessment and referral work? Do we have the housing stock to support the referrals? Who will hold, champion, and evaluate this initiative?

After the careful planning for and attention to a myriad of details, communities are starting to see the incremental successes, and in some cases, additional challenges of implementation. The following presents a scan of coordinated entry systems as they have been operationalized in 28 communities, drilling down to the details of their systems.

### COMPARING SYSTEMS

#### SYSTEM MODEL

Approximately half of communities studied utilize a decentralized/no wrong door approach. Nearly every community utilized 2-1-1 or another phone method for system entry, either as part of a larger approach or, in the case of Detroit and Milwaukee, the primary method by which consumers enter the coordinated entry system and are assessed. Additionally, more than half of communities studied (15 of 28) utilize street outreach teams as a primary mechanism for consumer engagement with and entry into the coordinated entry system.



#### In Practice: System Model and Staffing

In [Las Vegas](#), Clark County Social Service “Hub” offices and the Mobile Crisis Intervention Team (MCIT) serve as the entry points to the system. In addition to the general process for single adults, the

Department of Veterans Affairs operates an independent parallel process for eligible veterans through the VA Community Resource and Referral Center (CRRC). County staff manage the matching and referral process, maintain bed/unit availability, manage the community queue, and match and place clients.

In [Sacramento](#), homeless outreach navigators are stationed in several business districts, near hospital emergency departments, and in areas with high concentrations of people experiencing homelessness, such as meal service providers, the library, Regional Transit vehicles, and along the river. All individuals/households assessed are added to the community queue, which is managed by the CoC/HMIS lead agency.

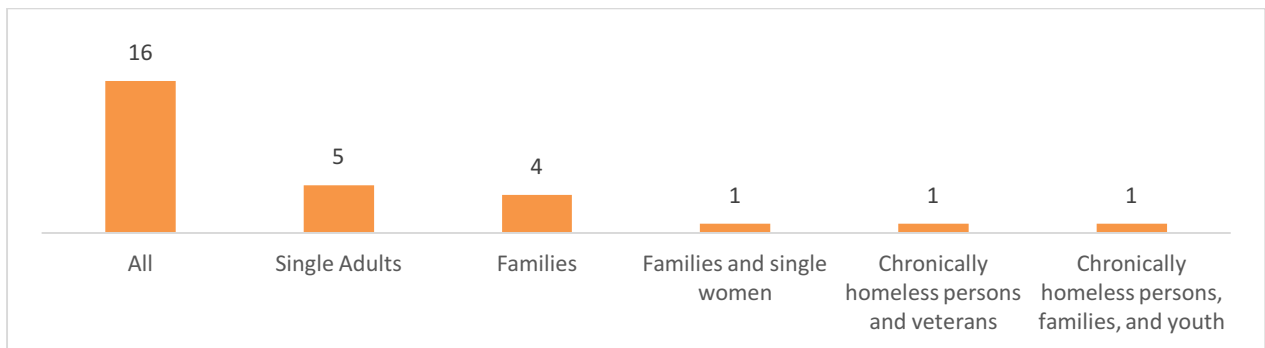
In [Houston](#), Housing Assessors (repurposed staff from designated community agencies who work together in cross-agency teams) can staff Assessment Hubs, act as the designated Assessor for their agency, or work as part of a mobile outreach team. Housing Assessors complete HMIS intakes and assessments, pull available housing matches from HMIS, and pass referrals to the individual’s Case Manager or a Housing Navigator. Housing Navigators, also repurposed agency staff, work with individuals that do not have an existing case manager and need assistance in navigating the process of securing housing.

**For Discussion: System Model and Staffing**

- What considerations went into your community’s decisions on model and staffing structure?
- Is your community satisfied with your model and staffing structure? Is there anything you’re considering changing?

**POPULATION FOCUS**

More than half of communities studied have a coordinated entry system that reaches all homeless persons in their geographic area, regardless of subpopulation status. Many, including and especially those involved in the federal 25 Cities Initiative, piloted coordinated entry systems with homeless veterans and/or persons experiencing chronic homelessness, and have since expanded their systems.



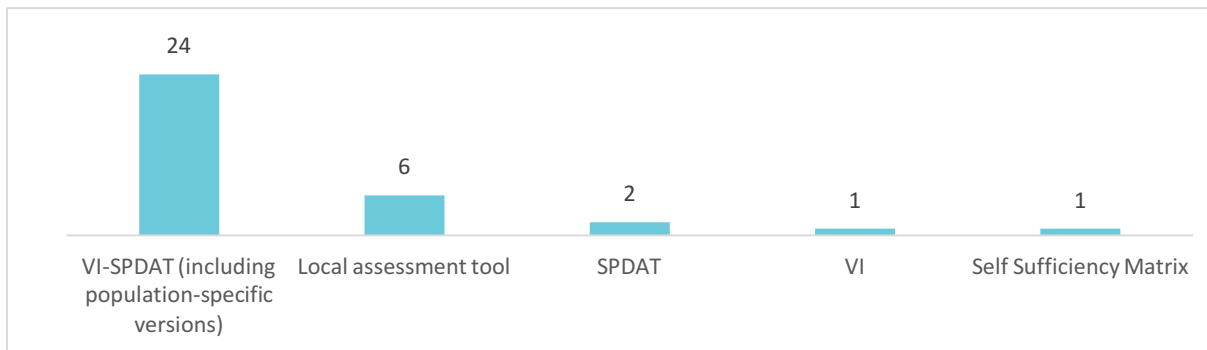
**For Discussion: Population Focus**

- What changes or considerations have you made with regard to the subpopulations served by your coordinated entry system?
- How are survivors of domestic violence, and the organizations serving that subpopulation, participating in your coordinated entry system?

**ASSESSMENT TOOLS AND DATA MANAGEMENT**

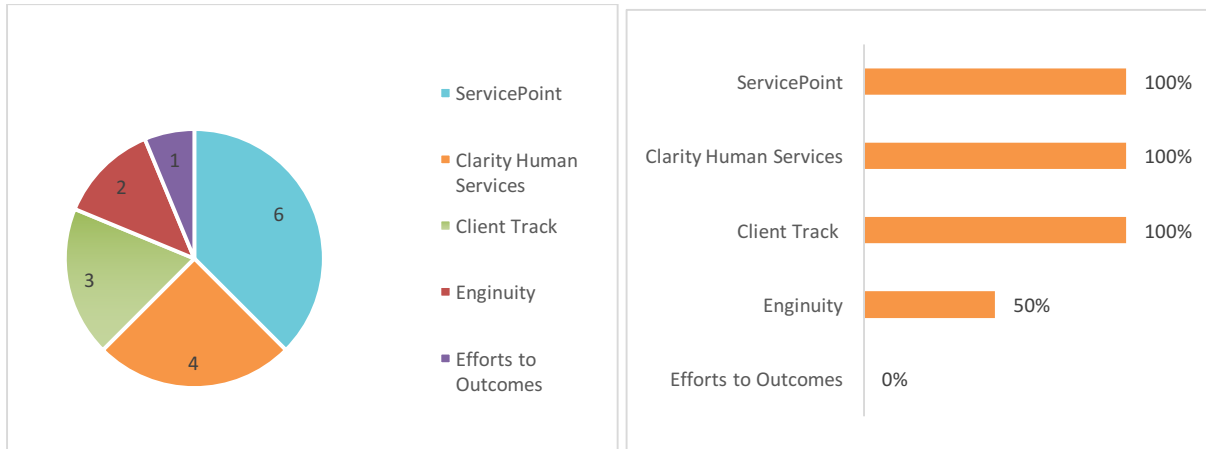
The vast majority of communities studied are utilizing the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the primary means of assessing consumers for their coordinated entry system.

Some communities use different tools to assess different subpopulations; for example, in Portland youth are assessed using the Self-Sufficiency Matrix, chronically homeless persons are assessed using the VI-SPDAT, and domestic violence survivors are assessed using a locally created tool. Of those communities using the VI-SPDAT, many are also using the subpopulation specific versions such as the F VI-SPDAT for families.



Of the communities studied (and for which this information was available), no single software vendor serves a majority of them. Six of the sixteen use Bowman Systems’ ServicePoint software as their HMIS, four use BitFocus, Inc.’s Clarity Human Services, and three use Client Track. All of the CoCs using one of those three software systems have integrated their Coordinated Entry system into HMIS. One of two communities using Adsystem Inc.’s Engunity has operationalized their CES through HMIS.





**In Practice: Assessment Tools and Data Management**

The [Seattle/King County CoC](#) is planning to launch its Coordinated Entry system and switch its HMIS vendor simultaneously. The CES system administrator (the King County Department of Housing and Community Development) will release an RFP to identify four Regional Access Points throughout the county. The coordinated entry system will use the same assessment tool on all populations (the VI-SPDAT), and will work towards system-wide prioritization of those with the highest needs beginning with implementation of a ‘Banding Priority’ approach: families and individuals will be referred to housing resources based on the results of the assessment. In this ‘banding’ approach, housing resources are associated with a range of assessment scores and within each range, the families and individuals with the most pronounced needs will be prioritized for the next available housing resource.

[San Francisco](#) operationalized the data management component of its coordinated entry pilot program for homeless veterans via a partnership with Community Solutions and Palantir, a software developer. Palantir developed a software program called HomeLink to assess, track, and match veterans to housing.

In [Santa Clara County](#), all HMIS partner agencies serve as access points and the VI-SPDAT is incorporated into the standard HMIS intake. Santa Clara County maintains a community queue in HMIS based on the VI-SPDAT scores and intake records in HMIS. HMIS also contains the inventory and eligibility criteria for each permanent housing provider, including permanent supportive housing and rapid rehousing programs. Matches are facilitated by staff in the Office of Supportive Housing (OSH). When a permanent housing program has a space available, the designated OSH representative will use the community queue in HMIS to identify the household or individual to be referred. When a permanent housing program receives a referral in HMIS, the provider will locate the individual/household, verify eligibility, and enter the individual/household into the program in HMIS.

**For Discussion: Assessment Tools and Data Management**

- Has your community experienced any challenges with regard to your chosen assessment tool? How are you resolving those challenges?
- How is your community using your chosen assessment tool to target households for rapid rehousing or homelessness prevention? If you are using a ‘banded’ approach, what have you learned about your system’s resource gaps as a result of this approach?
- What changes and conversations have taken place in your community with regard to integrating Coordinated Entry into your HMIS?

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# HOW DO WE OVERCOME THE CONTINUING BARRIERS TO SUCCESSFUL COORDINATED ENTRY SYSTEMS?

## INTRODUCTION

Reportedly, the most significant barrier to the success of Coordinated Entry in the San Francisco Bay Area is the lack of homes to house the region's ever-growing population. This is a state-wide problem: there is not a single county in California that has a sufficient number of affordable rental homes for low income and very low income households. Communities may know who is highest priority for housing and may have all units organized, but the system does little good when an available unit is nowhere to be found.

Our community is already employing a myriad of creative tactics to increase our clients' access to affordable housing, including, among others, landlord outreach and engagement and tiny homes efforts. Some are seeing progress result from these strategies, but there is a general consensus that we are fighting an uphill battle due to a severe region-wide shortage of units. This memo will address the current and projected future states of the Bay Area employment and housing markets and introduce ideas that can be implemented to increase the supply of affordable homes in the region.

### For Discussion:

- Is lack of housing inventory, in fact, the most significant barrier your communities face?

## DEFINITIONS

- Area Median Income (AMI): Median family income in the metropolitan or nonmetropolitan area
- Very Low Income (VLI): Households with income at or below 50 percent of AMI
- Low Income (LI): Households with income between 50 and 80 percent of AMI

## THE BAY AREA TODAY AND TOMORROW

The Bay Area is and is expected to remain California's second-largest population and economic center. Between 2010 and 2040, the nine-county region is projected to add 1.1 million jobs, 2.1 million people and 660,000 homes, for a total of 4.5 million jobs, 9.3 million people and 3.4 million homes.

- Reflecting emphasis on the existing transit network connecting homes and jobs, San Francisco, San Mateo, Santa Clara and Alameda counties are projected to account for the majority of housing growth (77 percent) and job growth (76 percent).
  - Within these counties, the Bay Area's three regional centers— San Francisco, San Jose, and Oakland—will accommodate 42 percent of housing growth and 38 percent of total job growth

**Bay Area County Housing & Job Growth, 2010-2040**

County	Employment				Housing Units				Households			
	2010	2040	2010-2040 Growth		2010	2040	2010-2040 Growth		2010	2040	2010-2040 Growth	
			Total	%			Total	%			Total	%
Alameda	694,450	947,650	253,200	36%	582,550	730,540	147,990	25%	545,140	705,330	160,190	29%
Contra Costa	344,920	467,390	122,470	36%	400,260	481,590	81,330	20%	375,360	464,150	88,790	24%
Marin	110,730	129,140	18,400	17%	111,210	118,740	7,530	7%	103,210	112,050	8,840	9%
Napa	70,650	89,540	18,890	27%	54,760	60,830	6,070	11%	48,880	56,310	7,430	15%
San Francisco	568,720	759,500	190,780	34%	376,940	469,430	92,480	25%	345,810	447,350	101,530	29%
San Mateo	345,200	445,080	99,880	29%	271,030	326,070	55,040	20%	257,840	315,090	57,250	22%
Santa Clara	926,260	1,229,530	303,270	33%	631,920	842,350	210,430	33%	604,200	818,390	214,190	35%
Solano	132,350	179,930	47,580	36%	152,700	175,570	22,870	15%	141,760	168,700	26,950	19%
Sonoma	192,010	257,460	65,450	34%	204,570	236,480	31,910	16%	185,830	220,740	34,910	19%
Region*	<b>3,385,300</b>	<b>4,505,220</b>	<b>1,119,920</b>	<b>33%</b>	<b>2,785,950</b>	<b>3,445,950†</b>	<b>660,000</b>	<b>24%</b>	<b>2,608,020</b>	<b>3,308,110</b>	<b>700,090</b>	<b>27%</b>

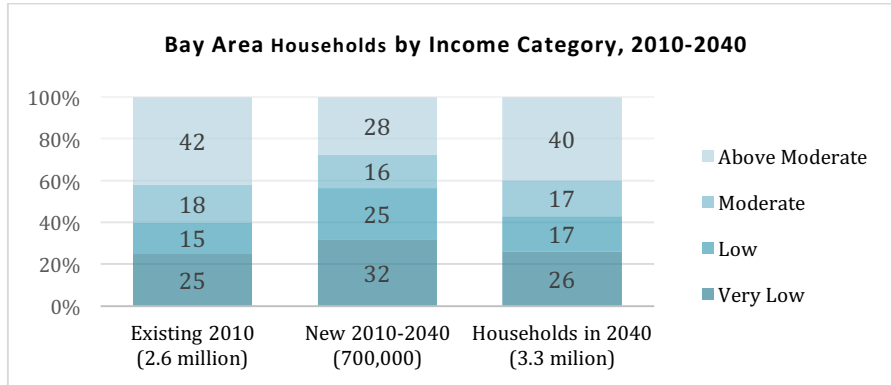
\*Sum of county totals may not match regional totals due to rounding.

†Regional 2040 Housing Units include 4,350 seasonal units that were not distributed by county

**For Discussion:**

- How can these projections inform your strategic community planning?

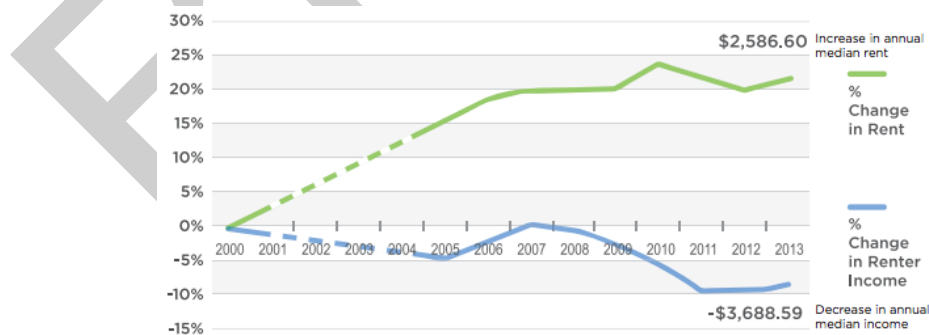
Today, about 40 percent of the existing 2.6 million households in the Bay Area (or just over 1 million) fall into the VLI and LI groups, according to U.S. Census figures (as compared to the national figure of 34 percent). This population is projected to increase to 43 percent of households by 2040, while those in the moderate (80 to 120 percent of AMI) and above-moderate (over 120 percent of AMI) categories will decrease from 60 percent to 57 percent of households.



The 2040 projections are troubling since the Bay Area is already a region where LI and ELI renters face severely unfavorable odds of finding housing affordable and available to them:

- Renter households must earn up to five times the local minimum wage in order to afford the average asking rents in their counties.
- Inflation-adjusted median rents have increased steadily since 2000, while inflation-adjusted median renter household income has only declined.

**Change in California Inflation-Adjusted Median Rent and Renter Income, 2000-2013**



- Overcrowding for LI renters is more than twice the national average in some counties, contributing significantly to poor health and academic achievement among LI and VLI children.
- Each county requires tens of thousands of additional affordable rental homes to meet the needs of its current ELI and VLI renters.

- State and federal investment in the production and preservation of affordable housing in California has dropped 69 percent since the Great Recession (including the \$1 billion in annual redevelopment funding eliminated in 2012).

**For Discussion:**

- What does this information tell you about your community?

## RECOMMENDATIONS

Looking beyond strategies aimed at facilitating our clients' access to already-existing affordable housing, we must develop ways to create new units in order to support our region's growth and evolving demographics. This memo focuses on tactics centered around the creation of subsidized housing, implementation of rent control, maximization of limited land, and defiscalization of land use.

### SUBSIDIZED HOUSING

The Bay Area must significantly increase the amount of available subsidized housing. Cities have different funding mechanisms for new affordable housing construction: inclusionary requirements, various fee programs such as local impact fees or jobs-housing linkage fees, and "boomerang" funding from former Redevelopment Areas. Such funding mechanisms are appropriate in places where the development math makes the fee possible without shutting off all development. The following are a few additional actions:

- Pursue local or regional General Obligation Bonds for affordable housing. For example, San Francisco passed a \$310 million GO bond for affordable housing. Other counties are considering their own sources of funding and could consider GO bonds or other sources.
- Create a joint powers agreement or trust fund that can aggregate or pool local revenue (such as local fees for affordable housing) to invest regionally. The fees could then be spent in jurisdictions based on an agreed-upon regional formula to ensure actual construction of new affordable housing units.
- Create an acquisition-rehab fund to purchase existing housing (including naturally occurring affordable housing), seeded through one-time appropriations of funds.
- Implement fee waiver ordinances for affordable housing to reduce development costs for affordable homes.

### RENT CONTROL

Bay Area communities must protect existing rent controlled housing stock in cities with rent control. While there are downsides to rent control, it is a core tenant protection allowing many people to stay in cities with such policies. There are seven Bay Area cities with some form of rent control and others studying it. Having well-written tenant protection laws is crucial. Also, the practice of buying rent controlled buildings for the purpose of converting units to tenancy-in-common units or condos should be discouraged.

### MAXIMIZING LIMITED LAND

Bay Area communities must identify ways to maximize limited land by incrementally increasing density:

- Make dense housing (including "in-law" units and accessory dwelling units) in walkable neighborhoods, particularly priority development areas, possible to build as of right, without additional environmental scrutiny.

- Eliminate minimum parking requirements for new housing development.
- Undertake re-zonings of shopping centers, neighborhood shopping streets and other nonindustrial commercial areas to encourage housing (including housing over retail).
- Use “public benefits zoning” to incentivize and/or require affordable housing in areas where public action, such as increasing building height and density or infrastructure investments, increase the value of land.

### DEFISCALIZATION OF LAND USE

The structure of property taxes in California is a major obstacle to creating a balanced regional growth pattern. The current approach to taxation creates incentives to attract development that maximizes sales tax revenues rather than a more balanced approach of both retail and residential land uses. This trend—the so-called “fiscalization of land use”—has discouraged housing development and small business growth in many communities. A long-term adjustment to commercial or residential tax structures is necessary to balance the financial incentives for new development:

- Each county should establish retail clusters in “Economic Zones” or “Priority Retail Areas” and establish a revenue-sharing model to spread sales tax dollars across jurisdictions.
- A full regional inventory of all underutilized or vacant land with a focus on land set aside by cities for retail, industrial, office, and hotel use needs to be undertaken. Land that has not been developed within a specific time frame should be rezoned for housing.

#### For Discussion:

- Which public city and county figures and must be engaged in order to implement these strategies?
- How can we incentivize corporate partners to throw their weight behind our efforts?
- What other organizations should we bring into our strategic planning?

### DISCUSSION

- How have you grappled with the lack of housing available to our clients?
- How is it impacting the success of your Coordinated Entry system?
- What strategies are your communities already implementing to create more affordable housing?
- Which have been successful? Which have not been successful?
- What different strategies would you like to see our community put in place to create more affordable housing?
  - What other barriers to the success of Coordinated Entry are your communities experiencing?
  - Are providers, consumers, or partners creating roadblocks?
  - How are you overcoming them?

## REFERENCES

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<http://mtc.ca.gov/sites/default/files/SPUR.pdf>
- *Lack of Affordable Housing Driving More Contra Costa County Families into Poverty* by the California Housing Partnership with local policy recommendations by East Bay Housing Organizations  
<http://chpc.net/wp-content/uploads/2015/11/12-ContraCostaHousingNeed2015.pdf>
- *Lack of Affordable Housing Driving More Santa Clara County Families into Poverty* by the California Housing Partnership with local policy recommendations by Silicon Valley at Home  
<http://chpc.net/wp-content/uploads/2015/11/31-SantaClaraHousingNeed2015.pdf>
- *Lack of Affordable Housing Driving More Stanislaus Families into Poverty* by the California Housing Partnership with local policy recommendations by the California Coalition for Rural Housing  
<http://chpc.net/wp-content/uploads/2015/11/32-StanislausHousingNeed2015.pdf>
- *Plan Bay Area* by the Metropolitan Transportation Commission & the Association of Bay Area Governments  
[http://files.mtc.ca.gov/pdf/Plan\\_Bay\\_Area\\_FINAL/Plan\\_Bay\\_Area.pdf](http://files.mtc.ca.gov/pdf/Plan_Bay_Area_FINAL/Plan_Bay_Area.pdf)
- *Update on California's Affordable Housing Crisis* by the California Housing Partnership  
<http://chpc.net/wp-content/uploads/2015/11/1-2015StatewideHousingNeedReportFINAL.pdf>

For more information, please contact Sasha Drozdova, Staff Attorney,  
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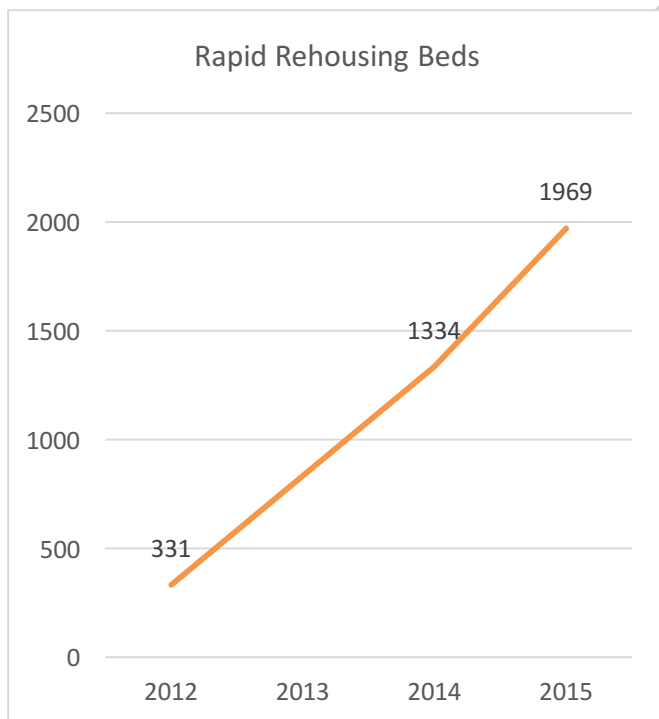
# COORDINATED ENTRY: IMPACT

## INTRODUCTION

As communities implement coordinated entry, many will have more and better information about their homeless population and the types of housing that are needed in the community. This information may support communities in allocating resources more effectively. This memorandum highlights a few key trends in resource allocation in recent years.

The appendix to this document includes as a snapshot of the number of beds in Bay Area counties from 2012 to 2015 in each of the following categories: emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. This appendix also analyzes the trends among those categories, during the period CoCs have been implementing coordinated entry, while taking a closer look at the following populations HUD has highlighted: individuals who are chronically homeless, families, adults, children, veterans, and youth.

## RAPID REHOUSING: A DRAMATIC INCREASE



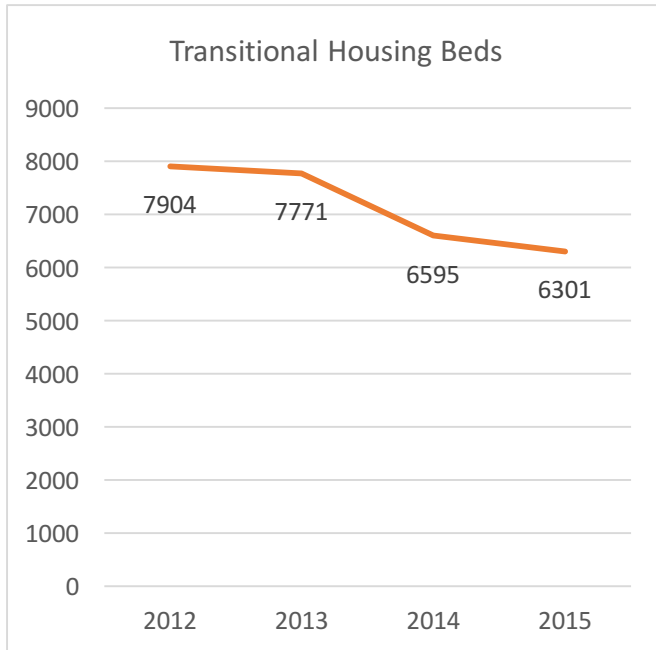
The Homelessness Prevention and Rapid Rehousing Program (HPRP) ended on September 30, 2012. In January 2012, there were 331 total rapid rehousing beds in the Bay Area. As of January 2015, there were 1,969 rapid rehousing beds, a dramatic increase overall, even though some communities had slow increases and others had dramatic increases and decreases. *See appendix page 4 for detail.*

### For discussion:

- How has your community allocated resources to rapid rehousing?
- Is this housing type filling a gap in your community?
- How does your coordinated entry system impact the use of rapid rehousing?



**TRANSITIONAL HOUSING: AN OVERALL DECREASE**

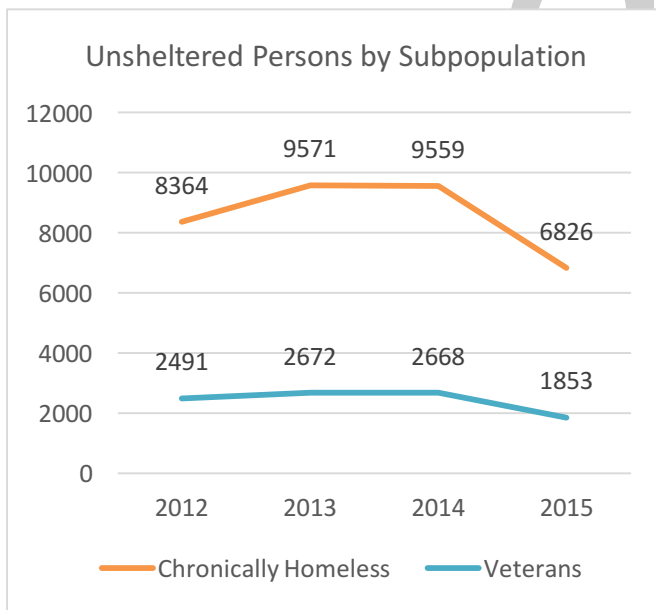


From 2012 to 2015, an overall decrease in transitional housing beds, from 7,904 to 6,301, or a decrease of 1,603 or 20%. This decrease could be due to HUD’s incentive towards Housing First and reallocation of transitional housing beds into permanent housing beds. See appendix page 4 for detail.

**For discussion:**

- How has your community made a decision to reduce TH beds?
- What has been the impact on your system of care and homeless population?
- What is your coordinated entry data telling your about transitional housing?

**CHRONICALLY HOMELESS AND VETERANS: SIGNIFICANT DECREASES IN 2015**



As emphasized in *Opening Doors*, two priority populations from 2012 to 2015 were veterans and chronically homeless people. In most Bay Area homeless populations and subpopulations there was an increase from 2012 to 2014 and a significant decrease in 2015. Unsheltered chronically homeless people started at 8,364, increasing to 9,559 in 2014, but decreasing to 6,826 in 2015, an overall 18% decrease. Similarly, unsheltered veterans started at 2,491 in 2012, increasing to 2,668 in 2014, with a sharp 25.6% overall decrease to 1,853 in 2015. At the same time, permanent beds dedicated for veterans, increased 19.7% or 565 beds from 2014 to 2015. See appendix pages 14-15 for detail.

**For discussion:**

- How are your coordinated entry systems serving these populations? Would you attribute some of this success to your coordinated entry systems?
- How has the focus on these two populations benefited or impacted your community?

# APPENDIX: BAY AREA HIC & PIT TRENDS

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## DATA SOURCE

HUD requires that jurisdictions that receive federal funding for homeless assistance through the McKinney Vento Homeless Assistance Act conduct a Housing Inventory Count (HIC) every year. HIC is a point-in-time inventory of programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless. Five Program Types categorize the inventory: Emergency Shelter, Transitional Housing, Rapid Re-housing, Safe Haven, and Permanent Supportive Housing. The HIC reflects the number of beds designated to serve persons who were homeless at entry. For the purposes of the HIC, a project with dedicated beds is one where 1) the primary intent of the project is to serve homeless persons; 2) the project verified homeless status as a part of its eligibility determination; and 3) the actual project clients are predominantly homeless.

## TOTAL YEAR ROUND BEDS

## EMERGENCY SHELTER BEDS

Emergency Shelter - Total Year-Round Beds				
	2012	2013	2014	2015
Alameda	875	856	859	852
Contra Costa	484	394	388	527
Marin	170	170	163	184
Monterey	216	333	322	324
Napa	85	105	104	103
Sacramento	649	578	621	665
San Francisco	1875	1622	1657	2038
San Mateo	141	229	304	321
Santa Clara	756	587	593	622
Santa Cruz	344	322	353	353
Solano	190	223	228	142
Sonoma	519	547	557	558
<b>Total</b>	<b>6304</b>	<b>5966</b>	<b>6149</b>	<b>6689</b>

From 2012 to 2015, the HIC demonstrates a slight trend in the Bay Area communities toward an increase of total year round emergency shelter beds. From 2012 to 2013, most communities experienced a decrease in total emergency shelter beds, but slowly increased the number by 2015. This is demonstrated by an overall 6.1% increase (385 beds) in the total year round beds from 2012 to 2015. However, Solano, Santa Clara, and Alameda experienced slight decreases from 2012 to 2015.

## TRANSITIONAL HOUSING BEDS

Transitional Housing- Total Year-Round Beds				
	2012	2013	2014	2015
Alameda	1388	1390	1151	931
Contra Costa	453	342	275	354
Marin	361	362	316	228
Monterey	706	544	550	565
Napa	55	89	70	62
Sacramento	1011	976	936	899
San Francisco	1059	1073	575	465
San Mateo	604	611	554	477
Santa Clara	1028	1214	1141	1374
Santa Cruz	263	279	289	247
Solano	324	306	320	239
Sonoma	652	585	418	460
<b>Total</b>	<b>7904</b>	<b>7771</b>	<b>6595</b>	<b>6301</b>

From 2012 to 2015 there is an overall decrease in transitional housing beds. Most communities mirror this trend by decreasing each year. However, Santa Clara and Napa actually trended opposite and demonstrated an overall increase in transitional housing beds from 2012 to 2015.

## RAPID RE-HOUSING BEDS

Rapid Rehousing Total Year-Round Beds				
	2012	2013	2014	2015
Alameda	114	n/a	35	303
Contra Costa	18	n/a	113	140
Marin	0	n/a	30	70
Monterey	0	n/a	0	39
Napa	36	n/a	27	23
Sacramento	0	n/a	114	358
San Francisco	85	n/a	626	753
San Mateo	14	n/a	24	94
Santa Clara	0	n/a	194	6
Santa Cruz	64	n/a	65	131
Solano	0	n/a	0	0
Sonoma	0	n/a	106	52
<b>Total:</b>	<b>331</b>	<b>n/a</b>	<b>1334</b>	<b>1969</b>

From 2012 to 2015, there is an overall increase of the total number of rapid rehousing beds in the Bay Area. Specific communities experienced a slight overall decrease like Napa, while Solano had zero RRH beds from 2012 to 2015. This decrease is because the Homelessness Prevention and Rapid Re-housing Program (HPRP) ended on September 30, 2012. Therefore, the HPRP Rapid Re-housing option has been removed as a choice under Provider Program Type. A Rapid Re-housing (RRH) Provider Program Type was added in 2013. As HUD allowed RRH in CoC funding new projects and reallocation, there was a significant increase between 2014 and 2015 of 635 beds.

## PERMANENT SUPPORTIVE HOUSING BEDS

PSH Total Year-Round Beds				
	2012	2013	2014	2015
Alameda	2280	2367	2502	2594
Contra Costa	1102	977	954	870
Marin	476	490	491	478
Monterey	236	251	261	376
Napa	32	51	52	49
Sacramento	2176	2301	2610	2787
San Francisco	7588	6637	6843	7051
San Mateo	563	596	663	689
Santa Clara	3183	3338	3683	2794
Santa Cruz	238	302	341	409
Solano	105	131	131	104
Sonoma	681	876	805	979
<b>Total:</b>	<b>18660</b>	<b>18317</b>	<b>19336</b>	<b>19180</b>

From 2012 to 2015 there was an overall 2.8% increase (520 beds) from 2012 to 2015 of PSH beds throughout the Bay Area. Overall, there was a decrease between 2012 and 2013, an increase between 2013 and 2014, and then a slight decrease between 2014 and 2015. Most communities also experienced an overall increase, however San Francisco, Santa Clara, and Contra Costa decreased overall from 2012 to 2015.

## TOTAL EMERGENCY SHELTER SEASONAL BEDS

Emergency Shelter Seasonal Beds				
	2012	2013	2014	2015
Alameda	185	185	169	50
Contra Costa	39	42	40	55
Marin	66	66	60	60
Monterey	84	105	109	165
Napa	50	55	50	50
Sacramento	198	198	218	235
San Francisco	130	60	60	65
San Mateo	20	40	0	0
Santa Clara	346	321	336	351
Santa Cruz	100	100	128	128
Solano	0	0	0	0
Sonoma	25	25	93	170
<b>Total:</b>	<b>1243</b>	<b>1197</b>	<b>1263</b>	<b>1329</b>

From 2012 to 2015, the numbers demonstrate an overall 6.9% (86 beds) increase in the total of emergency shelter seasonal beds. Most communities also demonstrate an overall increase from 2012 to 2015, however Alameda, San Mateo, and Marin demonstrate an overall decrease. Further, Napa and Solano demonstrate no change. Of the communities with an overall increase, there is a trend of a slight increase in the number of beds each year.

## TOTAL PSH BEDS DEDICATED FOR CHRONIC HOMELESSNESS

Permanent Supportive Housing – Dedicated Chronically Homeless Beds		
	2014	2015
Alameda	396	410
Contra Costa	401	408
Marin	219	93
Monterey	123	241
Napa	43	40
Sacramento	921	1079
San Francisco	3834	3019
San Mateo	328	270
Santa Clara	979	1570
Santa Cruz	289	396
Solano	99	62
Sonoma	324	291
<b>Total:</b>	<b>7956</b>	<b>7879</b>

This category was counted as a subset of the total number of beds in each category. In all communities during 2012 to 2013, information about this category was not publicly available. The numbers demonstrate that there was an overall 6% (77 beds) decrease from 2014 to 2015. The following communities were consistent with this trend: Contra Costa, Marin, Napa, San Francisco, San Mateo, Solano, and Sonoma. However, some communities trended the opposite and demonstrated increases between 2014 and 2015: Alameda, Monterey, Sacramento, Santa Clara, and Santa Cruz.

## TOTAL BEDS DEDICATED FOR FAMILIES

### TEMPORARY BEDS DEDICATED FOR FAMILIES

Emergency Shelter + Transitional Housing				
	2012	2013	2014	2015
Alameda	1293	1448	1078	877
Contra Costa	447	334	318	369
Marin	275	276	221	184
Monterey	500	459	482	497
Napa	65	109	100	91
Sacramento	685	698	711	724
San Francisco	870	865	688	621
San Mateo	522	535	513	452
Santa Clara	852	947	876	896
Santa Cruz	348	365	387	345
Solano	280	222	286	219
Sonoma	564	537	425	442
<b>Total:</b>	<b>6701</b>	<b>6795</b>	<b>6085</b>	<b>5717</b>

From 2012 to 2015, there was an overall decrease in the number of family beds in emergency shelters and transitional housing programs. This was a 15% decrease (984 beds) in beds. Overall, there was a slight increase from 2012 to 2013, a decrease from 2013 to 2014 and further decrease in 2015. However, Sacramento, Santa Clara, and Napa experienced an overall increase while all other communities decreased.

### PERMANENT BEDS DEDICATED FOR FAMILIES

Rapid Re-housing + Permanent Supportive Housing				
	2012	2013	2014	2015
Alameda	1149	1496	1554	1666
Contra Costa	574	489	534	509
Marin	58	65	79	94
Monterey	79	89	169	99
Napa	38	48	71	50
Sacramento	1255	1246	1488	1529
San Francisco	6161	5173	5212	5454
San Mateo	159	135	181	201
Santa Clara	1767	1429	1778	1226
Santa Cruz	103	68	84	139
Solano	16	33	33	18
Sonoma	284	341	450	543
<b>Total:</b>	<b>11643</b>	<b>10612</b>	<b>11633</b>	<b>11528</b>

Overall, there was a decrease from 2012 to 2015 by 1% (115 beds) in the number of permanent beds dedicated for families in the Bay Area. Specifically, there was a slight increase in 2013 and 2014, then a decrease in 2015, however the percent is fairly low which demonstrates that the overall number of beds was pretty consistent throughout the Bay Area. However, Alameda experienced a significant increase from 2012 to 2015 (520 beds) while San Francisco experienced a significant decrease (707 beds).

**TOTAL BEDS DEDICATED FOR ADULTS****TEMPORARY BEDS DEDICATED FOR ADULTS**

<b>Emergency Shelter + Transitional Housing</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Alameda	970	798	924	898
Contra Costa	487	387	342	506
Marin	256	256	258	228
Monterey	422	418	390	388
Napa	75	85	74	74
Sacramento	975	856	836	834
San Francisco	2064	1830	1524	1862
San Mateo	215	299	339	340
Santa Clara	932	834	836	1080
Santa Cruz	236	236	255	255
Solano	230	298	247	158
Sonoma	601	589	553	570
<b>Total:</b>	<b>7463</b>	<b>6886</b>	<b>6578</b>	<b>7193</b>

There was an overall decrease in the number of adult only emergency shelter and transitional beds from 2012 to 2015 by 3.6% (270 beds). Generally, there was a decrease from 2012 to 2013 and from 2013 to 2014, and then an increase in 2015. Sonoma, Solano, San Francisco, Sacramento, Monterey, Marin, and Alameda trended similar to the overall decrease. However, Santa Cruz, Santa Clara, San Mateo, and Contra Costa experienced an overall increase, though in most communities it was slight.

**PERMANENT BEDS DEDICATED FOR ADULTS**

<b>Rapid Re-housing + Permanent Supportive Housing</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Alameda	1149	1496	1554	1666
Contra Costa	546	488	587	501
Marin	418	425	442	454
Monterey	157	162	92	316
Napa	38	48	71	50
Sacramento	1255	1246	1488	1529
San Francisco	6161	5173	5212	5454
San Mateo	418	461	505	582
Santa Clara	1416	1909	2099	1574
Santa Cruz	199	234	322	401
Solano	89	98	98	86
Sonoma	397	535	460	488
<b>Total:</b>	<b>12243</b>	<b>10779</b>	<b>12930</b>	<b>13101</b>

From 2012 to 2015, there was an overall increase of 7% (858 beds) in the number of permanent beds dedicated for adults. Specifically, from 2012 to 2013 the overall total significantly decreased by 1464 beds. Then, in 2014, the total beds increased by 2,151 and further increased 2015. However, San Francisco, Contra Costa, and Solano trended opposite and decreased. All other communities mirrored the overall total and reflected an increase in the number of permanent beds for adults.

**TOTAL BEDS DEDICATED FOR CHILDREN ONLY****TEMPORARY BEDS DEDICATED FOR CHILDREN**

<b>Emergency Shelter + Transitional Housing</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Alameda	0	0	8	8
Contra Costa	3	15	6	6
Marin	0	0	0	0
Monterey	0	0	0	4
Napa	0	0	0	0
Sacramento	0	0	10	6
San Francisco	0	0	20	20
San Mateo	8	6	6	6
Santa Clara	0	20	22	20
Santa Cruz	23	0	0	0
Solano	4	9	15	4
Sonoma	6	6	6	6
<b>Total:</b>	<b>44</b>	<b>56</b>	<b>93</b>	<b>80</b>

Overall, the numbers exhibit an increase from 2012 to 2015 by 81% (36 beds) in the total of temporary beds dedicated for children. Further, there was an increase from 2012 to 2013, increase from 2013 to 2014 and decrease from 2014 to 2015. However, San Francisco, Alameda, and Sonoma stayed the same each year; while Santa Cruz, Napa, and Marin had zero beds for each year.

**PERMANENT BEDS DEDICATED FOR CHILDREN**

<b>Rapid Re-housing + Permanent Supportive Housing</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Alameda	0	0	0	0
Contra Costa	0	0	0	0
Marin	0	0	0	0
Monterey	0	0	0	0
Napa	0	0	0	0
Sacramento	0	0	0	0
San Francisco	0	0	0	0
San Mateo	0	0	1	0
Santa Clara	0	0	0	0
Santa Cruz	0	0	0	0
Solano	0	0	0	0
Sonoma	0	0	0	0
<b>Total:</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>

This number was consistently 0 throughout each community for each year, however in 2014 San Mateo had 1 permanent bed dedicated for children.



## TOTAL BEDS DEDICATED FOR VETERANS

This category was counted as a subset of the total number of beds in each category.

### TEMPORARY BEDS DEDICATED FOR VETERANS

Emergency Shelter + Transitional Housing				
	2012	2013	2014	2015
Alameda	n/a	n/a	134	132
Contra Costa	n/a	n/a	36	35
Marin	n/a	n/a	18	16
Monterey	n/a	n/a	0	51
Napa	n/a	n/a	0	4
Sacramento	n/a	n/a	75	80
San Francisco	n/a	n/a	254	214
San Mateo	n/a	n/a	131	115
Santa Clara	n/a	n/a	183	217
Santa Cruz	n/a	n/a	12	12
Solano	n/a	n/a	54	54
Sonoma	n/a	n/a	35	35
<b>Total:</b>	<b>n/a</b>	<b>n/a</b>	<b>932</b>	<b>965</b>

From 2014 to 2015 there was a 3.5% increase (33 beds) in the number of emergency and transitional beds for veterans. Throughout each community, the numbers were pretty consistent even though most communities had either a slight increase or slight decrease. These beds were not reported in 2012 and 2013.

### PERMANENT BEDS DEDICATED FOR VETERANS

Veteran Beds (Subset of total) - Permanent (RRH/PSH)				
	2012	2013	2014	2015
Alameda	n/a	n/a	0	37
Contra Costa	n/a	n/a	210	98
Marin	n/a	n/a	35	43
Monterey	n/a	n/a	123	272
Napa	n/a	n/a	2	2
Sacramento	n/a	n/a	592	663
San Francisco	n/a	n/a	660	893
San Mateo	n/a	n/a	84	235
Santa Clara	n/a	n/a	859	813
Santa Cruz	n/a	n/a	230	307
Solano	n/a	n/a	38	40
Sonoma	n/a	n/a	25	20
<b>Total:</b>	<b>n/a</b>	<b>n/a</b>	<b>2858</b>	<b>3423</b>

There was a 19.7% increase (565 beds) from 2014 to 2015. Sonoma, Santa Clara, and Contra Costa decreased from 2014 to 2015. Alameda, Marin, Monterey, Sacramento, San Francisco, San Mateo, Santa Cruz, and Solano increased. Napa stayed the same (2). These beds were not reported in 2012 and 2013.

**TOTAL BEDS DEDICATED FOR YOUTH**

This category was counted as a subset of the total number of beds in each category.

**TEMPORARY BEDS DEDICATED FOR YOUTH**

Emergency Shelter + Transitional Housing				
	2012	2013	2014	2015
Alameda	n/a	n/a	210	249
Contra Costa	n/a	n/a	47	49
Marin	n/a	n/a	0	0
Monterey	n/a	n/a	2	10
Napa	n/a	n/a	33	53
Sacramento	n/a	n/a	155	151
San Francisco	n/a	n/a	95	95
San Mateo	n/a	n/a	16	16
Santa Clara	n/a	n/a	32	20
Santa Cruz	n/a	n/a	17	17
Solano	n/a	n/a	15	6
Sonoma	n/a	n/a	12	24
<b>Total:</b>	<b>n/a</b>	<b>n/a</b>	<b>634</b>	<b>690</b>

There was an overall increase by 8.8% (5.6 beds) from 2014 to 2015. Santa Clara, Sacramento, and Solano had slight decreases. San Francisco, San Mateo, Marin, and Santa Cruz stay the same. Sonoma, Contra Costa, Monterey, and Napa had slight increases. These beds were not reported in 2012 and 2013.

**PERMANENT BEDS DEDICATED FOR YOUTH**

Youth Beds (Subset of total) - Permanent (RRH/PSH)				
	2012	2013	2014	2015
Alameda	n/a	n/a	0	37
Contra Costa	n/a	n/a	15	19
Marin	n/a	n/a	0	0
Monterey	n/a	n/a	0	0
Napa	n/a	n/a	0	0
Sacramento	n/a	n/a	26	26
San Francisco	n/a	n/a	79	79
San Mateo	n/a	n/a	3	3
Santa Clara	n/a	n/a	61	54
Santa Cruz	n/a	n/a	0	0
Solano	n/a	n/a	0	0
Sonoma	n/a	n/a	25	20
<b>Total:</b>	<b>n/a</b>	<b>n/a</b>	<b>209</b>	<b>238</b>

There was a slight increase by 13% (29 beds) from 2014 to 2015. Marin, Napa, Monterey, Santa Cruz, and Solano were zero both years. Sacramento, San Mateo, and San Francisco stayed the same. Sonoma and Santa Clara decreased. Contra Cost and Alameda increased. These beds were not reported in 2012 and 2013.

## POINT IN TIME COUNT

HUD requires that jurisdictions that receive federal funding for homeless assistance through the McKinney- Vento Homeless Assistance Act conduct a point-in-time count of sheltered and unsheltered homeless individuals and families every two years. Jurisdictions must conduct the count within one 24-hour period during the last 10 days of January. In 2012, HUD began also requiring point-in-time counts of sheltered homeless individuals in even-numbered years in addition to the biennial census for sheltered and unsheltered in odd-numbered years. The data in this appendix are from HUD's CoC Homeless Populations and Subpopulations Reports published annually for each CoC, which are based on data provided by the CoCs as a part of their CoC Program application process.

## TOTAL PERSONS WHO ARE HOMELESS

Total Homeless Persons				
	2012	2013	2014	2015
Alameda	4257	4264	4272	4040
Contra Costa	2386	2000	2009	2031
Marin	725	676	679	1318
Monterey	2673	2955	2962	2959
Napa	248	245	285	293
Sacramento	2812	2538	2449	2659
San Francisco	5895	7008	6408	6775
San Mateo	1844	1995	2024	1483
Santa Clara	7053	7631	7567	6556
Santa Cruz	2735	3536	3529	1964
Solano	622	1329	1295	1082
Sonoma	4483	4280	4266	3097
<b>Total</b>	<b>35733</b>	<b>38457</b>	<b>37745</b>	<b>34257</b>

**TOTAL PERSONS IN HOUSEHOLDS WITHOUT CHILDREN**

Sheltered					Unsheltered			
	2012	2013	2014	2015	2012	2013	2014	2015
Alameda	1136	793	1024	889	2072	2119	2119	2153
Contra Costa	468	362	331	386	1487	1316	1316	1248
Marin	287	267	282	289	229	170	178	820
Monterey	4	367	361	408	1660	1910	1910	2048
Napa	101	100	114	112	83	67	91	114
Sacramento	1030	952	895	1011	930	777	777	907
San Francisco	1891	2038	1479	1844	3251	4157	4157	4206
San Mateo	238	310	299	302	1027	1050	1050	660
Santa Clara	1150	926	1041	1066	4968	5435	5435	4523
Santa Cruz	257	292	299	333	1993	2567	2567	1120
Solano	192	319	238	190	186	837	837	769
Sonoma	564	568	558	693	3066	2984	2984	1989
<b>Total</b>	<b>7318</b>	<b>7294</b>	<b>6921</b>	<b>7523</b>	<b>20952</b>	<b>23389</b>	<b>23421</b>	<b>20557</b>

**TOTAL PERSONS IN HOUSEHOLDS WITH AT LEAST ONE ADULT & ONE CHILD**

Sheltered					Unsheltered			
	2012	2013	2014	2015	2012	2013	2014	2015
Alameda	909	1124	892	741	140	218	218	244
Contra Costa	223	297	349	318	3	0	0	79
Marin	209	238	219	194	0	0	0	9
Monterey	758	382	395	440	154	281	281	13
Napa	55	77	80	67	9	0	0	0
Sacramento	822	796	761	697	5	5	5	37
San Francisco	623	646	599	567	95	33	33	33
San Mateo	438	377	417	401	133	244	244	115
Santa Clara	727	1011	830	845	56	56	56	63
Santa Cruz	330	343	332	275	60	201	201	206
Solano	190	114	158	97	49	52	52	17
Sonoma	553	397	396	344	40	54	54	23
<b>Total</b>	<b>5837</b>	<b>5802</b>	<b>5428</b>	<b>4986</b>	<b>744</b>	<b>1144</b>	<b>1144</b>	<b>839</b>

**TOTAL PERSONS IN HOUSEHOLDS WITH ONLY CHILDREN**

Sheltered					Unsheltered			
	2012	2013	2014	2015	2012	2013	2014	2015
Alameda	0	10	19	13	0	0	0	0
Contra Costa	5	12	0	0	0	13	13	0
Marin	0	0	0	0	0	1	0	6
Monterey	0	0	0	4	97	15	15	46
Napa	0	0	0	0	0	1	0	0
Sacramento	5	4	7	3	20	4	4	4
San Francisco	10	9	15	6	25	125	125	119
San Mateo	7	9	9	5	2	5	5	0
Santa Clara	7	20	22	18	145	183	183	41
Santa Cruz	23	6	3	2	72	127	127	28
Solano	5	7	10	0	0	0	0	9
Sonoma	0	6	3	0	260	271	271	48
<b>Total</b>	<b>62</b>	<b>83</b>	<b>88</b>	<b>51</b>	<b>621</b>	<b>745</b>	<b>743</b>	<b>301</b>

**PERSONS WHO ARE CHRONICALLY HOMELESS SUBPOPULATION**

Sheltered					Unsheltered			
	2012	2013	2014	2015	2012	2013	2014	2015
Alameda	99	200	240	211	942	854	854	539
Contra Costa	193	160	181	212	528	594	594	409
Marin	62	26	18	48	101	63	44	233
Monterey	43	178	229	36	751	860	860	562
Napa	50	46	31	55	34	35	42	77
Sacramento	212	155	137	184	242	285	285	318
San Francisco	708	583	811	415	1110	1510	1510	1214
San Mateo	20	32	40	86	476	857	857	233
Santa Clara	322	259	276	189	2295	2259	2259	2018
Santa Cruz	36	74	66	165	931	915	915	417
Solano	50	109	45	9	0	305	305	218
Sonoma	60	134	226	114	954	1034	1034	588
<b>Total</b>	<b>1855</b>	<b>1956</b>	<b>2300</b>	<b>1724</b>	<b>8364</b>	<b>9571</b>	<b>9559</b>	<b>6826</b>

**VETERANS SUBPOPULATION**

Sheltered					Unsheltered			
	2012	2013	2014	2015	2012	2013	2014	2015
Alameda	95	139	185	157	345	353	353	231
Contra Costa	74	53	41	44	8	135	135	78
Marin	26	28	34	25	25	26	18	41
Monterey	46	89	77	55	244	161	161	151
Napa	5	9	9	11	9	10	14	8
Sacramento	148	166	141	171	182	136	136	142
San Francisco	344	294	298	205	430	422	422	352
San Mateo	26	114	94	93	147	131	131	90
Santa Clara	152	139	234	257	515	579	579	446
Santa Cruz	26	52	50	38	245	343	343	113
Solano	14	55	47	24	14	33	33	65
Sonoma	57	57	78	79	327	343	343	136
<b>Total</b>	<b>1013</b>	<b>1195</b>	<b>1288</b>	<b>1159</b>	<b>2491</b>	<b>2672</b>	<b>2668</b>	<b>1853</b>

**For discussion:**

- How does your community compare with the overall trends?
- What are some reasons for the increases/decreases in your community?
- Is this an accurate reflection of your community and the Bay Area, why or why not?
- What are the similarities between the HIC and the PIT data? What are the differences?
- How has coordinated entry changed the homelessness response systems in your community?
- Do you see any correlation between coordinated entry and the HIC and PIT data?

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