CITY OF GLENDALE

2018 Homeless Count and Survey

APRIL 2018

ACKNOWLEDMENTS

This report is the result of a partnership between the City of Glendale Continuum of Care (CoC) Board of Directors, Community Services and Parks Department, and Homeless Service Providers in Glendale. These entities continue to work together to plan, develop and implement the City's Continuum of Care system for providing services to homeless individuals and families.

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The annual homeless count is dependent upon local homeless service providers and program operators serving the homeless to participate in an enumeration exercise; and completing a survey entry for each person seen and served during the day and evening of the Count.
Special thanks to all of the Community Volunteers, Urban Initiatives, the Glendale Police Department, Shelter Partnership, J's Maintenance and Ascencia's Outreach team who were especially instrumental in planning and conducting the street count.

Volunteers in no particular order:

Ivet Samvelyan, Renee Brandt, Jim Nasella, Paul San Felipe, Ida Babayan, Renia Ghazarian, Alfred Hernandez, Regina Dupree, Nancy Salem, Christina Zastrow, Chris Waldheim, Joylene Wagner, Annie Hausler-Tangate, Juan Gutierrez, Ken McFadden, Daniel Valdez, Sandra Yanez, Carina Alvarado, Armando Lerma, Natalie Smith, Sally Schnitger, Elise Copley, Duke Snyder, Marlin Galvez, Amy Tate, Ahmad Akkaoui, Victoria Dochorghlian, Jacqueline Baliton, Keith Buck, Matt Ackels, Jennifer Palafox, Aida Vestani, Amy Marie Pinal, Sara Catania, Valerie Zografos, Armineh Hakobian, Diana Hill, Maria Roland, Jerry Rodriguez, Mary Leasure, Lieutenant Oscar Rodriguez, Sergeant Patrick Magtoto, Officer Steven Koszis, Officer James Colvin, Officer Gonzalo Zendejas, and Officer Minas Tsolakyan.

Special thanks to the Glendale Continuum of Care Board of Directors for their ongoing leadership and guidance with the homeless programs.
Glendale CoC Board of Directors: Lt. John Gilkerson (Chair), Diana Hill (Vice Chair), Gary Brooks, Bruce Nelson, Melissa Younessian and Gabriella Waring.

City of Glendale, Homeless Services would like to thank Chris Waldheim with J's Maintenance for his continued support and generous donations of hygiene products, blankets and jackets.

Participating Agencies that Served as Counters:

Ascencia, Catholic Charities, Glendale Unified School District, The Salvation Army, Department of Public Social Services, Door of Hope, YWCA of Glendale, Didi Hirsch Mental Health Services, City of Glendale Central Library, Community Services and Parks Department, Adult Recreation Center, Verdugo Jobs Center, Family Promise of the Verdugos, Carlson Fellowship Center, and the Glendale Police Department.

Special thanks to our research consultants, the Institute for Urban Initiatives, for their expertise and guidance through the Point-In-Time Count and Subpopulation Survey process, including methodology development and implementation, planning coordination and guidance, and production of the final report.

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I. Executive Summary

On January 23, 2018, 260 persons were homeless according to the Glendale 2018 Homeless Count and Survey Final Report. The previous homeless count and subpopulation survey was completed in 2017 during which 168 persons were counted. A comparison of the last two counts reveals that 92 more persons were counted in 2018, which represents an increase of 55%. There are several factors that contribute to this year's increase in the overall homeless population.

- The first factor is due to rents being at record highs across the country, while income growth has not kept pace as rents have grown, making the rental market increasingly unaffordable. According to the 2018 Homeless Count Surveys, 30% or 45 households became homeless for the first time in the City of Glendale due to a confluence of factors, including low wages and drastic increase in rents.
- The second factor is due to the implementation by the City of Los Angeles to aggressively sweep and dismantle homeless encampments during the past year. The Homeless population residing in the City of Los Angeles relocated to neighboring cities as a result of the sweep including relocating to the City of Glendale.
- The third factor is due to the passing of Proposition 47 and 57, which allows for early release and re-sentencing for inmates. These programs contributed to the increase in the number of unsheltered persons in the City of Glendale. Nearly 22% of individuals surveyed during the Homeless Count were released from jail or prison in the past year.

Table 1. Comparison of 2017 and 2018 Homeless Counts

	Sheltered	**Unsheltered**	**Total**
2017 Homeless Count	111	57	168
2018 Homeless Count	104	156	260
Difference:	**-7**	**+99**	**+92**
	6.3%	**+174%**	**+55%**

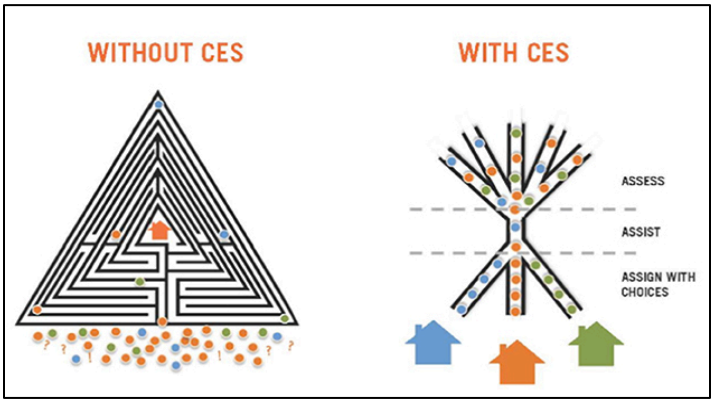
IMPACT OF OUTREACH & HOUSING FIRST

City of Glendale is its own Continuum of Care (CoC) and continues to implement the Coordinated Entry System (CES). CES is designed to provide initial, comprehensive assessment of needs of individuals and families for housing and services. Ascencia is responsible for implementing the centralized intake and assessment system for the CoC and provides first level screening and service matching, while the receiving program conducts further screening assessment, verification, and

makes final admissions decisions. Each participant is assessed via the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and prioritized for housing type based on score.

As a result, the Glendale CoC has seen impact of intensive outreach and housing first placements for the chronically homeless unsheltered population.

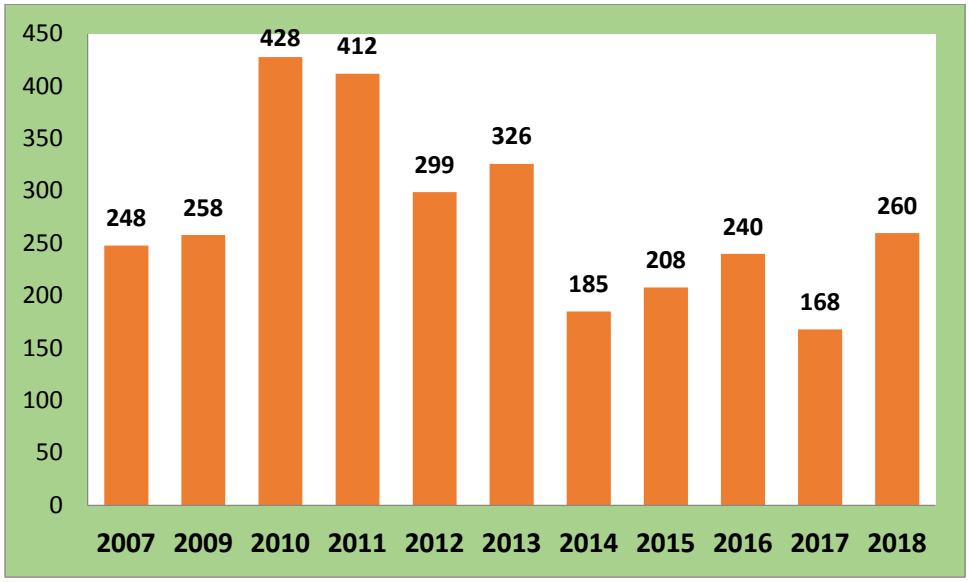
The 2018 Homeless Count reported an increase in the unsheltered population, particularly for households experiencing homelessness for the first time in the City of Glendale. Glendale CoC will continue to tailor the CES system to aggressively divert households who may experience homelessness for the first time.



Families experiencing homelessness are quickly assessed and linked to the Family Solutions Center through the SPA 2 CES system. Families are assessed through the Vulnerability Index-Family Service Prioritization Decisions Assistance Tool (VI-FSPDAT) and linked to the appropriate services such as the Rapid Re-housing Program. These housing match ready prioritization lists are visible to all partner agencies within the CES so they know who to house first at all times based on the highest scores and available housing opportunities. Utilizing the "Housing First Model", the Outreach, Assessment, Intake, Housing Match and Employment Navigator's specialize in employment and income support advocacy, housing placement and general case management to give clients individualized attention as they are prioritized for services and matched to permanent housing opportunities. The Housing Navigators work with local hospitals to facilitate discharge planning for homeless patients, so they do not return to the streets, prioritize frequent hospital users for placement in permanent supportive housing and support post-discharge compliance, attending as needed follow-up visits to their primary care physician. Navigators accompany clients deemed in need of more intensive support to appointments to ensure they are properly connected to the appropriate resources they need. All CoC Partners must utilize the CES established by the COC, unless the sub-recipient is a victim service provider. Victim service providers work with the YWCA of Glendale; City's lead organization for domestic violence programming. Ascencia continuously stays in close communication with providers to ensure up to date information on housing stock, inventory, and program eligibility requirements on all programs serving homeless populations in the Glendale area so that clients can be placed into permanent housing as quickly as possible. The current assessment system in place allows agencies to systematically assess the needs of

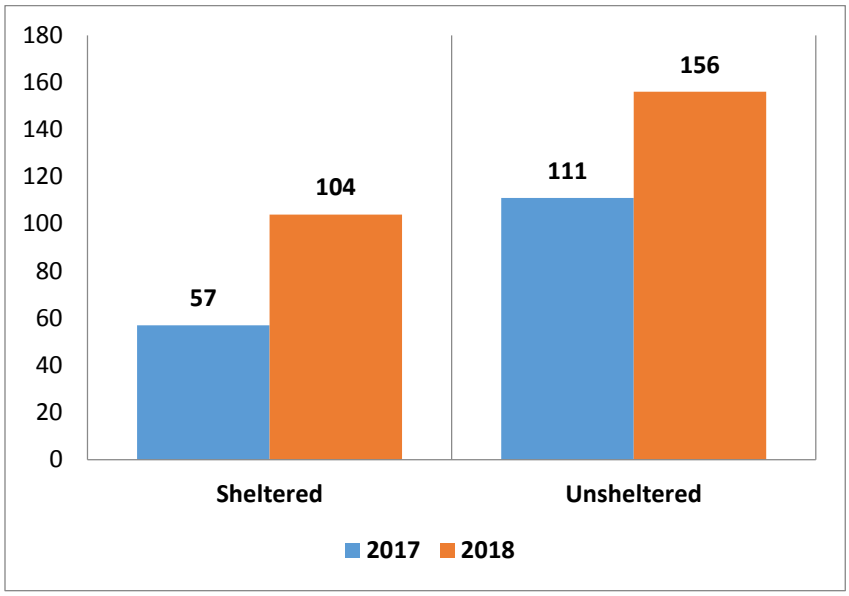
program participants and effectively match each individual or family with the most appropriate resources available to address the needs of homeless individuals and families within the Glendale CoC. Below is a table reflecting historical and current homeless count. The Glendale CoC continues to strengthen its collaboration with local and mainstream service providers to reach out and serve as many homeless individuals and families as possible within the City of Glendale. The Glendale Police Department has also been instrumental in connecting the most hard to house chronically homeless persons with the homeless outreach team.

Table 2: Historical and 2018 Homeless Count



The Chart below reflects the homeless count by sheltered and unsheltered population and the comparison between 2017 and 2018.

Table 3: Sheltered vs. Unsheltered



A total of 260 homeless persons were identified during the 2018 Homeless Count of which 199 were adults over the age of 18 and 61 were children. Of the 260 persons counted in 2018, 104 or 40% were sheltered while 156 or 60% were unsheltered, which is defined by the U.S. Department of Housing and Urban Development (HUD) as

> "An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings."

As required by HUD, the sheltered count included the number of persons and households sleeping in emergency shelters (including seasonal shelters), transitional housing, and Safe Haven programs (of which the County has none) that were listed on the Housing Inventory Chart (HIC). In addition, any persons staying in hotels or motels as a result of receiving a voucher from a social service agency were included in the sheltered count per HUD's instructions if the voucher program was listed on the HIC.

43% of Unsheltered Adults said "YES" to Becoming Homeless in the City of Glendale

Based on the comparison of 2017 vs. 2018, the substantial increase in the sheltered and unsheltered population was due to a confluence of factors, including a drastic increase in rents, aggressive sweep and dismantling of homeless encampments in the City of Los Angeles, and the early release for inmates because of the passing of Proposition 47 and 57. As a result, the homeless population in the City of Glendale increased by 55% (168 in 2017 vs. 260 in 2018).
In comparison to 2017, there was an increase of 88% in the adult homeless population (106 in 2017 and 199 in 2018) and a slight decrease of 1.6% in homeless children (62 in 2017 and 61 in 2018). Of the 146 unsheltered adults surveyed, a total of 63 persons (43%) answered 'Yes' to becoming homeless in the City of Glendale. In addition to the 63 adults, one child also became homeless for the first time in the City of Glendale.

II. Background Information

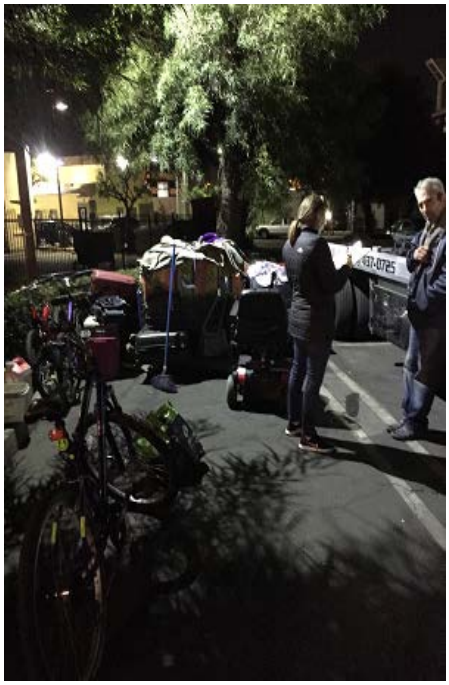
HUD, as part of its requirements for local jurisdictions to continue to receive continuum of care funding for homeless persons, asks local jurisdictional applicants to conduct a "one-day point-in-time" homeless count every other year during the last 10 days of January. The City of Glendale is one of more than 400 jurisdictions that submit an annual application to HUD for continuum of care funding.

When was the count conducted?

The homeless count was conducted on the streets during the hours of 8:00 p.m. and 10:00 p.m. during the evening of January 23 and 8:00 a.m. and 10:00 a.m. during the morning of January 24, 2018. The count was also conducted on the same day in shelters and transitional housing programs throughout the City for persons who slept in these programs beginning the night before.

Who was counted?

Per HUD's instructions, a person was considered homeless, and thus counted, only when he/she fell within the HUD-based definition by residing in one of the places described below:



- In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- In an emergency shelter; and
- In transitional housing for homeless persons.

Who was not counted?

Per HUD's instructions, a person was not considered homeless if the person resided in one of the following places noted below:

- Medical facilities, such as hospitals, psychiatric facilities, and nursing homes;
- Jails, prisons or juvenile detention facilities;
- Chemical dependency facilities, such as substance abuse treatment facilities and detox centers;
- Foster care homes or foster care group homes.

Also, per HUD's instructions, children identified by McKinney-Vento Homeless Coordinators at schools as homeless should not be counted. Children may be counted during the count if they live in an emergency shelter or transitional housing program, or if they are unsheltered.

Lastly, HUD does not consider the following persons to be homeless—persons who are "doubled up," or persons who are "near homelessness"—but considers them to be at risk of becoming homeless. Thus, such persons were not included in the homeless count.

The City of Glendale, like many other cities, has a substantial number of households that are at risk of becoming homeless. The Census Bureau noted that 14.7% or 29,522 of 200,831 Glendale residents were living below poverty level as reported in the 2017 census data.

Many of these persons can become homeless because of social structural issues such as increases in rent, loss of job, and rising health care costs. In addition, personal experiences such as domestic violence, physical disabilities, mental illness, and substance abuse can cause members of a low-income household or an entire household to become homeless. Often, one or more of these issues factor into a household's homeless experience.

III. Methodology

Unsheltered Count and Subpopulation Survey

A homeless count and subpopulation survey instrument was used to gather unsheltered data by counters (See Appendix B). The instrument focused on gathering responses that were used to create an identifier and to determine the number of persons for each subpopulation required by HUD. All information gathered through this instrument remains confidential.

During the Count, volunteers were required to collect the following information concerning every homeless person counted: first initial of first name, first initial of last name, gender, race[1], age by code[2], and state born. The information for each encounter was inputted into a data base. The information was used to create an identifier for each person. For example, a homeless person may have the following code of "WTMW6CA." This means that this person's first name began with "W", last name began with "T", he was male "M", he was White "5", in the age range of 50-61, and born in California.

First Initial	Last Initial	Gender	Race	Age	State Born
W	T	M	5	6	CA

If the same identifier appeared more than once, it was assumed that this was the same person and the person would only be counted once. An example to illustrate how this process worked is noted in the table below. Numbers 6 and 7 (shaded in gray) would be considered the same

[1] The code for race was 1=African American or Black; 2=American Indian or Alaskan Native; 3=Asian; 4=Native Hawaiian or Pacific Islander; 5=White; 6=Multiple Races or Other, 7= Don't Know; and 8= Refused to Answer.

[2] The code for age included: 1=under age 18; 2=18-24; 3=25-39; 4=40-49; 5=50-61; 6=62-69; 7=70+.

person. If for some reason there was doubt that numbers 6 and 7 were the same person, other data collected on the same two people would be used to address the doubt.

Number of Person	First Initial	Last Initial	Gender	Race	Age	State Born
1	J	H	F	5	6	CA
2	H	T	M	4	7	CA
3	R	K	F	4	5	TX
4	K	N	M	1	4	CA
5	F	A	M	3	3	CA
6	J	F	M	5	5	CA
7	J	F	M	5	5	CA
8	S	G	F	4	2	NY

The obtained data also provided the opportunity to break down the number of homeless persons counted by gender, ethnicity, age range, and state born. Thus, the questions served two purposes—basic demographic information and the prevention of duplication.

The instrument also focused on gathering responses to several questions to determine the number of persons for each of the nine subpopulations required by HUD which include:

- Chronically Homeless Individuals;
- Chronically Homeless Families;
- Adults with HIV/AIDS;
- Adults with Chronic Substance Abuse;
- Adults with Severe Mental Illness;
- Unaccompanied Youth under Age 18;
- Veterans;
- Adult Survivor of Domestic Violence or Intimate Partner Violence; and
- Youth Ages 18 to 24.

Other subpopulation data was also collected for:

- Persons released from a Correctional Institution during the past 12 months after serving a court-ordered sentence;
- Persons with a Physical Disability;
- Persons with a Developmental Disability;
- Persons with Chronic Health Conditions; and
- Seniors age 62+.

Sheltered Count and Subpopulation Survey

As required by HUD, the sheltered count included the number of persons and households sleeping in emergency shelters (including seasonal shelters) and transitional housing, including safe haven programs, which were listed on the Housing Inventory Chart (HIC) (see Appendix C). In addition, any persons staying in hotels or motels as a result of receiving a voucher from a social service agency were included in the sheltered count per HUD's instructions if the voucher program was listed on the HIC.

The HIC is updated and submitted to HUD in April of each year, as part of the annual Point-in-Time Count process. Prior to the Homeless Count, the HIC was updated by the City of Glendale staff to include any new programs or exclude any programs no longer operational.

HUD encourages the use of the Homeless Management Information Systems (HMIS) data to generate sheltered counts and subpopulation data for programs with 100% of beds participating in HMIS. Thus, HMIS was used to gather the total number of occupied beds and the number of persons for each subpopulation. A "Data Collection Instrument" was used to collect the total number of occupied beds and the number of persons for each subpopulation for non-participating HMIS programs and for HMIS participating agencies that do not have their HMIS data complete and correct (See Appendix D). The same questions used to collect subpopulation data through HMIS were used for the data collection instrument. Thus, sheltered count data for all sheltered programs was gathered either through a data collection sheet or HMIS.

Each client was given the opportunity to refuse to participate in the survey. Survey data is collected from each agency (totaling hundreds of agencies) then duplicated entries are removed to obtain an accurate count.

The Homeless count data is used to determine the special needs of the homeless population and sub-population; and to substantiate the City's need for funding. The unduplicated count is meant to be confidential, and the information collected is used only to perform a count of currently homeless persons in the City of Glendale.

IV. 2018 Domestic Violence, Transitional Housing and Rapid-Rehousing Programs

Persons fleeing domestic violence are an important sub-population served by the homeless service systems. The YWCA of Glendale is the main entrance for families fleeing from domestic violence. YWCA's domestic violence shelter provides a temporary community living environment for women and children whose safety is in immediate risk. YWCA provides services including case management, crisis intervention and counseling. The Salvation Army Nancy Painter Transitional Housing Program also makes a tremendous difference in the lives of homeless mothers and their children. Eligible mothers with children can live at the Nancy

Painter Home rent-free for up to two years. Mothers are offered counseling, training, access to education, and job opportunities. The City of Glendale manually added the 2018 homeless count data for the individuals residing at the YWCA Emergency Shelter and the Salvation Army Nancy Painter Transitional Housing Program.

In addition to these two new programs, City of Glendale also added Family Promise of the Verdugos which is a Continuum of Care (CoC) Funded Rapid Re-housing program. Family Promise of the Verdugos provides food and shelter to families with the help of a network of host and support congregations. The CoC funded Rapid Re-housing program operated by Family Promise of the Verdugos provides housing placement for six chronically homeless households with medium term rental assistance subsidy. This program is reported for the first time on the City of Glendale Homeless Inventory Count 2018. In addition to the CoC, Family Promise operates an emergency shelter where families arrive at a new host congregation each Sunday where they are hosted for one week. Families stay in the program up to 90 days while they are working to secure permanent housing and employment.

Homeless Survey Key Findings and Demographics

HUD requires that the total number of unsheltered and sheltered adults and children be broken down by various subpopulations including age, gender, race, ethnicity, and chronic homeless status.

The following pages contain demographic information collected during the 2018 Homeless Count compared to the last homeless count in 2017.

During the 2018 Homeless Count, 260 unduplicated homeless persons were counted of which 199 are adults and 61 are children under the age of 18.

- 199 of the 260 (77%) are adults over the age of 18; of which 146 (73%) are unsheltered and 53 (27%) are sheltered;

- 61 out of the 260 (23%) are children under the age of 18; of which 10 (16%) are unsheltered and 51 (84%) are sheltered;

- 51 out of 61 (84%) children are sheltered; of which 17 (33%) reside in emergency shelters and 34 (67%) reside in transitional housing programs;

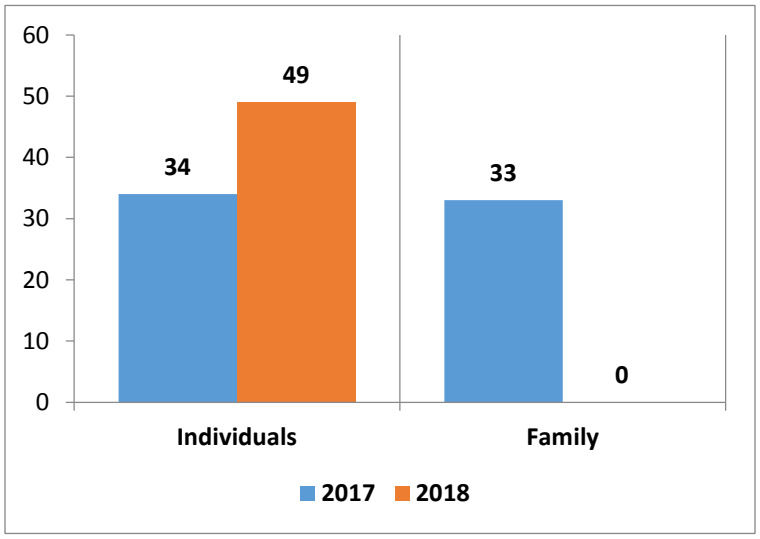
- 103 out of 260 (40%) identify as female; 156 out of 260 (60%) identify as male; and 1 out of 260 identifies as transgender.

- 49 out of 199 adults (25%) are chronically homeless persons; of which 11 (22%) are participants of emergency housing program and 38 (78%) are unsheltered;

- 44 out of 199 (22%) of adults identify as being homeless due to domestic violence;

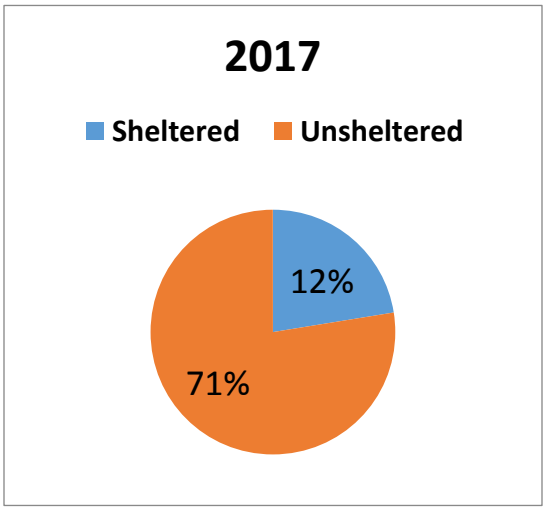
- 12 out of 199 (6%) are persons identifying at Veterans; of which 2 (17%) are female, 9 (75%) are male and 1 (8%) are transgender.

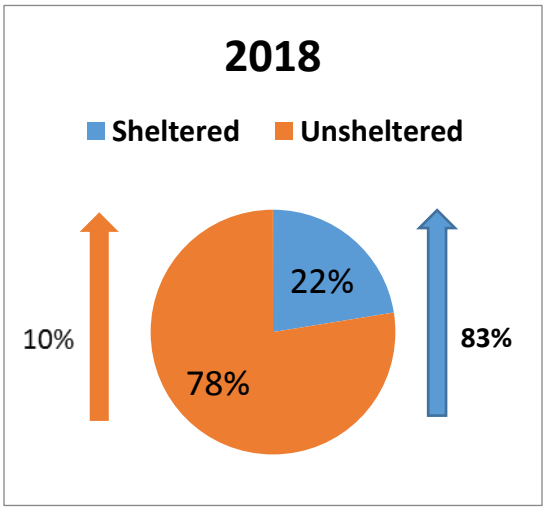
<u>Table 4: Chronically Homeless Sheltered and Unsheltered Families and Adults</u>



During 2017 Homeless Count, CoC reported 33 persons in families who were chronically homeless. During the 2018 Homeless Count, there were no reported chronic persons in families. The 2017 reported families were placed into Rapid Re-Housing Programs operated by the Family Promise of the Verdugos and City of Glendale.

Table 5: Chronically Homeless Adults





Factors contributing to the increase in the chronically homeless sub-population in Glendale may be related to the vulnerability of the chronically homelessness that typically have complex and long-term health conditions, such as mental illness, substance use disorders, physical disabilities, or other medical conditions. Once they become homeless, it is difficult for them to get back into housing. As a result, they can experience long or repeated episodes of homelessness. Pairing a housing subsidy with case management and supportive services has shown to help people experiencing chronic homelessness achieve long-term housing stability as well as improve their health and well-being. Outreach and engagement play an integral role in helping the chronically homeless population enter low barrier shelters, and most importantly to connect to housing, which in tern improves their safety and well-being. Permanent supportive housing is also a cost-effective solution for lowering public costs associated with the use of crisis services such as shelters, hospitals, jails, and prisons.

Table 6: Race Demographic

Race Demographics			
2017		**2018**	
White	54%	White	63%
Black/African American	26%	Black/African American	18%
Asian	5%	Asian	2%
American Indian/Alaskan Native	4%	American Indian/Alaskan Native	2%
Native Hawaiian or other Pacific Islander	0%	Native Hawaiian or other Pacific Islander	1%
Multiple Races	11%	Multiple Races	14%
Total	**100%**	**Total**	**100%**

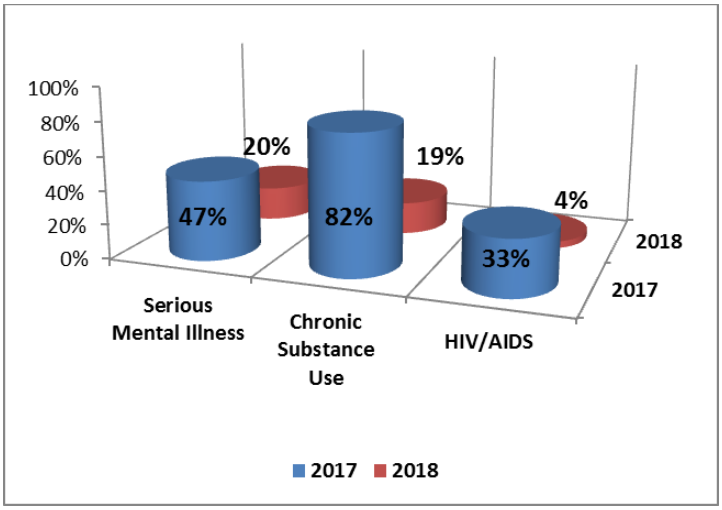
- 157 out of 260 (60%) identify as non-Hispanic/non-Latino; of which 50 (32%) are sheltered and 107 (68%) are unsheltered;

- 103 out of 260 (40%) identify as Hispanic/Latino; of which 54 (52%) are sheltered and 49 (48%) are unsheltered;

2018 Sub-Population Special Needs

Every year, the homeless count seeks to estimate the prevalence of certain disabilities among the homeless population. For many homeless individuals and families, health conditions are a major contributing factor in the economic crisis that leads to losing stable housing. Once left without support and resources for basic needs, even the most minor illness can escalate to more acute or chronic illness. Exposure to environmental elements and violence, along with lack of proper nutrition and preventative care often can result in more serious illness and financial strains on the community as hospitals are impacted and there are limited options for transitional housing upon discharge from hospitals.

Table 7: Sub-Population Special Needs Data Unsheltered Adults Only



The 2018 Homeless Count attempted to collect comprehensive data on the types of disabling conditions experienced by the HUD homeless population. Street count respondents were asked specific questions pertaining to each type of disability. Data for the sheltered populations were provided based on client records. Because the data for the unsheltered population is based on self-reports, there are undoubtedly more people with each type of disability than are captured during the Count.

Key Findings: Sub-Population Special Needs Data (Unsheltered Adults Only)

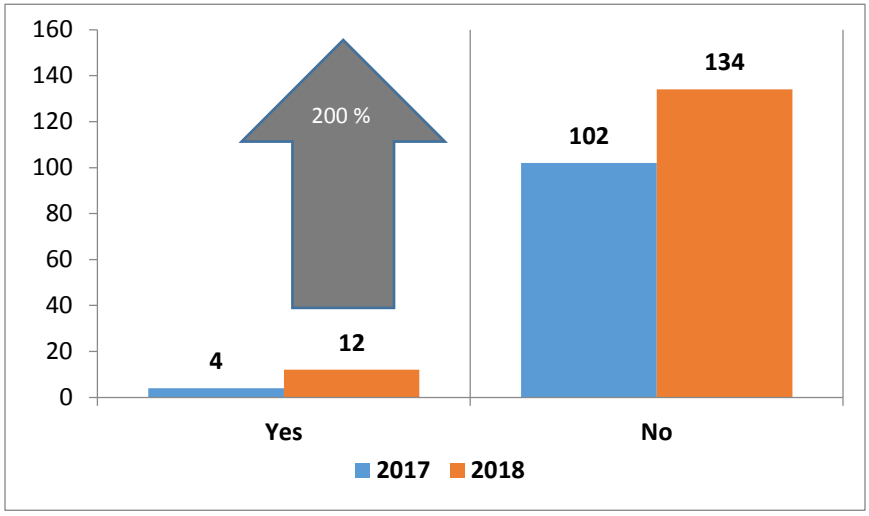
29 out of 146 (20%) unsheltered adults are identified with having a serious mental illness which is a decrease of 57% from last year. Additionally, there are 12 persons (8%) residing in emergency shelter and transitional housing programs that also reported having serious mental illness.

28 out of 146 (19%) unsheltered adults are identified as having a substance use disorder which is a decrease of 77% from last year. One additional person residing in an emergency shelter program also reported having substance use disorder.

6 out of 146 (4%) unsheltered adults are identified as HIV positive or having been diagnosed with AIDS on the date of enumeration, which is a decrease of 88% from last year.

2018 Homeless Count Sub-Population Veterans

Table 8: Are you a Veteran?



The 2018 Homeless Count identified a total of 12 homeless persons that identified themselves as veterans, presenting a staggering increase of 200% from the numbers reported on the 2017 Homeless Count. Veterans experiencing homelessness are more likely to live on the streets than in shelters and more often stay on the street for extended periods of time. They are also significantly less likely to access community health centers, instead relying on shelter-based and street outreach services for care. These findings support the importance of continuing to

distinguish homeless persons by veteran status and the ongoing need to tailor interventions and services for this subgroup. In summary, veterans are disproportionately represented in homeless samples and continue to have substantial needs. Special attention must also be given to engaging homeless veterans not currently accessing services or receiving benefits. City of Glendale will continue strengthening its collaboration with Ascencia, the lead CES Agency and other members of the Continuum of Care to continue the mission of ending veterans' homelessness.

V. Unsheltered Subpopulation Summaries

This section provides a breakdown of each of the following unsheltered subpopulations (only adults are included because many of the questions asked to gather this information do not relate to children):

- Veterans;
- Chronically homeless;
- Women; and
- Youth ages 18 – 24.

Veterans

Total Unsheltered Number: 12

Demographic Information	Number	Percent
Age:		
Unaccompanied under Age 18	0	0.0
18 to 24	0	0.0
25 - 39	4	33.3
49 – 49	1	8.3
50 – 54	3	25.0
55 – 61	2	16.7
62+	2	16.7
No Recorded Answer	0	0.0
Became Homeless for First Time During Past 12 Months:	4	33.3
Became Homeless in City of Glendale:	9	75.0
Chronic Homelessness:	4	33.3
Chronic Health Conditions:	6	50.0
Developmental Disabilities:	3	25.0
Ethnicity:		
Hispanic or Latino	4	33.3
Non-Hispanic or Latino	8	66.7
Gender:		
Male	9	75.0
Female	2	16.7
Transgender	1	0.0
Gender Non-Conforming (i.e. not exclusively male or female)	0	8.3
Don't Know or No Recorded Answer	0	0.0
HIV/AIDS:	0	0.0
Mental Health Problem:	4	33.3
Demographic Information	**Number**	**Percent**
Monthly Income:		
No Monthly Income	5	41.7
$1 - $250	1	8.3
$251 - $500	1	8.3
$501 - $1,000	2	16.7
More Than $1,000	2	16.7
No Recorded Answer	1	8.3
Persons Released from Correctional Institutions During Past Year:	6	50.0
Physical Disability:	5	41.7
Race:		
African American or Black	2	16.7
American Indian or Alaska Native	1	8.3

Asian	0	0.0
Native Hawaiian or Pacific Islander	0	0.0
White	6	41.7
Multiple Races or Other	3	16.7
Don't Know	0	8.3
No Recorded Answer	0	8.3
Substance Use Problem:	5	41.7
Victims of Domestic Violence:	2	16.7
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	3	25.5

Chronically Homeless

Total Unsheltered Number: 38

Demographic Information	Number	Percent
Age:		
Unaccompanied under Age 18	0	0.0
18 to 24	1	2.6
25 - 39	10	26.3
49 – 49	9	23.7
50 – 54	7	18.4
55 – 61	6	15.8
62+	5	13.2
No Recorded Answer	0	0.0
Became Homeless for First Time During Past 12 Months:	17	44.7
Became Homeless in City of Glendale:	20	52.6
Chronic Homelessness:		
Chronic Health Conditions:	15	39.5
Developmental Disabilities:	12	31.6
Ethnicity:		
Hispanic or Latino	13	34.2
Non-Hispanic or Latino	25	65.8
Gender:		
Male	28	73.7
Female	10	26.3
Transgender	0	0.0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0.0
Don't Know or No Recorded Answer	0	0.0
HIV/AIDS:	6	15.8
Demographic Information	**Number**	**Percent**
Mental Health Problem:	19	50.0
Monthly Income:		
No Monthly Income	7	18.4

$1 - $250	10	26.3
$251 - $500	3	7.9
$501 - $1,000	12	31.6
More Than $1,000	1	2.6
No Recorded Answer	5	13.2
Persons Released from Correctional Institutions During Past Year:	11	28.9
Physical Disability:	17	44.7
Race:		
African American or Black	3	7.9
American Indian or Alaska Native	1	2.6
Asian	2	5.3
Native Hawaiian or Pacific Islander	2	5.3
White	23	60.5
Multiple Races or Other	4	10.5
Don't Know	0	0.0
No Recorded Answer	3	7.9
Substance Use Problem:	19	50.0
Veteran Status:	4	10.5
Victims of Domestic Violence:	4	10.5
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	12	31.6

Women

Total Unsheltered Number: 31

Demographic Information	Number	Percent
Age:		
Unaccompanied under Age 18	0	0.0
18 to 24	1	3.2
25 - 39	9	29.0
49 – 49	2	6.5
50 – 54	6	19.4
55 – 61	6	19.4
62+	3	9.7
No Recorded Answer	4	12.9
Became Homeless for First Time During Past 12 Months:	15	48.4
Became Homeless in City of Glendale:	13	41.9
Chronic Homelessness:	10	32.3
Chronic Health Conditions:	9	29.0
Developmental Disabilities:	5	16.1
Ethnicity:		
Hispanic or Latino	10	32.3

Non-Hispanic or Latino	21	
HIV/AIDS:	0	0.0
Mental Health Problem:	7	22.6
Monthly Income:		
No Monthly Income	7	22.6
$1 - $250	6	19.4
$251 - $500	0	0.0
$501 - $1,000	9	29.0
More Than $1,000	4	12.9
Demographic Information	**Number**	**Percent**
No Recorded Answer	5	16.1
Persons Released from Correctional Institutions During Past Year:	7	22.6
Physical Disability:	5	16.1
Race:		
African American or Black	3	9.7
American Indian or Alaska Native	2	6.5
Asian	0	0.0
Native Hawaiian or Pacific Islander	1	3.2
White	14	45.2
Multiple Races or Other	4	12.9
Don't Know	0	0.0
No Recorded Answer	7	22.6
Substance Use Problem:	5	16.1
Veteran Status:	2	6.5
Victims of Domestic Violence:	4	12.9
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	11	35.5

Youth Age 18 - 24

Total Unsheltered Number: 4

Demographic Information	**Number**	**Percent**
Became Homeless for First Time During Past 12 Months:	2	50.0
Became Homeless in City of Glendale:	1	25.0
Chronic Homelessness:	1	25.0
Chronic Health Conditions:	0	0.0
Developmental Disabilities:	0	0.0
Ethnicity:		
Hispanic or Latino	0	0.0
Non-Hispanic or Latino	4	
Gender:		
Male	3	75.0
Female	1	25.0

Transgender	0	0.0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0.0
Don't Know or No Recorded Answer	0	0.0
HIV/AIDS:	0	0.0
Mental Health Problem:	1	25.0
Monthly Income:		
No Monthly Income	2	50.0
$1 - $250	1	25.0
$251 - $500	0	0.0
$501 - $1,000	1	25.0
More Than $1,000	0	0.0
No Recorded Answer	0	0.0
Demographic Information	**Number**	**Percent**
Persons Released from Correctional Institutions During Past Year:	3	75.0
Physical Disability:	0	0.0
Race:		
African American or Black	1	25.0
American Indian or Alaska Native	0	0.0
Asian	0	0.0
Native Hawaiian or Pacific Islander	0	0.0
White	2	50.0
Multiple Races or Other	0	0.0
Don't Know	0	0.0
No Recorded Answer	1	25.0
Substance Use Problem:	0	0.0
Veteran Status:	0	0.0
Victims of Domestic Violence:	1	25.5
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	1	25.0

Table 9. Results of Miscellaneous Survey Questions

	#	%
Became Homeless for the First Time During the 12 Months Before the Count	45*	30.8
Became Homeless in the City of Glendale	63**	43.2
Persons Released from Prisons & Jails During Past 12 Months	31	21.2
Persons w/Chronic Health Conditions	42	28.8
Income		
No Income	25	17.1
$1 to $250	25	17.1
$251 to $500	6	4.1
$501 to $1,000	33	22.6
More Than $1,000	14	9.6
Unknown	43	29.5

*In addition to the 45 adults, five (5) children also became homeless for the first time.

**In addition to the 63 adults, one (1) child also became homeless in the City of Glendale

VI. Next Steps

Recommendation 1: Finish the job of ending homelessness among unsheltered veterans.

As noted below, the number of unsheltered veterans has increase by 200% from 2017.

Year	# of Unsheltered Veterans
2016	10
2017	4
2018	12

In order to finish the job, the public and private partners should continue to implement the best practices of

- Permanent supportive housing and a Housing First approach through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, which combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics; and

- Rapid Re-Housing and a Housing First approach through the Supportive Services for Veteran Families (SSVF) Program, which provides supportive services to very low-income Veteran families that are currently in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis.

Recommendation 2: Develop, adopt, and implement a zero-tolerance policy for children living on the streets, in vehicles, and other places not meant for human habitation.

Year	# of Unsheltered Families
2016	14
2017	12
2018	6

Continuing to implement a Rapid Rehousing approach for families is imperative. Rapid re-housing is an approach that focuses resources on helping families and individuals quickly move out of homelessness and into permanent housing. Priority is placed on helping individuals and families move into permanent housing as rapidly as possible and providing services to help them maintain housing. Services to support rapid re-housing include housing search and landlord negotiation, short-term financial and rental assistance, delivery of home-based housing stabilization services and connection to community support services as needed.

Recommendation 3: Completely align with a Housing First Model and low barrier approach for chronically homeless individuals and families.

Year	# of Unsheltered Chronically Homeless Persons
2016	111
2017	67
2018	38

Aligning a coordinated system with a Housing First and low barrier approach will help chronically homeless households obtain and maintain permanent affordable housing, regardless of their service needs or challenges, by removing barriers that hinder them from obtaining and maintaining permanent affordable housing.

Chronically homeless persons can achieve stability in permanent housing, regardless of their service needs or challenges, if provided with appropriate levels of services. Through this

approach, barriers are removed that have hindered homeless persons from obtaining housing such as too little income or no income; active or history of substance use; criminal record, with exceptions for state-mandated restrictions, and history of having been or currently a victim of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement). Furthermore, through this approach barriers that have hindered homeless persons from maintaining housing are removed, such as failure to participate in supportive services; failure to make progress on a service plan; loss of income or failure to improve income; and fleeing domestic violence.

Recommendation 4: Align the current homeless services delivery system with a goal of ending homelessness among women by 2020.

Year	# of Unsheltered Women
2016	88
2017	81
2018	31

Women experiencing homelessness often present with complex histories of cumulative trauma exposure, substance use, mental illness, and chronic disease among other conditions and circumstances. However, despite evidence that housing along with supportive services is the best intervention to end homelessness, continuums of care across the country have yet to identify the nature of specific interventions through a gender lens. Identifying interventions that benefit and maximize women's access to services as well as housing with supportive services is an overdue priority. Trauma-informed care should be a top priority.

There is room for innovation. Identifying factors that promote housing retention and housing stability among women is highly encouraged. This includes interventions

aligned with a Housing First approach that work best to support the ultimate goals of housing, promotion of wellbeing, and the promotion of thriving or human flourishing for women who have experienced homelessness.

There were several questions that were added to the list of survey questions in order to obtain additional information about the homeless population. These questions are not required by HUD and are not submitted to HUD as in the annual Point-in-Time Count chart.

Recommendation 5: Collaboration with the Glendale Police Department Community Impact Bureau and the Department of Mental Health.

In order to better serve homeless persons in the City of Glendale particularly those suffering from mental illness, a collaborative effort; involving the Glendale Police Department's Community Impact Bureau (CIB) and the Los Angeles County Department of Mental Health (DMH) was formed. Better mental health services and coordination would combat not only mental illness, but homelessness as well. Police have become the first point of contact for the mentally ill. The patrol officer may not have time or expertise to fully evaluate an individual's psychiatric needs. The inevitable result is that a certain number of people with mental illness may become unnecessarily incarcerated. The enforcement against behaviors linked with homelessness results in a serious strain on the homeless community, an increased burden on police resources, and congestion in local jails and courts. Through this collaborative effort, a clinician from DMH and an outreach specialist from the City of Glendale will be assigned to work with our Police Officers and help assess homeless persons suffering from possible mental illness first hand and link them to appropriate services and housing placement.

VII. Conclusion

The City of Glendale's 2018 Homeless Count was a collaborative effort between the City of Glendale, the Glendale Homeless Continuum of Care, homeless alumni, and community volunteers.

The results of the 2018 Homeless Count provide information that serves as the basis for two important priorities:

1. Understanding the nature and extent of the current trends in homelessness in the City of Glendale; and
2. Responding to the unmet needs and gaps in services for homeless individuals and families in the City of Glendale.

The sources of data provide valuable information for the City's annual CoC Application to HUD, the Annual Action Plan and the Consolidated Annual Performance Evaluation Report, which are all required submissions to HUD, if the City is to continue to receive substantial funding to end homelessness within its jurisdiction.

CoC funding provides street outreach; specialized case management, including employment counseling, mental health services, substance abuse services, and housing placement; and transitional and permanent supportive housing through the HUD Continuum of Care Programs.

Appendix A – Definitions

CONTINUUMS OF CARE (COC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, and/or entire state.

CHRONICALLY HOMELESS INDIVIDUAL A chronically homeless individual is a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet HUD's "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total length of time is at least 12 months. Each period separating the occasion must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

CHRONICALLY HOMELESS FAMILY A chronically homeless family is a family with an adult head of household who meets the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

EMERGENCY SHELTER is a facility with the primary purpose of providing temporary shelter for homeless persons.

HOMELESS- In this study, HUD's definition of homelessness for Point-in-Time counts was used. The definition includes:
An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals), or
An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground
It does not include individuals or persons living in families who were living in "double ups," hotels/motels, or an institutional setting.

PARENTING YOUTH are people under 25 who are the parents or legal guardians of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

PERMANENT SUPPORTIVE HOUSING is designated to provide housing and supportive services on a long-term basis for formerly homeless people, who have disabilities.

PEOPLE IN FAMILIES WITH CHILDREN are people who are homeless as a part of house-holds that have at least one adult and one child.

RAPID RE-HOUSING is a housing model designated to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

SHELTERED HOMELESS PEOPLE are individuals who are staying in emergency shelters, transitional housing programs, or receiving motel or hotel vouchers.

TRANSITIONAL HOUSING PROGRAM provides homeless people with a place to stay combined with supportive services for up to 24 months in order to help them overcome barriers to moving into and retaining permanent housing.

UNACCOMPANIED YOUTH (UNDER 25) are people under age 25 who are not accom-panied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren).

UNSHELTERED HOMELESS PEOPLE are people who stay in places not meant for human habitation, such as the streets, abandoned buildings, vehicles, or parks.

UNACCOMPANIED CHILD (under 18) – This subpopulation category of the PIT includes persons under the age of 18 with a household size of one.

VETERAN – This subpopulation category of the homeless count includes persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Appendix B: Unsheltered Count Instrument

Your Name: _____ **Glendale 2018 Homeless Count** Zone: _____

Date: _____ Time: AM or PM Location:_____

Initial Question: Did another homeless count volunteer or survey worker already ask you questions? (If "yes," STOP and do not ask other questions)	**Person 1**	**Spouse/ Partner**
1. Did you sleep outdoors or in an abandoned building, tent, canopy, box, vehicle, bus, train, or station last night? (note: if answer is "no," STOP and do not ask other questions)	Y N	Y N
2. Did you become homeless in the City of Glendale?	Y N	Y N
3. First initial of first name and first initial of last name		
4. Gender: M=Male; F=Female; T=Transgender; O=Gender Non-Conforming (i.e. not exclusively M or F)	M F T O	M F T O
5. What is Your race (read race code at bottom of page)		
6. Are you Hispanic or Latino?	Y N	Y N
7. Age: record # for group: 1=(under 18) 2=(18-24) 3=(25-39) 4=(40-49) 5=(50-54) 6=(55-61) 7=(62+)		
8. State born (if born in another country, abbreviate country)		
9. Have you served on active duty in the U.S. Armed Forces or been called into active duty in National Guard or a Reservist?	Y N	Y N
10. Did you become homeless for the first time during past 12 months?	Y N	Y N
11. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle for the past year or more?	Y N	Y N
12. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle at least 4 separate times in the last 3 years including now?	Y N	Y N
13. If yes, was combined length of time 12 months or more?	Y N	Y N
14. Do you have a long-lasting physical disability?	Y N	Y N
15. Do you have a long-lasting developmental disability?	Y N	Y N
16. Do you have an on-going drug or alcohol problem that limits your ability to live independently?	Y N	Y N
17. If yes, has it continued for a long time or indefinitely?	Y N	Y N
18. Do you feel you have a serious mental health problem that limits your ability to live independently?	Y N	Y N
19. If yes, has it continued for a long time or indefinitely?	Y N	Y N
20. Do you have a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis?	Y N	Y N
21. Have you ever been diagnosed w/AIDS or tested positive for HIV?	Y N	Y N
22. Have you ever been a victim of domestic or intimate partner violence?	Y N	Y N
23. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking?	Y N	Y N
24. Were you recently released from prison or jail after serving 90 days or less?	Y N	Y N
25. If yes, were you released on probation or parole? (Please circle probation or parole)		
26. If no to #24, were you released from prison or jail during the past 12 months?	Y N	Y N
27. If yes, were you released on probation or parole? (Please circle probation or parole)		
28. How much is your monthly income? 1=no income; 2=$1 to $250; 3=$251 to $500; 4=$501 to $1,000; 5=more than $1,000		
29. How many children under Age 18 are living with you today?		
30. How many children are female?		
31. How many children are male?		
32. How many children are Hispanic or Latino?		
33. How many children are African American or Black?		
34. How many are American Indian or Alaskan Native?		
35. How many are Asian, Hawaiian, or Pacific Islander?		
36. How many children are White?		
37. How many children are multiple races or other?		
38. How many children have a physical or mental disability?		
Race: 1=African American or Black; 2=American Indian or Alaskan Native; 3=Asian; 4=Native Hawaiian or Pacific Islander; 5=White		
6=Multiple Races or Other; 7=don't know; and 8=refused to answer		

Appendix C: Housing Inventory Chart

HIC Total Summary for CA-612 - Glendale CoC

Total Year-Round Beds - Household without Children

1. Current Year-Round Beds for Households without Children	**80**
1A. Current Year Round ES Beds for Households without Children	**3**
1B. Current Year Round TH Beds for Households without Children	**0**
1C. Current Year Round Safe Haven Beds for Households without Children	**0**
1D. Current Year Round RRH Beds for Households without Children	**0**
1E. Current Year Round PSH Beds for Households without Children	**77**
2. New Year-Round Beds for Households without Children	**0**
2A. New Year Round ES Beds for Households without Children	**0**
2B. New Year Round TH Beds for Households without Children	**0**
2C. New Year Round Safe Haven Beds for Households without Children	**0**
D. New Year Round RRH Beds for Households without Children	**0**
2E. New Year Round PSH Beds for Households without Children	**0**
3. Total Year-Round Beds for Households without Children	**80**
3A. Number of DV Year-Round Beds for Households without Children	**3**
3B. Subtotal, non-DV Year-Round Beds for Households without Children	**77**
4. Total Year Round HMIS Beds for Households without Children	**76**
4A. Total Year Round ES HMIS Beds for Households without Children	**0**
4B. Total Year Round TH HMIS Beds for Households without Children	**0**
4C. Total Year Round Safe Haven HMIS Beds for Households without Children	**0**
4D. Total Year Round RRH HMIS Beds for Households without Children	**0**
4E. Total Year Round PSH HMIS Beds for Households without Children	**76**
5. Total Year Round HMIS Beds for Households without Children	**76**
6. HMIS Bed Coverage: Beds for Households without Children	**98.70 %**

Total Year-Round Beds - Households with Children

1. Current Year Round Beds for Households with Children	**118**
1A. Current Year Round ES Beds for Households with Children	**49**
1B. Current Year Round TH Beds for Households with Children	**40**
1C. Current Year Round Safe Haven Beds for Households with Children	**0**
1D. Current Year Round RRH Beds for Households with Children	**0**
1E. Current Year Round PSH Beds for Households with Children	**29**
2. New Year Round Beds for Households with Children	**12**
2A. New Year Round ES Beds for Households with Children	**0**
2B. New Year Round TH Beds for Households with Children	**12**

2C. New Year Round Safe Haven Beds for Households with Children	**0**
2D. New Year Round RRH Beds for Households with Children	**0**
2E. New Year Round PSH Beds for Households with Children	**0**
3. Total Year Round Beds for Households with Children	**130**
3A. Number of DV Year-Round Beds for Households with Children	**7**
3B. Subtotal, non-DV Year-Round Beds for Households with Children	**123**
4. Total Year Round HMIS Beds for Households with Children	**111**
4A. Total Year Round ES HMIS Beds for Households with Children	**42**
4B. Total Year Round TH HMIS Beds for Households with Children	**40**
4C. Total Year Round Safe Haven HMIS Beds for Households with Children	**0**
4D. Total Year Round RRH HMIS Beds for Households with Children	**0**
4E. Total Year Round PSH HMIS Beds for Households with Children	**29**
5. Total Year Round HMIS Beds for Households with Children	**111**
6. HMIS Bed Coverage: Beds for Households with Children	**90.24 %**

Total Year-Round Beds - Households with only Children

1. Current Year Round Beds for Households with only Children	**24**
1A. Current Year Round ES Beds for Households with only Children	**0**
1B. Current Year Round TH Beds for Households with only Children	**0**
1C. Current Year Round Safe Haven Beds for Households with only Children	**0**
1D. Current Year Round RRH Beds for Households with only Children	**0**
1E. Current Year Round PSH Beds for Households with only Children	**24**
2. New Year Round Beds for Households with only Children	**0**
2A. New Year Round ES Beds for Households with only Children	**0**
2B. New Year Round TH Beds for Households with only Children	**0**
2C. New Year Round Safe Haven Beds for Households with only Children	**0**
2D. New Year Round RRH Beds for Households with only Children	**0**
2E. New Year Round PSH Beds for Households with only Children	**0**
3. Total Year Round Beds for Households with only Children	**24**
3A. Number of DV Year-Round Beds for Households with only Children	**0**
3B. Subtotal, non-DV Year-Round Beds for Households with only Children	**24**
4. Total Year Round HMIS Beds for Households with only Children	**24**
4A. Total Year Round ES HMIS Beds for Households with only Children	**0**
4B. Total Year Round TH HMIS Beds for Households with only Children	**0**
4C. Total Year Round Safe Haven HMIS Beds for Households with only Children	**0**
4D. Total Year Round RRH HMIS Beds for Households with only Children	**0**
4E. Total Year Round PSH HMIS Beds for Households with only Children	**24**
5. Total Year Round HMIS Beds for Households with only Children	**24**
6. HMIS Bed Coverage: Beds for Households with only Children	**100.00 %**

Appendix D : Housing Inventory Data Collection Instrument

2018 Housing Inventory Count
HMIS Participating Agencies

NOTE: This document is to be completed based on information concerning the number of residents in your program **January 23-24, 2018**

Types of Homeless Projects to Include in the HIC.

Beds and units included on the HIC are considered part of the CoC homeless assistance system. **Bed and units in the HIC must be dedicated in serving homeless person, or for permanent housing projects, dedicated for person who was homeless at entry. For the purpose of the HIC, a project with dedicated beds/units is one where:**

A. The primary intent of the project is to serve homeless persons;
B. The project verifies homeless status as part of the its eligibility determination; and
C. The actual project clients are homeless or were homeless at entry for permanent housing.

1. **Organization Name**:_____
2. **Program Name**:_____
3. **Name of Person Providing Information**:_____
4. **Date Information is Being Provided:**_____
5. **Phone # of Person Providing Information**:_____
6. **Name of Director of Program or Agency:** _____
7. **Signature of Director of Program or Agency**: _____

8. **Project Type**: (Check which one of the program types describes your program)

□ Emergency Shelter (ES)

- Ascencia Emergency Shelter
- YWCA of Glendale Emergency Shelter

□ Transitional Housing (TH)

- Hamilton Court –DOH

□ Safe Haven (SH) N/A for Glendale

□ Permanent Housing (PH)

□ Permanent Supportive Housing (PSH)

- PATH Ventures –Glendale Housing Now
- 2011 Shelter Plus Care Program
- 2010 Shelter Plus Care Program
- 2009 Shelter Plus Care Program
- 2005 Shelter Plus Care Program
- 2001 Shelter Plus Care Program

- 1998 and 1999 Shelter Plus Care Program
- Chester Street Permanent supportive Housing Program
- Ascencia Scattered Site Permanent Housing Program
- Salvation Army Chester Street Permanent Housing Project
- Next Step Permanent Supportive Housing Program
- Door of Hope Hamilton Court Transitional Housing Program

☐ Rapid Re-Housing (RRH)

- City of Glendale Rapid Re Housing

☐ Other PH (OPH) N/A

9. Target Population A:

(Identify the target population below. A target population is defined as consisting of at least three-fourths (75%) of the residents served by your program. Programs that do not serve a specific target population may leave the chart blank. (check **ONLY** one category if applicable)

Abbreviation	Description
□ SM	Single Males 18 years old and over
□ SF	Single Females 18 years old and over
□ SMF	Single Males and Females 18 years old and over
□ CO	Couples Only, No Children
□ HC	Households with Children
□ SMHC	Single Males 18 years old and over and Households with Children
□ SFHC	Single Females and Households with Children
□ SMF+HC	Single Males and Females 18 years old and over plus Households with Childre
□ YM	Unaccompanied Males under 18 years old
□ YF	Unaccompanied Females under 18 years old
□ YMF	Unaccompanied Males and Females under 18 years old

10. Target Population B:

(Identify the target population below. A target population is defined as consisting of at least three-fourths (75%) of the residents served by your program. Programs that do not serve one of the specific target populations may leave the chart blank. (check **ONLY** one category if applicable)

Abbreviation	Description
□ DV	Domestic violence victims
□ VET	Veterans
□ HIV	Persons with HIV/AIDS
□ NA	Not Applicable

11. Does your program receive HUD McKinney-Vento Funds? □ Yes □ No

(HUD McKinney-Vento funds include: Emergency Solutions Grant (ESG), Formerly Shelter plus Care (S+C), Continuum of Care (CoC) funding.

12. Bed and Unit Inventory Type: (please check only one)

Current inventory (C): Beds and units that were available for occupancy on or before January 31 of the year prior to count. For example, for 2017 HIC, beds and units available for occupancy on or before January 31, 2016.

- Were beds or vouchers available for occupancy on or before January 31, 2016? □ Yes □ No

New inventory: (N)
Beds and units that became available for occupancy between February 1 and January 31 of the year of the count. For example, for the 2017 HIC, beds and units available for occupancy between February 1, 2016 and January 31, 2017. Inventory designated as 'New' should represent an increase in capacity for the project from the previous year. In order to appropriately designate inventory type, the CoC must compare the number of beds available at the time of the HIC in the count year with the number of beds that were previously available at the time of the previous year's HIC.

- Did beds or vouchers first become available for occupancy between February 1, 2016 and January 31, 2017? □ Yes □ No

Under development: Beds and units that were fully funded but not available for occupancy as of January 31 of the year of the count. For example, for the 2017 HIC, beds and units that were fully funded but not available for occupancy as of January 31, 2017. For inventory identified as under development CoCs must also identify whether the bed/unit inventory is expected to be available for occupancy 12 months from January 31 of the previous year. For example, in the 2017 HIC, CoCs must identify whether the bed/unit inventory is expected to be available for occupancy by January 31, 2018.

- Were beds fully funded but not available for occupancy as of January 31, 2017? Inventory listed as (U) will also need to indicate whether or not the bed/unit inventory is expected to be available for occupancy by January 31, 2017. □ Yes □ No

13. Household Type:

Identify the number of beds and units available for each of the following household types:

Households without children: Beds and units typically serving households with adults only. This includes households composed of unaccompanied adults (including unaccompanied youth age 18-24) and multiple adults (including households with multiple youth ages 18 to 24). (Housing covered by the Fair Housing Act cannot deny admission to families with children.)

Households without children: Beds and units are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.

# of Beds ____ # of Units ____

If none, check here □

Households with at least one adult and one child: Beds and units typically serving households with (at least) one adult (including youth ages 18 to 24) and one child.

Households with at least one adult and one child: Beds and units intended for households with (at least) one adult and one child.

# of Beds ____ # of Units ____

If none, check here □

Households with only children: Beds and units typically serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children. For projects that have inventory designated for use by households with only children, care should be taken to ensure that this inventory is included on the HIC only in the category of households with only children, and not in the category for households with at least one adult and one child.

Households with only children: Beds and units intended for households composed exclusively of persons under age 18, including one-child households or other household configurations composed only of children.

# of Beds ____ # of Units ____

If none, check here □

14. Bed Type: **(Emergency Shelters ONLY)**

    Identify the bed type as follows (check only one):

    - □ **Facility-based:** Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless.
    - □ **Voucher**: Beds are located in a hotel or motel and made available by the homeless assistance program through vouchers or other forms of payment.
    - □ **Other:** Beds are located in a church or other facility not dedicated for use by persons who are homeless.

15. **Bed and Unit Availability:**

Bed and Unit Availability [2.7D] (*Emergency Shelter Only*): Whether the beds and units are available on a planned basis year-round, seasonally (during a defined period of high demand), or on an ad hoc or temporary basis as demand indicates.

Year-Round Beds/Units: Year-round beds and units are available on a year-round basis.

Seasonal Beds *(Emergency Shelter Only):* Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand. For the HIC, identify only the total number of seasonal beds available for occupancy on the night of the inventory count.

Overflow Beds *(Emergency Shelter Only)*: Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity. For the HIC, identify the total number of overflow beds that were available for occupancy on the night of the inventory count. If there is no fixed number of overflow beds, CoCs may instead report the number of overflow beds that were occupied on the night of the inventory count

# of Year-Round Beds/Units available: Year-round beds and units are available on a year-round basis. For all of the relevant program types other than rapid re-housing, CoC should record all of the dedicated homeless beds and units available for homeless persons on the date of the inventory count (whether, new, current, or under development).

# of Beds ____ # of Units ____

□ Not Applicable

<u># of Seasonal Beds available (Emergency Shelters Only):</u> Seasonal beds are not available during the whole year, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

# of Beds ____ # of Units ____

□ Not Applicable

<u># of Overflow Beds available (Emergency Shelters Only):</u> Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year round or seasonal) bed capacity.

# of Beds ____ # of Units ____

□ Not Applicable

16. TH Unit Type *(Transitional Housing Only)*: The TH Unit Type describes the type of beds and units offered by transitional projects according to the following:

A. **Single Site:** Beds and units that are located on a single site (e.g., congregate or project-based).

Site based- clustered/multiple site

B. **Multiple Sites:** Beds and units that are located in multiple sites (e.g., scattered-site or clustered).

C. Tenant based

1. Bed Inventory: **(to be completed by all programs)**

What is the total number of beds available for occupancy TODAY?
(1-27-2016) _____

What is the total number of beds that are occupied TODAY? (1-24-2016) _____ (this number should equal the total number of occupied beds for the **three groups below** which include persons in households with at least one adult and one child, persons in households without children, persons in households with only children)

Of the beds that are occupied TODAY, how many are occupied for each of the following groups of persons:

- **<u>Persons in households with at least one adult and one child.</u>** This category includes households with one adult and at least one child under the age of 18.

# of Occupied Beds _____

- **Persons in households without children.** This category includes single adults, adult couples with no children, and groups of adults.

  # of Occupied Beds _____

- **Persons in households with only children.** This category includes persons under age 18, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

  # of Occupied Beds _____

2. **Chronically Homeless Beds: (Permanent Supportive Housing Programs ONLY**)

   The number of PSH beds that are dedicated to house chronically homeless persons, including members of chronically homeless families. A dedicated bed is a bed that must be filled by a chronically homeless person who qualifies for the project unless there are no chronically homeless persons located within the geographic areas who qualify. The number of beds for chronically homeless persons is a subset of the total PSH bed inventory for a given project and must be equal to or less than the total bed inventory.

   How many permanent supportive housing beds does your program have that are readily available and targeted to house chronically homeless persons? _____

3. **Veteran Bed Inventory:** The number of beds that are dedicated to house homeless veterans and their families. A dedicated bed is a bed that must be filled by homeless veterans and their families who qualify for the project unless there are no homeless veterans and their families located within the geographic area who qualify. The number of beds for veterans is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory.

   How many permanent supportive housing beds does your program have that are readily available and targeted for Veterans? _____

4. **Unit Inventory**: **(to be completed by all shelter and housing programs)**

   What is the total number of units available for occupancy TODAY? (1-24-2017) night of the inventory count._____

5. Inventory Start Date: (for seasonal beds ONLY) _____
   Day/month/year

6. Inventory End Date: (for seasonal beds ONLY) _____
   Day/month/year