CITY OF GLENDALE

2020 Homeless Count Report

June 2020

ACKNOWLEDMENTS

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

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The annual homeless count is dependent upon local homeless service providers and program operators serving the homeless to participate in an enumeration exercise; and completing a survey entry for each person seen and served during the night of the Count.

Special thanks to all of the Community Volunteers, City of Glendale's Information Service Department, 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:

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Glendale CoC Board of Directors: Current Board Members: Chair Melissa Younessian, Vice Chair Richard Corral, Gabriella Waring, George Murray, Lt. Alex Krikorian and former Board Members, Lt. John Gilkerson, Bruce Nelson, and Dr. Ilin Magran.

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Adult Recreation Center, Armenian Relief Society, Ascencia, Carlson Fellowship Center, Catholic Charities, City of Glendale Central Library, City of Glendale Community Services and Parks Department, Door of Hope, Family Promise of Verdugo's, Gardena Avenue Apartment, Glen Grove Apartment, Glendale Police Department, Glendale Unified School District, Glendale Youth Alliance, New Directions for Veterans (Veterans Village), the Salvation Army, Verdugo Jobs Center and YWCA of Glendale.

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I. Introduction

Every year, the City of Glendale conducts the annual one-night point-in-time homeless count, which includes a count of the sheltered and unsheltered population of people experiencing homelessness. The Department of Housing and Urban Development (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 2:00 a.m. during the evening of January 22. 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:

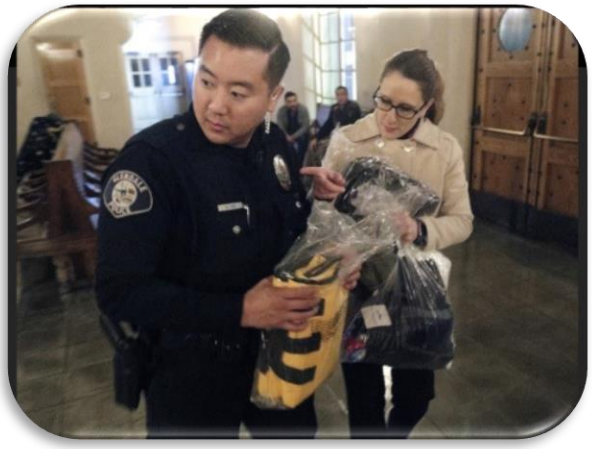
- Medical facilities, such as hospitals, psychiatric facilities, and nursing homes;
- Jails, prisons or juvenile detention facilities;
- Chemical dependency facilities, such as substance abuse treatment facilities and detox centers;

- 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 14.9% or 29,696 of 199,303 Glendale residents were living below poverty level as reported in the 2020 census data (www.census.gov)



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.

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

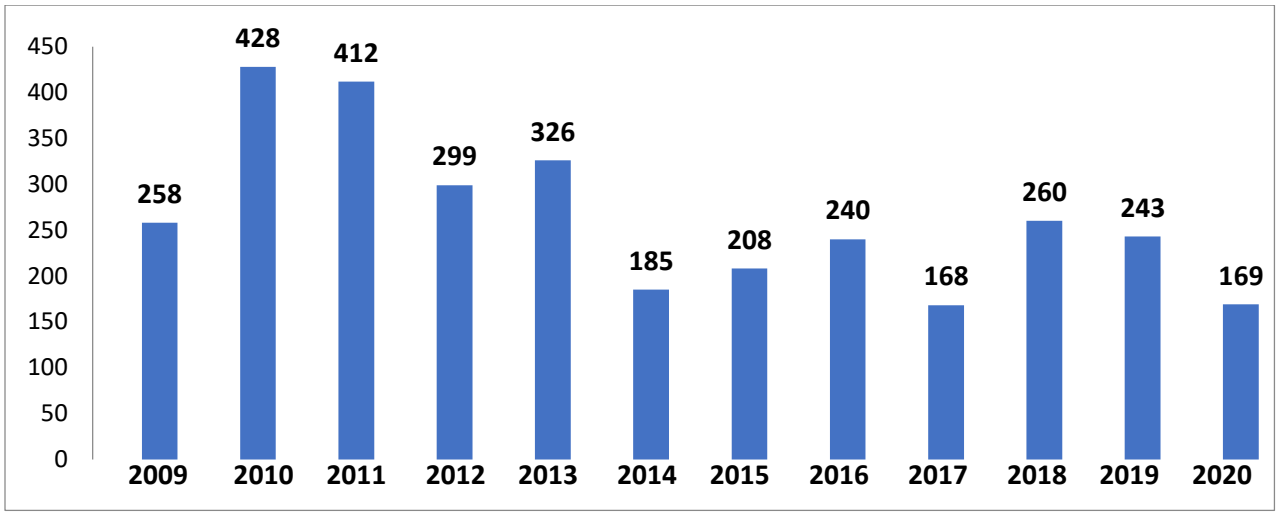
The Glendale CoC shares these values in our mission to end chronic homelessness:

- 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;

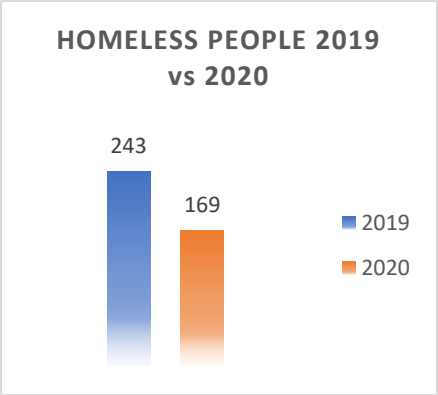
- Employing community collaboration and coordination;
- Applying knowledge-based planning and decision-making;
- Assuring responsible management of resources; and
- Developing self-sufficiency and self-determination among homeless persons.

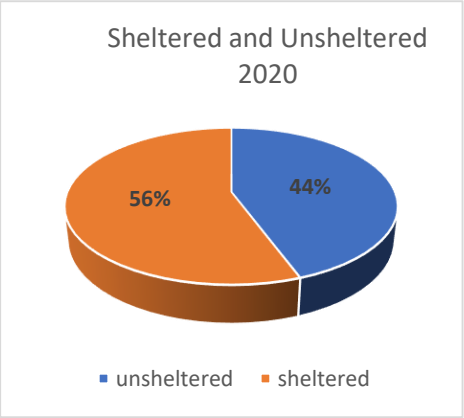
II. EXECUTIVE SUMMARY

Historical and 2020 Homeless Count

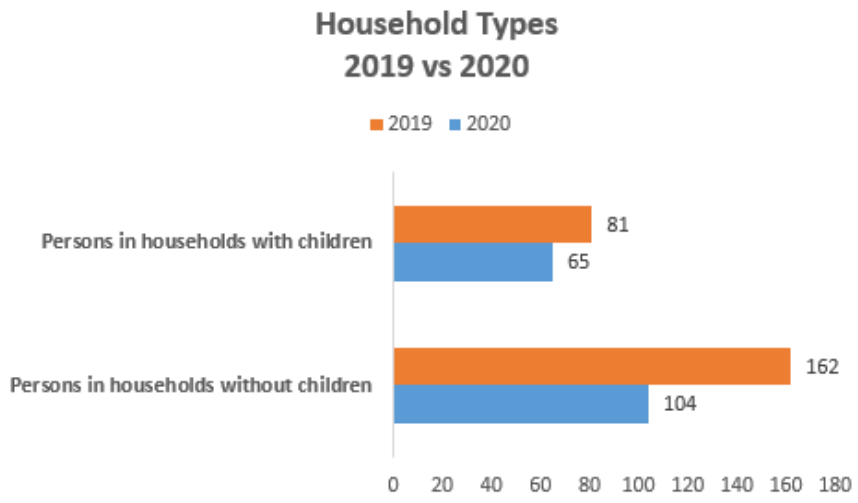


On January 22, 2020, 169 persons were homeless according to the Glendale 2020 Homeless Count and Survey Final Report. The previous homeless count and subpopulation survey was completed in 2019 during which 243 persons were counted. A comparison of the last two counts reveals that 74 less persons were counted in 2020, which represents a decrease of 30%. The homeless count was conducted on both sheltered and unsheltered population.

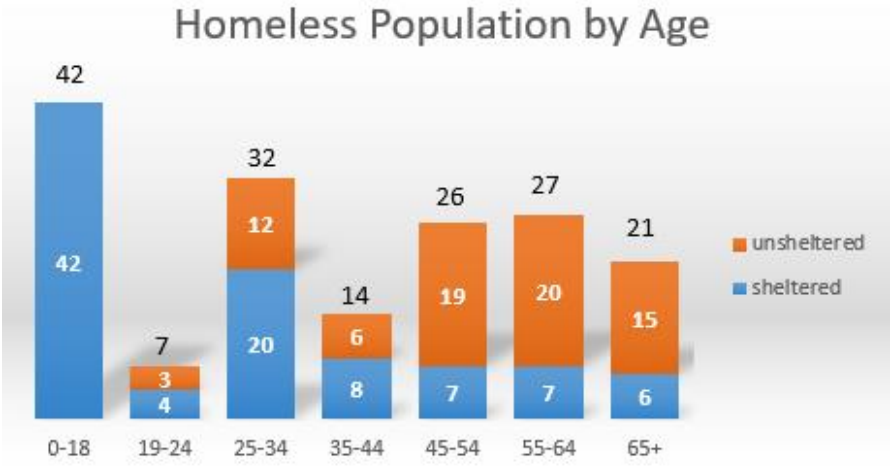




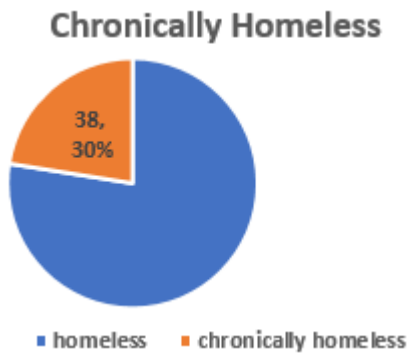
- The total number of unsheltered persons counted was 75 (44%) and the total number of sheltered persons counted was 94 (56%). 65 of the 169 (38%) counted in the Point-in-Time Count are persons in families with children which is a 19% decrease from last year.
- 104 out of 169 (62%) were individuals without children which is a 35% decrease from last year.



- In total, 42 persons (25%) of those counted on January 22, 2020 were under the age of 18, 7 persons (4%) were between the ages of 19-24, and 120 (71%) were over the age of 25, specifically 21 persons (12%) were over 65 years of age.



Chronic Homelessness

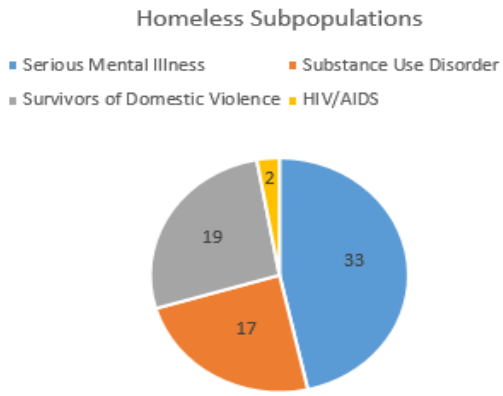


The 2020 homeless count identified 38 people out of the 127 adults surveyed (30%) experiencing chronic homelessness in Glendale which is a decrease of 50% from 2019.

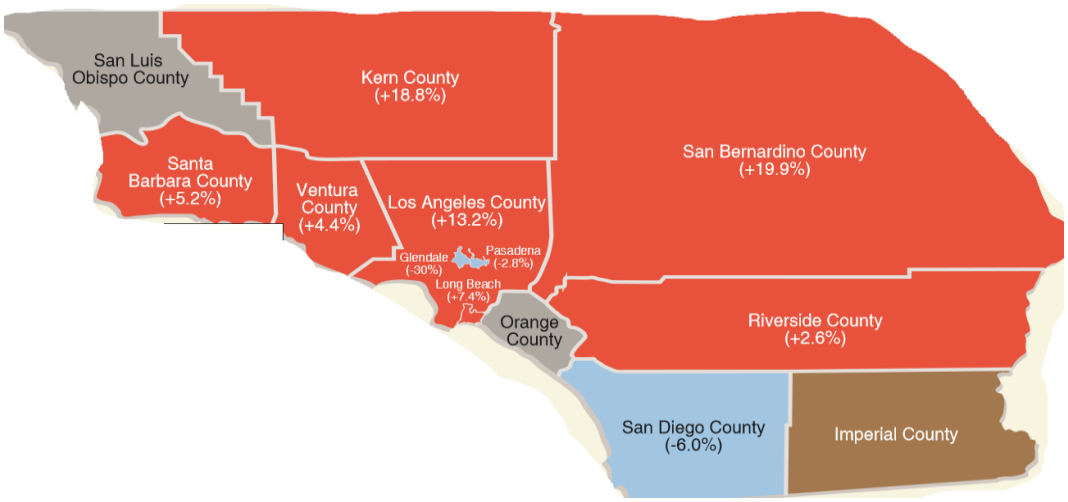
<u>Additional Subpopulations</u>

Every year, the homeless survey collects additional information on serious mental illness, substance abuse disorder, domestic violence and HIV/AIDS among the homeless population. On January 22, 2020 a total of 71 homeless individuals were identified with the following:

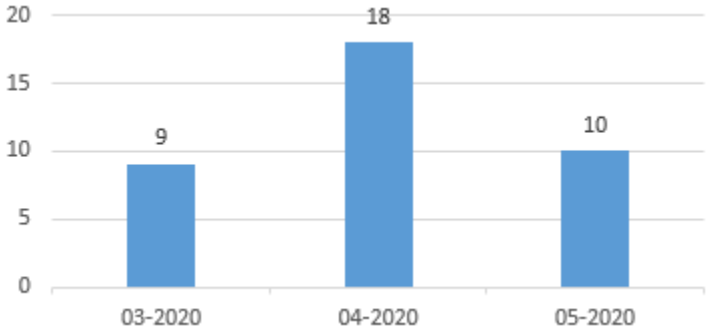
- 33 persons out of 127 adults (26%) reported having serious mental health conditions which is a decrease of 15% from last year.
- 17 persons out of 127 adults (13%) had substance use disorder which is a decrease of 32% from last year.
- 19 persons out of 127 adults (15%) were survivors of domestic violence which a decrease of 30% from last year.
- 2 persons out of 127 adults (1%) were adults with HIV/AIDS which is a 71% decrease from last year.



The 2020 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, tripling homeless services direct assistance budget and expedited housing and placements through the CES system. However, across the region, there continues to be a drastic increase in homeless populations. Appendix E reveal trends for the Southern California Continuums of Care by comparing data between 2019 and 2020.



Since January and most recently due to the COVID-19 pandemic, the City of Glendale has experienced new people coming into homelessness due to loss of jobs, income, and housing and decompressing of shelter programs county wide. Since March 2020, 52 homeless persons came into contact with street outreach: 37 of the 52 were assessed and enrolled into Ascencia outreach project (see below graph), while the 15 of the 52 refused services and were not included in the data collected in HMIS.



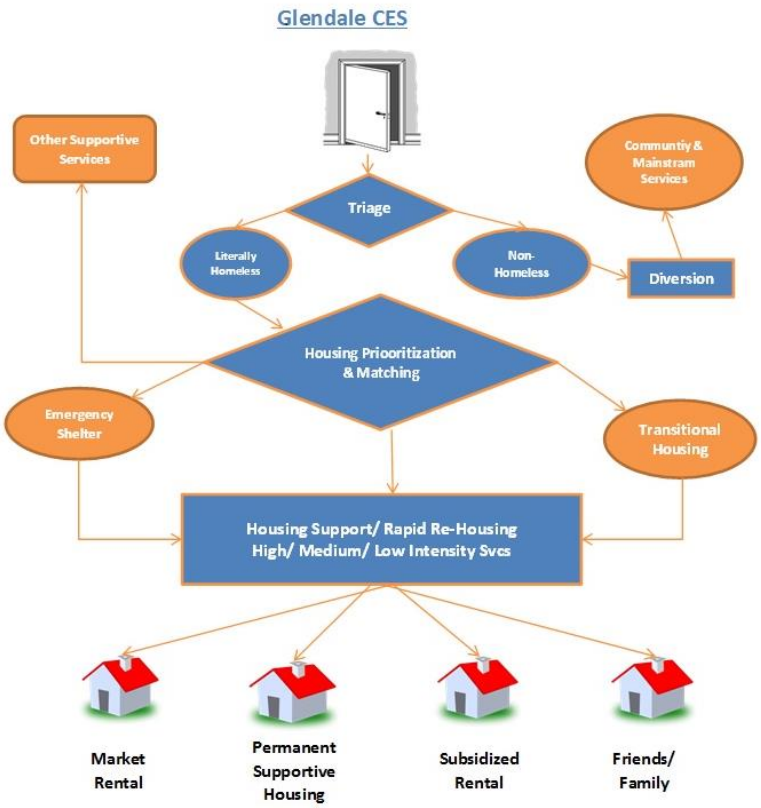
The Glendale Police Department's Homeless Outreach team contacted and made eighteen (18) referral between March through May.

In addition, due to SPA 2 decompression programming, people experiencing homelessness are being exited from the current Winter Shelter programs operated in SPA 2 and are being referred to Project Roomkey programs. The homeless services team continues to implement new programming, including various hotel programs funded by the ESG CARE Act to address COVID-19 and will continue to utilize funds for the next level of project housing to ensure that people experiencing homelessness in the hotel programs are referred to prioritized housing. It is critical to note that there are not adequate housing vacancies or housing subsidies to support this transition for all temporarily sheltered clients due to COVID-19.

III. 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 (see Appendix E).

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.

Homeless Prevention

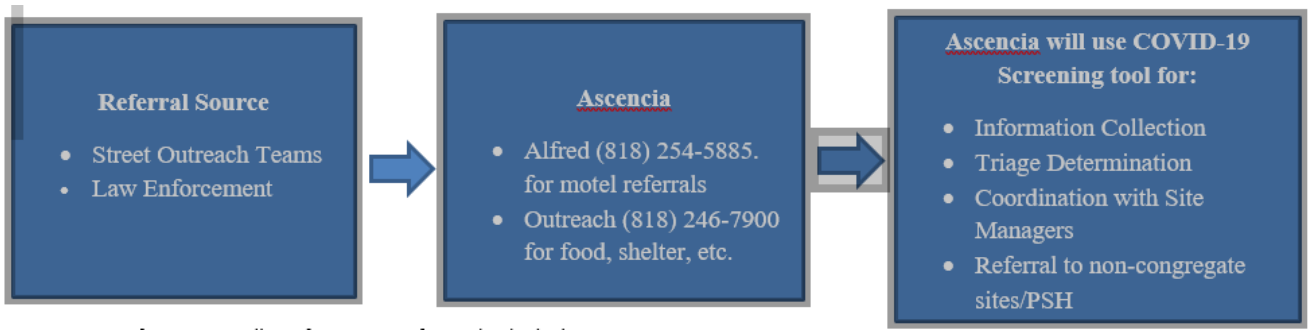
Providers within the Glendale CoC adhere to the premise that prevention is the most cost-effective means of addressing homelessness, not only in monetary terms but also when assessing the emotional, mental and social tolls an experience of homelessness may take on an individual or family. The Glendale 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*, Glendale CoC provides case management services, rental and 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. The two additional homeless prevention programs implemented in 2020 are Measure H Homeless Prevention Program operated by Door of Hope and Measure H Homeless Prevention for Transitional Age Youth (TAY) operated by Glendale Youth Alliance (GYA). As a result of various homeless prevention efforts and the Coordinated Entry System, the Glendale CoC has seen the impact of intensive outreach and housing first placements for the sheltered and unsheltered population.

CES during Covid Pandemic

In response to the COVID-19 outbreak, Glendale CoC has adopted new strategies to help those most vulnerable to the virus. On March 15, 2020, Glendale CoC implemented new CES policies to identify and prioritize individuals experiencing homelessness who were impacted by or at high risk of being impacted by coronavirus. Per Center of Disease Control and Prevention (CDC), individuals experiencing homelessness over the age of 65 and people of all ages with underlying health conditions are at high risk of developing COVID-19 symptoms. Therefore, the City of Glendale has developed a new triage

screening tool as part of the screening process to not only identify the most vulnerable among those experiencing homelessness but those with possible symptoms of coronavirus prior to placing them into non-congregate shelters (see Appendix D).

Additionally, the City of Glendale has adopted a new workflow and CES processes to meet the needs of those vulnerable during the pandemic.



The Ascencia staff gathers information using the COVID-19 Screening Tool:

Ascencia, as the lead CES agency, continues receiving referrals and reviews the collected information to determine the Q/I option available to the individual and coordinates housing placements. The options provided to the individual are determined by their needs and by the amenities and parameters set by the individual sites. After determining the case type and candidate site, the intake coordinator contacts the appropriate site to assess intake capacity. If placement is available, the intake coordinator will then arrange the placement. If there is no placement available, the intake coordinator will submit the individual's information into Tier 1 Referral Eligibility for isolation hotel/motel beds in the HMIS system. Once the referral is accepted in the system, the individual is notified of room availability.

Tier 1 Referral is an assessment tool in Clarity HMIS, developed in response to COVID-19 to allow agencies to refer clients with high acuity and underlying health conditions into Project Roomkey and/or to Permanent Supportive Housing (PSH) resources. The goal is ensuring as many people experiencing homelessness with high-acuity needs AND who face high risks of death or illness from exposure to COVID-19 (referred to as COVID-19 high-risk) are matched to permanent housing resources as quickly as possible.

Matching process:

1. Matchers match people who meet the following three criteria to PSH (up to 80 percent of available PSH resources):
   - Recorded VI-SPDAT assessment scores of 15, 16, or 17. (After people with scores of 15 or higher are matched, people with scores of 12, 13, and 14 will be matched, according to the same interim emergency procedure.)
   - Identified in HMIS as being COVID-19 high-risk, as documented using the Clarity Tier
     1 Assessment. COVID-19 high-risk forms may be recorded in HMIS even if the person does not want to be considered for placement in a Project Roomkey site.
   - Affirmed by case managers that PSH is a feasible housing setting for the person.

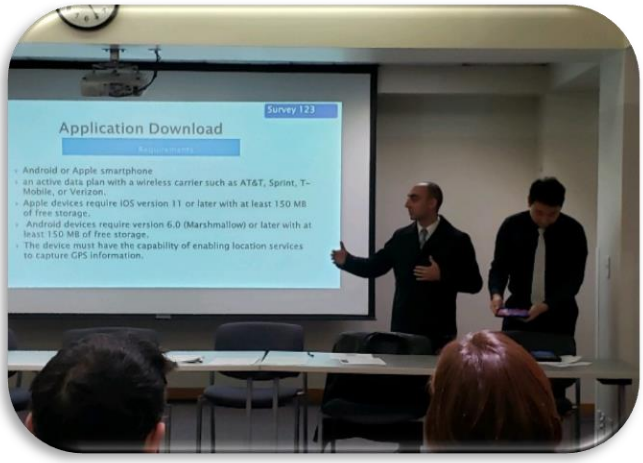
2. Matchers match up to 20 percent of available PSH from the community queue, using standard CES operating procedures.

3. Resources whose eligibility criteria are not likely to align with the needs and characteristics of the COVID-19 high-risk group identified above (e.g., TAY and family resources) should be matched using standard CES operating procedures.

IV. Methodology

Unsheltered Count

The unsheltered count includes individuals or families who "lack 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." (HUD).



This year, the City of Glendale transitioned from paper survey to digital survey using Esri's ArcGIS software platform. The new survey application included:

- Questions required by HUD to collect information on the unsheltered homeless population
- Dashboard to monitor the results of the point-in-time count in real time
- Outcomes Table to provide detailed results of point-in-time count

The volunteers used the Survey123 application instead of using a pen, paper, and clipboard. The application was downloaded on each volunteer's phone before the count. Compared to paper surveys, the digital surveys were more effective for the following reasons:

- Only relevant questions were displayed, based on the answers already entered.
- If any HUD-required questions were missed during the survey, those questions were populated again at the end of the survey, requiring answers before submission.
- Additional logic was built to determine whether the surveyed met HUD's definition of homelessness, and if not, the survey ended and no additional questions were populated.
- The survey results were uploaded and entered into a database instantly, providing a live update of the results and locations of surveys collected during the count.

One of the most significant changes with the digital survey was the elimination of manual data entry into a database and deduplication of data. The survey results were exported to a spreadsheet for analysis and deduplication. A unique identifier for each person was generated in the report, which helped to identify duplicate entries. The below table is a screenshot from the database that shows how duplicate entries were identified and eliminated. Numbers 2 and 8 (shaded in red) would be considered the same person.

Unique ID	**What is the first initial of your first name?**	**what is the first initial of your last name?**	**what is your gender?**	**How old are you?**	**what is your race?**
DMMaleWhite28	D	M	Male	28	White
DBMaleWhite53	D	B	Male	53	White
TJMaleBlack24	T	J	Male	24	Black
MMFemaleWhite74	M	M	Female	74	White
RCMaleWhite53	R	C	Male	53	White
HSFemaleWhite65	H	S	Female	65	White
HVMaleWhite46	H	V	Male	46	White
DBMaleWhite53	D	B	Male	53	White

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 survey 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 and over.

Sheltered Count

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. However, this year the report was extended until June 30th due to coronavirus pandemic. 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.

2020 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 2020 homeless count data for the individuals residing at the YWCA Emergency Shelter. In January 2020, Glendale YWCA added 4 more beds through bed expansion and operation support project, which was still underdevelopment on the night of the count.

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 five rapid re-housing programs in partnership with the Family Promise of Verdugo's (FPV), Armenian Relief Society (ARS) and Glendale Youth Alliance (GYA).

1. Family Promise of Verdugo's: The CoC funded Rapid Re-housing program operated by Family Promise of the Verdugo's provides housing placement for chronically homeless households with medium term rental assistance subsidy. In addition to the CoC funded Rapid Re-housing program, Family Promise of the Verdugo's operates a CESH funded Rapid Rehousing Program for families experiencing or at risk of homelessness, providing housing navigation, street outreach and shelter diversion services and connecting families to housing services and financial assistance.

2. Armenian Relief Society: CESH funded Rapid Rehousing Program operated by ARS provides homeless preventions services for unsheltered or at risk of homelessness individuals and families, such as housing relocation and stabilizations services including short (3 month) to medium (12-24 months) of rental assistance for (6) homeless individuals and families. Program provides intensive housing search, mediation services for individuals and families.

3. Glendale Youth Alliance: CESH funded Rapid Rehousing Program operated by the city of Glendale provides rapid rehousing services for transitional age youth between the ages of 16-25, such as housing reallocation and stabilization services including medium term rental assistance as necessary. Program provides intensive case management, employment training, link to public benefits and referral to additional supportive services. Additionally, Glendale Youth Alliance operates HEAP funded Homeless Prevention Program providing vouchers to youth participants ages 16-25 that are homeless or at risk of homelessness. The program provides youth employment trainings and paid employment opportunities.

2020 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 leveraging Housing Authority's five (5) CoC Rental Assistance Housing Programs which provides housing subsidy for over 45 households. Ascencia 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 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.

V. Homeless Survey Findings

On January 22, 2020, there were a total of 169 people experiencing homelessness in Glendale, a 30% decrease over the 2019 Point -in- Time Count during which 243 persons were counted. Of the 169 persons, 94 or 56% were sheltered while 75 or 44% were unsheltered.

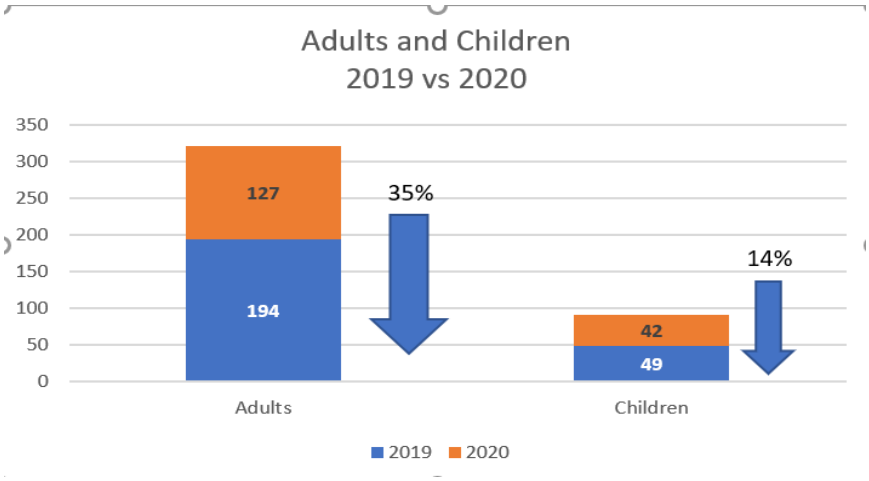
Comparison of 2020 and 2019 Homeless Counts

	Sheltered	Unsheltered	Total
2020 Homeless Count	94	75	169
2019 Homeless Count	96	147	243
Difference:	**-2**	**-72**	**-74**
	-2%	**-49%**	**-30%**

Survey 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 2020 Homeless Count.

During the 2020 Homeless Count, 169 unduplicated homeless persons were counted of which 127 were adults and 42 were children under the age of 18.



Age

127 (75%) of the surveyed were adults over the age of 18

- *Out of the 127, 75 (59%) were unsheltered and 52 (41%) were sheltered;*

42 (24%) of the surveyed were children under the age of 18

- *Out of the 42, all 42 (100%) were sheltered*;

Gender:

69 (40%) persons identified as female

- *Out of the 69, 53 (77%) were sheltered and 16 (23 %) were unsheltered*

99 (59%) persons identified as male

- *Out of the 99, 40 (40%) were sheltered and 59 (60%) were unsheltered*

1 (1%) person identified as transgender

- *1 person was sheltered*

Ethnicity

95 (56%) persons identified as Non-Hispanic/Non-Latino

- *Out of the 95, 44 (46%) were sheltered and* 51 (54%) were unsheltered

74 (44%) persons identified as Hispanic/Latino

- *Out of the 74, 50 (68%) were sheltered and 24 (32%) were unsheltered*

Race

116 (69%) surveyed identified as White

- *Out of the 116, 70 (60%) were sheltered and 46 (40%) were unsheltered*

24 (14%) surveyed identified as Black or African American

- *Out of the 24, 17 (70%) were unsheltered and 7 (30%) were sheltered*

4 (2%) surveyed identified as Asian

- *Out of the 4, 2 (50%) were sheltered and 2 (50%) were unsheltered*

8 (4%) surveyed identified as American Indian or Alaska Native

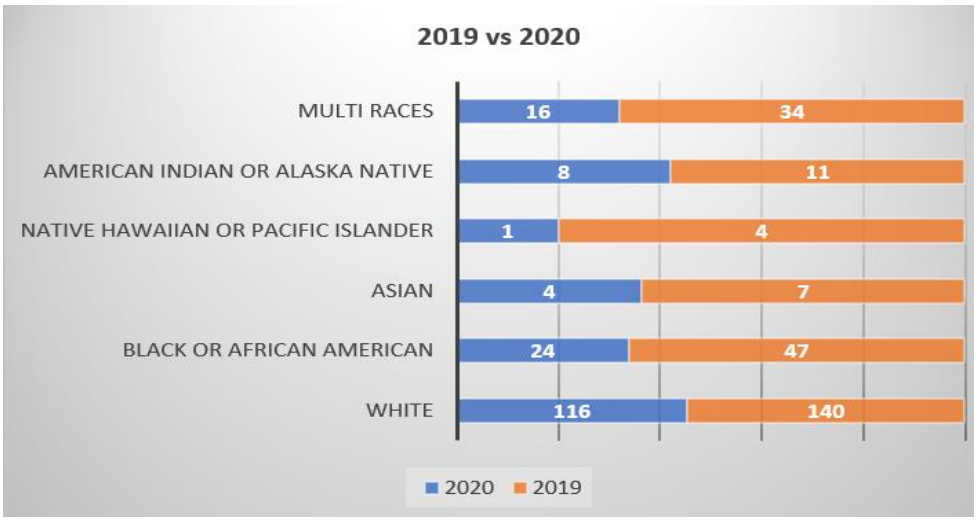
- *Out of the 8, 4 (50%) were sheltered and 4 (50%) were unsheltered*

1% or 1 person surveyed identified as Native Hawaiian or Other Pacific Islander

- *1 person was unsheltered*

16 (9%) surveyed identified as Multiple Races

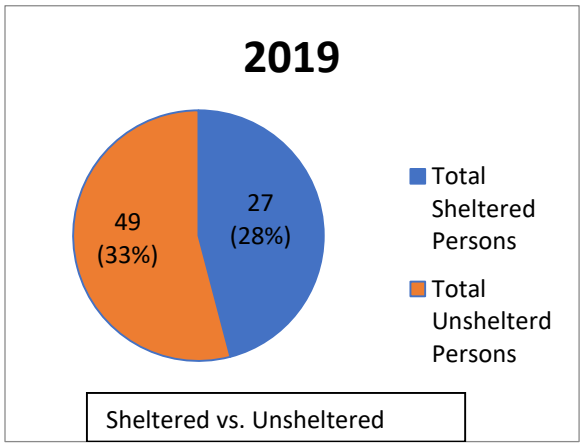
- *Out of the 16, 1 (6%) was sheltered and 15 (94%) were unsheltered*

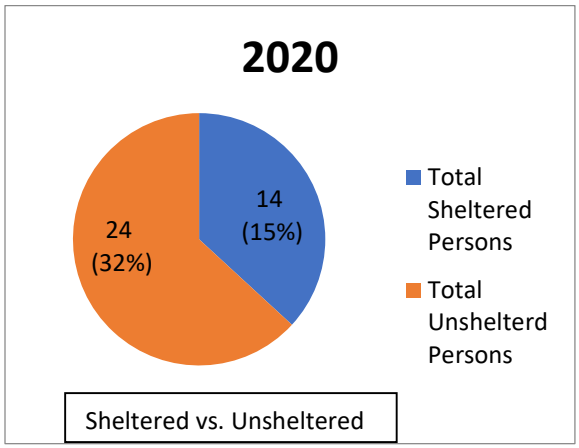


Chronic Homelessness

There was a 50% decrease in the number of chronically homeless individuals from 2019 (76 persons) to 2020 (38 persons) in both sheltered and unsheltered persons counted in Glendale. 14 of the 94 (15%) sheltered persons surveyed identified as chronically homeless which is a decrease of 48% from last year. 24 of the 75 (32%) unsheltered persons surveyed also identified as chronically homeless which is a decrease of 51% from last year. Factors contributing to the decrease in the chronically homeless sub-population in Glendale are mainly due to the increase in homeless prevention and rapid rehousing programs and street outreach working with the unsheltered persons. Outreach staff and housing navigations work through the streets daily, completion of eligibly documentation and housing placements.

Chronically Homeless Persons Sheltered vs. Unsheltered





Sub-Populations

Special Needs

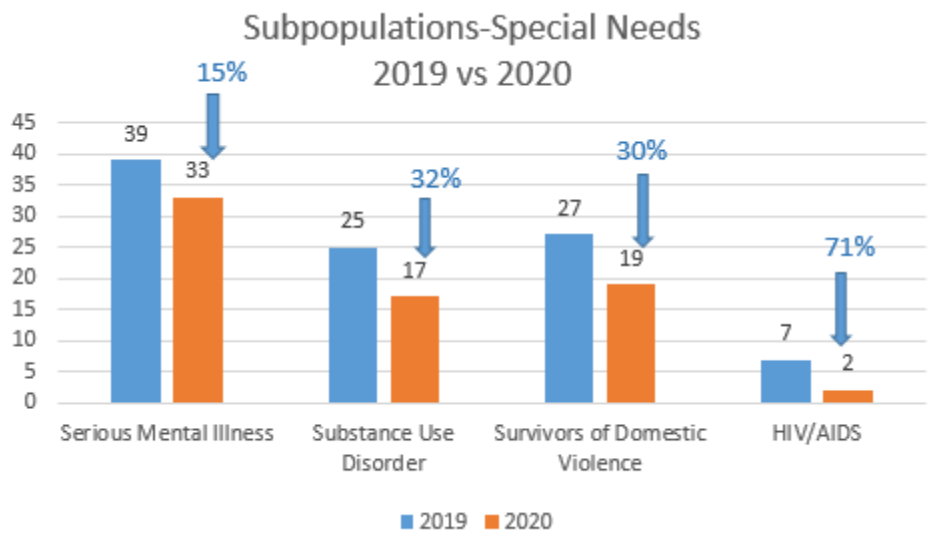
Every year, the homeless count seeks to estimate the prevalence of certain disabilities among the homeless population. For many homeless individuals and families, health conditions are a major contributing factor in the economic crisis that leads to losing stable housing. Once left without support and resources for basic needs, even the most minor illness can escalate to more acute or chronic illness. Exposure to environmental elements and violence, along with lack of proper nutrition and preventative care often can result in more serious illness and financial strains on the community as hospitals are impacted and there are limited options for transitional housing upon discharge from hospitals. The 2020 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.

Unsheltered Adults:

- 11 out of the 75 (15%) unsheltered adults are identified with having a serious mental illness which is a decrease of 45% from last year.
- 14 out of the 75 (19%) unsheltered adults are identified as having a substance use disorder which is a decrease of 30 % from last year.
- 6 out of the 75 (8%) unsheltered adults are survivors of domestic violence which is a decrease of 33% from last year.
- No unsheltered adults are identified as HIV positive or having been diagnosed with AIDS on the date of enumeration.

Sheltered Adults:

- 22 out of the 52 (42%) sheltered adults are reported having serious mental illness which is a slight increase of 16 % from last year.
- 3 out of the 52 (5%) sheltered adults are reported having substance use disorder which is a decrease of 40% from last year.
- 13 out of the 52 (25%) are reported as domestic violence survivors which is a decrease in 28% from last year
- 2 out of the 36 (6%) sheltered adults are identified as HIV positive which is a decrease in 33% from last year.

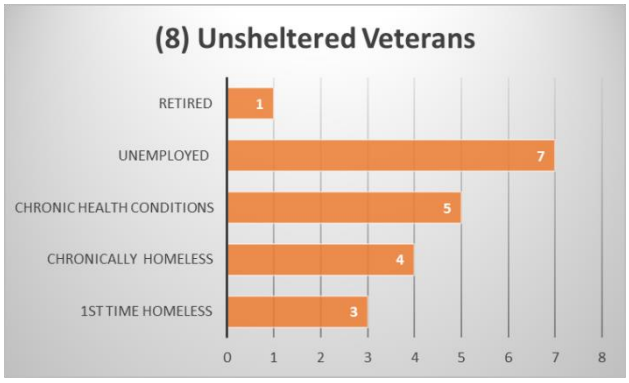


Sub-Population

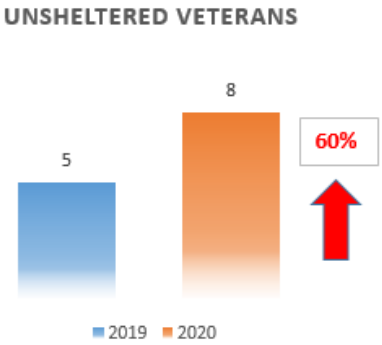
<u>Veterans</u>

Unsheltered Adults:

The 2020 Homeless Count revealed a total of 8 unsheltered homeless people that identified themselves as veterans, presenting a 60% increase from the 5 homeless veterans reported on the 2019 Homeless Count. Out of the 8, 50% of surveyed veterans were identified as chronically homeless and 38% or 3 persons reported as first-time homeless. When surveyed, 25% or 2 persons stated they became homeless due to rent increases, 38% or 3 persons due to unemployment, 12% or 1 person due to illness, and 25% or 2 persons due to other family-related reasons.



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



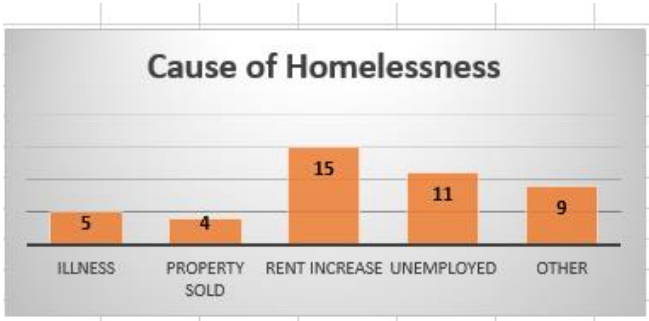
engaging homeless veterans not currently accessing services or receiving benefits. City of Glendale will continue strengthening its collaboration with Ascencia, the lead CES Agency and other members of the Continuum of Care to continue the mission of ending veterans' homelessness.

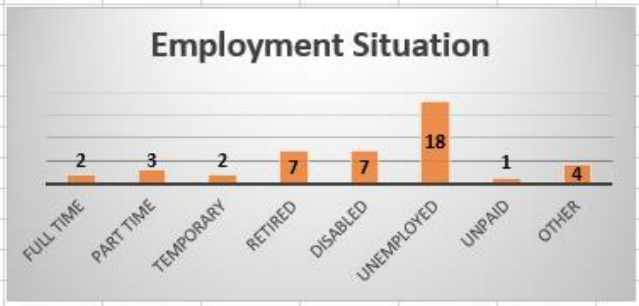
Sheltered Adults:

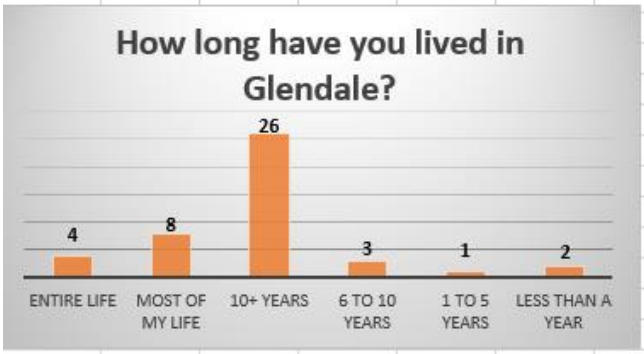
No sheltered adults were identified as veterans.

Homelessness in Glendale

According to 2020 Homeless Count Survey, 44 (59%) out of the 75 unsheltered persons became homeless in the City of Glendale. Surveys reveal the top three causes of homelessness: rent increase, loss of employment and unexpected illness. When asked to identify the primary cause of homelessness, 59% (26) persons cited housing and economic factors such as rent increase 34% (15 persons) and 25% (11 persons) unemployment. 11% (5 persons) cited illness, 20% (9 persons) other and 9% (4 persons) property sold. Based on the survey results, 93% (41 persons) have been living in the City of Glendale for more than 6 years. Below graphs provide a detailed look of their living and employment situation, and health conditions.







Income from all sources varied between employed and unemployed survey respondents, but overall income was higher among those who were unemployed. 32% (14 persons) of unemployed respondents reported an income of $500 or less per month, in comparison to 9% (4 persons) of those who were employed. 30% (13) of unemployed respondents reported making $501 or more per month, compared to 7% (3 persons) of employed respondents. 22% of all respondent reported no income.

	Employed	Unemployed
$0	0	10
$1-$250	1	9
$251-$500	3	5
$501-$1000	2	8
$1001+	1	5
Total	**7**	**37**

Glendale Residents Experiencing First Time Homelessness

According to the 2020 Unsheltered Count Surveys, 17 out of the 75 persons (23%) became homeless for the first time in the City of Glendale and the main factors that contributed to their homelessness are discussed below:

- The first factor is due to high rents and stagnating income. The 2020 Homeless Count revealed a total of 17 persons who became homeless in Glendale. 3 out of the 17 (17%) persons stated that they "could not afford rent increase. All 3 reported living in Glendale for more than 6 years. 2 out of the 3 reported making $1,000 or less a month, while 1 reported no income.

- The second factor is due to loss of employment. When surveyed, 3 out of 17 (17%) unsheltered persons stated that losing their job was the primary factor that contributed to their homelessness for the first time in the City of Glendale. The survey results show that barriers to stable housing are primarily economic: either they lack employment, or they have a job and income but not earning enough to make ends meet.

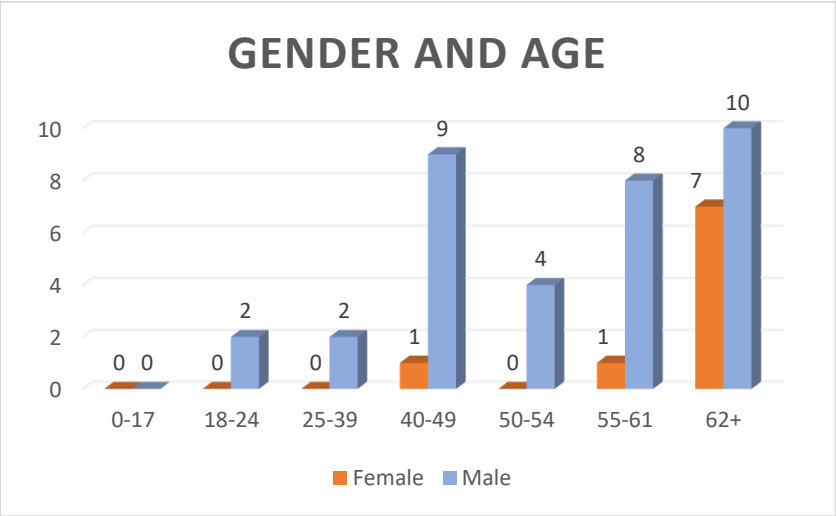
- The third factor is due to unexpected illness. 3 out of the 17 (17%) unsheltered persons surveyed reported becoming homeless as a result of "unexpected illness". An acute physical condition may lead to homelessness; homelessness itself can exacerbate chronic medical conditions. A person can become chronically homeless the longer they remain unsheltered without stable housing; making it difficult to access treatment or preventive care.

The collected data also shows the demographic breakdown of the 44 unsheltered persons surveyed for City of Glendale only:

Gender and age

- 9 (20%) out of the 44 are female
  - 77% or 7 out of the 9 women are between ages of 62 and up, 11% or 1 woman is between 55-61 years of age and 11% or 1 woman is between ages of 40-49.
- 35 (80%) out of the 44 are male
  - 28% or 10 out of the 35 men are between ages 62 and up, 22% or 8 are between 55-61 years of age, 11% or 4 are between ages 50-54, 25% or 9 men are between ages 40-49, 5% or 2 are between ages 25-39 and 5% or 2 are between ages of 18-24.

Based on the above data, the majority of people who fell into homelessness in Glendale are male (80%) between ages of 18 and up, while the 20% are women between ages of 40 and up.



Unsheltered Subpopulation Summaries

The Tables below provide a breakdown of other subpopulations for the 75 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 June 30.

Subpopulations

	#	%
Chronically Homeless Adults*	24	32
Families including Chronically Homeless Adults**	1	50
Persons w/Developmental Disabilities	13	17
Persons w/HIV/AIDS	0	0
Persons w/Mental Health Problems	11	15

Persons w/Physical Disabilities	25	33
Substance Users	14	19
Unaccompanied Women	14	19
Veterans	8***	11
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	2	3

*24 persons were chronically homeless. 22 of the 24 were unaccompanied individuals, 1 was two adult household

** only two families were counted during the unsheltered count. 1 of the 2 families was identified as chronically homeless

*** 4 of the 8 veterans are chronically homeless

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.

Results of Miscellaneous Survey Questions (75 Unsheltered Adults)

	#	%
Did You Become Homeless for the First Time during the Past 12 Months?		
Yes	23	31
Why Did You Become Homeless?		
Could Not Afford Rent Increase	21	28.50
Loss of Employment	19	25
Illness	7	9
Property Was Sold and You Had to Move	7	9
Other	21	28.50
How Much Is Your Monthly Income?		
No Income	20	27
$1 to $250	19	25
$251 to $500	10	13
$501 to $1,000	17	23
More Than $1,000	9	12
Unknown/Refused	0	0
Which of the Following Best Describes Your Employment Situation:		
Full-time	5	7
Part-time	4	5
Unemployed and Actively Seeking Work	15	20
Unemployed and Not Actively Seeking Work	23	30
Retired	9	12
Disabled	8	11

Unpaid	1	1
Seasonal	2	3
Temporary	2	3
Other	6	8
Do You Receive Any Disability Benefits?		
Yes	26	35

Community Ties

	#	%
Have You Ever Worked in Glendale?		
Yes	39	52
Do You Have Family Who Live in Glendale?		
Yes	23	31
Are You Currently Attending School in Glendale?		
Yes	3	4
Were You Released from Prison or Jail during the Past 3 Months?		
Yes	8	11
Were you Released from Prison or Jail During the Past 3 to 12 Months?		
Yes	15	20

The table above reveals that of the 75 unsheltered adults,

- 23 (31%) unsheltered persons have family who live in Glendale;
- 39 (52%) of unsheltered persons worked in Glendale;
- 3 (4%) unsheltered persons are currently attending school in Glendale.
- 8 (11%) unsheltered persons were released from prison or jail during the past 3 months
- 15 (20%) unsheltered persons were released from prison or jail during the past 3 to 12 months.

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

	#	%
How Long Have You Lived in Glendale?		
Less Than 1 Year	17	23
1 – 5 Years	7	9
6 – 10 Years	8	11
More Than 10 Years	30	40
Nearly All My Life	9	12
All My Life	4	5

Refused to Answer	0	0
Unknown	0	0
Total:	**75**	**100**

The table above reveals that of the 75 unsheltered adults,

- 43 or 57% unsheltered persons lived in Glendale for more than 10 years
  - 30 or 40% stated more than 10 years; 9 or 12% stated nearly all my life; and 4 or 5% stated all my life;
- 51 or 68% unsheltered persons lived in Glendale for more than 5 years
  - 8 or 11% stated more than five years; 30 or 40% stated more than 10 years; 9 or 12% stated nearly all my life; and 4 or 5% stated all my life;
- 58 or 77% unsheltered persons lived in Glendale for more than one year
  - 7 or 9% stated 1 to 5 years; 8 or 11% stated more than five years; 30 or 40% stated more than 10 years; 9 or 12% stated nearly all my life; and 4 or 5% stated all my life;
- 17 or 23% unsheltered persons lived in Glendale for less than one year.

Table below notes that there were 19 vehicles in which persons were found homeless. There were 20 unsheltered persons who slept in these vehicles of which all 20 individuals were adults over the age of 18.

6 out of the 20 unsheltered persons slept in a car, 12 slept in a truck/van, and 2 unsheltered individuals slept in an RV without bath. HUD required that only persons sleeping in an RV in disrepair are considered homeless and could be included in the count.

If Person Slept in a Vehicle, What Kind? (n=20)

	#	%
If Person Slept in a Vehicle, What Kind?		
Car	6	30
Van	8	40
Truck	4	20
Camper	0	0
RV in Disrepair	2	10
RV not in Disrepair	0	0.0
Total:	**20**	**100**

VI. Next Steps

<u>Recommendation 1</u>: 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.

<u>Recommendation 2</u>: Continue to use 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, this would be year 4 of 10 and COVID and Sales tax will impact the allocation under Measure H each year. These following services are eligible:

- 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). FY 2020-FY2021 funds will be allocated in September and is based on the 2020 Homeless count. 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.)

<u>Recommendation 3</u>: Using Homeless Emergency Aid Program (HEAP), Homeless Housing, Assistance, and Prevention (HHAP) Program, 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.

The California Homeless Coordination and Financing Council (HCFC), through the *Homeless Housing, Assistance, and Prevention Program (HHAP*), has funding available through a one-time block grant program designed to provide one-time grant funds up to five years to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges. Spending must be informed by the best –practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. The HHAP grant program is authorized by AB101 (Chapter 159, Statutes of 2019), which was signed into law by Governor Gavin Newsom on July 31, 2019. The City of Glendale (City) current HHAP funding in the amount of $500,000.

As stated in the Health and Safety Code (HSC) § 50219(c)(1-8), eligible uses may include but are not limited to:

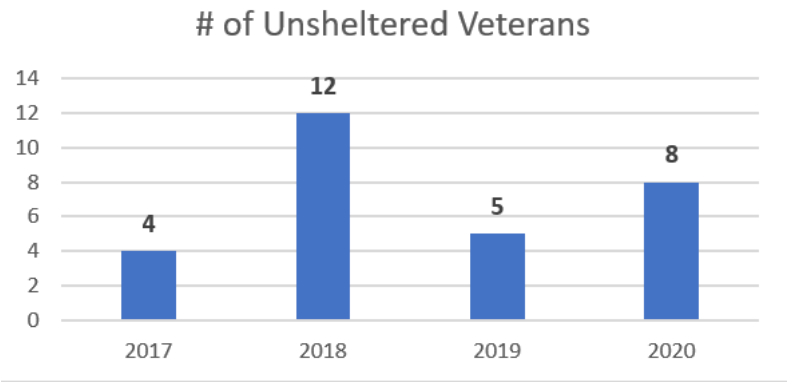
1. Rental assistance and rapid rehousing; subject to FMR or rent comparable
2. Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, and navigation centers.
3. Landlord Incentives (including, but not limited to, security deposits and holding fees);
4. Outreach and coordination (which may include access to job programs) to assist vulnerable populations in accessing permanent housing stability in supportive housing;
5. Systems support for activities necessary to create regional partnerships and maintain homeless services and housing delivery system;
6. Delivery of permanent housing and innovative housing solutions (such as hotel and motel conversions);
7. Prevention and shelter diversion to permanent housing; and
8. New navigation centers and emergency shelters based on demonstrated need.
9. Homeless Youth Population (12-24).

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 system

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

As noted below, the number of unsheltered veterans has increased by 3 in 2020.In order to finish the job, the public and private partners should continue to implement the best practices identified below.

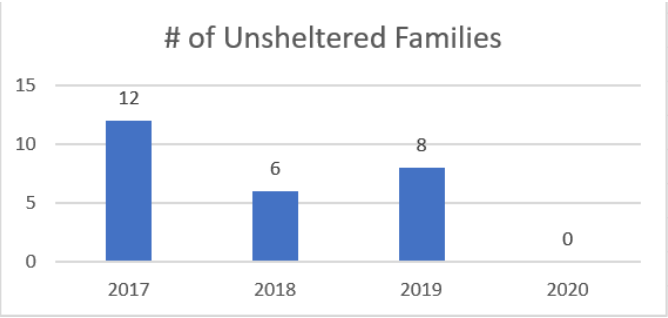


- Permanent supportive housing and a Housing First approach through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, which combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (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.

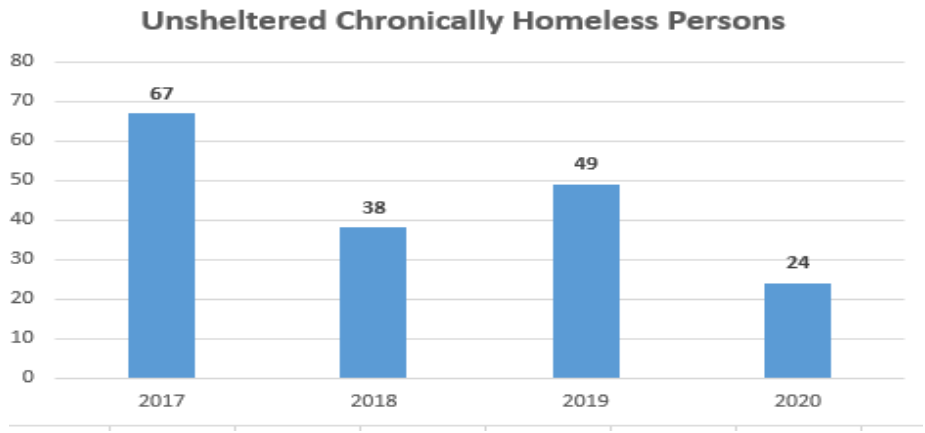
- City will prioritize the SPC rental Assistance Voucher program for Veteran, coordinate placements with Veterans Village.

<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.



City of Glendale functionally ended family homelessness in the City. 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.

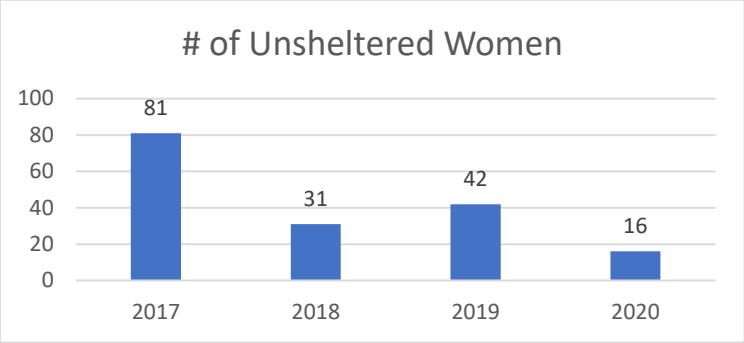
<u>Recommendation 6</u>: Completely align with a Housing First Model and low barrier approach for chronically homeless individuals and families.



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.

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



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.

<u>Recommendation 8</u>: Collaboration with the Glendale Police Department Community Impact Bureau and the Department of Mental Health.

Our Homeless Outreach Initiative is consistent with our past Mission of the engaging Community Members who are in crisis and are experiencing Homelessness. Glendale PD partners with community-based organizations like Ascencia and regularly collaborates with the Glendale Continuum of Care to accommodate individuals who need housing support and/or assistance. Glendale PD assigned two Police Officers who provide Homeless Outreach and Mental Health / Crisis Intervention while they conduct patrol operations. Those Officers work in partnership with a Licensed DMH Clinician who provides crisis intervention, mental health evaluation and threat assessments. The Clinician is also involved in department training to provide education and training for police officers who interact with individuals in crisis.

The most recent COVID-19 Pandemic placed an undue burden on our patrol division because Los Angeles County Jail reduced the mental health inmate population. Those individuals were either released to the streets without supervision or to family members who were unprepared to meet their mental health demands. Glendale PD regularly responds to private residences to offer support and provide clinical evaluations for decompensating individuals. Most recently Glendale PD has made referrals to the Glendale COC Manager to enroll homeless community members who are in crisis to the Countywide "Project Room Key" program. This Program provides immediate housing relief through vacant Hotel rooms. Our Glendale PD Outreach Team identifies new candidates and make referrals to the Glendale COC Manager. The individual then links up with social services and DMH case workers to provide additional support while they are enrolled in the program. The end goal of the program is to transition candidates from temporary to long-term housing.

While the Homeless / Mental Health crisis is a fluid and rapidly evolving situation with new programs and policy changes, Glendale PD is committed to supporting our existing community outreach efforts.

<u>Recommendation 9</u>: 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.

<u>Recommendation 10:</u> Expand on addressing Homelessness due to Pandemic COVID 19

On April 2, 2020, the U.S. Department of Housing and Urban Development (HUD) awarded the City of Glendale additional funding from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in the amount of $569,417 for Emergency Solutions Grant- Coronavirus (ESG-CV). The CARES Act made available a total of $4 billion in ESG-CV funds.

With the funding, the City has implemented Project Roomkey and Glendale Cares Hotel Programs. The program offers services such as case management, meals, lodging and connection to other housing programs that would result in permanent placements for some portion of the population. Emergency Housing, Case Management and Navigation, homeless prevention programs are offered through non- profits by means of addressing the families and individuals experiencing and/or impacted by COVID 19.

City of Glendale is sub-contracting with Andy Gump for portable restrooms, hand washing stations and with Showers of Hope for portable showers in Glendale once a week for unsheltered clients as needed.

VIII. Conclusion

The City of Glendale's 2020 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 2020 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 fit 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

2020 Glendale Homeless Count Survey Question

Your Name:_____ Date:_____ Time:_____

Location (map):_____

	Adult 1	Adult 2
1. Are you currently homeless (If answer is "no" stop survey – do not include in count)	Y N	Y N
2. Do you have adults (18 +) living with you today? 2a: If yes, how many adults are living with you today?_____	Y N	Y N
3. Where will you sleep tonight? (Select the choice below that is closest to answer given). ☐ Outdoors ☐ Abandoned building ☐ In a bus or train or bus or trainstation ☐ 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 in 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:		
3a. 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		
4. First initial of first name _____		
5. First initial of last name _____		
6. What is your gender? ☐ Female ☐ Male ☐ Transgender ☐ Gender Non-Conforming (i.e not exclusively male or female)		
7. How old are you?_____(Value can only be numbers).		
8. Ethnicity: Are you Hispanic or Latino?	Y N	Y N
9. 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		
10. In which state were you born?_____ 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.) _____		
11. Did you become homeless for the first time during the past 12 months?	Y N	Y N
12. Have you been living in a shelter and/or on the streets, in abandoned buildings, or vehicle for the past year or more?	Y N	Y N
13. 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	Y N
13a. If yes, was combined length of time 12 months or more?	Y N	Y N
14. Do you have a long-lasting physical disability that makes it difficult for you to live independently?	Y N	Y N
15. Do you have a long-lasting developmental disability that makes it difficult for you to live independently?	Y N	Y N
16. Do you have an on-going drug or alcohol problem that limits your ability to live independently?	Y N	Y N
16 a. If you had a drug or alcohol problem, has it continued for a long time or indefinitely?	Y N	Y N
17. Do you feel you have a serious mental illness that limits your ability to live independently?	Y N	Y N
17 a. if you had a mental health problem, has it continued for a long time or indefinitely?	Y N	Y N
18. Do you have a chronic health condition such as diabetes, heart troubles, high blood pressure, seizures, hepatitis respiratory problems, epilepsy, tuberculosis, or arthritis?	Y N	Y N

	Person 1	Spouse/ Partner
19. Have you ever been diagnosed with AIDs or tested positive for HIV?	Y N	Y N
20. Have you ever been a victim of domestic or intimate partner violence?	Y N	Y N
21. When was your last incident of domestic or intimate partner abuse?	Y N	Y N
22. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, human trafficking or stalking?	Y N	Y N
23. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	Y N	Y N
24. Were you ever called into active duty as a member of the National Guard or as a Reservist?	Y N	Y N
25. Which of the following best describes your employment situation? Read each category and select from the options below: ☐ Full-time ☐ Unemployed and not actively seeking work ☐ Other ☐ Part-time ☐ Unemployed student ☐ Refused to answer ☐ Seasonal work ☐ Unpaid work (e.g. collects recyclables) ☐ Don't know ☐ Temporary work ☐ Disabled ☐ Unemployed and actively seeking work ☐ Retired		
26. How much is your monthly income? ☐ no income ☐ $1 to $250 ☐ $251 to $500 ☐ $501 to $1,000 ☐ more than 1,000		
27. Did you become homeless in the City of Glendale?	Y N	Y N
27a. Why did you become homeless in Glendale? ☐ Could not afford rent increase $_____ ☐ Property was sold and you had to move ☐ Loss of employment ☐ Other: _____ ☐ Unexpected illness		
28. How long have you lived in Glendale? ☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ More than 10 years ☐ Nearly all my life ☐ All my life		
29. Do you have family who live in Glendale?	Y N	Y N
30. Have you ever worked in Glendale?	Y N	Y N
31. Are you currently working in Glendale?	Y N	Y N
32. Are you currently attending school in Glendale?	Y N	Y N
33. Were you released from prison or jail during the past 3 months?	Y N	Y N
34a. if "yes", did you serve 90 days or less	Y N	Y N
34a. If "yes" to prison, were you released on parole or probation?	Y N	Y N
34c. If "yes" to jail, were you released on probation?	Y N	Y N
34. Were you released from prison or jail during the past 3 to 12 months?	Y N	Y N
34a. If "yes" to prison, were you released on parole or probation?	Y N	Y N
34b. If "yes" to jail, were you released on probation?	Y N	Y N
35. Do you have children under the age of 18 who are homeless and living with you today? 35a: If yes, how many children are living with you today?_____	Y N	Y N
CHILD DEMOGRAPHICS Provide the following information for each accompanied child. 1. How many kids under Age 18 are living with you today?_____		
2. How many children are female?_____		
3. How many children are male?_____		
4. How many children are Hispanic or Latino?_____		
5. How many children are African American or Black?_____		
6. How many are American Indian or Alaskan Native?_____		
7. How many are Asian, Hawaiian, or Pacific Islander?_____		
8. How many children are White?_____		
9. How many children are multiple races or other?____		

Appendix C : Housing Inventory Data Collection Instrument

2020 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, 2020**

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/Project Information

a) Organization Name _____
b) Program Name:_____
c) Project Identifiers:_____
d) Name of Person Providing Information:_____
e) Date Information is Being Provided:_____
f) Phone # of Person Providing Information:_____
g) Name of Director of Program or Agency: _____
h) Signature of Director of Program or Agency: _____
i) Project Type: (Check which one of the program types describes your program)

- ☐ Emergency Shelter (ES)
  - ☐ Ascencia Emergency Shelter (ESG)
  - ☐ YWCA of Glendale Emergency Shelter
- ☐ Transitional Housing (TH)
  - ☐ Hamilton Court –Door of Hope
  - ☐ Nancy Painter-The 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
    - ☐ 2005 and 2009 Shelter Plus Care Program
    - ☐ 2001 Shelter Plus Care Program
    - ☐ 1998 and 1999 Shelter Plus Care Program
    - ☐ Chester Street Permanent Supportive Housing Program

- ☐ Ascencia Scattered Site Permanent Housing Program
- ☐ Next Step Permanent Supportive Housing Program

☐ Rapid Re-Housing (RRH) /Financial Assistance

- ☐ Family Promise RRH
- ☐ Family Promise CESH RRH
- ☐ Armenian Relief Society-CESH Homeless Prevention
- ☐ Glendale Youth Alliance-CESH Rapid Rehousing
- ☐ Glendale Youth Alliance- HEAP Homeless Prevention
- ☐ Door of Hope (Measure H)

☐ Other PH (OPH)

- ☐ Ascencia's 1911 Gardena Project
- ☐ Glendale Grove Apartments
- ☐ New Direction for Veterans

j) 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

k) 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

_____

_____

_____

l) 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.

m) 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:

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

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

- **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 include project based rental assistance and may include site based rental assistance, if multiple clients are housed in several separate sponsored facility locations.

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

- **Tenant-Based/Scattered Site** – Clients have leases or other occupancy agreements and are housed in market-rate, scattered site residences. This includes tenant based rental assistance and may include site based rental assistance, 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

n) **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.
  a. Were beds or vouchers available for occupancy on January 22, 2020? □ Yes □ No
  b. Inventory start date: _____
  c. 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 2020 HIC, if a CoC has a count date of January 22, 2020, CoCs must identify whether the bed/unit inventory is expected to be available for occupancy by January 22, 2021 (this is applicable to Measure H, CESH, HEAP, CoC and ESG funding services).

  a. Were beds fully funded but not available for occupancy as of January 22, 2020?
     □ Yes □ No
  b. 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, 2021.
     □ Yes □ No

1. Emergency Shelter

a) **Bed Type** - The Bed Type describes the type of beds offered by emergency shelter projects according to the following (check only one):

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

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

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

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.

b) **Bed and Unit Availability:** 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:** 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

  - **# of Seasonal Beds available:** Seasonal beds are not available during the whole year, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

    # of Beds ____ # of Units ____
    □ Not Applicable

  - **Overflow Beds:** 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 Overflow Beds available:** Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year round or seasonal) bed capacity.

    # of Beds ____ # of Units ____
    □ Not Applicable

c) **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.**

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

4

- **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.)

  # of Beds ____ # of Units ____

  If none, check here □

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

  # of Beds ____ # of Units ____

  If none, check here □

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

  # of Beds ____ # of Units ____

  If none, check here □

2. **Permanent Supportive Housing Program (PSH)/Financial Assistance**

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

# of Beds ____ # of Units ____

If none, check here □

b) 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:

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

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

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

# of Beds ____ # of Units ____

If none, check here □

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

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

# of Beds ____ # of Units ____

If none, check here □

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

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

# of Beds ____ # of Units ____

If none, check here □

c) **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 ____

If none, check here □

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

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

# of Beds ____ # of Units ____

If none, check here □

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d) **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 ____

If none, check here □

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

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

# of Beds ____ # of Units ____

If none, check here □

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

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

# of Beds ____ # of Units ____

If none, check here □

3. **Transitional Housing (TH):**

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

# of Beds ____ # of Units ____

If none, check here □

b) **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.**

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.)

  # of Beds ____ # of Units ____

  If none, check here □

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

  # of Beds ____ # of Units ____

  If none, check here □

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

  # of Beds ____ # of Units ____

  If none, check here □

c) **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 and units available for occupancy TODAY? (1-22-2020)

# of Beds ____ # of Units ____

What is the total number of beds and units that are occupied TODAY? (1-22-2020)

# of Beds ____ # of Units ____

Appendix D: Covid-19 Screening Tool

COVID-19 Screening
Glendale CA

1	First Name		
2	Last Name		
3	SSN #		
4	DOB		
5	Gender		
6	Contact Information(phone #, email...)		
7			
8	**Do you have the following?**		
9	fever	Yes	No
10	cough	Yes	No
11	shortness of breath	Yes	No
12	diabetes	Yes	No
13	heart disease	Yes	No
14	high blood pressure	Yes	No
15	lung disease	Yes	No
16	any other health conditions	Yes	No
17	if yes, specify		
18	Have you traveled ourside of Los Angeles County in the past 14 days?	Yes	No
19	Have you been in close contact with a person known to have Coronavirus or who is beeing tested for it?	Yes	No

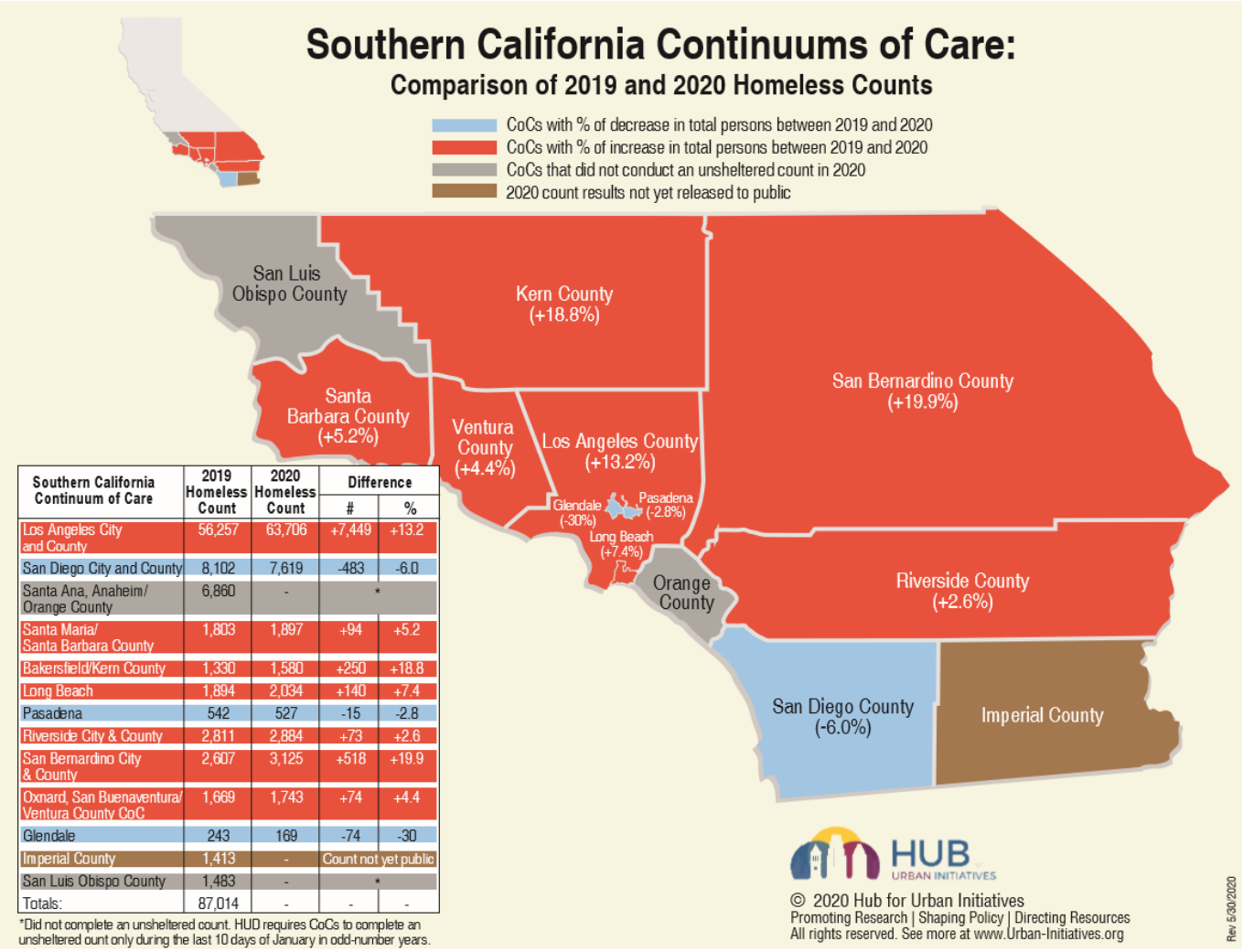
This section is for personnel use ONLY.		
Did Client answer yes to 9- 11?	Yes	No
Did Client answer yes to 12-16?	Yes	No
Did clinet answer yes to 18 or 19?	Yes	No
Actions Taken		
Referred/Sent to testing site	Yes	No
Date		
Test Results Date		
Test Results	Positive	Negative
Referred to a facility/hotel/motel	Yes	No
Facility Name		
Referral Date		
Referral Status	Accepted	Pending
Quarantined/Isolated	Yes	No
Facility Name		
Entery Date		
Person Completing the Form:		
Name:		
Date:		
Comments:		

Appendix E:

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)**	

Appendix F: Southern CA CoC - Comparison of 2019 and 2020 Homeless Counts



Southern California Continuum of Care	2019 Homeless Count	2020 Homeless Count	Difference	
			#	%
Los Angeles City and County	56,257	63,706	+7,449	+13.2
San Diego City and County	8,102	7,619	-483	-6.0
Santa Ana, Anaheim/ Orange County	6,860	-	*	
Santa Maria/ Santa Barbara County	1,803	1,897	+94	+5.2
Bakersfield/Kern County	1,330	1,580	+250	+18.8
Long Beach	1,894	2,034	+140	+7.4
Pasadena	542	527	-15	-2.8
Riverside City & County	2,811	2,884	+73	+2.6
San Bernardino City & County	2,607	3,125	+518	+19.9
Oxnard, San Buenaventura/ Ventura County CoC	1,669	1,743	+74	+4.4
Glendale	243	169	-74	-30
Imperial County	1,413	-	Count not yet public	
San Luis Obispo County	1,483	-	*	
Totals:	87,014	-	-	-

*Did not complete an unsheltered count. HUD requires CoCs to complete an unsheltered ount only during the last 10 days of January in odd-number years.

Appendix G

Date of PIT Count: 1/22/2020
Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	35	16	0	72	**123**
Total Number of Persons	47	47	0	75	**169**
Number of Children (under age 18)	11	31	0	0	**42**
Number of Persons (18 to 24)	4	0	0	3	**7**
Number of Persons (over age 24)	32	16	0	72	**120**

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	24	29	0	16	**69**
Male	22	18	0	59	**99**
Transgender	1	0	0	0	**1**
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	**0**

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	30	14	0	51	**95**
Hispanic/Latino	17	33	0	24	**74**

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	34	36	0	46	**116**
Black or African-American	10	7	0	7	**24**
Asian	0	2	0	2	**4**
American Indian or Alaska Native	3	1	0	4	**8**
Native Hawaiian or Other Pacific Islander	0	0	0	1	**1**
Multiple Races	0	1	0	15	**16**

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	14		0	24	**38**