City of Pomona Enhanced Strategic Plan to Prevent and Combat Homelessness

Prepared By:

In collaboration with:

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The Los Angeles County HOMELESS INITIATIVE
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ABOUT THE CITY OF POMONA ENHANCED STRATEGIC PLAN TO PREVENT AND COMBAT HOMELESSNESS

In October 2017, the County of Los Angeles awarded the City of Pomona a City Planning Grant to develop a plan to prevent and combat homelessness. City Planning grants were also awarded to 45 other cities throughout the County, including 19 that are located within the San Gabriel Valley region and under the jurisdiction of the San Gabriel Valley Council of Governments (SGVCOG).

Because the City of Pomona had an existing strategic plan addressing homelessness, "A Way Home: Solutions for Pomona's Homeless", that was adopted on January 7, 2017, it was proposed that Pomona would use this opportunity to enhance its plan. The areas of enhancement included: further planning for the three urgent strategies identified in "A Way Home"; aligning the current plan with the County Homeless Initiative strategies and Measure H resources; and, incorporating new strategies identified during the planning process. In addition, the City wanted to solicit input from individuals experiencing homelessness in Pomona, as well as obtain current demographic information regarding those unsheltered in Pomona, all to better inform the planning process.

On December 17, 2017, the Pomona City Council awarded a contract to LeSar Development Corporation (LDC) to assist the City in various planning activities that would inform the enhanced plan. The City had been working with LDC as part of its efforts to create the Homeless Service Center that it is developing and felt that continuing this collaboration would be beneficial to both processes.

In January 2018, the City began reviewing its existing plan to provide an annual update on the progress of implementation. From February through May 2018, the City and LDC hosted a variety of meetings to solicit input, these included: a Lived Experience Summit, for nearly 100 currently homeless persons; a focus group of recently housed persons with lived experience; presenting to the Pomona Continuum of Care Coalition, Community Life Commission and a community service organization; and, consulting with various City Departments. The solicited feedback was then incorporated through the creation of new strategies and activities that are outlined in the following strategic plan enhancements.

The Enhanced Strategic Plan provides an opportunity to revisit the planning efforts of the City to combat homelessness. The input of those with lived experience, the creation of new strategies that align with current resources and realities, and the opportunity to solicit feedback, all build on the City's existing efforts to help the most vulnerable among our community - find "A Way Home".

The City of Pomona Enhanced Strategic Plan was presented to the City Council on July 2, 2018 and was unanimously adopted by all Council Members, including:

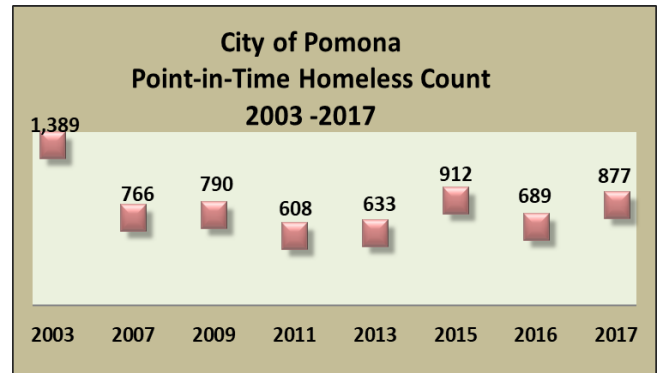|	
Mayor Tim Sandoval	Mayor of Pomona
Rubio Gonzalez	District 1 Council Member
Adriana Robledo	District 2 Council Member
Cristina Carrizosa	District 3 Council Member
Elizabeth Ontiveros-Cole	District 4 Council Member
Ginna Escobar	District 5 Council Member
Robert Torres	District 6 Council Member

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BACKGROUND AND PURPOSE

The City of Pomona has actively been working to address homelessness in Los Angeles County for many years starting in 1999 with forming of the Pomona Continuum of Care Coalition (PCOCC) by two City Councilmembers to advise the City on homelessness and to coordinate efforts. The City of Pomona was also one of the first cities in Los Angeles County to dedicate a staff position to specifically address issues surrounding homelessness. The City's first Homeless Services Coordinator was hired in October 2000. In November 2015, the City created the Homeless Advisory Committee, under the umbrella of Pomona's Promise, the City's community-based approach to address citywide issues using a collective impact approach. The Homeless Advisory Committee was formed to develop a comprehensive community-wide strategy to end homelessness, focusing on areas that were identified during a Community Forum on Homelessness that was hosted by the City in August 2015. In January 2017, the City adopted that plan, "A Way Home: Community Solutions for Pomona's Homeless".

HOMELESSNESS IN POMONA

The streets of Pomona have historically been home for many unsheltered persons in our region. From 2004 to 2017, over 35,000 homeless individuals were assisted with homeless prevention, shelter, housing or other essential services through City and community partner programs. Yet, in 2017, per the point-in-time homeless count, there remained 877 persons without homes, and it is believed the 2018 count will show more. It was determined early on, that the unsheltered homeless of Pomona must be the focus of any plan for success, but equally important, any plan must meet the needs of the whole Pomona community as well.

City of Pomona Point-in-Time Homeless Count 2003-2017: 2003: 1,389; 2007: 766; 2009: 790; 2011: 608; 2013: 633; 2015: 912; 2016: 689; 2017: 877

With this in mind, the four guiding principles of "A Way Home" are:

1. Homelessness is a crisis in Pomona
2. If homelessness occurs, it should be brief and one-time only
3. Homelessness is solvable
4. Pomona is addressing our fair share, we encourage other cities to do the same

The plan also identifies four overarching goals that include:

1. Reduce the number of Pomona's unsheltered homeless
2. Reduce the negative impacts on community neighborhoods and public spaces through the coordination of services
3. Have an engaged and informed community regarding homelessness and homeless solutions
4. Balance the needs and rights of homeless persons and the larger community through updated fair, legal, and enforceable policies and ordinances

STRATEGIC PLANNING ENHANCEMENTS

Because the City of Pomona has an adopted plan in place, it utilized this Planning Grant opportunity to enhance its plan, addressing areas not previously explored and updating strategies and activities to include Los Angeles County's Homeless Initiative, the passing of Measure H, and a new reality of resources focused on homelessness.

THE CITY'S PLANNING PROCESS

To develop "A Way Home", the City engaged an array of stakeholders with convening a Community Forum on Homelessness in 2015. From the summit the City created the Homeless Advisory Committee that helped with plan creation.

As part of the 2017 City Homeless Planning Grant process, the City of Pomona wanted to enhance their existing plan by further planning for the three urgent strategies highlighted above and incorporating new strategies that arose from this current process. Specifically, the City wanted to better understand the perspectives of individuals experiencing homelessness in Pomona and engage individuals in providing recommendations both on the services and new shelter site as well as what it will take to address homelessness in Pomona.

To solicit this information, the City hosted a Lived Experience Summit on February 28, 2018 for close to 100 persons that were currently homeless. Some of the attendees were sheltered at the armory and some were without shelter. All were given the opportunity to provide input on the environment, operations and services of the new shelter. They were also given the opportunity to share about their experience of homelessness to better inform the City in moving forward to solutions. To solicit additional input, the City also hosted a Lived Experience Focus Group attended by those who had previously been homeless, but attained housing within the last few years. This group focused on what are the paths that lead to deciding to be housed, what does it take to stayed housed, and how can their experience help service providers and those who are currently housed. Details of the both the Lived Experience Summit and Focus Group can be found in "The Lived Experience Report" found in the Appendices.

Other planning activities focused around the coordination of the partners currently identified to provide core services at the new Homeless Service Center. These partners include, Volunteers of America Los Angeles, Tri City Mental Health Center, and East Valley Community Health Center. These site partners will provide the backbone of services at the Center. To create a complete picture of the service partnership and to identify what each partner is contributing, a series of meetings were held to discuss service provision, data collection, unique contributions, collaborative contributions and client focused outcomes. To further inform this conversation an analysis of Coordinated Entry System (CES) data for those living in Pomona was performed. Both the meeting and the data analysis were used in the development of an output and outcomes summary document for the new shelter site, along with a performance monitoring plan, a summary document of all services that will be provided by site partners, and lastly a document that highlights what policies and procedures will need to be developed for the site including those related to data entry and collection in the Homeless Management Information System (HMIS). All documents related to the planning process are included as Appendices.

In addition to the above input, the City hosted three meetings soliciting community input from various stakeholders. The first meeting was held as part of the regular meeting of the Pomona Continuum of Care Coalition. The second was hosted by the City of Pomona Community Life Commission, and the third was hosted by a Pomona business service club. At all meetings, an update on "A Way Home" was provided, outlining what has been accomplished to date with each of the strategies, what has been delayed and what measures have taken place to address the three identified urgent strategies of shelter, a communal kitchen and centralized service provision. In addressing the urgent strategies, a presentation on the Homeless Service Center was also provided outlining where the project is currently, what partnerships have been formed and showing renderings of how it will look. During each meeting community input was solicited to inform the enhanced strategy.

Finally, staff from the City's Neighborhood Services Department met with other City Departments, including Administration, the Police Department, Public Works and Development Services, to solicit input as to what if any new services or programs have been developed within City Hall since the adoption of "A Way Home", and asking what new strategies or enhancements should be captured in the City's Enhanced Strategic Plan.

GOALS AND ENHANCED STRATEGIES

After incorporating the Homeless Advisory Committee's recommendations and community input, a strategic plan was crafted and brought to City Council for input in November 2016. After receiving and incorporating Council input, the plan was brought back and on January 7, 2017, the Pomona City Council adopted the City's strategic plan on homelessness.

"A Way Home: Community Solutions for Pomona's Homeless", is organized around four broad goals to have a significant impact on those experiencing homelessness and on our community that is impacted by the outcomes of homelessness. Together, these goals represent a comprehensive and ambitious approach to ending homelessness by developing a more efficient, effective and coordinated delivery system for services and housing.

Goal A	Reduce the Number of Pomona's Unsheltered Homeless
Goal B	Reduce the Negative Impacts on Community Neighborhoods and Public Spaces through the Coordination of Services
Goal C	Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions
Goal D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Policies and Ordinances

In addition to the above identified goals, "A Way Home" incorporated 30 strategies and over 150 activities that strived to balance the desire to be a compassionate community, with the need to address quality of life issues for all residents. Each of those strategies was prioritized and given a timeframe to be completed or implemented.

Specifically, there are three urgent strategies identified in the plan that the City and partners have been actively addressing:

1. Establish as Year-Round Shelter Able to Provide for Multiple Populations
2. Establish as Service Center for Centralization and Coordination of Services
3. Establish as Communal Kitchen for the Provision of Food Services

These original goals, strategies and activities remain and have not been changed as part of the City's current planning grant activities.

What has changed as a result of the County's City Planning Grant award and above mentioned planning and outreach efforts, is that several new strategies and activities were identified and will be incorporated into "A Way Home", upon adoption of the Plan by the Pomona City Council. Many of the new strategies/ activities were included as a direct result of input from those with Lived Experience, those providing services to the homeless and City Departments.

These new strategies and activities are incorporated below into the existing framework of Pomona's "A Way Home", but the following table only provides 1) all original goals, 2) all original strategies, 3) newly identified strategies and activities **(as highlighted in color)**, and 4) original activities that align with Los Angeles County's Homeless Initiative and Measure H Funding opportunities. To see a complete listing of all goals, strategies and activities as adopted by the Pomona City Council on July 2, 2018, with new enhancement incorporated, please see the attached 2018 Updated Strategic Plan Outline.

Enhanced Strategies with *County Homeless Initiatives Alignment identified* (IDENTIFIED CITY PLANNING ENHANCEMENTS)		Measure H Funding (bold = eligible for funding)
GOAL A	**Reduce the Number of Pomona's Unsheltered Homeless**	
Strategy A1	*Establish a Year-Round Shelter(s) Able to Provide for Multiple Subpopulations*	
A.1.1.	Promote SB2 compliance and implementation.	F1
A.1.4.	Shelters should provide individualized active engagement, case management, and supportive services.	**E8**
A.1.5.	For rapid implementation, and to accommodate those who would have difficulty transitioning to an indoor setting, consider open or outdoor shelter options.	**E8**
A.1.6.	Design a program that can be entered during the nighttime and on weekends including drop-off by Police as appropriate diversion from jail or staying on the street and by the Pomona Homeless Outreach Program staff.	E4, E5
A.1.7.	Design the shelter program to implement components of a Housing First approach, which include: 1) linkage with rapid re-housing and permanent supportive housing and 2) incorporation of shelter diversion and maximum lengths of stay.	E13
A.1.8.	Include a kennel and day area for pets. Include a "good pet owner" policy and active participation in pet and kennel care while on site.	**E8**
A.1.9.	Consider homeless subpopulation types for appropriate shelter design. Designate enough shelter beds to meet the needs by subpopulation, including: 1) high-tolerance (mental health and substance abuse); 2) single men; 3) single women; 4) couples and multiple adult households; and 5) families with children.	**E8**
A.1.10*	**Create and Enter Into Memorandums of Understanding (MOU) With and Between All Homeless Service Center Site Partners Delineating Roles and Responsibilities and Establishing Data Sharing/Collection/Reporting Protocols.** Policy Change: Develop Memorandum of Understanding that all Site Partners agree to and follow. Partners: Volunteers of America Los Angeles, Tri City Mental Health, East Valley Community Health Center Measurement: Following the attached Logic Model to inform MOU, data will be collected to support desired Output and Outcome. Ownership: City of Pomona and HSC Site Partners Leveraged City Resources: 20 hours of Neighborhood Services Director and .05 of Homeless Programs Supervisor. Timeline: Implemented with first quarter of HSC opening.	E12, **E8**
Strategy A2	*Support and Encourage the Development of Affordable and Supportive Housing Across the Spectrum of, and Proportionate to, the Need by Household Types*	**F7**
A.2.1.	The City and its partners assist homeless households in accessing and sustaining permanent affordable rental housing in residential neighborhoods as quickly as possible with a focus on those meeting the Pomona residency criteria.	D7
A.2.2.	Support the development of quality, affordable rental housing. Such developments should reflect the style of the surrounding neighborhood and be operated by a proven property management team.	F7
A.2.6.	Establish a clear correlation between Pomona's Regional Housing Needs Assessment (RHNA) requirement and the development of affordable housing for all income levels including extremely low, very low, low, and moderate.	F7
A.2.7.	Engage landlords and property managers to offer and/or sustain affordable housing options in the City. Establish landlord incentives to assist with: preparing units to meet Housing Quality Standards inspections, extraordinary repairs needed when a unit is vacated, security deposits, utility turn-on, or to help hold a unit for an identified homeless household.	D7

A.2.12.	Implement a 25% set-aside of available vouchers to be used by homeless households, meeting Pomona homeless residency criteria, who are currently on the Pomona Housing Authority Waiting List.	**B4**
Strategy A3	*Increase Incomes for Self-Sufficiency and Housing Sustainability*	
A.3.1.	Include an Income Opportunities (IO) office in the Homeless Service Center (See Strategy B1). The IO shall have both employment and benefits specialists. Partner with benefits organizations such as the Department of Social Services, Social Security, and benefits advocacy organizations for the benefits segment. Partner with employment organizations such as America's Job Center of California, EDD, DPSS' GAIN, GROW and CalWORKs programs, VA Employment Services, Department of Rehabilitation, Chrysalis, temporary employment agencies, Goodwill, the Small Business Association, the Chamber of Commerce, City of Pomona Human Resources, private companies' human resources, County human resources and micro loan nonprofits to staff the employment desk.	C2, C5, C7,
A.3.3.	Develop a targeted recruitment and hiring process to assist homeless people in accessing County, City and local employers' jobs.	C3
A.3.5.	Link the benefits arm of the Homeless Service Center (HSC) to the Countywide SSI Advocacy program established as part of the LA County Strategies to Combat Homelessness.	C4
A.3.6.	Work with agencies with a mission to develop innovative jobs programs.	C2
A.3.7.	Focus in the areas of job training with placement, entrepreneurship, mentorship, and micro-loans.	C7
A.3.8*	**Work with local Public Workforce Systems to enhance workforce opportunities by providing program and office space at the Homeless Service Center (HSC)** Policy Change: Develop MOU with public workforce system agencies to provide onsite employment training an opportunities Partners: America's Job Center of California, Employment Development Department, DPSS' GAIN, GROW and CalWORKs programs, VA Employment Services, Department of Rehabilitation Measurement: % of participants gainfully employed upon entry into HSC; % of participants enrolled in employment services after entry in HSC; % of participants gainfully employed prior to leaving HSC. Ownership: City of Pomona and Volunteers of America. Leveraged City Resources: Intermittent City Staff Time Timeline: Implemented within first 12 months of HSC opening.	C7
A.3.9*	**Develop a Work Program at the Homeless Services Center (HSC) that allows those seeking housing an opportunity to earn income onsite to help end their homelessness.** Policy Change: Develop payment protocols for apprentice work onsite of HSC. Partners: Volunteers of America Los Angeles (VOALA) Measurement: Baseline information of last time participant was gainfully employed; % of HSC participants enrolled in HSC Work Program; % of participants that move from HSC Work Program to outside gainful employment. Ownership: City of Pomona and VOALA Leveraged City Resources: Community Development Block Grant Funds Timeline: Implemented within 3-6 months of awarded program funding.	C2, C7
Strategy A4	*Strengthen, Expand and Support the Pomona Homeless Outreach Program*	
A.4.1.	Enhance the success of the Pomona Homeless Outreach Program; expand the Team to include a professional mental health and health outreach worker.	E6
A.4.2.	Create a direct linkage between Tri-City Mental Health, the Homeless Services Coordinator, the Pomona Homeless Outreach Team, and when necessary, the Pomona Police Department to quickly respond, link, and house homeless persons with potential mental health challenges.	E6

A.4.3.	Implement crisis response system, coordinating all outreach efforts of agencies located within the City of Pomona to enhance efforts to reach the unsheltered homeless population.	**E6**
A.4.4.	Expand the Outreach Team staffing to cover evenings and weekends.	**E6**
A.4.5.	Strengthen linkages between the Outreach Team, Code Compliance and the Police Department.	**E6**
A.4.6.	Provide the Homeless Outreach Team with a wheelchair accessible van to enhance outreach efforts to those homeless individuals with mobility limitations.	**E6**
A.4.7.	House the Outreach Team at the site of the Homeless Service Center (HSC) for better and more streamlined service coordination.	**E6**
A.4.8*	**Provide service referral, resources and linkage to the Pomona HEART Team and Pomona Police HOST program through Outreach Team efforts.** Policy Change: Coordinate outreach efforts of all agencies providing street outreach services within the City of Pomona; Create protocol for the HEART Team and PD HOST Team to request service assistance when needed. Partners: Volunteers of America Los Angeles, Tri City Mental Health, Regional Outreach Team, LAHSA Emergency Response Team Measurement: # of HEART Team and HOST Team activities per month, # of homeless persons encountered as a result HEART Team and HOST activities; # of homeless persons receiving service and/or service referral as a result of HEART/HOST/Outreach Team interaction. Ownership: Pomona PD, Homeless Programs Supervisor, Outreach Teams Leveraged City Resources: .10 FTE Homeless Programs Supervisor Timeline: Implemented within 3-6 months.	E4
A.4.9*	**Coordinate local Outreach efforts with County and Regional outreach efforts to better serve the homeless and reduce duplication of effort.** Policy Change: Establish quarterly meetings of all Outreach Teams working within Pomona City limits; Establish protocols for outreach activities to reduce duplication and increase collaborative efforts when needed. Partners: Volunteers of America Los Angeles, Tri City Mental Health, Regional Outreach Team, LAHSA Emergency Response Team Measurement: # of outreach interactions per unit; Uniform reporting of outreach location, number of homeless persons encountered, and service referrals made. Ownership: Homeless Program Supervisor and Outreach Team Leads Leveraged City Resources: .10 FTE Homeless Programs Supervisor Timeline: Implemented within 3-6 months.	**E6**
Strategy A5*	***Establish a Homeless Prevention Program (HPP) for Families and Individuals*** Policy Change: Apply for additional funding sources intended for Homeless Prevention effort; Revisit use of Emergency Solution Funds for Homeless Prevention. Partners: Volunteers of America Los Angeles and Catholic Charities Measurement: # of households receiving HPP funds; # of households averted from homelessness because of funding intervention; # of families with children vs single adult households requesting funds. Ownership: City of Pomona Homeless Unit to administer grant funds Leveraged City Resources: ESG funds; .10 Homeless Service Unit Timeline: Implemented within 12-24 months, unless dedicated funding is secured.	**A1, A5**

Strategy A6*	**Utilize the Pomona Housing Authority to Access Programs and Resources that will Increase Access to Permanent, Stable Housing for Homeless Persons**	A3, **B1, B3, B4, B6,** B8, **D7,** E10
	Policy Change: Prioritize the use of the Pomona Housing Authority Housing Choice Voucher program to house homeless households. Change the PHA Administrative Plan to support these efforts.	
	Partners: Volunteers of America, Tri City Mental Health, East Valley Health	
	Measurement: # of vouchers used to house homeless households within a year.	
	Ownership: Pomona Housing Authority	
	Leveraged City Resources: .10 FTE Family Self-Sufficiency Coordinator	
	Timeline: Implemented within 6-12 months.	
Strategy A7*	**Explore Development of All Housing Options including: Tiny Homes, Shared Housing, Roommate Matching, Accessory Dwelling Units, Motel Conversions, Rehabilitation of Aging Housing Stock, Inclusionary Housing, Public Land Use for Homeless Housing, and Preserving Current Affordable Housing.**	F3, F4, F6, **F7**
	Policy Change: Work to address zoning codes, City ordinances, or program policies that may hinder the development of alternative housing options.	
	Partners: City Development Services, City Neighborhood Services, ICON, Tri City Mental Health, VOALA	
	Measurement: # of new alternate housing units created annually. # of persons housed in alternative housing situations through City or partner referral.	
	Ownership: Neighborhood Services/Pomona Housing Authority/Housing Successor Agency	
	Leveraged City Resources: Possible Housing Successor Agency property, Rental Assistance Programs	
	Timeline: Implemented within 9-12 months.	
GOAL B	**Reduce the Negative Impacts on Community Neighborhoods and Public Spaces through the Coordination of Services**	
Strategy B1	*Establish a Service Center for Centralization and Coordination of Services*	
B.1.1.	Develop a Homeless Service Center (HSC) for the homeless of Pomona.	**E8**
B.1.2.	Create a core service collaboration that includes: engagement/case management, health services, mental health services, benefits attainment and housing navigation.	E3, E13, E16
B.1.3.	Design the HSC with a waiting area and space where distribution lines will be contained within the building site, minimizing the impact on surrounding properties.	**E8**
B.1.4.	Utilize the Collective Impact approach as well as evidence-based solutions (utilizing research, standards, and best practices) to organize, inform, and deliver Programs, Services, and Resources (PSR) for the homeless within the HSC.	**E8**
B.1.5.	Provide pet services, a kennel and day space for pets. Outline rules and regulations regarding use of this pet service.	**E8**
B.1.6.	Partner with employment, legal aid, benefits assistance, basic needs, mental health support, substance abuse support groups, medical and dental care providers, and faith groups homeless outreach and assistance programs.	**C2,** C3, **C5, C7** D5 E3, **E8,** E12
B.1.7.	Partner with local universities and PUSD for special classes, training and community service opportunities for students.	C3
B.1.8.	Provide for restrooms and showers, storage lockers, laundry facilities for, a location to expand and support the work of the PCOCC by providing a location for meetings, and the provision of service and special events such as Project Connect., Portable and Mobile Medical and Dental Services.	**E8**
Strategy B2	*Establish a Communal Kitchen for the Provision of Food Services*	
B.2.1.	Construction of a communal kitchen with indoor/outdoor eating space, sanitation facilities and a commercial kitchen with both dry and refrigerated food storage.	**E8**
B.2.2.	Waiting and food distribution area contained within a well-defined space.	**E8**

B.2.3.	Security to provide a safe environment and ensure that people use the facilities and do not loiter in the surrounding areas.	**E8**
B.2.4.	A well-coordinated meal plan and schedule.	**E8**
B.2.5.	A well-coordinated donation and volunteer program.	**E8**
B.2.6.	A job-training program for food services and management.	**C7**
B.2.7.	A job-training opportunity for custodial and maintenance services.	**C7**
B.2.8.	Require that food donations meet Food Facility Operators Guidelines for Safe Food Donation published by the LA County Department of Public Health Environmental Health.	**E8**
Strategy B3	*Coordinate Community-Based Volunteer Services for the Homeless and Agencies Serving Them*	
Strategy B4	*Collaborate with the County, Tri-City Mental Health and Pomona Valley Medical Center to Address Systems Impacting Homelessness in Pomona*	
B.4.1.	Develop a County City Collaboration Board with a mission to coordinate services for homeless assistance in Pomona. The City, the County and Tri-City Mental Health will together determine the mission, objectives and structure of the Board. The City and County will each identify the key decision makers and influencers to sit on the Board.	**D7** E3
B.4.3.	Meet collaboratively with Tri-City Mental Health Services, Los Angeles County Sheriff's Department, Los Angeles County Homeless Court, Los Angeles Homeless Services Authority, Los Angeles County Probation and the Department of Public Social Services to address challenges, work to address factors contributing to homelessness in Pomona, and fill gaps in homeless solutions.	E3
B.4.4.	Assess whether programs under the purview of each government create unintended impact on the community. Identify solutions, method, and parties to implement solutions.	E3
Strategy B5	*Advocate for Fair-Share Participation with Neighboring Cities*	
B.5.1.	Neighborhood Services Department will provide City management and leadership with data of the homeless count for neighboring cities, as available, as well as the calculations for expected rates of homelessness of neighboring cities based upon HUD's Pearson analysis of contributing factors to homelessness.	City Planning Grant Effort with SGVCOG
B.5.2.	City develops policies regarding residential criteria, establishing ties to Pomona in order to receive homeless services funded by the City of Pomona. (Strategy D1)	City Planning Grant Effort with SGVCOG
B.5.3.	Pomona advocates with the San Gabriel Valley Council of Governments (SGVCOG) to adopt a regional standard for homeless residency criteria, calculation of fair-share participation in solutions, and expected rates of homelessness in each city based upon the annual PIT homeless count conducted by the LA Continuum of Care.	City Planning Grant Effort with SGVCOG
B.5.4.	Pomona develops a "fair share" position regarding homeless people who come to Pomona, but do not meet the Pomona residency criteria for homeless services.	City Planning Grant Effort with SGVCOG
B.5.5.	Pomona develops referral options for those who do not meet the residency requirement and offers assistance to access these services and housing.	City Planning Grant Effort with SGVCOG
B.5.6.	The Mayor, City Council members, City administration and staff develop and implement a communication campaign with neighboring cities for peer-to-peer discussion, making clear Pomona's position, and advocating for fair-share participation in homeless solutions.	City Planning Grant Effort with SGVCOG
Strategy B6	*Direct the City's "Neighborhood Improvement Task Force" to Focus on Solutions Related to Homelessness and Reducing its Impact on Pomona Neighborhoods*	
Strategy B7	*Provide Lockers for Storage of Personal Belongings and Implement a Complementary Travel Lite Campaign*	
B.7.1.	Fabricate and install lockers at a specified location.	**E8**
B.7.2.	Produce Use and Operations Guidelines for the Transitional Storage Center.	**E8**
B.7.3.	Provide security and program operations staff through a community partner.	**E8**
B.7.4.	Open Operation Warm Heart to accompany the opening of the Winter Shelter Program.	**E8**
Strategy B8	*Coordinate a "Filling the Gap" Transportation System for Clients Referred to Agencies and Appointments*	

B.8.1.	Design a "Filling the Gap" Homeless Transportation System for those enrolled in Pomona programs.	**E8**
B.8.2.	Identify participating agencies including: • The Homeless Service Center/Homeless Outreach Team • Qualifying shelters (participate in Pomona Homeless Solutions Strategic Plan Initiatives, Community / HMIS Reporting, and CES) • Healthcare Providers • Tri City Mental Health • Department of Public Services/Social Security Administration	**E8**
B.8.3.	Fund service provider running the HSC to provide an accessible van and driver.	**E8**
B.8.4.	Advocate for the Pomona's Homeless Transportation System with the Regional Transportation Authority, Foothill Transit, and/or Pomona Valley Transit Authority (PVTA) boards and the San Gabriel Valley Council of Governments Transportation and Homeless Committees.	**E8**
B.8.5.	Transportation System Activated.	**E8**
Strategy B9	*Launch a "Positive Change NOT Spare Change" Campaign Addressing Panhandling and Donations*	
Strategy B10	*Enhance, Strengthen and Support the Pomona Continuum of Care Coalition to Help Implement "A Way Home" Strategies*	
Strategy B11	*Implement Ongoing Health Interventions to Identify and Provide Services to the Most Vulnerable and Medically Fragile Homeless*	
B.11.1.	The Fragile Health Collaborative reconvenes.	E3, E16
B.11.2.	The Collaborative will identify a Chairperson and develop a regular schedule.	E3, E16
B.11.3.	Identify the most vulnerable individuals in the Winter Shelter program and develop care and housing plans for those persons.	E3, E16
B.11.4.	Work with service providers and healthcare providers to affect the individual plans.	E3, E16
B.11.5.	When open, identify the most vulnerable individuals in Pomona's Homeless Service Center and develop care and housing plans for those persons.	E3, E16
B.11.6.	Partner with trained Compassionate Companions to provide needed support and assistance for vulnerable individuals.	E3, E16
B.11.7.	Design, develop, and sustain a community-based coordinated health care model for the homeless, consistent with current evidence-based standards and best practices.	E3, E16
B.11.8.*	**Establish a recuperative care program that provides safe shelter options for the most vulnerable homeless that are in need of intermediate medical care.** Policy Change: Dedicated use of current crisis housing location to house homeless individuals in need of temporary acute medical care. Medical/Hospital facility cooperation and funding dedication. Partners: Pomona Valley Hospital, Recuperative Care Partner Agency, DHS Measurement: # of homeless person referred to recuperative care program; % of persons moved from recuperative care program to mainstream shelter; % of persons moved from recuperative care program to permanent housing; Ownership: Homeless Programs Supervisor Leveraged City Resources: City owns property proposed to be utilized for the program Timeline: Implemented within 9-12 months.	E3
*Strategy B12**	***Establish a Lived Experience Advisory Council at the Homeless Service Center to provide policy input, peer programming and consumer evaluation*** Policy Change: Develop policy and protocols for establishing a Lived Experience Advisory Council to be convened at the Homeless Service Center. Utilize input from the Advisory Council to determine policies and programs. Partners: Volunteers of America Los Angeles and Tri City Mental Health Measurement: # of meeting of the Lived Experience Advisory (LEA) Council held annually; # of homeless persons participating in the LEA Council; # of programs established or evaluated by the LEA Council. % of LEA Council members that move into permanent housing in comparison to non-council shelter participants.	E8

	Ownership: Homeless Program Supervisor	
	Leveraged City Resources: Homeless Programs Unit	
	Timeline: Implemented within 6-9 months.	
Strategy B13*	*Host Lived Experience and Housed (LEH) group meetings at the Homeless Services Center periodically, inviting Center members to participate prior to reaching housing and creating peer mentoring opportunities for LEH members*	E8
	Policy Change: Establish policy and protocol for group	
	Partners: Volunteers of America Los Angeles and Tri City Mental Health	
	Measurement: # of persons attending meetings; % of attendees that successfully move to permanent housing; % of those housed that return as a peer mentor.	
	Ownership: Homeless Program Supervisor	
	Leveraged City Resources: .5 FTE Homeless Programs Supervisor	
	Timeline: Implemented within 6-9 months.	
Strategy B14*	*Ensure that core principles such as Motivational Interviewing, Trauma Informed Care, Harm Reduction and Housing First are incorporated into the operation of the Homeless Service Center and City funded homeless programs.*	E8
	Policy Change: Create policy and procedures that reflect these core principles. Incorporate these core principles throughout the design of the Homeless Service Center Campus. Create a mandatory policy that all persons working at the Homeless Service Center are trained in these core principles within 3 months of hire. Provide ongoing training opportunities for all persons working at the Homeless Service Center in these core principles. Provide training opportunities for all persons volunteering at the HSC.	
	Partners: Volunteers of America Los Angeles, Tri City Mental Health, East Valley Community Health Center, other training partners as identified	
	Measurement: # of staff members trained annually. # of volunteers trained annually. % of positive participant satisfaction evaluations.	
	Ownership: Homeless Program Supervisor and Tri City Mental Health as lead trainers.	
	Leveraged City Resources: Funding for the development of the Homeless Service Center Campus. Fund training if needed.	
	Timeline: Implemented within 1-3 months upon opening of HSC.	
GOAL C	**Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions**	
Strategy C1	*Communicate Accurate Information Effectively*	
Strategy C2	*Inform the Community of Homeless Solutions Initiatives*	
Strategy C3	*Enhance, Strengthen and Support the Pomona Continuum of Care Coalition as an Engagement Arm of the "A Way Home" Strategies*	
Strategy C4	*Create "A Way Home" Strategies Webpage and Dashboard*	
Strategy C5	*Provide an Annual Report on Homeless and Housing Development Efforts Within the City*	
C.5.1.	Obtain baseline data on the number of homeless people and number of people housed: HMIS data and programs not reporting on HMIS.	E12
C.5.6.	Develop data sharing agreements with County programs housing Pomona's homeless.	E12
C.5.7.	Obtain annual report from the Coordinated Entry System.	E7
C.5.12*	**Implement Performance Review Monitoring for the Homeless Service Center and Site Partners using process improvement tools based on the Plan, Do, Study, Act (PDSA) model**	E12, E8

	Policy Change: As established in the HSC Performance Monitoring Plan (see Attachment):	
	• City will meet monthly with VOALA to review Crisis Housing Performance; • A Monthly HSC Site Partner Performance Monitoring Meeting will be mandatory; • Create HSC Performance Dashboards	
	Partners: Volunteers of America Los Angeles, Tri City Mental Health, East Valley Community Health Center, other training site partners as identified	
	Measurement: # of meetings held annually; measurements are outlined in the HSC Performance Monitoring Plan (see Attachment)	
	Ownership: Homeless Program Supervisor and all Site Partners	
	Leveraged City Resources: .10 FTE Homeless Programs Supervisor	
	Timeline: Implemented within 1-3 months upon opening of HSC.	
Strategy C6	*Provide Training on When, Where, and How Food and Basic Needs Items May be Distributed within the City. Provide Connections to the Volunteer Coordination Program*	
Strategy C7	*Increase Business Owners' Knowledge of Homeless Solutions and Provide Supportive Tools*	
Strategy C8	*Engage and Inform the Residents of Pomona in Issues Regarding Homelessness*	
Strategy C9	*Strengthen Service Provider Networks and Increase Resource Visibility*	
Strategy C10	*Increase Homeless Persons Access To and Use of Resources*	
C.10.1.	Explore where respite care referrals are insufficient and examine the reasons for disconnects in this system. Work with hospitals administration and social services staff and respite care providers to remove barriers and enhance communications regarding this vital service for vulnerable homeless persons exiting the hospital system. Provide complete information with pictures about respite care.	**E8**
C.10.3.	Incorporate the Whole Person Care Model and Compassionate Companions training for successful engagement of persons experiencing homelessness to reduce recidivism to homelessness. (Strategy B3)	**E8**
C.10.9.	Provide information on the Filling the Gap Transportation System (Strategy B8) through a brochure at participating service providers.	**E8**
C.10.10.	Educate homeless persons on available resources and how to access them through ongoing conversations.	**E8**
C.10.11	Provide tours of available shelter facilities to homeless families and individuals refusing "Housing First" options and assist in moving when possible.	**E8**
Strategy C11*	***Establish a Protocol for Identifying Homeless Service Center (HSC) Site Partners, Service Partners, Community Partners and Site Volunteers; Delineating the Responsibilities, Authority and Interactions of each Entity.*** Policy Change: Adopted policy outlining the varying roles and responsibilities of each entity; establish a method to track the number of agencies/persons that contribute to the site. Partners: Volunteers of America Los Angeles, Tri City Mental Health, East Valley Community Health Center; community and faith based organizations; service and educational organizations; residents Measurement: # of contributing agencies listing contributions to site; # of new agencies annually; # of agencies that only engage HSC site once. Ownership: Homeless Program Supervisor Leveraged City Resources: .5 FTE Homeless Programs Supervisor Timeline: Implemented within 3-6 months.	**E8**

GOAL D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Ordinances and Policies	
Strategy D1	*Evaluate Current Policies and Ordinances and Create Policies and Enforceable Ordinances that Support the Strategies*	
Strategy D2	*Create a Safe and Secure Park and Civic Plaza Experience*	
Strategy D3	*In Conjunction with the Opening of a Communal Kitchen, Create and Enforce Policies and Ordinances Around the Provision of Food in the City*	
Strategy D4	*Secure Additional Resources to Address Homelessness*	
D.4.1.	Work with the Pomona Community Foundation and the implementation leads to proactively seek government and non-government funding.	Measure H Related
D.4.2.	Assess the funding needs, the time and expertise required to pursue those leads and additional staff or consultants required to obtain appropriate funding for the various strategies. Different strategies will require different funding sources.	Measure H Related
D.4.3.	Develop a project and funding timeline and goals.	Measure H Related
D.4.4.	Identify funding that requires a nonprofit partner to apply and identify partners.	Measure H Related
D.4.8.	Submit identified grant proposals.	Measure H Related
Strategy D5	*Evaluate Staffing Needs to Ensure Adequacy of Program and Strategy Implementation*	

CITY STAFF RESPONSIBLE FOR IMPLEMENTATION

Name & Position	Address & Email	Phone	% of Time
Benita DeFrank, Director of Neighborhood Services	505 South Garey Avenue Pomona CA, 91766 benita_defrank@ci.pomona.ca.us	(909) 620-2094	25%
In Process of Hiring, Homeless Program Supervisor	505 South Garey Avenue Pomona, CA 91766	(909) 620-2571	75%

CITY COLLABORATIONS

- The City of Pomona is establishing the Homeless Service Center and will be one of four core partners that will act in an advisory role in oversite of the campus and program.
- The City of Pomona convened the Pomona Continuum of Care Coalition (PCOCC) in 1999 and as a result has an ongoing collaboration with over 60 service providers and local governmental agencies located within the City and region.
- The City has been actively involved in addressing homelessness within the larger San Gabriel Valley for over 20 years as an active and founding member of the San Gabriel Valley Consortium on Homelessness. They have also met with many other cities regarding the issue of homelessness within Service Planning Area 3.
- The City currently participates in the San Gabriel Valley Council of Governments (SGVCOG) Homelessness Committee and is active in various other homeless coalitions and groups in the region and LA County.
- A staff member of the City of Pomona represents the SGVCOG on the LA COC's Regional Homeless Advisory Committee.
- The City has met with and is considering forming a sub-regional group with the neighboring cities of Claremont and La Verne, as these cities along with Pomona make up the Tri-City Mental Health Authority jurisdiction.
- The City provided funding to enhance the SGVCOG's regional planning activities to better collaborate on a regional approach to addressing homelessness.

POMONA'S ALIGNMENT WITH THE COUNTY HOMELESS INITIATIVE STRATEGIES

	Plan to participate	Currently participating	County Homeless Initiative Strategies
A – Prevent Homelessness	☒	☐	A1. Homeless Prevention for families
	☒	☐	A5. Homeless Prevention for Individuals
B – Subsidize Housing	☒	☐	B3. Partner with Cities to Expand Rapid Rehousing
	☐	☒	B4. Facilitate Utilization of Federal Housing Subsidies
	☒	☐	B6. Family Reunification Housing Subsidies
	☒	☐	B7. Interim/Bridge Housing for those Exiting Institutions
	☒	☐	B8. Housing Choice Vouchers for Permanent Supportive Housing
C – Increase Income	☐	☐	C1. Enhance the CalWORKs Subsidized Employment Program for Homeless Families
	☒	☐	C2. Increase Employment for Homeless Adults by Supporting Social Enterprise
	☒	☐	C4/5/6. Countywide Supplemental Security/Social Security Disability Income and Veterans Benefits Advocacy
	☒	☐	C7. Subsidize Employment for Homeless Adults
D – Provide Case Management & Services	☐	☐	D2. Jail In-Reach
	☒	☐	D5. Support for Homeless Case Managers
	☒	☐	D6. Criminal Record Clearing Project
	☐	☒	D7. Provide Services for Permanent Supportive Housing
E – Create a Coordinated System	☐	☒	E4. First Responders Training
	☒	☐	E5. Decriminalization Policy
	☐	☒	E6. Expand Countywide Outreach System
	☐	☒	E7. Strengthen the Coordinated Entry System (CES)
	☐	☒	E8. Enhance the Emergency Shelter System
	☐	☒	E10. Regional Coordination of Los Angeles County Housing Agencies
	☒	☐	E14. Enhance Services for Transition Age Youth
F – Increase Affordable/ Homeless Housing	☐	☒	F1. Promote Regional SB2 Compliance and Implementation
	☐	☐	F2. Linkage Fee Nexus Study
	☒	☐	F4. Development of Second Dwelling Units Program
	☐	☐	F5. Incentive Zoning/Value Capture Strategies
	☒	☐	F6. Using Public Land for Homeless Housing
	☐	☒	F7. Preserve and Promote the Development of Affordable Housing for Homeless Families and Individuals
	☐	☐	F7. Housing Innovation Fund (One-time)

APPENDICES

APPENDIX A:

INCORPORATING VOICES FROM THOSE WITH LIVED EXPERIENCE

Incorporating Voices from Those with Lived Experience

LESAR DEVELOPMENT CONSULTANTS

The Los Angeles County HOMELESS INITIATIVE
REAL HELP. LASTING CHANGE.

CITY OF POMONA
MAY 2018

Executive Summary

People who are currently or formerly homeless have unique insight on how to create policies, programs, and practices that can help to prevent and end homelessness. When engaged in a meaningful way, they can be an integral part of homeless systems and services planning, policy design, and ongoing process improvement. Their insights are also necessary to meet the person-centered standard required within a Housing First approach. As part of its ongoing efforts to address homelessness, in Spring 2018 the City of Pomona recently engaged people who have experienced homelessness through a summit and a focus group to provide feedback on the design of a year-round crisis shelter site and what supports they would need to end their homelessness and be successful in their own home.

The development of a year-round crisis shelter was among the short-term strategies identified in the City's comprehensive plan to end homelessness, A Way Home: Community Solutions for Pomona's Homeless, when the plan was adopted in January 2017. Since then, the City has been pursuing the development of a site that would allow not only for crisis shelter beds, but also for outreach and engagement, coordinated entry system services, behavioral health, primary care through a Federally Qualified Health Center (FQHC), and array of other supportive services. To ensure that the shelter's design would meet the needs of individuals who have experienced homelessness, the City engaged LeSar Development Consultants (LDC) to facilitate a Lived Experience Summit (Summit) with individuals in the City's winter shelter program and to conduct a focus group with individuals who are already in their home or are very close to move-in. These planning activities were funded through a City Homeless Planning grant provided by the County of Los Angeles to support cities in creating or enhancing their homeless plan.
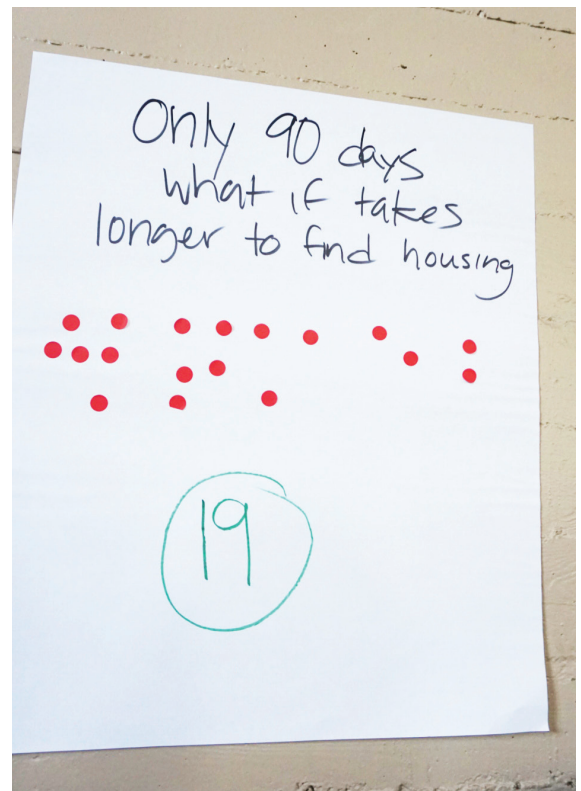
Input from Summit participants affirmed many of the strategies the County of Los Angeles is pursuing to combat homelessness. For example, Summit participants echoed the need for enhancing services and operations within the emergency shelter system, provide employment support, assist individuals with accessing public benefits, perform criminal record clearing

services, encourage landlords to rent to homeless households, and conduct many of the activities funded under the Coordinated Entry System, such as housing navigation and location services and support with gathering necessary documents.

Summit participants also had specific ideas about which services and amenities the shelter should offer. Specifically, participants stressed the need for Wi-Fi access on-site, opportunities for employment, and larger and increased storage opportunities. However, many participants struggled to articulate what a permanent housing situation could look like after exiting services. Once facilitators helped make that vision more concrete, many described their needs in basic terms: a place where they felt safe, secure, and "at home." Some described this setting as having their own place while others mentioned have a roommate or sharing a room in a house.

Individuals who had successfully exited homelessness shared that having the support of a caring, non-judgmental staff member who was knowledgeable about resources for finding housing and rental assistance was essential to helping them navigate the path to their home. Many said that homelessness was a daily struggle, which made it hard to see the future. Having someone to provide hope and walk them through the process to get back in a stable place was extremely beneficial. Participants also shared that ongoing support and follow-up was critical to keep them in housing. Other key factors related to participants' housing stability were access to primary care and behavioral health care and having an array of community-based social support systems, such as a life skills group, AA, NA, and Tri City Mental Health's Wellness Center in Pomona. Lastly they said finding time for themselves whether that was through doing activities such as prayer or meditation and remembering to live every day at a time was mentioned.

Again while much of the input from Summit and focus group participants mirrored many of the strategies identified in the County of Los Angeles Homelessness Initiative, participants also brought forward several new ideas—including the idea that people experiencing homelessness may find it difficult to envision what their permanent home will look like.

This idea underscores the point that homeless systems need to engage the people they serve as early and as often as they can in all aspects of planning and ongoing implementation of homeless assistance programs. The feedback from the Lived Experience Summit and focus group participants shared will greatly influence the development of the new proposed shelter site, as well as other strategies outlined in Pomona's plan. In addition, the City of Pomona needs to continuously provide individuals with lived experience with opportunities to participate in homeless system policy decision making and in informing programming and services. These individuals are the true experts who understand the challenges and needs of being homeless, and what it will take to end homelessness in Pomona and throughout Los Angeles County.

Incorporating Voices with Lived Experience

Incorporating the perspectives and "voices" of people with lived experience is extremely important across of the spectrum of human services systems including health care, behavioral health care, foster care, and housing and services dedicated to individuals and families experiencing homelessness. Individuals who have gone through or are currently experiencing homelessness and who are accessing homeless services need to be viewed as "experts" by the professionals who are supporting them. Increasingly, service providers and individuals with lived experience have established a movement to ensure that people with lived experience are involved in all aspects of the homeless delivery system. In many cases, homeless programs and other sectors, such as healthcare, are creating advisory boards comprised of those with lived experience and employing individuals to serve in peer support roles. The United States Interagency Council on Homelessness (USICH) recently stated:

"Creating that inclusion (of those with lived experience) enriches the systems we are building and drives our strategies. Many of our best innovations, such as Housing First, were born from the lessons of people who have experienced homelessness. And now, because of national, state, and local work to involve people with lived experience, we have the benefit of understanding how our response can best reflect the insight and expertise of these critical voices. The first step is to ensure that there is a shared commitment and framework to include everyone — especially people with lived experience — in planning, implementation, and evaluation. To sustain this effort, communities

should measure and report how effective they have been at including people with lived experience throughout their systems." [1]

Although including the voices of those with lived experience is imperative, any effective and sustainable approach must translate into meaningful participation in decision making at all levels. At a system level, those with lived experience can be extremely beneficial in providing input on homelessness policy decisions, crafting new policies and program design, as well as becoming strong advocates by telling their story. Equally important, at more local or programmatic levels, those with lived experience should be involved in providing feedback on how they are experiencing services and what services are needed, and to raise issues and concerns with programs in which they are participating. As with other communities across the country, the City of Pomona (City) recognizes the value of including perspectives and input from individuals who have experienced homelessness in current and future planning efforts, ensuring that they move forward in addressing homelessness in a compassionate, respectful, and person-centered manner.

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[1] United States Interagency Council on Homelessness. (2016). People with Lived Experience Must Be Meaningful Partners in Ending Homelessness; blog by Amy Sawyer, USICH Regional Coordinator.

A Way Home: Community Solutions for Pomona's Homeless

The City has been actively working to address homelessness in Los Angeles County since 1999 when the City Council decided to form the Pomona Continuum of Care Coalition (PCOCC) to advise the City and coordinate efforts on homelessness. Still active today, the PCOCC includes stakeholders from a variety of settings, including homeless services providers, local government representatives, advocates, faith-based organizations, local citizens, and individuals with lived experience. In 2000, the City of Pomona also created a dedicated homeless liaison position to coordinate services on the City's behalf and engage the community at large on the issues surrounding homelessness. The City also has a Homeless Programs Unit embedded in the Pomona Housing Authority. This unit administers grants and works with community agencies to coordinate homeless services throughout the City. In 2015, under the umbrella of Pomona's Promise—the City's community-based approach to support youth and family services, the City created the Homeless Advisory Committee and initiated the process to develop a comprehensive community-wide strategy to end homelessness. Although individuals with lived experience were encouraged to participate in the plan development, the City struggled with engaging these individuals in a meaningful way. In January 2017, the City adopted the final plan, A Way Home: Community

Solutions for Pomona's Homeless, which included four overarching goals:

FOUR OVERARCHING GOALS

1. **Reduce the Number of Pomona's Unsheltered Homeless**

2. **Reduce the Negative Impacts on Community Neighborhoods and Public Spaces through the Coordination of Services**

3. **Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions**

4. **Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal, and Enforceable Policies and Ordinances**

Similar to efforts across Los Angeles County, the City has been focused on addressing those living unsheltered. Within goals 1 and 2 above, the City's plan identified three key urgent strategies:

THREE URGENT STRATEGIES

1. **Establish a Year-Round Shelter Able to Provide for Multiple Populations**

2. **Establish a Service Center for Centralization and Coordination of Services**

3. **Establish a Communal Kitchen for the Provision of Food Services**

To date, the City has purchased a site for the creation of a Homeless Services Center (HSC), which will serve as a year-round shelter providing crisis beds, as well as essential services such as access to meals, restrooms, and showers for those living unsheltered. The site will also serve as an access site for the Coordinated Entry System (CES) in the eastern region of the San Gabriel Valley, and include an array of behavioral health services and primary care services through an on-site community clinic. Key site partners have been established and include Volunteers of America Los Angeles (VOALA), Tri-City Mental Health Center, and East Valley Community Health Center.

Although many of the core services have been established to adhere to available funding requirements for the HSC, the City is still actively developing the detailed policies, protocols, and amenities required to launch the site. Reflecting on the difficulty engaging individuals with lived experience in the homeless plan

development process, the City wanted to ensure that individuals currently experiencing homelessness within the City and those who have been successful exiting homelessness were actively engaged in informing the development of the HSC and providing input on addressing homelessness, which could then be incorporated into updates to the City's homeless plan.

As a starting point to incorporating voices of those with lived experience, the City engaged LeSar Development Consultants (LDC) to facilitate a summit at the current winter shelter program and to conduct a focus group with individuals who have successfully exited homelessness and currently reside in their own homes.

> **The following report summarizes the highlights from these two events as well as key takeaways and recommendations for the City.**

Lived Experience Summit at the Winter Shelter

On February 23, 2018, the City held a Lived Experience Summit (Summit) at the Pomona Armory, the site of the current emergency winter shelter, to elicit feedback from individuals who were living in the shelter as well as individuals living on the streets of Pomona on the proposed HSC, what they ultimately need to end their homelessness, and how they City can support those needs (See Appendix A for a list of questions). The Summit was facilitated by LDC with assistance from City and VOALA staff.

In the days leading up to the Summit, the shelter operator, VOALA, encouraged the individuals staying in the shelter to attend the event and had their outreach teams within the City ensure that those living outside were aware and encouraged participation. Individuals who participated in the summit received gift bags that included various necessities, as well as a hot breakfast and lunch, and raffle prizes.

In total, 95 individuals participated in the Summit. Each individual who arrived for the Summit was asked to fill out a survey to help the City understand who was participating in the event. A total of 88 individuals completed the survey and returned them to Summit organizers (See Appendix B for a copy of the survey.)

Basic demographics and responses of those who completed the survey:

57%
Male

43%
Female

53%
White

28%
African American

14%
Other/mixed

5%
Pacific Islander
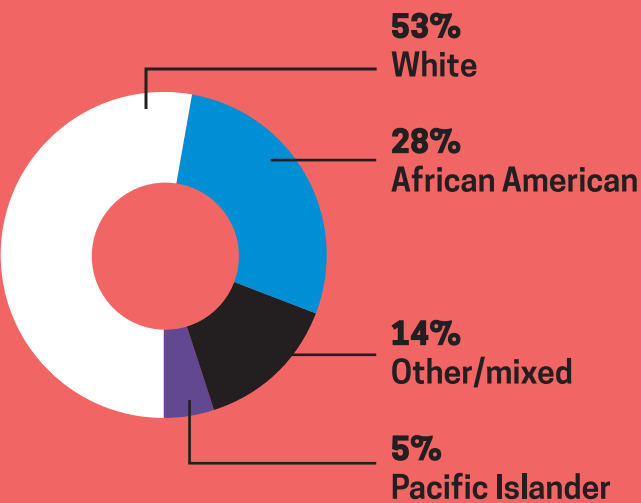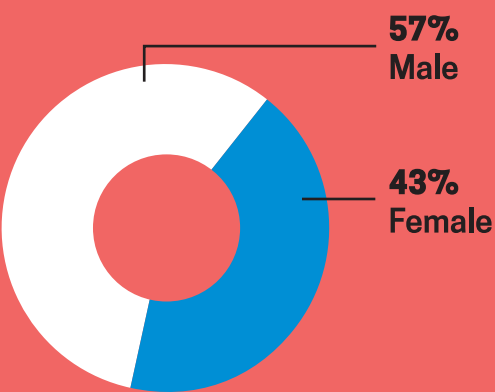
6%
United States Veterans

76%
Living in shelter

17%
On the streets

7%
Other
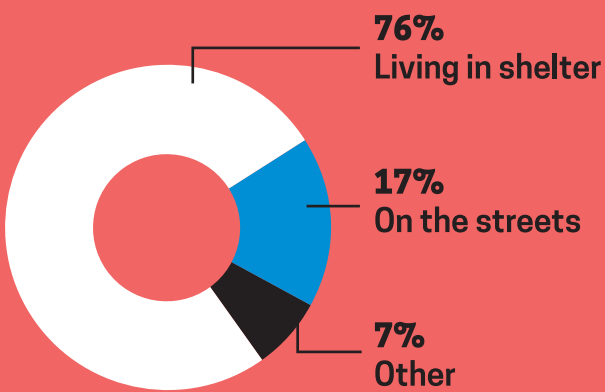
49%
Reported this was their **first time homeless**

51%
Reported they originally **became homeless in Pomona**

26%
Reported they **previously had a house or apartment in Pomona**

78%
Reported having **health insurance**

43%
Reported having **CalFresh benefits**

29%
Said they believe **people choose to be homeless**

The following charts provide additional information regarding the participants who participated in the Summit, who ranged in age from 19 years old to 74 years old

AGE

INCOME SOURCES

NONE

GENERAL RELIEF

DISABILITY BENEFITS

EMPLOYMENT

OTHER

0%   20%   40%

Nearly two-thirds (65%) of Summit participants reported having some current source of income of which General Relief and disability benefits such as SSI or SSDI were the most reported sources.

CONNECTION TO POMONA

HAD APT/HOUSE

FAMILY

HERE FOR SERVICES

WERE EMPLOYED HERE

OTHER

0%   20%   40%

When asked about their connection to the City of Pomona, over a quarter of participants reported previously having an apartment or house in Pomona and nearly a quarter have family in the City. However, the largest response category was from individuals who were in the City to access homeless services. Many participants noted that they originally became homeless in cities within Los Angeles County with several from neighboring cities in the San Gabriel Valley. Others reported becoming homeless in nearby Counties including San Bernardino, Riverside, and Orange.

Feedback on Centralized Service Center

The first half of the Summit focused on eliciting feedback on the proposed HSC. The City's Neighborhood Services Director, the person at the City who has been leading the creation of the HSC, provided a brief overview of the plans for the shelter and key services. Following the presentation, participants were asked about their initial thoughts or impressions. The most pressing concern voiced immediately after the presentation was whether they would be able to transition to the new site. At the current time, the winter shelter program has no maximum time limit that a person can stay and participants wanted to know if they would be the ones having first access to the new shelter beds. Although the participants living at the shelter understood that their current situation was not permanent, they were extremely concerned about the potential loss of not having a place to sleep, even if only a shelter bed.

Once participants overcame their initial fear and understood that they would most likely be transitioning to the new site, participants asked simple questions regarding program operations, such as whether they would have to leave during the day or whether they would have the option to stay at the site, what the curfew was, and whether there would be rules about bringing their pets. Below are some participants' direct concerns on the proposed HSC:

"Will we be able to stay inside during the day? Is it open 24 hours a day?"

"What do people do after 90 days in shelter are done? What happens if I have not found a place to live?"

"Will I have support with maintaining my sobriety after I leave the program?"

"Some residents have health issues and are sick, how will the program ensure our safety and health?"

"Will my pet be able to come with me? Will they be able to stay on my bed with me?"

"The new site will need to continue to have policies for zero tolerance of abuse (verbal, physical, theft, etc.)."

"The new site must be accessible for people with disabilities."

When participants raised concerns, the City and VOALA did their best to field the questions; however, some questions prompted the need for additional discussion and potential changes that may need to be made. When participants were asked to rank their biggest concern with the new site, they were most concerned that the program offered shelter for 90 days and were fearful of what would happen to them if they did not find housing within that timeframe.

"What do people do after 90 days in the shelter are done? What happens if I have not found a place to live?"

—Summit participant when asked about concerns with new site.
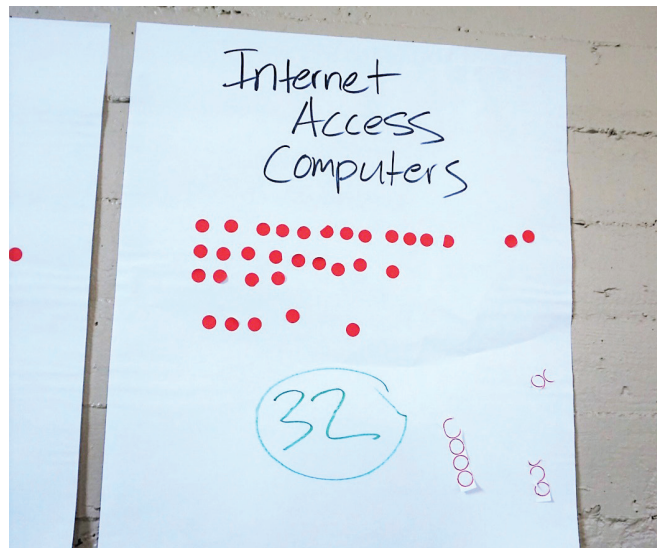
What Services Are Most Important to You?

After some initial discussion and input on the rules and operations, participants were asked what type of services would be most beneficial to them at the site. Participants noted essentials, such as having 24/7 access to showers and the facility, as well as having access to laundry and hygiene supplies, eye-glasses, and hot meals. Many expressed gratefulness for the current storage units that the City has provided at the Armory and were happy to hear that the Storage Center would be moving to the site. Many also hoped for expanded storage space, including storage space in the close proximity to their bed.

When asked about specific services that they would want to access, many expressed strong interest in having employment services such as job training, job search assistance, access to computers, and transportation for job searching, and several participants asked about potential opportunities for employment at the HSC. Other services mentioned included assistance with obtaining disability benefits, support resolving legal barriers, and assistance with credit checks and credit repair.

to have access to the internet for a variety of needs, which included job and housing searches, staying connected to family and friends, and access to social media. Along these lines, some participants voiced a need to have a garden where they could go for quiet time or to relax.

MOST REQUESTED SERVICES FOR THE SITE

1. **Support finding housing**

2. **Wi-Fi and high speed internet access**

3. **Employment assistance and job training**

4. **Expanded storage opportunities**

Besides basic needs and employment services, the most sought after site service or amenity was a request for Wi-Fi, high speed internet access, and places to charge cell phones. Nearly all individuals at the shelter have a phone or device and expressed a strong desire

Lastly, when asked to rank the services that they would need the most, the highest ranked request was, "Support with finding housing." This sought after service aligns with their most pressing concern of what happens after 90 days in the program and ultimately demonstrates that what they would like most is a place of their own. This data also shows that people will need and want assistance finding a suitable place to live that is affordable to them, because navigating that process can be difficult for participants.

Input on What They Will Need to End Their Homelessness

The latter half of the Summit focused on understanding what participants will need to end their homelessness, as well as identifying what their ultimate permanent housing situation would look like and any perceived challenges with obtaining that goal. Participants were also asked what the general public should know about homelessness and how they would respond to people who think that they choose to be homeless.

The services that participants mentioned as things they would need to end their homelessness closely mirrored the list that was identified earlier in the day as what they would want at the HSC. Top services again included support finding housing, employment assistance, legal services, and transportation. To elicit different responses and new ideas, participants were asked about current challenges they encounter when trying to access a place to live. One of the immediate responses was that housing was just too expensive; however, people did mention more concrete challenges such as not having enough money for first and last month's rent, having poor credit and outstanding loans, and having prior evictions on their record. Participants also identified challenges related to prospective landlords accepting vouchers or other forms of rental assistance such as Rapid Re-housing as well as the ability to have their pet with them. Lastly, some people noted that their criminal history was a barrier to accessing a place to live, and a few people stated that their undocumented status made finding housing difficult.

By asking about the challenges people experience, the City can identify issues and help craft policies and solutions to address them, as well as guide resource allocation.

What Does Your Ideal Home Look Like?

When asked what their ideal housing situation looks like, participants responded with an approximately two-minute moment of silence. The difficulty participants had with responding revealed that they had a hard time envisioning what they would actually want. When asked why people were having a hard time describing their ideal housing situation, one man replied, "It's hard to see. Been too long since I had my own place." Another mentioned, "Hard to imagine it's possible because it's too expensive." On the other hand, some people responded with a stereotypical perfect vision that included a large house, white picket fence with a yard, and a nice car.

> **"It's hard to see. Been too long since I had my own place."**
>
> —Summit participant when asked to describe his ideal home.

To help to get people to envision their home, the facilitator asked a simple question to the crowd, "What would you be cooking for dinner?" From there, people began thinking about the meals they would prepare—

CURRENT BARRIERS TO ACCESSING HOUSING

Lack of affordable housing opportunities

First and last month's rent

Landlords not willing to accept vouchers or other rental assistance

Poor credit, outstanding loans, prior evictions

Criminal background and undocumented status

> **"It takes an extraordinary amount of energy to survive every day."**
>
> —Summit participant when asked what would you like people to know.

fried chicken smothered in BBQ sauce and macaroni and cheese were shouted out. Once a few people began to open up, participants acknowledged that first and foremost they want a place that is their "sanctuary" where they feel safe and secure. Some mentioned that it does not have to be much and could be fairly simple, but wanted it to serve as a "solid base" for them to tackle life's stressors and take care of responsibilities. Some mentioned that they would be happy having roommates and living in a shared home or having a small apartment in a complex where they could interact with their neighbors.

What Would You Like People to Know?

Participants were asked a few questions on what they would want people such as the general public and local elected officials to know. Specifically, they were asked: What would you say to people who believe that homelessness is a choice? Several responses are as follows:

"Try being homeless. It's not pretty. It's a struggle. Have them come sleep on a cot for a week."

"It takes an extraordinary amount of energy just to survive every day."

"Being a homeless Veteran with PTSD, I need time to acclimate to housing. Homelessness exacerbates my PTSD."

"Sometimes we run into financial struggles or situations or just other problems in our life that we may need some help."

"Not everyone is homeless because of drugs or alcohol. I lost my job and was not able to pay my rent after that and didn't have anywhere to go."

"The resources are limited out here. It's hard to get the things you need. Many times I don't qualify for things because I don't have a mental illness, I'm not a veteran, I don't have a drug problem."

The last question that was asked was what would they like the City and/or the County to know? Someone offered the following simple statement:

"We're people just like them. They shouldn't judge. We should be able to use restrooms and all other things they can do. We want to be productive members of society. We want a hand up."

Perspectives from Those Who Exited Homelessness

In addition to the Summit, which focused on gaining insight and feedback of those currently experiencing homelessness, the City also sought feedback from those who have been successful exiting homelessness. To gather their feedback, LDC facilitated a focus group with individuals who are in their own housing or who soon will be entering permanent housing and currently attend a group VOALA offers to help provide coaching on things such as essential life skills. These group members primarily consisted of individuals who were on some form of disability benefits or permanent fixed income and were in some type of subsidized affordable or supportive housing, although some individuals were employed. LDC staff joined the group on April 13, 2018, and facilitated a session to gather input from approximately 25 group members. The questions focused on two main areas: understanding what was important to be successful with getting into their own place and what steps they are taking to remain stable in their housing situation (See Appendix C for a list of questions). Lastly, City staff were present and asked additional questions about what these individuals thought was most important to consider with Pomona's new shelter site as the majority of participants previously had gone through the winter shelter program.

> "Making the decision to make finding housing a priority and then taking opportunities as they came."
>
> —Focus Group participant

Although many were successful alumni of the winter shelter program, the group is diverse in that some people have been living in their own place for several years while others have only been in their home for a few months. However, despite the varying lengths of time in housing, their experiences with being homeless still connects them all, and they share something that many will never know. Collectively, the input voiced during the focus group was echoed among the participants either by verbal acknowledgement or head nodding.

What Helped You Get into Housing?

When asked questions about their journey from homelessness to a home, many said that the most important thing was making the initial decision to get out of homelessness. This sentiment was not described as though they had been choosing to be homeless and were finally making a decision to get out of that situation, but rather that their experience being homeless was a day in and day out struggle just to survive. Some mentioned that they had developed

> "I was hesitant about going to the shelter. Never been in this situation before. I was trying to find a place on my own and after a week in the shelter someone let me know that they (shelter staff) had people there to help me find a place."
>
> —Focus Group participant

tremendous survival skills to endure each moment of each day but when all of their focus and effort went to surviving, they were not in the mindset to make plans to get out of their situation.

Some mentioned that going to the shelter allowed them the opportunity to get out of that daily survival way of living, because it provided a safe and reliable place to rest their head each night although it was just a bed in a shelter. Another mentioned that while initially hesitant to go to the shelter since she had never been homeless before and was scared, she was able to receive support finding a place to live, and had not known that was available to her.

A handful of participants mentioned that having access to various services, such as mental health services and substance use disorder services were critical in taking those first steps getting their own place; however, the most important aspect participants mentioned was having a compassionate and trusting staff member helping them to navigate through the process of getting back into a home. Some mentioned that being able to trust someone to help them through the process was initially difficult, but once they engaged, having that staff member with them throughout the process was the main reason why they had their own place.

Overwhelmingly, participants mentioned specific staff members and said that the person always kept them on track with making appointments and managing a schedule, held them accountable for following up on items such as getting their identification card or Social Security card, and provided encouragement that having a place to call home was possible. They mentioned that these staff members made housing the priority for them, were persistent, and acted with a sense of urgency.

What are you doing to remain stable in your place?

After being asked what things participants were doing to remain stable in their homes, initially people mentioned just ensuring they are "Taking care of the basics." When asked specifically about these basics, participants mentioned paying their rent on time and keeping their place clean so it would pass inspection. Others mentioned making sure that they follow the rules of their lease agreement and being a good neighbor.

Doing the "basics" was followed with staying connected to their case manager who some mentioned helped them with the basics, especially with remembering when their inspection was coming up and providing budgeting support for paying their rent. One person mentioned that when budgeting, they really have to weigh their "wants versus their needs." Participants acknowledged the support that their ongoing case manager provides, and not just with assisting with budgeting, keeping them on track with appointments, and connecting them to other services, but with overall support, encouragement, and having a smiling face in their life who genuinely cares. It was also observed during the focus group that all of the participants were using a personal calendar to keep track of upcoming important events and appointments. Some participants were using their phone as their calendar while others had a small calendar book and used a pen or pencil. This idea of keeping a calendar was in stark contrast to what participants shared earlier about how when they were homeless they lived in the moment and focused on surviving the day.

Other services participants mentioned as important to remaining stable was consistent and proactive participation in health care services. All participants raised their hand when asked if they had a primary care doctor who they regularly see. Many also said that they are consistent with attending appointments for their mental health care and that addressing their mental health challenges has been critical in being successful. Another critical success factor mentioned by participants was having a network of support systems in their life. These ranged from the life skills group they were participating in the day of the focus group to other supports such as AA/NA, church, and the Tri-City Wellness Center in Pomona.

Lastly, several participants mentioned the idea of "Having gratitude for my situation." Many members say they take each day at a time but that having time for themselves whether it was "quiet time" or "meditation or prayer" was important. One person mentioned "Just having consistency in my life" was essential and having the ability to give back. It should be noted that part of the Life Skills Group is to volunteer as peer mentors for those who are currently experiencing homelessness and living at the shelter. When asked what they thought was needed at the new shelter site, many suggested having a someone like a mentor or a peer who could help shelter participants through that process and provide advice from the perspective of someone who has previously gone through that experience.

> # "I trusted them and believed they would deliver."
>
> —Focus Group participant

Recommendations

When considering the key takeaways from the Summit as well as the focus group with formerly homeless individuals, many of the suggestions, concerns, and feedback are well known to policy makers, homeless services providers, and advocates. In many cases, the input from individuals with lived experience in Pomona affirms multiple strategies identified in the County of Los Angeles's Approved Strategies to Combat Homelessness. For example, County strategies such as enhancing the emergency shelter system that makes shelters open 24/7 and provides more supports closely align with the feedback of homeless and formerly homeless people in Pomona. Other County Homeless Initiative strategies around employment, assistance accessing public benefits, support addressing a criminal record, encouraging landlords to rent to homeless households, and many of the activities funded under the Coordinated Entry System, such as housing navigation and location services and support gathering necessary documents, were all highlighted by those currently experience homelessness and formerly homeless in Pomona.

While much of the feedback from those with lived experience aligned with County priorities and strategies, several new ideas emerged. Specifically, participants proposed having Wi-Fi, larger storage areas and lockers, and assistance dealing with poor credit and unpaid loans were voiced. Also, it was very apparent that people had trouble initially envisioning what their ultimate housing situation would look like. Therefore, staff need to be trained and thoughtful about helping people to articulate their goals and motivating change. Strategies such as ensuring frontline staff are trained in Motivational Interviewing (MI) and trauma-informed approaches are critical. County funding for many homeless system activities require the use of best practices such as MI, trauma-informed care, and Housing First so systems need

to ensure that staff receive training and develop their skills in these areas. Also, as people started to articulate their housing goals, many mentioned that they saw themselves in a shared bedroom or living with roommates, so homeless system needs to find ways to better implement approaches to shared housing whether that involves matching up homeless individuals to live together as roommates or working with homeowners who may have a spare room in their house to rent out to homeless individuals.

Once in a place, participants' stability will depend on having an ongoing relationship with people who can support them in covering the "basics," such as paying their rent, complying with a lease, and passing inspections if necessary are achieved. Housing-based case managers that can fulfill this role and assist with other life skills tasks such as budgeting all in a non-judgmental and compassionate way are critical. Staff also need to focus on ensuring people are accessing community-based health care, including primary care and behavioral health if needed, and that each person has a strong network of social supports that fosters ongoing participation and that they can access in a time of need.

Lastly, the process of engaging those with lived experience, soliciting feedback, and hearing their rich insight about what is needed and what has been helpful, affirmed the importance of including people who are currently and formerly homeless in policy, program, and practice development in a meaningful way as early as people. The City of Pomona and other cities across Los Angeles County need to create ongoing opportunities and platforms for people with lived experience to provide input, be engaged, and participate in advisory and decision making roles, because those who have experienced homelessness are the experts in what is needed and what works.

Appendix A.

Questions from Lived Experience Summit

Input on HSC site:

1. What are your general thoughts about the site? What are some of your concerns?

2. Would you be interested in going there? Why or Why not?

3. What services at the site are most important to you?

4. Are there services that were not mentioned that you would like to see there?

5. Are you interested in employment opportunities at the site?

6. What is important for City and shelter operators to hear?

General Input

1. What services are you in need of the most?

2. What services do you have a hard time accessing in Pomona?

3. What are the challenges with accessing housing right now?

4. When I say permanent housing what image comes to your mind? What do you see yourself living in? Apartment, shared room in a house, with family or friends? Mobile home? House?

5. If you can imagine this goal, what are current barriers for you with achieving this? What would you need help with to achieve this goals? What would you be willing to do to achieve this goal?

6. How many of you have a hard time envisioning yourself in a permanent place? Why? Why don't you think this will happen?

7. There are many members of the public that feel that persons who are homeless are resistant to accessing any services. If they were standing here right now, how would you respond to them?

8. What are the most important things for the City of Pomona and those working on addressing homelessness across the County should know about homelessness?

Appendix B.

Lived Experience Summit Survey

City of Pomona Lived Experience Summit
Participant Survey

Thank you so much for participating in the summit. We value your input to help us better meet the needs of individuals experiencing homelessness in the City of Pomona. As part of the Summit we are hoping to gain a better understanding of who you are. We are hoping that you can complete the survey below. **Please DO NOT put your name on this.**

Gender:	☐ Female	☐ Male	☐ Gender Non-
	☐ Trans Female	☐ Trans Male	conforming
Race:	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African
	☐ Native Hawaiian or Other Pacific Islander	☐ White	
Ethnicity:	☐ Non-Hispanic/Non-Latino	☐ Hispanic/Latino	
Veteran:	☐ Yes	☐ No	Age:

HOUSING

1. Where are you staying right now?

☐ Street   ☐ Emergency shelter (including hotel or motel paid for with emergency shelter funds)   ☐ Other

a. Did you sleep in Pomona last night?

☐ Yes   ☐ No

2. Is this your first time being homeless?

☐ Yes   ☐ No

3. How long have you been homeless this time?

_____

4. How many times have you been on the streets, in Emergency Shelters, or Safe Havens in the past 3 years?

_____

5. How many months have you been homeless on the street, in Emergency Shelters or Safe Havens in the past 3 years?

☐ Less than
1 month

☐ 1-3 months

☐ 4-6 months

☐ 9-18 months

☐ More than
18 months

6. What do you think is the primary reason for your homelessness?

_____

INCOME

7. Do you currently have a source of income?

☐ Yes   ☐ No

a. If yes, what is the source of your income, and how much do you receive every month?

Source of income: _____   Amount received per month: _____

8. Do you have any of the following non-cash benefits?

☐ Supplemental Nutrition Assistance
Program (SNAP)

☐ Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)

9. Do you have health insurance?

☐ Yes   ☐ No

LIVING IN POMONA

10. Did you become homeless in Pomona?

☐ Yes   ☐ No

a.   If not, where did you become homeless? _____

b.   How long have you been homeless in Pomona? _____

c.   If you could live anywhere in Los Angeles County, where would you want to live?

_____

11. What is your connection to Pomona?

☐ Had house/apartment here ☐ Family/ friends here ☐ Used to be employed here

☐ Used to go to school here ☐ Pomona has good homelessness service ☐ Other (Please specify)

_____

12. What type of assistance would be most helpful for ending your homelessness?

_____

_____

13. Which of the following types of assistance have you already received?

☐ Outreach (which agency?) ☐ VI-SPDAT Assessment ☐ Help obtaining docs

_____

☐ I use the Transitional Storage Center lockers ☐ I have been asked if I would like housing ☐ Help finding work or getting benefits

☐ I don't want services ☐ Other (Please specify) _____

14. Do you think people choose to be homeless? Why or why not?

☐ Yes ☐ No

Explain: _____

_____

_____

_____

Appendix C.

Questions from Focus Group of Housed Individuals

Pre-housing

1. Tell me about how you were able to secure your own place?
2. What were key things that happened to you that allowed you to be successful?
3. What hurdles or challenges did you have to overcome?
4. What were important services that you participated in to get into your place?
5. Was their specific people or staff that helped you? What did they do?
6. What motivated you to get your own place and exit homelessness?
7. Are there things that you wish would have been available to you to make transition from homelessness to housed?

Post-Housing

1. What kind of place are you in now? What is the rent?
2. Do you receive any type of rental assistance? Section 8, supportive housing, rapid re-housing?
3. Do you have a case manager currently? What do they assist you with?
4. What are the key things that are ensuring you are stable in your place?
5. What do you do or who do you reach out to when you have challenges?
6. What things have you been able to do now that you have a home?
7. Are there things that you need?

Incorporating Voices from Those with Lived Experience

Appendix B:

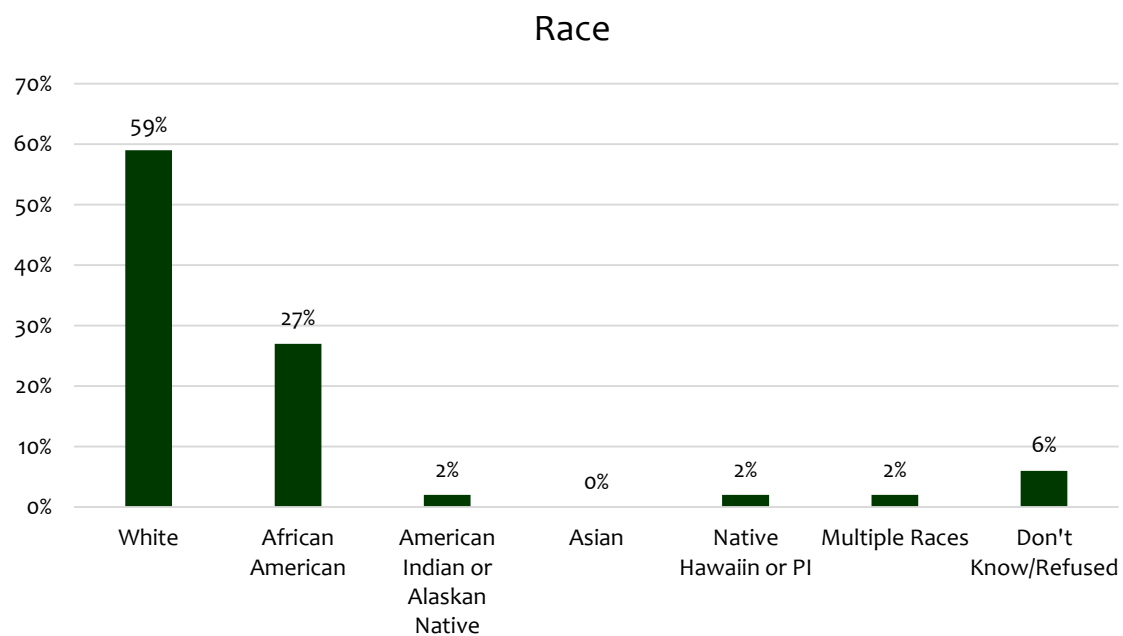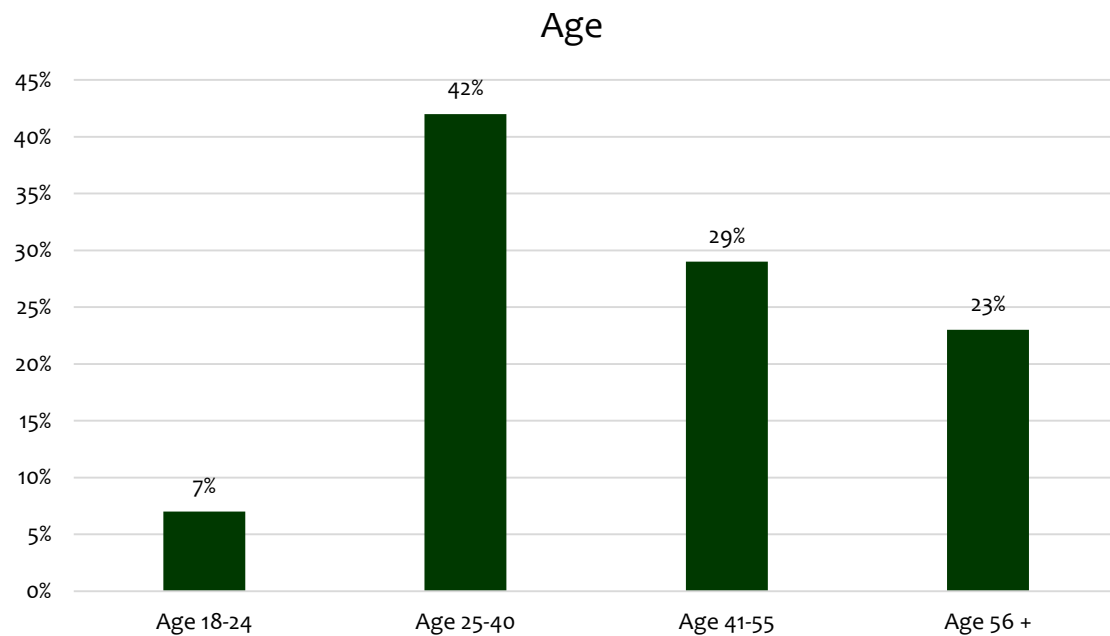# Coordinated Entry System Data Analysis

City of Pomona Coordinated Entry System Data Analysis

The following analysis is from a de-identified dataset provided by Union Station to LeSar Development Consultants as part of the San Gabriel Valley City Homeless Planning Grants through the San Gabriel Valley Council of Governments. The data is from the time period of July 2016 to November 2017 and includes Single Adults who were assessed through the Coordinated Entry System (CES) across the San Gabriel Valley. All information is self-reported and collected by a trained staff completing the CES assessment. During the period there were a total of 321 individuals who were assessed and reported that they live in the City of Pomona. The charts included in this report highlight the data from the CES assessment for the 321 Single Adults who identified the City of Pomona as their current living location. Below are some summary findings from the analysis:
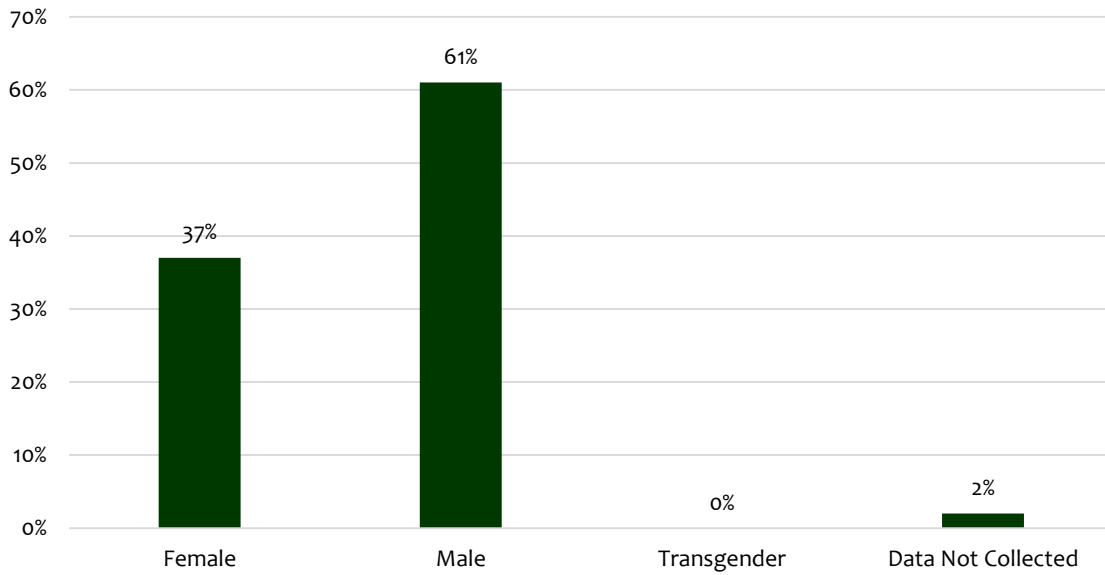
- The majority of individuals are age 25-40, however nearly a quarter of those assessed were age 56+ and 7% (22) were youth age 18-24.
- The majority of individuals are white with a little over a quarter African American.
- About two-thirds of individuals were male with about one-third female
- Nearly 50% have been out of a permanent housing situation for 1-2 years with 22% being out of home for 2 years or more. Nearly 15% have only been out of a place for 3 months or less.
- The majority (69%) scored as mid-range acuity on the VI-SPDAT and were recommended for Rapid Re-Housing (RRH) as their housing and service intervention. 20% scored high acuity and were recommended for Permanent Supportive Housing (PSH).
- About a quarter reported having a mental health issues while only 12% reported having a drinking or drug problem that would impact housing stability. 29% reported having a chronic health condition.
- 50% reported going to the Emergency Room at least once in the last six months, with 14% reporting they have been 5 or more times in the last six months.
- 29% reported taking an ambulance at least once in the last 6 months with 5% reporting taking an ambulance 5 or more times in the last six months.
- 33% reported being hospitalized as an in-patient at least once in the last 6 months with 3% reporting being hospitalized 5 or more times in the last six months.
- 33% reported spending at least one night in jail or prison in the last 6 months with 2% reporting they were incarcerated 5 or more times in the last six months.

Demographics
The following graphs provide data on specific demographics asked during the assessment including age, race, gender, and the length of time it's been since they were last in a permanent housing setting.

Age

Category	Percentage
Age 18-24	7%
Age 25-40	42%
Age 41-55	29%
Age 56 +	23%

Race

Category	Percentage
White	59%
African American	27%
American Indian or Alaskan Native	2%
Asian	0%
Native Hawaiin or PI	2%
Multiple Races	2%
Don't Know/Refused	6%

Gender

Category	Percentage
Female	37%
Male	61%
Transgender	0%
Data Not Collected	2%

How Long Since Lived in Permanent Housing?

Category	Percentage
Less than a week	2%
1 Week - 3 Months	11%
3-6 Months	8%
6 Months - Year	10%
1-2 Years	47%
2 Years or More	22%
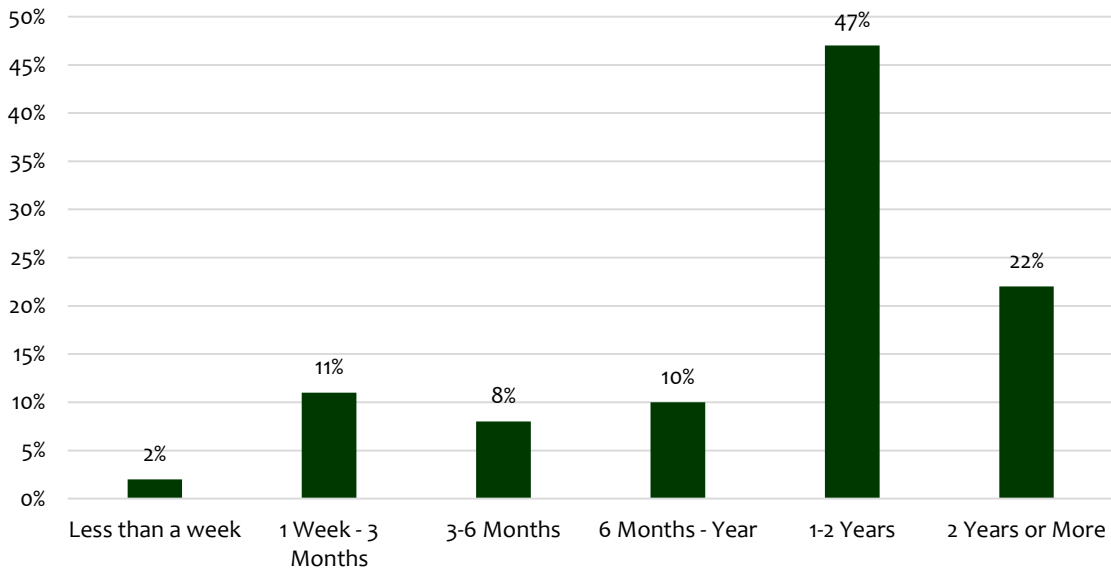
Vulnerability and Use of Public Resources

The following graphs provide data on the vulnerability of those assessed including their overall score and housing recommendation from the Vulnerability Index – Service Decision Assistance Tool (VI-SPDAT), mental health issues, substance use issues, chronic health conditions, and use of public services including the emergency room, ambulances, hospitals, and jails.

Acuity Score on the VI-SPDAT

Category	Percentage
Low 0-3 No Services/Self Resolve	11%
Moderate 4-11 Rapid Re-Housing	69%
High 12+ Permanent Supportive Housing	20%
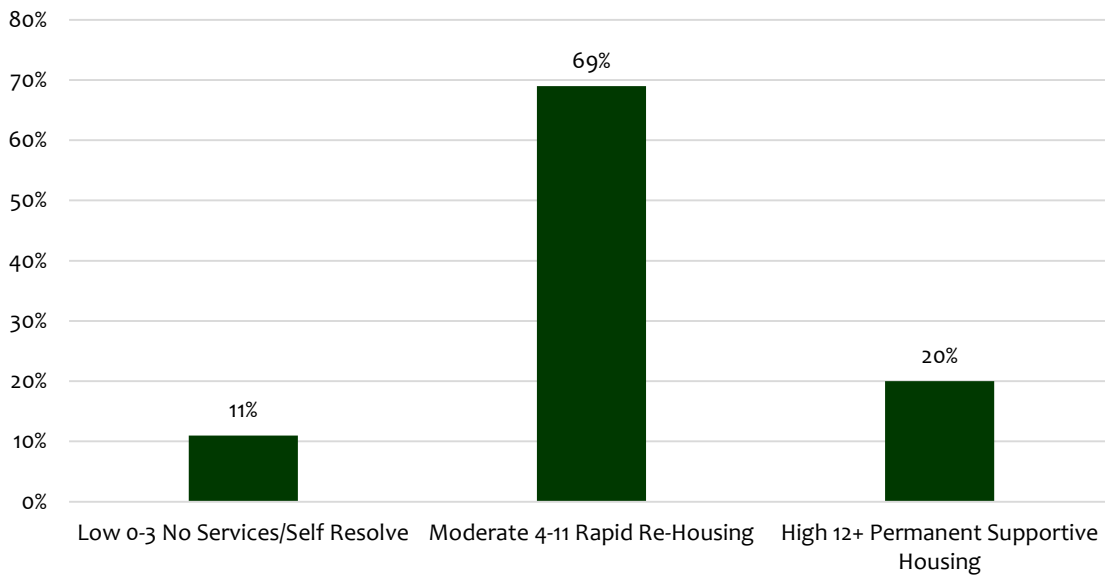
Has a Mental Health Issue or Concern?

Category	Percentage
Yes	27%
No	72%
Doesn't Know	1%
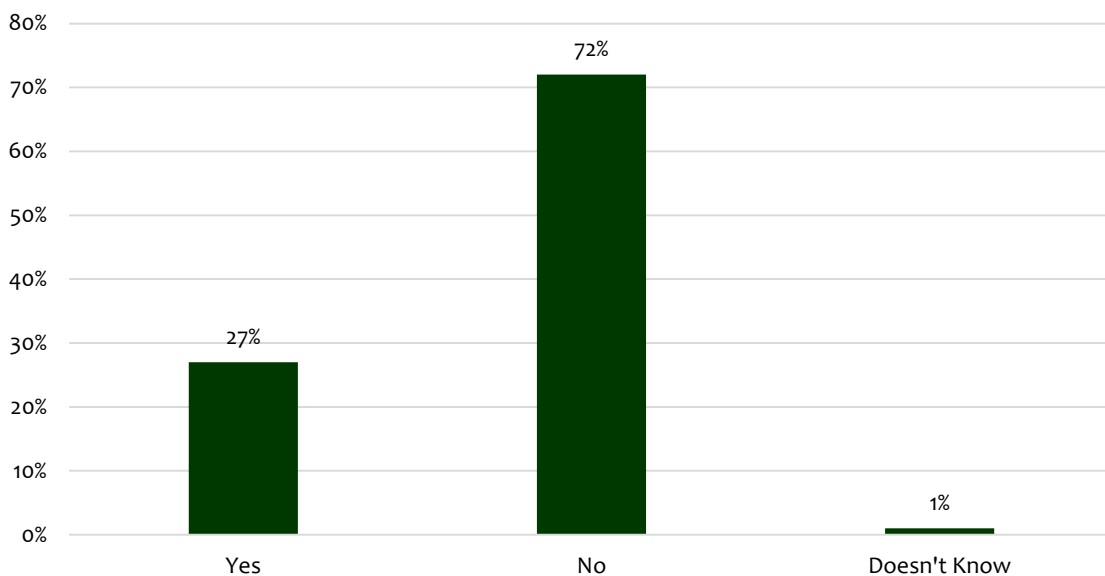
Will Drinking or Drug Use Make it Difficult to Stay Housed or Afford your Housing?

Yes: 12%
No: 88%
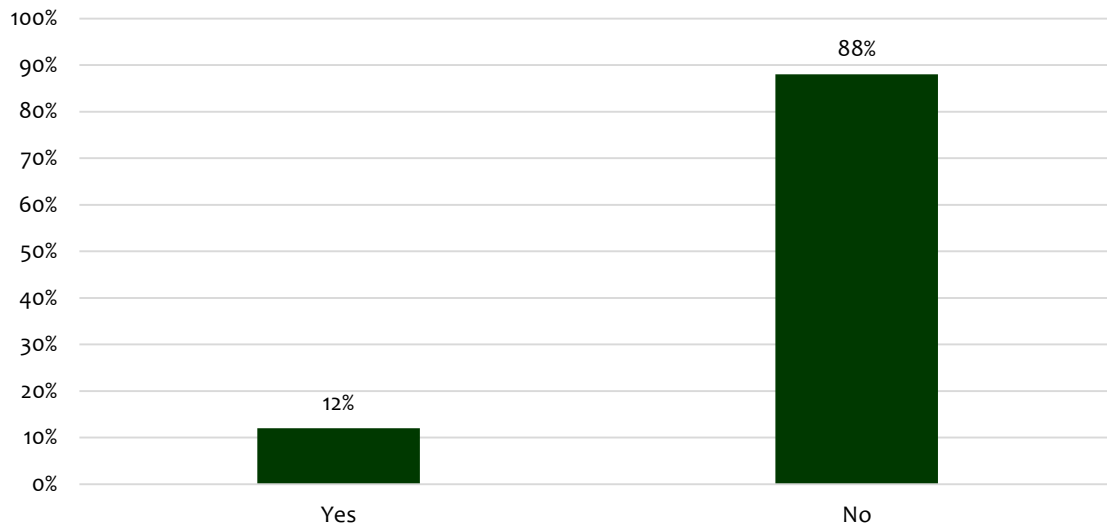
Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?

Yes: 29%
No: 70%
Client Refused: 1%
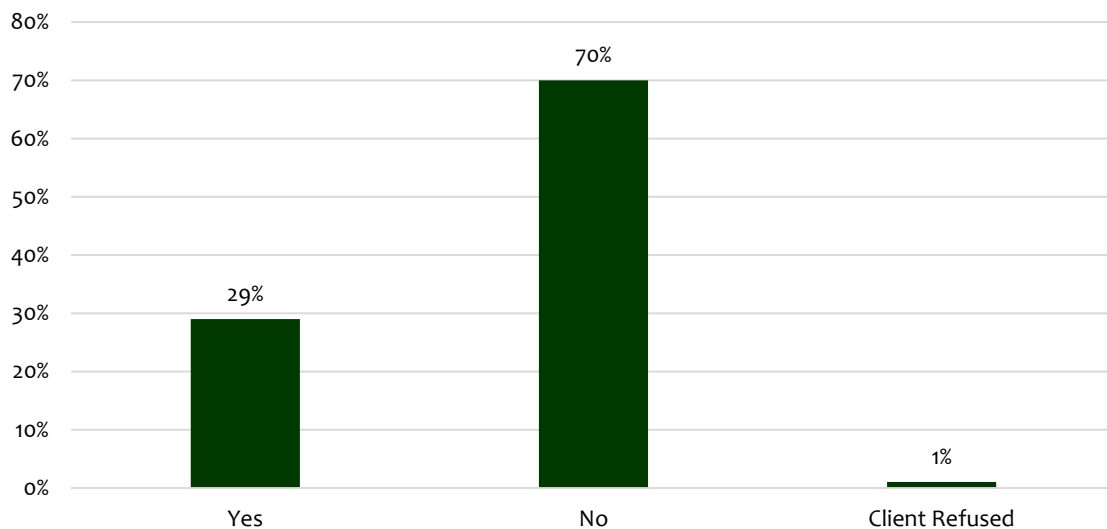
Recieved Health Care at ER in Last 6 Months

	0 Times	1 Time	2 Times	3 Times	4 Times	5 or More Times
	50%	18%	8%	6%	3%	14%
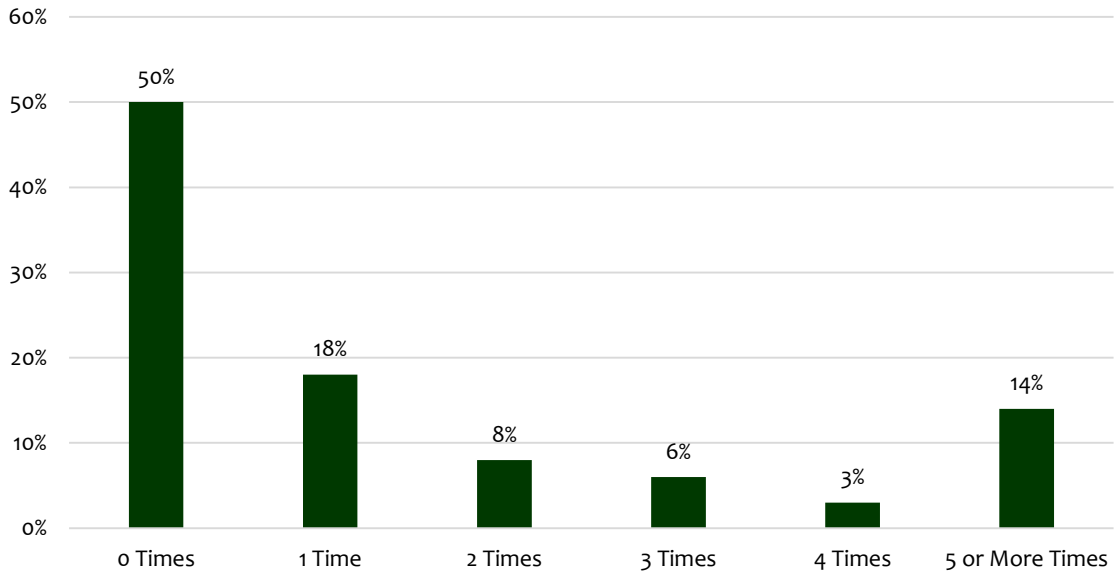
Taken an Ambulance to the Hospital in Last 6 Months?

	0 Times	1 Time	2 Times	3 Times	4 Times	5 or More Times
	71%	12%	7%	4%	1%	5%
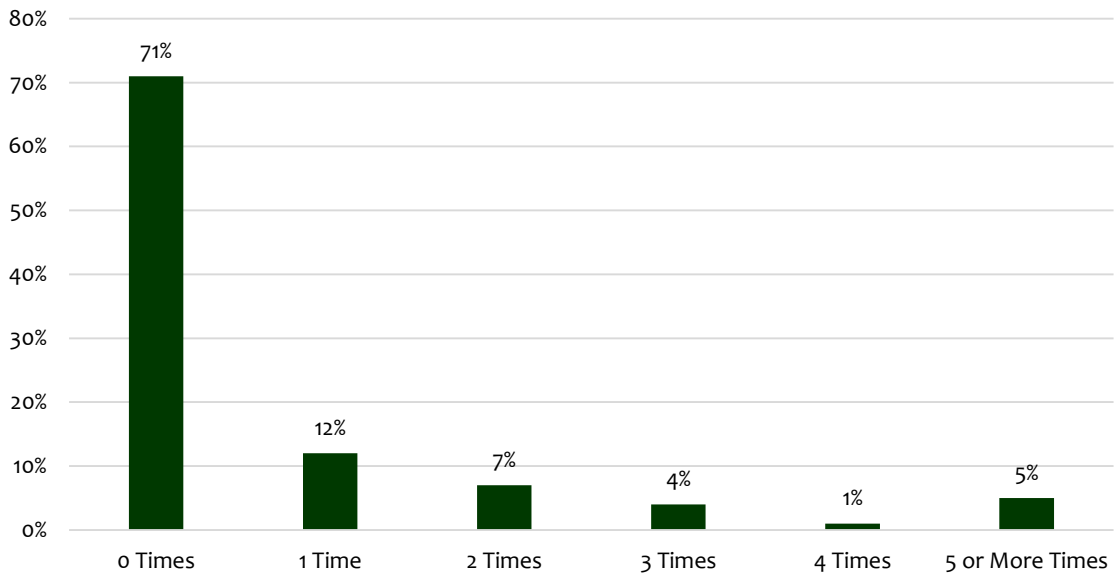
Been Hospitalized as an In-patient in Last 6 Months?

Category	Percentage
0 Times	67%
1 Time	18%
2 Times	7%
3 Times	2%
4 Times	2%
5 or More Times	3%
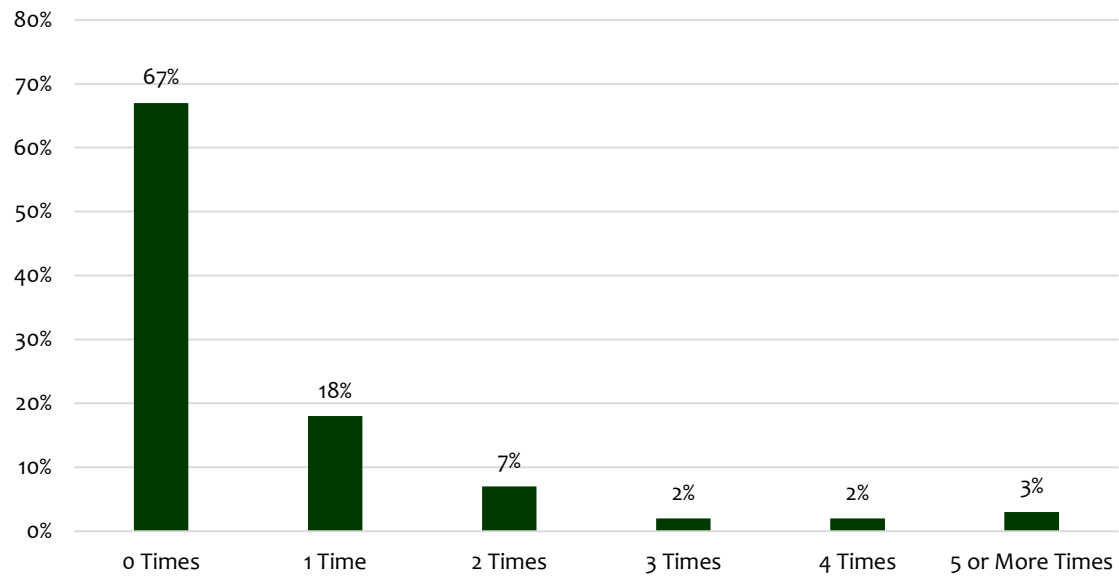
Stayed 1 or More Nights in Jail/Prison in Last 6 Months?

Category	Percentage
0 Times	67%
1 Time	26%
2 Times	3%
3 Times	2%
4 Times	0%
5 or More Times	2%
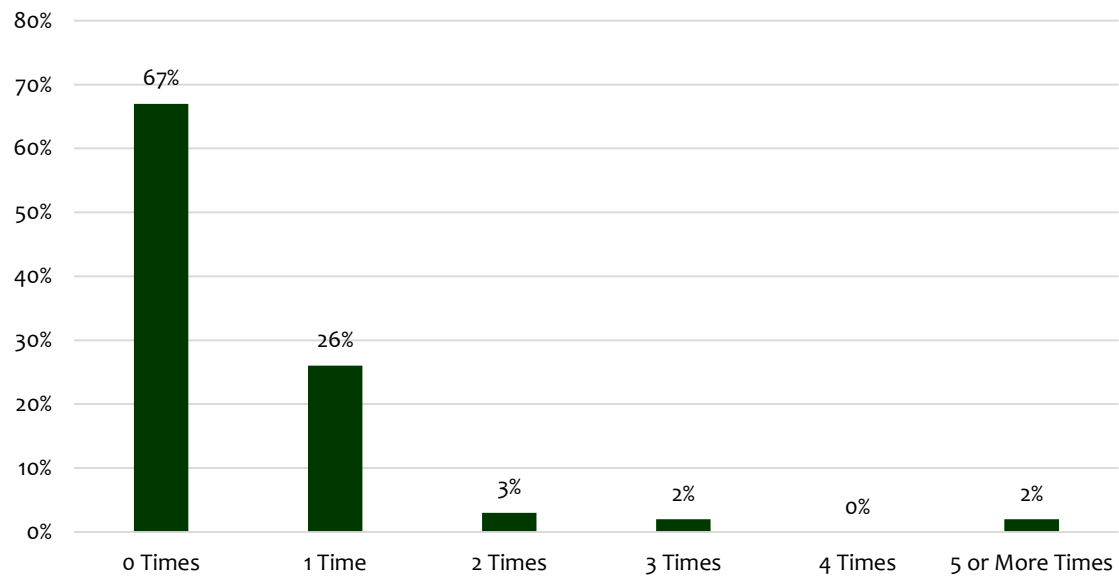
APPENDIX C:

HOMELESS SERVICE CENTER SUMMARY OF SERVICE

City of Pomona
Summary of Services at Homeless Services Center

The following table provides a summary of all of the services that will be available at the Homeless Services Center (HSC) and which partner will be providing them.

HSC Category: Site Operations

Services	VOALA	Tri-City	EVCHC	Other Partners
Kitchen/Meals	X			
Shelter Monitors	X			
Shelter Intake	X			
Bathrooms/Showers	X			
Storage Lockers	X			
Laundry	X			
Dog Kennel	X			
Wireless/Computers	X			
Transportation	X			
Maintenance/Janitorial	X			
Cell Phone Charging Stations	X			
Bike Racks	X			
Volunteer Training/Coordination	X			

HSC Category: Housing and Social Services

Services	VOALA	Tri-City	EVCHC	Other Partners
CES Assessment	X			
Housing Navigation	X	X		
Housing Location	X	X		
Rapid Re-Housing	X			X
Tenant Based Rental Assistance	X			
Supportive Housing	X	X		X
Case Management	X	X		
Prevention	X			
Outreach and Engagement	X	X		
Life Skills Group	X			
Employment Services	X			
Veterans Services	X			
Benefits Assistance	X	X		
Pet Training	X			
Financial Literacy	X			

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213-488-3468 fax

www.lesardevelopment.com

Legal Services	X			X
Peer Mentors	X			
Training Site Partners	X			

HSC Category: Behavioral Health

Services	VOALA	Tri-City	EVCHC	Other Partners
Outreach		X		
Referrals to MH Services	X	X	X	
Intake/Screening	X	X	X	
Counseling		X		
FSP Services		X		
Medication Management/Education		X	X	
Dual Recovery Groups		X		
Substance Use Disorder Services/Referrals	X	X	X	X
AA/NA	X			
Support Groups	X	X		
Suicide Intervention		X		X (Police)
Training Site Partners		X		

HSC Category: Health

Services	VOALA	Tri-City	EVCHC	Other Partners
Primary Care			X	
Dispensary/Pharmacy			X	
Immunizations			X	
Referrals to Specialty Care			X	
Transportation			X	
Mobile Dental			X	
Diet/Nutrition Counseling			X	
Lab work			X	
TB Tests			X	
Health Insurance enrollment		X	X	
HIV and Hep C Services			X	
Coordination with Public Health	X		X	
Training Site Partners			X	

APPENDIX D:

HOMELESS SERVICE CENTER

OUTPUT AND OUTCOME SUMMARY

City of Pomona Homeless Services Center
2018 Output and Outcome Summary

Program Component 1: Basic Services
Provider: Volunteers of America Los Angeles

Outputs	Outcomes	Outcome Methodology	Data Source	Data Collection Strategy
XXX total persons served annually at the HSC. Served Definition: Person entered the site seeking services during a specific time period.	**Outcome 1:** Of those served, 100% receive at least one basic service at the HSC	VOALA will track entry to the site for all persons who access and report will count unduplicated persons served.	Homeless Management Information System (HMIS)	All persons who enter the site regardless of what services they participate in will be entered into HMIS. The City and VOALA will need to work with LAHSA to set up the "Day area" as a specific project in HMIS. Ideally a scanner is used to scan people in so they don't have to wait long to access services.

Program Component 2: Coordinated Entry System
Provider: Volunteers of America Los Angeles

Outputs	Outcomes	Outcome Methodology	Data Source	Data Collection Strategy
Regional Coordinators will facilitate 26 regional case conferencing sessions 325 total persons annually complete a CES Assessment 125 total persons annually move into safe and stable housing including Participants will be matched to available housing vacancies within 3 days of availability	**CES Coordination Outcomes:** **Outcome 1:** Of those who receive an assessment, 25% will be assigned a Housing Navigation within 80 days **Outcome 2:** Of engaged participants, 50% will be provided services or have successfully attained a referral for services. **Outcome 3:** Bridge housing and other interim housing will be provided within 95 days of identifying the need during the assessment process, or when the participant requests it. **Outcome 4:** 20% of engaged participants will successfully attain a referral to crisis or bridge housing or exit to a crisis or bridge destination from outreach. **Housing Navigation Outcomes:** **Outcome 5:** 20% of engaged participants will successfully attain a referral to a permanent housing program or enroll in a Rapid Re-Housing Program or other Housing Search and Placement Program **Outcome 6:** Participants will move-in within 95 days of a successful match to a housing resource **Outcome 7:** For individuals housed through CES, 95% will remain stably housed after one year of placement. **Outcome 8:** Of those who qualify, 100% of participants previously not connected will be enrolled in mainstream benefits.	VOALA will use existing CES reports in HMIS to measure	HMIS	CES staff follow LAHSA protocols for tracking CES in HMIS.

City of Pomona Homeless Services Center
2018 Output and Outcome Summary

Program Component 3: Crisis Housing				
Provider: Volunteers of America Los Angeles and Tri-City Mental Health Center				
Outputs	**Outcomes**	**Outcome Methodology**	**Data Source**	**Data Collection Strategy**
X total persons served annually Average Lenth of Stay 30 days or less	**Outcome 1:** Of participants who exit Crisis Housing program to non-permanent destinations, 30% exit to Bridge Housing. **Outcome 2:** Of participants who exit Crisis Housing to permanent housing, at least 25% attain referrals to Rapid Re-Housing or other Housing Search and Placement Services. **Outcome 3:** Of participants who exit Crisis Housing, 25% exit to permanent housing. **Outcome 4:** Providers average a 95% occupancy rate.	VOALA will use LAHSA HMIS Crisis Housing reports to capture program outcomes	HMIS	VOALA staff will follow LAHSA HMIS protocols for collecting and entering Crisis Housing data in HMIS.
Program Component 4: Community Health Clinic				
Provider: East Valley Community Health Center				
Outputs	**Outcomes**	**Outcome Methodology**	**Data Source**	**Data Collection Strategy**
A total of XXX persons served annually	Outcome 1: 62% of females ages 24-64 will receive a Cervical CA Screening Outcome 2: 80% of sexually active females under the age of 25 will receive a Chlamydia Screening Outcome 3: 82% of females age 50-74 will receive a Breast Cancer Screening Outcome 4: 80% will receive a Body Mass Index Screening and follow up services Outcome 5: 95% will receive a Tobacco Use Screening and cessation intervention Outcome 6: 60% will receive Asthma Pharmcologic Therapy Outcome 7: 73% of those with Coronary Artery Disease will receive Lipid Therapy Outcome 8: 76% of those with Ischemic Vascular Disease will receive Aspirin or Antithrombotic Therapy Outcome 9: 60% of adults age 50-75, will receive a Colorectal CA Screening Outcome 10: 30% of patients will receive a screening for Depression and follow up Outcome 11: 30% of patients will receive a screening for Anxiety and follow up Outcome 12: 70% will have their blood pressure under control **Diabetes Care:** Outcome 13: 100% will receive a diabetes screening Outcome 14: 75% will have their diabetes under control Oucome 15: 67% will receive a diabetes eye exam Outcome 16: The average HbA1c will be less than 8 Outcome 17: Of patients with diabetes, 80% will have their blood pressure at <140/90 Outcome 18: Of patients with diabetes, 75% will have a foot exam done in the last 12 months	EVCHC will use their existing reporting processes within their Electronic Health Record data system. These outcomes will be reported on only individuals who accessed services at the HSC.	EVCHC will use their existing HER data system to track and report all health services delivered and outcomes.	EVCHC will use their existing protocols for data collection that they use at other clinic sites.

City of Pomona Homeless Services Center
2018 Output and Outcome Summary

Program Component 5: Communal Kitchen
Provider: Volunteers of America Los Angeles

Outputs	Outcomes	Outcome Methodology	Data Source	Data Collection Strategy
A total of XXX persons served annually receive a total of XXX meals A total of XXX community groups served meals at the HSC	The City of Pomona will see a decrease in public meals being served by various groups in the community, and rather the groups will serve meals at the HSC	Track number of different groups who help serve/prepare meals at the HSC and survey which ones were serving meals in the community prior to the HSC opening	For the total number of persons who received a meal and total meals, this data will come from HMIS. VOALA will need to set up scanners that link to HMIS for this service. For the groups providing meals, the Volunteer Coordinator will survey new groups	VOALA will scan badges each time a person receives a meal. The Volunteer Coordinator will survey each new group and ask if they were providing meals in public prior to providing meals at the HSC. The Volunteer Coordinator will also ask if they plan to continue serving meals in public now that the HSC is operational.

Program Component 6: Community Partners

Outputs	Outcomes	Outcome Methodology	Data Source	Data Collection Strategy
A total of XXX community partners provided services at the HSC	NA	NA	The Volunteer Coordinator will track all volunteer groups providing services or donations to the site including what type of service/donation.	The Volunteer Coordinator will track all groups and services/donations.

APPENDIX E:

HOMELESS SERVICE CENTER

PERFORMANCE MONITORING PLAN

City of Pomona Homeless Services Center
Performance Monitoring/Process Improvement Plan

Ongoing performance monitoring is a best practice and the Homeless Services Center (HSC) will be using a process improvement model based on the Plan, Do, Study, Act (PDSQ) model. Regularly reviewing performance data from the HSC with key stakeholders will be critical for ensuring high quality services are provided as well as to meet various funder requirements. Regular performance monitoring can assist with resolving simple issues such as basic data quality as well as tackle harder problems including identifying system challenges with the focus on engaging in problem solving and making mid-course corrections. This document can serve as a plan with specific steps to ensure that ongoing performance monitoring is happening and done in a collaborative manor. The accompanying HSC Logic Model identifies the key outputs and outcomes for specific components of the HSC and should be used as the central document that synthesizes all HSC targets. The following steps should be considered by the City of Pomona, VOALA, and key stakeholders:

1. **Monthly City and VOALA Crisis Housing Performance Review:**

The Los Angeles Homeless Services Authority (LAHSA) requires the following performance monitoring activities for Crisis Housing as outlined in the Scope of Required Services:

- Contractor shall review all programmatic HMIS data on a monthly basis

- Contractor must run the Data Integrity Report at the end of each month and make data quality corrections as needed. Contractor must submit to LAHSA a certification report demonstrating that is maintaining at least 95% overall data integrity with certain data elements at 100%

- Submit certification to LAHSA for program reports within 10 business days after each quarter. The table below outlines the due dates.

Quarter	Reporting Period	Submit Report Certification to LAHSA
First	July 1-September 30	October 10
Second	October 1- December 31	January 10
Third	January 1-March 31	April 10
Fourth	April 1-June 30	July 10

To ensure that the City and VOALA are compliant with LAHSA requirements for Crisis Housing, the City and VOALA should set up a monthly meeting that happens during the first week of the month to review the prior month's data. During this meeting they can review the various reports for the programs and put a plan in place to immediately fix any data quality issues, and submit certifications for quarterly reports as necessary.

San Diego Headquarters	Berkeley Office	Los Angeles Office
404 Euclid Ave, Suite 212	2150 Kittredge St, Suite 3A	448 S. Hill Street, Suite 618
San Diego, CA 92114	Berkeley, CA 94704	Los Angeles, CA 90013
619-236-0612 phone	510-859-7100 phone	213-612-4545 phone
619-236-0613 fax		213-488-3468 fax

www.lesardevelopment.com

2. Create Monthly Key Stakeholder HSC Performance Monitoring Meeting:

From the beginning, the HSC should implement a monthly performance monitoring meeting with all key stakeholders, not just the City and VOALA. This meeting would be on a set day and time each month for approximately 2 hours where the entire focus would be presenting certain data from key HSC components (Not just Crisis Housing) and engaging staff in interpreting the data (What is it telling us?) as well and collective brainstorming on what, if anything, needs to changed. By meeting as a team of various stakeholders it will promote that all stakeholders are responsible for the overall success of the HSC not just the component they are directly overseeing/operating. Also many of the site components are interrelated and different components will share overlapping clients. Below are details regarding Monthly Key Stakeholder HSC Performance Monitoring Meeting:

> **Who:** The meeting should include key City of Pomona staff, VOALA HSC management/director staff, and management/director staff from HSC partner agencies such as the health clinic.

> **When:** Monthly around the middle or latter half of the month

> **Where:** Location that has access to show PowerPoint (PPT) presentation

> **What:** On a monthly basis, 2 HSC components could be presented. For each component, the Manager/Director would populate a standard PPT presentation that includes the following:
> - Progress towards outputs during the last quarter – Identify targets, both numbers and %'s, and then display performance
> - Progress towards outcomes during the last quarter – Identify targets, both numbers and %'s, and then display performance
> - Exceed, Meet, Not Meet – Display if program exceeded target (+5% above), met the target (within 5% above or 5% below), did not meet target (below 5%)
>   - If exceeded explain why
>   - If did not meet explain why
>   - Offer solutions to improve performance
> - Any trends they are seeing with the data and/or trends they are observing through the provision of services. For example, any demographic trends that may impact performance.
> - Allow for audience questions/input
> - Finalize next step improvement strategies
> - At the beginning of the next monthly meeting, the manager/director would report back what has been implemented from the next step strategies from the prior month.

Calendar of HSC Performance Monitoring Presentations:
The following is a tentative calendar of the Monthly Performance Monitoring Meetings that highlights the HSC component, month of presentation, and the data reporting period.

HSC Component	Month of Performance Presentation	Reporting Period
Basic Services	October 2018	July 1-September 30, 2018

Coordinated Entry System	October 2018	July 1-September 30, 2018
Crisis Housing	November 2018	August 1-October 31, 2018
Community Clinic	November 2018	August 1-October 31, 2018
Communal Kitchen	December 2018	September 1-November 30, 2018
Community Partners	December 2018	September 1-November 30, 2018
Basic Services	January 2019	October 1-December 31, 2018
Coordinated Entry System	January 2019	October 1-December 31, 2018
Crisis Housing	February 2019	November 1-January 31, 2019
Community Clinic	February 2019	November 1-January 31, 2019
Communal Kitchen	March 2019	December 1-February 28, 2019
Community Partners	March 2019	December 1-February 28, 2019
Basic Services	April 2019	January 1-March 31, 2019
Coordinated Entry System	April 2019	January 1-March 31, 2019
Crisis Housing	May 2019	February 1-April 30, 2019
Community Clinic	May 2019	February 1-April 30, 2019
Communal Kitchen	June 2019	March 1-May 31, 2019
Community Partners	June 2019	March 1-May 31, 2019

3. **Create HSC Performance Dashboards**

As a part of ongoing performance monitoring the City along with VOALA should create data dashboards that display performance data over time. The dashboards should include outputs and outcomes from the HSC Logic Model. The dashboards could be publically viewable and hosted on the Cities website or could be private dashboards that only key stakeholders have access to. There are a number of business intelligence tools that can be used to create interactive dashboards, such as Tableau which is used by LAHSA for their dashboards.

APPENDIX F:

A WAY HOME: COMMUNITY SOLUTIONS FOR POMONA'S HOMELESS

A WAY HOME:
COMMUNITY SOLUTIONS FOR POMONA'S HOMELESS

Strategies to Help Pomona's Homeless Find Their Way Home

Prepared by:
Benita DeFrank, Neighborhood Services Director
Jan Cicco, Homeless Services Coordinator

Authorized by the Pomona City Council on January 9, 2017

At the end of life we will not be judged by how many diplomas we have received, how much money we have made, how many great things we have done. We will be judged by "I was hungry and you gave me something to eat, naked and you clothed me, I was homeless and you took me in".

- Mother Teresa

A Letter from the City Manager

The City has taken an active role in addressing homelessness since 1999, when it helped form the Pomona Continuum of Care Coalition (PCOCC) by working with non-profit, faith-based, local government and regional partners to plan and implement programs addressing homelessness. Many of the existing organizations and services in Pomona reflect the spirit of collaboration initiated in those early years. Our system has always been a combination and/or partnership of government, non-profits, faith organizations and community members working together.

The City has played various roles in the system, but, in general, its approach has been to help lead, organize and partially fund the system of services that are primarily delivered by non-profit organizations and other public agencies. As an entitlement city we have helped where we could by obtaining and maintaining needed funding received directly from HUD. We have been a key funder of services, but certainly not the only one. We have been a facilitator and supporter of community planning and dialogue to address homelessness and a participant and leader in regional planning and decision-making.

As we present this plan, "A Way Home", for review and eventual adoption, we envision the City, in collaboration with Pomona's Promise, continuing to play these roles, but also taking a more active role as a catalyst and/or mobilizer of networks of organizations that will address key homelessness challenges. The City will also act as a funding conduit when necessary for key and required elements of the more comprehensive and organized system necessary to successfully reduce homelessness in Pomona.

Our current system of homeless services, in many ways, has "just grown" over time through the efforts of many groups and individuals. This is both a strength and a weakness. It is a strength because of the diversity of effort exerted, the initiative of each individual, faith congregation, non-profit and government partner, and the induced creativity generated to address this very complex social problem. The weakness lies in a lack of consistent consensus on the approaches to solve homelessness, a non-cohesive system to address homelessness, and lack of a unified decision-making process. Given that our system will always be composed of independent organizations, it will, to a certain extent, continue to depend on the good will of all involved to work cooperatively. As cooperation and coordination are also mandated for those who receive Federal funds, we expect that significant progress shall be made, while striving to maintain the balance between coordination and independence.

Most significantly, the City's role in the process to end homelessness is to engage and represent all members of the Pomona community, to establish a common vision, to provide strong leadership, and to exert whatever influence it can to garner support from other sources. Intervention of local government cannot be the answer on its own. A community coming together to support common and shared goals is always a more effective catalyst for change and the most likely opportunity for innovative and successful solutions. This plan, with its goals and strategies represents that shared vision, and the City is grateful to all who participated in the process of developing "A Way Home".

Sincerely,

Linda Lowry
Pomona City Manager

The City of Pomona Gratefully Acknowledges the Work of…

The Homeless Advisory Committee

Pomona's Promise Community Engagement Board and
Healthy in Pomona

Jessica J. Chairez
Randall Lewis Health Policy Fellow

The Corporation for Supportive Housing

Demographic Analysis and Reporting conducted by
Joseph F. Cabrera, Ph.D., M.U.P.
Assistant Professor of Sociology
University of La Verne

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CITY OF POMONA

Vibrant, Safe Beautiful

Mission Statement
The City of Pomona improves the quality of life for our diverse community.

Vision Statement
Pomona will be recognized as a vibrant, safe, and beautiful community
that is a fun and exciting destination and the home of arts and artists, students
and scholars, business and industry.

Core Values:
Cultural diversity
Fiscal Responsibility
Focusing on the Future
Excellent Customer Service
Leadership
Quality of Life
Clear and Open

Important Themes of Our Community

- Strong Families, Safe Neighborhoods, and a Healthy Quality of Life – ***Pomona's Promise***

- People Feel Safe in Pomona - ***Pomona's Promise Public Safety***

- The Community is the solution for a vibrant Pomona. – ***Pomona's Promise Community Engagement and Communication***

- People in Pomona have a Healthy Quality of Life – ***Healthy in Pomona Common Agenda***

- To measurably address and to the extent possible, end homelessness. – ***Pomona Homeless Services***

- To share resources in the effort of collaboratively ending homelessness in the City of Pomona. – ***Pomona Continuum of Care Coalition***

Guiding Principles of this Plan

There are many reasons why families and individuals become homeless: job loss; mental illness; family breakup; substance abuse; inability to afford housing costs; and health care costs. The impact of homelessness on an individual or family is significant. The impact of homelessness on a community is far reaching and long-lasting. The crisis of homelessness perpetuates itself in poor educational, health, employment and family outcomes for our community's most vulnerable residents. The cost to the community as a whole can be measured by expenditures for police intervention, code enforcement, incarceration, medical treatment and hospitalization, academic remediation and emergency assistance.

From 2004 to 2015, over 33,000 homeless individuals were assisted with homeless prevention, shelter, housing or other essential services through City of Pomona funding. Countless others were assisted through the City's community partner programs. Yet, in 2016, per the Pomona point-in-time homeless count, there remain 689 people experiencing homelessness and 53% or 366 of them are unsheltered. With virtually no emergency or bridge housing options within the City, the unsheltered homeless of Pomona must be the focus of any plan for success. Equally, any plan must meet the needs of the whole Pomona community, not just the few. It is with this in mind that the following four guiding principles are provided:

1. **Homelessness is a crisis in Pomona**. Our neighbors who are without homes need housing. Many also need jobs. We are a compassionate and caring community that wants to take action to assist those living outside and in unstable housing.

   This strategic plan, A Way Home: Community Solutions for Pomona's Homeless, has taken a collective impact approach to ending homelessness under Pomona's Promise which means that all goals, strategies and potential funding sources must align towards shared outcomes. Our partners include residents, the housed and unhoused, alongside the faith, business, government, philanthropic, and nonprofit sectors. We realize that we need to work collectively, across sectors and across community, region and county, to end homelessness.

2. **Make homelessness brief and one-time**. To accomplish this we need to provide people with what they need to gain housing stability quickly. This is the responsibility of funders of homeless housing and services, and nonprofit providers. Implementing more effective, efficient, "Housing First" program models will allow us to serve more people.

3. **Homelessness is solvable**. While the crises that impact housing stability will never be fully prevented, we can end a person's homelessness very quickly. Other cities and states are making significant progress, and we must continue to learn and adapt to new data and ideas.

   To make greater strides locally, we must address the symptoms while also working with others at the local, state, and federal levels to address the causes. We must commit fully to using the most effective, proven approaches to support people experiencing homelessness to quickly gain housing stability and employment, prioritizing those who are most vulnerable. We save money and have a stronger, more stable community when people have a place to call home.

4. **Addressing our Fair Share**. Finally, we must commit to providing housing and services to the homeless of Pomona, just as our surrounding city, region and county partners must commit to providing needed housing and services to their fair share of their unhoused community members. Each community needs to commit resources of housing and services equal to their homeless count and community need. If each city addressed the issue of supplying at least housing options for the people of their homeless count, we could reduce homelessness significantly. Each city needs to have a plan to help their unsheltered find - A Way Home.

A Way Home: Community Solutions for Pomona's Homeless is organized around four broad goals to have a significant impact on those experiencing homelessness and on our community that is impacted by the outcomes of homelessness. Together, these goals represent a comprehensive, ambitious approach to ending homelessness by developing a more efficient, effective and coordinated delivery system for services and housing.

Goal A	Reduce the Number of Pomona's Unsheltered Homeless
Goal B	Reduce the Negative Impacts on Community Neighborhoods and Public Spaces through the Coordination of Services
Goal C	Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions
Goal D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Policies and Ordinances

Two key provisions of the Strategic Plan are:

<u>**Develop a year-round, 24-hour shelter**</u>: Developing one or more shelters, suitable for the various subpopulations of Pomona's homeless, will provide a place for people to sleep at night as an alternative to living in parks, streets and alleys.

<u>**Develop a Centralized Service Center and Communal Kitchen**</u>: A designated space, that is properly designed and managed, will provide a place for Pomona's homeless to obtain the food and services they need as they find their way home, while providing a centralized location for those who wish to assist the homeless. This centralized delivery of services and food will reduce the impact of such activities on Pomona's public spaces, businesses, and neighborhoods.

These, and other strategies offered in this plan, have been carefully considered by stakeholders that represent a cross-section of both experts in the field of homeless services and community members of Pomona. By providing shelter and services, communicating clearly and engaging all, and ensuring that policies and ordinances are fair, legal and enforceable, the City of Pomona can dramatically reduce the number of homeless persons in Pomona.

It is also important to know that people move in and out of homelessness on an ongoing basis so we cannot point to a single number and say that we have successfully assisted every person or family who will ever become homeless. *But what we can do* is to drastically reduce the number of people that become homeless, shorten the length of time that they experience homelessness, and provide shelter and comfort until they find A Way Home. That is our definition of ending homelessness.

A Way Home: The Strategic Plan Overview

GOAL A	Reduce the Number of Pomona's Unsheltered Homeless	Priority	Timeframe
Strategy A1	Establish a Year-Round Shelter(s) Able to Provide for Multiple Subpopulations	URGENT	6 -12 months
Strategy A2	Support and Encourage the Development of Affordable and Supportive Housing Across the Spectrum of, and Proportionate to, the Need by Household Types	Medium	24-36 months
Strategy A3	Increase Incomes for Self-Sufficiency and Housing Sustainability	Medium	24-36 months
Strategy A4	Strengthen, Expand and Support the Pomona Homeless Outreach Program	Medium	24-36 months
GOAL B	Reduce Negative Impacts on Community Neighborhoods and Public Spaces Through the Coordination of Services	Priority	Timeframe
Strategy B1	Establish a Service Center for Centralization and Coordination of Services	URGENT	6 -12 months
Strategy B2	Establish a Communal Kitchen for the Provision of Food Services	URGENT	6 -12 months
Strategy B3	Coordinate Community-Based Volunteer Services for the Homeless and Agencies Serving Them	High	12-24 months
Strategy B4	Collaborate with the County, Tri-City Mental Health and Pomona Valley Medical Center to Address Systems Impacting Homelessness in Pomona	Medium	24-36 months
Strategy B5	Advocate for Fair-Share Participation with Neighboring Cities	High	12-24 months
Strategy B6	Direct the City's "Neighborhood Improvement Task Force" to Focus on Solutions Related to Homelessness and Reducing its Impact on Pomona Neighborhoods	URGENT	1-3 months
Strategy B7	Provide Lockers for Storage of Personal Belongings and Implement a Complementary Travel Lite Campaign	URGENT	Operational by November 30, 2016
Strategy B8	Coordinate a "Filling the Gap" Transportation System for Clients Referred to Agencies and Appointments	Low	40-60 months
Strategy B9	Launch a "Positive Change NOT Spare Change" Campaign Addressing Panhandling and Donations	Low	40-60 months
Strategy B10	Enhance, Strengthen and Support the Pomona Continuum of Care Coalition to Help Implement "A Way Home" Strategies	Medium	9-12 months
Strategy B11	Implement Ongoing Health Interventions to Identify and Provide Services to the Most Vulnerable and Medically Fragile Homeless	Medium	24-36 months

GOAL C	Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions	Priority	Timeframe
Strategy C1	*Communicate Accurate Information Effectively*	*Medium*	*3-12 months*
Strategy C2	*Inform the Community of Homeless Solutions Initiatives*	*Medium*	*3-12 months*
Strategy C3	*Enhance, Strengthen and Support the Pomona Continuum of Care Coalition as an Engagement Arm of the "A Way Home" Strategies*	*Low*	*24-36 months*
Strategy C4	*Create "A Way Home" Strategies Webpage and Dashboard*	*Low*	*24-36 months*
Strategy C5	*Provide an Annual Report on Homeless and Housing Development Efforts Within the City*	*Medium*	*9-24 months*
Strategy C6	*Provide Training on When, Where, and How Food and Basic Needs Items May be Distributed within the City. Provide Connections to the Volunteer Coordination Program*	*High*	*12-24 months*
Strategy C7	*Increase Business Owners' Knowledge of Homeless Solutions and Provide Supportive Tools*	*High*	*12-24 months*
Strategy C8	*Engage and Inform the Residents of Pomona in Issues Regarding Homelessness*	*High*	*12-24 months*
Strategy C9	*Strengthen Service Provider Networks and Increase Resource Visibility*	*Low*	*24-48 months*
Strategy C10	*Increase Homeless Persons Access To and Use of Resources*	*Medium*	*18-24 months*
GOAL D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Ordinances and Policies	Priority	Timeframe
Strategy D1	*Evaluate Current Policies and Ordinances and Create Policies and Enforceable Ordinances that Support the Strategies*	*Urgent*	*Parallel Supported Strategy Implementation*
Strategy D2	*Create a Safe and Secure Park and Civic Plaza Experience*	*High*	*6-48 months*
Strategy D3	*In Conjunction with the Opening of a Communal Kitchen, Create and Enforce Policies and Ordinances Around the Provision of Food in the City*	*High*	*12-24 months*
Strategy D4	*Secure Additional Resources to Address Homelessness*	*High*	*12-24 months*
Strategy D5	*Evaluate Staffing Needs to Ensure Adequacy of Program and Strategy Implementation*	*Medium*	*24-36 months*

Contents

A WAY HOME:

Community Solutions for

Pomona's Homeless

A Strategic Plan to Help Pomona's Homeless

Find Their Way Home

Background

On a single night in January 2015, 564,708 people were experiencing homelessness across our nation - meaning they were sleeping outside or in an emergency shelter or transitional housing program. Pomona is one of the cities counted on that night that has been negatively impacted by the number of homeless persons living on the streets. There are many social factors contributing to homelessness in Pomona including: economic hardship, high unemployment rate, unaffordable housing and, more recently, the release of formerly incarcerated individuals with non-violent drug offenses.[i]

2013 State of Homelessness Report

In 2013, the City Council approved recommendations provided in the 2013 State of Homelessness in Pomona report. This report consisted of four major areas: 1) The history of homelessness in Pomona from 1995 to 2013; 2) What homelessness looked like in 2013, which included the current homeless count, data from a consumer survey providing demographics and a gaps analysis; 3) Best practices and proven strategies in addressing homelessness; and 4) Recommendations for City Council consideration in moving forward.

Since that time, the community landscape has changed with regard to homelessness, as it has throughout Los Angeles County, the state and the nation. Between 2013 - 2015 homelessness increased in Los Angeles County by 12.41%, in the Los Angeles Continuum of Care by 15.9%, in Service Planning Area 3 by 10.7 % and in Pomona by 44.76%.[ii] A significant decrease in funding for homeless programs paralleled the increase in homelessness in Pomona, realizing a 25% decrease in dedicated funding. Pomona also noted a significant gap between needed beds and beds available for the homeless.

Homeless Summit

Communities, neighborhoods and businesses all felt the impact of the increase in homelessness, as the City tried to balance the needs of those on the streets with the needs of other community members and their property. To answer questions about homelessness and engage the community in finding solutions, the City in partnership with Pomona's Promise, Western University and the Pomona Unified School District, convened the 2015 Community Forum on Homelessness on August 26, 2015. Over 200 stakeholders attended the forum to provide input. The forum resulted in the community identifying four key areas of concern regarding homelessness in Pomona: 1) Insufficient Housing and Shelters; 2) the Provision of Programs, Services and Resources; 3) Community Perceptions; and 4) City Policies. One outcome of this summit was to bring together an ad hoc Homeless Advisory Committee (HAC) to research these issues and develop recommendations for strategies to address homelessness.

Homeless Advisory Committee

The Homeless Advisory Committee (HAC) was convened under the umbrella of Pomona's Promise, a collective impact approach to addressing issues of concern within the Pomona community. Under Pomona's Promise five areas of public concern were identified, including: academic success, economic development, health, public safety, and community engagement. [iii] The issue of homelessness was placed under the health or Healthy in Pomona initiative and therefore the HAC was formed under its leadership. The end result of this ad hoc committee was to recommend strategies to address homelessness within Pomona and to present these strategies to Pomona's City Council for consideration and guidance or adoption. The first HAC meeting was held in November 2015 and represented many stakeholders including residents, business owners, community and faith based organizations, educational institutions, public agencies and elected officials.

HAC Working Groups

The HAC strategic planning process required the development of various working groups within the Homeless Advisory Committee (HAC). These working groups covered the areas of concern identified at the 2015 Community Forum: 1) Housing and Facilities; 2) Programs, Services and Resources; 3) Community Perceptions and Public Relations; and 4) Public Policy. Each working group was comprised of various stakeholders including Pomona residents, business owners, community and faith based organizations, homeless services providers, academic institutions, elected official representation, local government and law enforcement. [iv] Each group collaborated to develop a portion of the strategy recommendations by meeting at least once a month as a working group and once a month with the entire HAC. Meeting times allowed for communication of best practices regarding homelessness and design of the strategic plan components. In addition, many groups researched best practices from across the country and some of the groups took field trips to see best practices in action. A new Point in Time Homeless Count was conducted in January 2016 and this data was used by the working groups to inform the recommendations provided.

2016 Point in Time Count

Since 2007, a biennial Point in Time (PIT) Homeless Count of the homeless has been conducted within the City of Pomona. Requested by the U.S. Department of Housing and Urban Development (HUD), this count is conducted nationally and is locally spearheaded by the Los Angeles Homeless Services Authority (LAHSA). Data analysis of the count is conducted by the University of North Carolina (UNC) and the same methodology is used each year to ensure consistency.

As of January 2016, the PIT Homeless Count became annual, instead of biennial, allowing for more accurate, real time information for county, regional and local planning. The City of Pomona participates in this count with an opt-in status, which means that local volunteers count every street and block within each census tract in teams and count the number of homeless persons, tents, encampments, makeshift shelters, RVs and vans in which people live that they encounter. These enumerations are then submitted to LAHSA where they collect the information and provide a county-wide report on homelessness, giving each opt-in city its own count, as well as providing Service Planning Area (SPA) counts. Annually, LAHSA also includes a demographic review as part of the count.

The Homeless Count seeks to answer key questions about homelessness, including:

- How many people are experiencing homelessness on a given night?
- What are their demographic characteristics?
- Where are they staying?

Pomona Homeless Count 2003 to 2016

2003	2007	2009	2011	2013	2015	2016
1,389	766	790	608	633	912	689
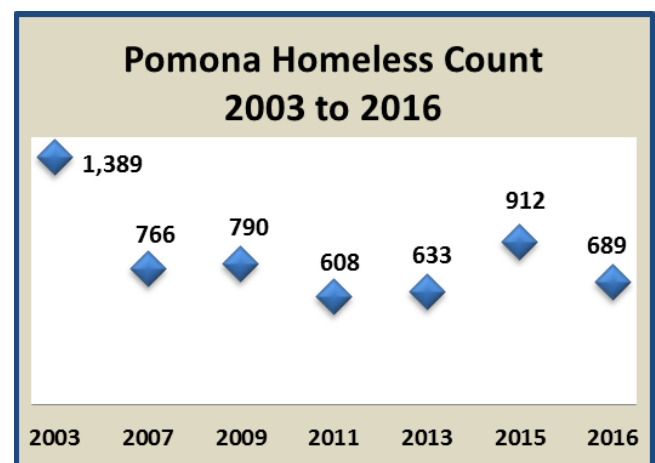
The 2016 PIT Homeless Count enumerated 689 homeless persons in Pomona; 323 were sheltered and 366 were unsheltered. It is of note that the sheltered count was virtually the same as in 2015, which was 324. This indicates that shelter resources are used to capacity when available. The unsheltered homeless count decreased from the 2015 count by 213, a 36.75% reduction.

The 2016 PIT report informs the recommendations contained within this strategic plan. A copy of the Pomona specific report can be found in the addenda.

Demographic Information

To inform the City's planning, a complete demographic survey was conducted in conjunction with the 2016 PIT Count. The methodology for the survey was created by LAHSA and UNC. The same methodology and survey were used in obtaining the County-wide demographics. Those performing the survey focused directly on those homeless who were not in shelters or transitional housing. Their focused efforts resulted in them surveying 306 of the 366 unsheltered in Pomona. This is statistically significant, resulting in a 95% confidence level in the data and a confidence interval +/- 2.3.

The City demographic survey was conducted between March and April 2016. The volunteers were students from the University of La Verne under the instruction of Professor Jaye Houston and each volunteer underwent training on proper surveying techniques. Pomona residents concerned about homelessness in the City also volunteered to help survey. Volunteers were trained by LAHSA.

The demographic survey consisted of 33 questions that focused on information such as gender, age, family household size, veteran's status, income/benefits, and homelessness specific data. This data reveals that to significantly address homelessness in Pomona, the majority of services would need to be directed to individual adults, for the most part male, ages 25-61, of whom more than half are "chronically homeless", defined as a homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

Demographic analysis and reporting was conducted by Joseph F. Cabrera, Ph.D., M.U.P., Assistant Professor of Sociology, University of La Verne. For the detailed demographic results, compared side-by-side with those provided by LAHSA for SPA 3, please refer to the addenda.

The accompanying charts provide a snapshot of the demographics of the unsheltered homeless population in the City of Pomona.

Chronically Homeless

- 46%
- 54%
- Not Chronically Homeless
- Chronically Homeless

Homelessness by Gender

- Transgender 1%
- Female 34%
- Male 65%

Homelessness by Age

- Over 62 5%
- Under 18 2%
- Age 18-24 8%
- Age 55-61 21%
- Age 25-54 64%

Homeless Individuals vs Families

- 15%
- Adult Individuals 85%
- Adult Individuals
- Family Members
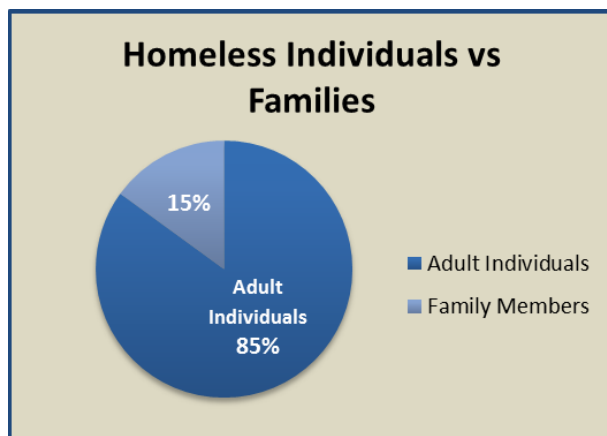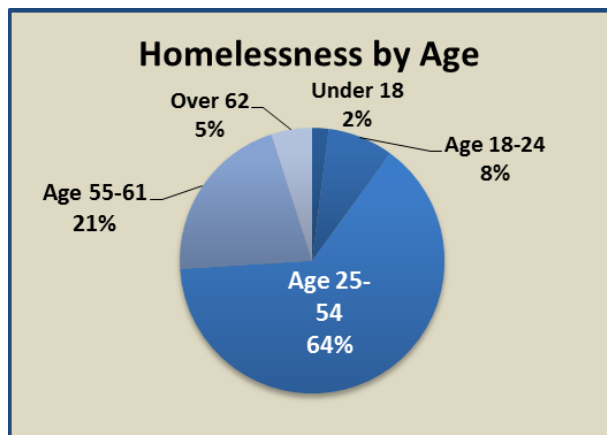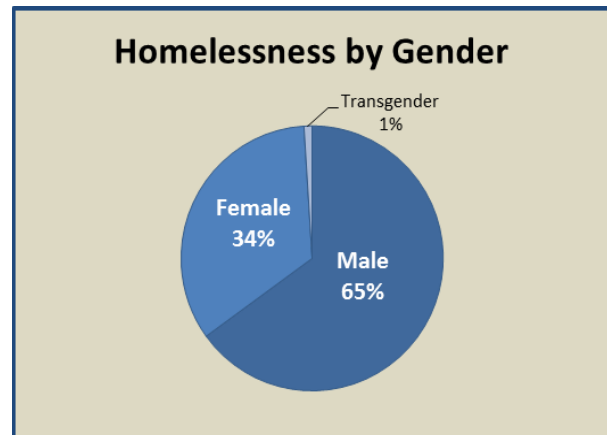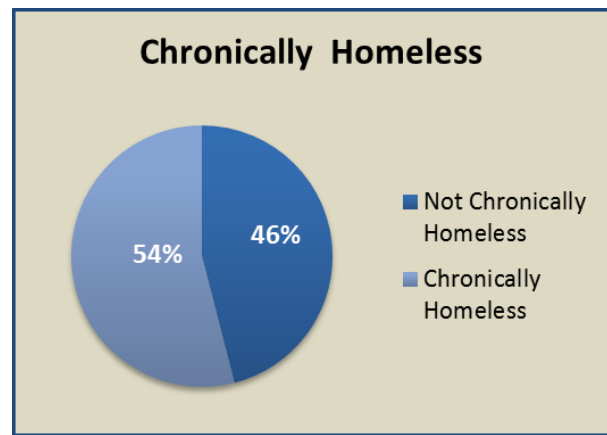
Homeless Subpopulations

In addition to the basic demographic data, information on subpopulation identification was collected with the survey. This information focuses on what specific concerns the homeless person was dealing with either currently or historically, such as, mental health issues, domestic violence, addiction and/or other health concerns. As with all of the demographic data collected, this information is self-reported by those experiencing homelessness.

Homeless Subpopulations in Pomona

Subpopulation	Percentage
Domestic Violence Experience	6%
Development Disability	4%
Brain Injury	3%
Chronic Health Issue	15%
Physical Disability	16%
Persons with HIV/AIDS	1%
Substance Abuse	48%
Mental Illness	44%

Residence Prior to Becoming Homeless

- Foreign Country 1%
- Out of State 6%
- Other County in California 9%
- Southern Cal 8%
- Pomona 53%
- LA County 23%

Where Did They Come From?

One of the primary questions that Pomona community residents ask is "Where did the homeless come from?" When the demographic survey was conducted, this question was asked of over 250 unsheltered persons. The results were consistent with prior surveys that more than half of Pomona's homeless report ties to Pomona and of those who have ties, the average length of being a resident was 17 years.

Where Would the Homeless Prefer to Go When Exiting the Streets?

When asked "If some sort of shelter or housing were available to you today, would you be willing to move from the streets?", the answers showed the majority would accept housing options.

Housing or Shelter? Where would the homeless prefer to go?

Option	Percentage
An identified, protected, and secure urban camping environment	24.7%
Barracks style shelter like the Winter Shelter Program	22.2%
Small individual room with common living areas, cafeteria dining, shared bathrooms	42.3%
Shared housing, sharing a room with 1-3 roommates	41.4%
Apartment	78.7%
Tiny House	58.6%
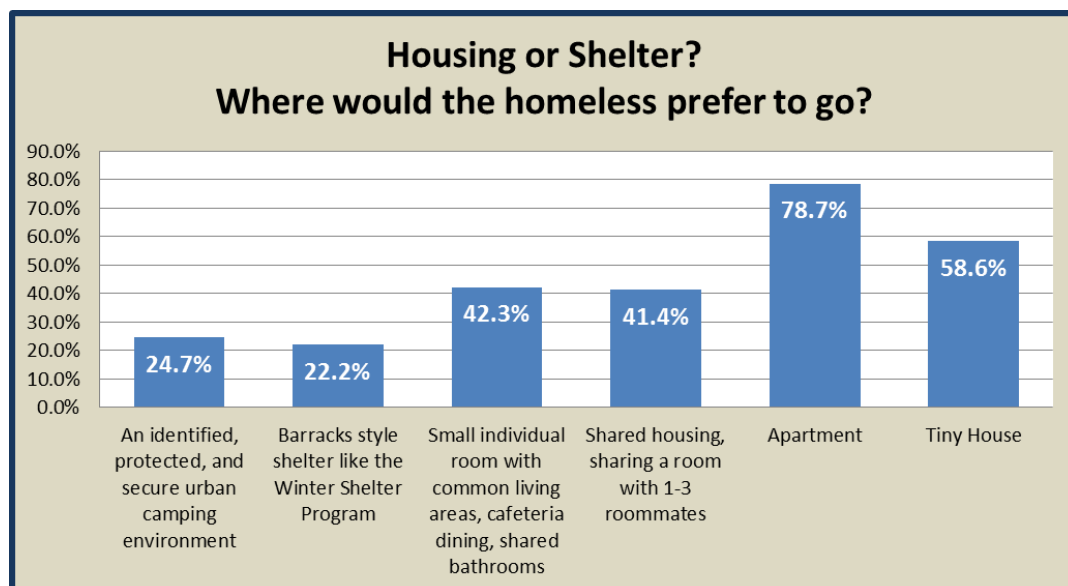
Corporation for Supportive Housing Pomona Homeless System Analysis

As part of the strategic plan development process, the City retained the Corporation for Supportive Housing (CSH) to produce an analytical report on Pomona's homeless system. CSH has supported communities across the nation in addressing specific issues related to homelessness at the local level, through technical assistance, trainings and tailored products such as the homeless system flow map contained in the Pomona System Analysis Report.

Corporation for Supportive Housing focuses on supportive housing solutions and, as the name suggests, has a solid understanding of the role of supportive housing in resolving homelessness. Within their analysis, CSH reviewed the shelters and housing options currently available to Pomona's homeless and built upon that for the recommendations included in the report.

The report provides information to support an effective housing interventions framework to address homelessness within Pomona. Activities conducted to generate the report included community data analysis, document review, and research. Report elements include an examination of the City's homelessness and system interventions, identification of the strengths which can be built upon, areas for growth, specific recommendations, and action steps to build and strengthen Pomona's homeless intervention system.

The Homeless Systems Map contained within the report provided key information. First, it showed that the Pomona Homeless Outreach Team is the most effective tool we have in housing the unsheltered homeless, with a 78% success rate in permanent housing placement at outcome of service. Second, it showed the importance of data collection to enhance the ability to review the system of service. And finally, it showed that many of the agencies working in Pomona that serve homeless clients, do not submit service data to the Homeless Management Information System (HMIS) provided by LAHSA and therefore it is difficult to ascertain the effectiveness of their service provision.

Specific recommendations resulting from Corporation for Supportive Housing Analysis include:

- ❖ Operationalize Housing First
- ❖ Create a homeless program dashboard report
- ❖ Ensure that agencies are performing exit interviews and that data is reported into the LAHSA's Homeless Management Information System (HMIS) to ensure accurate and reliable data is gathered to be used in service review and planning.
- ❖ Bring shelter diversion services to shelters and embed such services in outreach teams
- ❖ Ensure accessible housing search services
- ❖ Convert transitional housing to permanent supportive housing
- ❖ Increase supply of permanent housing
- ❖ Strengthen support for those exiting health care and criminal justice institutions

The CSH report provides key recommendations that have informed the development of the City of Pomona's strategic plan. The full CSH report can be found on the City of Pomona website under Homeless Resources and Information.

CORPORATION FOR SUPPORTIVE HOUSING
DEFINING HOMELESSNESS AND HOUSING INTERVENTIONS

Housing Interventions

Temporary	Permanent
Emergency Shelter	Supportive Housing
Transitional Housing	Rapid Re-Housing
	Prevention
	Diversion

Unsheltered — People who are sleeping outside, in a vehicle or an abandoned building

Literally Homeless — All of the above and people sleeping in emergency shelter

HUD's Definition — All of the above and people sleeping in Transitional Housing for homeless individuals and families

Broad Definition — All of the above and people who are doubled up or couch surfing largely due to loss of housing or economic hardship

Defining Homelessness

Crisis Response: The Foundation of a Community Solution to Homelessness

On September 12, 2016, the Pomona City Council declared a "shelter crisis", finding that a significant number of persons within the City's jurisdiction are without the ability to obtain shelter, and that the situation has resulted in a threat to the health and safety of such persons and in many cases to the community at large. In addition to the human crisis, the absence of sufficient shelter spaces has significantly impeded the ability to legally address the impact of public space encampments, as well as other community quality of life issues. In reply to such a declaration, it is imperative that the City create a crisis response, in coordination with a long-term plan that focuses on a community solution to homelessness.

Shelters, street outreach, and other crisis intervention services are the front-lines of any community's response to homelessness and assisting the unsheltered. These crisis interventions serve a critical function in helping people meet basic survival needs like shelter, food, clothing, and personal hygiene, and are often the first form of a compassionate response. Within this response, emergency shelter and stabilization services are readily available to provide immediate safety and address crisis needs. Stabilization services may include access to public benefit programs, employment services, reunification services, and/or health care, including substance use and mental health services.

But homelessness is only truly ended for people when they obtain and maintain stable housing. To be effective in addressing homelessness the City must make a shift from a set of *homeless services* that only ameliorate the immediate crisis of homelessness to a *crisis response system* that can help prevent and resolve it.

In an effective crisis response system, all outreach providers within the City would coordinate with one another to ensure full community coverage, connect people to coordinated assessment and emergency services, and work as part of a system that is focused on connecting people to stable housing.

A homeless crisis response system, as defined by the United States Interagency Council on Homelessness, is "an overall system that involves the coordination and reorientation of programs and services to a Housing First approach, and emphasizes rapid connection to permanent housing, while also mitigating the negative and traumatic effects of homelessness."

Housing First is a proven approach in which people experiencing homelessness are provided with permanent housing directly and with few to no treatment preconditions, behavioral contingencies, or barriers. It is based on overwhelming evidence that all people experiencing homelessness can achieve stability in permanent housing, regardless of their service needs or challenges, if provided with appropriate levels of services.

In many ways, to be successful in Housing First, a crisis response system must be in place to help those who are unsheltered in Pomona – find a way home.

CITY OF POMONA SOLUTIONS FOR POMONA'S HOMELESS
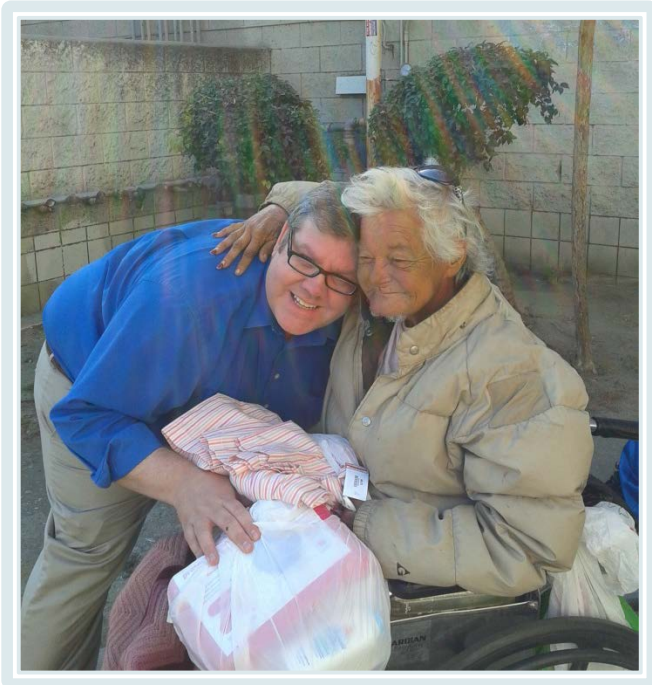
GOAL A:

REDUCE THE NUMBER OF POMONA'S UNSHELTERED HOMELESS

GOAL A: REDUCE THE NUMBER OF POMONA'S UNSHELTERED HOMELESS

STRATEGY A1: ESTABLISH YEAR-ROUND SHELTER(S) ABLE TO PROVIDE FOR MULTIPLE SUBPOPULATIONS

"Housing and shelter is the #1 priority. The shelter needs to be safe, especially for women and children. Care services are needed for the disabled and mentally ill." -
Interview with homeless person

DESCRIPTION

The research of the HAC's Housing and Facilities Workgroup, and the Programs, Resources and Services Workgroup, identified a major gap: Pomona's lack of emergency shelter, crisis housing and motel vouchers. A year-round emergency shelter, in coordination with a centralized service center, would provide homeless persons with a transitioning place to live, an alternative to living on the streets while finding "A Way Home". Because of the unique needs of homeless subpopulations, the type of year-round shelter or services needed may vary.

Homeless subpopulations include: singles, families, couples, youth, and persons with special needs. Once the City has provided a sufficient number of shelter beds for the number of homeless persons estimated in the Point in Time Count as "unsheltered", it can enforce a "not here, but there" expectation because there will be a viable option to living in places not meant for human habitation. At the time of this report, the estimated number of unsheltered homeless persons is 366,[v] with most of that population being individual adults.

Some of the most vulnerable people living on the streets, and those who have the greatest impact on the broader community, are persons living with substance abuse addiction, mental illness or in the case of co-disorders, both. Those who suffer from addiction and/or mental illness are more likely to heal and attain mental wellness and sobriety when they are in a stable living situation. And although "Housing First" is always the preferred option, some homeless individuals express the inability to make that type of commitment. By providing low-barrier emergency shelter, or bridge housing, as an immediate option for those not ready, the homeless can find support to address housing barriers in a safe and secure environment. And with shelter available, the community will find relief from the impacts of people who are living with these illnesses in the parks, streets and other public spaces.

Many cities have been successful in developing this type of "bridge housing" to focus resources in a directed way. The most effective programs begin with ensuring that participants are focused on the outcome of their stay from day one. Whether it is to live in a home of their own, seek a place of recovery, or find a way to their home place of origin, focusing on an exit strategy from homelessness, in a reduced time frame, should be the goal. It is hoped that those developing emergency shelter solutions would keep this in mind when creating a program. It is also emphasized that a coordinated collaboration of resources and services is the most effective way to assist those who may have multiple barriers to accessing housing.

Centralized Services

To meet the myriad of needs of those without homes, an emergency shelter would ideally provide 24-hour access to a place to sleep, daily meals, restrooms, showers, laundry service, storage and housing and support services, all in a safe, sanitary and secure environment.

Ideally a shelter site would also have access to coordinated and collaborative services that assist program participants in meeting their exit strategies to more permanent and stabilized places.

In addition, it is estimated that 5-10% of people experiencing homelessness have pets. [vi] These animals are also homeless. Pets provide security and comfort to their guardians. Many pet guardians will not go into shelter if their pets cannot go with them. Since few housing options accommodate pets, they are often cited as a reason that a homeless person will not go into housing or shelter. Often homeless persons refer to their pet as a service animal, but few are certified as such. Last year, the Pomona Winter Shelter and Operation Warm Heart allowed small pets in the shelter. This worked well without issue. In fact, the participating homeless community seemed to adopt and help take responsibility for watching and caring for these pets. Thus, it is recommended that any shelter developed in Pomona consider providing for pets through a kennel and day area. [vii]

Ultimately, the shelters developed will need to provide for the needs of multiple populations and various barrier levels.

City-Sponsored Shelter

To ensure that City resources are allocated to specifically address Pomona's homeless population; any emergency shelter sponsored by the City of Pomona will, as part of its protocol, establish a priority for those meeting the Pomona Residency Criterion for Homeless Services, as described in Strategy D1 on page 72. Those not meeting the criteria will be directed to LA County's Coordinated Entry System, other county resources or to resources found in their city of prior residency.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

A.1.1.	Promote SB2 compliance and implementation.
A.1.2.	Identify quality emergency shelter operator(s) with proven success to implement program site(s).
A.1.3.	Shelter participants must demonstrate that they meet Pomona residency standards to utilize City of Pomona administered homeless program resources. (Strategy D1)
A.1.4.	Shelters should provide individualized active engagement, case management, and supportive services.
A.1.5.	For rapid implementation, and to accommodate those who would have difficulty transitioning to an indoor setting, consider open or outdoor shelter options.
A.1.6.	Design a program that can be entered during the nighttime and on weekends including drop-off by Police as appropriate diversion from jail or staying on the street and by the Pomona Homeless Outreach Program staff.
A.1.7.	Design the shelter program to implement components of a Housing First approach, which include: 1) linkage with rapid re-housing and permanent supportive housing and 2) incorporation of shelter diversion and maximum lengths of stay.
A.1.8.	Include a kennel and day area for pets. Include a "good pet owner" policy and active participation in pet and kennel care while on site.
A.1.9.	Consider homeless subpopulation types for appropriate shelter design. Designate enough shelter beds to meet the needs by subpopulation, including: 1) high-tolerance (mental health and substance abuse); 2) single men; 3) single women; 4) couples and multiple adult households; and 5) families with children.

POTENTIAL PERFORMANCE METRICS

- ✓ Reduction in the number of unsheltered homeless in future Point in Time (PIT) count.
- ✓ Secure one or more locations that can accommodate the identified target populations utilizing the SB 2 Overlay Zone guidelines as approved by Council for the maximum number of individuals per site.
- ✓ Successful emergency housing stays shall last no more than 90 days per homeless individual and should result in a "Housing First" outcome.
- ✓ Reduction in City costs of City services focused on responding to "negative community impact" activities surrounding the unsheltered homeless.
- ✓ The first shelter area shall be established within 24 months from the date the Pomona strategic plan is adopted.

POTENTIAL COSTS AND FUNDING SOURCES

Costs:

- Facility development costs
- Sustainable operating funds
- Materials, Supplies and Equipment

Funding:

- Collaborative effort with nonprofit partners to seek capital funding from all potential funding sources, both private and public. Funding sources could include monies from cities, counties, the state and federal government, and other public and private agencies
- Dedicated homeless solutions tax
- Pomona Community Foundation: Designated Homeless Solutions Fund
- State Emergency Solutions Grant
- National Pet Council Society of Welfare Administrators
- Society of Animal Welfare fundraising tools and grant sources
- Home Depot Foundation/Lowe's Foundation
- Spectra Company
- Enterprise Community Foundation

PRIORITY AND TIMEFRAME

- Urgent priority
- First year-round shelter established within 12 months

IMPLEMENTATION LEAD

- Community or Faith-based organization, City of Pomona Neighborhood Services Department and Development Services Department

POTENTIAL COLLABORATING PARTNERS

- Collaborative non-profit development partner with a national presence and/or experience in shelter development
- Buddhist Tzu Chi Foundation
- LAHSA/Los Angeles County Departments
- Western University has a Pet Health Center and a mobile pet clinic
- Banfield Pet Hospital
- My Dog Eats First

STRATEGY A2: SUPPORT AND ENCOURAGE THE DEVELOPMENT OF AFFORDABLE and SUPPORTIVE HOUSING ACROSS THE SPECTRUM OF, AND PROPORTIONATE TO, THE NEED BY HOUSEHOLD TYPES

Housing First – The community has an urgent need for housing, permanent for the general homeless population and permanent supportive for the chronically homeless.

- PRS Work Group

DESCRIPTION

The most obvious solution to helping people who are without housing is... housing. In 2016, there were 1,707 affordable rental housing units identified within the City of Pomona. Of those, more than half, 951 are dedicated to senior households ages 55-62+, 656 are available to lower income families without special needs and 100 were specifically built to house those with special needs. Seniors make up only 5% of the unsheltered homeless population and most affordable housing units have a waiting list indicating 100% capacity. It would be reasonable to conclude that new affordable housing options would need to be developed to meet the needs of those who do not have housing at this time.

In addition, although rental assistance programs are available through some services providers and through the Pomona Housing Authority, there is a lack of available rental units to utilize these valuable resources.

The Housing First Model
Whether building new affordable housing units or providing rental assistance to access the current stock of rental housing, the City of Pomona promotes a Housing First approach to solving homelessness.

"Housing First", or rapid re-housing, is an alternative to the current system of emergency shelter and transitional housing, that tends to prolong the length of time that families and individuals remain homeless. Housing First is premised on the belief that vulnerable and at-risk homeless people are more responsive to interventions and support services after they are in their own housing, rather than while living in temporary places. With permanent housing, these families can begin to regain the self-confidence and control over their lives that they lost when they became homeless.

Designed to empower participants and foster self-reliance, the Housing First model:

- provides crisis intervention services to address immediate needs, while simultaneously assisting families to develop permanent housing and social service plans;
- helps homeless families move into affordable rental housing in residential neighborhoods as quickly as possible, most often with their own lease agreements;
- provides six months to one year of individualized, home-based social services support "after the move" to help each family transition to stability.

The combination of housing choice, assisted relocation services and home-based case management enables homeless households to break the cycle of homelessness and move forward with stability and purpose.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

A.2.1.	The City and its partners assist homeless households in accessing and sustaining permanent affordable rental housing in residential neighborhoods as quickly as possible with a focus on those meeting the Pomona residency criteria.
A.2.2.	Support the development of quality, affordable rental housing. Such developments should reflect the style of the surrounding neighborhood and be operated by a proven property management team.
A.2.3.	Ensure that newly developed affordable rental housing projects have marketing plans that reflect a plan to focus on accessing Pomona residents.
A.2.4.	Identify blighted, troubled or bank owned multifamily housing to support conversion to attractive and well-managed affordable housing and permanent supportive housing operated by experienced affordable housing operators.
A.2.5.	Craft a standard lease agreement in which conditions for being in housing would be the same for all residents.[viii]
A.2.6.	Establish a clear correlation between Pomona's Regional Housing Needs Assessment (RHNA) requirement and the development of affordable housing for all income levels including extremely low, very low, low, and moderate.
A.2.7.	Engage landlords and property managers to offer and/or sustain affordable housing options in the City. Establish landlord incentives to assist with: preparing units to meet Housing Quality Standards inspections, extraordinary repairs needed when a unit is vacated, security deposits, utility turn-on, or to help hold a unit for an identified homeless household.[ix]
A.2.8.	Identify housing needs by sub-population type and create a sound, community compatible plan, with the input of all stakeholders, to further the development of housing to fill the identified housing gaps.
A.2.9.	Incentivize landlords to accept pets and provide flex funds to help with pet deposits.
A.2.10.	Utilize available funding to address substandard housing where possible and continue to provide Housing Quality Standard inspections on all units assisted through the Pomona Housing Authority.
A.2.11.	Promote a "pets allowed" design when new affordable housing projects are being approved through the Planning process.
A.2.12.	Implement a 25% set-aside of available vouchers to be used by homeless households, meeting Pomona homeless residency criteria, who are currently on the Pomona Housing Authority Waiting List.
A.2.13.	Create a dedicated Task Force on Affordable Housing Development for the Homeless comprised of City of Pomona, Residents, Pomona Continuum of Care Coalition and Pomona's Promise, and affordable housing developers/advocates.

POTENTIAL PERFORMANCE METRICS

- ✓ Reduction in the number of unsheltered homeless in future Point in Time (PIT) counts
- ✓ Increase in number of affordable housing units within the City
- ✓ Increase in number of permanent supportive housing units

POTENTIAL COSTS AND FUNDING SOURCE

Costs:
- Costs associated with enforcing building codes and performing Housing Quality Standards inspections
- Costs associated with acting against property owners that have nuisance and problematic properties

Funding:
- Los Angeles County Community Development Commission
- United Way Funders Collaborative
- State of California Housing and Community Development Funds
- Former RDA Set-aside Funds
- Development fees
- HUD Continuum of Care grants
- HUD Bonus funds for supportive housing
- Court and penalty fees from successful court actions against nuisance properties

PRIORITY AND TIMEFRAME

- Medium priority
- Develop an affordable housing plan within 24-36 months of plan adoption

IMPLEMENTATION LEAD

- City of Pomona Neighborhood Services Department and Development Services Department

POTENTIAL COLLABORATING PARTNERS

- Quality Affordable Housing Developers
- A Community of Friends
- Clifford Beers
- LINK Housing
- Jubilee Housing
- Community Housing Development Organizations (CHDO) Partners
- Task Force on Affordable Housing Development for the Homeless
- Tri City Mental Health Center

STRATEGY A3: INCREASE INCOMES for SELF-SUFFICIENCY and HOUSING SUSTAINABILITY

"A social enterprise is an organization or initiative that marries the social mission of a non-profit or government program with the market-driven approach of a business."
- Social Enterprise Alliance

DESCRIPTION

Sustaining permanent housing can be challenging for anyone going through difficult times. This is compounded when people have been out of the workforce for any length of time. Some homeless people have employment or benefits income that is simply not enough to get into or maintain housing.

A focus on providing opportunities to increase income is essential to permanently move from homelessness to housed. Employment, assistance with benefits attainment, social enterprise, increased entrepreneurial and educational opportunities, micro loans, and internships, are all options for helping those who need to increase their income.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

A.3.1.	Include an Income Opportunities (IO) office in the Centralized Service Center (See Strategy B1). The IO shall have both employment and benefits specialists. Partner with benefits organizations such as the Department of Social Services, Social Security, and benefits advocacy organizations for the benefits segment. Partner with employment organizations such as America's Job Center of California, Employment Development Department, DPSS' GAIN, GROW and CalWORKs programs, VA Employment Services, Department of Rehabilitation, Chrysalis, temporary employment agencies, Goodwill, the Small Business Association, the Chamber of Commerce, City of Pomona Human Resources, private companies' human resources, County human resources and micro loan nonprofits to staff the employment desk.
A.3.2.	Link the IO office to local service providers to support their homeless clients.
A.3.3.	Develop a targeted recruitment and hiring process to assist homeless people in accessing County, City and local employers' jobs.
A.3.4.	Engage local businesses in a "Rising Tides" campaign to provide legitimate employment opportunities to the homeless.
A.3.5.	Link the benefits arm of the Centralized Service Center (CSC to the Countywide SSI Advocacy program[x] established as part of the LA County Strategies to Combat Homelessness.
A.3.6.	Work with agencies with a mission to develop innovative jobs programs.
A.3.7.	Focus in the areas of job training with placement, entrepreneurship, mentorship, and micro-loans.

POTENTIAL PERFORMANCE METRICS
- ✓ Before and after income levels of program participants.
- ✓ Increased percentage of employed or benefits attaining homeless households.
- ✓ Functional network of benefit attainment specialists located at CSC.

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Development of office space
- Office equipment and furniture
- Staff
- Supplies and Materials
- Outreach

Funding:
- Department of Labor
- Employment Foundations
- National Foundations of local businesses (Target, Walmart, etc.)
- Home Depot Foundation
- Lowe's Foundations
- In-kind outreach provided by local service providers

PRIORITY AND TIMEFRAME
- Medium priority
- Operational pathway to benefits/employment assistance within 24-36 months

IMPLEMENTATION LEAD
- County Collaboration Board
- City of Pomona Homeless Services Unit working with America's Job Center and DPSS Collaboration Team

POTENTIAL COLLABORATING PARTNERS
- America's Job Center
- Department of Public Social Services
- Social Security Administration
- U.S. Department of Labor
- U.S. Department of Commerce
- City of Pomona Human Resources
- Chrysalis
- Progressive Employment
- Community Builders
- Kingdom Foundation
- JobPremium

STRATEGY A4: STRENGTHEN, EXPAND AND SUPPORT THE POMONA HOMELESS OUTREACH PROGRAM

DESCRIPTION

The Pomona Homeless Outreach Team currently consists of four outreach workers, 1) one Substance Abuse Case Manager, 2) one Homeless Management Information Services (HMIS) Specialist, 3) one Homeless Families Specialist, and 4) one Program Supervisor. The City of Pomona Homeless Services Coordinator joins the team out in the field. A Code Compliance Homeless Liaison complements the Outreach Team in the field. The program is open Monday through Thursday 8:00 a.m. - 5:00 p.m. and Friday 7:00 a.m. – 3:30 p.m. The Outreach Program has been highly effective. In the 2015 – 2016 program year, the Pomona Homeless Outreach assisted 439 homeless people in the City of Pomona [xi] and CSH reported their effectiveness with a 78% success rate in placing homeless households in permanent housing. But even with such success there is room for improvement.

Assistance for homeless people is needed on nights and weekends, but the Outreach Program is not staffed or funded sufficiently to cover these days and hours. For a person or household in crisis, being open to the opportunity for change and a new life is not confined to Monday – Friday daytime hours. Police officers encounter homeless people at all hours of the day and night, some of whom ask for assistance.

Of the unsheltered homeless population, in Pomona, 44% report having a mental illness, 48% substance addiction, 16% have a disability and 15% have chronic health issues. [xii] Engaging people with these complex challenges requires a special expertise. By enhancing the Outreach Team with specialists and professionals in these fields, the team could more effectively assist people with these challenges.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

A.4.1.	Enhance the success of the Pomona Homeless Outreach Program; expand the Team to include a professional mental health and health outreach worker.
A.4.2.	Create a direct linkage between Tri-City Mental Health, the Homeless Services Coordinator, the Pomona Homeless Outreach Team, and when necessary, the Pomona Police Department to quickly respond, link, and house homeless persons with potential mental health challenges.
A.4.3.	Implement crisis response system, coordinating all outreach efforts of agencies located within the City of Pomona to enhance efforts to reach the unsheltered homeless population.
A.4.4.	Expand the Outreach Team staffing to cover evenings and weekends.
A.4.5.	Strengthen linkages between the Outreach Team, Code Compliance and the Police Department.
A.4.6.	Provide the Homeless Outreach Team with a wheelchair accessible van to enhance outreach efforts to those homeless individuals with mobility limitations.
A.4.7.	House the Outreach Team at the site of the Centralized Service Center (CSC) for better and more streamlined service coordination.

POTENTIAL PERFORMANCE METRICS

- ✓ Number of homeless persons entering Outreach Program during evening and weekend hours
- ✓ Police Department reports successful alternatives to incarceration during the week and on evenings and weekends
- ✓ Increased number of subpopulation successfully housed in direct correlation to crisis response system and coordinated outreach services.

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Additional non-City staff salaries and benefits
- Cost of van
- Cost of subpopulation specialists

Funding:
- Kaiser Permanente Foundation
- Molina Healthcare
- Transportation Foundations
- Foundations and Government grants with a mission in fields of subpopulations

PRIORITY AND TIMEFRAME

- Medium priority
- Core activities to occur within 24-36 months

IMPLEMENTATION LEAD

- City of Pomona Homeless Services Unit
- Pomona Homeless Outreach Team

POTENTIAL COLLABORATING PARTNERS

- Los Angeles Homeless Services Authority (LAHSA) Emergency Response Team
- Tri-City Mental Health Intensive Outreach and Engagement Team
- Los Angeles Coordinated Entry System Union Station and Volunteers of America of Greater Los Angeles
- Prototypes
- American Recovery
- Pomona Community Health Center
- East Valley Community Health Center
- Pomona Police Department
- Code Compliance
- Other Substance Abuse, Mental Health and Healthcare Providers

CITY OF POMONA SOLUTIONS FOR POMONA'S HOMELESS

GOAL B

REDUCE NEGATIVE IMPACTS ON COMMUNITY NEIGHBORHOODS AND PUBLIC SPACES THROUGH THE COORDINATION OF SERVICES

GOAL B	REDUCE NEGATIVE IMPACTS ON COMMUNITY NEIGHBORHOODS AND PUBLIC SPACES THROUGH THE COORDINATION OF SERVICES

STRATEGY B1: ESTABLISH A SERVICE CENTER FOR CENTRALIZATION AND COORDINATION OF SERVICES

DESCRIPTION

Whether living in housing or experiencing homelessness, people have the same basic needs: water to drink, a shower and restroom, a place to sleep, respite from the heat and cold, food, clothing, and healthcare. These are fundamental needs. Data obtained from neighborhood residents and business interviews show that, for the most part, the homeless come to them wanting something to drink or eat. One resident witnessed a few homeless people go through the trash to get cups and fill them with water; another witnessed a homeless man retrieving thrown away food. Many would welcome a service center where they can get something to drink or eat without going to such measures. A service center would provide a humane way to meet basic needs of the homeless, while alleviating the impact felt by neighborhoods when these basic needs are sought after in public places.

What exists now for the homeless of Pomona is very sparse. There are two places, one in Pomona and the other in Claremont, where homeless persons can take showers. Another program assists the homeless by helping them access a laundromat. There is limited availability of public restroom facilities and these are not sufficient to meet the need.

In addition to meeting these basic needs, a Centralized Service Center (CSC), working in collaboration with an emergency shelter site, could be a hub for connection to other services needed by those finding "A Way Home". A CSC could provide an opportunity to bring together core services needed to break barriers to obtaining housing, including mental health and addiction services, medical intervention, benefits attainment, housing navigation, legal assistance and basic case management. Educational institutions like Western University could use a site like this so their students, who are working on organizing an inter-professional student run health clinic, would have an ideal location to assist those most in need.

The CSC could also provide a location for special events for the homeless, community partner meetings, Pomona Continuum of Care Coalition meetings, a guest desk for service providers bringing their services directly to the homeless, and a place for community members to volunteer or drop off needed donations.

But more importantly, a CSC would provide a coordination of services in one place so that the homeless, who often don't have transportation, could receive the help they need in a timely way, to increase the likelihood of success in helping themselves towards home. It would also reduce duplication of services and effort, creating a more efficient use of precious resources which are already available with the City, however, without centralized access.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.1.1.	Develop a Centralized Service Center (CSC) for the homeless of Pomona.
B.1.2.	Create a core service collaboration that includes: engagement/case management, health services, mental health services, benefits attainment and housing navigation.
B.1.3.	Design the CSC with a waiting area and space where distribution lines will be contained within the building site, minimizing the impact on surrounding properties.
B.1.4.	Utilize the Collective Impact approach as well as evidence-based solutions (utilizing research, standards, and best practices) to organize, inform, and deliver Programs, Services, and Resources (PSR) for the homeless within the CSC.
B.1.5.	Provide pet services, a kennel and day space for pets. Outline rules and regulations regarding use of this pet service.
B.1.6.	Partner with employment, legal aid, benefits assistance, basic needs, mental health support, substance abuse support groups, medical and dental care providers, and faith groups homeless outreach and assistance programs, including but not limited to: America's Job Center satellite, Homeless Court, DPSS, Social Security Administration, TriCity Mental Health, Western University, Pomona Community Clinics, Department of Public Health, East Valley Community Health Center, Buddhist Tzu Chi, Lions Gate Ministries, Laundry Love[xiii], Glenn Todd Culinary Job Training and Meal service, Helping Hands Caring Hearts, Angels Who Care, Public Defender, and the Salvation Army, Pomona Homeless Outreach Program.
B.1.7.	Partner with local universities and PUSD for special classes, training and community service opportunities for students.
B.1.8.	Provide for restrooms and showers, storage lockers, laundry facilities for, a location to expand and support the work of the Pomona Continuum of Care Coalition by providing a location for meetings, and the provision of service and special events such as Project Connect., Portable and Mobile Medical and Dental Services[xiv].

POTENTIAL PERFORMANCE METRICS

- ✓ Residents at Neighborhood Watch Meetings report reduced negative impact in neighborhoods and public spaces (parks, civic plaza, open space)
- ✓ Code Enforcement, the Police Department and Community Services report reduced encounters with unauthorized distribution programs and prompt redirect to the Center
- ✓ Homeless population reports availability of showers, restrooms, laundry services
- ✓ Service Providers report on number of homeless persons linked to services
- ✓ Reduction in City costs of City services focused on responding to "negative community impact" activities surrounding the unsheltered homeless.
- ✓ Improved neighborhood conditions throughout Pomona

POTENTIAL COSTS AND FUNDING SOURCES

Cost:
- Site Control (land/building purchase or lease)
- Building predevelopment, development and operations
- Staffing
- Materials, equipment, supplies and printing

Funding and In-kind:
- Former RDA Set Aside Funds
- Community Development Block Grant
- Funds raised through "Positive Change Not Spare Change" campaign (Strategy B9)
- Buddhist Tzu Chi Foundation
- Federal Agencies (HHS, SAMSHA, HUD, USDA)
- Mental Health Services Act (MHSA) funds
- Foundations (Weingart, Hilton, Ahmanson, California Wellness, Kellogg etc)
- Major Donor and Capital Campaign
- Faith groups "All In!" volunteer and donation program
- Community service groups
- Pets of the Homeless
- Home Depot
- Sinclair paints
- Modular/temporary building in-kind or discount
- Todd Construction
- Spectra Company
- Helping Hands Caring Hearts

PRIORITY AND TIMEFRAME
- Urgent priority
- Temporary facilities in place within 6 months
- Development phase and core services within 12-24 months

IMPLEMENTATION LEAD
- City of Pomona Neighborhood Services, Planning Division and Community Development

POTENTIAL COLLABORATING PARTNERS
- Tri City Mental Health
- LA County District Attorney
- East Valley Community Health Clinics
- Western University
- Buddhist Tzu Chi Foundation
- Laundry Love
- Volunteers of America
- America's Job Center of California
- Pomona Continuum of Care Coalition
- Inland Valley Humane Society and SPCA
- Urban Mission Open Table Community Dinner
- Pomona Valley Christian Center
- LA County Department of Probation

STRATEGY B2: ESTABLISH A COMMUNAL KITCHEN FOR THE PROVISION OF FOOD SERVICES TO THE HOMELESS

"Food distribution in these places (a centralized community kitchen) would take these activities away from residential neighborhoods and from the downtown area" - Resident T.M.

DESCRIPTION

Food is provided throughout the day, every day of the week in Pomona, through churches, schools, and food banks. In addition to that, many groups come to Pomona to provide even more food, clothing and other basic needs. Generally, the provision of food in locations and at facilities that are not designed to specifically provide large communal meals, tends to have the unintended consequence of negatively impacting the space and the surrounding neighborhoods. This type of uncoordinated food provision can also lead to health and safety concerns regarding food preparation, distribution and disposal.

The development of a communal kitchen for feeding the homeless, located near the CSC

(Strategy B1), is highly recommended to address this challenge. Two local programs demonstrate how food distribution can operate smoothly in partnership with community groups; the Pomona Winter Shelter provides well-coordinated scheduled food services, as does the Pomona Valley Christian Center food distribution program. A dedicated communal kitchen could be a key answer to the pressing challenges that food distribution in the community brings. Negative impacts to neighborhoods, parks and places of business, including the Civic Center, have been an ongoing challenge within Pomona. A communal kitchen will provide a centralized and well-managed food availability program and meet a fundamental need.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.2.1.	Construction of a communal kitchen with indoor - outdoor eating space, sanitation facilities and a commercial kitchen with both dry and refrigerated food storage
B.2.2.	Waiting and food distribution area contained within a well-defined space
B.2.3.	Security to provide a safe environment and ensure that people use the facilities and do not loiter in the surrounding areas
B.2.4.	A well-coordinated meal plan and schedule
B.2.5.	A well-coordinated donation and volunteer program
B.2.6.	A job-training program for food services and management
B.2.7.	A job-training opportunity for custodial services
B.2.8.	Require that food donations meet Food Facility Operators Guidelines for Safe Food Donation published by the LA County Department of Public Health Environmental Health[xv]

POTENTIAL PERFORMANCE METRICS

✓ Neighborhood Watch groups report reduced negative impact in neighborhoods and parks
✓ Code Enforcement, PD and Community Services report reduced encounters with unauthorized distribution programs and promptly redirect to the Communal Kitchen
✓ Homeless people report adequate and satisfying daily meals, beverages and snacks
✓ List of groups participating in the operation and delivery of food services
✓ Reduction in City costs of City services focused on responding to "negative community impact" activities surrounding the unsheltered homeless

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Predevelopment Costs
- Construction and Development
- Equipment and materials
- Staffing, including Site Coordinator

Funding/Donations:
- Federal Food and Drug Administration
- W.K. Kellogg Foundation
- Pomona Valley Hospital Medical Center
- Major Donor and Capital Campaign
- Faith groups "All In!" volunteer and donation program
- Community service groups
- Modular / temporary building donations / discount
- Spectra Company
- Todd Construction
- Hotel and Restaurant Foundations
- In-kind labor and materials
- Sweat equity
- Food retail and fast food businesses and foundations

PRIORITY AND TIMEFRAME

- Urgent priority
- Temporary building, volunteer coordination and food donations within 6 months
- Fully operational program within 12 months

IMPLEMENTATION LEAD

- City of Pomona Neighborhood Services Department, LA County Department of Health Services

POTENTIAL COLLABORATING PARNTERS

- Pomona Continuum of Care Coalition agencies and Interfaith Committee
- Volunteers of America of Greater Los Angeles and Pomona Valley Christian Center
- Community Gardeners, Farmers Markets and local fresh produce distributors
- Local grocery stores and food distributors
- The Fairplex
- Cal Poly Pomona Farm Store
- Todd Construction
- Urban Harvesters
- Faith groups providing food services
- Restaurant Supply service

STRATEGY B3: COORDINATE COMMUNITY-BASED VOLUNTEER SERVICES FOR THE HOMELESS AND AGENCIES SERVING THEM

"Sometimes a pastor can pastor with influence. I believe we need to cut the feeding programs by ¼ and have the other ¾ of the churches focus on job training for interviews, housing and mental health." - Local resident and pastor NN

DESCRIPTION

Requests for volunteer opportunities to help the homeless come into the City with regularity, yet linkages to opportunities, clear guidelines, and training are not in place. Volunteer opportunities for families with children are often requested, especially around the holidays. A volunteer coordination and training program, specifically for assisting the homeless within the City, is needed.

Churches and community groups from within and outside of Pomona desire to distribute food, clothing and hygiene kits to assist those in need. However, when conducted in parks, the Civic Plaza, parking lots, in residential neighborhoods and even on the sidewalks and alleys, these activities have a negative impact on the surrounding community and do not address the more fundamental issues perpetuating homeless. Research on volunteer coordination revealed some excellent examples.

A good example of a volunteer program design was found from a surprising source, the Southern California Mountains Foundation. In partnership with the U.S. Forest Service, the Foundation has developed a well-organized and effective Fire Lookout Hosts program with goals, responsibilities, training, guiding principles, organizational structure, volunteer job descriptions with clearly defined expectations, supervision and regularly scheduled volunteer opportunities. This could provide a model for a volunteerism program for homeless services.

Pomona Valley Interfaith Collaborative on Mental Health is a partnership between National Alliance on Mental Illness Pomona Valley and Tri-City Mental Health Services. The Interfaith Collaborative has a Companion Training program. [xvi] The faith community can be a powerful force for mental wellness when the faithful become well-trained Compassion Companions.

The Pomona volunteer program will train participants in the "Whole Person Caring Model" developing informed volunteers and Compassionate Companions. The Claremont Homeless Advocacy Program has bloomed since it started and practices this one-on-one partnership model with the homeless person and the volunteer. [xvii]

The Pomona Community Care Model

The Pomona Community Care Model, a coordinated system of care involving trained volunteers partnering with those in need, was an early conceptualization of what the members of the HAC's Program, Services, and Resources Working Group discussed at their meetings. Central to the model is viewing the homeless person as "a whole person" in need of support of the mind, body, social, emotional, behavioral, and spiritual dimensions.

The Pomona Community Care Model surrounds the most vulnerable with an organized infrastructure of available services and resources. A core component of the model is that the most vulnerable persons are matched with Compassionate Companions to help them access and navigate the services they need and to assist those who can care for themselves. This partnership philosophy also extends to the residents and business owners in the community who need partners to address the issues they have with homelessness in their neighborhoods and businesses. This model supports the Pomona's Promise Common Agenda: Strong Families, Safe Neighborhoods, and a Healthy Quality of Life and the Healthy in Pomona Common Agenda: People in Pomona have a Healthy Quality of Life.

A volunteer training and coordination program specific to help the homeless within the City would change the nature of the activities currently conducted. Those who wish to participate in volunteer activities will act with a better understanding of homelessness within the context of the broader community. They will be given clear guidance, direction and oversight of their work. This approach to managing volunteerism for the homeless promises to have two-fold improvement by increasing the effectiveness of volunteers and decreasing the negative impact on Pomona parks, Civic Plaza, public spaces, businesses centers and neighborhoods.

Pomona Community Care Model

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.3.1.	Develop a definitive protocol with health, safety, and community compatible requirements for volunteer opportunities offered by agencies, organizations and individuals. Such programs include but may not be limited to food distribution, clothing distribution, housing provision, outreach etc.
B.3.2.	In partnership with Claremont Homeless Advocacy Program, the National Alliance on Mental Illness, Tri-City Mental Health, and Western University, incorporate Compassionate Companion training and the Whole Person Caring Model into the Volunteer Training Program.
B.3.3.	Coordinate with the Pomona Homeless Outreach Team to provide Compassionate Companions with in-field experience. These companions will supplement the Outreach Team staff with frequent outreach, building trust and rapport, assisting people to appointments, navigating complex systems and completing program and employment application forms[xviii].
B.3.4.	Provide training on food handling and food distribution and link volunteers to the Communal Kitchen. (Strategy B2)
B.3.5.	Provide orientation and ongoing training to all volunteers, providing a minimum level of competency and information necessary to succeed in their chosen volunteer area.

POTENTIAL PERFORMANCE METRICS
✓ Reduction of calls to Code Compliance about unauthorized food and clothing distribution
✓ Reduction of unauthorized distribution activities in public places
✓ An increase in positive, appropriate, and effective volunteer opportunities
✓ Reduction in City costs of City services focused on responding to "negative community impact" activities surrounding mass feeding in public spaces.

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Staffing
- Printing and materials

Funding:
- Grant: Corporation for National and Community Service
- Grant: Youth Service America: Youth Changing the World

PRIORITY AND TIMEFRAME
- High priority
- Within 12-24 months of plan adoption

IMPLEMENTATION LEAD
- City of Pomona Homeless Services Unit
- Pomona Continuum of Care Coalition

POTENTIAL COLLABORATING PARNTERS
- Tri City Mental Health Interfaith Collaborative
- Points of Light Organization
- United Way San Bernardino
- City of Pomona Human Resources

STRATEGY B4: COLLABORATE WITH THE COUNTY, TRI-CITY MENTAL HEALTH and POMONA VALLEY HOSPITAL MEDICAL CENTER to ADDRESS SYSTEMS IMPACTING HOMELESSNESS IN POMONA

DESCRIPTION

The City of Pomona is host to many County department programs. The Department of Public Social Services, Department of Public Health, LA County Probation Department, Division of Adult Parole Operations of the California Department of Corrections and Rehabilitation, Department of Children and Family Services, LA County District Attorney's office, LA County Courthouse, and Supervisor Hilda Solis all have offices and conduct business in Pomona. These offices provide a rich resource of services to the community.

To effectively address homelessness, the City and County would benefit from a close and collaborative relationship of mutual assistance. Planning at the highest level, including discharge planning, connection of services, mutual hosting of services, and facilitation of communications between complex systems would serve the community, the homeless population, the City and the County well. The City and County could realize a powerful impact for the efforts.

The same holds true for the City and Pomona Valley Hospital Medical Center and Tri City Mental Health Center. Meeting on a regular basis and discussing areas of mutual concern regarding homelessness, discharge planning operational impacts would be mutually beneficial and may reduce negative impacts on the community.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.4.1.	Develop a County City Collaboration Board with a mission to coordinate services for homeless assistance in Pomona. The City, the County and Tri-City Mental Health will together determine the mission, objectives and structure of the Board. The City and County will each identify the key decision makers and influencers to sit on the Board.
B.4.2.	Examine Discharge Plans of State, County and Healthcare Systems, identify gaps and make recommendations for solutions to the unacceptable discharging parolees, probationers, and healthcare patients to homelessness.
B.4.3.	Meet collaboratively with Tri-City Mental Health Services, Los Angeles County Sheriff's Department, Los Angeles County Homeless Court, Los Angeles Homeless Services Authority, Los Angeles County Probation and the Department of Public Social Services to address challenges, work to address factors contributing to homelessness in Pomona, and fill gaps in homeless solutions.
B.4.4.	Assess whether programs under the purview of each government create unintended impact on the community. Identify solutions, method, and parties to implement solutions
B.4.5.	Identify ways in which the systems, departments and organizations can streamline communications, breakdown communication and service barriers, and support one another in implementing programs.

POTENTIAL PERFORMANCE METRICS

- ✓ Reduce barriers to City and County services
- ✓ Reduce discharges from medical and mental health facilities to homelessness
- ✓ Reduce discharges from incarceration to homelessness
- ✓ Reduce impact of homelessness on City and County healthcare and law enforcement systems
- ✓ Increase access to City and County services for homeless persons
- ✓ Increase courtesy for agencies and departments in facilitating referrals and problem solving

POTENTIAL COSTS AND FUNDING SOURCES

- No impactful costs or special funding required

PRIORITY AND TIME FRAME

- Medium priority
- Begin implementation within 24-36 months

IMPLEMENTATION LEAD

- City of Pomona Administration

POTENTIAL COLLABORATING PARTNERS

- Pomona Valley Hospital Medical Center
- California Department of Corrections and Rehabilitation
- Office of Supervisor Hilda Solis
- County and City Departments providing services to or interfacing with the homeless
- Tri-City Mental Health Center
- Pomona Police Department

STRATEGY B5: ADVOCATE FOR FAIR-SHARE PARTICIPATION WITH NEIGHBORING CITIES

DESCRIPTION

There are many contributing factors to homelessness and some communities within Los Angeles and San Bernardino Counties have more homeless among them than others. But in 2016, there are very few that remain untouched by homelessness.

With that in mind, it is not reasonable to expect only a few cities to shoulder the responsibility for addressing homelessness within the region. As a city with a population of unsheltered homeless persons, Pomona must commit to providing housing and services options to the homeless of Pomona using a Pomona homeless criterion (Strategy D1). The same should be true of our surrounding city, region and county partners. Each city must commit to providing needed housing and services to their fair share of their unsheltered community members, within their city limits. It should no longer be acceptable that any city ignore those living on their streets or address their homeless population by simply referring them to other cities for housing and services.

In coordination with the San Gabriel Valley Council of Governments (SGVCOG), a regional standard could be established, where each city within the region would commit resources of housing and services equal to their registered homeless point-in-time count. Similar to the Regional Housing Needs Assessment (RHNA), completed by the Southern California Association of Governments (SCAG), where communities use the identified housing need in land use planning, prioritizing local resource allocation, and in deciding how to address identified existing and future housing needs, the SGVCOG, could help organize a Regional Homeless Assessment (RHA). By advocating for a formal statement of acceptance from all cities in the region, with an adopted set of established city-identified homeless persons criterion, the same type of planning could occur with a focus on each city establishing their own housing and services within their city limits to meet their unsheltered homeless number.

Because Pomona is a county-border city the same theory of collaboration could be applied on the San Bernardino side with San Bernardino Associated Governments (SANBAG) being the coordinating entity.

If each city in the San Gabriel and Pomona Valleys addressed the issue of supplying housing and services for their homeless populations, homelessness could be significantly reduced on a regional level.

Pomona taking a leadership position in advocating for fair-share participation by cities in the region, may effectively mitigate the expectation of other cities that Pomona can address the issues of homelessness for all. Homelessness is a regional issue that demands a regional solution.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.5.1.	Neighborhood Services Department will provide City management and leadership with data of the homeless count for neighboring cities, as available, as well as the calculations for expected rates of homelessness of neighboring cities based upon HUD's Pearson analysis of contributing factors to homelessness[xix].
B.5.2.	City develops policies regarding residential criteria, establishing ties to Pomona in order to receive homeless services funded by the City of Pomona. (Strategy D1)
B.5.3.	Pomona advocates with the San Gabriel Valley Council of Governments (SGVCOG) to adopt a regional standard for homeless residency criteria, calculation of fair-share participation in solutions, and expected rates of homelessness in each city based upon the annual Point in Time homeless count conducted by the LA Continuum of Care.
B.5.4.	Pomona develops a "fair share" position regarding homeless people who come to Pomona, but do not meet the Pomona residency criteria for homeless services.
B.5.5.	Pomona develops referral options for those who do not meet the residency requirement and offers assistance to access these services and housing.
B.5.6.	The Mayor, City Council members, City administration and staff develop and implement a communication campaign with neighboring cities for peer-to-peer discussion, making clear Pomona's position, and advocating for fair-share participation in homeless solutions.

POTENTIAL PERFORMANCE METRICS
✓ Data is developed with reasonable projections of each neighboring cities fair share
✓ City develops clear policies and criteria for the use of city resources to assist the homeless
✓ The SGVCOG adopts universal homeless residency criteria
✓ The SGVCOG adopts a fair-share participation in homeless solutions policy and standards
✓ Pomona staff, management and leadership hold peer-to-peer messaging regarding Pomona's policies
✓ The homeless population of Pomona stabilizes
✓ The homeless population of Pomona is reduced

POTENTIAL COSTS AND FUNDING SOURCES
● No significant costs incurred or additional funding required

PRIORITY AND TIME FRAME
● High priority
● Begin implementation within 12-24 months

IMPLEMENTATION LEAD
● Initially: Neighborhood Services Department and City Administration
● Throughout: City management and leadership

POTENTIAL COLLABORATING PARTNERS
● SGVCOG – Homelessness Committee
● SANBAG
● Neighboring cities in Los Angeles and San Bernardino counties
● Los Angeles and San Bernardino County government leadership

STRATEGY B.6. DIRECT THE CITY'S "NEIGHBORHOOD IMPROVEMENT TASK FORCE" TO FOCUS ON SOLUTIONS RELATED TO HOMELESSNESS AND REDUCING ITS IMPACT ON POMONA'S NEIGHBORHOODS

DESCRIPTION

In 2008, the Neighborhood Improvement Task Force (NITF) was created by City Administration to address the concerns of residents and the challenges that face identified neighborhoods throughout the Pomona community. The NITF consists of representatives from each City department, headed by City Administration. The individual staff members assigned to attend meetings are selected by based on the area of focus or necessary strategy to address resident complaints.

Within the City, multiple departments interface directly with the homeless. Each department plays a unique role in working with, interacting with or conducting core services related to the homeless. It is a core value of Pomona's Promise that the City coordinates services effectively and works together with awareness of each department's activities. When the City departments communicate and work together, problems are solved and residents benefit.

To facilitate effective communications, efficient services and mutual support regarding homelessness, the City Administration will direct the NITF to convene with a focus on strategies to address homelessness and review necessary policy changes to accompany implementation of strategies.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.6.1.	Convene the NITF to include: City Administration, Homeless Services, Code Compliance, Public Works, Community Services, Police and City Attorney to address homelessness from both a community focus and policy focus.
B.6.2.	Consistently meet and implement mutually supportive solutions to homelessness that will increase the probability of successful long-term outcomes for Pomona.

POTENTIAL PERFORMANCE METRICS
✓ Increased collaboration between departments in addressing homelessness
✓ Resident feedback, including homeless persons, will realize effective responses to concerns

POTENTIAL COSTS AND FUNDING SOURCES
Cost and Funding:
- Staff time
- Current funding

PRIORITY AND TIMEFRAME
- Urgent priority
- Within 1-3 months of adoption

IMPLEMENTATION LEAD
- Department Directors and Division Managers

POTENTIAL COLLABORATING PARTNERS
- Effected City Divisions/Department

STRATEGY B7: PROVIDE LOCKERS FOR STORAGE OF PERSONAL BELONGINGS AND IMPLEMENT A COMPLEMENTARY TRAVEL LITE CAMPAIGN

DESCRIPTION

Often people experiencing homelessness find themselves with more personal items than they can possibly carry with them or protect. The problem is exacerbated by excessive donations and distribution of clothing and blankets, some of which are more appropriate for home use than for traveling and living outdoors. Some homeless people gather more belongings than they can reasonably use, perhaps to meet emotional needs. Important papers and medications are combined with clothing, blankets, perishable and nonperishable food. Often vital records, documents and medications are lost among all of the other possessions.

A well-managed locker program would provide space for those still seeking "A Way Home" to safely store their personal belongings. An example of such a storage program is the Storage Center for Homeless San Diegans.[xx]

Placement of the lockers within the community should be well thought out. Finding a place that will have the most impact for the homeless and least impact on the community is crucial. It should be an area where services and outreach opportunities are offered, that can provide unsheltered homeless people with an opportunity to access services and address factors contributing to their homelessness.

Temporarily Pomona's Transitional Storage Center (TSC) will be placed within the Pomona Armory courtyard in coordination with Operation Warm Heart, a day service-focused component of the Winter Shelter Program. Following this temporary placement, the TSC could be strategically placed at the Centralized Service Center (referenced strategy B1) to provide this linkage.

To complement the Storage program, the City should implement a "Travel Lite" campaign.

A Travel Lite campaign could provide:

❖ Guidance to Pomona's homeless neighbors on how to access and use the Transitional Storage Center.
❖ An education curriculum that contains information on 1) the amount of personal items that they may retain on their persons on public property, 2) practical suggestions for staying within this amount, 3) the prohibition against storing personal items on public property, 4) practical suggestions on how to carry items that are not in the Transitional Storage Center lockers, 5) linkage to services if they find that they struggle with gathering more items than they need or can use and it is negatively impacting their ability to go about their daily activities, and 6) the prohibition against using shopping carts taken from stores.
❖ Materials: Backpacks, money belts, fanny packs, personal carts and luggage to carry their personal items that are not in storage

Travel items can be permanently marked with a Pomona Travel Lite logo and the recipient's information so that if the item is lost, it can be recovered and returned to the owner or the program. Faith groups, community service groups, retailers, and residents could be offered an opportunity to donate Travel Lite equipment as well.

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ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.7.1.	Fabricate and install lockers at a specified location.
B.7.2.	Produce Use and Operations Guidelines for the Transitional Storage Center.
B.7.3.	Provide security and program operations staff through a community partner.
B.7.4.	Open Operation Warm Heart to accompany the opening of the Winter Shelter Program.
B.7.5.	Develop Travel Lite curriculum, including branding for easy identification of program materials.
B.7.6.	Secure donation of Travel Lite items.
B.7.7.	Obtain items necessary to permanently mark Travel Lite equipment for identification purposes.
B.7.8.	Train service providers on Travel Lite Campaign.
B.7.9.	Train peer Travel Lite Trainers.
B.7.10.	Conduct Travel Lite trainings and provide Travel Lite travel items as incentives.
B.7.11.	Train Compassionate Companions and other Volunteers for the homeless on the Travel Lite Campaign.

POTENTIAL PERFORMANCE METRICS
✓ A reduction in lost and stolen personal belongings
✓ Increased ability for homeless persons to travel lite, possibly allowing time for service access and activities such as pursuing employment opportunities
✓ Reduced activity and cost of removing items stored on public property
✓ Reduced reports of, requests for, and costs of removal of personal property from public land

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Purchase, fabrication and installation of lockers including grading
- Ongoing operating costs of Locker Storage Program staff and security and records
- Storage for abandoned locker items
- Destruction of unclaimed property
- Development and publication of Travel Lite Campaign
- Personal carts, back packs, fanny packs, money belts, luggage
- Engravers
- Staff time

Funding:
- Department of Health and Homeless Services Grants
- Saved General Funds when confiscation, storage, and destruction activities are reduced
- Emergency Solutions Grant
- Major Retailer Foundations
- In-kind donations
- Community Service Groups
- Faith groups and community service groups fundraising and donations campaign

PRIORITY AND TIMEFRAME

- Urgent priority
- Phase one - Locker fabrication and installation at temporary site by November 21, 2016
- Phase two - Implementation of Travel Lite Campaign within 6 months
- Phase three – Permanent operation of Transitional Storage Center and Travel Light Campaign – within 12 - 24

IMPLEMENTATION LEAD

- Phase one - Public Works
- Phase two - Homeless Services Unit
- Phase three - Public Works, Homeless Services Unit and Community Partner Operator

POTENTIAL COLLABORATING PARTNERS

- Tri City Mental Health
- Homeless Service Agencies
- Faith groups
- Community Service Groups
- Businesses
- Residents
- Local retailers
- Code Compliance
- Homeless Services
- Pomona's Promise
- Pomona Continuum of Care Coalition
- Homeless residents

STRATEGY B8: COORDINATE A "FILLING THE GAP" TRANSPORTATION SYSTEM FOR CLIENTS REFERRED TO AGENCIES AND APPOINTMENTS

DESCRIPTION

Too often homeless people never arrive at referral locations due to limited and time consuming transportation options. For many, navigating multiple bus systems and coordination with appointment times can create a real barrier and walking to each appointment can be overwhelming especially to those with health barriers. Most nonprofit providers do not provide van services to service referral appointments. A homeless transportation system could provide an answer to this challenge. Two examples of community homeless transportation programs were identified by the Programs, Resources and Services Working Group of the HAC.

Santa Clara County

Anyone enrolled in Santa Clara County's program to help homeless find permanent housing can also apply to get a photo ID and up to 1,850 free-ride transit stickers on the Valley Transit Authority's light-rail and bus lines. The stickers are good for three months, at which point the rider can re-apply for more, if necessary.

It is estimated that 3,500 of the county's 7,200 homeless people are expected to take advantage of this travel offer. The local government expects to pay about $111,000 per year for the program. But Bob Dolci, who heads up Homeless Concerns in San Jose and will oversee the free-rides project, says he wouldn't have it any other way. "This will enable them to get to medical appointments, job appointments or anything related to helping deal with their homelessness," he says. "Absolutely, it's a lifeline."[xxi]

2-1-1 Los Angeles County

2-1-1 offers specific assistance with mobility management for GAIN Job Club members. With two-day advanced notice, 2-1-1 provides the best route to travel and the needed bus passes. 2-1-1 also provides families with transportation to shelters between the hours of 9:00 a.m. - 5:00 p.m.

Proposed Plan

The simplest and most efficient way to transport people is to have a dedicated van provide transportation on a route between agencies, healthcare facilities, and County benefit providers. Homeless persons engaged in the Centralized Service Center (Strategy B1) would be registered to utilize the van shuttle service.

A locally designed transportation system could fill the transportation gap for programs and participants who are not covered by the 2-1-1 mobility program. Representatives sitting on the Regional Transportation Authority, Foothill Transit, and/or Pomona Valley Transit Authority (PVTA) boards and/or the San Gabriel Valley Council of Governments' Transportation or Homeless Committees could advocate for such a program or similar resources. The transportation system could also be supplemented by transportation provided by trained Compassionate Companions who can assist homeless persons in getting to appointments.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.8.1.	Design a "Filling the Gap" Homeless Transportation System for those enrolled in Pomona programs.
B.8.2.	Identify participating agencies including: ● The Centralized Service Center/Homeless Outreach Team ● Qualifying shelters (participate in Pomona Homeless Solutions Strategic Plan Initiatives, Community / HMIS Reporting, and the Coordinating Entry System) ● Healthcare Providers ● Tri City Mental Health ● Department of Public Services/Social Security Administration
B.8.3.	Fund service provider running the CSC to provide an accessible van and driver.
B.8.4.	Advocate for the Pomona's Homeless Transportation System with the Regional Transportation Authority, Foothill Transit, and/or Pomona Valley Transit Authority (PVTA) boards and the San Gabriel Valley Council of Governments Transportation and Homeless Committees.
B.8.5.	Transportation System Activated.

POTENTIAL PERFORMANCE METRICS
✓ Referral agencies report successful completion of referrals
✓ Record of clients arriving at appointments

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
● Free transportation stickers or vouchers or
● Shuttle
● Shuttle driver

Funding:
● Possible specialized tax (The City of San Francisco has a transportation and homeless services tax)[xxii]
● Emergency Solutions Grant
● Department of Transportation Grant
● Department of Health and Human Services Grant
● State of California Department of Transportation funds
● Car / van / bus retailer Foundations
● Prop A Transit Allocations to Pomona, the County and adjacent cities

PRIORITY AND TIMEFRAME
● Low priority
● 40 - 60 months

IMPLEMENTATION LEAD
● Neighborhood Services and Public Works

POTENTIAL COLLABORATING PARTNERS
● Regional Transportation Authority/Foothill Transit/Pomona Valley Transit Authority
● Van / Bus Company Foundations
● Interfaith Collaborative Compassionate Companions Program in-kind travel assistance

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STRATEGY B9: LAUNCH A "POSTIVE CHANGE <u>NOT</u> SPARE CHANGE" CAMPAIGN ADDRESSING PANHANDLING AND DONATIONS

DESCRIPTION

People who are homeless often need the help of community members; they need community connections, understanding and compassion. Caring community members feel this and want to help. Residents see people on the freeway off ramps, street medians, in front of businesses, downtown and in the Civic Plaza asking for money and they recognize the need. For some, giving people money feels like a way to show compassion to someone down on their luck. For others they just don't know how to say no. They may feel awkward or intimidated. Others are simply angered. They know that when people panhandle it makes it uncomfortable to go to Pomona businesses or City Hall. They fear that businesses will leave Pomona and consumers will shop elsewhere. Indeed, some panhandlers are not homeless at all.

The City of Pomona can help those who are homeless and the larger community by implementing a "Positive Change <u>Not</u> Spare Change" campaign. This campaign can provide support that homeless persons can access by funding needed services and provide an alternative to panhandling. The elements of "Positive Change" include 1) An alternative option to giving to panhandlers, 2) The effective use of donations, 3) Education for homeless persons on how they can access donations and services, and 4) Education for the community on panhandling, how to give to the Campaign, and how to decline giving money to those who are panhandling.

Making Donations to the Campaign
Creating business card size information cards to hand out to the community and businesses that provide information on the ineffectiveness of donating to panhandlers and the

effectiveness of donating to a coordinated effort. Donations can also be made through containers located at businesses and through online access, with all funding being directed to a special fund of the Pomona Community Foundation. Community service groups and faith organizations may hold "Positive Change" education and donation events.

How Funds will be Used
The program will support the Centralized Service Center and effective local charities that serve the homeless. Non-profits that request funding from the "Positive Change" fund must agree to participate in data collection and reporting regarding use of funds and client successes. They must also participate in the Pomona Continuum of Care Coalition.

"Positive Change" funds will also directly fund identified needs not adequately met through other funding sources. Such needs may include motel vouchers, transportation to reunite with family, food, water, and basic supplies such as adult and baby diapers, feminine hygiene items and other basic items that are needed but may not always be donated.

Educating the Community
Information materials will be provided for businesses, community members and service providers, as well as to homeless persons. Materials will include information on homeless services and how to access funds, redirection of focus to those wishing to help the homeless towards other ways to assist, information on panhandling and how to decline, how to support the program, and the benefits of the program to businesses.

Messaging the Campaign

"Positive Change" will provide posters, information cards and guidelines on the campaign that can be placed in businesses. Signage on street medians will notify drivers that panhandling is not allowed in these locations and will reference the relevant ordinances.

How Funds will be administered

All funds collected with this campaign will be directed to a designated Homeless Program fund through the Pomona Community Foundation. Community needs of the homeless will be collected through a specified database and will be assessed and documented. Data on revenues and use of funds will be included in the annual report (strategy C3) and posted on a "Positive Change" webpage dashboard (strategy C4).

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.9.1.	Develop "Positive Change" program guidelines.
B.9.2.	Identify participating agencies.
B.9.3.	Create program materials.
B.9.4.	Post street median signage.
B.9.5.	Create online donation platform.
B.9.6.	Conduct outreach to businesses and identify those who may wish to participate.
B.9.7.	Educate businesses, non-profits and faith-based organizations, providing promotion materials for distribution
B.9.8.	Receive and administer funds to increase funding for ongoing homeless service efforts.
B.9.9.	Report on use of funds.

POTENTIAL PERFORMANCE METRICS

✓ Reduction in panhandling
✓ Homeless persons receive assistance for needs not covered by grant funds
✓ Increased traffic to local businesses
✓ Increased support for local nonprofits and the Centralized Service Center
✓ Number of homeless persons that go to the Centralized Service Center and the Pomona Homeless Outreach Program to access needed assistance

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Administration of funds
- Production of materials
- Production of online donation center
- Production and posting of signage

Funding:
- Fundraising
- Donations for signage and cards
- Chamber of Commerce
- Business Associations
- In-kind volunteers: Communications, Computer Science and Social Science Statistic students

PRIORITY AND TIMEFRAME

- Low priority
- 40 - 60 months

IMPLEMENTATION LEAD

- Collaborative team: Public Works, Police Department, Community Services and Homeless Services Unit, Pomona Community Foundation

POTENTIAL COLLABORATING PARTNERS

- Chamber of Commerce
- Business Associations
- Local Faith- and Community-Based Organizations
- Local Universities: Cal Poly, University of La Verne, Harvey Mudd, Claremont McKenna
- Chamber of Commerce
- Local business advisors
- Resident advisors

STRATEGY B10: ENHANCE, STRENGTHEN AND SUPPORT THE POMONA CONTINUUM OF CARE COALITION TO HELP IMPLEMENT "A WAY HOME" STRATEGIES

DESCRIPTION

Established in 1999 by the Pomona City Council, the Pomona Continuum of Care Coalition (PCOCC) exists to provide a means for stakeholders to work together to address the issue of homelessness within the City of Pomona.

Pomona's Continuum of Care Coalition is organized to coordinate the delivery of services to meet the specific needs of people experiencing homelessness within the community. By calculating the need, identifying the existing resources, and prioritizing identified gaps, the PCOCC strategically addresses homelessness by coordinating effective services that prevent individuals and families from becoming or remaining homeless. It is the PCOCC's goal to assist its members in providing services that reflect dignity through integration and opportunity; increasing self-reliance through personal responsibility and fostering a safe environment that allows development of life skills that can improve income potential, health, safety, and self-determination.

The organization has successfully coordinated programs addressing homelessness in Pomona since its inception. The PCOCC conducted the first gaps analysis, out of which came the recommendation to create a Homeless

Services Coordinator position. The PCOCC convened the first Homeless Summit and Faith-Based Summit; created the Pomona Access to Social Services (PASS) Center; conducted the first Point in Time Homeless Count; organized the first and second Health and Services Fairs, and the first and second Project Homeless Connect events; and create the 2003 Strategic Plan.

Today, 60 organizations, including faith based, nonprofits, County and City departments and Pomona residents are actively engaged in the organization. The PCOCC continues to keep abreast of the changes and best practices around homeless solutions. As a result, the PCOCC's philosophy seeks to implement solutions using the Housing First and Rapid Re-housing approaches to addressing homelessness as set forth by the U.S. Department of Urban Development (HUD) and the United States Interagency Council on Homelessness. The PCOCC has been effective from the beginning and is strategically positioned to support and advise the City as it moves forward implementing the Strategic Plan – A Way Home: Community Solutions for Pomona's Homeless.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.10.1.	Formally recognize the PCOCC as an implementation arm of homeless coordination and services in Pomona by resolution of the City Council.
B.10.2.	Continue to promote the Pomona Continuum of Care Coalition as the coordinating body for community-based programming and service activity, with the City of Pomona providing supportive leadership.
B.10.3.	The PCOCC will work closely with the City and community to implement the Pomona Strategic Plan – A Way Home: Community Solutions for Pomona's Homeless.

POTENTIAL PERFORMANCE METRICS
✓ The PCOCC is recognized as an implementing agent of the Strategic Plan

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Administrative Support to the PCOCC(currently budgeted)

Funding:
- Emergency Solutions Grant
- Housing Authority Administrative funds

PRIORITY AND TIMEFRAME
- Medium priority
- Within 9-12 months

IMPLEMENTATION LEAD
- Pomona Continuum of Care Coalition

POTENTIAL COLLABORATING PARTNERS
- PCOCC 60 Participating Agencies
- City of Pomona

STRATEGY B11: IMPLEMENT ONGOING HEALTH INTERVENTIONS TO IDENTIFY AND PROVIDE SERVICES TO THE MOST VULNERABLE AND MEDICALLY FRAGILE HOMELESS

"We need to coordinate a system of care where providers and resources are available on a continuous basis with a set schedule and at the same site, so that the homeless know where they can come and when the clinics are available." - Survey of Western University health provider who supervises medical students at a health screening clinic for homeless

DESCRIPTION

Ten percent of LA County's homeless account for 72% of the County's homeless healthcare costs. San Gabriel Valley lacks a coordinated medical respite care program for homeless patients, resulting in frequent "bouncing" in and out of high-cost services without an improvement in outcomes.[xxiii]

Pomona Valley Hospital Medical Center received a $916,000 grant from the National Health Foundation to establish a safe and nurturing place for the homeless to go after discharge. The outcome of that funding, the Homeless Medical Respite Care program provides recuperative care for homeless Emergency Room utilizers and post discharge care for homeless in-patients. The program connects these patients with a primary care medical home, and identifies the top end-users to attempt to move them to places with higher levels of support.

National studies of emergency room use showed that 40.4% of homeless and marginally housed persons had one or more emergency department encounters within a year; 7.9% exhibited high rates of use (more than 3 visits) and accounted for 54.5% of all visits. Factors associated with high use rates included less stable housing, victimization, arrests, physical and mental illness, and substance abuse. These need factors appeared to drive emergency department use.[xxiv]

The ability for the body and mind to heal is compromised when people live on the street or other places not meant for human habitation. Medication storage and consistently taking required medications properly becomes a challenge for those living on the streets.

In the winter of 2015, a Fragile Health Collaborative was convened in Pomona in response to an observed increase in the number of homeless people at the Winter Shelter with extremely fragile health conditions. Participating agencies included the Department of Public Health, Pomona Valley Hospital Medical Center, Western University of Health Sciences, Pomona Community Health Center, Department of Public Social Services, Tri-City Mental Health Center, Illumination Foundation, East Valley Community Health Center, Volunteers of America of Greater Los Angeles, Pomona Homeless Services, and a City Council Member. The collaborative was charged with identifying the gaps, coordinating care and ensuring access to services for this vulnerable population.

To ensure that those most vulnerable are placed into a more stable setting and provided the opportunity to heal, it is recommended that the Fragile Health Collaborative be reconvened, expanded and provided more structure.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

B.11.1.	The Fragile Health Collaborative reconvenes.
B.11.2.	The Collaborative will identify a Chairperson and develop a regular schedule.
B.11.3.	Identify the most vulnerable individuals in the Winter Shelter program and develop care and housing plans for those persons.
B.11.4.	Work with service providers and healthcare providers to affect the individual plans.
B.11.5.	When open, identify the most vulnerable individuals in Pomona's Centralized Service Center and develop care and housing plans for those persons.
B.11.6.	Partner with trained Compassionate Companions to provide needed support and assistance for vulnerable individuals.
B.11.7.	Design, develop, and sustain a community-based coordinated health care model for the homeless, consistent with current evidence-based standards and best practices.

POTENTIAL PERFORMANCE METRICS
- ✓ Highly vulnerable homeless will be identified
- ✓ Highly vulnerable homeless will quickly move from the street and shelters to appropriate healing environments
- ✓ Reduced fragile homeless emergency room visits
- ✓ Fragile homeless persons report improved health

POTENTIAL COSTS AND FUNDING SOURCES
No cost or funding impacts due to reliance on in-kind services of community partners

PRIORITY AND TIMEFRAME
- Medium priority
- Within 24-36 months

IMPLEMENTATION LEAD
- Western University and Pomona Community Health Clinic

POTENTIAL COLLABORATING PARTNERS
- Department of Public Health
- Tri City Mental Health Center
- Los Angeles County Service Planning Area (SPA) 3 County resources
- Health Care Provider integrated collaborative network: Includes – Pomona Valley Hospital Medical Center, Pomona Community Health Clinic, East Valley Community Clinic, Western University of Health Sciences Patient Care Clinic, LA County of Public Health and Mental Health, Insurers, Pomona Unified School District

CITY OF POMONA SOLUTIONS FOR POMONA'S HOMELESS

GOAL C

HAVE AN ENGAGED AND INFORMED COMMUNITY REGARDING HOMELESSNESS AND HOMELESS SOLUTIONS

GOAL C	HAVE AN ENGAGED AND INFORMED COMMUNITY REGARDING HOMELESSNESS AND HOMELESS SOLUTIONS

STRATEGY C1: COMMUNICATE ACCURATE INFORMATION EFFECTIVELY

DESCRIPTION

People perceive homelessness from different perspectives and effectively addressing homelessness requires engagement of all stakeholders. To work together to tackle homelessness, the community needs clear, accurate information, a common language and awareness of the context in which decisions and recommendations are being made. Information should include rights, responsibilities, and definitions. Statistical data and its significance in the bigger picture of homelessness should illuminate discourse. When implementing the Strategic Plan, information regarding the goals and strategies should be available to the community in many media formats. Current information regarding studies, best practices, national standards and strategies should also be available to the public to help community members understand why the recommended approaches to addressing homelessness are being taken.

Communication Platforms

Attracting those seeking information to the City's chosen information platforms is one avenue that can be taken. However, providing information to various segments of the population is most successful when the communication methods most frequently used by organizations, groups, and populations are employed. As examples, church members often read church bulletins for information. Service groups often have newsletters or blogs. Community member often read community newspapers. The City and its community partners could provide information into those creating the bulletins and write articles for newsletters, blogs and newspapers.

Residents have various communication modes with which they are most connected. These may vary depending upon the group. When asked, residents attending a South Pomona Neighborhood Watch group said that one of the primary ways they get information is at the nearest Community Center through flyers and information boards. Other residents use Nixle, the City website, and other social media platforms. It would benefit the City to conduct a survey of community members for more information on their preferred information platforms and, as appropriate, provide information to the public through these avenues.

Messaging

Consistent messaging is vital to ensure clarity and accuracy when implementing new strategies. Once approved by City Council, the message for each strategy must be developed, reviewed and disseminated to the community at large.

It is recommended that City of Pomona Homeless Services Unit take the lead on drafting the initial messaging around each strategy and once approved by City Administration and legal counsel, create professionally designed electronic and hard copy flyers to be provided to City Council and City staff to ensure accurate and consistent messaging. In this manner, everyone in the City from frontline staff to the City Council will be informed and able to disseminate accurate information to Pomona stakeholders.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.1.1.	Survey various City stakeholders to identify preferred modes of receiving information.
C.1.2.	Develop messaging for each goal and strategy.
C.1.3.	Create appropriately formatted materials for each communication/social media platform.
C.1.4.	Reach out to those running the various communication venues and request inclusion of City provided Homeless Initiative information.
C.1.5.	Utilize community focused communication and social media platforms on a regular basis to provide clear and accurate information on homelessness in Pomona and on the strategies.
C.1.6.	Repeat this process as new homeless information becomes available.

POTENTIAL PERFORMANCE METRICS
✓ Results of community surveys
✓ Number of platform used to disseminate and receive information
✓ Various community areas, subpopulations, and groups report an understanding of homeless issues and the City's efforts
✓ Community engagement in On Your Way Home Strategic Plan initiatives
✓ Participation of homeless subpopulations in homeless solutions

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Staff Time
- Marketing material

Funding:
- Utilize current funding sources
- Business/Service Club sponsorship opportunity

PRIORITY AND TIMEFRAME
- Medium priority
- Can begin immediately upon adoption, with full implementation within 3-12 months

IMPLEMENTATION LEAD
- City Homeless Services Unit
- Deputy City Manager/Public Information Officer (PIO)

POTENTIAL COLLABORATING PARTNERS
- Pomona's Promise Implementing partners
- Pomona Continuum of Care Coalition
- Community groups
- Faith groups
- Neighborhood Watch groups
- Business Associations
- Chamber of Commerce
- Homeless Residency Boards
- Mental Health Wellness groups/Tri City Mental Health Center

STRATEGY C2: INFORM THE COMMUNITY OF THE HOMELESS SOLUTIONS INITIATIVES

DESCRIPTION

Conduct a comprehensive community outreach campaign to provide clear information to the public regarding homelessness, related challenges, best practices and deliverable solutions. Clearly spell out what is helpful and within the capability of the City, individuals and community groups. Clearly identify what is allowed and what is not allowed within Pomona when addressing homelessness. Provide information regarding protocols and requirements for providing safe, effective homeless assistance that is compatible with neighborhoods and communities within Pomona. Provide community members with tools to access services and address homeless issues.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.2.1.	Prepare 500+ Community Tool Kits to include: information on Volunteer Coordination, "Positive Change" panhandling alternative, the Communal Kitchen, the Centralized Service Center and the Travel Lite campaigns.
C.2.2.	Conduct community presentations to provide Community Tool Kits and present the "A Way Home", Homeless Solutions Initiatives.
C.2.3.	Include opportunities to support campaigns, participate, and volunteer.

POTENTIAL PERFORMANCE METRICS
- ✓ Community Tool Kits prepared
- ✓ Community outreach presentation created with core community messages
- ✓ Schedule of community outreach meetings
- ✓ Number of community outreach meetings
- ✓ Breadth of community members reached
- ✓ Post meeting survey of attendees on helpfulness and clarity of information received at meetings

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Staff Time
- Tool Kit materials/graphic design
- Printing of materials

Funding:
- Current sources funding staff
- W.K. Kellogg Foundation
- Dr. Scholl Foundation
- Irwin Potter Andrew Foundation

PRIORITY AND TIMEFRAME

- Medium priority
- Create materials within 3 months of plan adoption
- Distribute/present in conjunction with community outreach forums within 12 months

IMPLEMENTATION LEAD

- Homeless Services Coordinator

POTENTIAL COLLABORATING PARTNERS

- City Purchasing Division
- City of Pomona Crime Prevention Unit/Neighborhood Watch groups
- Community service groups
- Business Associations
- Wellness Center groups
- Life Skills groups
- Pomona's Centralized Services Center
- Faith groups
- Teen clubs
- PUSD
- CalPoly Service groups
- PCOCC
- Pomona Service Clubs (Kiwanis, Rotary, Lions, Soroptimists, etc.)
- Chamber of Commerce
- Downtown Pomona Owners Association (DPOA)

STRATEGY C3: ENHANCE, STRENGTHEN AND SUPPORT THE POMONA CONTINUUM OF CARE COALITION AS AN ENGAGEMENT ARM OF THE "A WAY HOME" STRATEGIES

DESCRIPTION

The Pomona Continuum of Care Coalition (PCOCC) has an extensive reach into the homeless community and to service providers. Some Pomona residents are also engaged with the PCOCC. The organization seeks to expand its reach to include more Pomona residents. Because of its history and relationship with the City and its collective expert knowledge on homelessness, it is also positioned to advise and make policy recommendations to the City, to promote the strategies, and inform the community of the City's efforts.

The PCOCC, with combined support of City staff and agency volunteers, has maintained an online resource directory, website and Facebook page. [xxv] The PCOCC provides positive messages to the community about the work that the City does to assist and address homelessness. Because the online tools are free, the input of key search words does not readily direct users to the PCOCC sites and Resource Directory. As a result, community members seeking information on homelessness, opportunities to participate

in solutions, or seeking resource information might conclude that these valuable resources do not exist.

The work of the PCOCC has, for seventeen years, been conducted on a voluntary collaborative basis. Each agency commits staff time to the meetings, planning, data gathering, and events. It would benefit the City to formally recognize the PCOCC as a key collaborative organization addressing homelessness in Pomona and to strengthen and support the work of the PCOCC. The City can provide information on the availability and the content of the PCOCC online resource directory through the City's outreach efforts and communication streams. This may include merging the PCOCC's online directory with Pomona's Promise directory, but keeping resources specific to homelessness and those at-risk in a separate tab. This will enable those seeking assistance, including residents and businesses trying to locate assistance for homeless persons that they encounter, to readily find resources to meet their needs.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.3.1.	Provide funding to improve the online presence of the PCOCC, including key search word capability.
C.3.2.	Tie the PCOCC Community Resource Directory to the City of Pomona's website.
C.3.3.	Formally recognize the Pomona Continuum of Care Coalition as an organization partnering with the City to address homelessness.
C.3.4.	Tie the PCOCC Resource Directory to Pomona's Promise directory.
C.3.5.	PCOCC to provide outreach and communications regarding the City's "A Way Home" Strategic Plan.
C.3.6.	Establish non-profit 501(C)3 status for the PCOCC if needed

POTENTIAL PERFORMANCE METRICS

✓ Hits on the PCOCC website, directory, and Facebook page
✓ Service agencies report ease of use of PCOCC website and a clear understanding of City's strategies and initiatives
✓ Local agencies participate in implementing the "A Way Home" strategies and initiatives
✓ Local agencies participate in Pomona's Centralized Service Center.

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Cost of establishing the PCOCC's nonprofit status
- Online website and directory using platforms that link with key search words

Funding:
- Tech Soup
- Network for Good
- CDBG
- In-kind volunteer services students: statistics and computer science students

PRIORITY AND TIMEFRAME

- Low priority
- Initiate within 24-36 months of plan adoption

IMPLEMENTATION LEAD

- City Homeless Services Unit and PCOCC Leadership

POTENTIAL COLLABORATING PARTNERS

- PCOCC participating agencies
- Pomona's Promise
- Pomona Community Foundation
- Local Universities
- City Information Technology (IT) Department

STRATEGY C4: CREATE "A WAY HOME" STRATEGIES WEBPAGE AND DASHBOARD

DESCRIPTION

In concert with the Los Angeles (LA) County Board of Supervisors approval of the LA County Strategic Plan to Combat Homelessness, the County provided a webpage to inform stakeholders about the Plan. ˣˣᵛⁱ The page also provides updates and calls to action for implementation. It is a reliable source for anyone seeking true, accurate and up-to-date information on the County's strategies.

In its recommendations to the City for improvements of the Pomona Homeless Services System, the Corporation for Supportive Housing recommended that the City develop an online dashboard to provide an easily accessible location with quick glimpse information on Pomona's homeless resources, data, successes and initiatives.

As part of the effort to convey clear and accurate information, it is recommended that the City create a webpage that provides background and current information on "A Way Home" Pomona's strategic plan to address homelessness. The web page can also be part of the Pomona Continuum of Care Coalition website and have direct links on Pomona's Promise website and other social media platforms. This will connect a range of constituents and interested parties to the latest information and progress. Items such as the annual report, strategy outlines and implementation efforts and community efforts to address homelessness can be posted on this website.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.4.1.	Create a web page specific to the A Way Home strategic plan on the PCOCC website.
C.4.2.	Design the webpage with a dashboard for a quick glimpse of information, statistics, efforts and successes.
C.4.3.	Link to City of Pomona and Pomona's Promise websites.
C.4.4.	Update with calls to action and progress reports.

POTENTIAL PERFORMANCE METRICS
✓ Stakeholders will have clear information on the strategies
✓ Stakeholders will support calls to action
✓ The same information and language will be provided on multiple websites
✓ Access to information will be reported in a positive way

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Webpage development and maintenance
- Dashboard development and maintenance

Funding:
- Community Connect Grant Program
- Planning and Local Technical Assistance Programs
- Digital Divide community grants

PRIORITY AND TIMEFRAME
- Low priority
- Webpage within 12 months, 24-36 months for full implementation of dashboard

IMPLEMENTATION LEAD
- City of Pomona IT Department
- Deputy City Manager/PIO
- Homeless Services Coordinator

POTENTIAL COLLABORATING PARTNERS
- Pomona Continuum of Care Coalition
- Pomona's Promise

STRATEGY C5: PROVIDE AN ANNUAL REPORT ON HOMELESS and HOUSING DEVELOPMENT EFFORTS WITHIN THE CITY

DESCRIPTION

The HAC Communications and Housing and Facilities workgroups expressed the desire for an annual report on the City of Pomona's efforts to house the homeless and on the development of affordable housing within the City.

The Homeless Management and Information System (HMIS) is the standard for reporting homeless services and housing. The City homeless programs enter data and run reports in HMIS throughout the year to maintain accuracy. The City requires agencies that are funded through the City to participate in HMIS unless they are exempt from doing so; such as the case with domestic violence providers.

Multiple agencies, including those not funded through the City, implement homeless housing programs in Pomona. Some of these enter data into HMIS and some do not. Independent housing providers, particularly faith groups and room and board facilities do not report in HMIS. This variance in HMIS participation presents a challenge to obtaining complete data on all of Pomona's efforts to house the homeless.

To inform the strategic planning process, the City retained the Corporation of Supportive Housing (CSH) to evaluate the homeless housing system within Pomona. CSH identified challenges in obtaining the data required. Further, the HMIS system in LA County is administered by LAHSA and because of this, direct access to information is limited and not within the City's control.

None-the-less, the City recognizes the need for complete and accurate data on efforts to house Pomona's homeless. An annual report on housing the homeless would inform the City and its residents as to whether the Pomona community's system is functioning successfully or if adjustments need to be made. In partnership with service providers and LAHSA, the City will work to refine the data collection and reporting process. The City will also collect data internally on all homeless persons housed through City programs that assist homeless persons. In addition, the City annually collects data on the number of rental housing units developed. This information will be provided as part of the annual report.

To encourage participation in data collection and reporting, the Pomona Continuum of Care Coalition will have incentives to participate. Agencies that report housing data annually to the City or HMIS will receive public recognition from the Coalition, as well as the identified incentive. Finally, the City will directly contact agencies housing homeless households to obtain information annually to complete the annual report on housing the homeless.

The Annual Report on Homeless Housing Efforts will be posted on the "A Way Home" webpage, on the Pomona Continuum of Care Coalition's website and on the Pomona's Promise web page.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.5.1.	Obtain baseline data on the number of homeless people and number of people housed: HMIS data and programs not reporting on HMIS.
C.5.2.	Develop an internal City reporting system to identify the number of homeless households housed through non-homeless specific housing programs.
C.5.3.	Retrieve annual data reported by agencies funded through the City of Pomona.
C.5.4.	Identify and report the number of newly constructed rental housing units by affordability and sub-population if applicable.
C.5.5.	Obtain data from PCOCC participating agencies.
C.5.6.	Develop data sharing agreements with County programs housing Pomona's homeless.
C.5.7.	Obtain annual report from the Coordinated Entry System.
C.5.8.	Ensure that data is unique and not duplicative.
C.5.9.	Generate Report Annually within 90-days of the fiscal year end.
C.5.10.	Post the report on the "A Way Home", PCOCC, and Pomona's Promise websites.
C.5.11.	Inform community and faith groups of report data through each groups preferred communications modalities.

POTENTIAL PERFORMANCE METRICS
✓ Annual report will accurately reflect data on the number of Pomona's homeless households housed and new rental housing units constructed within the City.
✓ Stakeholders, including residents, will have ready access to the annual report

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Staff time

Funding:
- Current staff funding

PRIORITY AND TIMEFRAME
- Medium priority
- Initial CSH report completed
- Lay foundation for reporting mechanisms within 9 months of plan adoption
- Partial annual report posted by September 30, 2017 focusing on city related housing programs and those reporting in HMIS.
- More complete annual report posted by September 30, 2018.

IMPLEMENTATION LEAD

- City of Pomona Homeless Services Unit, Neighborhood Services Department and Development Services Department

POTENTIAL COLLABORATING PARTNERS

- LAHSA HMIS
- PCOCC
- Local agencies not reporting on the HMIS may complete a simple one-page form with quantitative questions provided by the City of Pomona Homeless Services.
- Volunteer opportunity for Communications, Computer Science and Social Science Statistic local university students
- Pomona Housing Authority
- Local affordable housing providers
- LA County Department of Public and Social Services
- Coordinated Entry System

STRATEGY C6: PROVIDE TRAINING ON WHEN, WHERE, AND HOW FOOD AND BASIC NEEDS ITEMS MAY BE DISTRIBUTED WITHIN THE CITY. PROVIDE CONNECTIONS TO THE VOLUNTEER COORDINATION AND COMMUNAL KITCHEN PROGRAMS

DESCRIPTION

It is common for groups within and from outside of Pomona to initiate programs to provide for food and basic needs for the homeless in Pomona. In many cases, the City is not provided notice of these efforts. Groups providing services are encountered by Community Services staff, the City's security guard service, Code Compliance and Police officers. Residents whose homes are near parks observe homeless people gathering as distributions set up. Businesses find groups gathered to distribute food in downtown locations and parking lots. Often these groups are unaware of the impact their activities have on the community. They want to help, and the idea of sharing food and clothing seems to address needs common to all people. Neighbors report problems when local churches provide food and basic services out of their building, particularly when the program closes and homeless people disburse into the surrounding neighborhood.

As the Volunteer Coordination Program (Strategy B3), the Communal Kitchen Strategy B2), and the Centralized Service Center (Strategy B1) come on line, the City can help mitigate challenges presented by provision of basic needs in the City by providing information on City policies and opportunities to help in these venues instead of throughout the City.

Developing information cards or flyers about the Volunteer Coordination Program, opportunities to connect and serve in the Communal Kitchen, opportunities and needs at the Centralized Service Center, and how to connect with the PCOCC will be crucial to implementing this strategy.

In addition, information on the City's food and basic needs distribution policies (Strategy D3) can be distributed separately and in combination with the other informational flyers. Promotional material tailored to different types of groups should contain language and references that reflect the interests of those groups; for example, churches, other faith groups, community service groups, and school community service groups might each be approached slightly differently, but the core information will stay the same.

Finally, promotional material on how to truly help change someone's life by empowering rather than creating dependence would be beneficial. Such material could discuss creating balanced relationships with those who need a hand up rather than a hand out. This could also be done in coordination with the "Positive Change" initiative (Strategy B9).

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.6.1.	Develop promotional material about 1) the Volunteer Coordination Program, 2) the Communal Kitchen, 3) the Centralized Services Center, and 4) how to connect with the PCOCC. Flyers should include information on the City's policies about the provision of food/basic need items within the City, conditional and temporary use permit requirements, and process for requesting to have community events at parks.
C.6.2.	Provide information on the availability, content, and accessibility of the online resource directory.
C.6.3.	Information materials will be tailored to reflect different audiences.
C.6.4.	Provide information cards to Parks and Recreation, the contracted security guard service, Code Compliance, Police officers, businesses and residents to be given to those encountered who are distributing in parks, business areas, and neighborhoods.

POTENTIAL PERFORMANCE METRICS
- ✓ Reduction of distributions to the homeless in public places, business areas and neighborhoods.
- ✓ Volunteers connected with the Volunteer Coordination Program, the Centralized Service Center, the Communal Kitchen and the PCOCC.
- ✓ Those who are homeless know where to find the food and other basic items they need
- ✓ Needs are met in a reliable and consistent manner
- ✓ Volunteers have a clear understanding of how to assist the homeless in Pomona
- ✓ Policies and materials are made available on the "A Way Home" webpage.
- ✓ Materials are provided in the Community Tool Kits

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Costs of printing materials
- Staff time

Funding:
- ESG funds
- CDBG funds
- Financial sponsorship

PRIORITY AND TIMEFRAME
- High priority
- Distribute materials 6 months from CSC, Communal Kitchen and/or Volunteer Program implementation

IMPLEMENTATION LEAD
- City of Pomona Homeless Services Unit

POTENTIAL COLLABORATING PARTNERS
- City Attorney review
- Code Compliance, Public Works, Police Department
- Community Services
- Security Company
- Businesses/Residents
- PCOCC
- Pomona's Promise

STRATEGY C7: INCREASE BUSINESS OWNERS' KNOWLEDGE OF HOMELESS SOLUTIONS AND PROVIDE SUPPORTIVE TOOLS

DESCRIPTION

The conduct of daily business is often negatively impacted when homeless activities take place nearby. To address this, businesses need information regarding resources, and service providers. Business owners need an understanding of where their rights, and those of homeless persons, begin and end.

Businesses may be unsure how to respond to homeless-related issues. Current and accurate information about homelessness and how to address the homeless is needed.

Businesses also need to know the role that they can play in helping to end homelessness. Some business owners have tried to help by offering odd jobs for food or a place to stay, only to find that a growing number of homeless persons then camp on their property.

Businesses will benefit when participating in the "Positive Change Not Spare Change" alternative to panhandling campaign (Strategy B9). Businesses can participate in solutions to homelessness through legitimate employment and apprenticeship opportunities and support of relevant "A Way Home" strategies (Strategy A3).

Businesses need ready homelessness resources and strategy information in ways that are useful and easy to access.

Implementation of Crime Prevention through Environmental Design (CPTED) interventions can help businesses to reduce homeless activity on business sites as well as reduce possible illegal activity. Providing business with information on CPTED design elements will empower businesses to engage in successful commerce in the City of Pomona.

To promote this information, communication avenues currently used by businesses must be employed. Such avenues include: community service groups, networking groups, the Chamber of Commerce, Business Neighborhood Watch business newspapers and newsletters, trade publications, and business associations. Businesses may also receive the information from the Pomona Police Department, Code Compliance, Pomona Homeless Outreach Team and the Homeless Services Coordinator. Materials should be available at the City's Business License desk as well. Finally an effort to present this information to business service organizations and association meetings should be initiated.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.7.1.	City and Chamber Convene a Business Leader's Task Force on Homelessness[xxvii]
C.7.2.	Create promotional material that provides: Tips on how to address homeless related situations; information on how to file complaints; how Homeless Services, the Pomona Homeless Outreach Team, and Police can help; what the City can and cannot do legally; "Positive Change" alternative to panhandling campaign; how to connect with homeless resources; information on CPTED principles; and how to connect with the Business Leaders' Task Force on Homelessness.
C.7.3.	Create and extend an invitation to participate in the PCOCC via business associations.
C.7.4.	Provide business association and service group presentations.
C.7.5.	A business link on the PCOCC website.
C.7.6.	Inform the business community of service opportunities for business volunteer groups.

POTENTIAL PERFORMANCE METRICS

✓ How many businesses were provided flyers, brochures, and posters
✓ Increase of the number of phone inquiries to the Chamber of Commerce for information
✓ Reduction in the number of complaints to the City and Police Department
✓ Survey of local businesses
✓ Number of hits on web page
✓ Businesses and Business Associations support of "A Way Home" Initiatives through time, talent, inventory, staff and owners volunteer efforts
✓ Number of presentations and attendees

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Printing, supplies and Staff Time
- Webpage maintenance

Funding
- Current funding sources

PRIORITY AND TIMEFRAME

- High priority
- Create outreach and marketing materials within 12-24 months from plan adoption

IMPLEMENTATION LEAD

- Pomona Homeless Services Unit and Chamber of Commerce collaborative effort

POTENTIAL COLLABORATING PARTNERS

- City Administration
- City Human Resources
- City Code Compliance
- Police Department
- Business Community Service groups
- Business Associations
- Downtown Pomona Owners Association (DPOA)

STRATEGY C8: ENGAGE AND INFORM THE RESIDENTS OF POMONA IN ISSUES REGARDING HOMELESSNESS

DESCRIPTION

Homelessness in Pomona affects the greater community in a significant way when the unsheltered homeless begin to impact neighborhoods and businesses negatively. Residents encounter Pomona's homeless as they walk their children to school, shop, conduct business, and enjoy in parks. Pomona residents need accurate information on what is being done to address homelessness, how to respond to homelessness and how they can get help with homeless issues. Distilled information is needed to help the residents understand this complex challenge. When interviewing businesses and residents, many respondents ask about mental health challenges for those living on the streets. People would like a better understanding of what chronic homelessness is and what causes a homeless person to become homeless. Discussion groups and training might be helpful to assist in addressing this area.

Within 2016 alone, more than half a dozen community meetings have been held at the request of residents to find out what's going on with the increase of homeless in Pomona, why does Pomona seem to have more than other cities, what is the City doing to address homelessness, and why is it that the homeless seem to have more rights than property and business owners.

Because of this, the HAC Working Group on Community Perceptions recommended hosting ongoing forums on issues surrounding homelessness. Perhaps these forums could be hosted in coordination with Area Commander Meetings, Neighborhood Watch meetings, or Coffee with a Cop. However, because these meetings have a specific purpose and agenda, separate forums at the request of residents and business owners might be preferable.

To begin to implement this strategy a link to "request a neighborhood forum, discussion group, or training" could be provided on the "A Way Home" webpage (strategy C4). In addition, information on how to request a neighborhood forum could be provided in resident focused materials and a link provided on the City's website.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.8.1.	Create resident focused flyers, brochures and cards that provide information on how to respond to homelessness and how to get help with homeless issues. Include how to request a neighborhood forum, discussion group or training on homelessness. Also include definitions, rights, and the current state of homelessness in Pomona; information on specific City initiatives; and information on resources and service-providers and the availability and content of the online resource directory.
C.8.2.	Create an "A Way Home" Empathy Campaign that reveals the humanity of homeless individuals and the personal nature and complexity of issues associated with becoming homeless. Such a campaign can include public art and online interviews and stories. Include information on opportunities to help as families and neighbors.

C.8.3.	Work with the Pomona Unified School District to create a class project or service program that empowers young Pomona students with knowledge about homelessness and allows them to contribute ideas and talents to address homelessness.
C.8.4.	Create a methodology for updating the Pomona Continuum of Care Coalition directory (Strategy B10).
C.8.5.	As the Pomona's Promise website and directory are renewed and updated, the PCOCC Directory can link to the Pomona's Promise Directory homeless section with a connecting online link on the PCOCC website. Pomona's Promise Resource Directory will feature the new "Homeless and At-risk" tab and will contain a map with color-coding by service type and a roll over feature providing details of services.
C.8.6.	Educate through Ongoing Conversations. Provide forums, discussion groups and trainings at the request of residents.
C.8.7.	Create an invitation to participate in the Pomona Continuum of Care Coalition. Distribute at forums, discussion groups and trainings. Send out through resident's avenues of communication.

POTENTIAL PERFORMANCE METRICS
✓ Increased involvement of residents with service providers, reported resident outreach activities.
✓ Reduction in complaints to the City and Police Departments.
✓ Increased resident participation in "A Way Home" initiatives
✓ Resident's support through time, talents and donations to "A Way Home" initiatives
✓ Online and social media community input survey results

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Website development and maintenance
- Staff Time
- Printing and supplies

Funding:
- Walmart Foundation
- Aetna Foundation

PRIORITY AND TIMEFRAME
- High priority
- Implement outreach efforts within 12-24 months

IMPLEMENTATION LEAD
- Pomona Continuum of Care Coalition
- City of Pomona Homeless Services Unit
- Pomona Unified School District
- Tri City Mental Health Center

POTENTIAL COLLABORATING PARTNERS
- Pomona's Promise
- Chamber of Commerce
- Service Organizations
- DPOA
- Community and Faith-based organizations

STRATEGY C9: STRENGTHEN SERVICE PROVIDER NETWORKS AND INCREASE RESOURCE VISIBILITY

DESCRIPTION

Communication within the network of service-providers and between service providers and the public is an essential element of an effective homeless solutions system. A lack of awareness of programs can lead to an overlap or duplication of service provision, as well as gaps in services and resources.

Accessibility of services and resources for the homeless population provided by the service providers of Pomona can be improved. Often service providers require clarification on how to find each other, connect, and refer people to other organizations for assistance. Clear and detailed information on what each organization does, when services are available and how to access or refer others to them would be helpful. For instance, improvements in the consistency of referral of homeless persons exiting an emergency room or hospitalization to respite care facilities could be realized with improved communications.

The Pomona Continuum of Care Coalition has been effective in providing networking and information sharing at the monthly meetings. The City of Pomona and the PCOCC can build upon this long-standing communication network to address this need. In addition, it would be helpful for timely information to be disseminated between PCOCC meetings. A daily reporting of new events and housing opportunities would help people to be housed quickly and reduce vacancy rates. A homeless dashboard on the PCOCC website could provide an easily accessible quick snapshot of updated information. And, a master calendar that provides information about important events, meetings or activities of PCOCC member organizations would helpful to all agencies as well as those who use their services.

For those service providers not connected with the PCOCC, an engage and connect campaign could be helpful in obtaining new members. County Departments could encourage County funded programs to link into the PCOCC (Strategy B4). As the organization continues to grow, networking should be redesigned to take full advantage of current information sharing platforms.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.9.1.	Update Pomona's Promise website, to include the homeless services online resource directory. The resource directory will feature a new Homeless tab and map with color-coding by service-type.
C.9.2.	Create a social media forum on homelessness (Strategy C2 and C4).
C.9.3.	The City and/or the Pomona Continuum of Care Coalition to issue quarterly Press Releases to highlight "A Way Home" strategies as they are implemented.
C.9.4.	Link Pomona Continuum of Care Coalition and Pomona's Promise websites. Feature a link to the PCOCC more prominently on the Pomona's Promise website.

C.9.5.	Ensure that service provider resources are provided to the Pomona Unified School District's Resource Center.
C.9.6.	Provide information on availability and content of the online resource directory in service provider communications.
C.9.7.	Explore where respite care referrals are inadequate and examine the reasons for disconnects in this system. To the extent that this is a communications issue, work with hospitals administration and social services staff and the respite care providers to enhance communications regarding this vital option for vulnerable homeless persons exiting the hospital system.
C.9.8.	Identify homeless service providers in Pomona that are not connected to the Coalition and extend invitations.
C.9.9.	Send out daily information updates with snapshot of what is included and links to materials, information and websites.
C.9.10.	Provide agencies with an easy to use announcement tool on the PCOCC website.
C.9.11.	Create a master community calendar that highlights service events, meetings and service activities.

POTENTIAL PERFORMANCE METRICS
- ✓ Increased hits on Pomona's Promise Website
- ✓ Increased hits on Pomona Continuum of Care Coalition's Website
- ✓ Increased social media platform traffic
- ✓ Survey service providers regarding networking and referral satisfaction. Collect input on suggested improvements and implement practical solutions.

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Cost of enhancing and maintaining Pomona's Promise's and Pomona Continuum of Care Coalition's Websites
- Cost of developing and maintaining Social Media community platforms

Funding:
- Fundraising
- Cisco Technology Grant
- Progressive Technology Project
- Verizon Foundation
- Business/Agency Sponsorship

PRIORITY AND TIMEFRAME
- Low priority
- Begin work within 24 months
- Complete and maintain work within 48 months

IMPLEMENTATION LEAD
- Pomona Continuum of Care Coalition in Collaboration with City of Pomona / Pomona's Promise

POTENTIAL COLLABORATING PARTNERS

- 2-1-1
- Pomona Unified School District
- City of Pomona IT Department
- Pomona's Promise Work Groups
- Service Providers
- Day One
- GAIN Program
- LA County Education Office
- LA County Re-entry Programs
- Pomona Valley Children and Family Collaborative

STRATEGY C10: INCREASE HOMELESS PERSONS ACCESS TO AND USE OF RESOURCES

DESCRIPTION

Individuals and families experiencing homelessness need easy access to resources and information. Resource information should be readily available in formats used by and at locations frequented by people who are homeless. To the greatest extent possible, barriers to information should be minimized. Research conducted by the Programs, Resources and Services working group of the HAC revealed that, generally, the customer service of service providers could be better. Many service providers utilize voicemail and are remiss in returning calls. Others were found to leave callers on hold for an inordinate length of time. Similarly, wait time for 211 calls can, at times, be 45 minutes to an hour. Waiting lists for affordable housing and voucher programs and other services can be long. DPSS sees the same homeless families year after year, indicating that current programs fail to move households from homelessness to housing in a sustainable way. The causes and solutions to recidivism to homelessness must be identified.

Many homeless people exiting a hospital room stay decline to use the respite care program, opting instead to exit to homelessness. Equally, homeless people often decline shelter and housing options offered to them. Educating homeless people on what these programs are like may help remove the fear associated with going to a housing option. Pictures of options, even quarterly or monthly tours, could inform homeless people in a concrete way and make the unfamiliar, familiar and safe.

This is where a Centralized Service Center (Strategy B1) and transportation system (Strategy B6) could be of great assistance to both homeless clients and the agencies that serve them. To have a centralized place to provide services and coordinate referrals would increase service effectiveness and decrease the number of missed appointments by homeless families and individuals do to service barriers.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

C.10.1.	Explore where respite care referrals are insufficient and examine the reasons for disconnects in this system. Work with hospitals administration and social services staff and respite care providers to remove barriers and enhance communications regarding this vital service for vulnerable homeless persons exiting the hospital system. Provide complete information with pictures about respite care and how it works.
C.10.2.	Pomona Continuum of Care Coalition to adopt a Customer Service Standard of Excellence for service providers. Encourage all homeless service providers to adopt this standard. Agencies that adopt the Customer Service Standards of Excellence will receive prominent display / linkage on the Pomona Continuum of Care Coalition Website and privileged membership benefits.

C.10.3.	Incorporate the Whole Person Care Model and Compassionate Companions training for successful engagement of persons experiencing homelessness to reduce recidivism to homelessness. (Strategy B3)
C.10.4.	Create a large-scale asset map of services to be displayed at service provider locations and community centers.
C.10.5.	Create pocket cards with information about rights and responsibilities, services and resources.
C.10.6.	Create and provide posters to service provider, Pomona Unified School District Resource Center and County services offices. Provide information on availability and content of the online resource directory.
C.10.7.	Hardcopy and electronic newsletters in service provider, Pomona Unified School District Resource Center and County services offices.
C.10.8.	Create a printable fact sheet with information about rights, responsibilities, services and resources. Make the fact sheet available on Pomona's Promise, City of Pomona and Pomona Continuum of Care websites. Flyers can be printed and distributed to homeless persons and families by volunteers, neighbors and community members, food banks and other interested parties. Include flyers and pocket cards in hygiene kits and food bank distribution bags.
C.10.9.	Provide information on the Filling the Gap Transportation System (Strategy B8) through a brochure at participating service providers.
C.10.10.	Educate homeless persons on available resources and how to access them through ongoing conversations.
C.10.11	Provide tours of available shelter facilities to homeless families and individuals refusing "Housing First" options and assist in moving when possible.

POTENTIAL PERFORMANCE METRICS

✓ Homeless persons report improved access to services
✓ Survey consumers of services in the community and at the Service Center
✓ Reduced hold times on phone calls and wait times for housing and services
✓ Increase homeless person enrolled in programs and housed

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Printing
- Staff time

Funding:
- Current funding sources

PRIORITY AND TIMEFRAME
- Medium priority
- Implementation to start after development of Centralized Service Center for optimal results. Fully implemented 18-24 months after adoption of plan.

IMPLEMENTATION LEAD

- Pomona Continuum of Care Coalition/City of Pomona Homeless Services Unit

POTENTIAL COLLABORATING PARTNERS

- Service Provider Executive Directors
- DPSS Executives
- 211 Executives
- City of Pomona Homeless Services Unit
- Homeless Service Providers receiving funding through the City of Pomona
- Tri City Mental Health
- Pomona Valley Community Hospital
- Pomona Community Health Clinics
- East Valley Community Health Clinic
- Illumination Foundation
- Los Angeles Homeless Services Authority (LAHSA)
- Pomona Police Department
- Pomona Unified School District
- Students to help create posters
- Pomona Homeless Outreach Program

CITY OF POMONA SOLUTIONS FOR POMONA'S HOMELESS

GOAL D

BALANCE THE NEEDS AND RIGHTS OF HOMELESS PERSONS AND THE LARGER COMMUNITY THROUGH UPDATED, FAIR, LEGAL AND ENFORCEABLE POLICIES AND ORDINANCES

GOAL D   **BALANCE THE NEEDS AND RIGHTS OF HOMELESS PERSONS AND THE LARGER COMMUNITY THROUGH UPDATED FAIR, LEGAL AND ENFORCEABLE POLICIES AND ORDINANCES**

STRATEGY D1: EVALUATE CURRENT POLICIES AND ORDINANCES AND CREATE POLICIES AND ENFORCABLE ORDINANCES THAT SUPPORT THE STRATEGIES

DESCRIPTION

Certain areas of concern regarding homelessness can best be addressed through City policy. A discussion of policy matters took place in each of the HAC Working Groups. The general feeling was that it does the community no good to have policies in place that can't be enforced regardless of the reason.

Review and Update Ordinances
All ordinances of the City of Pomona should be fair, legal and enforceable. Ordinances that are on the books, but are not enforceable undermine respect for the law. It is recommended that the City Attorney review each of the City ordinances that may have to do with homelessness, either directly or indirectly. It was recommended that each of these ordinances be reviewed and that those that cannot be acted upon be rescinded or redrafted to bring them up to a standard that can be acted upon based on judicial precedence.

Although laws pertain to everyone, the following may impact homeless persons and should be reviewed: ordinances related to loitering, shopping carts, solicitation and panhandling, drinking alcohol in public places and open containers, smoking in parks, use of public spaces, camping, sleeping in public, storage of personal property, dumping, sleeping in motor vehicles, use of city parks, depositing or burial of solid waste, scavenging, and theft of utilities.

Use of public space
HAC members suggested that the City identify public areas negatively impacted by a persistent and frequent congregation of homeless persons, as well as those who may not be homeless, but who are loitering and negatively impacting a business environment. The City can develop a plan for each site, addressing and mitigating environmental and social factors contributing to the concentration of homeless persons and others who may be loitering. For example, physical changes in the Civic Center could help prevent loitering and panhandling in the area. Developing policies and implementing the strategies in this recommendation correspond neatly with the development of the Centralized Services Center (Strategy B1) where the needs of homeless persons can be better met than in areas not suitable for distribution and service activities.

Permits
With the opening of the Centralized Service Center (Strategy B1), the Neighborhood Services Department should revisit and set definitive policies around the permitted use of public parks and the distribution of free food, clothing and other basic needs. Also, the Development Services Department can review and update policies for approving Temporary Use Permits for free distribution of foods, basic needs, and services in public spaces, on private property, and allowed locations.

Housing First

Recognized as the most impactful and cost effective approach to ending homelessness, the City should formally adopt a requirement that service providers funded through the City implement housing first strategies. A Housing First philosophy could be included in shelters approved for development as well as affordable, permanent and permanent supportive housing.

Review and adopt a Pomona residency standard for homeless assistance

HAC contributors suggested that the City evaluate and update the Pomona residency requirement for homeless people who seek assistance through *City of Pomona funded* services and housing programs. Although it would be difficult to enforce such a residency requirement for all service operators within the City, agencies operating homeless assistance programs with City funding would be restricted to only serving people or households meeting the Pomona residency requirement within those programs. To recommend this policy, the City reviewed 1) the current Pomona residency requirement, 2) the HAC Housing and Facilities Workgroup recommendation and 3) the residency requirement of two other cities that have successfully implemented a homeless preference criterion. The following outlines a Pomona Homeless Residency criterion that incorporates the above recommendations.

Recommended City of Pomona Residency Criterion for Homeless Services:

A Homeless person or household must meet one of the following criteria in order to be assisted with City of Pomona funded homeless housing and service programs:

1. Be identified by City of Pomona staff (i.e. Pomona Police Department, Pomona Fire Department, Code Enforcement personnel or Homeless Services/Outreach Team) as high users of City resources and services and meet one of the other criteria listed; or,

2. Be known to the City of Pomona's Homeless Services Unit/Outreach Team/Tri City Mental Health Center to be sleeping in a place not met for human habitation, in Pomona, for more than 12 months and has a service history or open case for over one-year consisting of ongoing interaction with one of the service agents listed ; or,

3. Have a social support system of an immediate family member living in Pomona, who is willing to help in the remediation of their homelessness. Current residency of an immediate family member (mother, father, child, sibling, or grandparent) in the City of Pomona documented by written certification of the family member along with written proof of City occupancy, or,

4. Become homeless while living permanently in Pomona with proof of residency on property zoned for residential use in Pomona (owner of record, lease, and/or paid utilities necessary for legal use of the property for residential use); or,

5. Individual or household experiencing homelessness has a household member that is currently attending a Pomona school full-time (with written certification from school personnel) or is legally and gainfully employed at least 20 hours per week and works within the City of Pomona city limits (documented with paystubs and identification).

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

D.1.1.	Evaluate troubled areas in the City and encourage investment in Crime Prevention Through Environmental Design (CPTED) improvements.
D.1.2.	Once "Urgent" initiatives are implemented, update any City ordinances that would be impacted, allowing enforcement equally across all residential statuses.
D.1.3.	Review and update permitting policies for use of parks, free food and item distribution, use of community organizations buildings for extraordinary activities.
D.1.4.	Adopt a City residency criterion for the provision of homeless services and housing funded through City of Pomona programs.
D.1.5.	Advocate for Countywide adoption of uniform city residency standards. City representative sitting on the San Gabriel Valley Council of Governments (SGVCOG) have an opportunity to bring this recommendation to decision makers for a common standard. (Complements Strategy B5).
D.1.6.	Formally adopt a policy requiring the inclusion of Housing First principles and elements in shelters, affordable, permanent and permanent supportive housing.

POTENTIAL PERFORMANCE METRICS

✓ Residents and businesses report improvement in problem areas of the City
✓ Increase in business traffic and revenues
✓ A reasonable and effective residency standard for homelessness is adopted in the City
✓ Residency policy is adopted by the SGVCOG participating cities
✓ Each city in the region accepts responsibility for homeless persons meeting the residency standards
✓ Homeless persons are rapidly rehoused within their community in which they became homeless or have significant ties.

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Implementation of environmental changes to address problem areas

Funding:
- Soteria Group assessment of funding opportunities
- Crime and Public Safety grants
- Centers for Disease Control and Prevention

PRIORITY AND TIME FRAME

- Urgent priority
- Review affected ordinances within 3-6 months of plan adoption. Update where needed to reflect new community resources addressing shelter, food distribution and storage.

IMPLEMENTATION LEAD

- City Attorney and City Administration

POTENTIAL COLLABORATING PARTNERS

- Pomona Police Department
- Public Works Department
- Neighborhood Services Department
- Development Services Department
- San Gabriel Valley Council of Governments

STRATEGY D2: CREATE A SAFE AND SECURE PARK, CIVIC PLAZA AND PUBLIC SPACE EXPERIENCE

DESCRIPTION

Parks should be family-friendly and provide a comfortable place for people to rest, play and recreate. For some residents in Pomona, a city park is the primary outlet for recreation. For others it is a place for physical activity or team sports. And for children who live in multifamily buildings parks may be the only place to exercise and play outdoors.

All residents, including homeless people, have the right to use and enjoy parks. The open space, trees and grass provide a natural place for people to spend time. The desire to live in these spaces when you do not have a home makes sense. But, parks are not designed, and were never meant, to be a private residence. When people live in a public space, the result is that private behavior and activities take place in public. When the pervasive and continuous use of parks by one population interferes with other members of the community's ability to enjoy the park, measures need to be taken to ensure that everyone's rights to public open space is protected.

Camping and Food Distribution

With the adoption of SB2 and the identified need to provide for those who are unsheltered, it is anticipated that more emergency housing will be developed. As shelter space becomes available, the City should be able to fairly enforce its no camping ordinances without legal challenge. In addition, when the Centralized Service Center (Strategy B1) and Communal Kitchen (Strategy B2) are opened to provide for basic needs and food provision, it should not be necessary for these activities to be conducted in parks or other public spaces.

Establish a Park Ranger Program

Pomona's parks are large and beautiful, resplendent with trees and shrubbery. The parks also have many rules to ensure a pleasant environment for all visitors. No drinking of alcohol, no smoking, no occupancy after dark unless a public event has been sanctioned, are a few of these rules. It takes considerable effort to enforce the City's policies regarding the proper use of parks. Therefore, it is recommended that the City establish a Park Ranger program. The program can be supplemented by strengthening and expanding the Citizen Volunteer Patrol program. An evaluation of current park security is recommended.

Civic Plaza

The Pomona Civic Plaza is a location for municipal business, court activity and library activities. People of all ages and across the spectrum of Pomona's diverse community come to this area to accomplish specific tasks. It is vital that the Civic Plaza is safely navigable for all residents, including children, the elderly, and the infirm. As such simple measures to ensure the safety of all are recommended.

Children may ride their bicycles to the library, but few are seen riding bikes across the Civic Plaza. However, it has been pointed out that several adults do ride through and around the Civic Plaza. To ensure the safety of all, it is recommended that riding bicycles or other wheeled transportation such as scooters and skateboards in and through Civic Plaza be prohibited and that a policy be adopted and enforced that such means of transportation be walked through Civic Plaza. In addition, zero tolerance of shopping carts in the Civic Plaza should be continue to be enforced. Personal carts such as those marketed broadly would not be included in the prohibition.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

D.2.1.	Create a Park Ranger program.
D.2.2.	Evaluate, update and enforce camping ordinances.
D.2.3.	Evaluate and update community service policies and procedures for park usage.
D.2.4.	Strengthen and expand the Citizen Volunteer Patrol Program.
D.2.5.	Evaluate park and Civic Plaza security services. Ensure that the service provides highly trained, experienced and qualified security personnel.
D.2.6.	Ensure that the Park Ranger, Citizen Volunteer Patrol and Security Services have effective and open communication lines and linkages.
D.2.7.	To ensure the safety of all visitors to Civic Plaza, restrict bicycle riding and similar forms of transportation. Adopt a formal policy to walk bicycles in Civic Plaza and post signage.

POTENTIAL PERFORMANCE METRICS
- ✓ Residents report safe and enjoyable park experiences
- ✓ Residents freely use park spaces
- ✓ Park spaces are used appropriately
- ✓ Reduction in complaint calls about parks and Civic Plaza to City Hall and Pomona Police Department
- ✓ Reduction in reports of crime in park and Civic Plaza
- ✓ Satisfaction with security services is reported by City Departments and residents
- ✓ There are no bicycle pedestrian collisions or intimidation by fast moving modes of transportation in the Civic Plaza

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- Cost to implement some elements of this recommendation will be substantial
- Park ranger staffing, uniforms, and equipment
- Volunteer Patrol uniforms, vehicles, gas and maintenance
- Increased security contractor costs
- Signage fabrication and posting
- Increased or improved lighting where needed

Funding:
- Department of Justice Bureau of Justice Assistance Grants
- Allstate Foundation
- Metlife Community Police Initiative
- State Farm Insurance
- Walmart Community Safety Grant
- Park event usage fees with a special fee for use by those external to the City
- A small parking fee to park in park parking lots
- Property or sales tax for neighborhood projects or park public safety[xxviii]

PRIORITY AND TIMEFRAME

- High priority
- Short term – within 6 months - policy recommendations, program design/adoption, and signage posting
- Camping and food distribution time line dependent on implementation of year round shelter, communal kitchen and storage center.
- Long-term up 36 - 48 months of Park Ranger strategy implementation depends upon funding/grant cycles

IMPLEMENTATION LEAD

- City Attorney, Pomona Police Department, Code Compliance

POTENTIAL COLLABORATING PARTNERS

- City Administration
- Public Works
- Neighborhood Services, Community Services
- Human Resources/Volunteer Coordinator

STRATEGY D3: IN CONJUNCTION WITH THE OPENING OF A COMMUNAL KITCHEN, CREATE AND ENFORCE POLICIES AND ORDINANCES AROUND THE PROVISION OF FOOD IN THE CITY

DESCRIPTION

As stated in the introduction to Strategy B2, on any given day within the City of Pomona a homeless person can find a meal. Over 15 community or faith-based organizations sites are scattered throughout the City and participate in this activity. In addition, there are many organizations, both from within and outside of Pomona, that come to distribute food, and other basic items such as clothes, blankets and hygiene kits. They do this in city parks, the Civic Plaza, parking lots and other open spaces. However, in many cases this food distribution is done without coordination, City knowledge, or thought to the impact of this activity on surrounding neighborhoods. It is also, for the most part, done without thought to health codes regarding food safety or proper disposal.

Each year in the United States, it is estimated that 76 million people experience a food borne illness. Some of these cases are very serious and the Center for Disease Control estimates that there are 325,000 hospitalizations and 5,000 deaths.[xxix] When considering the fragile health condition of a segment of the homeless population, this statistic carries significant weight.

With the opening of a Communal Kitchen, it is recommended that the City examine its policies around the mass distribution of food in the community. Policies should align with Health and Human Services and Department of Public Health Environmental Health policies and recommendations.

Creating a policy on when, where and how food and basic needs items may be distributed within the City would assist the City, Pomona residents and the homeless themselves. Enforcement of temporary use and conditional use permit requirements regarding food distributions and giveaways would support this policy. And, as appropriate, requiring County issued Food Handler Cards would be beneficial. But more importantly, focusing distribution efforts towards the Communal Kitchen would allow for these outreach and often ministerial efforts to occur, reaching the homeless in a more focused, coordinated and safe environment. It would also combine food distribution with service provision that focuses on helping homeless people exit homelessness, instead of maintaining their homeless status.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

D.3.1.	City evaluates food distribution policies.
D.3.2.	As appropriate, policies should require County issued Food Handlers Cards in order to obtain permits to prepare and distribute food.
D.3.3.	Create clear policies on when, where and how food is to be distributed.
D.3.4.	Create clear policy regarding the use of private buildings for activities other than those for which the property was permitted.
D.3.5.	Publication and enforcement of conditional and temporary use permits.
D.3.6.	Provide public information on the policies and standards and the reasons behind them.
D.3.7.	Redirect efforts towards Communal Kitchen coordinated meals.

POTENTIAL PERFORMANCE METRICS

- ✓ Decrease in community complaints regarding food distribution
- ✓ Community members do not contract food borne illnesses
- ✓ Food provision is safe and appropriate
- ✓ Homeless persons receive needed food at the Communal Kitchen
- ✓ County laws and City policies are consistent
- ✓ Homeless interaction through CSC intake process increases

POTENTIAL COSTS AND FUNDING SOURCES

Costs and Funding:
- No significant costs associated with this recommendation

PRIORITY AND TIMEFRAME

- High priority
- 12-24 months - to follow construction and opening of the Communal Kitchen site

IMPLEMENTATION LEAD

- Planning Division and City Attorney

POTENTIAL COLLABORATING PARTNERS

- LA County Department of Public Health Environmental Health
- Communal Kitchen operators
- Code Compliance
- Community Services
- Pomona Police Department
- PCOCC/Community and Faith partners
- Neighboring city's faith-based organizations and ministries

STRATEGY D4: SECURE ADDITIONAL RESOURCES TO ADDRESS HOMELESSNESS

DESCRIPTION

All of the strategies recommended in this document hold real potential to improve the lives of those who are homeless, as well as the broader community of Pomona. Each goal, supporting strategy and subsequent activity has been designed to obtain the greatest impact and results in addressing homelessness within Pomona. But to implement this plan, sufficient funding and staffing will be needed. It won't happen without dedicated time, talent and resources from all aspects of the Pomona community.

One-time, on-going and dedicated funding streams will all be needed. Potential funding sources may include any combination of the following: foundation grants (community foundations, public foundations, private foundations) government grants (county, state, and federal), public agency funds, fundraisers, loans, taxes, fees, capital campaigns, in-kind donation of goods, equipment, purchase of real property, professional services, discounts, crowd funding, social media campaigns, major donors, partnerships with business and industry, product placement, branding opportunities, research funding, bonds,

events, community partnerships, community service groups, faith providers, and others.

Funding sources may include HUD, LAHSA, LA County grant funds, State Dept. of Housing and Community Development, Dept. of Labor, Dept. of Health and Human Services, Dept. of Rehabilitation, SAMSA, the Food and Drug Administration and major business/industry partners in Pomona, the Pomona Valley and San Gabriel Valley.

The research and application for funding requests will take a significant amount of dedicated time. Developing a capitol fund campaign, hosting fundraising events and engaging the community for donations, will also require time and funding. There are City of Pomona employees that have the expertise to research and write grant applications, but to accomplish and implement this plan it will take dedicated staff and resources. It is recommended that the Pomona Community Foundation be engaged in these fundraising efforts and that a full-time staff member responsible for fund development and grant writing is secured by the Foundation or the City.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

D.4.1.	Work with the Pomona Community Foundation and the implementation leads to proactively seek government and non-government funding.
D.4.2.	Assess the funding needs, the time and expertise required to pursue those leads and additional staff or consultants required to obtain appropriate funding for the various strategies. Different strategies will require different funding sources.
D.4.3.	Develop a project and funding timeline and goals.
D.4.4.	Identify funding that requires a nonprofit partner to apply and identify partners.
D.4.5.	Conduct fundraising events and initiatives to support solutions to homeless in Pomona.

D.4.6.	Undertake a capital campaign.
D.4.7.	Develop major donor campaign.
D.4.8.	Submit identified grant proposals.
D.4.9.	Explore fees, tax and bond options.

POTENTIAL PERFORMANCE METRICS

✓ Meet and request mentoring and guidance from the California Community Foundation, other successful Community Foundations and the Center for Nonprofit Management
✓ Identify specific costs by activity and timeframe
✓ Create a fund development plan with calendar
✓ Identify primary lead for each funding activity: grant writing, fund raising events, capital campaign and major donor development for specific benchmarks. Ensure that fund development activities do not compete with one another on the calendar. Prioritize benchmarks per donor and event.
✓ Meet annual fund development goals
✓ Funds for specific benchmarks, strategies and goals are met in a timely way

POTENTIAL COSTS AND FUNDING SOURCES

Costs:
- Staff time
- Pomona Community Foundation staff
- Fundraising events and promotion costs
- Capital Campaign events and promotion costs

Funds:
- Current Staff funding
- Local, State and Federal (HHS, SAMSHA, HUD, USDA)grants
- Public Agencies
- Planning grant from a foundation
- Community Development Block Grant
- Funds raised through "Positive Change Not Spare Change" campaign (Strategy B9)
- Buddhist Tzu Chi Foundation
- Mental Health Services Act (MHSA) funds
- Foundations (Weingart, Hilton, Ahmanson, California Wellness, Kellogg etc)
- Major Donor and Capital Campaign

PRIORITY AND TIMEFRAME

- High priority
- Begin fund planning in coordination with all initiatives
- Annual goals achievement at 12, 24, 36, 48 and 60 months

IMPLEMENTATION LEAD

- Pomona Community Foundation, City of Pomona

POTENTIAL COLLABORATING PARTNERS

- Departments, agencies and other partners specified in each benchmark and strategy

STRATEGY D5: EVALUATE STAFFING NEEDS TO ENSURE ADEQUACY OF PROGRAM AND STRATEGY IMPLEMENTATION

DESCRIPTION

The magnitude of the effort required to implement "A Way Home" strategies is significant. Successful implementation of the Council approved strategies is dependent upon adequate staffing levels. In some cases, temporary assistance, volunteers, or consultants may be required. It is vital that the greatest value possible is obtained from each consultant, temporary worker, volunteer, staff realignment or addition to be able to fulfill the promise this plan holds. It is recommended that the City examine current staffing and make appropriate additions and adjustments to allow for successful implementation of the strategies.

ACTIVITIES AND IMPLEMENTATION BENCHMARKS

D.5.1.	Department Directors evaluate staffing levels required to support the strategy recommendations that will be implemented in whole or in part by their staff.
D.5.2.	Department develop realistic staffing increases required to fulfill the required work.
D.5.3.	Funding to support necessary staffing is identified.
D.5.4.	City Administration makes staffing recommendations to City Council.
D.5.5.	Hire appropriate staff.
D.5.6.	Contract outside services as necessary.
D.5.7.	Train and develop staff.
D.5.8.	Strategies are successfully implemented.
D.5.9.	Redefine, where possible, use of Special Funds to support the "A Way Home" effort.

POTENTIAL PERFORMANCE METRICS
- ✓ Staffing Plan and recommendations are approved by City Council
- ✓ Staffing is sufficient to implement strategies
- ✓ Strategies are implemented
- ✓ Unsheltered homelessness is reduced in Pomona
- ✓ Homeless people are housed

POTENTIAL COSTS AND FUNDING SOURCES
Costs:
- New salaries and benefits

Funding:
- Grants based upon each specific strategy's focus
- To the extent that staffing is permanent, permanent funding sources must be sought

PRIORITY AND TIMEFRAME

- Medium priority
- Begin to identify potential funds with plan adoption. First funding efforts should be focused on implementing Urgent priority strategies.

IMPLEMENTATION LEAD

- Department Directors

POTENTIAL COLLABORATING PARTNERS

- City Council
- Human Resources
- City Administration
- Finance Department

ADDENDA

List of Homeless Advisory Committee Members

AnneMarie Acosta, City of Pomona, Resident, HAC
Vicky Alvarez, Pomona Community Health Clinic, HAC, PRS
Imara Amaya, Department of Public Social Services, HAC, PRS
Benny Ayala, Office of Senator Connie Leyva, HAC
Rachel Barbosa, Office of Supervisor Hilda Solis, HAC
Beth Bingham, Pilgrim Congregational Church, HAC
Jan Boller, Western University, HAC, PRS
Joseph Cabrera, University of La Verne, Statistical Analysis of 2016 Demographic Data
Dick Bunce, Resident, HAC, PRS
Victor Caceres, Boys and Girls Club, HAC, PRS
Jessica Chairez, Pitzer College, HAC, Public Perception
Jan Cicco, City of Pomona, HAC, PRS
Reggie Clark, Volunteers of America, HAC, PRS, Housing and Facilities
Jim Dale, Pomona Valley Hospital Medical Center, HAC
Rick Debruyne, Lincoln Avenue Community Church, Resident, HAC
Benita DeFrank, City of Pomona, HAC, Housing and Facilities
Michelle DeMott, Fairplex, HAC
Larry Egan, Downtown Owners Association, HAC
Jeanine Engols, California Conservation Corp, HAC, PRS
Vanessa Enriquez, Pomona Community Health Center, HAC, PRS
Erica Frausto, Pomona Chamber of Commerce, HAC, Public Relations
Mickey Gallivan, Pomona Historical Society, Resident, HAC, Policy
Ethel Gardner, Kennedy Austin Foundation, HAC
Christina Giorgio, Public Counsel, HAC
Jessica Gonzalez, Nurses for Christ, Resident, HAC
Sol Guerra, Office of Representative Norma Torres, HAC
Maria Gutierrez, Department of Public Social Services, HAC
Joann Guzek, City of Pomona Police Department, HAC, Policy
Carolyn Hemming, Downtown Pomona Owners Association, City of Pomona Planning
        Commission, Pomona Resident and Small Business Owner, Policy
Anne Henderson, Pomona Youth and Family Master Plan, HAC, PRS
Jaye Houston, University of La Verne, HAC, PRS
Thomas Hsieh, Pomona Community Foundation, Resident, HAC
Christian Hsu, Pomona Police Department, HAC
Mark James, HAC
Andrew Jared, City Attorney, HAC, Policy
Beverly Johnson, City of Pomona, HAC, Housing and Facilities
Luis Juarez, Pomona Acting Together for Health , Promoting Academic Achievement , Youth
        and Family Master Plan, City of Pomona Planning Commision, HAC, Housing and
        Facilities
Kathryn Kirui, Claremont Homeless Advocacy Program, HAC
Paul Knopf, Pomona Unified School District, HAC, PRS
Mehran Kohansal, Department of Public Social Services, HAC
Paula Lantz, Council Member City of Pomona, HAC, Housing and Facilities
Diane Lawson, Resident, HAC, PRS, Housing and Facilities, Policy
Gary Lawson, Pomona Proud, HAC

Mark Lazzaretto, City of Pomona, HAC
Linda Lowry, City of Pomona, HAC
Pamela Lynn, Angels Who Care, HAC
Richard Martinez, Pomona Unified School District, HAC
Enrique Medina, Pomona Unified School District, HAC
Fernando Meza, Pomona Unified School District, HAC
Michael Millar, Cal Poly Pomona, HAC
Marisol Morales, University of La Verne, HAC
Carmen Muniz, Pomona Community Health Center, HAC
Toni Navarro, TriCity Mental Health Center, HAC, Housing and Facilities
Stephen Patten, Pomona Continuum of Care Coalition, HAC
Sham Rambaran, Purpose Church, HAC, PRS
Elyse Rasmussen, Department of Public Social Services, HAC, Housing and Facilities
Andrea Rico, City of Pomona, HAC, Housing and Facilities, Policies, PRS
Michele Ritchie, Resident, PRS
Tammy Roush, Fairplex, HAC
Jeanette Royston Ellis, NAACP, HAC
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Gilbert Saldate, TriCity Mental Health Center, HAC, Housing and Facilities
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Tim Sandoval, Resident, HAC
Manuel Saucedo, Office of Senator Connie Leyva, HAC
ZaZette Scott, Office of Senator Connie Leyva, HAC
Shelley Stone-Schmidt, Resident, HAC, Policy
Ellen Silver, Pomona Community Health Clinic, HAC
Michael Spezio, Scripps College, HAC
Ann Tomkins, Resident, Policy
Robert Torres, Office of Assemblymember Freddie Rodriguez, HAC
Wytske Visser, Inland Valley Hope Partners, HAC, Housing and Facilities
Mark Warren, Mark Warren Realty and Investments, HAC
Josh Williams, Los Angeles Homeless Services Authority, HAC, Housing
Ron Williams, Lions Gate Home, Resident, HAC, Housing and Facilities

2016 PIT Homeless Count City of Pomona Opt-in Report

Name of Opt-In		Pomona		Service Planning Area:		3

	Census Tract	Community	Total Persons	Emergency / Winter Shelter								Transitional Housing							
				Total	Adult Individuals (25	Youth Individuals (18-	Unaccompanied Minors (Under 18)	Adult Families Households	Adult Families Members	Youth Families Households	Youth Families Members	Total	Adult Individuals (25	Youth Individuals (18-	Unaccompanied Minors	Adult Families Households	Adult Families Members	Youth Families Households	Youth Families Members
1	401703	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	401704	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	402101	Pomona	130	0	0	0	0	0	0	0	0	130	44	7	0	24	75	2	4
4	402102	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	402200	Pomona	12	12	2	0	0	3	10	0	0	0	0	0	0	0	0	0	0
6	402301	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	402303	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	402304	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	402402	Pomona	45	45	0	0	0	16	45	0	0	0	0	0	0	0	0	0	0
10	402403	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	402405	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	402406	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	402501	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	402502	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	402600	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	402702	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	402703	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	402705	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	402706	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	402801	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	402803	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	402804	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	402902	Pomona	5	0	0	0	0	0	0	0	0	5	5	0	0	0	0	0	0
24	402903	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	402904	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	403000	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	403200	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	403317	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	403318	Pomona	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	408800	Pomona	131	131	125	6	0	0	0	0	0	0	0	0	0	0	0	0	0
31	402404	Unincorpor	0																
		TOTAL PERSONS		188	127	6	0	19	55	0	0	135	49	7	0	24	75	2	4

Name of Opt-In						Pomona											Service Planning Area:			3

	Census Tract	Street Co	Adult Individuals (25 older) (Under 18)	Youth Individuals Unaccompanied and (18-24) Minors			Adult Families		Youth Families		Cars*		Vans*		Campers/RVs*		Tents*		Encampments*	
							Households	Members	Households	Members	Units	People	Units	People	Units	People	Units	People	Units	People
1	401703	9	5	0	0	0	0	0	0	0	0	0	0	0	2	4	0	0	0	0
2	401704	6	2	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	2
3	402101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	402102	19	13	0	0	0	0	0	0	0	1	2	1	2	0	0	1	2	0	0
5	402200	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	402301	12	10	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
7	402303	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	402304	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3	0	0
9	402402	20	13	0	0	0	0	0	0	0	2	3	0	0	1	2	1	2	0	0
10	402403	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	402405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	402406	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	402501	41	30	0	0	0	0	0	0	0	1	2	1	2	1	2	0	0	3	5
14	402502	11	8	0	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	0
15	402600	7	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	402702	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	402703	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	402705	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	402706	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	402801	32	28	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	2
21	402803	15	6	0	0	0	0	0	0	0	0	0	2	4	1	2	0	0	2	3
22	402804	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
23	402902	6	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3
24	402903	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	402904	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	403000	9	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	5
27	403200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	403317	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	403318	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	408800	148	65	0	0	1	3	0	0	7	11	5	9	5	10	12	19	19	31		
31	402404	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	366	220	0	0	1	3	0	0		18		18		28		26		53	
	TOTAL	83								11		10		14		16		32		

2016 Greater Los Angeles Homeless Count: Demographics Opt-In Report†

	Service Planning Area 3			Pomona			
	Unsheltered			Unsheltered			
Demographic Information Household Type	Street Count	Youth Count	Total	Street Count	Youth Count	Total	Percentage
Individuals	1,485	77	1,562	248	12	260	85%
Family Households	46	0	46	16	4	20	-
Family Members	100	0	100	41	6	47	15%
Children in Families (included above)	51	0	51	Data not available			
Unaccompanied Minors	0	0	0	0	0	0	0
Gender							
Female	424	20	444	83	14	97	34%
Male	1,160	53	1,213	178	8	186	65%
Transgender	1	4	5	1	0	1	<1%
Race / Ethnicity							
Hispanic / Latino	544	30	574	106	10	116	32%
White	766	16	782	112	11	123	34%
Black	206	20	226	89	7	96	26%
Asian	2	2	4	1	0	1	<1%
American Indian / Alaskan Native	33	1	34	6	0	6	2%
Native Hawaiian / Other Pacific Islander	1	3	4	2	0	2	<1%
Multi-Racial / Other	33	5	38	20	1	21	6%
Age							
Under 18	51	0	51	6	0	6	2%
Age 18 - 24	0	77	77	0	22	22	8%
Age 25 - 54	981	0	981	182	0	182	64%
Age 55 - 61	426	0	426	58	0	58	21%
Age 62 and Over	127	0	127	15	0	15	5%
Chronic Homelessness							
Chronically Homeless Individuals *	826	19	845	132	8	140	46%
Chronically Homeless Family Households	0	0	0	11	1	12	-
Chronically Homeless Family Members *	0	0	0	24	2	26	3%
Chronically Homeless Population *	826	19	845	156	10	166	54%
Veterans							
Individual Veterans*	107	0	107	15	0	15	5%
Family Veteran Households*	0	0	0	3	0	3	1%
Veterans in Families*	0	0	0	3	0	3	1%
Total Veteran Population*	107	0	107	18	0	18	6%
Female Veterans (included above)*	5	0	5	3	0	3	1%
Chronically Homeless Individual Veterans*	32	0	32	8	0	8	3%
Chronically Homeless Family Veteran Households*	0	0	0	1	0	1	<1%
Chronically Homeless Veterans in Families*	0	0	0	1	0	1	<1%
Total Chronically Homeless Veterans*	32	0	32	10	0	10	3%
Other Subpopulation Characteristics							
Mental Illness*	636	29	665	126	8	134	44%
Substance Abuse*	596	20	616	133	12	145	48%
Persons with HIV/AIDS*	6	1	7	1	2	3	1%
Physical Disability*	493	6	499	48	1	49	16%
Chronic Health Issue*	128	2	130	45	1	46	15%
Brain Injury*	64	0	64	10	0	10	3%
Developmental Disability*	13	1	14	11	0	11	4%
Domestic Violence Experience*	449	21	470	17	3	17	6%

Pomona Demographics count analysis by University of La Verne. LAHSA Demographic survey and methodology.

* % of Total Unsheltered Homeless Population Surveyed of 306

Demographic Survey

Hi, my name is... I'm conducting a survey to better understand how we can meet the needs of people who are presently without a stable home in Los Angeles County. I'll be providing a $5 dollar McDonald's card for your time.

HAVE YOU TAKEN THIS SURVEY THIS MONTH?

2016 GREATER LOS ANGELES
HOMELESS COUNT
They Count. Will You?

Fill in completely ☐ → ☐
Cross out mistakes → ☒

No → Are you currently homeless or in need of housing? ○ Yes ○ No
Yes 🛑 Thank you for your time!
If No, Go To Staff Use Only

The results of this survey will be used to improve the quality and variety of housing and services available. Your answers are completely confidential and any question refused will not result in any denial of services.

● Where you have spent <u>most</u> of your nights in the last 30 days? *Wait for Response. Choose ONLY one*

○ Apartment or home
○ Emergency shelter
○ Foster care or group home
○ Hospital, substance abuse or psychiatric treatment facility
○ Hotel or motel
○ Jail or prison
○ Safe haven
○ Transitional housing
○ Youth shelter
○ Declined/ Don't Know

○ Street, sidewalk or alley
○ Bus or train stop/station, transit center or airport
○ Campground or woods
○ Park, beach, or riverbed
○ Under bridge or overpass
○ Other outdoor location

○ Abandoned building or parking lot
○ Car or truck
○ Van
○ RV or camper
○ Outdoor encampment or tent
○ Unconverted garage, attic, or basement
○ Other makeshift shelter not meant for human habitation

Skip to Staff Use Only if Answer selected is from the First column of Q1.

2 What are your initials?

First Middle Last

3 What is your date of birth?

M M D D Y Y Y Y

5 Is this the FIRST TIME you have been homeless?
○ Yes (If Yes, Skip to Q6)
○ No
○ Declined/ Don't know (If declined, Skip to Q6)

5a How old were you the FIRST TIME you were homeless?
Write in the reported age in the boxes below ✎

Age

● How Long have you been homeless THIS TIME?
Write in the reported time in the boxes below ✎

Days	
Weeks	
Months	
Years	

● Including yourself, how many adults and children are there in your household, who are sleeping in the same location with you tonight?

Adults (Over 24) Adults (18-24) Children (Under 18)

● IN THE PAST 3 YEARS, how many times have you (and/ or your family) been housed and then homeless again? *Indicate the number of episodes*
○ 1 time (If 1 time, Skip to Q8)
○ 2 – 3 times (If 2-3 times, Skip to Q8)
○ 4 or more times
○ Decline/ Don't know (If declined, Skip to Q8)

●

IN THE PAST 3 YEARS, have you been homeless for <u>ONE YEAR</u> or longer in TOTAL?
○ Yes
○ No
○ Decline/ Don't know

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● **IN THE PAST 6 MONTHS, have you lived with anyone else in any of the following situations, and if so, how many?** *Read each category. If yes, ask HOW MANY?; If answer is NO in any category, mark ZERO*

Please write the number ✎

Tent		Make-shift shelter
Car		O None of the above
Van		O Declined/ Don't know
RV/ camper		

	Person 1 (Skip Q9, Q10, and Q11 for Person 1 only)	Person 2	Person 3	Person 4	Person 5
9 What is/are the initials or a nickname of other people in your household from oldest to youngest? (If Alone, skip to Q12 and fill out ONLY for Person 1)					
10 How is *[say initials]* related to you?		O Child O Spouse O Other Family O Non-Married Partner O Other/Non-Family	O Child O Spouse O Other Family O Non-Married Partner O Other/Non-Family	O Child O Spouse O Other Family O Non-Married Partner O Other/Non-Family	O Child O Spouse O Other Family O Non-Married Partner O Other/Non-Family
11 IN THE PAST 6 MONTHS, have you lived with *[say initials]* in any of the following situations? *Read categories and choose ALL that apply*		☐ Tent ☐ Car ☐ Van ☐ RV/ Camper ☐ Make-shift Shelter ☐ None of the above	☐ Tent ☐ Car ☐ Van ☐ RV/ Camper ☐ Make-shift Shelter ☐ None of the above	☐ Tent ☐ Car ☐ Van ☐ RV/ Camper ☐ Make-shift Shelter ☐ None of the above	☐ Tent ☐ Car ☐ Van ☐ RV/ Camper ☐ Make-shift Shelter ☐ None of the above
● you/ is *[say initials]*?					
12a *Fill in age on answer provided.*	O Under 18 O 18 to 24 O 25-54 O 55-61 O 62+ O Don't Know/ Refused	O Under 18 O 18 to 24 O 25-54 O 55-61 O 62+ O Don't Know/ Refused	O Under 18 O 18 to 24 O 25-54 O 55-61 O 62+ O Don't Know/ Refused	O Under 18 O 18 to 24 O 25-54 O 55-61 O 62+ O Don't Know/ Refused	O Under 18 O 18 to 24 O 25-54 O 55-61 O 62+ O Don't Know/ Refused
13 What is your gender identity/ gender identity?	O Male O Female O Transgender O Declined/ Don't Know	O Male O Female O Transgender O Declined/ Don't Know	O Male O Female O Transgender O Declined/ Don't Know	O Male O Female O Transgender O Declined/ Don't Know	O Male O Female O Transgender O Declined/ Don't Know
14 Are you/ is *[initials]* Hispanic	O Yes O No O Declined/ Don't Know	O Yes O No O Declined/ Don't Know	O Yes O No O Declined/ Don't Know	O Yes O No O Declined/ Don't Know	O Yes O No O Declined/ Don't Know

«UID»

	Person 1	Person 2 [Write in initials]	Person 3 [Write in initials]	Person 4 [Write in initials]	Person 5 [Write in initials]
15 What is your/ is [initials] race? You can select one or more races. *Read categories and choose ALL that apply*	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ White ○ Native Hawaiian or Other Pacific Islander ○ Multiple/Other Race	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ White ○ Native Hawaiian or Other Pacific Islander ○ Multiple/Other Race	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ White ○ Native Hawaiian or Other Pacific Islander ○ Multiple/Other Race	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ White ○ Native Hawaiian or Other Pacific Islander ○ Multiple/Other Race	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ White ○ Native Hawaiian or Other Pacific Islander ○ Multiple/Other Race
16 Which of the following best represents your/ [initials] sexual orientation	○ Straight ○ Gay or Lesbian ○ Bisexual ○ Unsure/ Questioning ○ Declined/ Don't Know	○ Straight ○ Gay or Lesbian ○ Bisexual ○ Unsure/ Questioning ○ Declined/ Don't Know **(If under 18, skip to Q21)**	○ Straight ○ Gay or Lesbian ○ Bisexual ○ Unsure/ Questioning ○ Declined/ Don't Know **(If under 18, skip to Q21)**	○ Straight ○ Gay or Lesbian ○ Bisexual ○ Unsure/ Questioning ○ Declined/ Don't Know **(If under 18, skip to Q21)**	○ Straight ○ Gay or Lesbian ○ Bisexual ○ Unsure/ Questioning ○ Declined/ Don't Know **(If under 18, skip to Q21)**
17 Have you/ [initials] served on ACTIVE DUTY in the U.S. Armed Forces? (Army, Air Force, Navy, Marines Corps, or Coast Guard)	○ Yes ○ No ○ Declined/ Don't Know	○ Yes ○ No ○ Declined/ Don't Know	○ Yes ○ No ○ Declined/ Don't Know	○ Yes ○ No ○ Declined/ Don't Know	○ Yes ○ No ○ Declined/ Don't Know
18 Were you called into ACTIVE DUTY as a member of the National Guard or as a Reservist?	○ Yes ○ No ○ Declined/ Don't Know **(If no or declined to BOTH 17 and 18, skip to Q21)**	○ Yes ○ No ○ Declined/ Don't Know **(If no or declined to BOTH 17 and 18, skip to Q21)**	○ Yes ○ No ○ Declined/ Don't Know **(If no or declined to BOTH 17 and 18, skip to Q21)**	○ Yes ○ No ○ Declined/ Don't Know **(If no or declined to BOTH 16 and 17, skip to Q21)**	○ Yes ○ No ○ Declined/ Don't Know **(If no or declined to BOTH 16 and 17, skip to Q21)**
19 What is your discharge status? *Wait for response, fill out Unverified if answer does not match choices.*	○ Honorable ○ General ○ Uncharacterized ○ Bad Conduct ○ Dishonorable ○ Other than Honorable ○ Still on Active Duty ○ Unverified	○ Honorable ○ General ○ Uncharacterized ○ Bad Conduct ○ Dishonorable ○ Other than Honorable ○ Still on Active Duty ○ Unverified	○ Honorable ○ General ○ Uncharacterized ○ Bad Conduct ○ Dishonorable ○ Other than Honorable ○ Still on Active Duty ○ Unverified	○ Honorable ○ General ○ Uncharacterized ○ Bad Conduct ○ Dishonorable ○ Other than Honorable ○ Still on Active Duty ○ Unverified	○ Honorable ○ General ○ Uncharacterized ○ Bad Conduct ○ Dishonorable ○ Other than Honorable ○ Still on Active Duty ○ Unverified

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	Person 1	Person 2	Person 3	Person 4	Person 5
20 Which years did *Choose ALL that apply*	☐ World War II (1940-1947) ☐ Between WWII and Korean War (1947-1950) ☐ Korean War (1950-1955) ☐ Between Korean War and Vietnam (1955-1964) ☐ Vietnam (1964-1975) ☐ Post-Vietnam (1975-1991) ☐ Persian Gulf (1991-2001) ☐ Post-9/11 (2001-Present) ☐ Declined/ Don't Know	☐ World War II (1940-1947) ☐ Between WWII and Korean War (1947-1950) ☐ Korean War (1950-1955) ☐ Between Korean War and Vietnam (1955-1964) ☐ Vietnam (1964-1975) ☐ Post-Vietnam (1975-1991) ☐ Persian Gulf (1991-2001) ☐ Post-9/11 (2001-Present) ☐ Declined/ Don't Know	☐ World War II (1940-1947) ☐ Between WWII and Korean War (1947-1950) ☐ Korean War (1950-1955) ☐ Between Korean War and Vietnam (1955-1964) ☐ Vietnam (1964-1975) ☐ Post-Vietnam (1975-1991) ☐ Persian Gulf (1991-2001) ☐ Post-9/11 (2001-Present) ☐ Declined/ Don't Know	☐ World War II (1940-1947) ☐ Between WWII and Korean War (1947-1950) ☐ Korean War (1950-1955) ☐ Between Korean War and Vietnam (1955-1964) ☐ Vietnam (1964-1975) ☐ Post-Vietnam (1975-1991) ☐ Persian Gulf (1991-2001) ☐ Post-9/11 (2001-Present) ☐ Declined/ Don't Know	☐ World War II (1940-1947) ☐ Between WWII and Korean War (1947-1950) ☐ Korean War (1950-1955) ☐ Between Korean War and Vietnam (1955-1964) ☐ Vietnam (1964-1975) ☐ Post-Vietnam (1975-1991) ☐ Persian Gulf (1991-2001) ☐ Post-9/11 (2001-Present) ☐ Declined/ Don't Know

HEALTH

21 Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions?
Read each category AND choose ALL that apply

☐ AIDS / HIV-related illness
☐ Ongoing alcohol abuse
☐ Ongoing drug abuse
☐ Serious and long continuing mental illness (e.g, depression, bipolar disorder, or schizophrenia)
☐ Physical disability
☐ Physical illness (Chronic or ongoing)
☐ Severe depression (Chronic or ongoing)
☐ Post-traumatic stress disorder (PTSD)
☐ Traumatic brain injury
☐ Developmental disability
☐ None of the above
☐ Declined/ Don't know

22 Do you have ongoing health problems or medical conditions? *(such as diabetes, cancer, or heart disease)*
○ No
○ Yes → specify: _____
○ Declined/ Don't know

● Did you indicate a disability or medical condition in Q20 (left) or Q21 (left)?
○ Yes
○ No → **(If No, Skip to Q24)**

● Is your medical condition or disability permanent or long-term?
○ Yes
○ No

● Does your disability or medical condition require you to seek help or assistance in order to live independently?
○ Yes
○ No

● Would your disability or medical condition be improved if stable housing was provided?
○ Yes
○ No

● Have you ever been physically or sexually abused by a relative or another person you have lived with, such as a spouse, intimate partner, brother or sister, or parent?
○ Yes
○ No
○ Decline/ don't Know

● Have you experienced dating violence or stalking?
○ Yes
○ No
○ Decline/ don't Know

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● **IN THE PAST 12 MONTHS, how many times have you or a member of your family been admitted to the emergency room or hospital?**
If four (4) or more please write the number ✏
(If ZERO, skip to Q27)

☐ ☐ ☐ ☐ ▢

26a Were you homeless BEFORE or AFTER being admitted to the emergency room or hospital?
○ Before
○ After
○ Both
○ Declined/ Don't know

27 How long have you been living in Los Angeles County?
Write in the reported time in the boxes below ✏

Day(s)	▢
Week(s)	▢
Months(s)	▢
Year(s)	▢

○ Always lived in LA County

28 Before the last time you lost your housing, where were you living?

○ Los Angeles County → **(Answer Below)**
Indicate City or Community

▢

○ Southern California (Kern, Imperial, Orange, Riverside, San Bernadino, San Diego, San Luis Obispo, or Ventura)
○ Other County in California
○ Out of State
○ Foreign County
○ Declined/ Don't know

28 Have you ever been in any of the following?
Read each category AND choose ALL that apply
☐ Foster Care
☐ Juvenile Detention or Probation Camp
☐ Jail or Prison
☐ Adult Probation
☐ Parole
☐ None of the above
☐ Declined/ Don't know

● **IN THE LAST 12 MONTHS, have you been released from a correctional institution such as juvenile detention, jail or prison?**
○ Yes
○ No → **(If No, Skip to Q31)**

● **Were you homeless BEFORE or AFTER being in a correctional institution?**
○ Before
○ After
○ Both
○ Declined/ Don't know

● **Were you released as an AB109 probationer?**
AB 109 is an early release program that changes eligibility for state prison, and is also known as Public Safety Realignment.
○ Yes
○ No
○ Declined/ Don't Know

● **Are you part of an early release program that is NOT AB109?**
Early release from prison, e.g., Alternative Custody, parole.
○ Yes
○ No
○ Declined/ Don't Know

● **How would you describe your employment situation?**
Choose ALL that apply
☐ Full-time (more than 35 hours)
☐ Part-time (35 hours or less)
☐ Seasonal
☐ Temporary
☐ Unemployed; actively looking for work
☐ Unemployed; not actively looking for work
☐ None of the above

● **Do you have other sources of income?**
Choose ALL that apply
☐ Panhandling
☐ Recycling
☐ Day labor
☐ Other → Specify: ▢
☐ None of the above

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33 **What is your monthly Income?** $ [ ]

Write in the response in the box ✏

Are you currently receiving any of the following forms of government assistance?

Read each category AND choose ALL that apply

☐ CalWORKs / TANF
☐ CAPI – Cash Assistance Program for Immigrants
☐ Child support or survivor benefits
☐ State children's health insurance
☐ Food Stamps / EBT Card / CalFresh
☐ GR / GA – General Relief or Assistance
☐ Health Way LA
☐ Medicaid / Medi-Cal
☐ Medicare
☐ SSI / SSDI / Disability
☐ SSA – Social Security Retirement
☐ Unemployment
☐ Veterans Disability
☐ Veteran's Medical Center / Veteran Benefits
☐ Veteran's Pension
☐ WIC – Women, Infants, and Children
☐ None at this time

What do you think are some of the main reasons or conditions that led to your loss of housing?

Choose ALL that apply

☐ Break-up, divorce, or separation
☐ Child support issues
☐ Conflicts with family or household members
☐ Death, illness of family member or child
☐ Domestic violence
☐ Family homelessness
☐ Eviction or foreclosure
☐ Kicked out of home due to sexual orientation/ gender identity
☐ Left or aged out of foster care
☐ Medical, physical disability or illness
☐ Mental health issues
☐ No friends or family available
☐ Release from hospital, treatment facility or other institution
☐ Recent immigration
☐ Release from jail or prison
☐ Substance abuse
☐ Timed out or left previous housing program
☐ Unemployment or financial reasons
☐ Declined/ Don't know
☐ Other → Specify: [ ]

STAFF USE ONLY – DO NOT DUPLICATE OR COPY THIS SURVEY

➢ Thank the interviewee for participating and sharing information about their homeless experience.
➢ Give the interviewee the incentive/ food card ONLY if the survey was completed.
➢ Make sure that you have filled out the food card tracking form.
➢ Fill out the information about the interview.

○ SPA 1   ○ SPA 2   ○ SPA 3   ○ SPA 4   ○ SPA 5   ○ SPA 6   ○ SPA 7   ○ SPA 8

Surveyor, did you observe/ detect signs or symptoms of the following:

○ Serious health conditions   ○ Mental illness   ○ Alcohol or drug abuse   ○ No observations

Surveyor, what is the status of the survey

○ Complete   ○ Partial   ○ Incoherent   ○ Refusal

Census Tract
[ ][ ]

Location/ Intersection
[ ]

Date [ ]/[ ]/[ ]   Time [ ]:   Interviewer ID [ ]

000001

2016 GREATER LOS

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2016 GREATER LOS ANGELES
HOMELESS COUNT
They Count. Will You?

The City of Pomona would like to get additional information that can inform them of the needs of their homeless residents. The following 6 questions are specifically for Pomona residents.

---

1. How long have you been living in Pomona?

☐ Always

Day(s) _____

Weeks(s) _____

Month(s) _____

Year(s) _____

---

5. If some sort of shelter or housing were available to you today, would you be willing to access and live in...

☐ An identified, protected, and secure urban camping environment

☐ Barracks style shelter like the Winte Shelter Program

☐ Small individual room with a common living area, cafeteria, dining, shared bathrooms

☐ Shared housing, sharing a room with 1 – 3 roommates

☐ Apartment

☐ Tiny home

☐ Other, please describe

_____

---

2. Before the last time you lost your housing, where were you living?

☐ City of Pomona

☐ LA County

☐ Southern California

☐ Other County in California

☐ Out of State

☐ Foreign Country

☐ Declined / Don't Know

---

6. Are you willing to spend 1/3 of you income on housing?

☐ Yes ☐ No

Thank you for taking the time to fill out the survey!

---

3. Are you, or a household member staying with you , employed in the City of Pomona?

☐ Yes ☐ No

---

4. Do you, or a household member staying with you, attend school in the City of Pomona?

☐ Yes ☐ No

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Definitions

Definitions Drawn From the Following Sources:

https://www.huduser.gov/portal/glossary/glossary_z.html
https://documents.lahsa.org/Administrative/Supporting-Documents/2016/02.25.16-Special-P&E-Agenda-&-Supporting-Documents.pdf
http://www.chirpla.org/glossary-of-terms/l
https://www.hudexchange.info/onecpd/assets/File/2013-AHAR-Part-2-Section-4.pdf
https://www.hudexchange.info/resources/documents/CoC-Program-Rental-Assistance-Slides.pdf

ADDICTION: compulsive need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal; broadly: persistent compulsive use of a substance known by the user to be harmful.

AFFORDABLE HOUSING: In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. Please note that some jurisdictions may define affordable housing based on other, locally determined criteria, and that this definition is intended solely as an approximate guideline or general rule of thumb.

BLIGHTED STRUCTURE: A structure is blighted when it exhibits objectively determinable signs of deterioration sufficient to constitute a threat to human health, safety, and public welfare.

CASE COORDINATION: Case Coordination occurs regularly with Housing Navigation staff and other staff serving the participant within and between agencies in the community. Coordination activities may include directly arranging access, reducing barriers to obtaining services, establishing linkages, and other activities recorded in participant's file and in HMIS.

CASE CONFERENCING Case conferencing is a region's formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers. Case conferences should be used to identify or clarify issues regarding a participant's housing status and progress towards permanent housing; to review activities including progress and barriers towards housing; to assign primary Housing Navigation responsibilities; to strategize solutions; and to adjust current service plans. Case conferences may be face-to-face or by phone/videoconference, held at routine intervals or during significant change. Case conferencing must be documented and must follow any policies and procedures established for CES.

CASE MANAGER A worker that assists the client's medical, psychosocial and environmental needs. Coordinates resources and facilitated access to the appropriate sources of the health care system and other supportive services.

CENSUS TRACT: A small, relatively permanent statistical subdivision of a county or statistically equivalent entity, delineated for data presentation purposes by a local group of census data users or the geographic staff of a regional census center in accordance with Census Bureau guidelines

CHRONIC HOMLESSNESS: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

CHRONICALLY HOMELESS FAMILIES: Families with adult heads of household who meet 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 been homeless.

CHRONICALLY HOMELESS INDIVIDUAL: A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the 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 the "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 a length of time of at least 12 months. Each period separating the occasions 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.

CRISIS HOUSING: Provides a safe and adequate nighttime residence for homeless individuals and families during their transition to permanent housing.

COLLECTIVE IMPACT: A framework used to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. Collective impact occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO): A private nonprofit, community-based organization that has staff with the capacity to develop affordable housing for the community it serves. In order to qualify for designation as a CHDO, the organization must meet certain requirements pertaining to their legal status, organizational structure, and capacity and experience. CHDO's can receive HOME funds to assist in housing development within a Public Jurisdiction that receives HOME funds.

CONTINUUM OF CARE: A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of service providers involved in the decision making processes as the "Continuum of Care."

COORDINATED ENTRY: An approach to ending homelessness that requires comprehensive coordination of all housing and service resources in a community to better match people experiencing homelessness to appropriate permanent housing placements. Targeting service-rich permanent supportive housing (PSH) to high-needs individuals and targeting other housing resources to individuals identified with lower needs.

COORDINATED ENTRY SYSTEM (CES): The regionally based system that connects existing programs into a "no-wrong-door network" to assess the needs of those who are homeless and link them with the most appropriate housing to meet those needs. The goal of the CES is to streamline processes through which communities assess, house, and retain individuals who are homeless; to ensure all of our homeless neighbors are known and supported; to target and maximize limited housing resources; and comply with the federal mandate to adopt a standardized intake and coordinated assessment process for housing. There are currently three (3) population specific coordinated entry systems, one (1) for Individuals, one (1) for Families, and one (1) that is currently in the pilot/development stage for TAY. Work is currently underway to integrate the three (3) systems.

DILAPIDATED HOUSING: A housing unit that does not provide safe and adequate shelter, and in its present condition endangers the health, safety or well-being of the occupants. Such a housing unit shall have one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. Such defects may involve original construction, or they may result from continued neglect or lack of repair or from serious damage to the structure

DISABILITY: A physical or mental impairment that substantially limits one or more of the major life activities of such for an individual. (See Person with a Disability)

DOMESTIC VIOLENCE: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

DUAL DIAGNOSIS: Refers to a diagnosis of more than one of the following: emotional / behavioral disorder, substance abuse disorder or physical disability.

ELDERLY PERSON HOUSEHOLD: A household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy.

ELIGIBILITY REQUIREMENT: The conditions a person must meet in order to become a participant in a program or service.

EMERGENCY HOUSING: Designed to assist homeless individuals with immediate temporary shelter/housing, with the goal of moving into transitional and/or permanent housing.

EMERGENCY SHELTER: Any facility with free overnight sleeping accommodations to displaced low-income people. The primary purpose, of which, is to provide temporary shelter for the homeless in general or for specific populations of homeless persons.

EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM: A federal CPD program grant designed to help improve the quality of existing emergency shelters for the homeless, to make additional shelters available, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

EXTREMELY LOW-INCOME HOUSEHOLDS: Those with incomes below 30 percent of area median income. Department of Housing and Urban Development (HUD) programs use "area median incomes" calculated on the basis of local family incomes, with adjustments for household size.

FACILITY: A building or place that provides a particular service or is used for a particular industry.

FAMILY: All persons living in the same household who are related by birth, marriage or adoption.

FAMILY INCOME (FI): Reported income from all sources for the householder and other household members related to the householder.

FRAIL ELDERLY: An elderly person who is unable to perform at least three "activities of daily living" comprising of eating, bathing, grooming, dressing, or home management activities.

GROSS ANNUAL INCOME: the total income, before taxes and other deductions, received by all members of the tenant's household. There shall be included in this total income all wages, social security payments, retirement benefits, military and veteran's disability payments, unemployment benefits, welfare benefits, interest and dividend payments and such other income items as the Secretary considers appropriate.

HANDICAP With respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

HARM REDUCTION It is an aspect of a program's design established by a set of policies and the resulting procedures and practices whose objective is to reduce the negative consequences of participants' continued use of drugs and/or alcohol or failure to be medication compliant. In housing settings, harm reduction is intended to prevent a participant's loss of housing and/or termination from the program based solely on his or her inability to stop using drugs or alcohol or failure to take prescribed medications. Programs incorporating a harm reduction model must utilize all interventions possible, short of termination from the program to enable the participant to reduce or minimize their risky behaviors while at the same time assisting them to move into and become stabilized in permanent housing. Harm reduction is not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants and staff. Organizations must develop a set of policies and procedures to be implemented in the event of such behavior on the part of a participant.

HEALTHY FAMILIES The federally subsidized health insurance program administered by the State of California for the provision of comprehensive health services (including medical, dental and vision care) to children ages birth through 19th birthday from low income families.

HIGH TOLERENCE: See Harm Reduction

HIPAA (Health Insurance Portability and Accountability Act) HIPAA was enacted by the U.S Congress in 1996. Title II of HIPAA defines numerous offenses relating to health care and sets civil and criminal penalties for them. It also creates several programs to control fraud and abuse within the health care system. However, the most significant provisions of Title II are its Administrative Simplification rules. Title II requires the Department of Health and Human Services (HHS) to draft rules aimed at increasing the efficiency of the health care system by creating standards for the use and dissemination of health care information.

HOMELESS: An individual or family who belongs to one of the following categories: (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised 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, or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she 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) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; (3) Not applicable; Intentionally Omitted; (4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION TO HOUSING ACT (HEARTH Act): Amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: 1) A consolidation of HUD's competitive grant programs; 2) The creation of a Rural Housing Stability Assistance Program; 3) A change in HUD's definition of homelessness and chronic homelessness; 4) A simplified match requirement; 5) An increase in prevention resources; and, 5) An increase in emphasis on performance.

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS): An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization. HMIS is an eligible budget activity and also an SHP component that allows applicants to request SHP assistance for dedicated or shared projects.

HOMELESS PREVENTION: Activities or programs designed to prevent the incidence of homelessness, including, but not limited to: (1) short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices; (2) security deposits or first month's rent to permit a homeless family to move into its own apartment; (3) mediation programs for landlord-tenant disputes; (4) legal services programs that enable representation of indigent tenants in eviction proceedings; (5) payments to prevent foreclosure on a home; and (6) other innovative programs and activities designed to prevent the incidence of homelessness.

HOUSEHOLD: All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

HOUSING ADEQUACY: Any 1 of 14 different situations [that] result in the classification of a unit as having severe physical problems.

HOUSING CASE MANAGER: See Housing Specialist

HOUSING FIRST: Housing First (from the National Alliance to End Homelessness): A "housing first" approach rests on two central premises: 1) Re-housing should be the central goal of our work with people experiencing homelessness; and 2) Providing housing assistance and follow-up case management services after a family or individual is housed can significantly reduce the time people spend in homelessness. Case management ensures individuals and families have a source of income through employment and/or public benefits, identifies service needs before the move into permanent housing, and works with families or adults after the move into permanent housing to help solve problems that may arise that threaten their tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

The guiding philosophy of the Housing First approach is that housing provides people with a foundation from which they can pursue other goals. Tenants are assisted in developing or improving skills for independent living, while they live in permanent housing, instead of requiring them to complete a transitional residential program first.

The Housing First approach that offers permanent housing as quickly as possible for people experiencing homelessness, particularly for people with long histories of homelessness and co-occurring health challenges, while providing the supportive services people need to keep their housing and avoid returning to homelessness. The provider ensures that the supportive services that program participants need or want to achieve permanent housing and to increase income are offered, but are not required as a condition of housing, including links to mainstream programs or partner agencies (i.e. mental health services, substance abuse treatment, medical services, child care, etc.).
Income, sobriety and/or participation in treatment or other services are voluntary and are not required as a condition for housing.

HOUSING SPECIALIST: A Housing Specialist can help you find and maintain appropriate housing, apply for housing benefits such as HOPWA to help pay for move-in expenses. They can refer you to supportive services to help you maintain stable housing.

HOUSING NAVIGATION: Effective assistance to help clients navigate the housing system, and efficient and accurate matches to housing and non-housing resources (such as medical supports) based on the individual needs and acuity level. Activities include Case Coordination, Case Conferencing and Outreach, communication, information sharing, and collaboration.

HOUSING NAVIGATOR(S): A participant's primary point of contact, often a social worker, case manager, outreach worker or volunteer. While they have many functions, their primary functions in CES are to 1) assist clients in collecting the necessary documents to successfully complete a housing application and 2) to accompany them to housing appointments.

HOUSING PLUS Refers to housing where residents are encouraged to accept support services necessary to help them maintain their housing. The term is another way of referring to "permanent supportive housing," but puts the emphasis on "housing plus intensive service" for people with serious disabilities.

HUD (US Department of Housing and Urban Development) A federal department active in a variety of national housing programs including urban renewal and public housing.

LAHSA (Los Angeles Homeless Services Authority) LAHSA is a Joint Powers Authority established in 1993 as an independent agency by the County and the City of Los Angeles. LAHSA is the lead agency in the Los Angeles Continuum of Care, and coordinates and manages over $60 million dollars annually in Federal, State, County and City funds for programs providing shelter, housing and services to homeless persons in Los Angeles City and County.

LAND DEVELOPMENT: The process of making, installing, or constructing improvements.

LEASE: A written agreement between an owner and a family for the leasing of a decent, safe, and sanitary dwelling unit to the family.

LEASE TERM: The period of time for which a lease agreement is written.

LEASING: Leasing of property, or portions of property, not owned by the recipient or project sponsor involved, for use in providing transitional or permanent housing, or providing supportive services. (HUD emphasis)

LIVABILITY: a measure of integration of the housing, transportation, environmental, and employment amenities accessible to residents. A livable community is one with multiple modes of transportation, different types of housing, and destinations located within an easy distance (20 minutes by transit, 15 minutes by bike or foot, 10 minutes by car) of homes.

LOW INCOME: Income at or below 80% of the area wide median income.

LOW-INCOME FAMILY: families whose [combined] income does not exceed 80 percent of the median family income for the area.

LOW-INCOME HOUSING TAX CREDIT (LIHTC): A tax incentive intended to increase the availability of low-income housing. The program provides an income tax credit to owners of newly constructed or substantially rehabilitated low-income rental housing projects.

MEDICARE A health insurance program administered by the United States government, covering people who are either age 65 and over, or who meet other special criteria, such as a disabling illness (i.e. severe mental illness).

MENTAL ILLNESS: A serious and persistent mental or emotional impairment that significantly limits a person's ability to live independently.

MICROENTERPRISE: a commercial enterprise that has five or fewer employees, one or more of who owns the enterprise

MICROLOAN: A very small, short-term loan at low interest, especially to a start-up company or self-employed person. An SBA loan program that helps entrepreneurs get very small loans, from less than $100 to $25,000 . Microloans from the SBA can be used for machinery and

equipment, furniture and fixtures, inventory, supplies and working capital, but can't be used to pay existing debts.

MODERATE INCOME: Households whose incomes are between 81 percent and 95 percent of the median income for the area, as determined by HUD, with adjustments for smaller or larger families. HUD may establish income ceilings higher or lower than 95 percent of the median for the area on the basis of HUD's findings that such variations are necessary because of prevailing levels of construction costs, fair market rents, or unusually high or low family incomes

MOVING TO OPPORTUNITY (MTO): A demonstration designed to ensure a rigorous evaluation of the impacts of helping very low-income families with children to move from public and assisted housing in high-poverty inner-city neighborhoods to middle-class neighborhoods throughout a metropolitan area.

MOVING TO WORK (MTW): is a demonstration program for public housing authorities (PHAs) that provides them the opportunity to design and test innovative, locally designed strategies that use Federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families.

MULTIFAMILY HOUSING: A building with more than four residential rental units.

MULTIPLY DIAGNOSED This generally refers to people who have chronic alcohol and/or other drug use problems and/or a serious mental illness and/or are HIV-positive. The terms "dually diagnosed" and "triply diagnosed" are also used.

NONPROFIT HOUSING ORGANIZATION: Any private organization that is organized under state or local laws; has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual; and has a long-term record of service in providing or financing quality affordable housing for low-income families through relationships with public entities.

OVERCROWDING: The condition of having more than one person per room in a residence.

PERMANENT HOUSING (PH): Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH). Examples of permanent housing include, but are not limited to, a house or apartment with a month-to-month or annual lease term or home ownership. Housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

PERMANENT SUPPORTIVE HOUSING (HUD Definition) Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. There is no definite length of stay.

PERSON WITH A DISABILITY HUD's Section 8 program defines a "person with a disability" as: a person who is determined to: 1) have a physical, mental, or emotional impairment that is expected to be of continued and indefinite duration, substantially impedes his or her ability to

live independently, and is of such a nature that the ability could be improved by more suitable housing conditions; or 2) have a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act.

PRIMARY CARE "Primary Care" means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
Referral The process of sending a patient/client from one social service agency to another health care or social service agency. Agencies may require written documentation for referral.

OWNER: Any private person or entity, including a cooperative, an agency of the federal government, or a public housing agency, having the legal right to lease or sublease dwelling units.

PARTICIPANT: Homeless or at-risk individual or family that is enrolled in program

PERCENTILE RENT ESTIMATES (50th): Calculated for all FMR areas. These are not fair market rents. Under certain conditions, as set forth in the Interim Rule (Federal Register Vol. 65, No. 191, Monday October 2, 2000, pages 58870—58875), these 50th percentile rents can be used to set success rate payment standards.

POINT-IN-TIME (PIT) COUNTS: Unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

POMONA COMMUNITY CARE MODEL: A coordinated system of care involving trained volunteers partnering with those in need. Central to the model is viewing the homeless person as "a whole person" in need of support of the mind, body, social, emotional, behavioral, and spiritual dimensions. The Pomona Community Care Model surrounds the most vulnerable community members with an organized infrastructure of available services and resources.

POOR: Household income of less than the U.S. national poverty cutoff for that household size.

POPULATION: The total resident population based on data compiled and published by the United States Bureau of the Census available from the latest census or which has been upgraded by the Bureau to reflect the changes resulting from the Boundary and Annexation Survey, new incorporations and consolidations of governments pursuant to §570.4, and which reflects, where applicable, changes resulting from the Bureau's latest population determination through its estimating technique using natural changes (birth and death) and net migration, and is referable to the same point or period in time.

QUALIFIED CENSUS TRACT (QCT): Any census tract (or equivalent geographic area defined by the Census Bureau) in which at least 50 percent of households have an income less than 60 percent of the area median gross income or have a poverty rate of at least 25 percent.

RAPID REHOUSING (RRH): A support intervention that uses a combination of case management, Housing Navigation, and short to medium term financial assistance to assist mid-range acuity homeless households identify and stabilize in tenant-based, scattered site, permanent housing.

REGIONAL COORDINATION: Partnerships across public and private entities that ensure homeless persons are fully supported and connected to permanent housing and services within their respective community. Regional and coordinated access to housing and services ensures that a homeless person does not have to go to multiple agencies to obtain housing and services assistance.

REGIONAL HOUSING NEEDS ASSESSMENT (RHNA): The California state-mandated process to identify the total number of housing units (by affordability level) that each jurisdiction must accommodate in its Housing Element. The RHNA assessment process is performed periodically for Pomona by the Southern California Association of Governments. The RHNA is used in land use planning, to prioritize local resource allocation and to help decide how to address existing and future housing needs.

RECIPIENT: Entity receiving grant award.

REHABILITATION: The labor, materials, tools, and other costs of improving buildings, other than minor or routine repairs. The term includes where the use of a building is changed to an emergency shelter and the cost of this change and any rehabilitation costs does not exceed 75 percent of the value of the building before the change in use.

RENOVATION: rehabilitation that involves costs of 75 percent or less of the value of the building before rehabilitation.

RENT REASONABLENESS: The total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same period for comparable non-luxury unassisted units. Such determinations should consider: (a) location, quality, size, type, and age of unit; and (b) any amenities, housing services, maintenance and utilities to be provided by the owner. Comparable rents may be verified by using a market study, reviewing comparable units advertised for rent, or by obtaining written verification from the property owner documenting comparable rents for other units owned.

RENTAL ASSISTANCE: Provision of rental assistance to provide transitional or permanent housing to eligible persons. (HUD emphasis)

RENTAL ASSISTANCE DEMONSTRATION (RAD): allows proven financing tools to be applied to at-risk public and assisted housing and has two components: allows Public Housing and Moderate Rehabilitation (Mod Rehab) properties to convert, under a competition limited to 60,000 units, to long-term Section 8 rental assistance contracts; and allows Rent Supplement (Rent Supp), Rental Assistance Payment (RAP), and Mod Rehab properties to convert tenant-based vouchers issued upon contract expiration or termination to project-based assistance.

RENTAL ASSISTANCE PAYMENT (RAP): Section 236 program, which was established by the Housing and Urban Development Act of 1968, combined federal mortgage insurance with interest reduction payments to the mortgagee for the production of low-cost rental housing.

RESERVED CRISIS HOUSING (BRIDGE HOUSING): Safe, reserved, 24-hour emergency shelter to be utilized by eligible homeless individuals, identified through CES, and matched to permanent housing. The intention of this emergency housing is to provide individuals with some stability, so that they can more easily maintain contact with their Housing Navigator, as they are assisted in their efforts to procure a permanent unit.

ROOMS: Rooms counted [in the American Housing Survey (AHS)] include whole rooms used for living purposes, such as bedrooms, living rooms, dining rooms, kitchens, recreation rooms, permanently enclosed porches that are suitable for year-round use, lodger's rooms, and other finished rooms. Also included are rooms used for offices by a person living in the unit.

SAMHSA (Substance Abuse and Mental Health Services Administration) Federal agency which administers various programs related to SAMHSA within the Department of Mental Health. SAMHSA also refers to block grant funding received from SAMHSA to pay for certain services. Unserved An individual in need who receives no services.

SCATTERED-SITE HOUSING: Assisted housing dispersed throughout the community and usually rented from a private landlord.

SCREENING "Screening" means a process used to identify individuals with an increased risk of having mental health disorders that warrant immediate attention, intervention, or more comprehensive review.

SECURITY DEPOSIT: A payment required by an owner to be held during the term of the lease (or the time period the tenant occupies the unit) to offset damages incurred due to the actions of the tenant. Such damages may include physical damage to the property, theft of property, and failure to pay back rent. Forfeiture of the deposit does not absolve the tenant of financial liability.

SERVICE COORDINATOR PROGRAM: Provides funding for the employment of Service Coordinators in insured and assisted apartment housing that is designed for the elderly and persons with disabilities. A service coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those nonelderly residents with disabilities are linked to the specific supportive services they need to continue living independently in that housing development.

SERVICE PLANNING AREA: Service Planning Areas (SPAs) are used by a number of Los Angeles County departments (Public Health, Health Services, Mental Health, Homeless Services Authority) to plan and manage service delivery across the County. SPAs are aggregated from Census Tracts in order to connect them to demographic information. The City of Pomona is located within SPA 3 or the San Gabriel Valley region.

SEVERE RENT BURDEN: a renter household [that pays] more than one-half of its income for gross rent (rent and utilities).

SEVERELY INADEQUATE HOUSING: units having one or more serious physical problems related to heating, plumbing, and electrical systems or maintenance.

SHELTER DIVERSION: Assessment and service delivery for Shelter Diversion would ideally begin at the system entry point for individuals. In systems with a coordinated intake process, the entry point would be the designated intake center(s) or "front door(s);" in systems without coordinated entry processes, the system entry point would be whatever program the individual comes to first for shelter assistance.
Once participants come to the entry point, they should be assessed to determine what housing needs they have. Participants typically meet with a case manager to start housing stabilization planning immediately after being assessed and deemed appropriate for diversion. Housing planning involves both finding immediate housing and planning for longer term housing stability.

If an immediate alternate housing arrangement cannot be made, a shelter stay is likely the most appropriate option. (LAHSA)

SHELTER PLUS CARE PROGRAM (S+C): Authorized by title IV, subtitle F, of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C. 11403–11407b), but reformed by the HEARTH Act, S+C is designed to link rental assistance to supportive services for hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome (AIDS and related diseases) and their families. The program provides grants to be used for rental assistance for permanent housing for homeless persons with disabilities. Rental assistance grants must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance and appropriate to the needs of the population to be served. Recipients are chosen on a competitive basis nationwide.

SHARE OF COST A monthly dollar amount some Medi-Cal recipients must pay, or agree to pay, toward their medical expenses before they qualify for Medi-Cal benefits. A Medi-Cal recipient's SOC is similar to a private insurance plan's out-of-pocket deductible.

SHELTER DIVERSION A support intervention targeted at the program or system entry point that uses services to divert homeless populations away from shelter and into stable housing. Housing Navigation focuses on helping participants utilize other housing options within their personal network rather than enter the shelter system. This could involve mediation with family and/or friends to locate an alternative to entering the homeless system.

SINGLE FAMILY PROPERTY: A single-unit family residence, detached or attached to other housing structures.

SINGLE-ROOM OCCUPANCY (SRO): Provides rental assistance to homeless individuals in connection with moderate rehabilitation of SRO dwellings.

SLIDING FEE SCHEDULE The charge for services based upon the income and family size of the individual or family requesting services.

SOCIAL ENTERPRISE: A social enterprise is an organization that applies commercial strategies to maximize improvements in human and environmental well-being—this may include maximizing social impact alongside profits for external shareholders.

SPA (Service Planning Area): See Service Planning Area. Los Angeles County is divided into eight different Service Planning Areas (SPA). Each area is expected to have a balance of Continuum of Care services.

STRONG CITIES, STRONG COMMUNITIES (SCS2): SC2 and its partners are working together to coordinate federal programs and investments to spark economic growth in distressed areas and create stronger cooperation between community organizations, local leadership, and the federal government.

SUBSIDIZED HOUSING Is a government supported accommodation for people with low to moderate incomes. To meet these goals many governments promote the construction of affordable housing. Forms of subsidies include direct housing subsidies, non-profit housing, public housing, rent supplements and some forms of co-operative and private sector housing.

Substance Use Issues The problems resulting from a pattern of using substances such as alcohol and drugs. Problems can include: a failure to fulfill major responsibilities and/or using substances in spite of physical, legal, social, and interpersonal problems and risks.

SUBSTANDARD HOUSING: A dwelling unit that is either dilapidated or unsafe, thus endangering the health and safety of the occupant, or that does not have adequate plumbing or heating facilities.

SUPPORTIVE HOUSING PROGRAM: This program is authorized by title IV of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C. 11381–11389). The program is designed to promote the development of supportive housing and supportive services, including innovative approaches to assist homeless persons in the transition from homelessness, and to promote the provision of supportive housing to homeless persons to enable them to live as independently as possible.

SUPPORTIVE HOUSING FOR THE ELDERLY: Housing that is designed to meet the special physical needs of elderly persons and to accommodate the provision of supportive services that are expected to be needed, either initially or over the useful life of the housing, by the category or categories of elderly persons that the housing is intended to serve.

SUPPORTIVE SERVICES (HUD Definition) Services that assist a client in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

SWEAT EQUITY: Using labor to build or improve a property as part of the down payment.

TENANT-BASED RENTAL ASSISTANCE (TBRA): HUD assists low- and very low-income families in obtaining decent, safe, and sanitary housing in private accommodations by making up the difference between what they can afford and the approved rent for an adequate housing unit.

TRANSITION AGE YOUTH An individual between the ages of 18 and 24

TRANSITIONAL HOUSING: A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

UNACCOMPANIED CHILDREN are people who are not part of a family or in a multi-child household during their episode of homelessness, and who are under the age of 18.

UNACCOMPANIED YOUTH are people who are not part of a family during their episode of homelessness and who are between the ages of 18 and 24.

UNMET NEEDS (HEALTHCARE): The substantial inability of homeless people to get the health care they need.

UNMET NEEDS (Communities Homeless) HUD's standardized methodology for calculating unmet need uses point-in-time data and local provider expertise to calculate an initial estimate of unmet need. HUD has found that estimates from the standardized methodology may not

reflect all that is known about the homeless population in your community. Therefore, HUD recommends that key community stakeholders discuss the initial estimates to determine whether adjustments are necessary to reflect other local information. HUD wants to ensure that CoCs have been thoughtful about assessing unmet need and in making plans to meet this need.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD): Established in 1965, HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships — particularly with faith-based and community organizations — that leverage resources and improve HUD's ability to be effective on the community level.

VACANT UNIT: a dwelling unit that has been vacant for not less than nine consecutive months.

VERY LOW-INCOME: Households whose incomes do not exceed 50 percent of the median area income for the area, as determined by HUD, with adjustments for smaller and larger families and for areas with unusually high or low incomes or where needed because of facility, college, or other training facility; prevailing levels of construction costs; or fair market rents.

WAITING LIST: A formal record of applicants for housing assistance and/or assisted housing units that identifies the applicant's name, date and time of application, selection preferences claimed, income category, and the need for an accessible unit. The waiting list may be kept in either a bound journal or a computer program. Whichever method is used to maintain the waiting list, the owner must establish a method of documenting the appropriate selection of applicant names from the list.

WORST CASE HOUSING NEEDS: Needs experienced by unassisted very low-income renters who either (1) pay more than one-half of their monthly income for rent; or (2) live in severely inadequate conditions, or both.

ZONING: The classification of land by types of uses permitted and prohibited in a given district, and by densities and intensities permitted and prohibited, including regulations regarding building location on lots.

City of Pomona Homeless Count and Funding by Year

Homeless Count and Funding by Year
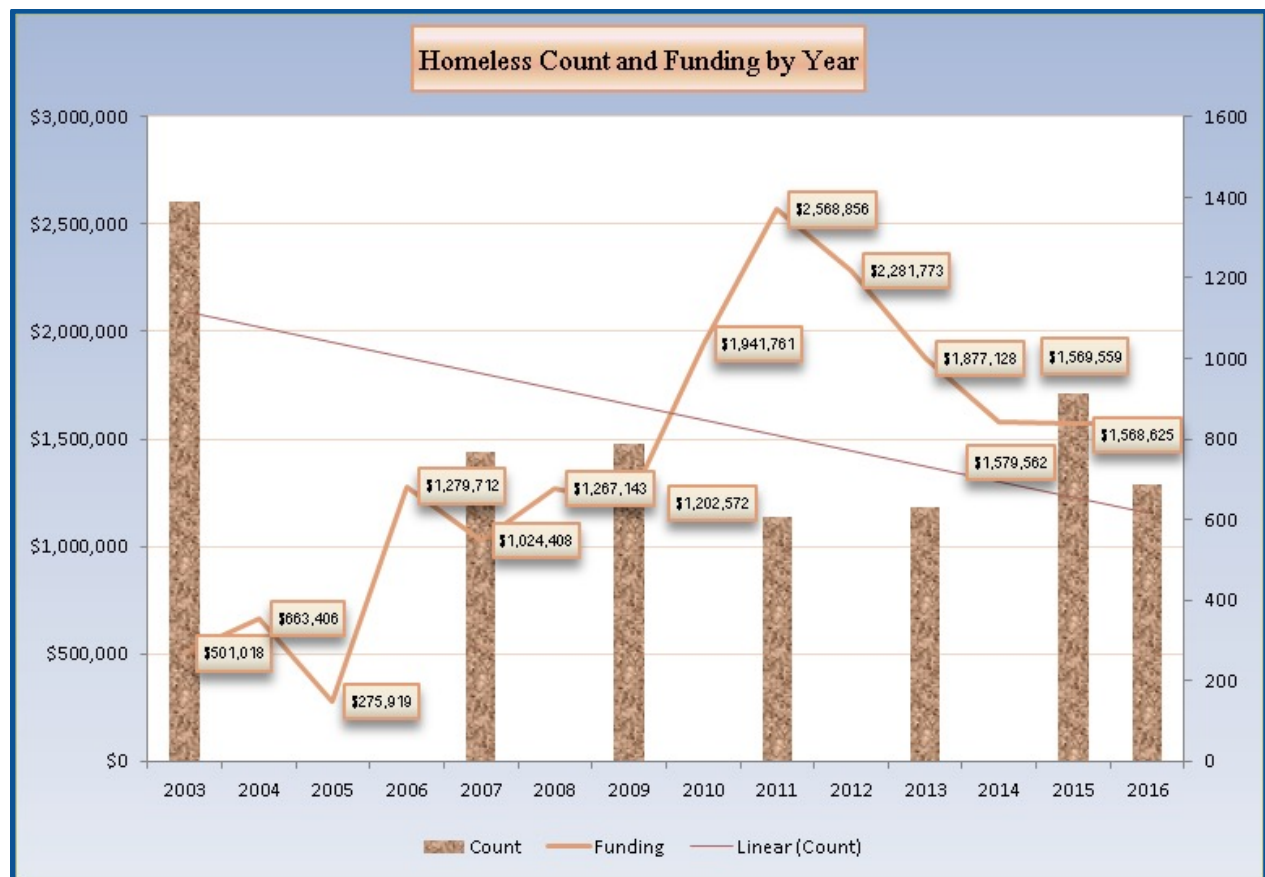
2016 Los Angeles County Homeless Count by Service Planning Area (SPA)
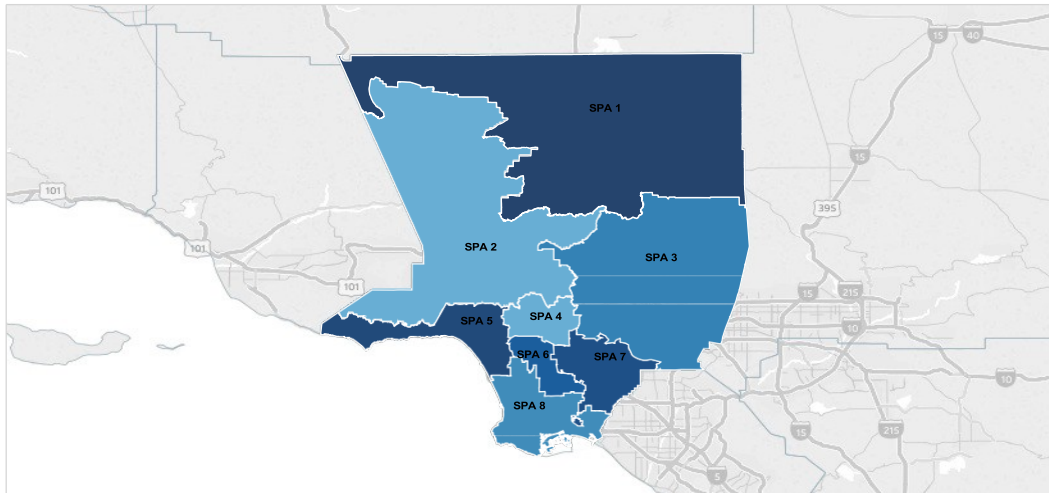
EXCLUDES the cities of Glendale, Long Beach, and Pasadena

	Total	Sheltered	Unsheltered	Individuals	Family Member	Unaccompanied Minors
Los Angeles Continuum of Care	43,854	11,073	32,781	37,601	6,128	125

Individuals includes single adults, adult couples with no children, and groups of adults over the age of 18.

Family Members includes single adults, adult couples with no children, and groups of adults.

Unaccompanied Minors includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Homelessness by Subpopulation

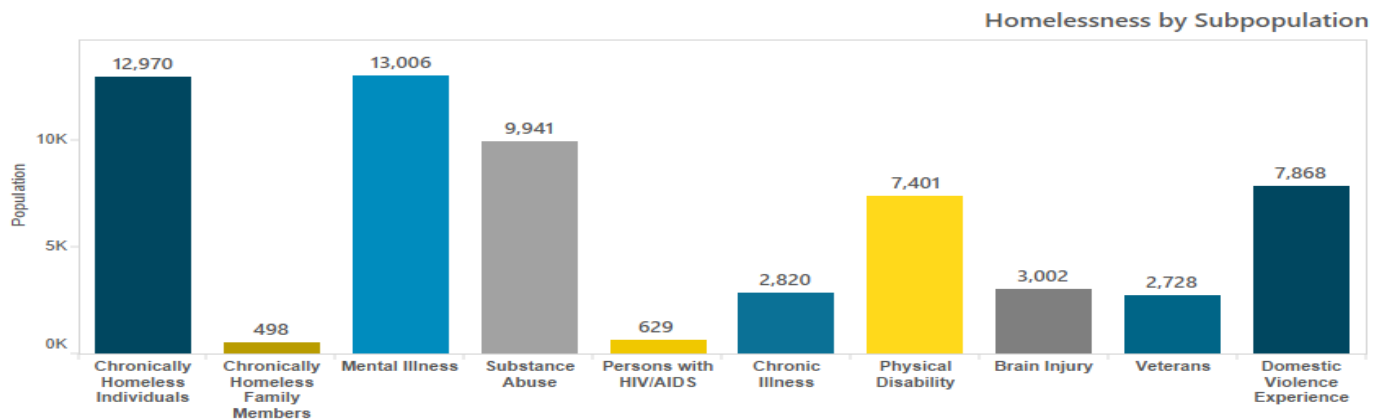|	Total	Sheltered	Unsheltered	Individuals	Family Members	Family Households	Unaccompanied Minors
Service Planning Area 1	3,038	367	2,671	2,534	476	181	28
Service Planning Area 2	7,094	1,431	5,663	6,045	1,030	380	19
Service Planning Area 3	2,612	950	1,662	2,123	489	171	0
Service Planning Area 4	11,860	3,791	8,069	10,431	1,390	543	39
Service Planning Area 5	4,659	1,051	3,608	4,068	591	228	0
Service Planning Area 6	7,459	1,801	5,658	6,311	1,142	420	6
Service Planning Area 7	3,469	987	2,482	2,894	545	193	30
Service Planning Area 8	3,663	695	2,968	3,195	465	180	3

Service Planning Area Map Including Major Cities
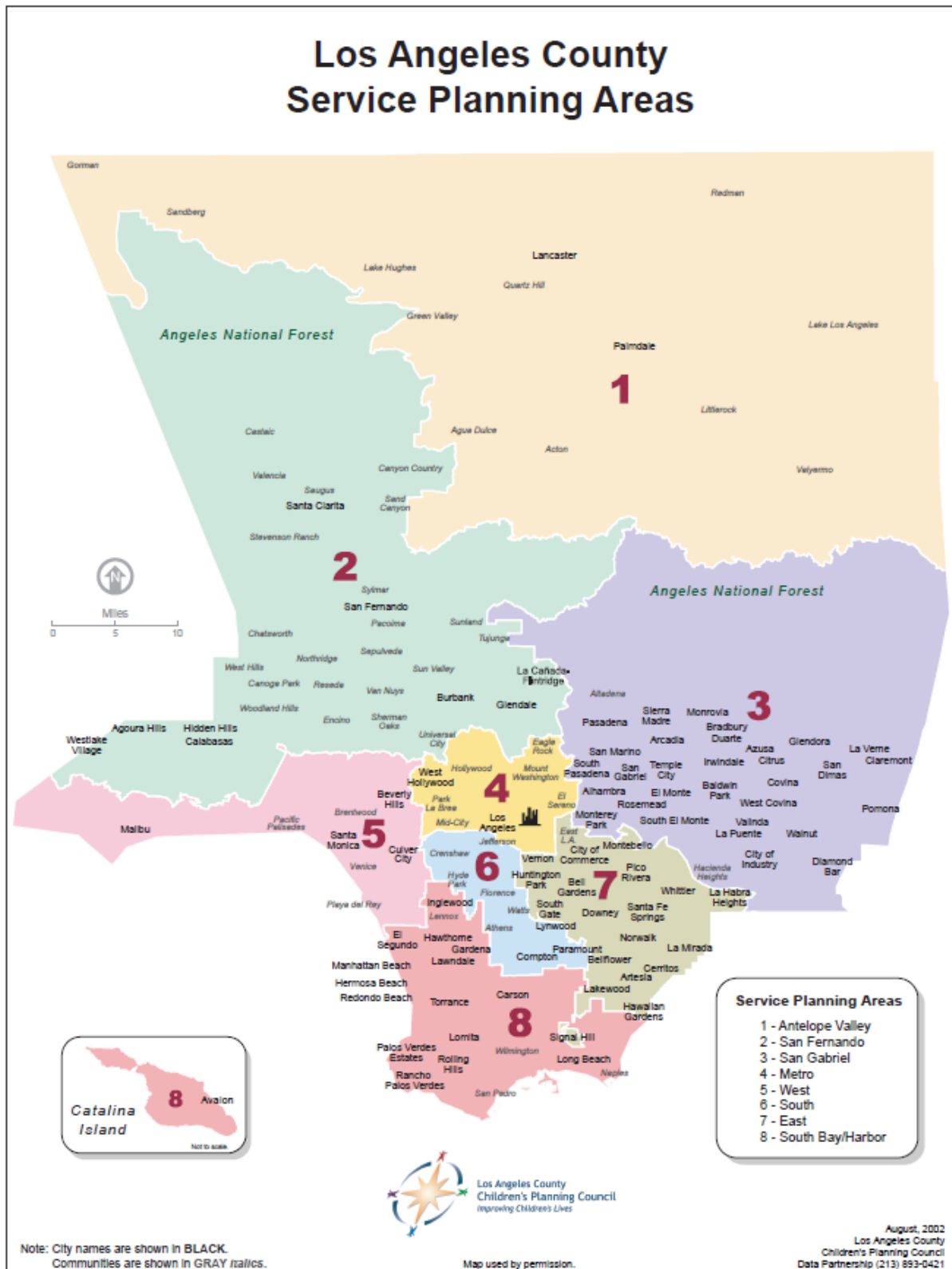
Pomona Continuum of Care Coalition Members

COMMUNITY BASED ORGANIZATIONS

A Meaningful Goal Housing Shelter

American Legion Post 30

America's Job Center

Angels Who Care Inc.

Catholic Charities

Claremont Homeless Advocacy Program

From the Heart Church Ministry

Homes of Promise

Hope through Housing

House of Ruth

Housing Rights Center

Inland Valley Hope Partners

Keep Hope Alive

NAACP

National Alliance on Mental Illness Pomona Valley

Pomona Community Health Center

Pomona Neighborhood Center Inc.

Project Caring

Prototypes

Pomona's Promise Representation

School on Wheels

United Advocates for Children and Families

Union Station Homeless Services Family Solutions Center

Volunteers of America of Los Angeles

Western University

YWCA San Gabriel Valley

FAITH BASED ORGANIZATIONS

Catholic Charities

From the Heart Church Ministries

Kingdom of God Revelation Ministries

Lincoln Avenue Community Church

Lion's Gate Ministries

New Beginnings, Inc.

North Towne Christian Church

Progressive Christians Uniting

Purpose Church Homeless Ministries

Spirituality Center Among the Poor

St. Vincent de Paul

Urban Mission

HEALTH CARE PARTNERS

Aegis Treatment Center Pomona

CEV Health

Health Advocates

Health Care Consultants

Kaiser Permanente

Molina Healthcare Foundation

Molina Medical Group

Pomona Community Health Center

Pomona Health Care

Tri City Mental Health Center

EDUCATIONAL PARTNERS

Cal Poly Pomona

Damion High School

Pomona Unified School District

Western University

GOVERNMENTAL PARTNERS

City of Pomona

Employment Development Department

LA County Department of Public Health

LA County Department of Public Social Services

LA County District Attorney's Office - Victims Support

Los Angeles Homeless Services Authority

Office of County Supervisor Hilda Solis

Office of State Senator Connie Leyva

Office of Assembly Member Freddie Rodriguez

FY 2016-2017 City of Pomona Homeless Program Allocations

CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING	
Program - Rental Assistance for Homeless Persons with Disabilities	981,902
Administration	65,861
Total Shelter Plus Care Permanent Supportive Housing	**1,047,763**
CONTINUUM OF CARE RAPID RE-HOUSING MEDIUM TERM RENTAL ASSISTANCE - OPERATION PORCHLIGHT	
Program - Rental Assistance for Homeless Persons	566,816
Administration	38,120
Total Operation Porchlight	**604,936**
CONTINUUM OF CARE TRANSITIONAL HOUSING	
Program - Transitional Housing for Homeless Men	154,503
Administration	10,740
TOTAL Transitional Housing	**165,243**
CONTINUUM OF CARE STREET OUTREACH RAPID RE-HOUSING	
Program - Street Outreach/Rapid Rehousing for Homeless Persons	190,476
Adminstration	13,333
Total Street Outreach Rapid Re-housing	**203,809**
HOME TENANT BASED RENTAL ASSISTANCE	
Program - Rental Assistance for Homeless Persons	**125,000**
EMERGENCY SOLUTIONS GRANT	
Program	
Street Outreach	63,276
Emergency Shelter	21,233
Rapid Re-housing Rental Assistance	46,058
Homeless Management Information Systems (HMIS)	36,935
Administration	13,581
Total ESG	**181,083**
Veterans Affairs Supportive Housing (VASH) Project- Based (PB) vouchers	
Program - Project Based Rental Assistance for Veterans (Pending award)	**332,312**
TOTAL PROGRAM ALLOCATION	2,518,511
TOTAL ADMINISTRATION ALLOCATION	141,635
TOTAL HOMELESS PROGRAM FUND ALLOCATIONS	**2,660,146**

End Notes

[i] Pomona's Promise, 2015.

[ii] A comparison of data from the 2013 Point in Time (PIT) Homeless Count and the 2015 PIT Count. LAHSA Data and Reports Homeless Count, https://www.lahsa.org/homeless-count/reports 09-16-16

[iii] Pomona's Promise, 2015.

[iv] See list of HAC participating organizations and community members in the Addenda

[v] 2016 PIT Count provided to the City of Pomona by the Los Angeles Homeless Services Authority (LAHSA). See Addenda

[vi] https://www.petsofthehomeless.org/about-us/faqs/

[vii] Examples of Successful programs sheltering Homeless animals and their human guardians: Hunan Place Emergency Shelter and Access Center Kennels, Riverside California. Hollywood PATH Homeless Shelter and Kennel.

[viii] www.endhomelessness.org, front page, 09/19/16

[ix] First Lady's Conference Calls to end Veteran Homelessness; Brief Re-Housing for Homeless Populations – Los Angeles - Beyond Shelter/Home Start/Partnering for Change Page 1,Program and community strategies for recruiting private-market landlords & overcoming housing barriers. http://www.epath.org/files/PATHBeyondShelter/Brief_RehsingStrategiesFINAL.pdf, http://portal.hud.gov/hudportal/documents/huddoc?id=Landlord-Resource.pdf, 09-26-16

[x] LA County Strategy E1, priorities.lacounty.gov/homeless,

[xi] 2015-2016 City of Pomona Consolidated Annual Performance and Evaluation Report (CAPER) Data

[xii] 2016 City of Pomona PIT Homeless Demographic Report

[xiii] http://laundrylove.org/

[xiv] Mobile and Portable Dental Services Catering to the Basic Oral Health Needs of the Underserved Population in Developing Countries: A Proposed Model, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4071723/, 09-15-16

[xv] http://publichealth.lacounty.gov/eh/docs/WhatsNew/FoodDonations.pdf, 0915-16

[xvi] http://namipv.org/community-outreach/ 09-16-16

[xvii] http://www.chapclaremont.org/about.html, 09-25-16

[xviii] Souls in the Hands of a Tender God: Stories of the Search for Home and Healing on the Street, Rennebohm C., Beacon Press 2008

[xix] 48366 Federal Register / Vol. 81, No. 142 / Monday, July 25, 2016 / Proposed Rules, [Docket No. FR–5476–N–04] RIN 2506–AC29

[xx] http://www.sdhc.org/Special-Housing-Programs.aspx?id=5358, 09-17-16

[xxi] https://www.good.is/articles/idea-free-public-transportation-for-homeless-people, 09-16-16

[xxii] http://www.greencaltrain.com/2016/07/san-francisco-supes-put-transportation-homeless-services-tax-on-ballot/, 09-26-16

[xxiii] PVHMC Chronically Homeless Cycle of Care, pg. 35

xxiv Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community-Based Study, Kushel, M et. al., http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447161/ 09-16-16

xxv http://www.pomonacocc.com/, https://docs.google.com/spreadsheets/d/1adyzF78c_7kROOgO6pnm4ijlcUDLHGoegb6_oRd4GuE/edit#gid=561658068, https://www.facebook.com/thepomonacocc/, 09-19-16

xxvi http://priorities.lacounty.gov/homeless/, 09-19-16

xxvii The Planning Report, Insider's Guide to Planning and Infrastructure, "Los Angeles' Homelessness Crisis: Leadership from Jerry Neuman and Business" Community http://www.planningreport.com/2016/08/22/los-angeles-homelessness-crisis-leadership-jerry-neuman-and-business-community 09-15-16

xxviii http://www.sun-sentinel.com/local/broward/lauderhill/fl-lauderhill-august-bond-referendum-20160420-story.html, 09-20-16; http://www.clickondetroit.com/news/public-safety-tax-gets-support-from-allen-park-voters?treets=det&tid=26514537233813&tml=det_morningnews&tmi=det_morningnews_1_04000108072013&ts=H, 09-20-16, https://www.como.gov/ParksandRec/park_sales_tax.php 09-20-16

xxix LA County Department of Public Health Environmental Health, http://publichealth.lacounty.gov/eh/misc/ehquizlt.htm?func=1&Food=food, 09-15-16

APPENDIX G:

A WAY HOME ANNUAL UPDATE JUNE 2018

A WAY HOME:
COMMUNITY SOLUTIONS FOR POMONA'S HOMELESS

2018 UPDATE

Overview

On January 9, 2017, the Pomona City Council adopted a strategic plan on homelessness, "A Way Home: Community Solutions for Pomona's Homeless", outlining recommended solutions to address homelessness within the City of Pomona. The plan was created utilizing recommendations provided by the Homeless Advisory Committee. This ad hoc committee met over a nine month period, from November 2015 to July 2016, with a focus on four areas of concern identified at the Community Summit on Homelessness held in August 2015. These four areas of focus were: 1) Insufficient Housing and Shelters; 2) the Provision of Programs, Services and Resources; 3) Community Perceptions; and 4) City Policies.

The plan contains four goals, thirty strategies and over 200 activities that provide solutions in each of the focus areas and provides a path to reduce the number of unsheltered persons currently living on the streets and addresses the negative impact of homelessness on the residents, neighborhoods, businesses and public places of Pomona.

The four goals of the plan are as follows:

Goal A	Reduce the Number of Pomona's Unsheltered Homeless
Goal B	Reduce the Negative Impacts on Community Neighborhoods and Public Spaces through the Coordination of Services
Goal C	Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions
Goal D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Policies and Ordinances

Since the adoption of the strategic plan:

- The City received a new Point-in-Time homeless count in 2017 of 390 unsheltered person and 487 sheltered persons, with a total of 877 homeless persons.
- Construction of the Year-Round Shelter and Homeless Service Center is underway.
- A site operator and site partners for the Homeless Services Center have been identified.
- On March 7, 2017, the Measure H initiative passed by a 2/3rd voter approval creating an annual funding stream of $350,000,000 for homeless services in Los Angeles County.
- The City of Pomona has applied for over $6,000,000 in Measure H funding and has received just under $5,400,000 to date.
- 45 cities received funding to create city plans to address homelessness. 17 of those cities are in the San Gabriel Valley and we are working together to develop a regional strategy.

A Way Home: The Strategic Plan Annual Update 2018

GOAL A	Reduce the Number of Pomona's Unsheltered Homeless	Priority	Original Timeframe (Jan. 2017) / Current Timeline (May 2018)	Status
Strategy A1	Establish a Year-Round Shelter(s) Able to Provide for Multiple Subpopulations	URGENT	6 -12 months / **20 months**	**In process -** Phase1 of the year-round shelter and Homeless Service Center (HSC)is expected to open in late August, early September.
Strategy A2	Support and Encourage the Development of Affordable and Supportive Housing Across the Spectrum of, and Proportionate to, the Need by Household Types	Medium	24-36 months / *Current Efforts Underway*	**On-going -** The City is currently working with the SGVCOG and LA County on the "Everyone In" campaign. Since January 2017, there have been 180 units of affordable housing and 93 units of moderate income housing built. The Pomona Housing Authority has dedicated 20% of voucher turnover to homeless households.
Strategy A3	Increase Incomes for Self-Sufficiency and Housing Sustainability	Medium	24-36 months / *Current Efforts Underway*	**On-going -** The HSC will establish work incentive and housing attainment programs for participants to promote this strategy. Planning is occurring currently for this program.
Strategy A4	Strengthen, Expand and Support the Pomona Homeless Outreach Program	Medium	24-36 months / *Current Efforts Underway*	**On-going -** Homeless outreach in Pomona has expanded to include collaboration between VOALA, Tri City, Regional and County Multidisciplinary Teams and the City's HEART Team.
GOAL B	Reduce Negative Impacts on Community Neighborhoods and Public Spaces Through the Coordination of Services	Priority	Original Timeframe (Jan. 2017) / Current Timeline (May 2018)	Status
Strategy B1	Establish a Service Center for Centralization and Coordination of Services	URGENT	6 -12 months / **24 months**	**In process -** This amenity will be built as part of Phase 2 of the Homeless Service Center(HSC), if funding is obtained. Site partners have been selected.
Strategy B2	Establish a Communal Kitchen for the Provision of Food Services	URGENT	6 -12 months / **24 months**	**In process -** This amenity will be built as part of Phase 2 of the Homeless Service Center, if funding is obtained.
Strategy B3	Coordinate Community-Based Volunteer Services for the Homeless and Agencies Serving Them	High	12-24 months / *Implemented and On-Going*	**Completed -** VOALA has hired a volunteer coordinator to assist with Operation Warm Heart. These efforts will continue as part of the HSC.

GOAL B Continued	Reduce Negative Impacts on Community Neighborhoods and Public Spaces Through the Coordination of Services	Priority	Original Timeframe (Jan. 2017) Current Timeline (May 2018)	Status
Strategy B4	*Collaborate with the County, Tri-City Mental Health and Pomona Valley Medical Center to Address Systems Impacting Homelessness in Pomona*	*Medium*	*24-36 months* *Current Efforts Underway*	***In process*** *– The City, Tri City and the County have met regarding collaboration of effort to address homelessness in Pomona. The City also met with PVHMC to discuss areas of collaboration*
Strategy B5	*Advocate for Fair-Share Participation with Neighboring Cities*	*High*	*12-24 months* *Implemented and On-Going*	***In process*** *- The City is currently working with the SGVCOG to address regional shared responsibility efforts and protocols. There are 30 cities in the SGVCOG, of those 19 are creating City Homeless Plans.*
Strategy B6	*Direct the City's "Neighborhood Improvement Task Force" to Focus on Solutions Related to Homelessness and Reducing its Impact on Pomona Neighborhoods*	*URGENT*	*1-3 months* *Implemented and On-Going*	***On-going effort*** *- The Neighborhood Improvement Task Force coordinates City departmental responsibilities in addressing homelessness. These efforts culminated in the HEART Team, Lockers and Homeless Service Center.*
Strategy B7	*Provide Lockers for Storage of Personal Belongings and Implement a Complementary Travel Lite Campaign*	*URGENT*	*Operational by November 30, 2016* *Implemented and On-Going*	***Completed*** *- 193 lockers are currently being used. Since opening, over 745 unduplicated persons have utilized the lockers and received services. Of those using the lockers, 248 removed their own belongings and 112 of those people relocated or were housed.*
Strategy B8	*Coordinate a "Filling the Gap" Transportation System for Clients Referred to Agencies and Appointments*	*Low*	*40-60 months* *40-60 months*	***Not Yet Initiated*** *- Funding for transportation services for the Homeless Service Center participants will be applied for under Measure H funding.*
Strategy B9	*Launch a "Positive Change NOT Spare Change" Campaign Addressing Panhandling and Donations*	*Low*	*40-60 months* *Current Efforts Underway*	***In process*** *- Pomona PD in coordination with Cal Trans and business owners will launch a "No Panhandling" campaign. The "Positive Change" campaign will follow.*
Strategy B10	*Enhance, Strengthen and Support the Pomona Continuum of Care Coalition to Help Implement "A Way Home" Strategies*	*Medium*	*9-12 months* *20-24 months*	***Not Yet Initiated*** *- The City will further engage the PCOCC as an active partner in supporting the efforts of the HSC and other strategies.*
Strategy B11	*Implement Ongoing Health Interventions to Identify and Provide Services to the Most Vulnerable and Medically Fragile Homeless*	*Medium*	*24-36 months* *Current Efforts Underway*	***In process*** *- The City and other partners have engaged PVHMC and other health agencies to increase health access. EVCHC will be an onsite partner.*

GOAL C	Have an Engaged and Informed Community Regarding Homelessness and Homeless Solutions	Priority	Original Timeframe (Jan. 2017) ———— Current Timeline (May 2018)	Status
Strategy C1	*Communicate Accurate Information Effectively*	*Medium*	*3-12 months* ———— *Implemented and On-Going*	***On-going effort -*** *The City provides ongoing updates through the City's Weekly Report that is posted on the City Website each Thursday.*
Strategy C2	*Inform the Community of Homeless Solutions Initiatives*	*Medium*	*3-12 months* ———— *Implemented and On-Going*	***On-going effort -*** *10 community meetings have been hosted within the past year by the City discussing the Homeless Service Center, homeless solutions and strategies.*
Strategy C3	*Enhance, Strengthen and Support the Pomona Continuum of Care Coalition as an Engagement Arm of the "A Way Home" Strategies*	*Low*	*24-36 months* ———— *24-36 months*	***Not Yet Initiated -*** *The City is looking to engage the PCOCC as an active partner in supporting the efforts of the Homeless Service Center and other Strategies.*
Strategy C4	*Create "A Way Home" Strategies Webpage and Dashboard*	*Low*	*24-36 months* ———— *24-36 months*	***Not yet initiated -*** *No resource at this time has been identified to implement strategy.*
Strategy C5	*Provide an Annual Report on Homeless and Housing Development Within the City*	*Medium*	*9-24 months* ———— *Implemented and On-Going*	***In process -*** *The Housing Element was recently updated providing housing development efforts.*
Strategy C6	*Provide Training on When, Where, and How Food and Basic Needs Items May be Distributed within the City. Provide Connections Volunteer Coordination*	*High*	*12-24 months* ———— *24-30 months*	***Not yet initiated –****This strategy will be implemented with the opening of the Communal Kitchen.*
Strategy C7	*Increase Business Owners' Knowledge of Homeless Solutions and Provide Supportive Tools*	*High*	*12-24 months* ———— *Implemented and On-Going*	***In process –****This was implemented with outreach to the Pomona Chamber and other business entities and will continue.*
Strategy C8	*Engage and Inform the Residents of Pomona in Issues Regarding Homelessness*	*High*	*12-24 months* ———— *Implemented and On-Going*	***On-going effort -*** *10 community meetings have been hosted within the past year by the City discussing the HSC, homeless solutions and strategies. More are scheduled in the future.*
Strategy C9	*Strengthen Service Provider Networks and Increase Resource Visibility*	*Low*	*24-48 months* ———— *24-48 months*	***Not yet initiated –*** *Through site partnerships and the development of the HSC, the City will focus on service provider and resource coordination*
Strategy C10	*Increase Homeless Persons Access To and Use of Resources*	*Medium*	*18-24 months* ———— *Implemented and On-Going*	***In process –*** *Operation Warm Heart has been a centralized area for homeless persons to access services and be referred to resources. This effort will continue with the development of the HSC.*

GOAL D	Balance the Needs and Rights of Homeless Persons and the Larger Community through Updated Fair, Legal and Enforceable Policies and Ordinances	Priority	Original Timeframe (Jan. 2017) / Current Timeline (May 2018)	Status
Strategy D1	*Evaluate Current Policies and Ordinances and Create Policies and Enforceable Ordinances that Support the Strategies*	URGENT	*Parallel Implementation* / ***Implemented and On-Going***	***In process -*** *The City Attorney has and will continue to evaluate policies and ordinances and will update when allowable.*
Strategy D2	*Create a Safe and Secure Park, Civic Plaza and Public Space Experience*	High	*6-48 months* / ***Implemented and On-Going***	***In process -*** *New security protocol was established and HEART Team deployed to refer to storage program and address clean-up of public spaces.*
Strategy D3	*In Conjunction with Communal Kitchen, Create and Enforce Policies and Ordinances Around the Provision of Food in the City*	High	*12-24 months* / ***24-36 months***	***In process -*** *Policies surrounding food provision in public places are under review, but not yet adopted.*
Strategy D4	*Secure Additional Resources to Address Homelessness*	High	*12-24 months* / ***Implemented and On-Going***	***In process -*** *Within the past year the City has applied for available funding and has received over $5,400,000 in new funds.*
Strategy D5	*Evaluate Staffing Needs to Ensure Adequacy of Program and Strategy Implementation*	Medium	*24-36 months* / _____ / ***Implemented and On-Going***	***In process -*** *The City evaluated the needs of the Homeless Programs Unit and has implemented recommendations to staffing levels. Ongoing reviews will be performed.*