



THE URBAN INSTITUTE

ENDING HOMELESSNESS IN SANTA MONICA: CURRENT EFFORTS AND RECOMMENDED NEXT STEPS

Final Report Evaluation of Santa Monica's Continuum of Care And Strategic Five-Year Plan

By

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HIGHLIGHTS

ENDING HOMELESSNESS IN SANTA MONICA:

Current Efforts and Recommended Next Steps

Santa Monica, a small coastal city of 84,000 people living within 8.3 square miles to the west of Los Angeles, has long struggled with a major homeless problem. The first homeless “census” ever done for Los Angeles County, in January 2005, estimated that about 2,000 of the people identified as homeless in the county were in Santa Monica – about 3 percent of all people that the study estimated to be homeless county-wide, and considerably more than might be expected on the basis of area or population alone.

Santa Monica, along with many other communities across the country, finds itself struggling to find feasible approaches and solutions to homelessness. Santa Monica’s unique geo-political situation makes this very difficult. As a relatively small city within the huge county of Los Angeles – a county with 9.9 million people and 88 municipalities – Santa Monica does not control either the movement of homeless people across its boundaries or the county-level resources that are needed to help people leave homelessness. The regional nature of the homelessness problem makes it especially challenging for a city such as Santa Monica to tackle.

Once before, in 1991, Santa Monica stakeholders set themselves the task of studying their community and its approach to homelessness and developing strategies to address myriad aspects of the problem. All who remember that process agree that it worked well. The various stakeholders who were involved emerged, if not completely satisfied, then at least feeling that they had been heard and that strategies to address their concerns were incorporated into the final set of recommendations. Many recommendations went on to become reality, from new housing programs to new ordinances seeking to control the behavior of people in public spaces. The system that exists today owes its start in large part to this process.

As the years passed, however, homelessness did not disappear. Regardless of their position within the community or the stakeholder group to which they belong – residents, business

owners, service providers, city staff, politicians – there is a high level of frustration with the current situation among all parties in Santa Monica. Every stakeholder group feels unheard, unappreciated, and unhappy, and all have differing ideas of “what to do.” This untenable situation prompted the community to seek an evaluation of its homeless assistance network and related activities as a first step toward designing an approach to reduce the impact of homelessness on the community and on homeless people themselves. After a competitive process that began in fall 2005, in April 2006 the City of Santa Monica awarded the Urban Institute a contract to conduct this evaluation.

This evaluation was designed to help us understand the scope of homelessness in Santa Monica, the positions and interests of the various stakeholders, and what is working and what is not. We used various evaluation methods to help gain this understanding, including interviews with more than 100 stakeholders; write-in responses from another 150 people; and analysis of budget data, performance statistics, and data on homeless people receiving services from Santa Monica homeless assistance providers.

These Highlights are structured to accomplish two things: (1) to give readers a sense of some of the simpler findings of the evaluation – some basic facts about homeless people, homeless services, and costs, and (2) to present the evaluation’s many recommendations in a concise format. Report chapters provide significantly greater detail about the basic facts, and also provide findings related to a number of questions posed for this evaluation related to access to services, service duplication, service gaps, and system performance. Recommendations offered in these Highlights grow out of these more detailed findings, a few of which are quite technical.

THE HOMELESS POPULATION OF SANTA MONICA

The information we have on people homeless in Santa Monica comes from a database called ClientTrack that all homeless assistance providers who have contracts with the City of Santa Monica use to record information about the people they serve *under city grants*. However, most providers serve many people beyond those covered by city grants; a few providers enter most such people into ClientTrack, but most providers do not, although they may track them using other databases. One must remember that the following descriptions of people homeless in Santa

Monica come from data in ClientTrack, augmented by information from several providers that were able to give us data from their other databases. We have no way of knowing how many homeless people may be in touch with service providers for minimal services, or may never contact a service provider, and thus may never appear in a database.¹

DEMOGRAPHIC CHARACTERISTICS

- **Household type** – 91% are single; 7% are couples, 2% are families with children.
- **Gender** – 60% are male. This is quite a low percentage, given that most of these are single adult households. Nationally the proportion male among single adults is about 80%.
- **Race** – 53% are white; 36% are African-American; 11% are other races or mixed-race.
- **Hispanic** – 14% are Hispanic, of any race.
- **Age** – Homeless people in Santa Monica are somewhat older than one might expect from national data – 56% are between 35 and 54 years old, with another 15% aged 55 and older. Median age is thus around 42, compared to the mid-30s nationally.
- **Veterans** – 10%. This is quite low compared to national statistics, which show that about 23 percent of all homeless adults and 26 percent of homeless men are veterans. It may be that agencies do not consistently check and record veteran status.

DISABLING AND OTHER COMPLICATING CONDITIONS

- **Mental illness and substance abuse** – very high proportions of people homeless in Santa Monica are affected by mental illness, substance abuse, or both – significantly higher than national one-day estimates; national comparisons for one year are not available:
 - 80% with substance abuse issues; 56% substance abuse only,
 - 38% with mental illness; 14% mental illness only,
 - 24% both substance abuse and mental illness,
 - Only 6% without either substance abuse or mental illness.
- **Other disabilities** – less than 10% are reported to have another disabling condition, including physical disabilities, developmental disabilities, or HIV/AIDS.
- **Chronic homelessness** – 33% are chronically homeless, meaning they have a disability and have been homeless for a year or more, or 4 or more times in the last 3 years. This is

¹ See chapter 2 for a full description of the caveats that describe who is and who is not included in the data on which we base these statistics.

high compared to the findings of about 10% to 15% chronically homeless in other cities that are able to produce one-year estimates.

OTHER CHARACTERISTICS

- **Length of time in contact with homeless assistance agencies** – 40% have been connected to Santa Monica agencies for 6 months or less, while 23% have been connected for 3 or more years. Long-term stayers are mostly in permanent supportive housing programs, while those in the system for the shortest time periods tend to be in programs such as outreach and access centers that are a person’s first point of contact.
- **Came to Santa Monica already homeless** – ClientTrack is unable at this time to provide a reliable answer to where people became homeless and whether that happened before they came to Santa Monica. Findings from focus groups with homeless people suggest that most became homeless elsewhere and came to the city for a variety of reasons.

HOW MANY PEOPLE ARE HOMELESS IN SANTA MONICA?

Even with this evaluation, we don’t have a definitive answer to this question. There are two commonly accepted ways to think about how many people are homeless. The first is to consider how many are homeless on a single day. The other is to consider how many people experience homelessness over the course of a year. The latter number is always the larger, as some people who start the year homeless move into housing, and other people who start the year housed lose their housing and become homeless. National data suggest that about four or five times as many people are homeless over the course of a year as are homeless on any one day.

The first one-day estimate of homeless people in Santa Monica comes from the Los Angeles County survey that the Los Angeles Homeless Services Authority commissioned in 2005, which took place on January 25-27, 2005. That number is about 2,000, which includes people found at all emergency shelter and transitional housing programs located in Santa Monica (e.g., SAMOSHEL, Turning Point, Daybreak Shelter, Upward Bound House, and others), plus people observed on the streets and those projected to be “hidden homeless.” It is *an estimate* – that is, it did not actually count 2,000 people, but used information derived from counts in a sample of census tracts to project to all other census tracts in the county. The LAHSA study cannot provide an estimate of the number of people homeless during one year.

Estimates from Core Santa Monica Homeless Assistance Agencies

We have done our best in this evaluation to develop an accurate assessment of the number of people who are homeless in Santa Monica on a single day (one-day count), and the number homeless over the course of a year (one-year count). But our ability to develop such estimates is limited, given the available data. The best data – in the sense of being sure that we are counting each person once and only once – come from ClientTrack. Some core agencies were also able to give us “unduplicated” counts of people they served during the past year in their access centers and other programs for whom they are confident no record exists in ClientTrack. We include this information and identify its sources, as we cannot be completely certain that these individuals are not in the estimates of brief service users that we received from *other* agencies in the system (that is, they might have gotten meals at both St. Joseph Center’s Bread and Roses Café and at OPCC’s Access Center). This lack of certainty about such basic information as the number of homeless people needs to be remedied, as we recommend below.

Before describing the results of this analysis, it is critically important that readers understand what is included in these numbers and how they might differ from other numbers that have been published or distributed from time to time. The numbers we report here reflect:

1. ONLY people connected to the following core homeless assistance agencies that receive support for their homeless services from the City of Santa Monica: Chrysalis, CLARE Foundation, New Directions, OPCC, St. Joseph Center, Step Up on Second, and Upward Bound House.
 - a. People are counted if they have been entered into some agency database, thus enabling the agency to count and report them for this evaluation.
 - b. People are also included if the agency has some way of identifying and unduplicating them from paper files or sign-in sheets, and if some way was available to unduplicate them across all the people with records in ClientTrack. Some agencies had already done this for us, and we did random checks at another agency against ClientTrack and reduced the one-day and one-year numbers accordingly. There is still probably some unknown amount of duplication in these numbers, but it is not as great as it would otherwise have been.
 - c. Despite all of these precautions, it is possible that some homeless people use more than one agency for only the minimal service aspects of those agencies that do not result in someone being entered into ClientTrack. With no way to unduplicate across agencies, these individuals would still be double-counted in the numbers we are about to report. We cannot estimate how serious this matter of double-

counting might be – if we could, we would have adjusted the numbers and reported our approach to that adjustment.

2. There definitely are people counted in these data who may not have ever been physically in Santa Monica, as two programs (New Directions and St. Joseph Center) are not located in Santa Monica even though they serve many homeless people from Santa Monica. At present, ClientTrack does not have a reliable way to sort out who was and who was not a Santa Monica resident before becoming homeless, nor can it report where a person is physically located at a specific time.
3. These numbers definitely reflect **MORE PEOPLE THAN ARE SERVED UNDER CITY GRANTS** to Santa Monica providers, as we are trying to represent the scope of homelessness in the Santa Monica Continuum of Care, NOT just what is reported under city grants. This makes them different, and larger, than some numbers the city has previously published. Further, it is not fair to think of the people served using funds from Santa Monica city grants as “people the city pays for,” since the city does not, in fact, pay for the entirety of services that anyone gets in any program to which the city contributes financial support (see chapter 3 discussion of system costs).
4. Conversely, the numbers **DO NOT** include people homeless in Santa Monica who do not access any of the homeless assistance programs from which we drew the data, and we have no way of knowing how many such people there are.

The numbers reported for ClientTrack represent “active” or “open” cases, as opposed to either “people actually present at an agency on June 30, 2006” or “number of visits or service contacts.” These distinctions are more relevant for the one-day than the one-year estimates. Not all persons represented in the one-day estimate were actually seen by a provider on that specific day even though they had an active case. However, most, if not all, of the persons with an active case in the one-year count were seen by a provider during the year, and those with active cases on June 30, 2006 may be presumed to be still homeless on that date even if they were not seen on that date. The one-day count is thus a more accurate representation of the whole homeless population on a given day than a count of the number actually seen by an agency on that day would be.

ClientTrack can provide a count for both one day and one year, for *people with active cases with one of the seven core Santa Monica homeless assistance agencies*. However, and this is a big however, it only includes people who are attached enough to homeless assistance programs that they have had an intake interview and are entered into the database, and it does not include the people attached to service providers whom the providers enter into other databases or who use only brief services. Therefore, we did what was possible to gather information from providers

about the people they serve who are not in ClientTrack or who use only brief services, and we report those numbers as well as the ClientTrack numbers. Neither of these approaches includes an unknown number of people homeless in Santa Monica who never connect with any providers. Nor do our estimates of *homeless* people include close to 500 formerly homeless people in permanent supportive housing who are supported to retain their housing by caseworkers from Santa Monica agencies; we report these people separately. See chapter 2 for details.

*One-Day Estimates*²

- **From ClientTrack** – 1,900 people are in households that had active cases with Santa Monica homeless assistance providers on June 30, 2006, including single adults and all persons in multi-person households.
- **From provider estimates of people served or with an active case on a single day, and NOT also in ClientTrack** – 900.
- **Total one-day estimate** – 2,800.

These numbers are clearly higher than the estimate produced by LAHSA. The one-day ClientTrack count is a reliable unduplicated count of people with an active case at a Santa Monica agency on June 30, 2006, and is essentially equal to the LAHSA estimate. The provider estimates of people they serve on a single day who are not in ClientTrack may be high, or they may contain some duplication. Nevertheless, even if the right number is only half of what providers gave, that still puts a one-day estimate *of people attached to services* at about 2,350, or one-quarter higher than LAHSA. And 2,350 definitely does not include people who are not in touch with homeless assistance services. So we think the truth probably lies somewhere between 2,300 and 3,000 (2,800 plus a possible 200 additional people who are not attached to services).

*One-Year Estimates – July 1, 2005 through June 30, 2006*³

- **From ClientTrack** – 5,600, including single adults and all persons in multi-person households

² These estimates include (1) people actually seen on June 30, 2006, and (2) people who were not seen on that date but who are presumed to be homeless on that date because their cases are active and they have not been housed.

³ These estimates include (1) people who had an active case in ClientTrack at some time during FY 05-06, whether (a) still active on June 30, 2006 or (b) those whose cases were closed at some time during FY 05-06. For a discussion of how single day numbers were adjusted to reflect annual figures, see chapter 2.

- **From provider reports of unduplicated numbers of people they served during the year who were NOT also in ClientTrack, but were in other agency records – 5,200.**
- **Total one-year estimate – 10,800.**

These numbers indicate that about three times more people have used Santa Monica's core homeless assistance programs over the course of a year than are homeless and connected to programs – either as an active case or using brief services – on a given day. Santa Monica agencies routinely refer people to programs outside the city when they are at capacity, accounting for some of the turnover. People leaving services account for another part of the turnover. While having triple the number of homeless people connect to core homeless service agencies during a year's time compared to the one-day estimate may seem high, it is actually considerably lower than the experience of other cities that have the type of database that is able to make an annual estimate. Their ratio is more like a one-year count of four to five times their one-day count. The lower turnover rate in Santa Monica is probably due to the fact that such high proportions of Santa Monica's residential services are transitional programs rather than emergency shelter, so a much smaller proportion of clients has very short stays.

HOMELESS SUBGROUPS AND THE NEED FOR TARGETED SERVICE STRATEGIES

The most prominent subgroups among people homeless in Santa Monica are the substance abusers, those with mental illness, and those with both – subgroups that overlap considerably with another subgroup, those who are chronically homeless. These are all groups whose presence on city streets and in parks and open spaces poses particular problems for residents and businesses. They are also groups for which “best practices” and “promising practices” have been identified nationally. In the last two and a half years four programs based on these best practices have begun in Santa Monica, and another four have received funding and are poised to start momentarily. Thus Santa Monica is well-positioned to address the homelessness of these subgroups, albeit the need will still exceed the resources. This and other issues pertaining to the special needs of targeted groups including current approaches being used and recommendations for future actions are discussed in greater detail in the body of the report.

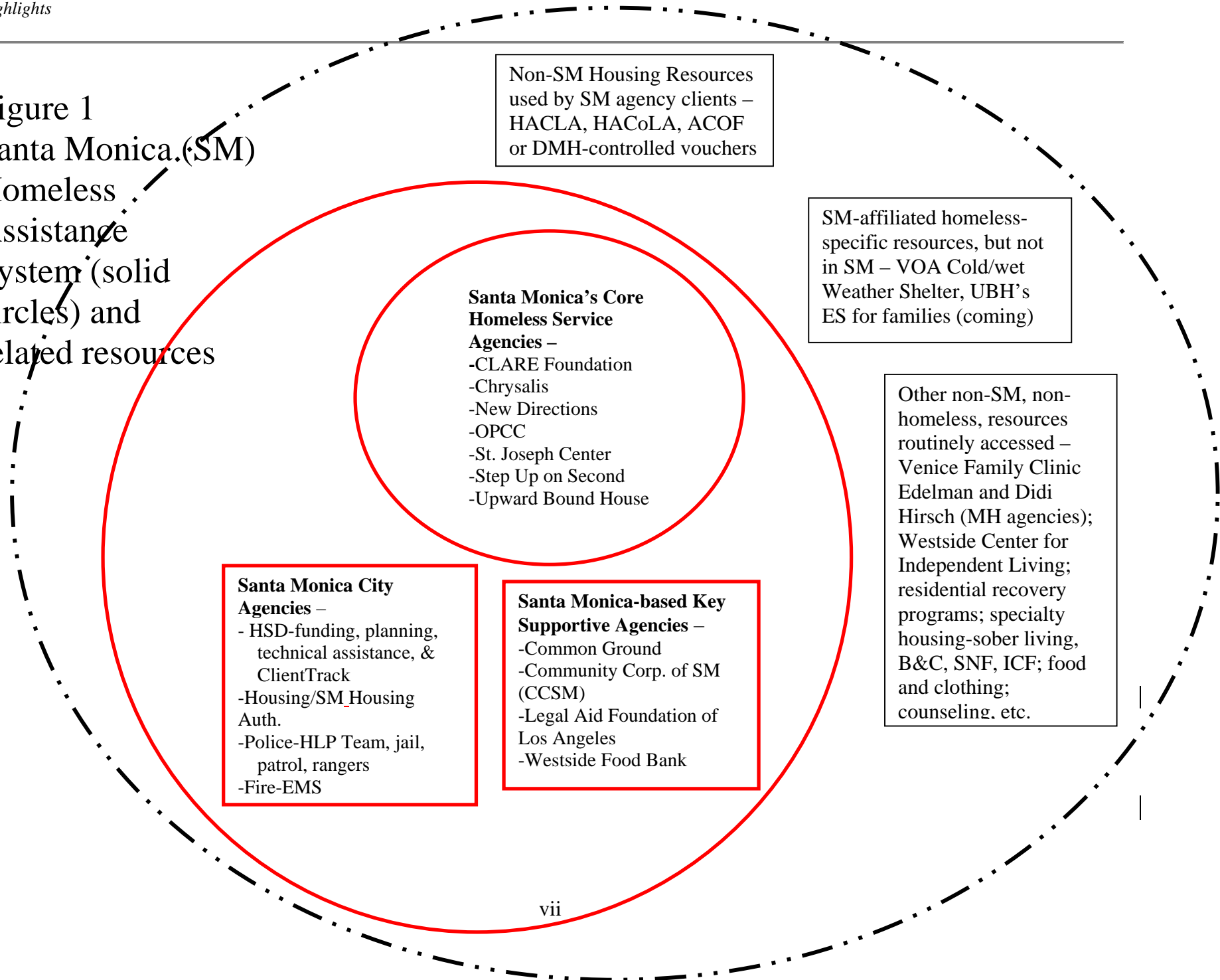
THE STRUCTURE OF HOMELESS ASSISTANCE IN SANTA MONICA

Two components comprise the structure of homeless assistance in Santa Monica – the agencies and services that work directly with homeless people to help end their homelessness, and the city agencies that address homelessness as an integral part of their work. We looked at both components, to describe them, understand their performance and the ways they interacted, and identify areas where they could be more effective. Chapter 3, this report’s longest chapter, provides many detailed findings. In these highlights we convey only key findings.

Fifteen agencies receive funds from the City of Santa Monica for homeless services, and many others contribute to local efforts to help homeless people leave homelessness. Given this complexity, the best way to convey the structure of services is with a picture, as we do in figure 1. Core agencies in the Santa Monica homeless assistance network are shown within the innermost circle. These are the agencies whose primary mission is to serve homeless people. Other Santa Monica-based agencies appear in the right-hand box and involved city agencies appear in the left-hand box within the inner circle. In the large outer circle we show the many agencies and services that contribute resources, work with Santa Monica agencies, or serve the people who are homeless in Santa Monica. These include county agencies that contribute housing, mental health, and substance abuse resources, and nonprofit agencies that offer everything from cold/wet weather shelter to health care to specialized residential care.

- Figure 2 depicts the structure of city agencies that address homelessness as an integral part of their work. The Homeless Unit within the Human Services Division, Community and Cultural Services Department, is the city agency that conducts planning around homeless services, contracts with providers, offers technical assistance and maintains ClientTrack, and designs and applies for federal funding in collaboration with providers. In recent years it has mounted some of the city’s most innovative approaches to combating chronic homelessness. Housing agencies supply capital for new facilities and rent subsidies for formerly homeless people. Police, jail, and paramedic personnel expend considerable resources in their contacts with homeless people, as do the staff in charge of environmental and public works, parks and open spaces.

Figure 1
Santa Monica (SM)
Homeless
Assistance
System (solid
circles) and
related resources



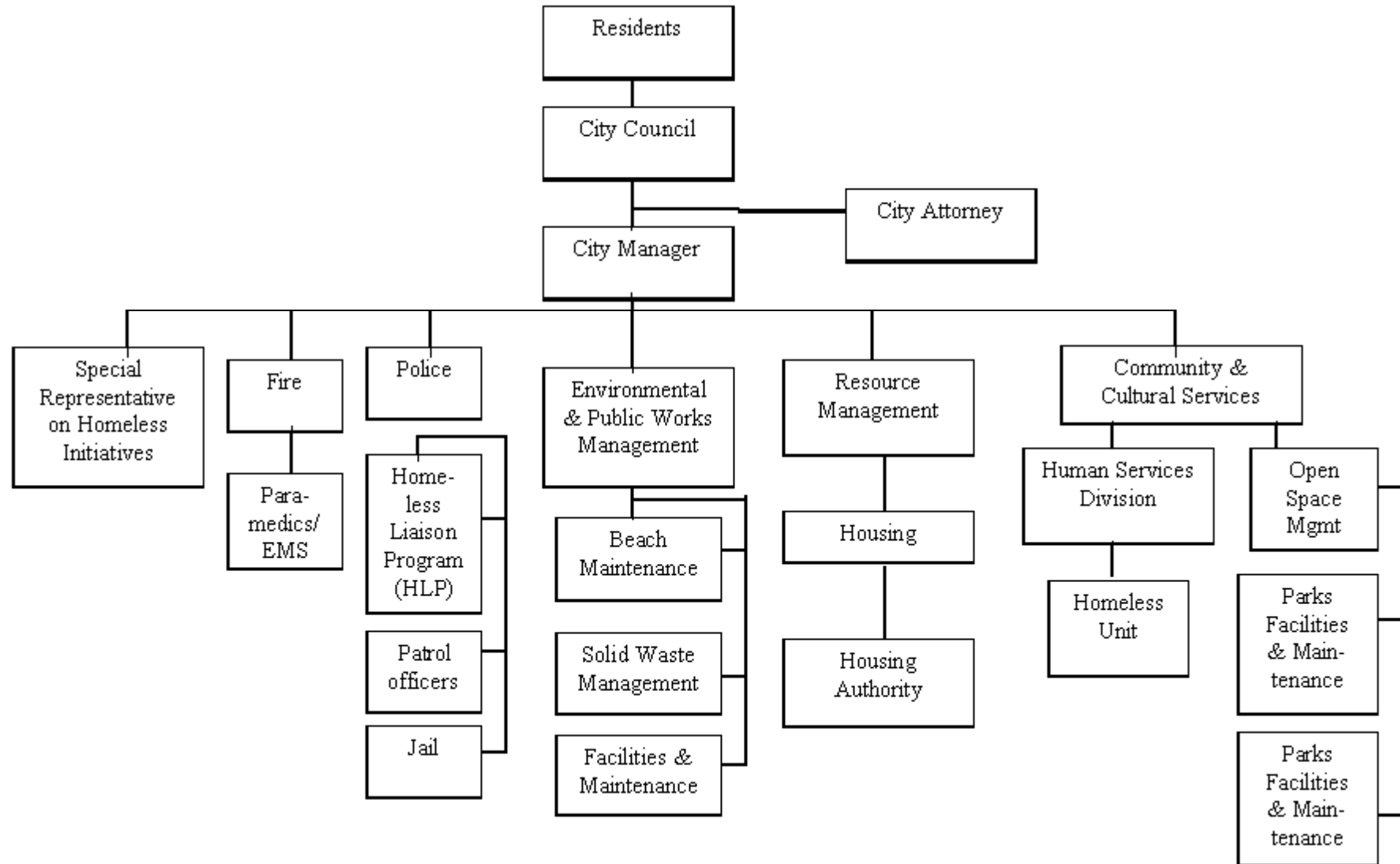


Figure 2
Partial Organization Chart
City Agencies and Programs Most Involved with Homelessness

NUMBER OF BEDS, BY TYPE, OFFERED BY SANTA MONICA AGENCIES

Residential programs offered by Santa Monica homeless assistance agencies are of five types. We present the types, their full capacity, their present occupancy by homeless and formerly homeless people, and their location in or outside Santa Monica. It is important to note that these bed counts are different from some that may previously have been presented, for three reasons – (1) they represent each agency’s *total capacity*, not just the beds that Santa Monica general funds are partially paying for; (2) they include the substance abuse treatment beds at CLARE Foundation, as most of them are occupied by homeless people, and all the permanent supportive housing beds at Step Up on Second although some are currently occupied by people with serious mental illness who have not been homeless; and (3) they include beds available to people homeless in Santa Monica through routine arrangements among agencies, even though they may not physically be located in Santa Monica. The bed counts are (See table 3.3 in chapter 3 for details).

- **Emergency shelter** (stays of up to 30 days) – 66 potential beds, 63 currently occupied by homeless people, all in Santa Monica.
- **Transitional shelter** (stays of up to 6 months, service enriched) – 195 potential beds, 188 currently occupied by homeless people; 123 in Santa Monica, 72 outside of Santa Monica (CLARE).
- **Transitional housing** (stays of up to 2 years) – 464 potential beds (counting children as occupying a bed), 453 currently occupied by homeless people; 242 in Santa Monica, 222 outside Santa Monica (New Directions).
- **Safe Haven** (low demand, indefinite stay, but expectation of eventual transfer to permanent housing) – 25 beds, all occupied by homeless people, all in Santa Monica.
- **Permanent supportive housing** (indefinite stay, rent subsidy, supportive services to maintain housing) – 547 units, 486 occupied by formerly homeless people; about 65% in Santa Monica and the rest outside Santa Monica.

HOMELESS ASSISTANCE AGENCY PERFORMANCE

- Transitional *shelter* programs are placing about one-third of their clients into permanent housing – a very good performance for short-term programs taking people directly from the streets. At least that many clients are going to transitional housing or treatment programs.
- Transitional *housing* programs generally see 70-90% of their clients move to permanent housing. Nationally, statistics appear to be closer to 70-80%. Of those who move to permanent housing, almost all are still in housing 12 months later.
- Permanent supportive housing programs are very successful as helping their clients retain housing – average lengths of stay are around 4.5 to 5 years, compared to 1 to 1.5 years nationally.

- With respect to the goals agreed-to between the city and providers operating 17 homeless assistance programs that receive city funding, only 3 programs failed to meet 80% of their goals; 3 programs met or exceeded all of their goals and 2 others met or exceeded 90%. Many programs exceeded the number of people they expected to serve by more than 10%, for no additional city money
- Overall, 991 individuals were placed in full-time employment. This represents about 32% of the individuals enrolled in reporting programs.
- Of the homeless people who came to CLARE for any type of substance abuse treatment, 53 percent entered detoxification, 20 percent entered some type of post-detoxification treatment, and one-third of those graduated from that treatment – meaning they maintained sobriety through the treatment and were sober at exit.
- OPCC caseworkers, in partnership with Venice Family Clinic and the Los Angeles Department of Mental Health were successful securing approvals for SSI for 90% (47) of the 52 applications filed for SSI in 05-06 through a demonstration program from the Social Security Administration called Project HOPE.

POLICE AND FIRE DEPARTMENT PERFORMANCE

City police and fire (for paramedics) departments are able to report their activities that relate directly to homelessness.

- In FY 05-06, police made 1,796 arrests of individuals who listed their residence as transient, homeless, none, or provided an address of a known homeless shelter. This figures does not include citations (tickets) that were issued to homeless persons.
- In FY 05-06, the City Attorney's Office filed 2,249 cases involving arrests and citations in which the subjects involved are usually homeless persons, these include violations of ordinances relating to: camping; park closure, abusive solicitation (panhandling), and shopping cart possession.
- In CY 2005, the HLP team responded to approximately 2,400 incidents involving transients and made about 2,900 periodic checks on property and open space. These responses were in addition to the arrests reported above.
- In FY 05-06, paramedics responded to about 9,000 calls. In about 1,500, the person needing assistance was clearly homeless. From the 1,250 homeless-related call records containing names, it was determined that 780 individuals were involved, with 76% being involved in only one incident. 100 individuals (13%) accounted for 37% of the calls.

ANNUAL COST OF SUPPORTING THE HOMELESS ASSISTANCE SYSTEM

One question this evaluation was asked to address was whether the programs funded by the City of Santa Monica were effective. It is fair to say that the community's homeless assistance programs are high performers compared to the little that is available nationally that shows the performance of similar programs. In that sense, Santa Monica is certainly getting at least what it

pays for. It is also important for Santa Monica stakeholders to understand that the city actually pays for *very little* (7 percent) of the programs and services that comprise the local homeless assistance network, as shown in table 1. For every \$1.00 of the \$1.54 million that Santa Monica invested in these programs in FY 05-06, agencies raised \$12.63 from other sources. In this sense too Santa Monica is getting a good deal more than it pays for,

| Table 1 Funding Sources for Core Agencies in Santa Monica's Homeless Assistance Network (July 1, 2005-June 30, 2006) | |
|--|----------------------------|
| Source | Amount (in millions \$) |
| City of Santa Monica general fund | \$ 1.541 |
| Los Angeles city and county | \$ 5.371 |
| California (state funds) | \$ 1.241 |
| Federal | \$ 6.121 |
| Private | \$ 6.730 |
| TOTAL | \$ 21.004 |

as its investment in homeless assistance programs could hardly produce the results that programs achieve without the considerable additional resources that the programs themselves raise to meet client needs. Nevertheless, the Santa Monica dollars are very valuable to programs, as they may be used flexibly to support program activities and fill the gaps left by more rigidly allocated sources. In addition to the local, state, federal, and private funds shown in table 1 that flow through homeless assistance agency budgets, housing subsidies from federal sources worth about \$5.1 million went directly to landlords during FY 05-06 to support 426 housing units for formerly homeless people.

City agencies also incur direct costs related to homelessness, as shown in table 2. These costs are in addition to the funds distributed to homeless assistance agencies through grants and contracts that were displayed in table 1. Many of these city agency costs cover personnel, but some pertain to equipment (e.g., paramedic vans), the fixed costs of the jail, and contracts for things such as managing ClientTrack. Table 2 shows these costs and which departments incur them. The table includes both general fund and non-general fund costs. Police and paramedic expenses account for the bulk of the outlays, followed by funding for open space management related to homelessness. The Santa

| Table 2 General Fund Outlays for City Department Activities Related to Homelessness* (July 1, 2005-June 30, 2006) | |
|---|---------------------|
| Department | Amount |
| HSD Homeless Unit Staff Costs | \$ 418,000 |
| HSD consultants and non-grant funds to agencies (technical assistance, rent, direct benefits for clients) | \$ 294,000 |
| HSD – ClientTrack data system (not general fund) | \$ 72,000 |
| Leadership on Homeless Initiatives—City Manager’s Office | \$ 200,000 |
| Open Space Management, facilities maintenance | \$ 545,000 |
| Environmental and Public Works Management | \$ 329,000 |
| Fire Department – paramedics | \$ 472,000 |
| Police Department – HLP Team, patrol, jail | \$ 2,056,000 |
| Resource Management Department – staff costs only | \$ 33,000 |
| Santa Monica Housing Authority – staff costs only (not general fund) | \$ 102,000 |
| TOTAL | \$ 4,521,000 |
| * Does not include grants and contracts to homeless assistance agencies or the cost of housing subsidy vouchers. These costs are listed in table 1 above. | |

Monica Housing Authority in the city’s Resource Management Department distributes more than \$2 million in mostly federally-funded housing subsidies annually, but its direct costs for staff time are relatively small.

ISSUES AND RECOMMENDATIONS

Issue # 1: Public places are used by homeless people in ways that intrude on the right or ability of others to use the same spaces.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|--------------|-----------------|--|
| 1.1 Establish Good Neighbor Agreements for every homeless facility, similar to those used in some other communities. Agreements should cover facility appearance and cleanliness, how people approach and use the facility, procedures for handling problems between the facility and neighbors, potential for involvement of neighbors in program activities, and similar issues | Short | Chapter 4 | Continuum of Care (CoC) providers, immediate neighbors and neighborhood associations, funders, homeless people |
| 1.2 Improve security and cleanliness in downtown business areas and residential areas affected by homelessness by: | Short | Chapter 4 | Business community, outreach teams, general public, police, Chrysalis, homeless people |
| 1.2.1 Deploying more Clean & Safe teams on streets frequented by downtown visitors, to be directed by business community | | | |
| 1.2.2 As Clean & Safe teams improve the safety and security of downtown areas, move police patrols increasingly to affected residential areas | | | |
| 1.3 Develop, launch, and maintain an anti-panhandling campaign | | Chapter 4 | Business community, general public, police, Clean & Safe teams, homeless people |
| 1.3.1 Ordinances criminalizing non-aggressive panhandling have been struck down as unconstitutional; so this approach is probably not viable | N/A | | |
| 1.3.2 Rely instead on public education and widely publicized and highly visible and widespread alternate giving opportunities (e.g., Baltimore's parking meter approach) | Short/medium | | |

Issue # 1: Public places are used by homeless people in ways that intrude on the right or ability of others to use the same spaces.

| Recommendations | Time Frame | For Context See | Who Involved |
|--|--------------|----------------------|---|
| 1.4 Address public drunkenness | | Chapters 2, 3, and 4 | All city and county law enforcement and court agencies, |
| 1.4.1 Santa Monica Homeless Community Court (already begun) | Short | | Emergency Medical Services (EMS), |
| 1.4.2 Stop liquor sales to public inebriates – enter into agreements with retail liquor stores | Short | | Clean & Safe teams, |
| 1.4.3 More substance abuse treatment | Short/medium | | City of Santa Monica |
| 1.4.4 Continue and expand Serial Inebriate Outreach Program (SIOP) | Short/long | | Human Services |
| 1.4.5 Consider “treatment or jail” approaches in addition to those offered by the Santa Monica Homeless Court and SIOP | Medium | | Division (HSD), |
| 1.4.6 Continue and expand CHP/SIP to move people off the streets and reduce substance abuse | Short/long | | outreach workers, substance abuse treatment providers (CLARE, New Directions, Turning Point, others), Department of Public Health, SM City Council, general public, business community, homeless people |

Issue # 1: Public places are used by homeless people in ways that intrude on the right or ability of others to use the same spaces.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|-------------------|------------------------|--|
| 1.5 Address the seriously disturbed and/or frightening behaviors of people with serious mental illness | | Chapters 2, 3 and 4 | Police, Step Up, Campion, outreach workers, Clean & Safe teams, other SM agencies with MH capacity, Homeless Community Court, EMS, LA County Departments of Mental Health and Public Health, business community, general public, homeless people |
| 1.5.1 Use Brotman Urgent Care Center as an alternative to jails and hospital emergency rooms | Short | | |
| 1.5.2 Develop MI-specific outreach and intervention staff with police back-up (cf. San Diego's Homeless Outreach Team, which includes police officer, MH/SA worker, and benefits person) | Short/medium | | |
| 1.5.3 Continue and expand CHP/SIP to move people off the streets and stabilize mental illness | Short/long | | |
| 1.6 Include homeless people in planning all of these activities, enlisting the assistance of those who want alternatives to using public spaces in the design and structure of new approaches | Short/ongoing | Chapter 4 | As above |

Issue # 2: Most people homeless in Santa Monica are from somewhere else – usually from somewhere else within Los Angeles County. What can Santa Monica do to reduce the flow of people into the city so it is handling only its “fair share” of homeless people?

| Recommendations | Time Frame | For Context See | Who Involved |
|--|------------|-----------------|--|
| 2.1 Gather better information on where people came from and why, by refining the questions that agencies ask of clients and record in ClientTrack | Short | Chapter 3 | HSD, CoC providers, homeless people |
| 2.2 Consider changes to some of the ways that existing Santa Monica access centers work. For instance: 2.2.1 Restrict use of brief services (usually through access centers) to a set time or number of visits that can occur without the client seeing a case manager, and thereafter, without showing progress on a plan that leads back to housing 2.2.2 For people who recently became homeless, determine where they were living when they lost housing and work toward linking them with services in the community they came from 2.2.3 Document these efforts; keep records of the communities with and without appropriate services to link to, and use in advocacy | Short | Chapter 3 | Santa Monica CoC providers; providers beyond Santa Monica; homeless people; general public, business community, city agencies and elected officials as advocates toward service providers, politicians, public in other communities, homeless people |

Issue # 2: Most people homeless in Santa Monica are from somewhere else – usually from somewhere else within Los Angeles County. What can Santa Monica do to reduce the flow of people into the city so it is handling only its “fair share” of homeless people?

| Recommendations | Time Frame | For Context See | Who Involved |
|---|-----------------|------------------|--|
| 2.3 Bring existing providers of mainstream services (e.g., health, mental health, substance abuse, employment, public benefits) that are not members of the Westside Shelter and Hunger Coalition (WSHC) into the Coalition and establish partnering arrangements to: | | Chapter 3 | CoC providers, city agencies, county agencies, WSHC members, local elected officials, general public, faith communities, business community |
| 2.3.1 Facilitate service delivery beyond the network of homeless- and hunger-specific agencies | Medium | | |
| 2.3.2 Develop transportation arrangements to get people to services beyond Santa Monica | Medium | | |
| 2.3.3 Bring non-Santa Monica mainstream and homeless-specific providers into the effort to develop more local service hubs outside of Santa Monica | Short | | |
| 2.3.4 Educate non-Santa Monica service providers to stop sending people to Santa Monica agencies | Medium | | |
| 2.3.5 Get the word out about the city’s Project Homecoming bus ticket program, and increase its use | Short | | |
| 2.4 Work regionally, using as leverage the evidence of where people homeless in Santa Monica came from, to assure a “fair share” distribution of appropriate services in neighboring Westside communities and throughout the county, including: | Medium and long | Chapters 3 and 4 | CoC providers, city agencies, county agencies, WSHC members, local elected officials, general public, faith communities, business community, homeless people |
| 2.4.1 Intake and assessment with good linkages to shelter and other services | | | |
| 2.4.2 Emergency shelter with rapid exit approaches to ending homelessness quickly | | | |
| 2.4.3 Access to employment-related services | | | |
| 2.4.4 Access to needed physical health services | | | |
| 2.4.5 Access to appropriate mental health services, including for co-occurring substance abuse | | | |
| 2.4.6 Access to appropriate substance abuse services, including for co-occurring mental illness | | | |

Issue # 2: Most people homeless in Santa Monica are from somewhere else – usually from somewhere else within Los Angeles County. What can Santa Monica do to reduce the flow of people into the city so it is handling only its “fair share” of homeless people?

| Recommendations | Time Frame | For Context See | Who Involved |
|--|-----------------|-----------------|--|
| 2.5 Work regionally and particularly on the Westside, using as leverage the evidence of where people homeless in Santa Monica came from, to assure development of and a “fair share” distribution of affordable housing throughout Los Angeles County (to prevent or end homelessness for those who are at risk or already homeless) | Medium and long | Chapter 4 | CoC providers, city agencies, county agencies, WSHC members, nonprofit and for-profit housing developers, local elected officials, general public, faith communities, business community |

See also recommendations for Issue # 5, as there is considerable overlap with this issue

Issue # 3: How effective are the local homeless assistance programs funded by the City of Santa Monica? How could the performance of the overall system of homeless assistance services in Santa Monica be improved?

| Recommendations | Time Frame | For Context See | Who Involved |
|--|------------|-----------------|--------------|
| <p>Homeless assistance programs and agencies funded in part by grants from the City of Santa Monica generally perform very well</p> <ul style="list-style-type: none">• Programs met or exceeded 86% of the 142 goals set; of 17 programs, 14 met or exceeded 80% of their goals, including 5 that met or exceeded 90% or more of their goals• Stability in permanent supportive housing greatly exceeds national norms (4-5 years for people housed through Santa Monica programs vs. 1 to 1.5 years nationally), and movement into permanent housing from transitional programs is similar to or exceeds national rates• In addition, agencies stretch Santa Monica city resources with major amounts of funding from other sources. Thus Santa Monica gets a great deal more than its grants alone would produce <p>The issue that needs addressing is not so much how to improve the performance of individual programs as it is how to improve and coordinate access to what exists now, and how to increase resources to serve the people who do not now connect to services, and when possible, redirect homeless people who became homeless elsewhere back to the communities where they came from (Issue 2)</p> | N/A | N/A | N/A |

Issue # 3: How effective are the local homeless assistance programs funded by the City of Santa Monica? How could the performance of the overall system of homeless assistance services in Santa Monica be improved?

| Recommendations | Time Frame | For Context See | Who Involved |
|---|------------|-----------------|--|
| 3.1 Make sure that chronically homeless people get into housing, and that they can keep it once they obtain it | Short | Chapter 3 | HSD, providers, landlords, neighbors, general public, homeless people, case managers, public education committee of the Community Roundtable (see Issue # 7) |
| 3.1.1 Add a dedicated housing placement specialist housing developer to the Chronic Homeless Program (CHP) team, since finding housing units and developing relationships with landlords is one of the biggest needs/barriers. (Recruitment for this position is currently underway) | | | |
| 3.1.2 Consolidate and coordinate efforts to locate and develop affordable housing and permanent supportive housing across all providers whose clients need housing | | | |
| 3.1.3 Create an indemnification fund that can compensate landlords for any damages that may be caused by formerly homeless clients placed in housing by Santa Monica agencies | | | |
| 3.1.4 Provide adequate levels of supportive services to help people keep their housing, and to smooth relationships with landlords to assure that units continue to be available. Such services can make the difference between success and failure, and reduce landlord and neighbor resistance to accepting formerly homeless people as tenants and neighbors | | | |
| 3.1.5 Continue with CHP but add more funds for support services (if service providers are to do this with existing contracts then reduce their other commitments accordingly) | | | |
| 3.1.6 Disseminate the results of studies showing that locating affordable housing in upscale neighborhoods does not depress property values | | | |

Issue # 3: How effective are the local homeless assistance programs funded by the City of Santa Monica? How could the performance of the overall system of homeless assistance services in Santa Monica be improved?

| Recommendations | Time Frame | For Context See | Who Involved |
|--|-------------------------|-------------------------|--|
| <p>The following options should be considered together, as they may not all be needed and there will be some tradeoffs among local preferences, levels of investment, people to take primary responsibility, ways of doing some things together, and time frames to be considered. The issue is how to structure brief/minimal services (e.g., bathrooms, showers, laundry, mail/messages) in relation to access to information and referral, linkages to services that will help people leave homelessness, and case management:</p> <p>3.2 Weigh the options and tradeoffs for increasing homeless people's initial access to services that will help them leave homelessness and link to ongoing services. There are reasons for keeping initial access to services dispersed, as it now is through OPCC Access Center, Daybreak Center, St. Joseph Center, and Step Up's Clubhouse, vs. establishing a one-stop multi-service center (similar to the one in Long Beach)</p> <ul style="list-style-type: none"> - No slight is intended to current performance of access centers; however, there is value to raising questions of efficiency and how access might be combined with drop-in and/or hygiene and/or food - Remember that the current dispersed system evolved because some of the most vulnerable homeless people were perceived to need a more personalized setting (e.g., mentally ill women) <p>3.2.1 Move food programs inside, to location(s) with outreach service staff present (planning and implementation already begun)</p> <p>3.2.2 Business community open a hygiene center downtown</p> <p>3.2.3 Business community establish a drop-in center to give people a place to get off the streets</p> <p>3.2.4 Create a "virtual" multi-agency access center that would result from developing an integrated cross-site real-time intake-assessment-case management data system (as recommended under Issue # 7 – also useful for measuring ongoing performance).</p> | <p>Short and medium</p> | <p>Chapters 3 and 4</p> | <p>Business community, feeding programs, HSD, other city agencies, agencies that might participate in a multi-service center, OPCC, St. Joseph Center, other SM providers and county agencies that might station staff at a one-stop, general public</p> |
| <p>3.3 Involve consumers in assessing service appropriateness, quality, and effectiveness. Hold focus groups, do surveys, ask consumers what would make services and program structures more accessible to them, and more suited to their needs</p> | <p>Short</p> | <p>Chapter 3</p> | <p>Consumers, homeless advocates, HSD, CoC providers</p> |

Issue # 4: Many people do not know that there are successful approaches to helping homeless people, and that different subgroups among the homeless population need and respond to different approaches to help them leave homelessness. The public needs to understand (1) the nature of the subpopulations, (2) that there are effective ways to help them leave homelessness, and (3) that Santa Monica is investing in approaches with strong evidence of success.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|------------|------------------|---|
| <p>4.1 Use evidence of this evaluation to delineate the most important subgroups of homeless people in Santa Monica. These would include:</p> <ul style="list-style-type: none"> ▪ Substance abusers without co-occurring mental illness (~56%) ▪ People with serious mental illness, without co-occurring substance abuse (~14%) ▪ People with co-occurring mental illness and substance abuse (~24%) ▪ Seniors (small in number – 4% – but double national average, almost all are Santa Monica residents, very vulnerable, little ability to solve own problems) | Short | Chapter 2 | City agencies and providers monitor and report for future |
| <p>4.2 Assemble evidence of effective approaches for each population</p> <p>4.2.1 CoC providers supply evidence of their own effectiveness</p> <p>4.2.2 City staff assemble evidence of best or promising practices nationally (some supplied with this evaluation)</p> <p>4.2.3 Compile into user-friendly brochures and handouts</p> | Short | Chapters 3 and 5 | CoC providers and city staff |

Issue # 4: Many people do not know that there are successful approaches to helping homeless people, and that different subgroups among the homeless population need and respond to different approaches to help them leave homelessness. The public needs to understand (1) the nature of the subpopulations, (2) that there are effective ways to help them leave homelessness, and (3) that Santa Monica is investing in approaches with strong evidence of success.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|------------------|-----------------|--|
| <p>4.3 Develop a public education and involvement campaign to explain homelessness, differences among homeless people, and the approaches that have a good chance of helping homeless people succeed in leaving homelessness</p> <p>4.3.1 Create public education committee as part of Community Roundtable (see Issue # 6)</p> <p>4.3.2 Involve faith communities in and beyond Santa Monica, starting with WSHC committee of interested religious leaders</p> <p>4.3.3 Review materials from similar campaigns elsewhere (e.g., Connecticut Reaching Home campaign, statewide with local counterparts). Some are available for use by others</p> <p>4.3.4 Hold forums, meetings, and “coffees” to provide opportunities for Santa Monica residents to meet homeless people, learn about their situations, learn what worked to leave homelessness</p> <p>4.3.5 Develop talking points, briefs, sermons, and other distribution mechanisms on relevant topics</p> <p>4.3.6 Lay groundwork for residents to become involved in advocating with the larger Westside community and the whole county</p> | Short and medium | Chapter 4 | General public, homeless and formerly homeless people, city agencies, CoC providers, business community, faith communities |

Issue # 5: City needs to know where it fits in an overall strategy to address homelessness – what it should be doing, how it will contribute, what leadership it could provide and how, and how it will manage its own resources.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|-------------------|------------------------|--|
| 5.1 All relevant city agencies should participate in the Community Roundtable, being part of most committees and subcommittees, working toward mutually understood and agreed-upon expectations for how city agencies and staff will work with others, and with each other, to reduce homelessness | Short and ongoing | Chapter 3 | Representatives of all city agencies involved with homelessness; other Roundtable stakeholders |
| 5.2 City, probably HSD, should provide staff support for the Roundtable. “Staff the Roundtable” does not mean “run the Roundtable.” It means participate fully as equals, but also do some of the legwork of note-taking, minutes-keeping, information gathering and organizing, meeting scheduling, and performance tracking that needs to be done but slips by when no specific person is being paid to do it | Short and ongoing | Chapter 3 | City agency staff, supporting everyone involved in the Roundtable and its committees |

Issue # 5: City needs to know where it fits in an overall strategy to address homelessness – what it should be doing, how it will contribute, what leadership it could provide and how, and how it will manage its own resources.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|--------------------|-----------------|---------------------------------|
| <p>5.3 Develop and maintain an annual “homeless budget” revealing the costs of all city functions affected by homelessness</p> <p>5.3.1 Clearly articulate how each department, division, and program in the homeless budget is, and should/could be, working together to reduce homelessness, and address any barriers to joint work</p> <p>5.3.2 For functions that are primary city responsibilities (e.g., police, fire, paramedics, jail, open space management, waste management), work with other stakeholders through Roundtable committees to determine best approaches, how other stakeholders can support and enhance city agency functioning and vice versa</p> <p>5.3.3 Where relevant, work with counterparts in other cities and the county (e.g., between SM jail and county jail) to increase efficiency and effectiveness, and potentially make better use of SM resources as they relate to homelessness</p> <p>5.3.4 With respect to jail, negotiate with county sheriff around two possibilities – (1) establishing support for the adoption of a “treatment or jail” approach for serial inebriates that assures that participants in these types of programs serve the full term of their sentence at the County jail, and are not released early; or (2) make arrangements for upgrading SM jail to permit longer stays and increase utilization rate</p> | Medium and ongoing | Chapter 3 | All city agencies, City Manager |
| <p>5.4 Understand the role of city funding to CoC agencies and the other stakeholders that fund these agencies and that the city should work with as partners to assure that agencies receive adequate funding from the most appropriate sources. Use the evidence from this evaluation as a starting place</p> | Short and ongoing | Chapter 3 | All CoC agencies, all funders |

Issue # 5: City needs to know where it fits in an overall strategy to address homelessness – what it should be doing, how it will contribute, what leadership it could provide and how, and how it will manage its own resources.

| Recommendations | Time Frame | For Context See | Who Involved |
|--|-------------------|-----------------|---|
| <p>5.5 Establish top goals specifically for city agencies, recognizing that other stakeholders in the community will have other goals. City agencies should not expect to, and should not be expected to, solve all problems related to homelessness in Santa Monica</p> <p>5.5.1 Incorporate the city’s goals into the strategic plan that the Community Roundtable will develop (see Issue # 6). Understand how city agencies are involved in helping to achieve other goals, and how other stakeholders are involved in helping city agencies to achieve their goals</p> | Short | Chapter 3 | City agencies, then also Roundtable participants |
| <p>5.6 Work on county-wide issues:</p> <p>5.6.1 Keep housing affordable for its low-income households, including creating more affordable housing through development or rent subsidies.</p> <p>5.6.2 Expand the supply of affordable housing with appropriate supportive services (known as permanent supportive housing, or PSH)</p> <ul style="list-style-type: none"> - Keep supporting Community Corporation of Santa Monica (CCSM) to develop affordable housing for low-income households in SM - Negotiate with CCSM to increase its participation in developing/offering more PSH for homeless, including identifying or developing support services, landlord indemnification fund, and other mechanisms to assure good landlord-tenant and tenant-tenant relations - Negotiate with the housing authorities and housing offices/departments of other cities and Los Angeles County to increase the supply of affordable housing and PSH, and rationalize its distribution throughout the county <p>5.6.3 Negotiate with the Los Angeles County Sheriff’s Office to make more effective use of the Los Angeles County and/or SM jail with respect to how it handles serial inebriates and others arrested for crimes associated with being homeless</p> <p>5.6.4 Work with county mental health and substance abuse agencies to expand services</p> <p>5.6.5 Work with the new LAHSA administration to develop a planning process leading to “fair share” distribution of homeless services throughout the county</p> | Short and ongoing | Chapter 4 | City agencies, City Council, CCSM, CoC agencies that would supply the supportive services, WSHC, public agencies of Los Angeles County and other cities in the county |

Issue # 5: City needs to know where it fits in an overall strategy to address homelessness – what it should be doing, how it will contribute, what leadership it could provide and how, and how it will manage its own resources.

| Recommendations | Time Frame | For Context See | Who Involved |
|--|---------------|--------------------|--------------|
| See also recommendations for Issue # 2, as there is considerable overlap with this issue | | | |

Issue # 6: There is no “table” to which people can bring issues and feel that they will be resolved. This leaves stakeholders frustrated, angry, and feeling unheard and unappreciated. In addition, stakeholders with needs and stakeholders with resources never learn how they can help each other, nor do those unintentionally working at cross-purposes have a venue for resolving their issues.

| | Time Frame | For Context See | Who Involved |
|-----------------|---------------|--------------------|-----------------|
| Recommendations | | | |

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| Recommendations | Time Frame | For Context See | Who Involved |
|---|------------------------|----------------------|--------------|
| 6.1 Establish an ongoing, independent Community Roundtable in which all stakeholders that could and should be involved in reducing homelessness have a seat at the table. | Short-term and ongoing | Chapters 1, 3, and 4 | Everyone |
| 6.2 Develop a 5- or 10-year strategic plan for addressing homelessness in Santa Monica as part of the Roundtable activity. However, such a plan would probably take 9 to 12 months to be developed and disseminated. There is no need to wait that long to begin work on many of this evaluation’s recommendations. | | | |
| 6.3 It is vitally important that the community think of the Roundtable as an ongoing activity, with important roles to play after a plan is adopted. Santa Monica should not repeat the mistake of the 1991 Task Force – failing to structure ongoing reporting and community involvement in assessing success and next steps. | | | |
| 6.3.1 The Roundtable should be the overarching venue for planning and implementing all recommendations of this evaluation | | | |
| 6.3.2 City Council could “convene” the Roundtable, as it did for the 1991 Task Force on Homelessness. Alternatively, city staff, business community representatives, the Westside Shelter and Hunger Coalition, or some other entity could announce the beginning of the Roundtable and invite all interested parties to attend | | | |
| 6.3.3 Start as simply as possible, with the issues that people want to work on. Do not wait for the plan to be completed to start on the immediate tasks. Add more committees or subcommittees as needed. Start with things people really want to work on, and that can produce short-term successes. At the same time, lay the groundwork for addressing the things that will take longer to pay off | | | |
| 6.3.4 The Roundtable should create its own structure, taking cues from other communities that have done this. Several organizing principles have been used, and many forums similar to the one we are recommending have committees structured around more than one organizing principle, including: <ul style="list-style-type: none"> - By issue (e.g., improving the street scene, as in Issue # 1, or promoting greater regional involvement, as in Issue # 2) - By subgroup of homeless people (e.g., what is needed to help chronically homeless people or people with substance abuse issues, or those with mental health issues, or seniors, or youth) - By stakeholder group (e.g., CoC agencies, the business community, consumers, the general public) | | | |

Issue # 6: There is no “table” to which people can bring issues and feel that they will be resolved. This leaves stakeholders frustrated, angry, and feeling unheard and unappreciated. In addition, stakeholders with needs and stakeholders with resources never learn how they can help each other, nor do those unintentionally working at cross-purposes have a venue for resolving their issues.

| Recommendations | Time Frame | For Context See | Who Involved |
|--|------------------------|----------------------------|-------------------------|
| 6.4 Establish performance expectations, a timetable for performance, and a routine reporting and accountability structure (see specifics at Issue # 7). The Roundtable is a mechanism to establish trust, openness, transparency of decisions and performance (i.e., everyone knows how and why things are being done and what they should expect from each other), and mutual accountability. Participants must know what is expected of them and that regular reports will publicize both accomplishments, issues that have obstructed accomplishments, and plans to overcome those issues | Short-term and ongoing | Chapters 1, 3, and 4 | Everyone |

Issue # 7: Having good data and a good mechanism for using the data would support action, assessment of progress, and trouble-shooting to promote forward movement on every other issue.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|--|------------------|--|
| <p>Santa Monica was a pioneer in establishing an HMIS of its own</p> <ul style="list-style-type: none"> ▪ SM is one of the few communities in the country with some sort of system that goes back more than a decade ▪ CoC providers have lived through the first, very primitive system and the somewhat improved system offered by ClientTrack, even though the work of putting data in the system was not of great benefit to them on a day-to-day basis. The next iteration should be sure to give providers the tools they need to refine programs and serve clients most effectively | N/A | N/A | N/A |
| <p>7.1 Expect every committee and subcommittee of the Community Roundtable to issue regular reports of how well it is doing on its projects and goals. For this they will need good data, and will have to set up mechanisms for getting it</p> <p>7.1.1 Each committee should establish clear goals and clear markers or indicators of progress toward achieving those goals. Recognizing that some goals will be much harder to reach than others, measurable steps along the way should be articulated for the more complex and difficult tasks, such as getting buy-in from other cities in the county to do their fair share</p> <p>7.1.2 At least every year, and preferably every quarter for the first year or two, each committee should report its progress to the Roundtable, and to the larger community. Achievement and overachievement should be recognized and applauded publicly. Failure to meet goals should be analyzed honestly, and steps should be taken to address barriers. Subsequent reports should include progress on reducing barriers</p> <p>7.1.3 Committees whose goals include moving specific numbers of people out of homelessness, increasing employment, stabilizing mental illness, and the like should measure these goals against the evidence of a homeless management information system (HMIS) in which all CoC providers participate</p> | <p>Start immediately. Full implementation is medium, then on-going</p> | <p>Chapter 3</p> | <p>All providers, HSD staff, system administrator, representatives of relevant Roundtable committees</p> |

Issue # 7: Having good data and a good mechanism for using the data would support action, assessment of progress, and trouble-shooting to promote forward movement on every other issue.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|--|------------------|--|
| <p>7.2 Replace ClientTrack, the city’s current homeless management information system. It has served its purpose, which was to supply the city with client information in the absence of any countywide system. It is antiquated and inflexible, and should be honorably retired and replaced with a better system</p> <p>7.2.1 Options for a new system:</p> <ul style="list-style-type: none"> ▪ SM could independently install the system that LAHSA has commissioned specifically for LA, which is now being piloted in emergency shelters in some SPAs ▪ Or SM could buy any of the commercially available homeless management information systems that would have the ability to match up with the LAHSA system whenever it goes to scale (somewhere around 2012) <p>7.2.2 Things to be sure that any new system can do:</p> <ul style="list-style-type: none"> ▪ It should be possible to produce an unduplicated count of all people served by all CoC agencies in Santa Monica, whether or not city funds pay for the services they receive, as well as clients of agencies beyond Santa Monica who are supported at least in part by city funds ▪ Case managers in CoC agencies should be able to use it easily for assessment and case management – if case managers can’t and don’t use the system daily for their own purposes, data quality suffers ▪ CoC agency managers, from managers of specific programs to supervisors overseeing several programs to executive directors, should be able to use the system flexibly to answer performance questions ▪ HSD staff should be able to use the system flexibly to answer performance questions ▪ The system should have an analysis package to allow CoC agency and city managers to do the analyses suggested above ▪ Technical assistance should be readily available from the vendor | <p>Short-term. Full implementation is medium, ongoing thereafter</p> | <p>Chapter 3</p> | <p>All providers, HSD staff, system administrator, representatives of relevant Roundtable committees</p> |

Issue # 7: Having good data and a good mechanism for using the data would support action, assessment of progress, and trouble-shooting to promote forward movement on every other issue.

| Recommendations | Time Frame | For Context See | Who Involved |
|---|-------------------|------------------------|---|
| 7.3 Create an integrated-across-site, real-time, intake-assessment-case management data system. Such a system will be needed to achieve the analyses suggested above | Same as above | Chapter 3 | Same as above |
| 7.3.1 To the extent that participating agencies must use other data systems for clients served under non-city contracts (e.g., through county DMH or DPH contracts), data must be able to be exported or matched to the new HMIS | | | |
| 7.4 Expect to support a person at least half-time to be a system administrator, keep the system running smoothly, train new staff, offer advanced support for specialized analyses requested by providers and city staff, and respond to emergencies. The administrator should already be on board as the system is being installed, and preferably should be included in plans for the transition from ClientTrack. The administrator should be located in Santa Monica, and should have skills for working with program and agency staff as a trainer, troubleshooter, and report developer, as well as manipulating data | Medium | Chapter 3 | All providers, HSD staff, administrator |

CHAPTER 1

HOMELESSNESS IN SANTA MONICA

INTRODUCTION AND SCOPE OF THIS EVALUATION

When thinking about homelessness in Southern California, usually the Skid Row area of downtown Los Angeles comes to mind—an area that holds over 10,000 homeless people a day in one of the highest concentrations of homeless people in the country. Yet many other communities in Los Angeles County face significant problems with homelessness.

Santa Monica, a small coastal city of 84,000 people living within 8.3 square miles to the west of Los Angeles, has long struggled with a major homeless problem of its own. Already in the 1960s and 1970s, homeless people could be found on its beaches and in its parks and open spaces. The first homeless “census” ever done for Los Angeles County, in January 2005, estimated that the service planning area (SPA) that includes Santa Monica, SPA 5, had about 6,900 homeless people on the day of the count.¹ Of these, about 2,000 were in Santa Monica – considerably more than might be expected on the basis of area or population alone.

Walking through downtown Santa Monica, especially along tourist-friendly areas such as the Third Street Promenade, the Pier, and the beach bluffs, one cannot but be struck by the high concentrations of panhandlers, destitute individuals who seem to be seriously mentally ill, and other seemingly homeless people. It is not hard to understand why homelessness has become “the” top issue facing the city according to public opinion surveys, with highly charged debates appearing throughout the media, political campaigns, and the community at large.

¹ Applied Survey Research. 2006. *2005 Greater Los Angeles Homeless Count*. Los Angeles: Los Angeles Homeless Services Authority. Available online at: <http://www.lahsa.org/homelesscount/pdfs/LAHSA%20Report%20-%20Final%20Version6-4.pdf>

SPA 5 includes Venice, Santa Monica, Malibu, Beverly Hills, the Pico-Beverly area, West Los Angeles, Marina del Rey and Westchester.

CAUSES OF HOMELESSNESS

The causes of homelessness are many and complex. It goes without saying that homelessness is a national problem, whose most important causes are rooted in national-level policies and programs affecting poverty, unemployment, deinstitutionalization, and economic dislocation.² Since the 1940s, federal policies have promoted homeownership and lowered its price at the expense of rental housing, a trend exacerbated in the 1980s and 1990s as thousands of residential hotels and other inexpensive rental housing units were destroyed or converted to other use and the price of housing escalated. Federal policies and the shift from being a manufacturing to a service economy have resulted in wage stagnation since 1973 among people with only a high school education or less, reducing their ability to afford housing. Federal and state policies since the early 1960s removed institutional supports for people with serious mental illnesses without developing viable and sufficient community alternatives. Anything that increases the cost of housing and decreases the earning power of many households will increase the risk of homelessness; add the vulnerabilities created by disabilities and the lack of appropriate systems to help people affected, and you get today's homeless population.

Once the large-scale policies and realities of changing housing markets, employment opportunities, and public supports for people with very serious disabling conditions are taken into account, the fact still remains that it is specific individuals and families who become homeless. The key to understanding homelessness is to recognize that all homeless people are extremely poor, regardless of any other challenges and barriers they may have. Once one is very poor, having a disabling condition increases vulnerability to homelessness and, once homeless, these same conditions are likely to make it harder to get back into housing. Poverty is the key here, being the universal condition of homeless people; it is important to remember that millions of people with the same conditions but with sufficient resources are able to stay housed without difficulty. So ending homelessness involves doing what it takes to bring incomes and housing

² Burt, Martha R., Laudan Y. Aron, & Edgar Lee. 2001. *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press, chapter 1. Koegel, Paul. 2004. Causes of Homelessness: Overview, in *Encyclopedia of Homelessness*, David Levinson, Editor, pp. 50-58. Thousand Oaks, CA: Sage Publications. See also the 11 additional articles in the Encyclopedia that describe causes of homelessness, and the many references for additional reading cited in those articles.

costs into alignment, through any of a wide variety of mechanisms that we discuss in later chapters.

THE SITUATION OF SANTA MONICA

Despite the major influence of federal and state policies, the problem of homelessness must be managed if not solved at the local level, which leaves Santa Monica and many other communities across the country struggling to find feasible approaches and solutions. Santa Monica's unique geo-political situation makes this very difficult. As a relatively small city within the huge County of Los Angeles – a county with 9.9 million people and 88 municipalities – Santa Monica does not control either the movement of homeless people across its boundaries or the county-level resources that are needed to help people leave homelessness. The regional nature of the homelessness problem makes it especially challenging for a city such as Santa Monica to tackle.

Many Santa Monicans want to know whether the homeless people they see on their streets every day are in fact from Santa Monica. Santa Monicans *do* become homeless—especially seniors, many of whom have lived in Santa Monica most of their lives. Escalating housing costs and the absence of affordable housing options have created new downward pressures on many low-income households.

But many homeless people also come to Santa Monica from surrounding communities on the Westside, the rest of Los Angeles County, and other parts of the state and country. The reasons for this are not hard to find. While promoting the charms of what it calls “a quintessential urban beach community,” it is striking to read the description of Santa Monica on the city's website through the lens of someone interested in homelessness:

This seaside city blends the charm and appeal of a coastal getaway with an unforgettable beach and the sophistication of an urban center—a magnetic combination.

Known for its healthy lifestyle, Santa Monica is situated in a compact, walkable 8.3 square miles. This environment- and pedestrian-friendly city also boasts one of the most respected public transportation systems in the nation, making the entire city easily accessible and convenient, even without a vehicle. Additionally, the city's world-famous beach and bike trail offer a vast assortment of outdoor recreation and activities.

Santa Monica is the perfect base for vacationers and business travelers seeking easy access to metropolitan Los Angeles and the rest of this destination-rich region. Located only eight miles north of Los Angeles International Airport (LAX), the city is a short drive from downtown Los Angeles and less than an hour from virtually every major visitor destination in Southern California. After a day of sightseeing, Santa Monica is a tranquil, easygoing haven where you can get to everything good in the city without even getting back in the car.

The beach setting is the number-one reason many people visit Santa Monica and the city's world-class restaurants and first-rate shops also draw thousands of families, couples, celebrities, international travelers and first-time vacationers each year.

In short, Santa Monica is a beautiful, accessible, walkable, and safe place for people to be. The “magnetic combination” of beach and urban center attracts homeless people for the very same reasons it draws other kinds of people. Ironically, the tranquility and safety of the beach and parks mean that they also draw especially frail and vulnerable people from other communities, including women, seniors, and people with serious mental illnesses. Other factors such as the temperate climate and the plentiful opportunities for panhandling also draw homeless people to Santa Monica.³

Santa Monica residents’ frustration with the homelessness in their midst stems partly from the severity of the problem and partly from their attitudes of care and concern. The community has a long history of social activism and engagement, and prides itself on the help it extends to less fortunate members of society. Unfortunately, the heavy toll of ongoing homelessness has caused much friction among various stakeholders, all of whom have legitimate concerns and perspectives. These stakeholders include the housed residents of Santa Monica (renters and homeowners), their elected officials, the business community, city agencies and staff (including law enforcement, paramedics, and others working on the front lines), landlords and housing developers, social service providers, faith-based and other nonprofit groups, and of course, homeless people themselves and their families and advocates.

³ It is important to recognize that both homeless and non-homeless people panhandle, and the breakdown between these two groups varies considerably from one place to another. More than four-fifths of panhandlers in a Manhattan study reported being literally homeless compared to only one-third of “regulars” in a New Haven commercial district. See Barrett A. Lee and C. R. Farrell. 2003. Buddy, Can You Spare a Dime? Homelessness, Panhandling, and the Public. *Urban Affairs Review*, 38(3), 299-324. Available online at: <http://uar.sagepub.com/cgi/reprint/38/3/299>

- Many residents are concerned about a lower quality of life as public spaces are increasingly overrun by homeless people with nowhere else to stay, including concerns about personal safety, health and hygiene, and intrusions on personal property;
- Business owners want store fronts that are safe and free of panhandlers or others who scare away customers;
- Landlords want reliable tenants who pay their rent on time and do not destroy their property;
- Housing developers want to be able to develop properties that are successful and profitable for them;
- Politicians want to show that they can address a problem of top concern to their constituents;
- Police and emergency medical response staff want to ensure that their systems are not overrun by people who need far more to resolve their homelessness than the attentions and services available from law enforcement and paramedics;
- Community-based social service providers want to pursue their missions with realistic and consistent performance expectations, receive adequate and reliable funding to meet those expectations, and be recognized for their successes and accomplishments;
- Non-city funded meal providers want to be able to advocate on behalf of the human and civil rights of a highly disenfranchised and disabled group of (homeless) people, many of whom are disconnected from mainstream service systems, and provide them with the basic supports they need to survive; and
- Homeless people want effective services and access to affordable housing, opportunities to be productive and give back to Santa Monica, to be protected from violence and abuse by other homeless and non-homeless people, and to be seen for qualities other than their homelessness.

These are all legitimate agendas, and effectively reducing homelessness advances them all.

Unfortunately, achieving these reductions is not a simple task.

As Santa Monica struggles to find real, lasting solutions to homelessness – ones that reduce the number of homeless people and lessen the impact of homelessness on the community – frustrations that should be directed toward eliminating the causes of homelessness are at times directed toward homeless people themselves, or toward the groups that are trying to help them. Certainly some homeless people come to Santa Monica because it has a rich homeless service system relative to its neighbors on the Westside and elsewhere in Los Angeles County. Indeed, service providers in and out of Santa Monica who are trying to help as many as possible with

limited resources regularly refer homeless people to each other's services when they cannot offer the needed service themselves. Decades ago, service providers on the Westside set up the Westside Shelter and Hunger Coalition to facilitate the referral process. But these referrals work both ways, with Santa Monica providers also referring homeless people who come first to them to other providers outside of Santa Monica. It is highly unlikely that cutting back services in Santa Monica will lead to lower numbers of homeless people in the city, because too many other factors are at play for a reduction in services alone to have a significant desired effect. In fact, cutting back on services might just as easily worsen the situation in terms of more homeless people with problem behaviors who have nowhere to turn. However, it would potentially be fruitful to increase services elsewhere, so that Santa Monica is not the only location on the Westside that has a significant density of homeless assistance services.

THIS EVALUATION AS A STEP TOWARD DEVELOPING SOLUTIONS

Once before, in 1991, Santa Monica stakeholders set themselves the task of studying their community and its approach to homelessness and developing strategies to address myriad aspects of the problem. All who remember that process agree that the level of citizen distress preceding establishment of the Task Force was very high, and that the Task Force worked well. The various stakeholders who were involved emerged, if not completely satisfied, then at least feeling that they had been heard and that strategies to address their concerns were incorporated into the final set of recommendations. Many recommendations went on to become reality, from new housing programs to new ordinances seeking to control the behavior of homeless people. The system of homeless assistance agencies and programs available today in Santa Monica owes a good deal to that process and its aftermath.

However, one 1991 Task Force recommendation was not fulfilled – that an ongoing process be established to monitor progress on recommendations and provide a forum for periodic assessment of “where are we and where do we need to go from here.” One of the consequences has been the absence of a “table” where various stakeholders could bring their concerns and work out strategies with the others who would need to be involved if the strategies were going to have a chance to work. The lack of a “table” and of a process for continuing to address

homelessness in a coherent, community-wide way appears to be one of the major reasons for the high level of frustration among all parties in Santa Monica today. That frustration, in turn, stimulated the community to seek an evaluation of its homeless assistance network and related activities as a first step toward designing an approach to reduce the impact of homelessness on the community and on homeless people themselves.

After a competitive process that began in fall 2005, in April 2006 the City of Santa Monica awarded the Urban Institute a contract to conduct this evaluation. The major evaluation activities were designed to help us understand:

- The major issues surrounding homelessness in Santa Monica, as seen from the varying perspectives of the city's many stakeholders.
- The numbers and characteristics of people homeless in Santa Monica, including any subgroups among them that might need varying approaches to help them leave homelessness.
- The nature and activities of the agencies in the Santa Monica homeless assistance network, which actually extends beyond Santa Monica to include several Westside agencies, and to answer some questions about access to services, duplication of services, cooperation and collaboration across agencies, and agency performance in meeting goals.
- The relationship of agencies in the Santa Monica homeless assistance network to programs, agencies, and organizations in the larger Westside area and Los Angeles County as a whole, including working together to serve clients, working together to influence the larger environment, and working to acquire additional resources to serve the changing needs of people homeless in Santa Monica.
- The roles and activities of city agencies whose work is touched by homelessness, including Human Services, Housing, Police (including the Santa Monica Jail), emergency medical services, parks and open spaces, the City Manager's Office and City Attorney's Office.
- The relationships among city agencies and homeless assistance agencies, how these might have changed over time, and whether city investments in homeless assistance programs are well-targeted and contributing toward the achievement of city goals.
- The roles and positions of City Council members, elected officials from nearby communities, organizations that are likely avenues through which Santa Monica stakeholders might seek to influence their larger environment, county agencies with resources to help address homelessness.
- The beliefs and attitudes of Santa Monica residents, members of the business and faith communities, and homeless and formerly homeless people.

The final charge of the evaluation was to make recommendations that could help Santa Monica stakeholders develop a strategic plan to address homelessness, including steps that could be taken immediately, those that will take a bit longer to come to fruition, and activities that would have their payoff in the longer term.

Evaluation methods to help us learn what we needed to know included:

- Interviewing more than 100 people, including staff of the relevant city agencies, staff of 15 agencies in the Santa Monica homeless assistance network (both management and staff who had direct responsibility for clients), homeless and formerly homeless people, Santa Monica residents, representatives of the business community, Santa Monica and Los Angeles City Council members, representatives of county agencies and the Los Angeles Homeless Services Authority (LAHSA), and representatives of faith congregations (see Appendix A for a list).
- Analyzing special runs of data from ClientTrack, the homeless management information system in which the service records of many people served by Santa Monica homeless assistance agencies are kept.
- Examining data maintained by police and emergency medical services of activity related to homelessness.
- Collecting and analyzing homeless assistance agency and city agency budget data to understand how much it is costing annually to address homelessness and where the money is coming from.
- Analyzing the write-in responses of more than 150 citizens who used the opportunity of an email address and mail-in flyers set up for this evaluation to give us their opinions of what needed to be done about homelessness in Santa Monica.

STRUCTURE OF THIS REPORT

This report examines Santa Monica's homeless assistance system, looking at what is done well and what could be done better. It also outlines some of the things that need to happen outside of Santa Monica if real solutions to the area's homeless problem are to emerge. There is widespread agreement that Santa Monica (especially when compared to its neighbors) has committed two ingredients that are necessary for tackling homelessness: political will and resources. The city's various stakeholders can do much more, but Santa Monica's unique geopolitical situation within Los Angeles County means that many things also have to happen

outside its boundaries, and therefore outside its sphere of direct political influence and control. This situation presents a major challenge but not a new or an impossible one. While not the central focus of this evaluation, we identify throughout the report different ways Santa Monica stakeholders might bring about regional change.

The next three chapters of this report cover our findings with respect to describing Santa Monica's homeless population, understanding the system of services and supports that exist in Santa Monica and how they fit into the surrounding communities and the county as a whole, and examining the concerns of many stakeholder groups (residents, business people, elected officials, faith communities, and homeless people) and their options for participating in solutions. These chapters provide a detailed look at the resources Santa Monica is currently using to tackle homelessness, which are also the foundation on which Santa Monica stakeholders will need to build as you craft and implement plans for ending homelessness.

Details of recommendations occur throughout the main chapters of this report, in relation to discussions of our findings and their implications. The Highlights with which we began the report summarize these many recommendations, large and small, simple and complex, and specify the chapter(s) in which they are discussed. Some recommendations will have fairly immediate effects once action on them begins, while others will require more patience to reach their medium- and long-range outcomes.

Chapter 2 describes people homeless in Santa Monica during the course of the last fiscal year, from July 1, 2005 through June 30, 2006, based on statistics available through a database used by homeless assistance agencies that receive city funding. It provides an estimate of the number of people who have been homeless in Santa Monica and active in the caseloads of local homeless assistance agencies, describes their demographic characteristics (gender, race/ethnicity, age, household type, veteran status), disabling and complicating conditions, and how long people have been involved with Santa Monica service agencies. It ends with a discussion of the subgroups of homeless people in the city and the different approaches that will be needed and are known to help in ending their homelessness. Unfortunately, no similar data are available for people who never contact a service agency.

Chapter 3 describes the homeless assistance system within and beyond Santa Monica. It looks first at the core homeless service providers in Santa Monica, other service providers in Santa Monica and beyond that link to Santa Monica-based services, and city agencies whose work is directly impacted by homelessness. It also examines the effectiveness of the service system, what the system costs, and who pays for it. It is the longest chapter of the report and contains the detailed information on which we base many of the specific recommendations found in the Highlights.

Chapter 4 distills the views offered by different groups of Santa Monica stakeholders who are not directly involved in the homeless assistance system but who are affected by homelessness, including the business community, general public, politicians, county agencies, representatives of religious congregations, and homeless people. It also contains many recommendations for ways that these stakeholders could participate in reducing homelessness and its impacts.

Finally, chapter 5 offers “Resources,” identifying a wide variety of reports, materials, and tools from other organizations and communities that Santa Monica stakeholders can use and learn from as it considers how to move forward on the issue of homelessness. Weblinks are included for easy access to the large proportion of these resources that are available through the Internet.

Appendix A provides a list of the people we interviewed. Appendix B is a glossary containing brief descriptions or explanations of specialized terms used in this report. Appendix C is a brief primer describing the “housing first” approach to permanent supportive housing for chronically homeless people.

CHAPTER 2

PEOPLE HOMELESS IN SANTA MONICA

Before establishing new goals and taking the steps needed to achieve those goals, it is essential to understand the current reality and appreciate the opportunities and challenges this reality presents. This chapter and the two that follow aim to provide that understanding. Together, they cover the elements at play in Santa Monica as of mid-2006, including:

- The characteristics of homeless people themselves (chapter 2);
- The variety of services and service providers available to address homelessness and how these come together to form a homeless service system (chapter 3);
- The city government agencies involved in addressing homelessness, their activities, and their relations with one another and with the homeless service system (chapter 3);
- The city and county government agencies beyond Santa Monica that are, and could be, contributing to reducing homelessness within Santa Monica (chapter 4); and
- The interests and preferences of residents and the general public, business owners, and politicians (chapter 4).

Much of the work of this evaluation has involved gathering the information reported in these three chapters. We interviewed more than 100 people in Santa Monica and Los Angeles County (see Appendix A for a listing), and gathered and analyzed data from homeless service providers and city agencies. The information is somewhat detailed. Some readers may choose to skip one or more of these chapters. However, it is important for all readers to understand that our views of Santa Monica's options, desirable future directions, and the recommendations reported earlier have grown directly out of the information presented in these three chapters.

PEOPLE HOMELESS IN SANTA MONICA

We examine how many people are homeless in Santa Monica on an average day and during the past year, their basic demographic characteristics, and the extent to which they have disabilities that affect their ability to leave homelessness. We also assess whether people homeless in Santa

Monica *became* homeless while living here, or were already homeless when they came here from somewhere else, and describe the length of time that people have been in the active caseloads of Santa Monica homeless assistance agencies. This chapter ends by discussing the subgroups of people homeless in Santa Monica and their unique needs, which will have implications for what it will take to help them leave homelessness.

Data for these analyses come from ClientTrack, the client database used by all agencies in Santa Monica to record basic descriptive, service delivery, and outcome information for all people served by homeless assistance programs receiving at least some city financing. Most of the Santa Monica agencies running these programs, however, also run programs that receive no city funding as well as programs that serve people who are not homeless. For most agencies and programs, data on the participants of these non-city-funded programs are *not* entered into ClientTrack, although OPCC and Chrysalis use ClientTrack as their database for all clients who have an official intake or assessment (that is, anyone using these agencies who is in a database at all will be in ClientTrack). Some agencies maintain electronic records on these additional participants, and some do not.

To the extent that agencies were able to give us descriptive information on clients who were not in ClientTrack, we took it, and have done our best to analyze and present it as a complement to the ClientTrack data. For the ClientTrack data, we also performed a “validity check” as part of this evaluation to determine the level of completeness and accuracy of the ClientTrack electronic records as compared to clients’ paper files. The validity check revealed that the electronic data are both complete and accurate, allowing us to report with considerable confidence the ClientTrack statistics presented below.¹

¹ The ClientTrack records proved to be complete, in the sense that none of the people represented by a randomly selected set of paper files was missing from ClientTrack. The data also met validity standards, with 98-100 percent of basic information (age, gender) being complete and accurate, and 85-90 percent of information on disabilities being complete and accurate. Errors of commission (putting something into ClientTrack that was *not* in the paper record) and omission (failing to put something into ClientTrack that *was* in the paper record) were about equally common, so the overall statistics from ClientTrack are very accurate.

HOW MANY PEOPLE ARE HOMELESS IN SANTA MONICA?

We have done our best in this evaluation to develop an accurate assessment of the number of people who are homeless in Santa Monica on a single day, and the number homeless over the course of a year. But our ability to develop such estimates is limited, given the available data. The best data – in the sense of being sure that we are counting each person once and only once – come from ClientTrack. Some agencies were also able to give us “unduplicated” counts of people they served during the past year for whom they are confident no record exists in ClientTrack. We include this information and identify its sources, as we cannot be completely certain that these individuals are not in the ClientTrack counts from *other* agencies in the system (e.g., they might have gotten meals at both St. Joseph Center’s Bread and Roses Café and at OPCC’s Access Center). This lack of certainty about such basic information as the number of homeless people needs to be remedied.

Caveats

Before describing the results of this analysis, it is critically important that readers understand what is included in these numbers and how they might differ from other numbers that have been published or distributed from time to time. The numbers we report here reflect:

1. ONLY people connected to the following agencies that receive support for their homeless services from the City of Santa Monica: Chrysalis, CLARE Foundation, New Directions, OPCC, St. Joseph Center, Step Up on Second, and Upward Bound House.
 - a. People are counted if they have been entered into some agency database, thus enabling the agency to count and report them for this evaluation.
 - b. People are also included if the agency has some way of identifying and unduplicating them from paper files or sign-in sheets, and if some way was available to unduplicate them across all the people with records in ClientTrack. Some agencies had already done this for us, and we did random checks at another agency against ClientTrack and reduced the one-day and one-year numbers accordingly. There is still probably some unknown amount of duplication in these numbers, but it is not as great as it would otherwise have been.
 - c. Despite all of these precautions, it is possible that some homeless people use more than one agency for only the minimal service aspects of those agencies that do not result in someone being entered into ClientTrack. With no way to unduplicate across agencies, these individuals would still be double-counted in the numbers

we are about to report. We cannot estimate how serious this matter of double-counting might be – if we could, we would have adjusted the numbers and reported out approach to that adjustment.

2. There definitely are people counted in these data who may not have ever been physically in Santa Monica, as two programs (New Directions and St. Joseph Center) are not located in Santa Monica even though they serve many homeless people from Santa Monica. At present, ClientTrack does not have a reliable way to sort out who was and who was not a Santa Monica resident before becoming homeless, nor can it report where a person is physically located at a specific time.
3. These numbers definitely reflect **MORE PEOPLE THAN ARE SERVED UNDER CITY GRANTS** to Santa Monica providers, as we are trying to represent the scope of homelessness in the Santa Monica Continuum of Care, NOT just what is reported under city contracts. This makes them different, and larger, than some numbers the city has previously published. Further, it is not fair to think of the people served using funds from Santa Monica city grants as “people the city pays for,” since the city does not, in fact, pay for the entirety of services that anyone gets in any program to which the city contributes financial support (see chapter 3 discussion of system costs).
4. Conversely, the numbers **DO NOT** include people homeless in Santa Monica who do not access any of the homeless assistance programs from which we drew the data, and we have no way of knowing how many such people there are.
5. The numbers reported for ClientTrack represent “active” or “open” cases, as opposed to either “people actually present at an agency on June 30, 2006” or “number of visits or service contacts.” These distinctions are more relevant for the one-day than the one-year estimates. Not all persons represented in the one-day estimate were actually seen by a provider on that specific day even though they had an active case. However, most, if not all, of the persons with an active case in the one-year count were seen by a provider during the year, and those with active cases on June 30, 2006 may be presumed to be still homeless on that date even if they were not seen on that date. The one-day count is thus a more accurate representation of the whole homeless population on a given day than a count of the number actually seen by an agency on that day would be.

The Estimates

Our estimates of homelessness in Santa Monica are not the first ones available to the city. One of the reasons the city has supported a homeless management information system for more than a decade has been to get a handle on “homeless numbers.” But the numbers the city has previously reported covered only those parts of programs that were covered under city funding grants, so they were not complete. For this evaluation we received permission from agencies to access the data they enter into ClientTrack for people they serve that are not included in city grants, which for two agencies is many more of their clients.

Another estimate is available for the number of people homeless in Santa Monica on a single day. It comes from the 2005 count of homeless people in Los Angeles County performed by LAHSA on January 25-27, 2005. Santa Monica was able to obtain an estimate specific to the city, which was that about 2,000 people had been homeless on a single day during the count period. This number is reported in the first row of table 2.1.

ClientTrack Estimates. For this evaluation we created two estimates From ClientTrack data: (1) for a single day, taking the last day in the fiscal year, June 30, 2006, as that day because it is reported explicitly in ClientTrack; and (2) for the whole fiscal year of July 1, 2005 through June 30, 2006. Both are unduplicated – that is, each person is counted only once in ClientTrack, no matter how many times he or she was served by a particular agency or how many agencies and programs were used. The great advantage of a database such as ClientTrack is that it can give you this type of unduplicated number.

The results of this procedure are shown in the second row of table 2.1. They reveal that Santa Monica homeless assistance agencies had about 1,900 people on their active caseload on June 30, 2006, and that they had had about 5,600 homeless people on their caseloads during the course of the previous year. In addition, the agencies supported formerly homeless people whom they had placed in permanent supportive housing, helping them to keep that housing through case management and supportive services. At any given time there were 460 such people, with about 510 being served over the course of the last year. Of the 460 units, 170 are housed outside of Santa Monica and 290 are housed in Santa Monica. People being served by Santa Monica agencies are housed in all of them, reflecting the fact that non-Santa Monica housing authorities (usually HACoLA) are providing housing vouchers to people who were homeless in Santa Monica.

Table 2.1
People Homeless in Santa Monica Who Have an Active Case
at a Santa Monica Homeless Assistance Agency
(And Formerly Homeless People Housed Permanently in the Homeless System)
(N-4,807)

| | Unduplicated Number of Homeless People With an Active Case at Santa Monica Agencies: | |
|--|---|---|
| Data Source | On a Single Day (June 30, 2006) | During the Most Recent Fiscal Year (July 1, 2005- June 30, 2006) |
| LAHSA Homeless Count: estimate for Santa Monica (January 25-27, 2005) | 2,000 | Not available |
| ClientTrack unduplicated count of homeless people served by Santa Monica homeless assistance agencies (excluding 460 people in permanent supportive housing units)† | 1,900 | 5,600 |
| Agency estimates of homeless clients they see on an average day, or saw from July 1, 2005 through June 30, 2006 but did not enter into ClientTrack* | | |
| - St. Joseph Center (The Patio) | 100 | 1,300 |
| - CLARE Foundation (Assessment & Referral Center) | 100 | 1,500 |
| - Step Up on Second (Clubhouse) | 100 | 500 |
| - OPCC (Access Center, Daybreak Day Center and WIND, Night Light, HOPE, Outreach, SHWASHLOCK, and Sojourn Shelter) | 400 | 1,500 |
| - New Directions | 200 | 400 |
| Total estimated number of homeless people seen by Santa Monica homeless assistance agencies but not entered into ClientTrack | 900 | 5,200 |
| TOTAL NUMBER OF HOMELESS PEOPLE SEEN BY SANTA MONICA HOMELESS ASSISTANCE AGENCIES** | | |
| ClientTrack plus estimate of those not in ClientTrack | 2,800 | 10,800 |
| Formerly homeless people now in permanent housing† | 460 | 510 |

Note: All numbers are rounded to the nearest 100.

† On any given day, about 460 households that once were homeless in Santa Monica are housed and receive supportive services to retain that housing. Only about 10 percent of these units turn over every year, so annually this number is about 510.

*Based on agency estimates received for this evaluation. Numbers may include some duplicate counting, as people may have used more than one agency without being entered into ClientTrack by any of them.

** This number may be an overestimate, as some people being counted but who are not in ClientTrack may be served by more than one agency, and thus be double-counted. But, the reader should remember that these numbers do *not* include homeless street people who do not approach any agency, so it is not likely to be so far off overall.

Santa Monica agencies achieve a turnover rate in permanent supportive housing of about 10 percent or less for permanent supportive housing. This means that formerly homeless people supported in housing by Santa Monica agencies stay housed for an average of four and a half to five years. This is truly excellent housing stability compared to national averages of about one to one and a half years.

Provider Estimates of People Not Reported in ClientTrack. In addition to the homeless and formerly homeless households accounted for in ClientTrack, an estimated 5,200 homeless people a year receive brief services (e.g., mail delivery, messages, lunch, information and referral) at OPCC's Access Center and Daybreak Day Center and St. Joseph Center's Homeless Service Center ("the Patio"); substance abuse services at CLARE Foundation; Clubhouse and meal services at Step Up On Second, or assistance at New Directions, but are not entered into ClientTrack. Some people included in this estimate are probably being counted twice, because they use brief services at more than one agency but are never entered into ClientTrack by any of them, or because they use more than one service at a single agency but are not unduplicated because the records are kept by hand. We have no way of knowing the level of duplication in these agency estimates.

We based our estimates of the number of homeless people served annually and on one day but not reported in ClientTrack on a number of sources. First, we asked providers to give us these figures and to tell us whether they had checked the individuals against ClientTrack to determine whether some other agency had entered them. Second, when a provider did not have the information about people having a record in the ClientTrack database, we performed a random check of cases that the agency had not entered into ClientTrack to see how many of them might already be in ClientTrack because another agency had entered them. We reduced the estimates from those providers by the proportion of people we found who were already included in the ClientTrack count, so as not to double count any individuals.

If we could not use any of these approaches, we used the proportion of daily counts to annual counts for that agency based on clients in ClientTrack to estimate a daily number of those not in ClientTrack from the annual number not in ClientTrack the agency gave us.²

Finally, an unknown number of homeless people do not connect to core Santa Monica homeless service providers at all, and are not included in the statistics in table 2.1.

DEMOGRAPHIC CHARACTERISTICS

The basic demographic characteristics of the 4,807 heads of households homeless in Santa Monica during FY 05-06 with active records in ClientTrack are shown in table 2.2.³ Three of every five homeless people are male (60 percent) and 39 percent are female, with less than 1 percent self-identifying as transgendered. Statistics from three agencies able to report on the gender of homeless people not entered into ClientTrack show higher proportions of male clients – between 76 and 87 percent.

More than 9 in 10 homeless households (91 percent) include only one single adult, while 7 percent include at least one child, 2 percent are couples without children, and less than 1 percent are unaccompanied youth. The proportion of families (households with children) among Santa Monica’s homeless households is only about half of what has been found nationally (the 1996 National Survey of Homeless Assistance Providers and Clients found 15 percent of homeless households to be families with children). This may be because homeless families are unlikely to

² ClientTrack reports both the total number of households seen during the course of a whole year, and the number of people on the active caseload on the last day of the year – a number which is usually considerably smaller than the annual count. We compared the “last day” number in ClientTrack for that agency to the annual number and calculated what percentage the “last day” was of the annual count. We then multiplied the annual counts on non-ClientTrack people by this percentage to estimate a daily count. This procedure assumes that the relationship between the daily and annual counts is the same for non-ClientTrack clients as it is for ClientTrack clients. In fact, non-ClientTrack clients are probably less attached to programs than their counterparts in ClientTrack, suggesting this approach may *overestimate* the true daily number of non-ClientTrack homeless people.

³ ClientTrack only reflects the presence (and number) of children and other adults in the client’s household, *not* the characteristics of these other household members. So the findings on the demographic characteristics and needs of homeless people in this and all remaining tables are based on the 4,800 *heads* of households with ClientTrack case records. This is not as limiting as it might seem since over 90 percent of the households are in fact single-person households (i.e., the head of household is the only household member).

be found on the streets and the city has very few emergency shelter or transitional housing units that serve homeless families. The few actual units of family emergency shelter are reserved for victims of domestic violence, but quite a number of families receive emergency accommodation at local motels through OPCC and St. Joseph Center, which have funding from CalWorks (the county welfare agency) to supply emergency vouchers to families receiving welfare benefits.

| Table 2.2 Basic Characteristics of Homeless People with an Active Case in ClientTrack at a Santa Monica Homeless Assistance Agency From July 1, 2005 through June 30, 2006* (N=4,807) | |
|--|--|
| Characteristic | Percent of Homeless Heads of Household* |
| Gender | |
| Male | 60 |
| Female | 39 |
| Transgender | 0.23 |
| Household type | |
| Single adult | 91 |
| Adult(s) plus child(ren) | 7 |
| 2+ adults without children | 2 |
| Unaccompanied youth | 0.06 |
| Age of household head | |
| <18 | 1 |
| 18-24 | 10 |
| 25-34 | 17 |
| 35-44 | 28 |
| 45-54 | 28 |
| 55-64 | 11 |
| 65 or older | 4 |
| Race | |
| Black/African-American | 36 |
| White | 53 |
| Other/mixed race | 11 |
| Hispanic origin | 14 |
| Veteran | 10 |
| * Data are based on unduplicated client records from ClientTrack, the database used by all City-funded homeless assistance programs to record case information about the people they serve. All statistics pertain to the "head of household," which means that information is not available for spouses, partners, or children in multi-person homeless households. | |

Very few of the heads of household homeless in Santa Monica are under 18 (this is true whether one looks at the ClientTrack or the non-ClientTrack data). Fifty-six percent of those in ClientTrack are between the ages of 35 and 54, and non-ClientTrack statistics from two agencies show the same or higher proportions in this age range (the highest is 75 percent). These statistics indicate that homeless people in Santa Monica are, on average, about a decade older than typical single adults nationally, among whom more than 60 percent are between 25 and 44 years old. Santa Monica's homeless population also includes at least 15 percent who are 55 and older – sometimes considerably older, the oldest being 88. Again, this is high compared to national statistics – close to twice the proportion of seniors, which appears to be a growing trend at least in California communities with very high real estate values.⁴

Homeless youth are not included in these statistics because the programs that serve them do not enter their clients into ClientTrack, so the figure reported in table 2.2 will be an undercount of the number of people under 18 who were homeless and served by Santa Monica agencies. Two Santa Monica agencies serve youth who are homeless or at risk of homelessness – OPCC through its Night Light outreach program to street homeless youth, and Common Ground through its work with youth aging out of foster care who are either already HIV-positive or at high risk of contracting the HIV virus. In FY 05-06, Night Light worked with 257 homeless youth through over 3,000 outreach contacts, and helped move 29 to shelters, 8 to transitional housing, and 5 to permanent housing. Common Ground served 378 unduplicated youth during the same period through counseling, case management, and direct health care. Determining the proportion of homeless people under 18 based on these program statistics is not completely straightforward, as many will be over 18, and may be as old as 24 and still be counted as “youth.” Nevertheless, counting all of the youth served by Night Light and half of those reported by Common Ground as homeless for at least some part of FY 05-06, we get about 450 homeless youth. Assuming that about half of those are under age 18, we get 250. Using this figure we calculate that about 6 percent of people homeless in Santa Monica in FY 05-06 and in contact

⁴ See, for instance, Lelchuk, Ilene. Down, Out, and Old: Homeless seniors get tips on how to survive golden years on S.F.'s streets. *San Francisco Chronicle*, p. A-15, February 28, 2002.

with a Santa Monica provider were younger than 18 years of age and on their own (that is, not with a parent or other family member).

The majority (53 percent) of homeless people in ClientTrack are white, 36 percent are African-American, and the remaining 11 percent are of other races or mixed race. Fourteen percent are Hispanic. Ten percent are veterans.⁵ Non-ClientTrack clients look much the same on race and Hispanic origin except for New Directions, the program that serves mostly veterans, in which the proportion African-American is much higher (63 percent). Race and ethnicity are the most difficult client characteristics to compare across communities, as they vary so greatly depending on the racial/ethnic composition of a community's residents, so we do not provide national comparisons.

DISABLING AND OTHER COMPLICATING CONDITIONS

Once one is very poor, having a disabling condition increases vulnerability to homelessness and, once homeless, these same conditions are likely to make it harder to get back into housing.

Poverty is the key here, being the universal condition of homeless people – remembering that millions of people with the same conditions but with sufficient resources are able to stay housed without difficulty. Nevertheless, when homeless assistance providers work to help people leave homelessness, they often must address the effects of disabling conditions just to begin the process of engaging the homeless person in services as the first step toward leaving the streets. Table 2.3 shows the conditions recorded in the city's homeless database.

People homeless in Santa Monica are overwhelmingly likely to have a serious mental illness, a substance abuse problem, or both. For 14 percent, the records indicate the presence of a serious mental illness *without* a co-occurring substance abuse problem. For 56 percent, the records indicate a substance abuse problem *without* a co-occurring mental illness. Twenty-four percent are noted as having co-occurring mental illness and substance abuse problems, leaving only 6

⁵ Several Santa Monica providers and other reviewers of earlier drafts question this statistic as being too low – it may be, but that is the figure available from ClientTrack. It is possible that case workers do not consistently ask about veteran status.

percent with neither. Data on homeless people not in ClientTrack do not change this picture much, since two of the three agencies reporting such data only serve people with substance abuse disorders (with or without a co-occurring mental illness), and the third only serves people with a serious mental illness (with or without a substance abuse disorder).

| Table 2.3 Disability and Other Complicating Characteristics of Homeless People With an Active Case in ClientTrack at a Santa Monica Homeless Assistance Agency From July 1, 2005 through June 30, 2006* (N=4,807) | |
|--|---|
| Characteristic | Percent of Homeless Heads of Household* |
| Mental illness/substance abuse status | |
| Neither mental illness nor substance abuse | 6 |
| Mental illness only, no substance abuse | 14 |
| Substance abuse only, no mental illness | 56 |
| Both mental illness and substance abuse | 24 |
| Other disabilities | |
| Physical disability | 8 |
| Developmental disability | 2 |
| HIV/AIDS disclosed to case managers | 0.29 |
| Number of disabling conditions (mental illness, substance abuse, HIV/AIDS, and/or physical disability) | |
| None | 6 |
| 1 | 65 |
| 2 | 27 |
| 3 or 4 | 2 |
| Domestic violence is an issue | 5 |
| Chronically homeless (homeless for 1 year or more, or homeless 4 or more times in past 3 years) | 33 |
| * Data are based on unduplicated client records from ClientTrack, the database used by all city-funded homeless assistance programs to record case information about the people they serve. All statistics pertain to the "head of household," which means that information is not available for spouses, partners, or children in multi-person homeless households. | |

This proportion of homeless people with mental illness and substance abuse problems is very high compared to most community surveys, and even relatively high compared to statistics from the few communities that can provide the type of statistics on an annual unduplicated client population that we have from ClientTrack. It probably reflects several points of difference

between Santa Monica and other communities, each of which would tend to push the share of people with these disabilities higher. First, as is true in Los Angeles County in general, Santa Monica has very little emergency shelter capacity. No specific emergency units are available for families, although OPCC's Access Center and St. Joseph Center do provide families with CalWorks (welfare) and Emergency Food and Shelter Program vouchers to stay at local motels. Only 35 beds for singles are true emergency beds; 15, at Sojourn, are reserved for women who are victims of domestic violence, while SAMOSHEL offers the remaining 20 beds (Daybreak Shelter beds are considered either transitional shelter or transitional housing in this report). The remaining 90 SAMOSHEL beds turn over slowly (people stay an average of three or four months), so they do not become available for new clients more than three or four times a year. People who go in and out of emergency shelter quickly are less likely to have major disabling conditions, but Santa Monica providers have limited opportunities to serve such people. What Santa Monica *does* have is a relatively high proportion of its total homeless-related units in transitional housing and especially permanent supportive housing programs—these units are specifically designated for homeless people with disabilities.

Second, information on persons with disabilities comes from case managers with training related to substance abuse and mental illness, not from self-reports. Case managers have numerous opportunities to interact with and observe their clients, and the same number of opportunities to update and correct the data in ClientTrack. So the odds are high that these highly trained staff will identify, and thereafter record, a mental illness or substance abuse problem that a client does not acknowledge or voluntarily disclose, at least not initially.

Relatively few people are recorded as having a physical disability (8 percent) or a developmental disability (2 percent). When physical disability and HIV/AIDS are considered together with mental illness and substance abuse to learn the number of disabling conditions per person among homeless people, most (65 percent) have only one type of disability, but 27 percent have two types and 2 percent have three or four disabilities. Five percent are recorded as having domestic violence as an issue, but this does not include about 130 households (either women alone or women with one or more children) served by Sojourn domestic violence programs during the year, which would add another 2 to 3 percent with disclosed domestic violence issues. Finally,

fully one-third of people homeless in Santa Monica meet the definition for chronic homelessness, which involves lengthy or repeated spells of homelessness *plus* the presence of at least one disabling condition. This is high compared to the findings of about 10 to 15 percent chronically homeless in other cities that are able to produce one-year estimates from client databases.

CHANGES OVER TIME IN SANTA MONICA'S HOMELESS POPULATION

One of the questions we were asked to address in this evaluation is whether Santa Monica's homeless population has changed over time. A thorough analysis of the historical data that would allow us to answer this question was beyond the scope of this study, but we present some historical information that provides a partial answer to this question.

OPCC opened its doors in 1963 with a drop-in center for low-income people that has now grown considerably and has become the Access Center. Even in those early days, homeless people were a big part of its users. In the 1970s, homeless people with serious alcohol addictions were the stimulus for the CLARE Foundation to begin its services. Substance abusers remain the single biggest group among people homeless in Santa Monica today. One shift that appears to have taken place in the last decade is the migration of people with serious mental illness to Santa Monica. Speculation is that as the skid row area of downtown Los Angeles has gotten rougher, very vulnerable homeless people such as those with serious mental illness have avoided it even more assiduously, seeking calmer and safer environments such as Santa Monica. Helping people with serious mental illness to leave the streets is a challenge, but one that is not as disproportional in Santa Monica as is the level of substance abuse among the population.

The other change is simply that more homeless people are requesting services. The activity at Santa Monica's three main entry points for homeless services, OPCC's Access and Daybreak Day Centers and St. Joseph Center's Homeless Services Center tells the story. For instance, OPCC reports that four years ago, about 150 homeless people a day sought help at the Access Center. During the past year that number has grown to 275 to 300 people a day, or about 3,000 people a year, while neither the space nor the resources to assist people have grown proportionally.

DID SANTA MONICA’S HOMELESS PEOPLE BECOME HOMELESS IN SANTA MONICA?

Many Santa Monicans believe that people homeless in their midst come from somewhere else. Although this is clearly not true of every person homeless in Santa Monica, it does raise the question of whether Santa Monica should be trying to help so many people rather than “just send them back to where they came from.” So one of the key questions for this evaluation was to determine how many of the people homeless in Santa Monica were already in Santa Monica when they became homeless.

Unfortunately, for a number of reasons we are not able to answer this question based on ClientTrack data, as explained below. We can report our observations during focus groups with homeless people, where part of the discussion concerned whether they had been homeless before they came to Santa Monica, and why they came. Out of about 30 people who participated in these focus groups, only a few had been living in Santa Monica when homelessness occurred. Several had ties to Santa Monica that included having grown up in the city or having lived in the city in earlier years, although they were living elsewhere when they became homeless.

Using ClientTrack to Determine Where People Became Homeless

ClientTrack has long had a variable named “Santa Monica resident?” that case managers are supposed to check “yes” or “no.” In practice, however, anyone using a Santa Monica homeless assistance agency has been recorded as being a Santa Monica resident. The result is that 82 percent of all households in ClientTrack have a “yes” checked for “Santa Monica resident?” As this data field was clearly not capturing the information it was intended to, staff of the city’s Homeless Unit added questions to the ClientTrack system asking clients in what town they last had a permanent residence before coming to Santa Monica and the town where they were homeless just before coming to Santa Monica (and the most recent date they lived in those two locations). Beginning in January 2006, the Homeless Unit asked Santa Monica homeless assistance agencies to ask these questions of everyone they see. We examined the first six months of these data for this evaluation, and found that caseworkers were not asking these questions in a consistent manner. Also, as they often did not know the answers to the questions but were barred (by the computer program) from moving forward in ClientTrack until they

entered something, they often put in something that was not necessarily true. Thus the information recorded is not a reliable indicator of where people became homeless and whether they were homeless before they came to Santa Monica, and we do not report it here. City and agency staff are already working on better question wording, clearer communication of the intent of each question, additional caseworker training, and system redesign to eliminate forced data entry when an answer is not known. It may take longer to get the answers this way, but at least the data entered should be accurate.

HOW LONG HAVE SANTA MONICA'S HOMELESS PEOPLE BEEN SERVED BY LOCAL PROGRAMS?

About 40 percent of the people served by the Santa Monica Continuum of Care in FY 2006 had been in contact with Santa Monica homeless assistance agencies for six months or less, including 14 percent who were in contact for three months or less. At the other extreme, 23 percent have been connected to Santa Monica agencies for three or more years. Looking at this information for individual programs (rather than agencies) yields a clearer picture of why some people have been in the system for so long. The three access centers, OPCC's Access Center and Daybreak Day Center, and The Patio at St. Joseph Center, are the first point of contact with Santa Monica's homeless assistance network for many people. Step Up On Second's Clubhouse and CLARE Foundation's Community Center may serve the same function for many others. The very large majority of people counted at these access centers have been in the system for less than one year, and most of them have been in it for six months or less. Outreach program clients are even more likely to have been in the system for short periods of time. In contrast, people in the various programs that offer permanent supportive housing have often been in the system for many years, as Santa Monica agencies helped them to get into housing and retain it with case management support. Some received a housing voucher in 1996 or even earlier, and are still successfully housed, a very positive outcome and a substantial achievement.

SUBGROUPS AND THEIR NEEDS

To end homelessness or seriously reduce it, it is essential to understand the differing needs of subgroups among people who are homeless. The subgroups that appear to be most prominent or most vulnerable in Santa Monica include:

- Chronically homeless people – 33 percent
- People with substance abuse problems but no mental illness – 56 percent
- People with mental illness, with or without substance abuse problems – 38 percent
- Older people (15 percent are 55 and older), and especially those 65 and older (4 percent).

These subgroups overlap considerably – chronically homeless people are very likely to have a mental illness, a substance abuse problem, or both, and people with those problems are most likely to be homeless for long periods of time.

The level of mental illness and substance abuse among Santa Monica’s homeless population, and the overlap with chronic homelessness, has important implications for the types of services they will need to leave homelessness. Many of those with a serious mental illness will need permanent housing with ongoing supportive services. This will also be true for some whose major problem is substance abuse, but significantly more people in this group might be able to work and maintain themselves in housing if they could get their addictions under control and had sufficient time in a sober living environment to feel secure in their recovery.

These are exactly the people being targeted for special assistance by three current Santa Monica programs and four that are about to start (see chapter 3 for more detailed descriptions). The Chronic Homeless Program (CHP) and the Serial Inebriate Program (SIP) work as one to bring the longest-term street homeless people into housing and supportive services, in an application of a “housing first” approach to ending homelessness that has gained national attention. The average age of the 100 chronically homeless people enrolled in the CHP is 52 years. Collectively they have been homeless for over 885 years, with an average of nine years of homelessness per person. This program has been quite successful so far with this group of people with very complex needs. Since it began to work with homeless street people in 2004,

the program has moved 48 of the 100 people off the streets and into housing, treatment, or assisted living. With more supportive services/case management resources, CHP/SIP could do even more, as it has not yet used all of the housing subsidy vouchers available to it.

The Serial Inebriate Outreach Program (SIOP) is the third in this set of currently operating programs to address the needs of this highly visible share of Santa Monica's homeless people. It involves outreach to people who have been jailed for offenses involving public inebriation, inviting them to come to CLARE Foundation for detoxification and further recovery services. Since the program began in July 2005, CLARE has counseled 288 different individuals – 105 (36 percent) went to CLARE for at least an initial interview, 88 (31 percent) were admitted into residential treatment, and several have graduated from transitional (six months) recovery programs and moved to housing. This is more than three times as many as CLARE initially thought would respond, and the follow-through has kept pace, indicating that the program is more than meeting initial expectations and is accomplishing its goals.

Four recently funded projects will also soon be serving this same population. Step Up On Second received a “full service partnership” award from the county's Department of Mental Health (DMH) to provide mental health services to the most severely affected chronically homeless people in Santa Monica. CLARE and OPCC along with several regional partners were just awarded a five-year, \$2 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to address the needs of chronically homeless people with substance abuse disorders through the use of a SAMHSA “best practices” model of care. The Santa Monica City Council approved funding for a CHP Expansion Team to add outreach and case management resources to the CHP/SIP effort. And Santa Monica is the recipient of a county grant (through the Board of Supervisors) for a Homeless Community Court that will primarily address issues related to homeless substance abusers.

At the moment, it is the level of services and the amount of work it takes to convince someone to accept housing that limits the numbers of homeless people these projects are able to serve. Then there are the difficulties attendant on finding appropriate housing units and convincing landlords to accept chronically homeless disabled people as clients. In the not so distant future, both more

services and more housing subsidies will be needed. The shortage of viable housing options will also limit the potential of these projects to end the homelessness of those street people who are most visible and troubling to the general public, and most in need.

Seniors are another subgroup who are overrepresented among Santa Monica's homeless population, which from all reports is likely to grow as seniors on limited incomes continue to feel the effects of rising housing costs. Santa Monica already has one program at St. Joseph Center that specializes in serving seniors, including those at risk of homelessness and those who are already homeless. With additional resources the program could help many more seniors; those resources, in the form of 65 new one-year housing subsidies and 80 grants for one-time eviction prevention from the Santa Monica Housing Authority for preventing and ending homelessness among seniors, have been approved by City Council and are in the process of implementation.

CHAPTER 3

THE HOMELESS ASSISTANCE SYSTEM IN SANTA MONICA: NONPROFIT AND CITY AGENCIES

In addition to understanding who is homeless in Santa Monica, it is important to understand the system of agencies and services in place to help homeless people and address homelessness more generally. This chapter describes the variety of services and service providers addressing homelessness in Santa Monica today, and how these many agencies and service providers come together to form a homeless service system. It also describes the roles and responsibilities of Santa Monica city government agencies involved in addressing homelessness, their activities, and their relations with one another and with the homeless service system. It examines the funding sources that help support the system. Finally, it looks at structures that are already helping improve system functioning, and suggests a new overarching approach for addressing homelessness in Santa Monica.

PART 1: SANTA MONICA’S SYSTEM OF HOMELESS-RELATED SERVICES

BRIEF HISTORY – HOW THE SYSTEM EVOLVED

The current system of homeless assistance in Santa Monica has evolved over more than four decades. The OPCC Drop-In Center began in Ocean Park in 1963. Some detoxification and substance abuse recovery programming was also available at CLARE Foundation, which opened in the 1970s, as did St. Joseph Center in Venice. The second oldest domestic violence shelter in Southern California, OPCC Sojourn, opened in 1977. OPCC opened the first 35-bed emergency shelter for the general homeless population in 1983 (Turning Point Shelter), located in the basement of a church. It was reconfigured and expanded into 55 beds of transitional housing and moved to a newly built facility in 1996. The 1980s also saw the opening of OPCC’s Campion Counseling (1984), Outreach Team (1986), and Daybreak Day Center (1987) and Shelter (1988); the relocation of St. Joseph Center to the Rose Avenue location that would house the Homeless Services Center; and the founding of Step Up On Second.

Despite these early accomplishments, by 1991 demand had grown, and homelessness was every bit as much a community crisis as it is in Santa Monica today. In that year the Santa Monica Task Force on Homelessness was formed, and issued its Call to Action (the last comprehensive review of how Santa Monica does, and wants to, address homelessness). The Call to Action, which represented the combined views of many stakeholders, recommended the development of at least 150 cold weather shelter beds, short-term emergency shelter beds, both in general and for people with serious mental illness; transitional housing programs for singles and families; and permanent housing with supportive services.

As the new programs evolved following the blueprint laid out in the 1991 Task Force report, city agencies played important roles in helping to plan programs along with providers and potential providers, supplied crucial capital resources (either by offering city-owned buildings or land at reduced or no-cost for siting facilities, contributing to construction or renovation costs, or both), funded start-up and continuing services, and established a homeless management information system to keep track of who was being served, what they were receiving, and the outcomes of services. City assistance and city funds were involved in most of the new programs and services developed following 1991 Task Force recommendations.

All of the Call to Action's recommendations with respect to new shelter and housing resources have been fulfilled, in the form of the county-operated Culver City and West Los Angeles cold/wet weather shelters (although these are only available three months every year) and SAMOSHEL (emergency and transitional shelter, opened in 1994), Upward Bound House and Turning Point (transitional housing). In 1994, Chrysalis opened its employment readiness and development program in a city-owned building in Santa Monica with city operating support. The city continued its operating and capital support for Chrysalis through several expansions. Also important was the expansion of permanent supportive housing resources through facility development and housing subsidies (initially with Step Up on Second, but followed by many more programs). The 1991 report did not envision the development of scattered-site permanent supportive housing through the use of housing subsidy vouchers which, by avoiding capital development costs and the time to do construction or rehabilitation, enhances the ability of any community to provide the types of permanent housing that many seriously disabled homeless people need if they are to leave homelessness. These vouchers of various types have greatly

increased the capacity of Santa Monica's Continuum of Care to move people with major types of disabilities off the streets for good.

SANTA MONICA'S HOMELESS SERVICES CONTINUUM OF CARE TODAY

Santa Monica often refers to its network of homeless-related programs and services as a "Continuum of Care." Since 1994, the federal Department of Housing and Urban Development (HUD) has been promoting the idea of a Continuum of Care, which it defines as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." The expectation for a full Continuum of Care is that it includes all the elements to prevent homelessness and help homeless people to leave homelessness. The (theoretically) complete range of programs and activities would thus go from:

- **Prevention activities**, which can include (1) rent, mortgage, or utility assistance to prevent people from losing housing; (2) effectively planning for discharges from mental health, substance abuse, and criminal justice institutions so people are not released into the streets; (3) working with poor households on money management, budgeting, and life skills; and (4) behavioral health and/or employment services to reduce barriers to staying housed.
- **Outreach** to homeless people who would otherwise not seek or access services, including those who are most difficult to engage and serve.
- **Meeting the immediate needs** of homeless people, including their needs for food, clothing, and emergency shelter.
- **Supportive services** of many types, including services that address problems that may prevent people from exiting homelessness.
- **Return-to-housing strategies**, which can include (1) facilitating access to mainstream public benefits so people have the resources to afford housing; (2) rapid exit and re-housing with continuing supportive services as needed; and (3) transitional housing programs to help people reduce the barriers to and develop the skills they need for getting and keeping housing.
- **Permanent supportive housing** for people whose disabilities and long-term homelessness make it unlikely that they will be able to sustain housing on their own.
- **Affordable housing**, so low-income households are not put at risk of homelessness.

The fact that Santa Monica considers it important to have a Continuum of Care, and that the city and local providers have spent many years trying to develop one, is admirable given that it is not required to go through the annual HUD planning and application process because it is part of the larger, City of Los Angeles/County of Los Angeles Continuum of Care that is administered by the Los Angeles Homeless Services Authority (LAHSA). As a local jurisdiction within the county, Santa Monica does not control many of the county-level agencies that are usually at the table in other communities while planning and making decisions for the Continuum of Care. The Santa Monica Continuum of Care contains many of HUD's Continuum of Care elements; it is short on some types of prevention and emergency shelter, but it contains important substance abuse and employment programs that many continuums of care lack. There are also fairly few transitional housing resources and not much for homeless families (although families are not a large component of the city's homeless population). Continuum of Care agencies have been making a concerted effort over a number of years to establish permanent supportive housing, with considerable success, but more is still needed.

In Santa Monica, a core set of agencies offers shelter, housing, and related services to assist homeless persons and help them to leave homelessness, plus essential services such as substance abuse treatment and recovery and employment preparation as integral parts of a homeless assistance network.¹ The agencies in Santa Monica's homeless service system regularly call on resources outside of Santa Monica to help them do their job (as both funding sources and service providers for local clients). In addition, a number of city agencies link to this network in important ways, offering services, funding, and housing supports as well as carrying out their own functions that directly impact homeless people and are impacted by them. Non-city agencies also play significant roles by offering complementary services and housing resources to the core agencies and their clients. Figure 3.1 depicts this complex set of agencies and relationships.

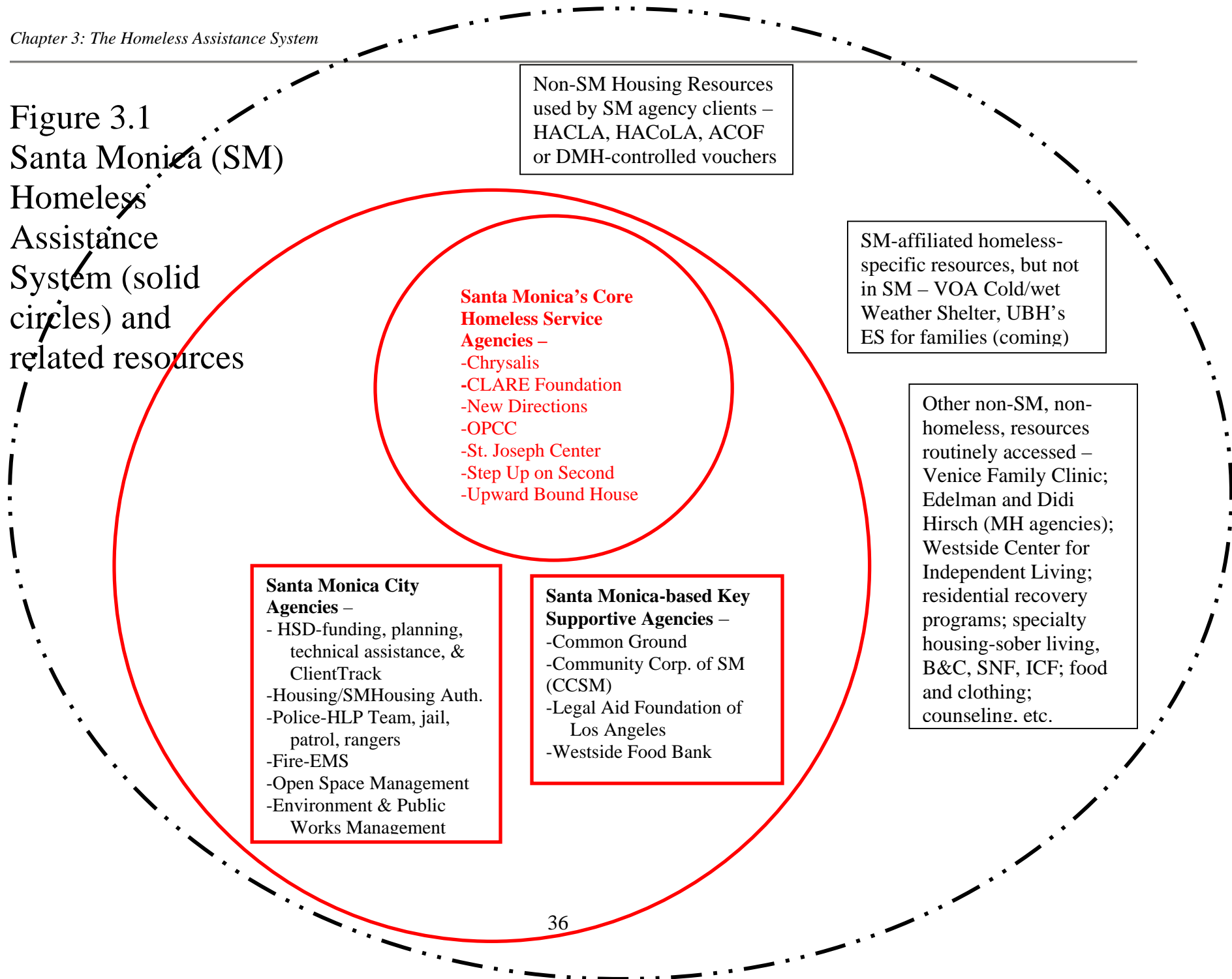
¹ Two of the agencies in this core set—St. Joseph Center in Venice and New Directions in Los Angeles—are not actually located in Santa Monica, but are included as “core” agencies because they function as integral members of the city's homeless assistance network.

THE CORE HOMELESS ASSISTANCE AGENCIES

The core agencies in Santa Monica's Continuum of Care, defined for this evaluation as those agencies with a primary focus on working with homeless individuals and families to help them leave homelessness, are shown in alphabetical order in the innermost circle in figure 3.1.

- Chrysalis is a unique and important type of agency – an employment agency that explicitly targets homeless and formerly homeless people as well as those who have not been homeless, and helps them prepare for, find, and keep employment. It offers job finding, job readiness, and job retention supports, and operates several transitional employment programs including two with Santa Monica downtown business associations. Referrals are common from Santa Monica homeless assistance programs to Chrysalis for clients wanting assistance with employment.
- CLARE Foundation is a substance abuse treatment agency serving homeless and non-homeless people through detoxification, 30-day and 180-day treatment programs, and sober living transitional housing, as well as helping hundreds of people a week to find openings in treatment programs elsewhere in the county through its assessment and referral department. Referrals are common from Santa Monica homeless assistance programs to CLARE for clients wanting assistance with recovery from substance abuse. CLARE participates in CHP/SIP, and provides the services for the Serial Inebriate Outreach Program (SIOP) outreaching to serial inebriates in jail.
- New Directions provides homeless men and women who are veterans in good standing and who have substance abuse problems (with or without a co-occurring mental illness) with up to two years of residential drug and alcohol rehabilitation services, job training, family reunification, counseling, housing placement and assistance obtaining and keeping employment through its Men's Program and Women's Program. New Directions participates in the CHP/SIP.
- OPCC operates a broad range of programs serving all segments of the homeless population and low income adults and families, from outreach to permanent supportive housing, with specialty focuses on mentally ill homeless women, victims of domestic violence, chronically homeless individuals with co-occurring mental illness and addiction, and homeless youth. OPCC operates emergency and transitional housing facilities (SAMOSHEL, Daybreak Shelter, Sojourn Shelter and Adams House (domestic violence programs), Safe Haven, and Turning Point) in addition to two access centers (Access Center and Daybreak Day Center for homeless mentally ill women), several permanent supportive housing programs outreach services to street homeless adults and youth, and emergency services and motel vouchers for homeless families. OPCC participates in the Chronic Homeless Program/Serial Inebriate Program (CHP/SIP).

Figure 3.1
Santa Monica (SM)
Homeless
Assistance
System (solid
circles) and
related resources



- St. Joseph Center provides a variety of supports and skills training to the general homeless population as well as the working poor, homeless and at-risk seniors, and people with serious mental illness. It operates the Homeless Service Center (access center), Bread & Roses Café, Senior Services, and Affordable Housing, and offers access to services including The Patio (basic services including showers, laundry, clothing), outreach, case management, and permanent supportive housing. It also provides emergency services and motel vouchers for homeless families. St. Joseph Center participates in CHP/SIP.
- Step Up on Second is a county-designated mental health agency serving homeless and non-homeless adults with serious mental illness. It runs a Clubhouse day program, case management, and employment readiness programs. It offers permanent supportive housing in its building on Second Street, and will soon have an additional building on Fifth Street. Services for young adults with serious mental illness are also available. Step Up on Second participates in CHP/SIP.
- Upward Bound House is Santa Monica's only residential program focusing exclusively on homeless families. It offers a transitional housing program for families in Santa Monica. In addition, it has recently taken steps to develop an emergency shelter for homeless families by purchasing a small motel in Culver City that will accommodate 26 homeless families.

TYPES OF HOUSING AND SERVICE PROGRAMS IN THE SANTA MONICA CONTINUUM OF CARE

For a full appreciation of the Santa Monica Continuum of Care, it is important to understand the programs and services offered by the core agencies and what types of homeless people they serve, in addition to knowing which agencies are involved. Traditionally, schemes classifying homeless programs that offer some type of housing or residential service have used three categories – emergency shelter, transitional housing, and permanent supportive housing. We use these as well, but it is a testament to the evolution of programming as it responds to client need that some program types now exist that span the spaces between the original three categories. In response, we use five program categories to describe the Santa Monica Continuum of Care, as follows:

- **Emergency shelter** – short stays (up to 30 days), usually minimal services on site, usually congregate sleeping arrangements.
- **Transitional shelter** – the first “in-between” category. Longer than emergency (usually up to 6 months), richer array of services, but still considerably shorter than the maximum length of stay in standard transitional housing. Can be congregate sleeping arrangements (as are most of these beds in Santa Monica) or roommates. Rarely private rooms.
- **Transitional housing** – longer than transitional shelter (usually programs specify maximum lengths of stay of 9 to 24 months), very rich service environment designed to

help people deal with barriers to getting and keeping housing once they are on their own. Usually not congregate with households in individual units or rooms.

- **Safe Haven** – the second “in-between” category. No-barrier entry, indefinite length of stay, specifically designed to attract street homeless people with serious mental illness. Even though these programs do not have a specified maximum length of stay, people are expected eventually to move to permanent housing, usually permanent supportive housing. Usually shared living areas (kitchen, bathrooms, common room) but with individual cubicles or rooms for sleeping and storing belongings.
- **Permanent supportive housing** – permanent housing for homeless people with significant levels of disability, for which the tenant usually holds the lease, that is independent, affordable, and rich with the types of services that will help tenants stay housed despite their disabilities, but where, usually, participation in services is voluntary (i.e., you don’t lose your housing if you won’t participate in services). Households have individual units. These units may be located in private market housing (scattered-site) or within a single building or project.

Table 3.1 shows the agencies of the Santa Monica Continuum of Care, along with their specific programs and services. These include their residential services, listed according to our five categories, and non-residential services. As can be seen from the array of X’s in table 3.1, Santa Monica’s Continuum of Care does contain “a bit of everything,” but is strongest in the areas of permanent supportive housing, transitional shelter and housing programs, substance abuse and mental health-related services, and employment services. In addition to the services shown in table 3.1, every program in the Santa Monica Continuum of Care assists clients to apply for public benefits such as food stamps, Supplemental Security Income, and Medi-Cal.

With respect to populations served, the X’s in table 3.2 show that most Santa Monica providers have a population focus, usually on one of the major disabilities of mental illness or substance abuse. This is not to say that a client of a program with a mental illness focus may not also have been a victim of domestic violence, or have an addiction, or be a veteran. But those realities are incidental to the program’s primary purpose, which is revealed by the X’s. Even agencies with access centers to serve the general homeless population (OPCC and St. Joseph Center) also have specialty programs focused on mentally ill women or domestic violence victims (OPCC) or seniors (St. Joseph Center). Santa Monica programs with a focus on serving homeless families and their children include Upward Bound House (transitional housing) and family services at OPCC and St. Joseph Center that provide case management, parenting support groups, emergency motel vouchers and referrals to Upward Bound and other shelters outside of Santa Monica.

Table 3.1
Key Partners In Santa Monica's Homeless Assistance Network/Continuum of Care
Services Provided

| Agencies and Programs | Prevention | | Outreach/ Drop-In | | | | Shelter and Housing | | | | | | Services | | | | | | | | | | |
|---|------------------------|------------------|-------------------|---------------|----------------|---------|---------------------|----------------------|----------------------|------------|------------------------------|---|---------------------------------------|---------------------------|--------------------------|-----------------|------------------|-------------------------------|------------------------|-----------------|---------------------------|-----------------------------|-------------|
| | Information & Referral | Legal Assistance | Street Outreach | Jail Outreach | Youth Outreach | Drop-In | Emergency Shelter | Transitional Shelter | Transitional Housing | Safe Haven | Permanent Supportive Housing | Other Affordable Housing (non-disabled) | Brief Services – mail, phone, showers | Food - Meals, Bag Lunches | Information and Referral | Case Management | Money Management | Alcohol & Drug Abuse Services | Mental Health Services | Health Services | HIV/AIDS-related Services | Employment-related Services | Corrections |
| Homeless Service Providers | | | | | | | | | | | | | | | | | | | | | | | |
| OPCC | | | | | | | | | | | | | | | | | | | | | | | |
| Access Center | X | | X | | | X | | | | | | | X | X | X | X | | X | X | | | | |
| Daybreak | | | | | | | | | | | | | | | | | | | | | | | |
| Center | | | | | | X | | | | | | | | X | | | | | X | | | | |
| Shelter | | | | | | | X | X | | | | | | X | | X | | | X | | | | |
| SAMOSHEL | | | | | | | X | X | | | | | | X | | X | | X | | | | X | |
| SHWASHLOCK | | | | | | | | | | | | | X | | | | | | | | | | |
| Safe Haven | | | | | | | | | | X | | | | X | | | | | X | | | | |
| Night Light | X | | | | X | | | | | | | | | X | | | | | | | X | | |
| Turning Point | | | | | | | | | X | | | | | X | | X | X | X | | | | | |
| Maryland Apartments | | | | | | | | | | | X | | | | | X | | | | | | | |
| Domestic Violence | | | | | | | | | | | | | | | | | | | | | | | |
| Sojourn | X | X | | | | | X | | | | | | | X | X | X | | | | | | | |
| Adams House | X | X | | | | | X | | | | | | | X | X | X | | | | | | | |
| Campion | | | | | | | | | | | | | | | | | | | X | | | | |
| St. Joseph Center | | | | | | | | | | | | | | | | | | | | | | | |
| Homeless Services Center | X | | | | | | | | | | | | X | | X | X | | | X | | | | |
| Bread & Roses Café | | | | | | | | | | | | | | X | | | | | | | | | |
| Affordable Housing Program | | | | | | | | | | | X | | | | | X | | | | | | | |
| Senior Services | X | | | | | | | | | | X | | | | | X | X | | | | | | |
| New Directions | | | | | | | | | | | | | | | | | | | | | | | |
| Men's Program | X | X | X | X | | | | | X | | | | | X | | X | X | X | X | X | | X | |
| Women's Program | X | X | X | X | | | | | X | | | | | X | | X | X | X | X | X | | X | |
| Step Up on Second | | | | | | | | | | | | | | | | | | | | | | | |
| Clubhouse-Day Program | | | | | | X | | | | | | | X | X | X | X | X | | X | | | X | |
| Case Management | X | | | | | | | | | | | | X | X | | X | | | X | | | X | |
| SUOS SRO housing | | | | | | | | | | | X | | | | | X | | | X | | | X | |
| Full-Service Partnership -- MHSA* | | | X | | | X | | | | | | | X | X | | X | X | | X | | | X | |
| CLARE Foundation | | | | | | | | | | | | | | | | | | | | | | | |
| Detoxification Program | | | | | | | X | | | | | | | | X | | | X | | | | | |
| 30-day Treatment | | | | | | | X | | | | | | | | | | | X | | | | | |
| 180-day Treatment | | | | | | | | X | | | | | | | | X | | X | | | | X | X |
| Sober Living | | | | | | | | | X | | X | | | | X | X | | X | | | | | |
| Serial Inebriate Outreach Program (SIOP) | | | | X | | | | | X | | X | | | | X | X | | X | | | | | |
| Assessment & Referral Center | X | | | | X | X | | | | | | | | X | X | | | | | | | | |
| Upward Bound House -- Transitional Housing Program | | | | | | | | | X | | | | | X | | X | X | X | X | | | X | |
| Chrysalis | | | | | | | | | | | | | | | | | | | | | | | |
| Work-readiness | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Job-search assistance | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Job-retention services | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Transitional employment | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Employment Partnership with Santa Monica Mall | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Employment Partnership with Bayside District & SM Chamber of Commerce* | X | | | | | | | | | | | | X | X | X | X | | | | | | X | |
| Chronic Homeless Pilot/Serial Inebriate Program -- involves OPCC, CLARE, Step Up, St. Joseph, HSD, SMHA, police, fire (paramedics), DMH, Public Health nurse | | | | | | | | | | | | | | | | | | | | | | | |
| | | | X | | | | X | | | | X | | | | | X | | X | X | X | | | |
| Community Bridges -- New SAMHSA-funded Project -- involves CLARE, OPCC, Edelman Mental Health, Venice Family Clinic, and UCLA* | | | | | | | | | | | | | | | | | | | | | | | |
| | | | X | X | | X | X | X | X | X | X | | X | X | X | X | | X | X | X | X | X | X |
| Other and Non-Santa Monica Service Providers | | | | | | | | | | | | | | | | | | | | | | | |
| Common Ground | | | | | X | | | | | | | | | | X | X | | | X | | X | | |
| Venice Family Clinic | | | | | | | | | | | | | | | | X | | | X | X | X | | |
| Legal Aid Foundation of Los Angeles | | X | | | | | | | | | | | | | X | | | | | | | | |
| Westside Center for Independent Living | | | | | | | | | | | | | | | | X | | | | | | | |
| Westside Food Bank | | | | | | | | | | | | | | X | | | | | | | | | |
| Independent Food Providers | | | | | | | | | | | | | | X | | | | | | | | | |
| VOA Cold Weather Shelter (in Culver City and West Los Angeles) | | | | | | | X | | | | | | | X | | | | | X | | | | |
| Community Corporation of Santa Monica (CCSM) | | | | | | | | | | | | X | | | | | | | | | | | |

* Listings in *italics* have just been approved/received, and have not started yet.

Table 3.2
Key Partners In Santa Monica's Homeless Assistance Network/Continuum of Care
Population Focuses

| | Preventing Homelessness | Housed Low-income People | Any Homeless Person | Youth | Veterans | Domestic Violence | Families | Children | Seniors | People with Serious Mental Illness | People with Substance Abuse Problems | Chronically Homeless People/Dual diagnosis |
|--|-------------------------|--------------------------|---------------------|-------|----------|-------------------|----------|----------|---------|------------------------------------|--------------------------------------|--|
| Homeless Service Providers | | | | | | | | | | | | |
| OPCC | | | | | | | | | | | | |
| Access Center | X | X | X | X | X | X | X | X | X | X | X | X |
| Daybreak (women only) | | | | | | | | | | | | |
| Center | | | X | | | X | | | X | X | X | X |
| Shelter | X | X | X | | | X | | | X | X | X | X |
| SAMOSHEL | | | X | | | | | | | | | |
| SHWASHLOCK | | | X | | | | | | | | | |
| Safe Haven | | | | | | | | | | X | | |
| Night Light | | | | X | | | | | | | | |
| Turning Point | | | X | | | | | | | | | |
| Maryland Apartments | | | | | | | | | | | | X |
| Sojourn | | | | | | | | | | | | |
| Crisis Shelter | | | | | | X | X | X | | | | |
| Adams House | | | | | | X | X | X | | | | |
| Campion | | | | | | | | | | X | | |
| St. Joseph Center | | | | | | | | | | | | |
| Homeless Services Center | | | X | | | | X | | | | | |
| Bread & Roses Café | | | X | | | | | | | | | |
| Affordable Housing Program | X | X | | | | | | | X | | | X |
| Senior Services | X | X | | | | | | | X | | | |
| New Directions | | | | | | | | | | | | |
| Men's Program | | | | | X | | | | | | X | |
| Women's Program | | | | | X | | | | | | X | |
| Step Up on Second | | | | | | | | | | | | |
| Clubhouse-Day Program | | | | | | | | | | X | | |
| Case Management | | | | | | | | | | X | | |
| SUOS SRO housing | | | | | | | | | | X | | |
| Full-Service Partnership -- MHSA* | | | | | | | | | | X | | X |
| CLARE Foundation | | | | | | | | | | | | |
| Detoxification Program (if substance abusers) | X | X | | | | | | | | | X | X |
| 30-day Treatment (if substance abusers) | X | X | | | | | | | | | X | X |
| 180-day Treatment (if substance abusers) | X | X | | | | | | | | | X | X |
| Sober Living (if substance abusers) | X | X | | | | | | | | | X | X |
| Serial Inebriate Outreach Program (SIOP) | | | | | | | | | | | X | X |
| Assessment & Referral Center (if substance abusers) | X | X | | X | | | | | | | X | X |
| Upward Bound House -- Transitional Housing Program | | | | | | X | X | X | | | | |
| Chrysalis | | | | | | | | | | | | |
| Work-readiness | X | X | X | | | | | | | | | X |
| Job-search assistance | X | X | X | | | | | | | | | X |
| Job-retention services | X | X | X | | | | | | | | | X |
| Transitional employment | X | X | X | | | | | | | | | X |
| Employment Partnership with Santa Monica Mall | X | X | X | | | | | | | | | X |
| Employment Partnership with Bayside District & SM Chamber of Commerce* | | | X | | | | | | | | | X |
| Chronic Homeless Pilot/Serial Inebriate Program -- involves OPCC, CLARE, Step Up, St. Joseph, HSD, SMHA, police, fire (paramedics), DMH, Public Health nurse | | | | | X | | | | X | X | X | X |
| Community Bridges -- New SAMHSA-funded Project -- involves CLARE, OPCC, Edelman Mental Health, Venice Family Clinic, and UCLA* | | | | | | | | | | X | X | X |
| Other and Non-Santa Monica Service Providers | | | | | | | | | | | | |
| Common Ground | | | | X | | | | | | | | |
| Venice Family Clinic | | X | X | | | | | | | | | |
| Legal Aid Foundation of Los Angeles | X | X | X | | | | | | | | | |
| Westside Center for Independent Living | X | X | X | | | | | | | | | |
| Westside Food Bank | X | X | X | | | | | | | | | |
| Independent Food Providers | | X | X | | | | | | | | | |
| VOA Cold Weather Shelter (in Culver City and West Los Angeles) | | | X | | | | | | | | | |
| Community Corporation of Santa Monica (CCSM) | | X | | | | | | | | | | |
| * Listings in <i>italics</i> have just been approved/received, and have not started yet. | | | | | | | | | | | | |

Residential Program Capacity

Over the years, Santa Monica Continuum of Care agencies have developed a wide variety of residential programming, with many accompanying services (table 3.1) designed to serve various subgroups of homeless people. And since some of these programs also serve non-homeless people, there are two questions to be addressed in terms of their capacity – how many people

| Table 3.3 Current (December 2006) Occupancy and Capacity of Permanent Year-Round Beds Available through Core Santa Monica Homeless Assistance Agencies, by Type | | | | |
|--|--|------------|--|------------|
| | Beds currently occupied by homeless and formerly homeless people | | Current capacity – Total # of beds, including those not currently occupied by homeless or formerly homeless people | |
| | N | % | N | % |
| OPCC-SAMOSHEL | 20 | | 20 | |
| OPCC- Sojourn | 15 | | 15 | |
| CLARE – Detox and 30-day program ^a | 28 | | 31 | |
| Total emergency shelter (≤ 30 days) | 63 | 5% | 66 | 5% |
| OPCC-Daybreak shelter | 10 | | 10 | |
| OPCC-SAMOSHEL | 90 | | 90 | |
| OPCC-Sojourn-Adams House | 23 | | 23 | |
| CLARE-6-month program ^a | 65 | | 72 | |
| Total transitional shelter (≤ 6 months) | 188 | 15% | 195 | 15% |
| OPCC-Turning Point | 55 | | 55 | |
| OPCC-Daybreak shelter | 20 | | 20 | |
| Upward Bound House ^b | 63 (21 units) | | 63 (21 units) | |
| New Directions men's program ^c | 205 | | 205 | |
| New Directions women's program ^c | 17 | | 17 | |
| CLARE-Sober living ^a | 93 | | 104 | |
| Total transitional housing (≤ 2 years) | 453 | 36% | 464 | 36% |
| Total OPCC Safe Haven (indefinite stay) | 25 | 2% | 25 | 2% |
| OPCC | 204 | | 204 | |
| St. Joseph Center | 130 | | 130 | |
| Step Up on Second | 50 | | 59 | |
| OPCC and Upward Bound (SMHA vouchers for people leaving transitional housing) | 95 | | 95 | |
| CHP/SIP (4 agencies provide supports) | 52 | | 52 | |
| Total permanent supportive housing | 531 | 42% | 540 | 42% |
| Totals | 1260 | 100 | 1290 | 100 |
| ^a CLARE – homeless occupancy calculated at 84-89%, per agency records. 104 sober living beds in Santa Monica and 72 transitional housing beds outside Santa Monica available to Santa Monica homeless people. ^b On average, a <i>family</i> unit in Santa Monica houses 3 people, and therefore is shown as having 3 beds ^c New Directions beds are not in Santa Monica, but are available to Santa Monica homeless people. | | | | |

they can accommodate on any given day, and whether all that capacity is devoted to homeless and formerly homeless people.

Residential programs offered by Santa Monica homeless assistance agencies fall into the five categories defined above. Table 3.3 presents the categories, their full capacity, and their present occupancy by homeless and formerly homeless people. It is important to note that these bed counts are different from some that may previously have been presented, for three reasons – (1) they represent each agency’s *total capacity*, not just the beds that Santa Monica general funds are partially paying for; (2) they include the substance abuse treatment beds at CLARE Foundation, as most of them are occupied by homeless people, and all the permanent supportive housing beds at Step Up on Second although some are currently occupied by people with serious mental illness who have not been homeless; and (3) they include beds available to people homeless in Santa Monica through routine arrangements among agencies, even though the beds may not be physically located in Santa Monica. The point of including this wide array of residential resources in this evaluation is to describe the *entire* system of programs and services available to people homeless in Santa Monica, not just the resources partially paid for by the city, or the resources located within city limits.

To summarize the information in table 3.3, bed counts and their location in or outside Santa Monica are:

- **Emergency shelter** (stays of up to 30 days) – 66 potential beds, 63 currently occupied by homeless people, all in Santa Monica; 5 percent of potential and current bed capacity.
- **Transitional shelter** (stays of up to 6 months, service enriched) – 195 potential beds, 188 currently occupied by homeless people; 123 in Santa Monica, 72 outside of Santa Monica (CLARE); 15 percent of potential and current bed capacity.
- **Transitional housing** (stays of up to 2 years) – 464 potential beds (counting children as occupying a bed), 453 currently occupied by homeless people; 242 in Santa Monica, 222 outside Santa Monica (New Directions); 36 percent of potential and current bed capacity.
- **Safe Haven** (low demand, indefinite stay, but expectation of eventual transfer to permanent housing) – 25 beds, all occupied by homeless people, all in Santa Monica; 2 percent of potential and current bed capacity.
- **Permanent supportive housing** (indefinite stay, rent subsidy, supportive services to maintain housing) – 540 potential units, 531 currently occupied by formerly homeless

people; about 65 percent in Santa Monica and the rest outside Santa Monica; 42 percent of potential and current bed capacity.²

Except for the three winter months when the VOA cold/wet weather shelters are open, providing an additional 310 overnight beds, only 5 percent of homeless-related bed capacity in Santa Monica offers emergency shelter. Transitional shelter, offering stays one to six months with major emphasis on reaching goals of recovery from substance abuse, stabilization of mental illness, and employment comprises 15 percent of bed capacity, including the 15 new transitional shelter beds that became available at Daybreak when it moves to the Cloverfield facility. Another 36 percent of bed capacity (counting family units as 3 beds each) offers transitional housing for up to 24 months, with programmatic emphases similar to those found in transitional shelters. The 25 Safe Haven beds comprise 2 percent of bed capacity. Finally, 42 percent of bed capacity available through Santa Monica Continuum of Care agencies is permanent supportive housing units for people with disabling conditions.

Actual occupancy by homeless and formerly homeless people differs little from these proportions. In general, the few beds occupied by non-homeless people are either substance abusers in treatment at CLARE or people with serious mental illness in permanent supportive housing at Step Up on Second.

As an additional 65 new one-year housing subsidies and 80 grants for one-time eviction prevention from the Santa Monica Housing Authority for preventing and ending homelessness among seniors become available in early 2007, the capacity for permanent supportive housing and homeless prevention will increase. The one-year subsidies are eligible for extension if funding is available, which would add to the city's continuing capacity to end homelessness for seniors.

This distribution of shelter and housing services is quite unusual compared to most other communities, which tend to have a higher proportion of emergency shelter units and a lower proportion of permanent supportive housing units. However, recognizing that emergency shelter

² Forty of these beds are new Shelter Plus Care vouchers to OPCC from HACLA – we count them as part of both occupancy and capacity because they *will* be occupied by formerly homeless people once they are all in use.

does not resolve homelessness for the most visible and hardest-to-serve chronically homeless population, those communities are trying to shift their resources to come more closely to resemble Santa Monica's distribution. They are not trying to eliminate emergency shelter, because some people need it and for some people it is enough. But they *are* recognizing that people who use emergency shelter for years are more appropriately, and more economically, housed in permanent housing, with supportive services to assure that they are able to retain it. Judging from the number of people coming through the doors of OPCC and St. Joseph Center every day, Santa Monica providers do need access to more emergency shelter, but it should be located in a neighboring community.

Responsiveness to Changing Population Needs

We have already described some of the historical changes in service programs from their beginnings in the 1960s. Obviously the system has grown and changed, as attested to by the array of programs and services shown in table 3.1. Equally obvious is that programs and services have evolved to respond to the needs of homeless people in Santa Monica and their changing nature. In the immediate aftermath of the 1991 Call to Action of the Homeless Task Force, new programs were developed to cover the areas of transitional housing and permanent supportive housing. In more recent years, as they have seen the need, Santa Monica Continuum of Care agencies have sought funding for and added programs to serve the needs of emerging populations, including people who may be at risk for contracting HIV/AIDS. Common Ground (initially the Santa Monica AIDS Project) was founded in 1992 with support from the city. Common Ground and OPCC's Night Light program also respond to the needs of street and at-risk youth, including those at risk for HIV/AIDS. Programs for other special needs populations, including seniors (St. Joseph Center), people with serious mental illness (OPCC's Safe Haven, and expansions at Step Up on Second), and veterans (New Directions) have been developed. Specialized employment and substance abuse treatment programs have also been added or expanded, and most recently programs focused on moving chronically homeless people into housing have been developed.

A recent change in the way SAMOSHEL is now structured reflects Santa Monica's new emphasis on reaching the most disabled and service-resistant street homeless people and helping them move toward becoming housed, described in more detail below. OPCC, SAMOSHEL's

new managing agency, increased the number of very short-term emergency beds from 10 to 20, and increased the allowable length of stay from 3 to 14 days, in the belief that 3 days was not enough to convince chronically homeless people to make a major change in their life. Some SAMOSHEL history may put this decision into context. The 1991 Task Force recognized that Santa Monica had almost no emergency shelter capacity, and recommended that the city develop such a shelter. In April 1994, the City Council passed an emergency ordinance to close the parks between midnight and 5:00 a.m. and directed the staff to begin planning for a temporary shelter to be operated by The Salvation Army, which was already offering SHWASHLOCK, a hygiene center that was another outgrowth of the Task Force. In September 1994, City Council adopted an ordinance calling for the “coordinated delivery of services to the homeless” (Municipal Code 2.69). This ordinance, also referred to as the “Public Safety Initiative,” called for City-funded services to focus on long-term solutions to homelessness, particularly housing and employment. As a result the City opened SAMOSHEL, a new 110-bed shelter for homeless men and women in Santa Monica, on city-owned property. The distribution of the beds at SAMOSHEL reflected the focus on long-term solutions to homelessness, with 10 beds being devoted to short-term emergency shelter, and 100 beds devoted to longer-term transitional shelter with a focus on sobriety and job and housing readiness. For 11 years, from late 1994 through late 2005, the Salvation Army held the contract to run the program and provide routine building maintenance.

In September 2005, the Salvation Army informed the city that it would like to cede the responsibility for running SAMOSHEL to another agency, and suggested that, since SAMOSHEL was on the same Big Blue Bus campus as OPCC’s Access Center, SHWASHLOCK, and several other OPCC programs, it would make sense for all of these “first point of contact” programs to operate under integrated management. As OPCC was already running some of the programs at the Big Blue Bus site, it was the obvious candidate to take over SAMOSHEL.

After considerable internal debate concerning the increased management responsibility and also the operating deficit that SAMOSHEL would represent (because the bed/night reimbursement rate of \$12 a night from the city would cover less than half of the cost of running SAMOSHEL) and the need to undertake more fundraising to cover the difference, OPCC’s board and

management agreed to take responsibility for SAMOSHEL, to assure the continued availability of these much-needed 110 shelter beds for Santa Monica.

As mentioned above, the Salvation Army had run SAMOSHEL as a clean-and-sober program, with 10 3-day emergency beds and 100 beds where a person could stay for up to 6 months. While OPCC strongly believes in people's need to recover from addictions, staff felt that a clean-and-sober policy excluded the hardest-to-serve people who needed help the most, and relaxed the old criteria for admission to SAMOSHEL. For similar reasons, OPCC felt that 3 days was not enough time to engage residents in recovery. The entry-level program was changed to a 14-day configuration and 10 beds were added to accommodate more people, bringing the entry-level beds up to 20. The remaining 90 beds retained their 6-month maximum stay (although still, most people leave in 3 to 4 months), and services have been considerably enriched with the switch to OPCC management. Thus, the current goal for people using the 20 emergency beds has become accepting the hardest-to-serve people with few pre-conditions and helping them take the first steps toward changing their lives. The goal for people using the 90 transitional beds has remained moving them significantly closer to leaving homelessness and has been augmented by services designed to assist residents with getting their mental illness under control and becoming linked to county mental health services (60 percent or more of people using SAMOSHEL since OPCC took over have a serious mental illness, and 30 percent have a prior involvement with DMH). Working with residents on recovery from addictions, getting ready for employment, and applying for public benefits are also goals for people using the 90 transitional beds.

Continuum of Care agencies themselves have independently expanded and diversified their funding sources in response to emerging needs. In the beginning, city funds comprised quite large proportions of program budgets, but by FY 05-06 this was no longer the case. For most programs and agencies in Santa Monica's Continuum of Care as it exists today, the city's financial contribution does not begin to equal what agencies have raised from other sources when they saw the need for expansion (funding sources for core homeless assistance agencies are discussed in detail later in this chapter).

The only service *type* that, at present, receives no city money is residential substance abuse treatment at CLARE, whether detoxification, 30-day treatment, or 180-day treatment (CLARE

does receive city funding for outpatient services and SIOP – outreach to serial inebriates at the Santa Monica jail). In addition, New Directions, another agency whose transitional housing programs focus on recovery from substance abuse, receives city funding only for employment-related services, not for any of the costs associated with the residential aspect of the program. Considering the finding in chapter 2 that 4 of every 5 people homeless in Santa Monica have substance abuse problems, and that this evaluation suggests a number of options involving stronger approaches to addressing substance abuse, it seems reasonable that local funding should be devoted to this type of service. Historically, Los Angeles County agencies have provided substance abuse treatment either directly to clients or through grants to treatment agencies, in a manner similar to the way the county deals with health and mental health care. Santa Monica should work with the county to expand funding for substance abuse treatment services that will serve homeless people in Santa Monica. The city has already partnered with the county to create a Homeless Community Court in Santa Monica (see below for details), following recognition of this need for new and innovative approaches to address homelessness among substance abusers. Part of the funding for the supportive services that go with the Court will pay for substance abuse beds.

The city has continued to provide important capital support to existing and new homeless programs. Among other projects, the city has funded an extensive renovation at SAMOSHEL and has provided funding for new construction/rehabilitation projects such as the new Cloverfield facility which will house OPCC's Daybreak Shelter and Safe Haven programs, the new combined Access Center/SHWASHLOCK adjacent to SAMOSHEL, Step Up on Second's new permanent supportive housing project on 5th Street, and St. Joseph Center's relocation of the Homeless Services Center.

LOOKING FORWARD: NEW FOCUS ON REDUCING THE CHRONIC STREET HOMELESS POPULATION

Santa Monica has more than its share of seriously disabled people living on its streets and beaches and in its parks. Many have been homeless in Santa Monica for years, suffering from serious mental illness, substance abuse, or both, and showing no ability to use available services to help them leave homelessness. Other cities faced with similar problems have begun in recent years to ask themselves how they could help these people leave the streets, since existing

approaches and programs clearly were not working for this population. The successes of some of the earliest practitioners of one new approach—known as “housing first”—are summarized in a recent HUD publication (Burt et al. 2004).³ Briefly, this approach is based on the notion that *housing* is the first thing needed to end homelessness for disabled, long-term homeless persons (those who are chronically homeless), but it must be housing that meets two criteria. First, it must not make demands on people that they cannot initially meet (such as for sobriety or compliance with psychotropic medications), or they will not accept it and will remain on the street (thereby causing them to be branded as “service resistant” or as “choosing to be homeless”). Second and no less important, it must be accompanied by supportive services (which will be intensive, and therefore expensive, at least at first) to help people adjust to living in housing *and* to help them begin to address the underlying problems that have kept them homeless for so many years. This new emphasis has also prompted new program types such as the type of Safe Haven that OPCC opened in 2004, which are designed to ease the transition from street to housing for the most fragile people with serious mental illness.

Ending Chronic Street Homelessness Means Helping “The Worst”

Among the comments we heard frequently during this evaluation, in interviews with a wide variety of people, was (to paraphrase) “why should we give scarce housing resources to drunks, addicts, and schizophrenics? They don’t deserve it, haven’t earned it, and they’ll just keep doing their ‘bad’ behavior in housing that other people deserve more.” This perspective was raised in general, and also with respect to the focus of CHP/SIP and SIOP investments on “the worst.” There are two responses to this attitude, one therapeutic and one pragmatic. Therapeutically, although it is hard and relapses may be many, addicts *can* clean up their act if they get the right kind of sustained help and support, and there is evidence indicating that once in housing they reduce their addictive behaviors.⁴ Even if people relapse, which they will, each successive

³ A short primer describing the housing first approach is attached to this report as Appendix C.

⁴ Chen, An-Lin, Haiqun Lin, Wesley Kasprow, Robert A. Rosenheck. In press. Impact of Supported Housing on Clinical Outcomes: Analysis of a Randomized Trial Using Multiple Imputation Technique. *Journal of Nervous and Mental Disease*.

encounter with treatment brings about additional improvement.⁵ And the end result can be someone who works and pays taxes, not someone who needs permanent support.

But the pragmatic answer may be the most important one for the average Santa Monican, as well as for public officials – if you *don't* house “the worst” street people, they will stay on the street ... and you don't want them on the street. CHP/SIP has been moving some of the city's longest-term homeless people off the streets with housing and supportive services. SIOP and CLARE have induced more than 40 street drunks to enter its detoxification program and residential treatment programs – some are now graduating and moving to permanent housing, with jobs. Those are better outcomes than continuing to write tickets.

Santa Monica Has a Long-Standing Investment in Housing Disabled Homeless People

Santa Monica's emphasis on permanent supportive housing for disabled homeless people is long-standing – the city's first receipt of federal funding for permanent supportive housing (Step Up on Second) and Shelter Plus Care vouchers (Santa Monica Housing Authority as the lead entity in collaboration with St. Joseph Center, Step Up on Second, and OPCC) dates from the early 1990s. Shelter Plus Care offers housing subsidies to homeless people whose level of disability makes any expectation of self-sufficiency unlikely, with the requirement that supportive services to help people retain housing be provided from local sources. Over 140 Shelter Plus Care vouchers from the Santa Monica Housing Authority and more vouchers from other funding sources are currently being used to make rents affordable to disabled formerly homeless persons. Average housing tenure for persons using these vouchers is about five years – an *outstanding* accomplishment since national averages hover around one to one and a half years. Supportive services from homeless assistance agencies are vital in helping formerly homeless disabled people keep housing once they receive a voucher to make the housing affordable. No supportive services can be funded with voucher money – all funding goes directly into the housing subsidy, so local dollars must fund the supportive services for a minimum of five years. The city provides some funds for these supportive services, but the agencies have needed to supplement city funds to achieve the success rate they have. As will become clear later in this chapter, agencies are

⁵ Shavelson, Lonny. *Hooked: Five Addicts Challenge Out Misguided Drug Rehab System*. New York: The New Press, 2001.

augmenting City of Santa Monica funding for a great many services that they assemble from many sources, without which they would be having far less success in helping formerly homeless people retain housing.

Innovative and “Best Practice” Approaches Are Being Used, and More Are Being Developed

Available permanent supportive housing resources have not, however, resolved homelessness for the most visible of Santa Monica’s street homeless population, or the ones most likely to be involved with costly interactions with police, paramedics, and hospitals. As city and local Continuum of Care agencies gained knowledge of new approaches, they determined in spring 2004 to launch a new initiative focused on this population. The overall initiative has several components, all of which are trying to induce chronically homeless people on the streets with long-standing disabilities to accept housing. Some are low demand/low barrier, while others are proposing to couple the power of a court of law with the offer of services and housing:

- The Chronic Homeless Program, known as CHP, began in summer 2004, at city urging and with city general funds and funds that providers raised themselves, plus 22 HOME funded housing vouchers (federal funding) provided through the Santa Monica Housing Authority. CHP operates by identifying specific individuals as potential participants and seeking to help them through multi-agency coordination:
 - Identifying participants – Police and paramedics were asked to identify the street homeless people with whom they had the most interaction, either through arrests, citations, emergency medical calls, or the need for emergency room visits or incarceration. Continuum of Care agencies added to the initial list from their own knowledge of disabled chronically homeless street people. The list started with 12 people and has now grown to 100 as the original individuals have moved to housing and new people are added.
 - Multi-agency coordination – city agencies (Human Services, Santa Monica Housing Authority, Fire, Police); service providers (OPCC, Step Up, CLARE, St. Joseph Center, New Directions); and representatives from relevant county departments (mental health, public health) meet regularly in two monthly CHP/SIP sessions – one for directors, to facilitate planning and implementation, and one for caseworkers, to facilitate service delivery and housing. These coordination mechanisms are discussed in more detail below.
 - Existing outreach efforts are being augmented by the newly funded CHP Expansion Outreach Team housed at Community Partners. This team began work in fall 2006, focusing on connecting with people identified for CHP but who have not yet accepted services. It will also work with people coming through the new Homeless Community Court, and may expand to cover additional people.

- The Serial Inebriate Outreach Program, known as SIOP, goes into the Santa Monica jail to offer detoxification and recovery services to chronic inebriates who are homeless. Services began in fall 2005, and are being provided by CLARE and funded with city dollars.
- Human Services staff wrote a grant to HUD to support the Serial Inebriate Program, known as SIP, which began in late 2005. HUD funds the housing component (through 30 new housing vouchers) and services are funded with city general funds and funds that service providers raise themselves. Once funded, SIP merged into the CHP process, which is now referred to as CHP/SIP, and is working to house 30 of the people identified for CHP who qualify as chronically homeless serial inebriates and meet other grant requirements. People accepting services through SIOP may also access the SIP housing vouchers if they qualify.
- Stepped up outreach – the first steps in convincing street homeless people to accept the CHP/SIP resources is outreach, to meet them on the streets and establish a relationship involving enough trust that people will accept housing. Continuum of Care agencies involved in CHP/SIP increased their street outreach to the people identified for the program.
- Safe Haven – a Safe Haven is a relatively new type of homeless assistance program designed to bring chronically homeless people with a serious mental illness into a safe, secure, environment where they may stay as long as they want and work on reducing their housing barriers at their own pace. Because it did not have a separate facility for the program in 2004, OPCC opened a version of a Safe Haven by setting up 10 beds with accompanying meals and services in Access Center space in the evenings after the Access Center closed. Even in this makeshift form, the Safe Haven was very successful at attracting the very vulnerable people it sought to serve, and has been fully occupied almost since it opened. The Safe Haven will expand to 25 beds and move into new permanent quarters at OPCC's new Cloverfield Boulevard facility in January, 2007.
- Several new programs are on the horizon or just beginning to operate. We describe these further below, when we talk about new funding, so we just list them here.
 - A new Homeless Community Court is about to begin work in Santa Monica; its major focus will be on working with homeless street people.
 - Step Up on Second received a grant from the county Department of Mental Health, called a "full-service partnership," to provide intensive case management and other services to 25 people with serious mental illness, and will focus on those who are chronically homeless and identified for CHP/SIP.
 - CLARE, OPCC, and several additional partners received a federal grant for a program that will be called Community Bridges. It also focuses on the disabled street homeless population.

These efforts are paying off. Of the 100 people now on the CHP/SIP list, 48 were in some type of housing as of December 2006. Twenty-nine are in permanent housing with supportive

services and 19 are in transitional situations that include substance abuse recovery programs and assisted living. Of the 22 people who used Safe Haven beds, 8 have already moved to permanent supportive housing. And CLARE's efforts through the SIOP program are attracting more people than expected into substance abuse treatment and recovery. These and other program achievements are discussed in more detail in a later section of this chapter.

OTHER KEY SANTA MONICA-BASED SUPPORTIVE SERVICE AGENCIES

Many other agencies support and expand the ability of these core homeless assistance agencies to help homeless people and facilitate exit from homelessness. In figure 3.1, the right-hand box within the inner circle shows the Santa Monica agencies that offer these supports. The boxes within the broad outer circle (dotted line) show agencies beyond Santa Monica that work with Santa Monica Continuum of Care agencies to serve their clients.

Looking first at the right-hand box within the inner circle – Common Ground, which provides both prevention and care services, is the only comprehensive HIV-serving agency on the Westside. The agency has a particular focus on sub-groups within the HIV-affected community who have been traditionally disenfranchised—homeless people, people of color, homeless youth, and women. In addition to HIV-related services, the agency provides case management services and referrals for medical, legal, and government benefits. One of six offices run by the Legal Aid Foundation of Los Angeles is in Santa Monica. It is the foundation's last multi-service “neighborhood” office (the others all specialize in one area of the law) and supports five full-time attorneys who advise clients on legal matters relating to consumer counseling, family law, government benefits, housing and eviction defense, and runs a Domestic Violence Clinic at the Santa Monica Court. In addition to homeless clients (who account for about 10 percent of their caseload), the office works with low-wage workers, single parents, seniors, and people with disabilities. Other legal resources include a full-time court advocate from OPCC Sojourn who is housed in the SM City Attorney's office to assist victims of domestic violence.

The Westside Food Bank distributes 4 million pounds of food a year to 65 social service agencies throughout the community (about 40 percent of the bank's food goes to Santa Monica residents and about 15 percent goes to currently homeless individuals or people living in transitional housing). The Westside Food Bank operates more like a funder than a direct service

provider, helping with the food needs of many agencies and programs including several core agencies identified above (OPCC, St. Joseph Center, New Directions, Upward Bound, etc.). They are working on an innovative program with Upward Bound whereby homeless families who are just preparing to move out into their own housing can save money by relying on food bank support for their food needs, enabling them to save more money to move out earlier.

Finally, the Community Corporation of Santa Monica (CCSM) is the local nonprofit affordable housing developer. It receives city funding to develop and operate affordable housing, of which it currently maintains almost 1,000 units with another 129 units ready to open. It *could* be a significant player in providing permanent housing for formerly homeless people, but at present it is not. CCSM's priorities for allowing people to bypass its normal tenant recruitment practices, which include establishing waiting lists for available units, are established by the City Council, and do not at present include being homeless. As a result, homeless people in immediate need of housing do not receive priority consideration for units. Nor does CCSM ordinarily flex its eligibility criteria, which include being able to produce an acceptable five-year rental history, although special accommodations are sometimes made for people leaving transitional housing programs run by Continuum of Care agencies.

Twenty-five formerly homeless people do live in CCSM housing, using Shelter Plus Care housing subsidy vouchers to help them pay the rent. CCSM's experience with these 25 people in their current housing configuration – scattered in apartments throughout CCSM's various buildings – is that they cause a disproportionate share of problems for the building and for other tenants, and that CCSM needs more support from case managers in working with these tenants.⁶ CCSM would be willing to create special housing projects for formerly homeless people (i.e., so as not to mix them in with other tenants) *if* the City Council told it to do so, and *if* the level of supportive services were high enough to assure smooth tenancy. It might even be convinced to stay with scattered apartments if the level of supportive services were high enough. Many

⁶ CCSM maintains a “watch list” of tenants who have presented difficulties to either building management or other tenants. Among tenants without any type of housing subsidy (i.e., those low-income households that can afford the CCSM rents without any assistance), 2 percent are on the “watch list.” Among tenants with Section 8 subsidies, most or all of whom were not homeless before moving in, 14 percent are on the “watch list.” Among tenants with Shelter Plus Care vouchers, meaning they were homeless and are disabled, 35 percent are on the “watch list.”

agencies in many communities are able to house formerly chronically homeless people with disabilities in scattered-site apartment arrangements and maintain good relations with landlords, given sufficient supportive service resources, so there is no reason why this should not be possible in Santa Monica also.

HOMELESS AND NON-HOMELESS HOUSING AND SUPPORTIVE SERVICES BEYOND SANTA MONICA

In addition to the programs and services within Santa Monica, figure 3.1 shows three boxes in the outer circle representing agencies, resources, and services outside of Santa Monica that are regularly accessed by Santa Monica Continuum of Care agencies as they try to help their clients. People served by Santa Monica Continuum of Care agencies receive rental assistance from non-Santa Monica agencies as well as from the Santa Monica Housing Authority, as represented by the topmost box. Agencies reported their access to and use of more than 200 project-based Section 8 and Shelter Plus Care vouchers from the housing authorities of Los Angeles County (HACoLA) and the City of Los Angeles (HACLA) that currently subsidize the permanent housing of many people who were once homeless and served by Santa Monica Continuum of Care agencies. These same Continuum of Care agencies provide supportive services to the formerly homeless individuals receiving the subsidies. More details are presented below, when we discuss how Santa Monica's homeless assistance services are financed.

For the past few years, Volunteers of American has run cold/wet weather shelters during the three winter months (December 1 through March 15) in the Culver City and West Los Angeles armories. Up to 310 homeless people from Santa Monica and the Westside can avail themselves of these shelters by waiting at designated spots for a bus that will take them to one or the other shelter. These shelters offer minimal accommodation and services, but they do get up to 310 people out of the wet weather. This is an unsatisfactory arrangement to all concerned (difficult to access, overcrowded, minimal services), but it is better than nothing. The fact that these temporary shelters are always full attests to the interest of many homeless people in getting off the streets. What really needs to happen is to create the emergency shelter for which county funding has been available for several years. Consistent with the emphasis on regional approaches to homelessness and the concept of "fair share" distribution of services, this

emergency shelter should be located on the Westside, where there are no year-round emergency shelter beds for the general homeless population, but outside of Santa Monica.

Homeless people with disabilities can seek housing support and other types of assistance from the Westside Center for Independent Living (WCIL). Using a peer-driven model, the center provides independent living skills, assistive technology services, benefits counseling and advocacy, information and referral services, and individual and systems level advocacy on behalf of *all* people with disabilities. In the case of housing services, they note that finding permanent affordable housing, especially for people who do not have Section 8 or aftercare certificates, is “a major challenge for the center.” Twelve percent of people coming to them for housing services are currently homeless. WCIL works closely with other service providers in the community so as not to duplicate services and to collaborate around finding suitable housing options for their members (much of this collaboration is informal, rather than formal).

Santa Monica Continuum of Care agencies routinely help their clients access health care at Venice Family Clinic, and the clinic also reaches out to Continuum of Care agencies and programs to bring health care directly to clients at program sites and raise awareness about the clinic and its services. Some Santa Monica Continuum of Care agencies also have funding for on-site mental health professionals, as can be seen in table 3.1, presented earlier. For example, for the past eight years the Santa Monica Dual Diagnosis Program, a collaboration of Venice Family Clinic, Edelman Mental Health Center, and OPCC that is based at the OPCC Access Center, has provided a psychiatrist and a licensed clinical social worker for weekly program and case consultation, medication monitoring, case management, and overall service coordination. This program served as the model for a recently awarded homeless systems grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), which is described in more detail below.

Far more people homeless in Santa Monica require substance abuse services than Santa Monica-based agencies have the capacity to provide. Luckily for them, CLARE Foundation is very well connected with residential recovery programs throughout the county. It arranges access to these regional programs for at least 1,000 homeless Santa Monicans a year, and also arranges entrée to sober living programs for those who need ongoing support from a chemical-free living

environment for up to two years to maintain sobriety. Many Santa Monica Continuum of Care agencies help connect clients to other services beyond Santa Monica: these range from basic necessities such as food and clothing up to specialized residential placements such as nursing homes and board and care facilities.

There are at least two clear instances of connections working in reverse – that is, bringing people from other communities into Santa Monica services. With respect to long-term homeless single adults, Culver City funds St. Joseph Center to do street outreach in Culver City. At any given time, St. Joseph Center is in touch with 30 or more homeless people from Culver City, virtually all of whom are chronically homeless street people. Once they come to St. Joseph Center, they become eligible for and are sometimes referred to SAMOSHEL, since Culver City has no shelters of its own. With respect to homeless families, both OPCC and St. Joseph Center are authorized to dispense emergency motel vouchers to homeless families, paid for from CalWorks and other county funds. Homeless families are referred to these programs from agencies all over Los Angeles County. Anecdotal evidence indicates that the families and their children have many issues, some of which impact Santa Monica schools and other institutions.

ISSUES POSED FOR THIS EVALUATION

ISSUE: IS THERE A LOT OF SERVICE DUPLICATION IN SANTA MONICA?

There has been some concern that with all the services available to homeless people in Santa Monica, people are getting the same things from various agencies and that money could be saved if duplication were reduced. What might “duplication of services” mean? First, it might mean that two or more agencies offer the same service or type of services. In this sense, “duplication” is certainly happening in Santa Monica, in that two or more agencies offer almost every service, as the next section of this chapter describes in detail. All that this type of duplication implies for Santa Monica’s Continuum of Care is that homeless people are able to access a variety of services in a variety of places, which is generally thought to be a good thing – for health care, child care, and other types of services as well as assistance with homelessness – in that it improves a person’s chances of getting the help needed. As the need for services exceeds the supply several-fold, even with the array of services available, this type of duplication is not an issue for concern.

The second meaning of “duplication” would be that homeless people are going to different agencies to get the same types of services, with the possible implication that they are not really working to leave homelessness. We tried to examine how much this type of duplication is happening by asking how many different agencies, and within agencies how many different programs, the average homeless person used within the system in the past year. “Use” in this case means that the person was in sufficient contact with the agency or program to get entered into the citywide database from that agency.

Data problem. ClientTrack is the only source of data available for assessing whether homeless people use one, two, or more programs and agencies within the Continuum of Care, but ClientTrack leaves a good bit to be desired when it comes to answering the question of duplication. Based only on the data in ClientTrack, one would conclude that there is little cross-agency use, and not even much use of several programs within agencies. Such a conclusion could be wrong, but we have now way to assess how wrong. The problem is that agencies do not use ClientTrack for all of their programs. Only one core agency uses ClientTrack for everything they do. Another core agency uses ClientTrack for all of its programs for which it enters people into any database, but it has several programs, including some large ones, that clients may use simply by putting their names on a sign-in sheet. Other core agencies use several databases for different program components, entering only a small proportion of the people they serve into ClientTrack. The overall consequence of these patterns of ClientTrack use is that we can be reasonably sure that more multiple program use is happening than we can measure.

With this caveat kept clearly in mind, we present the data that ClientTrack is able to generate on the existence of multiple-agency and multiple-program use.

Apparently Little Use of Different Agencies for the Same Services

People concerned about duplication of services usually want to know whether a homeless person is “making the rounds,” getting the same things from one service agency and then moving on to repeat the process at another agency. In this sense of “duplication,” as well as ClientTrack is able to document it, it seems that very little is occurring in Santa Monica.

Among people who are in touch with any type of service (i.e., those recorded in ClientTrack), ClientTrack shows that 86 percent have only received services from one agency (e.g., OPCC *or* Step Up *or* St. Joseph Center, but not more than one). In the remaining 14 percent of cases, virtually all involve one of the “generalist” agencies, usually OPCC or St. Joseph Center but also Upward Bound House, sending one of its clients to CLARE for specialty substance abuse services, or to Chrysalis for specialty employment services. Among CLARE’s homeless clients served under city grants, 17 percent have also used OPCC and 7 percent have also used St. Joseph Center. Among Chrysalis’ homeless clients, 26 percent have also used OPCC and 9 percent have also used St. Joseph Center. Upward Bound House sends 29 percent of its clients to Chrysalis.

This type of cooperation among Continuum of Care agencies is highly desirable – it is a conscious decision of the “generalist” agencies to use the resources available in the community rather than attempting to duplicate within their own walls the specialty services that they know are done well only a few blocks away. At the same time, the generalist agencies also usually offer some level of mental health, substance abuse, and employment services on their own, as is very clear if one skims down the columns of table 3.1. These services tend to take the form of counseling and support groups, with referrals to the more specialty agencies occurring when a client wants more intensive assistance. Campion, OPCC’s mental health program, serves this same function among all the OPCC programs, supporting case workers within each program and also offering specialty services in its own space.

Some Use of Different Programs Within the Same Agency

Homeless people with records in ClientTrack are somewhat more likely to use more than one *program* within an agency than they are to use more than one *agency*, but even this multiple program use is not widely recorded in ClientTrack. Only 14 percent use more than one agency, but 31 percent use more than one program at a particular agency. As many agencies offer a variety of programs that form some logical progression, multiple program use is not only to be expected but is usually seen as a positive outcome. Thus a person might go from OPCC’s Access Center to SAMOSHEL (emergency/transitional shelter) to Turning Point (transitional housing), all within OPCC. Or a person might go from St. Joseph’s Homeless Service Center to its Affordable Housing Program. The types of multiple program use we observe among Santa

Monica's homeless people appear to represent what anyone would *want* a group of local providers to do in when using each other's resources and capacities to maximum effect.

ISSUE: DO HOMELESS PEOPLE HAVE ACCESS TO THE SERVICES THEY NEED?

There are three basic models for organizing access to homeless services in a community—"every program for itself," "no wrong door," and "single point of entry." Few communities have perfect examples of a particular model, and Santa Monica is no exception. Most communities around the United States operate on some variation of "every program for itself." Homeless people need to find out about and approach each program separately, get on different waiting lists for each (or line up each night, in the case of overnight emergency shelters), and take the luck of the draw. A few communities have organized themselves into a "no wrong door" approach, which means that any program door you walk through has the capacity to do some basic needs assessment and link you to the right program to help. Programs in this type of system are usually linked electronically so they can tell where the empty beds are in the system, and which agency has an opening for particular types of special programming. One agency can even make a "reservation" for emergency shelter at another agency for someone for the night. The most centralized and controlled types of systems have a single point of entry through which everyone must pass if they want access to system services.

Santa Monica's system appears to be a hybrid, with aspects of "every program for itself" and "no wrong door." Right now there are three homeless service access centers, two at OPCC and one at St. Joseph Center. The OPCC Access Center and St. Joseph's Homeless Services Center offer emergency services such as food, clothing, mail and phone, showers, medical and mental health care, family services and case management, benefits advocacy, and referral to shelter, housing, and rehabilitation programs throughout the region. Daybreak Day Center offers the same services for homeless women who have a serious mental illness. A fourth program, Step Up on Second's Clubhouse, also performs many of these functions for people with serious mental illness who are members. In addition, CLARE Foundation's Assessment and Referral Center is an access center through which many homeless people get connected to services every month, but with a focus limited to accessing substance abuse recovery services.

The share of homeless clients who have a case record in ClientTrack that use one or the other of Santa Monica's three access centers is actually quite high. What is less clear is (1) what share of those who use these access centers are able to work with case managers to connect to all the services they need, (2) what share of homeless people try once or twice to use an access center and then give up because there are not enough case managers to be able to see them immediately, and caseloads are too large to permit much continuing contact, and (3) what share of homeless people use a center for years to get mail or eat lunch but never choose to use services that may help them out of homelessness. ClientTrack cannot be used to answer these questions, so the answers are not part of this evaluation. But once a more useful and responsive data management system is in place, a sub-committee of the Community Roundtable recommended at the end of this chapter should use it to answer these questions. Then, depending on the results, the Community Roundtable should consider whether it would be feasible and useful to establish a more centralized system with a single "one-stop" intake center to help homeless people navigate the available services. Homeless people themselves identified such a need for a "navigation aid" through the complex array of services, but a "one-stop" facility may not be the best way to provide this, given the existence of several access centers that already offer many service connections.

There is also the issue of whether there are enough services of various types to accommodate the needs of people if the access centers *were* able to do a needs assessment and service plan for everyone coming through their doors. For every service one could name, from emergency shelter to substance abuse treatment to permanent supportive housing, there are always more homeless people needing the service than there are services available. This puts Santa Monica in very good company with most other communities around the country, none of whom have enough of most of the things that homeless people need – especially housing, but also various kinds of treatment and support. Further, the available supports often are not structured in ways that homeless people are able to use them effectively. Difficulties with transportation, eligibility requirements and documentation, and hours of operation, all play a role.

Other Issues Related to Service Access – the "Drop-In Function"

Since one of the issues of greatest concern to Santa Monica stakeholders is the presence of many homeless people on city streets and in open spaces, we have suggested that consideration be

given to developing more “drop-in” capacity. Drop-in facilities offer a place for people to come in off the streets, and often also offer the opportunity to connect to services at the facility. Because this latter aspect makes drop-in centers begin to look like access centers, we discuss them here.

The Patio attached to St. Joseph’s Homeless Services Center has the overall tone of a drop-in center – a place where people can sit a while, and where they can also sign up for meals and case management. But it is small and already functioning over capacity. Daybreak Day Center and Step Up on Second’s Clubhouse are also already designed as combinations of access and drop-in centers – places where mentally ill homeless people (Daybreak is only for women) can spend time, get a meal, and link to additional services and housing options. OPCC’s Access Center opened up the parking lot adjacent to its building to provide an outdoor space with tables and chairs where people could sit and be out of the public eye, which also functioned as a type of drop-in center. It is expected that the new home of the Access Center, currently under construction, will improve on this design by putting the drop-in and service connection functions in the same place. It will also offer a location where some of the meal programs currently operating outdoors in the city’s open spaces will be able to come inside, to a location where service linkages will be possible.

Thus some drop-in capacity already exists in Santa Monica and some additional capacity is being developed. It is not an easy matter to determine whether Santa Monica needs more drop-in capacity on top of the access centers it already has. But the question needs to be raised because many of the homeless people we interviewed spoke of the difficulties they had encountered in trying to get help at existing programs, including their location (i.e., one of the access centers open to the general homeless population is not downtown). As with many findings of this evaluation, the issues of drop-in and access to services will need the careful consideration by community stakeholders that will only be possible as part of the larger planning process we propose at the end of this chapter.

Other Issues Related to Service Access – Should Brief Services Be Limited?

It is possible that most of the thousands of people who pass through the access centers every year use only the access centers, and have been doing so for years. This pattern might look as if the

access centers are enabling continued homelessness without being able to draw people into the services that will help them move back into housing. As demand for services at access centers is intense and not all can be served, it would be worth the attention of a committee of stakeholders to examine the option of using access to brief services as a carrot to induce further service involvement, and cutoff from brief services as a stick to discourage continued resistance to working on leaving homelessness. Access centers could decide to limit the number of times or number of months that people can use brief services such as mail, showers, meals, or messages before they are required to meet with a case manager. Instituting such a structure of required service linking might bring more people into case management services; it might also require more case management staff to handle the additional clients. The decision is complex enough to warrant careful consideration.

ISSUE: AGENCY MANAGEMENT

Many nonprofit agencies are “undermanaged,” in the sense of not having enough staff, and the right kinds of staff, to do the work that needs to be done efficiently and effectively. One reason for this is the reluctance of government and foundation funders to pay for the overhead costs of all the administrative functions without which an agency cannot be well run. Another reason is the propensity of the agencies themselves to put available money into services rather than administration. It is a common practice, for instance, for agencies to maintain “program budgets” that show only the funding and functions of a specific program, because that is what funders want to see. They cheat themselves when they do not add the expenses of the front office to their descriptions of what programs cost, as the programs will not run without a chief financial officer, someone to do the personnel/human resources work, someone to raise money every year through development, someone to train staff and maintain quality control, and someone to supervise program directors. A third reason may be agency growth beyond its capacity to cope. When new programs are added quickly, or several at once, there is likely to be a period of adjustment before things begin to function smoothly and the connections among the new and existing programs become standard operating procedure. Also contributing to strapped management structures is the tendency of funding sources to cut budgets or keep budgets at the same dollar level for year after year, not allowing cost of living increases in services, supplies and personnel costs that nevertheless continue to rise. The practical result is that funders expect

agencies to do the same or more work for less money. Another variation on this same theme is some funders' refusal to cover administrative expenses at all – they will cover the salary of a direct service worker such as a caseworker, for instance, but not the concomitant increases in personnel, supervisory, and other “front office” costs associated with increased staff size. If the city and other funders want agencies to manage activities well, monitor the performance of their programs, and improve that performance, it would do well to think about supporting increased management capacity.

Santa Monica's support for homeless assistance programs and agencies through its general fund provides a good example of this tendency of money to shrink while service demand grows. In FY 94-95, Santa Monica provided \$1.31 million in grants to homeless assistance agencies. By FY 05-06, the year we are examining in this evaluation, funding had grown to \$1.54 million. In the meantime, just keeping up with inflation between FY 94-95 and FY 05-06 would have put funding levels at \$1.76 million, a 34 percent increase. Regular cost-of-living increases would have kept grant levels even with inflation, but three years without cost-of-living increases, during one of which three agencies received small reductions to their grants, have kept the adjustment to only half of what would have been needed just to maintain the level of services the city was paying for in 1994 and 1995. Since 1994, the city has funded three new programs (one of which is discontinued), and redirected funds to existing agencies away from emergency services to services linked to case management. Programs and agencies that emerged since FY 94-95 have generally received lower levels of funding than those that began to receive city general fund support before that time.

We were asked as part of this evaluation to reflect on whether the city should reallocate any of its funding so as to get more for its money. We really do not think that is the answer, as all the programs we looked at in Santa Monica seem to be doing quite well against both their own goals and the few national averages that exist. Also, communities that are beginning to reallocate funding are generally trying to switch from an over-concentration on emergency shelter and basic services to programming such as permanent supportive housing that is likely to end long-term homelessness for someone with disabilities. That is not Santa Monica's situation – it has relatively little emergency shelter, and has already made and is continuing to make significant commitments to the types of programs that work with chronically homeless people.

ISSUE: WHAT DO SERVICE PROGRAMS ACCOMPLISH?: OUTCOMES FOR CLIENTS

The outcome of most importance for homeless assistance programs is whether people who use them achieve stable housing and leave homelessness. Other important outcomes include sobriety, mental health stability, family reunification, new life skills, and increased income from public benefits or employment, but these would be *in addition to* not *instead of* ending a person's homelessness. This is a very demanding standard for most emergency shelters to meet, but we expect better performance the more resources are committed to helping a person, and therefore expect enriched or transitional shelters to move some people into housing and expect transitional housing programs to move most of their clients into permanent housing. Another reasonable expectation is that homeless assistance programs help their clients get ready for jobs and ultimately obtain, and retain employment. Alternatively, if clients are disabled enough that they will be unable to support themselves through employment, helping clients obtain income and health care support through Supplemental Security Income, Medi-Cal, and other benefits programs. Using data from ClientTrack plus data supplied by some Santa Monica Continuum of Care agencies for programs that are not in ClientTrack, we can report some of the housing and employment accomplishments of Santa Monica programs. Reporting about benefits receipt is more complicated because the system does not record all of the information needed to determine clients' eligibility for receiving various benefits, making it impossible to calculate what proportion of *those eligible and in need* were helped to get benefits. We do provide some outcomes, however, for a pilot program sponsored by the Social Security Administration, and implemented as a partnership between OPCC, Venice Family Clinic, and the Los Angeles County Department of Mental Health that specifically targets individuals who are eligible for Supplement Security Income (SSI).

Program Outcomes

All outcomes reported below are for FY 05-06.

▪ **Emergency shelter**

- OPCC SAMOSHEL – 20 beds, stays of up to 14 days. ClientTrack counts 403 individuals as having received shelter at SAMOSHEL. Of these, 30 percent (121) moved on to emergency, transitional, or permanent housing. Any additional housing outcomes for these 20 beds are captured by agencies that refer their clients into SAMOSHEL, and are reported as outcomes of those agencies, not of SAMOSHEL.

These referring agencies do the case management, and include St. Joseph Center, CLARE, and Step Up on Second. A better system for sharing, and aggregating, housing placement outcomes between SAMOSHEL and the referring agencies should be developed.

▪ **Transitional Shelter**

- OPCC SAMOSHEL – 90 beds permitting stays of up to 6 months. 440 individuals were served, and 359 people exited the program. Of these leavers, 35 percent went to permanent housing, 25 percent went into a transitional housing program, and 31 percent entered other emergency housing or rehabilitation. 46 percent of permanent housing placements were to units outside of Santa Monica.
- CLARE – for homeless clients *not* in ClientTrack, 34 percent moved into permanent housing, many others moved into CLARE’s sober living programs (transitional housing).

▪ **Transitional housing programs**

- New Directions – 71 percent of the 202 clients who left went to permanent housing, and another 20 percent went to another transitional housing program.
- OPCC Daybreak Shelter, offering stays of up to six months with an enriched services model – of 54 women in case management, 90 percent were placed into housing, including 33 percent who moved to permanent housing and 57 percent who were placed in transitional housing.
- OPCC Turning Point – of the 96 people who left the program, 72 percent went to permanent housing, and another 18 percent went to another transitional housing program. Of those who left for permanent housing, 90 percent kept that housing for 12 months or more.
- Upward Bound – 90 percent of those who left program moved to permanent housing; of these, 98 percent kept that housing for 12 months or more.
- OPCC Safe Haven – This program opened in June 2004 with 10 beds that were set up nightly in Access Center space once the Center closed for the evening. Among the 33 served through outreach, 22 were able to stay in beds at the Safe Haven. Of these 22, 8 (36 percent) have already moved to permanent housing with support services. 90 percent of those who entered the Safe Haven have either remained in the program or moved to permanent housing. Both the retention levels and the success in moving people first into Safe Haven beds and then to permanent housing are excellent outcomes, considering that the clients of this program are long-term street people with serious mental illness. Safe Haven will move to OPCC’s new Cloverfield Boulevard facility, where 25 people at a time will be housed in their own rooms.

These housing results are quite good – especially the permanent housing placement and retention rates for Santa Monica’s transitional housing programs. These are accomplished even though

many people leaving these programs do not have a subsidy to help them afford the housing they move to, so they are trying to maintain that housing at a minimum wage salary.

Results for emergency and transitional shelters are within the general parameters of similar programs nationally. The problem is that all the shelter and housing programs in the Continuum of Care combined are able to serve only a relatively small percentage of all the people homeless in Santa Monica.

- **Permanent Supportive Housing**

- Several OPCC programs plus St. Joseph Center, Step Up on Second, and CLARE Foundation provide support services for people who have moved to permanent supportive housing, including the many units supported by Shelter Plus Care. The performance issue for permanent supportive housing is whether these supportive services are able to help people keep their housing. For vouchers allocated through the Santa Monica Housing Authority, the Authority maintains length-of-stay results. They average between 4.5 and 5 years, which is excellent compared to national averages of about 1 to 1.5 years. Available data do not support any analysis that could begin to sort out the contribution of simply having the housing subsidy, versus access to the supportive services that help people maintain housing in light of the challenges such as substance abuse or mental illness that characterize the people who receive these subsidies. Also, the available data do not include information on the few people who received these vouchers at one time but could not keep the housing.⁷

- **Housing Outcomes of Case Management Services**

- St. Joseph Center offers case management services to homeless people that help them move into shelter and housing, even though the agency itself only offers permanent supportive housing. In FY 05-06, out of 232 individuals enrolled in case management, St. Joseph Center placed 168 individuals in shelter (72 percent), 31 individuals in transitional housing (13 percent) and 45 individuals in permanent housing (19 percent).

- **Employment Outcomes**

- Chrysalis – A total of 677 homeless people went through Chrysalis' orientation, that agency's first programmatic step. Of these, 86 percent moved on to assessment, and 70 percent (473 clients) got jobs.

⁷ Any data system adopted in the future should be able to maintain these types of historical records.

- OPCC SAMOSHEL 6-month program: of 440 people served in FY 05-06, 35 percent got full-time employment and 32 percent got some type of employment placement, including full-time, part-time, temporary, and training.
 - CLARE 6-month program: of the almost 1,500 homeless people served in these programs who were *not* in ClientTrack, 11 percent got full-time employment. Some may already have been employed when they started at CLARE.
 - New Directions: of 202 people who left transitional housing, 59 percent became employed full-time and 67 percent received employment placements of some type.
 - OPCC Turning Point: of 96 people who left transitional housing, 31 percent became employed full-time; 34 percent received employment placements of some type.
 - Upward Bound House: 50 percent of those who left transitional housing became employed full time.
- **Substance abuse recovery outcomes**
- CLARE – of the homeless people who came to CLARE for any type of substance abuse treatment, 53 percent entered detoxification, 20 percent entered some type of post-detoxification treatment, and one-third of those graduated from that treatment – meaning they maintained sobriety through the treatment and were sober at exit. Of homeless people who had a serious mental illness when they came to CLARE, which CLARE limits to no more than 20 percent of its clients, 100 percent accepted case management related to mental illness and 87 percent stabilized on medications.
- **Receipt of Public Benefits**
- Many people homeless in Santa Monica have levels of disability severe enough to make them eligible for various types of public benefits, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI – if they have worked a sufficient number of quarters). Others are veterans who might be eligible for veteran disability benefits. Virtually all homeless people are eligible for food stamps on the basis of their extreme poverty, and food stamps could help them stretch the very small amount of resources they might otherwise have. Medical insurance (Medi-Cal) is another public benefit of extreme value to homeless people, as they have many health conditions that often go untreated. Receipt of these and other public benefits would help people afford housing, and therefore leave homelessness.
 - According to the data recorded in ClientTrack, of about 4,800 household heads served by these agencies in FY 05-06, only 82 obtained or increased their income from SSI, 365 obtained or increased the amount of food stamps, and 126 were able to enroll in Medi-Cal. It is impossible to tell how many of these individuals showed no change because they were *already* enrolled in all the benefits for which they are eligible, or because for one reason or another, they were not eligible.
 - These odds of obtaining SSI are particularly low in general. To improve those odds, the federal Social Security Administration, which runs the SSI program, mounted a demonstration program called Project HOPE. OPCC, in partnership with Venice

Family Clinic and the Los Angeles Department of Mental Health and with the cooperation of the local Social Security office, received one of these demonstration grants. OPCC caseworkers were able to improve the odds substantially. Results showed that 90 percent (47) of the 52 applications filed for SSI in 05-06 were ultimately approved. These results suggest that agencies could be taught to improve their performance considerably in the area of helping people get public benefits, assuming they had the cooperation of the public agencies that process applications.

▪ **Meeting goals of city grants**

- Agencies and programs receiving city funding agree with the city about the types of goals they will work to accomplish and the level of performance that is expected. Goals are usually phrased as a number of people served, and also as a proportion of those served who achieve the desired goal. A goal might read “40 percent will get a job” or “70 percent will move to permanent housing.”
- 17 homeless assistance programs had specified outcomes of this type for FY 05-06; the number of goals varied for each program, from 2 to 17. Using a standard of “within 10 percent of goal” as “met goal,” “more than 10 percent over goal” as “exceeded goal,” and “more than 10 percent under goal” as “goal not met,” most programs met or exceeded 80 percent of their goals.
 - 3 programs met or exceeded all of their goals
 - 2 programs met or exceeded 90 percent of their goals.
- Many programs exceeded the number of people they expected to serve by more than 10 percent, and did so for no additional city money.

Placement in Non-Santa Monica Programs by Santa Monica Agencies

Several thousand homeless people approach Santa Monica Continuum of Care agencies every year that the agencies do not have the capacity to serve. A little-known or appreciated aspect of their work is the frequency with which Santa Monica agencies are able to help these people get into services in other communities. The following statistics should help readers understand the scope of these activities.

- In FY 05-06, the CLARE Foundation’s Assessment and Referral Center placed slightly more than 1,000 homeless people into substance abuse treatment programs throughout Los Angeles County. None of these people had received services from any other Santa Monica Continuum of Care agency. Further, all had voluntarily sought treatment, indicating that many homeless people with a substance abuse problem know that they need to deal with their addiction as part of leaving homelessness, and are taking steps to do so.

- OPCC's Access Center made about 350 emergency shelter placements in FY 05-06; 65 percent went to programs outside of Santa Monica.
- Of women going into permanent supportive housing from OPCC's Daybreak Shelter, 88 percent went to housing outside of Santa Monica.

ISSUE: GAPS IN SERVICES IN THE SANTA MONICA CONTINUUM OF CARE

Emergency shelter capacity remains the single most glaring service gap. If this evaluation were being done anywhere but in Los Angeles County, an evaluator would probably not recommend investing in emergency shelter. Emergency shelter is what most communities developed in the 1980s, and in most it is still the most available type of programming. These communities are actually trying to reduce their emergency shelter capacity and switch to more permanent supportive housing. However, Los Angeles County has less emergency shelter capacity than most major and many minor U.S. cities, so making a recommendation about developing more is very tempting – specifically, of working intensively to site and open a year-round permanent emergency shelter for the Westside in some city other than Santa Monica. County funds have been available for such a shelter for several years, but no viable sites have been found.

The issue is what additional types of emergency shelter ought to be developed. Merely warehousing people for a few hours every night, as the cold/wet weather shelters now do, is not a good approach for starting people on the path out of homelessness. Some mechanisms for connecting people to needed services while they use shelter make for a far better model – for instance, at least one Los Angeles city shelter now has a small employment center attached, compliments of the Community Development Department, through which they can develop resumes and link into the One-Stop Career Center job listings. Also possible is the Safe Haven model, developed for people with serious mental illness, such as OPCC has been operating since 2004. Safe Havens combine a low demand approach at entry, which helps people decide to move in off the streets, with assistance to apply for benefits and to link to permanent supportive housing. Of the 22 people who have stayed at OPCC's Safe Haven in the past two years, 8 have moved into permanent housing despite the fact that the Safe Haven shared space with the Access Center and clients had to leave during the day (the Safe Haven will expand as it moves to a permanent home in the Cloverfield facility). San Diego uses its Safe Havens as the first stop off the streets once the police Homeless Outreach Team convinces a street person with mental illness to give it a try. The Community Roundtable should examine the varieties of emergency

shelter that exist and decide which offers the best possibility of rapid movement from the streets to housing.

Other suggestions to fill system gaps include:

- Add a dedicated housing placement specialist to the CHP/SIP team, since finding housing units and developing relationships with landlords is one of the biggest needs/barriers. Recruitment for this position is already underway.
- Consolidate and coordinate efforts to locate and develop affordable housing and permanent supportive housing across all providers whose clients need housing.
- To keep people in housing once they get it, and to smooth relationships with landlords to assure that units continue to be available, adequate levels of supportive services need to go along with housing. Such services can make the difference between success and failure, and reduce landlord and neighbor resistance to accepting formerly homeless people as tenants and neighbors.
- To alleviate some resistance by landlords to renting to formerly homeless people with disabilities, create a landlord indemnification fund that would be available to reimburse a landlord for damages done by homeless assistance program clients (Portland has such a fund and has found that it increases landlord willingness to rent to homeless individuals, but in fact has rarely been used.)
- Continue with CHP but add more funds for support services (if service providers are to do this with existing contracts then reduce their other commitments accordingly).
- Disseminate the results of studies showing that locating affordable housing in upscale neighborhoods does not depress property values.⁸

A psychiatric urgent care center to handle crises related to mental illness has been a vital need on the Westside for years, as emergency room capacity in nearby hospitals is beyond strained. An urgent care center, sometimes also called a 23-hour facility, does not provide hospital beds for

⁸ Arthur Andersen, LLP; Center for Mental Health Policy and Services Research, University of Pennsylvania; Kay E. Sherwood; and TWP Consulting. 2000. *Connecticut Supportive Housing Demonstration Program: Final Program Evaluation Report*, New Haven, CT: Corporation for Supportive Housing. Richard Green et al. 2002. *Low Income Housing Tax Credit Housing Developments and Property Values*, Madison, WI: The Center for Urban Land Economics Research, University of Wisconsin. Anna Maria Santiago, George C. Galster, G.C., and Peter Tatian. 2001. Assessing the Property Value Impacts of the Dispersed Housing Subsidy Program in Denver. *Journal of Policy Analysis and Management*, 20, 65-88.

overnight stays, but functions as an emergency room without the capacity to admit people to a hospital bed. When funding became available from DMH under the county's Mental Health Services Act service plan, Exodus Recovery applied and won the award to open an urgent care center based at Brotman Medical Center in Culver City. The center began receiving patients in late December 2006.

Another need mentioned by a number of provider agencies during interviews in May, June, and July 2006 was for additional medications-related capacity through a psychiatrist or psychiatric nurse-practitioner with prescription-writing authority, who would be available on site at programs to work with clients and go out with outreach teams to assess people on the streets. They noted that clients are able to receive services at Edelman Mental Health Center (located just outside Santa Monica in West Los Angeles) and Didi Hirsch Mental Health Center (a nonprofit provider in Culver City), but that many seriously mentally ill homeless people either will not go to these facilities, have trouble getting to them, or do not follow through on commitments. While considerable counseling help is available in local programs, the specific need is for more staff who can diagnose and prescribe, and then monitor and adjust psychotropic medications, and who is able to work well with homeless and formerly homeless people. Once stabilized and able to keep schedules and appointments, clients could switch to Edelman or Didi Hirsch Mental Health Centers. But getting clients started with psychiatric care can sometimes take a while.

Some new resources described briefly earlier and in more detail toward the end of this chapter may help to address these needs. On-site psychiatric care is part of the new Homeless Community Court. In addition, a federal grant from the Substance Abuse and Mental Health Services Administration will be covering local psychiatric time as part of the new CLARE-OPCC Community Bridges grant, slated to serve 100 people annually. Finally, the full service partnership grants to Step Up on Second and Edelman Mental Health Center, funded under MHSA, will be offering psychiatric care for 10 hours a week, on site at several Santa Monica Continuum of Care agencies. After some time to see whether these new psychiatric resources are enough to meet the need, it might still be necessary for a Santa Monica Continuum of Care agency to apply to DMH to increase capacity.

PART 2: ROLES AND RESPONSIBILITIES OF SANTA MONICA CITY AGENCIES INVOLVED WITH HOMELESSNESS

In addition to Santa Monica Continuum of Care agencies and the many resources they tap into within and beyond Santa Monica, figure 3.1 also depicted those Santa Monica city agencies that are most involved with homelessness as funders, service providers, or public safety first-responders. Here we describe their roles and responsibilities in some detail. Figure 3.2 shows a partial organizational chart of the Santa Monica city agencies with the most intense involvement with homelessness, including the specific programs or components they offer. These fall within five departments under the aegis of the city manager, and also involve one special contract.

HUMAN SERVICES DIVISION

The most visible part of city government involved with homelessness is the Homeless Unit that is part of the Human Services Division (HSD) of the city's Community and Cultural Services Department. HSD staff are responsible for managing the city's social service grant portfolio. To fulfill this responsibility, staff assess community needs and priorities and conduct ongoing program monitoring and planning activities. Staff work closely with Continuum of Care agencies to promote effective program delivery and service coordination, distribute grant funds, and provide technical assistance regarding program, administrative and fiscal matters. The Homeless Unit was the primary grantwriter for the proposals that obtained federal funding for SIP and another HUD grant that supports case management services delivered by several Continuum of Care agencies. HSD staff convene the CHP/SIP monthly meetings, oversee ClientTrack, facilitate interagency coordination, and oversee this evaluation. Staff also respond to community complaints and questions about homelessness and coordinate their activities closely with the Police Department, especially the HLP team. HSD staff are also responsible for coordinating other city inter-departmental efforts related to homelessness and serve as the liaisons to various city commissions, the Westside COG, LAHSA, HUD, and various Los Angeles County departments. Because HSD administers much of the federal funding that comes to Santa Monica through the Community Development Block Grant, its staff also assist with some facility development paid for with block grant resources, including the recent rehabilitation of SAMOSHEL and the new construction of the combined OPCC Access Center and SHWASHLOCK that is currently underway.

At HSD's request, the City Council recently approved funding for an expansion assertive case management team to support CHP/SIP, based on its success at moving the most difficult of Santa Monica's street homeless people into housing. This team will add to existing outreach and case management resources currently being used for CHP/SIP, which are currently being provided by cooperating Continuum of Care agencies with no additional funding from the city. It will work with the HLP team, other agencies, and the homeless people involved with the Homeless Community Court, engaging them as case managers to help them get into services (especially substance abuse and mental health services) and eventually get and keep permanent housing. The Expansion Team will be funded through Community Partners for the initial, pilot year. If its approach proves successful, the city hopes to transfer it to one of the agencies currently participating in CHP/SIP.

If success in moving chronic street people into housing continues as expected, the city will have to consider seriously compensating the Continuum of Care agencies for continuing commitment of case management resources. The people being targeted by CHP/SIP are very difficult to engage, and require intensive services even after they have been placed in housing. Case managers working with CHP/SIP clients at the different Continuum of Care agencies told of spending half of every day with one client for a period of two weeks, before and after the client moved into housing. That is time well spent because it ultimately reduces street homelessness, but it also means that many other "regular" clients are not receiving case management services. Program success rates with these other clients, presented below, are high enough to warrant continued support. Without this support, these "regular" clients may become next year's long-term street people. The additional resources might take the form of funding additional teams modeled on the experiences of the CHP Expansion Team and placing them at the agencies most intensely involved with CHP/SIP clients.

HOUSING DIVISION

None of the recent emphasis on addressing chronic homelessness through permanent supportive housing could function in Santa Monica without the second city agency involved with homelessness – the City's Housing Division of the Resource Management Department, and its component part, the Santa Monica Housing Authority. The Housing Division has provided capital resources for several homeless projects, including Step Up on Second's new permanent

supportive housing project (Step Up on Fifth, still in development) and OPCC's new building on Cloverfield that by January 2007 will house the Safe Haven, Daybreak (Shelter and WIND), and program space and offices for 24 hour programming and administration of these two projects.

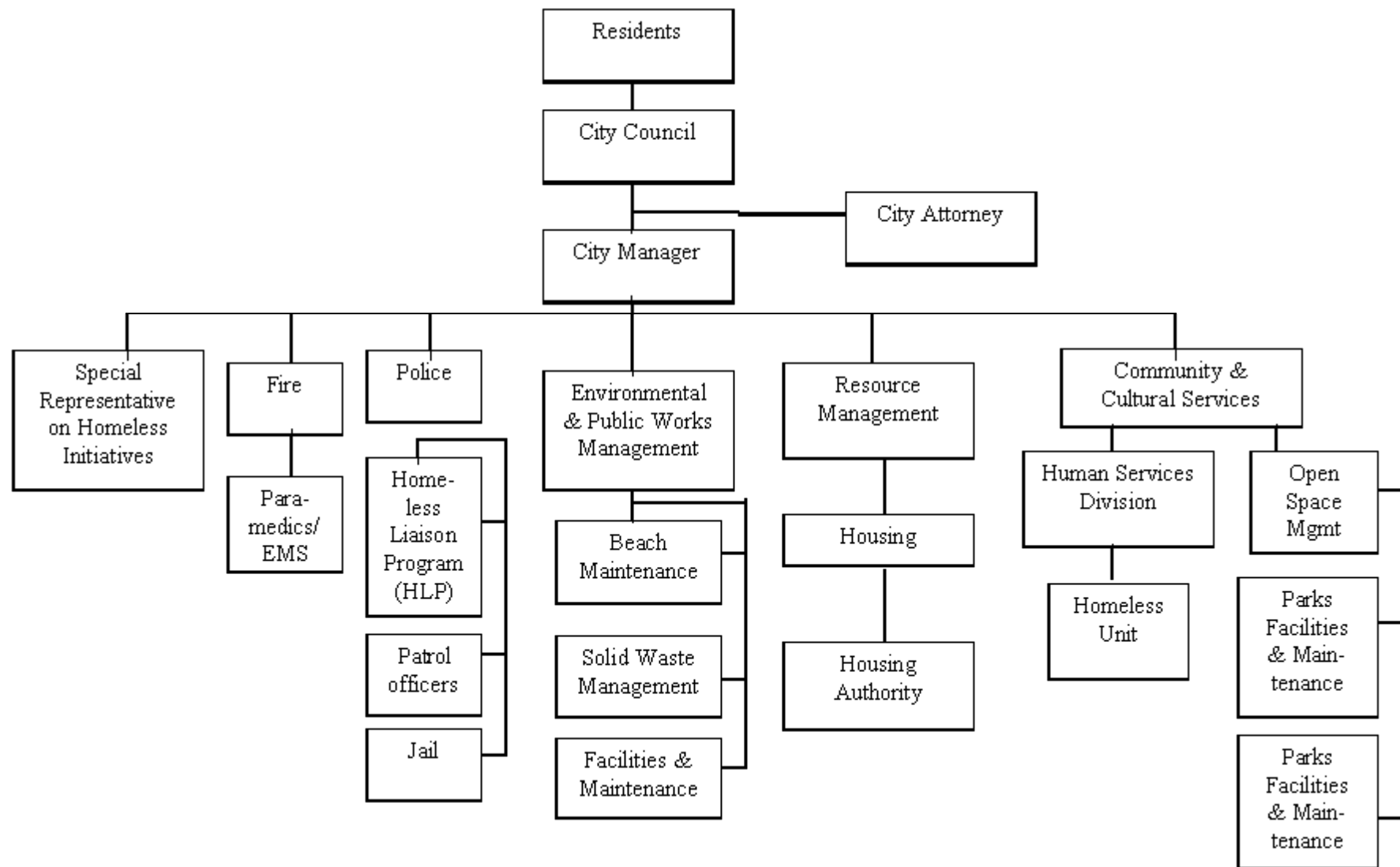


Figure 3.2
Partial Organization Chart
City Agencies and Programs Most Involved with Homelessness

The Housing Division has also recently committed redevelopment money to rental assistance for the first time (this source is usually used to provide capital funding). The new RDA vouchers will be managed by the Santa Monica Housing Authority and used to prevent homelessness among seniors who reside in Santa Monica (80 one-time vouchers eligible for extension if funds are available) and assist homeless seniors to get back into housing (65 one-year vouchers). The Santa Monica Housing Authority manages 287 other homeless-related rental assistance vouchers that, along with supportive services offered by Continuum of Care agencies, allow homeless people in Santa Monica to obtain and retain housing.

SPECIAL REPRESENTATIVE FOR HOMELESSNESS INITIATIVES

The city manager oversees one special contract related to homelessness – the Special Representative for Homeless Initiatives. Initiated in 2005, this contract engages former Los Angeles County Supervisor Ed Edelman in promoting commitments from Santa Monica’s neighboring cities, and the county as a whole, to work towards regional approaches to homelessness. He was expected to advocate for a problem-solving court to address homeless issues, and to promote effective regional governance and high-level leadership on the homeless issue.

Mr. Edelman’s first success has been getting a county commitment for a Homeless Community Court and getting it sited in Santa Monica. The court is being funded out of new monies that Los Angeles County, for the first time, is devoting to homeless issues. Later in this chapter we describe the new court and what is expected to do. For Santa Monica, there are two advantages of having the court sited locally. First, its sole focus is on misdemeanors related to homelessness, which removes these offenses from general criminal court proceedings. Second, people no longer have to travel to the LA Superior Court West District Airport Courthouse, which is near Los Angeles International Airport (LAX) and is difficult for homeless people to get to even if they are motivated to appear in court.

Mr. Edelman has also worked with the Los Angeles Homeless Services Authority (LAHSA) in efforts to make it into a more effective body that will be able to take on a greater leadership role in fashioning solutions to homelessness throughout Los Angeles County. LAHSA was created in 1993 under a joint-powers agreement between the City and County of Los Angeles, basically to stop a lawsuit between the city and county over the responsibility for addressing homelessness.

It has functioned as the agency that organizes and submits a Continuum of Care application to HUD that covers all of the communities in Los Angeles County, including Santa Monica, except Long Beach, Pasadena, and Glendale. It then serves as the fiscal pass-through agency for funding received from HUD, funneling it out in grants to the programs and agencies throughout the county that were part of the application to HUD. It has never had enough administrative funding to do extensive, long-term regional planning. Though far from simple, the administrative tasks LAHSA does perform are not enough to move the county toward solutions to homelessness. LAHSA has recently chosen a new director, but its future direction, resources, powers, and goals are still unclear. There is much more to do to make LAHSA an effective community leader. Further, if LAHSA is destined not to become that leader for reasons having to do with the original joint-powers agreement under which it operates or competing interests among the stakeholders that LAHSA represents, some alternative is certainly needed or the same fractured local interests that now stymie all efforts at regional change will continue to do so.

Mr. Edelman has also worked with others to bring representatives of Westside cities together to formalize the relationship of an existing group of city representatives into an official Westside Council of Governments (COG). The Westside COG was formally constituted this year, and now has a paid staff person. It has two major items on its agenda – transportation and homelessness on the Westside. The COG is a potentially very important organization to help promote more shared responsibility for addressing homelessness among Westside communities, but so far the feeling among those interviewed for this evaluation is that its potential has yet to be fulfilled.

A key challenge to “regional solutions” and “fair share” approaches to tackling homelessness has to do with siting homeless assistance and permanent supportive housing programs throughout the county and countering strong NIMBY-ism. The Los Angeles region needs to commit to convening an entity (LAHSA or some other body) that would develop a homeless assistance plan to site programs fairly around the county and that has the authority to make local communities accept the portion allocated to them, with accompanying funding to make the plans reality. Santa Monica’s Special Representative for Homeless Initiatives and other regional leaders can look at other regional planning processes, including the regional Metropolitan Transportation Authority, for models. Perhaps even the federal government’s “base closing” approach, where officials develop what they believe to be a “fair share” distribution of facility closings after

which the entire plan is voted up or down, can provide an instructive example. Santa Monica's Special Representative on Homeless Initiatives (along with others, such as City Council members) could apply the same strategy to affordable housing location and development, which in the long run would make some of the homeless-specific programming unnecessary. We discuss these options further in chapter 4.

THE FIRE DEPARTMENT'S EMERGENCY MEDICAL SERVICES

Figure 3.2 also shows the involvement of the police and fire departments. In 1974, the Fire Department began providing Emergency Medical Services (also referred to as EMS or paramedics) with four persons responding on fire engines. In 1981, in addition to four paramedic fire engines, the Fire Department added two rescue ambulances with two person EMS teams to reduce the number of fire engine emergency responses. Santa Monica is divided into five emergency response run districts, two along the beach and three further inland, with the first two experiencing the highest volume of calls involving homeless people.

Paramedics responded to almost 9,000 calls in the last year, including about 1,500 in which the person needing attention was clearly homeless. An unknown additional number of calls may have involved homeless people but the record does not explicitly indicate that this is the case. Most of these incidents were related to public inebriation. The approximately 1,250 "homeless" calls (of the 1,500) in which the paramedics were able to write down a name involved about 780 different individuals, of whom about 590 (76 percent) were involved in only one incident and another 90 (12 percent) were involved in only two incidents. The final 100 individuals (13 percent) accounted for the remaining 470 calls (37 percent of all calls). Eight people were involved in 10 or more calls; 2 were involved in more than 20 calls each.

EMS teams include either two or four people. A single homeless-related call may last only five minutes, but an unfortunately large number can involve the team for up to an hour if the person must be transported to a hospital. All of this paramedic time is expensive: an average paramedic call costs about \$315 and city officials put the cost of all paramedic responses involving homeless people at \$472,000 in the fiscal year just ending. Police may also be involved in these calls, as a patrol officer may have been the person calling the incident in to the paramedics. The reporting police officer cannot leave the scene until the paramedics arrive, adding more expense

to the incident. If the call involves an emergency room visit or a hospital stay, more public expenditure is added, although not necessarily to outlays of the City of Santa Monica.

Fire Department staff members are also involved in CHP/SIP. From paramedic records the department identified a number of the individuals with whom it had frequent involvement and placed them on the list for CHP/SIP to try to move them off the streets. Department administrative staff attend CHP/SIP Executive meetings monthly, and are involved in CHP/SIP efforts to move specific people into housing.

POLICE DEPARTMENT AND JAIL

The Santa Monica Police Department has had a specialized police unit devoted to working in the community on homeless-related issues since 1991. Known as the Homeless Liaison Program or HLP team, the six officers respond to homeless people, and to community members needing help with homeless people, by combining their traditional law enforcement duties with more social service oriented work. The HLP team identifies people for the city's CHP/SIP list, and Police Department staff members participate in the monthly CHP/SIP meetings and help move people off the streets when they can. The department also has 20 Park Rangers assigned to the city's parks, beaches, and open spaces. The primary focus of their work is homeless-related. The homeless-specific expenses the Police Department incurs annually total about \$2 million, which pays for the HLP team, regular beat officers responding to incidents involving homeless people, and jail costs related to arrests of homeless people.

- In FY 05-06, police made 1,796 arrests of individuals who listed their residence as transient, homeless, none, or provided an address of a known homeless shelter. This figure does not include citations (tickets) that were issued to homeless persons.
- In FY 05-06, the City Attorney's Office filed 2,249 cases involving arrests and citations in which the subjects involved are usually homeless persons, these include violations of ordinances relating to: camping; park closure, abusive solicitation (panhandling), and shopping cart possession.
- In CY 2005, the HLP team responded to approximately 2,400 incidents involving transients and made about 2,900 periodic checks on property and open space. These responses were in addition to the arrests reported above.

Enforcing the Law

A police encounter with a homeless person may end in a number of ways, including issuing a citation (the police officer gives the homeless person a ticket), arresting the homeless person and

taking him or her to jail, or calling the paramedics because the homeless person needs medical attention. Each of these outcomes of an encounter has its positive and its negative aspects. The biggest positive aspect is that the police have “enforced the law” – something that every politician and every report addressing street homelessness promises to do, and most concerned residents applaud.

Note that our focus here is on “quality of life” offenses, not serious criminal offenses, which should clearly be pursued to the full extent of the law. Indeed, homeless people themselves noted in our focus group discussions that they also need police protection from other (homeless) people preying on them, referring especially to the high levels of violence against homeless women. Some added that they perceive an *increase* in criminal activity by people homeless in Santa Monica. Some thought that the police are not interested in protecting them because they are homeless, while others noted that when they are arrested, their belongings are taken and then “lost” to the system (they must then do without their few belongings, including their identification cards, which severely limits their ability to function in the world).

But what are the consequences of “enforcing the law” in these ways? It is important for residents and decision makers to understand the larger national experience, which is that criminalizing homelessness, by itself, “doesn’t work” to resolve homelessness, or even, usually, to clear the streets:

- **Issue a citation** – Police in Santa Monica give out lots of tickets (citations) to homeless people for doing things like illegal camping, public inebriation, and other activities that are against Santa Monica ordinances or other laws. Some of these offenses carry big fines – \$3,000 for one incident of being drunk in public, for instance. Of course the homeless person has no way to pay the fine and does not go to the hearing, where it might be dismissed, so he or she ends up with an outstanding warrant for failure to appear. Some homeless people have outstanding warrants for amounts as high as \$50,000. The police do not try to enforce these warrants, in the sense of trying to extract payment, because that will obviously end in failure. Nor is it practical to find and arrest the person, for several reasons pertaining to the jail that we discuss below. Instead, the homeless person is now in police computers as having outstanding warrants, and that bars the person from many things. Most landlords will not rent to someone with an outstanding warrant, and its existence is a matter of public record a landlord can check. The homeless person cannot turn to police anywhere for help, because an arrest might follow – all police departments can and do check for outstanding warrants. The Police Department looks inefficient because it has a lot of outstanding warrants it cannot clear. Nor can the homeless person even take advantage of the city’s new program, called Project Homecoming (in which homeless people wanting to reunite with their families or

return to their home community receive bus tickets home) since outstanding citations and warrants must be resolved before they can go. So this approach to enforcing the law does not succeed in stopping the homeless person from activities that are illegal largely because of the person's homelessness, nor does it get the person off the streets. In fact, in and of itself, it could make it harder to get the person off the streets.

- **Arrest and jail** – Putting someone in jail is the general public's usual idea of what it means to enforce the law. But it is expensive to jail someone and, in Santa Monica, it is also an extremely short-term solution. The Santa Monica jail does not, and cannot, hold people for more than 48 hours, and most people brought in for public drunkenness are held only 6 hours and released without charge. Nor can the jail accept people who are not able to stand up on their own, or who have serious medical conditions, due to the type of jail it is and the fact that no medical staff are on site. When the Santa Monica jail has people who need longer incarceration, it sends them to the Los Angeles County jail, which holds them (if their offenses are the simple ones in which most homeless people are involved) for about three days despite the imposition of longer sentences, due to county early release policies. Then they're back on the streets. The Santa Monica jail is also quite empty – it can hold 112 individuals and has an average occupancy of about 12 people. Santa Monica could decide to change the nature of its jail, investing in more and different types of staff and security to bring the jail up to the level where it could hold people longer. This is an expensive endeavor, and runs the risk of making the Santa Monica jail into a de facto emergency homeless shelter. This is not a good solution, because, among other things, it is a very expensive and roundabout way to provide emergency shelter.
- **Call the paramedics** – If the homeless person appears seriously ill, or cannot stand up, the police must call the paramedics, and wait for them to arrive. We have already described what happens when the paramedics are called, except for what happens at the hospital. At the two hospitals where Santa Monica paramedics usually take people, paramedics report that hospital staff are sometimes annoyed by their arrival and often leave inebriates on gurneys in the halls until they sober up, as a less expensive alternative to admitting them to the hospital. And when they are released, they are right back on the streets.

Most cities that have tried strict ordinances, citations, and arrests have recognized that by themselves they do little to reduce or end homelessness. Successful approaches to reducing chronic street homeless populations (e.g., San Francisco, Philadelphia) have combined police presence and local ordinances with significantly enhanced access to services *plus housing*. About a year ago, Santa Monica began an interesting approach – the Serial Inebriate Outreach Program – involving the jail and the CLARE Foundation, which has decades of experience treating addictions and addicts. SIOP's technique of approaching drunks while they are in jail is one way to offer people a way out of jail that leads to potential sobriety rather than back to the streets. It misses all of the desperately inebriated people who are taken to hospitals because they

cannot stand up, but it always has the opportunity to reach them during the inevitable “next time.” Also, people who refuse SIOP’s offer while in jail sometimes come to CLARE several days or several weeks later and ask for help. Jail personnel give a SIOP contact card to all homeless people being jailed on charges related to inebriation, and cards are also available through patrol officers and paramedics.

As noted earlier, SIOP has succeeded in getting about 1 in 4 of the people approached to take the first step toward sobriety, which is considerably better than the 1 in 20 that CLARE’s program staff thought would be the likely rate of accepting SIOP’s offer. One of the reasons SIOP works is that CLARE outreach workers have “been there” – they were street people and are recovering substance abusers, and have a very “soft sell” approach that gets through to many people.

SIOP is limited in a number of ways. First, it has only the one outreach worker, who cannot always be at the jail when a person who would be appropriate for the program is being released. Second, SIOP is seeking to connect with “the worst” street drunks, and often they are too belligerent or unwilling to accept SIOP services, or they are scheduled for transport to the Los Angeles County jail for other outstanding offenses. During SIOP’s first few months, it did not always seem as if the referrals included “the worst.” This situation has changed as the program has continued and it has become clear that SIOP is able to reach some of “the worst.”

The Option of “Treatment or Jail”

Some people in Santa Monica are aware of a San Diego police and court program (also known as SIP, the Serial Inebriate Program) that offers homeless public inebriates a choice of treatment or serving real jail time – six months, not six hours. It is modeled on Drug Courts, which have been very successful in helping substance abusers with felony convictions to recover from their addictions, but is specifically for alcoholics. The San Diego program has had considerable success in reducing homelessness among chronic alcoholics (Burt et al. 2004), and has received national recognition as a law enforcement innovation.⁹ Santa Monica might consider adapting

⁹ “Since its inception, SIP has secured tangible results that have improved the lives of program participants while reducing the burden taxpayers incur through police, hospital and emergency costs. 32 percent of clients entering the Serial Inebriate Program complete the program. Moreover, a study by the San Diego Police Department’s Western Division showed that individual arrests were down 12 percent, total arrests were down 33 percent, and arrests per person were down 25 percent for Serial Inebriate Program clients. A sample study on the impact the Serial Inebriate

this program, as it will soon have a court structure that can accommodate it. But it would need to be willing to do two things – work with the court to identify additional resources for substance abuse treatment for all the people who qualify, and find a way to ensure that people who are found guilty of an offense serve their full sentence. This might mean bringing the Santa Monica jail into compliance with the standard that would allow people to be held for six months, although this would require considerable additional investment to meet a different jail standard. Another option is to investigate paying Los Angeles County to keep offenders from Santa Monica for their full sentence, again, an expensive proposition. A third option is to work out a “trade” with the Los Angeles County Sheriff’s department, whereby it is able to use some Santa Monica jail cells in exchange for keeping people convicted in Santa Monica for longer periods. In addition to providing the circumstances under which Santa Monica could adapt a San Diego-type program for street alcoholics, the transformation of the jail or on-going incarceration in the County jail would put some real teeth into the options available for the new Homeless Community Court that will soon be launched in Santa Monica.

The Homeless Community Court

As part of new Los Angeles County funding for addressing homelessness throughout the county, Santa Monica will soon be host to a Homeless Community Court. The court will serve approximately 200 people in its first year, focusing on the third of the city’s homeless population who are chronically homeless, many of whom have repeated interactions with the police and the jail. The considerable funding for services that comes with the court will let the judge pursue a therapeutic justice model with a strong link to services and housing. The court will be able to offer defendants a carrot if they cooperate – “accept services and work to leave homelessness, and your outstanding warrants will be dismissed.” But the court will not have very much of a stick to balance against this carrot. As things stand now, the only “or else” that the court will have, as it urges homeless people to “cooperate, or else,” is a relatively short stay in jail. We believe it will need a stronger “or else” to make a real dent; changing the jail could supply that strength. Then the court would be an excellent venue from which to launch the type of program

Program had on hospital emergency departments and Emergency Medical Services showed that hospital and EMS contacts were reduced 80 percent to 90 percent, while hospital costs were reduced 80 percent. See <http://www.sandiego.gov/cpci/press/040914.shtml>

for serial inebriates that San Diego has pioneered, as well as offering the carrot of dismissed warrants in exchange for working to leave homelessness.

PART 3: WHAT “THE SYSTEM” COSTS AND WHO PAYS FOR IT

Agencies in Santa Monica’s homeless assistance network have been very assertive in their efforts to find the resources to pay for the supports and services their homeless clients need. The network itself extends well beyond Santa Monica, as we saw in figure 3.1, so it should come as no surprise that funding sources also reflect regional commitments as well as those from California state and federal agencies. We approach the issue of resources related to homelessness from two perspectives—(1) the monies raised by the nonprofit agencies in the Santa Monica homeless assistance network, and (2) financial and personnel outlays of Santa Monica city agencies.

CORE AGENCY FUNDING

Table 3.4 shows local, state, federal, and private contributions to the budgets of Santa Monica’s core homeless assistance agencies¹⁰ for their most recently completed fiscal year (July 1, 2005 through June 30, 2006). Direct funding

from City of Santa Monica general funds totals slightly over \$1.5 million. About another \$600,000 in county and federal funds flow through city agencies to homeless assistance agencies, but we have included those funds in the categories of county and federal resources. To meet the needs they perceive among homeless people in Santa Monica, the city’s homeless assistance agencies raised more than 13 times that much from other sources (about \$20.5 million), for a total of about \$21 million. Private sources contributed the most – at \$6.7 million, more than four times the amount coming from Santa Monica city agencies. Federal and Los Angeles city and county sources were next, at \$6.1 and \$5.4 million, respectively. California

| Table 3.4 Funding Sources for Core Agencies in Santa Monica’s Homeless Assistance Network (July 1, 2005-June 30, 2006) | |
|--|--------------------------------------|
| Source | Amount (in millions of \$) |
| City of Santa Monica general fund | \$ 1.541 |
| Los Angeles city and county | \$ 5.371 |
| California (state funds) | \$ 1.241 |
| Federal | \$ 6.121 |
| Private | \$ 6.730 |
| TOTAL | \$ 21.004 |

¹⁰ Agencies contributing to this analysis include OPCC, St. Joseph’s Center (HSC and Affordable Housing programs only), New Directions, Step Up On Second, CLARE Foundation, Upward Bound, and Chrysalis (funding reported for Chrysalis is only for its Santa Monica program).

state agencies contributed the least, at \$1.2 million, but almost as much as came from Santa Monica general funds.

| Table 3.5 Santa Monica, Los Angeles County, and California Funding For Core Agencies in Santa Monica's Homeless Assistance Network | | |
|---|---|--------------------------------------|
| Source | Amount | Number of Agencies (of 7) |
| Santa Monica Agencies General Fund, allocated by Santa Monica City agencies | \$ 1,541,000 | 6 |
| Los Angeles City or County Agencies Department of Mental Health (DMH) Community & Senior Services-Presley funds Community & Senior Services—CalWORKS CalWORKs, through LAHSA Community Development Department Alcohol and Drug Programs Administration Proposition A funds Other Los Angeles city or county agencies | \$ 3,476,000 \$ 65,000 \$ 126,000 \$ 136,000 \$ 25,000 \$ 1,140,000 \$ 48,000 \$ 355,000 | 4 1 2 1 1 1 5 2 |
| California State Agencies Emergency Housing and Assistance Program Employment Development Department Office of Emergency Services Maternal and Child Health Other state agencies | \$ 10,000 \$ 499,000 \$ 204,000 \$ 221,000 \$ 307,000 | 1 1 1 1 2 |
| TOTAL STATE AND LOCAL FUNDING | \$ 8,153,000 | 7 |

Tables 3.5, 3.6, and 3.7 show, respectively, which local and state, federal, and private sources provided the funding. Table 3.5 gives the details of city, county, and state funding sources for homeless assistance programs in the Santa Monica network. City of Santa Monica general fund allocations amounted to \$1,541,000, all of which was awarded to six of the seven core agencies through the Human Services Division (HSD). The Los Angeles County Department of Mental Health contributed the lion's share of the funding from Los Angeles city and county agencies, at

about \$3.5 million received by four core agencies. Another \$1.1 million came from Los Angeles city and county substance abuse agencies and went to CLARE Foundation, while several additional agencies contributed small amounts. Finally, several California state agencies contributed amounts ranging from \$10,000 to \$499,000, most of which went to a single agency among the core group. All seven of the core homeless assistance agencies received some funding from one or more of these city, county, and state sources.

Table 3.6
Federal Funding for Core Agencies in
Santa Monica's Homeless Assistance Network

| Source | Amount | Number of Agencies (of 7) |
|--|---------------------|---------------------------|
| U. S. Department of Housing and Urban Development (HUD) | | |
| HUD SHP directly to agencies | \$ 1,607,000 | 5 |
| HUD SHP via subcontract | \$ 58,000 | 1 |
| HUD SHP via LAHSA | \$ 344,000 | 2 |
| HUD SHP (allocated by HSD) | \$ 296,000 | 5 |
| CDBG (allocated by HSD) | \$ 269,000 | 3 |
| Emergency Shelter Grant – through LAHSA and state agency | \$ 296,000 | 1 |
| HOPWA | \$ 36,000 | 1 |
| Other HUD | \$ 61,000 | 1 |
| U.S. Department of Health & Human Services | | |
| Administration for Children and Families | \$ 91,000 | 2 |
| Social Security Administration | \$ 88,000 | 1 |
| Other HHS (SAMSHA, HRSA, etc.) | \$ 533,000 | 1 |
| Other Federal | | |
| Emergency Food and Shelter Program | \$ 190,000 | 1 |
| Veterans Administration | \$ 2,054,000 | 1 |
| Other federal (not specified) | \$ 198,000 | 3 |
| TOTAL FEDERAL FUNDING | \$ 6,121,000 | 7 |

Table 3.6 shows the sources of federal funding for core Santa Monica homeless assistance agencies. Not surprisingly, HUD supplies almost half of these funds (\$3.0 million of the \$6.1 million), which five of the seven core agencies receive, although it does so through a variety of funding mechanisms including direct grants to agencies, subgrants, and allocations from

centralized sources such as LAHSA and HSD. The Veterans Administration contributes almost as much (\$2.1 million). Other federal programs comprise the remaining 17 percent. Once beyond the HUD funding, resources seem to be targeted toward one specific agency or another – for example, Veterans Administration funding goes to support New Directions, as its population focus is veterans.

Readers of this report may be surprised to learn how much Santa Monica’s core homeless assistance agencies raise from private sources, and that the largest component of this private fundraising is done through the laborious process of telethons, special events, gala dinners, annual campaigns, and similar approaches to eliciting private donations (\$2.6 million – 39 percent – of \$6.7 million). All but one of the seven core agencies pursues these sources for financing their services – which are all the more precious for allowing flexibility in their use as well as being labor-intensive in their acquisition (see table 3.7).

| Table 3.7 Private Funding for Core Agencies in Santa Monica’s Homeless Assistance Network | | |
|--|---------------------|----------------------------------|
| Source | Amount | Number of Agencies (of 7) |
| Tenant rent contributions | \$ 366,000 | 2 |
| Foundations | \$ 1,560,000 | 7 |
| United Way | \$ 34,000 | 3 |
| Agency fundraising (annual appeal, annual dinner, telethons, etc.) | \$ 2,633,000 | 7 |
| Congregations | \$ 54,000 | 2 |
| Commercial rents, business income, etc. that agency generates from its own properties or activities | \$ 1,403,000 | 3 |
| Business and business association contributions, Chamber of Commerce, etc. | \$ 255,000 | 1 |
| Other, not classifiable in preceding categories | \$ 425,000 | 5 |
| TOTAL PRIVATE FUNDING | \$ 6,730,000 | 7 |

Foundations are the second largest source of private funding (\$1.6 million, or 24 percent of the \$6.7 million in private resources). Tenant rent contributions and commercial rents and business income generated by the core agencies account for another 26 percent of private sources. Interestingly, only one of the core agencies reported any funding from local businesses or

business associations. United Way contributes only a very small amount (\$34,000) among all seven agencies. Contributions from local businesses and corporations are included in the general category of “agency fundraising” that all agencies report, as is clear from perusing core agency annual reports, but we cannot break it out for this report. In chapter 4 we discuss ways that the business community could work with Santa Monica Continuum of Care agencies so as to directly forward its own agenda with regard to homelessness.

RENT SUBSIDIES ADD TO THE RESOURCE POOL

In addition to the dollars represented in core agency budgets, rent subsidies from Santa Monica and Los Angeles City and County housing authorities make a huge difference to the ability of Santa Monica’s homeless assistance agencies to help homeless people move into permanent housing and leave homelessness for good. Table 3.8 shows the array of rent subsidies in use during the period we are examining (July 1, 2005 through June 30, 2006), as well as some of the subsidies that are committed but for the future but that no tenant has yet claimed. The Santa Monica Housing Authority contributes 58 percent of the housing vouchers currently in use, or enough to house 247 individuals and families. This is a great deal, but the contributions of Los Angeles city and county housing authorities (HACLA and HACoLA) are not trivial either. They contribute 41 percent of the vouchers, representing housing for 179 individuals and families.

The proportional contributions will shift in 2007, as the Santa Monica Housing Authority adds 185 vouchers to the mix. This includes 65 new short-term (one-year - eligible for extension pending the availability of funds) vouchers for seniors who are already homeless (valued at a year of subsidy, or about \$12,000), and 80 one-time payments for seniors to prevent homelessness (valued at \$2,000 each). But HACLA is also adding 40 vouchers that will be available to OPCC for use to house people beyond the boundaries of Santa Monica, to bring its total voucher contribution up to a value of about \$2.5 million. The resulting balance will be 66 percent Santa Monica Housing Authority and 34 percent Los Angeles city and county housing authorities.

Table 3.8
Housing Subsidies Being Used by Formerly Homeless People
Served by Santa Monica Homeless Assistance Providers

| Source | Number of Vouchers | |
|---|--------------------|----------|
| | In Use | Pending* |
| Santa Monica Housing Department/Santa Monica Housing Authority | | |
| Section 8, homeless at receipt of voucher | 46 | |
| Section 8, set aside for people leaving transitional housing | 22 | |
| HOME tenant-based, set aside for people leaving transitional housing | 27 | |
| Shelter Plus Care tenant-based and project-based (OPCC-73, St. Joseph Center-35, Step Up on Second-32) | 140 | |
| HOME – Chronic Homeless Project | 6 | 16 |
| HUD Supportive Housing Program – Serial Inebriate Program | 6 | 24 |
| RDA Senior Homeless Vouchers | | 65 |
| RDA Senior Homelessness Prevention Program | | 80 |
| Housing Authority of the City (HACLA) or County (HACoLA) of LA | | |
| Through OPCC – Section 8, project-based for Maryland Apartments and other projects operated by A Community of Friends /ACOF, DMH Shelter Plus Care | 84 | 40 |
| Through St. Joseph Center – | | |
| Section 8, homeless, tenant-based | 43 | |
| Shelter Plus Care | 52 | |
| Subtotals | 426 | 225 |
| TOTAL NUMBER OF VOUCHERS | 651 | |
| ESTIMATED ANNUAL VALUE (based on \$12,000 average/year except for the 80 one-time RDA senior prevention vouchers, valued at \$2,000 each) | \$7.0 million | |
| * Vouchers shown as “pending” have either just been approved (the RDA vouchers) or were awarded recently so agencies have not yet matched clients with these subsidies. | | |

WHAT’S ON THE HORIZON?

In addition to the pending housing vouchers shown in table 3.8, quite a number of other projects have received funding that is not counted in tables 3.5 through 3.8. Programs and services are likely to begin by 2007. Most of these have been described already, so we just list their funding amounts and sources:

- **CHP Expansion Team** – \$189,000 a year from Santa Monica general fund, granted to Community Partners.

- **Homeless Community Court** – \$458,000 from the County of Los Angeles, with the expectation that the new CHP Expansion Team along with other CHP/SIP participating agencies will provide the relevant supportive services and that housing vouchers from SIP (ongoing) and the new programs for seniors (one-time or short-term) will provide the housing.
- **Full Service Partnership** – \$400,000 to Step Up on Second from Los Angeles County Department of Mental Health – first funding under the county’s new Mental Health Systems Act plan. It will provide intensive services to about 25 severely mentally ill and substance abusing homeless people, most of whom have been homeless for years. Clients will come from the CHP/SIP list and new people who meet the criteria. This funding is for half a year; Step Up may receive an equivalent amount for the second half of the year, and will be able to apply for an additional grant some time in the coming year.
- **Community Bridges** – new \$2 million grant to a consortium of agencies led by CLARE and OPCC. \$400,000 a year for five years, to provide services for the chronically homeless population with multiple disabilities including chronic substance abuse.
- **OPCC Safe Haven expansion beds** – \$561,000 (2 years of funding) from Los Angeles County through Supervisor Yaroslavsky plus HUD SHP funding of \$1.6 million for three years.
- **OPCC Daybreak Shelter expansion beds** – \$200,000 (2 years of funding from Los Angeles County through Supervisor Yaroslavsky).
- **Operating funds for two new OPCC buildings on Cloverfield Boulevard housing Daybreak and Safe Haven and Access Center/SHWASHLOCK** – \$2.7 million being raised through OPCC’s capital campaign for the new centers.

COST OF WORK RELATED TO HOMELESSNESS FOR THE CITY DEPARTMENTS PRIMARILY INVOLVED

City department and divisions also incur costs as they address homelessness. The grants and grants issued through city agencies for homeless-related services have already been accounted for in table 3.5, but staff and other direct costs have not yet been discussed. It is not always easy to isolate the costs to city agencies of dealing with homelessness, but within the past year the Social Services Commission requested, and received, an estimate of such outlays in a document called the “FY 2005-2006 Homeless Budget.” This document supplied most but not all of the information on the direct costs associated with homelessness of operating city departments shown in table 3.9. They include general fund outlays for staff salaries for the Homeless Unit and the housing agencies, and the expenses attributable to the activities of the police and fire departments. Table 3.9 also shows estimated outlays related to homelessness for Open Space

Management and Environmental and Public Works Management. Both of these agencies are responsible for maintaining the city's public spaces (parks and beaches), Environmental and Public Works Management also has responsibility for wastewater and solid waste management, as shown in figure 3.2. All of these responsibilities are heavily affected by the activities of unsheltered homeless people. For instance, Open Space Management's designs for

and management of city park facilities, including restrooms and all other structures, have been influenced by concerns about homelessness for so long that staff are unable to picture what their jobs would be like if unsheltered homelessness were not an issue. Hours of operation, need for security and supervision, frequency of cleaning, architectural design, and many other factors are affected by concerns about homeless people's use of the facilities. Table 3.9 also includes federal dollars used by the city to pay for the cost of the contract for administering ClientTrack, and by the Santa Monica Housing Authority to help pay for staff costs related to administering federal housing vouchers.

ADDING IT ALL UP

When one looks at what was spent from all sources in the last fiscal year directly in support of services in Santa Monica's efforts to address homelessness, it becomes clear that the investment is substantial (table 3.4). We summarize our findings as:

| Table 3.9 General Fund Outlays for City Department Activities Related to Homelessness* (July 1, 2005-June 30, 2006) | |
|--|---------------------|
| Department | Amount |
| HSD Homeless Unit Staff Costs | \$ 418,000 |
| HSD consultants and non-grant funds to agencies (technical assistance, rent, direct benefit for clients) | \$ 294,000 |
| ClientTrack (not general fund) | \$ 72,000 |
| City Manager's Office - Special Representative for Homeless Initiatives | \$ 200,000 |
| Open Space Management - Facilities & Maintenance | \$ 545,000 |
| Environmental and Public Works Management | \$ 329,000 |
| Fire Department – paramedics | \$ 472,000 |
| Police Department – HLP Team, patrol, jail | \$ 2,056,000 |
| Resource Management Department – staff costs only | \$ 33,000 |
| Santa Monica Housing Authority – staff costs only (not general fund) | \$ 102,000 |
| TOTAL | \$ 4,521,000 |
| * Does not include grants to Continuum of Care agencies (see tables 3.4 and 3.5) or the cost of housing subsidy vouchers (see table 3.8). | |

- \$21.0 million – This amount represents the total program budget for all of Santa Monica’s core Continuum of Care agencies.
- \$1.54 million – Grant funds that came from Santa Monica general funds (7 percent).
- \$5.37 million – The amount that came from or through Los Angeles city and county agencies (26 percent).
- \$1.24 million – The amount that come from state funds, including funding directly to core agencies and passing through Los Angeles city and Los Angeles county agencies (6 percent).
- \$6.12 million – The amount that came from federal funds, excluding housing vouchers, but including funding directly to core agencies and funding passing through Santa Monica, Los Angeles City, and Los Angeles County agencies (29 percent).
- \$6.73 million – The amount that Santa Monica Continuum of Care agencies raise from private sources (32 percent).

These figures show that the contributions of the Santa Monica general fund to the program budgets of core agencies (\$1.54 million), although critically important, are second only to state funds in comprising the smallest general category of total contributions. With the new monies coming into Santa Monica Continuum of Care agencies next year, the city’s proportion will be still smaller. They also show that Los Angeles city and county agencies contribute a good deal – in fact, more than the City of Santa Monica – although their contributions are probably invisible to the average Santa Monican and possibly also to some of the people with the responsibility for deciding how Santa Monica will respond to homelessness. They come largely in the form of contracts from the county Department of Mental Health to assist Continuum of Care agencies in addressing the needs of homeless people with serious mental illness, from the Department of Public Health to provide substance abuse treatment, and housing vouchers that make a return to permanent affordable housing possible. Contributions from private sources sum to more than any other single source, including funds from the federal government.

A number of implications of these funding figures stand out. First, it is clear that the agencies of Santa Monica’s homeless assistance network have worked diligently to acquire the resources they perceive are required to meet the needs of their clients. They have succeeded. They have a very “diversified portfolio,” of both funding and services, to serve a diverse homeless population. And we all know from investment counselors that a diversified portfolio is a responsible approach to financial security. Continuum of Care agencies will continue to seek

and win funding from these diverse streams because that is what they need to do to fulfill their agency missions.

Second, no one source of funding can even think of trying to “control” the system, because no one source contributes enough to give it that power. To move forward, everyone involved needs to give up the idea that they can “control” the system and its actions, and recognize that the only way to move forward is to open communications, keep talking, establish shared goals, and work together to accomplish them. At present such types of cooperation happen in patches. Some of the patches have grown, expanded, and become more sophisticated in recent years, but there is still too little accurate and clear communication among all the parties, too much resentment, frustration, and ignorance of each other’s motives, efforts, needs, and accomplishments. The last section of this chapter addresses these issues.

In addition to the core agency program budgets, there are also costs to city agencies associated with addressing homelessness. There are costs to the city in staff, both to administer funds and programs and provide technical assistance. And there are costs of direct assistance such as move-in grants to people exiting homelessness, as well as costs to mitigate the effects of homelessness in the community (table 3.9). In addition there are the costs of the housing vouchers that are a fundamental component in ending people’s homelessness and keeping them in housing (table 3.8). These costs add another \$10 million to the costs associated with addressing homelessness in Santa Monica for FY 05-06.

- \$30.5 million – What the system cost in the last fiscal year, including all city department costs that can be estimated, and the cost of housing vouchers in current use.
- \$21.0 million – This amount represents the total program budget for all of Santa Monica’s core Continuum of Care agencies (68 percent).
- \$4.5 million – City costs that can be estimated, not including grant funds (15 percent).
- \$3.0 million – Santa Monica housing vouchers in current use (10 percent).
- \$2.1 million – Federal housing vouchers in current use that pass through Los Angeles city and county housing authorities (7 percent).

In the past, some stakeholders in Santa Monica have felt a tension between wanting to keep Santa Monica programs for Santa Monica and understanding the need for more resources that can only be obtained through sources outside of Santa Monica such as Los Angeles County

agencies. The issue for them is that accepting regional dollars will carry with it an obligation to serving people who come from outside of Santa Monica. The results we have presented in this evaluation should make clear that people are already coming to Santa Monica from many parts of Los Angeles County, and that Santa Monica agencies are already drawing a very large amount of resources from the county and beyond. It is not within the power of any stakeholder to decide not to accept either the people in need or the regional resources. Santa Monica providers have seen the need, understood that local resources would not meet it, and sought support from a wide network of funding options. Clients and resources go both ways – non-Santa Monica resources help people homeless in Santa Monica to regain housing, just as people from outside the city are helped by local resources. At this point in the development of Santa Monica's Continuum of Care, what appears to be needed is to reduce the flow of homeless people into Santa Monica. The best way to do that appears to be to help other areas develop their own resources and to make sure that regional networks of referral are in place to assure that people coming to Santa Monica homeless can be put in touch with homeless assistance services closer to their home communities. Many of our suggestions toward the end of this chapter and in chapter 4 address possible approaches for creating greater regionalization.

PART 4: OVERALL FUNCTIONING OF THE SYSTEM AND ITS PIECES

We have already described the lack of service duplication among Continuum of Care agencies in Santa Monica, in the sense of people receiving the same services from different agencies. We have also described the ways that the generalist agencies use the specialized services of CLARE and Chrysalis when needed, and how they have developed their own specialized capacities in relation to helping people with serious mental illness. Westside service providers have long been organized into another mechanism – the Westside Shelter and Hunger Coalition (WSHC) – which has functioned as a coordinating body in a number of ways, and has recently begun to take on some other functions. City agencies are another group of which it is fair to ask how well they work together. It is important to understand the ways that city agencies and Continuum of Care agencies have and have not worked together and how some of that might be changing. Finally, we address the difficulties posed by the lack of an overall plan to address homelessness in Santa Monica, the lack of a viable mechanism to create and implement that plan, and the consequences of their absence.

PROVIDER TO PROVIDER RELATIONS: WESTSIDE SHELTER AND HUNGER COALITION

The Westside Shelter and Hunger Coalition, founded in 1982, is the oldest coalition of service providers in Los Angeles County devoted to serving homeless people. From its original ten member agencies it has grown to encompass 30 provider agencies on the Westside. The executive directors of every Santa Monica Continuum of Care agency have, at one time or another, served as Coalition chair. Two years ago the Coalition expanded to become the official Service Provider Network for the county's Service Planning Area 5 by joining with HIV/AIDS service providers and hiring its first director under a grant from the county's Office of AIDS Program and Policies. The director is housed at Common Ground in Santa Monica.

The Coalition's original purpose was to assure coordination of available services on the Westside by understanding the offerings of each member agency and establishing networks through which agencies could get their clients needed goods and services when they did not offer these themselves. These client-level coordination activities are still a significant part of the Coalition's benefits for its members.

ADVOCACY

The Coalition has also been active in lobbying LAHSA to keep existing resources in and new resources flowing to the Westside. The LAHSA activity with the greatest impact at the local level is the annual prioritizing of applications to HUD for new and renewal funding for supportive services, transitional and permanent supportive housing programs. The priorities basically determine which agencies and programs will receive HUD funding and which will not. Two criteria that LAHSA uses to determine these priorities are (1) how much program capacity already exists in an area, and (2) the area's poverty population. How many homeless people stay in the area is *not* a criterion. Santa Monica loses out on all these fronts because (1) Santa Monica providers were very enterprising in applying for HUD funding *before* LAHSA took control and thus have established capacity, (2) the poverty rate among Santa Monica's *housed residents* is quite low compared to some other areas of the county, and (3) Santa Monica has proportionally more homeless people within its borders than do many other cities throughout the county. So it has been a struggle for the Coalition just to assure that proposals from Santa Monica and other Westside agencies receive priority scores that will mean the proposals get funded.

Coalition members interviewed for this evaluation, both individually and at a special group meeting, agreed that this defensive posture has not been accompanied by positive advocacy within Santa Monica to better the understanding of citizens and politicians of their activities and accomplishments. They have done little to explain their programs to the community, including:

- Why they have developed the programs they have (i.e., what perceived needs of their clients pushed them to add or emphasize certain services);
- The array of resources in addition to city monies they have succeeded in drawing into Santa Monica to meet client needs;
- How they work together to duplicate services as little as possible;
- What challenges their clients present, and the ways they work to meet those challenges; and
- How well they succeed at any of several goals such as bringing street people into shelter or housing, moving people from emergency shelter or transitional housing to permanent housing, helping people get jobs, helping people battle addictions and stabilize their mental illness, and helping people get public benefits for which they qualify.

Most agreed that the public might not be so negative about their existence in Santa Monica, or perceive the providers as the source of the problem, if they were doing more of this type of communication. The Coalition does host an annual “Celebrating Success Breakfast” honoring individuals who are no longer homeless.

PLANNING AND PROGRAM DEVELOPMENT

An organization such as the Coalition could function in at least two ways to plan and develop programs to meet service gaps in a Continuum of Care. It could serve as a clearinghouse, and it could take a proactive role in identifying gaps and developing plans to fill them. To date the Coalition has done the first of these, but not so much of the second. Member agencies have used the Coalition as a source of support letters to accompany funding proposals, and as a clearinghouse for ideas they are thinking of pursuing. For instance, Upward Bound House, which serves families in transitional housing, is acutely aware of the absence of emergency shelter for families. When it decided it would try to develop one, its director discussed the idea at Coalition meetings, made sure no other agency had similar plans, got lots of useful feedback about what was needed, and shaped its plans accordingly. It has since acquired a small motel in Culver City that it will convert into the planned shelter. Coalition members also come together to respond to funding opportunities, such as the CLARE-OPCC collaboration (with two county

departments and UCLA) to obtain the new Community Bridges grant from the federal Substance Abuse and Mental Health Services Administration. But the Coalition cannot be said to have developed anything like a “five-year-plan” that its members then actively pursued.

CITY AGENCY TO CITY AGENCY RELATIONS

As figure 3.2 and the accompanying discussion amply demonstrate, city agencies expend a great deal of resources and energy related to homelessness. There is, however, no citywide plan covering a coherent and organized city strategy for addressing homelessness. Nor is there a coordinating function that spans city agencies or a coordinated spending plan. The “homeless budget” we examined above is only an attempt to report what was actually spent last year. This is definitely a step in the right direction – it is impossible to imagine a budget for the future if you have no idea what you have been spending in the past. But the “homeless budget” is not really a budget in the sense of being a plan for outlays that occurs before anything is spent and that has a clear rationale for (1) why monies are allocated as they are and (2) how their expenditure and the activities entailed in the expenditure will contribute to certain goals.

A “budget” in the sense just described would be a good thing for City of Santa Monica agencies to work on together for the future. Creating it and monitoring what is being accomplished under it would be good things for the involved city agencies to do together. Doing so would provide a forum for deciding how the different departments will work together on things for which they have shared responsibility. The discussion could also be expanded to include affected providers and clients, to improve the clarity of communication among all relevant stakeholders.

Example: The Homeless Unit and Senior Services

More and more of Santa Monica’s low-income elderly population are finding themselves at risk of homelessness or actually experiencing it, and people homeless in Santa Monica are twice as likely to be 65 or older than is true in many other communities. The city’s Human Services Division is responsible for activities related to homelessness and activities related to seniors. Both homeless assistance providers and senior services providers may apply for grants administered by HSD. However, to date no agency with a primary emphasis on serving seniors has applied for funding specifically related to homelessness – either to be sure it has the capacity to meet the needs of homeless people who happen to be seniors, to help seniors at risk of losing

housing to be sure they do not lose it, or to help those who have just regained housing after a homeless episode to stabilize in their new location. In addition, several people interviewed for this evaluation voiced their belief that senior services such as senior meals programs refuse to serve homeless people who qualify by reason of age, and others denied that this is the case – suggesting at a minimum that some miscommunication is occurring. The implication of these findings is that HSD, the community’s homeless and senior services providers, representatives of seniors who are already homeless or at risk of losing their homelessness, and the Santa Monica Housing Authority (the city agency with rent subsidy resources) need to work together to improve communication, start planning and designing new program strategies, and support each other’s efforts to assure that no seniors become homeless in Santa Monica or remain homeless long if they do.

Example: The Human Services Division and the Santa Monica Housing Authority

The two city agencies with the most immediate relevance to resolving homelessness in Santa Monica are the Human Services Division and the Santa Monica Housing Authority. In the recent past there have been communication problems between the two agencies that have left their staff in the same position as many other Santa Monica stakeholders, feeling left out or misunderstood, and above all frustrated. The very process of airing perceptions over the course of this evaluation has initiated a process of change, such that interactions are becoming more frequent, more straightforward, and more open. Continuing the process of open communication and inclusion, and expanding it to include other stakeholders, is one of this evaluation’s strongest recommendations.

RELATIONS BETWEEN THE CITY AND SANTA MONICA CONTINUUM OF CARE AGENCIES

The Beginnings of City-Provider Collaboration

CHP/SIP has drawn together representatives of several city departments (Human Services, Police, Emergency Medical Services, and the Housing Authority), several Continuum of Care agencies (OPCC, St. Joseph Center, Step Up, CLARE, New Directions), and the Los Angeles County Departments of Mental Health and Public Health to address chronic street homelessness. It has two coordination mechanisms operating at different levels – an executive committee and a case management committee. The latter involves the case management staff assigned to the

CHP/SIP from the various agencies, members of the police HLP team, paramedics, sometimes their immediate supervisors, Homeless Unit staff from HSD, a representative from the Housing Authority, and a facilitator/supervisor with clinical training who helps with case resolution. A representative from the Los Angeles County Department of Mental Health is often present also, and has helped CHP/SIP clients get connected to county mental health services.

The executive committee includes higher-level staff of city agencies and the executive directors of the Continuum of Care agencies. The group discusses organizational issues affecting how the agencies are, or could be, working together, and attempts to reduce or eliminate any barriers within or between agencies that are getting in the way of success. This committee is the closest thing to a citywide planning forum that currently exists in Santa Monica. HSD staff members say they think of it this way, and often bring up issues for discussion and advice that are not strictly part of the work needed for CHP/SIP. Some important lines of communication have been opened up through this process – enough to give participants a feeling for the advantages of having such a forum, as well as to help advance the CHP/SIP process of moving chronically homeless people off the streets. Participating in this evaluation appears to have opened the doors a bit wider yet for communication and collaboration. But this mechanism is not inclusive enough to function as a full community-wide planning body, as important parts of city government, the provider community, and the public at large are not included.

Performance and Contracting Issues

Current grants between HSD and Santa Monica Continuum of Care agencies specify the number of people a program is supposed to serve under the city grant. This number usually is only a subset, and sometimes a very small subset, of all the people the agency or program actually serves. The grants identify specific outcomes (e.g., moved to permanent housing, got a job) and stipulate the level of performance the agency is committed to delivering. Performance is usually expressed as a percentage of the people being served, for example, “87 percent will get a job.”

Including performance expectations in grants is an important way for funders to “buy” the outcomes they want to see happen. There are some confusing aspects to the way Santa Monica does it, however. HSD has historically thought of the money it gives service agencies as grants, a way to support the agencies generally, and containing a significant amount of flexibility in how the money is used. At the same time, HSD is under pressure to show what it is getting for the

city's money, so the grant documents, which are actually contracts, have for a number of years included specific numbers of people to be served and numbers of people who are expected to reach certain program goals that are agreed-to between HSD and the agency receiving the grant. This looks, feels, and is often dealt with as contracting for specific performance levels on specific outcomes, not as flexible grant money.

Service agency performance is important to many stakeholders in addition to HSD and the specific programs receiving grants. The entire community has an interest in understanding what homeless assistance programs are accomplishing. Further, the interest extends to all the activities of each agency in the system, not just to the particular component or proportion that HSD specifies in its contracts. Part of the work of the Community Roundtable, recommended below, should be to bring together the city agencies, providers, and possibly other stakeholders who care about the accomplishments of Santa Monica homeless assistance programs to develop a mutually-acceptable shared set of expectations for what programs should accomplish (depending on the type of agency they are and the types of clients they serve). A routine mechanism for reporting back to the Roundtable and the community should also be established.

Problems with contracting include:

- Grants cover only a small percentage of the people most agencies serve. HSD has, to date, not reported on information about the people being served who are not paid for by city grants, even though they often, or usually, receive exactly the same services and supports in exactly the same context. The decision to receive and report on only information about the limited number of people specified in city grant documents means the city does not get a whole picture of the activities and impact of homeless assistance in Santa Monica.
 - The issue of whether or not providers should report on services to all of their clients has many facets. One is whether the city is justified in asking for reports on activities that it does not pay for. Another is that a good deal of work would be involved for the providers if the approach to such reporting was that the providers would have to enter all their clients into ClientTrack. Most have not wanted to do that in the past, as it would involve double-entry for many clients, whose data are already entered into other databases the providers have to maintain. But perhaps the biggest stumbling block is that many providers do not maintain computerized records at all on clients they see for brief services, or else maintain only the barest minimum of demographic information.
 - HSD should support the infrastructure to collect data on all the homeless and formerly homeless (in permanent supportive housing) people being served by

Continuum of Care agencies. This means acquiring a new data system to replace ClientTrack, and also supporting installation of some mechanism such as swipe cards to allow agencies operating access centers and brief services to know who is being served. Such a system would, finally, provide unduplicated information on all the people using homeless assistance services in Santa Monica.

- HSD should ask for the data that will let it review the whole picture. Reviewing this information annually should be a function under a committee of the Community Roundtable that includes city agencies, providers, and other interested parties, and that has the capacity to examine underachievement and help to determine what would turn underachievement into acceptable performance.
- Many individuals – within HSD and agency/programs staff – do not know or remember where the performance outcomes written into their grant came from. Some HSD staff say the agencies picked their own outcomes or negotiated outcomes with HSD, but some agency staff rigorously deny that this is the case. There is some disagreement as to whether the outcomes specified are the most important outcomes, or whether they are phrased in the most useful manner. There is also the issue of determining when a performance expectation has been met or exceeded, as they are currently phrased as both a number of people and a percentage of all people served. If an agency serves significantly more people than expected, the number meeting the goal may be exceeded also, but the percentage may be lower. Assuming that the program at least meets the goal for the number of people to serve, then meeting *either* the number or the percentage should be considered success.
 - Review all the outcomes collectively with city agencies and all the providers offering the same services (this review should be part of the work of the Community Roundtable committee on performance). Decide on outcomes, how to state them, and how to measure them. Also decide on expected levels of performance given the barriers faced by the clients served by each program (this process, known as “benchmarking,” is common practice in many health fields, and increasingly in homeless assistance services as well). Finally, decide on what it will cost for the program to meet this level of performance, and what share of these costs should be covered by the city (given the availability of other sources, etc.).
 - Annually, the same group should review actual performance against the expectations set as benchmarks. Poor performance should be examined to understand the reasons for it, and to take corrective action.

Making the performance expectations embedded in the city’s grants rational, explicit, communal, and transparent will solve many current problems. Service providers will be able to better argue and demonstrate the real costs of delivering certain services and achieving certain outcomes, agencies can learn from one another about how to deliver services that are both cost effective and successful (and those that are not able to deliver can be held more accountable), and critics who

rightfully want to know if the city is getting its money's worth can have more information to understand the real costs of providing effective services and the non-city resources being brought to bear on the problem.

Need for a New Homeless Management Information System

To effectively address homelessness, Santa Monica and the surrounding region need reliable information on who is homeless, why and where they became homeless, what homeless-specific and mainstream assistance they are eligible for and receive, and what they need to end their homelessness. This information must be available citywide at a minimum, and regional is far better; having these data only on a program-by-program basis makes it very difficult to know the full scope of the problem.

Throughout chapters 2 and 3 we have noted difficulties associated with the city's current homeless management information system, ClientTrack. The city began using the system in the mid-1990s, when having any type of system was innovative and ClientTrack was about as good as anything else that was available. But homeless management information systems have matured greatly since then, and many commercially available products offer great improvements over the capabilities of ClientTrack, which is outdated and replete with problems. A well-designed, reliable homeless management information system (HMIS) is therefore a critical need.

Such a regional system will not exist on the Westside, or in the county as a whole, for many years (LAHSA has it targeted for full implementation in 2012). Santa Monica cannot wait this long for information. It should replace ClientTrack with a data system that is able to accommodate the following users and uses:

- By service providers to conduct case management, document outcomes, and improve programs;
- By funders, including the city, to track funding and measure its impact;
- By the Community Roundtable, to determine unduplicated counts and characteristics across providers, in all programs and agencies serving homeless people whether funded by the city or not;
- By the Community Roundtable, to measure program and system impact, ensure compliance, identify gaps and opportunities for better collaboration, make better resource allocation decisions, analyze community impact and educate the public; and
- By the community at large, to understand trends and identify areas for improvement.

To make the new system as useful as possible to all these stakeholders and for all of these purposes, consider the following:

- System support should be done locally, to make it maximally accessible to all users.
- There is a need for regular, user-friendly training for staff at all provider agencies, as well as timely technical assistance when needed.
- The system must be useful to front-line staff, or the data will never be good. ClientTrack was designed primarily with reporting in mind. Not only does the system have some problems with reporting, but for many staff ClientTrack does not particularly help them do their jobs. Finding ways to use a client data system during a client encounter to improve service delivery may improve service, buy-in to the system and ultimately, data quality. Having a client's history on the screen, for example, may help prompt more thorough data collection. A case manager may say "I see here you were receiving food stamps in 2005. Are you still getting food stamps?" This may reduce the volatility of some of these data elements over time.
- The system needs to keep a client's history. If the client was first in one program (say at an access center), then went to another (say substance abuse treatment), and finally moved to permanent housing, a user must be able to trace that history through the data system (i.e., the system must not overwrite a previous status or program participation with a later one). Only if the history can be traced can one answer the question of whether certain patterns of service receipt are more effective than others.
- Consider installing swipe card technology at the access centers, any drop-in or hygiene center that is developed, and even the feeding programs, to assure that all people using the system can be accounted for, along with the services they use.
- Establish a data-sharing mechanism that is able to cover all people using Continuum of Care agencies.
 - At present, Santa Monica homeless assistance agencies serve some people for whom they do not enter information into any electronic database (i.e., some people get brief services on the basis of a simple sign-in log that never gets transferred to a computer).
 - Further, agencies use a variety of databases to record client information for homeless participants in non-city-funded programs. Often these other databases are required by different funding sources, so agencies have no choice but to use them.
 - As many as half the homeless people served by Santa Monica's homeless service system may be left out of ClientTrack.
 - Currently there is no ready mechanism for Santa Monica homeless service agencies as a group to account for all the homeless people served so as to get even an unduplicated count, nor is it possible to get descriptive information or outcomes achieved for the homeless service system as a whole. If Santa Monica as a community is going to set goals for outcomes with respect to homelessness, it will need a mechanism for assessing current status and changes in the entire homeless population over time.

- To achieve this level of homeless population accountability, it is not necessary for every agency and every program in the Continuum of Care to use *the same* database. Nor would it be possible, as agencies have responsibilities to provide data to other funders as well as to the city, and other funders may require use of their own databases. Instead, the Continuum of Care should take advantage of technological approaches for data warehousing and exporting electronic data – with adequate safeguards for privacy and confidentiality – that are being used in many communities throughout the country, including whole states. Working out the details of doing this should be a task for an HMIS implementation committee under the aegis of the Community Roundtable.

PART 5: A COMPREHENSIVE COMMUNITY ROUNDTABLE IS NEEDED

Despite the scale and urgency of the homeless problem in Santa Monica, one of the most surprising things we found in this evaluation is that there is no overall city plan related to homelessness, nor is there a venue where people can meet to discuss their perspectives and reach acceptable solutions. Perhaps its absence, and the lack of a forum where the legitimate needs of all stakeholders can be put on the table and addressed, is a major reason why the issue is so “hot,” and why so many feel frustrated, unheard, and under-appreciated. Despite significant developments in the Santa Monica Continuum of Care and even in Los Angeles County, there is no “table” to which people can bring their concerns, insights, and expertise and generally be heard. It is around such a table that many communities *regularly* assess their needs, establish their priorities, formulate their plans, identify resources, establish performance standards and timelines, track progress, work through bottlenecks and other difficulties, revisit goals if necessary, and hold individuals and institutions accountable for acting on their commitments and meeting goals. Addressing this gap in Santa Monica is the single most important recommendation of this evaluation.

In a highly forceful and well-written report detailing the “system change” needed to create and sustain supportive housing, the Corporation for Supportive Housing describes interagency coordinating planning bodies (a key instrument of system change) as follows:¹¹

¹¹ D. Grief, T. Proscio, and C. Wilkins (2003) *Laying a New Foundation: Changing the Systems that Create and Sustain Supportive Housing*, Corporation for Supportive Housing: New York, NY. Available online at: <http://documents.csh.org/documents/pubs/LayingANewFoundation.pdf>

These groups typically try to weave several regulatory or funding mechanisms into a single, coherent plan of action. In most cases, the participants in the newly formed bodies do not trust one another much, or share one another's priorities. (They may like each other and have many things in common, but that is not the same thing; the system would not need reforming if these participants actually wrote rules and allocated funding in common, relied on one another's judgment, and wove together the goals and responsibilities of their several agencies.) The purpose of the coordinated planning group is to help participants get over their mutual distrust or indifference, acquaint them with the benefits (to themselves) of coordinated planning, and inspire a commitment to the kinds of products that could be created or multiplied by this process.

The main goal, in other words, is not necessarily to produce the ideal plan—the plan should be good, but need not be perfect. The main goal is to produce a better and better working relationship among the participants. That is what system reform will ultimately consist of. When that happens, the quality of the plan will probably be better, but it will fluctuate, as all things do, from cycle to cycle. (p. 6)

In other communities, a group such as the one we propose is typically the one with responsibility for developing and submitting the annual Continuum of Care application to the U.S. Department of Housing and Urban Development (HUD), through which HUD allocated almost \$1.4 billion for homeless assistance under its McKinney-Vento Homeless Assistance Act programs in 2006. The Continuum of Care application process brings the major stakeholders of these communities together at least once a year (but usually more often) to assess needs, determine past achievements, identify remaining gaps, and decide what still needs to be done and how it should be approached.

For most of Los Angeles County including Santa Monica, this process is done through the Los Angeles Homeless Services Authority (LAHSA).¹² So Santa Monica has not been required to conduct a similar process, and has not done so, although the local network of homeless services is referred to as “the Santa Monica Continuum of Care.” The problem is that the LAHSA process is generally too large and too remote to help specific communities such as Santa Monica address their own local needs, or give local stakeholders a chance to be heard and have an influence.

In the 450+ communities throughout the country that *do* go through the annual Continuum of Care planning and implementation process, especially those that do it well, the process has been crucial for identifying, securing, and maximizing the many types of resources needed to fight

¹² The greater Los Angeles region currently receives over \$52 million in federal funding for homeless services through this process annually.

homelessness. The process not only effectively identifies and taps these resources, but members of the group support one another and even hold one another accountable by establishing performance standards for the resources (be they funding, services, manpower, or commitment) that each party has agreed to devote to the cause.

This shared sense of responsibility and mutual accountability – among city agencies, elected officials, homeless-specific and mainstream service providers, the business community, the philanthropic community, faith communities, the media, the general public, and homeless people and their advocates – is largely absent in Santa Monica. Given the high levels of frustration and dismay with the status quo, this lack of a Community Roundtable where all can meet is especially problematic. The two groups that some might consider being closest to such a group—the city’s Human Services Division (HSD) and the Westside Shelter and Hunger Coalition (WSHC)—are more likely to be sub-groups of this larger Community Roundtable, representing important pieces of the overall system but certainly not the entire system. Nor is it clear if either of these entities could successfully convene and administer this larger entity, or if other stakeholders would consider it a good thing if they did.

One of the key responsibilities of this Community Roundtable should be to develop a comprehensive plan for Santa Monica to reduce and then end homelessness. Similar planning processes have been initiated in over 200 cities, counties, and states across the country, with 90 jurisdictions to date completing their plans.¹³ This plan would establish priorities and action steps for the entire community (which may evolve over time) and identify with as much specificity as possible the outcomes it wants to achieve and the strategies for achieving them. This includes setting clear numeric indicators, establishing timelines, and identifying who is responsible for implementing each key strategy and how it will be funded. It is important to recognize that this evaluation report *is not and cannot be* that plan, because the authors are not in a position to dictate value choices and goals to the Santa Monica community, although we

¹³ National Alliance to End Homelessness (2006) *A New Vision: What Is in Community Plans to End Homelessness?*, National Alliance to End Homelessness: Washington, DC. Available online at: <http://www.endhomelessness.org/content/article/detail/1397>. The best of these plans include clear commitments of needed resources from mainstream as well as homeless assistance agencies, and have clear implementation strategies with systematic mechanisms to determine progress and reduce barriers. The ones that have not paid attention to implementation are not likely to have many important impacts.

certainly hope our recommendations and analyses will help the Community Roundtable move forward on developing its plan.

Santa Monica has some experience in crafting such a plan. The 1991 Task Force on Homelessness was established in response to levels of community stress that are reported to have been even greater than they are today. The Task Force drew from many stakeholder groups and crafted a thoughtful and comprehensive “Call to Action” that makes very compelling reading even 15 years later. The Task Force recommended, among other things, that the city develop an implementation plan and cost analysis within 90 days, and that the Task Force “be reconvened at three-month intervals during the first year of implementation to review and evaluate the progress toward solutions.” Unfortunately this implementation and monitoring function did not continue, and for a number of years after specific program development goals were met, activities to address homelessness were kept at a fairly low profile. That strategy clearly no longer helps. The Community Roundtable procedure we recommend would continue to function after it develops a plan. It would be responsible for facilitating implementation, monitoring progress, measuring impact, and going back to the drawing board if some approaches appeared not to be working. Without follow-up and implementation, plans remain ideas on paper.

Once such a Community Roundtable is established, action on every other recommendation we make should go through it. It is important to note two things:

1. Actions on some aspects of a comprehensive plan can begin before the full plan is complete. Just as some additional communication and collaboration have *already* resulted from the processes set in place by this evaluation, it is to be expected that some subgroups within the Roundtable structure will be ready to move ahead with their planned activities before a complete plan can be issued. There is every reason for them to do so, as short-term accomplishments will keep enthusiasm high for the overall process.
2. It is *even more important* to understand that **creating and publishing a plan is just the beginning**. The real payoff of a Community Roundtable is the ongoing process, with benchmarks, feedback, publication of accomplishments, and the opportunity to keep looking at the community and keep asking what else is needed.

WHO SHOULD PARTICIPATE IN THIS COMMUNITY ROUNDTABLE?

Every type of stakeholder covered in this report should participate. As we have described in several places, no set of stakeholders is in a position to “control” the others. Control must not be

the issue. Nor is any stakeholder in a position to solve the problem itself – not the City Council, not city agencies, not the agencies in the homeless assistance network, not the business community, and not Santa Monica residents. But every one of these stakeholders must be part of the process, and must do its part to help create solutions. The only way to move forward in Santa Monica, it seems to the evaluators, is by developing trust and collaborative partnerships among these stakeholders, creating a feedback loop, and holding each other accountable. The federal Interagency Council on Homelessness also has some good suggestions concerning who should be invited to participate in the Roundtable.¹⁴

HOW SHOULD THE COMMUNITY ROUNDTABLE BE STRUCTURED?

Every community will evolve its own structure for this type of enterprise. A number of communities have incorporated various pre-existing committees and task forces into their 10-year planning process, and those committees continue with their primary functions as well as contributing to and coordinating with the 10-year plan development and implementation. The following are structures used by two different communities – Portland/Multnomah County, Oregon to develop its 10-year plan to end homelessness, and Columbus/Franklin County, Ohio for its ongoing comprehensive planning and implementation group. Santa Monica will of course evolve its own structure for the Community Roundtable; we offer these structures as illustrative only:

¹⁴ See Innovations in 10-Year Plans. www.ich.gov/slocal/Innovations-in-10-Year-Plans.pdf, especially slides 9, 10, and 11.

**Portland/Multnomah County's
Plan to End Homelessness
Coordinating Committee**

Workgroups:

- Discharge planning
- Short-term rental assistance
- Chronic homelessness
- Outreach and engagement
- Facility-based transitional housing
- Consumer feedback
- Shelter and access
- Bridges to housing

Other subgroup contributions:

- A working group that conducted 100+ community dialogues and forums to share stories between housed and homeless people
- Population-specific planning groups
- Special needs committee

Citizens Commission on Homelessness (no providers or government agency staff, designed for an external process that would help develop broad community support for the plan).

**Columbus/Franklin County's
Community Shelter Board**

- Rebuilding Lives Funder Collaborative (Rebuilding Lives is their "end street homelessness" campaign)
- Board of Trustees
- Technical Review Committee
- Continuum of Care Provider Committee
- Citizens Advisory Council
- United Way Housing Vision Council
- Columbus Coalition for the Homeless
- Adult system planning group
- Family system planning group
- Rebuilding Lives permanent supportive housing planning group
- HMIS site administrators group
- County MH/SA department and shelter provider coordination group
- Benefits workgroup
- Homeless Count workgroup

WHAT SHOULD THE GOALS BE?

Goals of the Community Roundtable should be to create plans and implementation strategies that specify what should happen and when, who will be responsible for making it happen, who will pay for it, who should be working with whom and how, how accountability will be established, and how the community and all stakeholders will be kept abreast of progress and incorporated into being part of the solution. This includes how city agencies will work together and with other stakeholders, how provider agencies will work together and with other stakeholders, how the business community, general public, politicians, and advocates will work together, and how the voices of homeless and formerly homeless people will be able to help define the solutions.

CHAPTER 4

BUSINESS, RESIDENT, POLITICAL, FAITH COMMUNITY, AND OTHER STAKEHOLDERS IN SANTA MONICA AND BEYOND

This chapter describes the interests and preferences of residents and the general public, business owners, politicians, and homeless people themselves. It also examines the current and potential roles of city and county government agencies and other stakeholders beyond Santa Monica and the ways they are, and could be, contributing to reducing homelessness within Santa Monica. The opportunities for Santa Monicans to make a difference countywide has never been better. By this we do not mean that change will be easy. But several things have happened in the last year or two that have contributed to movement where none has occurred before, creating the basis for significant change in Los Angeles County with respect to taking action to end homelessness. One of the biggest factors stimulating change was publication of results from the 2005 homeless count conducted by the Los Angeles Homeless Services Authority (LAHSA). The estimate of more than 90,000 people homeless in the county on a single day and gave Los Angeles County the dubious honor of being dubbed “the homeless capital of the country,” and shocked many county residents. Another factor has been the passage of several statewide ballot initiatives that provide money for mental health services, capital funding for projects to provide permanent supportive housing for chronically homeless people with disabilities, and, most recently, a \$2.85 billion bond issue slated to be used to develop affordable housing, with a significant amount set aside for permanent supportive housing. It will not be easy for the county to move in major ways to end homelessness, as there is still the reality of 88 cities guarding their autonomy and, to guide the way, only a fledgling housing and homelessness unit in the office of the county’s Chief Administrator and LAHSA, which is undergoing a transition in management. But some things are happening in Los Angeles County that have never happened before, and Santa Monica stakeholders of all types can help the move them along.

REPRESENTATIVES OF THE BUSINESS COMMUNITY

In many cities, homelessness has a direct and immediate impact on downtown business areas. Across the country partnerships forged with business groups are supporting a wide variety of

homeless assistance efforts including outreach and hotlines, facilities for day or hygiene centers, transitional and long-term housing combined with treatment and support services, and of course, employment services. Studies of successful partnerships involving downtown business communities reveal many different approaches to structuring and funding the initiatives (International Downtown Association 2000). But there are also many common themes, including the recognition that:

Partnerships between business and service provider organizations require that the different missions, perspectives, professional jargon and competencies come together to address a community concern. As in any business relationship, transcending these initial barriers requires learning to respect that the other party has legitimate vested interests that need to be addressed, building trust between the respective parties and exercising leadership to convene and facilitate discussions. Partnerships that have invested in building a relationship across organizational lines have found common ground to then advance the interests of the business community and service providers for the betterment of homeless persons and the community at-large. (p.5)

We interviewed representatives of the Santa Monica Chamber of Commerce, the Bayside District Corporation, (the non profit organization created by the City to oversee management and marketing of the Third Street Promenade and surrounding areas), and business owners and employees who came to resident focus groups. We also received many comments through the write-in and email response opportunities made available during this evaluation, some of which came from business interests. When the Chamber of Commerce surveys its members about issues and problems, homelessness is the most common “problem” mentioned. Business owners and employees who participated in this evaluation report frequent issues and problems with homeless people, including customers having to step over people lying on the sidewalk, people sleeping in their doorways, customers being approached by panhandlers, homeless people occupying restaurant tables so paying customers cannot be seated, being unable or unwilling to use the benches on the Third Street Promenade because homeless people use them all, and having homeless people urinate on store goods displayed outside.

Business attitudes reflected a desire to help with the problem if viable approaches can be found, as well as a feeling of being “fed up” and frustrated. Most business people wanted the problems

they described to go away, however that could be made to happen. The feeling was that the Police Department's Homeless Liaison Program (HLP) team worked very hard, but that it was not having the effects desired. People cited slow response times when they did call the police, which they also said the police deny. One suggestion was that business people be able to email their requests for assistance, which would leave a timed and dated paper trail. Another response we heard several times was that business people usually *did not* call the police although an incident warranted doing so, because it would take too much of the owner's or an employee's time, and "wouldn't do any good anyway." For small business owners, having to spend an hour or more making a police report was more than they felt they could afford. So they felt they had no viable avenue to follow in dealing with the problem.

BUSINESS COMMUNITY INVOLVEMENT, PRESENT AND FUTURE

At present the downtown business community is involved in working to end homelessness through its most obvious resource – jobs. For the past year, the Chamber of Commerce has had a partnership with Chrysalis to provide jobs to homeless people who have completed Chrysalis' job readiness programs. A second, similar program was announced in October 2006 with Chrysalis and the Bayside District Corporation. These programs are excellent ways for the business community to help end homelessness doing what it does best.

The problem behaviors detailed by business people fall into four main groups with respect to what might be done to address them:

- Panhandling, especially aggressive or intrusive panhandling of tourists and customers;
- Doing inappropriate things in public, such as public urination, defecation, bathing and inebriation;
- Taking up space and preventing others from using it, including sidewalks, benches, doorways, and business property (restaurant tables); and
- People whose mental illness leads to behavior that is frightening or aggressive to tourists, customers, and business people themselves.

Business representatives said they and their groups would be interested in participating in any way they could, if viable approaches could be identified to address these problems. We

recommend that the Santa Monica business community play a much more prominent role in the city's homeless reduction efforts. We specifically suggest that business interests consider:

- **Clean & Safe Teams** – Managing teams of workers in major business areas, sometimes known as “Clean & Safe” teams, that would serve several functions.¹ Clean & Safe teams aim to improve the appearance of downtown business areas and enhance public safety for residents, employees, and visitors. Programs often run 24 hours, 7 days a week, and can have both “maintenance” and “safety” components. Maintenance teams or “ambassadors” might do any of the following: sidewalk sweeping; trash removal from public trash cans; removal of debris and other illegal dumps; power washing of public sidewalks; systematic graffiti and sticker removal; removal of human and animal waste; landscaping on main streets; tree maintenance and weed abatement. “Safety” teams patrol on foot and bicycles, serve as an extra set of “eyes and ears” for law enforcement and property owners, and can respond to Clean & Safe service calls in a matter of minutes. They also proactively engage homeless individuals and provide them with useful information about the various social services available. These teams deter aggressive panhandling and other nuisance crimes; work with service providers to provide social service outreach referrals; assist with directions and information; maintain open communications with police to report on-going issues; add a presence in downtown areas to prevent vandalism and other undesirable behavior; conduct routine patrol of parks, squares, and other public areas; provide emergency services. The Clean & Safe teams could also inform tourists, visitors and residents of community efforts to address homelessness, and alternatives to giving to panhandlers that would support those efforts.

The business community should fund and operate Clean & Safe program to provide sufficient “eyes and ears” and cover the important times and areas that downtown business people believe are the most important to cover. The teams could be hired and run by the Chamber of Commerce, the Bayside District Corporation, or the Business Improvement District that may be on the horizon. If downtown business interests funded Clean & Safe teams to the level of providing a significant presence in the downtown area for most of the day, early evening, and early morning, the area would be (a) cleaner, (b) the teams could keep people moving along, and (c) the teams could run interference and provide witnesses to aggressive panhandling and other nuisance crimes. When police need to be called, Clean & Safe staff could be the ones to call, and the ones to take the time to make a report.

- **Reduced Panhandling** – Business interests could also become the mainstays of a serious and sustained anti-panhandling campaign that focuses on public education about where most panhandled money goes, that it enables continued homelessness rather than offering connections to leave homelessness, and that alternative modes of giving are available to ease the immediate pressure of being confronted by panhandlers. The

¹ See Downtown Business Partnership, *Clean & Safe 2005 Annual Report* for a description of San Diego's program. Available at <http://www.sdcleanandsafe.org/index.cfm>.

Bayside District Corporation's Dolphin Change Program was one attempt to provide an alternate giving opportunity, but most people felt it doesn't work because there is little or no sustained explanation of what the dolphins are there for, they aren't in enough places, and also possibly the direct beneficiaries are not clear or personal enough. Alternative giving opportunities would need to involve posters, flyers, and handouts explaining why giving to panhandlers does not help people leave homelessness.

The opportunity to contribute to helping homeless people without giving to panhandlers could be modeled on one being used by the Downtown Partnership of Baltimore, an association similar to the Bayside District Corporation.² They have installed old parking meters at many locations downtown, focusing especially in areas with many panhandlers. When a person inserts a coin and turns the handle, the needle does not go from 0 to 30 minutes – instead, it turns from Despair to Hope. Proceeds go to Baltimore Homeless Service, Inc. for distribution to homeless assistance programs. In Santa Monica such meters could be installed in hotels, stores, and restaurants as well as along the 3rd Street Promenade and the 3rd Street Pier. Another option includes tables staffed by volunteers from homeless assistance providers to take donations. The Clean and Safe teams could also assist in efforts to reduce panhandling by educating members of the public they encounter.

- **A Hygiene and/or Drop-In Center** – Some of the most severe impacts of homelessness on the community at large have to do with certain behaviors of homeless people that are also problematic for homeless people themselves. For example, most of the homeless people in the focus groups we held for this evaluation want access to safe hygiene facilities and would use them if they were available. In the absence of such facilities, they must improvise (most as discreetly as possible), go without bathing or washing their clothes, or resort to the inappropriate use of the public library, parks, public restrooms, buses, and other public or quasi-public spaces to take care of their bodily needs. Some also noted how hard it was to get ready for work each day (many homeless people do work, although their employers may not know they are homeless), or prepare for a job interview. Opportunities for securing and retaining employment are limited when one cannot bathe or store one's belongings before heading to work. While not ending homelessness, a well-run, accessible hygiene center could certainly lessen the impact of homelessness on the community; it could be operated as either a stand-alone facility or as part of a larger drop-in center.

To relieve pressures to use the restrooms of downtown businesses, or else to use the streets and business property as a bathroom, the business community should consider sponsoring a hygiene center just for homeless people, in the downtown area. In addition to bathrooms the facility might include laundry and shower facilities. As there are several similar facilities in other parts of town, the utility of such a center downtown would need to be considered carefully. SHWASHLOCK serves this purpose but it has a very limited capacity relative to need. Of the other two Santa Monica programs offering

² Wentworth, Stephanie. "Downtown Partnership to use parking meters for city homeless donations." *Baltimore Business Journal*, November 14, 2006.

similar services, St. Joseph Center's Homeless Service Center is quite far from the main downtown area, and OPCC's Daybreak Day Center is restricted to use by homeless mentally ill women.

Another possibility, either integrated with or separate from the hygiene center is a drop-in center to provide a place where homeless people can spend their days safely. Depending on how it is structured and funded, the center can offer people various opportunities for passing the time productively (with computers, books, organized groups, etc.) and gives service providers a place where they can connect people to services. OPCC's Daybreak Day Center serves this purpose, but only for mentally ill homeless women. OPCC's Access Center does not serve the same functions as a drop-in center, as people cannot stay there, it is very crowded when open for business, and quite a number of homeless people in our focus groups said they did not feel safe there. So, to some extent, does Step Up on Second's Clubhouse program.

- **Restricting the Sale of Alcohol to Inebriates** - Another inappropriate behavior is public drunkenness. Business owners could develop a strategy and collective agreement to prevent sale of alcoholic beverages to clearly inebriated people, homeless or not. Other cities have tried, or are trying, this approach,³ which has many controversial aspects that Santa Monicans would have to consider before adopting or adapting it. Among the related issues is whether there are sufficient treatment opportunities for alcoholics to go along with the restrictive mechanisms of cutting sales and criminal arrests.
- **Response to the Seriously Mentally Ill** - Some suggestions made by Santa Monica residents might help the business community develop good ways to respond to people with serious mental illness who are behaving in frightening ways. Business associations could develop alliances with some of the mental health services in town, paying them to add specific outreach staff to be on call to respond to mental health emergencies. Step Up on Second is very close to the Promenade and might be able to take on this task. Campion, OPCC's mental health program, might be another possibility, and would the new CHP Expansion Team.

Business representatives could also be extremely helpful in the ongoing campaign to influence other jurisdictions on the Westside, and ultimately also the City and County of Los Angeles, to contribute far more than they are now doing to solve the problem of homelessness. Such a campaign could have the theme "Ending Homelessness Is Good For Business." It would stress strategies such as affordable housing and job creation, and include ways that the business community could be involved in promoting, or creating, both. Here they would share these

³ See, for instance, Kelly Payne, Drying Up the Square: Good Neighbor Agreement Restricts Alcohol Sales, at *Real Change, Seattle's Homeless Newspaper*: rchange@speakeasy.org. This article also discusses the many controversies that surround such a move.

assignments with many other Santa Monica stakeholders, working together on a committee of the Community Roundtable we are recommending.

SANTA MONICA RESIDENTS AND THE GENERAL PUBLIC

For this evaluation we conducted two focus groups of Santa Monica residents, disseminated flyers for write-in comments, and created a special email to which residents could send comments. Thirty residents attended the two focus groups and we received about 130 written comments, most of which came by regular mail. Most of the residents participating either in person or by mail or email had lived in Santa Monica for ten years or more. Among the mail-in respondents, many were homeless, had been homeless, or worked with the local network of homeless assistance providers.

Comments from residents fell into a number of broad categories. The first could be characterized as “pained compassion.” People in this group were proud that Santa Monica was trying to help homeless people and felt they should be helped, but were very heartfelt in their descriptions of how the presence of many homeless people in the parks, on the beaches, and in other places meant that they and their children were no longer able to use the very attractions that they liked most in Santa Monica. Many said they would volunteer to help if they knew what to do or where to do it, but they also felt afraid of homeless people and wanted the people that made them feel afraid removed from the streets. Several characterized themselves as “speaking for the majority of quiet Santa Monicans.”

Quite a number of comments pertained to meal groups and expressed a strong preference for seeing those groups moved inside, or to an area outside the parks, where people could be accommodated and fed, and where they could come into contact with social services, but where the activity would not create encampments in public spaces or be visible to the public. Everyone who mentioned the meal groups felt that having them distribute food in the parks has contributed to the parks becoming unusable by city residents.

About one-fourth of the write-in comments but very few of those from focus group participants revolved around “enforcing the law” and “getting rid of the bums.” This group of people who wrote in felt that homeless people are taking over the best parts of the city and were hurting the

quality of life for Santa Monica residents. Many wanted more ordinances or more aggressive enforcement to keep homeless people from panhandling, begging, loitering, and hanging out on the streets. Many said they were afraid of the homeless people in their neighborhoods, and wanted to be more like Beverly Hills and spend more resources toward forcing homeless people out of Santa Monica. Many in this group disliked the services Santa Monica provides and believed they attract more homeless people. A variation on this theme was the idea of separating the “homeless people” from “the bums,” so one could help the homeless people who are willing to help themselves, and reject or remove “the bums” who are not willing to try or are homeless by choice.

An equally large group of write-in responses and a sizable part of the focus group respondents commented on the need for *more* services, both short- and long-term, and perhaps services with somewhat different configurations. Short-term services mentioned included medical and food services, and temporary housing. Many people thought that homeless people should have a place to hang out that would get them out of public areas. Another large issue was the lack of public bathrooms, and how local businesses were closing their bathrooms to the public because they did not want to play host to homeless people. Many people thought that an increase in public bathrooms was now necessary not only for homeless people, but for tourists and other Santa Monica residents. A few people mentioned having bathrooms that cost a minimal fee. Many people supported charging homeless people a small fee for participating in meal programs or public bathrooms. Many respondents asked for increased mental health treatment services as well.

In addition to a belief that more services are needed, some people felt that it was not easy for homeless people to figure out where to go for services – that while many services existed, no road map for accessing them was available. They suggested a map, booklet, or list of available services as a way to overcome this gap. Homeless people themselves suggested a facility that would serve two purposes – as a drop-in center where people could stay for at least part of a day, thus getting them off the streets, and as a place where they could find out about and be put in contact with available services.

Another one-fourth of write-in responses noted that the greatest deficit was affordable housing. Many respondents blamed the lack of affordable housing and rising property values as the reason for people being homeless. Many people referred to local politicians who had been advocating for converting certain buildings to affordable housing units, or moving tenants in units with rising rents to affordable housing in other areas. Also people wanted more job training and placement services.

Along with these comments came the recognition that Santa Monica's neighbors needed to do *much* more, and that Santa Monica was already doing its fair share. Criticism of the attitudes and resistance of Los Angeles and Beverly Hills was common. Many people wanted regional solutions, and for other areas to provide services for their homeless community instead of leaving it to Santa Monica.

ROLE OF THE GENERAL PUBLIC IN SANTA MONICA

Residents of Santa Monica must be part of the solution to homelessness. At present most feel left out and frustrated, while an increasing percentage appear angry enough to begin voting for "tough-talking" politicians who espouse simple but ultimately unworkable approaches to homelessness. The best way to relieve the pressure of homelessness on Santa Monica is to induce the remaining Westside communities, and ultimately the rest of the county, to assume their fair share of the responsibility for ending homelessness.

If, as we suggest in chapter 1, all the stakeholders in Santa Monica will need to be involved in crafting a satisfactory response to homelessness, what are the roles for the general public? An obvious answer is to work with others in the new Community Roundtable, to create a strategic plan for Santa Monica that addresses everyone's issues. It is essential that members of the general public educate themselves about homelessness and viable responses to it. A committee of the Community Roundtable recommended by this evaluation should be established to address the concerns of residents in areas impacted by large numbers of homeless people. The committee should include residents, business people, and representatives of the Police, Open Space Management, and Environmental and Public Works Management Departments, who would work out approaches to controlling inappropriate uses of private property in the residential

areas impacted by homelessness, perhaps by reallocating police to those areas once the business community has put a more extensive “Clean & Safe” program in place to help regulate the main business areas.

As any approach with a chance of working will involve several components, the whole set should be developed together and its joint operation and potential impacts thought through. It will probably turn out that the approach will need to be implemented in stages – for instance, the “Clean & Safe” part might have to be well under way, and people would have to have a sense that it was making a difference, before it would be reasonable to start reassigning police to other areas. The resident and business representatives on the committee would want to be part of a monitoring plan to assess progress, and the committee would want to set up a timetable for deciding that it was time to move on to a next step or revisit the step in progress to make adjustments if the results were not as expected.

ORGANIZING AND SUSTAINING A PUBLIC EDUCATION CAMPAIGN

Another important role for residents within Santa Monica is helping to develop an extensive and ongoing public education campaign, and helping the business community to implement any anti-panhandling campaign it develops. An ideal toward which such campaigns could be aspiring is to be sure that all residents are asking themselves “How can I contribute to ending this problem?” and then acting.

There is a real need to educate the community in Santa Monica and beyond about homelessness, and to give residents and homeless people a chance to interact in productive rather than hostile ways. Given the problem’s number one ranking throughout the city, the level of public discourse around this issue needs to be much less polarizing and better focused. All Santa Monicans should know and understand that superficial and simplistic “solutions” to homelessness—whether it is “just arrest them and put them in jail” or “stop feeding them and they’ll go away”—are not likely to work. Some of these “solutions” have actually been ruled unconstitutional (e.g., ban panhandling). Others do not recognize constraints on current systems (e.g., that the Santa Monica jail cannot hold people more than 48 hours, and that the LA County jail often releases

offenders charged with misdemeanor offenses after they have served as little as 10% of their sentence).

These facile comments, which abound in the media, in campaign literature, and even among some individuals and agencies responsible for addressing homelessness, are largely a reflection of the severe frustration many people feel, but they also reflect a poor understanding of the problem, how it can be solved, and what can be done to prevent it in the first place. The dialogue has to get beyond these “silver bullets” and grapple with the real issues if Santa Monica is to develop real solutions. The public education campaign also needs to address the inappropriate demonization of homeless people and of some of the groups trying to help them. This demonization is real and should be acknowledged and stopped. Homelessness – not homeless people – is the appropriate target of outrage.

Important issues to be raised as part of this campaign might include: the real causes and consequences of homelessness; the need for more affordable housing and permanent supportive housing; how developing affordable housing does not depress neighboring property values and other authentic information that will dampen the not-in-my-back-yard response; special initiatives such as anti-panhandling campaigns that do not violate constitutional rights; the special needs of some groups of homeless people (e.g., seniors, youth, families, people with disabilities); what one can do to help, and so on. In short, homelessness as an issue in Santa Monica needs be de-politicized in the sense of campaign posturing and re-politicized in the direction of crafting *effective* solutions and political advocacy.⁴ The Community Roundtable should include a committee to develop and oversee such a campaign, and public education efforts need to happen on an ongoing basis. Some of the techniques that Portland/Multnomah County used to develop its 10-year plan, such as holding “coffees” where homeless people and residents can meet and get to know each other, might be adapted for Santa Monica and especially for its neighbors on the Westside.

⁴ Much of this advocacy needs to be directed outside of Santa Monica, at regional, state, and even national leaders, a topic we discuss further in the next section of this report.

Public education activities need to be ongoing and general as well as responsive to local developments. So, for example, when a neighboring community rejects a proposal for a shelter or a psychiatric urgent care facility, letters should be written to the editors of papers in that neighboring community, not just local Santa Monica papers, and partners in the business and faith-based communities should also react to educate their peers in the neighboring community. Similarly, when letters in local papers propose solving the homeless problem by “just arresting them,” the community needs to be reminded that the local jail is a system like any other (with costs and a fixed capacity) and cannot take the place of a shelter or a mental health treatment facility.

The greater Los Angeles community includes some of the most creative, talented, influential, and affluent individuals in the country. One can very easily envision a major national campaign centered on the problem of homelessness coming out of LA, a city known by some as the homeless capital of the country. The campaign could have both national and local components and engage the pro bono services of top-tier ad agencies, film directors, and entertainment industry “stars” (many of whom are interested in supporting causes having to do with social justice and public welfare). The complexity of homelessness as an issue would also lend itself to individual supporters “adopting” sub-issues of particular interest to them: mental illness, substance abuse, domestic violence, elderly, homeless children, veterans, immigrants, hunger, housing, and the like. The campaign could even raise funds by enlisting the cooperation of major retailers, as is being done in the (RED) campaign founded by Bono and Bobby Shriver for women and children affected by HIV/AIDS in Africa (see <http://www.joinred.com/>).

ROLE OF THE GENERAL PUBLIC IN INFLUENCING SURROUNDING COMMUNITIES

Once Santa Monica residents have begun participating within the city as part of the solution, they will be well situated to help in the larger campaign to get other Westside communities to shoulder their part of the burden. Instead of, or in addition to, writing letters to the Santa Monica newspapers, they could be writing letters to the local newspapers in surrounding communities, carrying the message of what it will take to end homelessness. They can talk with their friends in surrounding communities, educating them to the facts about most homeless programs – that they do not lower property values, can be done so as to blend in with communities, and so on,

which they will know as a result of participating in Santa Monica's public education campaign. They can attend city council meetings of neighboring communities, getting to know council members and talking with them about possibilities, as a number of residents who came to focus groups for this evaluation were doing. And they can work with people in their own faith communities, in Santa Monica and elsewhere, as suggested below.

CONGREGATIONS AS A POTENTIALLY POWERFUL VOICE

The Westside Shelter and Hunger Coalition has recently developed an alliance with faith communities in and around Santa Monica to further the cause of addressing homelessness. The group of congregations (churches and synagogues) represented is as yet small, but has tremendous potential for growth. As part of this evaluation we met with ministers and rabbis of several congregations involved in this alliance and had a lively discussion of possible roles they could play in two arenas – Santa Monica itself, and beyond Santa Monica in other Westside communities. The basic steps would be:

- Educate themselves on the needs and the issues in Santa Monica and participate in the Community Roundtable to develop solutions for Santa Monica;
- Help develop a public education campaign about homelessness, subgroups among homeless people, successful routes to leaving homelessness, the role of affordable housing and housing subsidies, and the need for supportive services for those with disabilities;
- Use the materials developed to spread the campaign to affiliated congregations in neighboring communities. (Those present at the evaluation meeting were each able to think of 10 to 12 congregations within their own denominations in surrounding communities with which they could begin to work);
- Develop this network of faith communities to exert influence on the politicians, city agencies, and general public of surrounding communities in ways that would affect decisions about homeless program siting, investment in affordable housing, and similar issues – toward a fairer distribution of programming and services throughout the Westside, as well as simply more programming of appropriate and needed types;
 - Mechanisms include discussing from the pulpit, writing letters to editors, attending city council meetings in neighboring communities and asking to speak, holding informational “coffees” with friends and neighbors, and others;
- This approach could potentially spread even further throughout the county, and the City of Los Angeles, to influence budget and ballot decisions.

THE CITY COUNCIL

Homelessness was a burning issue in the 2004 and 2006 Santa Monica City Council elections, and will undoubtedly continue to be so for some years to come. As part of this evaluation, the Santa Monica City Council selected three members to meet with us, representing a variety of positions and opinions on the issue of homelessness. Their views and concerns largely reflect those of their constituents, which as we have seen are diverse and complex. These include protecting private residences and businesses from imposition by homeless people, establishing city ordinances and being committed to their enforcement, desiring to serve homeless people who sincerely want and try to leave homelessness but not enabling continued homelessness for those who do not, working to influence surrounding jurisdictions to do more to help reduce homelessness, and supporting local homeless assistance services while trying to assure that they are run as efficiently and effectively as possible. Although it may feel that the balance of attitudes on City Council has been shifting in the last few years more toward enforcement, in fact the 1991 Call to Action recommended and the City Council of those years enacted quite a number of ordinances to try to control the behavior of homeless people on Santa Monica's streets. So Santa Monica now has a dual reputation – nationally, as one of the “meanest cities” in the country because of the ordinances on its books,⁵ and as “a good place to be homeless” among homeless people in Los Angeles County and beyond.

In September 1994, the City Council also passed an ordinance articulating city policy with respect to providing coordinated delivery of services to homeless people.⁶ This ordinance set out requirements for a coordinated plan for homeless service delivery to “maximize the efficient and cost-effective delivery of services to a reasonable number of homeless recipients taking into account the City's limited financial, geographical and social resources, all other demands on these resources, and services provided in neighboring communities.” The plan called for an annual review of homeless services, including a public hearing regarding the impacts of homelessness; the effectiveness of service delivery; the costs of services; and proposed changes

⁵ National Coalition for the Homeless and National Law Center on Homelessness and Poverty. *A Dream Denied: The Criminalization of Homelessness in U. S. Cities*. January 2006. Santa Monica is # 9 of the “20 meanest cities.”

⁶ 2.69, added by Ord. No. 1768CCS § 6 (part), adopted 9/13/94.

to the plan. The ordinance also called for the plan to “prevent an increase and, wherever feasible, reduce, overall City expenditures relating to homeless services.

Obviously the City Council approves city expenditures related to homelessness, including the expenses of running city government departments affected by homelessness and the grants and contracts awarded to the agencies providing homeless services in Santa Monica. The Social Services Commission, appointed by the City Council, has tried to get a handle on the city’s contribution to homeless services by requesting the “homeless budget” that we reviewed in chapter 3. The 1994 ordinance expressed the explicit goal of preventing an increase or reducing overall City expenditures on homeless services whenever feasible. Between 1994 and 2006, the number of homeless people to be served has increased and the problems that service providers are expected to address and resolve have increased in complexity. In addition, new programs have opened. However, given the goal limiting the increase of expenditures for homeless services, these new programs have been limited in the amount of city funding they could receive unless funding was cut to another program. Service providers have responded by raising money elsewhere. As the proportion of service agency budgets coming from Santa Monica general funds shrinks (it currently ranges from less than 1 percent up to about 17 percent, depending on the agency), it becomes less and less reasonable for the City Council, or city agencies, to believe they have the ability, or the right, to “control” the homeless assistance network. The days are long past when city funds contributed the majority of support for the agencies that now comprise the Santa Monica Continuum of Care.

To our minds an essential implication of these facts is that the solutions lie not in efforts to control but in collaboration on developing and implementing a 5- or 10-year strategic plan. Further, the agencies receiving Santa Monica funds to deliver homeless services are doing a good job under very trying circumstances. None are failing or “bad” programs; in addition, as a group they seek to reduce duplication and use existing services to help clients whenever possible. But they do face an enormous task in trying stretch limited resources to assist many people with many barriers to leaving homelessness. The right approach is not to take money away from any program that now has it, but to work with programs to increase the resource pool.

The City Council has also been active in addressing homelessness and looking for solutions by supporting the special representative on homelessness to work with the Westside and the rest of the county, by working with the Westside Council of Governments (COG) and the committee that drafted *Bring LA Home!* (Los Angeles County's 10-year plan for ending homelessness), and by funding this evaluation. All of these efforts are useful, and important steps in the right direction. But however important the City Council is as the elected body governing Santa Monica, and however essential its collective and individual efforts, it is only one of the stakeholders who need to come together to develop an overall plan for the city and its neighbors. It is not set up to create that plan by itself, nor should it do so.

The City Council could, however, authorize or convene the Community Roundtable, inviting all stakeholders to participate.⁷ It could establish the expectation of working toward concrete plans and reporting on accomplishments, and offer one venue for reviewing the results. It very much helps the legitimacy of an effort such as the Community Roundtable when one or more of the leading local elected officials sponsors it, or takes it on as a project to be championed. The Council would not “control” the Roundtable or its decisions in the sense of having veto power over them, because that would belie the basic nature of the Roundtable as a collaborative and cooperative effort. But obviously the Council, as the entity in charge of the city's budget and the responsibilities and actions of city departments, would be part of any decisions that involved commitment of city resources, just as homeless assistance agencies would be part of any decisions involving how new programs would be defined and existing ones modified, and members of the business community would be part of decisions in which its resources would be involved.

Council members interviewed for this evaluation were interested in the idea of a Community Roundtable, as we are recommending, recognizing that no one set of stakeholders has the scope

⁷ Having the City Council convene the Roundtable is one option among many. It does have implications with respect to the Brown Act and having to hold all meetings in public that might get in the way of progress when complex technical issues need to be worked out. In some other communities, interested parties, including some public agencies and some private stakeholders, have simply announced a general meeting to start the process, publicized it widely, and invited all interested parties to attend. It also happens that participants in such a process join in midstream, as the Roundtable seems to be making progress and they can see that it is a useful and productive activity.

or the power to resolve the problems of homelessness by itself. Council members can do a tremendous service to the city, as the Community Roundtable gets underway and plans take shape, by resisting the almost irresistible urge to politicize the issue and allow slogans and one-note “solutions” to override the painstaking process of developing thoughtful plans for approaches that can actually be put in place. Further, in addition to being active in the Community Roundtable process as representatives of their chief constituents, be they business people, residents, or service providers, Council members can encourage those stakeholders themselves to play active roles in ways we have suggested throughout this report.

PEOPLE HOMELESS IN SANTA MONICA

People homeless in Santa Monica are a rich source of information about what can be done to help homeless people, what services and service structures would be appealing and useful, what the problems are among homeless people, and even what approaches might work with some of the most difficult issues confronting the city. For this evaluation we conducted three focus groups with homeless people, interviewing about 30 individuals. Two groups included people from homeless assistance agencies, while the third group was made up of people who use the outdoor meal programs. In addition, we received input through mail-in and email correspondence from homeless and formerly homeless people.

Remembering that most of the people we interviewed are already connected to a program, it is still important to understand that others have tried but could not get in because capacity is so limited. Several people spoke of approaching SAMOSHEL several times over the course of three months but still not getting in – not surprising given the number of beds available. Others spoke of understaffing at agencies when they did ask to see a caseworker. When caseloads for individual caseworkers are in the hundreds, any person trying to get connected to services cannot receive adequate attention or continuity of services. Homeless people who work still say they have to make a choice of eating or housing. Some described those as their alternatives even before they became technically homeless. Some of the homeless people we interviewed are volunteers with homeless programs to help others, even while they themselves are homeless. Most do not like to smell bad, but note the paucity of showers; others cited showers as a reason

they were in Santa Monica, because they were working and needed the showers to be able to clean up to go to work, and other communities provided even less than Santa Monica.

Some of the specific suggestions for change in Santa Monica that we make in this report came from the input of homeless people, including the need for a hygiene and/or drop-in center downtown and the need to look at structures for accessing services. Homeless people are the best source of information for why they came to Santa Monica, as most came from somewhere else. They identified many reasons, including safety, the weather and general pleasantness of the city, the relative easiness of being homeless in Santa Monica compared to many other communities, and that here there were services that could help them leave homelessness. They could help with ideas for what it would take to stop the flow or help people return to their home communities.

Homeless people in our groups expressed sentiments similar to those of Santa Monica residents in wishing that police would control the “violent elements” among people on the streets, and reported that violence seems to be getting worse, that they believe there are more teenagers and more drugs, and that they need police protection just as do the city’s housed residents. They expressed difficulties in getting police to pay attention to crimes *against* homeless people, because the focus was so much on trying to control homeless people vis á vis residents and businesses. Some agreed with recommendations to address public drunkenness and aggressive behaviors of people with mental illness, as they are at least as likely to be victims of these activities as are housed residents. Others said that people came to Santa Monica who *wanted* to get help. They felt that the way the cold/wet weather shelters are used in winter – always filling up and probably able to fill up twice over – is indication that people *want* to be off the street, and would go into shelter if it were available. Many who had tried to access services said there is not enough help and what there is is fragmented. As one person described it, “there are too many lines, lines for every different thing.” Many of the people we interviewed recognized their own need for help with emotional or addiction problems, but have not been able to get the relevant help. Homeless and formerly homeless people should be included as stakeholders in the Community Roundtable and its various committees.

THE WESTSIDE AND THE COUNTY

It is clear to almost everyone in Santa Monica that the homeless people in its streets and homeless assistance agencies come from many places beyond Santa Monica, as well as from the city itself. In chapter 1 we discussed the many reasons why this is the case. Further, in chapter 3 we detailed the many sources of financial support that Santa Monica homeless assistance agencies receive from Los Angeles City and County public agencies, which may in some measure correspond with the outside-of-Santa-Monica geographic origins of the people being served. Those sources totaled \$5.3 million in FY 2005-2006, including over \$3 million in services for people with serious mental illness and another \$1.5 million for substance abuse services, and were augmented by over \$2 million in housing vouchers. So the idea that sources outside of Santa Monica do not contribute to resolving homelessness within Santa Monica is not true. Rather, the existence and extent of those contributions has not often been recognized. However, the bulk of the “outside” money comes from Los Angeles County agencies, with the rest coming mostly from the City of Los Angeles’ housing authority in the form of housing vouchers. No money to support services in Santa Monica appears to be coming from the many smaller cities in the county from which homeless people come, nor are those cities currently volunteering to be the location of new service programs.

SIGNS OF CHANGE, HOWEVER GLACIAL

Up until about two years ago, neither the City of Los Angeles nor Los Angeles County had any major initiatives under way to address homelessness, no office for which reducing homelessness was a primary mission, no commission or task force charged with developing a plan, and little or no homeless-specific funding that used local general fund dollars. This does not mean that homelessness was cost-free for Los Angeles or the county. Indeed, both can be assumed to incur considerable, though uncalculated, costs associated with homeless people’s use of public hospital emergency rooms, inpatient wards, and general assistance, and their involvement with law enforcement and corrections. Beside these costs, occasional outlays for cold weather shelter are negligible.

The last two years have seen some important new initiatives that suggest a window of opportunity to stimulate significant change that Santa Monica should do everything in their power to encourage and augment. These include:

- Efforts to expand the supply of affordable housing and to find more resources to subsidize housing for homeless people with disabilities.
 - Los Angeles Mayor Villaraigosa's commitment to finding the funds to develop more subsidies for chronically homeless people, and the \$1 billion bond for developing affordable housing that he placed on the November 7 ballot for voter approval. The bond measure failed because it needed a two-thirds vote, but more than 62 percent of the voters voted for it – suggesting there is considerable favorable sentiment to build on.
 - A *state* affordable housing bond measure *did* pass, providing \$2.85 billion to develop affordable housing for various income levels including chronically homeless people. Los Angeles housing developers will be able to access these funds.
- A new County office under the Chief Administrative Officer with a focus on housing and homelessness, and serious work on housing options within the City of Los Angeles Housing Department.
- County general fund money to address homelessness – for the first time.
- New state money from the Mental Health Services Act to provide mental health services, for which Los Angeles County was among the first to develop a plan and have it approved.
- Developing *Bring LA Home!*, LAHSA's version of the type of 10-year plans to end homelessness that join 90 other completed plans from around the country (another 100+ are in process). Unfortunately, the plan lacks an implementation strategy that specifically assigns responsibility for accomplishing stated goals and that identifies specific resource commitments for all recommended actions. As implementation strategies for specific regions are developed as a follow up to *Bring LA Home!*, Santa Monica may be able to influence specific areas of the county. But *Bring LA Home!* may not be the best, and is certainly not the only, vehicle for Santa Monica to have broad influence across the County.

New County Funds

Los Angeles County has two major new funding sources for homeless services that are already poised to benefit Santa Monica. In an unprecedented action, the Los Angeles County Board of Supervisors approved the county's first-ever, homeless-specific funding in response to a strategic plan and budget request put forward by the Special Needs Housing Alliance. Alliance members

are county-level agencies including the Community Development Commission (CDC); the City Administrative Officer (CAO); the county Housing Authority (HACoLA); the departments of Mental Health, Public Social Services, Probation, Child and Family Services, Health Services, and Community Senior Services; and LAHSA. The CAO and CDC are co-chairs. Their strategic plan is the result of several years of thinking through what it will take to provide adequate housing and supportive services to several groups of people with special needs, including people with serious mental illness, high-risk youth, domestic violence victims, and the elderly.

Santa Monica has already benefited from the new county resources, which are the source of funding for the new Homeless Community Court negotiated with Supervisor Yaroslavsky by Mr. Edelman as part of his work as Santa Monica's Special Representative on Homelessness. Similarly, funding for the relocation and expansion of Daybreak Shelter and Safe Haven came from an allocation of \$1.1 million to Westside programs from the County Board of Supervisors in September 2006 (the funds are the first portion of \$3.6 million allocated for the 3rd district from a pot of \$20 million for homeless programs throughout the county).

The Board of Supervisors also created an office of housing and homelessness within the county's Chief Administrator's Office – another first. Along with LAHSA, this new office is an obvious focal point for future influence by Santa Monica and other Westside communities. Mr. Edelman, as Santa Monica's Special Representative on Homelessness, has been working to influence the future shape and direction of LAHSA, and presumably will be doing the same with the new county office.

Mental Health Services Act Funds

The second new source of funding flows to each California county from the state Mental Health Services Act (MHSA – the legislation that turned Proposition 63 into an actual state program generating at least \$600 million a year for mental health services). Los Angeles County was among the first to develop its plan for allocating the MHSA funds and have the plan approved, making about \$70 million available in the county for FY 2005-2006. Los Angeles County can expect to receive at least this much annually from MHSA. The Los Angeles Department of

Mental Health (DMH) administers the funds and issues requests for proposals based on a service plan developed with input from many stakeholders. Funding allocations are by Service Planning Area and then for specific types of services within each area. Step Up on Second is the recipient of a new grant from MHSA funds to create a full-service partnership to aid long-term homeless people with serious mental illness and, in all likelihood, substance abuse problems.

A psychiatric urgent care center on the Westside has long been an articulated need, to relieve the pressure on local emergency rooms of patients with mental illness or in emotional crisis. Psychiatric urgent care centers provide mental health evaluations, counseling, medications, help with co-occurring substance abuse problems, referral to needed services, and placement in emergency shelter or transitional housing as needed. They are available 24 hours a day, 7 days a week, but the longest a person can stay is 23 hours and 59 minutes – that is, they do not provide overnight care. Members of the Westside COG and many Santa Monica and Westside stakeholders have advocated and lobbied for a Westside urgent care center for years. Tentative plans by DMH to support an urgent care center received a major boost from MHSA, as the center was included in the county's MHSA plan. In early December, shortly before this report became public, DMH announced that Exodus Recovery would indeed be opening an urgent care center at Brotman Medical Center, and it actually began receiving patients very quickly, in mid-December 2006. Siting of this new facility was not easy, but its existence will relieve the pressure on local emergency rooms and promote connection of people with serious mental illness, including homeless people, to needed services.

In addition to the potential that these new funding sources flowing through DMH and other county agencies will benefit the Westside, DMH is open to the possibility of supporting direct services through or to Santa Monica Continuum of Care agencies if a case can be made for their need. DMH already supports programs at Step Up, which is to be expected because Step Up is officially a mental health agency. In addition, DMH provides funds for psychiatric services to CLARE, New Directions, and a number of other programs and services within OPCC (e.g., “dual-diagnosis” within the Access Center, Champion, Daybreak, and Safe Haven). A needed service (mentioned as a gap by most of the Continuum of Care agencies interviewed), for which Santa Monica agencies might negotiate with DMH with a good possibility of being funded, is a

psychiatrist or psychiatric nurse practitioner qualified to assess need for psychotropic medications and then prescribe and monitor medications for clients with serious mental illness. The need is for this service to act as a type of “circuit-rider,” coming to the physical locations where homeless people are (i.e., the access centers and other programs), because successfully negotiating the procedures at DMH clinics such as Edelman Mental Health Center is often more than homeless people with serious mental illness can manage when they first respond to outreach and engagement services. A procedure far more likely to result in good outcomes for homeless clients is to bring the service to them, and to have it offered by people who want to work with homeless people. Once clients are stabilized on medications and have become somewhat more comfortable with service agencies, they can transfer to ongoing care at a DMH clinic. Such provision of DMH psychiatric services on-site at Santa Monica service providers is proposed to be piloted as part of the Santa Monica Homeless Community Court beginning early 2007.

LAHSA as a County Focal Point for Change

Historically, LAHSA has functioned mainly as a mechanism for completing the annual application for HUD funding and administering the resulting grants. It had inadequate funding for staff to provide leadership in planning or mobilizing local resources and commitments, nor did it have resources to serve as the focal agency for efforts to end homelessness. LAHSA may be poised to enter a new era at this time. It has a new executive director who seems to be determined to develop agency capacity to lead the county in planning and implementing strategies to address homelessness. Hopefully the fact that she was selected for the directorship means that those in leadership positions who were part of the selection process are interested in seeing the agency take on a greater role in guiding a county process of system design and development. For the first time, LAHSA is requesting a budget allocation from both the City of Los Angeles and Los Angeles County government budgets, to provide the resources to support a leadership function within the agency. Some Santa Monica stakeholders have already met with the new director, who is a Santa Monica resident.

On the other hand, county agency processes are also changing and have both a head start on LAHSA and real resources to act on plans that have been in development for several years. The Special Needs Housing Alliance’s strategic plan contains more than 80 recommendations, many

of which were specific to county agencies. With the County Board of Supervisors' appropriation of \$80 million in one-time general funds as well as \$20 million that are expected to recur annually, these agencies are moving to act on the recommendations they developed through the Alliance's strategic planning process, as is clear from resource commitments recorded in minutes of the Board of Supervisors' meetings. In addition to working with LAHSA to help move that agency toward an effective planning and resource development and distribution function, Santa Monica will want to gain as much knowledge as possible about where county agencies are going, how their changes might affect Santa Monica, and how Santa Monica might work with county agencies to fulfill some of its own priorities.

Working to Increase the Supply of Affordable Housing Countywide

Obviously ending homelessness entails moving people into one or another type of housing where they can stay indefinitely as long as they pay the rent and abide by the requirements of tenancy. It is important for plans to end homelessness to include a component for developing or subsidizing housing, because without the ultimate availability of housing, service providers and others working with homeless people cannot "solve" their homelessness. They can alleviate homeless people's misery, provide them with health care and job skills, and even mitigate the impact of homelessness on the community (for example, by providing access to hygiene and drop-in services), but that is all. It is very important to understand that without investments in housing, the entire homeless service system will likely fall short of ending homelessness or even seriously reducing it.

A recent study comparing housing production expenditures in six major cities – Los Angeles, San Diego, San Jose, New York, Chicago, and Phoenix – found that San Jose spends the most on affordable housing production (\$102 per person) while the City of Los Angeles (the second largest city in the nation) spends nearly the least per person (\$43 per person).⁸ In Santa Monica, nothing should be done to make it more difficult to produce affordable housing, which means that Santa Monica's exemption that allows "fast-tracking" of affordable housing projects should

⁸ See Kate O'Hara (2003) Affordable Housing Production: Comparing the Expenditures of Six U.S. Cities, Southern California Association of Non-Profit Housing, for the City of Los Angeles, Housing Department. Available at http://www.scanph.org/Publications/production_expend_0604.pdf

be renewed. With respect to promoting action in the county as a whole, Santa Monicans may have new allies in Los Angeles Mayor Villaraigosa and the county's Chief Administrative Office. The departing CAO was a supporter of efforts to find solutions to homeless and housing issues; it will be important to work with the new CAO to develop the same or an even greater level of commitment.

In addition to efforts to produce more affordable housing, at which Santa Monica excels through its nonprofit housing developer, the Community Corporation of Santa Monica (CCSM), efforts must also focus on creating permanent supportive housing (that is, housing with rent subsidies and services to help people sustain housing), which will be needed if those with lengthy homelessness and disabling conditions are to leave the streets. Creating adequate supplies of permanent supportive housing at the scale needed will require very fundamental systems change.⁹ Advancing such systems change is likely to be one of the Community Roundtable's most important responsibilities. Working with surrounding communities to do so will be part of the job, as the housing should not all be in Santa Monica. The Community Roundtable might also decide that CCSM should be asked to produce permanent supportive housing, recognizing that CCSM will be able to do the housing production and management, but that formerly homeless people placed in the housing will need significant levels of ongoing support from homeless assistance agencies.

Another Element from Beyond Santa Monica – The Meal Programs

Many smaller community-based groups are also dedicated to helping homeless people and advocating on their behalf. Some are located in Santa Monica, while others come from surrounding areas to serve meals to people homeless in Santa Monica or provide them with other basic necessities such as hygiene products and blankets. Historically, there has been considerable tension between some of these groups and the city, and also between the groups and the general public, because of their perceived effects on parks and open spaces. Many people in Santa Monica believe that these groups attract homeless people to the parks and open spaces of

⁹ Grief et al. (2003), footnote 3. M. R. Burt and J. Anderson. (2006). Taking Health Care Home: Impact of System Change Efforts at the Two-Year Mark. Oakland, CA: Corporation for Supportive Housing.

the city, where they stay even when no food distribution is occurring. Their presence makes Santa Monica residents very uncomfortable about using the parks themselves, as was evidenced by much testimony at resident focus groups and write-in comments received for this evaluation, as well as much local newspaper commentary.

Yet these groups providing meals could become an important but as yet largely untapped ally in Santa Monica's efforts to address homelessness. Many of these groups have connections to street homeless people, connections that can facilitate engaging long-term homeless people and getting them off the streets once there is some place for them to go. The perspectives of these advocates and the homeless people they represent (many of whom are disconnected from the mainstream homeless service providers) are important to understand and can yield promising strategies for improving existing services.

In addition to the issue of the use of public spaces, it is unclear whether the groups offering food in this way are in a position to help homeless people connect to services that might help them leave homelessness, or how much they do this type of linkage. For several years, the city has worked to build bridges with the community-based groups that run these meal programs. An agreement is now in place to move several programs "indoors" where individuals can sit down to a meal, where service providers and outreach workers can be present, and where homeless people can connect with them and receive help to leave the streets. Restructuring the meal programs in this way should help with both elements of concern that the programs raise. Moving indoors should definitely help with the "use of the parks" component of concern. To the extent that the move to an indoor location can be coupled with increased initial access to services, more people should be helped to link to resources that can help them. It should be understood, however, that as long as there are not enough resources in the overall system to move every homeless person off the streets, improving the connection between homeless people and services will improve but not solve the problem of street homelessness in Santa Monica.

It is also important to remember that not all clients of meal programs are homeless. Many are formerly homeless people and others are precariously housed people who are stretching their resources trying to stave off homelessness. Food remains a critical need for anyone who is homeless and it is not clear that Santa Monica has a plan for its meal programs (whatever the

goals of such a plan might be). Advocates claim there are very limited city-funded food programs outside regular business hours. If this is the case, then it may be contributing to aggressive panhandling, dumpster diving, and other survival strategies. Seeking the cooperation and support of many of these meal programs (and tapping into their energy, commitment, and insights) can only benefit the community at large and may yield new insights and strategies for how best to meet the food needs of homeless people without merely enabling homelessness and dependency. The groups running these meal groups are not interested in keeping homeless people on the streets. They are committed to securing the services and supports their clients need to live off the streets with as much dignity and independence as possible. The groups that are from outside Santa Monica can also be enlisted in efforts to educate neighboring communities about the importance of doing their “fair share.” They, too, should have their place at the Community Roundtable.

CHAPTER 5

RESOURCES AND FURTHER READING

Issue # 1: Public places are used by homeless people in ways that intrude on the right or ability of others to use the same spaces.

- See materials from the Community Shelter Board in Columbus, Ohio about policies and procedures for service providers executing **Good Neighbor Agreements** within their neighborhoods. These voluntary agreements between homeless service providers and their neighbors address issues such as property maintenance and appearance, neighborhood codes of conduct, community safety, communication and agreement monitoring and compliance. The agreements are designed to promote communication, assure safety, establish long-term relationships and, most importantly, provide a structure and process for resolving conflicts:
<http://www.csb.org/publications/RL/executive%20summary%20final.doc>.
For examples of agreements, see
<http://www.knowledgeplex.org/showdoc.html?id=11758>
www.lawrenceshelter.org/gna1006.pdf
For a media article describing a successful agreement in Seattle, see
http://seattletimes.nwsourc.com/html/localnews/2003055638_homeless12m.html
- For some suggestions about developing and managing problems associated with **Safe Havens**, see http://www.homebaseccc.org/site_extras/032703.pdf.
- See an entire website full of useful information about a **Clean & Safe Program** in San Diego, California at <http://www.sdcleanandsafe.org/>. Clean & Safe teams provide maintenance services (e.g., sidewalk sweeping, trash and debris removal, power washing, graffiti removal, and landscaping and tree maintenance) and safety services (e.g., deter nuisance crimes, provide social service outreach referrals, assist visitors with directions and information, etc.). The site includes a 2005 annual report and monthly compilation of statistics reports. It also includes an online “Property Owners Survey” at <http://www.sdcleanandsafe.org/reports/survey.cfm>
- San Diego also runs a **Downtown Community Court** program that was “implemented in October 2002 to address quality of life crimes being committed in downtown San Diego neighborhoods, in an effort to protect the economic, social, and cultural viability of city life. The Downtown Community Court utilizes a non-traditional innovative approach to deal with non-violent misdemeanor offenders. Offenders are provided the opportunity to “pay” their debt back to the community through community work service, rehabilitation, and education. The Downtown Community Court benefits taxpayers by reducing recidivism in designated areas. Other benefits of the Downtown Community Court include: cleaner and safer downtown neighborhoods, community involvement in the

criminal justice process, and accountability and supervision by the Property and Business Improvement District (PBID).” See <http://www.sdcleanandsafe.org/programs/index.cfm>.

- For one community’s **feasibility study for a downtown hygiene center**, see Steeple-Jack Consulting (2004) “Studying a South Downtown Homeless Services Center: Operating Characteristics and Cost Implications,” Report to the City of Seattle, Department of Human Services, Fleets & Facilities Department. Available at http://www.downtownseattle.com/content/download/transient/IssuesCommittees/UBHumanServSthDtHomeless2004_11.pdf#search='hygiene%20center'
- See a variety of materials from The **Center for Problem-Oriented Policing** at <http://www.popcenter.org>, including their guide on panhandling (<http://www.popcenter.org/problems/problem-panhandling.htm>).
- See other communities’ **anti-panhandling campaign materials** at <http://calgarydowntown.com/panhandling/> and <http://www.killingwithkindness.com/>
- For an example of a **one-stop, multi-service center**, see Project Homeless Connect, a “one-stop shopping” opportunity for people who need help with housing, jobs, medical care and other services, while bringing together businesses, social service agencies and volunteers to provide that help at http://www.endlongtermhomelessness.org/knowledge_center/all_purpose_help_for.aspx.
- An innovative program by the **Downtown Partnership of Baltimore** will use old unused parking meters throughout the downtown area as donation coffers. Dubbed “Make A Change,” the program will collect parking meters (that are being replaced by new high-tech meters that accept credit cards), paint them bright green, and display the phrase, “Give your change to make a change for homeless people.” City officials hope the program will also decrease panhandling. See <http://travel.nytimes.com/2006/11/26/us/26meters.html?n=Top%2FNews%2FU.S.%2FU.S.%20States%2C%20Territories%20and%20Possessions%2FMaryland>
- More than 35 cities have held **one-day, one-stop shopping events**, called Project Homeless Connect (PHC). General information on these efforts can be found at <http://www.ich.gov/slocal/NationalProjectHomelessConnectPromo.html> and http://www.ich.gov/slocal/NLC_USICHProjectHomelessConnect9-07.pdf. Media articles describing these events can be found at http://www.cchealth.org/press_releases/project_homeless_connect_2006_11.php and.
- In an effort to decrease chronic inebriation among the homeless, Seattle has been trying to work with **liquor storeowners by having them sign “good neighbor agreements.”** These agreements are aimed at limiting hours of sales, not selling certain types of high-octane alcohol, or not selling liquor at all on the 1st and 15th of each month, when welfare checks are usually distributed. See media articles describing these efforts at <http://www.thestranger.com/seattle/Content?oid=3822> and <http://www.seattleweekly.com/news/0630/alcohol-impact.php>.

Issue # 2: Most people homeless in Santa Monica are from somewhere else – usually from somewhere else within Los Angeles County. What can Santa Monica do to reduce the flow of people into the city so it is handling only its “fair share” of homeless people?

No relevant references.

Issue # 3: How effective are the local homeless assistance programs funded by the City of Santa Monica? How could the performance of the overall *system* of homeless assistance services in Santa Monica be improved?

- See: Jill Khadduri of Abt Associates and her work on “Measuring the Performance of Programs That Serve Homeless People” at:
http://www.cityofws.org/Assets/CityOfWS/Documents/forms%20and%20reports/HND/Measuring_the_Performance_of_Programs_that_Serve_Homeless_07-06-05.pdf
- See: The Columbus, Ohio Community Shelter Board’s website (www.csb.org) at “results” for a report on that community’s performance measures, and contact CSB to learn more about how it created and uses performance monitoring and measurement.
- See: The Michigan Coalition for the Homeless project on performance measurement and improvement, at www.mihomeless.org. Barbara Ritter at the Coalition is the architect of Michigan’s performance measurement work.
- See: HUD's **National HMIS Technical Assistance Initiative**, a central location for communities to get current information, publications and HUD resources related to HMIS: <http://www.hmis.info> and especially their “Essential Resources” at <http://www.hmis.info/resources.asp?essential=1> and their peer-to-peer sharing documents (a Research Database from Columbus OH and Outcome Measurement Examples from Spokane WA).

Issue # 4: Many people do not know that there are successful approaches to helping homeless people, and that different subgroups among homeless people need and respond to different approaches to help them leave homelessness. The public needs to understand (1) the nature of the subpopulations, (2) that there are effective ways to help them leave homelessness, and (3) that Santa Monica is investing in approaches with strong evidence of success.

- Information on the **Partnership to End Long Term Homelessness**’ website is organized by type of homeless population at http://www.endlongtermhomelessness.org/knowledge_center/search_by_issue_topic/homeless_populations.aspx
- **International Downtown Association (IDA)**, *Addressing Homelessness: Successful Downtown Partnerships, A report of strategies to assist homeless persons with serious*

mental illness, Washington, DC, August 2003 (2nd edition). Can be located through <http://www.ida-downtown.org>, then click on “News and Resources,” then on “Publications.” It is # 5. It is not available on-line, but it can be purchased.

- See a variety of materials from The **Center for Problem-Oriented Policing** at <http://www.popcenter.org>, including their guide on people with mental illness (<http://www.popcenter.org/problems/problem-mentalillness.htm>).
- US Department of Health and Human Services, SAMSHA, **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders** at <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA04-3870/default.asp>
- The **Corporation for Supportive Housing** resource listing includes a “population specific” section <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3033>
- Federal and state **financing resources for supportive housing** (by target population) can be found at <http://documents.csh.org/documents/ke/TargetPopulationsChart3.25.04.pdf>
- See videos, brochures, and other **PR material for permanent supportive housing** from the Corporation for Supportive Housing’s Southern New England location: http://www.ctpartnershiphousing.com/index.php?option=com_content&task=view&id=73&Itemid=66
- Portland’s 10-year plan describes work done by the **Southeast Uplift Homelessness Working Group**, which “conducted more than one hundred community dialogues and sponsored several community forums to share stories between housed and homeless people.” See p. 7 of <http://www.endhomelessness.org/content/article/detail/624>. See also <http://www.vanngo.com/pro/websites/crossroads/TenYear.htm>.
- Many resources are available to inform the public at large about homelessness. **New Directions** has powerful posters portraying homeless veterans (see their website, <http://www.newdirectionsinc.org/index.htm>, for some examples).

Issue # 5: City needs to know where it fits in an overall strategy to address homelessness – what it should be doing, how it will contribute, what leadership it could provide and how, and how it will manage its own resources.

- *Laying a New Foundation: Changing the Systems that Create and Sustain Supportive Housing* provides an **introduction to the subject of system change**, based on a series of case studies from around the country. Its lessons include a discussion of ten “building blocks” that have helped change systems. Click here to download *Laying a New Foundation* (<http://documents.csh.org/documents/pubs/LayingANewFoundation.pdf>). Visit the Corporation of Supportive Housing’s publications page for more information on

ordering copies of this report. Click here to download a [summary PowerPoint](#) presentation of *Laying a New Foundation*.

- See a variety of useful materials from the **Campaign for Affordable Housing**, a national, nonpolitical nonprofit organization dedicated to dispelling the negative stereotypes surrounding affordable housing. Their web address is <http://www.tcah.org/>. Supported by a wide range of industry leaders, The Campaign for Affordable Housing promotes the benefits of affordable housing and acts as a clearinghouse for local and regional organizations.

The Campaign is dedicated to combating NIMBYism (Not-In-My-Back-Yard) and building grassroots support for government affordable housing initiatives. The Campaign does not lobby on behalf of specific policy proposals: it is solely dedicated to the message that affordable housing is an asset to our communities and that citizens who understand its value must take action to support its creation.

In the fall of 2006, the Campaign for Affordable Housing was retained by Century Housing Corporation of Southern California to design a **pilot public awareness project for targeted communities in the Los Angeles area using radio ads for public education**. The ads can be found at <http://www.tcah.org/ads.cfm>

- Some affordable housing and anti-NIMBY campaigns are focused on “**workforce housing**.” Maine State Housing Authority, for example, ran a series of ads in the autumn of 2001 featuring typical community employees with wording that indicated they can work in your community, but can't afford to live there. One ad featured a fireman, with the title saying “You can call him a hero...but you can't call him a neighbor.” Other ads featured a nursing assistant (“She can save your life...but she can't live in your community”) and a teacher (“She can teach your kids calculus, but she can't be your neighbor.”). See articles on this issue at <http://www.fanniemaefoundation.org/programs/hff/v4i2-workforce.shtml> and <http://www.nhi.org/online/issues/146/managingthemessage.html>.
- The **Workforce Housing and Land Use Committee of the San Francisco Chamber of Commerce** has made affordable housing a key element of its work. See http://www.sfchamber.com/workforce_housing_committee.htm. They also commissioned a study looking at public policies and best practices that support the development of affordable and workforce housing (e.g., streamlined and expedited planning, environmental, and other reviews; reduced parking requirements and increased density along transit corridors; green building standards; fee waivers or other cash incentives; and low-cost pre-development and construction financing.) See <http://www.sfchamber.com/BestPractices.pdf> for the full report.
- See the **Affordable Housing Design Advisor** at <http://www.designadvisor.org/> for experience and ideas from successful affordable housing projects all over the country, and the people who developed, designed and built them. Good design can make a world

of difference for the people who live in the affordable housing and for the neighborhood surrounding it.

- Many resources (including **anti-NIMBY strategies**) can be found at <http://www.hcd.ca.gov/hpd/nimby.htm>.
- Also see “**Getting Past NIMBY: Building Consensus for Affordable Housing**” from the Fannie Mae Foundation at http://www.knowledgeplex.org/kp/text_document_summary/article/refiles/art_0530_field.html
- Materials from the **Southern California Association of Non-Profit Housing** (SCANPH) can be found at <http://www.scanph.org/publications/index.html>
- A new collection of case studies researched and written for the 2006 Affordable Housing Symposium, highlights five projects developed by housing authorities using innovative partnerships and leveraging federal resources. See http://www.lisc.org/files/3727_file_housing_symp_case_studies.pdf.
- Below is a list of the many **regional, state, and national resources available to the development and financing of affordable housing**. Visit their websites to learn more about their programs, priorities and application processes:

REGIONAL, STATE & NATIONAL RESOURCES

Funding Agencies and Programs

The following governmental or quasi-governmental organizations provide subsidies for affordable housing. Visit their website to learn more about their programs, priorities and application processes.

[California Debt Limit Allocation Committee \(CDLAC\)](http://www.treasurer.ca.gov/CDLAC), available at www.treasurer.ca.gov/CDLAC

[California Department of Housing and Community Development \(HCD\)](#)

[California Housing Finance Agency \(CalHFA\)](#)

[California Tax Credit Allocation Committee \(TCAC\)](http://www.treasurer.ca.gov/CTCAC), available at www.treasurer.ca.gov/CTCAC

[Federal Home Loan Bank of San Francisco \(FHLBSF\)](#)

[Rural Development Administration \(USDA - CA\)](#)

[US Department of Housing and Urban Development \(HUD\)](#)

Nonprofit Housing Intermediaries & Loan Funds

Housing intermediaries provide a combination of information, training, technical assistance and financing to support the development, preservation and operation of affordable housing. Many of these organizations maintain extensive websites.

[Corporation for Supportive Housing](#)

[Enterprise Foundation](#)

[Housing Assistance Council \(HAC\)](#)

[Local Initiatives Support Corporation \(LISC\)](#)

[Low Income Investment Fund \(LIIF\)](#)

[Neighborhood Reinvestment Corporation \(NRC\)](#)

[Rural Community Assistance Corporation \(RCAC\)](#)

Nonprofit Housing Associations & Advocacy Groups

[California Coalition for Rural Housing \(CCRH\)](#)

[California Housing Law Project](#)

[California Reinvestment Committee \(CRC\)](#)

[Housing California](#)

[National Alliance to End Homelessness \(NAEH\)](#)

[National Coalition for the Homeless \(NCH\)](#)

[National Housing Institute \(NHI\) - publishers of Shelterforce magazine](#)

[National Low Income Housing Coalition \(NLIHC\)](#)

[Northern California Association for Nonprofit Housing \(NPH\)](#)

[Southern California Association for Nonprofit Housing \(SCANPH\)](#)

[San Diego Housing Federation](#)

[The Campaign for Affordable Housing \(TCAH\)](#)

- **Training Resources for Nonprofit Housing Owners and Managers** can be found at http://www.chpc.net/pdf/assetmanagement/training_opps.pdf#search='Southern%20California%20Association%20of%20Nonprofit%20Housing%20%28SCANPH%29'
- See **Century Housing** (a private, nonprofit corporation working as a financial intermediary for affordable housing developers in greater metropolitan Los Angeles to provide quality, affordable, attractive housing enhanced by More Than Shelter® social services) at www.centuryhousing.org and <http://www.centuryhousing.org/popup-more-affordable.htm>

Issue # 6: There is no “table” to which people can bring issues and feel that they will be resolved. This leaves every stakeholder frustrated, angry, and feeling unheard and unappreciated. In addition, stakeholders with needs and stakeholders with resources never learn that they could help each other out, nor do stakeholders who are unintentionally working at cross-purposes have a venue for working out their issues.

- Study the following **step-by-step guide to the “10-Year Planning Process To End Chronic Homelessness in Your Community”** by the United States Interagency Council on Homelessness: <http://www.ich.gov/slocal/plans/toolkit.ppt> or <http://www.ich.gov/slocal/plans/toolkit.pdf>
- Look at **effective homeless planning/implementation bodies** in other communities. Two strong examples are the Community Shelter Board in Columbus, Ohio (<http://www.csb.org/>) and the Coordinating Committee to End Homelessness in Portland, Oregon (<http://www.portlandonline.com/bhcd/index.cfm?c=39871> and <http://www.portlandonline.com/bhcd/index.cfm?c=43827>).
- Look at the following 2006 analysis of **“Innovations in 10-Year Plans to End Chronic Homelessness”** by the U.S. Interagency Council on Homelessness:

http://www.endlongtermhomelessness.org/knowledge_center/plans_end_longterm_homelessness/innovations_in_10_year.aspx.

- Study the **10-year plans of other communities**. Ninety local communities have completed their own 10-year plans to end homelessness and they can found at <http://www.endhomelessness.org/section/tools/communityplans>.
- The National Alliance to End Homelessness has recently conducted a **review of the 90 completed 10-year plans**, noting what strategies they adopt, who is targeted, and how well the plans identify resources that increase the chances that they are actually implemented. The report can be found at <http://www.endhomelessness.org/content/general/detail/1397>.
- Few 10-year plans are strong on every possible dimension of interest but those that are strong in some areas *and* are strong on implementation include Portland, Atlanta, Denver, Quincy, Scranton, and Cape Cod. **We especially recommend that Santa Monica read Portland's plan**. It can be found at <http://www.endhomelessness.org/content/article/detail/624>.
- For a **sample of the goals specified in 10-year plans** from a variety of communities, see http://www.pinellascounty.org/homeless-policy-group/pdf/sample_goals_040105.pdf
- The importance of “**Giving Voice to Homeless People** in Policy, Practice, and Research” cannot be overemphasized, see <http://aspe.hhs.gov/homeless/symposium/5-CONSUMR.htm> for a discussion of this issue.
- See materials and resources from the Partnership to End Long Term Homelessness at <http://www.endlongtermhomelessness.org/default.aspx>. The Partnership was “created to **galvanize the philanthropic leadership and dollars** needed to end long-term homelessness in America. Serving as an open knowledge network for funders, the Partnership shares strategic thinking, wide-ranging experience, and expertise to prevent and address long-term homelessness.” See especially their Knowledge Center at http://www.endlongtermhomelessness.org/knowledge_center.aspx.

Issue # 7: Having good data and a good mechanism for using the data would support action, assessment of progress, and trouble-shooting to promote forward movement on every other issue.

- HUD's **National HMIS Technical Assistance Initiative**, a central location for communities to get current information, publications and HUD resources related to HMIS: <http://www.hmis.info> and especially their “Essential Resources” at <http://www.hmis.info/resources.asp?essential=1> and their peer-to-peer sharing documents (a Research Database from Columbus OH and Outcome Measurement Examples from Spokane WA).

- **Consult with people/communities that do contracting/auditing well:** Barbara Poppe of the Community Shelter Board in Columbus, Ohio; Barb Ritter of the Michigan Coalition Against Homelessness (for statewide HMIS, data warehousing, links to mainstream systems, etc.); Jill Khadduri of Abt Associates and her work on “Measuring the Performance of Programs That Serve Homeless People” at: http://www.cityofws.org/Assets/CityOfWS/Documents/forms%20and%20reports/HND/Measuring_the_Performance_of_Programs_that_Serve_Homeless_07-06-05.pdf
- **Swipe card technology** can be used to monitor and track homeless clients throughout Santa Monica’s CoC system and even regionally if the technology is adopted widely. For a description of this technology in Memphis, Tennessee See p. 3 of the newsletter published at <http://www.hmis.info/documents/2005%20October%20Newsletter.pdf>. The article notes that the swipe card technology is relatively inexpensive and easy to use, and that check-in time at a local emergency shelter for men has been cut in half from three to four hours prior to use of the new technology to just over one hour. “With the benefits of faster and easier client check in, staff now state that they can’t imagine going back to the old manual system. Mission staff first installed the swipe card system in 2003 but have now transitioned to a more sophisticated system of thumb imaging or scanning of thumb prints which are more reliable as some clients frequently lose identification cards. Staff at the Mission report that both technologies are “wonder tools” for agencies with large numbers of check-ins on a nightly basis.”

APPENDIX A

PEOPLE INTERVIEWED OR CONSULTED FOR DATA AND OTHER INFORMATION

LOCAL ELECTED OFFICIALS

Santa Monica City Council
Mayor Richard Bloom
Mayor Pro Tempore Herb Katz
Councilmember Bobby Shriver
Los Angeles City Council
Councilmember Bill Rosendahl,
Council District 11

HOMELESS ASSISTANCE AGENCY STAFF

Chrysalis

Adlai Wertman, President and Chief
Executive Officer
Sharon Spira-Cushnir, Chief
Operating Officer
Lisa Mandel, VP, Programs
Sondra Lender, Site Director
Ann Estaban, Chief Financial Officer

CLARE Foundation

Nicholas Vratatic, Executive
Director
David Rolston, Director of Programs
Patricia Scanlan, Program Manager
Susan Bowling, Counselor
Aaron Leon, Director of Finance and
Administration

New Directions

Toni Reinis, Executive Director and
Co-Founder
Rachel Feldstein, Associate Director
Achee Stevenson, Program
Management Supervisor

OPCC

John Maceri, Executive Director

Debbie Maddis, Associate Director
Jeff Rennell, Finance Director

Access Center

Cherry Castillo, Project Director
Gervis Reed, Program Manager
TraVaughn Montgomery, Program
Manager
Ricardo Rosales, Program
Manager

Campion Mental Health Center

Steve Deitelbaum, LCSW,
Project Director

Daybreak

Amy Turk, Project Director
Sandra Bolian, Program Manager
Christina Dias, Program Manager
Catita Perron, Daybreak Clinical
Consultant
Barbara Gomes, WIND Manager

Safe Haven

Lou Ann White, Project Director

SAMOSHEL/SHWASHLOCK

Patricia Bauman, Project Director
Alinda Connolly, Program
Manager
Martha Rosier, Program Manager

Turning Point

Virgil Hill, Project Director
Connie Washington, Program
Manager

St. Joseph Center

Rhonda Meister, Executive Director
Julie DeRose, MFT, Director of
Homeless Services
Judy Alexander, Associate Director
Blake Vieane, MFT, HSC Program
Manager
Kathleen Hill, Case Manager
Eddie Banda, Case Manager

Step Up on Second

Tod Lipka, Executive Director
Barbara Hold, Clinical Director
Aaron Criswell, Team Leader

Upward Bound House

Andrew Duff Parker, Executive Director
Mary Pat Cooney, Development Associate

Common Ground

Hugo Farias, Executive Director

Westside Shelter and Hunger Coalition

Lisa Fisher, Coalition Director

Community Corporation of Santa Monica

J. Chris Mobley, Director of Property Management

Legal Aid Foundation of Los Angeles,

Sally Molloy, Managing Attorney

Salvation Army

Captain Eric Bradley
Leslie MacIntosh, Social Worker

Venice Family Clinic

Elizabeth Benson Forer, Executive Director
Dr. Brehove, Director of Homeless Health Care

Volunteers of America

Kimberly Hendrix, Clinical Director
Henry Wilson, Program Director

Westside Center for Independent Living

Mary Ann Jones, Executive Director
H. Aliza Barzilay, Associate Director

Westside Food Bank

Bruce Rankin, Executive Director

SANTA MONICA CITY AGENCY STAFF

City Manager's Office

P. Lamont Ewell, City Manager
Edmund D. Edelman (Special Representative for Homeless Initiatives)
Kate Vernez, Assistant to the City Manager, Government Relations

City Attorney's Office

Marsha Jones Moutrie, City Manager

Community & Cultural Services Department

Barbara Stinchfield, Director

Human Services Division

Julie Rusk, Human Services Manager
Mona Miyasato, Acting Human Services Manager
Stacy Rowe, Human Services Administrator
Danielle Noble, Sr. Administrative Analyst, Homeless Services
Julia Brown, Administrative Analyst
Setareh Yavari, Sr. Administrative Analyst, Homeless Services

Open Space Management

Elaine M. Polachek, Open Space Manager

Housing and Redevelopment Division

Bob Moncrief, Housing and Redevelopment Manager
Peter Mezza, Housing Administrator
Ron Barefield, Housing Administrator
Jody Gilbert, Senior Housing Specialist

Santa Monica Police Department

Deputy Chief Phillip L. Sanchez
Captain Mark Smiley

Lt. Al Venegas
Sgt. Dave Hunscke
Jennifer Malis Estrada, Jail
Management Supervisor
Officer David Haro
Officer Robert Martinez, HLP Team
Officer Steve Wong, HLP Team

Santa Monica Fire Department

Deputy Chief Bruce Davis
Lt. Tom LaPonsey
Rich Kramer, Paramedic
Bart Eirich, Paramedic

**Consultant to HSD and SM Housing
Authority for case management and
CHP/SIP**

Dorothy J. Berndt, LCSW

**BUSINESS COMMUNITY
REPRESENTATIVES**

Kathryn Dodson, President, Santa
Monica Chamber of Commerce
Kathleen Rawson, Executive
Director, Bayside District
Corporation

OUTDOOR MEAL PROVIDERS

Debbie Baxter, Hand to Hand
Dawn Ferey, FPAL/Hand to Hand
Peggy Lee Kennedy, Food Not
Bombs
Calvin E. Moss, Food Not Bombs
Moir LaMountain, HOPE (Helping
Other People Eat)
Martin Conwell, Picnic in the Park
Randy Wallburger, Side-by-Side

FAITH COMMUNITY LEADERS

Rev. Brad P. Beeman, First United
Methodist Church of Santa
Monica
Rev. Phil Friedman, Brentwood
Presbyterian Church
Rabbi Bruce Rosen, Kehillat Israel

OTHER PEOPLE INTERVIEWED

Karen Williams, Manager, SPA 5,
Los Angeles County Department
of Mental Health
Rebecca Isaacs, Executive Director,
Los Angeles Homeless Services
Authority (LAHSA)
Robert Meyers, Attorney at Law
(former Santa Monica City
Attorney)
Andrew Bender-Pari, LCSW,
Supervisor, SPA 5 Psychiatric
Mobile Response Team, Los
Angeles County Department of
Mental Health
Luz Maria Torres, Medical Case
Worker II, Los Angeles County
Department of Mental Health

~ 30 community members who came
to resident focus groups

~ 30 community members who came
to homeless focus groups

~ 150 Santa Monica residents,
business owners and homeless
people who sent comments by
mail or e-mail

APPENDIX B

GLOSSARY OF TERMS

Assertive Community Treatment (ACT) Team– A team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide ACT services, which include case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours a day, 365 days a year.

Affordable Housing – Housing for which the occupant is paying no more than 30 percent of gross income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units. Affordable units can be created by subsidizing a housing developer's costs for acquisition, construction and/or rehabilitation, and then restricting the maximum rents that can be charge for a period of time; or through directly subsidizing a unit or eligible participant (see Housing Subsidy).

At-Risk for Homelessness – On the edge of becoming homeless, often because of extremely low incomes and having to pay a large percent of the adjusted gross household income for housing expenses.

Case Management – Services focused on assessing needs, identifying goals, developing action plans, and coordinating resources to assist clients in attaining greater self-sufficiency.

Chronically Homeless Person – 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 episodes of homelessness in the past three years. 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.” In defining the chronic homelessness, the term “homeless” means “a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.”

Clean & Safe Teams – A program aimed at improving the appearance of downtown business areas and enhancing public safety for residents, employees and visitors. Programs are often run 24 hours, 7 days a week and can have both “maintenance” and “safety” components. Maintenance teams or “ambassadors” might do any of the following: sidewalk sweeping; trash removal from public trash cans; removal of debris and other illegal dumps; power washing of public sidewalks; systematic graffiti and sticker removal; removal of human and animal waste; landscaping on main streets; tree maintenance and weed abatement. “Safety” teams patrol on foot and bicycles and serve as an extra set of “eyes and ears” for law enforcement and property owners, and can respond to Clean & Safe service calls in a matter of minutes. They also

proactively engage homeless individuals and provide them with useful information about the various social services available. These teams deter aggressive panhandling and other nuisance crimes; work with service providers to provide social service outreach referrals; assist with directions and information; maintain open communications with police to report on-going issues; add a presence in downtown areas to prevent vandalism and other undesirable behavior; conduct routine patrol of parks, squares, and other public areas; and provide emergency services.

Community Development Block Grant (CDBG) – A federal block grant program administered by HUD and provided to local communities to support community development through acquisition, construction, rehabilitation and operation of public facilities and housing. Many communities use CDBG funds to acquire, rehabilitate, or construct properties for homeless assistance programs, and some also use them to provide housing subsidies.

Consolidated Plan – A long-term housing and community development plan that HUD requires state and local governments to develop as a condition of receiving HUD funds such as CDBG and HOME. The Consolidated Plan contains information on homeless populations and should be coordinated with the CoC plan. It can be a source of information for the Gaps Analysis Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

Continuum of Care (CoC) – The array of services and programs, including prevention, outreach and engagement, supportive services, emergency shelter, transitional housing, permanent supportive housing, and affordable housing (without attached services) that together offer what is needed to keep people from becoming homeless or to help them leave homelessness once it happens. Pragmatically, many CoCs do not include active efforts at prevention or development of affordable housing without attached services.

The term CoC is also sometimes applied to the local consortium of community organizations and stakeholders that develops a plan and submits the annual application for HUD homeless assistance funding. Most CoC organizing bodies include a majority of a community's or a region's nonprofit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

The term CoC is also sometimes used to describe an approach to helping people leave homelessness, whereby an individual moves in a step-by-step process from an emergency shelter to short-term housing to permanent housing, with access to psychiatric care, substance-abuse treatment, and job training along the way. When used this way, it is usually contrasted to "housing first" (see below).

Co-occurring Disorders – The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS, and others.

Corporation for Supportive Housing (CSH) – CSH is a nonprofit organization that helps communities create permanent housing with services to prevent and end homelessness. CSH pursues its mission by providing high-quality advice and development expertise, by making loans and grants to supportive housing sponsors, by strengthening the supportive housing

industry, and by reforming public policy to make it easier to create and operate supportive housing.

Councils of Governments (COG) - A Council of Governments is a regional planning body; many COGs exist throughout the United States. A typical council is defined to serve an area of several jurisdictions, to address issues such as regional planning, water use, pollution control, and transportation that cannot be resolved within one jurisdiction alone. Some COGs in Los Angeles County have begun to talk about homelessness from a regional planning perspective.

Disability – A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, speaking, walking, seeing, hearing, or learning.

Discharge Planning – Activities designed to facilitate and coordinate what happens to individuals leaving institutions or systems of care such as hospitals, jails, or prisons, so they do not become homeless and so they establish stable links to family or friends, employment, services and housing.

Domestic Violence – Patterns of coercive control in an intimate relationship. This control may be seen in physical assault or in subtler, but equally devastating ways. Verbal, emotional, financial, and sexual abuse, as well as isolation, falls under the realm of abusive behaviors. Domestic violence crosses all racial, ethnic, economic, and religious communities.

Doubled-Up – A situation in which persons are living with relatives or friends for economic reasons, on a temporary basis, and a host/guest relationship exists between them. These persons are not on a lease or mortgage and could be asked to leave at any time. This does not include legal arrangements such as foster care.

Drop-In Center (or Day Shelter or Day Center) – A warm, clean, dry place with toilet facilities, that is open during the day when night shelters are closed (there are usually limited sleeping or respite facilities). These centers usually also provide some combination of crisis intervention, information and referral, linkage to medical services; counseling and/or medication monitoring on a formal or informal basis; facilities for showering, shaving, napping, laundering clothes, making necessary telephone calls or attending to other personal needs; and/or other basic supportive services. Some centers have optional activities such as games or study groups, AA and other support group meetings, and some provide temporary storage. St. Joseph Center's Homeless Service Center and OPCC's Daybreak Day Center are programs of this type, with the laundry/phone/mail/shower function occurring in the same place as access to meals, case management, and links to other services. Daybreak also offers limited sleeping options. OPCC's SHWASHLOCK offers another variation on a program of this type, but without the service access and activities; these occur at the nearby OPCC Access Center.

Emergency Shelter – A facility designed to provide overnight accommodations for a short period of time. Short lengths of stay are usually program policy, sometimes to 7 or 14 days, often up to 30 days. In reality, some shelters allow people to stay for significantly longer periods of time.

Episodic Homelessness – An individual or family who is homeless several times, usually for relatively short periods each time. Per HUD’s definition of chronic homelessness, if a person has four homeless episodes in a three-year period that person meets the definition of chronic homelessness.

Fair Market Rent – The amount determined by HUD per state, county, or urban area to be the maximum allowable rent for HUD-funded housing programs. Usually set at 40% of current rents, but set at 50% or higher in some very high rent areas, of which Santa Monica is one.

Focus Group – A carefully planned discussion among a small group of people designed to obtain perceptions on a defined subject of interest in a permissive, non-threatening environment.

Harm Reduction – Harm reduction is a set of practical strategies that reduce the negative consequences to oneself and others that are associated with drug or alcohol use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users “where they’re at,” addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual’s ability to take responsibility for his or her own behavior.

HOME – The way people refer to the funding distributed by HUD to state and local governments under the HOME Investment Partnership Act. “HOME” is not an acronym; the initials do not stand for anything, but have always been written in all capital letters. HOME funds are intended to promote home ownership, but recipients have some flexibility in how they are spent.

Homeless – The HUD definition is: (a) an individual or family that lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family with a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, but who do not have an identified place to live upon discharge.

Homeless Coalition – A local, regional, or statewide group whose members usually include service providers and homeless activists, and may also include community members and local government officials. The group may do individual or general advocacy, and may use some or all of its meetings to identify gaps and plan new services and/or to coordinate services for

homeless people. In some communities the homeless coalition orchestrates the Continuum of Care planning and application process.

Homeless Management Information Systems (HMIS) – An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

Household – An entity that includes all the people who occupy a housing unit or, in the case of homeless people, all the people who are “traveling together.” Examples include a parent and children or a married couple.

Housing First – A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services – known as permanent supportive housing, or PSH. The housing is flexible and independent so that people get housed easily and stay housed. Housing First can be contrasted with an approach to placement in permanent housing dependent on a person becoming “housing ready” through participation in plans and activities to address barriers to getting and keeping housing. Initially a research project, Housing First has been shown to be very effective with persons who are chronically homeless and have multiple disabilities; in addition it is approximately cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless, in which the parent experiences the same types of disabilities and barriers found among chronically homeless single adults.

Housing Subsidy – Funds typically paid from federal or other sources to help make a housing unit affordable to a low-income household. The subsidy is the difference in the amount of the rent that is affordable to the tenant, usually considered to be 30 percent of income, and the actual rent amount. Housing subsidies can be tied to a particular unit (project-based) or can be used by eligible recipients to subsidize an available unit on the private market (tenant-based). There is also a category called “sponsor-based,” which may be used similarly to both project-based and tenant-based vouchers.

HUD – The U.S. Department of Housing and Urban Development, a federal agency responsible for administering a variety of government-subsidized housing and related programs.

Hygiene Center – A service center providing free toilets, showers, and laundry facilities.

Institutions – Any of the following: jails, prisons, hospitals, state-operated facilities, and long term care facilities.

Intensive Case Management – The long term, time intensive service used to assist in goal identifying and the development of action steps, the completion of which leads to self-sufficiency through resource coordination.

Low Demand or Low Barrier Housing – Housing provided in a low-demand environment emphasizes ease of entry and ongoing access to services with minimal requirements. The focus is on helping tenants retain their housing, rather than layering the housing within various program participation requirements or on requiring compliance with certain rules such as sobriety or being stable on psychotropic medications at admission. The application and admission processes, admission criteria, and conditions of tenancy are limited in their demands of tenants and potential tenants. This term is usually closely related to “voluntary services” and “harm reduction.”

Low Income Housing Tax Credit Program (LIHTC) – The largest program is federal, but some states also have their own, of which California is one. Corporations reduce their tax obligation by contributing funds to these programs, which in turn allocate the resources thus generated to individuals or organizations that develop affordable housing through either new construction or acquisition and rehabilitation. The tax credits provide a dollar for dollar reduction in the developer's tax liability for a ten-year period. Nonprofit or public developers may also use tax credits to attract investment to an affordable housing project by syndicating, or selling, the tax credits to investors. To receive tax credits a developer must set-aside a number of units for occupancy by households below 60 percent of area median income. The rents charged to these households may not exceed 30 percent of the median income. These units must remain affordable for a minimum of 30 years. This program is a resource provided by the Internal Revenue Service.

Los Angeles Homeless Services Authority (LAHSA) - LAHSA is a City-County of Los Angeles Joint Powers Authority, an independent unit of local government formed to address the problems of homelessness on a regional basis. As an administrative entity, LAHSA contracts with community-based nonprofit agencies to provide homeless services throughout Los Angeles County. LAHSA advocates for the needs of homeless people, plans for and funds homeless services through contracted providers, and ensures effective use of public resources through program and fiscal monitoring of funded programs.

Mainstream Services – Refers to the government-funded safety net including workforce investment programs, Temporary Assistance to Needy Families (welfare), state-administered General Assistance, Medicaid, Social Security, Veterans Services, Supplemental Security Income, and other large government programs. While these programs are not designed specifically to serve homeless people, many homeless individuals are among the people who meet their eligibility criteria. Many authorities cite a severe erosion of safety net programs over the past two decades as a significant contributor to the dramatic increase in homelessness in recent years.

McKinney-Vento Homeless Assistance Act – The primary federal response targeted to assisting homeless individuals and families. The scope of the Act includes outreach, emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training, and child care. The nine titles of the McKinney-Vento Act are administered by several different federal agencies, including the U.S. Department of Housing and Urban Development (HUD). McKinney-Vento Act Programs administered by HUD include the Emergency Shelter Grant Program, Supportive Housing

Program (transitional and permanent supportive housing), Shelter Plus Care (housing subsidies for permanent supportive housing), Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings, Supplemental Assistance to Facilities to Assist the Homeless, and Single Family Property Disposition Initiative.

Median Income - The median divides the income distribution into two equal parts, one having incomes above the median and the other having incomes below the median. For households and families, the median income of a specified geographic area is based on the distribution of the total number of units, including those with no income. The federal government and many states use the median income of a specific geographic area (usually a county or metropolitan area) to determine eligibility for housing benefits.

Mental Health Services Act (MHSA) – In November 2004, California voters in passed Proposition 63, the **Mental Health Services Act (MHSA)**, which is intended to expand and transform California’s county mental health service systems by increasing the taxes of high income individuals. Approximately 25,000 to 30,000 taxpayers with taxable incomes over \$1 million are directly affected by the tax, which will generate an estimated \$750 million in revenue state-wide during fiscal year 2005-06. The voter-approved MHSA initiative provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based mental health services and supports for California residents. Each county creates its own plan, which must receive state approval before money can be disbursed.

National Alliance to End Homelessness – The National Alliance to End Homelessness is a nonprofit advocacy group that seeks to mobilize the nonprofit, public, and private sectors of society in an alliance to end homelessness. The Alliance represents a united effort to address the root causes of homelessness and challenge society's acceptance of homelessness as an inevitable by-product of American life

NIMBY - Is an acronym for *Not In My Back Yard*, representing the phenomenon of residents opposing a development as inappropriate or undesirable for their local area, even if they might approve of and accept the need for such development in the abstract. NIMBY is a common reaction to the proposed location of homeless programs and affordable housing projects.

One-Stop Center – A single center/location offering a multiplicity of support services homeless people typically need, including mental health care services and other health services, substance abuse assistance, job skills training and help with job search, assistance with housing, and assistance with securing mainstream benefits.

Performance Measurement – The process of comparing specific measures of success against ultimate and interim goals. For instance, a community might commit to developing 3,000 units of permanent supportive housing in 10 years. It reports its performance every year, indicating how many of the units have already been built. A community could have a goal of placing so many people in housing, helping so many people to achieve recovery from substance abuse, and so on. Performance measures always have a specific numerical (or percentage) goal and a time period for achievement.

Permanent Supportive Housing – Permanent, subsidized housing that has on-site supportive services and flexible management to assist tenants in overcoming barriers that previously led to housing loss and homelessness. The types of service depend on the needs of the residents. Services may be short-term, sporadic, or continuing indefinitely. The housing is usually “affordable,” or intended to serve persons who have very low incomes. Permanent supportive housing comes in a variety of forms. Some programs are “scattered site,” meaning a client or agency leases apartments in the community, and the program subsidizes the rent and provides services in the unit or at a nearby location. Others develop a dwelling or apartment building where supportive services are available on site. Some programs require that clients use services as a condition for remaining in the program while others provide, but do not require, participation in services. For many, the need for supportive services declines over time, as tenants gain stability.

Point-in-Time Count – A one-day count of all homeless people in a defined area.

Prevention – “Prevention” refers to any of a number of strategies used to keep individuals and families from becoming homeless or chronically homeless. Homelessness prevention is an essential element of any effort to end homelessness either locally or nationwide. Examples include short-term subsidies to defray rent and utility arrearages for families who have received eviction or utility termination notices; security deposits or first month’s rent to permit a homeless family to move into its own apartment; mediation programs for landlord-tenant disputes; legal services programs that represent indigent tenants in eviction proceedings; payments to prevent foreclosure on a home; and other innovative programs and activities designed to prevent the incidence of homelessness. Prevention programs may also be attached to institutions, working with people who are about to leave but do not have a place to go to assure that they do not become homeless upon discharge from the institution.

Referral Center – A central location that keeps track of available shelter beds, where people in need can go for a referral rather than canvassing the city. Some referral centers offer food and showers while waiting. Some others work by telephone access.

Rental Assistance – See Housing Subsidies.

Safe Haven – A facility that provides shelter and services to hard-to-engage persons who are homeless and have a serious mental illness with or without other debilitating behavioral conditions and who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services. Safe Havens may be transitional supportive housing, or they may effectively become permanent supportive housing if they have no time limit. But the expectation is that residents will eventually move on to other permanent housing.

Section 8 “Housing Choice” vouchers. These vouchers make housing affordable through rent subsidies, the amount of which is geared to the unit’s contract rent and the tenant’s ability to pay. The subsidy makes up the difference between what the low-income household can afford and the contract rent established by HUD for an adequate housing unit. Subsidies are either attached to specific units in a property (project-based), or are portable and move with the tenants that receive

them (tenant-based). Congress created the Section 8 program in 1974 as part of a major restructuring of HUD's low-income housing programs. Section 8 was created to permit federal housing assistance to go for construction or rehabilitation of new low-income housing or to subsidize existing housing.

Service Plan – Case managers in shelter, transitional, and supportive housing programs typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A good service plan is comprehensive in that it includes an array of needs, multiple service providers, long-term and short-term goals, timelines, and specific expectations of both the client and caregivers.

Shelter – Housing, with varying levels of services, for people who are homeless. See “emergency shelter.”

Shelter + Care (Shelter Plus Care) – A HUD-funded program that provides grants for rental assistance for homeless persons with disabilities. Subsidies can be project, sponsor or tenant-based. HUD pays for the housing subsidy, which must be matched with supportive services provided through local resources.

Short-term Housing – Safe, decent, temporary housing for individuals or families who are homeless, with associated supportive services designed to assist them to obtain and retain permanent housing in the shortest possible time.

Supplemental Security Income (SSI) – A federal income supplement program providing monthly financial payments to low-income persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options. In California the state subsidizes the Federal SSI benefit of about \$560 a month. For a disabled individual living alone in California, the monthly cash benefit starts at \$812. (See <http://www.ssa.gov/pubs/11125.html>).

Supportive Housing – See “Permanent Supportive Housing” and “Transitional Housing.”

Supportive Housing Program – (SHP) A competitive grant program within HUD that funds homeless programs of four types: permanent supportive housing, transitional housing, Safe Havens, and supportive services only (SSO).

Supportive Services – Services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people's stability and independence.

10-Year Plans to End Homelessness – These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each 10-Year Plan to End Homelessness provides solutions and options for communities committed to ending homelessness rather than just managing it. Of the 90 completed 10-year plans, two-thirds seek to end all homelessness while the remaining one-third focus solely on ending chronic homelessness.

Transitional Employment – Temporary labor can be an effective introduction to employment for someone who has been out of the workforce. Combined with job counseling, training, and other services, the temporary placement becomes a stepping stone to more stable employment for those who have been out of the workforce for a long period of time or for those who have never held a regular job. A transitional employment model provides consumers with supported work experience as part of the process of transitioning to the workforce.

Transitional Housing – Usually thought of as temporary supported housing – housing with services – where individuals or families live for between six months and two years. During that time they receive case management and skill development and training designed to eliminate barriers to self-sufficiency and independent housing.

Transitional shelter – This is a term we have coined for this evaluation, to indicate programs that occupy the space between very short-term emergency shelter and the type of transitional housing programs that allow stays of up to two years. Santa Monica has several transitional shelters, meaning programs that allow stays of up to six months and that supply significantly more intensive services than are typical of short-stay shelters. Transitional shelters usually have a set time limit for residency and program steps that must be completed, which are intended to prepare a resident for housing and self-sufficiency.

Voucher – A voucher generally refers to a Section 8 Voucher provided by a local Housing Authority to a low or moderate income person, but the term may also refer to an emergency voucher for a short-term motel stay for a homeless person or family. The Section 8 Voucher issued by a Housing Authority makes up, in payment directly to the landlord, the difference between what a low- or moderate-income tenant can pay for rent (roughly 30% of their income) and the Fair Market Rent (see above). Most Section 8 Vouchers are “tenant-based,” meaning that the voucher holder can shop for an apartment or house rental on the private market; others are “project based” or “sponsor-based,” meaning that they are attached to specific units and may be used by any household that occupies the unit.

Working Groups – Specially organized groups that are designed to look at the specific issues of homelessness. The groups are asked to determine what data are available to answer their specific questions, what data they need, how best to gather it, explore best practice models, determine a community outcome for their area of expertise, identify strategies for preventing homelessness among their sub-population or how best to provide assistance, identify indicators to measure effectiveness of their strategies, and set benchmarks for achievement.

Wrap-around Services – If every door is the right door for a homeless or at-risk individual or family, services must be well-integrated to avoid gaps and/or unnecessary duplication. A wraparound service model coordinates all caregiver services, often through team case management or a shared service plan system, bringing mainstream and nonprofit providers together for case conferencing and problem solving.

The primary sources for this glossary include *The Partnership to End Long Term Homelessness* (available online at http://www.endlongtermhomelessness.org/question_answers/questions_answers/glossary_of_terms_in.aspx); *Within Our Reach: A Community Partnership to End Homelessness in Long Beach* (available online at

http://www.iurd.org/lb_homeless_research/glossary.html); County of Orange, 2005 Continuum of Care, Request For Proposal-NEW Applicants, 2005 Continuum of Care Homeless Assistance Programs (available online at <http://www.ochousing.org/supernofa2005/2005supernofa%20New%20RFP%20Narrative.doc>); and The 10-Year Action Plan: a Partnership effort of the City of Raleigh, Wake County, Wake Continuum of Care, & Triangle United Way (February 2006) (available online at http://www.raleighnc.gov/portal/server.pt/gateway/PTARGS_0_2_306_200_0_43/http%3B/pt03/DIG_Web_Content/project/public/homeless/Images/final_homelessness_report_07-18-05.pdf).

APPENDIX C

A PRIMER ON “HOUSING FIRST”

In many communities across the country chronic homelessness among people with serious mental illness (SMI) remains an ongoing problem, unaffected by the emergency response system and “the two billion dollar a year infrastructure designed to deal with the problem” of homelessness (National Alliance to End Homelessness 2000). Ending chronic homelessness clearly requires new approaches for engaging people with SMI who have been living on the streets or in and out of emergency shelter for many years, bringing the most vulnerable and disabled homeless people “to the front of the line” for the first time, developing new ways of addressing their multiple needs, and keeping them housed over the long term.

Homeless people with SMI can come “off the streets” to many types of places: special programs for chronic public inebriates, residential detoxification facilities, medical respite care facilities, shelters, safe havens, and permanent supportive housing programs. Homeless people with SMI—many of whom have been chronically homeless on the streets, often with co-occurring substance abuse problems—are often unwilling or unable to stay at large congregate emergency shelters for extended periods of time.¹ People desiring to serve them have accepted this reality and developed new approaches to ending homelessness, especially chronic homelessness. The new thinking is that emergency shelter and other forms of short-term assistance should be reserved for those with acute needs who are homeless for the first time or as the result of a crisis such as a job loss or eviction. Transitional settings, on the other hand, should be available to people under supervision (e.g., by the criminal justice and/or child welfare systems) and those who have been severely traumatized (namely, victims of family violence). All other groups of homeless people, including those with chronic needs and serious mental illness, should be offered the opportunity to move directly from the streets into permanent supportive housing. This direct link between the streets and permanent housing has come to be known as “Housing First,” because it provides housing immediately, does not require “housing readiness,” and usually makes few or no demands for participation in mental health treatment, abstinence, and other types of care.

Proponents of Housing First argue that it is much easier to work on mental health and substance abuse issues when clients are stably housed than when they are on the streets or in a shelter. They also note that most homeless people with SMI are likely to need various treatment and support services for many years to come, and for longer periods of time and at more intensive levels than are generally provided through emergency and even transitional housing programs.²

¹ During a focus group of formerly chronic street homeless men residing in various permanent supportive housing programs in Columbus, Ohio (conducted by the Urban Institute in April 2003), several participants commented that without the program they would prefer to return to the streets rather than go to a shelter.

² In addition to mental health treatment, supportive services can include case management (including referrals); instruction in basic life skills; alcohol/drug abuse treatment; health care (medical, dental, vision, and pharmaceutical); AIDS-related treatments; income support; education; employment and training assistance; communication services (telephone, voice mail, e-mail, Internet access); transportation; clothing; child care; and legal services. Activities that foster a sense of community are also common elements of Housing First programs.

There is a growing recognition that permanent supportive housing, especially when it is made available under a Housing First model, is a critical tool in truly ending chronic homelessness. A number of studies suggest that it can be effective at keeping even the most disabled homeless people housed, and in a cost effective manner.³

Some of the key principles involved in developing and providing supportive housing for people with disabilities have been summarized as follows:⁴

- The housing is affordable for people with SSI-level incomes (residents usually pay 30 percent of income or about \$160 per month);
- There is choice and control over living environment;
- The housing is permanent (tenant/landlord laws apply, but refusal to participate in services is *not* grounds for eviction);
- The housing is “unbundled” from but linked to services,
- The supports are flexible and individualized, not defined by a “program”; and
- There is integration of services, personal control, accessibility, and autonomy.

Housing First approaches incorporate these criteria and add several of their own, chief among which are direct placement from the streets into permanent housing, and no requirement for abstinence. The fundamental belief underlying most Housing First and other low-demand housing strategies is that individuals should not be left homeless simply because they are not able or willing to become “housing ready” or maintain abstinence. In addition to New York, a recent Urban Institute study documented Housing First programs in Columbus, Los Angeles (through Lamp and some of the SRO housing providers), and Seattle. Safe Havens are a more transitional form of low-demand housing. Although they also take people directly from the streets, stays in Safe Havens are not permanent as there is usually a 24-month time limit, so they would not technically qualify as Housing First..

Housing First appears to be especially promising for people with SMI and those with co-occurring mental illness and substance abuse problems. Traditional homeless assistance providers have often considered this population “resistant to treatment,” in part because their multiple problems present difficulties to single-focus providers and in part because providers have not been interested in trying to serve them, having enough easier people to serve.

³ See Sam Tsemberis and Ronda F. Eisenberg, “Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities,” *Psychiatric Services*, Vol. 51, No. 4, April 2000, pp. 487-493; Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, “The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative,” *Housing Policy Debate*, 2002, vol. 13, Issue 1; ; and D.L. Shern, C. J. Felton, R. L. Hough, A. F. Lehman, S. M. Goldfinger, E. Valencia, D. Dennis, R. Straw and P. A. Wood, “Housing Outcomes for Homeless Adults with Mental Illness: Results from the Second-Round McKinney Program,” *Psychiatric Services*, Vol. 48, No. 2, 1997, pp. 239–241.

⁴ These are drawn from “Affordable and Accessible Housing: A National Perspective,” presentation by Emily Cooper, Technical Assistance Collaborative, Inc. to the Regional Housing Forum, November 13, 2002.

“Low-demand” housing, where abstinence may be encouraged but is not required and where acceptance of services is “unlinked” from the housing, is one aspect of a more general movement within the treatment community known as “harm reduction.” Harm reduction is a set of practical strategies designed to reduce the negative consequences of drug use, promoting safer use, then managed use, and finally abstinence,. These strategies are developed to meet drug users “where they’re at” and address the conditions of use along with the use itself.

Unpacking the Basic Components of Housing First

Among the most well-known and well-studied Housing First programs is Pathways to Housing in New York City. In addition to embracing harm reduction, Pathways delivers (optional) supportive services using an approach known as Assertive Community Treatment (or ACT). With ACT, a team of treatment professionals from the fields of social work, rehabilitation, counseling, nursing, and psychiatry provide around-the-clock comprehensive, community-based psychiatric treatment, rehabilitation, and support. Other services offered include case management, employment and housing assistance, family support and education, substance abuse services, and any other supports needed for successful community living. Pathways also controls apartment leases for its participants and program staff act as representative payees for participants who receive Social Security or SSI benefits, thereby managing (and controlling) monthly income and assuring payment of rent.

How does Housing First differ from the many programs that work with homeless people with SMI? Permanent supportive housing programs are a subset of all programs working with this population, and Housing First is a subset of that subset. The universe of shelter/housing programs working with homeless SMI clients varies along many dimensions, including:⁵

Dimensions of the housing offered:

- Permanent housing vs. transitional vs. temporary (shelter)
- Congregate vs. quasi-congregate (SRO) vs. individual living
- Scattered site vs. single site
- Scale—large vs. small (numbers of people and/or units)
- Housing unit ownership: private landlord vs. program vs. other (e.g., public housing authority)
- Housing unit management: private landlord vs. program vs. other
- Lease held by program vs. consumer
- Population—all homeless or formerly homeless vs. mixed

Housing First is permanent housing, and is not congregate. It may and does vary on all other housing dimensions.

Dimensions of supportive services offered:

⁵ Adapted from a list developed by Kenneth Minkoff, MD in “ACAP Position Statement on Housing Options for Individuals with Serious and Persistent Mental Illness (SPMI),” June 18, 2001. Accessed on-line at: <http://www.wpic.pitt.edu/acap/finds/Housing-Revised.pdf>.

- Wrap-around flexible support (supported housing) vs. staff model support (e.g., group home).
- Programming optional vs. required/integrated
- Loosely structured vs. highly supervised
- Tenant must be “housing ready” vs. not
- Common program space (e.g., living room, lounge area) vs. not
- Medical care off site vs. offered on site by non-program personnel vs. on-site nursing care by program staff
- Self-medication vs. medication monitoring vs. medication administration
- Consumer choice regarding substances vs. abstinence encouraged or expected

In its ideal model, Housing First services are optional, tenants do not need to be housing ready, and abstinence is not required. All else may and does vary. Other sources of variation include the source of tenants (streets only, streets and shelter, Safe Havens, medical facilities, etc.), the relationship of program/services staff to housing management personnel, whether there is a “program site” or not, level of activities and community building (as distinct from “services”) if there is a program site, and types of agencies and staff supplying the services, among others.

While most Housing First programs offer permanent individual-living housing with optional support services, there are many ways of structuring both housing and support services within this general framework. The way programs structure and offer support services (e.g., on or off site, by program staff or others), the importance of using representative payees for SSI and other financial benefits, and other factors such as single versus scattered site, homeless versus mixed population (for single sites), and scale may have important implications for the success of Housing First in general, and with specific populations. These characteristics may have important independent influences on the effectiveness, cost efficiency, administrative complexity, and ease of siting the permanent housing programs. Effectiveness includes not only housing tenure, but also housing satisfaction and other housing outcomes (including departures from the program for positive reasons), and other indications of tenant well-being.

Much of the debate surrounding Housing First and harm reduction versions of permanent supportive housing concerns how substance abuse issues are handled. In their position statement on housing options for individuals with SMI, the American Association of Community Psychiatrists (AACP) advocates a full range of community-based housing types, including (1) *abstinence-expected* (“dry”) housing for people who want to choose abstinence and want to live in a sober group setting, (2) *abstinence-encouraged* (“damp”) housing for individuals who recognize their need to limit use and are willing to live in a supported setting where uncontrolled use by themselves and others is actively discouraged, and (3) *consumer-choice* (“wet”) housing in which tenants face no restrictions on substance use. The last of these has been shown to be effective in preventing homelessness among individuals who are persistently homeless and have serious psychiatric disabilities (cf. Tsemberis & Eisenberg, “Pathways to Housing Program” in Psychiatric Services, April, 2000).⁶

⁶ See Kenneth Minkoff, MD, “AACP Position Statement on Housing Options for Individuals with Serious and Persistent Mental Illness (SPMI),” June 18, 2001. Accessed on-line at: <http://www.wpic.pitt.edu/aacp/finds/Housing-Revised.pdf>

Not surprisingly, the last two options are controversial. The third option appears to be most feasible for people with long-term deeply-rooted problems. Independent supported housing is usually provided along with case management (or ACT) wrap-around services focused on assuring housing retention. Individuals may use substances as they choose, but must abide by the terms of their lease or tenancy. Pre-motivational and motivational interventions are also often incorporated into the overall treatment approach. The Housing First type of permanent supportive housing is often the last to appear in many communities, and in many areas it is not available at all. Yet it has great potential for preventing *and ending* homelessness, especially among people who have “failed” sober group living.