Pasadena Partnership

PASADENA HOMELESS COUNT / 2020

2020 Homeless Count & Subpopulation Survey
City of Pasadena

Acknowledgements

The Pasadena Continuum of Care (CoC), led by the City of Pasadena Department of Housing, would like to thank the 200+ volunteers who contributed to the success of the 2020 Homeless Count. This year's count yielded the highest number of volunteers yet. The participation of community members, professional outreach workers, partner agencies, faith-based organizations, and local nonprofits is fundamental to collecting meaningful data in an effort to further our understanding of homelessness in the City and to secure resources to implement effective solutions.

SPECIAL THANKS TO

Dan Davidson, lead pastor of Rose City Church and founder of Rosebud Coffee, for his diligent efforts in planning and coordinating volunteers for the unsheltered and supplementary youth count. Pastor Davidson is also a Continuum of Care Board member, Chair of the Faith Community Committee of the Pasadena Partnership to End Homelessness, and has successfully led the youth homeless count for the past four years in addition to his work organizing both community and professional volunteers for the greater count.

Anna Jacobsen, MPL, MPA for conducting a full analysis of the data for both the unsheltered and sheltered count and for the overall report formatting and design, including the creation of unique data tables and infographics. Anna has been instrumental in Homeless Count planning and data analysis efforts for more than five years and has extensive knowledge of Pasadena's programs from her previous position of Homeless Programs Coordinator with the City.

Other Acknowledgements

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About This Report

The City of Pasadena Department of Housing and the Pasadena Partnership to End Homelessness (Pasadena Partnership) plan and coordinate the Homeless Count which takes place during the last ten days of January annually. The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care across the nation conduct a Point-in-Time Count of people experiencing unsheltered homelessness biennially; however, Pasadena has elected to conduct and report the findings of the Count on an annual basis. The results of the Homeless Count are one of many tools the Pasadena Partnership uses to inform strategic planning and resource allocation to implement programs and services that best meet the needs of individuals, families, and youth experiencing homelessness.

PASADENA PARTNERSHIP

As the principal planning entity for the Pasadena Continuum of Care, the Pasadena Partnership to End Homelessness (Pasadena Partnership) coordinates and funds housing and services for individuals, families, and youth experiencing homelessness. The Pasadena Partnership is made up of more than 50 public and private agencies that provide supportive services and resources to people experiencing homelessness in Pasadena. As one of the 400+ designated Continuums of Care that receive federal funding from HUD, the Pasadena Partnership is dedicated to the promotion and implementation of evidence-based strategies to effectively make homelessness a rare, brief, and non-recurring experience. The Pasadena Partnership has served as the primary community planning entity concerning housing and service needs for people experiencing homelessness for the past 25 years.

CITY OF PASADENA DEPARTMENT OF HOUSING

The City of Pasadena Department of Housing serves as the collaborative applicant for the Continuum of Care, the legal entity designated to submit the annual CoC funding application. In this role, the Department leads the Pasadena Partnership in developing policies to evaluate the various Continuum of Care programs. The City of Pasadena Department of Housing is also responsible for the administration of numerous federal entitlement and competitive grant programs including: Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) program, Housing Opportunities for Persons with AIDS (HOPWA), Housing Choice Voucher Program (HCVP), HUD-Veterans Affairs Supportive Housing (HUD-VASH) and the Continuum of Care for Homeless Assistance Programs. Lead staff involved in preparing this report include:

Diana Trejo, Homelessness Policy Fellow

Jennifer O'Reilly-Jones, Homeless Programs Coordinator & Pasadena Partnership Board Member

Copies of this report can be obtained at www.pasadenapartnership.org

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Introduction

The 2020 Pasadena Point-in-Time Count (hereinafter referred to interchangeably as the Homeless Count) was conducted on the night of Tuesday, January 21, with the "night" beginning at sunset on January 21 and ending at sunrise on January 22. The Count takes place annually during the last ten days in January and measures the prevalence of homelessness by collecting information from people who are living in unsheltered locations (i.e. people sleeping outdoors, on the street, in parks, or vehicles, etc.) and temporary shelter (i.e. people living in emergency shelter, including hotels and motels paid for by a homeless services agency, or transitional housing). Pasadena's Homeless Count is planned, coordinated, and carried out independently of the Greater Los Angeles Homeless Count, but is included in the Greater Los Angeles Homeless Count report as part of county-wide data.

WHY THE COUNT IS CONDUCTED

As the lead agency for the Pasadena Continuum of Care (CoC), the City of Pasadena is responsible for reporting the findings of the Homeless Count to HUD. Results from the Homeless Count are included in the CoC's annual funding application to HUD and serves as the main source of data used by state and federal government entities to determine funding allocations and resources the City receives for homeless services.

BASICS OF THE COUNT

The 2020 Pasadena Homeless Count entailed over 200 volunteers canvassing the City after sunset on the evening of January 21 (from 8:30 to 10:30 p.m.) and before sunrise the following morning (from 6:00 to 8:00 a.m.) to survey and count the total number of people experienc-

ing unsheltered homelessness. Professional outreach workers covered all parks and areas outside of predetermined volunteer zones, including known encampments, and professionals who work directly with people experiencing homelessness were also embedded within each general volunteer team to support engagement and maximize response rates. Surveys were also conducted throughout the day on January 22 at our partner sites to thoroughly capture all of our community members experiencing homelessness, including the ten library branches across the City, Union Station Homeless Services' Adult Center, The Salvation Army, The Women's Room at Friends In Deed, Youth Moving On and the Public Health Department's GEM Link program at the Jackie Robinson Center.

Data for the sheltered count was collected for the evening of January 21 through the Homeless Management Information System (HMIS). HMIS is a database used to confidentially collect client-level data for people experiencing homelessness served by providers in the CoC. The sheltered count includes people staying in emergency shelter, including hotels and motels paid for by a homeless services agency, and transitional housing programs.

Pasadena also conducted a supplemental count of unaccompanied youth experiencing homelessness who are between the ages of 18 and 24 years old in conjunction with the broader Homeless Count. This dedicated count is part of a nationwide effort, established and recommended by HUD, to improve the understanding and scope of youth homelessness. Trained local youth service providers and youth peer navigators conducted the count between 3:00 to 5:00 p.m. on January 22 in specific areas where young people experiencing homelessness are known to congregate.

DEFINITION OF HOMELESSNESS

Homelessness is defined in a number of different ways across federal agencies and institutions (i.e. U.S. Department of Education or the U.S. Department of Health and Human

Services). The HUD definition of homelessness is used for the purposes of determining who is included in the count in order to align with the HUD methodological requirements for Point-in-Time Count reporting. HUD's definition of homelessness includes individuals and families who:

1. Lack a fixed, regular, and adequate nighttime residence, meaning they:

   - Have a primary nighttime residence that is a public or private place not meant for human habitation;
   - Are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
   - Are exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. Are fleeing or attempting to flee domestic violence and have no other residence and lack the resources or support networks to obtain other permanent housing

This narrow definition does not include people who may be "doubled up" or "couch surfing" with other family or friends, people living in motels or hotels paid for with their own funds, or people who have been in institutions such as hospitals, jails, or rehabilitation facilities for more than 90 days. Therefore, the results yielded from this Count may or may not coincide with other definitions and estimates of people experiencing homelessness on a local, state, and national level.

SNAPSHOT IN TIME

The Point-in-Time Count provides a "snapshot in time" which quantifies the size of the population experiencing homelessness at a given point during the year. Though the Point-in-Time Count is particularly useful in tracking trends over time, communities should use supplemental data to assess, understand, and address the needs of those without a safe and stable home. While the methodology employed for the count is the most comprehensive approach available, no methodology allows for a 100% accurate estimate of all people experiencing homelessness. Regardless of how successful outreach efforts are, an undercount of people experiencing homelessness is possible. This is especially the case with hard-to-reach subpopulations such as unsheltered families and unaccompanied youth.

INTERPRETATION AND LIMITATIONS OF DATA

The results presented here are only one source of data among many that helps us understand the magnitude and characteristics of our homeless population. Similarly, these results should be interpreted within the broader context of systemic factors that continue to push people into homelessness and impede their ability to successfully exit to permanent housing. The Point-in-Time Count does not calculate the number of all people who experience homelessness over the course of the year, which is greater than the number of those who experience homelessness at any given time. As such, results may not be entirely representative of fluctuations and compositional changes in the population over the course of a full year. Annual data is collected through the existing Homeless Management Information System (HMIS) database and captures the movement of people in and out of homelessness over time. This report outlines important context for understanding the Homeless Count data and trends across previous years, but the conclusions that can be drawn about the City's efforts to address homelessness solely based on these results are limited.

Executive Summary

The 2020 Homeless Count reveals a leveling off in the number of people experiencing homelessness in Pasadena. Although we continue to battle complex societal factors that are compounded by long-standing structural inequities, an increasing number of people are successfully getting connected to services and housing.

Fewer People Experiencing Homelessness

Year	Count
2010	1,137
2011	1,216
2012	904
2013	772
2014	666
2015	632
2016	530
2017	575
2018	677
2019	542
2020	527

3-year average

Unsheltered   Sheltered
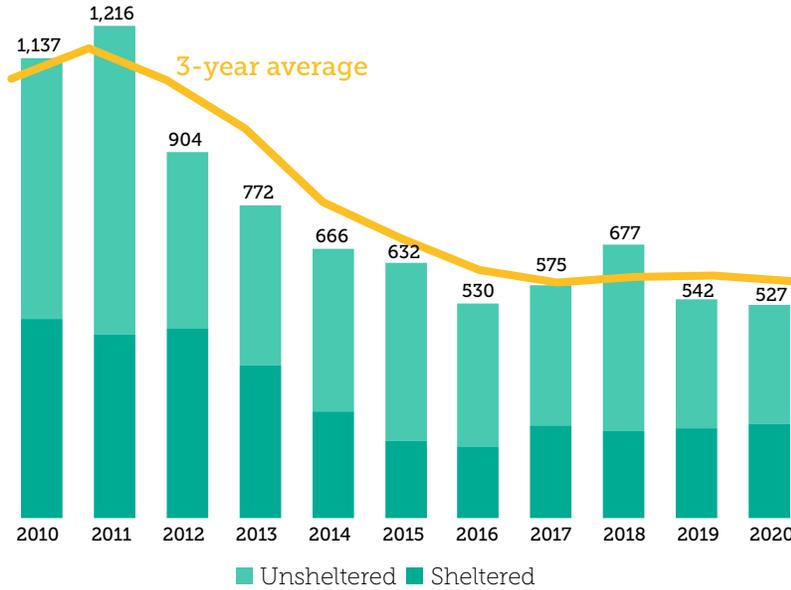
People Experiencing Homelessness are Our Neighbors

54% were Pasadena residents for an average of **21 years** before becoming homeless

527 People — experienced homelessness on January 21

JAN 21

52% chronically homeless
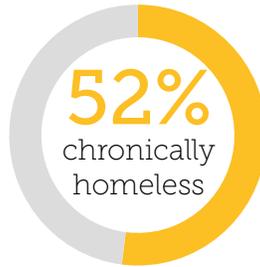
People housed in 2019

291 exits from homelessness to permanent housing in 2019

Fewer People Living on the Streets

321 2019 → **294** 2020

8% decrease
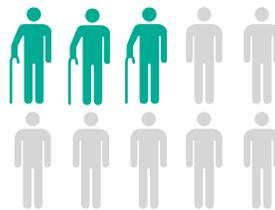
3 in 10 age 55+

Black People Overrepresented

31% Experiencing Homelessness

10% City Population

02
EXECUTIVE SUMMARY

HOMELESSNESS IN PASADENA REMAINS LARGELY UNCHANGED

On the night of the 2020 Homeless Count, there were a total of 527 people experiencing homelessness in Pasadena, which remains relatively unchanged from 2019 (n=542). While the exact number of people experiencing homelessness fluctuates on a daily basis, generally Pasadena's numbers are flat compared to 2019 and following a steady downward trend since 2011. For nearly a decade Pasadena has remained committed to investing in proven long-term solutions and strategic initiatives that are grounded in evidence-based best practices to make homelessness rare, brief and non-recurring.

At its peak in 2011, there were approximately 1,216 people experiencing homelessness on any given day in Pasadena. Almost ten years later, the City has seen more than a 50% reduction in our homeless numbers following a system-wide implementation of Housing First best practices and a strong focus on targeted strategies to increase permanent housing opportunities. Despite a slight uptick in homelessness in 2018, the number of people experiencing homelessness in this year's Count was lower than Pasadena's current three-year rolling average (n=582) and is largely unchanged compared to the past year. A rolling average is a statistical technique used to help gauge the overall direction of a series of data collected over extended periods of time by finding the middle value of a subset of numbers. Rolling averages are able to more accurately highlight long-term trends and are preferable to year-to-year comparisons because it smooths out short-term fluctuations or anomalous changes. Although there was little movement in the count numbers this year (-3%), Pasadena's numbers in the context of the county and state's two digit increases

in the past year is of noteworthy success. As high rents, low wages, and a severely strained social safety net system continue to force people into homelessness locally and county-wide at alarming rates, our community must continue to prioritize and advance interventions focused on permanent housing without preconditions in order to observe meaningful progress towards reducing homelessness.

Pasadena's Investments are Yielding Steady Progress

The City's comprehensive response to homelessness has yielded steady and encouraging progress for close to ten years. Although we continue to battle complex upstream factors that are largely outside of individual control and compounded by a long-standing history of structural inequities, an increasing number of people are successfully getting connected to the services they need and more people continue to permanently exit homelessness, retaining their permanent housing with meaningful support. Real progress is being made as a result of our expanded investments in prevention and diversion, motel vouchers, housing navigation and location services, street outreach, and permanent housing. With the 2017 passing of Measure H, a county-wide sales tax initiative, the City has been able to scale up our homelessness prevention assistance, emergency shelter capacity using motel vouchers, and rapid rehousing resources. However, in order to affect increased and lasting change, serious efforts must be made to confront and mitigate the systemic underlying root causes of homelessness. While our community has invested more heavily than ever in the homelessness response system, it continues to bear the challenges and failures of other existing systems, chief among them being the region's ongoing affordable housing crisis perpetuated by the rising cost of housing which far outpaces fixed incomes and stagnant wages. It is estimated that 55.8% of renter households in Los Angeles County are cost-burdened and 30.4% are severely cost burdened, meaning that more than 30% and 50% of their income is paid towards housing, respectively.[1] Pasadena

1. Joint Center for Housing Studies of Harvard University (2020). American's rental housing 2020. Retrieved from https://www.jchs.harvard.edu/americas-rental-housing-2020.

must continue to lead the way and advance the progress we have made by strengthening what is working in order to build upon and amplify successes.

More People are Staying in Emergency Shelter

The number of people staying in emergency shelter has gradually increased and is up 5% compared to 2019 while the number of people who are living in unsheltered locations has decreased by approximately 8%, which is promising movement. Within the past two years, the state has invested unprecedented amounts of funding to respond to the unmet immediate needs of people experiencing homelessness. The City's allocation of these emergency resources was prioritized to increase shelter capacity primarily by providing motel vouchers as an alternative to congregate shelter settings for people who have higher barriers to engagement or for whom a traditional shelter would not be a good fit. Motel vouchers have proven to be a valuable resource because of their ability to increase bed availability rapidly and offer flexibility with short to medium-term stays to best serve each client's unique and varying needs. Thus, it is encouraging to see that the number of people staying in emergency shelter has grown slightly and the number of people living in unsheltered locations has fallen as these programs have been rolled out in the community. With this infusion of resources, more people are able to sleep inside and take refuge from the streets while moving forward on their path to permanent housing.

People with Higher Needs Remain the Most Visible

People who are unsheltered with evident unmet service needs are the most visible reminder of homelessness in the community. However, it is important to distinguish between seeing more noticeable people experiencing homelessness and actual increased numbers of people experiencing homelessness. Despite the overall decline of homelessness in Pasadena, the number of people experiencing chronic homelessness has increased in the past two years and accounts for more than half (52%) of the total homeless population, and their higher needs make them more visible in public spaces. By HUD's definition, people who are chronically homeless have a disabling condition and have experienced homelessness for more than one year. These individuals often have complex, long-term physical and mental health conditions or substance use disorders that are further exacerbated by living on the streets without a stable home. These most noticeable faces of homelessness tend to those who are the most vulnerable and have higher barriers to housing due to significant traumatic events or experiences. Cases of behavioral anomalies stemming from these factors may be more likely to stand out to the public and suggest that more people are living on the street or other unsheltered situations. Nonetheless, a more noticeable homeless population does not necessarily indicate that there are more people experiencing homelessness; only that they are more visible than they may have previously been.

Long-Term Pasadena Residents Before Housing Loss

More than half (54%) of the people surveyed in the unsheltered count were Pasadena residents before they became homeless. On average, our unsheltered neighbors lived in Pasadena for 21 years prior to losing their housing, largely refuting the fallacy that people experiencing homelessness travel to the City from other areas or fall into homelessness after only living here a short while. Roughly nine out of ten (88%) people experiencing homelessness in Pasadena were LA County residents prior to losing their housing and lived in the area for an average of 17 years. Most individuals do not leave the area where they have fallen into homelessness likely because the community has been their home for so long. While collective statewide data is not currently available to support this theory, local surveys do suggest that people tend to continue to reside in the communities where they became homeless.[2345] People experiencing homelessness on the streets of Pasadena are, more often than not, our long-time neighbors with

the commonality of a profound lack of support and significant barriers to housing stability.

Growing Senior Population

While it is widely known that the general population is aging, the homeless population is also aging at alarming rates. A growing share of people experiencing homelessness in Pasadena are older adults and seniors. In the 2020 Homeless Count, there was a 27% increase in the number of people who were 62 years of age or older compared to 2019, comprising approximately 14% of the total homeless population. Research suggests that this number is projected to continue growing as Baby Boomers age, thereby shifting the demographic of single adults experiencing homelessness.[6] Likewise, older adults aged 55 and up make up 30% of Pasadena's homeless population and 40% of the chronically homeless population compared to other age groups. This data signals an impending crisis due to the increased costs associated with meeting supportive service, healthcare and housing needs as people grow older. Older adults experiencing homelessness have medical ages that far exceed their biological ages, and they have significantly elevated healthcare needs in comparison with both their younger homeless and contemporary housed counterparts.[7] Many studies have also documented that the average lifespan for people experiencing homelessness is almost 30 years less than people who have homes,[8] and a recent analysis from the Los Angeles County Department of Public Health found that the all-cause mortality rate among the homeless population was 2.3 times greater than that of the general population.[9] While the largest proportion of people experiencing homelessness in Pasadena continues to be those between the ages of 25-54 years of age, the rapidly growing rate of older adults who are experiencing homelessness is particularly concerning given the increasingly complex needs that accompany the aging process and lower documented life expectancies.

Black People are Overrepresented

Homelessness is a symptom of many overarching systemic issues, one of the most prominent being racism and discrimination. Black people experiencing homelessness continue to make up a disproportionate share of the total homeless population across the nation, and Pasadena is no exception. Data from the 2020 Homeless Count reveal persistent and deeply rooted racial inequities, with 31% of people experiencing homelessness identifying as Black or African American, despite only representing 10% of Pasadena's general population according to the American Community Survey (ACS) Census Bureau data. Black people are also slightly more likely to experience chronic homelessness in comparison to their White and other minority counterparts. White people are slightly underrepresented with 49% experiencing homelessness while comprising 51% of Pasadena's general population. According

2. Los Angeles Homeless Services Authority. (2019, August). Greater Los Angeles homeless count 2019 results [Presentation slides]. Retrieved from https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-Homeless-count-presentation.pdf

3. Applied Survey Research. (2019). San Francisco homeless count and survey comprehensive report 2019. Retrieved from http://hsh.sfgov.org/wp-content/uploads/2019HIRDReport_SanFrancisco_FinalDraft.pdf

4. Regional Task Force on the Homeless. (2018). 2018 weallcount annual report San Diego county. Retrieved from https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf

5. Applied Survey Research. (2019). Santa Clara county homeless census and survey comprehensive report 2019. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

6. Homeless Policy Research Institute. (2019, August 19). Older adults experiencing homelessness. Retrieved from https://socialinnovation.usc.edu/wp-content/uploads/2019/08/Older-Adults-Literature-Review-Final.pdf

7. Culhane, D., Doran, K., Schretzman, M., Johns, E., Treglia, D., Byrne, T.,...Kuhn, R. (2019, November). The emerging crisis of aged homelessness in the US: Could cost avoidance in health care fund housing solutions? International Journal of Population Data, 4. doi: 10.23889/ijpds.v4i3.1185

8. Choucair, B., & Watts, B. (2018, August 27). Rx for health: A place to call home [Blog post]. Retrieved from https://www.healthaffairs.org/do/10.1377/hblog20180821.6119/full/

9. Los Angeles County Department of Public Health, Center for Health Impact Evaluation. (2019, October). Recent trends in mortality rates and causes of death among people experiencing homelessness in Los Angeles county. Retrieved from http://publichealth.lacounty.gov/chie/reports/HomelessMortality_CHIEBrief_Final.pdf

to the U.S. Department of Housing and Urban Development 2019 Annual Homeless Assessment Report to Congress, African Americans accounted for 40% of all people experiencing homelessness nationwide. Homelessness is oftentimes precipitated by historical and structural oppression, which contributes to the high prevalence of African Americans experiencing homelessness, including the effects of a legacy of institutional racism in rental housing, higher rates of poverty among black families, and overrepresentation in the state's incarceration and child welfare systems. The Los Angeles Homeless Services Authority (LAHSA) groundbreaking report from the Ad Hoc Committee on Black People Experiencing Homelessness encourages funders, policymakers, mainstream systems and communities to critically examine institutional barriers that perpetuate racial disparities and systemic racism to create lasting change.

INVESTING IN SOLUTIONS THAT WORK

Homes End Homelessness

The long-term and surprisingly cost-effective solution to homelessness is permanent, stable housing. By connecting people experiencing homelessness to housing and supportive services without preconditions, they have a platform from which they can address other areas that may have contributed to, or were exacerbated by, their experience of homelessness. In 2019, 291 people (166 households) who were formerly homeless in Pasadena were permanently housed through programs operated in Pasadena and other parts of the County. Unlike previous years, this data captures people who were housed outside of the homeless services system, including those who self-resolved, moved in with family or friends, or recieved housing assistance through programs outside of homeless services. While the factors that contribute to homelessness are complex and multifaceted,

the solution is straightforward. The best way to help our neighbors off the street is to support their transition indoors by providing housing as a building block for recovery, healing, and stabilization. City-funded housing programs have been successful in ending homelessness for hundreds of people over the years and continue to be a proven means of successfully reintegrating highly vulnerable individuals and families into the community by addressing their basic need for housing and providing ongoing support as needed. We know what it takes to permanently end homelessness for our neighbors without homes, including those who are the most vulnerable with high barriers. Pasadena must continue to lead the way and serve as a model for other cities to invest in and support creative opportunities to increase the supply of permanent housing.

Supportive Housing as an Effective Solution

Recognized as a national best practice, research continues to endorse supportive housing using a Housing First approach as the most successful housing intervention at ending homelessness. Supportive housing is an evidence-based housing intervention that combines non-time limited housing assistance with optional wraparound supportive services offered without preconditions and based on individualized choices and needs (Housing First). This model provides residents the opportunity to start to rebuild their lives in a safe and stable home free from the vulnerabilities of the street. Increasing the movement of people into permanent housing options as opposed to temporary shelter beds, has become a nationwide best practice. A 2017 RAND Corporation evaluation of the Los Angeles County Housing for Health Permanent Supportive Housing program found that the county experienced a 20 percent net cost savings by placing people who formerly experienced chronic homelessness with a co-occurring medical or mental health condition into permanent housing.[12] Similarly, client's use of medical and mental

10. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2020, January). The 2019 annual homeless assessment report (ahar) to Congress part 1: Point-in-time estimates of homelessness. Retrieved from https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf

11. Los Angeles Homeless Services Authority. (2018, December). Report and recommendations from the ad hoc committee on black people experiencing homelessness. Retrieved from https://www.lahsa.org/documents?id=2823-report-and-recommendations-of-the-ad-hoc-committee-on-black-people-experiencing-homelessness

health services dropped substantially, including ER visits and inpatient care. Across all the services the RAND study examined, the associated costs for utilizations of public services in the year after receipt of permanent housing declined by close to 60 percent. Various studies conclude that people experiencing homelessness, including those with the highest service needs, are more likely to recover and stabilize when they are provided with housing and tailored supportive services rather than remaining on the streets. Existing supportive housing projects in Pasadena that largely serve people who formerly experienced chronic homelessness demonstrate a 93% housing retention success rate, even among residents who have significant mental illnesses or substance use disorders.
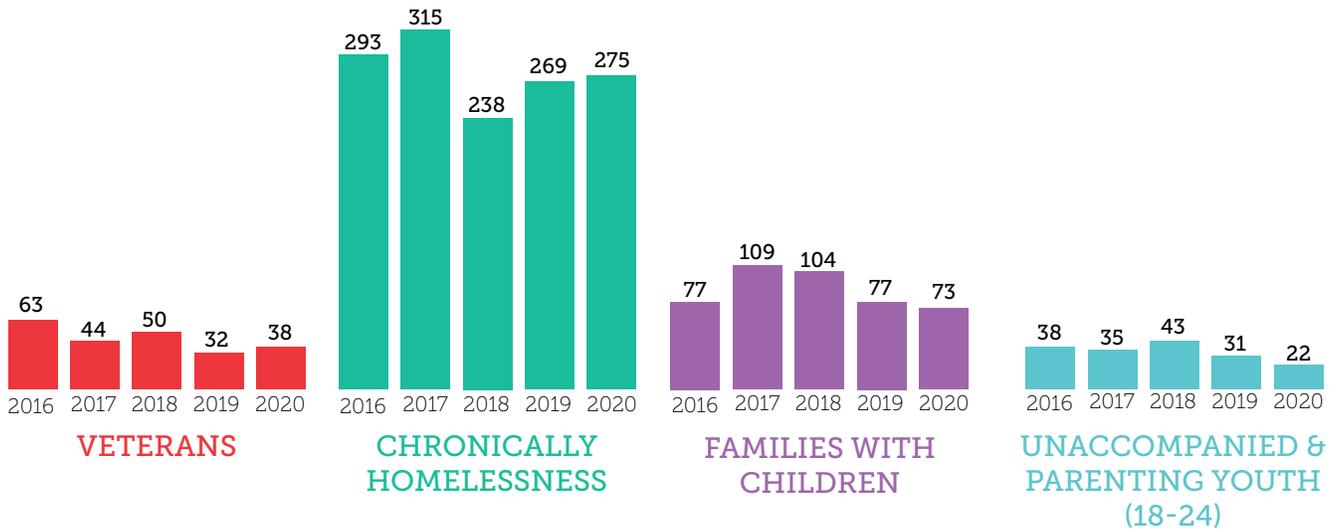
Implementing a Coordinated Approach

In order to ensure homelessness is rare, brief and non-recurring, Pasadena continues to invest in the county-wide Coordinated Entry System (CES), which was originally implemented in 2011 and designed to quickly identify, assess, refer, and connect people in crisis to housing resources and other assistance. The Los Angeles County CES, which encompasses 100% of Pasadena's geographic area, is organized into three subpopulations - Adults, Families and Youth - and serves as the centralized system for housing and services for people experiencing homelessness. Population-appropriate questionnaires are used to triage a person's needs in order to identify the services and housing that may be the best fit for them. Once entered into the system, individuals and households are linked, or "matched," to the best suited services and housing to address their unique needs. This system has demonstrated great success in connecting the most vulnerable people to housing that permanently ends their homelessness.

Homeless Services System Bottlenecks

The primary challenge the homeless services sector continues to face is that the need for housing and services continues to exceed the resources available. Our system is currently bottlenecked at two critical points: access to housing resources that will permanently end people's homelessness and also low-barrier, comprehensive services and ongoing support to those most in need. Once individuals are assessed, they wait to be assigned a housing navigator who will facilitate linkages to various supportive services and will support in gathering the documentation for obtaining permanent housing. Presently, participants experience varying wait times depending on their vulnerability assessment score to be assigned a staff person who will serve as their navigator and advocate in the multifaceted homeless services system. Consequently, this has an adverse impact on client- and system-level outcomes as people are forced to wait in line for services and the length of time they remain homeless increases. Even after being assigned to a housing navigator, clients must continue to wait for a permanent housing resource to become available, and because these resources are scarce compared to the need, the wait times are often lengthy.

People are unable to exit homelessness without a long-term affordable permanent housing resource. These resources are doubly challenged by insufficient funding, which limits supply, and a rental market that limits utilization. Rental assistance vouchers continue to be difficult to utilize in Pasadena's tight rental market. Finding an available, affordable apartment with a landlord willing to accept a voucher can take up to as long as a year for people who have been issued a voucher. Long-term funding sources for housing subsidies and supportive services are crucial to ensure people are able to retain their housing and not fall back into homelessness. A critical step to easing the homelessness crisis is to prioritize and increase the pathways to stable housing and connections to supportive services that will enable people to rebuild their lives and reintegrate into the community. Creative solutions are needed to alleviate the bottlenecks we're currently working against at a time where housing resources are limited in supply.

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12. Hunter, S. B., Harvey, M., Briscombe, B., & Cefalu, M. (2017). Evaluation of housing for health permanent supportive housing program. Santa Monica, CA: RAND Corporation.

2016	2017	2018	2019	2020
63	44	50	32	38

VETERANS

2016	2017	2018	2019	2020
293	315	238	269	275

CHRONICALLY HOMELESSNESS

2016	2017	2018	2019	2020
77	109	104	77	73

FAMILIES WITH CHILDREN

2016	2017	2018	2019	2020
38	35	43	31	22

UNACCOMPANIED & PARENTING YOUTH (18-24)

Opening Doors

In 2015, the United States Interagency Council on Homelessness (USICH) amended the national plan Opening Doors: Federal Strategic Plan to Prevent and End Homelessness to provide an updated framework to address the needs of people experiencing homelessness. The plan identifies four homeless subpopulations which have been prioritized due to their distinct barriers and needs and is intended to serve as a roadmap for federal, state and local partners to address the critical issue of homelessness. As such, the City uses this framework to gauge our progress towards making meaningful improvements. Below is a status update and summary of Pasadena's policy recommendations for each subgroup based on the results of this year's count.

VETERANS

Veterans comprise approximately 7% of the total homeless population (n=38), which is relatively stable compared to previous years. This low number is likely attributable to the substantial commitment at the federal, state, and local level to ensure veterans have access to tailored permanent housing opportunities.

Recommendations
While Pasadena has a relatively small number of veterans experiencing homelessness, meaningful change will depend on strengthening partnerships with Veterans Affairs programs and HUD to ensure adequate staffing is available and maximum utilization of Veterans Affairs Supportive Housing (VASH) vouchers, regardless of barriers such as military discharge or chronic homelessness status.

CHRONICALLY HOMELESSNESS

Slightly more than half of the City's homeless population is experiencing chronic homelessness (n=275). Single adults are more likely to be chronically homeless compared to families with children (58% v. 8%), and older adults aged 55 and up are more likely to be chronically homeless compared to other age groups. Black people are also overrepresented among people experiencing chronic homelessness compared to the general homeless population (36% v. 31%).

Recommendations
The number of people experiencing chronic homelessness in Pasadena has also remained fairly flat since 2016. Reducing chronic homelessness requires long-term funding commitments, federal, state and local political will and ongoing cross-sector coordination across mainstream systems. Locally, continuing to pursue new opportunities to increase the supply of supportive housing, as well as prioritizing people with the highest needs for existing supportive housing units, is the most effective means of reducing chronic homelessness.

† Subpopulation counts for 2016-18 have been adjusted with the same extrapolation methodology used in the 2019 Homeless Count to account for the growing number of observation-only surveys. Please refer to Appendix A for complete methodology.

FAMILIES WITH CHILDREN

For the second consecutive year zero families were experiencing unsheltered homelessness at the time of the count, which underscores the success of the family homeless services system in rapidly connecting families to shelter. There were 24 families with minor children experiencing homelessness in Pasadena, representing 5% of the total homeless population which mirrors results from 2019. A little more than half (53%) of families with children reported that they had experienced homelessness for the first time in the past 12 months.

Recommendations

For many families with children, homelessness is a temporary experience that is short-lived (less than a year). Therefore, promising strategies to further reduce family homelessness should continue to focus on rapid rehousing and employment support to regain stability and promote long-term self-sufficiency. Increased investments in early interventions such as targeted homelessness prevention assistance can further reduce the number of families who fall into homelessness for the first time.

UNACCOMPANIED & PARENTING YOUTH (18-24)

Unaccompanied youth comprise approximately 4% of Pasadena's homeless population (n=22), which is slightly lower than previous years, but still fairly constant. This number does not include youth in doubled up or couch-surfing living situations, as they do not meet HUD's definition of literal homelessness. As a result, the youth numbers from the count can be conflicting with other projections of youth homelessness, such as those from community college and education systems which utilize broader definitions of homelessness.

Recommendations

Prevention and early interventions should focus on conducting inreach to individuals exiting youth systems, including foster care and juvenile justice. Similarly, programs should be youth-specific and support healthy development while minimizing adverse effects so youth can achieve long-term housing stability and get connected to education and employment opportunities.

Homeless Survey Findings

To gain a comprehensive understanding of the experiences of homeless residents in Pasadena, volunteers asked all participants who were willing to engage a series of survey questions. Responses were used to gather information on key characteristics of people experiencing homelessness and further inform service delivery and strategic planning efforts.

A survey was submitted for every unsheltered person counted that met HUD's definition of homeless; however, volunteers completed abbreviated observation-only surveys when necessary in order to respect those who did not wish to complete a full survey. Observation-only surveys were also completed when people were sleeping or otherwise unable to engage. Respondents were not required to complete all questions and could decline to answer at any point during the survey. Therefore, the total number of respondents for each question was not always equal to the total number of surveys conducted.

For more information on survey methodology, please see Appendix A. For complete survey findings, please see Appendix C.

SIZE

On the night of the Homeless Count, a total of 527 people were experiencing homelessness in Pasadena. Collectively, 294 people were counted by volunteers on the street or at our partner sites, and 233 people were staying in temporary shelter locations. The number of people experiencing homelessness remained relatively unchanged compared to 2019, following an overall downward trend for almost ten years. The size of the City's homeless population on the night of the Count was also slightly lower than Pasadena's three-year rolling average from 2018-2020, but is holding steady overall. Compared to 2019, the sheltered population has slightly increased (+5%) while the unsheltered population has decreased marginally (-8%). This finding may be a result of the City's bolstered investment in motel vouchers in an effort to bring more people living on the streets indoors while awaiting placement in permanent housing.

Single Individuals

The vast majority of people experiencing homelessness in Pasadena are single individuals without children, although some people experience homelessness in couples. Individuals,[13] including single adults and unaccompanied youth, represent approximately 95% of the total population experiencing homelessness on the night of the count. Nationally, more than two-thirds (70%) of the homeless population are single individuals without children.[9] Approximately 62% of single individuals were

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13. Per HUD's definition, "individual" refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth (ages 18-24), or in multiple-adult or multiple-child households

HOUSEHOLD COMPOSITION

5%
families with children

95%
single
individuals

staying in unsheltered locations on the night of the Count, reflecting the high degree of shelter need among this population. Many of these people face extraordinary challenges and are living with disabling conditions that are further exacerbated by the instability that comes with homelessness. Individuals are significantly more likely to experience chronic homelessness compared to families with children (58% v. 8%). The data on homelessness among single individuals conveys a demonstrated need to increase permanent housing opportunities to ensure the health, safety and stability of our most vulnerable neighbors. As the largest subgroup, expanding access to permanent housing for individuals is critical to strategies aimed at reducing homelessness within the community.

Households with Children

Families with children account for 5% of the population experiencing homelessness. A total of 24 households with children (73 people) were experiencing homelessness on the night of the count, all of whom were staying in sheltered locations, including emergency shelter (52%) and transitional housing (48%). No families were found to be living in unsheltered locations. Children under the age of 18 comprised 58% of people experiencing homelessness in families and

approximately 3 out of 4 people (75%) identified as Hispanic or Latino compared to 37% of the general homeless population, highlighting a clear racial disparity among this subgroup. More than half (53%) of families with children reported that their first time experiencing homelessness was in the last twelve months, signifying a need to invest in and scale up early intervention homelessness prevention and diversion programs so families are able to retain their housing and prevent the trauma that accompanies the experience of homelessness. Most families with children who do fall into homelessness would benefit from short-term rapid rehousing assistance so that they can quickly transition back into a home of their own, regain stability, and work towards self-sufficiency.

DEMOGRAPHICS

Basic demographic questions were asked of all respondents who were willing to participate in the full survey for the unsheltered count, including age, ethnicity, race, gender identity, and sexual orientation. The same demographic information was pulled from the local Homelessness Management Information System (HMIS) database for the sheltered count. This data is necessary to improve our understanding of the homeless population composition and how trends change over

AGE & GENDER

City of Pasadena

Male	Age	Female
8%	62+	11%
4%	55-61	5%
3%	50-54	3%
7%	40-49	7%
12%	25-39	13%
4%	18-24	4%
10%	0-17	9%

Age

People Experiencing Homelessness

Male	Age	Female
10%	62+	4%
11%	55-61	5%
9%	50-54	3%
15%	40-49	5%
14%	25-39	10%
2%	18-24	2%
4%	0-17	4%

Age
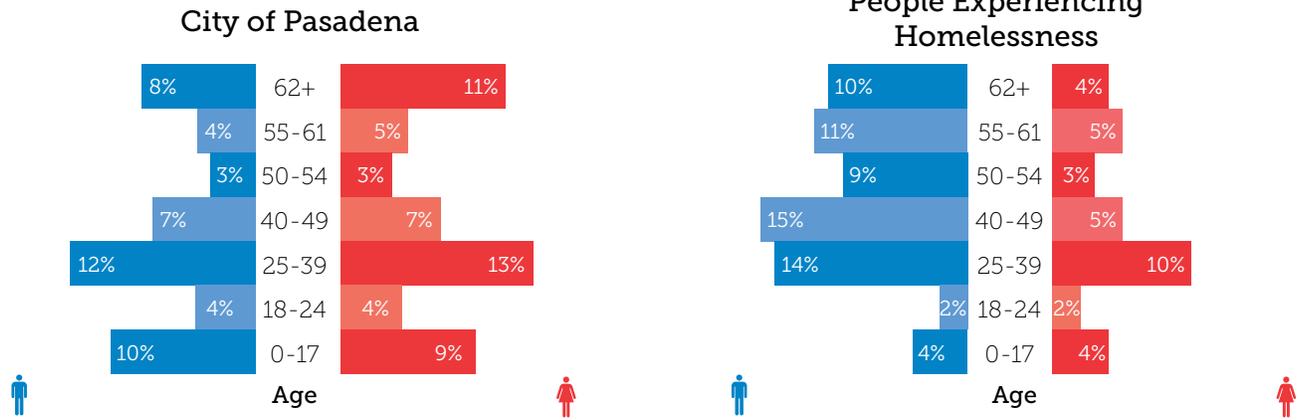
time. Furthermore, demographic estimates allow for the examination of similarities and/or disparities among specific groups.

Age and Gender

The data yield clear differences in age groups and gender identity among the population of people who experience homelessness compared to Pasadena's general population. A clear disparity exists among those who are between 55-61 years of age, who comprise 16% of the homeless population but only 8% of the City's general population. Even more concerning, the percentage of older adults aged 62 and above increases in the general population to 19% but drops for people experiencing homelessness, suggesting that people without a permanent home are more likely to have shorter life expectancies and higher premature death rates. According to an October 2019 brief issued by the Los Angeles County Department of Public Health, the average age of death among people experiencing homelessness was 51 years compared to 73 years for the general population.[8]

People between the ages of 25 to 39 are the most likely to experience homelessness (25%) among the overall homeless population, followed closely by people who are between the ages of 40 and 49 (20%). While these groups account for the greatest proportion of

people experiencing homelessness, they may fall through the cracks for resource prioritization if they do not fall into one of the four sub-populations tracked by HUD although they run a greater risk of becoming chronically homeless. As age increases, people tend to be homeless longer or experience more episodes of homelessness compared to younger homeless individuals. It is critical that housing interventions are quickly provided to people who are approaching middle age as a platform for stability so that they are able to properly recover and reintegrate into society while minimizing the trauma associated with the experience of homelessness. The majority (67%) of people who experience homelessness in Pasadena identify as male, while 33% identify as female and less than 1% as transgender. Except for within the subpopulation of families with children, males continue to be overrepresented compared to females, which has been a longstanding demographic trend and mirrors the gender breakdown for people experiencing homelessness nationwide.

Race and Ethnicity

Homelessness impacts all races and ethnic groups but disproportionately affects communities of color. For the purpose of the Homeless Count, race and ethnicity are considered separate and distinct identities,

†† Like the US Census Bureau, HUD defines race and ethnicity as separate and distinct identities, with Hispanic or Latino origin asked as a separate question. Thus, these percentages do not add up to 100%.

RACIAL COMPOSITION

■ City of Pasadena
■ People Experiencing Homelessness

49% 51%

As is true across the country, Black people experiencing homelessness are overrepresented.

31%

22%

17% 16%

10%

2% .3% 2% .2% .2%

| White | American Indian or Alaska Native | Asian | Native Hawaiian or Pacific Islander | Multiple Races or Other | Black |

HISPANIC/LATINO POPULATION

35%
City of Pasadena

37%
People Experiencing Homelessness

in order to be in alignment with U.S. Census Bureau data.

The intersection of race and homelessness is indisputable. By far the most striking disparity in Pasadena is among Black and African Americans, who make up 10% of the City's general population but account for 31% of people who experience homelessness. Approximately 3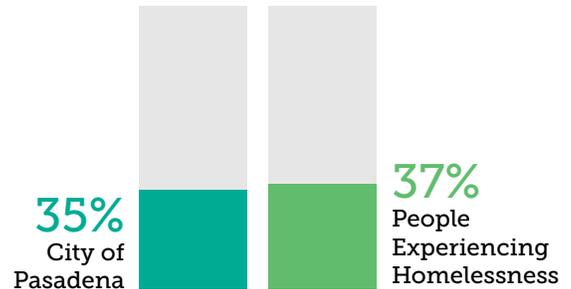7% of people experiencing homelessness identified their ethnicity as Hispanic/Latino compared to 35% of Pasadena's population, signaling a slight overrepresentation. However, Hispanic/Latinos are persistently overrepresented among families experiencing homelessness, comprising 75% of families with children. Due to this disproportionate representation, Hispanics/Latinos are more likely to reside in transitional housing and emergency shelter compared to other racial groups.

People who identify as American Indian or Alaska Native are also slightly overrepresented in the homeless population compared to the City's general population (2% v. 0%). Conversely, people who identify as White, Asian, or multiple races were underrepresented among people experiencing homelessness.

When further examining the data by race and ethnicity, a larger share of Black and African Americans experiencing homelessness are living on the streets in comparison

to their White counterparts (32% v. 23%). Black people are also more likely to be overrepresented among the proportion of people who have been homeless between 1-11 months compared to those who are White, which is startling given the underrepresentation of Black people in emergency shelter and transitional housing.

This demographic imbalance highlights the need to examine and address the structural and institutional barriers that have resulted in racial inequity within the homeless services system and also among the criminal justice, employment, education, healthcare, and child welfare systems. For example, the homeless services system should conduct rigorous data analyses to examine disparities in the number of Black people who are entering the system and the rates at which they are being connected to services and exited to permanent housing destinations. These racial disparity analyses can be used to determine how to best strengthen or expand programming that will benefit Black people experiencing homelessness. While the homeless services system has a vital role to play in assessing the scope of racial disparities in experiences of homelessness within the community and taking intentional and comprehensive action, the system alone cannot solve all the dynamics that produce the disparities we see.

PEOPLE EXPERIENCING HOMELESSNESS ARE OUR NEIGHBORS

Where are people experiencing homelesness from?

Over half were living in Pasadena for an average of 21 years before becoming homeless

54% from Pasadena
88% from LA County

88% were from LA County, living there an average of 17 years before falling into homelessness

LIVING ACCOMMODATIONS

While more than half (54%) of our community's homeless population primarily resides in unsheltered living conditions, this does not support the fallacy that people want to sleep outdoors or prefer the streets to a permanent home of their own. Many people experiencing homelessness have no choice but to live outside because the current supply of shelter beds does not meet the overall demand, and there are not enough housing opportunities to permanently move people off of the streets or out of shelters. People may also choose to forgo shelter for a multitude of factors, such as discomfort in large group settings, inability to accommodate pets/animal companions, or because the living arrangements are simply not best-suited to meet a person's needs, particularly for people with disabling mental health conditions. Living in a shelter also means residing in close proximity to people you may not always know or trust and can trigger past negative experiences for those who have lived in institutionalized settings before, such as foster care or jails. Shelters can be difficult places to live, particularly for those who have languished on the streets for years and have higher barriers to engagement. A choice to forgo shelter, if a shelter bed is even available, does not mean that someone wants to be homeless.

Location and Length of Residency Before Housing Loss

More than half (54%) of the people living on the streets in unsheltered locations were long-time Pasadena residents before they became homeless. People who reported falling into homelessness in Pasadena lived in the City for an average of 21 years before their housing loss. Pasadenans who reported becoming homeless for the first time within the past 12 months resided in the City for an average of 31 years prior to their housing crisis. These figures refute the misbelief that most people migrate to Pasadena for additional resources or increased availability of public benefits. People often prefer to stay in the community where they became homeless likely because of the familiarity of surroundings, sense of belonging, personal connections, knowledge of local resources, and feeling like the area is still their home. Many of our homeless neighbors may have actually lived in Pasadena longer than housed Pasadenans.

Individuals who previously resided outside of L.A. County when they were last housed accounted for 12% of the total homeless population in Pasadena. However, many individuals who are categorized as from "out of town" may have lost their housing in neighboring communities but grew up in or had ties to Pasadena through family or work when they lived in their home. While people from

CURRENT LIVING SITUATION

44% Sheltered   56% Unsheltered

37% emergency shelter

7% transitional housing

30% street or sidewalk

12% parking lot

7% car or rv

3% park

2% transit center

2% under bridge, overpass, or fwy embankment

1% abandoned building

0.4% tent, encampment or natural area

0.4% outside a church
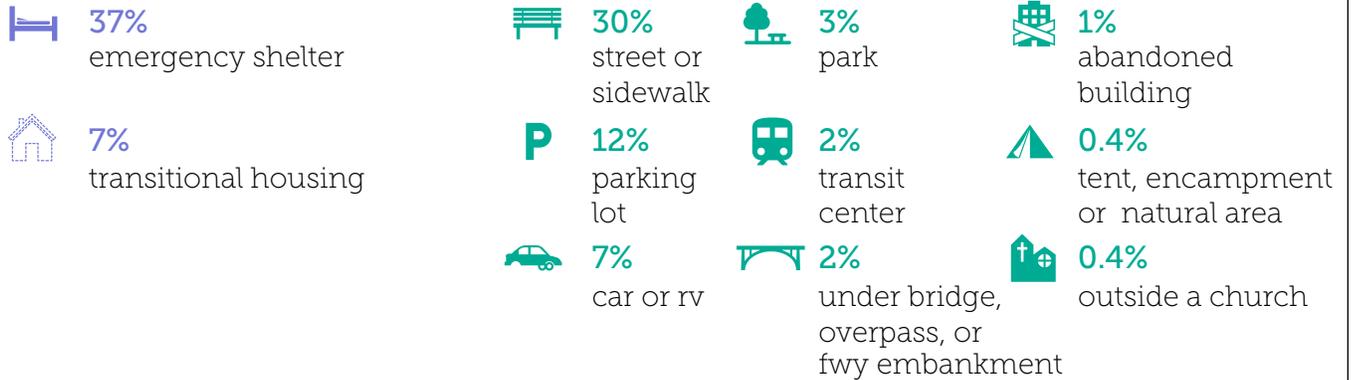
surrounding regions may spend time in and periodically pass through the City, homeless service providers actively work to ensure people are reconnected with their home community by referring them to services in those areas.

Current Living Situation

On the evening of the count, more than half (54%) of the population was experiencing unsheltered homelessness living on the streets, in cars, in abandoned buildings or transit centers, or in other locations not suitable for human habitation. Approximately 44% of people were living in sheltered locations, such as emergency shelters including hotels or motels paid for by charitable organizations or government programs and transitional housing. The number of people staying in emergency shelter has grown slightly from 2019 (+5%) and the number of people living in unsheltered locations has fallen by 8%. While Homeless Count data alone is insufficient to draw conclusions about the direct impact of Pasadena's programs, it is notable that this shift in current living situation comes on the heels of a significant infusion of one-time emergency state funding to the City which has increased shelter capacity through the expansion of hotel and motel voucher resources.

People living outdoors remain the most

visible face of homelessness. The unsheltered population is increasingly susceptible to adverse life events the longer they remain on the street. They are more likely to endure exacerbated illness or related health conditions or loss of belongings and violence, which ultimately incites significant distrust in others and the system that was originally designed to help them. Although there continues to be a higher number of people living in unsheltered conditions, the allure of living on the streets is a myth and recent New York University research found that if people were offered low-barrier permanent housing they would accept it. Unfortunately, the process of obtaining permanent housing is long and can present multiple barriers that impede the ability of people to quickly exit homelessness.[14]

DURATION & RECURRENCE OF HOMELESSNESS

The experience of homelessness may be short and non-recurring for some, while others may experience long and repeated episodes that undermine social and economic well-being and significantly increase barriers to housing over time. Increased efforts to understand the trajectories of homelessness and how long people are likely to remain homeless are necessary to inform strategic interventions and prioritization of resources.

14. New York University. (2019, June 10). NYU silver study counters narrative that street homeless are "service resistant" [News release]. Retrieved from https://www.nyu.edu/about/news-publications/news/2019/june/StreetHomelessReport.html

19%
experienced
homelessness for the first time in 2019
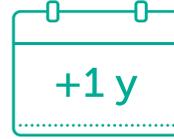
52%
were experiencing
chronic homelessness

+1 y

First-Time Homelessness

One in five people, or approximately 19% of the homeless population, reported that their first time experiencing homelessness was in the past 12 months. The average length of Pasadena residency for those who fell into homelessness for the first time in the City was 31 years. As rents continue to rise and wages and other sources of income remain stagnant, long-time residents are unable to afford their homes and find themselves facing homelessness. According to Pasadena's data, people between the ages of 25 to 39 were overrepresented among people experiencing homelessness for the first time, suggesting that early intervention strategies and additional resources are necessary to effectively target and support this group to remain in their homes. Furthermore, more than half (53%) of families reported experiencing homelessness for the first time in the past 12 months which contributes to an overrepresentation of children under the age of 18 who are homeless for the first time. People falling into homelessness for the first time can likely stabilize quickly if housing and supportive services are provided quickly and early enough to intervene in the longer-term homelessness trajectory. Rapid rehousing programs have proven particularly successful with the family population to regain self-sufficiency and retain stable housing.

This information reinforces the urgency to expand strategies and build upon initiatives that prevent people from falling into homelessness. Emerging research is helping to define which groups are at the highest risk of falling into homelessness among people who are all highly vulnerable to housing instability. This new information can help to guide the implementation of homelessness prevention programs for optimizing efficiency/effectiveness of resources.

Chronic Homelessness

The estimate of the number of people experiencing chronic homelessness has remained stagnant since 2016, with the exception of an anomalous finding in 2018, and accounts for 52% of Pasadena's homeless population. People who are chronically homeless spend longer or repeated periods of time living in shelter, on the street or other places not meant for human habitation (1+ years) and have one or more disabling conditions. People experiencing chronic homelessness are predominantly male (71%), and 40% are older adults and seniors aged 55 and up. Black people (35% v. 31%) and veterans (69% v. 52%) are also overrepresented among people experiencing chronic homelessness. Chronic homelessness is more often experienced by people who have social, physical and psychological vulnerabilities, and

1 in 5
lost their job

which contributed to their loss of housing

14%
had previously been in **foster care**

exiting people from chronic homelessness requires a higher level of resources and can be more difficult. Available research and information on the characteristics of those who are more likely to experience homelessness for long periods of time indicate that older age, poor family support, persistent unemployment, arrest history, history of placement in the child welfare system and recent victimization are important factors in determining the risk for chronic homelessness.[15]

Self-Reported Factors Contributing to Homelessness

Homelessness is a symptom of greater system-wide problems and cannot solely be attributed to personal choices or failures. Individuals are commonly blamed for their current situation and are quickly labeled as people who have made poor choices in life rather than as someone who fell victim to the failings of society's structural institutions. People who experience homelessness are not distinct and separate from the general population but have often experienced high levels of trauma and do not have the proper social support to avoid losing their home.

The reasons why people end up without a secure or stable home are complex and unique to each individual; however, there are some commonalities among the popula-

tion of people who experience homelessness. Participants' self-reported factors contributing to homelessnsess included financial instability and loss of employment. Oftentimes minor setbacks can result in individuals or families without proper support finding themselves in a destabilized condition and facing homelessness. Further, many self-reported factors that contribute to homelessness may be correlated with upstream factors and a lack of needed support, such as an increasingly unaffordable housing market, higher barrier employment systems, and inaccessible healthcare and substance use treatment.

History of Foster Care

Child welfare involvement and aging out of the foster care system is a well-documented risk factor for homelessness and several other adverse adult outcomes.[16] Fourteen percent of the total population experiencing homelessness reported ever having been in foster care. This number is significantly higher for homeless youth comprising 56% of the subpopulation. This data underscores the need for child welfare systems to be actively involved and play a central role in preventing homelessness by providing young people in foster care with the services and support they need to reach their full potential and successfully transition into adulthood. There continues

15. Caton, C. L., Wilkens, C., & Anderson, J. (2007). People who experience long-term homelessness: Characteristics and interventions. Retrieved from https://www.huduser.gov/publications/pdf/p4.pdf
16. Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, 103, S318-S323. doi:10.2105/AJPH.2013.301455

HEALTH

Chronic health condition
41%

Developmental disability
17%

Physical disability
37%

Post traumatic stress disorder
12%

Substance use
27%

Traumatic brain injury
7%

Serious mental health condition
25%

to be a real need for tailored prevention and inreach strategies that include mainstream systems specifically targeting youth exiting foster care. Young people who experience failures of systems early in life that propel them into homelessness may carry a general distrust of systems that are currently in place to assist them due to the previous trauma they have experienced and unkept promises.

HEALTH

The connections between housing and health are undeniable, and the experience of homelessness itself can lead to a variety of negative health outcomes. Simply living without a home is a dangerous health condition because homelessness can contribute to and trigger poor health conditions. Without the safety and comfort of a home it is exceptionally challenging to take care of basic health needs, let alone manage chronic or debilitating health conditions. Due to the competing demands in the daily lives of people experiencing homelessness, such as securing food, ensuring adequate hygiene and sanitation and finding a place to sleep every night, medical care is often difficult to obtain or simply not attainable. Stable housing continues to remain a key social determinant of health that directly impacts health outcomes.

Health Conditions/Disabilities

Homelessness is associated with shorter life expectancy and higher morbidity, increased use of hospital services and decreased access to primary or preventative healthcare, elevating the risk of later-stage diagnosis of chronic conditions.[17] According to 2020 Homeless Count data, 41% of people experiencing homelessness indicated that they have a chronic health condition such as diabetes, high blood pressure, seizures, respiratory problems or arthritis. Other conditions reported at high rates include physical disabilities (37%), substance use (27%), mental health condition (25%), developmental disability (17%) and post-traumatic stress disorder (12%). With the ongoing aging of the homeless population, we can likely expect to see increased incidences of chronic conditions and age-related health decline. Research has indicated that people experiencing homelessness aged 50 years and older have higher rates of aged-related conditions compared to the general population that is roughly 20 years older than them.[18]

Efforts to address the health of people experiencing homelessness must also address unmet housing needs. When permanent housing is provided as a platform, people with acute and severe health conditions can regain stability and work towards long-term recovery without the added suffering and risk of living on the streets.

17. Stafford, A., & Wood, L. (2017). Tackling health disparities for people who are homeless? Start with social determinants. *International Journal of Environmental Research and Public Health*, 14, 1535. doi: 10.3390/ijerph14121535
18. Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet*, 384, 1529-1540. doi: 10.1016/S0140-6736(14)61132-6

52%
visited an ER in the past 6 months

36%
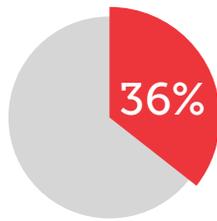
were unable to get **needed medical care** in the last year

Most commonly cited reasons for unmet medical needs were

25%
Lack of Insurance

20%
Transporation Difficulties

20%
Financial Reasons

ER Visits

Studies have found that certain people experiencing homelessness are higher utilizers of hospital-based health care than average.[19] Collecting data on emergency room utilization among the homeless population is important to examine how care can be improved, how costs can be reduced and to understand the role the healthcare system has to play in addressing homelessness. Fifty-two percent of people experiencing homelessness reported visiting an Emergency Room (ER) in the past 6 months, of which 72% reported 1-2 visits and 28% reported 3 or more visits. ER utilization is slightly higher among people who are chronically homeless (56%), which is unsurprising given this subpopulation has significantly higher rates of disabilities and compromised health compared to the general homeless population. Many people who experience homelessness do not have a regularly accessible primary care physician, which oftentimes results in increased emergency room visits and costly medical expenditures. According to a RAND study evaluating the Los Angeles County Housing for Health program administered by the Department of Health Services (DHS), program participants, largely consisting of people who were formerly chronically homeless, made nearly 70% fewer visits to the ER in the year after they moved into permanent housing, spent 75% less time in the hospital, and needed fewer crisis interven-

tions.[12] A better understanding of how people experiencing homelessness interface with the healthcare system is needed to inform future interventions and highlights the necessity of collaboration between the two systems to best address the needs of the shared client-patient population.

Unmet Medican Needs

People experiencing homelessness face substantial barriers to accessing the healthcare system. In fact, rates of unmet healthcare needs for specific services can be up to six to ten times higher among the homeless population compared to the U.S. general population.[20] Overall, 36% of the unsheltered population reported needing medical care in the past 12 months but were unable to get it. This was also slightly higher (40%) for people experiencing chronic homelessness. Self-identified reasons for being unable to obtain healthcare included limited/no insurance (25%) or financial reasons (20%), transportation difficulties (20%) and past negative experiences in the healthcare system (13%). These findings illuminate a substantial inability for people to get the care that they need and may even represent conservative estimates given the high rates of emergency room utilization among a large portion of the population in the past year.

Conventional approaches to the delivery of healthcare services are full of barriers and are largely ineffective for people affected by

19. Treglia, D., Johns, E. L., Schretzman, M., Berman, J., Culhane, D. P., Lee, D. C., & Doran, K. M. (2019). When crises converge: Hospital visits before and after shelter use among homeless new yorkers. Health Affairs, 38, 1458-1467. doi: 10.1377/hlthaff.2018.05308

13%

were currently

fleeing domestic violence

8%

identified as

LGBTQ

homelessness or who are unstably housed. Due to the complexity of their health conditions and living situation, innovative delivery systems are needed that extend beyond the traditional models of providing care to accommodate the unique needs of the homeless population. These models of care include mobile multidisciplinary and street medicine outreach teams, shelter and permanent housing-based clinics, and respite or recuperative care.

DOMESTIC VIOLENCE

Understanding the connection between domestic violence and homelessness is required in order to best support people who are fleeing violence or who have previously experienced significant trauma. Survivors of domestic violence may become homeless for a number of reasons, including lack of a safe place to stay after fleeing an abusive relationship or lack of sufficient financial resources to maintain housing. Beyond addressing immediate safety and housing needs, survivors of domestic violence require comprehensive, trauma-informed supportive services that promote healing from past abuse and improve economic security to move towards self-sustainability. Housing and tailored supportive services are critical interventions that influence trauma recovery and long-term stability.

Currently Fleeing Domestic Violence

Among people experiencing homelessness in Pasadena, 13% reported currently fleeing domestic violence, of which 8% were unsheltered and 23% were in emergency shelters. People experiencing chronic homelessness were slightly more likely to report fleeing domestic violence (16%). Many survivors face unique challenges to accessing shelter and permanent housing due to their confidentiality and safety needs; therefore integration between the domestic violence and homeless services systems in policy and practice continues to be of high importance. Comprehensive, impactful and low-barrier services for people fleeing domestic violence reduce the risk of re-traumatization and promote progress towards personal goals and stability.

LGBTQ POPULATION

In Pasadena, 8% of people experiencing homelessness identified as Lesbian, Gay, Bisexual, Transgender, or Queer/Questioning (LGBTQ). Of the LGBTQ subpopulation, 2.3% identified as gay, 2.7% bisexual, and 1.2% identified as lesbian. Further, 0.4% indicated that they were asexual, 0.6% identified as transgender and 0.2% identified as gender non-conforming. The number of people identifying as LGBTQ is higher among the youth population (12%), with 6% reporting that

they are lesbian and 6% indicating they are bisexual. While there is limited data on the number and experiences of LGBTQ individuals who are homeless, a review of the literature concludes that people who identify as LGBTQ are more likely to experience homelessness than non-LGBTQ people.[21] Similarly, findings suggest that LGBTQ youth are at more than double the risk of experiencing homelessness compared to their non-LGBTQ peers.[22] "LGBTQ" is an umbrella acronym intended to represent sexual orientation and gender identity, but that does not necessarily mean that the needs of each specific identity under this umbrella are the same. People experiencing homelessness who identify as LGBTQ face oppression and a unique set of challenges towards regaining stability, including social stigma and housing and employment discrimination, among a multitude of additional barriers that may extend their homelessness.

21. Fraser, B., Pierse, N., Chisholm, E., & Cook, H. (2019). LGBTIQ+ homelessness: A review of the literature. *International Journal of Environmental Research and Public Health*, 16, 2677. doi:10.3390/ijerph16152677
22. Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.

04

VETERANS

Veterans

Veteran status was determined based on the participant's response to a question that asked if they had ever served on active duty in the U.S. Armed Forces or been called into active duty in the National Guard or as a Reservist. Approximately 7% of all people experiencing homelessness in Pasadena on the night of the 2020 Homeless Count were veterans (n=38). The number of veterans experiencing homelessness in Pasadena has remained fairly low and stable following a small dip in 2016, likely due to a substantial commitment and investment of government resources, primarily at the federal level. In order to ensure that veterans can lead healthy, productive lives following their service, communities have expanded opportunities to access permanent housing. Nationally, the number of veterans experiencing homelessness is almost fifty percent lower than in 2010,[23] which is credited to the advent of the HUD-Veterans Affairs Supportive Housing program (HUD-VASH) and the Supportive Services for Veteran Families (SSVF) program.

The vast majority of veterans experiencing homelessness are men (97%) and are over the age of 55 (72%), which is older than the largest segment of the general homeless population of ages of 25 to 49. As these veterans grow older, they are likely to have increasingly complex and age-related needs. Among veterans experiencing homelessness, 55% identified as white, 33% identified as Black, and

6% identified as American Indian or Alaskan Native. Seventeen percent of veterans identified as Hispanic or Latino.

While veterans comprise a smaller proportion of the total homeless population, they have specific and unique needs that remain. Research has shown that veterans experience co-occurring conditions such as mental health disorders, substance use disorders, post-traumatic stress disorder, and traumatic brain injuries at disproportionate rates compared to their civilian counterparts.[24] This finding is mirrored in Pasadena's data as well, as veterans were significantly more likely to report a serious mental health condition (38% v. 25%), post-traumatic stress disorder (28% v. 12%), or a traumatic brain injury (17% v. 7%) compared to the general homeless population. These conditions are especially amplified because of the distress associated with multiple and/or extended deployments. Unfortunately, studies suggest that homeless veterans underutilize health care services that are available to them through the U.S. Department of Veterans Affairs (VA) compared to housed veterans.[25]

Compared to the general homeless population, veterans are more likely to live in unsheltered locations, experience multiple episodes of homelessness and experience chronic homelessness. These critical differences contribute to veterans' increased risk of

23. Ramirez, K. (2018, November). Veteran homelessness drops nearly 50% since 2010. Retrieved from https://www.housingwire.com/articles/47284-veteran-homelessness-drops-nearly-50-since-2010/

24. Olenick, M., Flowers, M., & Diaz, V. (2015). US veterans and their unique issues: Enhancing health care professional awareness. *Advances in Medical Education and Practice*, 6, 635-639. doi: 10.2147/AMEP.S89479

25. Gabrielian, S., Yuan, A. H., Andersen, R. M., Rubenstein, L. V., & Gelberg, L. (2014). VA health service utilization for homeless and low-income veterans: a spotlight on the VA Supportive Housing (VASH) program in greater Los Angeles. *Medical Care*, 52, 454–461. doi: 10.1097/MLR.0000000000000112

languishing on the streets, which is why they remain a key priority subpopulation for the City of Pasadena, as well as for the U.S. Department of Housing and Urban Development and the United States Interagency Council on Homelessness.

PROGRESS

Homelessness among veterans has been of major public concern for decades. A lack of access to sufficient transitional resources and full benefits that include housing can put some service members at higher risk of experiencing homelessness when separating from the military. Overall the percentage of veterans experiencing homelessness has held steady over the past four years, however it remains of high importance to address the unique needs of this population that continue to push them into and prevent them from exiting homelessness. Continued collaboration between homeless service providers and agencies that serve veterans, in particular the VA which remains one of the largest resources available to veterans, is required to continue on the trajectory of decreasing veteran homelessness. Since 2018, there have been significant investments in housing resources for veterans throughout Los Angeles County, including in the San Gabriel Valley. Given the high prevalence of mental illness and other disabilities among homeless veterans, investments in single-site supportive housing developments that provide on-site wraparound services remain a crucial intervention for this

population. The biggest difference in progress between the veteran and the civilian population of people experiencing homelessness is federal funding specifically dedicated to rental assistance vouchers for this subpopulation. This targeted funding demonstrates the importance and success of sufficient, ongoing investment in resources that enable people to move into permanent housing.

Chronically Homeless

The term "chronically homeless" is used to describe people who have experienced homelessness for at least one year and are living with a disabling condition. People who have experienced at least four episodes of homelessness in the last three years are also considered chronically homeless, provided those episodes cumulatively add up to at least twelve months.

People experiencing chronic homelessness remain one of the most vulnerable homeless subpopulations because they disproportionately live in unsheltered locations and have one or more disabilities. In 2020, an estimated 275 people were experiencing chronic homelessness in Pasadena, which accounts for slightly more than half (52%) of the total homeless population. People who identified as Black and American Indian or Alaskan Native were overrepresented compared to the general homeless population (35% v. 31% and 5% v. 2%, respectively). Men are more likely to experience chronic homelessness (71%), and 40% of the chronically homeless population was aged 55 and up. Older adults and seniors are overrepresented in the subpopulation of people who experience chronic homelessness compared to the general population (40% v. 30%), highlighting the importance of addressing the complex care and housing needs that inevitably arise as people age, which are further exacerbated by prolonged experiences of homelessness. If this high-risk group is left to languish on the street without sufficient connections to housing support, public systems will incur significant prevent-

able expenses to provide them with the care they need.

An estimated three out of five (60%) people experiencing chronic homelessness were Pasadena residents when they were last housed and had lived in the City for an average of 19 years before their housing loss. Without sufficient assistance, it is nearly impossible for this group to be able to navigate complex systems and competitive rental markets to regain housing on their own.

Data consistently reveal higher rates of disabilities and comorbid health conditions among people experiencing chronic homelessness. In particular, people experiencing chronic homelessness were significantly more likely to report a serious mental health condition (50% v. 25%) compared to the general homeless population. This data does not reveal whether the mental health condition precipitated people's experience of homelessness or if it was borne out of, or amplified by, the stress and trauma of living without a home. Put simply, homelessness can cause some people to develop certain mental or emotional disorders or exacerbate existing illnesses. People experiencing chronic homelessness were also more likely than the general homeless population to report a physical (45%) or developmental disability (21%), substance use disorder (34%), post-traumatic stress disorder (17%), traumatic brain injury (9%), or chronic health condition (49%).

Research indicates that people experiencing chronic homelessness are more likely

to engage with public crisis systems such as the Emergency Room (ER) or criminal justice institutions than the general homeless population.[26] However, addressing the intensive health needs of these vulnerable individuals with emergency, acute care has proved costly and ineffective. Fifty-six percent of people experiencing chronic homelessness reported visiting an ER within the last 6 months. Despite these higher ER utilization rates, two out of five people (40%) reported needing medical care within the past 12 months but not being able to obtain it. Sadly, people who are chronically homeless have documented mortality rates that are 4 to 9 times higher than that of the general population.[27] Living on the streets increases the risk of chronic health conditions, susceptibility to illness, and overall mortality because people are not able to seek respite in a home or recuperate in a safe and stable environment. Without strategic interventions between the homeless services and healthcare systems, chronically homeless individuals who struggle with serious health complications will continue to cycle intermittently through unsheltered or sheltered living conditions to emergency rooms and then end back up where they began. This demonstrates a considerable missed opportunity to intervene and connect this group to services and housing resources so they can get the care that they need.

Elevated experiences of domestic violence (16% v. 13%) and foster care involvement (17% v. 14%) are present among people experiencing chronic homelessness compared to Pasadena's general homeless population. Traumas such as these and those that stem from the disabilities outlined above can be both a cause and a consequence of homelessness, which can predispose people to stigmatization, violence, and social isolation. These various barriers are just some of the many reasons why the chronic homeless population continues to remain a key priority group.

Progress

Despite the daunting challenges presented by chronic homelessness, Pasadena's system-wide adoption of Housing First principles and commitment to supportive housing, along with innovative approaches to service delivery and housing provision, has yielded a 93% housing retention rate among this subpopulation, meaning that households remained stably housed for at least one year after exiting homelessness. There is a Pasadena preference in place for supportive housing projects within the City's boundaries to ensure that people who are experiencing chronic homelessness in Pasadena are prioritized for local resources.

Growing evidence supports the investment in supportive housing projects that follow a Housing First approach, which do not have prerequisites or barriers to housing entry such as sobriety, substance use or mental health treatment, or service participation requirements. Once in housing, tenants are provided with ongoing intensive case management services to actively achieve their goals, maximize housing stability, and prevent returns to homelessness. Of the studies conducted on the effectiveness of Housing First, data show that with this approach participants are able to access housing faster and are more likely to remain stably housed.[28] This finding holds true for both supportive housing and rapid rehousing programs. All Pasadena-funded permanent housing programs are required to implement a Housing First approach in order to follow federally recognized best practices and maximize positive outcomes.

Ironically, the quickest way to help people suffering from chronic homelessness is the slowest to come by. Housing resources continue to be in high demand and out of reach for many, and new construction projects can take years to come online. As such, progress continues to depend on collab-

26. United States Interagency Council on Homelessness (2018). *Homelessness in America: Focus on chronic homelessness among people with disabilities*. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Homelessness-in-America-Focus-on-chronic.pdf

27. U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2012). *Linking Housing and Health Care Works for Chronically Homeless Persons*. Retrieved from https://www.huduser.gov/portal/periodicals/em/summer12/highlight3.html

28. National Alliance to End Homelessness (2016, April). Fact sheet: Housing First [Fact sheet]. Retrieved from http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf

orative partners within both the public and private sectors coming together with a shared interest in curbing chronic homelessness and supporting people on the path to permanent housing. Increased efforts have been made to engage our system partners such as law enforcement and the healthcare sector with the homeless services system to strengthen our cross-sector response and coordination of services for people who have experienced long or repeated episodes of homelessness. Reducing chronic homelessness requires investment in and scaling up of promising and effective interventions across systems, such as diversion, inreach, housing navigation, housing location, and ultimately supportive housing. Concerted efforts to engage chronically homeless populations and provide them with housing assistance and wraparound supportive services may have a mitigating effect on the broader trends of homelessness we continue to see on Pasadena's streets.

Families with Children

Families with children under the age of 18 represent 5% of the population experiencing homelessness in Pasadena. The 2020 Homeless Count identified 24 households (73 people) experiencing homelessness, all of whom were living in sheltered locations such as emergency shelter and transitional housing. This is the second consecutive year that no families with children were found living in unsheltered locations in Pasadena. This represents encouraging progress and demonstrates that the provision of sufficient shelter and permanent housing resources within the family homeless service system keeps incidences of unsheltered homelessness low.

In most ways, families experiencing homelessness are similar to other families living in poverty but who have a home. The persistent disparity between low wages and high rents leaves many families struggling to get by, so even one setback such as job loss or a similar financial crisis can ultimately result in a family becoming homeless. Insufficient social support networks in times of crisis, such as alienation from relatives or friends or stigmatization that leads to isolation, also precipitate housing loss for some families. Similarly for many families, episodes of homelessness are part of a cycle of housing instability that includes living in precarious housing that is unaffordable and/or unsafe, moving involuntarily, and doubling up with family or friends.[29] For the large majority of families with children, homelessness is a temporary, one-time experience, and families are significantly less likely to be chronically homeless compared to single adults (18% v. 39%). Fifty-three percent of families reported experiencing homelessness for the first time during the Homeless Count, and 70% of families had experienced homelessness for 11 months or less.

Perhaps the greatest disparity seen among families with children who experience homelessness in Pasadena is the significant overrepresentation of Hispanics/Latinos. Seventy-five percent of people in families with children identified as Hispanic or Latino, compared to 37% of Pasadena's general homeless population. According to data from the American Community Survey (ACS), Hispanics constitute the highest share of households living below the poverty line (31%) which likely contributes to their overrepresentation in the family homeless system.[30] This suggests a substantial degree of underlying systematic racism and the need for programs that serve families to have a greater understanding of, and be tailored to, specific cultural needs to help this community address unique challenges. Likewise, the homeless services sector has a responsibility to work collaboratively with other mainstream systems that interface with families to divert them from homelessness whenever possible. In contrast to the single adult population, women are overrepresented among the family system and men are underrepresented.

While the 2020 Homeless Count data shows the number of families with children experi-

29.United States Interagency Council on Homelessness (2018). *Homelessness in America: Focus on Families with Children*. Retreived from https://www.usich.gov/resources/uploads/asset_library/Homeslessness_in_America_Families_with_Children.pdf
30. Retrieved from https://datausa.io/profile/geo/pasadena-ca/

encing homelessness remained flat over 2019, school districts report an increase in the number of students identified as homeless at some point in the school year.[31] Part of this difference is accounted for in the Department of Education's more inclusive definition of homelessness, which includes those living in doubled-up arrangements with family or friends or couch surfing. These groups do not meet HUD's definition of literal homelessness used in the Pasadena Homeless Count and are considered at-risk of homelessness, therefore they are not included in the count results. Despite this group not meeting HUD's strict homeless definition, the alarming trend of increases among those living on the brink of homelessness signals the pressing need for increased comprehensive prevention assistance and diversion services to ensure these families do not become literally homeless.

Families with children were significantly less likely to report chronic health conditions or other disabling conditions, which is likely a reflection of low rates of chronic homelessness among families Interestingly though, families were much more likely to report visiting the emergency room during the last 6 months for care (72% v. 53%), of which 82% visited 1-2 times.

Progress

Significant strides have been made in Pasadena to ensure that families experiencing homelessness have access to shelter and the appropriate resources to become self-sustaining, as evidenced by zero families being identified in unsheltered living conditions on the night of the count. The majority of permanent housing assistance for families with children experiencing homelessness is through rapid rehousing programs. Rapid rehousing provides lower acuity families with time-limited financial assistance to help them quickly secure housing as well as case management services to support long-term housing stability, including connections to employment child care, income support and financial planning, or counseling tailored to the unique needs of the household. While a small subset of families may require more intensive or long-term support through supportive housing, rapid rehousing has proven to be an effective solution for many families experiencing homelessness because they can stabilize quickly and eventually move back into market-rate housing without long-term assistance. Most families who have received assistance from rapid rehousing programs have not returned to homelessness. In a systematic review of the literature on rapid rehousing outcomes, it was estimated that less than 10% of families return to homelessness within twelve months after exiting the program.[32]

A pipeline of poverty is continuing to drive families into homelessness, and the threat of housing loss looms over the heads of many families who are barely making enough money to get by after paying their rent. As evidenced by 2020 Homeless Count data, there is a clear unmet need for homelessness prevention resources among families. Homelessness prevention interventions, such as short-term rental assistance and eviction prevention are fundamental to keeping families in their homes. Similarly, the efficacy of diversion programs that implement problem-solving strategies to find alternative housing options with family or other support networks before entering the homeless service system is also being explored. Continued improvements in decreasing family homelessness are achievable through supplemented homelessness prevention assistance and short- to medium-term housing interventions that focus on the provision of supportive services that will help families get back on their feet, such as connections to employment programs that enhance overall earning potential and linkages to mainstream resources.

31. National Center for Homeless Education. (2020, January). *Federal data summary school years 2015-16 through 2017-18*. Retrieved from https://nche.ed.gov/wp-content/uploads/2020/01/Federal-Data-Summary-SY-15.16-to-17.18-Published-1.30.2020.pdf

32. Gubits, D., Bishop, K., Dunton, L., Wood, M., Spellman, B. E., & Khadduri, J. (2018). *Understanding rapid re-housing: Systematic review of rapid re-housing outcomes literature*. U.S. Department of Housing and Urban Development: Office of Policy Development and Research.

07
UNACCOMPANIED & PARENTING YOUTH

Unaccompanied & Parenting Youth (18-24)

In Pasadena, 19 unaccompanied youth and 3 parenting youth were homeless during the 2020 Homeless Count (22 people total). While these youth comprise only 4% of the total homeless population in Pasadena, many have experienced significant trauma before and after becoming homeless and are particularly susceptible to negative life events. Thus, the City of Pasadena and HUD have placed particular emphasis on reducing homelessness among this subpopulation.

Unaccompanied youth are young people between the ages of 18 and 24 who are experiencing homelessness and are not part of a family or accompanied by a parent or guardian. Homeless parenting youth are also between the ages of 18 and 24 but are the parents or legal guardians of one or more children (under age 18) who are sleeping with them. The U.S. Department of Housing and Urban Development does not use the Department of Education's definition of youth homelessness, which includes youth who are sharing housing with other people, commonly referred to as doubled up, or those staying with family or friends for short lengths of time, also referred to as couch surfing. Young people who fall into these categories are considered at-risk of becoming homeless and were not counted as experiencing literal homelessness.

Youth experiencing homelessness are more likely to identify as Hispanic/Latino compared to Pasadena's overall homeless population (45% v. 37%). However, it is important to note that the small sample size of this subpopulation can artificially inflate minor differences in ethnic and racial findings. Youth are also more likely to identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ), particularily lesbian or bisexual (both 6% v. 1.2% and 2.7% respectively) compared to the overall homeless population. Recent research has found that LGBTQ youth are at more than double the risk of homelessness compared to their non-LGBTQ peers, and LGBTQ young people reported higher rates of trauma and adversity.[33] Although this overrepresentation is concerning, LGBTQ youths' trajectories into homelessness have revealed numerous opportunities for prevention and early intervention.

Youth experiencing homelessness were more likely to be staying in transitional housing and emergency shelter (55%) compared to unsheltered locations (44%). This finding is encouraging as Pasadena has recently increased investments for emergency shelter capacity through motel vouchers in the youth system. For youth particularly, having a safe space to live during the experience of a housing crisis is important to keep them engaged in services and promote early stabilization so they can quickly enter permanent housing and get connected to resources such as employment and education support. Homeless youth typically do not have adequate social support networks or may be fleeing abusive living situations and have lost connections to their family, schools, churches, and other community resources. As such, it is easier to reconnect and reintegrate youth to these networks of support when they are in sheltered situations that are tailored to their unique needs rather than living on the street or other spaces not meant for human habitation. While youth are no longer minors,

33. Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). *Missed opportunities: LGBTQ youth homelessness in America.* Chicago, IL: Chapin Hall at the University of Chicago.

their unmet needs and goals are inherently different from the large majority of their adult population. Therefore, it is critical their service delivery interventions are informed by youth-specific best practices and are responsive to their previous experiences as well as developmental and housing needs.

An estimated 56% of youth experiencing homelessness reported having been in foster care compared to 14% of the general homeless population. This does not necessarily mean that all of these young people have "aged out" of foster care before they experienced homelessness, although this is a contributing factor. There are many pathways from foster care to homelessness, and some youth may have exited foster care through reunification programs or adoption and became homeless at a later date. Nevertheless, these findings underscore the importance of proactively working with the child welfare system to prevent young people who have experienced the foster care system from continuing on a path to homelessness as an adult, regardless of how they exited.

Pathways or risk factors that contribute to homelessness for youth include unstable family life, severe family conflict, abuse, neglect and caregiver or youth substance use and/or mental illness.[34] These risks are particularly amplified among minority youth populations. An increased understanding of the trajectories related to youth homelessness, as well as risk and protective factors among youth, is necessary to create tailored prevention and diversion programs to keep youth from falling into homelessness. Even short episodes of homelessness among youth can be traumatic and have lifetime consequences, such as undermined brain development and long-term functioning.

Progress

In Pasadena, the number of youth experiencing homelessness remains low. Youth agencies have received increased funding for rapid rehousing programs that quickly move youth into permanent housing with developmentally appropriate case management that promotes education and employment support. Local youth providers have also been allocated a greater number of motel vouchers to quickly move youth off the streets and place them into safe, sheltered locations. Increased collaboration and coordination between agencies that serve youth experiencing homelessness have positively contributed to efforts to minimize the number of young people who fall through the cracks of the system.

There continues to be a concerted effort to better understand the scope, scale, and characteristics of youth homelessness. The current evidence base suggests that youth homelessness is preventable and critical interventions should focus on the foster care, juvenile justice and education systems. Exploring educational interests and advancing toward a career are crucial developmental milestones for young people that can be thwarted by the experience of homelessness. Strengthened partnerships between systems that regularly interact with high-risk youth present opportunities for early identification and intervention to prevent experiences of homelessness from occurring and pivoting the trajectory towards the path of stability and self-sufficiency.

In order to adequately address the unique needs and barriers to housing for LGBTQ youth experiencing homelessness, agencies should prioritize the cultivation of safe environments that provide protection against unjust or prejudicial treatment, ensure that interventions address trauma, stigma and discrimination, and provide services that are inclusive of sexual orientation and gender identity. Other critical interventions for youth whose homelessness could not be prevented include early interventions such as immediate access to emergency shelter beds and a clear pathway to long-term housing supports that end their homelessness. Reunification and family-based strategies, when safe and appropriate, connections to rapid rehousing and employment opportunities are also central for youth success.

34. United States Interagency Council on Homelessness. (2018, October). *Homelessness in America: Focus on youth.* Retrieved from https://www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf

Strategic Platform on Homelessness

A comprehensive framework of long-term, practical and effective solutions is needed to reverse the housing and humanitarian crises that have been in the making for decades. To most effectively combat homelessness in Pasadena, the City's Department of Housing, as the lead agency for the Pasadena Partnership to End Homelessness, strongly encourages service providers and local communities to amplify collaborative efforts and align programs with evidence-based best practices which research continues to acknowledge as effective in ending homelessness. While larger-scale social safety net systems and structural reform are necessary to address the upstream factors that continue to push people into homelessness, local solutions should be tailored to meet the specific needs of the City's homeless community to forge a path forward towards housing stability. Pasadena must continue to act with urgency and boldness to implement impactful solutions and serve as a model city that other communities can look towards to adapt and replicate successful strategies. The City supports the following general priorities for addressing homelessness outlined below.

01 THE PATH FORWARD: STRATEGIES TO COMBAT THE HOMELESSNESS CRISIS

Targeted Homelessness Prevention and Diversion Programs

As long as people continue to fall into homelessness at current rates, the size of the problem cannot significantly be reduced. Homelessness prevention programs help to support those who are at imminent risk of becoming homeless by providing temporary financial assistance, eviction prevention, and/or short-term case management to resolve housing crises and instability. Diversion programs utilize a problem-solving approach which identifies and connects people to alternative housing pathways that do not require a dedicated permanent housing resource or subsidy. By strategically targeting assistance to those who are most at-risk of homelessness, programs are able to maximize the limited available resources for homelessness prevention. Prevention and diversion initiatives are a necessary component of an effective homeless services system to ensure people are able to remain in their homes and avoid a destabilizing housing crisis. These programs will be imperative following the repercussions of the coronavirus (COVID-19) pandemic to ensure that people who have lost their jobs or other sources of income are temporarily supported so they can stabilize, remain in their home and evade lingering fears of becoming homeless. Failing to stem the inflow into homelessness only exacerbates the problem and masks the significant progress that has been made in recent years.

Permanent Housing Using the Housing First Model

Housing is an essential human right that provides an end to people's experience of homelessness, unlike shelter or other temporary interventions. Implementing Housing First best practices

by providing access to permanent housing without preconditions, along with optional supportive services as needed, ensures that people experiencing homelessness can obtain housing, even those who have experienced homelessness for long periods of time or have severe disabling conditions such as serious mental illness or substance use disorders. Instead of requiring people to stabilize and address the barriers that contributed to, or arose after, their experience of homelessness before receiving housing, the Housing First philosophy focuses on stabilizing people in housing first as a precursor to attainment of personal goals, such as employment, recovery, healing, and self-sufficiency. With the foundation of a home, people are better positioned and more willing to engage in supportive services that best meet their needs and avoid future experiences of homelessness. Under the Housing First service delivery model, emergency shelters and basic services are a pathway to permanent housing, providing temporary shelter and the necessary connections for housing placement.

Supportive Housing

Pasadena supportive housing projects demonstrate a 93% housing retention rate among participants, even among those with serious mental illness and substance use disorders. Supportive housing is an intervention best suited for people with higher service needs, particularly those who have experienced chronic homelessness. To live stably in their communities and prevent returns to homelessness, these individuals need long-term support. Supportive housing provides a safe and stable living environment coupled with on-site services for as long as people are living in their homes. People living in supportive housing contribute 30% of their income towards rent, with the remainder subsidized. Informed by the Housing First framework, supportive housing is a proven solution for some of the most vulnerable people experiencing homelessness, allowing them to not only live but thrive in their communities.

Rapid Rehousing

Rapid rehousing is a strategy also informed by Housing First which quickly re-houses people experiencing homelessness through time-limited financial assistance and targeted supportive services. This intervention is designed to help individuals and families who do not necessarily need ongoing and intensive supportive services to exit homelessness and regain stability. Rapid rehousing is an intervention best suited for populations that are lower acuity and do not have long-term barriers that impact employment or the ability to retain private rental housing after assistance terms out. The goal of these programs is to minimize the harmful outcomes of homelessness by helping people regain self-sufficiency and return to stable housing as soon as possible. Research on rapid-rehousing and its efficacy is still emerging, however preliminary findings show the model has been most successful among family and veteran populations.

Emergency Shelter

Emergency shelter plays an effective role in the housing crisis response system because it enables people to take refuge from the streets and begin to stabilize and regain health while connecting to needed services and permanent housing. Pasadena's emergency shelter programs support the flow from a housing crisis to housing stability by promoting linkages to necessary supportive services and connections to appropriate permanent housing so that people can move through the system more quickly. Motel vouchers prove to be a valuable resource in working with people who have higher barriers to engagement so they are able to get connected to the existing Coordinated Entry System (CES) and start on the path towards stability in permanent housing. Increased emergency shelter capacity through motel vouchers reduces the time households spend unsheltered on the streets and provides a safe space for people who may be reluctant or unable to live in a traditional congregate shelter setting.

02 REGIONAL APPROACH TO EFFECTIVELY ADDRESS THE HOMELESSNESS CRISIS

Homelessness can happen to anyone at any time and knows no boundaries. Therefore, effectively combating this crisis requires regional collaboration and coordination to shape a unified response. The City continues to work with Los Angeles County, regional Continuums of Care, neighboring Public Housing Authorities and nearby cities to support the development of resources across the region. The City of Pasadena has a long history of engaging in solutions-oriented dialogue with surrounding communities to advance strategies that will help reduce homelessness for their residents. Coordination, collaboration and cooperation are necessary across all of these entities, as no single locality can be responsible for resolving the complexities of the problem alone. This is especially important given the adverse economic consequences associated with the novel coronavirus (COVID-19) pandemic and the potential for many more people to be pushed into homelessness after the outbreak has subsided. COVID-19 has activated a sense of urgency to protect and provide homes to people experiencing homelessness through a rapid, collaborative response that should be maintained after the pandemic ends. A coordinated, regional strategy among local jurisdictions could promote a productive path towards significantly reducing existing homelessness and preventing more individuals from becoming homeless.

Creative Housing Opportunities In and Around Pasadena

Simply put, while Pasadena has continued to prioritize the development and production of permanent housing projects, the scale of investment in housing resources is not enough to meet the demand or keep up with the forces driving the inflow. Creative housing efforts will be required to move the homeless services field forward in this new decade. To combat homelessness, housing opportunities can be created through new construction, rehabilitation or conversion of existing buildings, utilization of properties for shared living spaces, and partnerships with landlords and property management in the private rental market. Additionally, the communities where these projects are located must generally be supportive of the opportunity to restore the lives and dignity of the population who will live there. Utilizing rental subsidies in the private market (the scattered-site housing model) works to maximize available housing stock and overcome challenges such as high costs and the length of time required for new supportive housing projects to get off the ground and begin operating. Financial incentives continue to be offered to landlords who are willing to rent units to rental assistance voucher holders experiencing homelessness in order to increase voucher utilization rates and to reduce the amount of time voucher holders spend searching for apartments.

Increased Advocacy to the State for Ongoing Homelessness Funding

The homelessness crisis is rooted in decades of failure to properly plan for, invest in, and sustain permanent affordable housing opportunities for low-income, marginalized communities. Many people exiting homelessness to permanent housing will need long-term support through rental subsidies and individualized supportive services to ensure they do not become homeless again. In order to successfully operate these programs, a reliable long-term funding source must be available to properly support these interventions. Within the past two years, the State of California issued four rounds of funding to be used for homeless programs that must be fully expended within two to five years. While this funding has provided the resources and flexibility needed to support innovative programming within the homeless services spectrum, these short-term funds cannot feasibly be used for much needed supportive housing programs.. In the aftermath of the COVID-19 pandemic, strong advocacy from cities, counties and Continuums of Care is needed to preserve existing homeless services resources, as well as to prioritize a statewide ongoing source of funding over one-time or short-term grants so communities have the means to provide housing and sustainable assistance to vulnerable households indefinitely.

Methodology

The 2020 Homeless Count was a city-wide effort to count and survey all people experiencing homelessness in Pasadena during the last ten days of January. The count measured the prevalence of homelessness on a single night in the City by collecting information on people experiencing unsheltered homelessness (i.e. those sleeping outdoors, on the street, in parks, or vehicles, etc.) and temporarily sheltered homeless individuals and families (i.e. living in emergency shelter or transitional housing). An in-depth qualitative survey was used to gain a more comprehensive understanding of the experiences and demographics of those who were counted. A more detailed description of the methodology is summarized below.

Components

This year's count took place on the night of January 21, 2020 from sunset to sunrise and had three primary components:

- **The unsheltered count** consisted of a robust canvassing of the City's entire geography, focusing on areas where people experiencing unsheltered homelessness were likely to be found. Volunteers surveyed people sleeping outdoors, on the street, or vehicles, etc. using a standardized tool between the hours of 8:30 to 10:30 p.m. and again the following morning from 6:00 to 8:00 a.m. Professional outreach teams counted in the evening of January 21 and covered all parks and areas outside of general volunteer zones to ensure the safety of all who participated. Homeless service providers were also embedded within the general volunteer teams to improve engagement rates. In addition, volunteers surveyed people in facilities that serve people experiencing homelessness or where people experiencing homelessness often congregate throughout the day, including the Pasadena libraries, on January 22, 2020.

- **The sheltered count**, which used client-level data entered into the Homeless Management Information System (HMIS) database by service providers to collect information on people staying in emergency shelters and transitional housing programs.

- **A supplemental youth count,** which surveyed unaccompanied and parenting youth between the ages of 18-24. The youth count took place during the afternoon from 3:00 to 5:00 p.m. of January 22, 2020 and was led by trained youth homeless service providers and peer volunteers who currently or recently experienced homelessness. The youth count was conducted in specific areas where young people experiencing homelessness are known to congregate as identified by youth service providers and youth peers.

The unsheltered, sheltered, and youth homeless counts were coordinated to occur within the same time period in order to minimize potential duplicate counting of people experiencing homelessness.

The Planning Process

To ensure the success of the count, many City and community agencies collaborated in community outreach, volunteer recruitment,

logistical planning, methodological decision-making, and interagency coordination efforts.

Mobile Survey Format

Past counts in Pasadena have relied on paper surveys, which are difficult to administer given compromised lighting and complex skip patterns of the survey tool. In order to gather more complete data and avoid preventable inaccuracies in the data, the CoC again employed a mobile-enabled survey instrument that volunteers could access through their smartphone or tablet after a successful pilot in 2019. Volunteer feedback was overwhelmingly supportive in response to the mobile survey platform shift, and the methodology will be carried forward in the coming years due to the overall success. The user-friendly mobile survey recorded participant responses electronically and considerably improved the efficiency of counting efforts. The mobile survey allowed for real-time data collection and enhanced data quality because technical assistance could be immediately provided if necessary, and duplicate responses were more easily identifiable. This mobile survey format also automated the data collection process for volunteers through the use of conditional logic based on previous answers to reduce the chance of errors, and further enabled staff to conduct comprehensive data analysis.

Community Involvement and Interagency Coordination

All aspects of the 2020 Homeless Count were developed in coordination with local homeless and housing service providers and advocates. The Homeless Count planning team was led by staff from the City of Pasadena Department of Housing and the volunteer coordination consultant. The mobile survey was developed in coordination with an expert panel of service providers and past volunteers as well as the Pasadena Partnership to End Homelessness' Healthcare Committee and Planning & Research Committee. Throughout the planning process, the planning team

requested the collaboration and participation of several City departments that regularly interact with people experiencing homelessness and possess considerable expertise relevant to the count, including the Pasadena Police Department and the Pasadena Department of Public Health.

UNSHELTERED COUNT METHODOLOGY

For the purposes of the 2020 Homeless Count, the HUD definition of unsheltered homelessness was used:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground.

Volunteer Recruitment and Training

Approximately 200 community volunteers and City staff registered to participate in the 2020 Homeless Count. Dan Davidson, lead pastor for Rose City Church and founder of Rosebud Coffee, led the volunteer recruitment effort in coordination with the Pasadena Department of Housing. Community volunteers served as enumerators on the night of the count, canvassing Pasadena in predetermined teams to survey individuals experiencing unsheltered homelessness. In order to participate in the count, all volunteers were required to attend two hours of training during the week prior to the count. In addition to the presentation given at the training, volunteers received printed instructions detailing how to survey unsheltered individuals experiencing homelessness.

The planning team implemented a two-tier system for volunteer training that was tailored to general volunteers and professional volunteers. Training incorporated best practice guidance around engagement strategies and asking of questions, including time set aside

for role playing for volunteers to practice and become comfortable with the survey material and mobile platform.

Survey Logistics

To ensure full coverage, the City's geography was divided into 16 zones covered by volunteers, with professional street outreach teams covering areas outside the zones, freeway embankments, and parks. Volunteers and professional teams were sent in teams on a single night, spanning the evening of January 21 (from 8:30 to 10:30 p.m.) and volunteer teams went out a second time before sunrise the following morning (from 6:00 to 8:00 a.m.). In addition, volunteers surveyed people in facilities that serve people experiencing homelessness or where they are known to congregate throughout the day, including the Pasadena libraries, on January 22.

Each team received a list of "hotspots" and a map,which divided the area to be canvassed and clearly showed the boundaries of the zone. Volunteers were asked to canvas their entire zone, completing a survey of every person they encountered who was experiencing homelessness. While volunteers were encouraged to complete a full survey of every person they encountered, 51% of surveys conducted were based on observation alone. Volunteers utilized "observation only" surveys when a person declined to answer survey questions or a survey was not possible either because of the location of a person experiencing homelessness or if they were sleeping.

Extrapolation Methodology

This HUD-approved methodology is used to estimate population demographics by simply removing observation-only surveys (along with "don't know / refused to answer" and those who dropped out of the survey) from the denominator to determine the proportion of the population with a specific characteristic and then applying that proportion to the total population experiencing homelessness to develop an extrapolated estimate.

Deduplication

While every effort is made to ensure people are only surveyed once, duplication can still occur. To help reduce duplication, individuals who complete a full survey are assigned a unique identifier that prevents them from being included in the final count more than once. This identifier is created based on certain characteristics, including initials, gender, race, age, and ethnicity. For example, a person experiencing homelessness may have the following unique identifier of "WTMW62H." This code indicates that the person's first name began with "W," the last name began with "T," he was male "M," he was White "W," he was 62 years old "62," and Hispanic "H." Location data, identifying characteristics provided, and time stamps recorded through the mobile survey aided in de-duplication of observation-only surveys. For these surveys, demographic data including age, race, ethnicity, place of stay, and presence of pets were combined with location data and time stamps within five minutes of each other to de-duplicate observation-only surveys. In total, 8 people were identified as duplicates and removed from the data set. In addition to these duplicates, the following surveys were not included in the final count:

- 10 people who were surveyed stayed in an emergency shelter on the night of the count. These people were removed from the unsheltered count because they were captured in the sheltered count data.
- 7 people surveyed stayed with friends or family on the night of the count and therefore did not meet HUD's definition of homelessness.
- 2 people surveyed stayed in a jail, hospital or treatment program on the night of the count and therefore did not meet HUD's definition of homelessness.
- 5 people surveyed stated they were not homeless.
- 1 person surveyed did not spend the night in Pasadena and therefore was not included in the Pasadena count.

SHELTERED COUNT METHODOLOGY

For the purposes of the 2020 Homeless Count, the HUD definition of people experiencing sheltered homelessness was used:

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

Survey information was collected from people who were temporarily sheltered on the night of January 21 through the Homeless Management Information System (HMIS). HMIS is a database overseen by the City that is used by the majority of Pasadena's homeless service providers to confidentially store client-level data. Providers were notified in advance of the date that the Homeless Count would be taking place and were advised to ensure that their data was updated and accurate for the evening of the count. Pasadena's Bad Weather Shelter was also open the evening of the count and all the people who spent the evening there were included in the sheltered count.

YOUTH COUNT METHODOLOGY

Pasadena also conducted a supplemental count of unaccompanied and parenting youth between the ages of 18 to 24. While conducting counts for people experiencing homelessness has always presented a unique set of challenges, communities have found it particularly difficult to identify youth experiencing homelessness. Often this is because youth experiencing homelessness congregate in different locations and at different times than older adults. Youth may not want to be labeled as homeless by others or may not often think of themselves as experiencing homelessness. This dedicated count is part of a nationwide effort, established and recommended by HUD,

to improve the understanding and scope of youth homelessness.

Hotspot planning sessions took place with service providers and youth peers to identify where youth experiencing homelessness are most likely to be found in the afternoon. Using this information, predetermined routes were created that outlined specific locations where each group would conduct the survey during the time of the count.

Survey Logistics

Planning efforts determined that homeless youth would be more prominent on the street during daylight hours, rather than in the evening when the general count was conducted. Therefore, the supplemental youth count enumerated unaccompanied and parenting youth between the ages of 18 and 24 on January 22 from 3:00 to 5:00 p.m. Trained youth enumerators who currently or recently experienced homelessness and youth service providers conducted the count in specific areas where young people experiencing homelessness were known to congregate. Data from the supplemental youth count and unsheltered count were compared and deduplicated using the same methodology as the unsheltered count.

Definitions

CONTINUUM OF CARE (COC) is a local planning body responsible for coordinating the full range of homeless services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

COORDINATED ENTRY SYSTEM (CES) is the primary point of entry for individuals, familes with children, and youth seeking housing and services. CES is a no-wrong door, countywide system in which homeless residents with the highest needs are prioritized to be matched with the available and appropriate resources. The system helps to ensure equitable, centralized and timely access to housing resources while preserving choice and dignity.

CHRONICALLY HOMELESS INDIVIDUAL is a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, an emergency shelter, or in an institutional care facility if the individual has been living in that facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet HUD's "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total length of time is at least 12 months. Each period separating the occasion must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

CHRONICALLY HOMELESS FAMILY is a family with an adult head of household who meets the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has experienced homelessness.

DISABLING CONDITION is defined by HUD as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder (PTSD), or traumatic brain injury that is expected to be long-term and impacts the individual's ability to live independently; a developmental disability; or HIV/AIDS.

EMERGENCY SHELTER is a facility with the primary purpose of providing temporary shelter for people experiencing homelessness.

HOMELESS In this study, HUD's definition of homelessness for Point-in-Time counts was used. The definition includes:

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals), or

An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

It does not include individuals or families who are doubled up, those who are living in an institutional setting, or those who are living in a hotel/motel room that has not been paid for by a charitable organization.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) is a computerized data collection application designed to capture client-level information over time on the characteristics of men, women, and children experiencing homelessness, while also protecting client confidentiality. Through this information, HMIS generates an unduplicated count of clients served within a community's system of homeless services. Pasadena is part of the Southern California Regional HMIS Collaborative.

HOUSING FIRST is a simple philosophy that offers permanent, affordable housing as quickly as possible to individuals and families experiencing homelessness. Participants are then provided with supportive services and connections to community-based supports with the goals of helping them to remain in housing and avoid returning to homelessness. Income, sobriety, participation in treatment and/or other services are not required as a precondition for obtaining housing.

HUD. Abbreviation for the U.S. Department of Housing and Urban Development.

INDIVIDUALS are people who are not part of a family with minor children during their episode of homelessness. They are homeless as single adults, unaccompanied youth, or in multiple-adult households.

PARENTING YOUTH are youth between the ages of 18 and 24 who are the parents or legal guardians of one or more children (under age 18) who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

PEOPLE IN FAMILIES WITH CHILDREN are people who are experiencing homelessness as a part of households that have at least one adult and one minor aged child.

POINT-IN-TIME (PIT) COUNT is an unduplicated one-night estimate of both sheltered and unsheltered populations experiencing homelessness. The one-night counts are conducted by CoCs nationwide and occur during the last ten days in January each year.

RAPID REHOUSING is a housing model designated to provide temporary rental assistance and time-limited supportive services to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

SHELTERED HOMELESSNESS refers to the housing status of people who are staying in emergency shelters, transitional housing programs, or receiving motel or hotel vouchers.

SUPPORTIVE HOUSING is a housing model designed to provide housing assistance and supportive services on a long-term basis to people who formerly experienced chronic homelessness.

TRANSITIONAL HOUSING PROGRAM provides people experiencing homelessness with a place to stay combined with supportive services for up to 24 months in order to help them overcome barriers to moving into and retaining permanent housing.

UNACCOMPANIED YOUTH (18-24) are people between the ages of 18 and 24 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren).

UNSHELTERED HOMELESSNESS refers to the housing status of people whose primary nighttime location is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (i.e. the streets, abandoned buildings, vehicles, or parks).

VETERAN refers to any person who served on active duty in the armed forces of the United States, including Reserves and National Guard members who were called up to active duty.

Appendix C

Homeless Survey & Subpopulation Data

TOTAL HOMELESS POPULATION

TH = Transitional Housing   ES = Emergency Shelter   U = Unsheltered

	SURVEY RESPONSES				EXTRAPOLATED ESTIMATE				PROPORTION			
TOTALS	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
People experiencing homelessness	39	194	294	527					7%	37%	56%	100%
Single individuals	4	156	294	454					1%	33%	62%	95%
People in families with children	35	38	0	73					2%	3%	0%	5%

AGE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Under 18	21	21	0	42	21	21	0	42	54%	11%	0%	8%
18 to 24	4	11	9	24	4	11	10	25	10%	6%	3%	5%
25 to 39	11	45	69	125	11	45	75	131	28%	23%	25%	25%
40 to 49	3	29	70	102	3	29	76	108	8%	15%	26%	20%
50 to 54	0	23	37	60	0	23	40	63	0%	12%	14%	12%
55 to 61	0	35	46	81	0	35	50	85	0%	18%	17%	16%
62+	0	30	40	70	0	30	43	73	0%	15%	15%	14%
Don't know/refused to answer	0	0	23	23								
Subtotal	*39*	*194*	*294*	*527*	*39*	*194*	*294*	*527*	*100%*	*100%*	*100%*	*100%*

GENDER	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Male	12	123	203	338	12	123	216	351	31%	63%	74%	67%
Female	27	69	71	167	27	69	76	172	69%	36%	26%	33%
Transgender	0	2	1	3	0	2	1	3	0%	1%	0%	1%
Gender non-conforming	0	0	1	1	0	0	1	1	0%	0%	0%	0%
Don't know/refused to answer	0	0	18	18								
Subtotal	*39*	*194*	*294*	*527*	*39*	*194*	*294*	*527*	*100%*	*100%*	*100%*	*100%*

ETHNICITY	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Hispanic/Latino	30	62	58	150	30	53	111	194	77%	27%	38%	37%
Non-Hispanic/Non-Latino	8	128	180	316	9	141	183	333	23%	73%	62%	63%
Don't know/refused to answer	1	4	56	61								
Subtotal	*39*	*194*	*294*	*527*	*39*	*194*	*294*	*527*	*100%*	*100%*	*100%*	*100%*

RACE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
White	21	108	105	234	27	121	110	259	70%	62%	38%	49%
Black	9	50	91	150	12	56	96	163	30%	29%	33%	31%
Asian	0	7	2	9	0	8	2	10	0%	4%	1%	2%
American Indian or Alaska Native	0	2	6	8	0	2	6	9	0%	1%	2%	2%
Native Hawaiian or Pacific Islander	0	0	1	1	0	0	1	1	0%	0%	0%	0%
Multiple Races	0	6	8	14	0	7	8	15	0%	3%	3%	3%
Other	0	0	67	67	0	0	70	70	0%	0%	24%	13%
Don't know/refused to answer	9	21	14	44								
Subtotal	*39*	*194*	*294*	*527*	*39*	*194*	*294*	*527*	*100%*	*100%*	*100%*	*100%*

VETERANS

TH = Transitional Housing   ES = Emergency Shelter   U = Unsheltered

TOTALS	SURVEY RESPONSES				EXTRAPOLATED ESTIMATE				PROPORTION			
	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Veterans	0	7	14	21	0	8	30	38	0%	4%	10%	7%
Civilians	39	164	125	328	39	186	264	489	100%	96%	90%	93%
Observation only	0	23	149	172								
Prefer not to say / don't know	0	0	1	1								
Dropped out of survey	0	0	5	5								
Subtotal	39	194	294	527	39	194	294	527	100%	100%	100%	100%

AGE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Under 18		0	0	0		0	0	0		0%	0%	0%
18 to 24		0	0	0		0	0	0		0%	0%	0%
25 to 39		0	0	0		0	0	0		0%	0%	0%
40 to 49		1	1	2		1	2	3		14%	7%	9%
50 to 54		1	3	4		1	6	7		14%	21%	20%
55 to 61		1	6	7		1	13	14		14%	43%	37%
62+		4	4	8		5	8	13		57%	29%	35%
Don't know/refused to answer												
Subtotal		7	14	21		8	30	38		100%	100%	100%

GENDER	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Male		7	13	20		8	29	37		100%	93%	97%
Female		0	0	0		0	0	0		0%	0%	0%
Transgender		0	1	1		0	1	1		0%	7%	3%
Gender Non-Conforming		0	0	0		0	0	0		0%	0%	0%
Don't know/refused to answer				0								
Subtotal		7	14	21		8	30	38		100%	100%	100%

ETHNICITY	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Hispanic/Latino		1	3	4		1	5	6	0%	14%	18%	17%
Non-Hispanic/Non-Latino		6	9	15		7	25	32	0%	86%	82%	83%
Don't know/refused to answer			2	2								
Subtotal	0	7	14	21	0	8	30	38	0%	100%	100%	100%

RACE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
White		4	7	11		5	16	21		57%	55%	55%
Black		3	4	7		3	11	14		43%	36%	38%
Asian		0	0	0		0	0	0		0%	0%	0%
American Indian or Alaska Native		0	1	1		0	0	0		0%	0%	0%
Native Hawaiian or Pacific Islander		0	0	0		0	0	0		0%	0%	0%
Multiple Races		0	0	0		0	0	0		0%	0%	0%
Other		0	1	1		0	3	3		0%	9%	7%
Don't know/refused to answer		0	1	1								
Subtotal		7	14	21		8	30	38		100%	100%	100%

CHRONICALLY HOMELESS

TH = Transitional Housing   ES = Emergency Shelter   U = Unsheltered

TOTALS

TOTALS	SURVEY RESPONSES TH	ES	U	TOTAL	EXTRAPOLATED ESTIMATE TH	ES	U	TOTAL	PROPORTION TH	ES	U	TOTAL
Chronically homeless	0	119	72	191	0	119	156	275	0%	61%	53%	52%
Not chronically homeless	39	75	64	178	39	75	138	252	100%	39%	47%	48%
Observation only			149	149								
Prefer not to say / don't know			4	4								
Dropped out of survey			5	5								
Subtotal	39	194	294	527	39	194	294	527	100%	100%	100%	100%

AGE

AGE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Under 18		9	0	9		9	0	9		8%	0%	3%
18 to 24		7	0	7		7	0	7		6%	0%	3%
25 to 39		26	8	34		26	17	43		22%	11%	16%
40 to 49		17	18	35		17	39	56		14%	25%	20%
50 to 54		15	16	31		15	35	50		13%	22%	18%
55 to 61		22	15	37		22	32	54		18%	21%	20%
62+		23	15	38		23	32	55		19%	21%	20%
Don't know/refused to answer												
Subtotal		119	72	191		119	156	275		100%	100%	100%

GENDER

GENDER	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Male		77	54	131		77	117	194		65%	75%	71%
Female		40	16	56		40	35	75		34%	22%	27%
Transgender		2	1	3		2	2	4		2%	1%	2%
Gender Non-Conforming		0	1	1		0	2	2		0%	1%	1%
Don't know/refused to answer												
Subtotal		119	72	191		119	156	275		100%	100%	100%

ETHNICITY

ETHNICITY	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Hispanic/Latino		33	19	52		34	39	73	0%	28%	25%	26%
Non-Hispanic/Non-Latino		83	53	136		85	117	202	0%	72%	75%	74%
Don't know/refused to answer		3		3								
Subtotal		119	72	191		119	156	275		100%	100%	100%

RACE

RACE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
White		68	26	94		73	60	132		61%	38%	48%
Black		33	27	60		35	62	97		30%	40%	35%
Asian		3	0	3		3	2	6		3%	1%	2%
American Indian or Alaska Native		1	4	5		1	11	13		1%	7%	5%
Native Hawaiian or Pacific Islander		0	0	0		0	0	0		0%	0%	0%
Multiple Races		6	2	8		6	2	9		5%	1%	3%
Other		0	8	8		0	18	18		0%	12%	7%
Don't know/refused to answer		8	5	13								
Subtotal		119	72	191		119	156	275		100%	100%	100%

FAMILIES WITH CHILDREN

TH = Transitional Housing   ES = Emergency Shelter   U = Unsheltered

	SURVEY RESPONSES				EXTRAPOLATED ESTIMATE				PROPORTION			
TOTALS	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Persons in families with children	35	38	0	73	35	38	0	**73**	90%	20%	0%	**14%**
Single adults	4	156	294	454	4	156	294	454	10%	80%	100%	86%
Observation only												
Prefer not to say / don't know												
Dropped out of survey												
Subtotal	39	194	294	527	39	194	294	527	100%	100%	100%	100%

AGE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Under 18	21	21		42	21	21		**42**	60%	55%		**58%**
18 to 24	2	4		6	2	4		**6**	6%	11%		**8%**
25 to 39	9	6		15	9	6		**15**	26%	16%		**21%**
40 to 49	3	5		8	3	5		**8**	9%	13%		**11%**
50 to 54	0	1		1	0	1		**1**	0%	3%		**1%**
55 to 61	0	1		1	0	1		**1**	0%	3%		**1%**
62+	0	0		0	0	0		**0**	0%	0%		**0%**
Don't know/refused to answer												
Subtotal	35	38		73	35	38		73	100%	100%		100%

GENDER	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Male	12	18		30	12	18		**30**	34%	47%		**41%**
Female	23	20		43	23	20		**43**	66%	53%		**59%**
Transgender	0	0		0	0	0		**0**	0%	0%		**0%**
Gender Non-Conforming	0	0		0	0	0		**0**	0%	0%		**0%**
Don't know/refused to answer				0				**0**				
Subtotal	35	38		73	35	38		73	100%	100%		100%

ETHNICITY	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Hispanic/Latino	28	24		52	28	24		**52**	62%	70%		**66%**
Non-Hispanic/Non-Latino	7	11		18	7	11		**18**	38%	30%		**34%**
Don't know/refused to answer		3		3		3		**3**				
Subtotal	35	38	0	73	35	38	0	73	100%	100%		100%

RACE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
White	19	17		36	25	29		**54**	70%	77%		**74%**
Black	8	4		12	10	7		**17**	30%	18%		**24%**
Asian	0	1		1	0	2		**2**	0%	5%		**2%**
American Indian or Alaska Native	0	0		0	0	0		**0**	0%	0%		**0%**
Native Hawaiian or Pacific Islander	0	0		0	0	0		**0**	0%	0%		**0%**
Multiple Races	0	0		0	0	0		**0**	0%	0%		**0%**
Other	0	0		0	0	0		**0**	0%	0%		**0%**
Don't know/refused to answer	8	16		24								
Subtotal	35	38	0	73	35	38		73	100%	100%		100%

UNACCOMPANIED & PARENTING YOUTH (18-24)

TH = Transitional Housing   ES = Emergency Shelter   U = Unsheltered

	SURVEY RESPONSES				EXTRAPOLATED ESTIMATE				PROPORTION			
TOTALS	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Unaccompanied & parenting youth	3	9	9	21	**3**	**9**	**10**	**22**	8%	5%	3%	4%
Adults & children in families	36	185	262	483	36	185	284	505	92%	95%	97%	96%
Observation only				0								
Prefer not to say / don't know			23	23								
Dropped out of survey				0								
Subtotal	39	194	294	527	39	194	294	527	100%	100%	100%	100%
UNACCOMPANIED YOUTH	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Unaccompanied youth	2	7	9	18	2	7	10	**19**	50%	4%	3%	4%
Single adults	2	149	262	413	2	149	284	435	50%	96%	97%	96%
Observation only				0								
Prefer not to say / don't know			23	23								
Dropped out of survey				0								
Subtotal	4	156	294	454	4	156	294	454	100%	100%	100%	100%
PARENTING YOUTH	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Parenting youth households	1	2	0	3	1	2	0	**3**	9%	15%		13%
Families w/ an adult HoH	10	11	0	21	10	11	0	21	91%	85%		88%
Observation only												
Prefer not to say / don't know												
Dropped out of survey												
Subtotal	11	13	0	24	11	13		24	100%	100%	0%	100%
GENDER	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Male	0	4	7	11	0	4	8	**12**	0%	44%	78%	**53%**
Female	3	5	2	10	3	5	2	**10**	100%	56%	22%	**47%**
Transgender	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
Gender Non-Conforming	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
Don't know/refused to answer				0								
Subtotal	3	9	9	21	3	9	10	22	100%	100%	100%	100%
ETHNICITY	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
Hispanic/Latino	2	3	4	9	2	3	5	**10**	67%	33%	50%	**45%**
Non-Hispanic/Non-Latino	1	6	3	10	1	6	5	**12**	33%	67%	50%	**55%**
Don't know/refused to answer			2	2								
RACE	TH	ES	U	TOTAL	TH	ES	U	TOTAL	TH	ES	U	TOTAL
White	2	4	2	8	2	4	3	**9**	67%	44%	33%	**43%**
Black	1	5	0	6	1	5	0	**6**	33%	56%	0%	**28%**
Asian	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
American Indian or Alaska Native	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
Native Hawaiian or Pacific Islander	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
Multiple Races	0	0	0	0	0	0	0	**0**	0%	0%	0%	**0%**
Other	0	0	6	6	0	0	7	**7**	0%	0%	67%	**30%**
Don't know/refused to answer			1	1								
Subtotal	3	9	9	21	3	9	10	22	100%	100%	100%	100%

Appendix D

Survey Instrument

2020 Pasadena Homeless Count

Your Name: _____ **Survey Time:** ☐ AM ☐ PM **Family:** ☐ Yes, #_____ ☐ No

1. **Hello, we're doing a voluntary and confidential survey on homelessness in our community. Are you or do you know anyone who is experiencing homelessness?**

   ☐ Yes - me (*go to p2,* ***Full Survey***)
   ☐ Yes - someone else (***end survey***)
   ☐ No / prefer not to say / drop out (*go to p5.* ***Observation Only Survey***)

Full Survey

1. **PM: Where will you sleep tonight?**
   AM: Where did you sleep last night?
   If the person drops out of the survey, answer based on observation.
   - ☐ Street or sidewalk (*go to Q2*)
   - ☐ Car (*go to Q2*)
   - ☐ RV (*go to Q2*)
   - ☐ Parking lot (*go to Q2*)
   - ☐ Park/natural area (*go to Q2*)
   - ☐ Abandoned building (*go to Q2*)
   - ☐ Transit center (*bus / train stop, etc.; go to Q2*)
   - ☐ Under bridge/overpass/freeway (*go to Q2*)
   - ☐ Tent/encampment (*go to Q2*)
   - ☐ Garage or shed (*go to Q2*)
   - ☐ Emergency shelter (***end survey***)
   - ☐ Motel / hotel (***end survey***)
   - ☐ With friends/family (***end survey***)
   - ☐ Transitional housing(***end survey***)
   - ☐ House or apartment (***end survey***)
   - ☐ Jail, hospital, treatment program (***end survey***)
   - ☐ Other: _____

2. **Do you have any children under 18 that are living with you today?**
   If the person drops out of the survey, answer based on observation.
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say

3. **Do you have any pets living with you?**
   If the person drops out of the survey, answer based on observation.
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say / don't know

4. **What are your initials (first + last name)?**
   If the person drops out of the survey, write "00""
   _____

5. **How old are you?**
   If the person drops out, responds "don't know," or states they prefer not to say, answer based on observation.
   _____

6. **Do you identify as Hispanic or Latino?**
   If the person drops out of the survey, answer based on observation.
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to say / don't know

7. **Which racial group(s) do you identify with most?**
   Select all that apply. If the person drops out of the survey, answer based on observation.
   - ☐ White or Caucasian
   - ☐ Black or African American
   - ☐ Asian or Asian American
   - ☐ American Indian or Alaska Native
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ Prefer not to say / don't know
   - ☐ Other: _____

8. **Which gender do you identify with most?**
   If the person drops out of the survey, answer based on observation then go to Q27
   - ☐ Man
   - ☐ Woman
   - ☐ Transgender Man (FTM)
   - ☐ Transgender Woman (MTF)
   - ☐ Gender non-conforming/non-binary
   - ☐ Prefer not to say / don't know
   - ☐ Other: _____

9. **What City were you living in when you most recently became homeless?**
   If out of state, indicate the state or country only. Write "prefer not to say" or "dropped out" when applicable and go to Q27.
   _____

10. **How many years did you live in {#9 response} before you became homeless?**
    If less than a year write <1; Write "prefer not to say" or "dropped out" when applicable and go to Q27
    _____

11. **How long has your current experience of homelessness lasted?**
    - ☐ Less than a month (*go to Q12*)
    - ☐ 1 to 11 months (*go to Q12*)
    - ☐ 1 or more years (*go to Q15*)
    - ☐ Prefer not to say / don't know (*go to Q15*)
    - ☐ Dropped out of survey (*go to Q27*)

12. **Is this the first time you've experienced homelessness?**
    - ☐ Yes (*go to Q15*)
    - ☐ No (*go to Q13*)
    - ☐ Prefer not to say / don't know (*go to Q15*)
    - ☐ Dropped out of survey (*go to Q27*)

Full Survey

13. Including this time, how many separate times have you been homeless in the past three years (since January 2016)?

- ☐ Less than 4 times (*go to* **Q15**)
- ☐ 4 or more times (*go to* **Q14**)
- ☐ Prefer not to say / don't know (*go to* **Q15**)
- ☐ Dropped out of survey (*go to* **Q27**)

14. In total, how long were you homeless for those times (combined)?

- ☐ Less than a month
- ☐ 1 to 11 months
- ☐ 1 or more years
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to* **Q27**)

"The next set of questions ask about sensitive topics. You do not have to answer any question that you do not want to, however your answers will remain strictly confidential and will help to provide better programs and services."

15. Have you ever been told or do you think that you might have any of the following permanent or long-term health conditions?
Read each response option and check all that apply

- ☐ Physical disability
- ☐ Developmental disability
- ☐ Substance use issue
- ☐ Serious mental health condition
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Traumatic brain injury
- ☐ Chronic health condition (such as diabetes, high blood pressure, seizures, respiratory problems or arthritis)
- ☐ HIV-related illness
- ☐ None
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to* **Q27**)

16. Have you served on active duty in the U.S. Armed Forces or been called into active duty in the National Guard or as a Reservist?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to* **Q27**)

17. What do you think are some of the main reasons or circumstances that contributed to your loss of housing?
Select up to 3

- ☐ Aging out of foster care
- ☐ Alcohol or drug use
- ☐ Break-up, divorce or separation
- ☐ Domestic/dating violence, sexual assault, or stalking
- ☐ Eviction (*go to* **Q18**)
- ☐ Family/friend asked you to leave
- ☐ Financial reasons
- ☐ Landlord raised rent
- ☐ Lost job/unemployment
- ☐ Medical problem or disability
- ☐ Released from hospital, treatment facility, or other institution
- ☐ Released from jail or prison
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to* **Q27**)
- ☐ Other: _____

18. *If eviction in #17:* **What City were you living in when you were evicted?**
If out of state, indicate the state or country only. Enter "prefer not to say" or "dropped out" when applicable. If they drop out, go to **Q27**.

_____

19. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Dropped out of survey (*go to* **Q27**)

20. Did you visit an emergency room in the past 6 months?

- ☐ Yes (*go to* **Q21**)
- ☐ No (*go to* **Q22**)
- ☐ Prefer not to say / don't know (*go to* **Q22**)
- ☐ Dropped out of survey (*go to* **Q27**)

21. *If yes to #20:* **How many times did you visit the emergency room in the past 6 months?**

- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6 or more times
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to* **Q27**)

Full Survey

22. During the past 12 months, was there a time when you needed medical care but could not get it?
- ☐ Yes (*go to Q23*)
- ☐ No (*go to Q24*)
- ☐ Prefer not to say / don't know (*go to Q24*)
- ☐ Dropped out of survey (*go to Q27*)

23. *If yes to #22:* **Why were you unable to get medical care?**
Check all that apply
- ☐ Could not get an appointment with a doctor
- ☐ Transportation difficulties
- ☐ Past negative experiences
- ☐ Did not know where to go
- ☐ Too sick to travel
- ☐ Financial reasons
- ☐ Did not have insurance
- ☐ Cultural/linguistic barriers
- ☐ Other: _____
- ☐ Prefer not to say/don't know
- ☐ Dropped out of survey (*go to Q27*)

24. Have you ever been in foster care?
- ☐ Yes
- ☐ No
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to Q27*)

25. What sexual orientation do you most identify with?
- ☐ Heterosexual (straight)
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Other: _____
- ☐ Prefer not to say / don't know
- ☐ Dropped out of survey (*go to Q27*)

26. *If yes to #2* **Children**
When children are present, circle the corresponding responses for each child:

	CHILD #					
	1	**2**	**3**	**4**	**5**	**6**
Gender						
M = Male	M	M	M	M	M	M
F = Female	F	F	F	F	F	F
O = Other	O	O	O	O	O	O
Hispanic/Latino	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No
Race *Select all that apply*						
W = White	W	W	W	W	W	W
B = Black	B	B	B	B	B	B
A = Asian	A	A	A	A	A	A
AI = American Indian or Alaska Native	AI	AI	AI	AI	AI	AI
NH = Native Hawaiian or Pacific Islander	NH	NH	NH	NH	NH	NH
O = Other	O	O	O	O	O	O

27. Which zone are you in?
Circle one

1	2	3	4	5A	5B
6A	6B	7A	7B	8	9A
9B	10A	10B	11	12	13
14	16	17	Parks	Libraries	

Outside zones

28. What is your approximate location?
<u>Please be as specific as possible.</u>

Preferred: Street address, name of library or park
Alternative: Cross streets / landmarks

_____

_____

Observation Only Survey

1. Reason for observation only survey:
☐ Participant declined to be surveyed
☐ Participant indicated they were not homeless
☐ Participant was asleep
☐ I cannot physically get to the person
☐ Language barrier
☐ The situation felt unsafe
☐ Other: _____

2. Why do you believe this person is homeless:
Select all that apply
☐ Has sleeping materials in their possession (i.e. sleeping bag, blanket/sheets)
☐ Has their belongings with them
☐ Self-identified as homeless
☐ Physical presentation/appearance (clothing or hygiene related)
☐ Other: _____

3. Location:
☐ Street or sidewalk
☐ Car
☐ RV
☐ Parking lot
☐ Park/natural area
☐ Abandoned building
☐ Transit center (bus/train stop, etc)
☐ Under bridge/overpass/freeway
☐ Tent/encampment
☐ Garage or shed
☐ Other: _____

4. Hispanic/Latino?
☐ Yes
☐ No
☐ Don't Know

5. Perceived race:
☐ White or Caucasian
☐ Black or African American
☐ Asian or Asian American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Multiple races
☐ Don't know

6. Perceived gender:
☐ Man
☐ Woman
☐ Don't know

7. Best guess at approximate age
Write "could not observe" when applicable:
_____

8. Pets:
☐ Yes
☐ No
☐ Don't know

9. Are there any identifying characteristics to assist with deduplication? *Not required*

_____

_____

10. Children
When children are present, circle the corresponding responses for each child:

	CHILD #					
	1	**2**	**3**	**4**	**5**	**6**
Gender						
M = Male	M	M	M	M	M	M
F = Female	F	F	F	F	F	F
O = Other	O	O	O	O	O	O
Hispanic/ Latino	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No
Race *Select all that apply*						
W = White	W	W	W	W	W	W
B = Black	B	B	B	B	B	B
A = Asian	A	A	A	A	A	A
AI = American Indian or Alaska Native	AI	AI	AI	AI	AI	AI
NH = Native Hawaiian or Pacific Islander	NH	NH	NH	NH	NH	NH
O = Other	O	O	O	O	O	O

11. Which zone are you in?
Circle one

1	2	3	4	5A	5B
6A	6B	7A	7B	8	9A
9B	10A	10B	11	12	13
14	16	17	Parks	Libraries	

Outside zones

12. What is your approximate location?
Please be as specific as possible.
Preferred: *Street address, name of library or park*
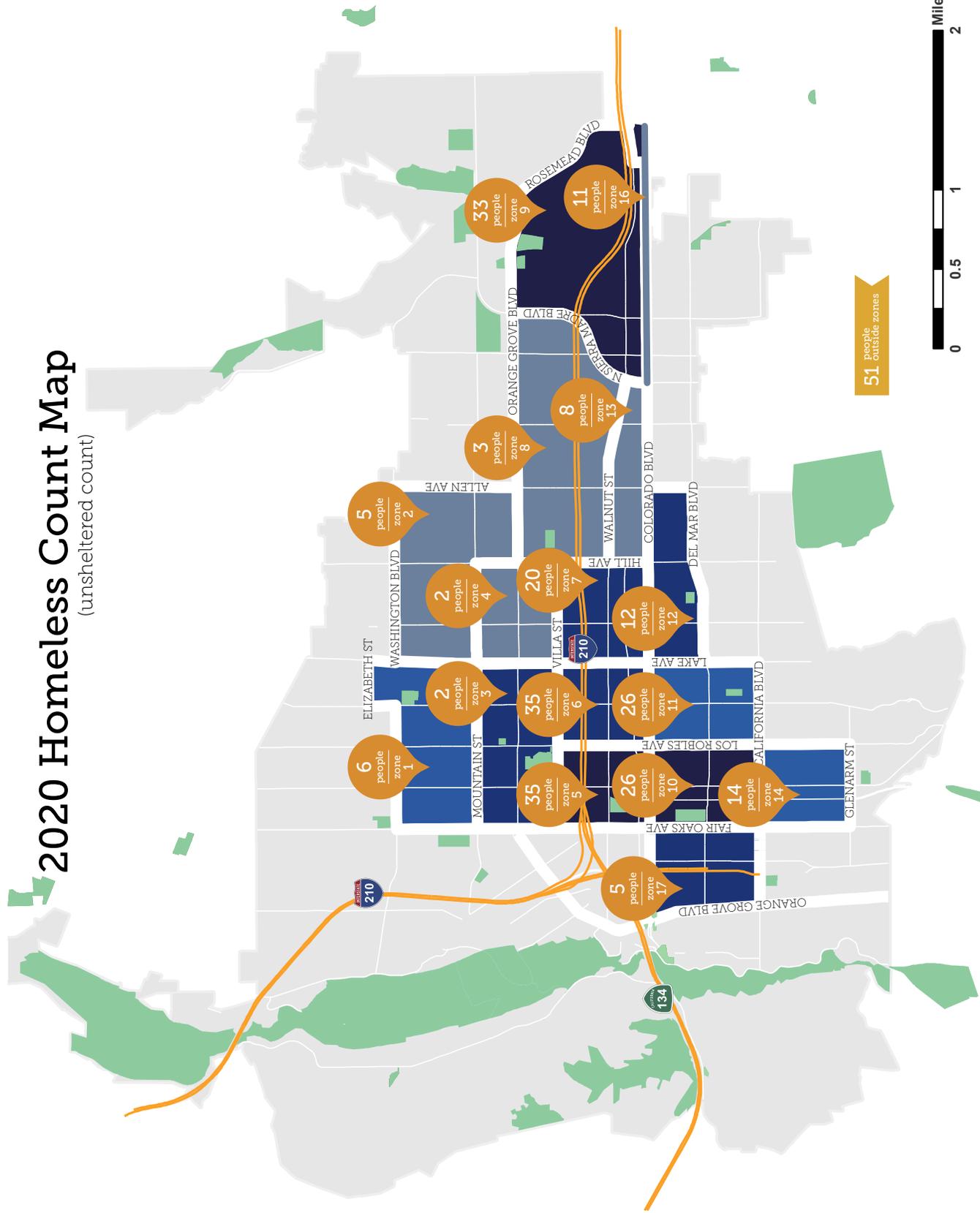***Alternative:*** *Cross streets / landmarks*

_____

Appendix E

Map of Results

2020 Homeless Count Map
(unsheltered count)

33 people zone 9

11 people zone 16

8 people zone 13

3 people zone 8

5 people zone 2

2 people zone 4

20 people zone 7

12 people zone 12

2 people zone 3

35 people zone 6

26 people zone 11

6 people zone 1

35 people zone 5

26 people zone 10

14 people zone 14

5 people zone 17

51 people outside zones

ROSEMEAD BLVD

ORANGE GROVE BLVD

N SIERRA MADRE BLVD

ALLEN AVE

WALNUT ST

COLORADO BLVD

DEL MAR BLVD

WASHINGTON BLVD

HILL AVE

ELIZABETH ST

VILLA ST

LAKE AVE

MOUNTAIN ST

LOS ROBLES AVE

CALIFORNIA BLVD

GLENARM ST

FAIR OAKS AVE

ORANGE GROVE BLVD

210

210

134

Miles

0   0.5   1   2

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○ Map of Results | 2020 Pasadena Homeless Count