



2022

CITY OF LONG BEACH

2022 Homeless Count

2022 Homeless Count and Survey
City of Long Beach

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I. EXECUTIVE SUMMARY



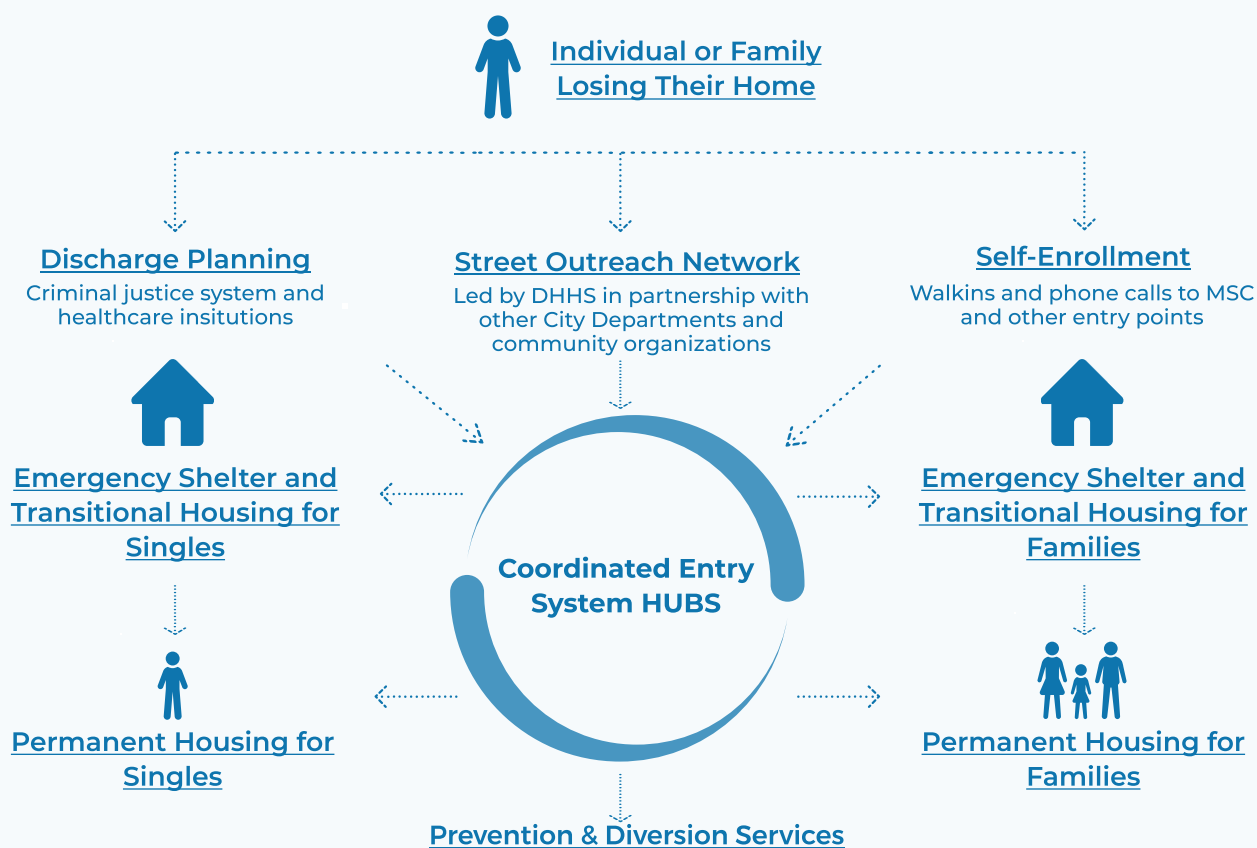
INTRODUCTION

The City has a robust system of care to address the diverse needs of our community members experiencing homelessness. The Long Beach Continuum of Care (CoC), made up of over 80 service partners, brings together vital resources to serve people experiencing homelessness. The Homeless Services Bureau, as part of the City's Health and Human Services Department, is the lead for the Long Beach Continuum of Care (CoC).

The Long Beach Health Department stands by a Housing First model, which means providing access as quickly as possible to a stable setting without sobriety or health treatment compliance; self-determination; the belief that people's lives will improve with support and a stable place; individualized and person-driven supports; and social and community integration.

Additional practices that the CoC utilizes to support at-risk or households experiencing homelessness include:

- Individualized delivery of services that are grounded in evidence-based practices for households experiencing and at risk of homelessness.
- Integrating key partners into the Coordinated Entry System (CES) to ensure a holistic approach to accessing and receiving services.
- Coordinated intakes and application processes linked to supportive services and financial assistance programs.
- Interdepartmental and interjurisdictional coordination among government departments to utilize expertise and resources to address homelessness in a systematic way.



POINT IN TIME (PIT) COUNT INFORMS THE CITY'S SYSTEM OF CARE

The PIT Count is a nationwide count of people experiencing homelessness living within a given community on a single night in February. This count is required by the U.S. Department of Housing and Urban Development (HUD) and the state of California in order to receive funding to address homelessness.

The City of Long Beach's CoC receives these grants and finds it is vital to better understand the trends, issues and demographics of our fellow community members experiencing homelessness.

By engaging fully in this annual count, we can provide better data to service providers, government entities and community members so we can continue to work together on developing effective and appropriate homeless interventions in the City of Long Beach.

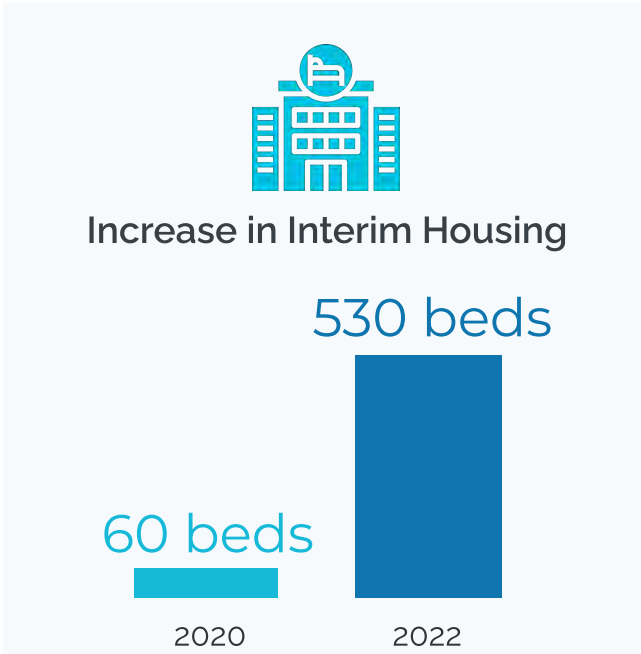


SETTING THE CONTEXT

The 2022 PIT Count reflects a significant increase in homelessness in our community. A complex combination of personal, social and economic factors has led to this increase, and the pandemic exacerbated these factors. During the first year of the COVID-19 pandemic, most providers significantly reduced in-person services. State Public Health Orders and CDC guidance reduced shelter capacity, set quarantine procedures that impacted shelter access and changed the way communities engaged with encampments. To reduce the transmission of COVID-19 in jails, people were released, often without places to live. At one point, the Multi-Service Center (MSC) was one of the only access points providing intake for services in Long Beach.

In addition to the reduction in shelter and treatment services, the pandemic caused a significant increase in unemployment, family disruption and domestic violence and a reduction in access to other health services due to fear of the COVID-19 virus. Rents and housing costs have increased significantly while wages have been stagnant. These are strains in areas that have been identified as being key factors leading to homelessness.

The City of Long Beach has responded from many angles – setting up temporary housing structures, purchasing and leasing motels, running isolation and quarantine locations, keeping the winter shelter open for more than two years, hiring mental health clinicians for the MSC, launching the REACH teams and providing ongoing outreach and case management throughout the pandemic. Additionally, the City passed an eviction moratorium, provided income supports to people and businesses and is launching a re-entry program to help people transition to the workforce and be connected to housing after incarceration.



AT A GLANCE

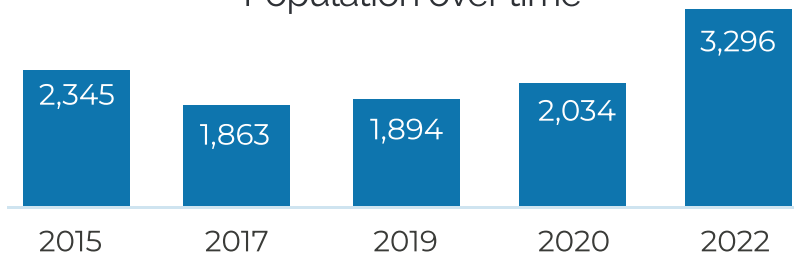
The 2022 PIT Count was conducted in the early hours of February 24, 2022, with the help of about 250 volunteers consisting of community-based providers, members of the public and City staff.



3,296

people were experiencing homelessness on the morning of Feb. 24, 2022

Population over time



2,287

(69%) Unsheltered



1,009

(31%) Sheltered



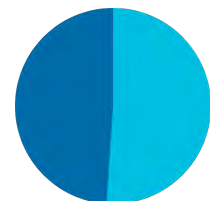
1,282

(39%) were experiencing chronic homelessness*

*Chronic homelessness: having frequently experienced homelessness 1+ year and having a disabling condition

47%

reported that this is their first episode of homelessness



123% increase

since 2020 in the number of people experiencing homelessness who are sheltered



II. 2022 DEMOGRAPHICS AND SURVEY RESULTS

Overview of findings generated from the survey
component of the 2022 Long Beach Homeless
Point in Time Count & Survey



DEMOGRAPHICS

2022 DEMOGRAPHICS AND SURVEY RESULTS

~30%

of people surveyed
are 55 and older

~71%

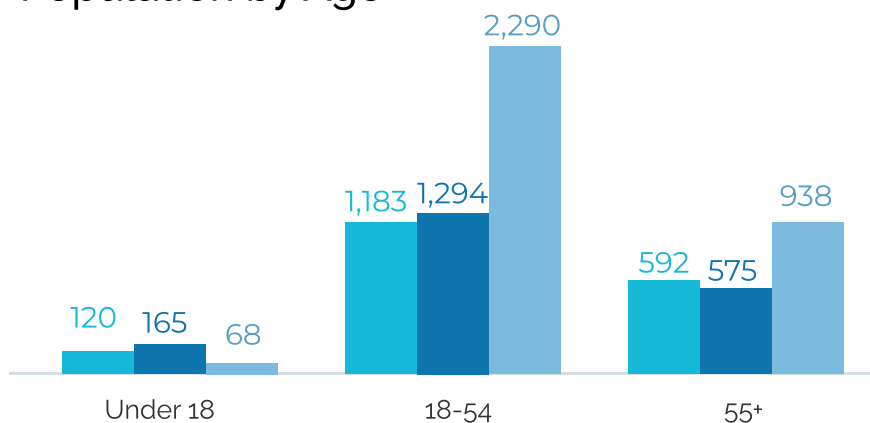
of people surveyed
are Male

~3x

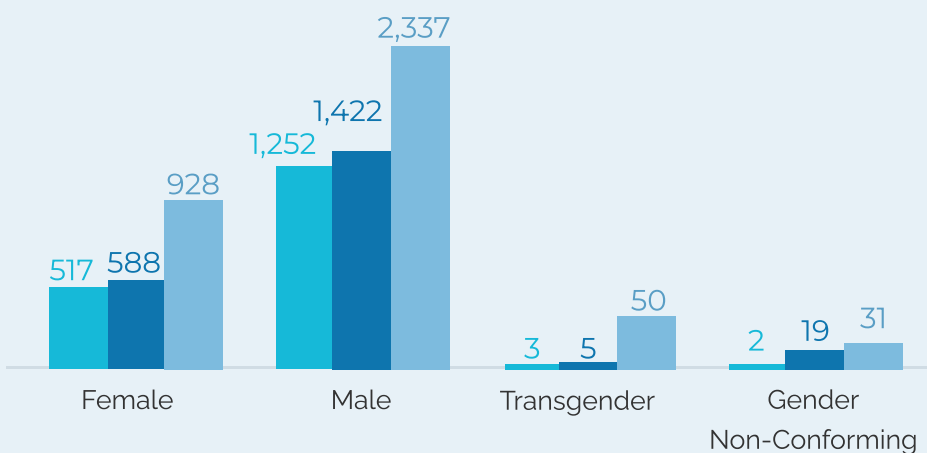
more likely for Black,
Indigenous and Pacific
Islander communities to
experience homelessness
than other communities

2019 2020 2022

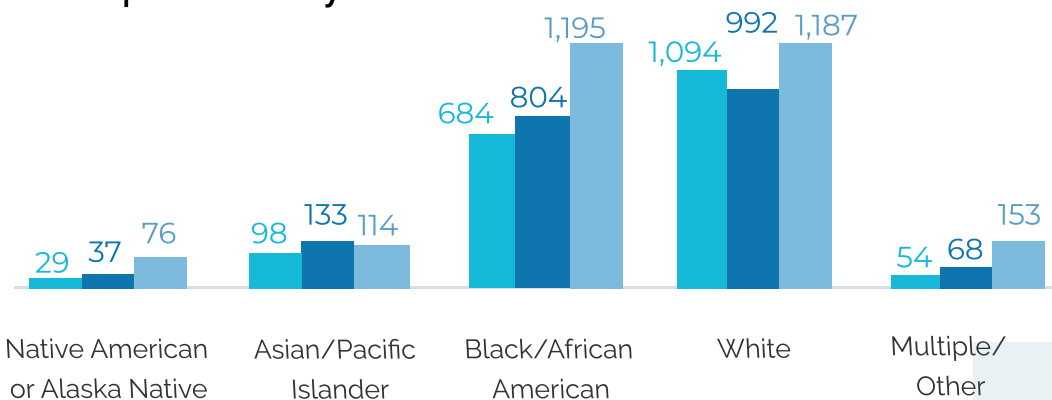
Population by Age



Population by Gender



Population by Race



SHELTERED & UNSHELTERED

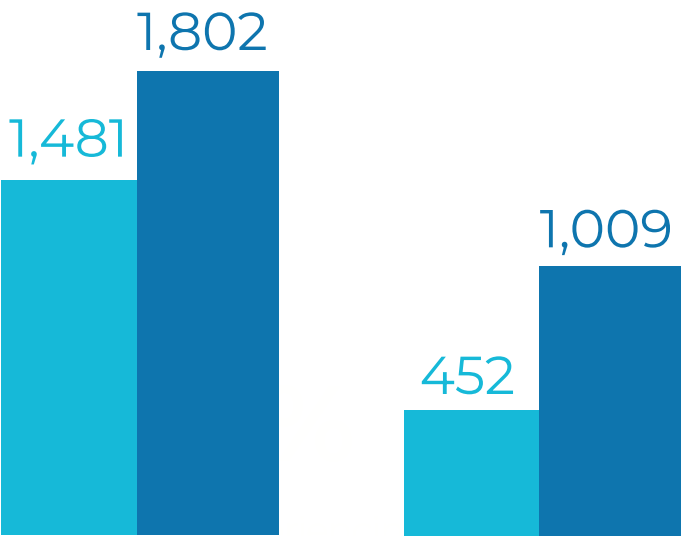
2022 DEMOGRAPHICS AND SURVEY RESULTS

2022 Sheltered Vs. Unsheltered



The 2022 PIT Count reflects a 22% increase in the unsheltered street count. The number of people who are in interim housing increased by 123%.

2020 2022



People Unsheltered (non-vehicle)
22% increase

People Sheltered
123% increase

21%

of unsheltered people are living in a vehicle (car or RV)

Increases in those sheltered was made possible by:

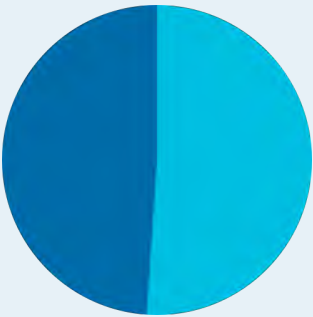
- The opening of the Atlantic Bridge Housing (125 beds)
- Purchase of a Project Homekey hotel (101 beds)
- Lease of Project Roomkey motels (75 beds)
- Expanded motel vouchers

FIRST TIME AND CHRONIC HOMELESSNESS

2022 DEMOGRAPHICS AND SURVEY RESULTS

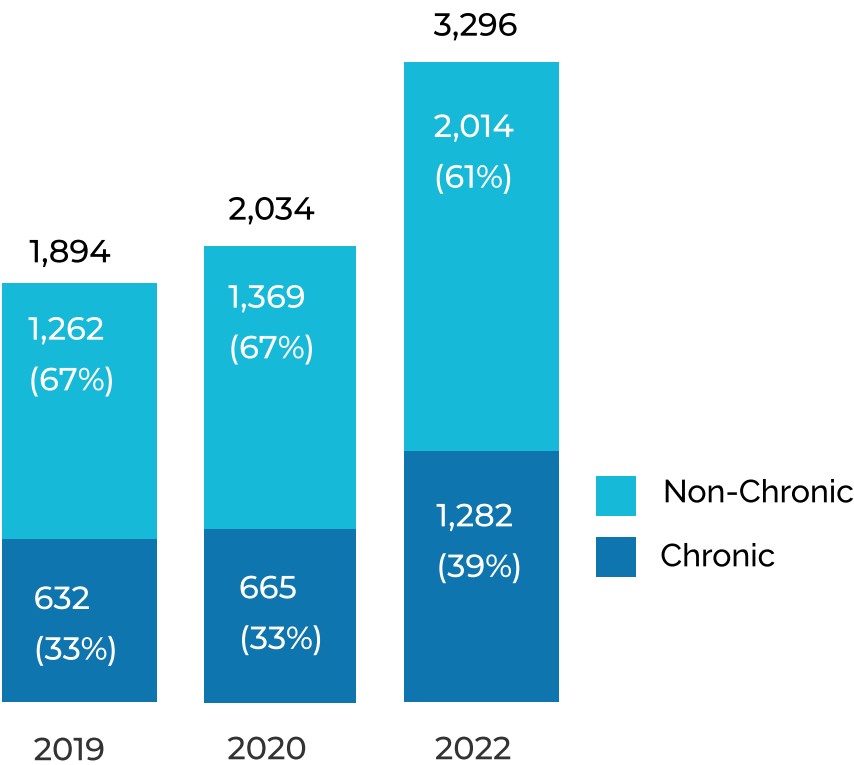
First Homelessness Episode

47%
of survey respondents are experiencing homelessness for the first time



53%
of survey respondents reported that this is not their first time experiencing homelessness

2019 - 2022 Chronic Homelessness

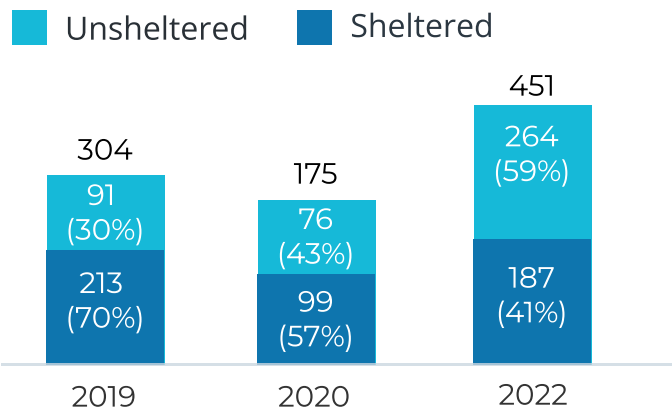


171%
increase since 2020 in the number of people experiencing chronic homelessness who are living in interim housing (from 80 to 217)

SUBPOPULATIONS

2022 DEMOGRAPHICS AND SURVEY RESULTS

Veterans - Sheltered Vs. Unsheltered



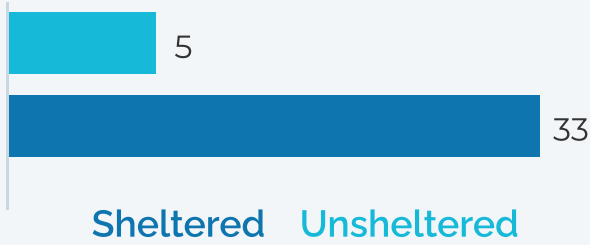
Our continuous efforts coordinating services with the Veteran Affairs and partner agencies to house veterans has led to more veterans getting into permanent housing.

48%
increase in veteran homelessness from 2019 to 2022

The number of unsheltered veterans increased from 76 in 2020 to 264 in 2022

87% of homeless families in Long Beach are sheltered

Families With Children - 2022



LGBTQ+



Students



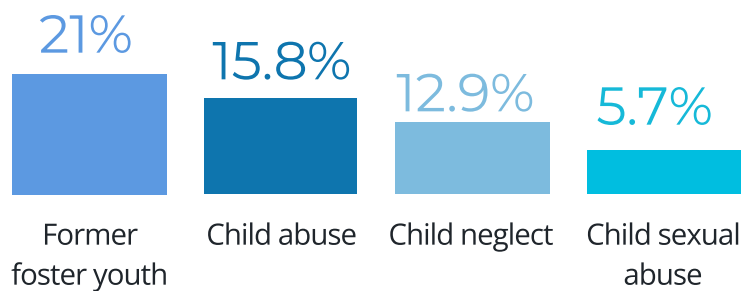
THE UNDERLYING CONDITIONS OF HOMELESSNESS

2022 DEMOGRAPHICS AND SURVEY RESULTS

Many people experiencing homelessness have underlying long-term trauma, mental health or substance use concerns or other health conditions, such as a traumatic brain injury. These conditions impair cognitive functioning and makes living in unsupported housing and holding a job much more difficult. Long Beach saw a dramatic increase in the number of people experiencing these conditions, as well as family disruptions, in the 2022 PIT Count, and the pandemic exacerbated these conditions.

Past Histories Of Violence/Trauma

Adverse Childhood Experiences



People with eight or more adverse childhood experiences have a more than 30% chance of becoming homeless in their lifetime compared to 1% for those with no adverse experiences.



645

people (38%) identified experiencing at least one type of violence in their lives

210

were fleeing violence when they became homeless



480

were formerly in foster care



Health & Behavioral Health



24%
have a traumatic
brain injury (556)

23%
have a
developmental
disability (519)

1,214
people interviewed have a
severe mental illness
(a 143% increase)

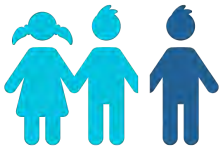
951
have a substance
use disorder
(a 70% increase)



36%
have a physical
disability (826)

31%
have a chronic medical
condition (704)

Family Disruption



27%
said they became homeless due
to family disruption or
relationship problems

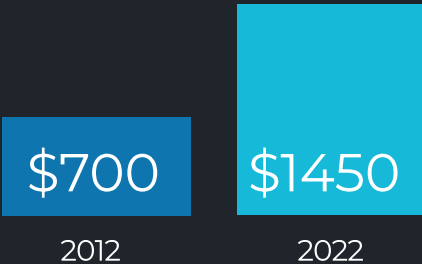
Financial



Nearly 44%
said they became homeless
due to unemployment or
financial reasons, an increase
from 35% in 2020.

Rent Increase

Average Studio



In the past 10 years, rents have doubled for a studio apartment in Long Beach.

Race & Homelessness

Governments have a long history of policies and practices that have negatively impacted the Black, Latino, Cambodian and other communities of color. These communities within Long Beach generally have higher rates of poverty and lower rates of home ownership. Black, Indigenous and Pacific Islander communities in our city also experience disproportionately higher rates of homelessness. If Long Beach were able to eliminate these disproportionalities homelessness rates for communities of color were similar as whites, **859** fewer people would be experiencing homelessness for a **26%** reduction of the overall count.

OUTREACH SERVICES AND REACH

2022 DEMOGRAPHICS AND SURVEY RESULTS

Outreach Services

Our Outreach Network Team includes the Health Department, Long Beach Police Department, Long Beach Fire Department, Quality of Life teams and community- based organizations. Together they make ~2,000 contacts per year. It generally takes many contacts with a person on the street to build trust and relationship before they will engage in services.

Number of Outreach Staff

■ 2020 ■ 2022

4

24

Services Offered

- Health and behavioral health supports
- Interim and permanent housing connections
- Workforce development
- Assistance with benefits
- Assistance with resolving legal issues
- Showers/mail
- Support for reunifying with family or friends

Restorative Engagement To Achieve Collective Health (REACH)

REACH teams are specialized teams that increase access to mental and physical health services as well as housing and case management resources. They are comprised of a mental health clinician, public health nurse and outreach workers.

In the past year, the Homeless Services Bureau responded to 567 requests for services and engaged with more than 1,800 people.





III. COUNT METHODOLOGY



CLB COUNT METHODOLOGY FOR DATA COLLECTION

The 2022 PIT Count was conducted in the early hours of February 24, 2022, with the help of about 250 volunteers consisting of community-based providers, members of the public and City staff. Teams led by experienced guides fanned out on foot and by car conducting surveys of people experiencing homelessness throughout Long Beach. The number of volunteers participating is critical to ensuring the map segments that cover the entire City have comprehensive coverage.



The PIT Count process is designed to ensure comprehensive coverage of the 52 square miles of Long Beach. In the days leading up to the PIT Count, Outreach Teams conduct a specialized count that focuses in areas that are hard to reach and have safety concerns for the volunteers. Hot spot guides provide well-known areas of congregation for volunteer teams. On the day of the PIT Count, the teams were organized in small groups of three or four people with an experienced map lead that consists of outreach team, first responders (Police or Fire) and agency partners. Volunteer teams were provided hygiene supplies and snacks to hand out as well as incentive gift cards for people completing the demographic survey. All of the preparation, team design and incentives are critical to engaging with people who are unsheltered and getting an accurate count.

Prior to the PIT Count, all volunteers were required to attend an orientation session that provided training for the survey on the electronic application, engagement techniques and recommendations for the survey process. Training is a priority to ensure consistent data collection throughout all map areas, ensure safety practices in the field and to provide support to trained and experienced map leads. Teams sent out to the field are provided with a 20-question survey that asks demographic information, subpopulation information, length and circumstances of homeless experience, cause of homelessness, previous engagement in services and determines if the count is confirmed through a survey or a visual count. All responses collected are based on a self-report by survey respondents. The Homeless Services Bureau continues to improve the count data collection methodology, to provide more insights to the population.

CLB COUNT METHODOLOGY FOR DATA ANALYSIS

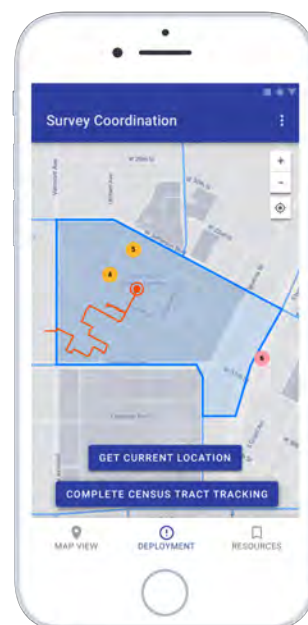


In 2022, PIT Count volunteers conducted an all-electronic count, using a custom-built application, for the first time. The app allowed volunteers to gather survey responses and included a real-time map to track all of the teams. This allowed for a streamlined count process for collection and analysis. Additionally, use of an electronic application eliminated the potential of error in data interpretation and transfer from paper surveys. Another key data element of using the electronic application was the ability to geo-locate the position of all surveys. This made administering and monitoring the count much easier and streamlined.

Once the PIT Count had been completed, data were compiled into an Excel document for analysis. For shelter programs, reports were generated from the Homeless Management Information System (HMIS) and confirmed by the agency or generated by agencies that do not participate in HMIS. Through unique identifiers created by key demographic questions, any flagged duplicative surveys were removed.

To improve the accuracy of recorded visual counts, additional surveying was conducted by outreach staff to estimate the rate of user error as well as estimate the frequency that there might be multiple people living within a car, van and RV. These were then used to make final adjustments of visual account numbers to get the most accurate estimate possible. Demographics for the portion of visual counts was based upon sampling and the demographic surveys completed.

The Long Beach Count methodology and analysis was based upon best practices incorporated throughout the country as well as lessons learned from past PIT Counts. There are significant challenges that exist with capturing how many people are experiencing homelessness and Long Beach continues to find ways to improve and ensure our estimate is as accurate as possible.





IV. LOOKING FORWARD



LOOKING FORWARD

The City of Long Beach continues to innovate to bring additional services and housing to our city's unhoused. The COVID-19 pandemic had major impacts for people in our city, and particularly on the service systems designed for people experiencing homelessness. It caused disruption in access to essential social and health services but also focused funding on increasing interim and permanent housing as well as for prevention and outreach. Looking forward, The Homeless Services Bureau is focusing on:

- Bringing services to our unhoused community members through new mobile MSC units, REACH teams, and partnerships with mobile health clinics.
- Investing in interim and permanent housing models including motel purchases, modular housing (tiny homes), subsidized housing specifically for people at-risk or experiencing homelessness, and designing policies and programs focusing on expansion of low-income and affordable housing in the City.
- Seeking landlords to participate in the housing choice voucher program to increase permanent housing availability
- Partnering with Los Angeles County to increase and streamline access to mental health and substance use services.
- Investigating long-term, sustainable funding streams for services and supports
- Investing in reentry services to ensure people released from incarceration have housing opportunities.
- Expanding partnerships and coordination through city, county and state departments as well as private partnerships including managed care providers.



The focus areas listed above are important to addressing people at-risk or experiencing homelessness now. It is also essential to invest in our children, families and communities to break the cycle of homelessness and ensure that we are stemming the tide in the future. These efforts include investing in:

- Quality early childhood programming to create greater access
- Strengthening and supporting families
- Youth mentoring and internships
- Workforce development
- Mental health, substance misuse and trauma prevention
- Nutrition security and health care access
- Afterschool programs and community schools
- The overall strengthening of communities
- Health and racial equity efforts, working to reduce disparities in health, social and housing outcomes

The City believes that the only way to successfully address homelessness is if all of our systems and communities work together. It will take a strong commitment and it will take time.



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