The Community Workbook





NON PROFIT ORGANIZATIONAL MANAGEMENT - REGIONAL PLANNING - COMMUNITY ENGAGEMENT

Special Acknowledgements

PATH Partners would like to thank the Gateway Cities Council of Governments (GCCOG) and County of Los Angeles – Fourth District for their leadership in initiating and supporting the Gateway Cities Homeless Strategy.

We also thank the County of Los Angeles - Fourth District, County of Los Angeles – First District, County of Los Angeles – Second District, and County of Los Angeles – Chief Executive Office for providing the funding and support for the strategy.

A special thank you goes out to the GCCOG Ad-Hoc Homeless Committee, chaired by Fred Latham, City Manager, City of Santa Fe Springs, and Ron Arias, Director, Department of Health, City of Long Beach, who have played a critical role in guiding and ensuring the success of the strategy, and the GCCOG Board who have provided oversight to the initiative.

We would also like to acknowledge the City of Long Beach and Los Angeles Homeless Services Authority (LAHSA) for providing valuable data and information which was included in the analysis of existing services and housing programs for the homeless in the GCCOG region.

A special thanks goes out to Christine L. Jocoy, Ph.D., Jessica Jaynes, and Leslie Tomlinson, Department of Geography, California State University, Long Beach, for their assistance in developing and analyzing the "Community Survey on Homelessness."

A big thank you goes out to the many city and community stakeholders in the Gateway Cities who provided information and assistance to help guide the development of the regional strategy.

TABLE OF CONTENTS

I) PREFACEIV	
II) BEFORE YOU BEGIN Pag	e 1
Understanding Your CommunityPag	e 2
Explore What Has Already Been DonePag	e 9
Define Your Goal and ValuesPag	e 12
III) LET'S GET STARTED: ASSESS THE NEEDS, RESOURCES and PRIORITIESPag	e 15
Determine the Scope of the NeedPag	e 18
Take Inventory of the ResourcesPag	e 19
Identify the GapsPage	e 20
Assess Funding AvailabilityPag	e 30
Engage the CommunityPag	e 39
Prioritize Areas for ActionPage	e 48
IV) MOVING TO ACTION: DEVELOPING A PLAN TO ADDRESS THE NEEDSPag	e 51
Lead, Engage, Collaborate & ImplementPag	e 52
V) WHERE DO WE GO FROM HERE? Pag	e 74
 VI) ATTACHMENTS	e 78



1. PREFACE

Welcome to the Community Workbook!

The approach to addressing homelessness has dramatically changed in the past several years. Decades ago, public and private funding sources supported emergency services that helped to feed, shelter, and care for people living on the streets. Today, public and private sectors are redirecting their policies, funding, and strategies to concentrate on programs that focus on housing as the primary outcome, such as permanent affordable housing.

The challenge facing us all is how to transform a decades-old homeless service system in order to implement a new paradigm that is relevant in today's environment. One which values programs that show visible, positive long-term results in the lives of homeless individuals, and will also result in an improved quality of life for the local communities in which we all live.

This workbook was developed as a tool to assist you and your community to develop a response to homelessness that is relevant to your community and based on a realistic action plan that can be implemented successfully.

This document is not a "white-paper report" or a "ten-year plan" and it is not meant to be read or interpreted as such. Instead, the Community Workbook outlines a practical, stepby-step process to help individual stakeholders in your community to agree on how to plan, implement, and achieve solutions that connect homeless individuals and families to services and housing. The end result is an approach which will improve the quality of life for <u>all</u> residents living in your community.

Any successful response to homelessness involves the participation of multiple people and groups who have an interest and commitment to ending homelessness in their community. YOUR participation in this process is key to making sure that your perspective and ideas are heard and incorporated, along with the perspectives and ideas of other stakeholder groups.

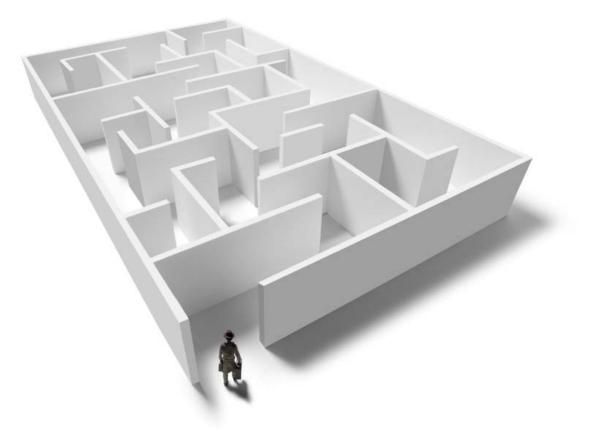
PATH Partners, in partnership with the Gateway Cities Council of Governments and with support from the County of Los Angeles, has begun the work of developing a homeless strategy for the Gateway Cities region. The work we have accomplished to date has been filled out in this document as a resource for you. Keep in mind that this workbook is a "living" document and will most likely expand and be refined several times based on the feedback and work of its community stakeholders.

The end product – the strategy - and its subsequent plan for implementation is up to you and the work of your colleagues and community.

Best of luck as you move forward!

PART

BEFORE YOU BEGIN



A. UNDERSTANDING YOUR COMMUNITY

Successful homeless service and housing programs do not operate in an isolated bubble; they exist in a defined context and environment and are influenced and supported by both internal and external factors unique to your community. By learning more about the different parts of your community, you will be more equipped to understand the "bigger picture" context of your community and develop an approach to homelessness that is more strategic and sustainable for the long-term.

Here are some main aspects of your community that you should explore:

How do I define my community?

"Community" can be defined in many ways. It can be a neighborhood, city and a larger region. In order for you to begin planning an effective strategy, you need to have a clear understanding of what you define as your community. The steps outlined in this workbook are designed to guide the process on any level, whether it be a plan created by a small neighborhood group, or a comprehensive strategy developed for a larger multi-city region.

How is my community governed?

Identifying the entity (or entities) that provide leadership and governance to your community is important because you need to know who is responsible for making the policies and decisions that directly affect your community and its residents. This could be: loBefore you embark on the journey of discovering solutions to homelessness in your community, it is essential that you first do some groundwork to better understand the various aspects of your community.

cal city officials, county, state, or federal. It could also be local commissions, authorities, or coalitions. By knowing who your community's governing entities are, you will discover what types of funding, partnerships, and other resources are available to help your planning efforts succeed.

What does the population look like in my community?

Every community is a blending of different individuals who possess unique characteristics and backgrounds. Some commonly-used demographics include: race and ethnicity, age, income-level, educational attainment, home ownership, employment status and marital status. This is by far not an exhaustive list, and you may want to include more categories as you collect information about your population.

By studying population characteristics, you will gain more insight on your community, such as the level of poverty, level of employment and unemployment, types of services needed and age distribution. The information you gain from this process will help you to develop an effective homeless strategy.

What does my community's economy look like? (e.g. what industries are located in my community?)

The economic landscape of your community has a significant impact on what type of strategy you develop and how you implement it in your community. The sources of economic strength in your community, such as commerce hubs, businesses, and groups and individuals of wealth, can be potential sources of funding and support employment opportunities as you develop and implement your response(s) to homelessness.

UNDERSTANDING YOUR COMMUNITY'S INDUSTRIES

Research

Special attention should be focused on knowing what your community's major industries are. These industries form the economic backbone of your community and can teach you a lot about the economic opportunities and risk, job creation/employment opportunities, and potential environmental impacts and hazards that are encountered by your residents. More directly related to homeless service and housing planning, you can also learn who are the major sources of corporate funding to the city and what types of resources (e.g. job opportunities, in-kind donations, collaborative partnerships) they may be able to provide to address homelessness in your community.

By comparing the major industries with the community profile in Question 3, you can look for disparities or gaps that your homeless plan may need to address. For example, if your major industry is a "high tech" business but your population has limited education, then you may need to include vocational or technical certification programs in your plan.

Are there other aspects about my community that are important to highlight? (e.g. opportunities & challenges)

Since every community is unique, there may be additional aspects of your community that you should explore. One way that you may want to approach this is to ask yourself what are some specific opportunities and challenges that your community will encounter in the upcoming years. The information gathered through this section, combined with the cumulative information collected from the previous sections 1-4, will prepare you to make positive steps forward in developing your homeless strategy.

Now it's your turn... Fill in your responses to this section (items 1 to 5): Worksheet 1, page 4: Understanding My Community

I Define my Community as?

Gateway Cities Council of Governments:

A diverse 27-city region in Southeast Los Angeles County that extends from coastal Long Beach, CA to the foothill communities in the northern part of the County.

My community is governed in the following way(s):

Gateway Cities Council of Governments (GCCOG): A Joint Powers Authority consisting of 27 cities, the County of Los Angeles, and the Port of Long Beach. The GCCOG provides regional leadership and coordination on issues of traffic, transportation, technology, air quality, housing, preservation of open spaces, and other issues related to economic viability and quality of life for GCCOG cities and residents.

Los Angeles County: Los Angeles County covers 4,084 square miles and has the largest population of any county in the nation. The County is governed by the Board of Supervisors and encompasses 88 cities with their own city councils. The County is responsible for overseeing a wide range of executive positions and departments to serve its residents, including the County Assessor, District Attorney, Sheriff, Office of Education, Auditor-Controller, Community Development Commission/ Housing Authority, County Counsel and Fire Department.

Additionally, the County Chief Executive Officer oversees a wide range of departments that provide services, organized under the departments of Operations, Children & Families Well-Being, Health & Mental Health Services, Community & Municipal Services and Public Safety.

The GCCOG region is in three Los Angeles County Supervisorial Districts: District 4 (Don Knabe), District 1 (Gloria Molina), and District 2 (Mark Ridley-Thomas). Several unincorporated Los Angeles County areas fall in the GCCOG, including: East Los Angeles, East Rancho Dominguez, Florence, Los Nietos, Rancho Dominguez, Rosewood, South Whittier, Walnut Park, and Willowbrook.

City Jurisdictions: The GCCOG region consists of 27 independent cities. Each city is governed by its own mayor and city council who are elected by the city's residents. City governments provide the leadership for overseeing activities of the city and oversee a myriad of services to the city, including but not limited to: Community Development, Finance, Public Safety, Public Services, Parks and Recreation, Police, Social Services, and Transportation. The GCCOG consists of the following city jurisdictions: Artesia, Avalon, Bell, Bellflower, Bell Gardens, Cerritos, Commerce, Compton, Cudahy, Downey, Hawaiian Gardens, Huntington Park, La Habra Heights, La Mirada, Lakewood, Long Beach, Lynwood, Montebello, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Whittier.

Other area(s): The Port of Long Beach is part of the GCCOG. The Port is governed by the City of Long Beach and a charter-created Board of Harbor Commissioners is responsible for setting policy and management. An estimated \$100 billion in valued trade passes annually through the Port, making it the second-busiest seaport in the nation.

The population in my community looks like:

 \Rightarrow Estimated population of 2 million residents, approximately one fifth of the County of Los Angeles.

 \Rightarrow The population density, or population per square mile, is 8,581 in the Gateway Cities, which is 3.5 times higher than the average in LA County.

 \Rightarrow The majority of the population is non-white, with 54% Hispanic, 25% Caucasian, 11% Asian and Pacific Islander, 9% African-American, and 1% other ethnicities.

 \Rightarrow Population in the Gateway Cities is younger than other parts of California, with 40% being younger than 24 years of age, as opposed to 34% statewide.

 \Rightarrow The household income in the Gateway Cities is lower than levels in the County and State, with about 60% of households earning less than \$50,000 annually (in comparison to 54.6% in LA County and 52.7% in the State.)

 \Rightarrow Close to half of Gateway Cities residents have service-sector or blue-collar jobs.

 \Rightarrow A majority of Gateway region residents, 60%, have a high school education or less.

 \Rightarrow The rates of unemployment vary drastically within the Gateway Cities region. Some cities, such as La Habra Heights, have an unemployment rate of 1.87%, while other cities, including Compton, Bell Gardens, Huntington Park and Lynwood have rates (10% to 11.56%) that are nearly double the County rate of 5.86%.

(Sources: Gateway Cities Council of Governments; "Gateway Cities: A Profile at the Start of the 21st Century", The Gateway Cities Partnership, Inc. 2001.)

Don't Forget!

To include demographics with unique characteristics and backgrounds such as:

- \Rightarrow Race and ethnicity
- \Rightarrow Age
- \Rightarrow Income level
- \Rightarrow Educational attainment
- \Rightarrow Home ownership
- \Rightarrow Employment status
- \Rightarrow Marital status

The economic landscape and major industries in my community are:

 \Rightarrow Per capita income is 27% and 34% lower than average income of Los Angeles County and State of California, respectively.

 \Rightarrow Median household income is \$39,625.

 \Rightarrow 31.2% of households earn less then \$25,000 per year.

 \Rightarrow Industries: The Gateway Cities is home of the Port of Long Beach and neighbor of the Port of Los Angeles, the busiest container ports in the United States. The GCCOG region is a center for high-tech manufacturing and entrepreneurial businesses. Additionally, the region boasts a superb physical transportation infrastructure comprising of an airport, marine terminals, freeway systems, rail networks (including the Alameda Corridor Freight Rail System) and expanding mass transit systems.

 \Rightarrow The region has more than twice the amount of leasable industrial space as compared to the City of Los Angeles. The three cities of Huntington Park, Maywood, and Vernon alone account for more than 60 million square feet of leasable space.

 \Rightarrow The housing stock for the Gateway region is older than in the County or State, with about 55% of the stock being more than 60 years old (compared to 50% and 35% in the County and State, respectively).

 \Rightarrow Based on data from the California Finance Department, approximately 54% of housing units in the region are single-detached homes.

(Sources: Gateway Cities Council of Governments; "Gateway Cities: A Profile at the Start of the 21st Century", The Gateway Cities Partnership, Inc. 2001.)

Web Wise

The internet can be an invaluable tool in understanding your community. Much of the information will not only save you time, but will be less expensive as well. For a more comprehensive search, try several different search engines to maximize your results.

Other important aspects about my community are:

Opportunities

- \Rightarrow Encompasses very affluent residential areas
- \Rightarrow Well established educational institutions
- \Rightarrow Includes an exploding port complex and a vibrant industrial base
- \Rightarrow Located along a substantial commercial real estate sector

Challenges

- \Rightarrow Encompasses an expansive geographic area and multiple County and City jurisdictions
- \Rightarrow Has a large immigrant population
- \Rightarrow Possesses a widening income bracket
- \Rightarrow Has poorly performing schools and decaying urban centers

B. EXPLORE WHAT HAS ALREADY BEEN DONE

Every good strategy starts with an acknowledgment of homeless strategies and planning efforts that have already occurred or been implemented. Gaining a broader understanding of national, state and county-level planning is essential to provide you with a larger framework to understand the policies, funding opportunities and restraints you will encounter in implementing your own strategy. Furthermore, you will gain a clearer understanding of how your community's strategy fits into the larger scope and movement of ending homelessness across your county, state and the nation.

Studying the past efforts also offers another great benefit:

"Reinventing the wheel" is a waste of time and resources"

You can replicate successful models and steer clear of potential pitfalls. The act of "reinventing the wheel" is a waste of time and resources, and simply does not make sense. Over the past several decades, there has been a growing base of knowledge and expertise on how to effectively address homelessness through several different approaches, including such areas as integrating services, street outreach, affordable housing and collaborative funding partnerships.

Understanding past approaches and successful models, coupled with a solid knowledge of your community, will enable you to form an effective strategy that is customized to the needs and characteristics of your community. It will also be relevant in addressing homelessness in a broader county-wide and nationalwide context.

Now it's your turn... Fill in your responses to this section (items 1 to 5): Worksheet 2, page 10: Understanding My Community

Initiative/ Approach	Lead Entity	Description
Bring LA Home	Coordinated by Los Angeles Homeless Ser- vices Authority (LAHSA) and Los Angeles Coalition to End Hunger & Homelessness	Bring LA Home was convened by elected officials from across LA County and is a comprehensive effort by the community to end homelessness in LA County by the year 2013 through the development of a 10-year plan for the County. Bring LA Home consisted of a panel of more than 50 leaders of government, faith-based, social service, advocacy, entertainment, law enforcement, and business organizations, and people who have experienced homelessness. Bring LA Home completed and published "Bring Los Angeles Home: A Campaign to End Homelessness" on April 6, 2006. <u>http://www.bringlahome.org/</u> Long Beach also conducted a ten year plan, however, it is still under consideration by its City Council.
Continuum of Care funding guidelines	U.S. Dept. of Housing and Urban Development	HUD (nationally) and LAHSA (regionally) gather community input and study homeless data to establish priorities for HUD funding. Currently, the focus is on creating new units of perma- nent housing, which means that service-only projects, emergency shelters and transitional housing cannot apply for new project funds. <u>http://www.lahsa.org/continuum_of_care.asp</u> <u>http://www.hud.gov/offices/cpd/homeless/local/index.cfm</u>
National initiatives and plans to end homelessness	U.S. Inter- agency Council on Homelessness	The United States Interagency Council on Homelessness (USICH)'s mission is to coordinate the federal response to home- lessness and to constellate a national partnership at every level of government and every element of the private sector to reduce and end homelessness in the nation. The Council has established sev- eral intergovernmental initiatives and partnerships, including: federal and state regional interagency councils, jurisdictional 10- year plans to end chronic homelessness, National Project Home- less Connect, and technical assistance/support. USICH offers sev- eral resources to communities for planning, including the "Guide to Developing 10-Year Plans". <u>http://www.ich.gov/slocal/index.html</u>

What has already been done?

Initiative/ Approach	Lead Entity	Description
Summarize national trends/ policies	National Alliance to End Homelessness	NAEH has been collecting data on local plans to end homeless- ness, and has identified common themes, key components and a "scorecard" that analyses each plan and rates it on the likelihood that it could be implemented. Common components include Street Outreach, Homeless Prevention, Permanent Housing, and Support Services.
CDBG Planning	Cities/Counties	Each jurisdiction that receives CDBG (community development block grant) funds must conduct an annual community planning process to determine priorities for the use of funds. Usually, this means regional planning meetings that are open to the public and provide information about current CDBG projects and ask for input from residents on needs in their communities. CDBG re- ports are available to the public.
GCCOG Regional planning for homelessness	GCCOG	In August 2006, the GCCOG Board of Directors approved a rec- ommendation from the City Managers' Steering Committee to have the Gateway Cities, acting collectively, seek a fair share of funding from Los Angeles County's Homeless Prevention Initia- tive (HPI) Funding. Based on the population of the GCCOG, the fair share is approximately 20% of available funding. That same month, the GCCOG created an Ad Hoc Committee on Homeless- ness to help oversee and guide the process.
		On April 2, 2007, the GCCOG was notified that the Los Angeles County Chief Administrative Officer (now the Chief Executive Officer) had recommended to the County Board that \$1.2 million in County General Funds from HPI be designated to the GCCOG. This motion was approved by the Board of Supervisors on June 18, 2007. The \$1.2 million included a one-time advancement of \$150,000 for planning purposes, \$135,000 of which would fund a consultant to lead the planning and assessment efforts.
		On May 14, 2008, PATH Partners was officially hired as the con- sultant to work with the GCCOG on the initiative. The initiative was launched on June 18, 2008, with the preliminary correspon- dence and introduction to the initiative made between GCCOG and PATH Partners to the Gateway Cities.

C. DEFINE YOUR GOAL AND VALUES

As we stated in the preface of this workbook, effective solutions to addressing and ending homelessness require the participation and engagement of multiple groups within your community. Each of these "stakeholder" groups has a valuable perspective on homelessness, and each group has its own vested interests and motivation for being a part of a homeless strategy. The diversity and input of the various people you choose to participate in your strategy will most likely be your community's greatest strength to achieving success.

To maximize your community's opportunity for success, it is important for you to first understand your own motivation and reasons for being a part of the strategy. To aid in this process, begin by forming a main **goal** that clearly articulates what you want to accomplish.

Goals can be written in a variety of ways. However, they typically contain wording that expresses: a) some type of change to the status quo, and b) an identification of the problem or condition to be changed. Your goal statement should focus on stating a desired end outcome, rather then just describing an action or method.



THE COMMUNITY WORKBOOK

Once your goal is created, the next step is to form a set of **values** that will:

a) Provide a set of agreed upon standards on which to base your plan and actions; and



Develop Values

b) Provide direction as you begin the work of forming and implementing your strategy. A helpful question that can help guide this process is: "What are the basic values that I have?", or for a group, "What are the basic values that we share?" You may also want to know the values that your broader community holds. For example, what types of issues get priority treatment at city council meetings and what types of policies or ordinances does your city pass (or not pass)? The legislation that gets passed in your city will often reflect your community's values and priorities and point out the issues and areas to which your members devote time, energy and resources.

The exercise of identifying your values may be useful for you to go through first. However, it will be even more important for your group to go through the process of developing a common goal and values together, as this will play a vital role in helping your group to overcome dissention and conflicting ideas when they arise, and will help your group to stay focused on the tasks at hand to reach your end outcomes.

Take Ideology off the Table

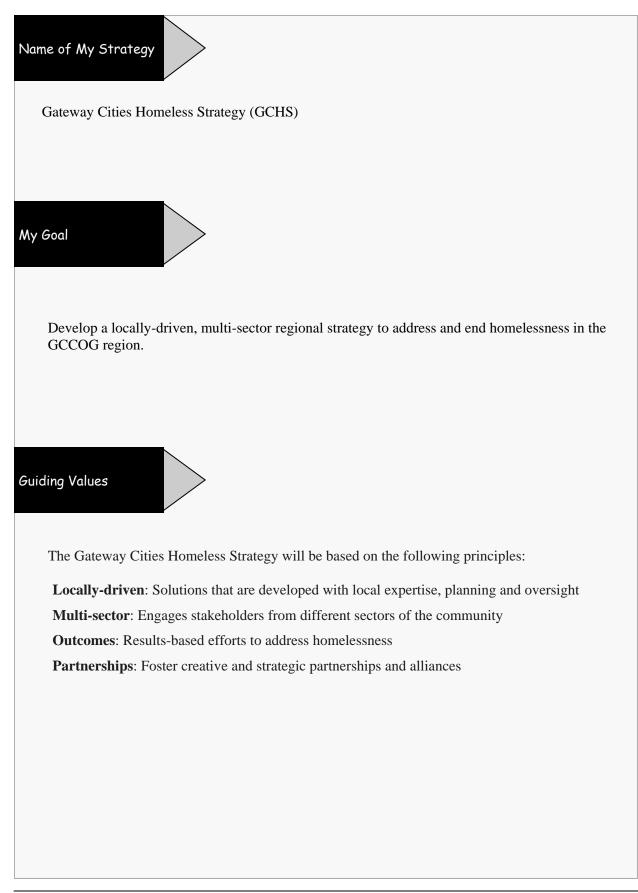
"While it's important to understand people's motivation for wanting to end homelessness, individual reasons should not be a part of guiding principles. It's critical to allow people to speak their minds without fear of judgment. We cannot exclude those people whose motives are different from our own, or whom we feel are at the table for selfish reasons. Frankly – it doesn't matter why they are participating. It is more important that they ARE participating, and willing to work towards the shared goal of ending homelessness. Political ideals, moral imperatives, religious ideology and self-righteousness will only create barriers and close the door on dialogue."

-Jeffrey C. Briggs, Esq. Chair, Hollywood Chamber of Commerce

Last, but not least, don't forget to select a name for your strategy.

Now, we are ready to begin!

Now it's your turn... Fill in your response to this section: <u>Worksheet 3. Page 14: Goal and Guiding Values</u>



PART

LET'S GET STARTED!_



Assessing the needs, resources & priorities

Now that you have completed the preliminary work of defining and understanding your community, studying efforts and approaches that have come before you, and forming your purpose statement and guiding principles, you are now ready to get your hands dirty with the real work of developing your strategy.

The next essential step is to conduct your assessment of the needs, resources and priorities in your community.



What is an assessment?

An assessment will enable your group to learn more about the various factors that affect and influence homelessness in your community by taking a broad look across systems, agencies, community groups and individual residents. A good assessment will give you a clearer picture of what is going on in your community and will help to guide your group in forming its priorities and solutions to addressing the problems. Additionally, a well-crafted assessment can be a powerful tool in educating and motivating other parts of the community to see the importance of your issue and get involved in supporting your work.

Your assessment will give you a better understanding of the various aspects related to the issue of homelessness, including but not limited to:

- The scope of homelessness in your community.
- Existing services and resources.
- Which geographic areas are being underserved and/or over-burdened?
- Which population groups (e.g. families, seniors) do not have sufficient services?
- What assets does your community have that could be mobilized to address homelessness?

Your assessment will provide a "snapshot" of the current state of homelessness in your community, providing you with a starting point on which to base future planning, implementation and evaluation efforts.



Don't forget to network! The process of gathering data is a wonderful excuse for getting to know other people and groups in your community. Make sure you take a few minutes with each phone call, survey or meeting to introduce yourself, learn

a little about the people you're talking to, and make a valuable connection for the work to come.

The Process

Several methods can be used to collect information and data for your assessment. Before determining which methods are the most appropriate to use for your purposes, you should understand some basics about the data you intend to collect.

There are two main categories of data - quantitative and qualitative:

Quantitative data can be measured and involves the reporting of numbers. Some examples include: "15,000 homeless individuals", "65% of cities participated in the survey," and "\$2 million allocated for housing development".

Qualitative data is descriptive in nature and involves the reporting of observations that describe the nature of things without necessarily measuring them. Some examples include: "there is a strong sense of community will", "a regional approach is needed", "people have NIMBY (not in my backyard) sentiments".

Most assessments begin by compiling data that has already been collected from other agencies. Depending on the types of data you need, you may also want to collect new information through talking with city departments, agencies and residents in your community.

DATA COLLECTION CHECKLIST

The following list provides some examples of different methods that are available to collect data for your assessment. Your assessment may utilize one or several of the below methods²:

✓ Key informant interviews –conversations with people in your community to gain in-depth information and insight on your community and/or your issue

Community surveys – a set of questions used to gather information about local attitudes and concerns of your community regarding a defined issue, problem or opportunity. Surveys can be administered in-person, by mail, by email, by phone or online.

✓ Focus groups – a format used to collect the opinions and emotional response of a select, smaller group of individuals on a certain issue or subject area. Participants are selected based on a common factor (e.g. veterans, business owners, parents).

Community meetings – a gathering of community stakeholder groups to allow them to share their feelings and ideas about a common issue or need in your community.

A good assessment will collect and analyze data from a variety of sources, including both quantitative and qualitative data, as well as combining existing data from other sources and new data from your community.

THE COMMUNITY WORKBOOK

2. Ref: "Community Needs Assessment Tools" Charlie French, Community & Economic Development Specialist, University of New Hampshire Cooperative Extension.

Once you have a grasp on the types of data you will collect and the different methods you can use, the assessment can be broken down to six basic steps:



Step 1: Determine the Scope of the Need

In this step, you will collect information and data about the topic area you are intending to address. Some things that can be asked during this process include questions about the population you intend to assist and/or the types of services that you plan to assess.

For example, you may want to ask:

- 1. Who are the individuals/groups you intend to serve?
- 2. How many people are there? Where are they located?
- 3. What types of services does your population utilize and why are these services important?
- 4. What aspects about the current service system are effective or ineffective?

It may be useful to organize your findings into more specific categories, which will help to frame your data in a more specific context that is aligned to your group's priorities and goals. Some examples of categories that can be used are: service components (street outreach, permanent housing,) geographic areas (cities, neighborhoods,) or by population demographic (children, single adults, seniors).

You can begin this process by collecting data from public sources from your city or county departments. A good place to start is with the Los Angeles Homeless Services Authority, which conducts a bi-annual homeless count for all of Los Angeles County. Your city is also a key source of information. Some cities, like the City of Long Beach, administer their own city-wide homeless count.

In addition to the data you compile from existing sources, you can also collect information from people in your community through the use

of surveys, interviews and meetings. This "eye-witness" information you gather from community members can be valuable in your planning process.

In addition to the data you compile from existing sources, you can also collect information from people in your community through the use of surveys, interviews and meetings. This "eye-witness" information you gather from community members can be just as valuable, if not more valuable to you in your planning process as the findings you will gather through existing data sources.

Now it's your turn... Fill in your response to this section in Column A of: <u>Worksheet 4. Page 22: Assessment: Needs, Inventory and Gaps</u>

Step 2: Take Inventory of the Current Data and Resources



Your community may already have resources and services in place which offer assistance to the homeless. These resources include services provided by your city, service agencies, faith groups, businesses and individuals. By investigating what types of services your community already offers, you will also gain insight into the funding resources and opportunities that exist to support activities you plan to implement in your community.

There are several sources you can use to identify resources and services in your community, including:

- \Rightarrow City departments
- \Rightarrow Other government departments (county, state and federal)
- \Rightarrow Community directories
- \Rightarrow Online information portals
- \Rightarrow Non-profit publications
- \Rightarrow Academic reports

By taking stock of what you currently have, you will then be able to move on to the next step of identifying the major needs and gaps in services found in your community.

Now it's your turn... Fill in your response to this section in Column B of: <u>Worksheet 4. Page 22: Assessment: Needs, Inventory and Gaps</u>

Step 3: Identify the Gaps



Generally, you can determine your gaps by comparing your needs to existing resources you have. The difference between what "should be" (the need) and what "is" (existing resources) is considered your gap. The gaps that you identify will give you a good indication of the amount of resources and planning that is required to address your needs. The gaps that you identify, and eventually prioritize, will also become some of your main focal points in the development of your final strategy.

Historically, a "gaps analysis" has been a way to help communities prioritize their investment in homeless programs. The "gap" refers to the difference between the estimated number of homeless (usually broken down by sub-population) and the number of shelter beds, service slots, or housing units available to serve those people.

give you a good indication of the amount of resources and planning that is required to address your needs.

The gaps that you identify will Analyzing gaps in the broader homeless service system is an important first step in getting a handle on what is presently available to assist homeless people in the community and identifying resources that are lacking. However, a simple gaps analysis is the starting point - not the end – to analyzing homeless needs and identifying priorities. It is very important to include the perspectives of service providers (ideally including front line staff) and information and referral sources to give substance to the gaps that you find.

> Each area that you initially identify as a gap should undergo further scrutiny to formulate a more complete picture and guide planning efforts in the right direction.

> For example, in assessing the gap in shelter beds for homeless people in your community, once you have completed your homeless count and inventory of beds, you can ask the following questions of the data:

> Are the beds that are in the present system typically filled to capacity? Or are there regular vacancies? What are the reasons for the vacancies?

> Of the available beds you have in your community, are there certain populations that are turned away and/or cannot access those beds? For example, does your community only have beds for single adults? Are there other restrictions (e.g. special needs or age restrictions)?

> How does the annual estimate (projected number of people who are homeless over the course of a year) compare to the point-in-time estimate (projected number of homeless people at a particular moment)? What is the turnover rate of usage of beds in your community? Are there alternative solutions than simply providing shelter beds? (e.g. provide a person a subsidized rental unit instead.)

Because the simple gaps analysis may focus only on the number of shelter bed, and may not take into account the qualitative aspects of service delivery, a straightforward gaps analysis can run the risk of over-simplifying the issue and lulling a community into a false sense that it is doing all that is needed to solve the problem. To avoid this potential pitfall, it is important to fully understand what is presently being done and whether those efforts are worth continuing. You will also need to consider things from a consumer standpoint. For example, if the current shelter beds are being under-utilized, determine if it's because people don't know how to access these shelter beds, or if consumers don't like the programs available. You don't want to waste time expanding programs that do not appeal to the targeted consumer base, even if the program ostensibly "meets the needs" of the consumer.

Identifying gaps is a fluid and evolving process that most likely will change based on the data you collect and the conversations you have with stakeholders in your community.

Now it's your turn... Fill in your response to this section in Column C of: <u>Worksheet 4. Page 22: Assessment: Needs, Inventory and Gaps</u>

WORKSHEET 4 — Assessment: Needs, Resources and Gaps	eeds, Resources and Gaps	
Column A Need	Column B Current Data	Column C Gap(s)
To inform and guide a regional planning process focused on ad- dressing homelessness in the GCCOG region, the GCCOG needs a homeless count projec- tion for its region based on a consistent and approved method- ology. Additionally, the GCCOG also needs demographic data specific to homeless individuals and families residing within the re- gion to determine appropriate priorities, programs and ap- proaches.	Findings from the "Community Survey on Homelessness" reveal that respondents believe there to be approximately 5,900 homeless persons in the GCCOG region (this number does not account for LA County unincorporated areas, due to small size of survey respondents.) Based on 2007 homeless count data from LAHSA and the City Long Beach, there are a projected 14,553 homeless persons in the GCCOG. There is a wide range between the two count projections: 5,900 and 14,553. An inference can be made that the actual number falls within the range of the two numbers. Currently there is no data on the specific demographic characteristics of the homeless population in the GCCOG region. LAHSA has demographic data that is broken down by County service planning areas (SPAs). The majority (22 of 27) of GCCOG cities are in SPA 7. SPA 7 demographics provide a snapshot of the types of characteristics common to the homeless individuals in the area. Findings from stakeholder interviews identified the following subgroups who are in need of services in the GCCOG: any laborers, persons with mental illnesses, ex-parolees, seniors, victims of domestic violence, persons in need of health /respite care and low-income families.	The GCCOG lacks a region-specific homeless count projection and demographic data of its homeless population. The deeper involvement in the exist- ing County-wide count (bi-annual) or a region specific homeless census is recommended, which is regularly updated to track changing demo- graphics and trends of the homeless population.

WORKSHEET 4 — Assessment: Needs, Resources and Gaps	eeds, Resources and Gaps	
Column A Need	Column B Current Data	Column C Gap(s)
 A. Street Outreach LAHSA Homeless Count demographics for SPA 7 estimate that approximately 10% of the homeless population is considered "chronically homeless". Based on the previous projected range of 5,900 to 14,553 homeless persons in the GCCOG region, there could be an estimated 590 to 1,455 chronically homeless persons who are especially in need of emergency response services like street outreach and intervention services. 	There are five street outreach programs that currently operate in the GCCOG, based on the initial inventory of services. However, four of the five programs are based in the City of Long Beach and primarily serve the homeless individuals residing in and around the City of Long Beach. Street outreach was one of the top five priority service needs, as identified by the community survey respondents (38% of respon- dents rated street outreach as a service that needs to be added and/ or expanded in their city). Findings from the interviews and meetings with city officials and community agencies from the City of Huntington Park and neighboring cities (Bell, Bell Gardens, Commerce, and South Gate) confirm there is a great for street outreach services.	The Gateway cities have a great need for street outreach services that work in conjunction with law enforcement, other city departments, services pro- viders, faith groups and other stake- holder groups to help homeless peo- ple to get off the streets. Existing street outreach resources within the GCCOG are geographi- cally isolated to the Long Beach area; other regions and cities of the GCCOG have no access or very lim- ited access to the existing outreach services.

THE COMMUNITY WORKBOOK

	–Assessment: Needs, Kesources and Gaps	
Column A Need	Column B Current Data	Column C Gap(s)
 B. Multi-Service Centers B. Multi-Service Centers Having centralized multi-service centers ("drop-in centers" or "access centers") effectively addresses the multiple and often coexisting needs of homeless individuals. Multi-service centers are defined as more than one organization offering more than one service in a central location. These centers are often ideal venues for providing homeless prevention services, due to their central location and accessibility. The operation of effective multi-service centers can assist cities and communities to improve the coordination of services and leverage existing resources, fostering an environment that supports successful regional planning efforts. 	There are five (5) existing multi-service centers in the GCCOG region, located in the cities of Bell, Long Beach, Norwalk, Santa Fe Springs, Whittery are focused on serving primarily residents from their own cities, and are not viewed as a "regional" service. The focused on serving primarily residents from their own cities, and are not viewed as a "regional" service. Several sizable sub-regions of the GCCOG, including the central, west and south-eastern parts of the region, have limited or no access to multi-service centers. Findings from the conducted as a "regional" service. Several sizable sub-regions of the GCCOG, including the central, west and south-eastern parts of the region, have limited or no access to multi-service centers. Findings from the community survey show that respondents have the least amount of knowledge about whether multi-service centers are available in their cities, as opposed to other types of services (35% or more of respondents answered "don't know" when asked if there was a multi-service center available in their city). Furthermore, stakeholder interviews and planning meetings reveal that there is an urgent need for more regionalized, consolidated services, including homeless prevention services, case management, mental health services, drug and substance abuse treatment and employment services. Hut and substance abuse treatment and employment services, drug and substance abuse treatment and employment services.	Outside of the Long Beach Multi- Service Center, Bell Shelter and the cities of Norwalk and Santa Fe Springs, there are very few, if any, multi-service centers that assist indi- viduals from across jurisdictional lines. Additionally, there is an overall shortage of centralized access to ser- vices that assist families and indi- viduals who are on the edge of be- coming homeless. The concept of forming "homeless prevention cen- ters" can centralize a myriad of solu- tions that assist people in need, in- cluding such services as emergency rent, utility payments, and other forms of needed monetary assis- tance, as well as affording landlord/ tenant mediation and eviction de- fense, foreclosure counseling, mental health services, case management and budgeting assistance counseling.

Column A Need	Column B Current Data	Column C Gap(s)
C. Emergency and Transitional Housing Based on available Countywide ti data, approximately 18% of the homeless count projections are already in shelters. Based on the projected range of 5,900 to 14,553 homeless persons in the GCCOG region, there are an es- stimated range of 1,062 to 2,637 homeless individuals who are already in shelters. The remaining population – be- tween 4,838 to 11,916 individu- als - are considered unsheltered (not residing in any type of shel- ter or housing) and are in need of the some type of housing.	There are approximately 723 emergency beds and 1,821 transi- tional beds, for a total of 2,544 existing beds, based on an initial inventory of services. The current distribution of beds is concentrated in and around the cities of Long Beach, Compton, Lynwood, Bell, Santa Fe Springs and Whittier, leaving significant gaps of temporary housing re- sources in the central and south-eastern parts of the GCCOG re- gion. Emergency housing and transitional housing tied (along with men- tal health services) as the number one priority need for homeless people. Participants at stakeholder planning meetings ranked emergency & transitional housing as the second top priority to address in regards to serving the homeless.	There remains in the GCCOG the need for increased and/or enhanced availability and accessibility to emer- gency and transitional housing beds. Further investigation should be con- ducted to identify the capacity of existing services providers to expand their inventory, as well as prospec- tive agencies that can develop new programs in the areas where there are currently no accessible beds. Additionally, further exploration should be conducted on other ap- proaches to bridging the gap in hous- ing needs for the homeless through other venues, such as "rapid re- housing" and programs that empha- size housing assistance programs to swiftly transition families and indi- viduals into stable homes.

WORKSHEET 4 — Assessment: Needs, Resources and Gaps

THE COMMUNITY WORKBOOK

WORKSHEET 4 — Assessment: Needs, Resources and Gaps	eeds, Resources and Gaps	
Column A Need	Column B Current Data	Column C Gap(s)
D. Substance Abuse Treatment and/or Outpatient Services Substance abuse treatment and/ or outpatient services are essen- tial in providing support for homeless individuals struggling with drug and alcohol addictions and abuse. According to LAHSA SPA 7 data, an estimated 15% of the homeless population struggles with substance abuse. Based on the previous projected range of 5,900 to 14,553 homeless per- sons in the GCCOG region, there could be an estimated 885 to 2,183 homeless persons who are potentially in need of Substance abuse treatment and/or outpatient services.	There are 20 operating substance abuse treatment and/or outpa- tient programs within the GCCOG based on an initial inventory of services in the region. Nine of the 20 programs are located in the City of Long Beach, with the remaining programs located in 10 other Gateway cities (Avalon, Bell, Bellflower, Compton, Downey, Hawaiian Gardens, Lynwood, Pico Rivera, Santa Fe Springs, and Whittier). The loca- tion of these programs appears to be fairly distributed throughout the GCCOG region, allowing access to services by homeless indi- viduals coming from other Gateway cities. Based on the community survey, the broader category of alcohol and drug treatment services was ranked as the fourth top priority of services needed for the homeless. Findings from the community survey revealed that respondents lacked knowledge about the availability of medical detoxification facilities and/or substance abuse treatment services in their cities, with 35% or more of respondents answering "don't know" when asked if there were medical detoxification services available in their city.	Despite the finding of 20 substance abuse treatment and/or outpatient ser- vices scattered throughout various cities in the GCCOG, it was found that there is a general lack of knowl- edge about the availability of these services. It would be beneficial to recommend a community education strategy that will inform community stakeholders about the various resources that al- ready exist in their cities, including such services as substance abuse treatment services, mental health centers, healthcare centers, and other essential supportive services for the homeless.

THE COMMUNITY WORKBOOK

Column A Need	Column B Current Data	Column C Gap(s)
E. Permanent Supportive Housing ing Permanent supportive housing in which on-sight supportive ser- vices are provided to assist resi- dents in achieving and maintain- ing housing stability. PSH units are targeted for individuals or families who are homeless and possess a range of diverse char- acteristics and special needs. PSH is a nationally recognized best practice and a critical tool to ending homelessness. The need for PSH is based on annualizing the point in time number of homeless persons in a region. The estimated need for PSH in the GCCOG region is 2,387 units. This number is a projection of PSH needs, and not a concrete, immutable num- ber.	The Gateway Cities region has 677 units PSH. Each of the perma- nent supportive housing programs target a specific population that they primarily serve. Though not mutually exclusive, the units lo- cated within the Gateway Cities region include 208 units for per- sons with mental illness, 206 units for veterans, 111 units for per- sons dealing with substance abuse, 70 units for families, 49 units for chronically homeless individuals, and 33 units for per- sons dealing with HIV/AIDS. Table G in the document Part 2. Services and Housing for Home- less People (Attachment B2), provides a detailed listing of the PSH units and programs in the GCCOG region. In addition to the above data, participants at stakeholder planning meetings ranked PSH as the third top priority needed for the home- less. Findings from the interviews with community stakeholders also revealed that the production of more PSH and affordable housing opportunities was a critical part of any solution to effec- tively end homelessness. Furthermore, it was emphasized that PSH mits need to be accessible and scattered throughout the GCCOG region, not just concentrated and limited to just a few areas or cit- ies. In the focus group, homeless participants identified "affordable housing" as the number one priority resource that is needed for homeless individuals and families.	The number of projected PSH units needed (2,387) should be viewed as a starting point to begin the discussion for planning to enhance PSH oppor- tunities in the GCCOG. It will be useful to form realistic goals for PSH development that take into account available state, county and city-level funding resources, as well as private and other funding sources, that will support and sustain PSH developments. CSH projects that a production goal of 215 units of PSH could be re- served for development over the next 5 years. Additional shelter beds are needed.
THE COMMUNITY WORKBOOK		27

Column A Need	Column B Current Data	Column C Gap(s)
The success of a regional strat- egy for the GCCOG is dependent upon the availability of funds to support such efforts. The identification of current and new funding allocations to the region is critical to ensuring that the approaches recommended in a regional strategy can be effec- tively implemented and realized. As clearly articulated in the in-	Based on the funding assessment, there is an estimated \$35,697,759 allocated annually towards services and housing for homeless people within the GCCOG region. Currently, the Gateway Cities are part of the Los Angeles Continuum of Care, with an annual allocation of \$10,691,475 to support services and housing programs. Based on the community survey, there was overwhelming consensus that more resources are needed for the region to expand services to meet the needs. Several respondents stated the need to engage multiple sectors of	Dependent upon the nature and scope of the GCCOG's regional strategy, additional resources that engage stakeholders from diverse cross- sections of the community will be needed to support the successful plan- ning and implementation of proposed services and initiatives.
terviews with community stake- holders, "funding" was the num- ber one barrier identified to ex- panding services for the home- less.	the community to provided added funding and resources, including partnerships with businesses, faith groups, philanthropy, and gov- ernments. Through the County's HPI program, an allocation of \$1.2 million annually has been committed to the GCCOG region to support homeless services and housing programs. More details on the funding assessment is found in the document "Part 3. Funding for Homeless Services and Housing in the GCCOG Region", which is included as Attachment B3.	

WORKSHEET 4 — Assessment: Needs, Resources and Gaps

THE COMMUNITY WORKBOOK

WORKSHEET 4 — Assessment: N	—Assessment: Needs, Resources and Gaps	
Column A Need	Column B Current Data	Column C Gap(s)
The success and sustainability of local and regional responses to homelessness include the essen- tial ingredients of community education about the urgency of the homeless issue, and commu- nity and political will to take action. It is very important for any local or regional planning entity to gain a solid understanding of the broader community and political landscape affecting the issue of homelessness, which will help to identify allies and existing re- sources that can be used to strengthen and ensure the suc- cess of the strategy.	The GCCOG region as a whole believes that homelessness is a major issue in their communities. In the community survey, nearly seven out of ten (67%) said that they "agreed" or "strongly agreed" with the statement "Homelessness is a critical issue in my city". Furthermore, more than half of respondents (54%) stated that their city should be doing more to respond to homelessness. Findings from community about homelessness and what services are available. Findings from stakeholder interviews identified "NIMBY-ism" and "(lack of) political will" as the second and third top obstacles (behind "funding"), to expanding services. Stakeholders also indicated there are several individuals and groups in their cities that are already actively participating in or promoting enhanced services for the homeless, including government (city departments, law enforcement, elected officials, county supervisors, mayors), businesses and faith groups. Stakeholders also indicated that there are several community networks that exist in the GCCOG, including the SPA 7 Council, Belfflower Homeless Task Force, Long Baach Homeless Couli-tion, and LA City/County Coordinating Council for Homeless Families. Howver, there is no current regional network specifically focused on homelessness for the GCCOG-wide region.	There is mounting political and com- munity will among individual cities and sub-regions within the GCCOG to address homelessness. There are also significant barriers, such as the "NIMBY-ism", lack of a central coordinating entity for home- less services and planning specifically for the GCCOG region.

THE COMMUNITY WORKBOOK

Step 4: Assess Funding Availability



In order to create a strategy that will be successful and sustainable, you need to have a basic understanding of funding. An assessment of existing and potential sources of funding, and how funding streams are allocated on various jurisdictional levels, helps you develop a plan that can be funded and stay funded over the long-term.

At a minimum, identify major sources of funding for the current homeless services and efforts in your community. The assessment should start with looking at public sources of funding on all levels- city, county, state and federal. Afterwards, explore whether there are other non-public sources of funding from entities such as corporations, foundations or individuals.

As you compile your list of funding sources, the following information should be gathered on each source:

- \Rightarrow Name of source
- \Rightarrow What entity administers this funding?
- \Rightarrow What is the amount of the current allocation for homeless/housing services?
- $\Rightarrow~$ Is there legislation that affects this funding stream
- \Rightarrow Methodology of how these funds are determined and allocated

In addition to looking at current public funding sources, your assessment may also collect data that determines current and potential funding capacity of various groups and systems within your community. Interviews, surveys and key informant interviews are useful tools for collecting information on "untapped" sources, as well as identifying groups and agencies that are experienced in effectively managing funds.

By assessing current allocation of funding and identifying potential new opportunities for funding, you will be able to form a more strategic plan for growth based on realistic projections of financial feasibility.

Now it's your turn... Fill in your response to this section: Worksheet 5. Page 31: Assessment: Funding

WORKSHEET 5 — Assessment: Funding

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
City Unspecified	City Jurisdictions	\$32,000	Not applicable.	The amount of city un- specified funds are based on the approval and allo- cations set forth in the city's budget or alloca- tions based on the city's priorities and discretion.
Community Development Block Grant (CDBG)	Individual cities with populations of 50,000 or more; Los Angeles County Community De- velopment Commission on behalf of smaller (<50,000) and "participating" larger cit- ies	\$660,025	Title 1 of the Housing and Community Development Act of 1974	HUD determines the amount of each entitle- ment grant by a statutory dual formula which uses several objective meas- ures of community needs, including the extent of poverty, population, hous- ing overcrowding, age of housing and population growth lag in relationship to other metropolitan ar- eas.

THE COMMUNITY WORKBOOK

 \geq

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
Emergency Food and Shelter Program (EFSP)	Local Board of the Los Angeles Emergency Food and Shelter Program	\$2,533,511	Stewart B. McKinney Homeless Assistance Act Funds, aka "FEMA" funds	The National Board deter- mines EFSP funds for ju- risdictions based on a for- mula involving popula- tion, poverty and unem- ployment data. Grants are awarded through a local competi- tive RFP process.
Emergency Housing and Assistance Program (EHAP)	Designated Local Board (United Way of Los An- geles) on behalf of State of California, Dept of Housing and Community Development	\$180,000	California Health and Safety Code, Section 50800-50806.5	The State of California has ended funding for the EHAP program as of the 2010 fiscal year.

THE COMMUNITY WORKBOOK

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
Emergency Shelter Grant (ESG)	U.S. Department of Hous- ing and Urban Develop- ment (HUD)	\$328,549	Title 1 of the Housing and Community Development Act of 1974; Stewart B. McKinney Homeless As- sistance Act Funds	HUD determines the amount of each entitle- ment grant by a statutory dual formula which uses several objective measures of community needs, in- cluding the extent of pov- erty, population, housing overcrowding, age of housing and population growth lag in relationship to other metropolitan areas.
General Funds	City Jurisdictions	\$724,408	Cities raise general funds through local taxes, fees and licenses. Each city's adopted budget specifies the use of General Funds.	Allocation of General Funds is based on ap- proval of the city's budget.

THE COMMUNITY WORKBOOK

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
HOME Funds	U.S. Department of Hous- ing and Urban Develop- ment (HUD)	\$1,256,000	Title II of the Cranston- Gonzalez National Af- fordable Housing Act	Funds allocated through formula grants to States and local governments. Formula is based on need for increased supply of affordable housing, based on measures of inade- quate housing supply, the costs of producing hous- ing, poverty, and the rela- tive fiscal incapacity of the jurisdiction to carry out housing activities eli- gible without Federal as- sistance.

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
Homeless Prevention Ini- tiative (HPI) Funds	Los Angeles County	\$9,903,970	Funds for this initiative were made available by approval of the Los Ange- les County Board of Su- pervisors on April 4, 2006.	HPI funds are based on the allocation and ap- proval of the Los Ange- les County budget. HPI funds are derived from County General Funds, General Housing Funds, and Homeless Program Funds. HPI Funds consist of a total of \$99,694,000. In July 2007, a portion of these funds, \$32 million, was made available to City/Community pro- grams through a competi- tive RFP process. An additional \$20 million in Revolving Loan Funds may be made accessible to cities/communities.
				Revolving Lc may be made to cities/com

THE COMMUNITY WORKBOOK

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
Homeless Veterans Rein- tegration Program (HVRP)	U.S. Department of La- bor / Veterans Employ- ment and Training Service	\$62,500	HVRP was initially au- thorized under Section 738 of the Stewart B. McKinney Homeless As- sistance Act in July 1987. It is currently authorized under Title 38 U.S.C. Sec- tion 2021, as added by Section 5 of Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001.	Funds are awarded on a competitive basis to eligible applicants such as: State and local Workforce Investment Boards, public agencies, for-profit/ commercial entities, and non-profit organizations, including faith based organizations.

THE COMMUNITY WORKBOOK

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Funding Allocation
Housing Opportunities for Persons Living With AIDS (HOPWA)	City of Los Angeles Housing Department on behalf of U.S. Department of Housing and Urban Development (HUD) (the largest jurisdiction in a county is the administer- ing entity)	\$2,141,321	AIDS Housing Opportu- nity Act	HOPWA distributes pro- gram funds using a statu- tory formula that relies on AIDS statistics (cumulative AIDS cases and area incidence) from the CDC. 75% of HOPWA funding is awarded to qualified States and Metropolitan areas with the highest number of AIDS cases. 25% of the funding is awarded to metropolitan areas that have a higher- than-average per capita incidence of AIDS.
Redevelopment Funds	City Jurisdictions	\$1,484,000	Redevelopment funds are governed by California State law. Health and Safety Code Section 33330-33354.6	State law sets minimum standards for investment in affordable housing; generally 20% of tax in- crement funding. See law for detail.

THE COMMUNITY WORKBOOK

1. Name of source	2. Administering entity	3. Amount	4. Legislation	5. Methodology for Fund- ing Allocation
Section 8 (Housing Choice Voucher Program)	U.S. Department of Hous- ing and Urban Develop- ment (HUD)	\$5,200,000	Housing and Community Development Act of 1974	Administered by local Public Housing Agency (PHA). The amount of funding for vouchers re- ceived by each PHA each year is based on a formula that takes into account the number of vouchers in use during the previous year and the actual cost of such vouchers, adjusted for in- flation.
Supportive Housing Pro- gram	U.S. Department of Hous- ing and Urban Develop- ment (HUD)	\$10,691,475	Stewart B. McKinney Homeless Assistance Act Funds, aka "FEMA" funds	Funds are allocated to each Continuum of Care based on their pro-rata need, which uses Census data on poverty, housing overcrowding, population, age of hous- ing, and growth lag.
VA Homeless Providers Grant and Per Diem Pro- grams	U.S. Department of Veter- ans Affairs	\$500,000	Homeless Veterans Com- prehensive Assistance Act of 2001	Grants are awarded through a national com- petitive RFP process.

Total estimated allocation of funds in my community: <u>\$35,697,759</u>

Step 5: Engaging Your Community/Effective Solutions



Engaging community participation is one of the most essential elements of developing a successful, sustainable response to homelessness. As mentioned earlier, homeless programs cannot effectively operate in a bubble; rather they exist and are embedded within the broader fabric of the community, an environment that is dynamic and diverse. By inviting different key stakeholders to your group, and gaining their perspectives and hearing their "voice", your strategy will become more reflective of the community it serves and will be more effective at addressing the needs of your homeless population.

Engaging your community stakeholders also allows them to become invested in the process and gain ownership of the end product. This sense of community "buy-in" will be a key factor in ensuring the success and longevity of your efforts.

The Importance of Identifying Effective Solutions

An inventory of effective programs and models is a powerful resource for your community because it provides concrete examples of how approaches have been successfully implemented and operated within real communities. By studying effective programs, you can learn important information on how these programs define and measure their outcomes and success. Furthermore, study the costs of existing programs, which will allow you to have well-informed projections of the costs of implementing similar types of programs in your own community.

You will need to devote some careful thought to whom and how you plan to engage the community. You should begin by making a list of different groups in your community that have a stake in ending homelessness. The following four steps will assist you in the process:

- 1. Identify what information you want to gather: Determine what information you want to gain about homelessness and/or your community
- 2. Decide who the best people and/or groups are to provide you with the information you need.
- 3. Identify the best approaches to reach your stakeholders: There are several methods you can use to engage community input, some of which have been previously outlined in this section on page 17. Key informant interviews, surveys, focus groups and planning meetings.
- 4. Collect information/Report findings: Once you have gathered information from your stakeholders, summarize your findings and extract pertinent information that can be used in the development of your strategy.

Now it's your turn... Fill in your response to these sections: Worksheet 6a. Page 41: Assessment: Engaging Your Community Worksheet 6b. Page 42: Assessment: Engaging Your Community

Major Stakeholders to Engage in My Community:

- \Rightarrow City Departments
- \Rightarrow Service Providers
- \Rightarrow Law Enforcement
- \Rightarrow Provider Coalitions and Networks
- \Rightarrow Faith Groups
- ⇒ Businesses (including Business Improvement Districts (BIDS) and Chambers of Commerce)
- \Rightarrow Residents
- \Rightarrow Hospitals and Health Centers
- \Rightarrow Neighborhood Associations/Residents

WORKSHEET 6b — Assessment: Engaging Your Community (Process of Engagement)

1. What I want to know 2. Who I will	I will ask 3. ge	3. Method I will use to ask/ get information.	4. My findings / outcomes
 A. Introduce the Gateway Cities Counce Homeless Strategy (GCHS) initiative and assist partici- pating cities to get a common understanding of the strat- egy's goals, methods and desired outcomes. A. Introduce the Gateway Cities Counce erannents (GCCOG) Gateway City Manager Manager's Designees 	ncil of Gov- gers/City ss	Conduct interviews with GCCOG staff and Ad-Hoc Homeless Committee members regarding identifying a designee for each city. Send introductory letters to all 27 City Managers offices and LA County Board offices introducing them to the initiative and request- ing a designee. Plan a region-wide meeting to introduce GCHS and foster initial networking opportunities be- tween cities.	Obtained City Manager designee contacts for 25 of 27 participating Gateway cities, and 6 County representatives for the unincorpo- rated areas. Sent introductory letters to all 27 City Managers offices introduc- ing the initiative and requesting a designee. Held a successful meeting on Oc- tober 15, 2008 that brought to- gether 21 Gateway cities and LA County. The meeting introduced the initiative, presented findings, solicited feedback, and dialogued with cities about next steps. The PowerPoint presentation from the meeting is included as Attach- ment C.

THE COMMUNITY WORKBOOK

F
e
Ε
e,
ee ee
60
. .
б
S
S
ö
9
Ā
2
5
5
З
F
5
U
_
R
2
bo
č
.00
a
60
ш
H
e
ε
S
S
Š
2
P.
9
EET
НЕЕТ
SHEET
RISHEET
VORKSHEET 6b — Assessment: Engaging Your Community (Process of Engagement)

 \geq

1. What I want to know	2. Who I will ask	3. Method I will use to ask/ get information.	4. My findings / outcomes
B. Collect data on what funding sources cities are currently using to support services and/ or housing for homeless indi- viduals. The data will be in- corporated in the broader funding analysis for the GCCOG region and will be used to identify potential new sources of funds.	Gateway City Managers/City Manager's Designees (who then will forward it to the appropriate department or individual as nec- essary).	Information will be collected through a survey, the "Gateway Cities COG 2008 Homeless Ser- vices & Housing Funding Sur- vey." The survey will be sent to all 25 participating cities via email, mail or fax.	Obtained responses from 23 out of 27 of the Gateway cities. Find- ings from the survey are incorpo- rated in the document "Part 3. Funding for Homeless Services and Housing in the GCCOG", which is included as Attachment B.
C. Collect information from city and community stakeholders in the GCCOG about their perceptions of homelessness and the availability of ser- vices for the homeless in their cities. Data will be col- lected on: level of urgency of the issue of homeless, demo- graphic data, available ser- vices, areas of unmet needs, and level of community in- volvement in addressing homelessness.	The following city and commu- nity stakeholder groups will be engaged: • Law enforcement • Service providers • Faith groups • Businesses • Residents • Residents • Healthcare providers • City Managers offices • City Housing depts. • Other City offices • LA County representatives	Data will be collected through a survey, the "Community Survey on Homelessness". The survey will be distributed with both online and print versions, and will be distributed to a minimum of 10 respondents per city (minimum 250 sent), per the stakeholder contacts of the City Manager's offices.	A total of 380, with 217 com- pleted surveys returned (57% re- sponse rate). Findings from the survey are summarized in the document "Gateway Cities Homeless Strategy Analysis of Results for Commu- nity Survey on Homelessness/ GCCOG Region", which is in- cluded as Attachment B.

THE COMMUNITY WORKBOOK

		Linga@cincint)	
1. What I want to know	2. Who I will ask	 Method I will use to ask/ get information. 	4. My findings / outcomes
D. Collect first-hand information and perspectives about the issue of homelessness, where the homeless go for services, challenges to accessing ser- vices, and areas of unmet needs.	Homeless individuals.	Information will be gathered through a focus group of home- less individuals. The group will be facilitated by a PATH Partners staff and will ask a series of scripted questions about where participants currently find ser- vices, what their challenges are, and what their recommendations are for improved services in the area.	One focus group was held with eight homeless adults on October 8, 2008 at the Long Beach Multi- Service Center (MSC). The themes that arose from the focus group include: ⇒ There is not an effective method of communicating service information to home- less people ⇒ There is a high degree of suspicion and alienation that exists between many of the homeless individuals and some of the service provid- ers. More detailed findings from the focus group are contained in the document "Gateway Cities Homeless Strategy – Summary of Homeless Focus Group", which is included as Attachment B.

THE COMMUNITY WORKBOOK

1. What I want to know	2. Who I will ask	3. Method I will use to ask/ get information.	4. My findings / outcomes
E. Collect first-hand information from people in the GCCOG regarding the existing ser- vices for the homeless, gaps, challenges & opportunities for addressing homelessness in the region.	A diverse group of stakeholders from city departments and com- munity sectors within the GCCOG, including: Law enforcement Service providers Faith groups Businesses Residents Healthcare providers Residents Healthcare providers City Managers offices City Housing depts. Other City offices LA County representatives	Information will be gathered through conducting a series of key informant interviews with stakeholders. The interviews will be arranged and conducted by a PATH Partners staff. Respon- dents will be asked a series of scripted questions about their level of contact with the home- less, their knowledge of what ser- vices are available, gaps in ser- vices and other recommendations for including in a regional plan to address homelessness.	 Eighteen interviews were conducted with representatives from the following cities: Bell, Bell-flower, Huntington Park, Long Beach, Norwalk, Paramount, Pico Rivera, and Whittier. Some reoccurring themes include: ⇒ Cities acknowledge that homelessness is an issue. ⇒ A regional strategy is needed. ⇒ Cities have a stake in solving homelessness. ⇒ Attention should be focused on prevention. ⇒ Effective solutions will require increased communication and cooperation between diverse stakeholder groups.

THE COMMUNITY WORKBOOK

1. What I want to know	2. Who I will ask	3. Method I will use to ask/	4. My findings / outcomes
		get information.	
F. Acquire data on what the top priorities for homeless ser- vice are. Collect first-hand information from people in the GCCOG regarding the existing services for the homeless, gaps, challenges & opportunities for addressing homelessness in the region.	City and community stakeholders will identify the top homeless ser- vice priorities for the GCCOG. These stakeholders include, but are not limited to: City Manager offices, other city departments, service providers, law enforce- ment, faith groups, businesses, health providers, and residents.	Information will be gathered from organizing stakeholder planning meetings with city and community stakeholders from the GCCOG region. To facilitate the collection of data, PATH Partners worked with the GCCOG to form four smaller groups of cities within the region, named "Local Planning Areas, or LPA's", based on the geographic location of cities. Four stakeholder meetings will be held and facilitated by PATH Partners staff. Participants will have the opportunity to rank pri- orities, dialogue about the top priorities within their cities and discuss other recommendations for including in a regional plan to address homelessness.	Four stakeholder planning meet- ings were held on November 12, 2008, bringing together more than 50 city and community par- ticipants from within the GCCOG region. The top cumulative priorities identified by participants for the GCCOG include: Homeless Prevention Services Emergency and Transitional Housing Permanent Supportive Housing Mental Health Services Employment Services Employment Services Employment Services Antacholder planning meetings are contained in the document "Gateway Cities Homeless Strat- egy – Summary of Community Stakeholder Planning Meetings", which is included as Attachment B.

WORKSHEET 6b — Assessment: Engaging Your Community (Process of Engagement)

THE COMMUNITY WORKBOOK

WORKSHEET 6b — Assessment: Engaging Your Community (Process of Engagement)

1. What I want to know	2. Who I will ask	3. Method I will use to ask/ get information.	4. My findings / outcomes
G. Identify effective services and solutions to addressing home- lessness that are already operat- ing within the GCCOG Cities and the broader LA County area. These can be provided as re- sources to cities and community stakeholders as they develop their own plans to respond to homelessness on a more local level.	City and community stakeholders will identify the top homeless ser- vice priorities for the GCCOG. These stakeholders include, but are not limited to: City Manager offices, other city departments, service providers, law enforce- ment, faith groups, businesses, health providers, and residents.	To identify effective services and approaches for assisting the homeless, the GCHS team will gather data through all of its pre- viously mentioned community engagement activities, including: ⇒ Key informant interviews ⇒ Community survey ⇒ Community survey ⇒ City and community stake- holder meetings The information collected through this process will be com- piled and presented to stake- holders within the GCCOG as a resource for future planning ef- forts and initiatives.	The GCHS team has compiled a myriad of homeless services and approaches. These resources will be presented at "On the Menu: Recipes for Building Your Com- munity's Solution to Homeless- ness", a community forum for city officials and community stakeholders in the Gateway cit- ies. The event will educate partici- pants on some effective practices in homeless services, including panels dedicated to community engagement, homeless preven- tion services and housing. It will also provide a resource fair to allow participants to network and connect with other agencies and learn more about different pro- grams operating successfully within the GCCOG and through- out the broader County area.

THE COMMUNITY WORKBOOK

Step 6: Prioritize Areas For Action



Through the assessment process, your group has now identified a set of needs to be addressed along the process of attaining your end goal. Due to the realistic limitations of time, resources and people-power, you will not be able to work on all of your needs immediately. Your group needs to make thoughtful and tough decisions about which issues to prioritize for your strategy and which issues to table for a later time.

During this process, your group's commitment to its common goal and values will play an important role in helping your group to effectively form priorities based on an agreed upon process.

A few of the main questions you need to ask in this process are:

- What items (or list of items) do I need to prioritize?
- What group(s) will I ask to prioritize the items?
- What method(s) will I use to gather the information?
- What are my findings and how do I plan to use them?

Your group can use several different approaches to determine its priorities, such as conducting a majority vote process within your own group or hosting a public forum to gain the broader community's ranking of the needs. No matter what process you choose, it is important that your group understands they will be more effective in reaching their goal if they focus their work on a smaller set of priorities rather than trying to do it all at one time.

> Now it's your turn... Fill in your response to this section: <u>Worksheet 7. Page 49: Assessment: Priority Areas</u>

What are the items (list of items) that I need to prioritize?

As part of the assessment of priority areas, the GCHS team compiled a list of ten key service areas that are part of the broader continuum of care for assisting homeless individuals. The service categories are listed below:

- \Rightarrow Alcohol/Drug Treatment
- \Rightarrow "Drop-in" / Referral Centers
- \Rightarrow Employment Services
- \Rightarrow Emergency & Transitional Housing
- \Rightarrow Healthcare Services
- \Rightarrow Homeless Prevention Services
- \Rightarrow Legal Services
- \Rightarrow Mental Health Services
- \Rightarrow Permanent Housing
- \Rightarrow Street Outreach

What group(s) will I ask to prioritize these items?

City and community stakeholders will identify the top homeless service priorities for the GCCOG. These stakeholders include, but are not limited to: City Manager offices, other city departments, service providers, law enforcement, faith groups, businesses, health providers, and residents.

What method(s) will I use to gather the information?

Given the size and scope of the diverse GCCOG region, and the limited timeframe in which to gather data, the GCHS team worked with the GCCOG to form four Local Planning Areas (LPA's) within the region. The division of these groups was based on the relative geographic clustering of cities within the region. The four LPA's are:

- ⇒ LPA 1: Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Lynwood, Maywood, South Gate, Vernon
- ⇒ LPA 2: Avalon, La Mirada, Montebello, Pico Rivera, Santa Fe Springs, Whittier
- ⇒ LPA 3: Artesia, Bellflower, Cerritos, Compton, Downey, Norwalk, Paramount
- ⇒ LPA 4: Hawaiian Gardens, Lakewood, Long Beach, Signal Hill

Once the groups were formed, Stakeholder Planning meetings were held on November 12, 2008, in which each of the LPA's met separately with city and community stakeholders from within their group to discuss and rank the priority homeless needs within their cities. Participants were given the opportunity to rank their top three priority areas, and then the results were summarized by group and for the GCCOG region as a whole.

What are my findings and how do I plan to use them?

Cumulatively, the GCCOG cities identified the following as the top five categories of need (in rank order):

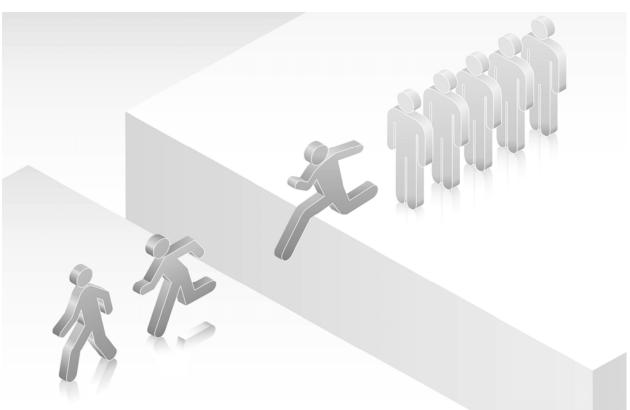
- 1. Homeless Prevention
- 2. Emergency and Transitional Housing
- 3. Permanent Supportive Housing
- 4. Mental Health Services
- 5. Employment Services

More details on the summary from the Stakeholder Planning meetings can be found in the document "Gateway Cities Homeless Strategy: Summary of Community Stakeholder Planning Meetings", see Attachment B.

The findings will be used to assist in developing the direction, actions and priority areas to address in the Gateway Cities Homeless Strategy.



MOVING TO ACTION



DEVELOPING YOUR STRATEGY

Whew! Once you have reached this section, you have completed your assessment and accomplished a significant task. Now it is time to get to the substance of it all...developing your community's strategy to address homelessness. Your strategy will be built on the wealth of information you have gathered in the previous steps.

A good strategy includes components that acknowledge the complexity of addressing and ending homelessness. A review of strategies that have been developed by other cities and communities shows that effective strategies are comprehensive in nature and propose actions that fall within four action-oriented categories:

The Four Categories for Addressing & Ending Homelessness

LEAD

Actions to identify which entity/entities will provide leadership to the overall development and implementation of your strategy, and ensure that the necessary resources are in place to safeguard the success of your efforts.

COLLABORATE

Actions that are aimed at getting people and groups to work together to reach common actions and goals.

ENGAGE

Actions that help to involve various sectors of the community to foster community support and "buy-in" for your strategy and efforts.

IMPLEMENT

Actions which describe actual programs and approaches your strategy wants to put into place to directly serve the needs of the homeless population in your community.



Measurement and Outcomes The process of developing action items for your strategy needs to be under-girded by having clear outcomes on which to measure your progress and achievements. Ideally, outcomes should be formed in conjunction with the development of your proposed actions. Having outcomes will provide a basis for measuring progress towards reaching intended goals.

Measure Your Progress

The first three categories - **Lead**, **Engage and Collaborate** – focus on building a proper infrastructure in order to successfully accomplish the actions laid out in the last category of implementation. Each category is closely related and interconnected to the others, which will result in an integrated, comprehensive strategy that will produce real change in your community.

As you complete the actions that you propose in your strategy, include the following information on each item:

- ⇒ Category (LEAD, ENGAGE, COLLABORATE or IMPLEMENT)
- \Rightarrow Description of proposed action
- \Rightarrow Benchmarks/Outputs (how will you measure effective progress towards your intended action?)
- \Rightarrow Impact (what long term impact will your action have in improving the lives and conditions of homeless people and the cities they live in?)

Now it's your turn... Fill in your response to this section: <u>Worksheet 8. Page 54: Developing My Strategy</u>

	tegy
į	strai
	NM S
	guide
	evelo
6	8. D
	neet

Ň

Category	Action(s)	Benchmarks / Outputs	Impact
LEAD	Identify an existing or new leadership entity: This entity will be responsible for overseeing all aspects of a regional homeless strategy, includ- ing decisions on funding, planning, implemen- tation and evaluation. The entity could include representatives who have been appointed by the GCCOG and/or who represent County and Gateway City jurisdictions. Or the entity could be a sub-group of an existing county-wide agency.	Roster of members of leadership entity, including names/contact information and total number of members recruited. Development of a regional home- less strategy. Number of meetings held, includ- ing documentation of decisions made, meeting agendas and min-	Formation of regional leadership for homeless planning and coor- dination in the GCCOG region, <i>measured by increased commu-</i> <i>nity awareness of the leadership</i> <i>entity's role and responsibilities,</i> <i>and increased awareness of</i> <i>homeless planning efforts and</i> <i>resources in the region.</i> Improved collaboration between cities to provide services, housing
	Participate in the bi-annual County-wide home- less count, and perform an annual service inven- less count, and perform an annual service inven- tory & assessment to determine on-going needs and resources in the GCCOG. Research/implement a centralized data tracking system (HMIS- homeless management informa- tion system) to record service provision Identify staffing and financial resources to sus- tain the planning and implementation of the strategy.		and resources to the homeless, measured by the number of new partnerships formed to address homelessness. More coordinated distribution of financial resources to address homelessness in the region, measured by funding allocation of new sources.

60
-
Ξ.
10
š
Л
4
ы
2
. - -
5
-
<u> </u>
6)
*
6
¥
Ω
00
Ψ
Ð
h
S
k
0
~

Category	Action(s)	Benchmarks / Outputs	Impact
LEAD	Designate "Homeless Coordinators" for each city: Each Gateway city will designate an exist- ing staff member or a new staff member to be a "Homeless Coordinator" who will be responsi- ble for coordinating homeless planning and im- plementation efforts in their city. The Homeless Coordinator may be a new position or the re- sponsibilities may be incorporated into a current position. The position will be the primary liaison between the leadership entity and the individual cities for all issues related to services and hous- ing for the homeless.	Roster of Homeless Coordinators for all Gateway cities. Formation of Homeless Coordina- tor's role and job responsibilities. Number of meetings attended by Homeless Coordinators to discuss issues related to homelessness planning and services.	Improved communication be- tween and within cities of the GCCOG regarding homeless issues, planning and services, measured by pre- and post- assessments and interviews that will indicate changes in stake- holders' level of awareness of the Homeless Coordinator posi- tion. Improved collaboration between cateway cities and between cit- ies and community stakeholders on homeless projects and initia- tives, measured by the number of new partnerships and/or new projects that are developed.

THE COMMUNITY WORKBOOK

Worksheet 8. Developing My Strategy

Category	Action(s)	Benchmarks / Outputs	Impact
ENGAGE	Form stakeholder regional homeless alliance: The alliance will assist in guiding and partner- ing with the leadership entity in the develop- ment and implementation of the regional strat- egy. The alliance will consist of stakeholders from multiple sectors of the community, includ- ing but not limited to: businesses, faith groups, law enforcement, service providers, city offi- cials, housing developers, residents and home- less individuals. Alliance members will work collectively to support and ensure the progress and successful achievement of the strategy's goals.	Roster of members of leadership entity, including names/contact information and total number of members recruited. Number of meetings held, includ- ing documentation of decisions made, meeting agendas and min- utes.	Improved and enhanced collabo- ration between diverse stake- holders groups within and be- tween Gateway Cities to provide services, housing and resources to the homeless, measured by the number of new partnerships and/or new initiatives formed to address homelessness.

THE COMMUNITY WORKBOOK

Category	Action(s)	Benchmarks / Outputs	Impact
ENGAGE	Develop and implement "Connections" strate- gies: These strategies will incorporate actions to combat "NIMBY (not in my backyard)-ism". These actions will help to counter the negative pressures and barriers caused by NIMBY senti- ment of services/resources for the homeless. The strategy will include approaches to outreach to and engage the partnerships of non- traditional sectors of the community, including neighborhood councils, business improvement districts, chambers of commerce, faith groups, landlord associations and realtor networks. The emphasis will be to build effective partnerships that provide momentum for positive change to improve the quality of life for homeless indi- viduals and families and the greater community.	Number of "Connections" groups formed. Number of meetings held, includ- ing documentation of decisions made, meeting agendas and min- utes. Number of actions and/or pro- jects implemented.	Improved community perception on the practicality and civic re- sponsibility of assisting the homeless, measured by compari- son of pre- and post-surveys re- garding perceptions. Enhanced community investment and participation in efforts to ad- dress homelessness, measured by number of volunteers participat- ing in actions or events, and number of new partnerships formed.

Worksheet 8. Developing My Strategy

THE COMMUNITY WORKBOOK

60
3
Ľ
Ē
-
÷
S
Χ
÷
2
bD
~
. <u> </u>
d
0
—
Ð
2
Ð
8
a
ā
Ē
S
ž
<u> </u>
0
Ν

Category	Action(s)	Benchmarks / Outputs	Impact
ENGAGE	Develop a public education campaign: The way in which a regional strategy is presented and "rolled out" to the broader community is a criti- cal factor in whether the strategy will be em- braced or rejected. To ensure the greatest level of support for the strategy, there will need to be a public education campaign that effectively communicates what will be accomplished through the strategy and how the community will see visible, measurable outcomes to getting people off of the streets. Additionally, the cam- paign will help to debunk stereotypes about who the homeless are, and emphasize how assisting the homeless will result in an improved city and a better quality of life for everyone.	Number and types of communi- cation pieces developed. Number of people who will re- ceive and/or help to distribute the communication piece(s).	Improved and enhanced commu- nity awareness of the a) issue of homelessness, b) the existence of a regional homeless strategy, and c) how the strategy will effec- tively and visibly move homeless individuals off of the streets and into housing. <i>This outcome will</i> <i>be measured by pre- and post-</i> <i>tests that will assess: changes in</i> <i>awareness about the homeless</i> <i>of existing services, and changes</i> <i>in peoples' desires or sense of</i> <i>ability to do something about the</i> <i>issue.</i>

THE COMMUNITY WORKBOOK

60
30
Ч.
2
÷
S
>
-
2
60
j
×
<u> </u>
d)
5
a
ŏ
∞
÷
Ð
Ð
4
S
×
0
2

Category	Action(s)	Benchmarks / Outputs	Impact
COLLABORATE	Develop plan for enhanced government-wide collaboration: Greater governmental partner- ships can be built to leverage existing resources and strengthen the GCCOG's political influ- ence to obtain its additional funding and re- sources. Partnerships can be strengthened on several levels, including: inter- and intra- departmental partnerships within a city, depart- mental partnerships between different cities, and partnerships between Gateway cities and Los Angeles County. Some potential opportu- nities that may be explored for collaboration include: Leverage the already committed \$1.2 million of County HPI funds to secure matching dollars from individual cities. Explore opportunities to secure funding from the American Recovery and Reinvestment Act of 2009 (President's Stimulus Package funds). New funds will be made available to Gateway cities in several areas, including: homeless pre- vention, Emergency Food and Shelter Program (EFSP) funds, Section 8, HOME funds, CSBG and neighborhood stabilization.	Number of meetings convened between departments within cities and between cities to discuss how to enhance collaboration. Development of a funding plan that will outline the actions re- quired to secure private matching sources of funding in the amount of \$1.2 million. Two groups (representing multi- ple cities) will apply for new funding. A minimum of four new funding resources will be identified	The GCCOG and Gateway Cities will gain an increased understand- ing of "Continuum of Care" fund- ing and other governmental fund- ing resources that may be avail- able for homeless services and housing, measured by pre- and post-surveys of city and GCCOG officials. Establish an effective model of collaboration for the GCCOG officials. Establish an effective model of collaboration for the GCCOG cities to maximize funding oppor- tunities and to increase the re- gion's resources for homeless services and housing. This out- come will be measured by the formation of a funding strategy that will effectively incorporate and leverage resources from the multiple cities and government sources.

Worksheet 8. Developing My Strategy

Category	Action(s)	Benchmarks / Outputs	Impact
COLLABORATE	Organize the GCCOG cities into smaller cluster groups to apply for funding sources as more com- petitive multi-city collaborations.		The GCCOG region will gain in- creased capacity to competitively seek and secure funding for pro- grams and services in the region, <i>measured by number of new</i> <i>funding sources secured and</i> <i>summary of dollar amount allo-</i> <i>cations secured.</i>
	Implement one concrete, multi-sector homeless event or action: The strategy will propose con- crete actions that are focused on integrating ser- vices and resources across agencies and depart- ments, including government departments, ser- vice providers, faith groups and the business community. One example of an effective action that has pro- duced demonstrated results in several communi- ties are "homeless connect days". The event was originally created by the City of San Francisco to bring together hundreds of volunteers to en- gage the homeless in their city and connect them to needed services all on one day, including health and dental care, food, housing, case man- agement, mental health services, substance abuse treatment and many other supportive services and resources. This model event has been repli- cated in multiple cities across the nation, and has engaged thousands of volunteers and as- sisted thousands of homeless individuals in connecting to essential services. <u>http://</u> www.projecthomelessconnect.com	One "Homeless Connect Day" event will be held in the GCCOG region. The event will be measured by: ⇒ Number of homeless partici- pants who receive services through the event, ⇒ Number of community vol- unteers who participate, ⇒ Description of the types and utilization of services avail- able at the event, ⇒ Amount of in-kind and fi- nancial support generated to fund the event.	Gateway Cities and the overall region will gain increased capacity for building multi-sector collabo- rations to form local responses to homelessness. This outcome will be measured by: a) increases in the number of partnerships formed to plan/implement ac- tions or initiatives (pre- and post- assessment), b) changes to level of involvement of different sec- tors in addressing homelessness (pre-and housing outcomes from new actions and initiatives

THE COMMUNITY WORKBOOK

Category	Action(s)	Benchmarks / Outputs	Impact
IMPLEMENT	HOMELESS PREVENTION SERVICES		
	There is a dramatically increasing need for homeless prevention services within the GCCOG to assist families and individuals who are on the brink of losing their houses and becoming home- less. One of the most effective approaches of alleviating the growing homelessness crisis is to prevent evictions from occurring. The overarch- ing goals of homeless prevention services are to: 1) prevent the immediate threat of eviction; and 2) stabilize families over time to reduce the risk of homelessness. Some types of prevention ser- vices include: rental subsidies, utilities assistance and eviction prevention programs. An assessment of existing need and services in- dicates that there is an overall shortage of home- less prevention services in the region. The ser- vices that do exist tend to serve tightly-defined jurisdictions and are not very centralized or ac- cessible to all persons in need throughout the expansive GCCOG region.	Each of the four LPA's in the GCCOG will identify a list of existing homeless prevention services in their areas and prospective organizations and departments that have the capacity to add homeless prevention service programs. Create a minimum of 2 new homeless prevention service programs over the next 12 months to provide prevention services to the homeless in the GCCOG region. A target goal is to have a total of 4 programs formed (one in each LPA of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need.	Gateway Cities and GCCOG will gain enhanced capacity to prevent families and individuals from becoming homeless by helping them to maintain their housing and connect to services. <i>This will be measured by utilization rates and outcome indicators of homeless prevention services.</i> Gateway Cities and GCCOG will form a more coordinated and integrated system of to serve the homeless in their communities, <i>measured by number and types of new partnerships that are formed between homeless providers, street outreach teams, city departments, and other supportive service providers.</i>

THE COMMUNITY WORKBOOK

Worksheet 8. Developing My Strategy

Category Action(s)		Benchmarks / Outputs	Impact
The concept of forming centers" can centralize a sent centralize a assist people in need, in emergency rent, utility forms of needed monett affording landlord/tenan defense, foreclosure cou services, case managem tance counseling. Addit services, case managem tance counseling. Addit services, toren as i nent supportive housing services, to provide a "s families and individuals port.	The concept of forming "homeless prevention centers" can centralize a myriad of solutions that assist people in need, including such services as emergency rent, utility payments, and other forms of needed monetary assistance, as well as affording landlord/tenant mediation and eviction defense, foreclosure counseling, mental health services, case management and budgeting assis- tance counseling. Additionally, these prevention services, can also be closely coordinated with other services, such as interim housing, perma- nent supportive housing, and other supportive services, to provide a "safety net" of services for families and individuals in need of housing sup- port.	Each homeless prevention pro- gram will serve 500 unduplicated individuals annually, providing screening and assessments, pre- vention programs and housing assistance.	Homeless families and individu- als will gain access to a broader range of services and resources that are more accessible, <i>meas-</i> <i>ured by the formation of</i> <i>"centralized" access centers that</i> <i>offer prevention services and</i> <i>linkages to housing and suppor-</i> <i>tive services</i>

THE COMMUNITY WORKBOOK

λ
60
e
-
5
÷
S
\mathbf{x}
1
2
ы
č
0
0
Ð
×
a
Õ
œ.
a
ă
č
s
Y
9

Category	Action(s)	Benchmarks / Outputs	Impact
IMPLEMENT	FIRST RESPONDERS PROGRAM		
	Form geographic-based street outreach team(s)	Create a minimum of 2 new out-	Homeless individuals and fami-
	that serve as "first responders" and coordinate	reach teams over the next 12	lies in the GCCOG who are liv-
	with local law enforcement, service providers,	months to provide outreach ser-	ing on the streets will gain greater
	hospitals, businesses and others who have con-	vices to the GCCOG region. A	access to housing and supportive
	tact with homeless persons. When planning for a	target goal is to have a total of 4	services, as measured by out-
	street outreach team, there are several factors to	teams operating (one in each LPA	reach team intake and referral loss and utilization rates at lo-
	\Rightarrow Identify a responsible party (e.g. city or ser-	vears to provide more accessible	togs, una anazarion rates ar to- cal service agencies.
	vice provider)	outreach services.)
	\Rightarrow Identify existing and needed resources		Gateway Cities will gain new
	\Rightarrow Decide how many outreach workers and	Each outreach team will create a	cross-sector partnerships to effec-
	teams are needed, and what area(s) they will	"homeless hot spots" list of local	tively respond to and assist the
	COVEI.	encampments within three	needs of the homeless, <i>measured</i>
	\Rightarrow Determine how outreach staff will be inte-	months of implementation.	by number of formal new part-
	grated into community engagement and pub-		nerships formed in the GCCOG
	lic education actions.	Each outreach team will engage	between street outreach, service
		80 new unduplicated homeless	providers and other community
	Teams can be comprised of staff and/or volun-	individuals and assist them in	stakeholder groups.
	teers, and can be multi-disciplinary, utilizing	connecting to services annually.	
	staff from mental health providers, substance		
	abuse treatment providers, county agencies, and		
	taith groups. Outreach has a definite "cost effec-		
	tiveness' factor to be considered. A full-time		
	team is most efficient if it is covering a signifi-		
	Calle Legional area. Existing start from a variety f		
	or sources may be used to piece together small		
	юсанzеа рат-шпе оцпеаси цеатих.		

THE COMMUNITY WORKBOOK

IMPLEMENT	Action(s)	Benchmarks / Outputs	Impact
	INTERIM HOUSING		
	Develop strategy to "rapidly re-house" individu-	Create a minimum of 2 new in-	Gateway Cities and GCCOG will
	als into interim (temporary) housing, with the	terim housing programs (30-40	gain enhanced capacity to house
	end goal of long-term housing. This approach	beds per program) over the next	and assist homeless families and
	will focus on intensive housing and placement	12 months to provide interim	individuals in their communities,
	assistance at the beginning of a client's entry into	housing for the homeless. A tar-	as measured by development of
		get goal is to have a total of 4	new interim housing beds and
	housing subsidies, rental assistance programs and other summortive services	new interim housing programs (one in each I PA in the GCCOG	documentation of utilization.
		region) over the next 3-5 years to	Homeless individuals and fami-
	Cities/communities should place special empha-	provide housing for people in	lies in the GCCOG will gain in-
	sis on connecting existing interim beds and pro-	need.	creased access to housing oppor-
	grams to street outreach services, homeless pre-		tunities, measured by clients' use
	vention services, permanent supportive housing	Each new program will serve 100	of interim housing services and
	and other supportive services to ensure that	unduplicated homeless individu-	placement rates into permanent
	homeless individuals and families access the full	als annually, providing them with	housing.
	range of resources they need to secure and main-	housing, case management and	
	tain long-term housing.	assistance in connecting to long-	Gateway Cities and GCCOG will
		term housing opportunities and	form a more coordinated system
		supportive services.	of housing and supportive ser-
			vices for serving the homeless in
		Each of the four LPA groups in	their communities, measured by
		the GCCOG will form a mini-	number and types of new part-
		mum of one new strategic part-	nerships that are formed be-
		nership between an existing in-	tween interim housing providers,
		terim housing provider and a	street outreach teams, city de-
		street outreach and/or emergency	partments, and other supportive
		response team, to provide hous-	service providers.
		ing for mutividuals who are chronically homeless.	

Worksheet 8. Developing My Strategy

THE COMMUNITY WORKBOOK

Worksheet 8. Developing My Strategy

Category	Action(s)	Benchmarks / Outputs	Impact
IMPLEMENT	PERMANENT SUPPORTIVE HOUSING (PSH)		
	Create and implement a multi-year plan to in- crease the stock of PSH units in the GCCOG	Development of a PSH strategy and timeline to secure funding and plan for the creation of 215	The Gateway Cities and GCCOG region as a whole will increase their production of PSH and af-
	region. A proposed goal for the total GCCOG region is to invest in the creation of 215 units of	new PSH units in the GCCOG region over a five year time-	fordable housing to meet the housing needs of homeless and/or
	PSH over the next five years (2010 to 2014). The goal is based on an assessment of the available	trame.	low-income families and indi- viduals. <i>This will be measured</i>
	funding resources the GCCOG will be able to realistically access to support the creation of new	Number of new cross-sector part-	by the successful production of new units and verification of
	PSH units.	nerships that are formed between housing developers, city depart-	tenant occupancy.
	Units can be created through:	ments and other community stakeholders to create and de-	Local cities will gain increased support for the PSH from differ-
	⇒ Large program development for the region (40 units)	velop new PSH units.	ent sectors of the community, measured by number and types
	 ⇒ Small program (10-15 units) and set aside 3- 6 units in large program. 		of partnerships formed to sup- port PSH development and in- terviews of community members,
	\Rightarrow Scattered-site program		cuy ojjucaas ana omer commu- nity stakeholders.
	TOAL PRODUCTION: 215 units		

~
60
a)
Ľ,
_
10
t d
5
€
bD
<u>u</u>
Ϊ
•
0
ľ
Ð
~
6
-
Δ
8
÷
¥.
Ð
5
S
~
Ť
2

Category	Action(s)	Benchmarks / Outputs	Impact
	Additionally, the acquisition of further rental vouchers and/or creation of subsidized housing is required in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in or- der to end their homelessness as they transition out of interim housing.		
	A detailed description of the production goal and financing resources available toe the GCCOG are provided in the documents "Ending Home- lessness with Permanent Supportive Housing," and "Gateway Cities COG Financial Model", compiled by Corporation for Supportive Hous- ing. See Attachment B6.		

Once you have completed the process of developing your strategy, it is important to provide a concise summary of your strategy in the form of an Executive Summary. This document is typically two to four pages in length and is intended to highlight the core elements of your strategy. The summary may also include a brief description of the process your group took to develop the strategy.

A well-written Executive Summary will be one of your best tools to effectively communicate the strategy with the various individuals and groups in the community, from elected officials, city staff members, and prospective funders to potential partners.

> Now it's your turn... Fill in your response to this section: <u>Worksheet 9. Page 68: Executive Summary</u>

Executive Summary



Background

In July 2008, the Gateway Cities Council of Governments (GCCOG), in partnership with PATH Partners and with the support of the County of Los Angeles, launched a region-wide effort to address homelessness among the 27 cities and the County unincorporated areas in its region. The goal of the initiative, known as the **Gateway Cities Homeless Strategy**, is to develop a community-driven, practical strategy that will effectively respond to and reduce the number of homeless persons in the GCCOG region.

Over the past eight months, PATH Partners has performed a comprehensive assessment of resources in the GCCOG region, which includes obtaining an inventory of existing services and housing, identifying underserved groups and sub-regions, engaging city and community stakeholders, exploring existing funding allocations and developing community education and engagement strategies.

The findings gathered through the process have resulted in a set of "Guiding Principles" which embody the values of the Gateway Cities and express their desired goals for creating services and approaches that effectively respond to homelessness in their cities:

- Locally-driven: Solutions that are developed with local expertise, planning and oversight
- Multi-sector: Engages stakeholders from different sectors of the community
- Outcomes: Results-based efforts to address homelessness
- **Partnerships**: Foster creative and strategic partnerships and alliances

These principles have provided the essential framework for developing a multi-sector, regional strategy for the GCCOG, and will continue to guide cities and community stakeholders in their future planning and implementation efforts.

With guidance from the GCCOG, PATH Partners divided the Gateway cities into four Local Planning Areas (LPA's) to facilitate the presentation of data and the collection of community feedback, and to begin the community engagement process. The four LPA groups are comprised of the following cities:

- LPA 1: Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Lynwood, Maywood, South Gate, Vernon
- LPA 2: Avalon, La Mirada, Montebello, Pico Rivera, Santa Fe Springs, Whittier
- LPA 3: Artesia, Bellflower, Cerritos, Compton, Downey, Norwalk, Paramount
- LPA 4: Hawaiian Gardens, Lakewood, Long Beach, Signal Hill

Multiple meetings were held with city and community stakeholders in the four groups to identify and rank the priority service and housing needs in each group. Additionally, the initiative gathered stakeholder feedback on existing homeless services, gaps, under-served regions and sub-groups, and opportunities/challenges through a community survey, key informant interviews, focus groups, and community meetings. The responses and findings from city and community stakeholders helped to inform and determine the priority areas and actions recommended in the Gateway Cities Homeless Strategy.

The Gateway Cities Homeless Strategy: Engaging the Community and Integrating Services on the Local Level

There were two prevailing themes that city and community stakeholders voiced strongly throughout the community engagement process of this initiative, themes that were commonly expressed and passionately articulated through planning meetings, surveys, interviews and focus groups.

The first theme was that in order for local or regional efforts to succeed, **everyone has to get involved and play a part in addressing homelessness.** Further education is needed to show how each individual, community sector, and city has a vested interest and responsibility to help end homelessness, which will result in a greater quality of life for homeless persons and the overall community.

The second theme is that cities and stakeholders overwhelmingly agree that current efforts are not well coordinated and that **there is a great opportunity**, and a great necessity, for diverse sectors of the community to coordinate and collaborate more effectively on solutions to homelessness as well as on accessing additional resources. This coordination and collaboration should take place on multiple levels, including: cities with other cities, cities with the County, and cities with diverse sectors in their communities, including businesses, service providers, faith groups and residents.

Based on these priorities, an effective strategy for the GCCOG region needs to have very strong community engagement components which will ensure that the strategy has the necessary community "buy-in" to launch new efforts and actions, and the required support to sustain on-going programs and expansions in communities.

The strategy is comprised of 11 recommended actions which fall into four main categories:

- **LEAD** actions aimed at building the necessary leadership to oversee the development, funding, implementation and evaluation of the strategy.
- **ENGAGE** actions that involve various sectors of the community to foster community support and "buy-in" for strategy and efforts.
- **COLLABORATE** actions aimed at getting stakeholders to work together to reach common actions and goals.
- **IMPLEMENT** actions which describe actual programs and approaches of the strategy that will directly serve the needs of homeless people in the community.

The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

LEAD

- **Identify an existing or new regional or local leadership entity:** This entity will be responsible for overseeing all aspects of a regional homeless strategy, including decisions on funding, planning, implementation and evaluation. The apolitical entity will adhere to a defined set of responsibilities, which may include: performing a regular regional homeless count and service inventory, and securing staffing and financial resources to sustain the strategy's planning and implementation efforts.
- **Designate a "Homeless Coordinator" for each city:** Each Gateway city will assign a "Homeless Coordinator" position, either a new or existing staff person, who will be responsible for coordinating homeless planning and implementation efforts in their city. The position will be the primary liaison between the leadership entity and the individual cities for all issues related to services and housing for the homeless.

ENGAGE

- **Form a stakeholder regional homeless alliance:** The alliance, consisting of stakeholders from multiple sectors of the community (including but not limited to businesses, faith groups, law enforcement, providers, city officials, housing developers, residents and homeless individuals), will assist in guiding and partnering with the leadership entity in the development and implementation of the regional strategy.
- **Implement "Connections" strategies to engage the community:** The strategy will incorporate actions to combat "NIMBY (not in my backyard)-ism" through positive community engagement and partnership development, paving the way for increased support for homeless services and housing developments.
- **Develop a public education campaign:** To ensure the greatest level of support for the strategy, a public education campaign will be implemented to effectively communicate what will be accomplished through the strategy and how the community will see visible, measurable outcomes to getting people off of the streets. Also, the campaign will help debunk stereotypes about who the homeless are, and emphasize how helping the homeless results in improved quality of life and safer cities for everyone.

COLLABORATE

Develop plans for enhanced government-wide collaboration: Greater governmental partnerships should be built to leverage existing resources and strengthen the GCCOG's political influence to obtain its "fair share" of funding and resources. Partnerships can be strengthened on several levels, including: inter- and intra-departmental city partnerships, partnerships between different cities, and partnerships between Gateway cities and Los Angeles County.

Some potential opportunities that may be explored for collaboration include:

 \Rightarrow Leverage the already committed \$1.2 million of County HPI funds to secure matching

dollars from individual cities.

- \Rightarrow Explore the feasibility of the GCCOG cities seeking there own pro rata need share amounts through HUD.
- ⇒ Explore opportunities to secure funding from the American Recovery and Reinvestment Act of 2009 (President's Stimulus Package funds). New funds will be made available to Gateway cities in several areas, including: homeless prevention, Emergency Food and Shelter Program (EFSP) funds, Section 8, HOME funds, CSBG and neighborhood stabilization.
- \Rightarrow Organize and coordinate the GCCOG cities to apply for additional funding as more competitive multi-city collaborations.

Implement one concrete, multi-sector homeless event or action: The strategy will propose concrete actions that are focused on integrating services and resources across agencies and departments, including government departments, service providers, faith groups and the business community. One example of an effective action that has produced demonstrated results in several communities are "homeless connect days". The event was originally created by the City of San Francisco to bring together hundreds of volunteers to engage the homeless in their city and connect them to needed services all on one day, including health and dental care, food, housing, case management, mental health services, substance abuse treatment and many other supportive services and resources. This model event has been replicated in multiple cities across the nation, and has engaged thousands of volunteers and assisted thousands of homeless individuals in connecting to essential services.

http://www.projecthomelessconnect.com

IMPLEMENT

Four implementation actions are proposed as part of the Gateway Cities Homeless Strategy, which are Homeless Prevention Services, First Responders Program, Interim Housing and Permanent Supportive Housing. These areas, although listed below as separate items with distinct goals and outcomes, are all very closely intertwined and form a mini-"homeless strategy" in a locality or region that effectively assists homeless individuals and families to move from the streets into housing and long-term independence.

In an ideal world, it would be recommended that each of the LPA groups of the GCCOG region should implement programs in all four areas. However, given the realities of funding limitations and varying degrees of political will and community will, it is expected that local cities will determine the best approaches for their own cities. Some cities may choose to begin with implementing a First Responders Program, while other cities may start with enhancing the Interim Housing beds in their city. As cities gradually begin to build the capacity of their own cities to assist the homeless, they will be able to expand upon their existing services as more funding, political will and community will becomes available.

Homeless Prevention Services: There is a dramatically increasing need for homeless prevention services within the GCCOG to assist families and individuals who are on the brink of losing their houses and becoming homeless. One of the most effective approaches of alleviating the growing homelessness crisis is to prevent evictions from occurring. The overarching goals of homeless prevention services are to prevent the immediate threat of

eviction and stabilize families over time to reduce the risk of homelessness. Some prevention services include: rental subsidies, utilities assistance and eviction prevention programs.

The GCCOG region will create a minimum of 2 new homeless prevention programs over the next 12 months to provide prevention services to the homeless in the Gateway Cities. A target goal is to have a total of 4 programs formed (one in each of the four group areas of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need. Each homeless prevention program will serve 500 unduplicated individuals annually, providing screening and assessments, prevention programs and housing assistance.

First Responders Program: Form geographic-based street outreach team(s) that serve as "first responders" and coordinate with local law enforcement, service providers, hospitals, businesses and others who have contact with homeless persons. Teams can be comprised of staff and/or volunteers, and can be multi-disciplinary, utilizing staff from mental health providers, substance abuse treatment providers, county agencies, and faith groups.

The GCCOG region will create a minimum of 2 new outreach teams over the next 12 months to provide outreach services to the Gateway Cities. A target goal is to have a total of 4 teams operating (one in each of the four group areas of the GCCOG) over the next 3-5 years to provide more accessible outreach services. Each outreach team will engage 80 new unduplicated homeless individuals and assist them in connecting to services annually.

Interim Housing: Develop a strategy to "rapidly re-house" individuals into interim (temporary) housing, with the end goal of long-term housing. This approach, will be linked to the street outreach teams, and will focus on intensive housing and placement assistance at the beginning of a client's entry into interim housing, and will include linkages to housing subsidies, rental assistance programs and other supportive services. Cities/communities should place special emphasis on connecting existing interim beds and programs to street outreach, homeless prevention services, permanent supportive housing and other supportive services to ensure that homeless individuals and families access the full range of resources they need to secure and maintain long-term housing.

The GCCOG region will create a minimum of 2 new interim housing programs (30-40 beds per program) over the next 12 months to provide interim housing for the homeless. A target goal is to have a total of 4 new interim housing programs (one in each of the four group areas in the GCCOG region) over the next 3-5 years to provide housing for people in need. Each new program will serve 100 unduplicated homeless individuals annually, providing them with housing, case management and assistance in connecting to long-term housing opportunities and supportive services.

Permanent Supportive Housing (PSH): Create and implement a multi-year plan to increase the stock of PSH units in the GCCOG region. A proposed goal for the total GCCOG region is to invest in the creation of 215 units of PSH over the next five years (2010 to 2014). The goal is based on an assessment of the available funding resources the GCCOG will be able to realistically access to support the creation of new PSH units.

Additionally, a plan will be developed for acquiring further rental vouchers and/or creating more subsidized housing in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in order to end their homelessness as they transition out of interim housing.

WHERE DO WE GO FROM HERE?

PART

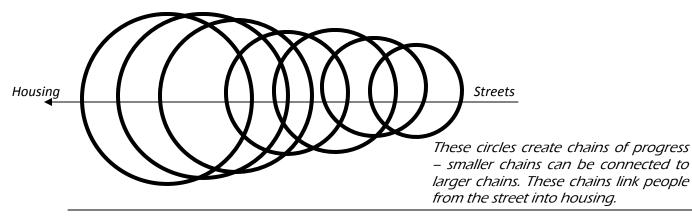


Congratulations! You are in the home stretch! Take a moment to review the work you have just done, the data you have gathered and the ideas that you have encountered. How do you feel? What have you learned? How has the process so far changed your perspective or perception of the issue of homelessness? Have you met new people and groups that want to work with you to end homelessness? Then get together, have lunch and celebrate your new partnership!

So you've read through data, talked to your friends, co-workers, and neighbors, researched the types of services and programs available and made decisions on what you want to accomplish. It's great to have a plan, but a plan doesn't end homelessness – it takes an action-oriented community-wide collaborative along with committed leadership to actually implement a plan.

Charts and spreadsheets are important tools for communicating and organizing your actions, but do not let them become the complete plan. They are static and compartmentalized, and tend to isolate actions and tasks and individuals in a way that impedes collaboration. Helping homeless people off the streets and into housing is a process that involves numerous people, overlapping activities, immense flexibility and a cooperative approach that boxes simply do not accomplish.

Instead, think about circles – rings that overlap, connect, and link resources to people in need. The strategies and actions outlined in Section IV/ Worksheet 8 can be conceived as many circles – small circles (neighborhood, local actions) and large circles (cities, regions). These circles create chains of progress – smaller chains can be connected to larger chains. These chains link people from the street into housing. Some chains will be longer than others – but they all link to the same conclusion – stable housing. Each chain represents a "mini, organic system", comprised of engaging people into services (outreach), offering effective services (integrated services/ multi-service centers), and accessible and affordable housing (an array of housing, in a variety of areas).



Look at the recommended strategies, and break them into action steps – keeping in mind the relationship between each strategy. Assign a person or team to each step. Establish goals/outcomes for each step. Prioritize these steps and identify "linked" steps (things that must happen together, or in a specific order). Resources are limited, so it's important to think about making choices that are most effective at achieving the end goal of getting people into housing. For example: will you choose one key program to implement on a large scale, and phase in additional programs (regional street outreach)? Or will you begin by creating a comprehensive set of programs within a smaller area (a city-based outreach, housing and services program) and replicate that model in phases over a larger region? Or will you ask each region to choose a different key action or program and then link them together, and phase in additional links in new chains over time?

Tips for Building Successful Chains

Keep your eye on the prize – define the desired outcome for each action. As circumstances change, you will need to make continual "course corrections" to your implementation actions. But make sure these changes don't lead you away from the desired outcome.

Establish an agreed-upon definition of "success" – no plan will be implemented perfectly, so decide in advance what are the reasonable goals to aim for, and what you will call "successful" at the end of the day. Make goals that are measurable and precise. Set time-frames to accomplish goals and then be committed to evaluating the success in a constructive way at the end of each timeframe. Be honest when evaluating. There is no shame in falling short – at least you're trying! Covering up problems will only compound them later, and shortchanges the people you are trying to help. Success isn't always "100%", and it can be achieved incrementally.

✓ Take ownership, but not possession – it's important to feel connected and committed to both the overall plan and your individual role, but it's critical to avoid possessiveness. Clinging to your particular interests to the detriment of the overall plan will lead to conflict and frustration, emotional impasses, and unnecessary debate. Speak up, say your peace, and then move forward together.

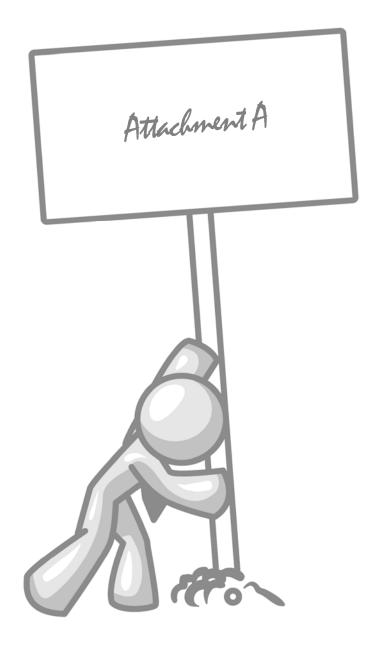
Conclusion

As you continue to move ahead with your community's response and strategy to address homelessness, remember that significant changes usually do not happen overnight, but rather through the step-by-step progress that your community takes as it learns and grows together. Over time, your efforts will form the essential building blocks of larger, lasting improvements to homeless services and the overall system of care in your community.

Use this workbook as a tool and resource to guide your journey as you form and implement your community's unique approach to addressing homelessness. By going through the process outlined in the preceding pages, it is hoped that your community will come away with ideas and actions that are locally-driven, practical, sustainable and make a visible impact in improving the lives of homeless people, through housing, services and enhancing the overall well-being of the broader communities in which we live.



Worksheets Attachments & Appendices 10~



WORKSHEET 1 — Understanding Your Community

I Define my Community as?

WORKSHEET 1 - UNDERSTANDING YOUR COMMUNITY

My community is governed in the following way(s):

The population in my community looks like:

WORKSHEET 1 — Understanding Your Community

The economic landscape and	
major industries in my	
community are:	

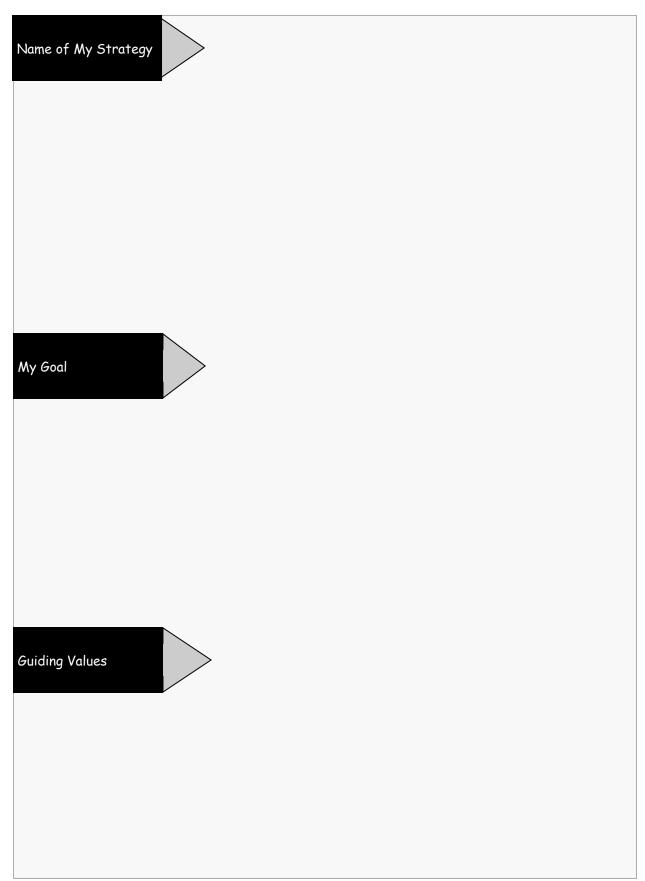
WORKSHEET 1 - UNDERSTANDING YOUR COMMUNITY

Other important aspects about my community are:

WORKSHEET 1 — Understanding Your Community

The economic landscape and	
major industries in my	
community are:	

What has already	y been done?	
Initiative/ Approach	Lead Entity	Description



Column C Gap(s)	
Column B Current Data	
Column A Need	

WORKSHEET 4 — Assessment: Needs, Resources and Gaps

®PATH Partners 2009

THE COMMUNITY WORKBOOK

ł	20
-	=ĭ
e	
- 5	2
Ľ	
F	2
ï	
	D
5	-
ł	2
1	6
1	D
5	2
5	2
5	1
Ц	0
1	
Г	
F	-
E	
E	-
Ś	2
\geq	4
101	2
C	C
5	5

5

5. Methodology for Funding Allocation	
4. Legislation	
3. Amount	
2. Administering entity	
1. Name of source	

®PATH Partners 2009

THE COMMUNITY WORKBOOK

Major Stakeholders to Engage in My Community:

WORKSHEET 6b — Assessment: Engaging Your Community (Process of Engagement)	aging Your Community (Process of I	Engagement)	
1. What I want to know	2. Who I will ask	3. Method I will use to ask/ get information.	4. My findings / outcomes
THE COMMUNITY WORKBOOK			®PATH Partners 2009

What are the items (list of items) that I need to prioritize?

What group(s) will I ask to prioritize these items?

What are the items (list of items) that I need to prioritize?

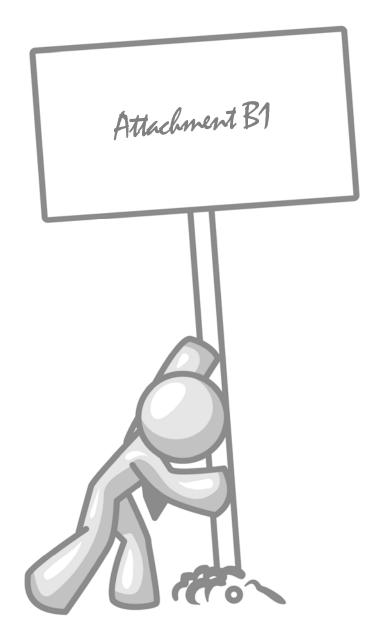
What group(s) will I ask to prioritize these items?

-
60
a
Ţ
g,
÷
S
λ
Ś
2
60
D.
0
Š
a
ă
_
õ
÷
Ð
e
S
Ś
0
2

Category	Action(s)	Benchmarks / Outputs	Impact
THE COMMUNITY WORKBOOK	VORKBOOK		®PATH Partners 2009

Worksheet 9. Executive Summa

Executive Summary



Gateway Cities Homeless Strategy Executive Summary

Background

In July 2008, the Gateway Cities Council of Governments (GCCOG), in partnership with PATH Partners and Corporation For Supportive Housing, with the support of the County of Los Angeles, launched a region-wide effort to address homelessness among the 27 cities and the County unincorporated areas in its region. The goal of the initiative, known as the **Gateway Cities Homeless Strategy**, is to develop a community-driven, practical strategy that will effectively respond to and reduce the number of homeless persons in the GCCOG region.

In the span of eight months, PATH Partners performed a broad assessment of resources in the GCCOG region, which includes obtaining an inventory of existing services and housing, identifying underserved groups and sub-regions, engaging city and community stakeholders, exploring existing funding allocations and developing community education and engagement strategies.

The findings gathered through the process have resulted in a set of "Guiding Principles" which embody the values of the Gateway Cities and express their desired goals for creating services and approaches that effectively respond to homelessness in their cities:

- Locally-driven: Solutions that are developed with local expertise, planning and oversight
- Multi-sector: Engages stakeholders from different sectors of the community
- Outcomes: Results-based efforts to address homelessness
- Partnerships: Foster creative and strategic partnerships and alliances

These principles have provided the essential framework for developing a multi-sector, regional strategy for the GCCOG, and will continue to guide cities and community stakeholders in their future planning and implementation efforts.

With guidance from the GCCOG, PATH Partners divided the Gateway cities into four Local Planning Areas (LPA's) to facilitate the presentation of data and the collection of community feedback, and to begin the community engagement process. The four LPA groups are comprised of the following cities:

- LPA 1: Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Lynwood, Maywood, South Gate, Vernon
- > LPA 2: Avalon, La Mirada, Montebello, Pico Rivera, Santa Fe Springs, Whittier
- > LPA 3: Artesia, Bellflower, Cerritos, Compton, Downey, Norwalk, Paramount
- > LPA 4: Hawaiian Gardens, Lakewood, Long Beach, Signal Hill

Multiple meetings were held with city and community stakeholders in the four groups to identify and rank the priority service and housing needs in each group. Additionally, the initiative gathered stakeholder feedback on existing homeless services, gaps, under-served regions and sub-groups, and opportunities/challenges through a community survey, key informant interviews, focus groups, and community meetings. The responses and findings from city and community stakeholders helped to inform and determine the priority areas and actions recommended in the Gateway Cities Homeless Strategy.

The Gateway Cities Homeless Strategy:

Engaging the Community and Integrating Services on the Local Level

There were two prevailing themes that city and community stakeholders voiced strongly throughout the community engagement process of this initiative, themes that were commonly expressed and passionately articulated through planning meetings, surveys, interviews and focus groups.

The first theme was that in order for local or regional efforts to succeed, **everyone has to get involved and play a part in addressing homelessness**. Further education is needed to show how each individual, community sector, and city has a vested interest and responsibility to help end homelessness, which will result in a greater quality of life for homeless persons and the overall community.

The second theme is that cities and stakeholders overwhelmingly agree that current efforts are not well coordinated and that there is a great opportunity, and a great necessity, for diverse sectors of the community to coordinate and collaborate more effectively on solutions to homelessness as well as on accessing additional resources. This coordination and collaboration should take place on multiple levels, including: cities with other cities, cities with the County, and cities with diverse sectors in their communities, including businesses, service providers, faith groups and residents.

Based on these priorities, an effective strategy for the GCCOG region needs to have very strong community engagement components which will ensure that the strategy has the necessary community "buy-in" to launch new efforts and actions, and the required support to sustain on-going programs and expansions in communities.

The strategy is comprised of recommended actions which fall into four main categories:

- LEAD actions aimed at building the necessary regional leadership to oversee the coordination, engagement, collaboration and implementation of the strategy.
- ENGAGE actions that involve various sectors of the community to foster community support and "buy-in" for strategy and efforts.
- COLLABORATE actions aimed at getting stakeholders to work together to reach common actions and goals.
- IMPLEMENT actions which describe actual programs and approaches of the strategy that will directly serve the needs of homeless people in the community.

The first three categories (LEAD, ENGAGE and COLLABORATE) provide recommended actions that will build the leadership and infrastructure required to plan, develop and successfully start up the proposed programs and services presented in the IMPLEMENTATION category of the strategy.

LEAD

- 1. **Identify a current or new regional leadership entity:** This entity will oversee the coordination, engagement, collaboration and implementation of the strategy. The entity will also represent the region in federal, state and local policy and planning efforts as well as advocate for additional funding resources to sustain the strategy's planning and implementation efforts.
- 2. **Designate a "Homeless Liaison" for each city:** Each Gateway city will assign a "Homeless Liaison" position, either a new or an existing staff person, who will be the point person for homeless planning and implementation efforts in their city. The position will be the liaison between the leadership entity and the individual cities for all issues related to services and housing for the homeless.

ENGAGE

- 3. Form a stakeholder regional homeless alliance: The alliance, consisting of stakeholders from multiple sectors of the community (including but not limited to businesses, faith groups, law enforcement, providers, city officials, housing developers, residents and homeless individuals), will assist in coordinating local efforts, developing new programs and advising the leadership entity in the planning issues.
- 4. **Implement "Connections" strategies to engage the community:** The strategy will incorporate actions to encourage strong community participation among all stakeholders in addressing homelessness. This includes local stakeholder groups to assist in planning any local homeless initiatives. Connecting stakeholders to the initiative paves the way for increased support for homeless services and housing developments.
- 5. **Develop a public education campaign:** A public education campaign will be implemented to effectively communicate what will be accomplished through the strategy and how the community will see visible, measurable outcomes in helping people transition off the streets. The campaign will also help debunk stereotypes about who homeless people are, and emphasize how addressing homelessness results in improved quality of life and safer cities for everyone.

COLLABORATE

6. Enhance government-wide collaboration: Greater governmental collaboration among the region will be established to leverage and increase public funding and resources. Partnerships will be strengthened on several levels, including: inter- and intra-departmental city partnerships, partnerships between different cities, and partnerships between Gateway cities and Los Angeles County. Some potential opportunities that may be explored for collaboration include:

a. Leverage the already committed \$1.2 million of County HPI funds to secure matching dollars from within the region.

b. Explore opportunities to secure funding from the American Recovery and Reinvestment Act of 2009 (President's Stimulus Package funds). New funds will be made available to Gateway cities in several areas, including: homeless prevention, Emergency Food and Shelter Program (EFSP) funds, Section 8, HOME funds, CSBG and neighborhood stabilization.

c. Organize and coordinate the GCCOG cities to apply for additional funding as multi-city collaborations are more competitive.

7. Implement a region-wide, multi-sector homeless collaborative event: The strategy will include an annual event that integrates services and resources across agencies and departments, including government departments, service providers, faith groups and the business community. One example of an effective event that has produced demonstrated results in several communities are "homeless connect days". The County of Los Angeles currently sponsors events that brings together hundreds of volunteers to engage homeless people and connect them to needed services all on one day. This model event has been replicated in multiple cities across the nation, and has engaged thousands of volunteers and assisted thousands of homeless individuals in connecting to essential services.

IMPLEMENT

Four implementation actions are proposed as part of the Gateway Cities Homeless Strategy, which are Homeless Prevention Services, First Responders Program, Interim Housing and Permanent Supportive Housing. These areas, although listed below as separate items with distinct goals and outcomes, are all very closely intertwined and form a mini-"homeless strategy" in a locality or region that effectively assists homeless individuals and families to move from the streets into housing and long-term independence.

Ideally, it would be recommended that each of the LPA groups of the GCCOG region would implement programs in all four areas. However, given the realities of funding limitations and varying degrees of political and community will, it is expected that local cities will determine the best approaches for their own cities. Some cities may choose to begin with implementing a First Responders Program, while other cities may start with enhancing the Interim Housing beds in their city. As cities gradually begin to build their own capacity to assist the homeless, they will be able to expand upon their existing services as more funding, political will and community will becomes available.

8. Homeless Prevention Services: There is a dramatically increasing need for homeless prevention services within the GCCOG to assist families and individuals who are on the brink of losing their houses and becoming homeless. One of the most effective approaches of alleviating the growing homelessness crisis is to prevent evictions from occurring. The overarching goals of homeless prevention services are to prevent the immediate threat of eviction and stabilize families over time to reduce the risk of homelessness. Some prevention services include: rental subsidies, utilities assistance and eviction programs.

The GCCOG region will create a minimum of 2 new homeless prevention programs over the next 12 months to provide prevention services to the homeless in the Gateway Cities. A target goal is to have a total of 4 programs formed (one in each of the four group areas of the GCCOG region), over the next 3-5 years to provide accessible prevention services to those in need. Each homeless prevention program will serve 500 unduplicated individuals annually, providing screening and assessments, prevention programs and housing assistance. 9. First Responders Program: This action will form geographic-based street outreach team(s) that serve as "first responders" and coordinate with local law enforcement, service providers, hospitals, businesses and others who have contact with homeless persons. Teams would be comprised of staff and/or volunteers, and would be multi-disciplinary, utilizing staff from existing mental health providers, substance abuse treatment providers, county agencies, and faith groups.

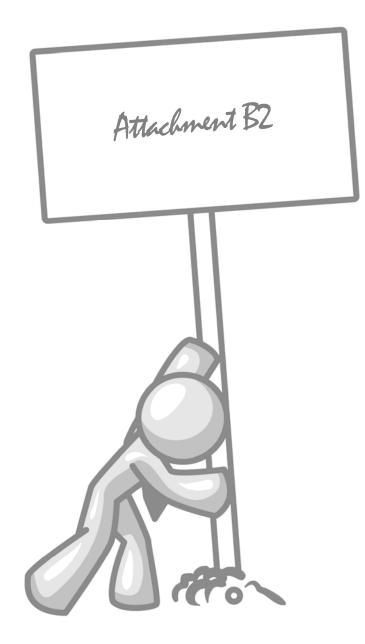
The GCCOG region will create a minimum of 2 new outreach teams over the next 12 months to provide outreach services to the Gateway Cities. A target goal is to have a total of 4 teams operating (one in each of the four group areas of the GCCOG) over the next 3-5 years to provide more accessible outreach services. Each outreach team will engage 80 new unduplicated homeless individuals and assist them in connecting to services annually.

10. **Interim Housing:** Develop a strategy to "rapidly re-house" individuals into interim (temporary) housing, with the end goal of long-term housing. This approach, will be linked to street outreach teams, and will focus on intensive housing and placement assistance at the beginning of a client's entry into interim housing, and will include linkages to housing subsidies, rental assistance programs and other supportive services. Cities/communities would place special emphasis on connecting existing interim beds and programs to street outreach, homeless prevention services, permanent supportive housing and other supportive services to ensure that homeless individuals and families access the full range of resources they need to secure and maintain long-term housing.

The GCCOG region will create a minimum of 2 new interim housing programs (30-40 beds per program) over the next 12 months to provide interim housing for the homeless. A target goal is to have a total of 4 new interim housing programs (one in each of the four group areas in the GCCOG region) over the next 3-5 years to provide housing for people in need. Each new program will serve 100 unduplicated homeless individuals annually, providing them with housing, case management and assistance in connecting to long-term housing opportunities and supportive services.

11. Permanent Supportive Housing (PSH): Create and implement a multi-year plan to increase the stock of PSH units in the GCCOG region. A proposed goal for the total GCCOG region is to invest in the creation of 665 units of PSH over the next five years (2010 to 2014). The production goal of 665 new units will <u>double</u> the number of available supportive housing units that are currently available in the region. The goal is based on an assessment of the available funding resources the GCCOG will be able to realistically access to support the creation of new PSH units. The breakdown of the 665 unit production goal over five-years includes: one 40 unit development in Year 1, 175 units of smaller PSH projects and set aside units, and 450 scattered-site leasing units.

Additionally, a plan will be developed for acquiring further rental vouchers and/or creating more subsidized housing in the region for homeless families and single adults who do not require supportive housing but do require affordable housing in order to end their homelessness as they transition out of interim housing.



Part 1. Homelessness in the Region

How Many Homeless People Are in the GCCOG Region?

PATH Partners utilized two tools in order to gauge the need for services in the region. First, to determine the perceptions on the projected number of homeless individuals residing within the GCCOG region, PATH Partners designed and distributed a survey entitled "Community Survey on Homelessness" to obtain input on the incidence and nature of homelessness in the Gateway cities. The survey was completed by City Manager's Offices and community stakeholders within the GCCOG region. Based on a survey of city officials and community stakeholders in the region, there are an estimated $5,900^{1}$ homeless persons living the Gateway cities. (More details on the survey and its findings are summarized in Part 4 of this report.) Second, data collected from the Los Angeles Homeless Services Authority 2007 Greater Los Angeles Homeless Count and the City of Long Beach 2007 Count was reviewed to estimate the number of homeless within the geographic area of the COG. An analysis of these two data sources indicates that there are an estimated 14,553 homeless people in the GCCOG region at any given time. Based on the two "point-in-time" number projections that were obtained from city & community stakeholders and LAHSA and City of Long Beach count data, it can be estimated that the actual number of homeless in the region falls somewhere between 5,900 and 14,553 individuals on any given day.

Methodology: Survey

With the guidance of GCCOG staff, PATH Partners divided the Gateway cities into four groups to facilitate the presentation of data, meeting scheduling and the collection of community feedback. The four groups will form the basis for potential future planning and coordination of local, multi-city responses to homelessness.

The four groups are comprised of the following cities:

<u>Group 1</u>: Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Lynwood, Maywood, South Gate, Vernon

Group 2: Avalon, La Mirada, Montebello, Pico Rivera, Santa Fe Springs, Whittier

Group 3: Artesia, Bellflower, Cerritos, Compton, Downey, Norwalk, Paramount

Group 4: Hawaiian Gardens, Lakewood, Long Beach, Signal Hill

Based on the community survey, the projected "point-in-time" number of homeless persons in each group is summarized below in Table 1:

¹ This number does not include projected numbers for the unincorporated Los Angeles County areas in the GCCOG, due to the small sample size of survey respondents.

 Table 1

 Survey of City & Community Stakeholders – Projected Number of Homeless

Area	City and Community Stakeholder Estimate
Group 1	900
Group 2	500
Group 3	700
Group 4 *	3,800
Unincorporated LA County	N/A
TOTAL	5,900

Methodology: Analysis of County-wide Homeless Count

In addition to the above findings, a review of existing homeless count data was compiled from the Los Angeles Homeless Services Authority (LAHSA) 2007 Greater Los Angeles Homeless Count and the City of Long Beach 2007 Homeless Count.

LAHSA and the City of Long Beach used different count methods for arriving at their estimates. The LAHSA estimates were meant to be robust at the regional level; therefore, the sub-regional and City level estimates have a greater margin of error. A disclaimer provided by LAHSA states: For the 2007 Greater Los Angeles Homeless Count, the statistical confidence level for the Los Angeles Continuum of Care (CoC) is 95% with a +/- 7.5% Margin of Error. When these data are applied to a more granular level, i.e., cities within Los Angeles County, the confidence level and potential margin of error increases, in some cases significantly. As a result, the regional and political subdivision data should be used with these limitations in mind, and are provided as a consideration to the many constituencies that make up the Los Angeles Continuum of Care.

Tables 2 and 3 summarize the estimated homeless count based on data provided by LAHSA and the City of Long Beach:

Area	Projected Homeless Count
Group 1	3,567
Group 2	2,034
Group 3	2,866
Group 4 *	318
Unincorporated LA County	1,939

 Table 2

 LAHSA 2007 Greater Los Angeles Homeless Count

 (excluding City of Long Beach)

Area	Projected Homeless Count
TOTAL	10,724

Table 3City of Long Beach 2007 Homeless Count

Area	Projected Homeless Count
City of Long Beach	3,829
TOTAL	3,829

A list of homeless count data from LAHSA, broken down by group and census tract, is provided in Appendix A.

What Are the Demographics of the Homeless People in GCCOG Region?

Currently there is no data that exists on the specific characteristics of the homeless population residing in the GCCOG region. However, LAHSA's regional analysis has collected data on the characteristics of homeless people in Los Angeles County's eight Service Planning Area (SPA) areas. Twenty-one of the 27 Gateway cities are located in SPA 7. The remaining cities not in SPA 7 are located in SPA 6 and SPA 8.

GCCOG Cities in S	PA 7	GCCOG Cities not in SPA 7
Artesia Bell Bell Gardens Bellflower Cerritos Commerce Cudahy Downey Hawaiian Gardens Huntington Park La Habra Heights La Mirada	Lakewood Maywood Montebello Norwalk Pico Rivera Santa Fe Springs Signal Hill South Gate Unincorporated LA Vernon Whittier	Avalon Compton Long Beach Lynwood Paramount

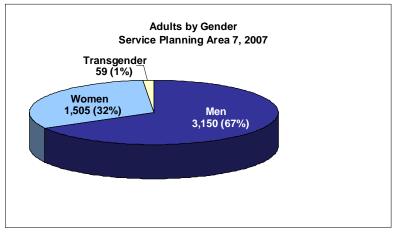
The SPA that most closely aligns with the GCCOG region is SPA 7. By looking at

SPA 7 information, the GCCOG region can formulate a better "snapshot" of the types of characteristics of homeless individuals and families residing in the area. *Keep in mind* that the information represents only a subset of cities in the GCCOG region and is meant to provide only a general sense of the demographics of the homeless in the area.

Gender

Men continue the historic trend of out-numbering women among homeless adults. Of the total homeless adult population in the SPA 7, it is estimated that 67% are male, 32% are female and 1% are transgender. It is important to note the incidence of transgender people because this has implications for program design and operations. The gender breakdown is presented in Chart 1.

Chart 1



Age

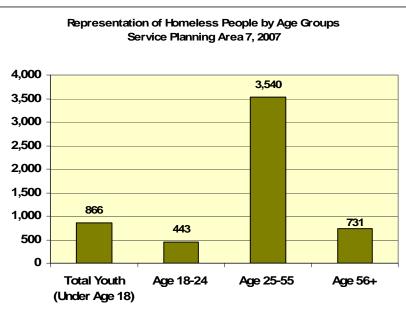
The age distribution found in 2007 reveals several areas to consider:

- The number of youth under the age of 18: these are predominantly children in families. Unaccompanied youth under the age of 18 are relatively rare in the area.
- Youth age 18 24: The data does not indicate how many people in this age group are parents, which is another potential area for targeted services (young parents).
- The bulk of the homeless are between the ages of 25 and 55, usually a time of potentially stronger wage earnings. However, as the special needs tables indicate, employment programs need to be complemented with efforts to link people with disabilities to appropriate entitlement programs.
- As Shelter Partnership, a Los Angeles-based research agency, has indicated in a countywide study,² an aging homeless population, accompanied by increasing numbers of older residents falling into homelessness, will challenge homeless providers to address housing as well as increasing acute health needs.

(continued on next page

²Shelter Partnership, Inc., Homeless Older Adults Strategic Plan.

Age distribution of homeless individuals in SPA 7 is summarized in Chart 2:





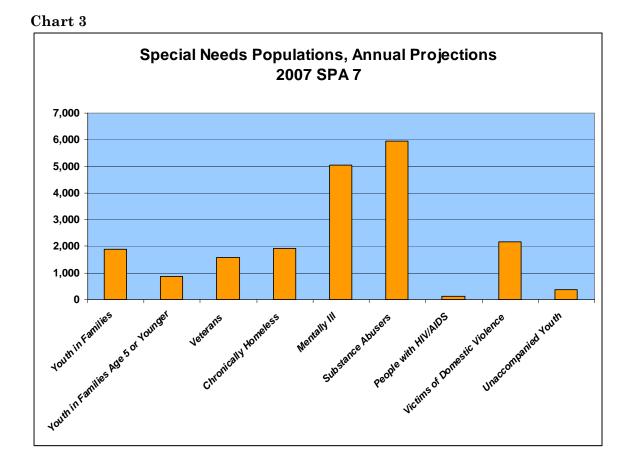
Special Needs Populations

Every person who is homeless and seeks services has a unique set of circumstances that must be addressed. This is why specialized case management services are important to the success of programs helping people transition out of homelessness. However, there are categories of need that can be addressed through very specific program and housing design. They call for specific partnerships between community-based providers and larger-scale government agencies.

Chart 3 shows the prevalence of certain special needs characteristics for the homeless in SPA 7. *Keep in mind that this chart represents only a subset of cities in the GCCOG region and that the information presented in Chart 3 is meant to provide only a general sense of the distribution of these subpopulations in the area.* Additionally, the chart shows annual projections.³ Please note that these are not mutually exclusive categories. So, for example, a veteran could also have a substance abuse problem and an addiction. That person would show up in all three categories.

(continued on next page)

³ Annual projections are shown because they capture the amount of turnover in subpopulations and are better way to gauge future need for services and housing. Research has shown that subpopulations such as families, have a higher turnover rate than chronically homeless people. That is, families tend to get in and out of homelessness at a faster rate than disabled single people who have a long history of homelessness.



Youth in Families and Children Five Years and Younger

Families face numerous challenges, especially finding child care for their younger children and sustaining continuity in their school-age children's education. Prevalence of this population points to needs in:

- Prioritization of children's services in homeless programs that target families
- Child care subsidies and placement
- Education advocacy; communication with school districts and school personnel
- Health advocacy for children
- Mental health services for children
- Legal advocacy for parents regarding custody
- Benefits advocacy

Efforts to address the needs of homeless children can and should be supported with data and policy recommendations from the Children's Planning Council.

Veterans

With increasing numbers of veterans returning from combat, the COG may need to consider more specialized research into the changing demographics of homeless veterans in the area, particularly whether veterans in families are becoming homeless.

The incidence of veterans in the region raises the potential need for:

- Veteran-specific outreach, ideally using peers
- Peer counseling
- Veterans benefits advocacy
- Housing for singles

The Veterans Administration and longstanding homeless veteran programs in the Gateway Cities COG region can provide additional information about the needs and services available to homeless veterans.

Chronically Homeless

Chronic homelessness is defined by the U.S. Department of Housing and Urban Development as being unaccompanied individuals with a disability who have been continuously homeless for a year or longer or repeatedly homeless, a minimum of four times in three years. Owing to their significant costs to service and impact on local services, the federal government has prioritized services, housing and strategies to move chronically homeless people from the streets into housing.

Chronically homeless people require an array of housing and services that need to be carefully orchestrated to ensure they do not fall back into homelessness. Successful interventions use multidisciplinary teams to support the common goal of moving the person off the streets and into appropriate housing. Planning implications for this population include:

- Outreach Strategies
- Engagement of court system, legal services, law enforcement and first responders, mental health care system, health care and benefits advocates.
- Strong coordination of a service plan and unified agreement about the division of labor and responsibilities
- Access to housing subsidies and a range of housing types, depending on client need

Models for addressing this population can be found throughout Los Angeles County. *The Community Model*, documents the successful approach developed by Lamp Community.

Mental Illness

Included in this category are: people who reported experiencing mental illness at the time they were surveyed, people who stated that they were experiencing depression and those who stated they were experiencing post-traumatic stress disorder (PTSD).

A Los Angeles continuum-wide survey conducted as part of the 2007 Homeless Count also found that only 19% of those persons indicating a mental illness were currently receiving mental health services. Twenty-nine percent of the persons who indicated having PTSD reported receiving treatment. Considerations for planning and serving people with mental illness include:

- Coordinating planning with the Mental Health Services Act
- Ensuring linkages to mental health services

- Case managers trained and/or experienced in working with people with mental illness
- Access to housing subsidies and other types of housing programs to support independent living
- Mechanisms for ensuring long-term association with a service provider (a clinical or service "home")
- Co-occurring substance abuse or addiction among people who attempt to control their symptoms with illegal drugs and alcohol.

Substance Abuse

Addiction and substance abuse continue to be a serious challenge for homeless people. One of the significant barriers in assisting people in this category is that some individuals may not agree that they need treatment, which further complicates efforts to assist this population.

Substance abuse raises immediate issues in terms of the economic, social, health and legal costs of abuse. As noted above, treatment of addiction is further complicating by cooccurring mental illness. Planning for homeless people with a substance abuse problem needs to take into account:

- Availability and access to treatment
- Housing programs that support recovery
- Policies and programs that address the criminal history of addicts
- Employment services
- Marital counseling and family reunification assistance
- Legal advocacy

People with HIV/AIDS

Improvements to medications and the increasing numbers of people with HIV/AIDS living longer and healthier lives might explain the low number of people. However, because this is self-reporting, the number may belie the true incidence of the disease. People who wish to protect their status will not acknowledge their disease, and people who have the virus but have not been tested would not be included in this figure. Considerations for planning for this population include:

- Coordinating planning with HOWPA (Housing Opportunities for People with AIDS)
- Office of AIDS Programs and Planning guidelines for service delivery and planning
- Access to appropriate medical care and prescription drugs
- Regional access to HOPWA funds for housing programs

Victims of Domestic Violence

Domestic violence continues to be a contributing factor to homelessness in the region. Some of the special considerations needed in assisting this population include:

- Trauma Counseling
- Legal Assistance
- Confidential locations
- Long term counseling and case management
- Employment counseling and education tailored to women with a history of social isolation
- Parenting assistance
- Child counseling

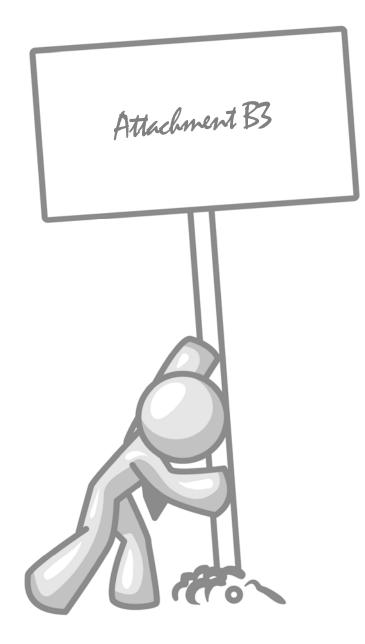
Unaccompanied Youth

While Hollywood is nationally recognized as a magnet for homeless and runaway youth, an increasing number of unaccompanied youth are found throughout Los Angeles County. In SPA 7, the number of homeless youth is growing, which includes emancipated foster youth, runaways and young adults, under the age of 24 years.

Los Angeles County has invested deeply in targeting foster youth for prevention services, including transitional housing services and individualized plans. However, as these numbers show, there is a continuing need for interventions. Issues to consider in serving youth:

- Education and employment services
- Mental health care
- Substance abuse recovery services
- Specialized housing models
- Legal services and advocacy, including emancipation services
- For youth who are parents, parenting education
- Family reunification services

Additional research and data is needed to further determine the specific demographics and unique services needs of the homeless individuals and families in the GCCOG region. Through the presentation of the homeless count estimates and demographics of the homeless population, an initial groundwork has been provided for the GCCOG to continue the discussion for future studies and planning to address homelessness in the region.



Part 2. Services and Housing for Homeless People in the Gateway Cities Council of Governments (GCCOG) Region

Introduction

The good news about housing and services in the Gateway Cities region is that the infrastructure already exists. There are outreach teams, medical detoxification programs, emergency, transitional and permanent housing programs at work in the region. As might be expected, there is a greater concentration of programs in Long Beach, which manages a Continuum of Care system distinct from LAHSA. However, throughout the area there are programs with a strong history of work on behalf of the homeless.

The questions regarding this region's existing system are:

- Are these programs able and prepared to meet the needs over the next five to ten years?
- Are they stably funded, or operating on the verge of closure?
- Are these programs broadly supported by the community, or do they need help getting the word out to potential supporters?
- Have these agencies done their own strategic planning and if so, what conclusions have they drawn from the process?
- Do the services these programs provide and outcomes obtained meet the needs and expectations of the broader community for performance?
- Are there changes in the configuration or operation of these programs to better meet the needs of homeless people?
- Are these programs located in places that make sense for dealing with the problem or are there geographic "deserts" where need is high and services are non-existent?

Per the original RFP dated August 2007, the GCCOG requested that an inventory be conducted of existing services in the following categories:

- Street Outreach and Emergency Response Services
- Multi-Service Centers
- Substance Abuse Treatment and/or Outpatient Services
- Community Education
- Emergency Housing/Winter Shelter
- Transitional Housing
- Permanent Housing with Services/Affordable Housing

A summary of programs provided in the GCCOG region for each category is as follows:

Street Outreach and Emergency Response Services

Five (5) providers indicated that they provide outreach services to homeless people. This includes teams targeting specific populations, including people with mental illness or substance abuse problems and youth. Table A provides a detailed listing of providers and

Street Outreach / Emergency Response					
Organization	Program Name	City	Data Source	Services Offered	
Calvary Chapel		La Mirada	LAHSA		
Department of Health and Human Services		Long Beach	CoC	Rental assistance, mobile clinic, law enforcement, case management, alcohol and drug abuse services, health care, HIV/AIDS services, employment, transportation	
Mental Health America	Homeless Assistance (S+C)	Long Beach	CoC/CSH	Drop-in center, mental illness assistance, substance abuse counseling, motel vouchers, Rent Plus, Shelter Plus Care	
Stand Up For Kids		Long Beach	CoC	Educational programs, counseling, services and job referrals, case management	
Tarzana Treatment Center		Long Beach	CoC	Outpatient services, mental health services, teen and young adult services, women's services, HIV services, legal advocacy, domestic violence intervention	
Total Number of Programs			5		

Table A.

Multi-Service Centers

Five (5) multi-service centers were identified in the inventory. Multi-service centers have more than one organization offering a range of services and programs for homeless people at a single site. This increases the likelihood of homeless people being able to access and utilize services in an efficient manner. Too often referrals from one site to another become too great of a burden. Multi-service centers make access easier by having on-site services, such as mental health care, food vouchers, legal assistance, and benefits advocacy.

Table B lists the multi-service center programs in the GCCOG region.

Multi-Service Centers				
Organization	Program Name	City	Data Source	Services Offered
City of Norwalk Social Services		Norwalk	Online	The agency provides counseling services, emergency food, financial assistance, health services, legal services and nutrition programs for people who live in Norwalk.
City of Santa Fe Springs – Family and Human Services Division	City of Santa Fe Springs Family & Human Services Neighborhood Center	Santa Fe Springs	City of Santa Fe Springs	The agency provides emergency food, holiday assistance, legal services and services for older adults for Santa Fe Springs residents and people who live in unincorporated areas of Whittier.

City of Long Beach – Health and Human Service	Multi-Service Center	Long Beach	Online	Food, clothing, services, housing
The Salvation Army	Bell Shelter	Bell	Online LAHSA CoC City of Downey Norwalk Commerce Montebello	Vocational assistance, substance abuse rehabilitation, case management, counseling, on- site health care & medical referrals, ESL classes, HIV/AIDS education, 12-step substance abuse recovery program, computer training, job training and referrals and life
Whittier Area First Day Coalition		Whittier	City of Whittier	Transitional housing, health and wellness services, other supportive services
Total Number of Programs				5

Substance Abuse Treatment and/or Outpatient Services

Twenty (20) programs offering substance abuse treatment and/or outpatient services were identified in this inventory process. Table C shows programs by city and areas of specialization.

Table C.

	Substance Abuse Treatment and/or Outpatient Services				
Organization	Program Name	City	Data Source	Services Offered	
The Guidance Center		Avalon	Online	Mental health services to children, teens, and families of the greater Long Beach/Harbor region. Offers complete continuum of care for outpatient mental health needs in both English/ Spanish.	
The Salvation Army	Bell Shelter	Bell	Online, LAHSA, CoC Cities of Downey, Norwalk, Commerce, Montebello	Vocational assistance, substance abuse rehabilitation, case management, counseling, health care & medical referrals, HIV/AIDS education, 12-step substance abuse recovery, computer training, job training	
Family Services of Long Beach		Bellflower		Substance abuse treatment	
Get Off Drugs		Compton	Online	Substance abuse treatment, detoxification, residential treatment	
Positive Steps	Women's Residential	Downey	211 City of Whittier	HIV/AIDS services, residential treatment for substance abuse, substance abuse services and youth services	
SCADP Drug Court		Downey	211	HIV/AIDS services, residential treatment for substance abuse, substance abuse services and youth services	
Hawaiian Gardens Medical	Mental Health Services	Hawaiian Gardens	Online	Substance abuse treatment, detoxification	
American Indian Changing Spirits		Long Beach	CoC	Counseling/advocacy, case management, life skills, alcohol and drug abuse assistance, healthcare, education, transportation	
Care Clinic		Long Beach		HIV/AIDS and hospital services	
Flossie Lewis Recovery Center	Transitional Living Program	Long Beach	CoC		
La Casa Psychiatric Facility		Long Beach	Online	Mental health services, substance abuse treatment	
Redgate Memorial Recovery Center		Long Beach	CoC	Substance abuse services	
Substance Abuse Foundation		Long Beach	CoC	Substance abuse counseling, treatment planning, case management, vocational/rehabilitation services, education, family services, HIV/AIDS services	

Substance Abuse Treatment and/or Outpatient Services				
Organization	Program Name	City	Data Source	Services Offered
Tarzana Treatment Center		Long Beach	CoC	Outpatient services, mental health services, teen and young adult services, women's services, HIV services, legal advocacy, domestic violence intervention
United States Veterans Initiative		Long Beach	CoC	Substance abuse treatment, Detoxification, Halfway house
West County Medical Clinic	Substance Abuse Program	Long Beach	Online	Substance abuse treatment, Detoxification
Lynwood Community Based Outpatient Clinic		Lynwood		Hospital services, inpatient treatment for substance abuse, mental health services and substance abuse for veterans
Tavarua Health Services		Pico Rivera		Drug abuse services, health services and HIV/AIDS services for people in unincorporated East Los Angeles and the San Gabriel Valley.
SCADP - Positive Steps HIV Services		Santa Fe Springs		Domestic violence services targeted to TANF recipients, HIV/AIDS services, residential services.
Southern California Alcohol & Drug Programs, Inc.	Foley House	Whittier	LAHSA	Needs assessment, counseling, substance abuse/HIV/STD/parenting education, life skills, case management for women with children
Total Number of	Total Number of Programs			20

Community Education

Ten (10) providers indicated that they provide community education services to homeless and at risk people. These education programs include, but are not limited to tenant education, health education, legal services and advocacy, and resource and referral information. Table D provides a listing of providers and programs offering community education.

Community Education Programs						
Organization	Services Offered	Data Source	City			
Fair Housing Foundation	Educate tenants, home-seekers, and housing professionals	Online	Long Beach			
Friends Outside	Case management, referrals to services, food, hygiene items, transportation, and counseling for families and ex-inmates	Online	Long Beach			
Legal Aid Foundation	Advocacy, housing services, immigration assistance, legal assistance and welfare-to- work support services	CoC	Long Beach			
Multi-service Center	Food, clothing, services, housing	Online	Long Beach			
Rebuilding Together	Affordable housing for elderly, veterans, low- income homeowners	Online	Long Beach			
South Coast Interfaith Council	Coalition mobilizing faith groups	Online	Long Beach			
Southern California Alcohol and Drug Programs, Inc		LAHSA	Compton			
Tarzana Treatment Center	Outpatient services, mental health services, teen and young adult services, women's services, HIV services, legal advocacy, domestic violence intervention	CoC	Long Beach			
The Salvation Army	Vocational assistance, substance abuse rehabilitation, case management,	Online, LAHSA CoC, City of Downey,	Bell			

	counseling, on-site health care & medical referrals, ESL classes, HIV/AIDS education, 12-step substance abuse recovery program, computer training, job training and referrals and life	Norwalk Commerce, Montebello	
United Way of Greater Los Angeles		Online	Long Beach
Total Number of Programs		10	

RESIDENTIAL PROGRAMS

When all possible supports have been exhausted, a family or individual who becomes homeless needs a place to stay. Having a base is essential for any other pursuits, be it attending to a health problem, mental illness or obtaining a new job. Residential programs loosely fall into three categories: emergency, transitional and permanent housing. Apart from their differences in how long a person can stay, there can be wide variations in how the programs are operated, the criteria for entrance, rules for staying and services provided while the person stays there.

Emergency Housing

Emergency housing provides respite assistance and helps prepare homeless clients to move on to transitional or permanent housing. Most emergency housing programs have short term time limits, ranging from sixty days to six months. Some emergency housing programs may charge clients a fee; most emergency housing programs, including those that receive public funding, do not. Emergency housing programs vary in the level of services offered and in the types of rules that apply to clients. Victims of domestic violence are sheltered in confidential locations.

There are 723 emergency beds in the GCCOG region, including:

- 467 beds for adults, of which 70 are reserved for chronically homeless people
- 256 beds for families with children (52 of which are for victims of domestic violence)

Table E provides a detailed list of emergency bed programs for adults, families and youth.

	Emergency Housing Programs in the Gateway Cities Region					
Organization	Program Name	Adults	Families	Youth (18-24)	Data Source	City
1736 Family Crisis Center			10		CoC	Long Beach
Angel Step Inn		16			211	Downey
Battered Women	Women and Children's Crisis Center		31		City of Whittier	Whittier
Catholic Charities of Los Angeles, Inc.	Elizabeth Ann Seton Residence		44		LAHSA	Long Beach
Catholic Charities/Communit y Services	Project ACHIEVE Long Beach	59			CoC/City of Pico Rivera	Long Beach

Table E.

Emergency Housing Programs in the Gateway Cities Region						
Organization	Program Name	Adults	Families	Youth (18-24)	Data Source	City
Compton Welfare Rights Organization, Inc.			18		LAHSA/City of Lynwood	Compton
His Nesting Place			22		CoC	Long Beach
Hospitality House						Whittier
Long Beach Rescue Mission	Lydia House		40		SP/CoC	Long Beach
Long Beach Rescue Mission	Samaritan House	120			SP/CoC	Long Beach
Missionaries of Charity	Queen of Peace Home		15		LAHSA	Lynwood
Salvation Army Southeast Communities	Family Services Program				211 City of Downey Huntington Park	Huntington Park
Southern California Alcohol & Drug Program	Baby Step Inn		24		CoC	Long Beach
Su Casa			22		CoC	Long Beach
Substance Abuse Foundation		92			CoC	Long Beach
The Salvation Army	Family Services Program	70			211/City of Downey/Huntington Park	Huntington Park
The Salvation Army	Bell Shelter	40			Online, LAHSA CoC, City of Downey, Norwalk Commerce, Montebello	Bell
The Salvation Army	Bell Shelter	70			CoC	Bell
Women Shelter of Long Beach			30		CoC	Long Beach
TOTALS		467	256	0		

Transitional Housing

Transitional housing is designed to assist families and individuals who need more time to develop independent living skills. Federal funding for transitional housing programs limits lengths of stay to two years. Programs that are publicly funded are permitted to charge clients a rent, based on a portion of the household income. The transitional housing units may be in single buildings or in "scattered" programs, where the program will master lease apartments in the community and sublet them to their clients. Transitional housing programs provide housing and services for six to twenty-four months with the goal of moving clients to independence in permanent housing within that period of time.

There are 1,821 transitional beds in the GCCOG region, including beds for:

- 1,149 Adults
- 528 Families
- 144 Youth

Table F on the following page provides a detailed list of transitional beds for adults,

families and youth.

Table F.

Transitional Housing Beds in the Gateway Cities COG						
Organization	Program Name	Adults	Families	Youth (18-24)	Data Source	City
The Salvation Army	Bell Shelter	54			CoC	Bell
The Salvation Army	Bell Shelter	96			CoC	Bell
SCADP – Casa Libre			15		211	Bell Gardens
A Community of Friends	Step Out			20	LAHSA	Compton (Los Angeles Unincorp.)
Another Chance Outreach Ministry	Lem's Home	12			SP/LAHSA	Compton
Another Chance Outreach Ministry	Transitional Shelter	6			LAHSA	Compton
Shields for Families, Inc.	Keith Village	32			LAHSA	Compton
Shields for Families, Inc.	Naomi Village		62		LAHSA	Compton
Truevine Community Outreach, Inc.	Operation Restore	6			LAHSA	Compton
U.S. Vets - Compton		80			Online	Compton
1736 Family Crisis Center			54		CoC	Long Beach
Amends Center		30			CoC	Long Beach
American Indian Changing Spirits		18			CoC	Long Beach
Atlantic Recovery Services				16	CoC	Long Beach
Christian Outreach in Action (COA)		6			CoC	Long Beach
Flossie Lewis Recovery Center	New Life House		6		CoC	Long Beach
Flossie Lewis Recovery Center	Transitional Living Program	12			CoC	Long Beach
Interval House			36		CoC	Long Beach
New Image	Cerritos Housing		6		CoC	Long Beach
New Image	Project Stepping Stone		46		CoC	Long Beach
New Life Beginnings	Life Beginnings Maternity		20		CoC	Long Beach
Project New Hope	Padua House Transitional Housing	11			CoC/LAHSA	Long Beach
Redgate Memorial Recovery Center		60			CoC	Long Beach
Salvation Army Family Services	Adult Rehabilitation Center	92			CoC	Long Beach
Salvation Army Family Services	Beach Haven Lodge	40			CoC	Long Beach
Southern California Alcohol & Drug Program	Long Beach Residential Services	6			LAHSA	Long Beach
Southern California Alcohol & Drug Program	Positive Steps Mens Transitional Housing	6			LAHSA	Long Beach
U.S. Veterans Initiative, Inc.	Long Beach Savannah	185			CoC / U.S. Vets	Long Beach
U.S. Veterans	Veterans Villages	34				

Transitional Housing Beds in the Gateway Cities COG						
	Program		g	Youth		
Organization	Name	Adults	Families	(18-24)	Data Source	City
Initiative, Inc.	Recovery Center				CoC / U.S. Vets	Long Beach
U.S. Veterans	Veterans In	70				
Initiative, Inc.	Progress (VIP)	70			CoC / U.S. Vets	Long Beach
U.S. Veterans	ADVANCE	25				
Initiative, Inc.	Women's Program	35			CoC / U.S. Vets	Long Beach
U.S. Veterans	Recently Separated	12				
Initiative, Inc.	Vets Program	12			CoC / U.S. Vets	Long Beach
U.S. Veterans	Social Independent	32				
Initiative, Inc.	Living Skills	52			CoC / U.S. Vets	Long Beach
Midvalley Rehabilitation Center	Casa de Milagros	11			LAHSA	Los Angeles Unincorp.
St. Francis Medical					Online/City of	
Center	Casa Esperanza		15		Lynwood/LAHSA	Lynwood
Homes for Life	Cedar Street					Norwalk (Los Angeles
Foundation	Homes	38			LAHSA/CSH	Unincorp.)
					LAHSA	
Rio Hondo Temporary			02		City of	Norwalk
Home				DowneyNorwalk	INDEWAIK	
					Pico Rivera	
Southern California						
Alcohol and Drug	Cider House	50			Online/LAHSA	Norwalk
Programs, Inc						
Los Angeles Mission	Garden Gate	10			LAHSA	Pico Rivera
5	Transitional Living	-			-	
Los Angeles Centers	Afternara Draiaat	20			LAHSA	Conto Fo Coringo
for Alcohol and Drug Abuse	Aftercare Project	30			City of Norwalk	Santa Fe Springs
Phoenix House of	Phoenix House -				-	
California	Santa Fe Springs		70		LAHSA	Santa Fe Springs
California					LAHSA	
	Santa Fe Springs				Cities of Norwalk	
The Salvation Army	Transitional Living		116		Whittier	Santa Fe Springs
	Center Whittier				Pico Rivera	
Hospitality House		30			City of Whittier	Whittier
	Pathways to					Whittion (Unincomposed -
United Friends of the	Independence -			36	LAHSA	Whittier (Unincorporated
Children	Coteau I					Whittier)
United Friends of the	Pathways to					Whittier (Unincorporated
Children	Independence -			72	LAHSA	Whittier)
Grindron	Ruoff					••••••••••••
					LAHSA	
Whittier Area First		45			Cities of Santa Fe	10/l=141 =
Day Coalition		45			Springs	Whittier
-					Whittier Pico Rivera	
TOTALS		1,149	528	144		

Permanent Supportive Housing

Permanent supportive housing is affordable housing in which services are provided to assist residents in achieving and maintaining housing stability. Supportive housing targets individuals or families who are homeless. Residents of such housing ideally pay no more than 30% of their income towards rent and sign standard lease agreements with no limits on the length of tenancy. Permanent supportive housing is a nationally recognized best practice and a critical tool to ending homelessness.

Permanent supportive housing may consist of a variety of housing models that blend into the existing fabric of a community. The housing setting will vary dramatically and be based on a range of factors including the tenant's preference, the type of housing stock available, and the norms and history of a local community's real estate market. However, the most common supportive housing models include:

- Apartment or single-room occupancy (SRO) buildings, townhouses, or single-family homes that exclusively house formerly homeless individuals and/or families;
- Apartment buildings or townhouses that mix special-needs housing with general affordable housing;
- Rent-subsidized apartments leased in the open market; and
- Long-term set-asides of units within privately owned buildings.

The two most prominent programs providing funding for permanent supportive housing are the Supportive Housing Program (SHP) and Shelter Plus Care (S+C) program, both of which are federal programs administered by the U.S. Department of Housing and Urban Development (HUD). The programs provide funds to non-profit agencies or local jurisdictions for the provision of services and rental assistance to individuals and families who are homeless and disabled. Eligible disabilities include a serious mental illness, chronic substance abuse, and AIDS and related diseases. Shelter Plus Care grantees must match the rental assistance with an equal value of supportive services. Shelter Plus Care participants pay 30% of their income towards rent.

Methodology

In order to identify the permanent supportive housing available within the Gateway Cities region, we (specifically, Corporation For Supportive Housing) contacted Planning Analysts at the Los Angeles Homeless Services Authority and the Homeless Coordinator at the City of Long Beach to obtain information on housing projects in the region. We also culled information from 2007 Continuum of Care applications for the Los Angeles region and the City of Long Beach. In addition, we contacted the Los Angeles County Community Development Commission's (CDC) Special Needs Housing unit to obtain information on permanent supportive housing as well as the Housing Authority of the County of Los Angeles to obtain information on Shelter Plus Care units in the Gateway Cities region. Furthermore, we spoke with representatives from some of the agencies operating permanent housing projects within the Gateway region in order to receive program specific information.

Permanent Supportive Housing Inventory

The Gateway Cities region has 677 units of permanent supportive housing.

Of the total, there are six permanent supportive housing projects providing 315 units utilizing a project specific model within the Gateway region. Three of the projects, totaling 249 units, are located in Long Beach and are operated by the Mental Health America, , PATH Ventures, and US Veterans Initiative. Two of the projects, totaling 42 units, are located in Norwalk and are operated by Homes for Life Foundation. One project, totaling 24 units, is located in Compton and operated by A Community of Friends.

Additionally, eight agencies (A Community of Friends, Asian Pacific Counseling and Treatment Center, Mental Health America, New Directions, Inc., Pacific Clinics, SHARP, Southern California Alcohol and Drug Program, and The Serra Project), the Los Angeles Department of Mental Health and the Long Beach Housing Authority provide a total of 362 scattered site units. These rent-subsidized apartment units are located throughout the Gateway region in nineteen of the member cities as well as in County unincorporated areas.

Populations Served

Each of the permanent supportive housing programs has a specific population that they primarily serve. Though not mutually exclusive, the units located within the GCCOG region include 208 units for persons with mental illness, 206 units for veterans, 111 units for persons dealing with substance abuse, 70 units for families, 49 units for chronically homeless individuals, and 33 units for persons living with HIV/AIDS.

The following is a chart listing all of the permanent supportive housing programs within the Gateway Cities region.

Permanent Supportive Housing in the Gateway Cities COG						
Agency	Program	City	Units	Population		
A Community of Friends	Willow Apartments	Compton (Los Angeles Unincorp.)	24	Persons w/ Mental Illness		
A Community of Friends	Shelter Plus Care (HACoLA)	Multiple	12	Substance Abuse / Mental Health		
Asian Pacific Cnslg & Treatment Center	Shelter Plus Care (HACoLA)	Multiple	5	Persons w/ Mental Illness		
Dept. of Mental Health	Shelter Plus Care (HACoLA)	Multiple	78	Persons w/ Mental Illness		
Homes for Life Foundation	Birch Grove / Elm Street Homes	Los Angeles Unincorp.	34	Persons w/ Mental Illness		
Homes for Life Foundation	Harvest House	Norwalk	8	Persons w/ Mental Illness		
Long Beach Housing Authority	Section 8 Vouchers	Long Beach	30	Families		
Mental Health America	Shelter Plus Care (Long Beach)	Long Beach	37	Persons w/ Mental Illness		
Mental Health America	Shelter Plus Care (Long Beach)	Long Beach	9	Persons w/ Mental Illness		
Mental Health America	Safe Haven / Chronic Homeless Housing	Long Beach	49	Chronically Homeless		
New Directions, Inc.	Shelter Plus Care (HACoLA)	Multiple	6	Veterans / Substance Abuse		
Pacific Clinics	Shelter Plus Care (HACoLA)	Multiple	13	Persons w/ Mental Illness		
PATH Ventures	Family Commons	Long Beach	40	Families		
SCHARP/Oasis	Shelter Plus Care (HACoLA)	Multiple	5	Substance Abuse / Mental Health		
So. Calif Alc. & Drug Pr	Shelter Plus Care (HACoLA)	Multiple	94	Substance Abuse / HIV/AIDS		
The Serra Project	CHOISS Program	Multiple	33	Persons w/ HIV/AIDS		
US Veterans Initiative	Cabrillo Plaza	Long Beach	200	Veterans		
		Total	677			

Table G.

Permanent Supportive Housing Locations

The permanent supportive housing units are spread throughout the Gateway Cities region, located in nineteen of the member cities as well as in County unincorporated areas. More than half of the units, however, are located in the City of Long Beach. In addition, the vast majority of the project specific units are also located within the City of Long Beach.

Table H on the following page presents the same data of a total of 677 units in the GCCOG, broken down by jurisdiction and type of permanent supportive housing.

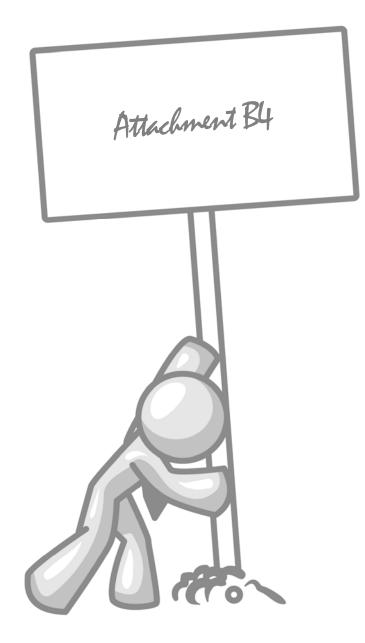
	Permanent Sup	portive H	ousing by Subregion in Gateway Cities COG
Group	City	Units	Туре
	Bell	5	Scattered Site Leased Units
	Bell Gardens	3	Scattered Site Leased Units
	City of Commerce	1	Scattered Site Leased Units
	Cudahy	9	Scattered Site Leased Units
1	Huntington Park	13	Scattered Site Leased Units
	Lynwood	31	Scattered Site Leased Units
	Maywood	2	Scattered Site Leased Units
	South Gate	1	Scattered Site Leased Units
	1 Total	65	
	Montebello	9	Scattered Site Leased Units
2	Santa Fe Springs	4	Scattered Site Leased Units
Ζ	Whittier	59	Scattered Site Leased Units
	2 Total	72	
	Bellflower	26	Scattered Site Leased Units
	Compton	26	24 Project Specific Unit / 2 Scattered Site Leased Units
3	Downey	37	Scattered Site Leased Units
5	Norwalk	44	42 Project Specific Units / 2 Scattered Site Leased Units
	Paramount	11	Scattered Site Leased Units
	3 Total	144	
	Lakewood	3	Scattered Site Leased Units
_	Long Beach	375	249 Project Specific Units / 126 Scattered Site Leased Units
4	Signal Hill	1	Scattered Site Leased Units
	Co. Unincorporated	17	Scattered Site Leased Units
	4 Total	396	
Grand To	tal	677	

Table H.

Data Sources

Keeping track of the many programs, services and housing units is a daunting task since programs change frequently. For this report, the following sources were utilized:

- **211/Healthy City:** an information portal that offers unprecedented access to the largest database of community resources, demographic/health data, and cutting edge GIS mapping technology.
- **City Manager's Offices:** Contact information on service providers assisting homeless individuals and families was collected from the individual Gateway cities in the GCCOG region. A total of 20 out of the 27 cities provided provider information that was included in the service assessment.
- **Directory of Social Services for the Whittier Area:** This resource was compiled by the City of Whittier Social Services Commission and contains a directory of social services for the Whittier area.
- Long Beach Continuum of Care Services and Housing Inventory, City of Long Beach Department of Health and Human Services: This includes all homeless housing and service programs in the City of Long Beach.
- Los Angeles Homeless Services Authority 2007 Inventory of Beds and Services: This includes all housing and homeless programs in the Los Angeles Continuum Care (all of Los Angeles County, except Pasadena, Glendale & Long Beach).
- **Provision of Services Resource Directory:** Los Angeles County Emergency Food and Shelter Program
- **The Rainbow Resource Directory**: This resource is published annually and contains social services throughout the County of Los Angeles.
- The Shelter Partnership 2006 Short-Term Housing Directory



Part 3. Funding for Homeless Services and Housing in the Gateway Cities Council of Governments (GCCOG) Region

To assess the level of local and pass-through funding for programs serving homeless people in the GCCOG region, PATH Partners gathered information from multiple funding sources and from City Managers' Offices of the GCCOG through the "Gateway Cities COG 2008 Homeless Services & Housing Funding Survey." Research was conducted on the following funding sources to determine the level of FY 2007-2008 funding allocated to projects in the GCCOG region:

Local Funds

- General Funds
- Redevelopment Agency funding
- County Homeless Prevention Initiative (HPI)

State Sources

• Emergency Housing Assistance Program (EHAP)

Federal Source

- Community Development Block Grant (CDBG)
- Emergency Food and Shelter Program (EFSP)
- U.S. Department of Housing and Urban Development (HUD) HOME Funds
- HUD Section 8
- HUD Supportive Housing Program (SHP)
- HUD Emergency Housing Grants (ESG)
- Housing Opportunities for People with AIDS (HOPWA)
- Homeless Veterans Reintegration Project (HVRP)
- Veterans Administration Grant and Per Diem Program

In addition to the assessment of the above local, state and federal sources, PATH Partners also collected information on city-level funding sources through the "Gateway Cities COG 2008 Homeless Services & Housing Funding Survey."

Twenty-three (85%) of the 27 jurisdictions responded to the survey:

Artesia	Long Beach	Whittier
Bell Gardens	Lynwood	
Bellflower	Maywood	
Cerritos	Montebello	
Commerce	Norwalk	
Compton	Paramount	
Downey	Pico Rivera	
Hawaiian Gardens	Santa Fe Springs	
Huntington Park	Signal Hill	
La Mirada	South Gate	
Lakewood	Vernon	

The survey requested funding information on programs and subsidies falling into three main categories: prevention and outreach, housing, and supportive services.

Findings:

The numbers in this report should be treated with some restraint because data was not obtained from all the cities of the GCCOG. Additionally, funding streams and the availability of funds are constantly changing, so there may be additional sources available that are not included in this report, or sources that are currently included that will not be available in future years.

As of this writing, there is an estimated **\$35,697,759** allocated towards homeless prevention and housing and services for homeless people within the GCCOG region for FY 2007-2008. Of this amount, 16% (\$4,784,451) is confirmed as capital funding. A breakdown of amount by funding source is summarized below in Table A.

Table A.	
Funding Source	Amount
HPI Funds	\$9,903,970
HUD SHP	\$10,691,475
HUD Section 8	\$5,200,000
EFSP	\$2,533,511
HUD HOPWA	\$2,141,321
Redevelopment	\$1,484,000
HUD HOME	\$1,256,000
General Funds	\$724,408
CDBG	\$660,025
VA Grant and Per Diem	\$500,000
HUD ESG	\$328,549
EHAP	\$180,000
HVRP	\$62,500
City Unspecified	\$32,000
	\$35,697,759

Continuum of Care Funding and the "Pro Rata Need Share"

The Continuum of Care (CoC) refers to a system of services and housing to help homeless people, as well as a group of federal funds used to support such programs. The U.S. Department of Housing and Urban Development (HUD) administers the CoC funding through an annual competition. To compete well for CoC funds, communities are encouraged to organize themselves, document their homeless needs and prioritize the programs they want funded. The annual application for this funding requires a local planning process and a fair and reasoned way to determine which programs are placed highest on the list. HUD further pushes its policy priorities by giving more points to continuums that prioritize permanent supportive housing programs for chronically homeless people. In Los Angeles County, there are four CoC systems: Glendale, Long Beach, Pasadena and the Los Angeles Continuum of Care, which encompasses all other areas in Los Angeles County, including incorporated areas.

Any agency seeking funding through the CoC must apply to the system where they plan to offer services. All member jurisdictions of the GCCOG region, except for the City of Long Beach, must apply for HUD CoC funding through the Los Angeles Homeless Services Authority (LAHSA), a joint powers authority that administers homeless funding on behalf of the City and County of Los Angeles.

The amount of funding a CoC can expect to get depends on how well its application scores in the funding process and how much funding the cities in the CoC are allocated using a "pro rata need share" formula developed by HUD. The pro rata need estimates funding levels for each jurisdiction with more than 50,000 people. The Pro Rata Need Share amount reflects funding ONLY for services, transitional housing and permanent housing. Emergency housing is funded separately through other sources.

The 2008 Pro Rata Need Share amounts for the GCCOG region, along with a column listing the amount of currently funded programs through LAHSA for each city, is provided below in Table B.

	Pro-Rata Need	Supportive Housing Program Awards
City	Amount *	(1 year amounts)
Bellflower	151,908	0
Cerritos	49,217	0
Compton	704,793	1,239,848
Downey	190,541	0
Huntington Park	544,889	0
Lakewood	92,743	0
Long Beach	2,962,368	6,000,000
Lynwood	201,361	465,363
Montebello	134,420	0
Norwalk	197,377	993,331
Paramount City	154,292	0
Pico Rivera	116,312	0
South Gate	718,714	0
Whittier	120,406	0
Los Angeles County	N/A	339,078
Confidential Locations*	N/A	755,776
Unknown Locations**	N/A	898,079
TOTAL (Not including LA County, and Confidential/Unknown Locations)	6,339,341***	10,691,475

Table B.

*Confidential locations: These locations are programs for victims of domestic violence, in which the addresses are not disclosed in order to ensure client safety.

** Unknown locations: Data provided by LAHSA contained some project sites that did not state a specific location. It may be that they are units that a scattered throughout several communities. *** \$6,339,341 represents the pro rata need share amount for the 14 entitlement cities within the GCCOG region. The unincorporated areas in all of LA County have a total pro rata need share of \$10,131,170. Further research will need to be conducted with the GCCOG and LA County to determine what portion can be extracted from the total amount to represent only the County unincorporated areas in the GCCOG region.

What Does a Continuum of Care System Do

Continuum of Care systems are expected to plan and coordinate homeless services, administer HUD funding through a competitive bid process and monitor and evaluate funded programs. Managing a CoC requires extensive resources from participating jurisdictions. HUD expects each CoC coordinating body to:

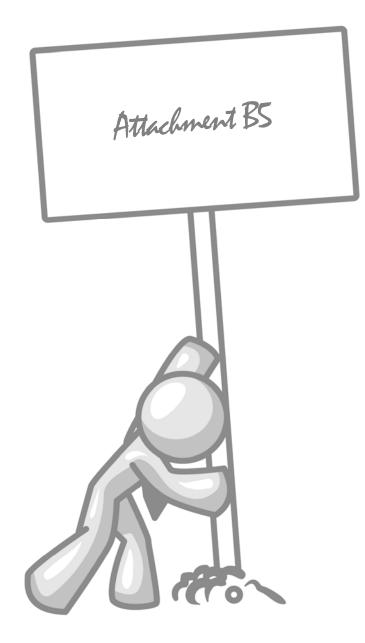
- Facilitate the planning effort
- Lead a street and shelter count of homeless people (on a minimum bi-annual basis),
- Regularly monitor sub-recipients
- Account for the funding

This burden is typically borne by a government agency. In Los Angeles County, the Cities of Pasadena, Glendale and Long Beach dedicate staff to the administration of the funds for their own CoC's. The City and County of Los Angeles formed LAHSA to assume responsibility for planning efforts and contract management for the balance of Los Angeles County.

Currently, the funding for administration of Supportive Housing Program grants amounts to 5% of the total grant. LAHSA passes through 100% of this amount to its sub-recipients, whereas the City of Glendale splits the percentage so that the City receives 2.5% and the grantees get 2.5%. The Shelter Plus Care program currently provides 8% funding for program administration. These funds are used for program administration such as financial management, reporting, auditing and monitoring/evaluation. Invariably administrators believe these reimbursement amounts are too low.

On the Horizon

There have been several efforts to reauthorize the McKinney-Vento legislation, align it with current practice and make it more responsive to local need. Included in some provisions are funds for planning, data collection and evaluation, increased administration amounts, and greater flexibility in meeting a match requirement. The outcome of the reauthorization could have bearing on the options available to the GCCOG for the years ahead.



Part 4. Needs and Service Gaps in the Gateway Cities Council of Governments (GCCOG) Region

1. HOMELESS COUNT DATA (By "Point-In-Time")

<u>Need</u>: Cities and communities often use homeless count data to inform and guide the planning and evaluation of programs. It is recommended that by 2011, the GCCOG region should position itself to oversee and/or conduct the collection of homeless count data for its specific region. This would include either directly working with LAHSA who currently conducts the county count (except for Long Beach who conducts its own count) or the GCCOG region conducting its own count to supplement LAHSA's data. Such a count would include demographic data on the individuals and families who are homeless in the region. The GCCOG will be able to use the data to help assess services, guide planning and determine appropriate priorities, programs and approaches to assist its homeless residents.

<u>**Current Data:</u>** Findings from a survey of city and community stakeholders reveal that respondents believe there to be approximately 5,900 homeless persons in the GCCOG region (this number does not include the Los Angeles County unincorporated areas due to small sample size of survey respondents.) Currently, homeless count data is available from LAHSA and the City Long Beach, which provides a projection of 14,553 homeless persons in the GCCOG. This number was obtained by adding the count projections conducted in 2007 by two different entities who utilized two different methodologies to arrive at the numbers.</u>

There is a wide range between the two count projections (5,900 versus 14,553), and an inference can be made that the actual number of homeless persons likely falls somewhere within the range of the two numbers.

Currently there is no data on the specific demographic characteristics of the homeless population in the GCCOG region. LAHSA has demographic data on the homeless population that is broken down by the County's eight service planning areas (SPA), of which the GCCOG cities are located in three SPA areas (6,7,8). The majority (22 of 27) of GCCOG cities are located in SPA 7. A review of SPA 7 demographics provides a snapshot of the types of characteristics common to the homeless individuals in the area, which is summarized in Part 1 of this report (pages 3-8). Findings from stakeholder interviews identified the following sub-groups of homeless individuals who are in need of services in the GCCOG: day laborers, persons with mental illnesses, ex-parolees, seniors, victims of domestic violence, persons in need of health /respite care and low-income families.

<u>Gap</u>: The GCCOG lacks a region-specific homeless count projection and demographic data for its homeless population. There remains the need for a homeless count that utilizes a consistent methodology for all cities, that includes active participation by all cities, and that would include specific demographic data for each city. This could be accomplished by engaging LAHSA and participating fully in their process, or by the GCCOG region conducting their own count.

A. Street Outreach

Need: LAHSA Homeless Count demographics for SPA 7 estimate that approximately 10% of the homeless population is considered "chronically homeless". Based on the previous projected range of 5,900 to 14,553 homeless persons in the GCCOG region, there could be an estimated 590 to 1,455 chronically homeless persons who are especially in need of emergency response services like street outreach and intervention services.

<u>Current Data</u>: An initial inventory of services within the GCCOG found that there are five operating street outreach programs. However, four of the five programs are based in the City of Long Beach and primarily serve homeless individuals residing in and around the City of Long Beach. There is a great lack of these services for the remaining Gateway cities.

Street outreach was one of the top five priority service needs, as identified by the community survey respondents (38% of respondents rated street outreach as a service that needs to be added and/or expanded in their city).

Furthermore, through an initial "pilot project" that consisted of interviews and community meetings with officials from the City of Huntington Park (Mayor, City Manager and Police Dept) and community stakeholders from Huntington Park and four neighboring cities (Bell, Bell Gardens, Commerce, and South Gate) there was confirmation that there is a great need for street outreach services, particularly in the area of Huntington Park and adjacent cities. The Gateway Cities Homeless Strategy team, in partnership with Huntington Park law enforcement officers, had the opportunity to conduct a preliminary assessment of the location of homeless people in Huntington Park, which generated a list of 22 "homeless hot spots" in the city. A list of these homeless "hot spots" is attached.

<u>Gap</u>: The Gateway cities have a great need for street outreach services that work in conjunction with law enforcement, other city departments, services providers, faith groups and other stakeholder groups to help homeless people transition off the streets. Existing street outreach resources within the GCCOG are geographically isolated to the Long Beach area; other regions and cities of the GCCOG have no access or very limited access to the existing outreach services.

B. Multi-service centers

<u>Need</u>: Having centralized multi-service centers ("drop-in centers" or "access centers") effectively addresses the multiple and often coexisting needs of homeless individuals. For the purposes of this assessment, multi-service centers are defined as more than one organization offering more than one service in a central location. These centers are often ideal venues for providing homeless prevention services, due to their central location and accessibility. The operation of effective multi-service centers can assist cities and communities to improve the coordination of services and leverage existing resources, fostering an environment that supports successful regional planning efforts.

<u>Current Data</u>: The initial service inventory found there are five existing multi-service centers in the GCCOG region, located in the cities of Bell, Long Beach, Norwalk, Santa Fe Springs and Whittier. However, three of the five centers (Norwalk, Santa Fe Springs, Whittier) are focused on serving primarily residents from their own cities, as opposed to viewing themselves as a "regional"

center. Several sizable sub-regions of the GCCOG, including the central, west and south-eastern parts of the region, have limited or no access to multi-service centers.

Findings from the community survey show that respondents have the least amount of knowledge about whether multi-service centers are available in their cities, as opposed to other types of services (35% or more of respondents answered "don't know" when asked if there was a multiservice center available in their city). Furthermore, stakeholder interviews and planning meetings reveal that there is a great lack of coordination among services within the GCCOG and there is an urgent need for more regionalized, consolidated service models that deliver a wide range of services to the homeless, including homeless prevention services, case management, mental health services, drug and substance abuse treatment and employment services.

<u>Gap</u>: Outside of the Long Beach Multi-Service Center, Bell Shelter, and the cities of Norwalk and Santa Fe Springs, there are very few, if any, multi-service centers that assist individuals from across jurisdictional lines. Although the types of services offered through a multi-service center setting (homeless prevention, case management, and other supportive services) were listed as some of the top priority needs for the homeless, the vast majority of the Gateway cities do not have any access to these services within or close to their cities.

Additionally, there is an overall shortage of centralized access to services that assist families and individuals who are on the edge of becoming homeless. One of the best ways to alleviate the growing homelessness crisis in the region is to prevent evictions from occurring. This includes programs and services that provide financial, social and legal services to assist people in moving from their crisis situation by preserving their current housing and residences. The concept of forming "homeless prevention centers" can centralize a myriad of solutions that assist people in need, including such services as emergency rent, utility payments, and other forms of needed monetary assistance, as well as affording landlord/tenant mediation and eviction defense, foreclosure counseling, mental health services, case management and budgeting assistance counseling. The overarching goals of these programs are to: 1) prevent the immediate threat of eviction; and 2) stabilize families over time to reduce the risk of homelessness.

C. Emergency housing / Transitional housing

<u>Need</u>: Based on available County-wide data, approximately 18% of the homeless population are already in shelters. Based on the projected range of 5,900 to 14,553 homeless persons in the GCCOG region, there are an estimated range of 1,062 to 2,637 homeless individuals who are already in shelters. The remaining population—between 4,838 to 11,916 individuals—are considered unsheltered (not residing in any type of shelter or housing) and are in need of some type of housing.

<u>Current Data</u>: Our initial housing inventory found that there are approximately 723 emergency beds and 1,821 transitional beds, for a total of 2,544 existing beds. The current distribution of beds is concentrated in and around the cities of Long Beach, Compton, Lynwood, Bell, Santa Fe Springs and Whittier, leaving significant gaps of temporary housing resources in the central and south-eastern parts of the GCCOG region.

According to the community survey, respondents ranked emergency housing and transitional housing as tied (along with mental health services) for being the number one priority need for the homeless population. In addition to the survey, participants at stakeholder planning meetings

ranked emergency & transitional housing as the overall second top priority in regards to serving the homeless population.

Gap: There remains in the GCCOG the need for increased and/or enhanced availability and accessibility to emergency and transitional housing beds. Further investigation should be conducted to identify the capacity of existing services providers to expand their inventory, as well as prospective agencies that can develop new programs in the areas where there are currently no accessible beds. Additionally, further exploration should be conducted on other approaches to bridging the gap in housing needs for the homeless through other venues, such as "rapid rehousing" and programs that emphasize housing assistance programs to swiftly transition families and individuals into stable homes.

D. Substance abuse treatment and/or outpatient services

<u>Need</u>: Substance abuse treatment and/or outpatient services are essential in providing support for homeless individuals struggling with drug and alcohol addictions and abuse. According to LAHSA SPA 7 data, an estimated 15% of the homeless population struggles with substance abuse. Based on the previous projected range of 5,900 to 14,553 homeless persons in the GCCOG region, there could be an estimated 885 to 2,183 persons who potentially are in need of medical detoxification services.

<u>Current Data</u>: An initial inventory of services within the GCCOG found that there are 20 operating substance abuse treatment and/or outpatient services. Nine of the 20 programs are located in the City of Long Beach, with the remaining programs located in 10 other Gateway cities (Avalon, Bell, Bellflower, Compton, Downey, Hawaiian Gardens, Lynwood, Pico Rivera, Santa Fe Springs, and Whittier). Program locations appear to be fairly distributed throughout the GCCOG region, allowing access to services by homeless individuals coming from other Gateway cities.

Based on the community survey, the broader category of alcohol and drug treatment services was ranked as the fourth top priority of services needed for the homeless. Also, the survey revealed that respondents lacked knowledge about the availability of medical detoxification and substance abuse facilities in their cities, with 35% or more of respondents answering "don't know" when asked if there were medical detoxification services available in their city.

<u>Gap</u>: Despite the finding of 20 programs scattered throughout various cities in the GCCOG, it was found that there is a general lack of knowledge about the availability of these services. It would be beneficial to recommend a community education strategy that will inform community stakeholders about the various resources which already exist in their cities, including such services as substance abuse treatment services, mental health centers, healthcare centers, and other essential supportive services for the homeless.

E. Permanent supportive housing

<u>Need</u>: Permanent supportive housing (PSH) is affordable housing in which on-site supportive services are provided to assist residents in achieving and maintaining housing stability. PSH units are targeted for individuals or families who are homeless and possess a range of diverse characteristics and special needs. Typically, residents ideally pay no more than 30% of their income towards their rent and sign standard lease agreements with no limits on the length of tenancy. PSH is a nationally recognized best practice and a critical tool to ending homelessness.

<u>Current Data</u>: The Gateway Cities region has 677 units of permanent supportive housing. Of the total, there are six permanent supportive housing projects providing 315 units utilizing a project specific model within the Gateway region. Three of the projects, totaling 249 units, are located in Long Beach and are operated by Mental Health America, PATH Ventures, and US Veterans Initiative. Two of the projects, totaling 42 units, are located in Norwalk and are operated by Homes for Life Foundation. One project, totaling 24 units, is located in Compton and operated by A Community of Friends.

Additionally, eight agencies (A Community of Friends, Asian Pacific Counseling and Treatment Center, Mental Health America, New Directions, Inc., Pacific Clinics, SHARP, Southern California Alcohol and Drug Program, and The Serra Project), the Los Angeles Department of Mental Health and the Long Beach Housing Authority provide a total of 362 scattered site units. These rent-subsidized apartment units are located throughout the Gateway region in nineteen of the member cities as well as in County unincorporated areas.

Each of the permanent supportive housing programs target a specific population that they primarily serve. Though not mutually exclusive, the units located within the Gateway Cities region for a primary population include 208 units for persons with mental illness, 206 units for veterans, 111 units for persons dealing with substance abuse, 70 units for families, 49 units for chronically homeless individuals, and 33 units for persons living with HIV/AIDS. Table G is Part 2. Services and Housing for Homeless People in the GCCOG Region provides a detailed listing of all of the permanent supportive housing programs within the Gateway Cities region.

In addition to the above data, participants at stakeholder planning meetings ranked PSH as the top third priority needed for the homeless. Findings from the interviews with community stakeholders also revealed that the production of more PSH and affordable housing opportunities was a critical part of any solution to effectively end homelessness. Furthermore, it was emphasized that PSH units need to be accessible and scattered throughout the GCCOG region, not just concentrated and limited to just a few areas or cities.

<u>Gap</u>: The need for PSH is based on annualizing the point in time number of homeless persons in a region. The number is then converted in terms of needed units (versus individuals). From this number, different jurisdictions have used different estimates for determining the total PSH unit need. However, in general, it can be estimated that:

- 100% of the chronically homeless population is in need of PSH units
- 10% of families are in need of PSH units
- 15% of transition-age youth (TAY) are in need of PSH units

Utilizing the above method, the estimated need for PSH in the GCCOG region is 2,387 units (based on the projection of 5,900 homeless persons in the region from the community survey results). It must be emphasized that this number is a *projection* of the PSH housing needs of the homeless in the region, and should not be used as a concrete, immutable number, but rather as a starting point to begin the discussion for planning to enhance PSH opportunities in the Gateway Cities and overall region. As the regional strategy is developed, it will be useful to form realistic goals for PSH development that take into account available state, county and city-level funding resources, as well as private and other funding sources, that will support and sustain PSH developments, which will result in long-term housing solutions for homeless families and

individuals in need.

3. FUNDING RESOURCES

<u>Need:</u> The success of any proposed enhancement and/or increases to services within the GCCOG region is dependent upon the availability of funds to support such efforts. The identification of current funding allocations to the region, as well as the identification of new/untapped public and private sources and collaborative funding strategies that can be accessed to support future homeless and housing initiatives, is critical to ensuring that the approaches recommended in a regional strategy can be effectively implemented and realized. As clearly articulated in the interviews with community stakeholders, "funding" was the number one barrier identified in expanding services and increasing housing for the homeless.

<u>Current Data:</u> The GCHS team conducted an assessment of the current funding allocations that are supporting services and housing for the homeless within the GCCOG region for FY 2007-2008, which included a summary analysis of funds from 13 sources on the local, state and federal level. To capture the level of local and pass-through funding for homeless programs, the team also gathered information directly from the City Managers' Offices of the GCCOG through the "Gateway Cities COG 2008 Homeless Services & Housing Funding Survey", in which 23 of the 27 (85%) jurisdictions participated. Based on the assessment, there is an estimated \$30,483,726 allocated annually towards services and housing for homeless people within the GCCOG region. The top source of current funding is a reported \$9,903,970 in the County Homeless Prevention Initiative (HPI) Funds, which accounts for nearly a third (32%) of the total amount. The second largest source of current funding is \$5,477,442 in HUD SHP funds, which accounts for about 18% of the region's current allocation of homeless funding.

In addition to the above figures, the funding assessment also provides some findings in regards to the GCCOG region's current allocation of Continuum of Care funds, which refers to a specific source of federal funds that support services, transitional housing and permanent housing for the homeless. Continuum of Care funds are administered by the U.S. Department of Housing and Urban Development (HUD) through an annual competitive process. Currently, all the GCCOG cities, with the exception of the City of Long Beach, are a part of the Los Angeles County Continuum of Care and must apply for these funds through the Los Angeles Homeless Services Authority (LAHSA). It is recommended that the GCCOG examines how HUD CoC funds are currently being utilized in its region, and how the region could increase its capacity to access this fund for new homeless programs and housing.

Based on the community survey, there was overwhelming consensus that more resources are needed for the region to expand services to meet the needs. Several respondents stated the need to engage multiple sectors of the community to provided added funding and resources, including partnerships with businesses, faith groups, philanthropy, and governments.

<u>Gap</u>: Through the County's HPI program, an allocation of \$1.2 million annually in unrestricted funds has been committed to the GCCOG region to support homeless services and housing programs. The Gateway cities are currently receiving \$5,501,871 [VERIFY] for support services and housing programs as part of the Los Angeles County Continuum of Care. Dependent upon the nature and scope of the GCCOG's regional plan, additional resources and strategies that engage stakeholders from diverse cross-sections of the community will be needed to support the successful planning and implementation of proposed services and initiatives.

4. COMMUNITY EDUCATION / COMMUNITY AND POLITICAL WILL

Need: The success and sustainability of local and regional responses to homelessness include the essential ingredients of *community education* on the urgency of homelessness, and *community and political will* to take action and make changes for the betterment of all residents within the community. It can sometimes be challenging to measure a community's readiness for action based on quantitative factors, since assessment in these areas often involves taking stock current policies, local trends and priorities, and individual actions, values and beliefs. However, it is very important for any local or regional planning entity to gain a solid understanding of the broader community and political landscape affecting the issue of homelessness, which will help to identify allies and existing resources that can be used to strengthen the plan. Having this information will also help the planning entity to anticipate and strategize on how to overcome potential obstacles and challenges to progress.

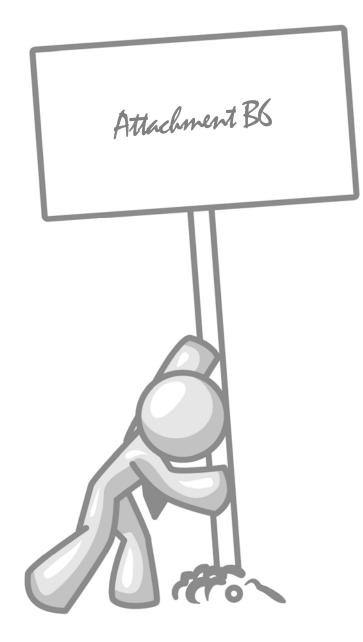
<u>Current Data</u>: In regards to the overall community's education about homelessness, it was found that the GCCOG region as a whole believes that homelessness is a major issue in their communities. In the community survey, nearly seven out of ten (67%) said that they "agreed" or "strongly agreed" with the statement "Homelessness is a critical issue in my city". Furthermore, over half of respondents (54%) stated that their city should be doing more to respond to homelessness.

Although there is majority sentiment about the importance of the homeless issue, findings from the community survey and stakeholder planning meetings indicate there is an overall lack of education among the general community about perceptions of the homeless population and what services are available to assist them. In particular, it was stated that more education is needed to help people understand the diversity of the homeless population (including families, veterans, people with mental illness and seniors), the complexity of issues and services required to assist the homeless, the differences between chronic and episodic homelessness, and the availability of specific services for the homeless, including permanent supportive housing, "drop-in" centers, mental health services and substance abuse treatment services.

Feedback from stakeholder interviews identified "NIMBY-ism" (Not in my backyard) and "(lack of) political will" as the second and third top obstacles to expanding services (the fourth obstacle was "funding"). However, stakeholders also indicated there are several individuals and groups in their cities that are already actively participating in or promoting enhanced services for the homeless. Some of these groups include government (city departments, law enforcement, elected officials, county supervisors, mayors), businesses / chambers of commerce and faith groups.

Stakeholders also indicated there are several community networks that exist in the GCCOG, including the SPA 7 Council, Bellflower Homeless Task Force, Long Beach Homeless Coalition, and LA City/County Coordinating Council for Homeless Families. However, there is no current regional network specifically focused on homelessness for the GCCOG-wide region

<u>Gap</u>: There is mounting political and community will among individual cities and sub-regions within the GCCOG to address homelessness. However, there are also significant barriers, such as "NIMBY-ism", lack of political support and the lack of a central coordinating alliance for homeless services and planning.



Part 5. Connections: A Strategy to Engage the Community for the Gateway Cities Council of Governments (GCCOG) Cities

Introduction

After decades of fighting the "war on poverty", our country continues to battle homelessness, a difficult issue that consumes vast resources, creates frustration among residents and business owners, and polarizes our communities. While national and regional approaches to ending homelessness have provided much needed hope, resources, and direction, locally-driven efforts must be developed to implement and sustain these approaches on a community-based level.

The GCCOG region, like many other communities and cities in the County, does have its share of "NIMBY (Not in My Back Yard)" sentiments when it comes to services and housing for the homeless. During the months of October to November 2008, the Gateway Cities Homeless Services team conducted fifteen interviews with community members to ask them about the priority issues affecting homelessness and homeless services in their cities. Stakeholders identified "NIMBY-ism" as the second top obstacle to expanding services for the homeless (the first being lack of funding). During a series of community stakeholder planning meetings that were held on November 12, 2008, a common theme that arose among participants was that several cities are hesitant to participate in/explore broader cross-jurisdictional efforts because cities want to "only help people from **our** city". This is also combined with a fear that if cities provide more centralized services (e.g. a "regional center"), it will attract and draw more homeless people into their cities from other areas.

In order for cities to effectively address and move forward in the face of these opposing perceptions, a multi-level approach is needed that invites and engages the participation of several different sectors of their community - providers, residents, businesses, faith groups, law enforcement, and people who are homeless – to take action in the "here and now". This proposed "Connections" strategy provides a valuable framework for cities in the GCCOG to reverse the NIMBY attitudes and perceptions in their communities, and build partnerships across sectors to form unified community-will to take action and develop effective solutions.

The Connections approach gathers together all stakeholders in a community to coordinate programs that will help solve homelessness. It is based on the following attitude:

- There is a problem of homelessness in our community.
- We want to solve this crisis.
- We want to utilize existing resources and services.
- We care about people with no homes.
- The solutions are in our backyard.
- We can do it.

Bringing the "Big Picture" to a Small Scale

On a national level, the "Housing First" approach encourages communities to develop permanent supportive housing as the solution to homelessness. On a regional level,

emergency care and better discharge planning have been key components in connecting people who are already in crisis situations to mainstream services. Both approaches are crucial in the struggle to end homelessness.

In keeping with the national goal to end homelessness, the goals of Connections are two-fold:

- 1) To develop an accurate assessment of the local homeless population; and
- 2) To reduce the number of people living on the streets.

This will be accomplished through the following approach:

- *Crisis Consciousness:* Through education and open dialogue, homelessness will be redefined as a community *emergency that needs to be dealt with immediately*.
- *Coordinate*: Existing community services and resources will work together to help individuals transition from the streets to permanent housing.
- *Count:* Initial and ongoing assessment will be done through counting and locating people who are living on the streets.
- *Connect:* Local stakeholders and providers will help connect people with appropriate services and permanent housing.
- *Care:* Emergency and transitional services will be used to help people living on the streets rapidly access permanent housing.

Components to the Connections Approach

This local approach will coordinate existing services and resources, which includes but is not limited to:

- *Street outreach:* Services that directly reach out to people living on the streets and help community members to get involved in assisting homeless people to connect to services. Some examples of this include street outreach teams, community hotlines, and programs that allow law enforcement to connect people to services.
- *Rapid Re-Housing:* Safe and stable temporary housing for chronically and episodic homeless individuals and families who are waiting for available long-term housing.
- *Coordinated Supportive Services:* A "one-stop" service center where people can get help at one location. This would include: case management, referrals, homeless prevention assistance, employment, substance abuse treatment, mental health care, healthcare legal services, education, and access to public assistance.
- *Permanent Supportive Housing:* Permanent housing or rental subsidy programs that are linked to supportive services to prevent recurrences of homelessness.

Potential Connections Partners in the GCCOG

The power of the Connections approach will come from the cooperation and collaboration of all

segments of the community, including but not limited to:

- Public Officials: Gateway Cities Council of Governments, Los Angeles County Board of Supervisors, Los Angeles County CEO, Gateway Cities' Elected Officials, Gateway Cities' Managers, Los Angeles Homeless Services Authority and others.
- Community Groups: Business Improvement Districts, Chambers of Commerce, Faith Groups and Networks, Neighborhood Councils, United Way, residents, and others.
- Service Providers: Long Beach Multi-Service Center, Salvation Army Bell Shelter, Rio Hondo Temporary Housing, First Day Coalition of Whittier, Presbyterian Community Hospital, Su Casa, Mental Health America, Tarzana Treatment Center, Southern California Drug & Alcohol Programs, Inc., U.S. Vets, Corporation for Supportive Housing, and others.
- ➢ First Responders: Gateway Cities' Law Enforcement Departments, Emergency Services Departments, and others.

Preliminary Action Steps

The existing services and resources in the GCCOG region will lay the foundation for the development and implementation of a Connections action plan. Some examples of concrete actions that the strategy may include are:

- *"Count, Care, and Connect"*: An effort aimed at uniting existing resources and volunteers from faith and community groups to count people on the streets, provide immediate care, and connect them to services and housing offered by existing providers. This may be done on a bi-annual basis, and could follow the model of San Francisco's Project Homeless Connect initiative (http://projecthomelessconnect.com).
- *Rapid Response Teams:* Form street outreach teams, partnering with mental health workers, law enforcement, and community groups, to target specific "hot spots" of homelessness, build relationships with people living on the streets, and connect them to services and housing in the area.
- *Local Hotline Number:* A local telephone number for people in need of help or for businesses and residents who want to contact a Street Outreach team.
- *Rapid Re-Housing:* Existing emergency and transitional housing providers currently operate approximately 2,200 beds in the GCCOG region. These beds can be linked to street outreach and supportive services, such as mental health services, substance abuse treatment and employment services.

- *Coordinated Services and Central Intake:* There are currently four multi-service centers in the GCCOG region. These centers, as well as other existing providers in the Gateway cities can serve as centralized "hubs" of intake and referral to connect homeless individuals to the housing and supportive services available in the community.
- *Clean Streets, Not Mean Streets:* Assess the care and accessibility of services for people living on the streets, and coordinate ways to make the streets safer and more secure for the community. This effort can be developed and implemented by partners from the various stakeholder groups who are a part of a Connections partnership.
- *Permanent Housing Solutions:* Build strategic partnerships and work with housing developers to increase new production of Permanent Supportive Housing. This can be done in close collaboration with the cities' housing departments, housing funders, housing developers, service providers and other community stakeholders.
- *Evaluation and Outcomes:* Evaluate the progress by regularly counting the number of people on the streets, assessing the number of people who are getting housed, and measuring the number of individuals who are being referred to and receiving supportive services.

Getting the Whole Community Involved

The goal of the Connections strategy is to galvanize stakeholders in the GCCOG cities to embrace an effort that directly addresses the needs and concerns of their cities and offers visible and measurable results. Ultimately, the goal is to get various stakeholders to "buyin" to the strategy, assisting with the program design, acquiring financial and in-kind support and fostering community excitement to participate in implementing various actions of the strategy.

A few important items that should occur prior to/or at the beginning of the planning stages for the strategy include:

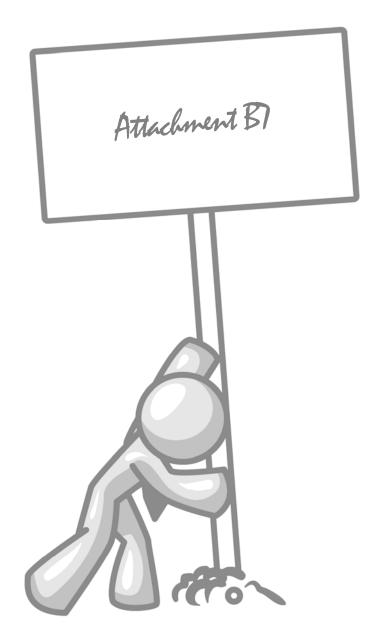
- > Finalize an implementation plan with goals, desired outcomes and budget
- > Develop a list of key stakeholders in the GCCOG area to recruit to provide leadership to the plan, including: businesses, faith groups, neighborhood associations, law enforcement, providers, and community leaders/groups. This group can be organized as an "advisory council" and support the development and direction of the strategy.
- Plan regular meetings
- Develop communication pieces (website, e-newsletter), media material, and message
- Reach out to media, other local groups
- > Develop a regular reporting system

As a result of the Gateway Cities Homeless Strategy team's initial efforts to engage the community, the following groundwork has been laid for building and furthering

Connections actions in the region:

- In October 2008, the Gateway Cities Homeless Strategy team worked with the GCCOG to divide the 27 cities into four groups to more efficiently gather city and community stakeholder input and feedback about the needs and solutions to homelessness in the region.
- On October 15, 2008, the team coordinated a region-wide meeting with City Manager designees (21 cities in attendance), to introduce them to the homeless initiative and invite their participation in the community engagement process.
- On October 29, 2008, a "pilot project" was implemented in the City of Huntington Park who took the lead to initiate a multi-city gathering of stakeholders with four neighboring cities (Bell, Bell Gardens, Commerce, and South Gate) to begin the discussion of street outreach and potential other options for working together to address homelessness.
- The City of Long Beach, in partnership with Mental Health America and PATH Partners, has taken the lead in developing a Long Beach campaign to bring diverse sectors of the community together by engaging in concrete actions to address homelessness. A steering committee consisting of 20 representatives from the city, businesses, faith community, service providers, residents and homeless individuals, has been formed and is focused on increasing community participation in an initiative to get chronically homeless individuals off the streets and into permanent housing. The campaign has generated positive responses from the greater community by providing practical and visible ways to get involved in ending homelessness in the Long Beach and surrounding areas. A copy of some articles on the community campaign are included as attachments.

As the GCCOG moves forward in developing an overall strategy for the region, the inclusion of effective, locally-driven Connections approach(es) will be important to pave the way for positive growth and expansion of services, housing and support for homeless individuals and families in the Gateway cities.



Part 6. Ending Homelessness with Supportive Housing

Without a stable place to live and a support system to help address their underlying problems, many homeless people bounce from one emergency system to the next, from the streets to shelters to public hospitals to psychiatric institutions and detox centers and back to the streets, in an endless cycle. The extremely high cost of this cycle of homelessness, in human and economic terms, also often seems unpreventable and inevitable to continue.

However, as many communities around the Country have discovered, supportive housing is proven to help people who face the most complex challenges, individuals and families who are not only homeless, but who also have extremely low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS, to live more stable, productive lives.

Supportive Housing is a combination of deeply affordable housing with on-site supportive services designed to end homelessness for people who have multiple barriers to housing stability, including people who have been homeless for the longest periods of time and are struggling with chronic health and mental health conditions.

The ever-increasing momentum of government, corporate and philanthropic investment in supportive housing has been bolstered by research documenting its effectiveness. To date, these studies indicate:

Positive impacts on health. Decreases of more than 50% in tenants' emergency room visits and hospital inpatient days; decreases in tenants' use of emergency detoxification services by more than 80%; and increases in the use of preventive health care services.

Positive impacts on employment. Increases of 50% in earned income and 40% in the rate of participant employment when employment services are provided in supportive housing, and a significant decrease in dependence on entitlements, a \$1,448 decrease per tenant each year.

Positive impacts on treating mental illness. At least a third of those people living in streets and shelters have a severe and persistent mental illness. Supportive housing has proven to be a popular and effective approach for many mentally ill people, as it affords both independence and as-needed support.

A study of nearly 900 homeless people with mental illness provided with supportive housing found 83.5% of participants remained housed a year later, and that participants experienced a decrease in symptoms of schizophrenia and depression.¹

Positive impacts on reducing or ending substance use. Once people with histories of substance use achieve sobriety, their living situation is often a factor in their ability to stay clean and sober. A one-year follow-up study of 201 graduates of the Eden Programs chemical dependency treatment programs in Minneapolis found that 56.6% of those living

¹ US Dept. of Health and Human Services. *Making a Difference: Report of the McKinney Research Demonstration Program for Homeless Mentally III Adults.* 1994.

independently remained sober; 56.5% of those living in a halfway house remained sober; 57.1% of those living in an unsupported SRO remained sober; while 90% of those living in supportive housing remained sober.

Supportive Housing is Cost Effective

It costs essentially the same amount of money to house someone in stable, supportive housing as it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing. Corporation for Supportive Housing's cost studies prove that we can either waste money prolonging people's homelessness or spend those dollars on a long-term solution that produces positive results for people and their communities.

The most comprehensive case for supportive housing is made by a recently released study from the University of Pennsylvania's Center for Mental Health Policy and Services Research. Researchers tracked the costs associated with nearly 5,000 mentally ill people in New York City for two years while they were homeless and for two years after they were housed. Among their conclusions: supportive and transitional housing created an average annual savings of \$16,282 per unit by reducing the use of public services.

- 72% of savings resulted from a decline in the use of public health services
- 23% from a decline in shelter use
- 5% from reduced incarceration of homeless people with mental illness

This reduction in costs nearly covered the cost of developing, operating, and providing services in supportive housing. After deducting the public benefits, the average supportive housing unit created by a city-state partnership in New York City cost only \$995 per year.

In other words, based on the most conservative assumptions, without taking into account the positive impacts on health status and employment status, or improvements to neighborhoods and communities, it costs little more to permanently house and support people than it does to leave them homeless.

And further evidence shows that supportive housing provides public benefits beyond these savings. An analysis of the Connecticut Supportive Housing Demonstration Program found that supportive housing improved neighborhood safety and beautification, increasing or stabilizing property values in most communities.

Years of experience confirm that neighbors embrace supportive housing as an asset to their communities. Supportive housing projects and their sponsors are often among the "pioneers" in a neighborhood's renaissance. Supportive housing projects often raise the development standard in a distressed area, helping to spur other developers and business to invest.

Supportive Housing Models

All supportive housing models share a number of characteristics, including (1) assertive outreach and engagement to the target population, (2) deep subsidies that make housing

affordable for extremely low income households, and (3) a wide range of services to address diverse needs.

Supportive housing can be created through a variety of housing models to blend into the existing fabric of a community. The housing setting will vary dramatically and be based on a range of factors including the tenant's preference, the type of housing stock available, and the norms and history of a local community's real estate market. However, the most common supportive housing models include:

- Apartment or single-room occupancy (SRO) buildings, townhouses, or single-family homes that exclusively house formerly homeless individuals and/or families;
- Apartment buildings or townhouses that mix special-needs housing with general affordable housing;
- Rent-subsidized apartments leased in the open market; and
- Long-term set-asides of units within privately owned buildings.

Priority Populations

Supportive Housing is designed to end homelessness for people who have multiple barriers to housing stability, including people who have been homeless for the longest periods of time and are struggling with chronic health and mental health conditions. Often categorized as chronically homeless, these individuals have long histories of homelessness as well as multiple barriers to employment and housing stability, which might include mental illness, chemical dependency, and other disabling or chronic health conditions. In addition to chronically homeless individuals, some homeless families with long histories of homelessness and multiple barriers to housing stability, such as mental illness, substance abuse, and other disabling conditions as well as some transition age youth (18 - 24 years of age) with multiple needs can also benefit from supportive housing. In addition to having the greatest need for supportive housing these populations often demonstrate frequent use of multiple public systems.

Chronically Homeless Single Adults: Chronically homeless individuals often face multiple barriers to housing stability, including serious mental illness, substance addiction, medical problems, persistent unemployment, and a criminal history. Research studies have consistently demonstrated that supportive housing has a positive effect on housing stability. Studies show that 80% or more of formerly long-term homeless people stay in supportive housing for at least one year, even those residents with the most severe mental health and substance abuse issues. In addition, supportive housing is shown to significantly reduce rates of hospitalization, incarceration, and emergency room utilization, making it a cost effective strategy for ending homelessness.

Within the chronic homeless population, there are sub-groups that often have additional specific needs. These sub-groups include older adults, veterans, and frequent users of hospitals and jails.

Like the housed population, the homeless population is aging. They have increased service needs due to health issues that are exacerbated by years of living on and off the streets. Housing with services available onsite is particularly critical for an aging population.

Unfortunately, many Vietnam era veterans are still part of the chronic homeless population, along with a smaller proportion of Gulf War veterans. Additionally, with veterans returning from Afghanistan and Iraq, ensuring the right mix of housing and services are available for these individuals can prevent the kind of street homelessness we see among other veterans.

Many individuals often go to hospitals for their primary care and are then inappropriately discharged to places that cannot provide aftercare or housing support. For Jails, many homeless people, particularly those who have untreated mental illness or addiction/alcoholism cycle through jails, and are, again, inappropriately discharged due to a lack of suitable housing and services. While many of these individuals will be placed in temporary settings, which is appropriate for temporary care (such as recuperative care programs, or short-term housing) a subset will need ongoing support for other barriers to their ongoing health and housing stability.

Families: For the large majority of homeless families, housing affordability is the primary barrier to residential stability. These families most often only need a rental voucher or subsidized housing in order to end their homelessness. However, there are a small number of families with long histories of homelessness and multiple barriers to housing stability that need support services in order to stay housed. There is limited information on how many families fall into this category, although research provides some clues. A recent study testing a typology of family homelessness found that 5% of homeless families cycle in These families were more likely to have extensive and out of shelters repeatedly. behavioral health treatment histories, to be disabled, have involvement with the child welfare system, and to be unemployed. One study of families in supportive housing found that the heads of household had long histories of homelessness (four years and multiple spells on average), mental health and substance abuse issues, very low levels of income, and high levels of unemployment. Research studies show high levels of residential stability after one year (upwards of 95% in some projects), and some projects are able to achieve high levels of family reunification.

Transition Age Youth: Research tells us less about the extent to which homeless transition age youth, often including emancipated foster youth, need supportive housing. However, this group tends to have multiple barriers to residential stability including physical health problems, substance use disorders, and mental health problems, including anxiety disorders, depression, post-traumatic stress disorder, and suicide. In addition, studies estimate that approximately 40-60% of homeless youth will experience physical abuse, and between 17-36% will experience sexual abuse while homeless.

Developing Supportive Housing

In general, funding for homeless programs is separated into three cost categories: capital financing, operating subsidies, and supportive services.

Capital (or development) financing sources are those sources that may be used to fund the costs associated with acquiring, creating, and/or rehabilitating housing units, costs sometimes referred to as "bricks and mortar" costs.

Operating subsidies are defined as those sources that may be used to pay for the costs of operating and/or maintaining the housing or physical component of the project. Operating costs in a project owned by a housing sponsor include all costs of maintaining the project once it is ready for occupancy, such as property management, utilities, maintenance, insurance, security, debt service or other loan payments, and operating and replacement reserves. In projects leased by the sponsor (either single site or scattered site), operating costs generally include the cost of leasing the units and any maintenance that is not covered by the owner/landlord. Operating subsidies often come in the form of rental assistance.

Service funding typically pays for the supportive services required to assist clients in achieving and maintaining stability. Types of supportive services commonly required include:

- case management and services coordination
- housing retention
- outreach and engagement
- benefits counseling and advocacy
- mental health services and treatment
- substance use management, harm reduction, abstinence, and relapse support
- primary health care and medication management
- money management and other independent living skills training and assistance
- transportation
- education and vocational training
- career/job counseling, development and placement
- support/peer support in groups or one-on-one (e.g., substance use management, abstinence, domestic violence prevention, parenting, mental health, etc.)

In order to access and leverage the myriad of funding sources available at the Federal, State, and local levels, local jurisdictions must understand how to use these various sources effectively to reduce homelessness.

Possible sources of funding available for the development of supportive housing units include but are not limited to 9% Low Income Housing Tax Credits, State Multifamily Housing Program (MHP Supportive Housing), State Mental Health Service Act (MHSA) Housing program, LA County City of Industry Special Needs Housing program, Home Investment Partnerships program (HOME), Neighborhood Stabilization Program (NSP), and Housing Set Aside Tax Increment Financing (low-moderate income housing set-aside funds).

Possible sources of funding for operating and rent-subsidy include but are not limited to: Section 8 program vouchers, Shelter Plus Care vouchers, MHSA Housing Program operating subsidy, HUD-Veterans Affairs Supportive Housing (VASH) vouchers, Family Unification Vouchers.

Possible sources of funding for services include but are not limited to: Community Development Block Grant (CDBG), LA County Homeless Prevention Initiative (HPI) and General Funds (GF).

Supportive Housing Production Recommendations

Determining supportive housing production goals can be based on a calculation of need or based on a calculation of available resources. It was determined that a resource-based analysis in the development of permanent supportive housing production goals would provide a more practical set of goals that are achievable and realistic. Instead of developing permanent supportive housing production goals based on the number of homeless people in need, a financial model was developed based on the amount of resources available to produce such housing. The permanent supportive housing production targets were therefore established based upon analysis of available Federal, State, and County resources over a five year period as well as the local match needed to leverage these resources (See "Gateway Cities COG Financial Model).

The targets are based upon conservative assumptions regarding feasibly obtaining available resources within the region. Using the financial model, it was calculated that a combined local investment from Gateway cities of approximately \$47.7 million could leverage over \$36.1 million in capital investments from Federal, State, and County sources in order to develop 215 new units of permanent supportive housing. The model is based on the assumption that local investments will be required in order to leverage and maximize Federal, State, and County subsidies.

Local commitment assumes use of Low-Moderate Income Housing Set Aside Tax Increment Financing and Home Investment Partnerships Program (HOME) funds. The model assumes local investment of less than 9% of Low-Moderate Income Housing Set Aside revenue projected over the five year period from twenty-six cities in the region. The model also assumes use of less than one-third of annual HOME allocations from ten jurisdictions over the five year period. The model does not assume use of Community Development Block Grant funds allocated to thirteen jurisdictions in the region. As the bond market improves, 4% Low Income Housing Tax Credits may again provide an alternate source of financing for small-scale housing development thereby reducing the amount of local investment necessary to achieve the housing production goals.

Based upon this analysis, it was determined that within the Gateway Cities region, a production goal of two hundred and fifteen (215) units of permanent supportive housing could reasonably be developed over the next five years. The majority of projects are comprised of smaller (four to twenty unit) dedicated homeless projects as well as set-aside units for homeless persons in mixed population affordable housing developments. However, in order to maximize available resources, one larger, forty-unit development can be created in the region within the next few years under the proposed model. In addition, we recommend that four hundred and fifty (450) units of permanent supportive housing are created utilizing rent-subsidized scattered site units leased in the private market. The combined goal of six hundred and sixty-five (665) units over the next five years would double the number of available supportive housing units in the region.

Of the total units created, we recommend that five hundred and sixty (560) are targeted towards chronically homeless individuals and one hundred and fifteen (115) are targeted toward homeless families with multiple barriers to housing stability.

Additionally, further rental vouchers or subsidized housing is required in the region for homeless families and single individuals who do not require supportive housing but do require affordable housing in order to end their homelessness as they exit short-term housing programs.

As discussed, the financial model and the resulting supportive housing production goals are based upon certain assumptions regarding the type and scale of housing being produced and the level of local investment necessary to develop the housing. The model is therefore meant to be used as a tool for dialogue in determining local priorities in the type of housing to be developed and the target populations to be housed, as well as the local financial commitments.





BUILDING A REGIONAL STRATEGY TO END HOMELESSNESS

City Manager Designees Meeting October 15, 2008



INTRODUCTION



In August 2007, the Gateway Cities Council of Governments (GCCOG) announced its plans to develop a regional strategy to address homelessness among its 27 cities.

The effort is supported by funding from Los Angeles County's Homeless Prevention Initiative (HPI).

Through a competitive request for proposals process, PATH Partners was selected as the consultant to form the regional strategy.

The "Gateways to Housing" initiative was launched in July 2008.



OUR GOAL

Develop a communitydriven strategy that will reduce homelessness in the GCCOG region.



The Gateways to Housing Team will conduct the following:

 Take an inventory of existing homeless services in the region

- Identify underserved regions and groups
- Engage community stakeholders on the challenges and opportunities to serving the homeless
- Explore existing and new funding sources
- Develop community education strategies

GUIDING PRINCIPLES



Gateways to Housing will focus on the following principles:

- Locally-driven: Solutions that are developed with local expertise, planning and oversight
- Multi-sector: Engages stakeholders from different sectors of the community
- Outcomes: Results-based efforts to address homelessness
- Partnerships: Foster creative and strategic partnerships and alliances

THETEAM

Your Gateways to Housing Team consists of:

Joel John Roberts, CEO, PATH Partners Jennifer Chang, Managing Director, PATH Partners Associates Kai Stansberry, Chief Public Affairs Officer, PATH Partners Grace Yi, Project Coordinator, PATH Partners Associates Natalie Profant Komuro, Executive Director, PATH Achieve Glendale Rhonda Meister, Consultant, Former Executive Director of St. Joseph Center David Howden, Program Manager, Corporation for Supportive Housing



PRELIMINARY FINDINGS

(Per 9/23/08 draft report)



Projected Number of Homeless

Existing Services

Existing Funding



PROJECTED NUMBER OF HOMELESS

Based on an analysis of 2007 homeless count data collected from the Los Angeles Homeless Services Authority (LAHSA) and the City of Long Beach, the approximate number of homeless individuals in the GCCOG region is **14,000**.

We are in the process of conducting surveys and interviews with cities and community stakeholders to further identify the number of homeless persons in the Gateway Cities.

The goal of looking at homeless census data is to show the magnitude of homelessness, how it impacts people, and the communities they live in.



EXISTING SERVICES

HOUSING INVENTORY

OTHER SUPPORT SERVICES

Emergency Housing Transitional Housing Permanent Supportive Housing

Street Outreach/Emergency Response Multi-Service Centers Medical Detoxification Programs Community Education



PROJECTED NUMBER OF BEDS & UNITS OF HOUSING

Our preliminary assessment of the housing inventory in the GCCOG found that there are approximately **2,000** emergency and transitional beds and **750** permanent supportive housing units. This information was obtained from City of Long Beach, Housing Authority of the County of Los Angeles, Los Angeles Community Development Commission, Los Angeles Homeless Services Authority.

Our Team is continuing to assess data from Healthy City/211, and individual cities to further identify the current housing inventory.

OTHER SUPPORT SERVICES

TYPE OF SERVICE	Number of Programs
Street Outreach/Emergency Response	7
Multi-Service Centers	8
Medical Detoxification Programs	20
Community Education	10

Sources: City of Long Beach, Directory of Social Services for the Whittier Area, GCCOG City Manager Offices, Healthy City/211, LAHSA, Provision of Services Resource Directory, The Rainbow Resource Directory



WHO ARE THE HOMELESS?



The homeless population is very diverse and includes several sub-groups that have unique needs. Some groups include:

- Families with children
- Veterans
- Chronically homeless individuals
- Persons with mental illness
- Persons with substance addictions
- Persons living with HIV/AIDS
- Victims of domestic violence
- Unaccompanied youth
- Ex-Offenders

EMERGENCY HOUSING BEDS (UNDER 6 MONTHS) **YOUTH: 3%** (ages 18-24) FAMILIES: 36% SINGLE ADULTS: 61%

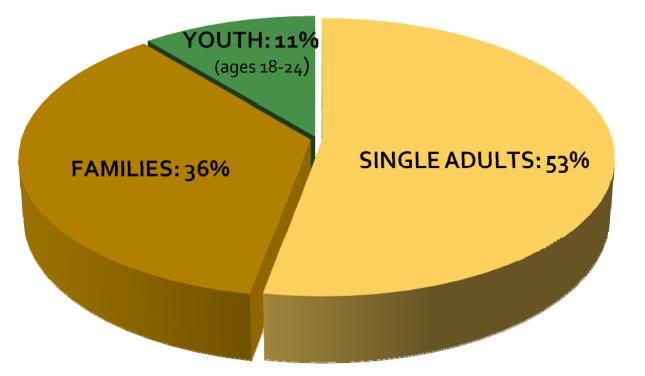
Sources: City of Long Beach, Los Angeles Homeless Services Authority.



GATEWAYS TO HOUSING

TRANSITIONAL HOUSING BEDS

(6 To 24 MONTHS)



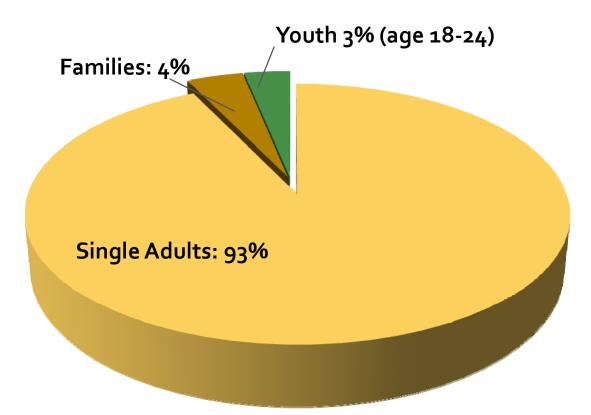
Sources: City of Long Beach, Los Angeles Homeless Services Authority.



GATEWAYS TO HOUSING

PERMANENT SUPPORTIVE HOUSING

(Long-term Affordable Housing with Services)





Sources: City of Long Beach, Housing Authority of the County of Los Angeles, Los Angeles County Community Development Commission, and Los Angeles Homeless Services Authority.

EXISTING FUNDING

A preliminary assessment is being conducted on the current level of funding allocated towards services and housing for the homeless. Data is being gathered from over 18 funding sources (local, state and federal), and from individual cities through the "Homeless Services & Housing Funding Survey."

Some potential sources of funding for homeless services include:

Homeless Prevention Initiative (HPI) funds (County)
Mental Health Services Act (MHSA) funds (State)
Emergency Food and Shelter Program (EFSP) funds (Federal)
Homeless Veterans Reintegration Project funds (Federal)
Community Services Block Grant (CSBG) funds (Federal)
HUD Supportive Housing Program (SHP) funds (Federal)



ENGAGING COMMUNITY STAKEHOLDERS

Input and feedback on the issue of homelessness and services is being gathered from:

- Service Providers
- Law Enforcement
- Provider Coalitions
- Faith Groups
- Businesses (including BIDS and Chambers of Commerce)
- Residents
- Hospitals and Health Centers
- Neighborhood Associations/Residents







COMMUNITY INTERVIEWS

Over 12 community interviews have been conducted that represent a diverse crosssection of different stakeholder groups and geographic areas.

Common themes that have arisen include:

- 1. Cities acknowledge that homelessness is an issue.
- 2. A regional strategy is needed.
- 3. Cities have a stake in solving homelessness.
- 4. Attention should be focused on preventative measures.
- 5. Effective solutions will require increased communication and

cooperation between diverse stakeholder groups.



COMMUNITY SURVEY ON HOMELESSNESS

The survey will collect information on community perceptions of homelessness, existing services and unmet needs for homeless individuals and families. The survey was designed in partnership with California State University, Long Beach, who will also assist with survey analysis.

Goal: Distribute surveys to 300 respondents. **Timeline:** October 20th through November 7th

We are requesting the assistance of each City Manager designee to participate in completing the survey.

Additionally, we request that designees assist in the distribution of the survey to a minimum of 10 respondents per city.





VISION FOR PLANNING



To develop a planning process that embraces locallydriven guidance, engage multiple stakeholder groups, produces measurable outcomes, and fosters creative partnerships.

Planning Steps:

Step 1. Bring local stakeholders together to assist in planning and provide leadership.

Step 2. Connect existing resources to homeless people in need.

Step 3. Educate and engage the community to be part of the solution.

Step 4. Assess the needs of homeless people in the area.

Step 5. Plan for long-term solutions.



PLANNING PROCESS: Step 1

To facilitate the gathering of information from stakeholders in all of the cities, the Gateway cities have been divided into four groups:

GROUP 1: Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Lynwood, Maywood, Montebello, South Gate, Vernon

GROUP 2: Avalon, La Mirada, Pico Rivera, Santa Fe Springs, Whittier

GROUP 3: Artesia, Bellflower, Cerritos, Compton, Downey, Norwalk, Paramount

GROUP 4: Hawaiian Gardens, Lakewood, Long Beach, Signal Hill

We are requesting the assistance of each City Manager designee to identify 2-3 stakeholders from their cities to participate in the planning meetings on Wednesday, November 12th.



NEXT STEPS

Over the next month, we look forward to your partnership in the following ways:

Community Survey on Homelessness Distribution Date: Monday, October 20, 2008

☑ By October 29, 2008 - Each City Manager designee assists in forwarding the survey to a minimum of 10 respondents per city.

☑ By November 7, 2008 - Each City Manager designee completes the survey on behalf of his/her city.

Planning Meetings Wednesday, November 12, 2008

☑ By November 7, 2008 - Each City Manager designee will recruit 2-3 community stakeholders to participate in the planning meeting.

☑ On November 12, 2008 - Each City Manager designee (or an appointed representative), will participate in the planning meeting.



www.PATHPartners.org

PATH PARTNERS 2008



www.pathpartners.org