



Exhibit 3

2022

GLENDALE HOMELESS COUNT

COMPREHENSIVE REPORT



ACKNOWLEDGEMENTS

This report is the result of a partnership between the City of Glendale Continuum of Care (CoC) Board of Directors, Community Services & Parks Department, and Homeless Service Providers in Glendale. These entities continue to work together to plan, develop and implement the City's Continuum of Care system to provide robust homeless services programming and help house the homeless population in our Community.

The annual homeless count is dependent upon a host of community volunteers, local homeless service providers, community organizations and City staff to successfully and safely conduct the homeless count with accuracy, compassion and dignity.

Special thanks to City of Glendale's Information Service Department for developing the Glendale Unsheltered Homeless Count 2022 Survey and providing essential technical support before, during and after the Count.

Special thanks to the Glendale Police Department and the outreach teams from Ascencia and Home Again Los Angeles, who were instrumental in planning, leading, and ensuring safety for all involved during the street count.

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WHY COUNT?

Every year City of Glendale conducts the annual “point-in-time” homeless count of all sheltered and unsheltered populations experiencing homelessness. The purpose of the homeless count is to collect accurate data to help decision makers understand trends, measure progress, and meet needs in the Glendale community. Glendale’s homeless count is part of a nationwide effort to provide a “snapshot” of homelessness on a single day each year. The U.S. Department of Housing and Urban Development (HUD) requires local jurisdictions to conduct the point-in-time homeless count every other year (usually during the last 10 days of January) to receive Continuum of Care (CoC) funding for homeless programs. As one of more than 400 jurisdictions that submit an annual application to HUD for CoC funding, City of Glendale has opted to conduct the “point in time” homeless count each year.

WHEN WAS THE COUNT CONDUCTED?

Originally, this year’s homeless count was scheduled for January 25, 2022. However, due to the COVID-19 pandemic, the homeless count was postponed to Friday, February 25, 2022 to ensure greater safety and staffing capacity. The unsheltered count was conducted “on the streets” from 5:30 a.m. to 9 a.m. and from 7 p.m. to 11 p.m., as well as on-site at various drop-in centers and homeless service organizations during regular hours of operation. The sheltered count was conducted on the same day at shelters and transitional housing programs throughout the City to count persons who slept in these programs on the night of February 25, 2022.

WHO WAS COUNTED?

Per HUD’s instructions, a person was considered homeless (and therefore counted) only when the person fell within the HUD-based definition by residing in one of the places described below:

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

WHO WAS NOT COUNTED?

Per HUD’s instructions, a person was not considered homeless (and therefore not counted) if the person resided in one of the following places noted below:

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

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



City of Glendale, like many other cities, has a substantial number of households that are at risk of becoming homeless. The U.S. Census Bureau noted that 14.9% or 29,696 of 199,303 Glendale residents were living below the poverty level as reported in the 2020 U.S. Census (www.census.gov/).

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

VISION AND VALUES

OF THE GLENDALE CONTINUUM OF CARE

The Glendale Homeless Continuum of Care (CoC) is one of the thirteen CoCs officially recognized by HUD for participation in local and regional efforts to prevent and end homelessness in Southern California. We understand the diversity of individuals and families who are homeless and their unique problems and needs require highly complex services systems. For this reason, the Glendale CoC has established a Coordinated Entry System (CES) to streamline homeless services and quick re-housing of the homeless population.

The Glendale CoC has also established a CoC Board, CoC Committee and a CES Sub-Committee that involve various groups and organizations as part of the planning process for homeless programs and services. These groups consist of local non-profit organizations (including faith-based), housing authority, local law enforcement, mental health agencies, school systems, hospitals and persons who were formerly homeless. These groups have been successful in developing strategies and putting programs in place to fill gaps in the Glendale CoC that will successfully move homeless persons through the different points in the Continuum and onto self-sufficiency.



VISION

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

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

OUR VALUES

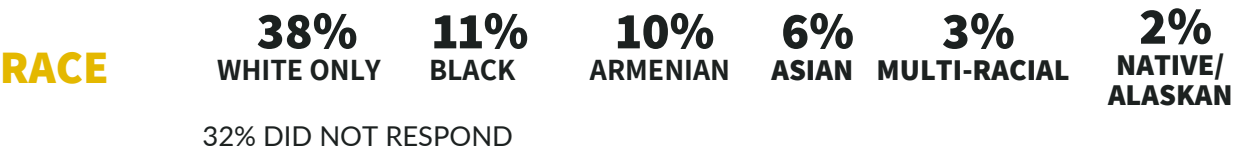
The Glendale CoC shares these values in our mission to end chronic homelessness:

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



HIGHLIGHTS OF THE UNSHELTERED POINT-IN-TIME COUNT

Of the **103** individuals that participated in the **UNSHELTERED** Homeless Survey



FIRST TIME HOMELESS <12 MONTHS

NEARLY HALF OF ALL RESPONDENTS (**46%**) FIRST EXPERIENCED HOMELESSNESS AS A SENIOR (**62+**)



HEALTH CHALLENGES

41% Did not Respond;
41% Stated no

18% OF SURVEY RESPONDENTS IDENTIFY AS HAVING AT LEAST ONE HEALTH CHALLENGE.

9%
MENTAL HEALTH

10%
PHYSICAL DISABILITY

1%
HIV/AIDS

UNSHELTERED POPULATION BY LOCATION

66%
STREET
OUTSIDE

22%
CAR/RV/
VAN/
TRUCK

6%
TENT

2%
BUS/
TRAIN

1%
MOTEL

3% DID NOT RESPOND

HIGHLIGHTS OF THE SHELTERED POINT-IN-TIME COUNT

Of the **122** individuals counted in the **SHELTERED** Homeless Count.

HOUSEHOLD BREAKDOWN

- 43%** SINGLE ADULTS WITHOUT CHILDREN (52 PERSONS)
- 57%** 22 FAMILIES WITH AT LEAST 1 CHILD & ADULT (70 PERSONS)
- 0%** UNACCOMPANIED YOUTH

SUB- POPULATIONS

- 18%** CHRONICALLY HOMELESS (22 PERSONS)
- 3%** VETERANS (4 PERSONS)
- 21%** ADULT SURVIVORS OF DOMESTIC VIOLENCE (16 out of 77 ADULTS)

AGE

- 37%** AGES 0-17
- 1%** AGES 18-24
- 48%** AGES 25-64
- 14%** AGES 65+

GENDER

- 48%** MALE
- 51%** FEMALE
- 1%** TRANSGENDER
- 0%** GENDER NON-BINARY

Of the **122** individuals counted in the **SHELTERED** Homeless Count.
(CONTINUED)

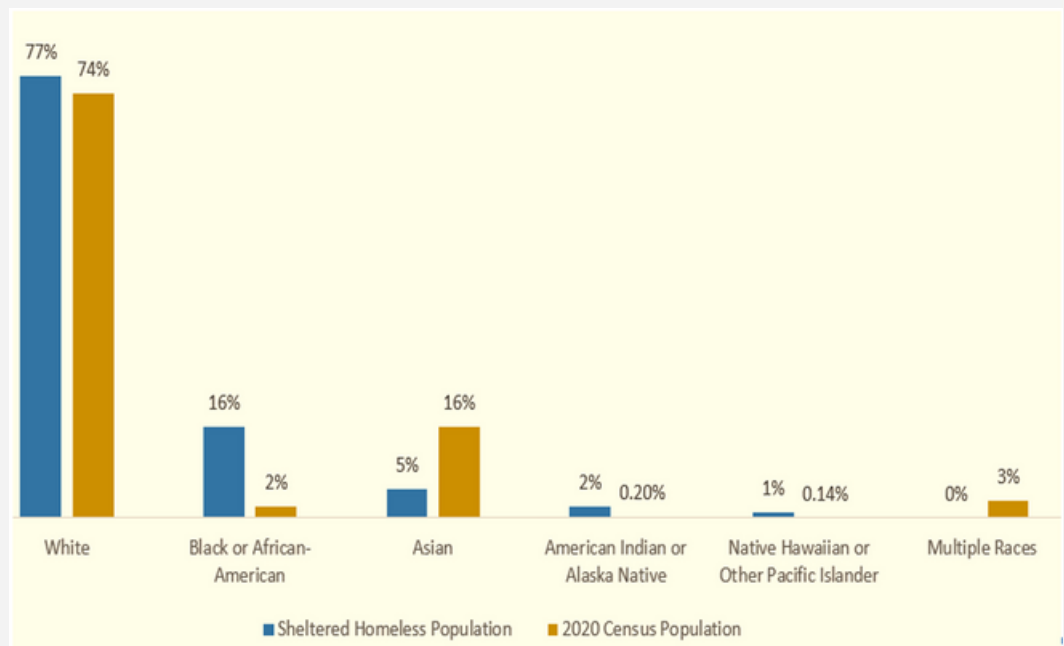
HEALTH CHALLENGES

20% ADULTS WITH SERIOUS MENTAL ILLNESS.

5% ADULTS WITH SUBSTANCE USE DISORDER

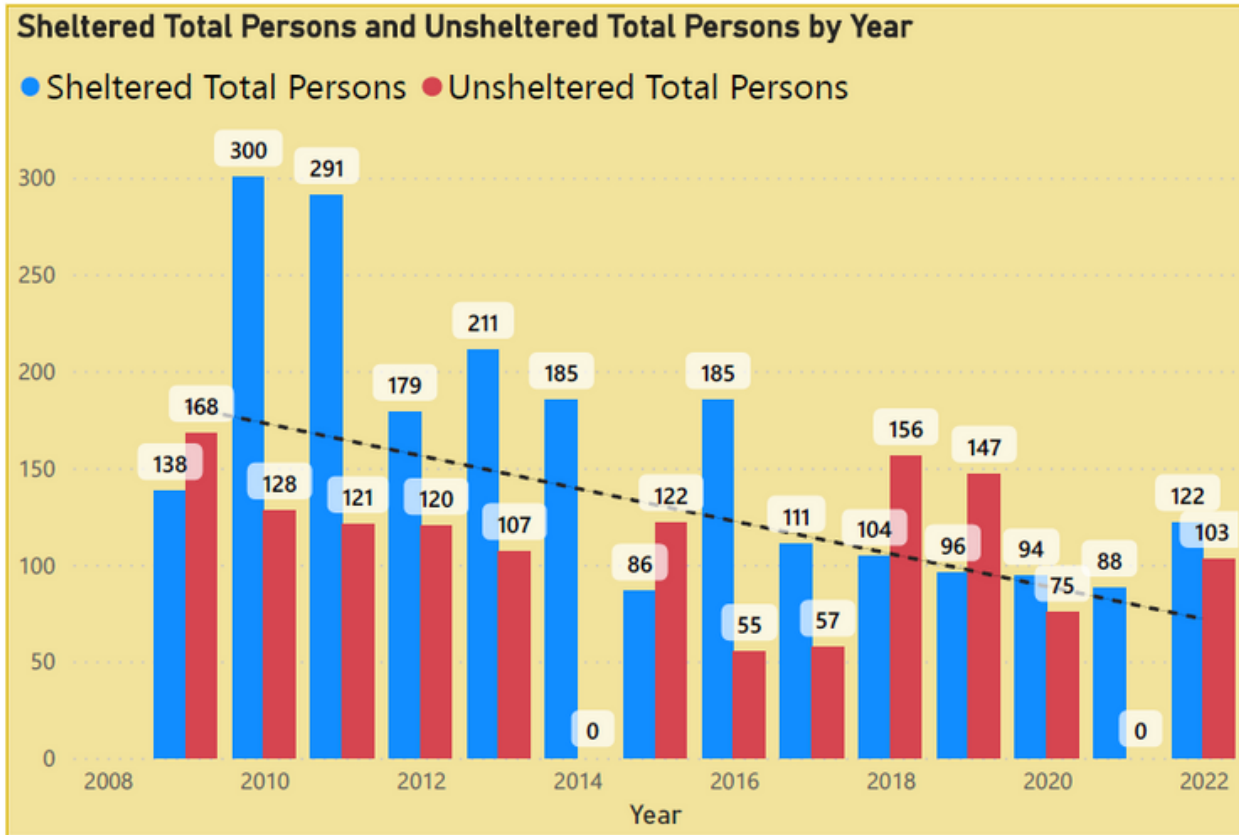
11% ADULTS WITH A PHYSICAL DISABILITY

RACE AND ETHNICITY



ETHNICITY: 49% HISPANIC

Historical and 2022 Homeless Count



On February 25, 2022, 225 persons were homeless (sheltered and unsheltered) according to the Glendale 2022 Homeless Count and Survey Final Report. In 2021, an unsheltered homeless count was not conducted due to the COVID-19 pandemic. The latest full homeless count and subpopulation survey was completed in 2020 during which 169 persons were counted as homeless (sheltered and unsheltered). A comparison reveals that 56 more persons were counted in 2022 than in 2020, which represents an increase of 33%.

SHELTERED

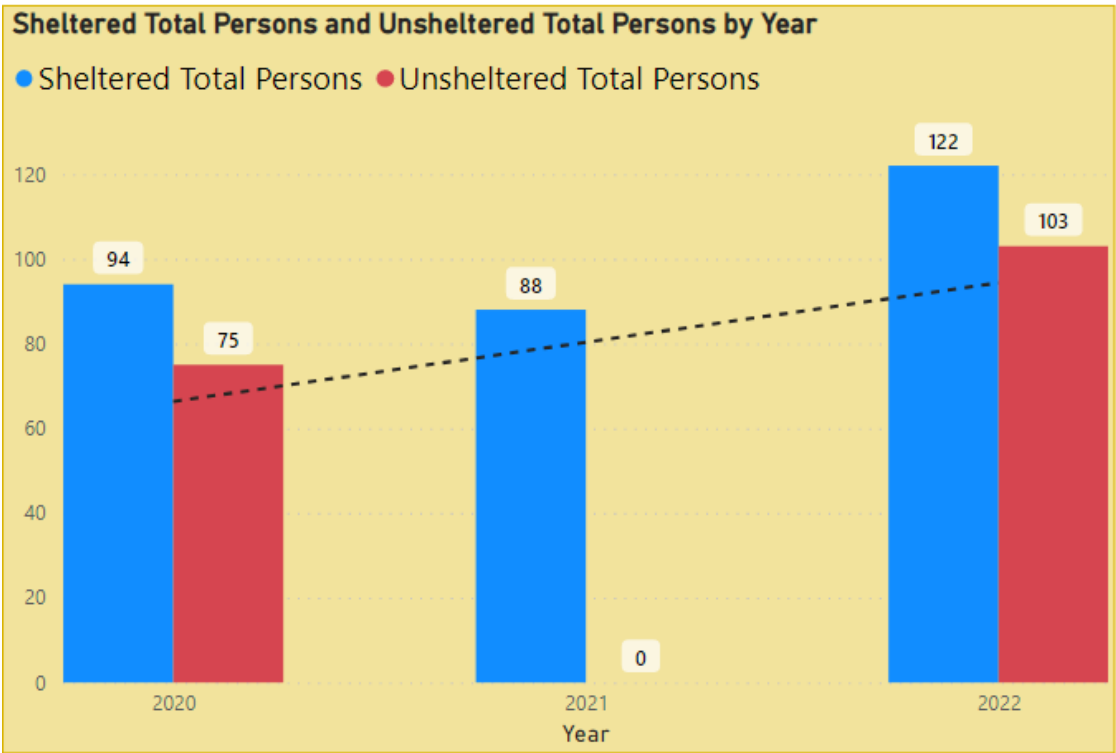
122

UNSHelterED

103

Unsheltered and Sheltered

Of the 225 total persons counted as homeless in 2022, the total number of unsheltered persons counted was 103 (46% of 225), and the total number of sheltered persons counted was 122 (54% of 225).

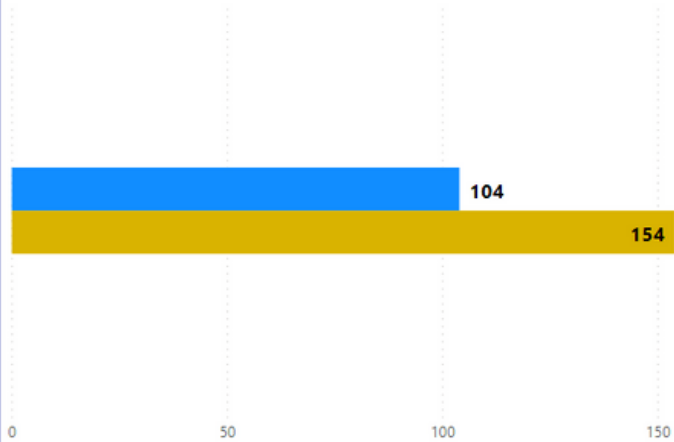


Household Types

Of the 225 total persons counted as homeless in 2022, 71 (32% of 225) counted were persons in families with children, which is a 9% increase since 2020. 154 out of 225 (68%) were individuals without children which is a 48% increase since 2020.

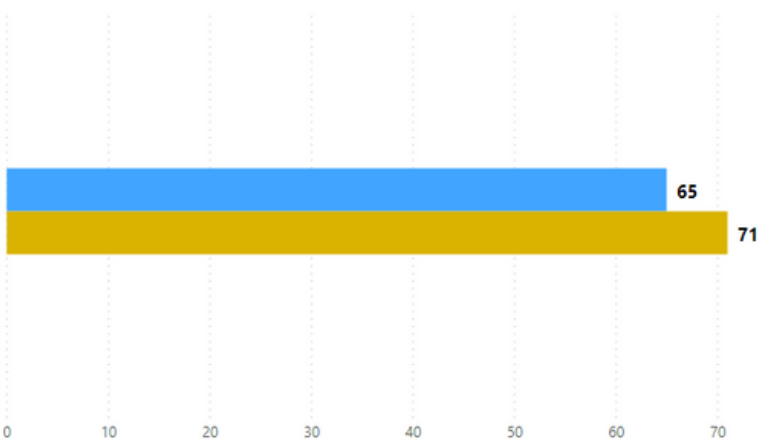
Household Types 2020 vs 2022

● 2020 Adults Only ● 2022 Adults Only



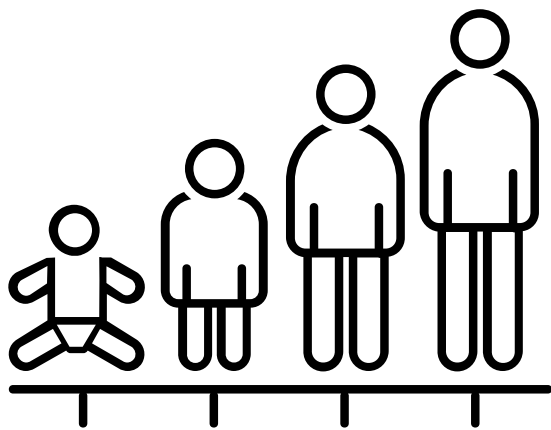
Household Types 2020 vs 2022

● 2020 Households with children ● 2022 Households with Children

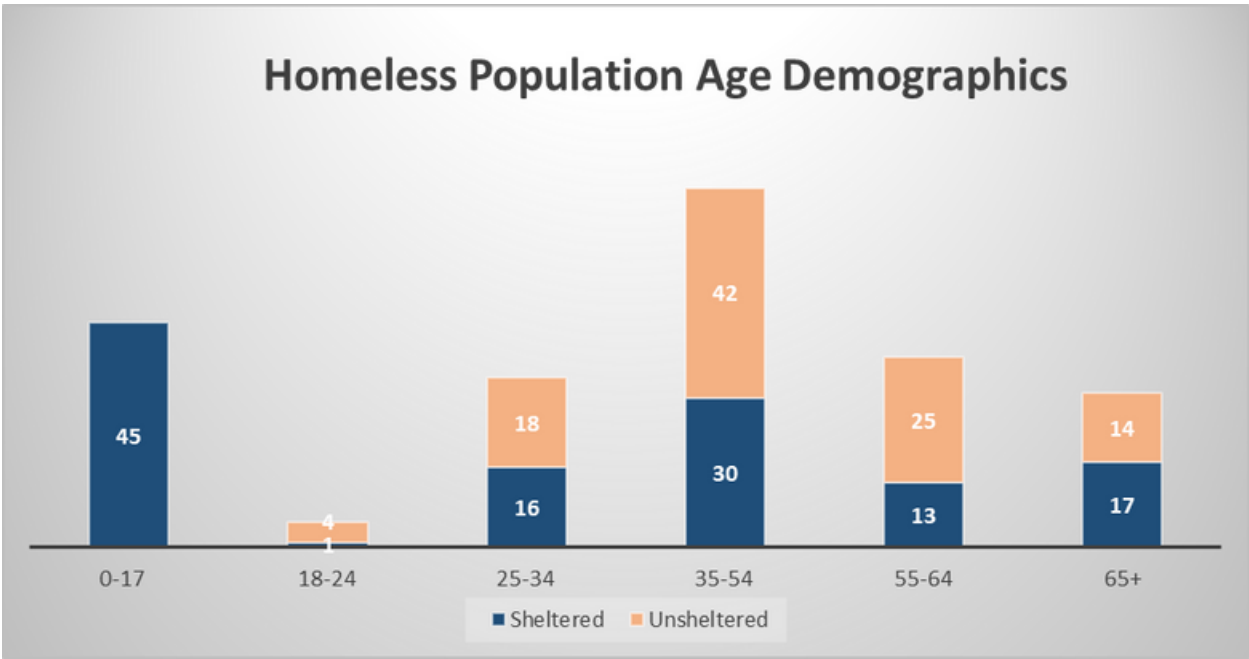


Age Demographics

Of the 225 total persons counted as homeless in 2022,



- 20%** Under the age of 18.
- 2%** Ages 18-24 Transitional Age Youth
- 78%** 25 years of age and over
- 14%** Over 65 years of age



Unsheltered Chronic Homelessness

Of the 103 unsheltered persons surveyed in the 2022 homeless count, 9 persons (9% of 103) were identified as experiencing chronic homelessness in Glendale, which is a decrease of 63% since 2020.

Per HUD’s definition, persons who fall into the “chronically homeless” category possess a disabling condition AND have experienced homelessness either:

1. continuously for at least one year; or
2. four or more times in the last 3 years where the cumulative time homeless amounts to at least one year.



It is worth noting that an additional 27 (26%) of the 103 unsheltered persons reported they had experienced homelessness longer than 12 months in Glendale but with no disabling conditions.

Factors contributing to the decrease of chronically homeless persons on the streets of Glendale:

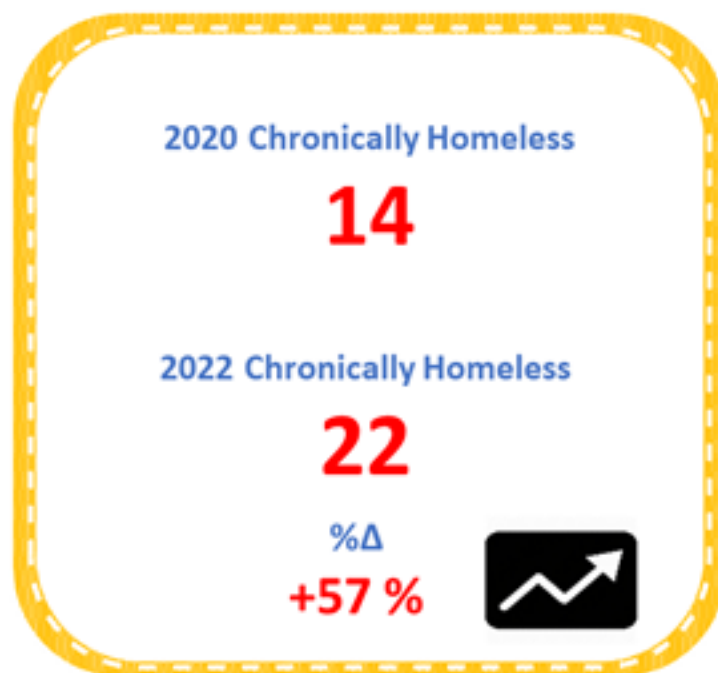
- The increase in homelessness prevention and rapid rehousing programs;
- The increase in affordable housing options made available through the new Emergency Housing Voucher Program;
- The increase in coordinated efforts by the Glendale Homeless Outreach Team, a collaboration of City staff, Glendale Police Department's (GPD) Community Outreach Resources and Engagement (CORE) Bureau, and local homeless service providers, who work through the streets daily, building rapport and trust, and completing eligibility documentation and housing placements with unsheltered persons.

Sheltered Chronic Homelessness

Of the 122 sheltered persons surveyed in the 2022 homeless count, 22 persons (18% of 122) were identified as experiencing chronic homelessness in Glendale, which is an increase of 57% since 2020.

Factors contributing to the increase of chronically homeless persons in Glendale's shelters:

- The increase in the number and variety of emergency shelter options (such as motel/hotel vouchers) made available due to the Coronavirus Aid, Relief, and Economic Security (CARES) Act as well as the City of Glendale's Measure S Fund; and
- The positive impact of the Glendale Homeless Outreach Team (described above) to build trust and rapport with unsheltered persons and help them overcome barriers.



Additional Subpopulations: Health Conditions and Domestic Violence

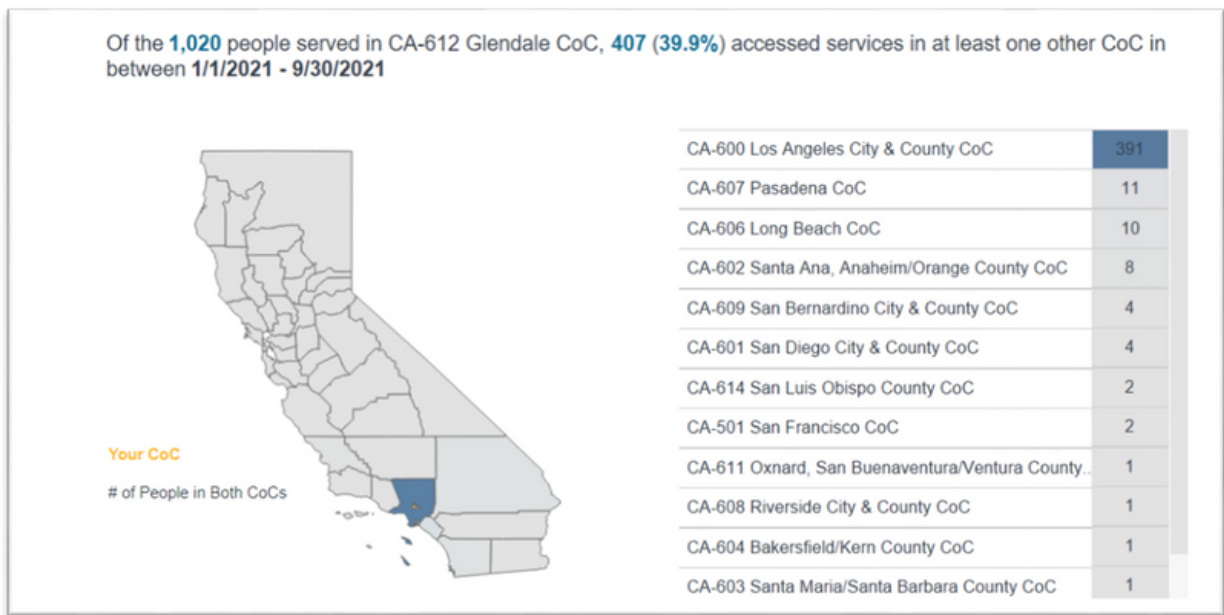
Every year, the homeless survey collects additional information on the occurrence of serious mental illness, substance abuse disorder, HIV/AIDS, as well as domestic violence among the homeless population. Only adults were asked to respond to this question.

On February 25, 2022, a total of 180 adults were surveyed of which 63 adults were identified with the following:

- MENTAL HEALTH** • 34 persons out of 180 adults (19%) reported having serious mental health conditions, which is a slight increase of 3% since 2020.
- SUBSTANCE ABUSE** • 6 persons out of 180 adults (3%) reported having a substance use disorder, which is a decrease of 35% since 2020.
- HIV/AIDS** • 3 persons out of 180 adults (2%) reported that they had been diagnosed with HIV/AIDS, a slight increase of one more person since 2020.
- DOMESTIC VIOLENCE** • 20 persons out of 180 adults (11%) reported that they were survivors of domestic violence, a slight increase of 5% since 2020.

Regional Impact

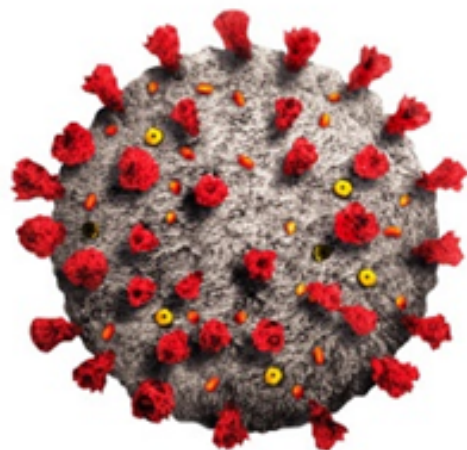
The City of Glendale has expanded its Homeless Services direct assistance budget and expedited housing placements through the CES system. However, across the region, there continues to be a drastic increase in homeless populations. This is due in part to the influx of unsheltered community members from neighboring regions.

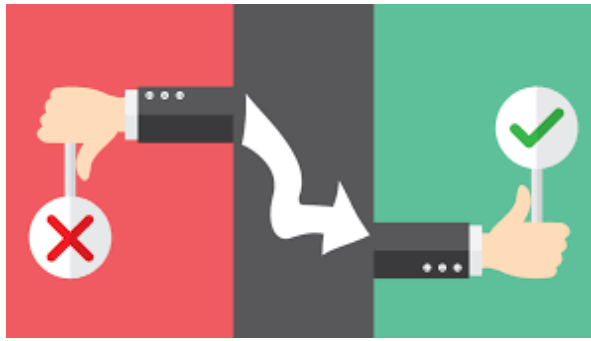


Impact of COVID-19 Pandemic

Glendale has seen a spike in homelessness due to the economic impact of the COVID-19 pandemic, as evidenced by the following factors:

- loss of jobs;
- loss of income;
- illness;
- high rental costs; and
- decompressing of shelter programs county wide during several peaks in COVID cases.





Responses to the Pandemic:

Services

The Glendale CoC receives Local, County, State, and Federal funds to operate the following programs in the Community: Homeless Prevention; Emergency Shelter (45-bed shelter) operated by the lead CES Agency Ascencia; Domestic Violence Emergency Shelter (16-bed facility) operated by the YWCA of Glendale and Pasadena for victims of Domestic Violence; Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing, Outreach and Case Management and Landlord Incentive programs to help identify units to place the homeless families and individuals.

Expanded Services During COVID-19

During the COVID-19 crisis, the Glendale CoC opened and operated Glendale Hotel Programs and Project Roomkey, mobile showers, washing stations, expanded homeless prevention/rental assistance programs, and provided extensive outreach and case management on the streets to Glendale's most vulnerable chronically homeless persons.

Outreach

Currently, the Glendale CoC Outreach team is based at Ascencia. The mobile street outreach team provides assessment and services to homeless persons on the streets of Glendale Monday thru Friday from 7 a.m. to 4 p.m. The outreach team helps provide resources pertaining to housing, counseling, employment, health & mental health issues. In addition to outreach services provided by Ascencia's team, the Glendale Police Department's Community, Outreach, Resources, and Engagement Team (C.O.R.E) provides community support for mental illness and homelessness outreach services throughout the City.

Additional Homeless Services Programs funded by Measure S Fiscal year 2021-22

The Glendale City Council has designated a total of \$250,000 in Measure S funds to the City and the Glendale CoC to increase Outreach Services and continue the Landlord Incentive Program.

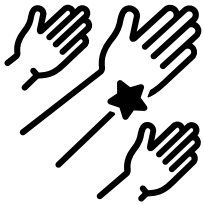
Emergency Housing Vouchers (EHV Program)

The Emergency Housing Voucher (EHV) program is available through the American Rescue Plan Act (ARPA). Through EHV, HUD is providing 70,000 housing choice vouchers to local Public Housing Authorities (PHAs) in order to assist individuals and families who are: Homeless, at risk of homelessness, fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability. The City of Glendale Housing Authority (Authority) received a total of 225 vouchers. The Authority in collaboration with the CoC and its service providers has been placing homeless individuals and families in the EHV program and will continue to do so until September 2023.

The Glendale CoC will continue to utilize funds to ensure that people experiencing homelessness are quickly prioritized, matched, and placed in suitable housing and that eviction is prevented for people at risk of homelessness.

Ongoing challenges during the pandemic

It is critical to note that, even with the onset of new rapid rehousing and permanent housing programs, there is an ongoing shortfall of housing vacancies to transition those who are currently in interim housing programs.



Glendale Police Homeless Outreach

Since the implementation of the evening and weekend hour outreach program in July of 2021, Community, Outreach, Resources, and Engagement (CORE) officers have provided homeless outreach support to a total of 208 unduplicated homeless persons of which 56 (27%) have been successfully referred to supportive services and housing placement (including 6 successful permanent housing placements through the Emergency Housing Voucher Program). CORE officers work in partnership with the broader Glendale Homeless Outreach Team, a collaboration of local homeless service providers and City homeless services staff.

Glendale Police Outreach Outcome Measures

● Family Reunification ● Permanent Housing Destinations via EHV ● Supportive Services & Temporary Shelters

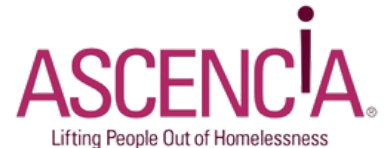


Coordinated Entry System

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

Lead Agency for Individuals: Ascencia

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



Lead Agency for Families with Children: Home Again Los Angeles

Home Again Los Angeles currently serves as the lead agency for families with children experiencing homelessness and is responsible for implementing the centralized intake and assessment system for the CoC by providing first-level screening, service matching, and makes final admissions decisions.



Lead Agency for Domestic Violence (DV): YWCA of Glendale and Pasadena

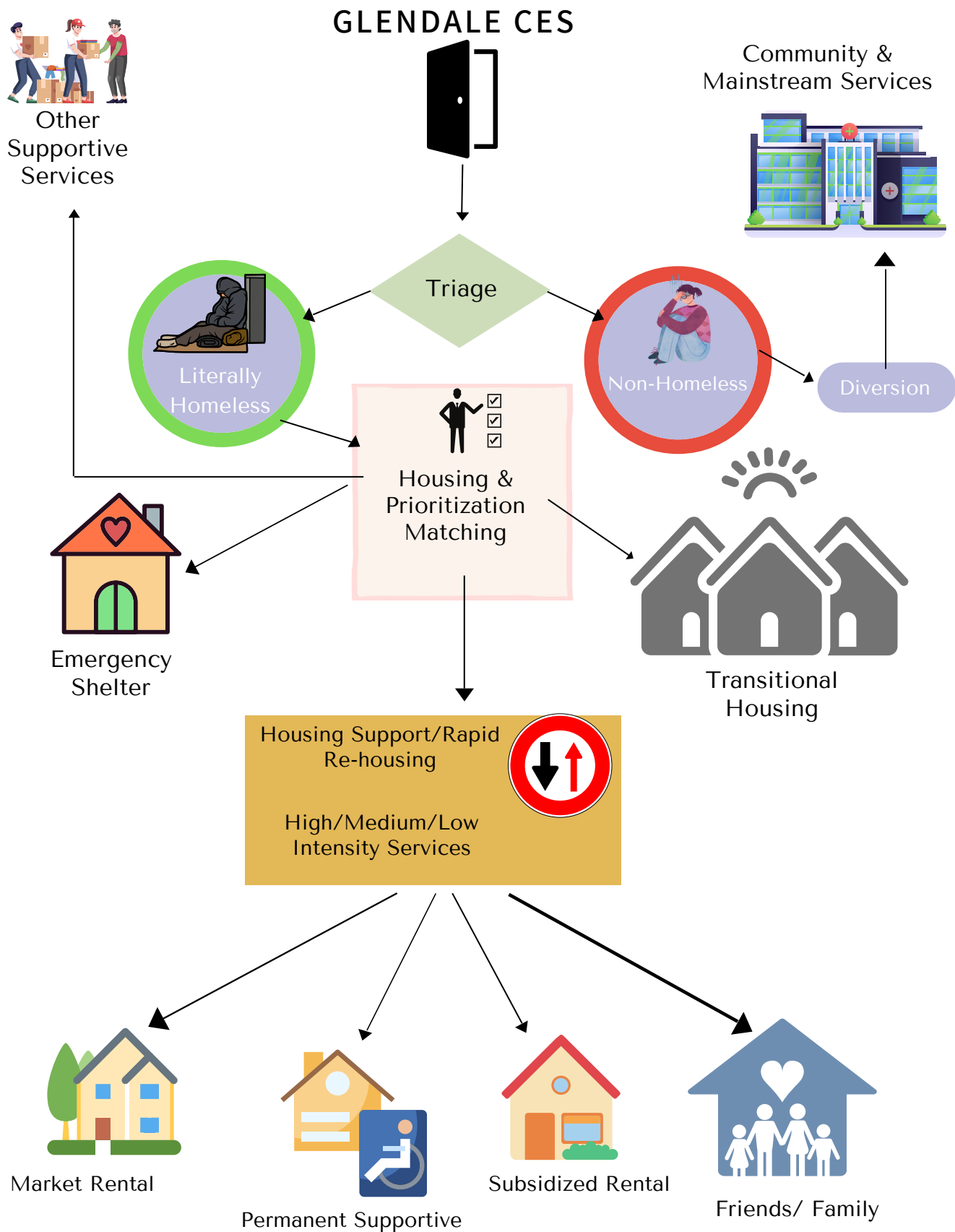
YWCA of Glendale and Pasadena currently serves as the Glendale CES lead agency for families or persons fleeing domestic violence, dating violence, sexual assault, and stalking, and is responsible for implementing the centralized intake and assessment system for the CoC providing first-level screening, service matching, and makes final admissions decisions.



Other Agencies

All CoC Partners must utilize the CES established by the CoC, unless the sub-recipient is a victim service provider. Victim service providers work directly with the YWCA of Glendale and Pasadena, the City's lead organization for DV programming. Ascencia (individuals) and Home Again Los Angeles (families with children) continuously stay in close communication with DV providers to ensure up-to-date information on housing stock, inventory, and program eligibility requirements on all programs serving homeless populations in the Glendale area are available so that clients can be placed into permanent housing as quickly as possible.

The CES Lead Agencies work with local hospitals to facilitate discharge planning for homeless patients so they do not return to the streets, prioritize frequent hospital users for placement in permanent supportive housing, and support post-discharge compliance. Providers accompany clients deemed in need of more intensive support to appointments to ensure they are properly connected to the appropriate resources they need. The Glendale CES uses the coordinated process to match persons and households experiencing homelessness to appropriate housing resources and services in Glendale. The Glendale CES maintains a centralized list of persons and households – prioritized in accordance with the criteria established by the CES Prioritization Policy – from which participants are matched to available housing opportunities and services. All permanent supportive housing, rapid re-housing and youth-specific transitional housing vacancies are filled exclusively through the Glendale CES matching process. The Glendale CoC and all CES participating agencies comply with the equal access and nondiscrimination provisions of federal civil rights laws. A CES housing resource provider may only decline a match for permanent supportive housing, rapid re-housing, or youth-specific transitional housing if the individual or household does not meet standard program eligibility requirements. Eligibility criteria must be documented and made available to the CES Lead Agency administrator.



Unsheltered Count

The unsheltered count includes individuals or families who “lack a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings” (HUD).

As done in 2020, this year City of Glendale developed a digital survey using Esri’s ArcGIS software platform. The survey application included:

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

The volunteers used the Survey123 application, which was downloaded on each volunteer’s phone before the count. Compared to paper surveys, the digital surveys were more effective for the following reasons:

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

One of the most significant changes with the digital survey was the elimination of manual data entry into a database and deduplication of data. The survey results were exported to a spreadsheet for analysis and deduplication. A unique identifier for each person was generated in the report, which helped to identify duplicate entries.

The obtained data also provided the opportunity to break down the number of homeless persons counted by gender, ethnicity, age range, and state born. Thus, the questions served two purposes— basic demographic information and the prevention of duplication. The survey also focused on gathering responses to several questions to determine the number of persons for each of the eight subpopulations required by HUD which include:

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



Sheltered Count



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

The HIC is updated and submitted to HUD in April of each year, as part of the annual Point-in-Time Count process. However, this year the report was extended until May 6th due to technical issues associated with HUD's portal. Prior to the Homeless Count, the HIC was updated by City of Glendale staff to include any new programs or exclude any programs no longer operational.

HUD encourages the use of the Homeless Management Information Systems (HMIS) data to generate sheltered counts and subpopulation data for programs with 100% of beds participating in HMIS. Thus, HMIS was used to gather the total number of occupied beds and the number of persons for each subpopulation. A "Data Collection Instrument" was used to collect the total number of occupied beds and the number of persons for each subpopulation for non-participating HMIS programs and for HMIS participating agencies that do not have their HMIS data complete and correct. The same questions used to collect subpopulation data through HMIS were used for the data collection instrument. Thus, sheltered count data for all sheltered programs was gathered either through a data collection sheet or HMIS. Since victim service providers securely maintain client data in alternative databases comparable to HMIS, the City of Glendale manually added the 2022 homeless count data for survivors staying at the emergency shelter and transitional housing programs operated by the Glendale CoC's victim service providers.

Each client was given the opportunity to refuse to participate in the survey. Survey data is collected from each agency (totaling hundreds of agencies) then duplicated entries are removed to obtain an accurate count. The Homeless count data is used to determine the special needs of the homeless population and subpopulation; and to substantiate the City's need for funding. The unduplicated count is meant to be confidential, and the information collected is used only to perform a count of currently homeless persons in the City of Glendale.

2022 sheltered count data was collected from the following types of housing programs:

1. Emergency Shelter Programs
2. Transitional Housing Programs
3. Rapid Rehousing Programs
4. Permanent Supportive Housing Programs
5. Affordable Housing Programs



1. 2022 Emergency Shelter Programs

Sheltered count data was collected on persons staying at three Emergency Shelter (ES) programs:

Ascencia's Emergency Housing Program

This year-round, 45-bed shelter located in Glendale provides individuals and families with children experiencing homelessness with residential services, daily meals, showers, case management, and various supportive services to transition into permanent or transitional housing destinations. Glendale CoC funding source for this ES program: Emergency Solutions Grant (ESG).



YWCA of Glendale and Pasadena's Sunrise Village Emergency Shelter

This year-round, 16-bed domestic violence (DV) shelter at an undisclosed location provides a temporary community living environment for women and children whose safety is at immediate risk. Program services include case management, crisis intervention and counseling to assist participants with overcoming trauma and moving into permanent or transitional housing destinations. Glendale CoC funding source for this ES program: ESG.



City of Glendale's Hotel/Motel Program (Temporary Emergency Shelter)

When emergency shelters are at maximum capacity, this ES program temporarily places individuals and families experiencing homelessness in hotels/motels until a shelter bed becomes available. For example, hotel/motel vouchers have helped to provide immediate safety for women and children fleeing DV while they wait for an opening at the YWCA's shelter. Hotel/Motel vouchers have also proven to be an important "steppingstone" on the path to building rapport and trust between homeless service providers and unsheltered populations who have been resistant to services. Glendale CoC funding source for this ES program: City of Glendale's local Measure S Fund.

2. 2022 Transitional Housing Programs

Sheltered count data was collected on persons staying at the following two Transitional Housing (TH) programs that provide long-term housing and comprehensive services designed for the whole person and the whole family to permanently break the cycle of homelessness for this generation and the next.

The Salvation Army's Booth Home Senior Bridge Housing

The Booth Home Senior Bridge Housing program is an interim program funded by LA County Department of Mental Health located in the City of Glendale. The program serves individuals, particularly older adults 55+. The goal of the program is to safely house older adults, and assist them with their transition into permanent housing.



Door of Hope's Transitional Housing Program

Families with children (single mothers or fathers, two-parent families, and domestic violence survivors with their children) can live at an undisclosed location for up to two years. Door of Hope helps the families overcome the practical, emotional, and financial challenges they face and transition into permanent housing.



While both TH programs mentioned above are funded by sources outside the Glendale CoC, their vision is aligned with the Glendale CES and its goal of ending homelessness for those in the City of Glendale.

3. 2022 Rapid Rehousing Programs

Sheltered count data was collected from the Glendale CoC's Rapid Rehousing (RRH) programs, which are designed to quickly and safely house people experiencing homelessness in Glendale. Subpopulations served by the Glendale CoC's RRH programs include: Adults, Families, Transitional Age Youth (TAY) ranging from age 16 up to 25, and Survivors of domestic violence, dating violence, sexual assault, or stalking. RRH programs provide housing relocation and stabilization services ranging from short-term (3 month) to medium-term (12-24 months) rental assistance, as well as intensive housing search, mediation services, case management and a variety of supportive services to assist households with overcoming barriers to becoming autonomous so they can transition into permanent housing destinations.

Glendale CoC partners providing RRH programs include: Adventist Health Glendale Foundation, Armenian Relief Society, Glendale Youth Alliance, and Home Again LA (formerly known as Family Promise of the Verdugos).



Glendale CoC funding sources for RRH programs include: California Emergency Solutions and Housing (CESH), Emergency Solutions Grant CARES Act (ESG-CV), Homeless Housing, Assistance and Prevention (HHAP), and Los Angeles County Measure H funds.

4. 2022 Permanent Supportive Housing Programs

Sheltered count data was collected from the Glendale CoC's Permanent Supportive Housing (PSH) programs, which are a proven solution for the most vulnerable chronically homeless people. PSH programs end a person's homelessness by pairing housing with case management and voluntary supportive services. Connecting people to PSH places people experiencing homelessness in a better position to address additional challenges that may have contributed to their homelessness, such as obtaining employment or addressing substance use issues. The Glendale CoC ensure that the homeless individuals and families with the most severe service needs in Glendale are prioritized in PSH, which will also increase progress towards ending chronic homelessness in our community.

Glendale CoC partners operating PSH programs include: Ascencia (four PSH programs) and The Salvation Army (one PSH program). The CoC also operates its own CoC Rental Assistance Program.

Glendale CoC funding source for PSH programs: Continuum of Care (CoC) Grant.

Ascencia's PSH Programs:

Ascencia provides formerly chronically homeless families and individuals with subsidized housing as well as supportive services through case management. Program participants and their case managers collaborate on developing a financial management plan, obtaining employment, and successfully maintaining their housing. On an annual basis, Ascencia operates the Next Step PSH program (8 individuals), Housing Now PSH Program (14 individuals) and the Scattered Site PSH Program (12 households) as well as leveraging City of Glendale's CoC Rental Assistance Housing Program which provides housing subsidy for up to 45 households. Ascencia operates its own supportive housing programs and also refers clients to other providers. There is no time limit for the PSH programs offered by Ascencia, but clients frequently move out as their financial situations improve.



The Salvation Army's Chester Street PSH Program:

This program provides assistance to four (4) families with children where at least one adult is disabled due to substance use. The project consists of four (4) two-bedroom apartments serving four (4) families with children. The Salvation Army staff members provide supportive services including but not limited to: ongoing case management and assessments; life skills classes; substance use counseling and support groups; employment and education assistance; mental health assessments and care as needed; and childcare for children/youth. As part of case management, participants are required to save at least 30% of their monthly income in an individual savings account.



5. 2022 Affordable Housing Programs

Sheltered count data was collected on participants in four affordable housing programs:

New Directions for Veterans (Veterans Village)

This program provides formerly homeless veterans with a safe place to stay while they are securing permanent housing units. The priority in this program is permanent housing. In the interim, participants may take advantage of comprehensive supportive services offered such as case management, mental health services, substance use support groups, workforce development, and free legal assistance.

Glen Grove Apartments

This 24-unit family building in Glendale serves low and very-low income families, some of whom are formerly homeless.

Gardena Avenue Apartments

This 9-unit project consists of five one-bedroom and four two-bedroom units that serve as a residential affordable housing building for formerly homeless families.

Emergency Housing Voucher (EHV) Program

This new housing voucher program funded by the American Rescue Plan (ARP) provides 225 housing vouchers through the Glendale Housing Authority (GHA) to assist people who are experiencing or at risk of homelessness; are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless. Implementation of EHV's must be done in partnership with the Glendale CoC and Victim Services Providers.

05 Survey Results

On February 25, 2022, there were a total of 225 people experiencing homelessness in Glendale, a 33% increase over the 2020 Point-in-Time Count during which 169 persons were counted. Of the 225 persons, 122 or 54% were sheltered while 103 or 46% were unsheltered.

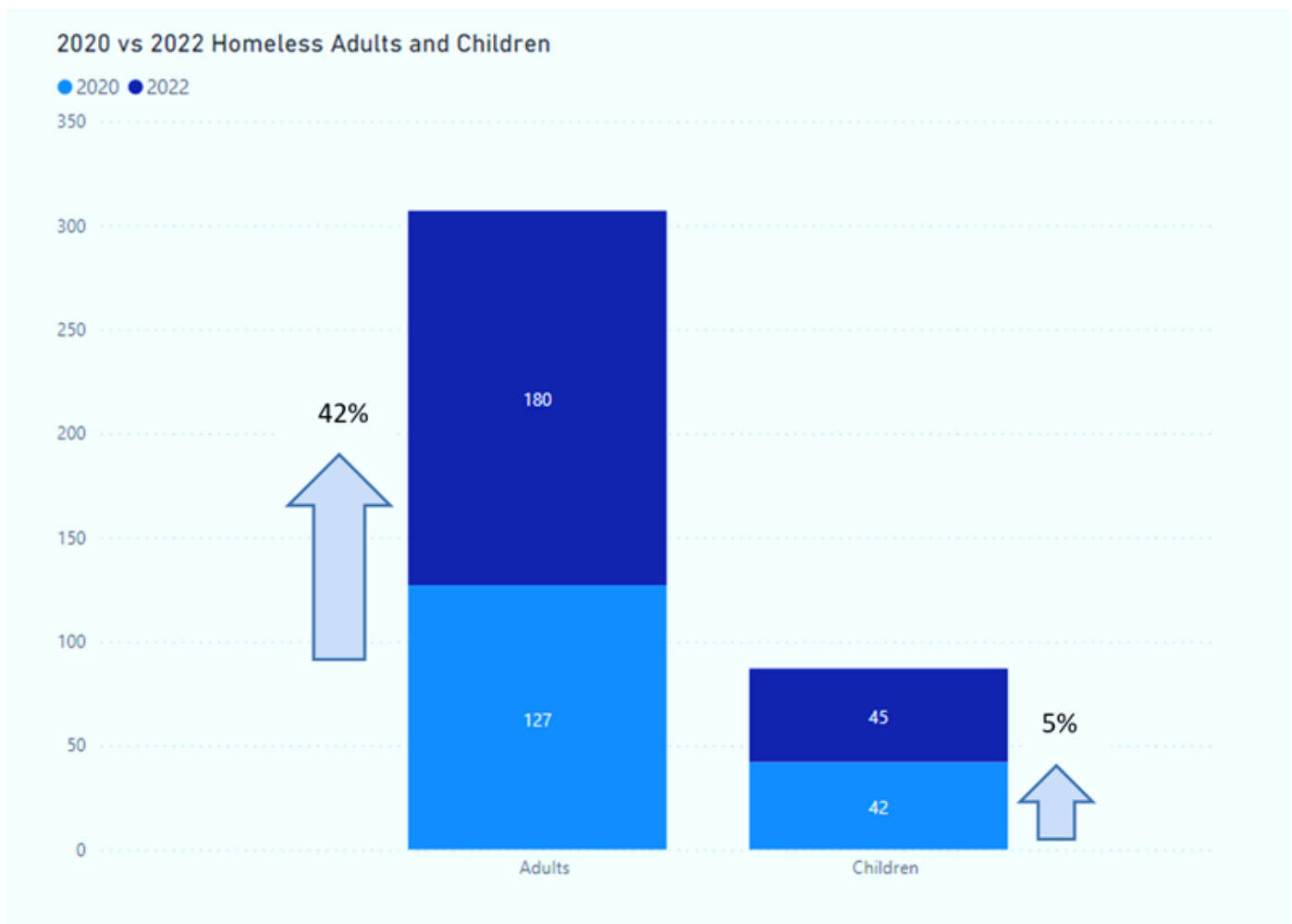
Comparison of 2020 and 2022 Homeless Counts

	Sheltered	Unsheltered	Total
2022 Homeless Count	122	103	225
2020 Homeless Count	94	75	169
Difference:	28	28	56
	+30%	+37%	+33%

Survey Demographics

HUD requires that the total number of unsheltered and sheltered adults and children be broken down by various subpopulations including age, gender, race, ethnicity, and chronic homeless status. The following pages contain demographic information collected during the 2022 Homeless Count.

During the 2022 Homeless Count, 225 unduplicated homeless persons were counted of which 180 (80%) were adults and 45 (20%) were children under the age of 18.



Age

180 (80%) of the 225 persons surveyed were adults over the age of 18

Out of the 180, 103 (57%) were unsheltered and 77(43%) were sheltered;

Gender:

87 (39%) persons identified as female

Out of the 87, 62 (71%) were sheltered and 25 (29 %) were unsheltered

126 (56%) persons identified as male

Out of the 126, 59 (47%) were sheltered and 67 (53%) were unsheltered

1 (.4%) person identified as transgender

1 person was sheltered

11 (4.8%) Did not respond to this question

All 11 were unsheltered



Ethnicity

122 (54%) persons identified as Non-Hispanic/Non-Latino

Out of the 122, 62 (51%) were sheltered and 60 (49%) were unsheltered

81 (36%) persons identified as Hispanic/Latino

Out of the 81, 60 (74%) were sheltered and 21 (26%) were unsheltered

22 (10%) persons did not respond to this question on the survey

All 22 were unsheltered

Race

143 (64%) surveyed identified as White

Out of the 143, 94 (66%) were sheltered and 49 (34%) were unsheltered

34 (15%) surveyed identified as Black or African American

Out of the 34, 11 (32%) were unsheltered and 23 (68%) were sheltered

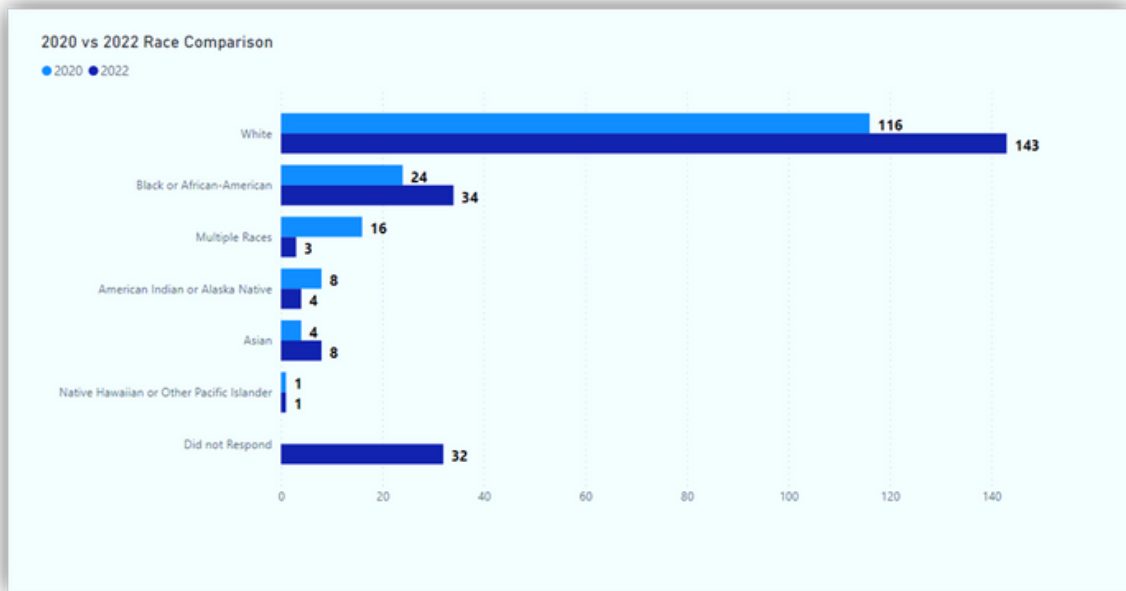
8 (4%) surveyed identified as Asian

Out of the 8, 2 (25%) were sheltered and 6 (75%) were unsheltered

4 (2%) surveyed identified as American Indian or Alaska Native

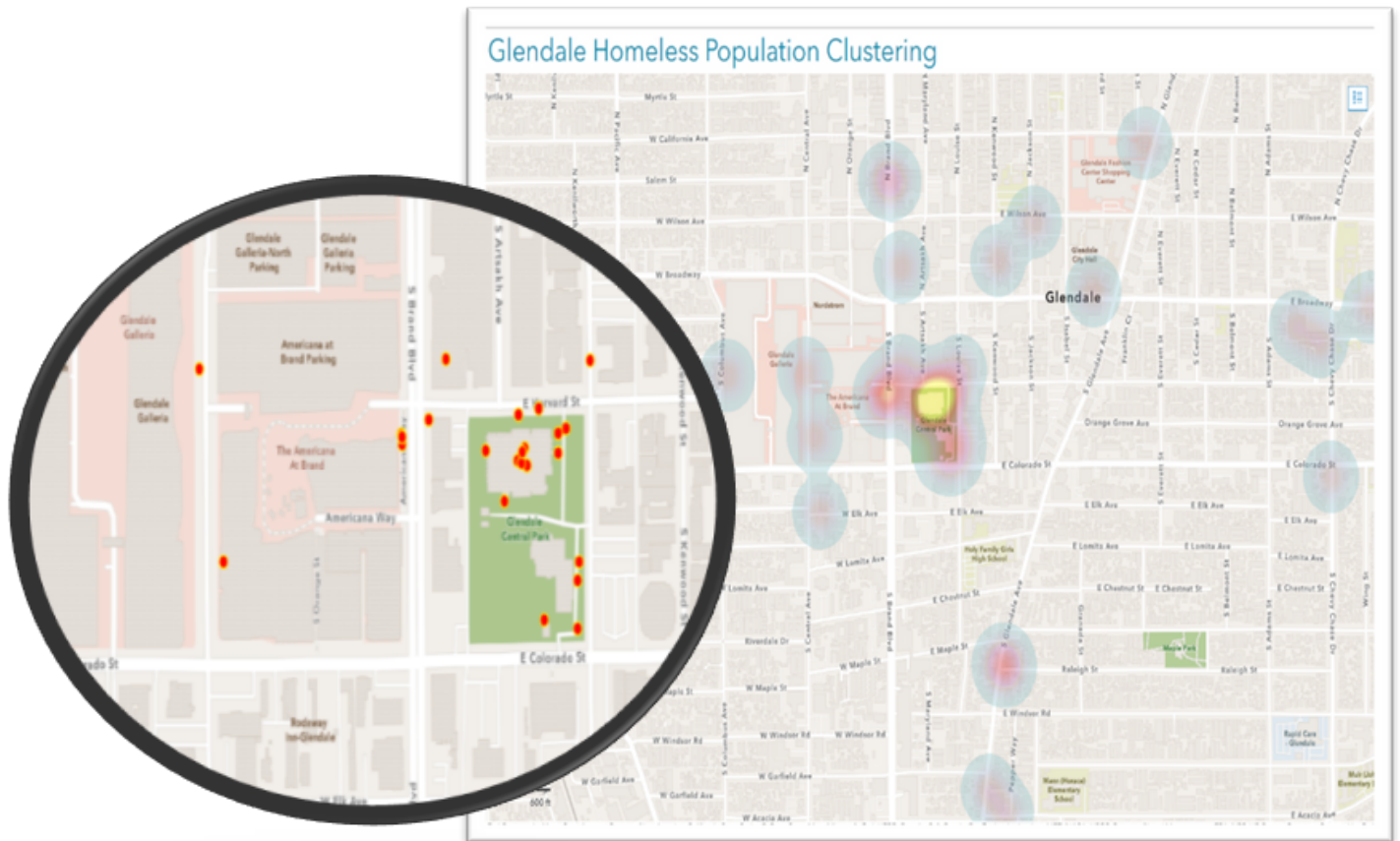
Out of the 4, 2(50%) were sheltered and 2 (50%) were unsheltered





Glendale Unsheltered Homeless Hotspots

Utilizing geospatial modeling technology, City found that during the PIT count most of Glendale's unsheltered community members were spatially localized in Downtown, specifically Central Park—the largest green space in Downtown Glendale. This area provides a front yard to the Central Library, the Adult Recreation Center, and the proposed Armenian American Museum



Sub-Populations

People with Special Needs

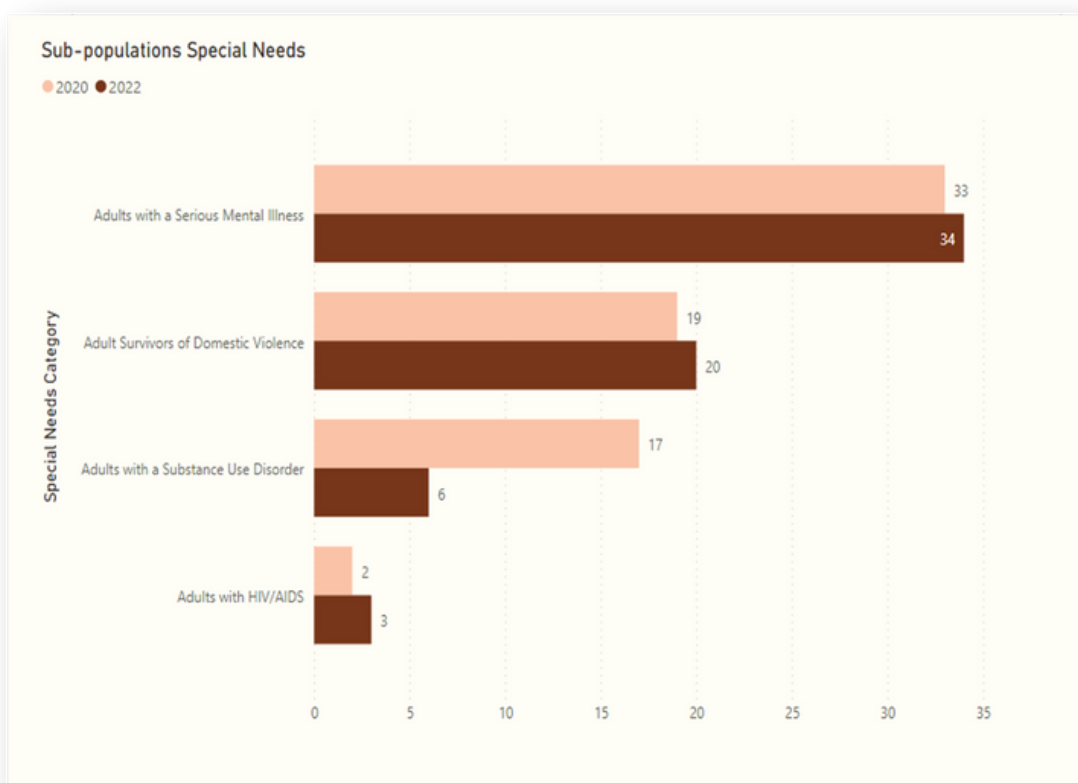
Every year, the homeless count seeks to estimate the prevalence of certain disabilities among the homeless population. For many homeless individuals and families, health conditions are a major contributing factor in the economic crisis that leads to losing stable housing. Once left without support and resources for basic needs, even the most minor illness can escalate to more acute or chronic illness. Exposure to environmental elements and violence, along with lack of proper nutrition and preventative care often can result in more serious illness and financial strains on the community as hospitals are impacted and there are limited options for transitional housing upon discharge from hospitals. The 2022 Homeless Count attempted to collect comprehensive data on the types of disabling conditions experienced by the HUD homeless population. Street count respondents were asked specific questions pertaining to each type of disability. Data for the sheltered populations were provided based on client records on HMIS

Unsheltered Adults:

- 9 out of 103 (9%) unsheltered adults are identified with having a serious mental illness which is a decrease of 18% from 2020.
- 3 out of 103 (3%) unsheltered adults are identified as having a substance use disorder which is a decrease of (80%) from 2020.
- 2 out of 103 (2%) unsheltered adults are survivors of domestic violence which is a decrease of 67% from 2020.
- 1 unsheltered adult identified as HIV positive or having been diagnosed with AIDS on the date of enumeration.

Sheltered Adults:

- 25 out of the 122 (20%) sheltered adults are reported having serious mental illness which is a slight increase of 14%.
- 6 out of the 122 (5%) sheltered adults are reported having substance use disorder which is an increase of 100% from last year.
- 18 out of the 122 (15%) are reported as domestic violence survivors which is an increase of 38% from 2020.
- 3 out of the 122 (2%) sheltered adults are identified as HIV positive which is an increase of 50% from 2020.



Veterans

Veterans experiencing homelessness are more likely to live on the streets than in shelters and more often stay on the street for extended periods of time. They are also significantly less likely to access community health centers, instead relying on shelter-based and street outreach services for care. This year's findings support the importance of continuing to distinguish homeless persons by veteran status and the ongoing need to tailor interventions and services for this subgroup.

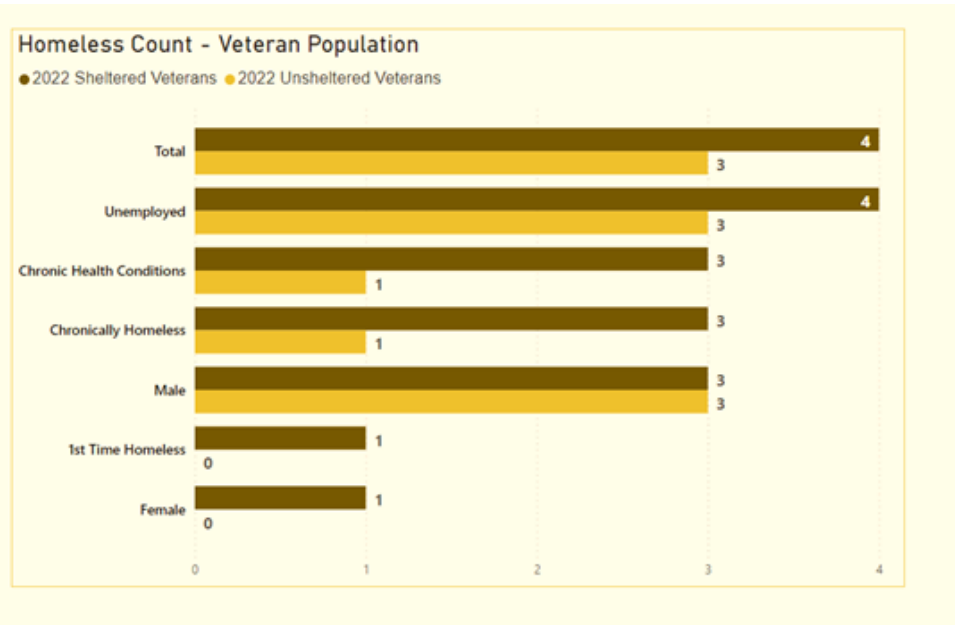
The 2022 Homeless Count revealed a total of 7 homeless people that identified themselves as veterans.

Unsheltered Adults:

3 unsheltered persons identified as veterans, presenting a 63% decrease from the 8 unsheltered veterans reported on the 2020 Homeless Count. Out of the 3, 1 (33%) identified as chronically homeless and 100% or 3 persons reported to be male and unemployed. When surveyed, 67% or 2 persons stated they became homeless due to loss of employment, 33% or 1 person stated due to divorce.

Sheltered Adults:

4 sheltered adults identified as veterans in 2022. 1 out of 4 receives VA Service-Connected Disability Compensation. 3 (75%) of the 4 sheltered veterans are chronically homeless and are afflicted with chronic health conditions. 1 (25%) of 4 the sheltered veterans became homeless for the first time this year. Of the 4 sheltered adult veterans, 3 identified as male and 1 identified as female.

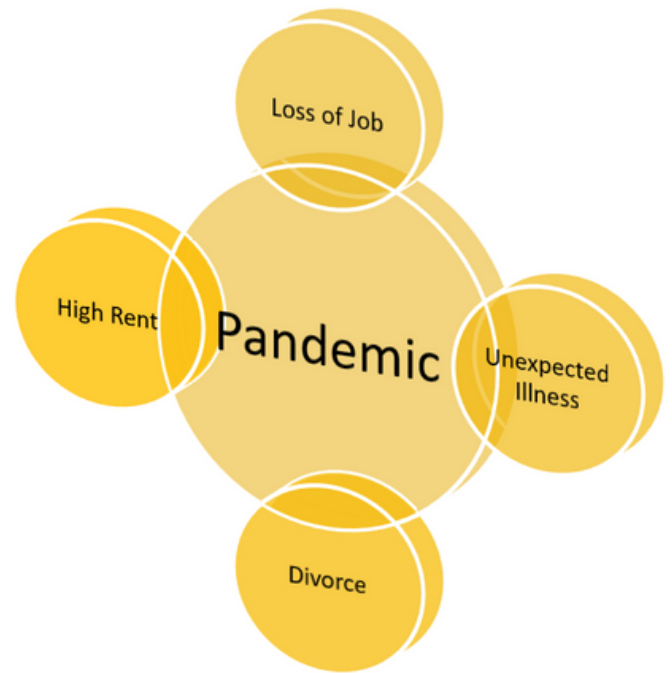


Veterans are disproportionately represented in homeless samples and continue to have substantial needs. Special attention must also be given to engaging homeless veterans not currently accessing services or receiving benefits. City of Glendale will continue strengthening its collaboration with Ascencia, the lead CES Agency and other members of the Continuum of Care to continue the mission of ending veterans' homelessness.

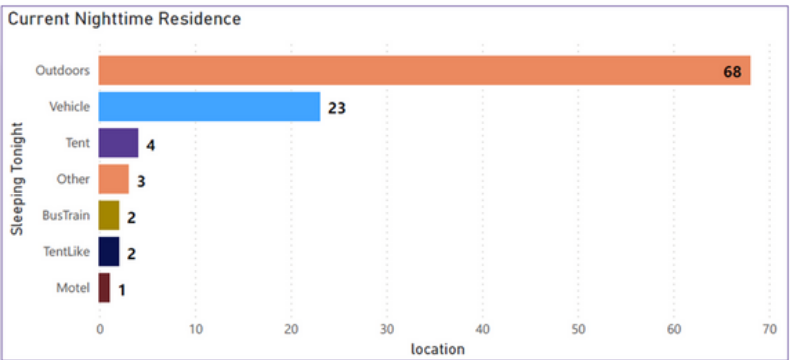
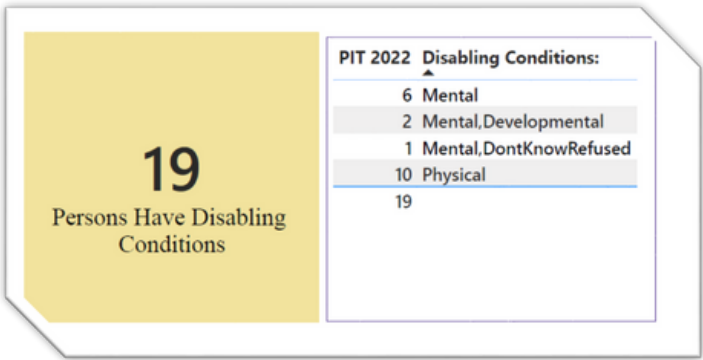
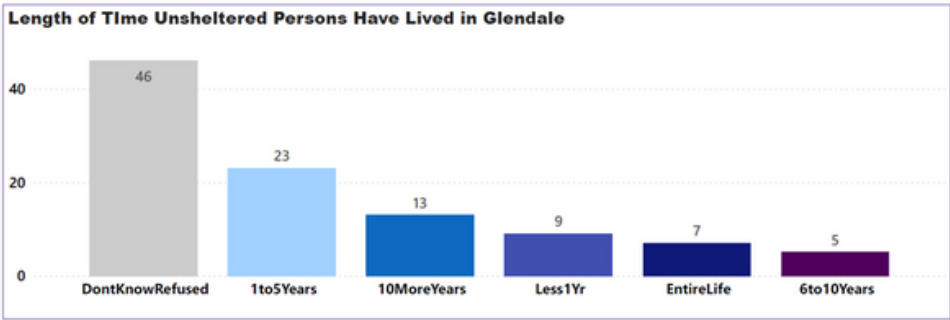
Glendale Residents Experiencing First Time Homelessness

According to the 2022 Unsheltered Count Surveys, 33 out of the 56 respondents (59%) became homeless in the City of Glendale. The main factors that contributed to their homelessness are discussed below (note: 3 out of the 56 respondents refused to provide further information):

- The first factor is due to **loss of employment**. When surveyed, 13 out of 53 (25%) unsheltered persons stated that losing their job was the primary factor that contributed to their homelessness for the first time in the City of Glendale. The survey results show that barriers to stable housing are primarily economic: either they lack employment, or they have a job and income but not earning enough to make ends meet.
- The second factor is due to **unexpected illness**. 8 out of the 53 (15%) unsheltered persons surveyed reported becoming homeless as a result of “unexpected illness”. An acute physical condition may lead to homelessness; homelessness itself can exacerbate chronic medical conditions. A person can become chronically homeless the longer they remain unsheltered without stable housing; making it difficult to access treatment or preventive care.
- The third factor is due to **high rents and stagnating income**. The 2022 Homeless Count revealed a total of 33 persons who became homeless in Glendale. 7 out of the 53 (13%) persons stated that they “could not afford rent increase. 2 (29%) out of the 7 reported to have lived in Glendale their entire lives; another 2 (29%) stated to have lived in Glendale for 10 or more years and remaining 3 (43%) lived in Glendale between 1-5 years. 6 out of the 7 reported making \$1,000 or less a month, while 1 reported no income.
- Another top response indicated on the survey was **divorce**. Sudden breakups or divorces are often traumatic, life-altering circumstances that contribute to homelessness for many reasons: loss of combined income, legal fees, extra payments, and so on. Both men and women are affected by relationship breakdown, as evidenced by our homeless survey, 5 out 53 (9.4%) of unsheltered respondents declared to be homeless due to divorce—4 out of 5 being men.



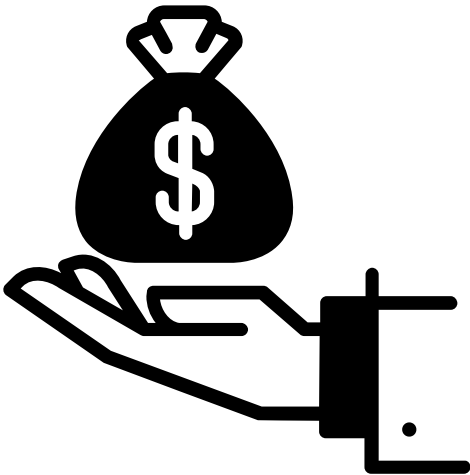
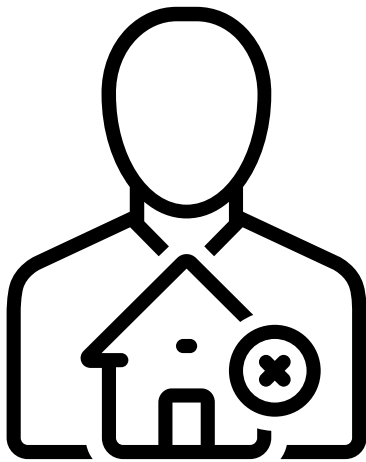
The survey results show that 41% (23 persons) out of 56 unsheltered respondents have been living in the City of Glendale for more than 1 year. The charts below provide a detailed look at their living situation, employment status, and health conditions.



Income from all sources varied between employed and unemployed survey respondents, but overall income was higher among those who were unemployed.

- 22% (12 persons) of 55 unemployed respondents reported an income of \$250 or less per month, in comparison to 20% (2 persons) of those who were employed.
- 7% (4) of 55 unemployed respondents reported making \$1000 or more per month, compared to (3 persons) of employed respondents.
- 22 (42%) out of all 53 respondents—excluding Don't know / Refused responses— reported no income.

INCOME

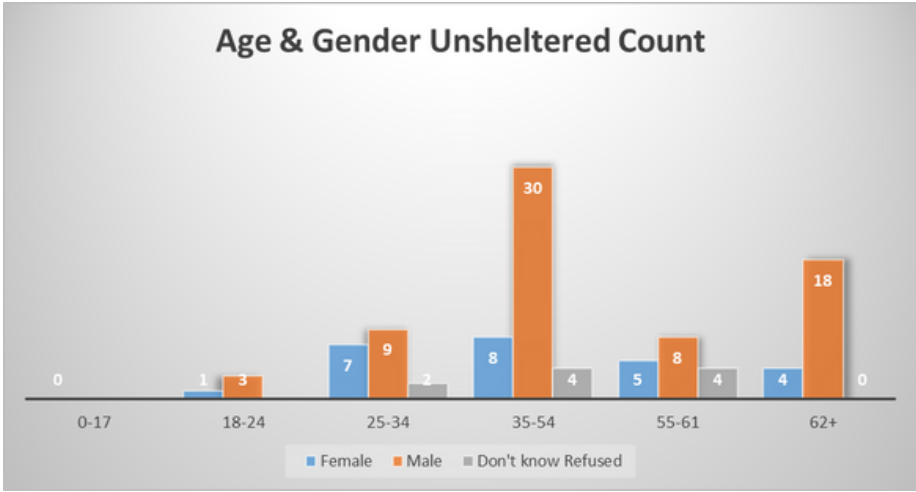


The collected data also shows the demographic breakdown of the **103 unsheltered persons** surveyed (93 self-reported a gender, 10 Refused to answer)

Gender and age

25 (27%) out of the 93 respondents identified as female;
4 (16%) out of the 25 women are 62 years of age and up; 5 (20%) of the 25 women are 55-61 years of age;
8 (32%) of the 25 are in the ages of 35 to 54;
7(28%) of the 25 are in the age range of 25-34.
Only 1 (4%) of the 25 is a transitional aged youth in the age range of 18 to 24.

68 (73%) out of the 93 respondents identified as male;
18 (26%) out of the 68 men are ages 62 and up;
8 (12%) out of 68 men are in the age range 55-61;
30 (44%) out of 68 men are in the age range 35-54;
9 (13%) out of 68 men are in the age range 25-34;
3 (4%) out of 68 men are transitional age youth in the age range of 18 to 24.



Unsheltered Subpopulation Summaries

The Tables below provide a breakdown of other subpopulations for the 103 adults that are required by HUD and have to be reported to HUD in the annual Point-in-Time Count chart to HUD, which is due April 29.

Subpopulations

	#	%
Chronically Homeless Adults*	9	9 %
Persons w/ Serious Mental Illness	9	9 %
Persons w/HIV/AIDS	1	1%
Persons w/Mental Health Problems	9	9%
Persons w/Physical Disabilities	10	10%
Unaccompanied Youth	4	4%
Veterans	3	3%
Experiencing Homelessness Because Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking	2	2%

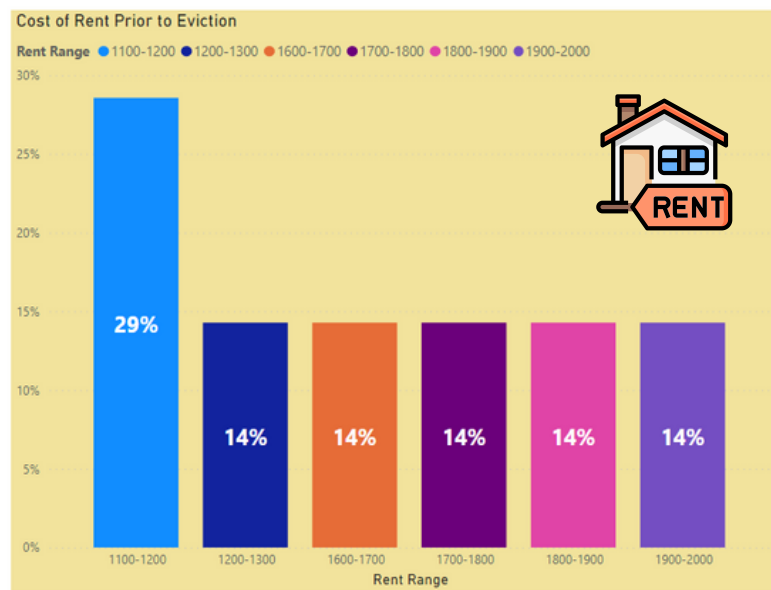
** 1 of the 3 veterans are chronically homeless

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

Results of Miscellaneous Survey Questions (103 Unsheltered Adults)

	#
Did You Become Homeless for the First Time during the Past 12 Months?	
Yes	15
No	48
Don't Know/Refused	40
Why Did You Become Homeless?	
Loss of Employment	13
Illness	9
Could Not Afford Rent Increase	7
Divorce	5
Other & Don't Know/Refused	69
How Much Is Your Monthly Income?	
No Income	22
\$1 to \$250	14
\$251 to \$500	6
\$501 to \$1,000	4
More Than \$1,000	7
Unknown/Refused	50
Which of the Following Best Describes Your Employment Situation:	
Employed	10
Unemployed	55
Unknown/Refused	38
Do You Receive Any Disability Benefits?	
Yes	13

Out of 7 unsheltered persons who stated rent increase as cause for homelessness:



Community Ties (103 Unsheltered Adults)

	#	%
Do You Have Family Who Live in Glendale?		
Yes	15	15%
Are You Currently Attending School in Glendale?		
Yes	8	8%
Were You Released from Prison or Jail during the Past 12 Months?		
Yes	11	11%
Did you serve 90 days or less during the past 3 months?		
Yes	7	7%

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

	#	%
How Long Have You Lived in Glendale?		
Less Than 1 Year	9	9%
1 – 5 Years	23	22%
6 – 10 Years	5	5%
More Than 10 Years	13	13%
All My Life	7	7%
Refused to Answer	46	45%
Total:	75	100

Table below notes that there were 23 vehicles in which persons were found homeless. There were 23 unsheltered persons who slept in these vehicles of which all 23 individuals were adults over the age of 18. 19 out of the 23 unsheltered persons slept in a car, 3 slept in a truck/van, and 1 unsheltered individual slept in an RV without bath. HUD required that only persons sleeping in an RV in disrepair are considered homeless and could be included in the count.

If Person Slept in a Vehicle, What Kind? (n=23)

	#	%
If Person Slept in a Vehicle, What Kind?		
Car	19	83%
Van	2	9%
Truck	1	4%
RV in Disrepair	1	4%
Total:	23	100



Recommendation 1: City Funding

Use City of Glendale Measure S Funding to provide affordable housing to end homelessness in Glendale.

The 2022 Homeless Count data shows that there is simply not enough available affordable housing in Glendale. Without a housing stock of 150-200 units, many homeless persons in our community are likely to continue to cycle in and out of homelessness. The priority now must be to expand the supply of affordable housing. The Glendale Quality of Life and Essential Services.

Protection measure, Measure S, is estimated to generate \$30,000,000 annually for the City's general fund to be used locally. The revenues generated by the Measure are used to maintain and expand funding for general governmental services including affordable housing. Measure S ensures that 100% of the \$30 million generated will stay in Glendale. Therefore, it is recommended that a portion be used to house low-income individuals experiencing homelessness in our community.

Recommendation 2: County Funding

Continue to use County of Los Angeles Measure H Funding to prevent and end homelessness in Glendale.

Measure H funding recommendations will invest in the solutions that have been proven to prevent and end homelessness. FY2022-2023 will be year 4 of this 10-year funding source. COVID-19 and Sales tax will impact the allocation under Measure H each year. These following services are eligible:

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

Measure H total funding received to date is in the amount of \$594,739 FY21-22 funding allocation is estimated to be around \$209,000. The annual allocation is based on the City's Homeless Count and determined by the Los Angeles County Board of Supervisors.

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

- A5- Homeless Prevention Services for Individuals (This excludes legal services and evaluation funding.)
- B3- Partner with Cities to expand Rapid Re-Housing (Allocation is only to support single adults.)
- E6-Countywide Outreach System (Allocation is based only on Multidisciplinary Outreach Team funding.)
- E7- Strengthen the Coordinated Entry System (Allocation is only to support Housing Locators and Housing Navigators.)
- E8-Enhance the Emergency Shelter System (Allocation is based only on funding for new shelter beds and capital.)

Recommendation 3: State Funding

Use State of California funding - Homeless Housing, Assistance, and Prevention (HHAP) Program– to increase Interim Housing Programs and improve collaboration with Mainstream and Health Care Service Providers to quickly re-house the homeless population in Glendale. In addition, use State funds to prepare a local Homelessness Action Plan to better identify the needs and gaps in the Glendale CoC.

The Homeless Housing, Assistance, and Prevention Program (HHAP), made available by the California Homeless Coordination and Financing Council (HCFC), provides recipients with onetime grant funds for up to five years to support regional coordination and expand or develop local capacity to address immediate homelessness challenges. Spending must be informed by the best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. The HHAP grant program is authorized by AB101 (Chapter 159, Statutes of 2019), which was signed into law by Governor Gavin Newsom on July 31, 2019. Since 2019, the City of Glendale (City) has received a total of \$772,163 (HHAP Rounds 1 and 2) funds. The City will be applying for HHAP Round 3 funds by June 2022. A portion of the funds will be used to create a Homelessness Action Plan for the Glendale CoC. As stated in the Health and Safety Code (HSC) § 50219(c)(1-8), eligible uses may include but are not limited to:

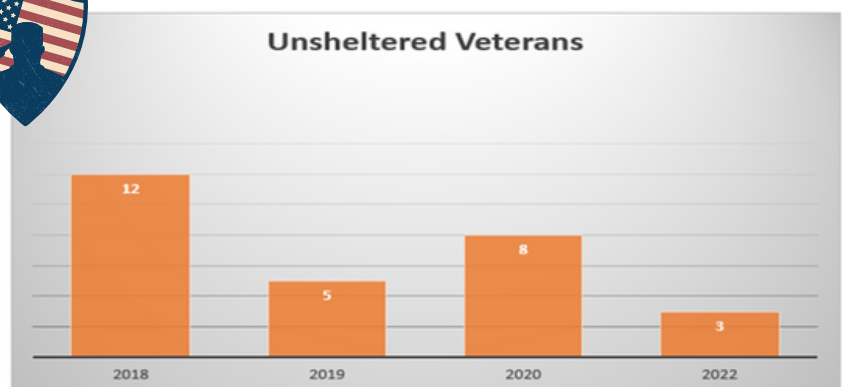
1. Rental assistance and rapid rehousing; subject to FMR or rent comparable;
2. Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, and navigation centers;
3. Landlord Incentives (including, but not limited to, security deposits and holding fees);
4. Outreach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



Recommendation 4: Veterans

Finish the job of ending homelessness among unsheltered veterans.

As noted in the chart to the right, the number of unsheltered veterans has decreased by 5 in 2022. In order to finish the job, the public and private partners should continue to implement the best practices identified below.



- Permanent supportive housing and a Housing First approach through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, which combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics;
- Rapid Re-Housing and a Housing First approach through the Supportive Services for Veteran Families (SSVF) Program, which provides supportive services to very low-income Veteran families that are currently in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis; and
- City will prioritize veterans for the Shelter Plus Care (SPC) Rental Assistance Voucher program and coordinate affordable housing placements with Veterans Village.

Recommendation 5: Children

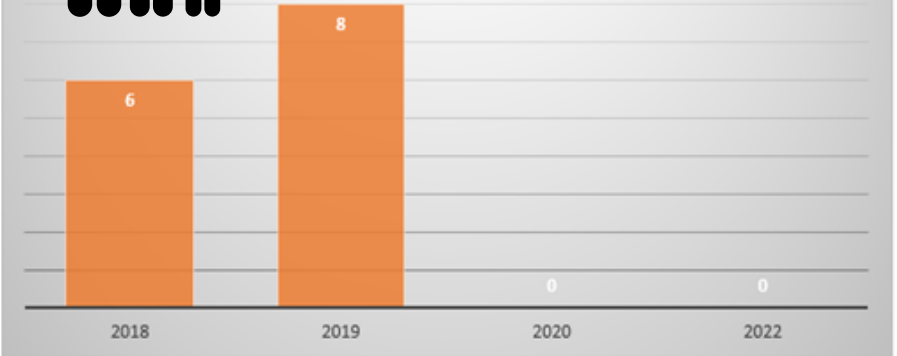
Develop, adopt, and implement a zero-tolerance policy for children living on the streets, in vehicles, and other places not meant for human habitation.

City of Glendale functionally ended family homelessness in the City. Continuing to utilize the Emergency Housing Vouchers (EHV) to move families experiencing homelessness into affordable housing is imperative. Additionally, it is vital to continue implementing a Rapid Re-housing (RRH) approach for families that focuses resources on helping families and

individuals quickly move out of homelessness and into permanent housing. Services to support RRH include housing search and landlord negotiation, short-term financial and rental assistance, delivery of home-based housing stabilization services and connection to community support services as needed.



Unsheltered Families



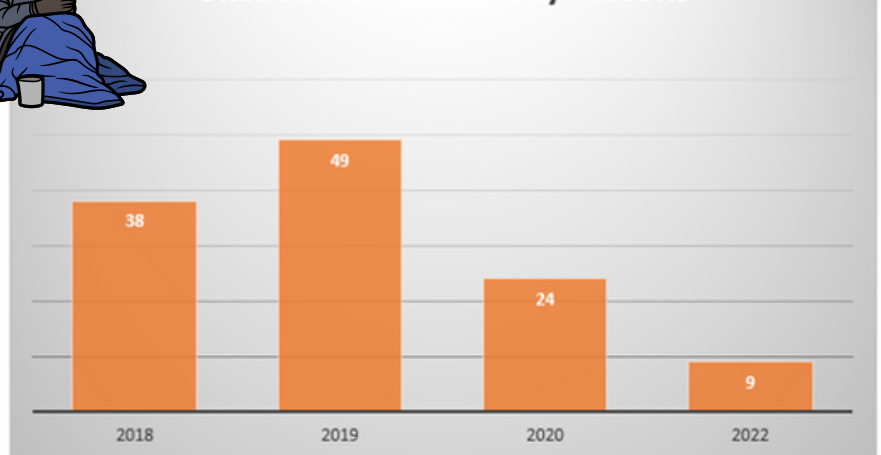
Recommendation 6: Housing First Approach for Chronically Homeless

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

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



Unsheltered Chronically Persons



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

Recommendation 8: Outreach

Continue to collaborate and expand the Homeless Outreach Program in connection with Glendale Police Department Community Impact Bureau and the Department of Mental Health.

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

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

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

07 Conclusion

City of Glendale's 2022 Homeless Count was a collaborative effort between City of Glendale, the Glendale Homeless Continuum of Care, homeless alumni, and community volunteers. The results of the 2022 Homeless Count provide information that serves as the basis for two important priorities:

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

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

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

Appendix A – Definitions

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

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

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

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

Adults – Persons age 18 and older.

Adults with HIV/AIDS – This population category of the PIT includes adults who have been diagnosed with AIDS and/or have tested positive for HIV.

Adults with a Serious Mental Illness (SMI) – This population category of the PIT includes adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently. Adults with SMI must also meet the qualifications identified in the term for “disability” (e.g., “is expected to be long-continuing or indefinite duration”).

Adults with a Substance Use Disorder – This population category of the PIT includes adults with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications identified in the term for “disability” (e.g., “is expected to be long-continuing or indefinite duration”).

Child – Person under age 18.

Chronically Homeless Person – A person who has a disabling condition and either:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; or
2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months.

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

Disabling Condition – One of the following three conditions:

1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - a. Is expected to be long-continuing or of indefinite duration;
 - b. Substantially impedes the individual's ability to live independently; and
 - c. Could be improved by the provision of more suitable housing conditions.

(continued on next page)

Disabling Condition (continued) –

2. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
3. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Note on Development Disability: In general, the term “developmental disability” means a severe, chronic disability of an individual that—

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the individual’s need for a combination and sequence of special, interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Parenting Youth – A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Parole – the release of a prisoner temporarily (for a special purpose) or permanently before the completion of a sentence, on the promise of good behavior

Probation – is the suspension of a jail sentence that allows a person convicted of a crime the chance to remain in the community, instead of going to jail. Probation requires that you follow certain court-ordered rules and conditions under the supervision of a probation officer.

Survivors of Domestic Violence – This population category of the PIT includes adults who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.

Unaccompanied Youth – Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.

Veteran – This population category of the PIT includes adults who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Youth – Persons under age 25. HUD collects and reports youth data based on persons under 18 and persons between ages 18 and 24.

Appendix B: Prioritization Order Table

Prioritization Order Table

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