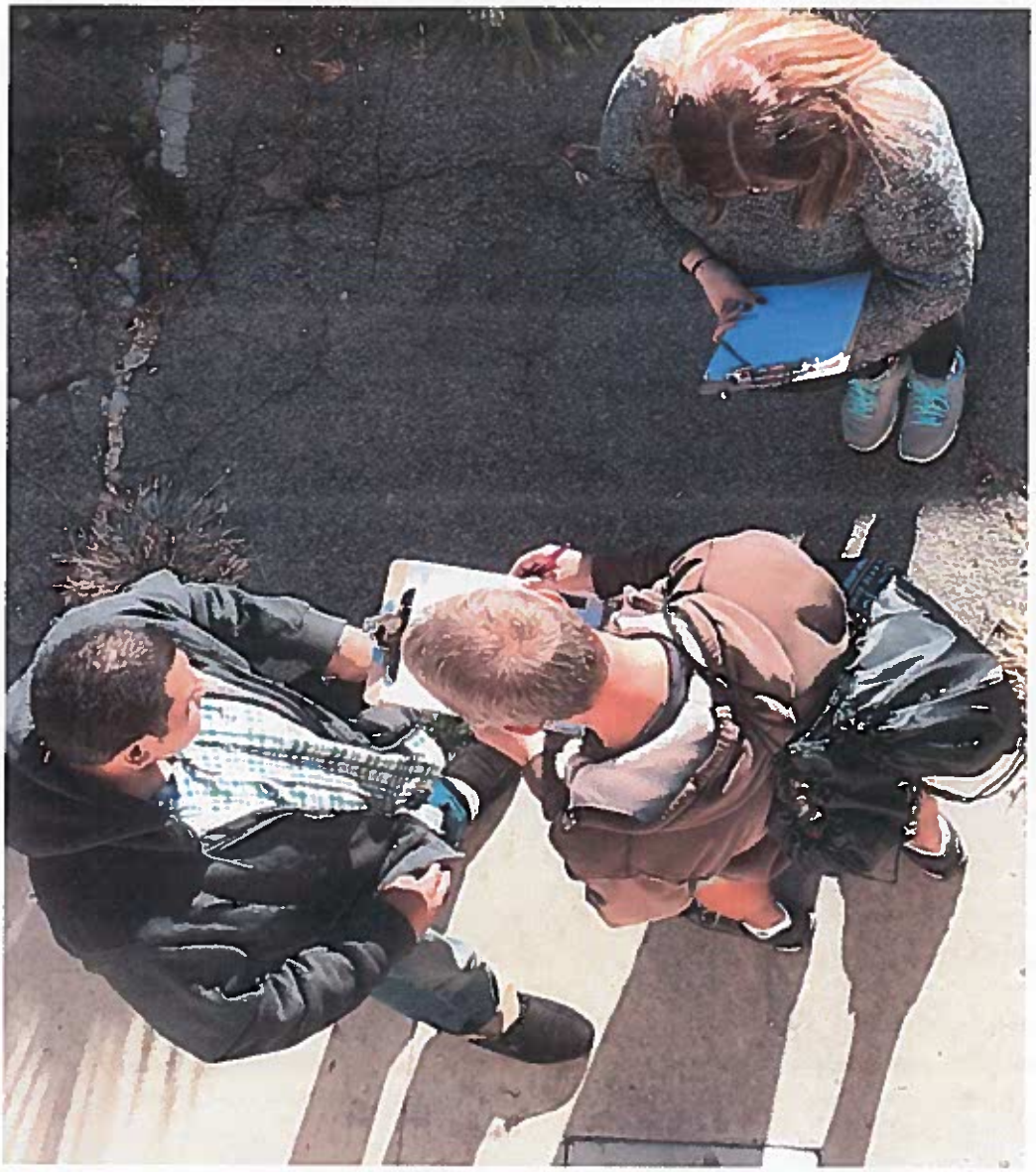
CITY OF GLENDALE

2019 Homeless Count Report



May 2019

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.

For additional information regarding this report please contact:
Ivet Samvelyan, Community Services Manager
Ida Babayan, Homeless Programs Coordinator
City of Glendale/Community Services and Parks Department
Tel. 818-548-3720
Tel. 818-548-3249
isamvelyan@glendaleca.gov
ibabayan@glendaleca.gov

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:

Agar Dogue, Alfred Hernandez, Armando Lerma, Arthur Gazaryants, Carrie Prado, Chris Waldheim, Christina Zastrow, Claus Boettger, David Falcon, Diana Hill, Duke Snyder, Eileen Fielding, Elise Copley, Eliza Dzhaneryan, Genesis Torres, Grant Michals, Ida Babayan, Ivet Samvelyan, Jacqueline Baliton, James Belliveau, Jonathan Jauregui-Garcia, Joylene Wagner, Keith Buck, Kimberly Ferguson, Kevin Sarian, Kiara Banks, Lisa Partida, Marcell Mitchell, Marlin Galvez, Mary O'Keefe, Miranda Urquilla, Nancy Reyes, Nancy Salem, Natalie Smith, Officer James Colvin, Officer Daniel Lee, Officer Matthew Zakarian, Officer Gonzalo Zendejas, Paul San Felipe, Regina Dupree, Renia Ghazarian, Richard Coral, Sayed Hamidy and Sergeant Patrick Magtoto.

Special thanks to the Glendale Continuum of Care Board of Directors for their ongoing leadership and guidance with homeless programs.

Glendale CoC Board of Directors: Lt. John Gilkerson (Chair), Diana Hill (Vice Chair), Richard Corral, George Murray, 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, socks, blankets and rain jackets.

Participating Agencies that Served as Counters:

Ascencia, Catholic Charities, Glendale Unified School District, The Salvation Army, Door of Hope, YWCA of Glendale, 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.

Joe Colletti, PhD, Executive Director
Sofia Herrera, PhD, Research Director
Abbey Craigg, Research Assistant
Susan Washington, Research Assistant
Thelma Herrera, Graphic Designer

Table of Contents

	Page
Executive Summary	5
Vision and Values of the Glendale Continuum of Care	6
Impact of Glendale Coordinated Entry System and Housing First	7
Background Information	12
When was the count conducted?	12
Who was counted?	13
Who was not counted?	13
Methodology	14
Unsheltered Count and Sub-Population Survey	14
Sheltered Count and Sub-Population Survey	15
2019 Domestic Violence, Transitional Housing and Rapid Re-Housing Programs	16
2019 Permanent Supportive Housing Programs	17
Homeless Survey Key Findings and Demographics	19
Key Findings: Sub-Population Special Needs Data (Unsheltered Only)	21
Unsheltered Subpopulation Summaries	23
Next Steps	27
Conclusion	33
Appendix A: Definitions	35
Appendix B: Unsheltered Count Instrument	38
Appendix C: Housing Inventory Chart	40
Appendix D: Southern CA CoC - Comparison of 2017 and 2019 Homeless Counts	48
Appendix E: Southern CA CoC - Comparison of 2018 and 2019 Homeless Counts	49

I. Executive Summary

On January 22, 2019, 243 persons were homeless according to the Glendale 2019 Homeless Count and Survey Final Report. The previous homeless count and subpopulation survey was completed in 2018 during which 260 persons were counted. A comparison of the last two counts reveals that 17 less persons were counted in 2019, which represents a decrease of 6.5%. Despite the slight drop in homeless count from 2018 to 2019, hundreds of men, women and children are still sleeping on the streets in our community. According to the 2019 Homeless Count Surveys, 33.1% or 46 households became homeless for the first time in the City of Glendale due to a confluence of factors, including drastic increase in rents, loss of employment, and unexpected illness.

There are several factors that contribute to the concerning number of homeless population in Glendale.

- 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. The 2019 Homeless Count revealed a total of 46 households who became homeless in Glendale. 25 out of the 46 (54%) households stated that they "could not afford rent increase".

- The second factor is due to loss of employment. When surveyed, 22 out of 46 (48%) unsheltered households stated that losing their job was the primary factor that contributed to their homelessness for the first time in the City of Glendale. Survey results show that homelessness and employment overlap for a significant portion of unsheltered people. Barriers to stable housing are primarily economic: either they lack employment, or they have a job and income but are not earning enough to make ends meet.

- The third factor is due to unexpected illness. 3 out of the 46 (7%) unsheltered households surveyed reported becoming homeless as a result of "unexpected illness". An acute physical condition may lead to homelessness; homelessness itself can exacerbate chronic medical conditions. A person can become chronically homeless the longer they remain unsheltered without stable housing; making it difficult to access treatment or preventive care.

Table 1. Comparison of 2019 and 2018 Homeless Counts

	Sheltered	Unsheltered	Total
2018 Homeless Count	104	156	260
2019 Homeless Count	96	147	243
Difference:	**-8**	**-9**	**-17**
	-7.7%	**-5.8%**	**-6.5%**

VISION AND VALUES OF THE GLENDALE CONTINUUM OF CARE (COC)

Our Vision

The Glendale CoC envisions a community that is effectively responding to chronic homelessness by coordinating community resources to:

1. Prevent homelessness
2. Provide housing and related support to the currently homeless
3. Prevent recidivism

Our Values

The Glendale CoC shares these values in our mission to end chronic homelessness:

- Providing housing opportunities for homeless persons;
- Advocating for those unable or unwilling to self-advocate;
- Engaging the participation of homeless persons;
- Asserting and maintaining the dignity of all involved;
- Preserving accountability at all levels, promoting the rights and responsibilities of all stakeholders;
- Creating a balance between service delivery and community enforcement;
- Employing community collaboration and coordination;
- Applying knowledge based planning and decision-making;
- Assuring responsible management of resources; and
- Developing self-sufficiency and self-determination among homeless persons.

IMPACT OF GLENDALE COORDINATED ENTRY SYSTEM (CES) & HOUSING FIRST

City of Glendale is its own Continuum of Care (CoC) and continues to implement the Coordinated Entry System (CES). The Glendale CES uses a coordinated entry process to prioritize the highest need, most vulnerable persons and households experiencing homelessness for services in Glendale that best fit stated needs in order to ensure strategic use of limited resources and the best possible outcome for participants. Prioritization is based on a specific and definable set of criteria that are documented, made publicly available, and applied consistently throughout CES for all populations. These criteria are referenced in the Prioritization Order Table below.

Prioritization Order Table

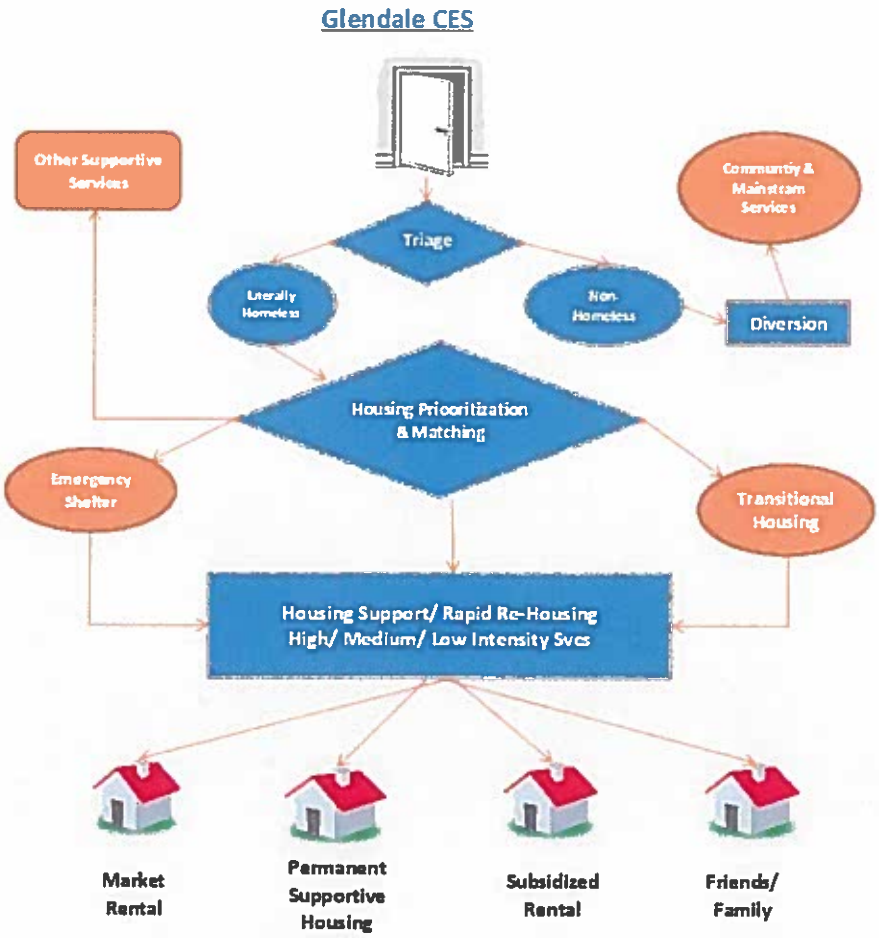
Acuity Group	Priority Order	Subpopulation (Tool: Acuity Score Ranges)	Ordering Criteria (Criteria for ordering within each subpopulation group)
1	1	**High-Acuity Families** (VI-FSPDAT: 9-22)	1. Acuity Score 2. Length of Time Homeless 3. High Risk as determined by case conferencing
	2	**High-Acuity Youth** (Next Step Tool: 8-17)	
	3	**High-Acuity Adults** (CES Survey Packet:12-17)	
	4	**High Risk Participants** (On LA County 5% list or in need of a program transfer or Case Conferencing Exceptions)	
2	1	**Mid/High Acuity Adults** (CES Survey Packet: 8-11)	
	2	**Mid/High-Acuity Families** (VI-FSPDAT: 7-8)	
	3	**Mid/High-Acuity Youth** (Next Step Tool: 7)	
3	1	**Mid-Acuity Families** (VI-FSPDAT: 4-6)	
	2	**Mid-Acuity Youth** (Next Step Tool: 4-6)	
	3	**Mid-Acuity Adults** (CES Survey Packet: 4-7)	
4	1	**Low-Acuity Families** (VI-FSPDAT: 0-3)	
	2	**Low-Acuity Youth** (Next Step Tool: 0-3)	
	3	**Low-Acuity Adults** (CES Survey Packet: 0-3)	

Ascencia is the CES lead agency and is responsible for implementing the centralized intake and assessment system for the CoC providing first level screening, service matching, and makes final admissions decisions.

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 DV

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 are available so that clients can be placed into permanent housing as quickly as possible.

The CES Lead agencies 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. Providers accompany clients deemed in need of more intensive support to appointments to ensure they are properly connected to the appropriate resources they need.



The Glendale CES uses the coordinated process to match persons and households experiencing homelessness to appropriate housing resources and services in Glendale. The Glendale CES maintains a centralized list of persons and households – prioritized in accordance with the criteria established by the CES Prioritization Policy – from which participants are matched to available housing opportunities and services. All permanent supportive housing, rapid re-housing and youth-specific transitional housing vacancies are filled exclusively through the Glendale CES matching process. The Glendale CoC and all CES participating agencies comply with the equal access and nondiscrimination provisions of federal civil rights laws. A CES housing resource provider may only decline a match for permanent supportive housing, rapid re-housing, or youth-specific transitional housing if the

individual or household does not meet standard program eligibility requirements. Eligibility criteria must be documented and made available to the CES administrator.

The Glendale CES matches adults, youth, and families with children experiencing homelessness to permanent housing resources, prioritizing in accordance with the criteria delineated in the Priority Order Table in the Prioritization Policy.

Adults are matched to permanent housing resources pursuant to the following:

A. Adults in acuity group 1 will be matched to permanent supportive housing, subject to resource availability, unless an alternative housing intervention is recommended by staff or preferred by the participant.
B. Adults in acuity group 2 will be matched to permanent supportive housing or rapid rehousing as determined by recommended housing intervention, participant choice, and resource availability.
C. Adults in acuity groups 3 and 4 will be matched to rapid re-housing, subject to resource availability.

Youth and Families experiencing homelessness are quickly assessed and linked to the Family Solutions Center through the SPA 2 CES system. Youth and families with children are matched to permanent housing resources pursuant to the following:

A. Youth and families with children in acuity group 1 will be matched to permanent supportive housing or rapid re-housing as determined by recommended housing intervention, participant choice, and resource availability.
B. Youth and families with children in acuity groups 2, 3, and 4 will be matched to rapid rehousing, subject to resource availability. In instances in which the circumstances of an individual case necessitate an exception to this policy, exceptions may be made through case conferencing.

The Glendale CES supports participant choice in the matching process. Prioritized participants who decline a match remain prioritized for available housing resource for which they are eligible in accordance with the Prioritization Policy. The Glendale CES ensures housing units with features designed for mobility and/or hearing/vision disabilities are matched to participants who need these features. Housing providers must indicate units' mobility and hearing/vision accessibility features when reporting a housing vacancy. Fully accessible vacant units are matched to participants who need the mobility and/or hearing/vision features of these units. If a fully accessible unit is not

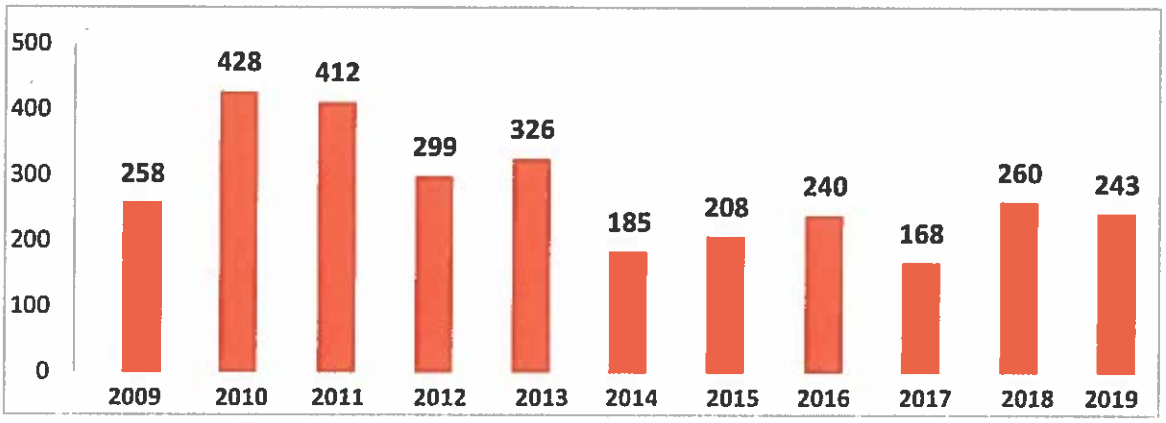
available, participants with disabilities are offered any other housing resource for which they are eligible and prioritized. Participants with disabilities who choose to accept a housing resource which is not fully accessible are able to be transferred to a fully accessible unit when one becomes available. Participants with disabilities also have the right to reasonable accommodations and modifications in any housing placement.

Providers within the Glendale CoC adhere to the premise that prevention is the most cost effective means of addressing homelessness, not only in monetary terms but also when assessing the emotional, mental and social tolls an experience of homelessness may take on an individual or family. The Glendale CoC provides targeted assistance to prevent housing crisis that do occur from escalating further and resulting in homelessness. In collaboration with the *Loaves and Fishes Homeless Prevention Program* operated by *Catholic Charities of Los Angeles*, Glendale CES provides case management services and one-time utility assistance payments to households that are at-risk of becoming homeless in Glendale. Case management assistance is provided for basic life skills as well as special needs, including substance abuse, domestic violence, mental health, employment, public assistance, immigration and legal issues. Households receiving monetary assistance to address utility shut-off notices also receive intensive case management to ensure that the issues that led to the need for assistance are resolved. Catholic Charities also links clients with mainstream benefits programming, including Medi-Cal, Temporary Assistance for Needy Families (TANF), Food Stamps, and Social Security Administration Programs as a homeless prevention measure.

As a result of the Coordinated Entry System and various homeless prevention efforts, the Glendale CoC has seen the impact of intensive outreach and housing first placements for the sheltered and unsheltered population.

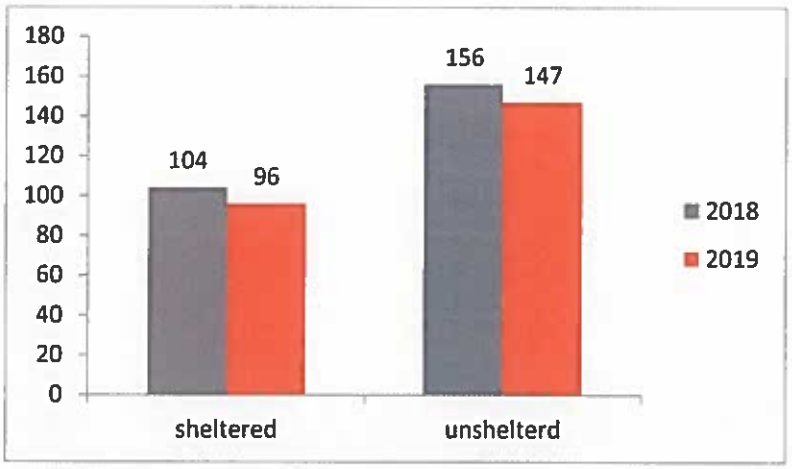
The 2019 Homeless Count reported a decrease in the sheltered and unsheltered populations, particularly due to the collaboration between agencies serving the homeless population and the City of Glendale. However, across the region, there continues to be a drastic increase in first time homeless and chronic homeless populations. Appendix D and Appendix E reveal trends for the Southern California Continuums of Care by comparing data between 2017 and 2019 as well as data between 2018 and 2019 homeless counts. The Glendale CoC will continue to tailor the CES system to aggressively divert households who may experience homelessness for the first time and those who have become chronically homeless in our community.

Table 2: Historical and 2019 Homeless Count



The Chart below reflects the homeless count by sheltered and unsheltered population and the comparison between 2019 and 2018.

Table 3: Sheltered vs. Unsheltered



A total of 243 homeless persons were identified during the 2019 Homeless Count of which 195 were adults over the age of 18 and 48 were children. Of the 243 persons counted in 2019, 96 or 39.5% were sheltered while 147 or 60.5% 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 Glendale 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.

1/3 of the Unsheltered Adults said "YES" to Becoming Homeless in the City of Glendale

Based on the comparison of 2019 vs. 2018, risk factors such as drastic increase in rents, loss of employment, and unexpected illness may have contributed to the homeless status of the sheltered and unsheltered population. The 2019 Homeless Count surveys revealed that the homeless population in the City of Glendale slightly decreased by 9% (260 in 2018 vs. 243 in 2019). In comparison to 2018, there was a decrease of 1% in the adult homeless population (199 in 2018 and 194 in 2019) and a decrease of 8% in homeless children (61 in 2018 and 49 in 2019). Of the 139 unsheltered adults surveyed, a total of 46 persons (33.1%) answered 'Yes' to becoming homeless in the City of Glendale. Three (3) of the 46 adults became homeless with children. Two (2) adults had one child each and one adult had three (3) children.

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 12:00 a.m. during the evening of January 22 and 8:00 a.m. and 10:00 a.m. during the morning of January 23, 2019. 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.

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.

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 year born, and state born. The information for each encounter was input 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 "WTMW1980CA." This means that this person's first name began with "W", last name began with "T", he was male "M", he was White "5", born in 1980, and born in California.

First Initial	Last Initial	Gender	Race	Year Born	State Born
W	T	M	5	1980	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 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	Year Born	State Born
1	J	H	F	5	1940	CA
2	H	T	M	4	1950	CA
3	R	K	F	4	1960	TX
4	K	N	M	1	1970	CA
5	F	A	M	3	1980	CA

[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.

6	J	F	M	5	1990	CA
7	J	F	M	5	1990	CA
8	S	G	F	4	2000	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 eight subpopulations required by HUD which include:

- Chronically Homeless Individuals;
- Chronically Homeless Families;
- Persons with HIV/AIDS;
- Persons with Chronic Substance Abuse;
- Persons with Severe Mental Illness;
- Unaccompanied Youth under Age 18;
- Veterans;
- Victims of Domestic Violence; and
- Youth Ages 18 to 24.

Other subpopulation data was also collected for

- Persons released from a Correctional Institution during 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. 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. 2019 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 Sunrise Village Emergency Shelter is a 12-bed domestic violence shelter that 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 City of Glendale manually added the 2019 homeless count data for the individuals residing at the YWCA Emergency Shelter.

The Salvation Army and Door of Hope transitional housing programs, also make a tremendous difference in the lives of homeless mothers and their children who have become homeless in the City of Glendale. Eligible mothers with children can live at the Salvation Army's Nancy Painter Home rent-free for up to two years. Mothers are offered counseling, training, access to

education, and job opportunities. Door of Hope's transitional housing programs help families overcome the practical, emotional, and financial challenges they face and transition into permanent housing. The agency's comprehensive services are designed for the whole person and the whole family to permanently break the cycle of homelessness for this generation and the next. Even though the programs are not funded by the Glendale CoC, their vision is aligned with the Glendale CES and its goal of ending homelessness for those in the City of Glendale.

In addition to the domestic violence shelter and transition housing programs mentioned above, City of Glendale operates two rapid re-housing programs in partnership with the Family Promise of the Verdugos (FPV). The Continuum of Care (CoC) Funded Rapid Re-housing program 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 (6) chronically homeless households with medium term rental assistance subsidy. This mother and 8-year old son are one of many families served by the caring staff at FPV. In addition to the CoC funded Rapid Re-housing program, Family Promise of the Verdugos operates an Emergency Shelter Program where five (5) families receive medium term rental assistance for up to 12 months. This program is reported for the first time on the City of Glendale Homeless Inventory Count 2019. The dedicated staff members at Family Promise of the Verdugos provide all program participants with intensive case management while the clients work on securing employment and permanent housing.

V. 2019 Permanent Supportive Housing (PSH) Programs

Permanent Supportive Housing is a proven solution for the most vulnerable chronically homeless people. PSH ends a person's homelessness by pairing housing with case management and voluntary supportive services. Connecting people to PSH, places them in a better position to address additional challenges that may have contributed to their homelessness, such as

obtaining employment or addressing substance use issues. The following agencies provide PSH programs to those experiencing homelessness is the Glendale CoC:

Ascencia helps formerly homeless people keep their housing. Ascencia provides formerly chronically homeless families and individuals with subsidized housing as well as supportive services through case management. Program participants and their case managers collaborate on developing a financial management plan, obtaining employment, and successfully maintaining their housing. On an annual basis, Ascencia operates the Next Step PSH program, Housing Now PSH Program and the Scattered Site PSH Program as well as operating five (5) CoC Rental Assistance Housing Programs. Ascencia both operates its own supportive housing programs and also refers clients to other providers. There is no time limit for the PSH programs offered by Ascencia but clients frequently move out as their financial position improves.

New Directions for Veterans (Veterans Village) has on-site comprehensive supportive services available for homeless veterans. The program provides formerly homeless veterans with a safe place to stay while they are securing their housing units. The priority in this program is permanent housing. In the interim, participants may take advantage of some of the supportive services offered such as case management, mental health services, substance use support groups, workforce development, and free legal assistance.

Glen Grove Apartment is a newly constructed 24-unit family building in Glendale that serves low and very-low income families, some of whom are formerly homeless.

Gardena Avenue Apartment is a 9-unit project consisting of five one-bedroom and four two-bedroom units that serves as a residential affordable housing building for formerly homeless families.

The Salvation Army's Chester Street PSH Program provides assistance to four (4) families with children where at least one adult is disabled due to substance use. The project consists of four (4) two-bedroom apartments serving four (4) families with children. The Salvation Army staff members provide services including ongoing case management and assessments; life skills classes; substance use counseling and support groups; employment and education assistance; mental health assessments and care as needed and child care for youth children. As part of case management, participants are required to save at least 30% of their monthly income in an individual savings account.

The Glendale CoC ensure that the homeless individuals and families with the most severe service needs in Glendale are prioritized in PSH, which will also increase progress towards ending chronic homelessness in our community.

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 2019 Homeless Count compared to the last homeless count in 2018.

During the 2019 Homeless Count, 243 unduplicated homeless persons were counted of which 194 are adults and 49 are children under the age of 18.

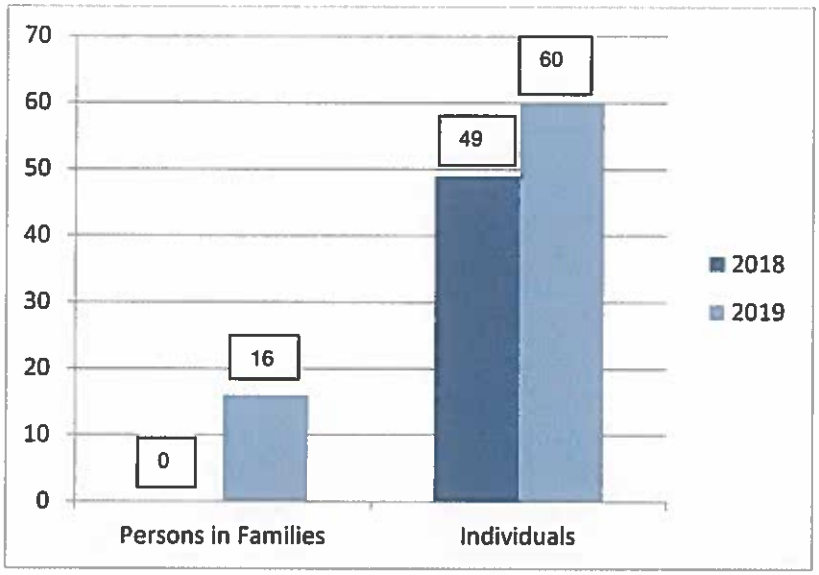
- 194 of the 243 (80%) are adults over the age of 18; of which 139 (72%) are unsheltered and 55 (28%) are sheltered;
- 3 of the 55 (5%) sheltered adults and 6 of the 139 (4%) unsheltered adults are between the ages of 18 and 24;
- 49 out of the 243 (20%) are children under the age of 18; of which 8 (16%) are unsheltered and 41 (84%) are sheltered;
- 41 out of 49 (84%) children are sheltered; of which 16 (39%) reside in emergency shelters and 25 (61%) reside in transitional housing programs;
- 108 out of 243 (44%) identify as female; 134 out of 243 (55%) identify as male; and 1 out of 243 identifies as transgender;
- 62 out of the 108 (57%) are sheltered female; 33 out of the 134 (26%) are sheltered male; and 1 out of the 96 sheltered individuals identifies as transgender;
- 46 out of the 147 (31%) are unsheltered female; 101 out of the 147 (69%) are unsheltered male;

- 76 out of 194 adults (39%) are chronically homeless persons; of which 27 (36%) are participants of emergency housing program and 49 (64%) are unsheltered;

- 27 out of 194 (14%) of adults identify as being homeless due to domestic violence;

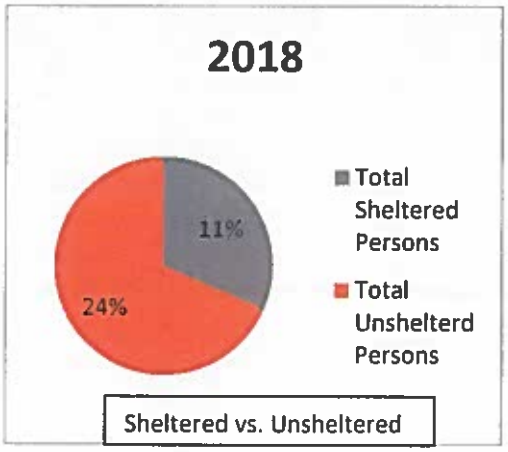
- 5 out of 194 (3%) are persons identifying as Veterans; of which 5 (100%) are male. 4 out of 5 (80%) are identified as Chronically Homeless Veterans.

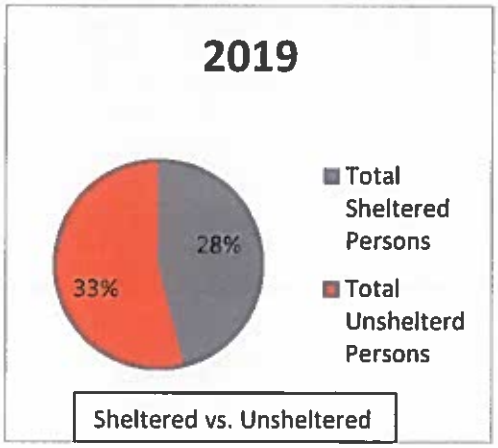
Table 4: Chronically Homeless Sheltered and Unsheltered Families and Adults



There are 16 new persons in families and 60 individuals reported as Chronically Homeless during the 2019 Count. The longer an unsheltered individual remains on the streets, the longer chance the person has in becoming Chronically Homeless due to factors such as serious mental illness, substance use disorder or physically disabling conditions.

Table 5: Chronically Homeless Persons Sheltered vs. Unsheltered





There was an increase in the number of chronically homeless individuals from 2018 to 2019 in both sheltered and unsheltered persons counted in Glendale. 27 of the 96 (28%) sheltered persons counted were identified as chronically homeless. 49 of the 147 (33%) unsheltered

persons counted were also identified as chronically homeless. 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 turn 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			
2018		**2019**	
White	63%	White	58%
Black/African American	18%	Black/African American	19%
Asian	2%	Asian	3%
American Indian/Alaskan Native	2%	American Indian/Alaskan Native	4%
Native Hawaiian or other Pacific Islander	1%	Native Hawaiian or other Pacific Islander	2%
Multiple Races	14%	Multiple Races	14%
Total	**100%**	**Total**	**100%**

- 141 out of 243 (58%) identify as non-Hispanic/non-Latino; of which 49 (35%) are sheltered and 92 (65%) are unsheltered;

- 102 out of 243 (42%) identify as Hispanic/Latino; of which 47 (46%) are sheltered and 55 (54%) are unsheltered;

2019 Sub-Population Special Needs Data (Unsheltered Only)

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. The 2019 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.

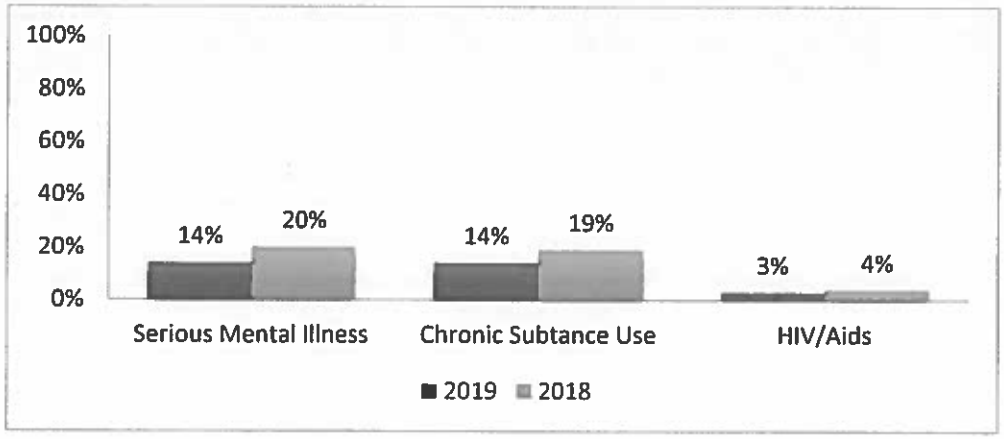
Key Findings: Sub-Population Special Needs Data (Unsheltered Adults Only)

20 out of 139 (14%) unsheltered adults are identified with having a serious mental illness which is a decrease of 6% from last year. Additionally, 19 out of the 55 adults (35%) residing in emergency shelter and transitional housing programs also reported having serious mental illness.

20 out of 139 (14%) unsheltered adults are identified as having a substance use disorder which is a decrease of 5% from last year. Five additional adults residing in an emergency shelter program also reported having substance use disorder.

4 out of 139 (3%) unsheltered adults are identified as HIV positive or having been diagnosed with AIDS on the date of enumeration, which is a decrease of 1% from last year. Additionally, 3 out of the 55 (5%) of adults residing in an emergency shelter program also identifies as HIV positive.

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

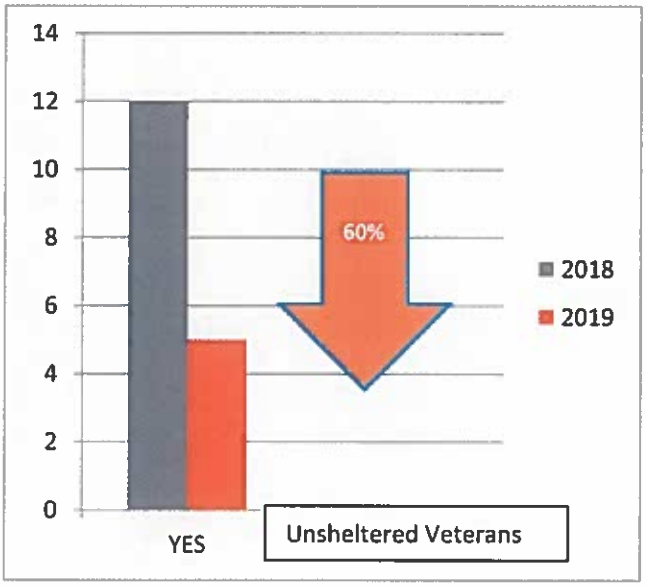


9 out of the 139 (6%) unsheltered adults are survivors of domestic violence which is a decrease of 17% from last year. 18 additional adults residing in emergency shelter and transitional housing programs also reported as domestic violence survivors.

2019 Homeless Count Sub-Population Veterans

The 2019 Homeless Count identified a total of 5 unsheltered homeless persons that identified themselves as veterans, presenting a substantial decrease from the 12 homeless veterans reported on the 2018 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.

Table 8: Are you an Unsheltered Veteran?



VI. Unsheltered Subpopulation Summaries

The Tables below provide a breakdown of other subpopulations for the 139 adults that are required by HUD and have to be reported to HUD in the annual Point-in-Time Count chart to HUD, which is due April 30.

Table 9. Subpopulations

	#	%
Chronically Homeless Adults	45	32
Families including Chronically Homeless Families*	5	5**
Persons w/Developmental Disabilities	24	17.3
Persons w/HIV/AIDS	4	2.9
Persons w/Mental Health Problems	20	14.4
Persons w/Physical Disabilities	43	31.2
Substance Users	20	14.4
Unaccompanied Women	38	***
Veterans	5****	3.6
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	9	6.5

*Of the five families, two were chronically homeless.
**The total number of adults in five families was seven, which represents 5.0% of total adult population of 139.
***Of the 42 women, 38 or 90.5% were unaccompanied (meaning without children).
****80% or 4 veterans were chronically homeless Individuals.

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.

Did You Become Homeless in the City of Glendale?

Of the 139 unsheltered adults, 46 or approximately one-third (33.1%) stated they did become homeless in the City of Glendale. Three (3) of the 46 adults became homeless with children. Two (2) adults had one child each and one adult had three (3) children.

Table 10. Results of Miscellaneous Survey Questions (139 Unsheltered Adults)

	#	%
Did You Become Homeless for the First Time during the Past 12 Months?	44*	31.7
Why Did You Become Homeless in Glendale?		
Could Not Afford Rent Increase	25	18.0
Loss of Employment	22	15.8
Unexpected Illness	3	2.2

Property Was Sold and You Had to Move	3	2.2
Other	19	13.7
Refused to Answer	2	1.4
Unknown	65	46.8
How Much Is Your Monthly Income?		
No Income	27	19.4
$1 to $250	31	22.3
$251 to $500	9	6.5
$501 to $1,000	25	19.0
More Than $1,000	12	8.6
Unknown/Refused	35	25.2
Which of the Following Best Describes Your Employment Situation:		
Full-time	4	2.9
Part-time	8	5.7
Unemployed and Actively Seeking Work	47	33.8
Unemployed and Not Actively Seeking Work	39	28.1
Other	4	2.9
Don't Know	1	0.7
Refused to Answer	1	0.7
Unknown	35	25.2
Do You Receive Any Disability Benefits?	45	32.7

*In addition to the 44 adults, three (3) children in families also became homeless for the first time.

**In addition to the 46 adults, five (5) children in families became homeless in the City of Glendale.

Table 11. Community Ties

	#	%
Do You Have Family Who Live in Glendale?	31	22.1
Have You Ever Worked in Glendale?	50	36.3
Are You Currently Working in Glendale?	13	9.7
Have You Ever Attended School in Glendale?	42	30.4
Are You Currently Attending School in Glendale?	6	4.4

The table above reveals that of the 139 unsheltered adults,

- 31 or nearly one of four (22.1%) unsheltered persons have family who live in Glendale;
- 63 or nearly half (46%) of unsheltered persons worked or currently working in Glendale;
- 48 or more than one of three (34.8%) unsheltered persons attended school or are currently attending school in Glendale.

Table 12: Another Community Tie - How Long Have You Lived in Glendale?

	#	%
How Long Have You Lived in Glendale?		
Less Than 1 Year	31	22.2
1 – 5 Years	37	26.6
6 – 10 Years	12	8.9
More Than 10 Years	23	16.7
Nearly All My Life	11	7.8
All My Life	3	2.2
Refused to Answer	3	2.2
Unknown	19	13.3
Total:	**139**	**100**

The table above reveals that of the 139 unsheltered adults,

- 47 or more than one of four (26.7%) unsheltered persons lived in Glendale for more than 10 years—23 or 16.7% stated more than 10 years; 11 or 7.8% stated nearly all my life; and 3 or 2.2% stated all my life;
- 59 or more than one of three (35.6%) unsheltered persons lived in Glendale for more than 5 years—12 or 8.9% stated more than five years; 23 or 16.7% stated more than 10 years; 11 or 7.8% stated nearly all my life; and 3 or 2.2% stated all my life;
- 96 or nearly two of three (62.2%) unsheltered persons lived in Glendale for more than one year—37 or 26.6% stated 1 to 5 years; 12 or 8.9% stated more than five years; 23 or 16.7% stated more than 10 years; 11 or 7.8% stated nearly all my life; and 3 or 2.2% stated all my life;
- 31 or nearly one of four (22.2%) unsheltered persons lived in Glendale for less than one year.

Table 13 below notes that there were 35 vehicles in which persons were found homeless. There were 42 unsheltered persons who slept in these vehicles of which 36 were adults and six were children. The six children were members of three families—one family consisted of two adults and two children; one family consisted of one adult and one child; and the other family consisted of one adult and three children.

The majority of persons (77.1%) slept in a car. All three families slept in a car. HUD required that only persons sleeping in an RV in disrepair are considered homeless and could be included in the count.

Table 13. If Person Slept in a Vehicle, What Kind? (n=35)

	#	%
If Person Slept in a Vehicle, What Kind?		
Car	27	77.1
Van	3	8.6
Truck	2	5.7
Camper	2	5.7
RV in Disrepair	1	2.9
RV not in Disrepair	0	0.0
Total:	**35**	**100**

VII. Next Steps

Recommendation 1: Using Measure S Funding to provide affordable housing to end homelessness in Glendale.

The 2019 Homeless Count data shows that there is simply not enough available affordable housing in Glendale. Without a housing stock of 150-200 units, many homeless persons in our community are likely to continue to cycle in and out of homelessness. The priority now must be to expand the supply of affordable housing. The Glendale Quality of Life and Essential Services Protection measure, Measure S, is estimated to generate $30,000,000 annually for the City's general fund to be used locally. The revenues generated by the Measure are used to maintain and expand funding for general governmental services including affordable housing. Measure S ensures that 100% of the funds generated $30 million will stay in Glendale and a portion will be used to house low-income individuals experiencing homelessness in our community.

Recommendation 2: Using Measure H Funding to prevent and end homelessness in Glendale.

Measure H funding recommendations will invest in the solutions that have been proven to prevent and end homelessness, including:

- Homelessness prevention services
- Comprehensive supportive services, like mental health care and job training
- Long term solutions like permanent housing

Measure H total funding allocation for the City of Glendale is in the amount of $456,933 (FY 17-18 $140,327 and FY 18-19 $316,606). The Measure H allocation is for the next 10 years. The annual allocation is based on the City's Homeless Count and determined by the Los Angeles County Board of Supervisors.

The Measure H recommendations for the City of Glendale target six key areas to combat homelessness, which include: Subsidized housing, coordinated outreach and shelters, case management and services, homelessness prevention, income support; and, preservation of existing housing. These key areas address the 21 interconnected homeless initiative strategies eligible for Measure H funding. After a series of meetings and negotiations with the County CEO, LASHA and the Department of Health Services (DHS), the County agreed to directly allocate funding to the Glendale CoC from the following strategies (parts of strategies) listed below.

- A5- Homeless Prevention Services for Individuals (Excludes legal services and evaluation funding.)
- B3- Partner with Cities to expand Rapid Re-Housing (Allocation is only to support single adults.)
- E6-Countywide Outreach System (Allocation is based only on Multidisciplinary Outreach Team funding.)
- E7- Strengthen the Coordinated Entry System (Allocation is only to support Housing Locators and Housing Navigators.)
- E8-Enhance the Emergency Shelter System (Allocation is based only on funding for new shelter beds and capital.)
- Homeless Incentive Program (HIP) offers monetary incentives to encourage landlords to rent their available units to HACoLA's homeless voucher holders. Funding for the program comes as part of the Homeless Prevention Initiative, a collaborative effort between multiple County agencies supported by funding from Los Angeles County Measure H. Program offers the following services to secure units for existing homeless clients:

- *Move-in Assistance* – Provides move-in assistance such as security deposit, utility assistance, and furniture essentials.
- *Vacancy Payment* – Provides owners with Vacancy Loss Payments in the amount of one month's rent, not to exceed Fair Market Rent (FMF) amounts, if the family vacates the unit without proper notice or if the family is evicted from the unit for good cause.
- *Damage Claims* – Provides financial assistance to landlords to mitigate damage caused by tenants during their occupancy.

Recommendation 3: Using Homeless Emergency Aid Program (HEAP) and California Emergency Solutions and Housing Program (CESH) Funding to reduce homelessness in Glendale.

The California Homeless Coordinating and financing Council has announced the launch of *Homelessness Emergency Aid Program (HEAP),* a $500 million block grant program, authorized by SB 850 and designed to provide direct assistance to cities and counties to address homelessness throughout California. HEAP funds will provide a one time, emergency funding to CoC's and large cities with populations over 330,000. The City of Glendale current HEAP funding is in the amount of $625,113.57.

- Eligible uses include, but are not limited to:
  - Homeless prevention activities,
  - Emergency aid,
  - Criminal justice diversion programs for homeless individuals with mental health needs, and
  - Establishing or expending services meeting the needs of homeless youth or youth at risk of homelessness.

CA department of Housing and Development administers the *California Emergency Solutions and Housing Program (CESH)*, a five year grant, with funding received from the Building Homes and jobs act Trust fund. CESH provides funds for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by SB 850. The current CESH funding amount for Glendale CoC is $723,163. City of Glendale has submitted its FY 19-20 CESH application in the amount of $443,253. The funding allocations have not been determined yet.

- Eligible activities include:
  - Housing relocation and stabilization services (including rental assistance),
  - Operating subsidies for permanent housing,
  - Flexible housing subsidy funds,

- Operating support for emergency housing interventions, and
- Systems support for homelessness services and housing delivery systems

<u>Recommendation 4</u>: Finish the job of ending homelessness among unsheltered veterans.

As noted below, the number of unsheltered veterans has decreased by 60% from 2018.

Year	# of Unsheltered Veterans
2017	4
2018	12
2019	5

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.

<u>Recommendation 5</u>: 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
2017	12

2018	6
2019	8

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

Year	# of Unsheltered Chronically Homeless Persons
2017	67
2018	38
2019	53

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 7: Align the current homeless services delivery system with HUD's goal of ending homelessness among women by 2020.

Year	# of Unsheltered Women
2017	81
2018	31
2019	42

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.

Recommendation 8: 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.

Recommendation 9: Provide HIV/AIDS housing and healthcare to homeless people living with HIV and AIDS (PLWHA).

HIV/AIDS and homelessness are deeply intertwined issues. While housing is the important first step to a person's well-being and stability, it is rarely the only need that must be addressed. For people living with HIV/AIDS, access to comprehensive healthcare is crucial, in addition to other solutions such as substance abuse counseling, mental health care, and other supportive services. Each person's case is different, and every need must be met. Coordination of service providers and the integration of services in an individualized and client-centered approach are key to effectively helping PSWHA living in our community.

VII. Conclusion

The City of Glendale's 2019 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 2019 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

The Department of Housing and Urban Development (HUD) has provided additional guidance and definitions with regards to collecting data regarding disability status for the annual homeless count. Volunteers administering the survey know that these questions must be asked of all persons being surveyed and it is completely voluntary whether persons respond to questions about disability status.

Persons surveyed are informed prior to responding to any disability question that their response is voluntary and that their refusal to respond will not result in a denial of service.

According to CPD -15-010 Notice, "no questions should be posed regarding the nature or severity of the person's disability (e.g., medical and health information). Where information is necessary to establish that an individual fits into a particular subpopulation of homeless (e.g., chronically homeless) the individual should be apprised of the criteria and asked whether he or she meets the definition."

These definitions do not fully correspond to the program requirements of HUD funding streams and must only be used for the purposes of the HIC and PIT.

- **Adults** – Persons age 18 and older.
- **Adults with HIV/AIDS** – This population category of the PIT includes adults who have been diagnosed with AIDS and/or have tested positive for HIV.
- **Adults with a Serious Mental Illness (SMI)** – This population category of the PIT includes adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently. Adults with SMI must also meet the qualifications identified in the term for "disability" (e.g., "is expected to be long-continuing or indefinite duration").
- **Adults with a Substance Use Disorder**–This population category of the PIT includes adults with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications identified in the term for "disability" (e.g., "is expected to be long- continuing or indefinite duration").
- **Child** – Persons under age 18.
- **Chronically Homeless Person** - A person who:
  A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and
  C. Has a disability.
  Note: For purposes of PIT reporting:

(1) When a household with one or more members includes an adult or minor head of household who qualifies as chronically homeless, then all members of that household should be counted as a chronically homeless person in the applicable household type table. For example, if one adult in a two adult household is identified as chronically homeless, both adults should be counted as a chronically homeless person in the households without children category of the PIT count.

- **Disability** – An individual with one or more of the following conditions:
  A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
     (1) Is expected to be long-continuing or of indefinite duration;
     (2) Substantially impedes the individual's ability to live independently; and
     (3) Could be improved by the provision of more suitable housing conditions.
  B. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
  C. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).
- **DEVELOPMENTAL DISABILITY.**
  A. IN GENERAL.—The term "developmental disability" means a severe, chronic disability of an individual that—
     i. is attributable to a mental or physical impairment or combination of mental and physical impairments;
     ii. is manifested before the individual attains age 22;
     iii. is likely to continue indefinitely;
     iv. results in substantial functional limitations in 3 or more of the following areas of major life activity:
     v. Self-care.
     vi. Receptive and expressive language.
     vii. Learning.
     viii. Mobility.
     ix. Self-direction.
     x. Capacity for independent living.
     xi. Economic self-sufficiency; and
     xii. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- **Parole** - the release of a prisoner temporarily (for a special purpose) or permanently before the completion of a sentence, on the promise of good behavior
- **Probation** - is the suspension of a jail sentence that allows a person convicted of a crime the chance to remain in the community, instead of going to jail. Probation requires that you follow certain court-ordered rules and conditions under the supervision of a probation officer.

- **Survivors of Domestic Violence** -This population category of the PIT includes adults who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.
- **Veteran** - This population category of the PIT includes adults 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.
- **Victim Service Provider** - A private nonprofit organization whose primary mission is to provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.
- **Youth** - Persons under age 25. HUD collects and reports youth data based on persons under 18 and persons between ages 18 and 24.
    - **Parenting Youth** - A youth who identifies as the parent or legal guardian 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.
    - **Unaccompanied Youth** - Unaccompanied youth are persons under age 25 who are <u>not</u> accompanied by a parent or guardian and are <u>not</u> a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.

Appendix B: Unsheltered Count Instrument

DO NOT FORGET TO COMPLETE QUESTIONS ON THE BACK OF THIS FORM

Glendale Homeless Count and Survey

Your Name:_____ Date:_____ Time: AM or PM

Zone:_____ Location:_____

Questions: (NOTE: if person is sleeping or you feel unsafe please provide your best "guesstimate" for questions 7 - 10)	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 R	Y N R
2. Where did you sleep? (Select the choice below that is closest to answer given). ☐ Outdoors ☐ Abandoned building ☐ In a bus or train or bus or train station ☐ Airport ☐ In a vehicle (car, van, truck, or RV) ☐ Motel or hotel paid by third party ☐ Motel or hotel paid by himself or herself (stop survey – do not include in count) ☐ Shelter or transitional housing program (stop survey – do not include in count - person will be included shelter count) ☐ Jail, hospital bed, or treatment program (stop survey – do not include in count) ☐ Board and care facility or group home (stop survey – do not include in count) ☐ Apartment or home of a family member or friend "doubled-up" or "couch surfing." (stop survey – do not include in count) ☐ Other:_____		
2a. If person slept in a vehicle, what kind? ☐ Car ☐ Van ☐ Truck ☐ Camper ☐ RV (Recreational Vehicle) in which occupants do not have access to sewer, water, and electricity connections and/or in disrepair (e.g., holes, broken windows, flat tires, removed or broken siding) ☐ RV (Recreational Vehicle) with access to sewer, water, and electricity connections and not in disrepair		
3. Do you have a spouse or partner who is also homeless and living with you? (A partner is a person you live with and share a common family life but are not joined in a traditional marriage). If "yes," please complete questions for spouse or partner in the "Spouse/Partner" column to the right.	Y N R	Y N R
4. Do you have children under the age of 18 who are homeless and living with you today? 4a. If yes, how many children are living with you today?_____	Y N R	Y N R
5. Person 1: First initial of first name_____ Spouse/Partner: First initial of first name_____		
6. Person 1: First initial of last name_____ Spouse/Partner: First initial of last name_____		
7. Person 1: What is your gender? ☐ Female ☐ Male ☐ Transgender ☐ Gender Non-Conforming (i.e not exclusively male or female) Spouse/Partner: What is your gender? ☐ Female ☐ Male ☐ Transgender ☐ Gender Non-Conforming		
8. Person 1: Year born _____ Spouse/Partner: Year born: _____		
9. Ethnicity: Are you Hispanic or Latino?	Y N R	Y N R
10. Person 1: What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multiple Races or other Spouse/Partner: What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multiple Races or other		
11. Person 1: What state were you born in?_____ Spouse/Partner: What state were you born in?_____ Record the answer using the U.S. Postal Service state abbreviations for states and US Territories. **Do not record the state if born outside the U.S.** Write the name of the country (Mexico, Canada, Guatemala, El Salvador, Cambodia, Philippines, etc.) _____		
12. Did you become homeless for the first time during the past 12 months?	Y N R	Y N R
13. 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 R	Y N R
14. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle at least 4 separate times the last 3 years including now?	Y N R	Y N R
14a. If yes, was combined length of time 12 months or more?	Y N R	Y N R
15. Do you have a long-lasting physical disability that makes it difficult for you to live independently?	Y N R	Y N R
16. Do you have a long-lasting developmental disability that makes it difficult for you to live independently?	Y N R	Y N R

DO NOT FORGET TO COMPLETE QUESTIONS ON THE BACK OF THIS FORM

P-1
1/9/2019

Glendale Homeless Count and Survey

	Person 1	Spouse/ Partner
17. Have you been diagnosed with AIDS and/or have tested positive for HIV?	Y N R	Y N R
18. Do you have a serious mental illness or emotional impairment that seriously limits your ability to live independently?	Y N R	Y N R
19. Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?	Y N R	Y N R
20. Do you have a substance use disorder that is ongoing and makes it difficult for you to live independently?	Y N R	Y N R
21. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, human trafficking or stalking?	Y N R	Y N R
22. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	Y N R	Y N R
23. Were you ever called into active duty as a member of the National Guard or as a Reservist?	Y N R	Y N R
24. Which of the following best describes your employment situation? Read each category and select from the options below. Person 1: ☐ Full-time ☐ Other ☐ Part-time ☐ Don't know ☐ Unemployed and actively seeking work ☐ Refused to answer ☐ Unemployed and not actively seeking work Spouse/Partner: ☐ Full-time ☐ Other ☐ Part-time ☐ Don't know ☐ Unemployed and actively seeking work ☐ Refused to answer ☐ Unemployed and not actively seeking work		
25. Person 1: 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 Spouse Partner: 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		
26. Did you become homeless in the City of Glendale?	Y N R	Y N R
26a. Why did you become homeless in Glendale? Person 1: ☐ Could not afford rent increase $_____ ☐ Property was sold and you had to move ☐ Loss of employment ☐ Unexpected illness ☐ Other: _____ Spouse/Partner: ☐ Could not afford rent increase $_____ ☐ Property was sold and you had to move ☐ Loss of employment ☐ Unexpected illness ☐ Other: _____		
27. How long have you lived in Glendale? Person 1: ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years ☐ Nearly all my life ☐ All my life Spouse/Partner: ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years ☐ Nearly all my life ☐ All my life		
28. Do you have family who live in Glendale?	Y N R	Y N R
29. Have you ever worked in Glendale?	Y N R	Y N R
30. Are you currently working in Glendale?	Y N R	Y N R
31. Have you ever attended school in Glendale?	Y N R	Y N R
32. Are you currently attending school in Glendale?	Y N R	Y N R
CHILD DEMOGRAPHICS Provide the following information for each accompanied child. 33. How many kids under Age 18 are living with you today?_____		
34. How many children are female?_____		
35. How many children are male?_____		
36. How many children are Hispanic or Latino?_____		
37. How many children are African American or Black?_____		
38. How many are American Indian or Alaskan Native?_____		
39. How many are Asian, Hawaiian, or Pacific Islander?_____		
40. How many children are White?_____		
41. How many children are multiple races or other?_____		

P-2
1/9/2019

Appendix C : Housing Inventory Data Collection Instrument

2019 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 22-23, 2019**

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 predominantly homeless (or, for permanent housing, were homeless at entry).

1. **Organization Name (providing shelter/housing to homeless person):**
   _____
2. **Program Name:**_____
3. **HMIS Project Identifiers:**_____
4. **Name of Person Providing Information:**_____
5. **Date Information is Being Provided:**_____
6. **Phone # of Person Providing Information:**_____
7. **Name of Director of Program or Agency:** _____
8. **Signature of Director of Program or Agency:** _____

9. **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
     - Nancy Painter – Salvation Army
   - ☐ Safe Haven (SH) N/A for Glendale
   - ☐ Permanent Housing (PH)
     - ☐ Permanent Supportive Housing (PSH)
       - Ascencia Glendale Housing Now
       - 2011 Shelter Plus Care Program
       - 2010 Shelter Plus Care Program
       - 2005 and 2009 Shelter Plus Care Program
       - 2001 Shelter Plus Care Program
       - 1998 and 1999 Shelter Plus Care Program

- Ascencia Scattered Site Permanent Housing Program
- Family Promise Rapid Re-Housing
- Salvation Army Chester Street Permanent Housing Project
- Next Step Permanent Supportive Housing Program

☐ Rapid Re-Housing (RRH)

- ESG Family Promise Rapid Re-Housing Program
- ESG YWCA of Glendale Domestic Violence Program

☐ Other PH (OPH) N/A

- 1911 Gardena PH – Housing with Services (no disability required for entry); and
- Veterans Village
- Glen Grove Apartments
- PH – Housing ONLY -NA

10. **Target Population:**

A Population is considered a "target population" if the project is designed to serve that population and at least three-fourths (75%) of the clients served by the project fit the target group descriptor. For the purpose of HIC, "Survivors of Domestic Violence" includes projects that serve people currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.

Abbreviation	Description
☐ DV	Domestic violence victims
☐ HIV	Persons with HIV/AIDS
☐ NA	Not Applicable

11. **Project Address:** The address should reflect the location of the project's principal site or, for multiple site projects, the location in which the majority of the project's clients are housed. Tenant-based scattered site projects can provide the administrative address. Victim Services Providers are exempt from entering address information, they are expected to enter a Zip Code

_____

_____

_____

12. **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.

13. **Housing Type:** All of the inventory for the project must fall within the selected Housing Type. If a project has multiple housing types, it must be split into separate projects. The Housing Type options are:

1. **Site-Based/Single Site –** all clients are housed in a single project facility.

   Is your Housing Type a Site-based/single site? ☐ Yes ☐ No

2. **Site-Based/Clustered-Multiple Sites –** All clients are housed in more than one project facility, but more than one client is housed in each project facility. The facility locations are owned, operated, or sponsored by the project. This can included PBRA and may include SBRA, if multiple clients are housed in several separate sponsored facility locations.

   Is your Housing Type a Site-based/clustered-multiple sites? ☐ Yes ☐ No

3. **Tenant-Based/Scattered Site** – Clients have leases or other occupancy agreements and are housed in market-rate, scattered site residences. This includes TBRA and may include SBRA, if clients are housed in sponsored units where each unit has a district mailing address.

Is your Housing Type a Tenant-based/scattered site? ☐ Yes ☐ No

14. **Inventory Type:** Using Inventory Start Date and Inventory End Date, identify whether the bed inventory is current or under development.

Current inventory (C): Beds and units that were available for occupancy on the night of the CoC's PIT count.

- Were beds or vouchers available for occupancy on January 22, 2019? ☐ Yes ☐ No
- Inventory start date: _____
- Inventory end date (if applicable): _____

Under development (U): Beds and units that were fully funded but not available for occupancy on the night of the CoC's PIT count. (All inventory that is projected but no in operation during the PIT count). 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 the night of the CoC's count. For example, in the 2019 HIC, if a CoC has a count date of January 31, 2019, CoCs must identify whether the bed/unit inventory is expected to be available for occupancy by January 31, 2020.

- Were beds fully funded but not available for occupancy as of January 22, 2019? ☐ Yes ☐ No
- 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 22, 2020. ☐ Yes ☐ No

15. **Household Type:** Enter the counts of bed inventory, unit inventory, and HMIS bed inventory based on availability for each of the following housing 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 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 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.

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

The Bed Type describes the type of beds offered by emergency shelter projects according to the following:

☐ **Facility-based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

☐ **Voucher**: Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.

☐ **Other:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

Bed Type must be consistent with the Housing Type (ex. A Facility-based emergency shelter project cannot have a Housing Type of "tenant-based/scattered site.

17. **Dedicated Bed Inventory: A dedicated bed is a bed that must be filled by a person in the subpopulation category (or a member of their household) unless there are no persons from the subpopulation who qualify for the project located within the geographic area.**

PSH Chronically Homeless Bed Inventory: (Permanent Supportive Housing Programs ONLY)

A dedicated bed is a bed that must be filled by a chronically homeless person (or a member of their household), which is a higher standard than simply prioritizing persons experiencing chronic homelessness for available beds, prioritizing persons experiencing chronic homelessness and othe vulnerable homeless persons in Permanent Supportive Housing The number of PSH beds that are dedicated to house chronically homeless persons and their household members (if applicable) for each of the household types below:

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

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 ____ # for HMIS Bed Inventory _____

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 ____ #for HMIS Bed Inventory _____

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 ____ #for HMIS Bed Inventory _____

If none, check here ☐

Veteran Bed Inventory: The number of beds that are dedicated to house homeless veteran and their household member (if applicable) for households with at least one adult and one child and households without children.

- **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 ____ # for HMIS Bed Inventory _____

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 ____ # for HMIS Bed Inventory _____

If none, check here ☐

Youth Bed Inventory: The number of beds that are dedicated to house homeless youth, including parenting youth and unaccompanied youth and their household member (if applicable) for households with at least one adult and once child and households without children (all inventory reported for households with only children are assumed to be youth beds).

- **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 ____ # for HMIS Bed Inventory _____

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 ____ #for HMIS Bed Inventory _____

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 ____ #for HMIS Bed Inventory _____

If none, check here ☐

18. **Emergency Shelter Bed and Unit Availability (*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.

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 and indicate below the Start and End date for the Season.

Inventory Start Date: (for seasonal beds ONLY)_____

Day/month/year

Inventory End Date: (for seasonal beds ONLY) _____

Day/month/year

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 Seasonal Beds available (Emergency Shelters Only): 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 ____ #for HMIS Bed Inventory _____

☐ Not Applicable

# of Overflow Beds available (Emergency Shelters 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.

# of Beds ____ # of Units ____ #for HMIS Bed Inventory _____

☐ Not Applicable

19. **HMIS Participating Beds: The number of beds participating in HMIS on the date of the HIC for each of the household types. The number of HMIS participating beds must be identified for year-round, seasonal, and overflow beds.**

What is the total number of beds available for occupancy TODAY?
(1-22/ 23-2019) _____

What is the total number of beds that are occupied TODAY? (1-22/23-2019) _____ (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:

- **Persons in households with at least one adult and one child.** 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 _____

# 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 ____ #for HMIS Bed Inventory _____

☐ Not Applicable

# of Seasonal Beds available (Emergency Shelters Only): 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 ____ #for HMIS Bed Inventory _____

☐ Not Applicable

# of Overflow Beds available (Emergency Shelters 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.

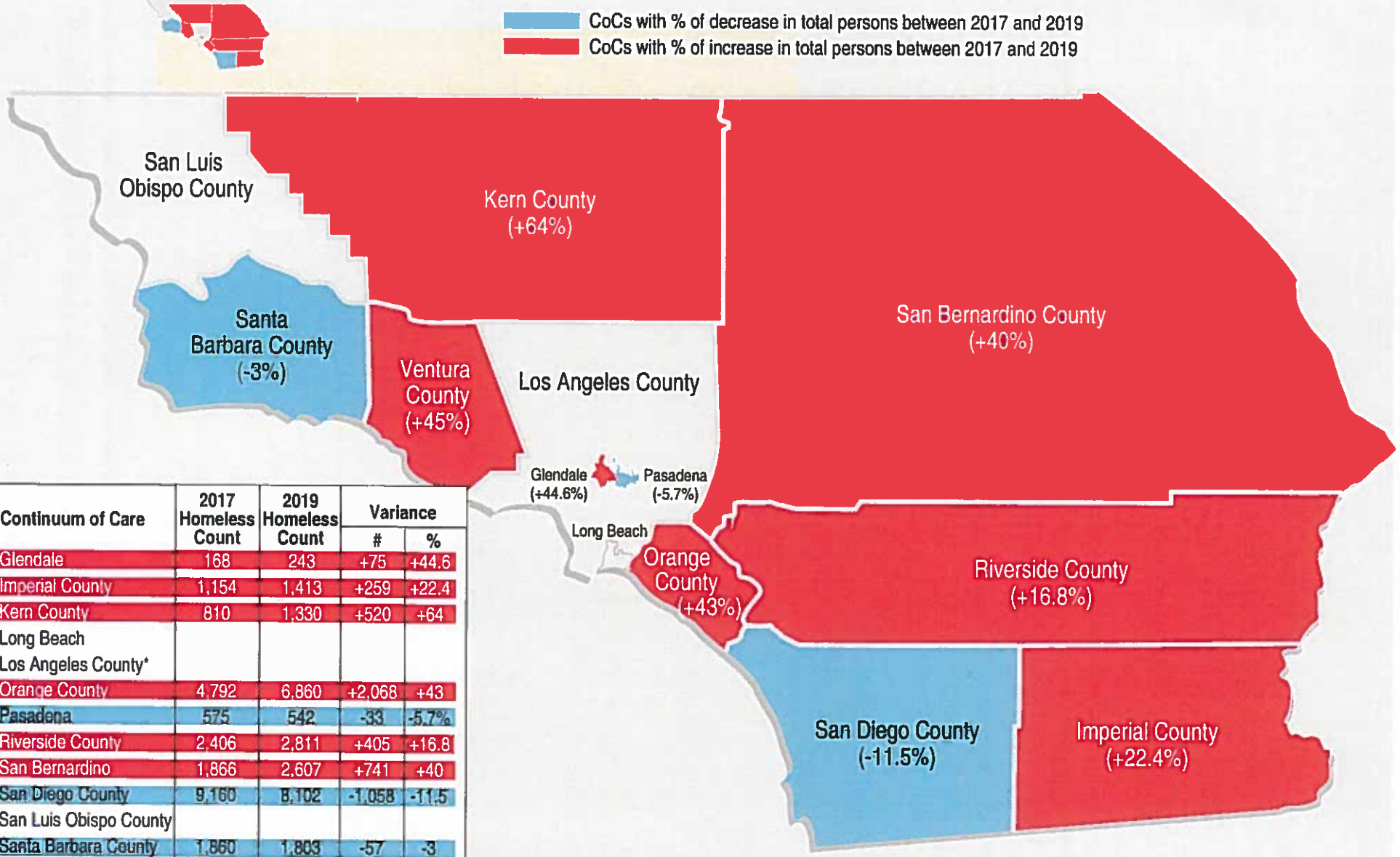
# of Beds ____ # of Units ____ #for HMIS Bed Inventory _____

☐ Not Applicable

Appendix D: Southern CA CoC - Comparison of 2017 and 2019 Homeless Counts

Southern California Continuums of Care:

Comparison of 2017 and 2019 Homeless Counts



Continuum of Care	2017 Homeless Count	2019 Homeless Count	Variance	
			#	%
Glendale	168	243	+75	+44.6
Imperial County	1,154	1,413	+259	+22.4
Kern County	810	1,330	+520	+64
Long Beach				
Los Angeles County*				
Orange County	4,792	6,860	+2,068	+43
Pasadena	575	542	-33	-5.7%
Riverside County	2,406	2,811	+405	+16.8
San Bernardino	1,866	2,607	+741	+40
San Diego County	9,160	8,102	-1,058	-11.5
San Luis Obispo County				
Santa Barbara County	1,860	1,803	-57	-3
Ventura County	1,152	1,669	+517	+45
Total:				

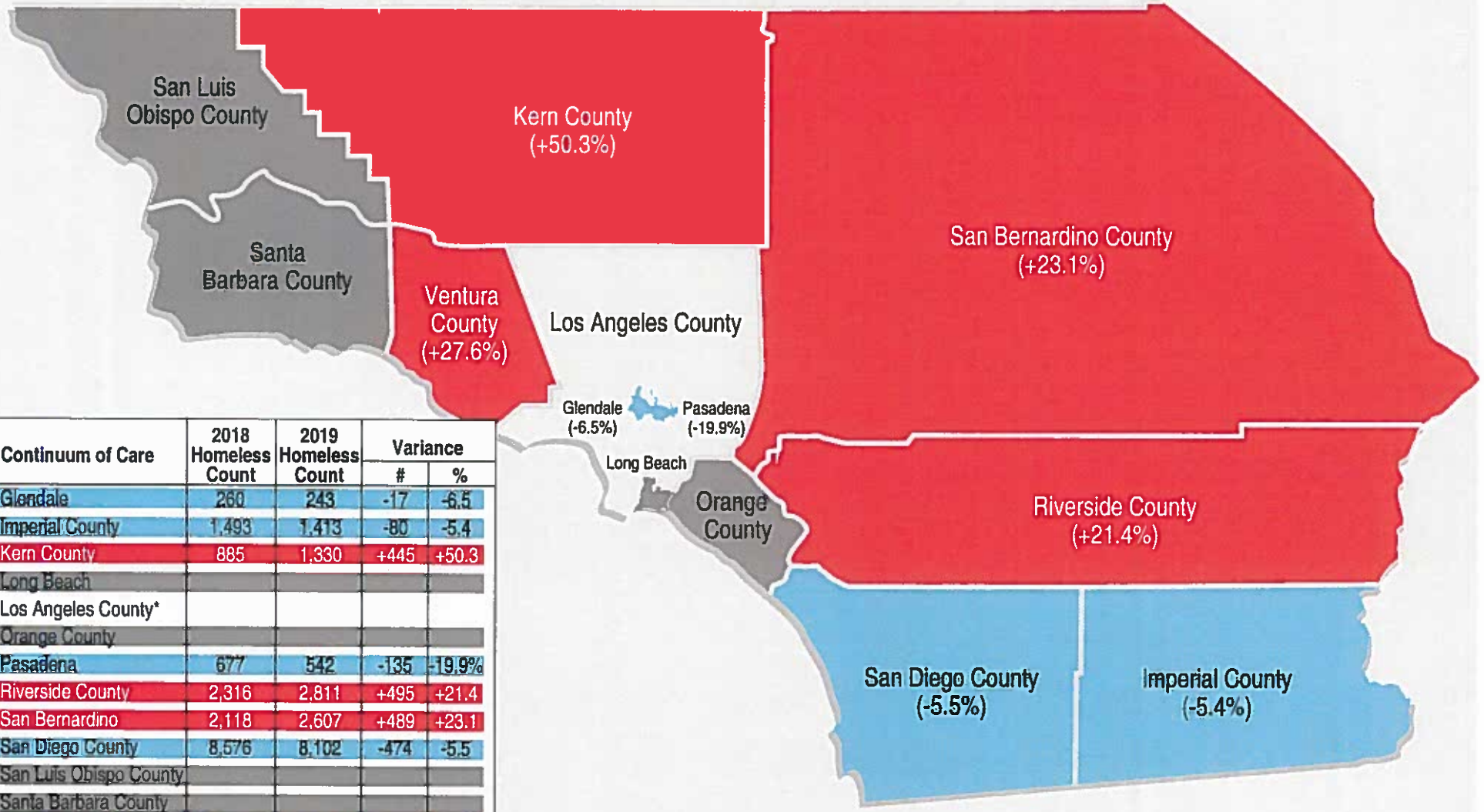
*not including Glendale, Long Beach, and Pasadena

Compiled by the Hub for Urban Initiatives (www.urban-initiatives.org)

Southern California Continuums of Care:

Comparison of 2018 and 2019 Homeless Counts

CoCs with % of decrease in total persons between 2018 and 2019
CoCs with % of increase in total persons between 2018 and 2019
CoCs that did not conduct an unsheltered count in 2018



Continuum of Care	2018 Homeless Count	2019 Homeless Count	Variance	
			#	%
Glendale	260	243	-17	-6.5
Imperial County	1,493	1,413	-80	-5.4
Kern County	885	1,330	+445	+50.3
Long Beach				
Los Angeles County*				
Orange County				
Pasadena	677	542	-135	-19.9%
Riverside County	2,316	2,811	+495	+21.4
San Bernardino	2,118	2,607	+489	+23.1
San Diego County	8,576	8,102	-474	-5.5
San Luis Obispo County				
Santa Barbara County				
Ventura County	1,308	1,669	+361	+27.6
Total:				

*not including Glendale, Long Beach, and Pasadena

Compiled by the Hub for Urban Initiatives (www.urban-initiatives.org)