

## **I. Executive Summary**

If the City of Pasadena is going to end homelessness within its jurisdiction than four (4) primary strategies must be implemented. They include:

1. Ending Chronic Homelessness;
2. Supporting Existing Homeless Services;
3. Expanding Existing Homeless Services;
4. Strengthening Homeless Prevention Efforts.

Recommendations based on findings concerning each of these strategies follow. Potential funding sources for each of the recommendations are also provided. In addition to the funding sources, the Network also recommends that the City of Pasadena pursue identification of supplemental resources to ensure a dedicated stream of funding that can also be used to help finance the recommendations.

### **1. Ending Chronic Homelessness**

Chronic homeless persons are the “most-visible” and “hardest-to-reach” of all homeless persons. The Department of Housing and Urban Development (HUD) defines chronic homelessness as

“A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

Chronic homeless persons make up 15% of the city’s homeless population over the course of a year. This means that approximately 540 (or 15%) of the approximately 3,600 people who became homeless during the past 12 months were homeless during the entire 12 month period of time.

Most, if not all, chronically homeless persons exit their life from the streets through case management services that help them obtain and maintain permanent affordable supportive housing or permanent affordable housing. Also, most chronically homeless persons ultimately engage in case management and obtain and maintain permanent affordable supportive housing or permanent affordable housing because of the persistent efforts of street outreach teams.

### **Recommendations and Funding**

The Pasadena Housing and Homeless Network (Network) recommends the following actions related to non-residential and residential programs in order to end chronic homelessness in Pasadena:

- A. establish an additional street outreach team consisting of a Street Outreach Worker and Health Care Outreach Worker that would provide services primarily to the chronically homeless.**

This street outreach team would compliment the existing street outreach teams that provide mental health and general case management services. One existing street outreach team is operated by Pacific Clinics as part of its Passageways program. The other is known as Homeless Outreach Psychiatric Evaluation (HOPE) which consists of two (2) teams that each has an officer of the Pasadena Police Department and a mental health case manager of the L.A. County Department of Mental Health.

### **Funding for Recommendation**

Funding for this recommendation consists of public and private sources such as Proposition 63 and private foundations and private donations. The Network recommends that the City support non-profit agencies that apply for Proposition 63 funds. Proposition 63, known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services, which includes outreach, medical care, short and long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation.

- B. ensure that the City's Intake/Outreach/Assessment center continues to receive renewal funding from the Department of Housing and Urban Development (HUD).**

The entry point into the City's homeless continuum of care system offers a wide-range of services under one roof that includes health care, mental health care, and substance abuse counseling and treatment. These services assist chronic homeless persons with obtaining and maintaining appropriate housing.

### Funding for Recommendation

This activity is eligible to receive renewal funding each year through the City's annual Continuum of Care application to HUD as long as the activity is performing satisfactorily. Funding renewals is a priority within HUD's application. Every year this activity is eligible to continue to receive its current level of funding.

#### **C. expand permanent supportive housing opportunities**

##### **i. establish a "Safe Haven" permanent supportive housing program.**

A "Safe Haven" permanent supportive housing program provides residential units on a leased-basis. The housing is for chronically homeless, mentally ill individuals who are unable or unwilling, because of their illness, to comply with the rules of traditional shelters and transitional housing programs. Safe Havens are low-demand, high expectation programs with few initial requirements other than the clients abstain from alcohol and/or other drug use on the premises and not exhibit threatening behavior. High expectations reflect the probability that with time and appropriate, non-threatening services, clients will become more amenable to accepting medications and other stabilization services as a first step toward obtaining appropriate housing, services, and benefits.

### Funding for Recommendation

Funding for this residential program will come from three (3) primary sources:

- HUD's Supportive Housing Program

Grants are for new construction, acquisition, rehabilitation, or leasing of buildings to provide transitional or permanent housing, as well as supportive services to homeless individuals and families and day-to-day operating costs.

- California Multifamily Housing Program (MHP): Special Needs Populations.

MHP funds are provided as permanent financing only, and may be used to take out construction loans used to cover normal project development (capital) costs.

- Housing Opportunities Fund

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from

in-lieu fee payments), California Housing Finance Agency HELP funds, California Dept. of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

**ii. apply for additional Shelter Plus Care Certificates**

The Network also recommends that the number of Shelter Plus Care tenant-based and sponsor-based rental assistance certificates be increased. Shelter Plus Care assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services. The goal of Shelter Plus Care is to increase the participants' independent living skills. Tenants pay no more than 30% of their monthly income for rent.

Funding for Recommendation

The Network recommends that the City of Pasadena apply for Shelter Plus Care tenant-based rental assistance certificates and a non-profit applicant apply for sponsor-based rental assistance certificates through HUD's annual Continuum of Care application. The City has applied successfully to HUD for Continuum of Care funding for a wide-range of permanent supportive housing that has included Shelter Plus Care tenant-based rental assistance certificates during the past nine (9) years.

**iii. produce more efficiency units for single room occupancy**

The Network also recommends an increase of efficiency units for single room occupancy. These units would not serve the same population as the proposed Safe Haven Program. The units would be for homeless persons who were chronically homeless for other reasons (e.g., substance abuse). These persons may have a permanent disability and/or limited income and not have to pay more than 30% of their monthly income for housing costs.

Funding for Recommendation

The Pasadena Housing and Homeless Network (Network) recommends that the City of Pasadena apply for efficiency units for single room occupancy through HUD's annual Continuum of Care application under Section 8 Moderate Rehabilitation SRO. Applying for efficiency units for single room occupancy under Section 8 Moderate Rehabilitation SRO would require rehabilitation of a selected property. To be eligible for rental assistance, a unit must receive a minimum of \$3,000 of rehabilitation. HUD notes that assistance provided under the SRO program is designed to bring more standard SRO units into the local housing supply (than the Supportive Housing Program) to assist homeless persons. HUD also notes that "the units might be in a rundown hotel, a Y, an old school, or even in a large abandoned home."

## **2. Supporting Existing Homeless Services**

Every day homeless service providers supply resources to help people exit their lives from the streets of Pasadena. Approximately 3,600 adults and children become homeless while living in Pasadena each year and around 15% (540 persons) are chronic homeless persons and live on the streets for more than one (1) year. The other 85% (3,060 persons) are homeless less than one (1) year because of the services made available by homeless service providers.

Services made available by homeless service providers include residential and non-residential services. Residential services include emergency shelter, transitional housing, and permanent supportive housing. Non-residential services include specialized case management services such as employment, health care, housing placement, mental health care, substance abuse, and veteran services.

### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that the City continue to support the residential and non-residential activities of local homeless service providers who successfully help people exit their lives from the streets. Therefore the Network recommends the following:

- A. that each of the activities that are currently receiving funding through HUD's Continuum of Care application continue to receive renewal funding as long as they are performing satisfactorily.**

Each year HUD issues a Continuum of Care application that provides funding for existing activities already funded through previous Continuum of Care applications. Existing activities include:

- Permanent supportive housing for households in which one person is infected with HIV/AIDS. Upon admittance into the program, each HIV/AIDS-affected resident develops an individualized service plan in conjunction with the Support Service Coordinator and the case manager from the referring agency. Support Service Coordinators visit each resident in their home on a weekly basis to monitor progress in meeting the goals of the Individual Service Plan and to advocate on residents' behalf;
- Transitional housing that provides multiple case management services for men who are chronically mentally ill, substance abusers, or dually diagnosed. Case management services include health care, mental health care, and substance abuse counseling and support services;

- Transitional housing program for families that provides case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing;
- Transitional housing program that provides case management services for single women who are chronic substance abusers. Residents also receive case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing;
- Intake/Outreach/Assessment Center that serves as the city's entry point into the continuum of care system. There is no other activity in Pasadena where homeless people can go to have such a broad range of needs met in one place. Instead of spending days going from agency to agency for various needed services, homeless people are able to receive a wide range of services in a matter of hours. Case managers develop individualized case management plans with clients with short- and long-term objectives in order to obtain permanent housing;
- Permanent supportive housing program for persons in substance abuse recovery. Residents receive case management services in order to ensure that they are able to maintain their recovery and live independently;
- Homeless Management Information System which is a networked computerized record-keeping system that enables the City of Pasadena and homeless service providers to collectively perform a number of activities that have never been done with the City's continuum of care system. Such activities would include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders. The City of Pasadena is collaborating with the Los Angeles Homeless Services Authority, the County of Orange, and the Cities of Glendale and Long Beach to develop a regional HMIS system.

### Funding for Recommendation

The Network recommends that each of the programs continue to receive renewal funding as long as they are performing satisfactorily. The opportunity to renew each program each year is provided in HUD's annual Continuum of Care application. Each of these programs has been receiving renewal funding in the past.

### **3. Expanding Existing Homeless Services**

Every day homeless service providers supply resources to help people exit their lives from the streets of Pasadena. In order to help homeless service providers become more effective, gaps in services for homeless persons (including chronic homeless persons) need to be filled.

#### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that residential and non-residential programs be expanded to fill gaps within the city's homeless continuum of care system. Recommendations concerning gaps in services include:

##### **A. expanding the number of days, hours, and case management services of the Bad Weather Shelter**

The Pasadena Housing and Homeless Network (Network) recommends that the Bad Weather Shelter be open 60 consecutive nights instead of 30 consecutive nights beginning with the 2005-2006 winter season. In the past, the shelter has opened on a temperature/rain activation basis during December and February through March and for the whole month of January regardless of temperature/rain, and has been open on an average of 60 nights per winter season. The Network also recommends that the shelter open at 7:00 pm every evening instead of 8:00 pm.

The Network also recommends that enhanced case management staff and services be added to the Bad Weather Shelter beginning with the 2005-2006 winter season. Because the current emphasis of shelter is hypothermia prevention, case management services are now offered on a limited basis.

The Network believes that only shelters that emphasize case management offered by well trained staff with access to services can effectively help homeless persons exit their lives on the streets and obtain permanent affordable housing. Every day homeless service providers help homeless households obtain and remain in permanent affordable housing. Such success is due in part to efficient case management staff and services offered by local shelters. The Bad Weather Shelter currently does not have as much case management capacity as other providers within the city's continuum of care system. Adding such resources would significantly increase the number of households who use the shelter as a way off the streets.

It is important to note that more chronically homeless persons use the Bad Weather Shelter each year than any other residential program. This provides the community with a unique opportunity to reach people who otherwise do not make contact with the continuum of care system.

#### Funding for Recommendation

- Bad Weather Shelter

As noted below, total costs for the expansion of days and hours of operations, and enhanced case management staff and services for the Bad Weather Shelter would be approximately \$120,000—approximately \$100,000 for personnel costs and approximately \$20,000 for non-personnel costs. There are other costs related to the program such as food and supplies that are provided in-kind from volunteer groups that are not included in the total budget amount of \$120,000.

Revenue from the City of Pasadena would be increased from \$40,000 to \$60,000. The Ecumenical Council of the Pasadena Area Churches would provide the other half of funding in the amount of \$60,000.

#### **B. expanding the continuum of care's substance abuse treatment services to include an entry point into substance abuse recovery**

Another recommendation concerns a "First Step Recovery" program or "sobering station". The purpose of this program is to stabilize homeless individuals who are under the influence of alcohol and/or other drugs so they can access other case management services in order to exit their lives from the streets.

This program would have 15 beds of which two (2) beds would be available for law enforcement on a 24-hour basis. A minimum stay of five (5) days is anticipated and extensions would be made on a case-by-case basis. All residents would work with highly-trained and experienced staff and establish a case management plan. Case management would include an intake and assessment and access to 12-step meetings, alcohol and drug education, and a mentoring program.

#### Funding for Recommendation

The Network recommends that funding for the First Step Recovery Program come from various public and private funding sources listed below. An annual budget including start-up costs would be approximately \$555,000. Public and private funding sources would include 1) Emergency Housing and Assistance Program Operating Facility Grants (EHAP) which provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families; 2) Emergency Housing and Assistance Program Capital Development which funds capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and

families; and 3) Substance Abuse Prevention and Treatment Block Grants which funds alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs.

**C. expanding the number of units/beds of transitional housing with case management services for families**

The Pasadena Housing and Homeless Network (Network) recommends that an additional 16 beds of transitional housing be increased for families during the first year of implementation of the strategy. Transitional housing, as defined by HUD, is the provision of beds/units for residents for up to two (2) years with on-site and off-site case management services. The Network believes that only transitional housing programs with professional case management staff and services should be supported.

The Network also believes that the increase in transitional housing beds/units should be for families because families often need more time to become self-sufficient than what shelters allow. Shelters generally allow a family to stay for 60 days with extensions when needed. Often, a parent(s) needs more time to stabilize themselves because of the needs of their children. Transitional housing provides temporary housing for up to two (2) years which allows a parent(s) the time needed to stabilize themselves and their children.

Funding for Recommendations

Funding for acquisition and rehabilitation for each of the homes would come from the Emergency Housing and Assistance Program Capital Development (EHAPCD) provided by the State of California Housing and Community Development Department. Up to \$1,000,000 is available to fund capital development activities for emergency shelters and transitional housing that provide beds and supportive services for homeless individuals and families. Costs for the day-to-day program operations would be approximately \$177,000. Funding to pay for day-to-day program operations could potentially come from public grants, private grants, in-kind services, leveraging, and private donations.

**4. Strengthening Homeless Prevention Efforts**

U.S. Census Data for 2000 notes that nearly 30,000 residents of Pasadena are members of households with an estimated household income of less than \$15,000. These residents, which make up approximately 10,000 households, are the-most-at-risk-to-homelessness. According to the U.S. Department of Health and Human Services, 5% of a community's low income households will experience homelessness annually. Five percent (5%) of 10,000 households equals 500 households. These households will become homeless during the next 12 months if they do not receive free "supplemental resources".

Also, it is important to note that at-risk-to-homelessness households often state that they wish they had learned about all the homeless prevention resources before becoming homeless rather than after becoming homeless. They believe that the resources they learned about after becoming homeless would have prevented them from becoming homeless if they could have accessed them prior to becoming homeless.

### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that a greater level, intensity, and concentration of community outreach and education efforts concerning homeless prevention should be implemented. A much greater level, intensity, and concentration of community outreach and education efforts should include the following activities:

#### **A. implement a “Good Neighbor Program”**

A public and private “Good Neighbor Program” partnership will increase the number of community groups and individuals and the amount of resources available to prevent households at-risk-to-homelessness from losing their housing and becoming homeless. Under the direction of a “lead agency,” local congregations, neighborhood associations and groups, other local community groups and individuals, and local government representatives would be the core supporters of a “Good Neighbor Program” and share in the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood.

Neighboring groups and individuals would supply the Good Neighbor Program “lead agency” with homeless prevention resources such as food, clothes, and private funding for utility and/or rental assistance. Neighboring groups and individuals would also help their neighbors receive help by directing them to the Good Neighbor Program lead agency for homeless prevention resources. In addition, they could also help their neighbors receive help by implementing a city-wide homeless prevention communication strategy.

#### **Funding for Recommendations**

It is estimated that the “Good Neighbor Program” will serve at least 500 households who are most-at-risk-to-homelessness during the first year of operations of the program at an annual cost of approximately \$1,500 per household or more than \$700,000 for 500 households annually.

Each of these households will need between one (1) and two (2) supplemental resources per month or up to 24 supplemental resources per year. The average supplemental resource is approximately \$50 to \$100 as noted in the table below. Also

noted in the table is the annual amount of \$746,250 for homeless prevention resources which breaks down to approximately \$1,500 worth of supplemental resources per household per year.

<b>Expenses</b>	<b>Funding Sources</b>	<b>Units of Service</b>	<b>Cost Per Unit of Service</b>	<b>Total Costs for Units of Service</b>
<b>Non-Personnel:</b>				
<b>Supplemental Resources:</b>				
Clothing	In-Kind; Private Donations	3,000	\$50	\$150,000
Food	In-Kind, FEMA EFSP program	3,000	\$40	\$120,000
Health Care	Medi-Cal; Medicare, Public and Private Foundations	2,000	\$100	\$200,000
Household items	In-Kind; Private Donations	1,000	\$50	\$50,000
Landlord – Tenant Mediation	Housing Trust Fund; CDBG funds; Private Donations	250	\$100	\$25,000
Legal Services (e.g. eviction proceedings)	Private Donations;	25	\$250	\$6,250
Utility Assistance	Emergency Shelter Grant; United Way Utility Assistance Program; Private Donations	500	\$100	\$50,000
Rental Assistance	HOME; Emergency Shelter Grant; Private Donations	100	\$1,000	\$100,000
<b>Communication Strategy:</b>				
Printing, Design, web site, phone line, etc.	In-Kind Services; Private Donations	500	\$10	\$5,000
<b>Personnel:</b>				
Case Manager	Public and Private Foundations; Private Donations	500	\$80	\$40,000
			<b>Total:</b>	<b>\$746,250</b>

### **B. implement a “Discharge Planning Program”**

The second recommendation concerning homeless prevention is a “Discharge Planning Program”. The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they “develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care.” These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions.

The purpose of developing and implementing a “Discharge Planning Program is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. Discharge planning prepares a homeless person while in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and effectiveness.

The Pasadena Housing and Homeless Network (Network) has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program. The Committee has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. The Committee has been meeting each month for the past year. Participants include representatives from some of the agencies that discharge people back into the community.

#### Funding for Recommendations

- “Discharge Planning Program”

As noted above, the Network has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program which has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. Costs for these activities (estimated at \$12,000) are off-set by in-kind planning services from the agencies that are committee members and those agencies discharging people from their care.

The Committee will continue to meet each month. During this time the committee will make recommendations concerning a Discharge Planning Program and related costs. The program, costs, and sources of funding will be outlined in the City of Pasadena 10-Year Strategy to End Homelessness One-Year Action Plan (2006-2007).

#### **C. Hire a “Homeless Coordinator”**

The third recommendation concerning homeless prevention is to hire a full-time “Homeless Coordinator” whose duties would include managing the “Good Neighbor Program” and the “Discharge Planning Program” and other programs and tasks such as a Mainstream Resource Program and an Annual Unmet Continuum of Care Need/Gap Analysis required by HUD which are later described in this report.

It is critical that a full-time “Homeless Coordinator” be hired to manage the “Good Neighbor Program”, the “Discharge Planning Program”, and other important activities noted in this report. Such crucial recommendations will not be implemented effectively unless a full-time “Homeless Coordinator” is given managing responsibilities to help carry out the recommendations noted above while working closely with community representatives.

There are many representatives that are employed by homeless service providing agencies that include within their duties participation in the Network and sub-committees such as the “Discharge Planning Program Committee”. Representatives from these homeless service providing agencies simply do not have the time to carry out all of the responsibilities of each of the recommendations—a full-time “Homeless Coordinator” would.

It is recommended that the Homeless Coordinator be a City of Pasadena employee. All of the homeless coordinators for the local jurisdictions noted above are an employee of the local jurisdiction. The Homeless Coordinator should work within, and be supervised by, the Department of Planning and Development's Housing and Community Development Division.

### Funding for Recommendations

- "Homeless Coordinator"

Cost for a Homeless Coordinator will be \$81,000 annually. Funding for a Homeless Coordinator will come from the following sources: Pasadena Housing Trust Fund and Supportive Housing Program (Administration).

### **Other Recommendations**

There are other recommendations made by the Pasadena Housing and Homeless Network (Network) in this report. Recommendations focus on monitoring funding cuts to federal funding sources that have been granted to the City of Pasadena and homeless service providers in the past. Two sources of funding that should be closely monitored are Community Development Block Grant and Section 8 Housing Choice Voucher Program. Funding for these programs may be cut in the near future.

There are funding cuts for FY 2006 that should also be monitored. Funding cuts include

- Housing for Persons with Disabilities (Section 811) which is being cut from \$238 million in FY 2005 to \$120 million in FY 2006;
- Housing Opportunities for People With AIDS (HOPWA) which is being cut from \$282 million in FY 2005 to \$264 million in FY 2006;
- Substance Abuse and Mental Health Service Administration Homelessness Funding which is being cut from \$46 million in FY 2005 million to \$36 million in FY 2006;
- Community Services Block Grant which is being eliminated—there was \$637 million in FY 2005 and is being cut to \$0 in FY 2006.

Other recommendations also concerned "community issues". Community issues are defined as illegal or legal activities by homeless persons or by individuals who want to help them and that are of concern to the Pasadena Housing and Homeless Network. Such concerns were activities that were primarily related to parks, libraries, and law enforcement.

#### **A. Concerning Parks**

Those issues that were identified as areas of concern and related recommendations are as follows:

1. distribution of prepared/unprepared food and food items picked up from neighboring stores, restaurants, etc. by community groups and individuals;
2. sleeping in parks;
3. sleeping in cars within park parking lots;
4. bathing and washing clothes in park bathrooms;
5. alcohol and other drug use on park premises;
6. storing personal property in parks;
7. urination and defecation in public.

**Recommendation 1:** discourage community groups from distributing food and clothing in parks through existing ordinances;

**Recommendation 2:** encourage them to distribute such items through existing social service programs such as the proposed Good Neighbor Program through community outreach and education;

**Recommendation 3:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks;

**Recommendation 4:** have park staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by in-kind services from community members and by existing park staff, police officers, and street outreach workers.

#### B. Concerning Libraries

Those activities that were identified as areas of concern and related recommendations are as follows:

1. sleeping on the grounds of the library;
2. bathing and washing clothes in bathrooms;
3. alcohol and other drug use on premises;
4. storing personal property on premises;
5. sleeping inside the building;
6. using tables and chairs for long periods of time.

**Recommendation 1:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks;

**Recommendation 2:** have library staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing library staff and security personnel, police officers, and street outreach workers.

#### C. Concerning Law Enforcement

Those activities that were identified as areas of concern with recommendations fall within two groups—those that are not a crime and those that are a crime.

The following activities, which are common activities for some homeless persons, are often considered as negative impacts by businesses and residents but are not a crime unless accompanied by other behaviors that are crimes:

1. loitering;
2. sleeping in public;
3. panhandling (not done aggressively);
4. sitting/lying/leaning;
5. washing windshields;
6. street performances.

**Recommendation:** continue to enforce existing laws and regulations concerning each of the behaviors noted above.

The following behaviors, which are common activities for some homeless persons, are considered crimes and are enforceable by police officers:

1. aggressive panhandling;
2. bathing in public places;
3. camping in unauthorized public and private places;
4. drinking in public;
5. entering/sleeping in vacant buildings;
6. possession of an owner's shopping cart;
7. storing property without permission on public or private property;
8. urination/defecation in public.

**Recommendation:** continue to enforce existing laws and regulations concerning those behaviors that are crimes.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing law enforcement personnel.

## **II. Formulating A Strategy to End Homelessness**

### **A. Background**

#### **1. What Is A 10-Year Strategy to End Homelessness?**

A 10-Year Strategy to End Homelessness is

- Designed to address the critical problem of homelessness and all related issues through a coordinated community-based process of identifying needs and building a system of care to address those needs;
- Predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social;
- Based upon a community-wide public and private strategy with a goal of ending homelessness in Pasadena that is supported by the successful implementation of three (3) major community-coordinated actions—(1) building infrastructure; (2) strengthening an existing continuum of care system; and (3) planning for sustainable outcomes.

#### **2. Who Is Completing A 10-Year Strategy to End Homelessness?**

Nearly 200 cities are currently completing “A 10-Year Strategy to End Homelessness,” according to the United States Interagency Council on Homelessness, a federal agency established by Congress to be responsible for supporting and encouraging local jurisdictions to develop and implement 10-Year strategies.

The U. S. Conference of Mayors has recently extended the Bush Administration’s challenge to the 100 largest cities and smaller cities to complete 10-Year Strategies to End Homelessness. In June of 2003 the Mayors Conference unanimously passed a resolution that “strongly encourages cities to create and implement strategic plans to end homelessness in 10 years.”

#### **3. Why Is A 10-Year Strategy to End Homelessness Important?**

Completion and implementation of 10-Year Strategies have helped communities fulfill strategic goals and objectives that result in preventing homelessness and ending it. Such goals and objectives include:

- Prevention of homelessness for persons living in poverty (particularly among those who are already clients of other social service systems and public institutions such as hospitals, jails, and foster care);
- Re-housing options that improve cost-efficiency and ensure long-term stability;

- Improving the availability of affordable housing, creating a livable wage, and providing necessary support services for people at the lowest end of the economic spectrum;
- Collection of accurate data in order to improve system-wide effectiveness in preventing and ending homelessness;
- Analyzing data and evaluating outcomes in order to identify the most effective strategies for each subgroup of the homeless population.

Successfully implementing a long-range community-based coordinated action plan in Pasadena is important because current homeless services programs end homelessness for people every day, but they are soon replaced by others who become homeless. Some expected results from doing a coordinated long-range plan are:

- Significant savings from reduced usage of publicly funded services (i.e. jails and emergency room services)
- Cleaner, safer streets;
- Supportive housing retention of 80% or greater;
- Better tracking of outcomes and resource allocation.

#### **4. How Will This Planning Strategy Be Different From Past Planning Strategies?**

The 10-Year Strategy to End Homelessness will be different from past planning strategies by promoting the implementation of a new federally-supported approach to ending homelessness that is described as “**Closing the Front Door**” and “**Opening the Back Door**” to homelessness. An increasing number of local jurisdictions are in the process of implementing this approach as a cornerstone of their strategic planning process.

##### Closing the Front Door

**Closing the Front Door** to homelessness means preventing households from becoming homeless. The 10-Year Strategy will focus on strengthening existing and creating new partnerships and resources to help low-income people, some of which are clients of public systems of care (i.e., mental health system, public health system, the welfare system, foster care system, persons on fixed incomes, etc.) remain “housed” because they are the ones who are “most-at-risk” to homelessness.

Current nonprofit service providers successfully help homeless households obtain and maintain housing. However, everyday those newly housed homeless persons are replaced by other persons/households who become homeless as part of an often

unseen daily cycle of housing displacement. Too many residents in Pasadena are members of households with limited incomes who have great difficulty paying or unable to pay their housing.

According to the U.S. Census Bureau, in 2000, there were more than 50,000 residents of Pasadena (or more than one of every three residents) who were members of a household whose income was \$25,000 a year or less. Of these households, more than 5,000 households, consisting of nearly 15,000 residents, were members of a household whose income was less than \$10,000. The City of Pasadena 2004 Homeless Survey revealed that 90% of people who are homeless in the city on a given day had an annual income of \$10,000 or less.

A household with an annual household income of \$10,000 is severely rent-burdened. The generally accepted standard for housing affordability is that households should not spend more than 30% of their income on rent and utilities. Accordingly, a household with an annual income of \$10,000 should not spend more than \$3,000 a year or \$250 a month, which is far below average monthly market rates for Pasadena.

Average monthly market rents in Pasadena for a modest two-bedroom, one-bath unit, however, are around \$1,000. In order to afford a monthly rent of \$1,000, a household needs to earn at least \$40,000 per year, or \$19.23 per hour. Average monthly market rents in Pasadena for a modest one-bedroom, one-bath unit are around \$800. In order to afford a monthly rent of \$800, a household needs to earn at least \$32,000 per year, or \$15.38 per hour.

What is particularly notable is that persons on fixed incomes such as elderly and/or disabled persons do not have a monthly income adequate to meet the city's rising housing costs. Such fixed incomes often range under \$1,000 per month or \$12,000 annually. A household with an annual income of \$12,000 should not spend more than \$3,600 a year or \$300 a month, also far below average monthly market rates for Pasadena.

Persons making the minimum wage in California do not make enough to pay average rents in Pasadena either. At \$6.75 per hour, two full-time minimum wage workers would each need to work approximately 58 hours per week to afford \$1,000 in rent for a modest two-bedroom, one-bath unit.

In summary, lower income households are spending 70% or more of their income on housing costs, which does not leave much money for adequate food, childcare, transportation, healthcare costs, etc. Persons on fixed incomes of \$12,000 spend nearly 80% of their fixed income on a modest one-bedroom unit and would have to spend 100% of their fixed income for a modest two-bedroom unit. A full-time minimum wage worker has to spend 70% of their monthly income for a modest one-bedroom unit and 85% of their monthly income for a modest two-bedroom unit.

## Opening the Back Door

**Opening the Back Door** to homelessness means to re-house homeless people as quickly as possible by placing them in affordable permanent housing with on-site and/or off-site social services. People should not spend months and years living on the streets and/or in shelters, due to the lack of affordable housing.

Many low income households reside in weekly motels, often considered defacto homeless shelters, which are more expensive monthly than apartments. Households reside in these motels due to numerous factors, which include low wage earnings, poor credit history and/or inability to save enough for move in expenses. Many households reside in motels until their money runs out, and then reside in shelters as a monthly cycle of homelessness.

Some of these households may be considered chronically homeless. Most chronically homeless persons are unlikely to generate enough earnings through wages to pay for their housing and non-housing expenses. They may have some income from wages and/or public benefits (e.g., Social Security - Disability Income (which is approximately \$700 per month) but require long-term housing subsidization because their disabilities are a barrier to full-time employment at a livable wage. Affordable long-term housing needs to be linked to on-site and/or off-site social services to assist residents with the tools to maintain self-sufficiency.

The 10-Year Strategy to End Homelessness will be different from past planning strategies because it will plan for sustainable outcomes that will be based on information not available previously. Two sources of information now available are "The City of Pasadena 2005 Homeless Count" and "The City of Pasadena 2004 Homeless Survey."

The City has also received funding to implement a Homeless Management Information System (HMIS) which began in April of 2005. The system will enable local homeless service providers to collectively perform a number of activities that have never been done extensively within the City's continuum of care system. Such activities would include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders.

Many private foundations have recently launched important initiatives tailored to specific homeless populations and their urgent needs. These funders are increasingly requiring efficient financial and program outcomes for initial funding. This link between fiscal and programmatic accountability will streamline funding decisions within the continuum of care system for future years and be based on performance objectives and outcomes. The local Continuum will also set milestones as a city-wide effort to effectively coordinate service provisions to assist homeless clients rapidly move from the streets to

permanent housing solutions. The HMIS technology will create this streamlined intake and referral process in addition to tracking outcomes and progress of clients and agencies within the continuum of care system.

## **B. Community Process**

### **1. Community Working Group**

The 10-Year Strategy to End Homelessness was built upon an infrastructure of community-wide participation. Community-wide infrastructure included a Community Working Group made-up of local representatives who are committed to ending homelessness in Pasadena. The Community Working Group met once a month for 15 months (February 2004 through April 2005) for the primary purposes of 1) identifying and defining community issues and problems concerning homelessness; and 2) making recommendations to resolve the community issues and problems concerning homelessness. More than 150 representatives from government agencies, non-profit agencies, faith-based organizations, neighborhood associations, business associations, community service organizations, homeless and formerly homeless persons, public and private institutions of care, public assistance providers, private foundations, banks and other lending institutions, affordable housing developers and providers, and educational institutions participated in Community Working Group meetings..

### **2. Community Outreach**

There were several community outreach meetings that included representatives from local government, business associations, and neighborhood associations. The purpose of these meetings was to inform representatives about the strategy and solicit their input. A list of these meetings can be found in Appendix A.

### **3. Pasadena Housing and Homeless Network**

Community-wide infrastructure also included the Pasadena Housing and Homeless Network which is co-chaired by a local public and private representative who are committed to ending homelessness in Pasadena. The Network, which began in 1991, has grown into a diverse group of public and private agencies committed to ending local homelessness. The Network met once a month to examine the findings and recommendations made by the Community Working Group. Thus, the findings and recommendations in this report are the result of the Network's monthly assessments.

## **C. Annual Action Plans**

Annual Action Plans will translate the strategies into concrete steps each year that will include a) specific activities and the person(s) or groups responsible for executing them; b) related costs and funding sources; 3) timelines; and 4) performance outcomes. The first Action Plan will be 2006 – 2007.