



# Understanding the Unhoused Community in Palo Alto: A 2024 Perspective



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## Executive Summary

This report gives a 2024 analysis of homelessness in Palo Alto. It uses both data and interviews with local service providers to present its findings on the demographics, housing issues, and service needs of the local unhoused community. Key findings include a high rate of unsheltered homelessness. Long-term homelessness affects 62% of the unhoused and unemployment affects 60% of the community. Many of the unhoused individuals in Palo Alto have strong local ties. Service providers stress that trust-based outreach is essential, as it helps build relationships and increases engagement with the homeless community. The report supports hope in the community's ability to make progress through outreach and services.

## Introduction

The City of Palo Alto is a beacon of innovation and leadership within the Bay Area. Few cities match the spirit of civic involvement and neighborly support that defines this community. While it is home to some of the nation's wealthiest individuals, it is also home to those who face significant economic challenges. The City Council of Palo Alto has called for a deeper, more comprehensive understanding of the city's unhoused population as part of a larger effort to prioritize community well-being.<sup>1</sup>

At a high level, people experiencing homelessness in Palo Alto are different than the overall County unhoused population. When examining a single year, more people in Palo Alto experiencing homelessness are unsheltered (91%) than countywide (75%) and are more likely to be sheltering in a vehicle (88%) than countywide (32%).<sup>2</sup> Unhoused individuals can be sheltered meaning they have temporary housing like a shelter or a couch to sleep on or they can be unsheltered meaning they are living on the street, a car, or a place not designed for or ordinarily used as a regular sleeping accommodation.

The infographic below highlights some statistics of the unhoused in Palo Alto, gathered from Santa Clara County.

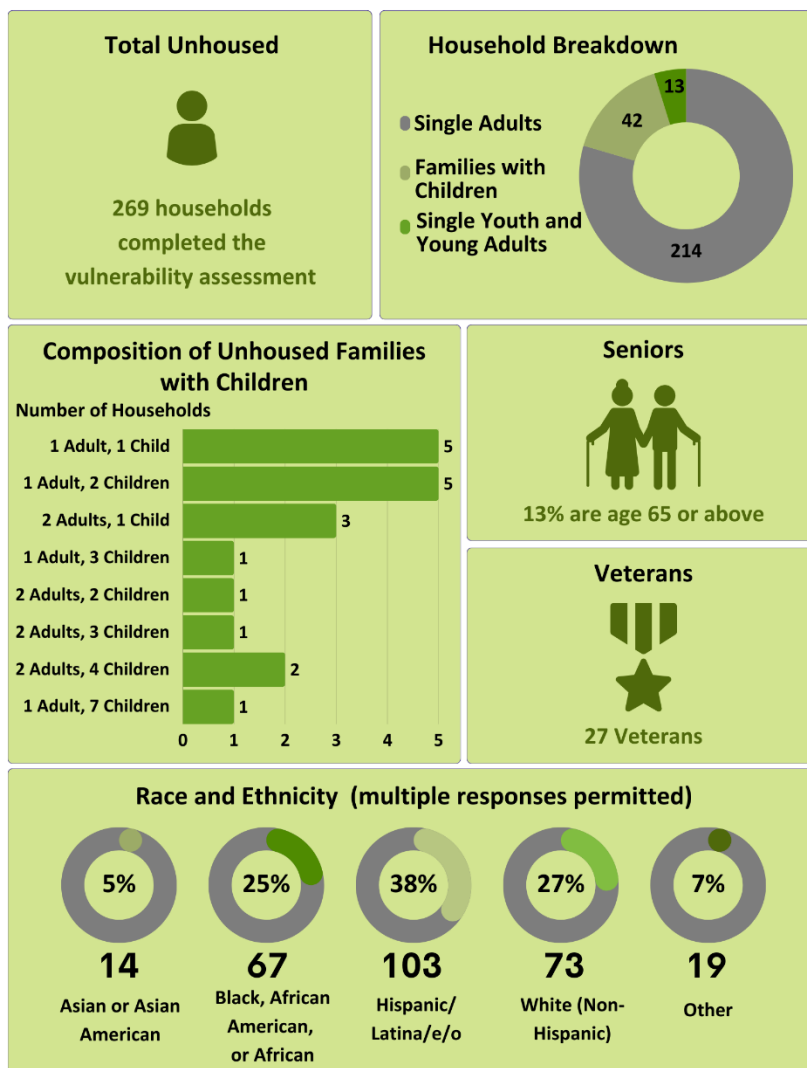
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<sup>1</sup> Palo Alto City Council. December 4, 2023. Action Minutes. Item 10.

<https://cityofpaloalto.primegov.com/Public/CompiledDocument?meetingTemplateId=13063&compileOutputType=1>

<sup>2</sup> 2023 Santa Clara County PIT Count Data.

## Palo Alto Unhoused at a Glance, 2024



*Note: Data from Palo Alto affiliated individuals taking an assessment to receive services between July 1, 2023 and June 30, 2024. Veteran data was gathered from September 1, 2022 to August 31, 2024.*

This report provides a look at those experiencing homelessness in Palo Alto in 2024, outlining their stories, needs, and the services available to them as told by local service providers. It responds to Palo Alto City Council direction to explore clearer data on the population and condition of unhoused in Palo Alto.<sup>3</sup>

<sup>3</sup> Palo Alto City Council. December 4, 2023. Action Minutes. Item 10.

<https://cityofpaloalto.primegov.com/Public/CompiledDocument?meetingTemplateId=13063&compileOutputType=1>

## Process

This report's findings are derived from a thorough analysis of demographic data and personal stories from individuals experiencing homelessness in Palo Alto. The information collection process involved sifting through quantitative data and conducting qualitative interviews to understand the story behind the data.

Interviews were held with local service providers, community workers, and city outreach employees, to gather their experiences in their interactions with the unhoused population. A structured set of questions was used for all interviews to minimize bias and ensure consistency across interviews.

Santa Clara County provided housing data specific to Palo Alto. There are two primary methods used to assess the number of unhoused individuals:

1. **Point-in-Time (PIT) Counts:** Conducted biannually, this method captures a snapshot of homelessness within a 24-hour period during the last week of January. Every individual seen on that night is counted, and this total represents the city's official homelessness figure for the year in which it is counted, per guidelines from the U.S. Department of Housing and Urban Development (HUD).
2. **Homeless Management Information System (HMIS):** HMIS collects data over time, tracking the number of individuals who have completed the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), a critical pre-screening tool used to assess the health and social needs of unhoused individuals. The VI-SPDAT helps connect individuals to appropriate housing and support services through the county.<sup>4</sup>

Any person who has answered “Palo Alto” to any of the following VI-SPDAT assessment questions was counted in the Palo Alto HMIS count:

- In which city do you spend most of your time?
- Which city did you live in prior to becoming homeless?
- If employed, what city do you work in?
- If you go to school, in which city is your school?

The use of both PIT counts and HMIS data provide a picture to help identify trends and a more detailed assessment which can help in evaluating the efficacy of services. For the qualitative interview questions, refer to Appendix A. Appendix B contains the full VI-SPDAT questionnaire. Appendix C contains data from Santa Clara County, covering data collected over a two-year

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<sup>4</sup> Santa Clara County is a Continuum of Care (CoC), the regional planning body coordinating the funding for HUD services. Santa Clara County is the CoC for Palo Alto. As a CoC it is mandated that Santa Clara County maintain a Coordinated Entry System (CES). The CES is the process for guiding individuals from initial contact with service providers to receiving services and housing. The VI-SPDAT is typically included in the formal referral for services, which is a required first step for individuals seeking access to HUD-funded resources.

period. Appendix D contains data from Santa Clara County, covering data collected over a one-year period.

### **Homeless count data**

#### *PIT-The One Day Snapshot*

The 2023 PIT counts indicate a national homelessness crisis with approximately 582,462 people experiencing homelessness in the United States. Broken down by state, California ranks highest in PIT counts, with over 171,521 people experiencing homelessness—nearly 44 people per 10,000 residents—California's rate far exceeds that of any other state. The need for policy intervention is acutely felt in California given that the scale of homelessness greatly outpaces that of New York and Florida, the next two largest states by homeless population.

As reflected in data from several key Continuums of Care, the Bay Area is consistent with California's high levels of homelessness.<sup>5</sup> Geographically, Palo Alto is located at the northern boundary of Santa Clara County near San Mateo County. For that reason, staff looked at both counties' counts. San Mateo County conducts counts in even number years, in 2024, 1,808 individuals were recorded as experiencing homelessness.<sup>6</sup> While in Santa Clara County, counting in odd number years, recorded 9,903 individuals in 2023. Though Santa Clara County's overall population is more than 2.5 times that of San Mateo County, it counted more than 5 times the unhoused population.

The 2023 PIT count recorded 206 unhoused individuals in Palo Alto, or 3.3% of the total Santa Clara County PIT count. For context, Palo Alto's overall population is 3.5% of the county's, thus its share of the unhoused population is at a similar rate. Palo Alto is not immune from this larger trend of homelessness even with its small population size and large amount of wealth.

#### *HMIS – Entries and Exits to and From Homelessness*

Looking at the HMIS database which tracks how people are accessing services and attaining housing, it is possible to also get a picture of people newly experiencing homelessness. As shown in the Table 1 below, the number of Palo Alto-affiliated households experiencing homelessness spiked 30% during the pandemic from 138 in 2019 to 180 in 2021.<sup>7</sup> Since then, the inflow has decreased, but has not declined to pre-pandemic levels.

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<sup>5</sup> Ibid.

<sup>6</sup> [2024 One Day Homeless Count | County of San Mateo, CA \(smcgov.org\)](https://www.smcgov.org/2024/01/24/2024-One-Day-Homeless-Count)

<sup>7</sup> Santa Clara County HMIS Data for Palo Alto. Homeless Inflow from 2019-2023.



<b>Table 1 – Homeless Inflow, 2019-2023</b>					
Year	2019	2020	2021	2022	2023
<b>Total Homeless Inflow (Santa Clara County)</b>	4,751	3,445	3,175	3,473	4,297
<b>City of Palo Alto Affiliated Inflow</b>	138	147	180	165	168

Unsurprisingly, just as the pandemic coincided with dramatic increases in people newly experiencing homelessness, at the same time there was a 25% decline in “outflow” or placement of households in permanent housing from 87 placements in 2019 to 65 in 2021 with 138 and 180 new households of inflow, respectively. However, there is cause for encouragement, as placements rose to 80 with 168 household inflow in 2023 and already exceed that number for 2024.<sup>8</sup>

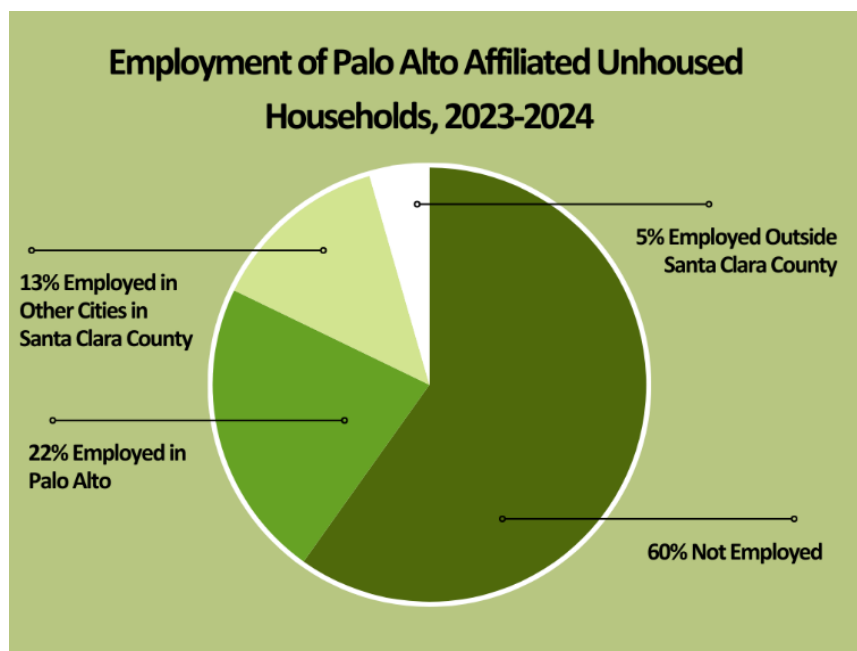
### **Employment and housing**

It is often assumed that an individual experiencing homelessness is also experiencing unemployment. While this is often true, there is more to the story.

For individuals who completed a VI-SPDAT intake form between July 2023 and June 2024, most reported being either unemployed or having employment in Palo Alto. The pie chart below details the employment breakdowns.<sup>9</sup>

<sup>8</sup> 82 Palo Alto-affiliated households were placed in permanent housing as of June 30, 2024, with 154 new households counted in inflow.

<sup>9</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, FY24*. Demographics of 269 households affiliated with the City of Palo Alto who took the VI-SPDAT during July 2023 to July 2024. “Employment of Palo Alto Affiliated Unhoused Households.”



Notably, 60% of unhoused individuals in Palo Alto report having no employment. Service providers shared the complex factors contributing to their clients' unemployment, including a lack of stable housing, transportation challenges, and other systemic barriers. Addressing issues hindering employment, such as maintaining personal hygiene, securing reliable transportation, and adhering to consistent attendance and performance at work, can take time.

A local service provider shared the challenges a long-term client faced. They said he has been in and out of shelters and has been receiving local services for the past ten years, all while dealing with substance abuse issues, mental health issues, and a learning disability. According to the service provider, *"he's been able to get jobs through different programs throughout Santa Clara, but [it's] been hard for him to hold them down."*

For unhoused individuals employed in Palo Alto, housing prices are a significant obstacle to getting and keeping housing. Despite having jobs, many individuals are priced out of the housing market due to the disparity between wages and the cost of living in the area. One service provider reflected on this disconnect: *"The first sentence out of somebody's mouth when I say I work with unhoused folks is, 'Oh, there's a lot of addiction and drug and mental health issues, aren't there?' I think no one is putting the cost of housing in the first position when they think about what is causing homelessness in our area."*

Even for those employed locally, high housing costs are a barrier that can lead to instability.

A household's income level is central in determining its ability to maintain stable housing in the area. According to data collected through the VI-SPDAT intake forms over two years, most

unhoused households in Palo Alto have little to no income. Table 3 outlines the household income breakdowns.<sup>10</sup>

These data show that 64% of households report having no income and face severe economic challenges. Only 13% of households earn more than \$2,000 per month, an income level that still does not guarantee the ability to secure and maintain housing in one of the country's most expensive real estate markets.

A large portion of Palo Alto's unhoused population is in a state of long-term homelessness. The “Time Since Stable Housing” bar graph below outlines this breakdown.<sup>11</sup>



For 62% of the unhoused in Palo Alto, it has been a year or more since they have been stably housed. Prolonged periods of homelessness compound the many difficulties of re-entering stable housing.

### Current services

Palo Alto offers many resources and services to unhoused individuals. The accompanying gap analysis details these services and the ongoing needs within the current offerings. Through outreach and collaboration with local service providers including LifeMoves, Downtown Streets

<sup>10</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “Total Household Income Levels (Based on Most Recent Program Enrollment).”

<sup>11</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “Time Since Stable Housing”.



Team, Peninsula Healthcare Connection, Heart and Home Collaborative, MayView Community Health Center, Karat School Project, and Move Mountain View, Palo Alto is able to offer essential services such as healthcare, mental health support, and job and shelter placement.

Current city outreach efforts seem to have been instrumental in supporting greater acceptance of services and engagement. As one provider shared, *“Now that we're part of outreach and we have two outreach workers who go out in the field, we are able to meet them with our team...the process is starting out on the streets, which is exciting...we are now able to reach them.”*

Ongoing connection with unhoused individuals has seen successes, such as with a long-time Opportunity Services Center (OSC) user who

*lived on the streets of Palo Alto for a very long time. He didn't really engage with our services other than for breakfast and lunch. In the past few months, we've gotten him to fully engage in case management and got him into Hotel de Zink. He downsized a lot, and we were able to get him a storage unit to keep things valuable to him while continuing to work on his hoarding behaviors.*

Another success story involves a man a service provider worked with for a while. He grew up in foster care and had misdemeanors outside Santa Clara County. After struggling for a while in Palo Alto, he started volunteering with the provider daily to find purpose. Over time, they offered him a job. He's now working two jobs and the provider reports substantial improvement—he's showering, dressing well, and seems much happier and more focused.

Another provider noted that building trust and providing long-term support starts with getting a case plan and supporting individuals while they wait for a call back from housing services.

*And during that time, we're working on general life skills, so sometimes hygiene is a problem. We'll work on that. And sometimes just food insecurity...While we wait for that process, we're just supporting them on some of those life skills. . . . And what we like to call that is getting them shelter-ready. There's housing ready, and shelter ready, so we're trying to get them to that place where they will be successful in a shelter.*

They emphasized the importance of consistent support to help individuals transition into work and housing. The provider notes that they do a warm handoff with the shelter and then continue to support the client until they can ensure the placement is a good fit and the client's needs are being met.

### **Safe parking program**

Safe parking provides a structured environment for individuals living in their vehicles to park for an extended period of time while seeking permanent housing. This program offers not only a safe place to park but also essential support services aimed at helping participants transition to more stable living situations. The parking locations in Palo Alto often include access to restrooms, showers, and sanitation services, key factors of quality-of-life improvements.

Safe parking has been particularly beneficial for families, as one provider shared, *“We had a family with two boys who go to school in Palo Alto. They couldn’t afford housing, but if we didn’t help, they would end up living on the street. Safe parking gave them stability, and the boys could stay in school—it was life-changing for them.”*

Family groups are a common sight in the Palo Alto safe parking locations. A provider noted that this can lead to stronger community ties with schools, such as when, *“[ . . . ] we had a few kids in that lot, and the school bus was coming, and the school district was working with us on the transportation for them. . . . Actually, the school district even donated some books to our library. . . . [I]t’s great to see the community come together to support these families.”* Community ties also grow in the safe parking program itself, as one provider described, *“Safe parking has created a sense of community . . . people aren’t isolated anymore, and there’s less loneliness . . . they look out for each other now.”* This sentiment is echoed in residents’ experience in RV lots. A provider for safe parking expressed:

*And then I think there are lots of big RV lots that have created a community. People are not isolated to some side street kind of watching each other and only trusting this one and not that one. But I think that has been very helpful, less of that loneliness and the ability to have made friends, in the sense of community and responsibility for their area, because a lot of them report to us if something is wrong or somebody that’s not part of the program comes in.*

For children, this sense of belonging is crucial. As one provider expressed, *“For the children . . . saying I live in a parking lot is any better than saying I live on the street, but at least we have a community to come to. So at least to give that much dignity to them . . . humanity goes first, always.”* Safe parking, with its sense of community and safety, has created a space where people can connect and support each other. In many ways, it reflects the values of Palo Alto neighborhoods.

For many individuals, having a safe place to park their vehicles provides more than physical security. One client expressed to a provider, *“Do you know how great it is to have a safe parking place? . . . It frees my mind to know that at night, I have a place to go.”* The provider said, *“That gave her the freedom to start thinking about other things beyond sheer survival.”*

Though unusual, as providers noted, safe parking has embedded itself in the community and provided an opportunity for the unhoused, local leaders, hosts, and neighboring residents to unite in building a supportive space for people and families.

### **Success stories**

The success stories in the Palo Alto unhoused community are not infrequent and represent individual resilience and the efficacy of local services. One provider shared, *“We have a client who has been coming here for over ten years. . . . he’s dealt with substance abuse, mental health issues, and a learning disability. Recently, he’s stayed sober for about three months, got a job as a crossing guard, and is reuniting with his daughter—that’s a huge win for us.”*

Another individual has taken significant steps toward rebuilding his life after facing employment challenges: *“There was a guy who had been living out of his van for a long time. He used to run a nonprofit but had trouble securing long-term employment. Recently, he got a job as a security guard after doing all the steps himself. It’s a big win for him, especially after struggling for so long.”*

Family reconnection is a significant theme in these success stories. One provider recalled an individual came to them and said, *“My mom really wants to connect. She’s afraid of me being unhoused.’ We got him a train ticket, and now he’s back with his family, working for his dad, doing really well. He went from being a vagabond to reconnecting with his family and stability.”*

Other stories show individuals overcoming years of distrust and hardship to find housing stability. One provider recounted, *“We worked with a woman who had been unhoused for many years and had a hard time trusting the system. But we were able to help her get into housing within a month after doing the VI-SPDAT, and now she’s thriving.”*

Another story shared the transformative power of services. During the pandemic, a service provider encountered a young man without any form of identification. The man, having lost everything, explained, *“I am nobody, I get nothing,”* referring to his lack of ID and the inability to access services. The provider helped him obtain his birth certificate and an Idaho state ID. *“When he received his ID, he was jumping up and down. He was like, ‘I’m a person again. I am a person again!’”*

Many individuals have developed survival strategies to navigate their environments. Referring to individuals in safe parking facilities, a provider noted that many people experiencing homelessness are in their situations because they could not afford to stay housed. The provider remarked,

*And the misconception is ... if you're homeless, you're on drugs. Which is of course for some people it's true. The majority of our population, I would say no. And then if not that, then you know. You're poor and you're violent. You're going to steal. ... but our dwellers and car dwellers are not that[...] These are people who couldn't economically make it. And what they did was ... they made a plan, especially the RV dwellers. They decided my child is going to school here, and my child is going to finish school here. So I'm going to make a plan on how I can live and work here. So I'm going to make it.*

Another service provider recounted a success story:

*We were working with a woman who had been on the street for many years. She had significant mobility issues and clotting problems and was sleeping upright, which wasn’t good for her. Eventually, we got her housed through the expedited housing process, and now, after many years, she’s in a home and working on her health issues.*

Targeted housing interventions can be so critical for older individuals with severe health concerns who often struggle to access appropriate care.

For many, the road to stability involves securing necessities. A provider stated, “Success is not always about getting someone housed immediately. It’s about getting them a job, a place to shower, or an ID.” “Those are the steps that lead to bigger changes over time,” another provider added.

One provider shared that a man who used to have several calls for service targeted at his disruptive behaviors weekly, sometimes daily, now enjoys a consistent lifestyle.

*I recently saw him, and he called me by name. He knew who I was after many run-ins, and he looks great. He says he’s sober. He’s living in a house with family in Palo Alto. . . . He’s actually a very pleasant person to talk to and has insight on things in the world. I think that’s the most fun about the job is getting to hear these people’s side of, you know, their perspectives on life. But that was super cool to see back to like a success story, right? Like maybe I had a small part of that.*

The range of services in Palo Alto is making a significant difference in the lives of those who need it most.

### **Difficulties administering services**

While there are many Palo Alto success stories, success is not straightforwardly attainable, particularly for older adults and individuals with severe mental health issues. One service provider discussed the difficulty of supporting an older client in a wheelchair in Palo Alto. Achieving progress is tough because he refuses housing options, struggles with severe mental health issues, and is involved in drug use. He needs skilled nursing care, but shelters won’t accept him because he can’t meet basic daily living needs. His hygiene is a problem, as he lives in a tent and refuses to use diapers despite their efforts. Unfortunately, there are few resources for older, disabled individuals with substance use and mental health issues, leaving the providers facing significant roadblocks in helping them.

Often, the “standard” services do not meet unhoused individuals’ particular needs, and multiple encounters with insufficient services can leave people disenchanted about the available services. Building trust and providing long-term engagement are vital to helping these individuals access the support they need. One provider explained the process of getting individuals into the health clinic, noting

*It takes sometimes five to six outreach attempts to get someone in here. A lot of folks have already been through the system. They’ve already been through caseworkers, medical teams, resources, and services, so they know how the system works. But they also know how the system doesn’t work for them. . . . there’s been a lot of stigma that’s been applied to them in the past. So it’s hard to trust any provider, right? So we need to build a lot of trust with them and really set what the expectations are. And a lot of times the expectation is just coming in to talk to us and keeping it focused on what their need is.*

Providers must often overcome significant barriers to establish trust with unhoused individuals. As one service provider said, *“You cannot do your job if you're not meeting the clients where they're at. It takes understanding them, getting to know them, talking through hard conversations with them.”* Building this trust takes time. A provider said:

*We work with a very unique population. Now, with this population, sometimes, the majority of the time, building rapport with these clients takes months. Maybe even a year. It may be over the year, but building rapport with the client is always the most important thing because you know the majority of these people have trust issues. They have abandonment issues, there's a lot of things that that take place in, in the type of work that we do. So when I say I'll work with clients, [for] long periods, it's building rapport with the client, checking in with the client, taking baby steps towards goals with the client.*

Though tangible services are provided, the most difficult challenge for some individuals is accepting structured housing. One provider explained, *“The ultimate challenge is getting them to actually want to receive housing. . . . A lot of them don't want to subside to society's rules and regulations [...] whether that's you need to be clean and sober, they don't want that.”* Many people want freedom, proximity to their family, and the ability to make choices on their terms.

A city employee noted that

*A lot of the housing that not only the county but the state of California offers these folks have a lot of rules in place when they take in somebody, right? Whether that's, you need to show that you're trying to get a job, or there's a curfew, or you need to be clean and sober. They don't want that. They wanna be independent people and not have to answer to anybody.*

Even with all the available services, individuals can decline assistance. For various reasons—whether personal preference, mental health challenges, or distrust of the system—some people may reject the resources available to them. In some cases, it can be too difficult for individuals to navigate the services offered, or they may feel that the help provided doesn't meet their unique needs.

As one provider explained, *“Sometimes there are clients that, they're so used to living out in the outdoors that that's where their comfort zone is, and being in a shelter is abnormal to them.”*

From these interviews, it seems that there is more demand for services tailored to those who require specialized care than availability. However, these provider perspectives also illustrate that for many, the struggle lies in accessing these services and also in their willingness to accept them.

### **Challenges for providers**

Local service providers identified central challenges in their efforts to assist the unhoused community in Palo Alto. Stated challenges included a lack of adequate resources, trouble

meeting specific needs and dynamics within the unhoused population, and difficulties in ensuring that individuals are prepared to transition into stable housing.

One provider noted difficulty assisting undocumented immigrants, stating:

*That's the tricky part with non-citizens or undocumented people is that they don't qualify for any of the federally funded housing. So it has to be that you get a job and we find an apartment that is within your price range, which is becoming less and less attainable to do. If they're senior citizens, income is also tricky because they can't increase their income. Most of them are not able to go back to work or only work minimally. So because of the expensive apartments here, it's hard to place senior citizens in housing as well.*

Another noted the difficulty they have with a client who's been struggling with substance abuse for years, and it's hard to watch them spiral when there's so little they can do to help. They need long-term treatment, but the resources just aren't there. Another emphasized:

*Just because the person has unusual behavior does not mean that they necessarily meet the criteria for a 5150 evaluation hold because at the same time you know I, when we do take place under a hold, we're taking away the freedom. And so I don't want to do that, obviously, unless they actually meet that criteria, which is a little difficult for some reporting parties or citizens to understand that although a person's behavior might be unusual, there are only certain times and criteria where I can actually. Force a person to receive a mental health treatment.*

A provider echoed this frustration of a lack of resources, stating, "We work with clients who need more than just housing. They need a skilled nursing facility, but there's nothing available for them...it's incredibly frustrating to see these people fall through the cracks."

Providers also stressed the importance of challenging public misconceptions, with one noting, "The biggest misconception is that unhoused people don't want help or are lazy. The truth is, many of them are working hard, but they just don't have the resources or support to make it."

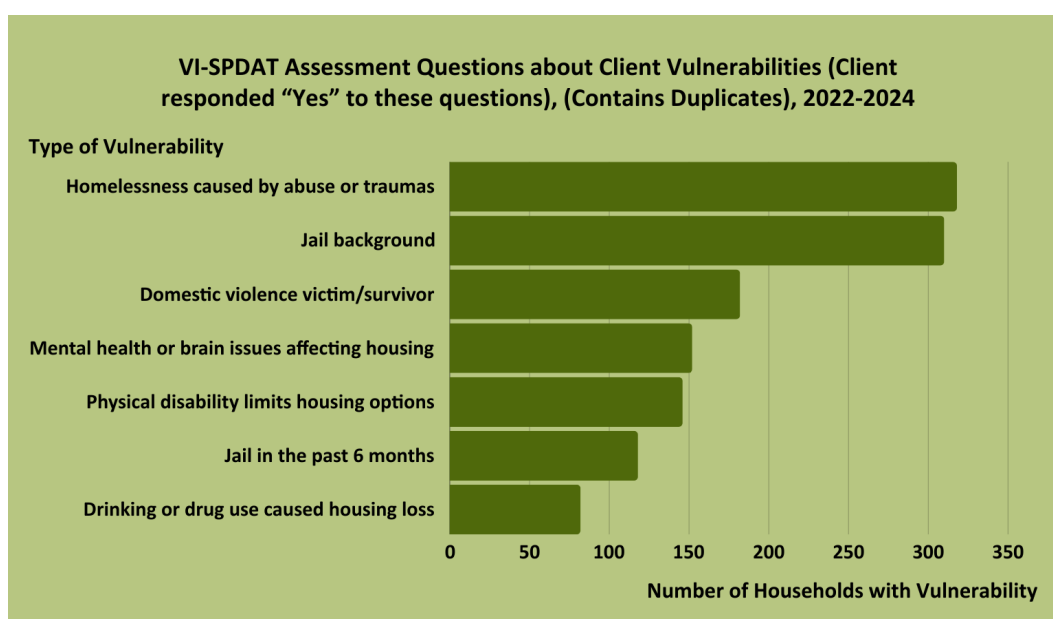
Additionally, service providers often face emotional challenges in building relationships with those they assist. One noted, "When you build relationships with people, care about them, and want to help, it's really hard... You want to be optimistic, but it's hard to be in these conditions." This emotional investment is coupled with the reality of limited resources and high demand for services in Palo Alto, as another provider explained: "We're a small community, but we have a huge need, especially for those vulnerable or at risk... Anyone that resides in Palo Alto is part of our community, housed or not. We want to ensure equitable access to services and care... But we need continued support from the county and city to do that."

Besides calling for more resources and support, providers also spoke to the complexity of individual needs. One said, "I no longer am able to look at it from a big picture problem. It's more like an individual at a time issue...trying to find a solution from my own perspective that fits all of them is impossible because they all need different things."



## Understanding vulnerabilities

There are many factors that contribute to an experience of homelessness. Within the unhoused community, an assessment of particular vulnerabilities (the “VI-SPDAT”) determines the priority of the individual in the resources queue. Understanding vulnerabilities helps service providers identify those most likely to become or remain unhoused. The “VI-SPDAT Assessment Questions about Client Vulnerabilities” bar graph below breaks down vulnerabilities reported by clients affiliated with Palo Alto.<sup>12</sup>



The diversity of difficulties faced by the unhoused, such as trauma, mental health issues, substance use, or past incarceration, can often make it challenging for them to accept services. Each circumstance requires different support, but that does not guarantee straightforward navigability by the unhoused person. As one provider notes, *“A lot of folks don’t want to get housed because they’ve been burned because there are rules and there are barriers and boundaries that their mental health and substance use just can’t cross yet. And that’s why a lot of folks can’t get housed, right? And we understand it as providers, but not everyone else understands it.”*

While conditions like physical disabilities or certain mental health issues may be recognized as disabilities, other vulnerabilities—such as overall incarceration history—are not classified as such. This distinction can limit access to specific housing programs and protections designed for people with disabilities, further complicating the process of obtaining stable housing.

<sup>12</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “VI-SPDAT Assessment Questions about Client Vulnerabilities (Client responded “Yes” to these questions).” Note: Contains duplicates.

Medical problems further complicate a person's ability to maintain stable housing and engage with available services. Chronic illnesses, untreated medical conditions, and physical disabilities are prevalent among the unhoused, often worsened by the lack of consistent medical care. One story notes:

*[a] guy that I worked with a couple of years ago and it was one of those things where he was on the City's radar and they're like, 'Hey, this guy really needs some help. He's out in the parking lot,' So we went out there and we did the VI-SPDAT. And this is during COVID so he got a house pretty fast. . . . His health was never addressed prior to that, so we were addressing this health as we were getting him housed. The issue was he was not able to take care of himself. So we tried to get all these services, but within two months he had a stroke. He couldn't take care of himself and then he had to go to long-term care. . . . But it's those kind of things where people are so quick to get someone off the street. That we're not thoughtfully thinking about what they need, what these outcomes would look like. I mean, you put a 75-year-old into housing who hasn't been housing in years. Who has severe chronic health conditions. The Health Center can only do so much, right?*

Community safety is a priority when addressing homelessness, but while efforts focus on helping the most vulnerable, not everyone can be fully protected from harm. One city employee pointed out, *"In my experience as a patrol officer, I've gone to a number of calls where people are believing that the people experiencing homelessness are the suspects of certain crimes. The people experiencing homelessness are actually more likely to be victims of crimes than actually be suspects of crimes..."*

Accessing mental health care is also a major obstacle. A provider noted:

*It's really hard to get mental health help in Santa Clara County. I know that like people think that it's easy. Oh we have like a behavioral health urgent care. Well, it's way the heck in San Jose, not really on any bus line. And I know they'll do kind of emergency band-aid stuff but it's a hike for somebody to get even if they are open. For somebody to get on medication, it's 6 to 8 weeks before they take effect and they're not gonna feel good and they're gonna have all these side effects. And, I don't know, being unhoused and dealing with all of that. I mean, that's even if they can remember to take it every day.*

Those who self-identified as women make up approximately 1/3 of the unhoused population<sup>13</sup> and face a unique set of challenges. Their vulnerabilities often put them at higher risk.

A provider noted that unhoused women are more vulnerable to harassment and exploitation. In a small community like Palo Alto it is easy to track where people sleep. This knowledge can

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<sup>13</sup> Santa Clara County HMIS Data, FY 2024 for Palo Alto, 36% Woman/Other; 2023 Santa Clara County PIT Count Data, 32% Female. Note: The differences in data collection methods for HMIS and PIT account for the discrepancy in percentages.

cause women to be targeted. Some women resort to sex work, trading for goods or protection. Some women feel forced to align themselves with men for safety. The streets operate like a lawless zone where affiliations and decisions about day and night are crucial for survival. Solitude as a woman on the street almost guarantees harassment. The provider said, “And so you kind of have to be strategic like where you sleep and who you sleep with. Like some people might be able to protect you and you don't have to have a sexual relationship, but if you're alone, 10 out of 10 times, you're going to be harassed if you're a woman.”

One woman came asking for help for herself and her two daughters, needing a place to sleep for the night. Her boyfriend had kicked them out of his house and they had nowhere to go. The woman feared her children would be taken from her and she was willing to do anything, even sell herself, to care for her children. She took pride in the fact that she never had to resort to that. The employee gave her \$100 from their personal funds and suggested they stay at an all-night restaurant, as it was the only option. Her ex later found out they were homeless and took the children in. It may be a long time before the woman can be reunited with them.

A client was living with three roommates who were using drugs and sexually assaulting her. She repeatedly reported the situation to HomeFirst but it took three days for a police report to be filed. The client had no support or follow-through so she left the house and ended up living on the streets. She faced harassment, had to frequently relocate, and lost her belongings during street sweeps. She now must carry everything with her and struggles to find a safe place to sleep every night. “This one woman I've talked about has gotten beaten. She's been raped, she's been assaulted, she's really skilled with a knife now which is super unfortunate,” the provider said.

Veterans make up a notable section of the unhoused population in Palo Alto, facing significant challenges, especially those with disabilities. Additionally, 41% of unhoused veterans are 65 or older, while 59% are between the ages of 25-64. Table 2 outlines the disability statuses of unhoused veterans in Palo Alto.<sup>14</sup>

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<sup>14</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “27 Unhoused Veterans Affiliated with the City of Palo Alto, by Disability Status.”

**Table 2 – 27 Unhoused Veterans Affiliated with the City of Palo Alto, by Disability Status, 2022-2024**

Type of Disability	Number of Households with the Disability
Mental health affects housing	11
Physical disability limits housing options	12
Mental health, physical health, or substance use disorder	12

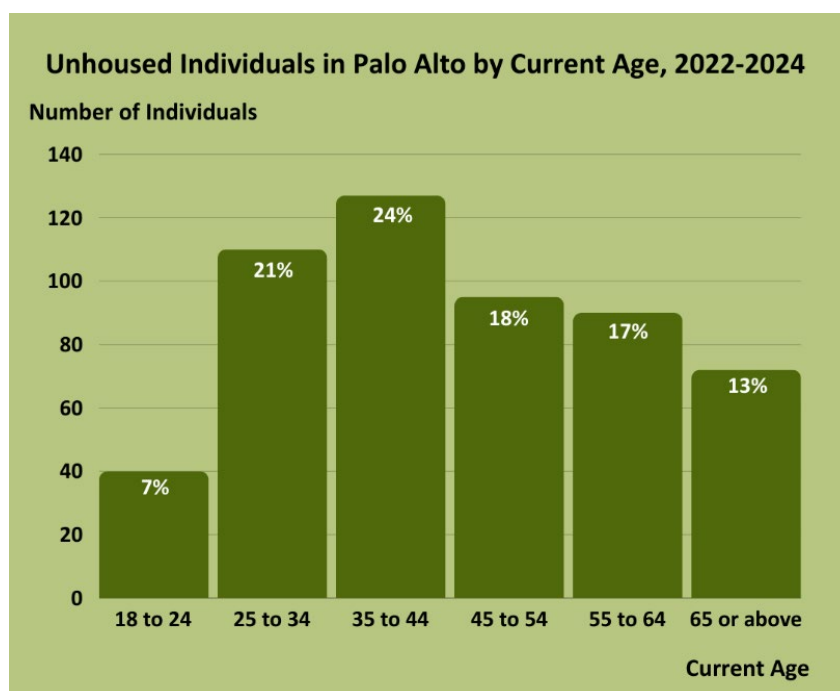
One service provider recounted the story of, *“Tony, a Vietnam combat medic, who walked out the door in 1982 and never came back. He was on the street for years. His daughters came looking for him after his death... He just snapped, and his family had made peace with his absence, but this was why he was on the street.”* This story highlights the long-term impact that service-related trauma can have on veterans, many of whom continue to carry the burdens of their experiences long after their military service has ended. As the provider reflected, *“Memorial Day comes 30 years later, and he still carries the weight of his service...he’s a veteran who’s battled mental health issues for years...it’s heartbreaking to see how we fail those who’ve served.”*

The data on age reveal that the majority of individuals experiencing homelessness are between the ages of 25 and 64, with the largest group (24%) falling within the 35-44 age range. The “Unhoused Individuals in Palo Alto by Current Age” bar graph details this breakdown.<sup>15</sup>

According to the graph, 21% of unhoused individuals are ages 25-34, and 18% are ages 45-54. Additionally, those aged 65 or above make up 13%.

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<sup>15</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “Unhoused Individuals in Palo Alto by Current Age.”



Older adults experiencing homelessness also may be impacted by health problems related to aging and the effects of being unhoused. A service provider shared a story illustrating the challenges faced by older adults experiencing homelessness:

*What is the senior citizen supposed to do tomorrow if one trips and falls trying to get into the RV... and then you get sick? What happens when it's that dangerous, you know? And then we know that hospitals will take you in if they, at least if they know you're homeless, the possibility of them keeping you and doing their process of case management if they can house you is very small.*

The data in Tables 7 and 8 detail the household types and sizes of households experiencing homelessness in Palo Alto. The majority of households consist of a single adult and households include children. Table 3 further breaks down the household type.<sup>16</sup>

Table 3 – Household Type (Based on VI-SPDAT Type), 2022-2024			
Household Type	Single Adult	Households with children	Single transitional-age youth
Number of Households	416 (78%)	95 (18%)	23 (4%)

<sup>16</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. "Household Type (Based on VI-SPDAT Type)."

Unhoused households vary in size, particularly those with children. Table 4 outlines this.<sup>17</sup>

<b>Table 4 – Household Size and Composition based on VI-SPDAT response, 2022-2024</b>					
<b>Household Size</b>	1 Adult	1 adult, 1 child	1 adult, 2 children	1 adult, 3+ children	2 adults, 1+ child
<b>Number of Households</b>	439 (82%)	38 (7%)	23 (4%)	12 (2%)	22 (4%)

In general, these tables show the bulk of unhoused in Palo Alto are single adults, although there is a significant percentage of families with children—almost 20 percent. Households with a single individual often encounter challenges, but those with multiple members and children face additional complexities related to housing and service needs. They also require coordination with educational and employment resources.

### **Housing outcomes**

Many individuals experiencing homelessness in Palo Alto have deep-rooted ties to the community, and for some, staying in the city is essential due to lifelong connections. As one provider shared, *“A lot of the people we contact have some tie here. They grew up here in a family home, went to Paly or Gunn, graduated high school...there are ties and I think that’s what the community doesn’t understand.”* Another echoed this sentiment, emphasizing that *“Most of the people we work with have some tie to Palo Alto. They grew up here, went to school here, or have family here . . . it’s not like they’re just showing up out of nowhere.”*

For many families, staying within the community is critical to ensuring children can continue their education in familiar environments, rather than being displaced to other areas. Santa Clara County is geographically vast and the bulk of the county services for the unhoused are not central to Palo Alto.

San Jose is where many individuals end up seeking housing and supportive services. San Jose houses many of the healthcare and housing services available in Santa Clara County. Palo Alto service providers give clients bus tickets to San Jose when they can for individuals who qualify for the county services.

In Palo Alto, 68% of unhoused individuals report having a disability over the past two years. Meeting the needs particular to disabilities is a challenge for providers and clients alike. One service provider described their struggle to assist an older, wheelchair-bound client with serious

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<sup>17</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. “Household Size and Composition based on VI-SPDAT response.” Note: The “1 Adult” category includes the count of “Single transition age youth” seen in Table 3.



mental health and substance abuse issues. Despite ongoing efforts, the client refuses all housing options, including interim supportive housing, and due to his inability to perform basic daily tasks, shelters won't accept him. A different provider voiced frustration, saying, *"Some people don't realize they need mental health treatment, and even if they do, the resources are so limited . . . it's almost impossible to get the help they need in Palo Alto."*

Despite difficulties, people are getting connected to . Data indicates that the majority of Palo Alto-affiliated people who receive housing services end up accessing emergency shelters. Table 5 demonstrates where individuals find shelter. <sup>18</sup>

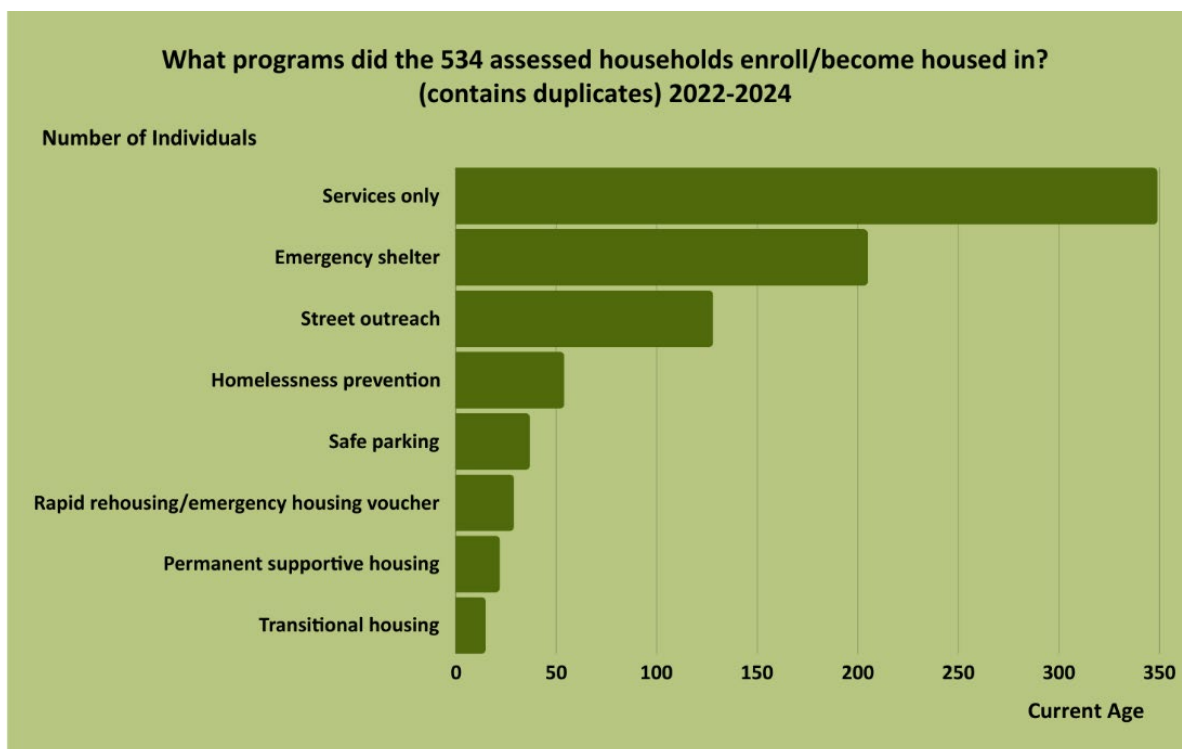
<b>Table 5 – Emergency Shelter Program Enrollments, by City (Contains Duplicates) for 205 Unhoused Palo Alto Affiliated Households, Sept. 2022 to August 2024</b>					
<b>City of enrollment</b>	San Jose	Palo Alto	Sunnyvale	Mountain View	Gilroy
<b>Number of households</b>	147 (45%)	54 (10%)	50 (15%)	49 (15%)	14 (4%)

The most common unhoused services or programs that Palo Alto-affiliated households engaged with were services only, followed by emergency shelter and street outreach. The least utilized services are also the most scarce—there is much higher demand for vouchers, permanent supportive housing, and transitional housing than there is availability. The "What programs did the 534 assessed households enroll/become housed in?" bar graph details this breakdown.<sup>19</sup>

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<sup>18</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. "Emergency Shelter Program Enrollments, by City for 205 Unhoused Palo Alto Affiliated Households." Note: Contains duplicates. Only contains data for those who enrolled in Emergency Shelter Programs.

<sup>19</sup> Santa Clara County. *Unhoused Households Affiliated with the City of Palo Alto, 2022-2024*. Demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024. "What programs did the 534 assessed households enroll/become housed in?" Note: Contains duplicates. A client enrolled in one program in 2024 may have had different program enrollment in the previous year.



Although 65% of households received services only, there is engagement with overall programming.

### **Establishing relationships and maintaining human dignity**

Traditional housing and care services, while essential, often fall short of addressing the comprehensive needs of unhoused individuals. To truly support this population, providers emphasized that relationship-building and the preservation of human dignity must be prioritized.

One provider illustrated this by saying, *“I have all kinds of cough drops, you know, toenail fungus medicine. . . . all the stuff that seems really frivolous but it's all really important to somebody.”* These items may not be essential or emergency services but fill needs of daily hurdles and frustrations individuals may encounter. These small gestures of care can restore a sense of normalcy and comfort to individuals.

For many, the road to stability is slow but achievable with persistent effort. One provider shared a recent success story: *“We’ve had some long-term clients, and one recently got housing after years of living outside...this was a huge win for our team, but it took a lot of persistence and engagement to get there.”* Another provider said, *“One person had been on the streets for a long time, camping in Palo Alto. We built trust over many months, and eventually, we helped him reconnect with his parents. He’s now back living with them.”* These stories illustrate providers experience that sustained, relationship-based outreach can help individuals reconnect with support systems and transition into stable housing. As one provider observed, *“It’s all about building relationships with people. I don’t think of this work as just about getting*

*someone housed, it's about moving them from A to B, supporting them in whatever way they need to move forward."*

People require much more than basic material support; they need friendship, dignity, and community to truly heal and move forward. Accepting services is only the first step. As another provider put it, *"Fine, they will accept services. Then what? Expecting people to make that jump from zero to normal is insane. Otherwise, they get left behind."* The real challenge is supporting people through the gradual process of recovery, building trust, and restoring their dignity over time. *"A win is very different for our site than it is at any other site... we count small wins as wins and big wins as wins. For us, it's about supporting people with dignity and getting them ready for the next step, even if it takes months,"* noted another provider.

In order to support people with dignity, some providers spoke of humanizing people experiencing homelessness, as one provider shared, *"I try to challenge people . . . like, have you ever considered this is somebody's son? If you were their parent, how would you want them to be treated?"* Another provider demonstrated this by reflecting on the general population's proximity to an experience of homelessness:

*After working here, I honestly realized that all of us are much closer to being homeless than we ever are to hitting any sort of jackpot. And a lot of people I worked with have, had cancer or sickness, that the medical bills were such that they couldn't pay them and basically found themselves having cancer . . . I think that's definitely something that everyone needs to take into consideration is you can become homeless at literally anytime. It doesn't matter who you are, no matter what support you have life can flop you any which way.*

## **Conclusion**

The data and stories in this report reveal the realities of the experiences of the unhoused in Palo Alto. There is more to the story, but this report provides a route toward greater understanding. Long-term homelessness is the dominant unhoused experience in Palo Alto. The majority of individuals experiencing homelessness have been without stable housing for over two years. Many of these individuals have deep roots in the community, having grown up, worked, or attended school in Palo Alto. People don't want to leave their home, but the challenges they face with obtaining stable housing can be a great burden. Employment barriers are a major sticking point of concern as many struggle to secure stable jobs due to housing instability, lifestyle barriers, and transportation issues. A job alone is not enough to guarantee relief from homelessness. The cost of living in Palo Alto exceeds what many households are able to earn. Health issues, particularly among older individuals, exacerbate many of the existing vulnerabilities. Additionally, large portion of the unhoused population suffers from mental health conditions, physical disabilities, or substance use disorders, making it nearly impossible for them to navigate the system or secure stable housing.

There is cause for hope. The Housing and Unhoused Services Gap Analysis sheds light on the variety of services available in Palo Alto. And, though local service providers have indicated that

services alone aren't enough, there is space for programs and people to build trust and maintain long-term engagement with the unhoused to facilitate real progress.

The experience of homelessness is not singular. Each person occupies a unique place in the habitat of needs and services. Palo Alto's connected and compassionate community can use the local spirit of innovation to further the efforts toward real belonging for all Palo Altans.

## **Appendices**

- **Appendix A: Interview Instrument**
- **Appendix B: VI-SPDAT Questionnaire for Single Adults**
- **Appendix C: Santa Clara County Data on Unhoused Palo Altans, 2022-2024**
- **Appendix D: Santa Clara County Data on Unhoused Palo Altans, 2023-2024**

## Appendix A

### Interview Instrument

**Pre-Interview:** Email interview subject and request basic biographical info (i.e., name, job/role, years in job/role)

#### Introduction

Hello, my name is Kathryn Fortenberry, and I am the Management Fellow in the City of Palo Alto City Manager's Office. I am working on a project that has the goal of providing a clear picture of who the unhoused in Palo Alto are. This interview and others will be used to inform a report which will be presented to the City Council. Do you have any questions for me regarding the purpose and use of this interview?

Do I have your consent to record our conversation and write some notes as we are speaking?

#### Initial question

**MAIN:** Thank you for meeting with me today. I would like to begin by asking if you could tell me a bit about the work you do.

- Could you walk me through a typical day of you serving the unhoused?

#### Daily Care

**MAIN:** Could you walk me through, start to finish, what a typical full cycle of care for an unhoused person looks like for you?

- If you could provide the ideal level of care, what would that look like?

#### Achievements

**MAIN:** Tell me about a win in your work. What does success look like?

- Tell me about a time you were able to comprehensively assist someone.
- Could you tell me about a time when assistance from you to an individual made all the difference in their life?

#### Limitations

**MAIN:** Could you tell me about your challenges or limitations in your work with the unhoused.

- How do you navigate these difficulties?
- Tell me about a time when you were unable to help someone.

#### Misconceptions and Stereotypes

**MAIN:** What are some of the biggest misconceptions or stereotypes you've encountered about the unhoused community in Palo Alto?

- Could you describe to me different subgroups within the unhoused community?
- Can you provide examples of how these misconceptions have affected the community's response to homelessness?
- How can the community better understand the realities faced by the unhoused?



**Demographics**

**MAIN:** Part of understanding the unhoused community includes getting to know what the demographic backgrounds of folks are. Can you describe who you most frequently serve in Palo Alto?

- What changes have you noticed in the demographics of the unhoused in your time in this role?

**Stories**

**MAIN:** Our City Council is interested in understanding what our unhoused community looks like and what their experiences are. Can you give me three stories that you have authorization to share with me about the unhoused in Palo Alto?

- How would you describe the unhoused population in Palo Alto?
- Can you tell me a story of someone you've worked with that illustrates the challenges faced by the unhoused in Palo Alto?
  - What were the most significant obstacles they faced in seeking help?
  - How did their situation evolve after accessing services?

**Wrap up**

**MAIN:** We have talked a lot about your work as a provider and you have shared excellent stories. Is there anything you would like to share with me that we have not yet discussed?

Thank you for your time today. I have greatly appreciated your insights into the unhoused population in Palo Alto. If you have any client quotes or materials that you can share with me, please do. I look forward to following up with you when my report is complete.

## Appendix B

### VI-SPDAT Questionnaire for Single Adults

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#### ***Santa Clara County VI-SPDAT for Single Adults***

This packet includes:

- Local Instructions & Script for using the VI-SPDAT
- VI-SPDAT for Single Adults
- Additional Questions for assessing Program Eligibility

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1

### ***Santa Clara County VI-SPDAT Instructions***

#### **Before Completing the VI-SPDAT:**

1. **Check in HMIS to see if the individual/family has already completed a VI-SPDAT** by looking under the Assessments Tab.
2. **Upload a Signed Client Consent Form into HMIS:** No information, including the VI-SPDAT, may be entered into HMIS until a signed client consent form (aka Release of Information or ROI) is uploaded into HMIS.

#### **Completing the VI-SPDAT:**

1. **Select the appropriate version of the VI-SPDAT:**
  - a. **VI-SPDAT for Single Adults** – Use this version for adults age 25 or older with no children in the household.
  - b. **VI-SPDAT for Families** – Use this version for households with at least one child under the age of 18.
  - c. **TAY VI-SPDAT** – Use this version for transition age youth (age 18-24) and unaccompanied minors.
2. **Introduce the VI-SPDAT:** Explain to the client what you are doing using the introductory script on the next page.
3. **Complete All Questions:** Complete the VI-SPDAT and follow-up questions, including the additional questions on the last page of this packet.
  - a. While self-report is still the primary way that information is captured in the VI-SPDAT, assessors can also incorporate other limited sources of information to complete the assessment. The assessor can remind clients of past responses, and can use other information that the client consented to share in HMIS or other sources.
    - When using external information, be transparent and tell the respondent about the information you are planning to use in the assessment. Assessors must give the client a chance to correct this information.
    - If there is a discrepancy between the answer the client gives during the assessment and the external information, assessors must use the answer provided by the client.
    - If external information is used during the assessment process, the source of that information must be recorded in the Notes tab in HMIS.
4. **Enter the VI-SPDAT in HMIS:** You can find the VI-SPDAT under the Assessments tab within a Program enrollment in HMIS.
  - a. **If the Assessment Score is 4 or Higher, or a Veteran of any score:** Refer the assessment to the community queue in HMIS.

#### **After Completing the VI-SPDAT:**

1. **Collect Contact Information:** Collect as much contact information as possible (phone, email, service provider or case manager that the individual/family works with, locations that they frequent, etc.). It is critical that we have as much contact information as possible in case any referrals become available for the individual/family. Ask them to come back and update their contact information if it changes.

2. **Share information with the individual/family:** Do NOT share the numerical score from the VI-SPDAT. If the person is interested, you can provide an explanation of the type of housing program that looks like the best fit for the individual/family.
3. **If the score falls into the “no housing intervention” category (0-3):** Explain that the assessment shows that they have the skills and ability to get back into housing with limited assistance. Refer the individual/family to resources in the community that will help them address barriers, such as: public benefits, employment programs, security deposit assistance, etc.

### **Santa Clara County Introductory Script:**

*I am going to go through a short survey with you that will provide us with more information about your situation. The answers will help us determine how we can best support you. Some of the survey questions are personal in nature, but they only require a Yes/No or one word answer. I really only need that one word answer. You don't need to feel any pressure to provide more detail. You can also skip or refuse to answer any question. Skipping multiple questions may make it harder for us to identify services for you, but it is your right to refuse to answer questions you don't feel comfortable with.*

*Please do your best to answer all of the questions as honestly and accurately as possible. Honest, accurate answers are important to help us identify the right services for you. In addition, if we are able to refer you to any services based on the information in this survey, that program will still need to verify all eligibility information. So, if your answers aren't honest, it could prevent you from being accepted into a program.*

*The information that I collect with this survey will be stored in HMIS along with the rest of the intake information you provided. Sometimes we are able to identify services that might be a good match for you based on the information you provide. If that happens we will try to contact you, so it's really important that you provide current contact information. This could include phone numbers, locations you frequent, case managers or organizations that you work with, or any other information that might help us find you.*

### **Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)**

#### **Single Adults – SCC Version 2.5**

The VI-SPDAT is created and copyrighted by OrgCode Consulting, Inc. and Community Solutions (Copyright 2015). The VI-SPDAT is used in Santa Clara County by permission of OrgCode Consulting, Inc. Please do not alter any of the questions, including the order in which they are asked. For more information about the VI-SPDAT or OrgCode visit [www.orgcode.com](http://www.orgcode.com). Please complete all questions. The VI-SPDAT will be scored automatically when it is entered into HMIS.

Assessment Date: \_\_\_\_\_ Assessment Location: \_\_\_\_\_  
 Assessment Type (Choose One): Phone/Virtual/In person: \_\_\_\_\_  
 Assessment Level (Choose One): Crisis Needs Assessment or Housing Needs Assessment  
 Primary Language: \_\_\_\_\_  
 Name & Phone # of Staff Person Completing the VI-SPDAT: \_\_\_\_\_

### **BASIC INFORMATION**

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last Name: \_\_\_\_\_

In what language do you feel best able to express yourself? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_ -- \_\_\_\_ ☐ Don't Have/Don't Know ☐ Refused

Consent to participate? ☐ Yes ☐ No

<b>SCORED DOMAINS</b>
-----------------------

**A. HISTORY OF HOUSING AND HOMELESSNESS****1. Where do you sleep most frequently? (Check One)**

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Other
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Couch Surfing	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Car	<input type="checkbox"/>	Client Refused

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_ ☐ Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_ ☐ Refused

**B. RISKS****4. In the past six months, how many times have you...**

- |   |   |                                  |
|---|---|----------------------------------|
| a. Received health care at an emergency department/room?  | - | <input type="checkbox"/> Refused |
| b. Taken an ambulance to the hospital?  | - | <input type="checkbox"/> Refused |
| c. Been hospitalized as an inpatient?   | - | <input type="checkbox"/> Refused |
| d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?                              | - | <input type="checkbox"/> Refused |
| e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?             | - | <input type="checkbox"/> Refused |
| f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? | - | <input type="checkbox"/> Refused |

5. Have you been attacked or beaten up since you've become homeless? ☐ YES ☐ NO ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ YES ☐ NO ☐ Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ YES ☐ NO ☐ Refused

8. Does anybody force or trick you to do things that you do not want to do? ☐ YES ☐ NO ☐ Refused



9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ YES ☐ NO ☐ Refused

**C. SOCIALIZATION & DAILY FUNCTIONING**

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ YES ☐ NO ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ YES ☐ NO ☐ Refused

12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ YES ☐ NO ☐ Refused

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   
 - ☐ YES ☐ NO ☐ Refused

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?   
 - ☐ YES ☐ NO ☐ Refused

**D. WELLNESS**

15. Do you have any physical health issues, that you would require assistance to access or keep housing?   
 ☐ YES ☐ NO ☐ Refused
16. When you are sick or not feeling well, do you avoid getting help?   
 ☐ YES ☐ NO ☐ Refused
17. Are you currently pregnant?   
 ☐ YES ☐ NO ☐ Refused
18. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   
 ☐ YES ☐ NO ☐ Refused

19. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ YES ☐ NO ☐ Refused
20. Do you have any mental health issues or cognitive issues, including a brain injury, that you would require assistance to access or keep housing? ☐ YES ☐ NO ☐ Refused
21. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ YES ☐ NO ☐ Refused
22. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ YES ☐ NO ☐ Refused
23. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ YES ☐ NO ☐ Refused

#### CONTACT INFORMATION:

Please enter all contact information at the end of the VI-SPDAT in HMIS. In addition, please update contact information in the Location Tab in HMIS. COMPLETE AND UP TO DATE CONTACT INFORMATION IS CRITICAL TO MAKE SURE PEOPLE CAN BE FOUND WHEN A HOUSING REFERRAL IS AVAILABLE!

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Where:

When:

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone:

Email:

Is there someone that you trust and communicate with regularly that we can contact when we look for you? (Please include name and phone number if possible)

OK, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future.

May I do so? ☐ YES ☐ NO ☐ Refused

### ***Santa Clara County – Additional Questions:***

Please complete the following additional questions. These questions are **not** part of the VI-SPDAT assessment; however, they may be used to identify programs for which the individual or household might be eligible. *Please note that documentation will be required to verify eligibility if an individual or household is referred to a program based on responses to these questions.*

**1. Domestic Violence Victim/Survivor**

☐ Yes ☐ No ☐ Don't Know ☐ Refused

**2. Last Occurrence of Domestic Violence**

☐ Within the last 3 months ☐ 3-6 months ☐ 6-12 months  
☐ 1 year or more ☐ Don't Know ☐ Refused

**3. Are you currently fleeing?**

☐ Yes ☐ No ☐ Don't Know ☐ Refused

**4. Are you a veteran?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused

**a. If yes, which military service era did you serve in?**

- ☐ Post September 11<sup>th</sup> (September 11, 2001 – Present)  
☐ Persian Gulf Era (August 1991 – September 10, 2001)  
☐ Post-Vietnam Era (May 1975 – July 1991)  
☐ Vietnam Era (August 1964 – April 1975)  
☐ Between Korean and Vietnam Wars (February 1955 – July 1964)  
☐ Korean War (June 1950 – January 1955)  
☐ Between WWII and Korean War (August 1947 – May 1950)  
☐ WWII Era (September 1940 – July 1947)  
☐ Don't Know  
☐ Refused

**b. If yes, what is your discharge status?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Honorable    | <input type="checkbox"/> General under Honorable Conditions          |
| <input type="checkbox"/> Bad Conduct  | <input type="checkbox"/> Under other than Honorable Conditions (OTH) |
| <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Uncharacterized                             |
| <input type="checkbox"/> Don't Know   | <input type="checkbox"/> Refused                                     |

**5. How many total years have you been homeless?** \_\_\_\_\_

**6. Which city did you live in prior to becoming homeless?** \_\_\_\_\_

**7. If you are employed, in which city is your work place?** \_\_\_\_\_

**8. If you go to school, in which city is your school?** \_\_\_\_\_

**9. In which city do you spend most of your time?** \_\_\_\_\_

**10. Have you ever been in foster care?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused

11. **Have you ever been in jail?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused
12. **Have you ever been in prison?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused
13. **Do you have a permanent physical disability that limits your mobility?** (i.e. wheelchair, amputation, unable to climb stairs?) ☐ Yes ☐ No ☐ Don't Know ☐ Refused
14. **If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?** ☐ YES ☐ NO ☐ Refused
15. **What type of health insurance do you have, if any?**
- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Private Insurance   |
| <input type="checkbox"/> Medicare   | <input type="checkbox"/> No Health Insurance |
| <input type="checkbox"/> VA Medical | <input type="checkbox"/> Other               |

**Assessor Companion Question: [Observe, don't ask]**

To capture mental health, cognitive impairments, and substance use issues more effectively when individuals are unable to answer these questions, the VI-SPDAT process includes an observation feature in its scoring for these questions.

If a client answer Yes to certain questions related to mental health, cognitive impairments, or substance use issues, the standard scoring will apply and the added assessor companion questions at the end of the assessment are skipped. If a client answers no to the related questions, but the assessor observes behavior to indicate the answer should be yes, then assessors must answer the observation questions at the end and include a note explaining what led the assessor to believe that the client's response did not reflect the true situation.

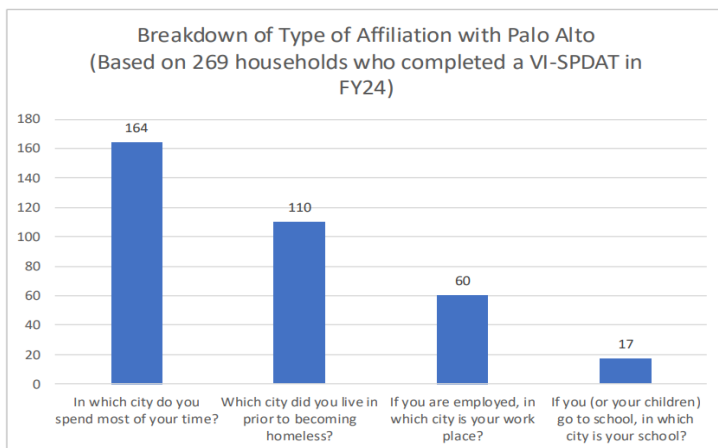
1. **Has the assessor observed any behavior to indicate a mental health or cognitive issue?** (Examples: speaking gibberish, having visual or auditory hallucinations, exhibiting paranoia, severe trouble with memory or comprehension)  
  
☐ Yes ☐ No
2. **If assessor observed any behavior to indicate a mental health or cognitive issue, please describe how this meets criteria.**
3. **Has the assessor observed any abscesses or track marks from injection substance use?**  
  
☐ Yes ☐ No
4. **If the assessor observed any abscesses or track marks from injection substance use, please describe how this meets criteria.**

## Appendix C

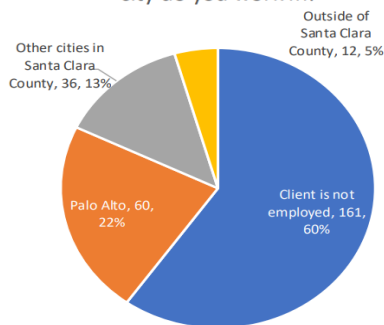
### Santa Clara County Data on Unhoused Palo Altans, 2022-2024

#### Unhoused Households Affiliated with the City of Palo Alto, FY24

- 269 Palo Alto affiliated households completed a VI-SPDAT assessment during July 1, 2023 to June 30, 2024, indicating they experienced homelessness during this period. Affiliation with the City of Palo Alto is established by answering "Palo Alto" to any of the following VI-SPDAT assessment questions:
  - In which city do you spend most of your time?
  - Which city did you live in prior to becoming homeless?
  - If employed, what city do you work in?
  - If you go to school, in which city is your school?
- City of Palo Alto affiliated households are 3.3% of the total number of households who took the VI-SPDAT during this period (8,092 households)
- 154 or 57% of these households took the VI-SPDAT for the first time, a measure of homeless inflow.
- The following are demographics of households affiliated with the City of Palo Alto who took the VI-SPDAT in FY24:

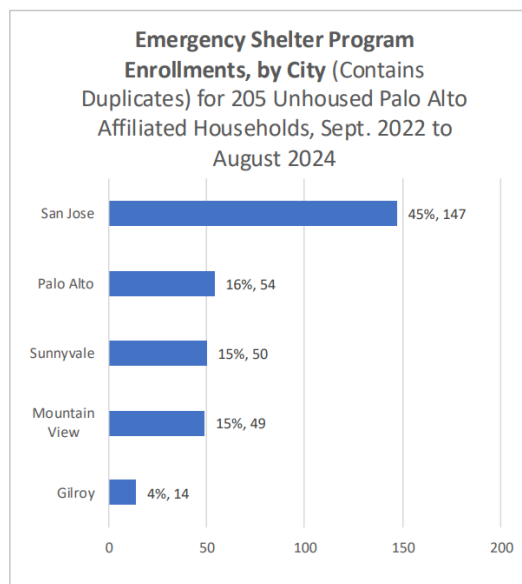
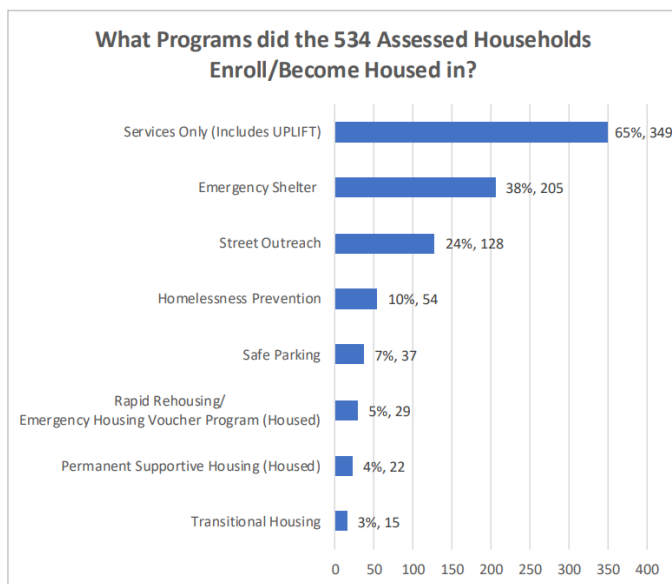


#### Employment of Palo Alto Affiliated Unhoused Households: If employed, what city do you work in?



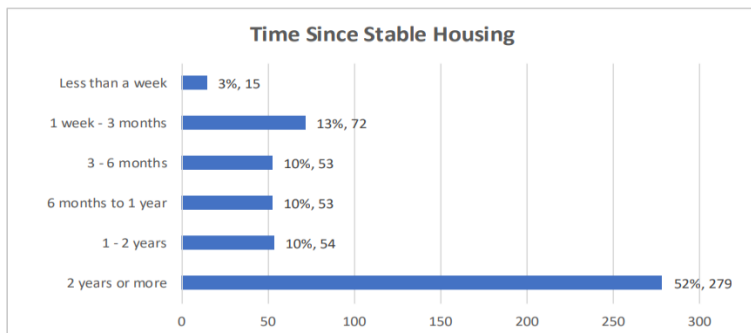
#### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two-Year Period)

- 534 Palo Alto affiliated households completed a VI-SPDAT assessment during September 1, 2022 to August 30, 2024, indicating they experienced homelessness during this period. Affiliation with the City of Palo Alto is established by answering "Palo Alto" to any of the following VI-SPDAT assessment questions:
  - In which city do you spend most of your time?
  - Which city did you live in prior to becoming homeless?
  - If employed, what city do you work in?
  - If you go to school, in which city is your school?
- The following are demographics of households affiliated with the City of Palo Alto who took the VI-SPDAT during this period:

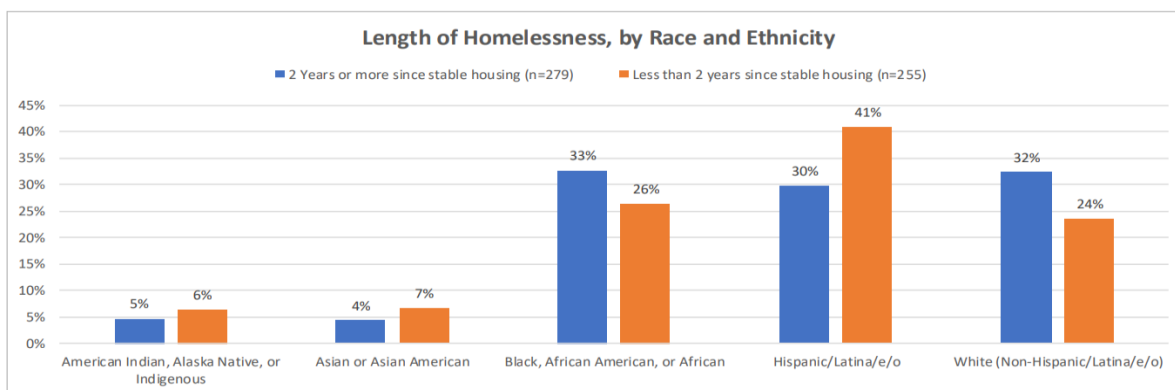


### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two Year Period), Cont'd

- The following are demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024:

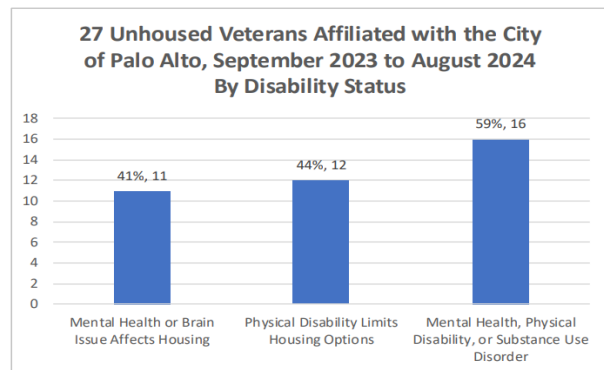


- Of the 279 Palo Alto affiliated households that reported 2 years or more since permanent stable housing, 146 or **52%** reported a Mental Health, Physical disability, or Substance Use disorder.
- Of all 534 Palo Alto affiliated households, **46%** reported a Mental Health, Physical disability, or Substance Use disorder.

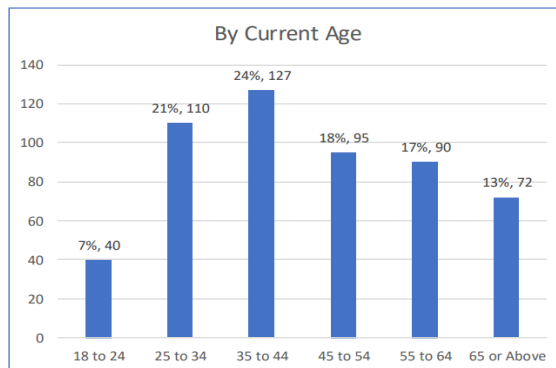
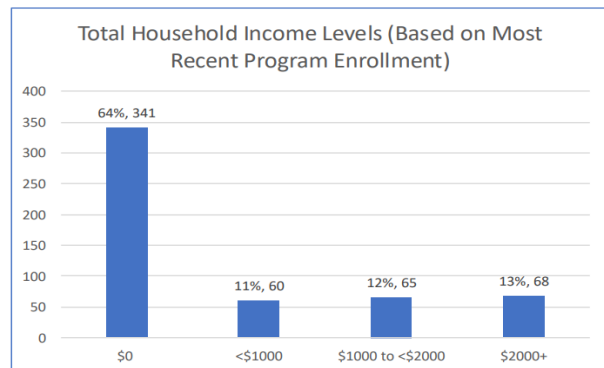
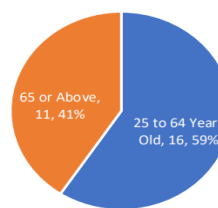


### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two Year Period), Cont'd

- The following are demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024:



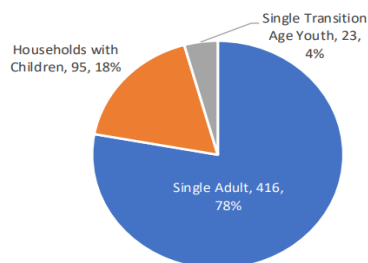
**Veterans, by Current Age**



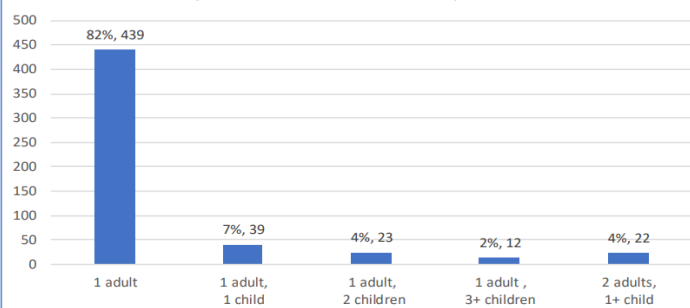
### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two Year Period), Cont'd

- The following are demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024:

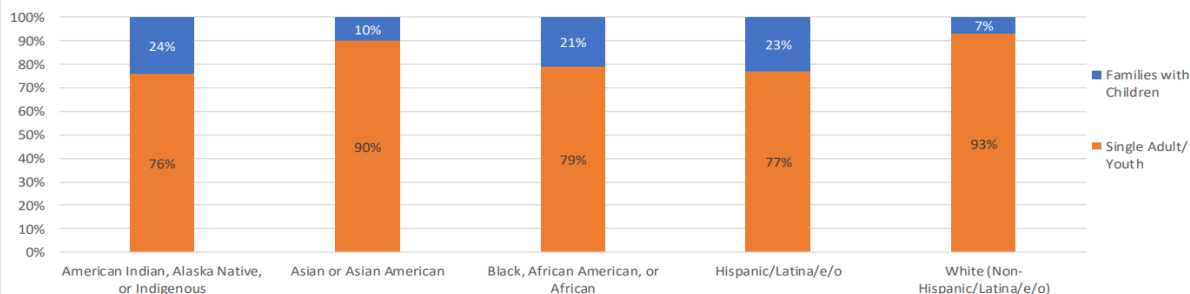
Household Type (Based on VI-SPDAT Type)



By Household Size and Composition



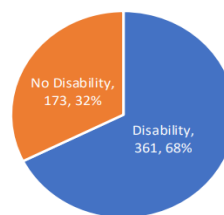
Percentage by Race and Ethnicity who are Households with Children (Where sample size is sufficient)



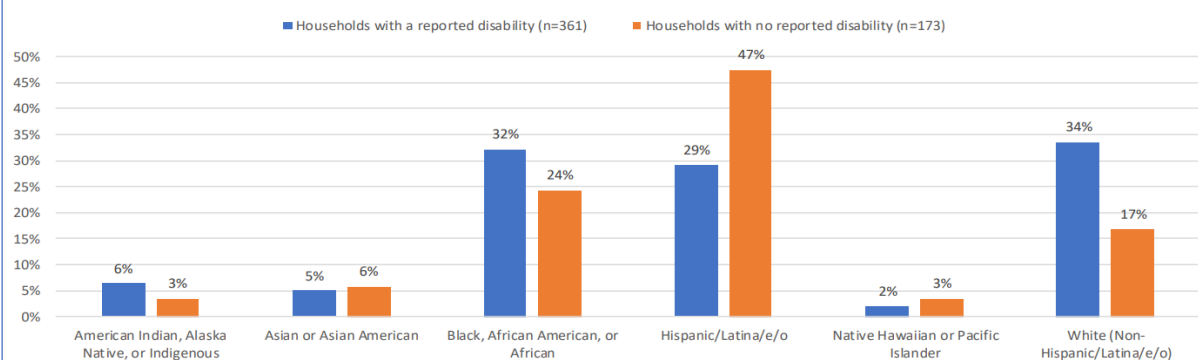
### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two Year Period), Cont'd

- The following are demographics of 534 households affiliated with the City of Palo Alto who took the VI-SPDAT during Sept. 2022 to August 2024.
- 68% of unhoused households affiliated with Palo Alto self-reported a type of disability during a program enrollment (as documented in HMIS).
- The contrast in percentage of households with a disability compared to households without a disability is highest for American Indian/Alaska Native, or Indigenous, White (Non-Hispanic/Latina/e/o), Hispanic/Latina/e/o, and Black, African American, or African
- Of 361 households who reported a disability,
  - 34% identified as White (Non-Hispanic/Latina/e/o)
  - 32% identified as Black, African American, or African
  - 29% identified as Hispanic/Latina/e/o
- Of 173 households who reported NO disability at program enrollment,
  - 47% identified as Hispanic/Latina/e/o
  - 24% identify as Black, African American, or African

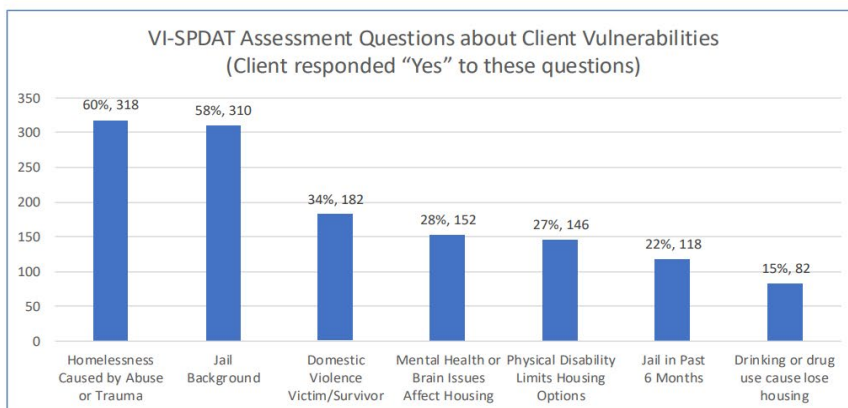
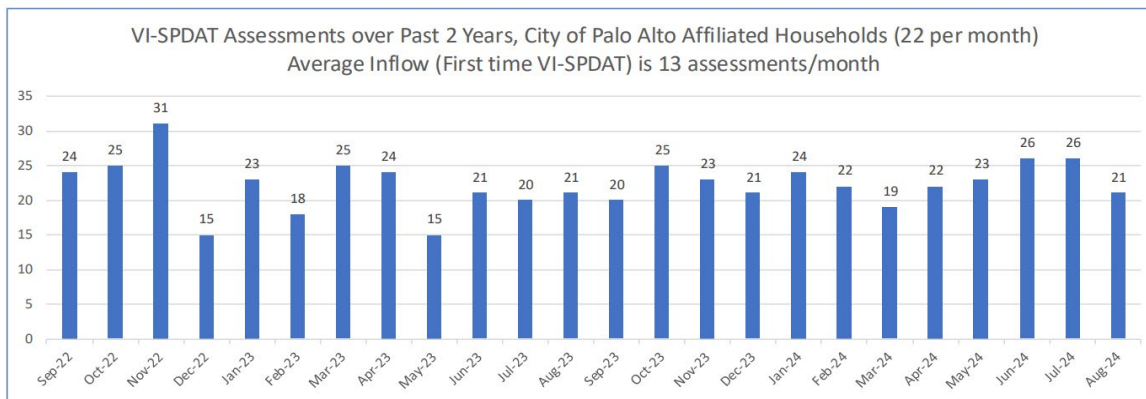
By Disability (Self-Reported at a Program Enrollment)



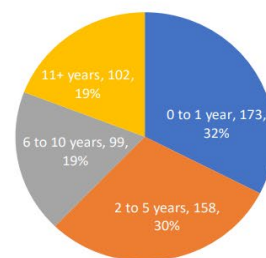
Disability Status by Race and Ethnicity (Multiple Responses Allowed)



### Unhoused Households Affiliated with the City of Palo Alto, Sept. 2022 to Aug. 2024 (Two Year Period), Cont'd



How many total years have you been homeless?





## Appendix D

### Santa Clara County Data on Unhoused Palo Altans, 2023-2024

City of Palo Alto Report, FY2023-2024 (July 1, 2023 to June 30, 2024)

Office of Supportive Housing, Santa Clara County

Through a collective impact response implementing the 2020-2025 Community Plan to End Homelessness, Santa Clara County housed nearly 4,500 people (about 2,500 households) in 2023. This is a 29% increase from 2022 and an unprecedented number that speaks to the efforts of partners working collaboratively on shared goals.

Since January 2020:

- 13,817 people moved into permanent housing
- Prevention programs reached 28,235 at-risk people
- 19,575 people were served through temporary housing and shelter
- Supportive Housing capacity has increased by 12% with 5,561 units/subsidies and 1,126 units in the pipeline
- Temporary housing and shelter capacity increased by 44%

[Link to progress report: 2020-2025 Community Plan to End Homelessness](#)

While we are implementing effective solutions and slowing the growth of the crisis, we still saw a 24% increase in 2023 of people seeking homelessness assistance for the first time. We must summon the collective will and resources to not only respond to the current crisis and scale our successful housing strategies, but also address and eliminate the root causes of homelessness in our community. By pooling our resources and coordinating our efforts, each city's investment will be multiplied and will maximize our efforts to expand the supportive housing system and end homelessness in Santa Clara County.

We hope this bi-annual report will support your City in meeting the need in your jurisdiction, as well as connect your strategies to county-wide efforts.

#### Homelessness in Santa Clara County and the City of Palo Alto

Measure of Homelessness	Santa Clara County	City of Palo Alto
Point-in-Time Count, January 2023	9,903 people were experiencing homelessness in Santa Clara County - 7,401 (75%) of them were unsheltered	206 people were experiencing homelessness in the City of Palo Alto - 187 (91%) of them were unsheltered
Measure of Homelessness (and Housing Placements)	Santa Clara County	City of Palo Alto Affiliated
Currently on the Community Housing Queue, as of August 1, 2024	5,112 households	172 households
Homeless in FY2024: Total VI-SPDAT assessments completed between July 1, 2023 and June 30, 2024	8,092 households	269 households
System Inflow (First time VI-SPDAT) & Outflow (Housing Placements), FY2024	o 4,309 households requested housing assistance for the first time, and o Approximately 2,656 households were placed in permanent housing	o 154 households requested housing assistance for the first time, and o Approximately 82 households were placed in permanent housing

#### The FY24 Santa Clara County Supportive Housing System (Active program enrollments in FY24)

Households	Santa Clara County		City of Palo Alto Affiliated	
Project Type	Enrolled	Housed (if applicable)	Enrolled	Housed (if applicable)
Permanent Supportive Housing (disability required)	4,323	4,058	220	212
Rapid Rehousing	1,871	1,484	83	65
Emergency Housing Voucher Program	928	771	41	35
Emergency Shelter	5,146	NA	287	NA
Transitional Housing	637	NA	19	NA
Safe Parking	392	NA	46	NA
Street Outreach	5,001	NA	170	NA
Housing Problem Solving	2,388	NA	110	NA
Services Only (Includes UPLIFT)	11,634	NA	1,173	NA
Homelessness Prevention	2,960	NA	111	NA

Individuals	Santa Clara County		City of Palo Alto Affiliated	
Project Type	Enrolled	Housed (if applicable)	Enrolled	Housed (if applicable)
Permanent Supportive Housing (disability required)	5,269	4,879	261	247
Rapid Rehousing	3,678	3,009	154	125
Emergency Housing Voucher Program	2,601	2,192	128	113
Emergency Shelter	7,104	NA	380	NA
Transitional Housing	705	NA	19	NA
Safe Parking	612	NA	80	NA
Street Outreach	5,703	NA	182	NA
Housing Problem Solving	3,810	NA	156	NA
Services Only (Includes UPLIFT)	17,225	NA	400	NA
Homelessness Prevention	7,946	NA	273	NA

### Homeless Inflow - First Time VI-SPDAT (Households)

Year	Total Homeless Inflow (Santa Clara County)	City of Palo Alto Affiliated Inflow	Percent of Total
2019	4,751	138	2.9%
2020	3,445	147	4.3%
2021	3,175	180	5.7%
2022	3,473	165	4.8%
2023	4,297	168	3.9%
FY24	4,309	154	3.6%

### Households Placed in Permanent Housing

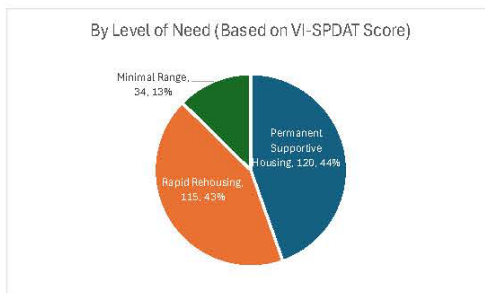
Year	Total Housed (Santa Clara County)	City of Palo Alto Affiliated Housed	Percent of Total
2019	1,947	87	4.5%
2020	2,099	80	3.8%
2021	1,943	65	3.3%
2022	2,060	64	3.1%
2023	2,509	80	3.2%
FY24	2,656	82	3.1%

### Demographics for 269 VI-SPDAT Assessments Completed in FY24, City of Palo Alto:

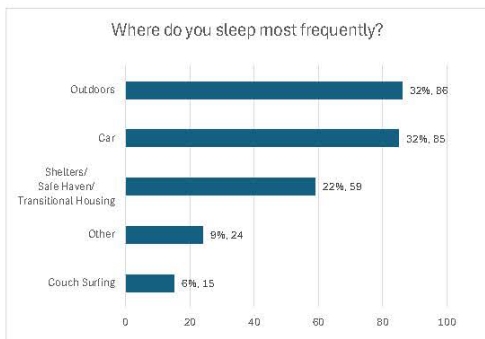
An indicator of homelessness in FY24 for households affiliated with the City of Palo Alto

Note: Data not shown for groups with fewer than 11 respondents

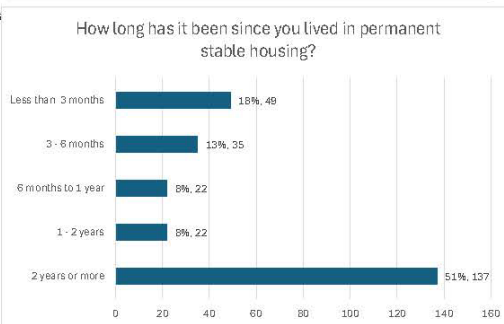
By Level of Need (Based on VI-SPDAT Score)		
Permanent Supportive Housing	120	
Rapid Rehousing	115	
Minimal Range	34	
	269	



Where do you sleep most frequently?		
Couch Surfing	15	6%
Other	24	9%
Shelters/ Safe Haven/ Transitional Housing	59	22%
Car	85	32%
Outdoors	86	32%
	269	

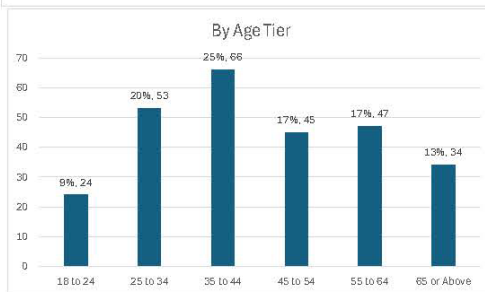


How long has it been since you lived in permanent stable housing?		
2 years or more	137	51%
1 - 2 years	22	8%
6 months to 1 year	22	8%
3 - 6 months	35	13%
Less than 3 months	49	18%
	265	

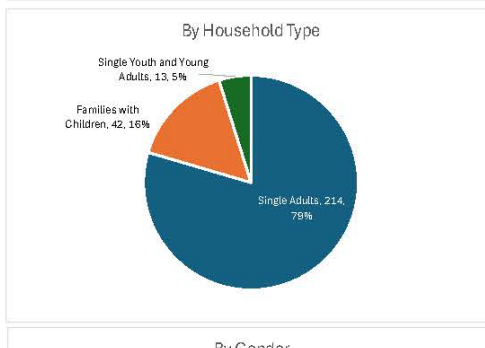


Note: Some clients did not respond

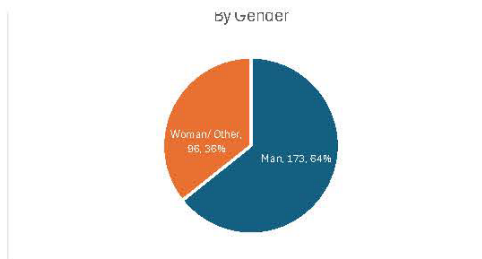
By Age Tier		
18 to 24	24	9%
25 to 34	53	20%
35 to 44	66	25%
45 to 54	45	17%
55 to 64	47	17%
65 or Above	34	13%
	269	



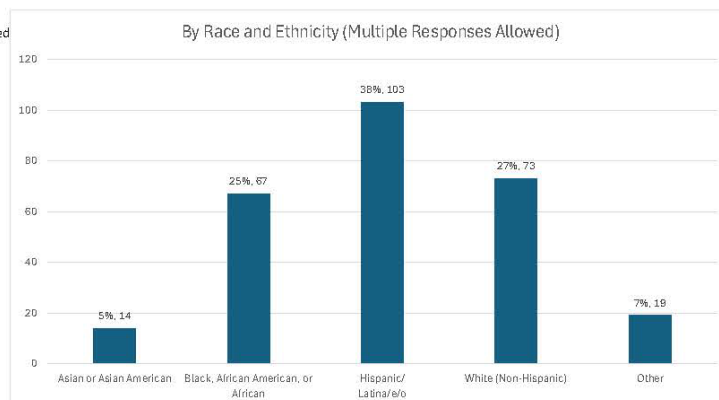
By Household Type		
Single Adults	214	
Families with Children	42	
Single Youth and Young Adults	13	
	269	



	By Gender
Man	173
Woman/ Other	96
	269



	By Race and Ethnicity (Multiple Responses Allowed)
Asian or Asian American	14 5%
Black, African American, or African	67 25%
Hispanic/Latina/e/o	103 38%
White (Non-Hispanic)	73 27%
Other	19 7%



Note: With the new 2024 HMIS data standards (updated in October 2023), Race and Ethnicity is now one question (previously it was 2 questions) and Hispanic/Latina/e/o was added to the list of Race and Ethnicity options as well as Middle Eastern/North African.

Clients may choose more than one race and ethnicity option. We show the responses for each race and consequently, the numbers do not add up to 100%. For White, we exclude Hispanic/Latina/e/o since historically, about 50% of White, reported a "Hispanic/Latinx" ethnicity.

## Notes and Definitions

- Enrollment and assessment data is from HMIS (Homeless Management Information System)
- Inflow: First time a person/household completes a VI-SPDAT assessment (Note that only the head of household of a household with children is instructed to take the Family VI-SPDAT assessment)
- Outflow: Households placed in permanent housing (a move-in date in a housing program or an exit to a permanent housing destination from a non-housing program). Total (Santa Clara County) numbers include HUD-VASH housing (PSH) placements but city-level data does not include most HUD-VASH clients (since city affiliation is not available for most VASH clients).

## Notes about City Affiliation:

- City affiliation is based on client self-reported data from 4 city affiliation questions (provided during an assessment) and one program enrollment field:
  - In which city do you spend most of your time?
  - Which city did you live in prior to becoming homeless?
  - If you are employed, in which city is your work place?
  - If you (or your children) go to school, in which city is your school?
  - Zip Code of last permanent address (Program Enrollment)
- Zip Codes used in the analysis for the City of Palo Alto: 94301, 94302, 94303, 94304, 94306, 94309
- City affiliation for homeless inflow and Community Housing Queue data is based on VI-SPDAT questions only.
- City affiliation for housing placements is based on the most recent VI-SPDAT assessment and program enrollment (zip code of last permanent address).
- City affiliation for most program enrollments is based on the most recent of any assessments that have a city affiliation questions (VI-SPDAT, Community Hotline/Triage, Housing Problem Solving, Homelessness Prevention) and program enrollment (zip code of last permanent address).
- City affiliation for Housing Problem Solving is based on the Housing Problem Solving Assessment 4 city affiliation questions.
- City affiliation for Homelessness Prevention is based on the Homelessness Prevention Assessment 4 city affiliation questions and Zip code of current address at program enrollment.
- Street Outreach enrollments do not include Safe Parking enrollments as they are reported separately.
- Housing Problem Solving services include financial assistance, mediation, and attempts by case managers in person or by phone.
- Homelessness Prevention includes only HPS-DH and HPS-OSH (EAN) programs.

## Note about Race and Ethnicity

With the new 2024 HMIS data standards, Race and Ethnicity is now one question (previously it was 2 questions) and Hispanic/Latina/e/o was added to the list of Race and Ethnicity options as well as Middle Eastern/North African. Clients may choose more than one race and ethnicity option. We show the responses for each race and consequently, the numbers do not add up to 100%.