

The City of Long Beach 2004 Homeless Assessment

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Acknowledgements

The City of Long Beach 2004 Homeless Assessment is the product of a unique relationship between the City of Long Beach, local coalitions and committees, housing and homeless service providers, members of the homeless community, and community volunteers. The Homeless Assessment has inspired a distinctive relationship between these groups that sets the City of Long Beach apart and creates new possibilities for responding to the needs of the homeless.

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The City of Long Beach 2004 Homeless Assessment can be obtained through the following web site: www.homeless-research.com

Section A

EXECUTIVE SUMMARY

"The City of Long Beach 2004 Homeless Assessment" is primarily based upon the two following documents:

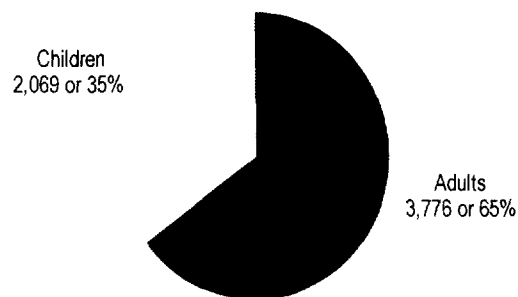
- "The City of Long Beach 2003 Homeless Count" which was conducted in March in order to answer the primary question **"How Many People Are Homeless in the City of Long Beach on a Given Day?"**
- "The City of Long Beach 2003 Homeless Survey" which was administered in order to answer the primary question **"Why Are These Adults and Children Homeless?"**

1. How Many People Are Homeless in Long Beach on a Given Day?

There are nearly 6,000 (5,845) adults and children who either live on the streets or in homeless facilities in Long Beach on a given day—77% (4,509) live on the streets and 23% (1,336) live in homeless facilities.

According to the United States Interagency Council on Homelessness, multiple local jurisdictions have estimated that their annual homeless counts were four times greater than their point-in-time counts. This means that the Long Beach point-in-time count of 6,000 is four times greater (24,000). Thus, there are approximately 24,000 adults and children homeless in Long Beach over the course of a year.

Of the 6,000 homeless adults and children in Long Beach, nearly two-thirds (3,776) are adults and one-third are children.



Key Findings concerning adults¹ and children who are homeless in Long Beach include the following:

► A. Adults - Men

1. The majority (71.5%) of homeless adults are men;
2. There are nearly 3,000 (2,699) men who are homeless in Long Beach on a given day.

► B. Adults - Women

1. Nearly one out of every three homeless adults (28.4%) is a woman in Long Beach on a given day;
2. There are approximately 1,000 (1,072) women who are homeless in Long Beach on a given day.

► C. Adults - Age

1. The majority of men are older than women—more than half (58.5%) of men are between the ages of 30 and 50 and nearly half (48.7%) of women are between the ages of 20 and 40.

¹ The following findings concerning adults do not include five persons who identified themselves as transgender.

► D. Adults - Seniors

1. There are more than 200 (227) seniors 62 years of age or older who are homeless in Long Beach on a given day.

► E. Families

1. There are nearly 800 (795) families who are homeless in Long Beach on a given day.

► F. Children

1. More than 2,000 (2,069) children under the age of 18 are homeless in Long Beach on a given day;
2. One out of every three (35.4%) homeless persons is a child under the age of 18 in Long Beach on a given day.

2. "Why Are These Adults and Children Homeless?"

The point-in-time City of Long Beach 2003 Homeless Survey revealed that nearly 50% (43.3%) of survey respondents (1,018) were homeless one year or more, several times during the past few years (at least four times in the past three years), and had a disability. Such persons, if they are single, are defined by the Department of Housing and Urban Development (HUD) as chronically homeless.

The percentage of chronically homeless individuals/families in Long Beach over the course of a year, however, is approximately 12.2% of the 24,000 annualized number of homeless adults and children in Long Beach. This percentage (12.2%) is slightly above the national average of 10% for chronically homeless singles over the course of a year.

The City of Long Beach's homeless population also reported that they had residential, employment, and familial ties to the city. Ties included:

- living in the City of Long Beach when they first became homeless;

- whether they ever worked in the City of Long Beach;
- whether they ever went to school in the City of Long Beach;
- whether they had family who lived in the City of Long Beach.

Nearly 60% (58.7%) of survey respondents are residents of the City of Long Beach. There are 2,216 homeless adults—representing nearly 60% (58.7%) of all homeless adults—that are residents on a given day in Long Beach when the 58.7% is applied to the 3,776 adults who are homeless on a given day in Long Beach.

There are several reasons why adults and children are homeless for significant periods of time. They include, but are not limited to, the following reasons based on survey findings and applied to the city's entire homeless population.

A. Lack of Income

- Approximately 90% of all homeless persons have an annual income of less than \$10,000 in Long Beach on a given day.

Survey results reveal that nearly the entire homeless population can not afford unsubsidized efficiency units—let alone one-bedroom units or larger. The October, 2005 Fair Market Rents (FMR) for the Long Beach Area have increased 10 percent since 2004 and are as follows:

Number of Bedrooms	Monthly Rent
Single Room Occupancy	\$559
0 Bedroom	\$746
1 Bedroom	\$900
2 Bedroom	\$1,124
3 Bedroom	\$1,510
4 Bedroom	\$1,816

Survey results detail the income of the city's homeless population. Details are as follows:

- 40% of the city's homeless population had a monthly income of \$224 or less which is equivalent to less than \$3,000 a year;
- 80% of the city's homeless population had a monthly income of \$619 or less which is equivalent to less than \$8,000 a year;
- 90% of the city's homeless population had a monthly income of \$809 or less which is equivalent to less than \$10,000 a year.

Government guidelines define "affordable housing" as costing less than 30 percent of a household's gross income. Given the income levels of the homeless population, they would need to spend more than 30% of their annual income for rent per month. The reality is that nearly all of the city's homeless population would have to spend almost 100% of their annual income to rent a 0-bedroom apartment.

B. Domestic Violence

- There are more than 400 women (411) who have experienced domestic violence and who are homeless in Long Beach on a given day.

Nearly 40% (38.3%) of the women who are homeless in Long Beach experienced domestic violence. More than 10% (11.5%) of men also reported experiences of domestic violence.

Domestic violence research reveals that such violence knows no socio-economic barriers. Persons of all cultures, races, occupations, income levels and ages have been victims of domestic violence.

According to the survey data, there are also a number of other issues that will have to be addressed in order for victims of domestic violence to receive necessary treatment,

supportive services, and obtain and remain in permanent housing. Such issues include the following:

1. Nearly half (48.5%) of victims of domestic violence remain homeless 12 months or more;
2. More than three-quarters (78.5%) of victims of domestic violence have children compared to 49.7% of the city's general homeless population.

C. Mental Illness

- More than 1,000 (1,031) homeless adults are mentally ill in Long Beach on a given day.

Mental illness is a serious problem among the city's homeless population. The data collected from survey respondents describes a homeless population that has a large number of adults, one out of every four or 27.3%, who experienced psychotic and mood disorder/depressive symptoms including bipolar symptoms.

Mental illness is a "no-fault" brain disease that is caused by physical disorders or chemical imbalances. According to mental health research, one (1) in four (4) persons or 25% will suffer from a mental or neurological disorder in their lifetime and such physical disorders often strike family members between the ages of 16 and 25.

It is clear from the survey data that many of the city's homeless population suffer from a mental or neurological disorder and have untreated mental illnesses. Recovery comes through receiving the necessary treatment and supportive services. Mental health research has documented that mental and neurological illnesses are some of the most treatable, survivable disorders currently known.

The survey data also makes it clear that a number of other issues will have to be

addressed in order for the city's homeless mentally ill population to receive necessary treatment, supportive services, and obtain and remain in permanent housing. Such issues are borne out by the survey responses and include the following:

1. Nearly half (46.8%) of survey respondents who were mentally ill were living on the streets;
2. More than half (51.5%) of survey respondents who were mentally ill were living on the streets for one year or more;
3. Nearly one of four (22.3%) of survey respondents who were mentally ill had no source of income (these clients are eligible for mainstream resources such as Social Security—Disability, Medi-Cal, and Food Stamps);
4. More than half (57.6%) had an income of less than \$400 per month;
5. More than 70% (70.9%) of survey respondents who were mentally ill self-medicate with alcohol and/or other drugs.

D. Substance Abuse

- More than 2,000 (2,288) homeless adults are currently using alcohol and/or other drugs in Long Beach on a given day.

Survey responses reveal that problems with alcohol and/or other drugs is the leading, most frequent single disorder diagnosed among the city's homeless population. More than 60% (60.6%) stated that they were currently using alcohol and/or other drugs.

Substance abuse is a chronic condition with acute episodes. Substance abuse research reveals that few people addicted to alcohol and other drugs can simply stop using them, no matter how strong their inner resolve.

Substance abuse research has documented that substance abuse disorders are treatable and that treatment often follows a "continuum of care" within which individuals participate in one or more levels of care. These levels range from highly restrictive and intensive to only slightly restrictive and less intensive levels of care.

The survey data makes it clear that many homeless adults in Long Beach have untreated substance abuse disorders. Recovery can only come from receiving the necessary treatment and supportive services.

There are a number of other issues that will have to be addressed in order for the city's homeless substance abusers to receive necessary treatment and supportive services and obtain and remain in permanent housing. Such issues are borne out of the survey responses and include the following:

1. 80% (80.9%) of survey respondents who were substance abusers were living on the streets;
2. Nearly half (49.8%) of survey respondents who were substance abusers had been living on the streets for one year or more;
3. Nearly 15% (14.8%) of survey respondents who were substance abusers had no source of income (these clients are eligible for mainstream resources such as Social Security—Disability, Temporary Assistance for Needy Families, and Food Stamps);
4. More than three out of four (76.5%) survey respondents had an income of less than \$400 per month.

E. Dual Diagnosis

- There are 197 (70.9%) survey respondents who have a dual diagnosis—mental illness and current substance abuse—in Long Beach on a given day.

Survey data reveals that the homeless mentally ill population self-medicate with alcohol and/or other drugs.

Substance abuse complicates almost every aspect of care for persons with mental illness. Diagnosis and treatment is difficult because it takes time to unravel the interacting effects of substance abuse and mental illness.

Research studies are beginning to help us understand the scope of the problem. Such research reveals that mentally ill people use alcohol and/or other drugs as a misguided attempt to treat symptoms of their illness, including the side effects of their medications, such as anxiety and depression.

It is important to note that there is a significant percentage of veterans among the city's dually diagnosed homeless population as noted in the following points:

- Nearly 30% (29.2%) of male survey respondents who were dually diagnosed were veterans;
- More than 6% (6.1%) of female survey respondents who were dually diagnosed were veterans.

F. Need for Health Care

- There are approximately 1,150 homeless adults who have "persistent" health care needs in Long Beach on a given day.

Survey results underline the need for health care, which is anecdotally related to both causes and consequences of homelessness. Without access to appropriate health care, acute and chronic health problems go untreated, which often impedes the homeless individual's ability to secure greater self-sufficiency and maintain independent living.

Health-related obstacles (respiratory infections, trauma, skin ailments, etc.) impair physical functioning and serve as a potential barrier to achieving work, permanent housing, and self-

sufficiency. Many of these obstacles are a result of exposure to violence and the elements, increased contact with communicable diseases, drug and alcohol abuse, mental illness (including non-compliance with prescribed medications), extreme stress and fatigue, poor nutrition, and lack of adequate hygiene which are often compounded by a lack of access to health care services.

As a result, people become chronically homeless—living on the streets for one year or more, or in and out of homelessness for years. Health-related obstacles also hinder the ability of domiciled households to maintain their housing.

G. Release from Foster Care

- There are more than 300 (344) persons that have been in the foster care system and who are homeless on a given day in the City of Long Beach.

There is a troubling link between foster care and homelessness among the nation's and city's homeless population. Nearly one out of 10 (9.1%) Long Beach survey respondents stated that they have been in the foster care system. Survey results noted that nearly one out of four (23.7%) persons who were in foster care became homeless after exiting foster care.

The California Children's Services Archive and 2000 U.S. Census Bureau data indicate that 1,198 foster youth in Long Beach exit the foster care system each year. The Casey Foundation indicates that 58% of all foster care youth exit into homelessness annually. Therefore, annually 695 foster care youth in Long Beach exit into homelessness. Homeless youth are one of the hardest sub-populations of homeless persons to count. As result, there may be more homeless youth than what the count and survey data indicate.

Next Steps

"The City of Long Beach 2004 Homeless Assessment" is an important first step in understanding the extent of homelessness and the many complex issues and circumstances that surround people's homeless experiences.

The next step is to develop and implement a 10-Year Homeless Strategy that will prevent and end homelessness in the City of Long Beach. New research, resources, and technology provide an opportunity to develop and implement a successful 10-Year homeless strategy.

More than 100 cities are currently completing "10-Year Strategies to End Homelessness," according to the United States Interagency Council on Homelessness (ICH). The ICH is part of the Domestic Policy Council within the Executive Office of the President and is responsible for the coordination of 20 federal agencies in their response to reduce and end homelessness.

Several cities that have already completed and are implementing 10-Year strategies have recognized that their past efforts focused on "managing" homelessness rather than ending it. Through the 10-Year strategies, these communities have moved beyond efforts to manage homelessness and into strategic goals and objectives that are both preventing homelessness and ending it. Such goals and objectives include: (i) building infrastructure; (ii) strengthening an existing continuum of care system; and (iii) planning for sustainable outcomes.

(i) building infrastructure

The 10-Year Strategy to End Homelessness will establish a community-wide planning process that will develop a plan to enhance the infrastructure needed (i.e., affordable

housing, sustainable incomes, and social services) in order for persons in poverty and homeless people to become self-sufficient and obtain and remain in affordable housing.

Thus, the first step for committees/groups is to address the systemic problems that lead to poverty and homelessness: 1) shortage of affordable housing; 2) incomes that do not pay for basic needs; 3) lack of appropriate services for those who need them; and 4) inability to access mainstream resources.

The community-wide planning process will include a Steering Committee that will be co-chaired by the Mayor and a private sector leader who are committed to ending homelessness in Long Beach. The Steering Committee will also be made-up of a cross-section of other public and private stakeholders committed to ending local homelessness.

The planning process will also include a Working Group made up of many community representatives who are committed to ending homelessness in Long Beach. Representatives will be from government agencies, non-profit agencies, faith-based organizations, neighborhood associations, business associations, community service organizations, homeless and formerly homeless persons, public and private institutions of care, public assistance providers, private foundations, banks and other lending institutions, affordable housing developers and providers, and educational institutions.

Focus groups will be held in order to enhance community-wide participation. Group interviews will be conducted by moderator(s) who will guide several small groups (e.g., health care providers, business operators, faith-community representatives, etc.) into discussing issues related to local homelessness. Group findings will be shared

with the Working Group and Steering Committee and incorporated into the 10-Year strategy.

(ii) strengthening an existing continuum of care system

The 10-Year Strategy to End Homelessness will strengthen the existing Homeless Continuum of Care System by promoting the implementation of a new federally-supported approach to ending homelessness that is described as "Closing the Front Door" and "Opening the Back Door" to homelessness. An increasing number of local jurisdictions are in the process of implementing this approach as a cornerstone of their strategic planning process.

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

Current non-profit service providers successfully help homeless individuals/families obtain and maintain housing. However, homeless persons who exit the streets are replaced daily by other individuals/families who become homeless as part of an often unseen cycle of housing displacement. Too many residents in Long Beach have limited incomes and have great difficulty paying housing expenses, and/or are unable to pay housing expenses.

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

Many low income families reside in weekly motels, often considered defacto homeless shelters, which are more expensive on a monthly basis than apartments. They are forced to do so as a result of low wages, poor credit histories, and/or the inability to save enough for move-in expenses. Many families reside in motels until their monthly cash runs out and then must reside in shelters as part of a monthly cycle of homelessness.

(iii) planning for sustainable outcomes

The 10-Year Strategy to End Homelessness will be different from past planning strategies because it will plan for sustainable outcomes that will be based on information previously not available. Two sources of information—"The City of Long Beach 2003 Homeless Count" and "The City of Long Beach 2003 Homeless Survey"—are now available within this report.

The City, also received federal funding to implement a Homeless Management Information System (HMIS), which will begin in October of 2004. The system will enable local homeless service providers to collectively perform a number of activities that have never been done extensively within the City's Continuum of Care system. Such activities will include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management services; 4) tracking client outcomes; and 5) preparing financial and programmatic reports for funders.

This link between fiscal and programmatic accountability will streamline funding decisions within the Long Beach Continuum of Care for future years, based on performance objectives and outcomes.

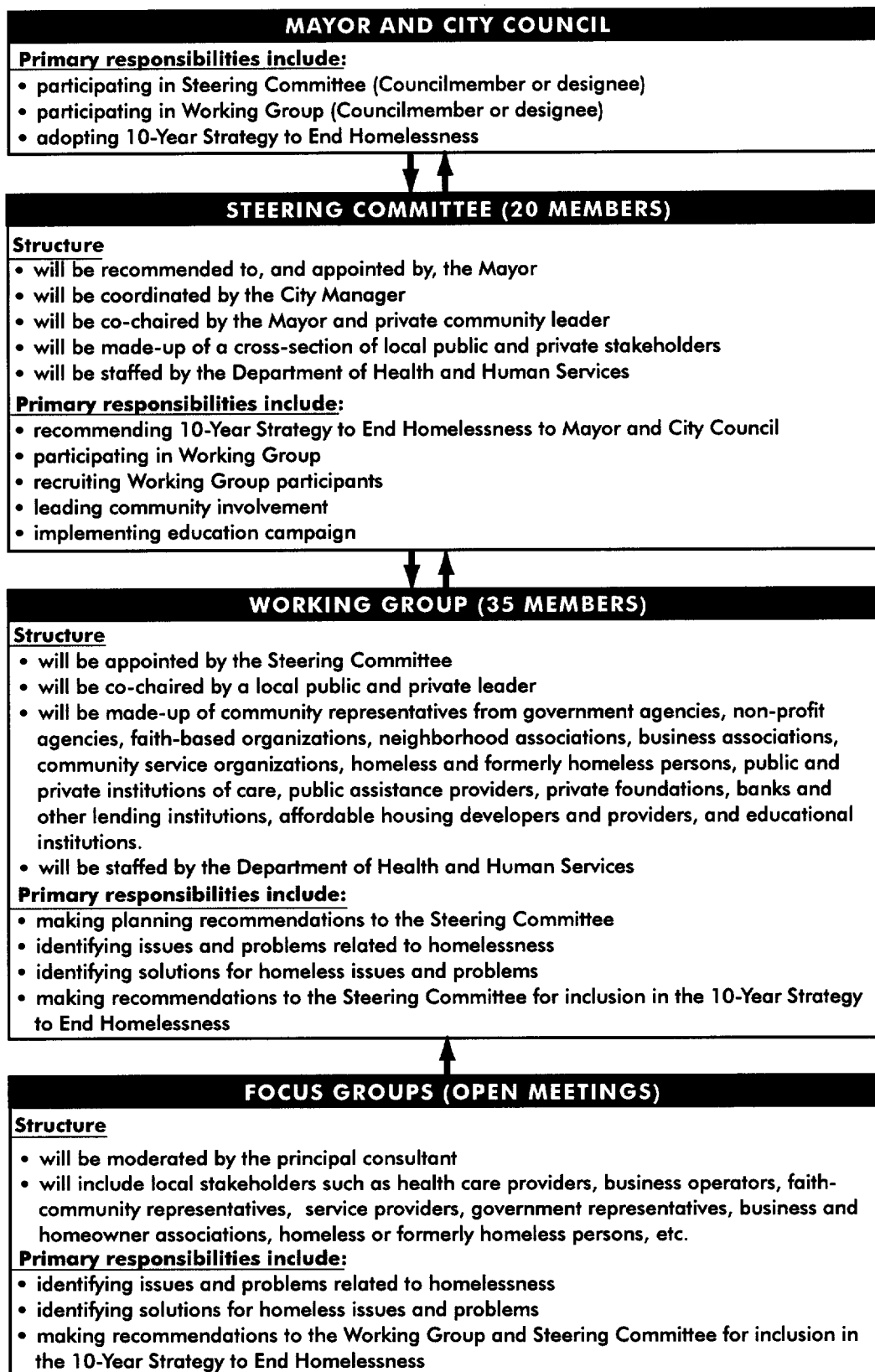
The local Continuum will set milestones as a city-wide effort to effectively coordinate service provisions and funding allocations to assist homeless clients to move rapidly from the streets to permanent housing solutions.

Thus, the City needs to take advantage of this unique opportunity to develop and implement a 10-Year Homeless Strategy that will prevent and end homelessness.

The following chart outlines the City of Long Beach's 10-Year Strategy to End Homelessness planning process.

The City of Long Beach

10-Year Strategy to End Homelessness: Planning Process



Section B

INTRODUCTION

The City of Long Beach 2004 Homeless Assessment is primarily based upon the two following activities:

- *The "City of Long Beach 2003 Homeless Count" which determined that there are 5,845 adults and children who are homeless in the city on a given day;*
- *The "City of Long Beach 2003 Homeless Survey" which was administered to 1,018 homeless adults which equals 27% of the total number of persons who are homeless in the city on a given day and provides a representative sample of the entire (5,845 adults and children) homeless population in the city on a given day.*

The **City of Long Beach 2003 Homeless Count**, which was conducted on March 12, 2003, included a street-based and service-based one-day point-in-time citywide enumeration of persons who were homeless as defined by the Department of Housing and Urban Development. The methodology included the use of an identifier (described in Section C. 5 "Count Methodology" below) that prevented duplication of homeless persons during the enumeration process. The street-based enumeration included homeless encampments and other places that homeless people use as part of their daily activities. Other places included streets and sidewalks where homeless people are usually en route, and vacant lots, parks, school yards, parked cars, abandoned buildings, and other locations that are not homeless encampments. Service-based enumeration included those places where homeless persons receive services. Such places included shelters, transitional housing programs, food and clothing programs, etc.

The **City of Long Beach 2003 Homeless Survey** was conducted during the period of April through July of 2003. The survey was designed to collect demographic information as well as assess service needs using questions focusing on such areas as Age, Domestic Violence, Education, Ethnicity,

Familial Status, Health Care and Nutrition, Income, Mental Health History, Residency, Substance Abuse History, etc. The survey was also designed to compile a representative sample of information (see Section D1.) concerning each of the sub-populations listed in the Department of Housing and Urban Development's (HUD) Continuum of Care Gaps Analysis Chart which includes: Chronic Substance Abusers, Seriously Mentally Ill, Dually-Diagnosed, Veterans, Persons with HIV/AIDS, Victims of Domestic Violence, and Unaccompanied Youth.

There were three (3) primary methods of contact with homeless persons who participated in the assessment survey. They were: 1) interviews with homeless street dwellers who were contacted on the streets; 2) interviews with homeless persons who were contacted while living in shelters and transitional housing; and 3) interviews with homeless persons who were contacted while using non-residential homeless services. The survey instrument was administered by trained interviewers meaning that the survey was not self-administered by homeless persons but completed by the interviewer. Training interviewers to administer the survey increased the accuracy of answers and interviewers were able to provide useful evaluation information.

Section C

THE CITY OF LONG BEACH 2003 HOMELESS COUNT

1. SUMMARY

The City of Long Beach 2003 Homeless Count was conducted in order to answer the primary question "How Many Homeless People Are There In The City of Long Beach On Any Given Day." The answer is 5,845 adults and children.

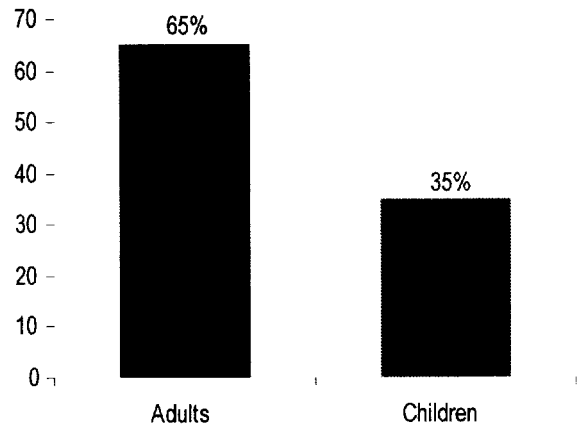
While the primary purpose of the count was to find out how many people were homeless on any given day in Long Beach, other demographic questions were answered as well. The methodology used to count homeless persons included identifier information in order to prevent counting homeless persons more than once.

Identifier information included first initials, gender, ethnicity, year born, and state born. Other information included family composition and familial status. As a result, demographic information concerning each of these statistical fields is provided in Section 6. "Findings" below.

An analysis of the identifier information reveals several **Key Findings** which are listed below:

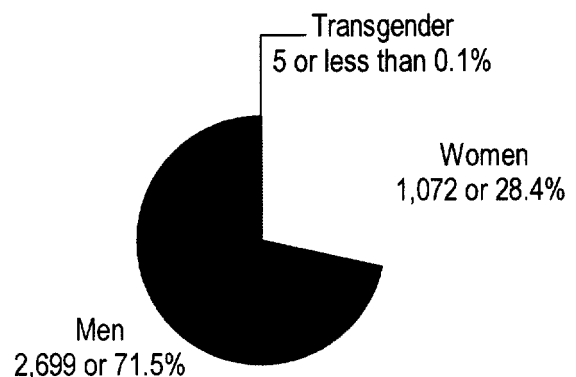
► A. Total Number of Homeless Persons

1. There are 5,845 people who are homeless on any given day in the City of Long Beach
 - a. 3,776 (65%) are adults; and
 - b. 2,069 (35%) are children.



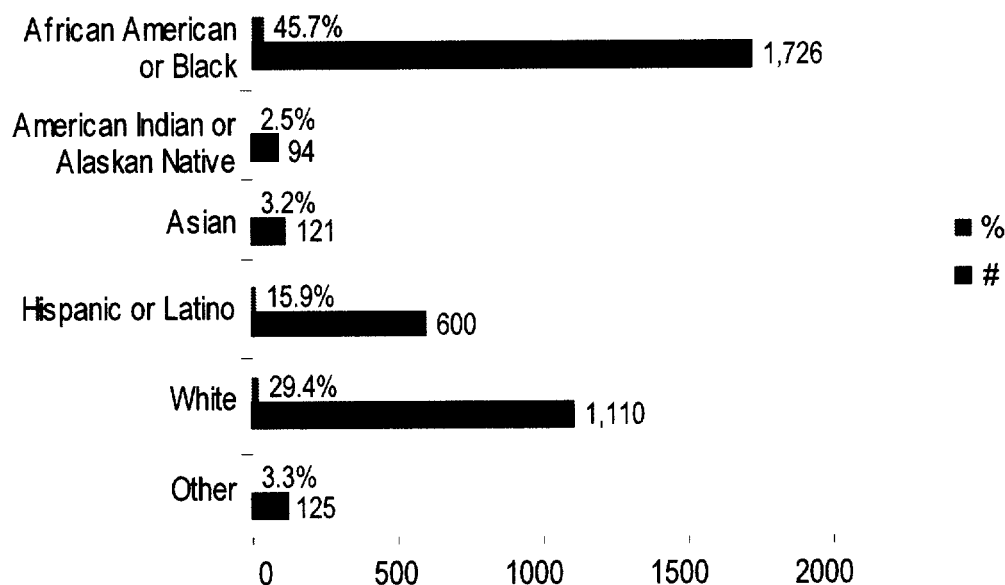
► B. Gender¹

1. The majority of homeless adults are men—71.5% (2,699 persons);
2. Women make up 28.4% (1,072 persons);
3. Five (5) adults (less than 0.1%) identified themselves as transgender.²



► C. Ethnicity³

1. The majority of homeless adults are African American or Black—nearly half (45.7% or 1,726 persons);
2. 29.4% or 1,110 of homeless adults are White;



3. 15.9% or 600 homeless adults are Hispanic or Latino;
4. 3.2% or 121 homeless adults are Asian;
5. 2.5% or 94 homeless adults are American Indian or Alaskan Native; and
6. 3.3% or 125 homeless adults stated Other.

► **D. Gender and Ethnicity**

1. Men significantly outnumber women by nearly three to one within every ethnic group except Asians—the majority of Asians were men (56.4%) and nearly an equal number (43.6%) of Asians were women.

► **E. Age**

Children

1. One out of every three (35.4%) homeless persons is a child under the age of 18—which means that more than 2,000 (2,069) children are homeless in the City of Long Beach on any given day.

Unaccompanied Youth

2. There are over 300 (359) youth ages 18 – 24 years who are homeless in the City of Long Beach on any given day;
3. There are nearly an equal number of female and male—44.3% of unaccompanied youth are women and 55.7% are men; and
4. Nearly half of all unaccompanied youth are African American or Black—145 or 40.6%.

Seniors

5. There are more than 200 (227) seniors 62 years of age or older who are homeless in the City of Long Beach on any given day.
 - 84 are between the ages of 62 and 64;
 - 117 are between the ages of 65 and 74;
 - 23 are between the ages of 75 and 84; and
 - three (3) are 85 years of age or older.

Baby-Boomers

6. More than half (54%) of adults were “baby-boomers”—born between 1946 and 1964.

► F. Family Composition

1. There are 795 families homeless in the City of Long Beach on any given day.

► G. Familial Status

1. The majority of adults are single parents—86.5% or 3,266 adults—and 13.5% or 510 homeless adults are married in the City of Long Beach on any given day.

2. WHEN THE COUNT WAS CONDUCTED

The homeless count was conducted on March 12, 2003. The count began at 5 a.m. and went through to early evening. The count was carried out on the streets, in homeless facilities, and at non-residential homeless programs that included food distribution programs.

3. WHO WAS COUNTED

A person was considered homeless, and thus counted, only when he/she fell within the HUD-based definition by residing in one of the places described below:

- a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b. in an emergency shelter;
- c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter.

HUD does not consider the following persons to be homeless—persons who are “doubled up,” or persons who are “near homelessness”—but considers them to be at-risk to homelessness. Such persons were not included in the city’s homeless count.

The City of Long Beach, the 5th largest city in the state, has a substantial number of households that are at-risk to homelessness. According to the U.S. Census Bureau, in 2000, there were more than 150,000 residents (equaling one of every three residents in Long Beach) who were members of a household whose income was \$25,000 a year or less. Of these households, more than 20,000 households consisting of more than 50,000 residents were members of a household whose income was less than \$10,000 and are at risk to homelessness.

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

4. WHO CARRIED OUT THE COUNT

The Department of Health and Human Services consulted with the Institute for Urban Research and Development (IURD), a community-based non-profit research organization, to plan and coordinate the count. IURD has conducted several counts in other cities throughout Southern California. Planning and coordination also included the Homeless Services Advisory Committee (HSAC), the Long Beach Homeless Coalition, the Community Action Network of Long Beach (CAN), the Multi-Service Center Advisory Group, the Villages at Cabrillo Advisory Group, and the Community Development Advisory Commission (CDAC).

The implementation of the count was a community-wide effort of more than 300

volunteers that culminated in a homeless count on March 12. On this day, sixty 3-person teams of volunteers made up of representatives of the City of Long Beach, social service providers, business associations, and neighborhood groups went out into the streets with at least one homeless or formerly homeless person recruited by CAN and counted homeless persons. In addition, there were nearly 100 persons representing homeless residential and food programs who counted homeless persons at their program sites.

5. COUNT METHODOLOGY

The count instrument that was used collected the following information concerning every homeless person counted: first initial of first name, first initial of last name, gender, ethnicity, year born, and state born as noted in Table 1.

The methodology used during the enumeration process helped create an identifier that prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code. However, this person was only counted once in the final tally.

The information for every contact was loaded into a data base. The information was then used to code each person. For example, as in line one (1) in the table below, a homeless person may have the following code of "JHFW1960CA." This meant that this person's first name began with "J", her last name began with "H", she was female "F", she was White "W", born in 1960, and born in California.

The table below illustrates how this process was achieved. For example, numbers 6 and 7 (shaded in color) would be considered the same person. Therefore, the person would only be counted once in the final tally that answered the question "How many homeless persons are there in Long Beach on any given day?" If for some reason there was doubt that numbers 6 and 7 were the same person, other collected data would have been used to address that doubt which included "marital status" and "number of children with you."

6. FINDINGS

As noted in the previous section, a count instrument was used by counters that collected information concerning gender, ethnicity, age, state born, family composition, and familial status. Key findings were provided in the previous Section C1. "Summary."

More detailed demographic information concerning each of these key findings is provided below by sub-populations within the

Table 1

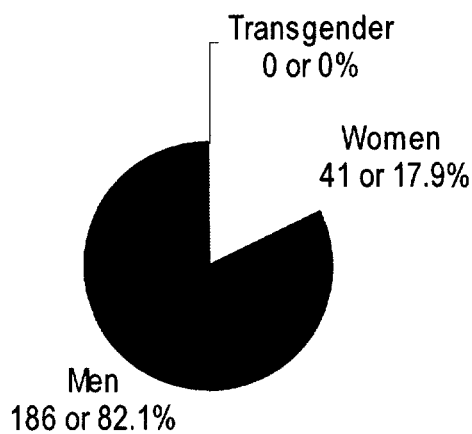
Number of Person	First Initial	Last Initial	Gender	Ethnicity	Year Born	State Born
1	J	H	F	W	1960	CA
2	H	T	M	L	1953	CA
3	R	K	F	L	1972	TX
4	K	N	M	AA	1969	CA
5	F	A	M	A	1980	CA
6	J	F	M	W	1971	CA
7	J	F	M	W	1971	CA

• Age: Seniors (age 62+)

Finding: There are over 200 (227) seniors 62 years of age or older who are homeless in the City of Long Beach on any given day.

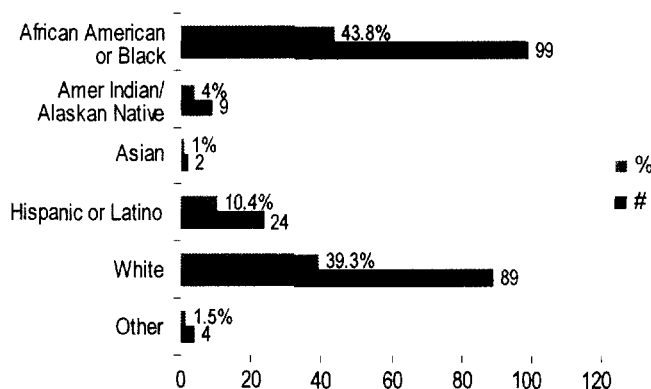
Of the 3,776 adults counted, 227 or 6.0% were seniors 62 years of age or older. The majority were male (82.1%).

Gender:



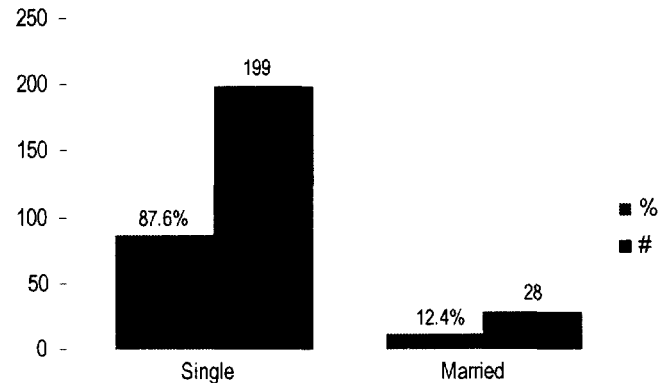
The largest number (99 or 43.8%) of seniors were African American or Black. There were 89 or 39.3% Whites and 24 or 10.4% Hispanics or Latinos. Five percent (5%) or 11 seniors were Asian or American Indian/Alaskan Native.

Ethnicity:



The majority (199 or 87.6%) of seniors stated that they were single. Only 28 or 12.4% stated that they were married.

Marital Status:

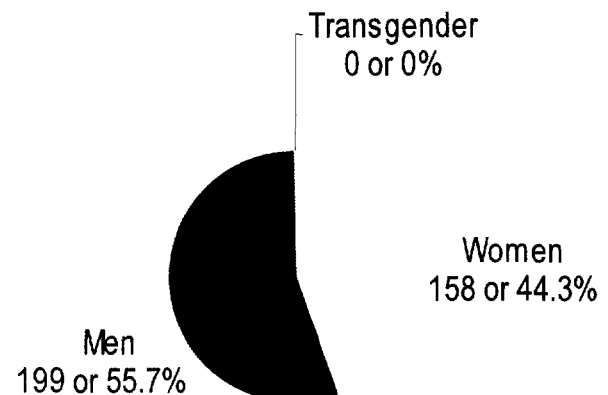


• Age: Unaccompanied Youth (ages 18 - 24)

Finding: There are over 300 (359) youth ages 18 - 24 years who are homeless in the City of Long Beach on a given day.

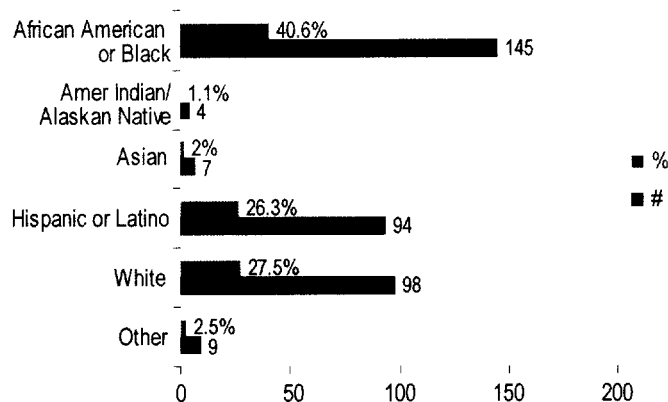
Of the 3,776 adults counted, 359 or 9.5% were youth ages 18 - 24. The majority were male (55.7%).

Gender:



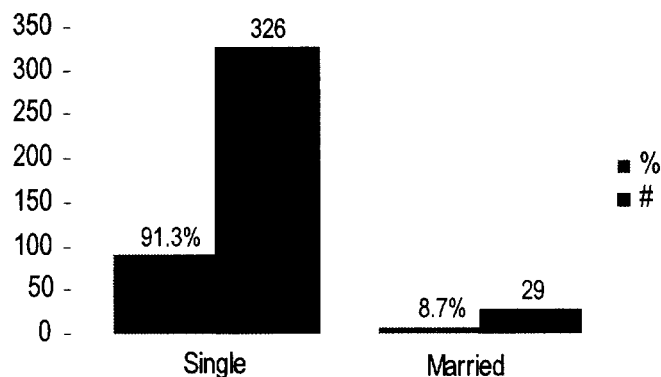
The largest number (145 or 40.6%) of youth ages 18 – 24 were African American or Black. There were 98 or 27.5% Whites and 94 or 26.3% Hispanics or Latinos. Three percent (3%) or 11 youth ages 18 – 24 were Asian or American Indian or Alaskan Native.

Ethnicity:



The majority (326 or 91.3%) of youth ages 18 – 24 stated that they were single. Only 29 or 8.7% stated that they were married.

Marital Status:

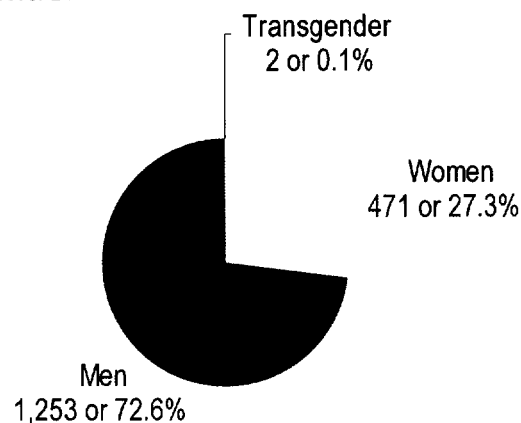


• Ethnicity: African Americans or Blacks

Finding: There are over 1,700 (1,726) African Americans or Blacks who are homeless in the City of Long Beach on any given day.

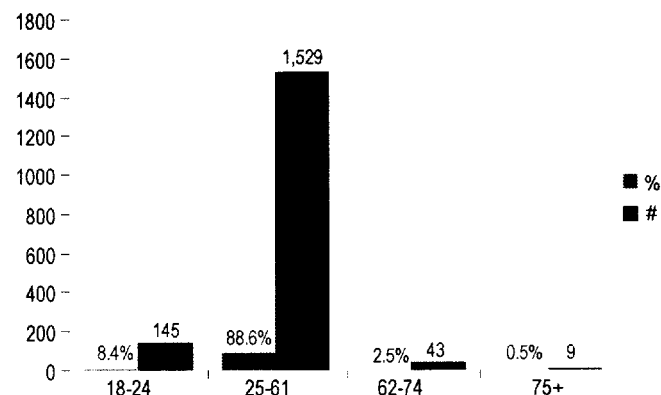
Of the 3,776 adults counted, 1,726 or 45.7% were African American or Black. The majority were men (72.6%).

Gender:



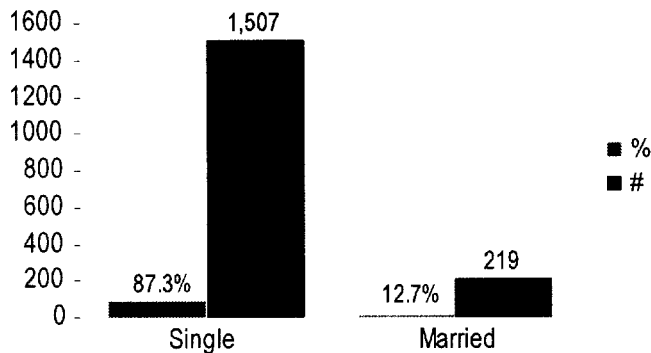
There were also a noteworthy number of seniors (52 or 3%)—43 were between the ages of 65 - 74 and nine (9) were 75 years of age or older.

Age:



The majority (1,507 or 87.3%) of African Americans or Blacks stated that they were single. Only 219 or 12.7% stated that they were married.

Marital Status:

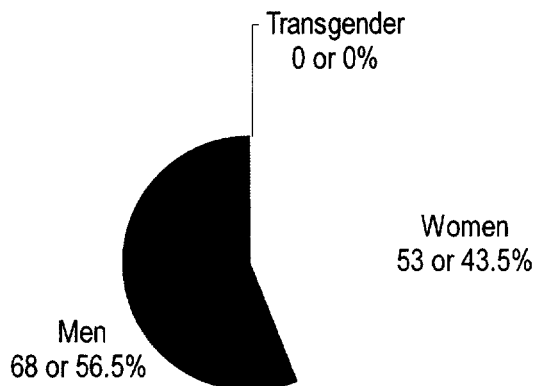


• Ethnicity: Asians

Finding: There are 121 Asians who are homeless in the City of Long Beach on any given day.

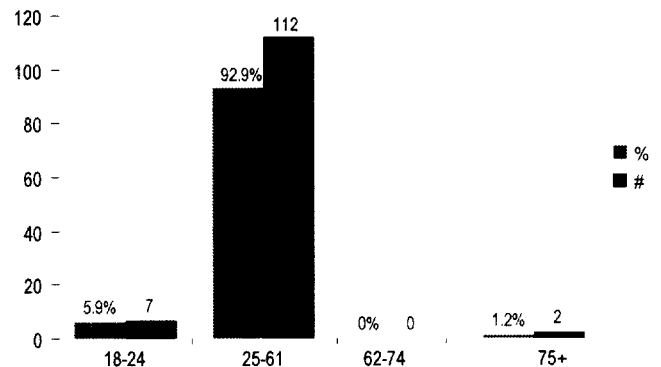
Of the 3,776 adults counted, 121 or 3.2% were Asian. The majority were men (56.4%). However, a near majority (43.6%) were women. Of all the ethnic groups, Asians had the highest percentage of women.

Gender:



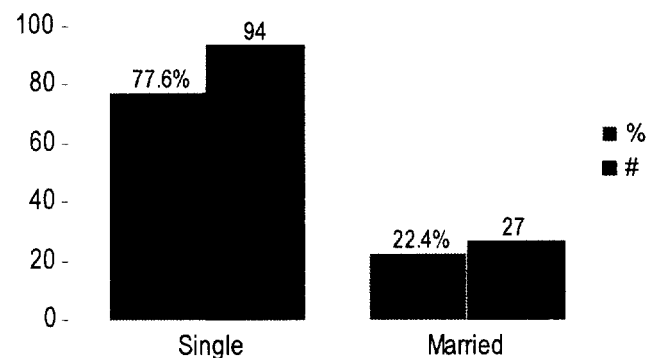
The table above right reveals that there were some (7 or 5.9%) youth ages 18 – 24 who were Asian. There were just two (2) seniors both 75 years of age or older who were Asian.

Age:



The majority (94 or 77.6%) of Asians stated that they were single. Only 27 or 22.4% stated that they were married.

Marital Status:

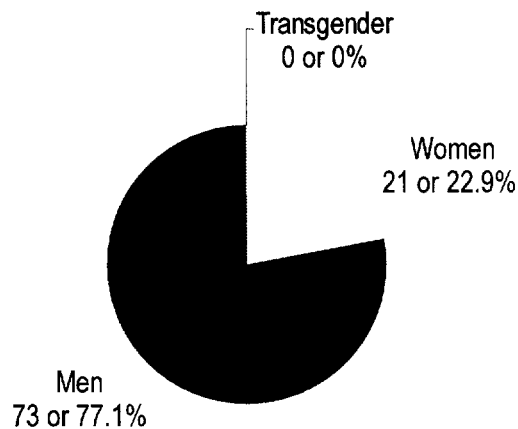


• Ethnicity: American Indian or Alaskan Native

Finding: There are 94 American Indians or Alaskan Natives who are homeless in the City of Long Beach on any given day.

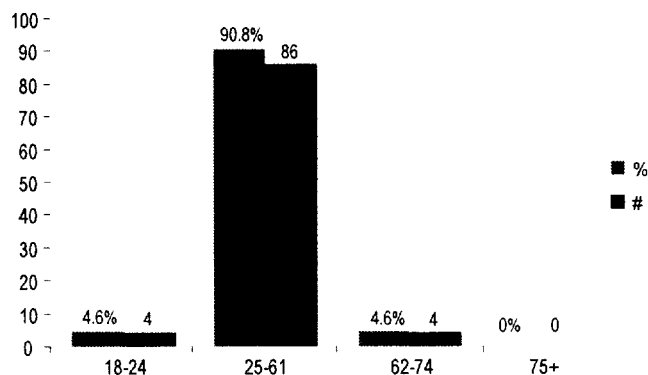
Of the 3,776 adults counted, 94 or 2.5% were American Indian or Alaskan Native. The majority were men (77.1%).

Gender:



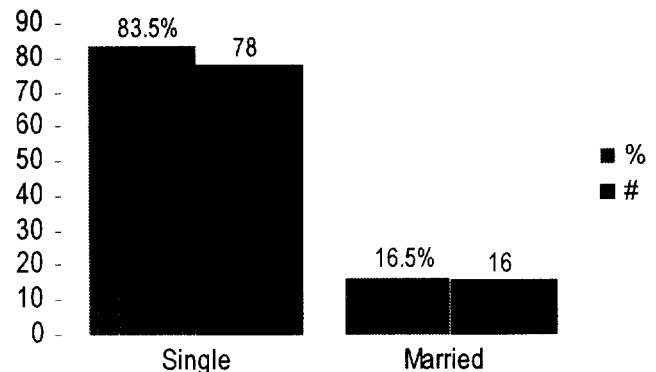
The table below reveals that there were some (4 or 4.6%) of youth ages 18 – 24 who were American Indian or Alaskan Native. There were just four (4) seniors, all between the ages of 65 – 74.

Age:



The majority (78 or 83.5%) of American Indians or Alaskan Natives stated that they were single. Only 16 or 16.5% stated that they were married.

Marital Status:

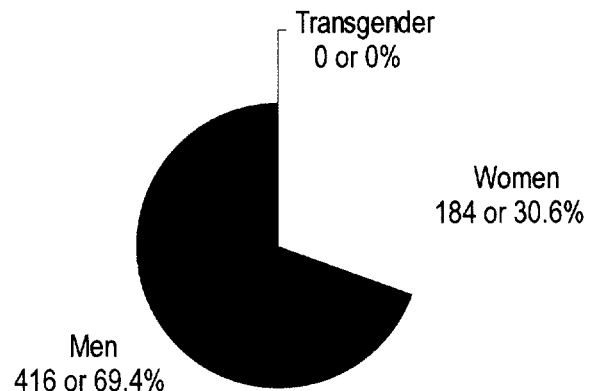


• Ethnicity: Hispanics or Latinos

Finding: There are 600 Hispanics or Latinos who are homeless in the City of Long Beach on any given day.

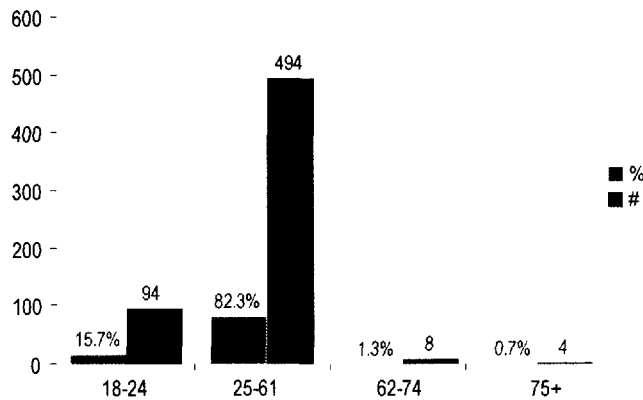
Of the 3,776 adults counted, 600 or 15.9% were Hispanic or Latino. The majority were men (69.4%).

Gender:

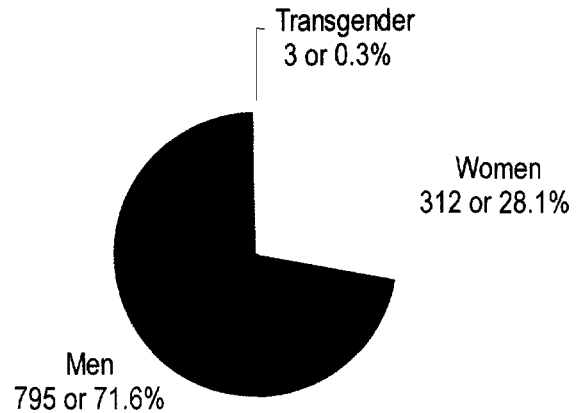


The next table reveals that there were a significant number (94 or 15.7%) of youth ages 18 – 24 who were Hispanic or Latino. There were 12 seniors—eight (8) between the ages of 65 – 74, and four (4) 75 years of age or older.

Age:

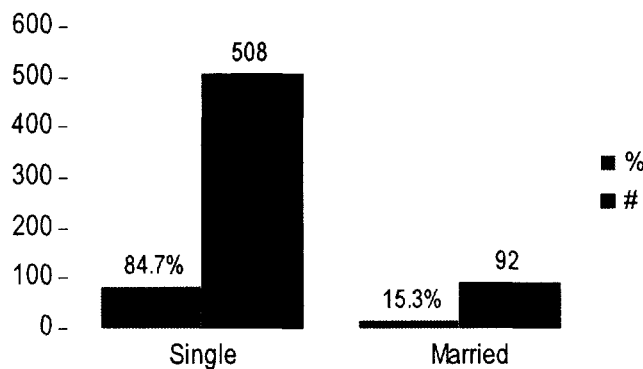


Gender:



The majority (508 or 84.7%) of Hispanics or Latinos stated that they were single. Only 92 or 15.3% stated that they were married.

Marital Status:



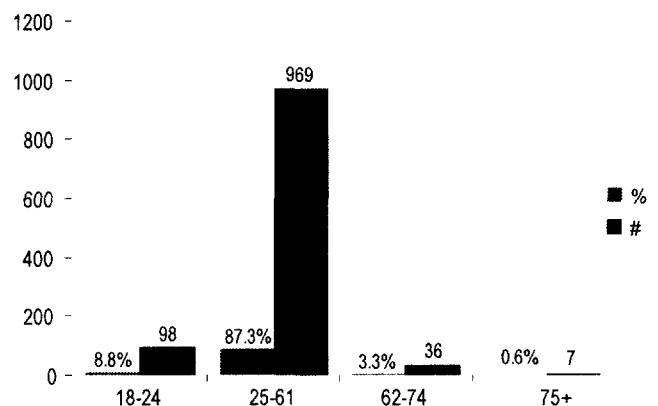
• Ethnicity: White

Finding: There are 1,110 Whites who are homeless in the City of Long Beach on any given day.

Of the 3,776 adults counted, 1,110 or 29.4% were White. The majority were men (71.6%).

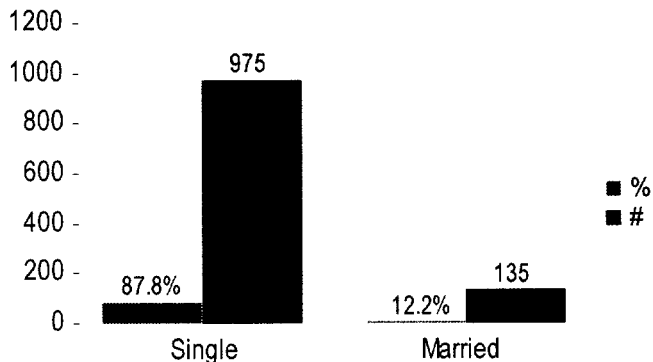
The table below reveals that there were a significant number (98 or 8.8%) of youth ages 18 – 24 who were White. There were 43 seniors—36 between the ages of 65 – 74, and seven (7) 75 years of age or older.

Age:



The majority (975 or 87.8%) of Whites stated that they were single. Only 135 or 12.2% stated that they were married.

Marital Status:

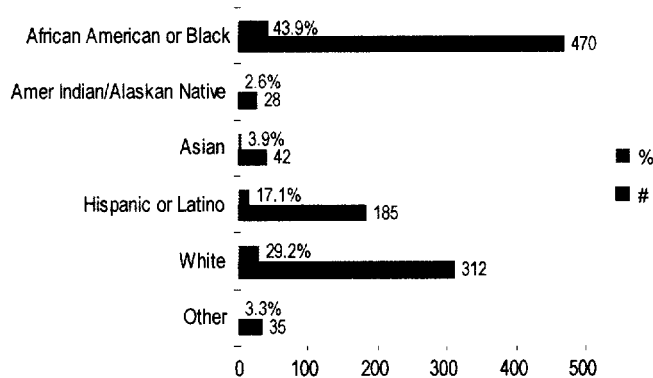


• Gender: Women

Finding: There are 1,072 women who are homeless in the City of Long Beach on any given day.

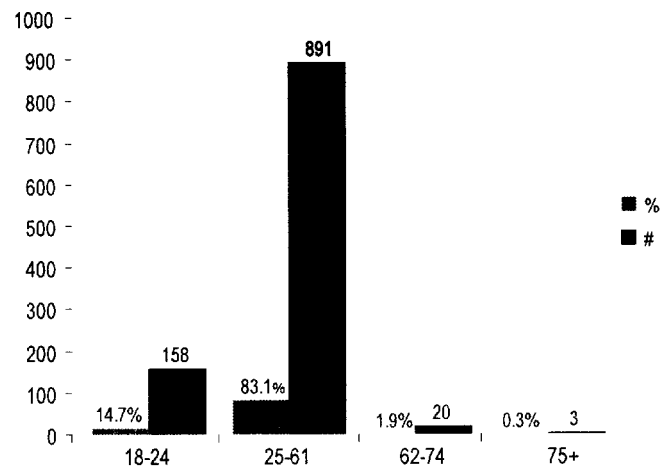
The largest number (470 or 43.9%) of women were African American or Black. There were 312 or 29.2% Whites and 185 or 17.1% Hispanics or Latinas. Approximately six percent (6.1%) or 70 women were Asian or American Indian/Alaskan Native.

Ethnicity:



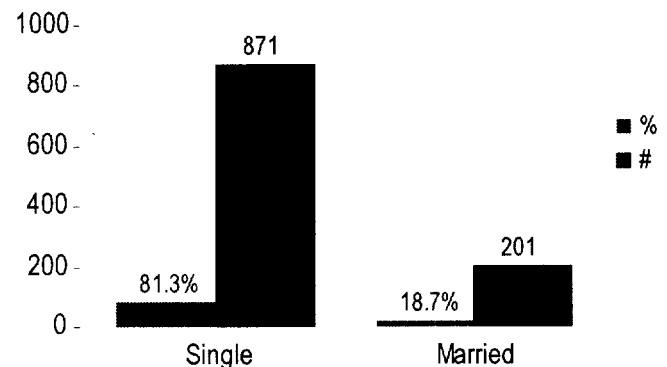
The table above right reveals that there were a significant number (158 or 14.7%) of youth ages 18 – 24 who were women. There were 23 seniors—20 between the ages of 65 – 74, and three (3) 75 years of age or older.

Age:



The majority (871 or 81.3%) of women stated that they were single. Only 201 or 18.7% stated that they were married.

Marital Status:

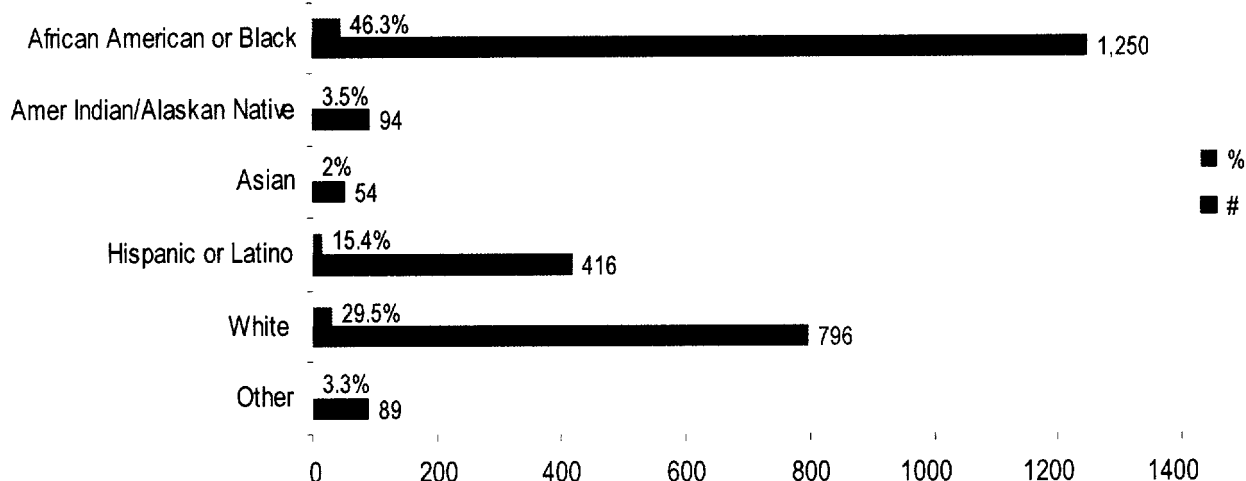


• Gender: Men

Finding: There are 2,699 men who are homeless in the City of Long Beach on a given day.

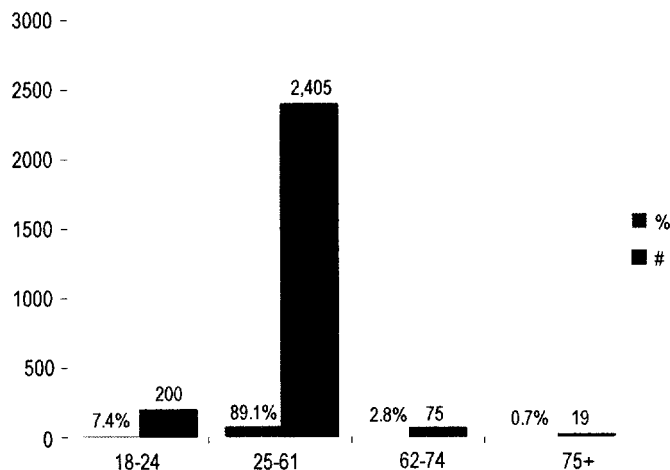
The largest number (1,250 or 46.3%) of men were African American or Black. There were 796 or 29.5% Whites and 416 or 15.4% Hispanics or Latinas. Approximately six percent (5.5%) or 148 men were Asian or American Indian/Alaskan Native.

Ethnicity:



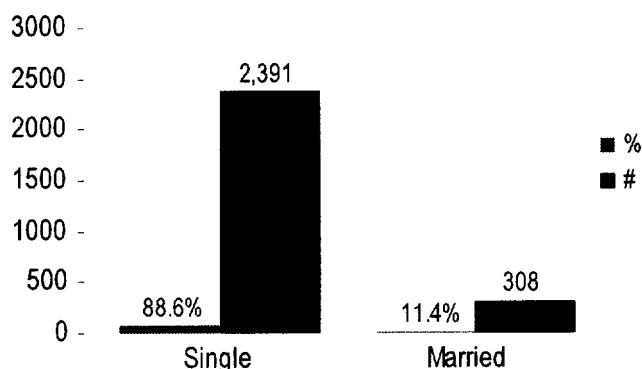
The table below reveals that there were a significant number (200 or 7.4%) of youth ages 18 – 24 who were men. There were 94 seniors: 75 between the ages of 65 – 74 and 19, 75 years of age or older.

Age:



The majority (2,391 or 88.6%) of men stated that they were single. Only 308 or 11.4% stated that they were married.

Marital Status:



Gender: Transgender

The total number of transgender persons counted was five (5). Because of the small number of transgender persons, a breakdown by ethnicity, age, and marital status does not follow. The number of transgender persons within the sub-populations above—seniors, unaccompanied youth, and the various ethnic groups—was noted under gender.

ENDNOTES

- ¹ Identifier information was only collected for adults. The 2003 City of Long Beach Homeless Assessment Survey will contain detailed information about children.
- ² Transgender was listed as an identifier on the homeless count sheet under gender at the request of the Long Beach Homeless Coalition.
- ³ The ethnicity categories used for the homeless count were the same used by the U.S. Census Bureau for the year 2000.

Section D

THE CITY OF LONG BEACH 2003 HOMELESS SURVEY

1. SUMMARY

The primary purpose of the **City of Long Beach 2003 Homeless Survey** is to help the Long Beach community understand its homeless population. Awareness of, and concern for, homeless people often exceeds a community's knowledge of the issue. Thus, the range and severity of the issues surrounding homelessness are yet to be fully understood. The information that follows provides the Long Beach community with an opportunity to understand its homeless community.

One primary goal of the survey was to administer at least 1,000 surveys to homeless adults in order to survey at least 25% of the total number of adults (3,776) who are homeless in Long Beach on any given night. The goal was accomplished because a little more than 1,000 surveys (1,018) were administered, representing 27% of the total number of adults (3,776) who are homeless in Long Beach on a given night.

Another primary goal was to obtain a representative sample, which was accomplished. As noted in the section below "Who Was Surveyed", a cross-section of surveys was administered to several pre-determined sub-populations that included chronically homeless persons, families, persons exiting the foster care system, persons with dual diagnosis (mental illness and substance abuse), persons with HIV/AIDS, persons with mental illness, substance abusers, veterans, victims of domestic violence, and unaccompanied youth. As a result, there is a representative sample of survey data that helps us understand the issues and needs of homeless sub-populations as well as the entire homeless population.

2. WHEN THE SURVEY WAS CONDUCTED

The survey was not conducted at the time of the homeless count. It was pre-determined that the survey needed to be separate from the count in order to help complete a methodical and comprehensive count and survey. Conducting a survey while counting could have potentially hindered counters from completing a thorough count and hinder survey efforts to thoroughly complete each survey accurately.

The survey was conducted shortly after the count during a four (4) month period beginning in April and ending in July 2003. Surveys were completed during different periods of time in order to ensure representative samples of survey data. Thus, surveying was conducted during weekdays and weekends and during the day and evening.

3. WHO WAS SURVEYED

More than 1,000 adults (1,018) were surveyed and provided us with detailed information about themselves. A breakdown of survey respondents includes:

Gender

- 347 or 34.1% were women;
- 671 or 65.9% were men.

Ethnicity

- 24 or 2.4% were American Indian or Alaskan Native;
- 42 or 4.1% were Asian or Pacific Islander;
- 422 or 41.5% were Black or African American;

- 167 or 16.4% were Hispanic or Latino;
- 349 or 34.3% were White;
- 14 or 1.4% were Other.

Age

- 13 or 1.3% were unaccompanied youth 17 years of age or younger;
- 34 or 3.3% were youth between the ages of 18 and 24;
- 953 or 93.7% were between the ages of 25 and 59;
- 18 or 1.8% were adults 60 years of age or older.

Family Composition

- 62 or 6.1% were adults who were members of families that consisted of 129 children (note: all families were single-parent-headed).

4. WHO CARRIED OUT THE SURVEY

There were 13 persons who administered the survey during the four (4) month period of April – July. They included:

- five (5) members of the Long Beach-based Community Action Network, which is an advocacy group made up of homeless and formerly homeless persons;
- three (3) graduate students from California State University – Long Beach Department of Social Work;
- two (2) students from Long Beach City College; and
- three (3) community residents.

All surveyors were oriented and supervised by Institute for Urban Research and Development staff.

5. SURVEY METHODOLOGY

The survey methodology included: a) conducting the survey apart from the homeless count; b) gathering representative samples of homeless sub-populations; and c) preventing duplication.

a. Conducting the Survey Apart from the Homeless Count

As noted above, it was pre-determined that the survey be conducted separately from the homeless count in order to help complete a methodical and comprehensive count and survey. Doing so allowed surveyors the time to administer the 100+ question survey (the average survey took about an hour to complete). Survey respondents were given a \$3.00 fast-food coupon after answering the questions.

b. Gathering Representative Samples of Homeless Sub-populations

Also noted above, efforts were made to gather representative samples of homeless sub-populations. The importance of doing so is underlined by the fact that each year the Department of Housing and Urban Development (HUD) requires sub-population data for its Homeless Continuum of Care application (which the City submits annually), and by the fact that HUD also requires sub-population data for Consolidated Planning, which the City is required to submit every five (5) years.

A representative sample is defined as a percentage of a given sub-population who completed the survey. For example, 347 or 34.1% of survey respondents were women. The assumption is made that the findings for the sample of women survey respondents produces similar findings for the entire population of homeless women in Long Beach.

The entire population of homeless women in Long Beach is 1,072 which represents 28.4% of all homeless persons on any given day.

Institute for Urban Research and Development staff analyzed the surveys as they were completed to ensure that representative samples of sub-populations were gathered. The number of persons and related percentages for each sub-population is given throughout the report.

c. Preventing Duplication

The same "identifier methodology" used during the count was used during the survey to prevent duplication, which included collecting the following information: first initial of first name, first initial of last name, gender, ethnicity, year born, and state born. Twelve (12) surveys had duplicating identifier information and were not included in the analysis of the survey data.

6. KEY FINDINGS – RESIDENCY

a. Residency

The City of Long Beach's homeless population reported that they had residential, employment, and familial ties to the city. Ties included:

- living in the City of Long Beach when they first became homeless;
- whether they ever worked in the City of Long Beach;
- whether they ever went to school in the City of Long Beach;
- whether they had family who lived in the City of Long Beach.

Key Findings:

1. Nearly 60% (58.7%) of survey respondents are residents of the City of Long Beach;
2. There are 2,216 homeless adults—representing nearly 60% (58.7%) of all homeless adults—that are residents on a given day in the City of Long Beach.

A survey respondent was considered a resident of the City of Long Beach based upon the following criteria. First, a respondent had to answer "yes" to the following question:

- Are you a resident of Long Beach?

In addition, respondents had to state that they first became homeless while living in the City of Long Beach when asked:

- In what city did you first become homeless?

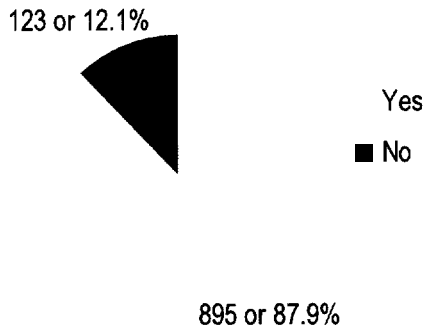
Respondents also had to answer "yes" to one or more of the following questions:

- Do you have family who live in Long Beach?
- Have you ever worked in Long Beach?
- Have you ever attended school in Long Beach?

Nearly 60% (58.7%) of survey respondents were residents of the City of Long Beach based upon the criteria described above.

What follows is a breakdown of the answers given by survey respondents to the above questions.

Survey Question: Are You a Resident of Long Beach?



As noted above, survey respondents had to answer yes to "Are You a Resident of Long Beach?" in order to be considered a resident of Long Beach. The chart above notes that 895 or 87.9% of respondents stated that they were a resident of the City of Long Beach

Survey Question: In What City Did You First Become Homeless?



Also in order to be considered a resident, respondents had to state that they first became homeless in Long Beach. The chart above also reveals that 754 or 74.1% of respondents first became homeless while living in the City of Long Beach.

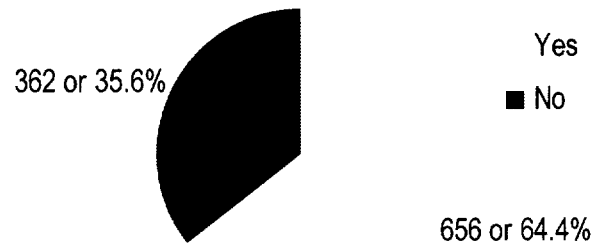
Also, as noted above, survey respondents had to answer "yes" to one (1) or more of the following questions. Nearly half (42.7%) or 435 respondents reported that they had family who lived in the City of Long Beach.

Survey Question: Do You Have Family Who Live in Long Beach?



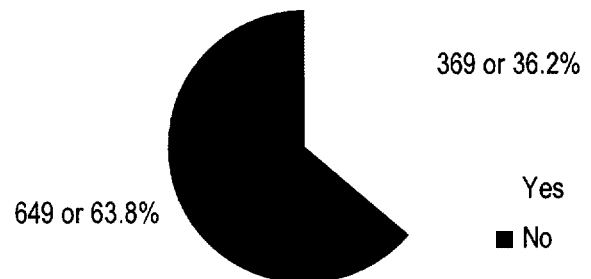
Almost two-thirds (64.4%) or 656 survey respondents also disclosed that they had worked or were working in the Long Beach.

Survey Question: Have You Ever Worked in Long Beach?



More than one-third (36.2%) or 369 survey respondents reported that they had attended school in the City of Long Beach.

Survey Question: Have You Ever Attended School in Long Beach?



7. KEY FINDINGS – KNOWN CAUSES OF HOMELESSNESS

a. Lack of Income

The city's homeless population has very limited income.

Key Findings:

1. Nearly one out of five (16.8%) survey respondents reported that they had no monthly income;
2. 132 or 12.9% of survey respondents were employed--eighty-nine (89) or 8.7% of respondents had a part-time job and 43 or 4.2% had a full-time job.

The table below is based upon the responses of 1,009 survey respondents. Seventeen percent (17%) of survey respondents had no monthly income. Forty percent (40%) had a monthly income of \$224 or less which is the equivalent of \$2,688 annually. Eighty percent (80%) of survey respondents had a monthly income of \$619 or less which is the equivalent of \$7,428 annually and 90% had a monthly income of \$809 which is the equivalent of \$9,708—or less than \$10,000 a year.

Survey Question: What Is Your Total Current Monthly Income?

	Number	Percent
No Monthly Income	171	17.0
\$224 Monthly Or Less or up to \$2,688 Annually	404	40.0
\$619 Monthly Or Less or up to \$7,428 Annually	807	80.0
\$809 Monthly Or Less or up to \$9,708 Annually	909	90.0
More Than \$809 Monthly	100	10.0

There were three (3) questions that focused on current employment and on past employment. The two questions about current employment were about part-time and full-time employment. Just 132 or 12.9% of survey respondents were employed. Eighty-nine (89) or 8.7% of respondents had a part-time job and 43 or 4.2% had a full-time job.

Survey Question: Do You Have A Part-Time or a Full-Time Job?

	Number	Percent
Part-Time Job	89	8.7
Full-Time Job	43	4.2
Unemployed	886	87.1
TOTAL	1,018	100.0

When asked "What was the reason that you left your last job", over one-third (34.7%) stated that they were laid off, 17.2% noted that they had quit, 14.5% stated that they were fired, and one-third (33.6%) cited other reasons such as medical conditions.

Survey Question: What Was the Reason That You Left Your Last Job?

	Number	Percent
Laid Off	353	34.7
Quit	175	17.2
Fired	148	14.5
Other	342	33.6
TOTAL	1,018	100.0

There was also a question that asked about primary occupation. There was a wide variety of occupations as listed in the table below. About one-third of survey respondents identified themselves as laborers or sales persons. More than 20% identified themselves as drivers, cashiers, and office workers (accounting/secretarial/office clerk).

Survey Question: What Is Your Primary Occupation?

	Number	Percent
Laborer	224	22.0
Sales	112	11.0
Driver	97	9.6
Cashier	72	7.1
Accounting/secretarial/ office clerk	50	5.0
Janitorial/housekeeping/ custodial	43	4.2
Waiter/waitress/bartender	36	3.5
Mechanic	30	2.9
Cook/good handler/busboy	28	2.7
Carpenter	19	1.8
Nurse/certified nurse/ nurse attendant	14	1.3
Electrician	13	1.2
Plumber	11	1.1
Assembler	10	1.0
Other	259	25.6
TOTAL	1,018	100

b. Frequency of Domestic Violence

The City of Long Beach's homeless population reported that they experienced domestic violence. Women, as well as men, stated that they were victims of domestic violence.

Key Findings:

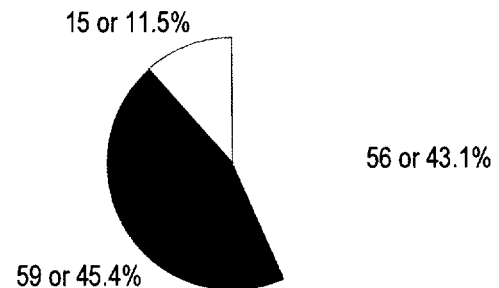
1. Nearly 40% (38.3%) of female survey respondents acknowledged that they had experienced domestic violence;
2. There are 411 homeless women (representing 38.3% of all homeless women) that have experienced domestic violence on a given day in the City of Long Beach.

The two primary questions that were used to determine if a survey respondent experienced domestic violence were the following:

- Have you ever been abused/mistreated by a spouse or intimate partner?, and
- Have you ever been abused/mistreated by a parent or relative?

Women

The table below discloses that of the 130 women survey respondents, 56 or 43.1% were both abused/mistreated by a spouse or intimate partner and a parent or relative. Fifty-nine (59) or 45.4% were abused/mistreated by a spouse or intimate partner only and 15 or 11.5% were abused/mistreated by a parent or relative only.

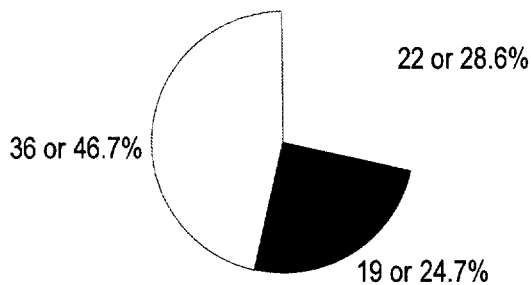


Have You Ever Been Abused/Mistreated by a Spouse or Intimate Partner and a Parent or Relative?

- ☒ Have You Ever Been Abused/Mistreated by a Spouse or Intimate Partner?
- ☐ Have You Ever Been Abused/Mistreated by a Parent or Relative?

Men

The following table discloses that of the 77 men survey respondents, 22 or 28.6% were both abused/mistreated by a spouse or intimate partner and a parent or relative. Nineteen (19) or 24.7% were abused/mistreated by a spouse or intimate partner only and 36 or 46.7% were abused/mistreated by a parent or relative.



Have You Ever Been Abused/Mistreated by a Spouse or Intimate Partner and a Parent or Relative?

■ Have You Ever Been Abused/Mistreated by a Spouse or Intimate Partner?

□ Have You Ever Been Abused/Mistreated by a Parent or Relative?

c. Prevalence of Serious Mental Illness

Mental illness is a serious problem among the City of Long Beach's homeless population. The data collected from survey respondents describes a homeless sub-population with psychotic and mood disorder/depressive symptoms including bipolar symptoms.

Key Findings:

1. There were 278 adults representing 27.3% of survey respondents who reported symptoms of mental illness;
2. There are 1,031 homeless adults (representing 27.3% of all homeless adults) that have a mental illness on a given day in the City of Long Beach.

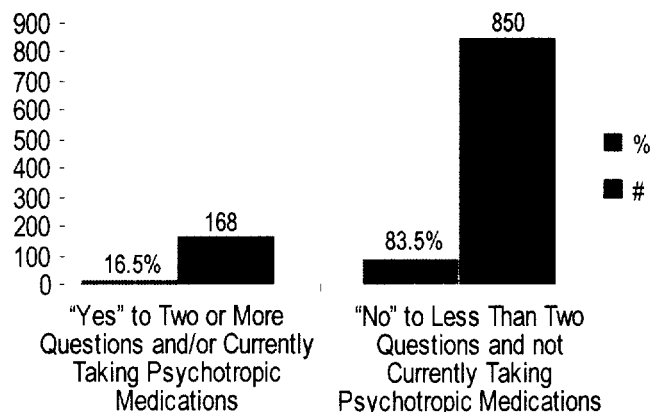
Survey respondents (1,018) identified themselves as having one or more of the above mental illness problems or symptoms after answering the 22 survey questions that focused on mental health difficulties. These questions were asked specifically in order to find out how many survey respondents had

psychotic symptoms and/or mood disorder/depressive symptoms including bipolar symptoms.

The questions that were used in the survey were developed taking into account symptoms described in the Diagnostic and Statistical Manual for Mental Disorders, 4th Edition (DSM-IV). The survey questions follow criteria specific to each type of mental health problem as described in the DSM-IV. The mental health problems described in the DSM-IV and included in the survey were psychotic symptoms, general depressive symptoms, and symptoms characteristic of bipolar disorder.

Psychotic Symptoms

Psychotic Symptoms



One hundred and sixty-eight (168) or 16.5% of survey respondents stated that they have psychotic symptoms. Someone was considered having psychotic symptoms if they answered "yes" to two of the following questions:

1. Have you ever heard voices or seen things that no one else could hear or see?
2. Have you ever felt that your mind or body was being secretly controlled, or controlled somehow against your will?

3. Have you ever felt that others wanted to hurt you or really get you for some special reason?
4. Do you feel that you have any special powers of some sort?
5. Have you ever had any other strange, odd, or very peculiar things happen to you?
6. Have you ever felt influenced by machines, radio waves, tv, radar, etc.?

In addition, someone was considered having psychotic symptoms if they answered "yes" to the following question:

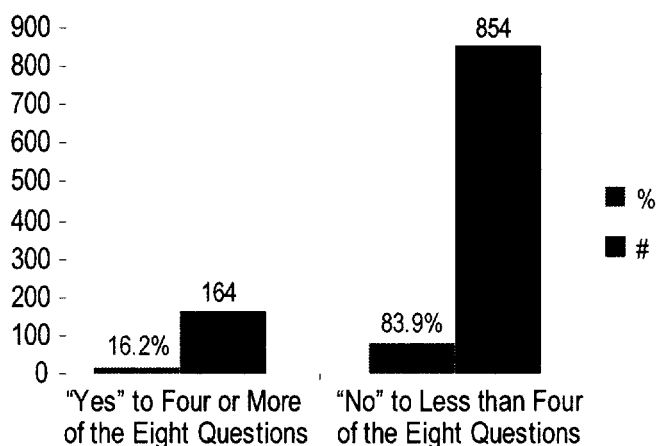
7. Are you currently taking any psychotropic (psychiatric) medications?

A breakdown of each of the psychotic symptoms is as follows on the next table:

Questions Concerning Psychotic Symptoms	Yes		No	
	#	%	#	%
Have you ever heard voices or seen things that no one else could hear or see?	130	12.8	888	87.2
Have you ever felt that your mind or body was being secretly controlled, or controlled somehow against your will?	74	7.3	944	92.7
Have you ever felt that others wanted to hurt you or really get you for some special reason?	127	12.5	891	87.5
Do you feel that you have any special powers of some sort?	47	4.6	971	95.4
Have you ever had any other strange, odd, or very peculiar things happen to you?	77	7.6	941	92.4
Have you ever felt influenced by machines, radio waves, tv, radar, etc.?	117	11.5	901	88.5

Mood Disorder/Depressive Symptoms

Mood Disorder/Depressive Symptoms



One hundred and sixty-four (164) or 16.2% of survey respondents stated that they had a mood disorder/depressive symptoms. Someone was considered having a mood disorder and/or depressive symptoms if they

answered "yes" to four (4) or more of the following eight (8) questions:

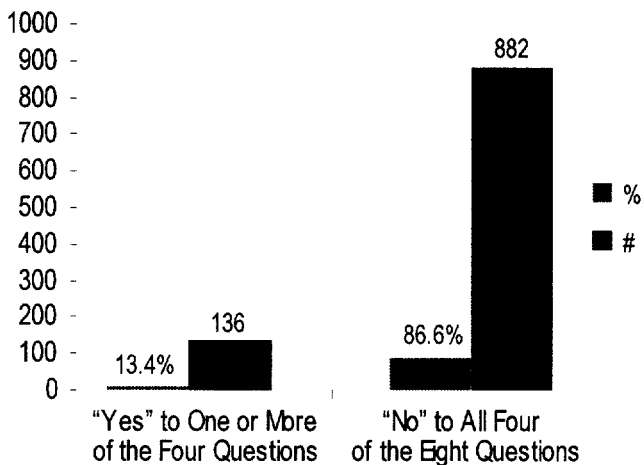
1. Do you have difficulty sleeping?
2. Do you often feel like crying?
3. Has your appetite decreased?
4. Do you find that you are no longer interested in activities that you used to enjoy?
5. Do you feel more comfortable when alone than with others?
6. Do you have difficulty concentrating?
7. Have there been times when you have felt unusually sad, empty, or hopeless for several days or weeks at a time?
8. Do you have difficulty making everyday decisions?

A breakdown of each of the mood disorder/depressive symptoms is as follows on the next table:

Questions Concerning Mood Disorder/Depressive Symptoms:	Yes		No	
	#	%	#	%
Do you have difficulty sleeping?	182	17.9	836	82.1
Do you often feel like crying?	148	14.5	870	85.5
Has your appetite decreased?	112	11.0	906	89.0
Do you find that you are no longer interested in activities that you used to enjoy?	179	17.6	839	82.4
Do you feel more comfortable when alone than with others?	220	21.6	798	78.4
Do you have difficulty concentrating?	153	15.0	865	85.0
Have there been times when you have felt unusually sad, empty, or hopeless for several days or weeks at a time?	209	20.5	809	79.5
Do you have difficulty making everyday decisions?	128	12.6	890	87.4

Bipolar Type Symptoms

Bipolar Type Symptoms



One hundred and thirty-six (136) or 13.4% of survey respondents stated that they had bipolar type symptoms. Someone was considered having bipolar type symptoms if they answered "yes" to one (1) or more of the following four (4) questions:

1. Have there ever been times when you felt unusually high, charged up, excited, or restless for several days at a time (for at least one week)?
2. Have there ever been times when other people said that you were too high, too charged up, too excited, or too talkative?
3. Do you feel that your moods sometime alternate between very high and very low?
4. Have these high, excitable moods as noted ever resulted in you engaging in pleasurable activities that have a high potential for negative consequences?

A breakdown of each of the bipolar type symptoms is as follows on the following table:

Questions Concerning Bipolar Type Symptoms:	Yes		No	
	#	%	#	%
Have there ever been times when you felt unusually high, charged up, excited, or restless for several days at a time (for at least one week)?	144	14.1	874	85.9
Have there ever been times when other people said that you were too high, too charged up, too excited, or too talkative?	84	8.3	934	91.7
Do you feel that your moods sometime alternate between very high and very low?	111	10.9	907	89.1
Have these high, excitable moods as noted ever resulted in you engaging in pleasurable activities that have a high potential for negative consequences?	92	9.0	926	91.0

d. Pervasiveness of Substance Abuse

The City of Long Beach's homeless population acknowledged that it has a problem with alcohol and/or other drugs. The data in this section reveals that there was extensive use of alcohol and other drugs at the time the survey was administered. The data also reveals that there was significant past use of alcohol and/or other drugs.

Key Findings:

1. 617 or 60.6% of all survey respondents stated that they were currently using alcohol and/or other drugs;
2. There are 2,288 homeless adults (representing 60.6% of all homeless adults) that are currently using alcohol and/or other drugs on a given day in the City of Long Beach.

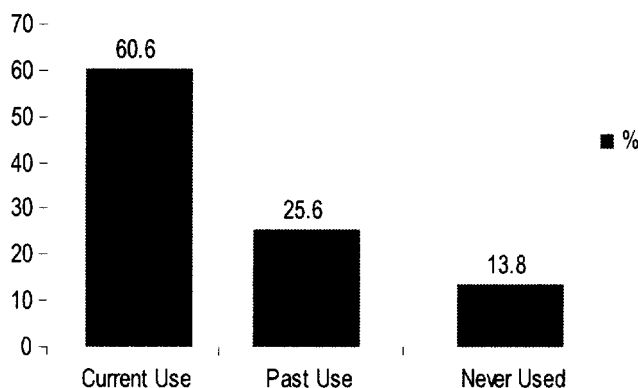
The primary questions that were used to determine if a survey respondent was a substance abuser were taken from the DSM-IV and centered on whether they:

- were currently using alcohol and/or other drugs;
- used alcohol and/or other drugs in the past; and
- never used alcohol and/or other drugs.

Sixty percent (60.6%) of all survey respondents stated that they were currently using alcohol and/or other drugs.

Twenty five percent (25.6%) of all survey respondents stated that they used alcohol and/or other drugs in the past but were not currently using.

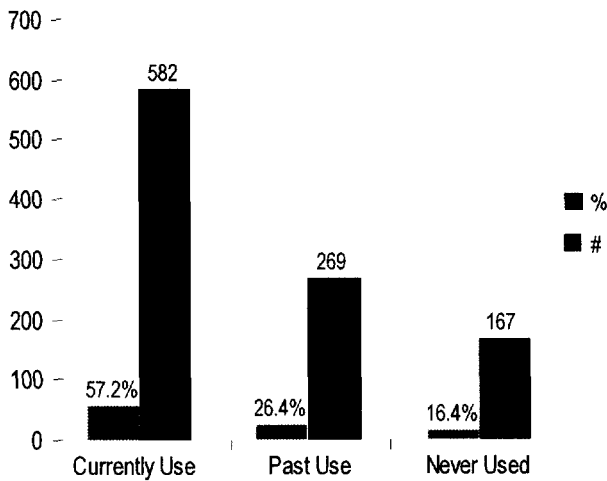
Thirteen percent (13.8%) of all survey respondents stated that they were not currently using drugs or used drugs in the past.



Use of Alcohol

The number of survey respondents that stated that they were currently using alcohol was 582 which represent 57.2% of respondents. The number of survey respondents that stated that they were not currently using alcohol

but used alcohol in the past was 269 which represent 26.4% of respondents.

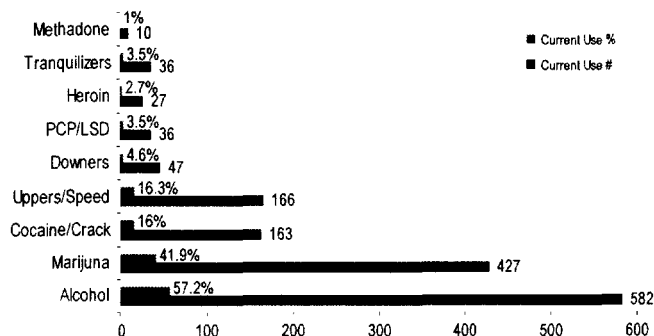


Use of Other Drugs Including Alcohol

The survey also obtained information on eight (8) categories of drug use: cocaine, downers, heroin, marijuana, methadone, PCP/LSD, tranquilizers, and uppers/speed. Hashish was included with marijuana and crack was considered a form of cocaine. PCP and LSD were grouped together as hallucinogens.

The following tables reveal the frequency of drug use among survey respondents.

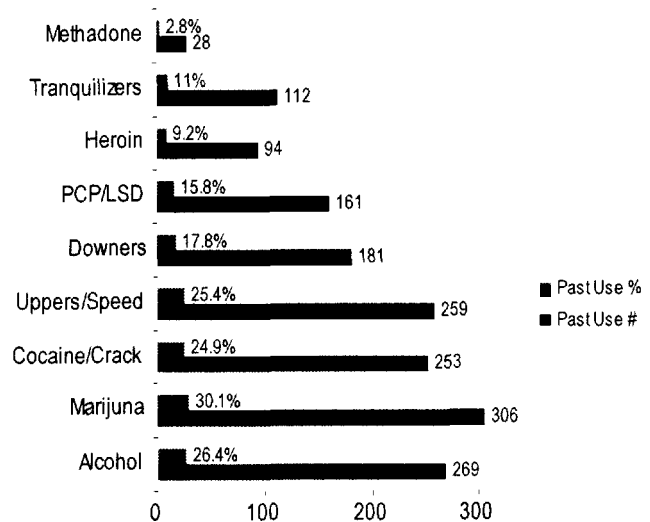
Current Use of Drugs



The survey reveals that after alcohol, marijuana was the most common drug of choice. Nearly forty-two percent (41.9%) or

427 survey respondents were currently using marijuana. After marijuana, cocaine/crack and uppers/speed were the drugs most often used currently. Approximately sixteen percent (16.3%) or 166 survey respondents were currently using uppers/speed and 16% or 163 survey respondents were using cocaine/crack.

Past Use of Drugs



A comparison of the two charts above reveals that the number and percentage of survey respondents who currently use drugs is lower than the number and percentage of survey respondents who used drugs in the past except for alcohol and marijuana. For example, the number of survey respondents who stated that they used heroin in the past was 94 or 9.2% compared to 27 or 2.7% of survey respondents who stated that they were currently using heroin.

e. Dual Diagnosis: Mental Illness & Substance Abuse

Mental illness is a serious problem among the City of Long Beach's homeless population. This subpopulation self-reported psychotic and mood disorder/depressive symptoms including

bipolar symptoms. This subpopulation also reported the use of alcohol and/or other drugs. It is not uncommon for individuals who have psychotic and mood disorder/depressive symptoms to self-medicate with alcohol and/or other drugs to alleviate their symptoms.

Key Findings:

1. Of the 278 survey respondents who reported symptoms of mental illness, 197 or 70.9% of them stated that they were currently using alcohol and/or other drugs.
2. There are approximately 200 (197) homeless adults (representing 20.0% of all homeless adults) that have a dual diagnosis—mental illness and current substance abuse—on a given day in the City of Long Beach;

Individuals were considered dually diagnosed if they stated that they had psychotic and mood disorder/depressive symptoms including bipolar symptoms and they were currently using alcohol and/or other drugs.

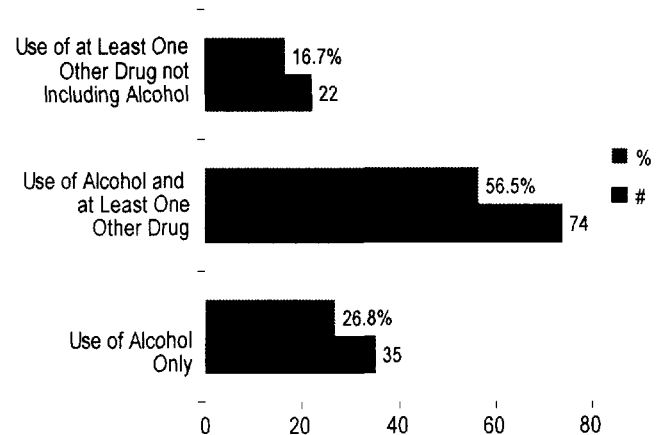
There were 278 adults representing 27.3% of survey respondents who reported symptoms of mental illness as noted in Section 6a. Of these 278 individuals;

- 168 or 16.5% of survey respondents stated that they have psychotic symptoms;
- 164 or 16.2% of survey respondents stated that they have a mood disorder/depressive symptoms; and
- 136 or 13.4% of survey respondents stated that they have bipolar type symptoms.

Of the 278 survey respondents who reported symptoms of mental illness, 197 or 70.9% of them stated that they were currently using alcohol and/or other drugs. Of the 197

respondents, 66 of them self-reported that they have a substance abuse problem by answering "yes" to the question "Do you have a substance abuse problem."

Use of Alcohol and/or Other Drugs



Thirty-five (35) or 26.8% reported that they were currently using alcohol only, 74 or 56.5% stated that they were currently using alcohol and at least one other drug, and 22 or 16.7% were currently using at least one drug not including alcohol. Sixty-six (66) survey respondents declined to state what drugs they were currently using.

f. Need for Health Care

Survey results underline what is largely known to homeless service providers—the need for health care is related to both causes and consequences of homelessness. Without access to appropriate health care, acute and chronic health problems go untreated which often impedes the homeless individual's ability to secure greater self-sufficiency and maintain independent living.

Health-related obstacles (respiratory infections, trauma, skin ailments, etc.) impair physical functioning and serve as a potential barrier to achieving permanent housing and self-sufficiency. Many of these

obstacles are a result of exposure to violence and the elements, increased contact with communicable diseases, drug and alcohol abuse, mental illness (including non-compliance with prescribed medications), extreme stress and fatigue, poor nutrition and lack of adequate hygiene, that are often compounded with a lack of access to health care services. As a result, people become chronically homeless—living on the streets for one year or more or in and out of homelessness for years. Also, it is worth noting that health-related obstacles also hinder the ability of domiciled households to maintain their housing.

Key Findings:

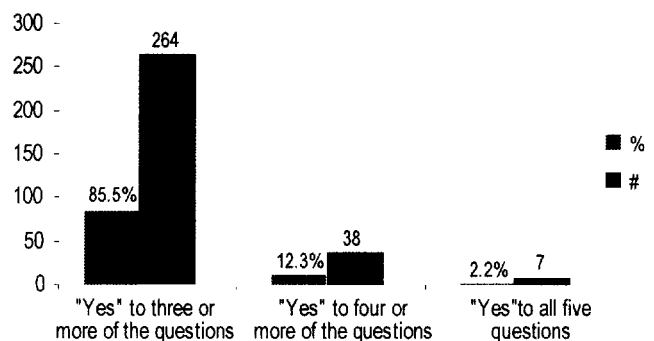
1. There are approximately 1,150 homeless adults who have “persistent” health care needs on a given day in the City of Long Beach;
2. Nearly one-third (30.4%) of survey respondents had “persistent” health care needs;
3. Only one (1) of four (4) survey respondents (23.5%) stated that they received medical treatment within the past year;
4. Just a little more than one (1) of ten (10) survey respondents stated that they received dental care during the past year.

There were 309 survey respondents representing 30.4% who had “persistent” health care needs in addition to mental illness, substance abuse, HIV/AIDS, etc.

These individuals answered “yes” to three (3) or more of the following questions and were considered as having “persistent” health care needs:

1. Do you have a physical or mental disability that impairs any activities such as walking, eating, breathing, reading, etc.?
2. Are you taking any medications for any health problems?
3. Do you have any unaddressed health problems?
4. Do you need dental care?
5. Do you need eye care?

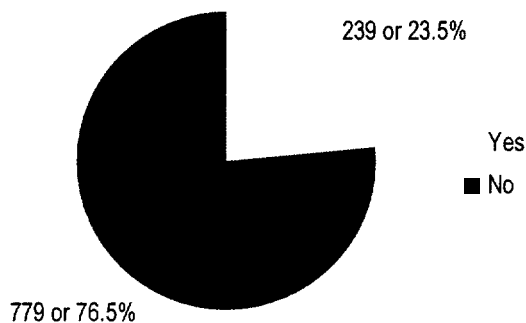
Of the 309 survey respondents, 264 or 85.5% answered yes to three (3) or more of the above questions, 38 or 12.3% answered yes to four (4) or more, and seven (7) or 2.2% answered yes to all five (5) questions.



Frequency of Health Care

There were also questions that focused on how often survey respondents received health care. The questions were:

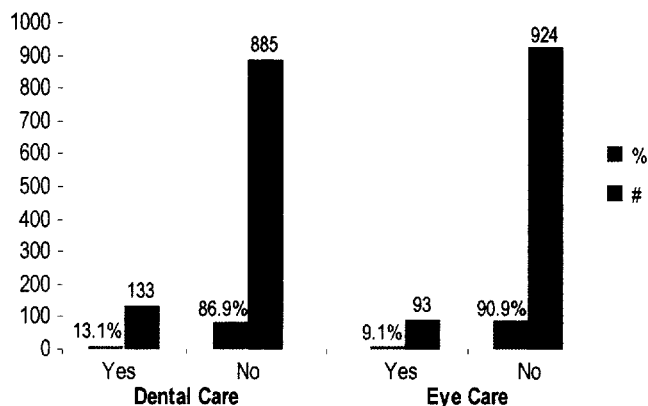
Survey Question: Did you receive any medical treatment within the past year?



Nearly one of four (23.5%) survey respondents stated that they received medical treatment within the past year.

Survey Questions:

1. Did you receive dental care during the last year?
2. Did you receive eye care during the last year?



A little more than one in ten (13.1%) of survey respondents received dental care during the past year and a little less than one in ten (9.1%) received eye care during the past year.

8. KEY FINDINGS – OTHER CONCERNS

a. Chronic Homelessness

The Department of Housing and Urban Development (HUD) is increasingly emphasizing in its Continuum of Care application the importance of local communities addressing chronic homelessness. According to HUD, a chronically homeless person is

- an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.

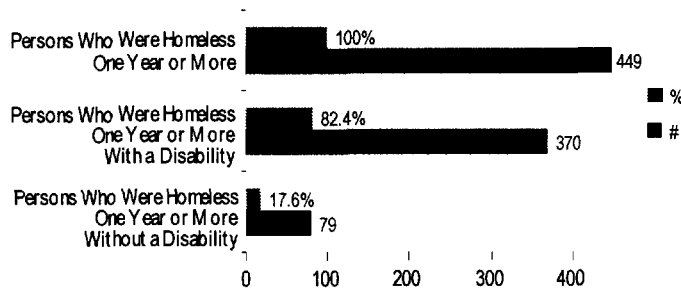
Disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” Also, to be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

Key Findings:

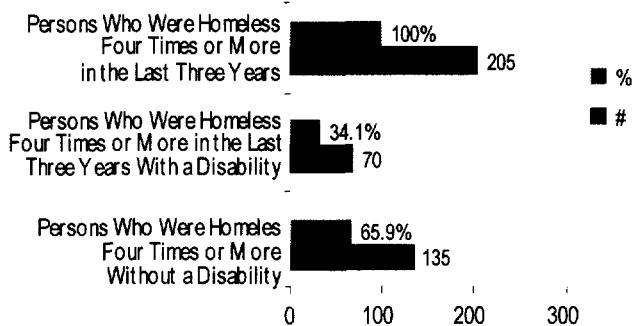
1. 440 or 43.3% of survey respondents reported that they were chronically homeless;
2. There are 1,635 homeless adults (representing 43.3% of all homeless adults) who are chronically homeless on a given day in the City of Long Beach;
3. There are 2,923 chronically homeless adults and children who represent 12.2% of the 24,000 homeless adults and children in Long Beach over the course of a year.

The survey included two questions to determine if a survey respondent was either continuously homeless for a year or more or had at least four (4) episodes of homelessness in the past three (3) years. The questions were:

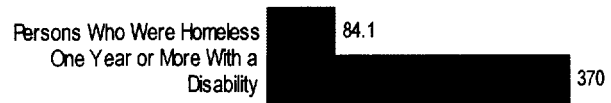
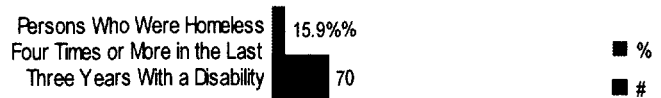
- How long have you been currently homeless?
- How many times have you experienced homelessness during the last three (3) years?



The table above reveals that 370 or 82.4% of the 449 survey respondents who stated that they were homeless one (1) year or more had a disability. The next table discloses that 70 or 34.1% of survey respondents reported that they were homeless four (4) times or more within the past three (3) years.



Combining the number of persons who were homeless one year or more and who had a disability with the number of persons who were homeless four (4) times or more within the past three (3) years and also had a disability reveals that there were 440 survey respondents who were chronically homeless as summarized in the next table.



Of the 440 chronically homeless persons, 370 or 84.1% were homeless one (1) year or more and had a disability and 70 or 15.9% were homeless four (4) times or more during the past three (3) years and had a disability.

The percentage of chronically homeless individuals/families in Long Beach over the course of a year is 12.2% which is slightly above the national average of 10% for chronically homeless singles. There are approximately 24,000 homeless adults and children in Long Beach over the course of a year. Also, over the course of a year, it is estimated that half (2,923) of the 5,845 adults and children who are homeless in Long Beach on a given day are chronically homeless. The 2,923 chronically homeless adults and children represent 12.2% of the 24,000 homeless adults and children in Long Beach over the course of a year.

b. HIV/AIDS

There were 32 survey respondents who stated that they were HIV+. This represents 3.1% of all survey respondents. One notable Key Finding is that nearly half (43.8%) of the survey respondents who stated that they were HIV+ were living on the streets.

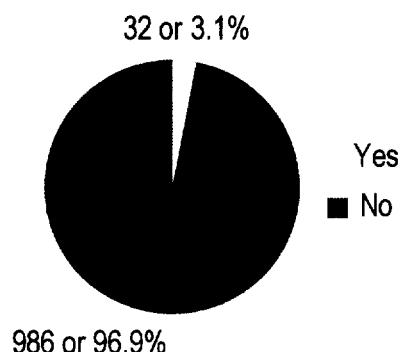
Key Findings:

1. There were 32 or 3.1% of survey respondents who stated that they were HIV+.

2. There are 117 homeless adults and unaccompanied youth ages 13 – 17 (representing 3.1% of all homeless adults and unaccompanied youth) that are HIV+ on a given day in the City of Long Beach;
3. 767 or 75.3% of survey respondents reported that they have been tested for HIV/AIDS;
4. The majority of the 767 persons tested knew their results—743 or 96.9%;

There were two (2) sets of questions that were asked concerning HIV/AIDS. One set centered on the question “Are you HIV+?” and the other set centered on the question “Have you ever been tested for HIV/AIDS?”

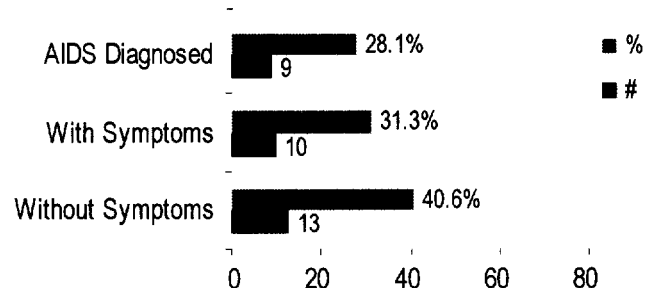
Survey Question: Are You HIV+?



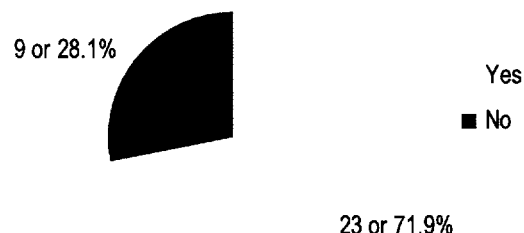
As stated above, 32 survey respondents representing 3.1% of all survey respondents reported that they were HIV+. The questions that centered on the question “Are you HIV+?” are noted below.

Survey Questions:

1. Do You Know if You Are Without Symptoms, With Symptoms, or AIDS Diagnosed?
2. Have You Been Receiving HIV-Related Services?



Of the 32 persons who reported that they were HIV+, 13 or 40.6% stated that they were without symptoms, 10 or 31.3% stated with symptoms, and 9 or 28.1% stated that they were AIDS diagnosed. The majority (71.9%), as noted in the next chart, have been receiving services.



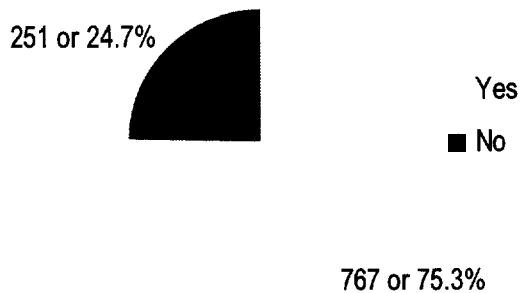
Of the next four (4) questions, one question focused on hospitalization and three questions on medications.

Survey Question: Have You Been Hospitalized Due to HIV?



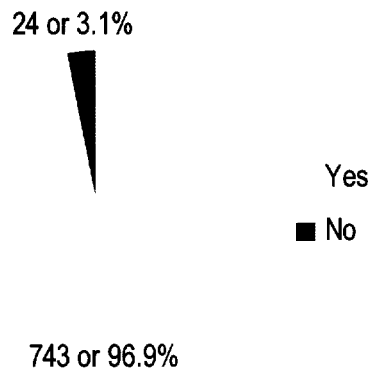
Responses to this question by HIV+ survey respondents reveals that 10 or nearly a third (31.3%) of them have been hospitalized due to HIV.

Survey Question: Have You Ever Been Tested for HIV/AIDS?



The majority 767 or 75.3% of survey respondents reported that they have been tested for HIV/AIDS.

Survey Question: Do You Know Your Results?



The majority of the 767 persons that have been tested knew their results—743 or 96.9% as seen in the chart above.

c. Physical Assault

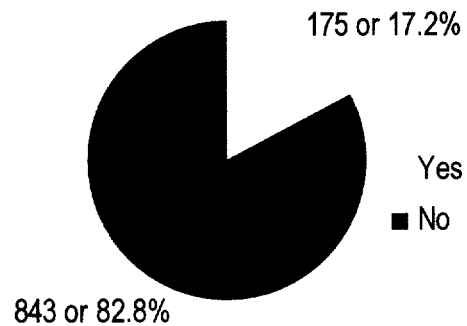
The City of Long Beach's homeless population not only reported that they experienced violence while housed but while living on the streets as well. The primary question noted below was purposely worded to find out if survey respondents experienced assault while living on the streets.

Key Findings:

1. 175 or 17.2% of survey respondents stated that they were victims of assault while living on the streets;
2. There are 649 homeless adults (representing 17.2% of all homeless adults) that were victims of assault while living on the streets in Long Beach on a given day.

The primary question concerning assault while living on the streets was—

Survey Question: Have You Ever Been a Victim of Assault While Living on the Streets?



The chart above discloses that nearly one of five (17.4%) survey respondents reported being a victim of assault while living on the streets.

d. Foster Care

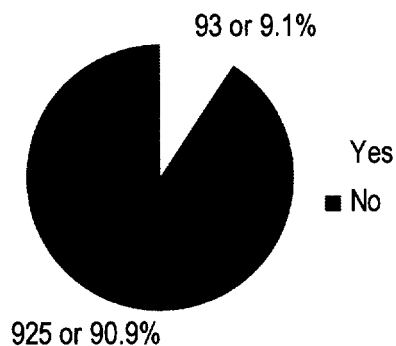
There is a troubling link between foster care and homelessness among the city's homeless population. Nearly 1 out of 10 (9.1%) survey respondents stated that they have been in the foster care system. Thus, leaving care and entering adulthood has been a difficult transition for a noteworthy number of youth who are vulnerable to homelessness at the start of adulthood.

Key Findings:

1. There are 22 homeless youth between the ages of 13 – 17 that have been in the foster care system and who are homeless on a given day in the City of Long Beach;
2. There are 344 homeless persons (representing 9.1% of all homeless adults) that have been in the foster care system and who are homeless on a given day in the City of Long Beach;
3. 93 or 9.1% of survey respondents stated that they had been in the foster care system.

The primary question concerning foster care was—

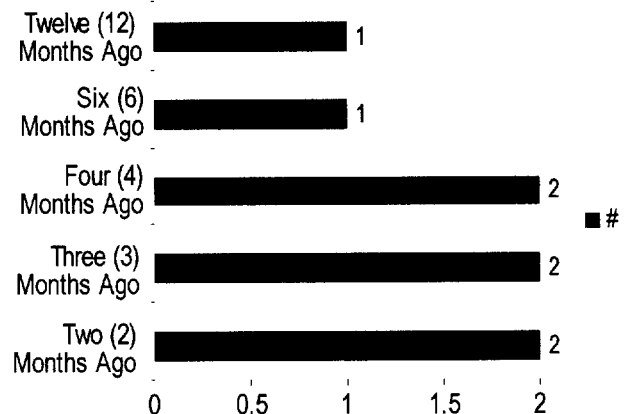
Survey Question: Have You Ever Been in the Foster Care System?



The answer is 9.1% or 93 survey respondents had been in the foster care system.

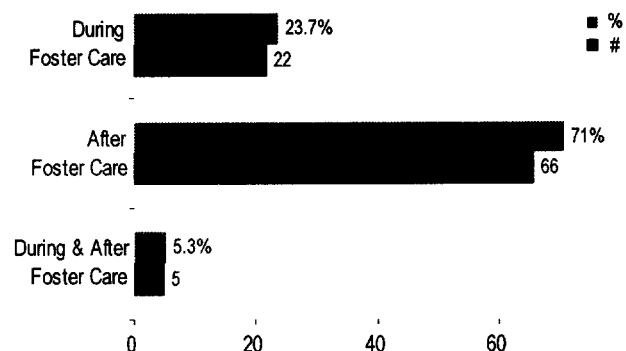
There were eight (8) survey respondents who stated that they were recently in foster care. When asked the following question, "When Were You in the Foster Care System," seven (7) of them stated during the past six (6) months and all of them within the past year.

Survey Question: When Were You in the Foster Care System?



The table below combines survey questions and reveals the responses of the 93 survey respondents who had been in foster care.

Survey Questions: Were You Homeless During the Time You Were in Foster Care and/or After the Time You Were in Foster Care?



Nearly one in four (23.7%) persons became homeless while in the foster care system.

Nearly three-quarters (71.0%) became homeless after they were in foster care and 5.0% became homeless during and after foster care.

e. Mainstream Resources

The Department of Housing and Urban Development (HUD) is increasingly emphasizing the importance of homeless persons having access to mainstream resources (e.g. public assistance benefits) in order to obtain and remain in permanent housing. Each year, the City of Long Beach is required by HUD in its Continuum of Care application to show if homeless persons are being identified for, being enrolled into, and receiving, mainstream resources.

Key Findings:

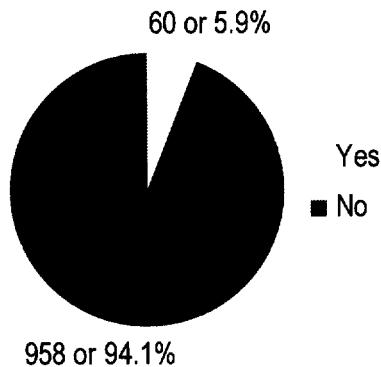
1. There are 2,666 homeless adults (representing 70.8% of all homeless adults) who are receiving public assistance benefits such as Temporary Assistance for Needy Families, General Relief, Food Stamps, etc., on a given day in the City of Long Beach;
2. The most common type of public assistance benefits for individuals is General Relief and Food Stamps—435 individuals or 42.7% of persons receiving public benefits assistance were receiving General Relief and Food Stamps;
3. The most common type of public assistance benefits for families is Temporary Assistance for Needy Families and Food Stamps—40 families out of 60 families included in the survey were receiving Temporary Assistance for Needy Families and Food Stamps which represents 66.7% of all families included in the survey.

Survey Question: Do You Receive Any Of The Following Monthly Incomes?

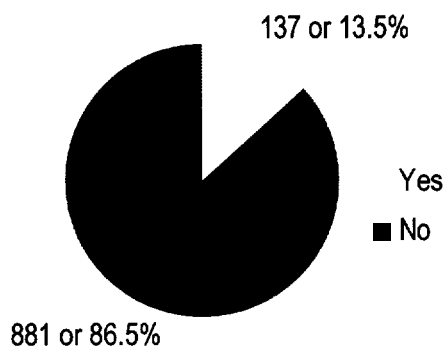
	Number	Percent
AFDC/TANF	5	0.5
AFDC/TANF, Social Security - Retirement (Age 62+), Food Stamps	1	0.1
AFDC/TANF, Social Security - Disability	1	0.1
AFDC/TANF, Social Security - Disability Food Stamps	2	0.2
AFDC/TANF, Unemployment	1	0.1
AFDC/TANF, Food Stamps	34	3.3
AFDC/TANF, Food Stamps, Other Source of Income	6	0.6
AFDC/TANF, Other source of Income	1	0.1
Social Security - Retirement (Age 62+)	9	0.9
Social Security - Retirement (Age 62+), Social Security - Disability	2	0.2
Social Security - Disability	72	7.0
Social Security - Disability, Unemployment	1	0.1
Social Security - Disability, Veterans Benefits	3	0.3
Social Security - Disability, Food Stamps	1	0.1
General Relief	70	6.9
General Relief, Unemployment, Food Stamps	1	0.1
General Relief, Veterans Benefits	2	0.2
General Relief, Veterans Benefits, Food Stamps	2	0.2
General Relief, Food Stamps	435	42.7
General Relief, Food Stamps, Other Source of Income	22	2.2
Unemployment	30	2.9
Veterans Benefits	12	1.2
Veterans Benefits, Other Source of Income	2	0.2
Food Stamps	5	0.5
None	298	29.3
TOTAL	1,018	100.0

The survey also included the following questions:

1. Do you receive MediCare?



2. Do you receive Medi-Cal?



Nearly one in five (19.4%) of survey respondents stated that they were receiving Medicare or Medi-Cal—60, or 5.9% of survey respondents were receiving MediCare and 137 or 13.5% were receiving Medi-Cal.

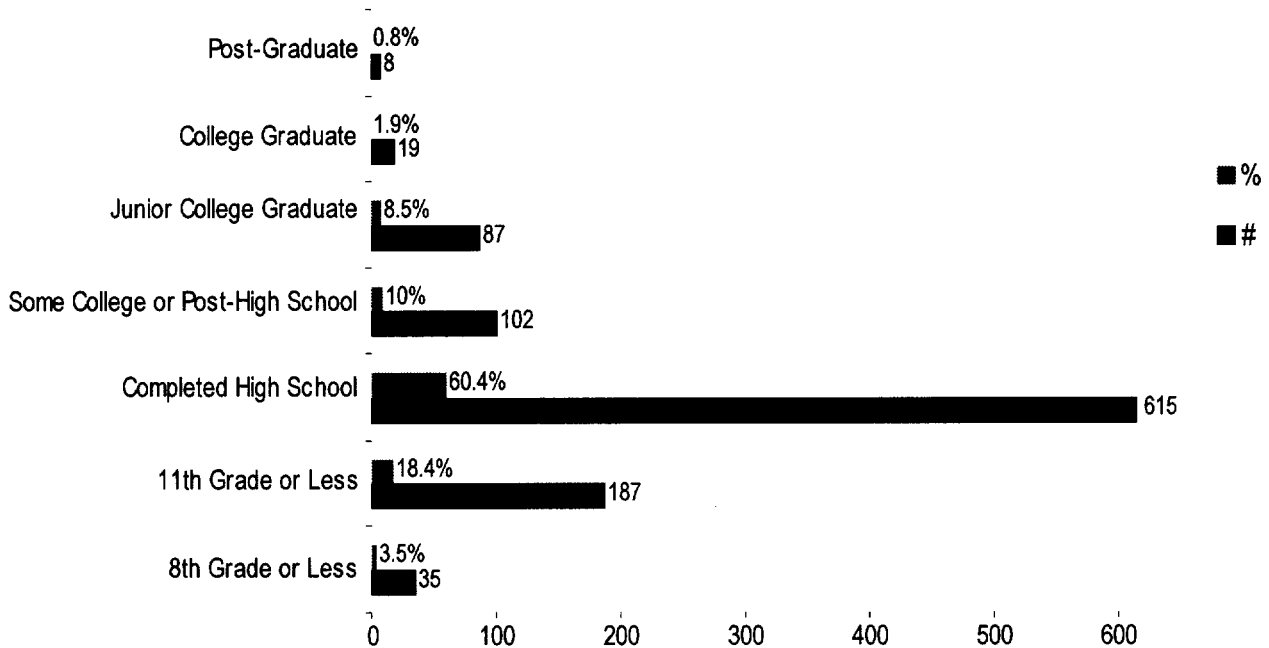
f. Education

The majority of the City of Long Beach's homeless population reported that they have a high school education or greater. Thus, their level of education may not be a barrier to self-sufficiency.

Key Findings:

1. 831 or 81.7% of survey respondents stated that they have a high school education or greater;
2. 216 or 21.3% of survey respondents stated that they have a post-high school education including college and post-graduate school;
3. There are 3,074 homeless adults (representing 81.7% of all homeless adults not including unaccompanied youth ages 13 - 17) who have a high school education or greater on a given day in the City of Long Beach;
4. There are 801 homeless adults (representing 21.3% of all homeless adults not including unaccompanied youth ages 13 - 17) who have a post-high school education on a given day in the City of Long Beach.

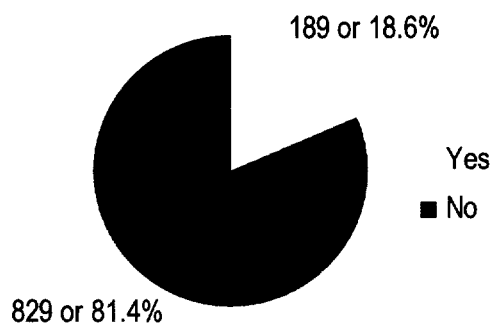
Survey Question: What is the Highest Grade of School That You Completed?



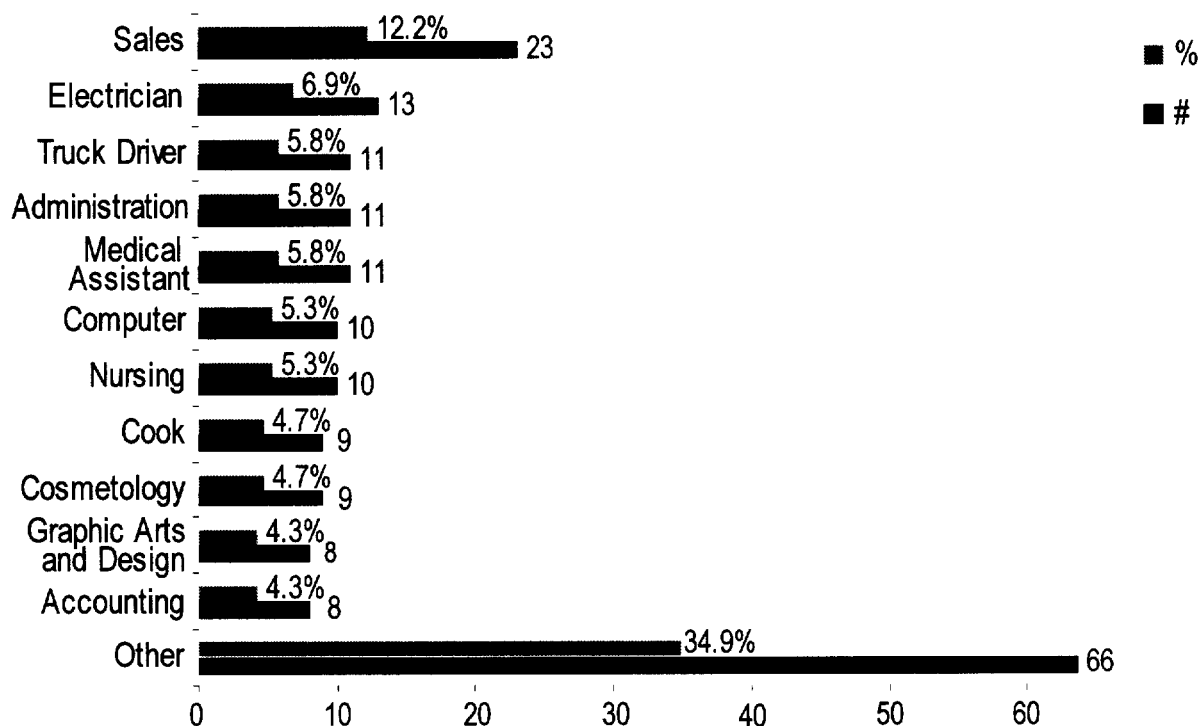
The previous chart reveals that 216 or 21.3% of survey respondents have a post-high school education including some college, junior college education, college education, and post-graduate education. The following table notes that of these persons, 189 or 18.6% had completed a vocational training course.

More survey respondents (12.2%) enrolled in sales as a vocational training course than any other course. Training for electricians was next. Other vocational training courses include truck driver, administration, medical assistant, computer, and nursing.

Survey Question: Have You Completed A Vocational Training Course?



Survey Question: What Kind of Vocational Training Courses?



g. Meals

The survey reveals that a very large majority (93.4%) of survey respondents eat at least two (2) meals each day—40.3% of respondents stated that they eat two (2) meals per day and 53.1% stated that they eat at least three (3) meals per day.

The survey also discloses, however, that survey respondents had difficulty accessing food as noted in the Key Findings table below.

Key Findings:

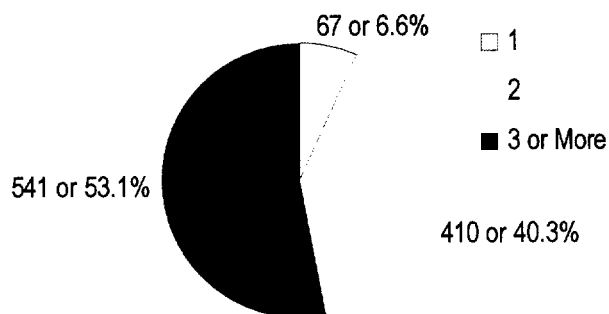
1. A very large majority of survey respondents eat at least two (2) meals a day—40.3% eat two (2) meals a day and 53.1% eat at least three (3) meals per day;

2. However, 67 (6.6%) survey respondents noted that they eat just one (1) meal per day;

3. Also, survey respondents stated that they have difficulty accessing food:

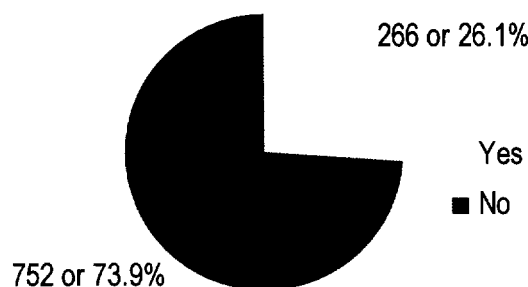
- 266 (26.1%) survey respondents stated that they have difficulty accessing food;
- 458 (45.0%) survey respondents stated that they had to skip meals in the past month because there was not enough money to buy food;
- 460 (45.2%) survey respondents stated that they have stolen food.

Survey Question: How Many Meals Do You Usually Eat Each Day?



Most notably, the table above reveals that 6.6% or 66 survey respondents usually eat just one meal per day. The following table discloses that even a higher percent (26.1%) or 266 survey respondents have difficulty accessing food.

Survey Question: Do you Have Difficulty Accessing Food?



h. Use of Tobacco

The survey reveals that a large percentage (70.5%) of the City's homeless population smokes one pack or more of cigarettes each day and most of them (66.8%) are not interested in quitting, some (18.2%) are "somewhat interested" in quitting, and even fewer (15.0%) are "very interested" in quitting.

Key Findings:

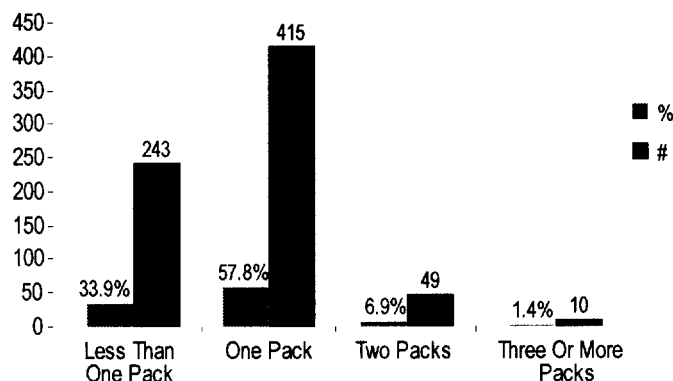
1. A large percentage (70.5%) of the City's homeless population smokes one pack or more of cigarettes each day;
2. Most survey respondents (66.8%) were not interested in quitting, some (18.2%) were "somewhat interested" in quitting, and even fewer (15.0%) were "very interested" in quitting.

Survey Question: Do You Smoke or Use Tobacco?



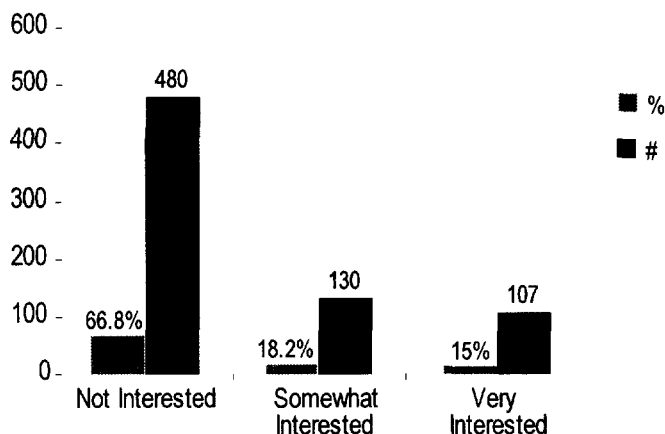
Not only do a large percentage of the city's homeless population smoke and/or use tobacco, most of them smoke a large number of cigarettes each day. Nearly two-thirds (66.1%) smoke one or more packs of cigarettes a day—57.8% one pack a day; 6.9% two packs a day; and 1.4% three packs or more a day.

Survey Question: How Many Cigarettes Do You Smoke Per Day?



In spite of the fact that smoking is detrimental to the health of smokers and those around them while smoking, the majority were not interested (66.8%) or somewhat interested (18.2%) in quitting. Conversely, some smokers (15.0%) were very interested in quitting.

Survey Question: How Interested Are You In Quitting Smoking?



i. Veteran Status

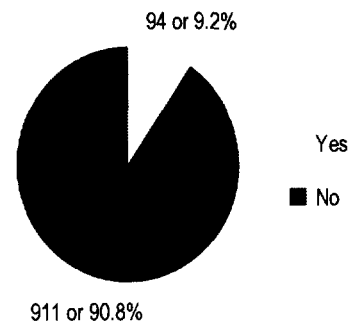
Homeless veterans, like other homeless persons, share a variety of factors that contribute to their homelessness such as health care problems, mental illness, substance abuse, and lack of income. There is, however, one difference between homeless veterans and the rest of the homeless population—their military service in defense of their country.

Key Findings:

1. Nearly one (1) out of 10 survey respondents (9.2%) were veterans;
2. Ten (10) female survey respondents were veterans representing 10.6% of all veteran survey respondents;

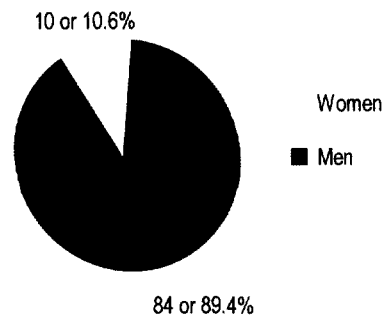
3. Nearly one-third (29.8%) of all veteran survey respondents were living on the streets.

1. Survey Question: Are You A Veteran?



There were 94 or 9.2% of survey respondents that stated that they were a veteran. As noted in the following table, homeless women as well as men were veterans—10 or 10.6% of veterans were women and 84 or 89.4% were men.

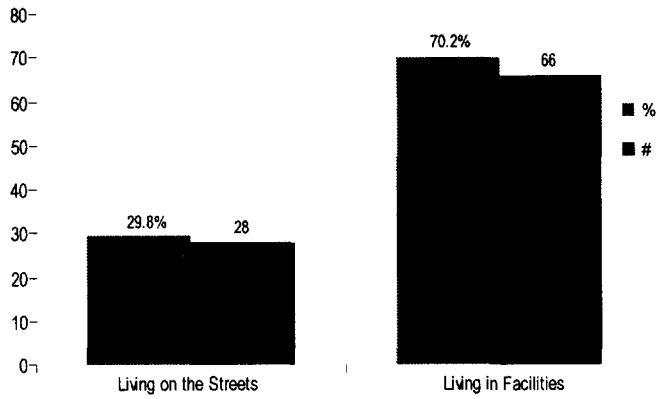
Veterans By Gender:



When compared to all survey respondents by gender, the percentage of men who were veterans is 12.6% which means that more than one (1) out of 10 men were veterans. Nearly three (3) percent (2.9%) of all female survey respondents were veterans.

Veterans and Location

The next table reveals that nearly one-third (29.8%) of veterans were living on the streets.



Of the 28 veterans living on the streets, 2 or 7.2% were women and 26 or 92.8% were men.

Section E

THE CITY OF LONG BEACH 2004 HOMELESS ASSESSMENT

E. Conclusion

Leaders across the country are echoing a growing consensus that homelessness can be ended and the time to do it is now. More than 100 cities are currently completing or have completed "A 10-Year Strategy to End Homelessness," according to the United States Interagency Council on Homelessness (ICH), which is part of the Domestic Policy Council within the Executive Office of the President and is responsible for the coordination of 20 Federal agencies in their response to reduce and end homelessness.

Several cities that have already completed and are implementing 10-Year strategies have recognized that their past efforts focused on "managing" homelessness rather than ending it. Through the 10-Year strategies, these communities have moved beyond efforts to manage homelessness and into strategic goals and objectives that are both preventing homelessness and ending it. Such goals and objectives include:

- Preventing homelessness for persons living in poverty (particularly among those who are already clients of other social service systems and public institutions such as hospitals, jails, and foster care);
- Developing permanent housing options that improve cost-efficiency and ensure long-term stability;
- Improving the availability of affordable housing, creating a livable wage, and necessary support services for people at the lowest end of the economic spectrum;

- Collecting accurate data in order to improve system-wide effectiveness in preventing and ending homelessness; and
- Analyzing data and evaluating outcomes in order to identify the most effective strategies for each subgroup of the homeless population.

The City of Long Beach is in a prime position to join the 10-Year strategic efforts of other cities and work towards preventing and ending homelessness. Two new sources of information—"The City of Long Beach 2003 Homeless Count" and "The City of Long Beach 2003 Homeless Survey"—are now available for use by public and private partners to formulate findings and make recommendations to end the incidence of homelessness within the city.

The City has also received funding to implement a Homeless Management Information System (HMIS), which will begin in October of 2004. The system will enable local homeless service providers to collectively perform a number of activities that have never been done extensively within the City's Continuum of Care system. Such activities will include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management services; 4) tracking client outcomes; and 5) preparing financial and programmatic reports for funders.

Completing a 10-Year Strategy can further existing and create new efforts to build upon partnerships between homeless service

providers, businesses, residents, faith-based organizations, other community agencies, public and private institutions, private foundations, housing developers, educational institutions, and local governments to ensure the development of service-enriched programs to prevent homelessness and assist homeless persons in receiving the tools necessary to achieve self-sufficiency and permanent housing.

New research, resources, and technology provide the City of Long Beach with a unique opportunity to develop and implement a successful homeless strategy. Implementing a long-range, community-based, coordinated 10-Year strategy is critical, for the streets are not a home. Therefore, it is necessary to design and implement housing and service assistance needed to prevent homelessness and bring homeless persons back into the workforce, schools, religious institutions, and other community organizations.