FROM STREETS TO STABILITY:

A Strategic Action Plan to Address Homelessness in the City of Norwalk





























Table of Contents

1. Executive Summary

4



2. Setting Context

7

3. Norwalk: Lessons Learned and Moving Forward

9



4. Goals: From Planning to Action

16



5. Appendices

41



6. Acknowledgments

49







1. Executive Summary

The City of Norwalk aspires to provide housing and supportive services to the 150+ people currently experiencing homelessness in Norwalk, and codify processes to better address homelessness in the future.

he challenge of addressing homelessness is complex and formidable, but we approach it with unwavering optimism. In recent years our city has made significant progress towards this goal. Thanks to the strong commitment of our city leadership and community partners, we have already helped many individuals transition out of homelessness. While the pandemic brought setbacks, today, more than ever, we have good reason to believe that we can achieve our goals. Recent developments including favorable legislative changes, the availability of new funding sources, and access to data previously unavailable are important new tools to support our efforts.

Our city is more determined than ever to confront this crisis with the urgency it demands. Our mission is clear and vital: to treat everyone with dignity and compassion. This Strategic Action Plan serves as our city's comprehensive roadmap, outlining how Norwalk intends to allocate and advocate for resources to ensure that experiences of homelessness are rare, brief, and nonrecurring. This bold vision calls for addressing homelessness in our community over the next few years and identifies the specific strategies and tools necessary to do so.

Intrinsic in this plan is one underlying theme: the city cannot do it alone. As with any small-to-



1. Executive Summary City of Norwalk | 4

medium sized city in California, we are heavily reliant on our county for many of the essential components. By preparing a Strategic Action Plan that shows what it would take to succeed, we set an aspirational direction — while recognizing outright that the city itself lacks the full array of resources necessary to achieve that goal. By quantifying and designating the specific resources required, Norwalk will be better equipped to seek the necessary resources from the county, state, and our community. Addressing homelessness is an all-hands-ondeck undertaking — if all stakeholders join forces, we will be able to accomplish this together.

Our city had been making tremendous progress in addressing homelessness before the pandemic. The number of people experiencing homelessness had declined by nearly half from 2017 to 2020, fueled largely by the Plan to Prevent and Combat Homelessness adopted by the city in 2018. Among other initiatives, the plan led to the City Council creating the Homeless Operation Prevention and Engagement (HOPE) team.

The HOPE team, together with other city social

The HOPE team, together with other city social services and Community Development teams, non-profit organizations, and community groups yielded significant results: nearly 50% reduction in the number of people experiencing homelessness (down to 168 from 317) between 2017 and 2020. This progress is a strong indication that our city has the will, skills and teams necessary to make meaningful advances toward solving this crisis.

A significant setback occurred during the COVID pandemic primarily due to Project Roomkey, a state-led program that temporarily relocated homeless individuals from other areas to a Norwalk hotel. After the Roomkey



emergency shelter program was terminated, a lack of adequate relocation planning resulted in approximately 150-200 additional people experiencing homelessness in our city, with the homelessness count surging to 311 in 2023.

Since that time, thanks to the determined efforts of our city departments and community partners, Norwalk has largely succeeded in recovering from those setbacks. As of the most recent Point-in-Time count held in January 2023 the number of individuals experiencing homelessness in Norwalk was slightly lower than the pre-pandemic level. Despite these gains, the urgency to act remains unabated. The City of Norwalk is therefore embarking on a new Strategic Action Plan to further that progress.

The city's strategy for combating homelessness is underpinned by several guiding principles:

- Respond with Urgency: Immediate action is required to prevent individuals from falling into the spiraling crisis of chronic homelessness.
- Maintain Open Channels of Communication: Effective dialogue with the public, businesses, and various organizations is vital for a holistic approach.



1. Executive Summary City of Norwalk | 5

- Foster Cross-Sector Collaboration: No single entity can fully resolve homelessness. Working together, we can address gaps in services and bring about policy improvements.
- Adopt and Promote Best Practices:
 Embracing effective methodologies at both systemic and programmatic levels is crucial for sustained success.
- Data-Driven Decision-Making: The city is committed to employing robust data analytics to guide strategic decisions, programming, and resource allocation.

These principles will be the guideposts for the specific goals that form the structure of the Strategic Action Plan, which are:

- **Goal 1**: Increase inventory of supportive housing.
- **Goal 2**: Strengthen outreach efforts to provide a swift and targeted response.

- Goal 3: Advance prevention programs to stop at-risk residents from falling into homelessness.
- Goal 4: Improve data tracking capabilities and report progress against performance measurements.
- Goal 5: Drive better outcomes through communication efforts, legislative action, and funding optimization.

To make the strategy actionable, each person experiencing homelessness will be assessed to identify their level of need, as defined below. This segmentation by needs allows people to move more effectively through the system, connecting them to the appropriate treatment, services, and housing including transitional shelter where it is easier to assess a person's situation, to residential treatment for the most vulnerable, to permanent supportive housing as needed by the person's ability to care for themselves.

Level of Need						
Level of Need	Low	Moderate	High	Highest	Self-Sufficiency	
Condition	Minimal (if any) mental, physical, behavioral health and/or substance use issues	Moderate mental, physical, behavioral health and/or substance use issues	Substantial mental, physical, behavioral health and/or substance use issues	Severe mental, physical, behavioral health and/or substance use issues	Minimal (if any) mental, physical, behavioral health and/or substance use issues	
Other Factors	Engaged in services, housing docs ready, prepared to be housed	Some engagement in services, some housing docs ready, not fully ready to be housed	Not engaged in services, housing docs not ready, can be distrustful and resistant to housing	Not engaged in services, housing docs not ready, distrustful of system, resistant to housing	Housed in non- supportive housing and employed	

1. Executive SummaryCity of Norwalk | 6

2. Setting Context

Why This Work Matters

omelessness is often reduced to numbers, resources, and frameworks. Yet underlying those practicalities are the lives of real people, our neighbors. These human stories inspire Norwalk's enduring commitment to provide dignity and care for Norwalk's unhoused residents — and to find them a place to call home.

Consider Linda, an older adult on permanent disability benefits who received an eviction notice in November 2021. Thanks to the support of Norwalk's Social Services team and **Telecare**, Linda was able to secure immediate shelter, essential supplies, and funds to repair her car and **Kingdom Causes Bellflower** (KCB) helped her secure a Section 8 Emergency Housing Voucher. Before she could find an apartment a tragic vehicle fire destroyed her belongings, and medical issues required an extended hospital stay. The resulting prolonged housing search put her voucher in jeopardy. KCB and **People** Assisting the Homeless (PATH) stepped in to secure an extension on her voucher and provided housing navigation. Thanks to movein assistance funding, she moved into a new apartment in the Belcourt senior property in October 2022, where she continues to reside and thrive today.

Then there's Joseph, who experienced homelessness for over two years while grappling with severe anxiety disorder.

Norwalk's HOPE and Social Services teams connected Joseph with local and county agencies including the Los Angeles Homeless Services Authority (LAHSA), City Net, and KCB. He received a Section 8 voucher and housing navigation assistance and has moved into Permanent Supportive Housing where he has access to supportive services helping him address his mental health challenges. This new home has provided a significant turning point in his journey towards stability and well-being.

These stories are an inspiring testament to the positive outcomes that are possible when our exceptional nonprofit partners, city departments, and county resources all work together to address the needs of our Norwalk residents. This type of collaboration will be essential in successfully executing this new Strategic Action Plan.

Why A New Strategic Action Plan?

The City of Norwalk is firmly committed to assisting and housing our unhoused neighbors. This Strategic Action Plan is essential because it serves as a guiding framework that can prioritize key actions and ensure efficient resource allocation. A Strategic Action Plan will allow us to identify where additional support is needed beyond what the city can provide independently. By clearly articulating resource



2. Setting Context City of Norwalk | 7

requirements, having an intentional plan will better position the City of Norwalk to pursue support from the county, philanthropy, and other funding sources. This practical approach enables us to demonstrate that with the right resources, we can make a tangible impact on homelessness in our community.

In recent years, the emergence of new funding programs and shifts in legal and legislative landscapes have presented both opportunities and challenges. (See Appendix A.1 for an overview of recent developments in the legislative and funding landscape). By revising our plan, we can proactively adapt to these changes, leveraging new funding sources to enhance our initiatives and addressing challenges with innovative solutions.

A collaborative strategic planning process is important because it helps to facilitate group prioritization of key actions, foster creative and collaborative problem-solving, and ensure all stakeholders optimize their resources and efforts as they fit into a broader overarching system.

How the Strategic Action Plan Was Created

This Strategic Action Plan was developed through a collaborative process involving a broad stakeholder group. During an extensive "listening tour," input was collected from numerous city and county departments, homeless services providers, the faith-based community, the City Council, as well as the general public. The voices of current and formerly homeless individuals provided particularly essential insights. Each stakeholder was asked for their perspective of the challenges of the current homelessness solutions and their recommendations of

potential strategies. This strategic plan relies on the culmination and synthesis of those varied perspectives.

Addressing Homelessness

Homelessness can never be completely prevented, but we can be ready to support people when they find themselves unsheltered. People will lose jobs, for instance, but we can provide services and housing swiftly to keep them sheltered and stable. The goal is to get to "functional zero," meaning that the number of people experiencing homelessness in a community does not exceed the community's capacity to ensure positive exits. In practice this means having an ample supply of the relevant types of housing and services: emergency or interim housing for people immediately upon losing their residence; housing subsidies and rental assistance programs for those with the ability to return to independent living; mental and behavioral healthcare treatment beds for those requiring medical attention; and Permanent Supportive Housing for those unable to live independently long-term. Most people who first become homeless do not yet have a debilitating enough mental, behavioral, or physical condition to prevent them from returning to some form of self-sufficiency or stability. It is the trauma of languishing on the streets, sometimes for many years, that creates those life-long debilitating conditions. The goal of a well-functioning solutions system is to have ample safeguards that prevent individuals experiencing a temporary lack of residence from falling into the condition of chronic homelessness, and to have an ample supply of beds and services to prevent people from resorting to sleeping on our streets.



3. Norwalk: Lessons Learned and Moving Forward

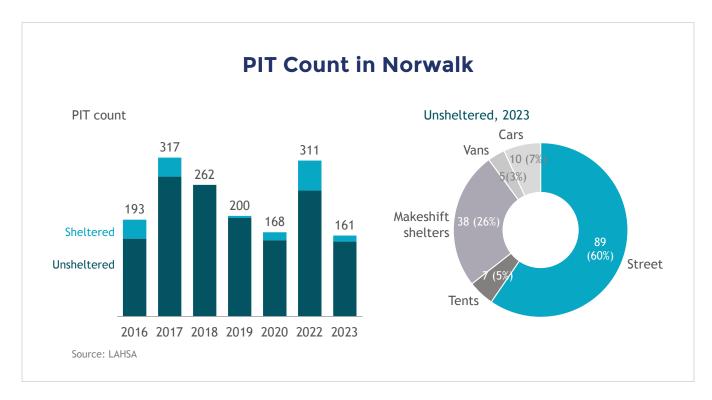
Norwalk: By the Numbers

racking the population of people experiencing homelessness is essential to understanding the resources needed to address the issue. It is impossible to accurately know exactly how many people are experiencing homelessness at any given time. While imprecise, the most commonly relied upon metric is known as the Point In Time count (PIT). As mandated by the US Department of Housing and Urban Development (HUD), every region must conduct a PIT count at least every 2 years. On a designated night a large group of trained volunteers walk the streets to count, interview, and assess the unsheltered people they encounter. Sheltered homeless individuals are tallied by data provided from shelters, hospitals, prisons and jails, schools

and colleges and other systems. While the sheltered counts are inevitably incomplete as well, the unsheltered counts are by far the most difficult to quantify accurately. We know that families and undocumented individuals tend to hide, in fear of their children being taken away from them or deportation. Of course the number of people who experience homelessness in the course of a year is far higher than the number on the street at any given time. Yet the PIT counts are the only consistent measuring system we have that allows for year-over-year and regional comparisons in trends and demographics.

In Los Angeles County the PIT is conducted annually by LAHSA1 (See Appendix A.5 for endnotes) in partnership with the University of Southern California.





In the years preceding the pandemic, Norwalk made remarkable progress in reducing the number of individuals experiencing homelessness, with the total number dropping an impressive 47% (from 317 to 168) between 2017 and 2020. As previously mentioned, the number surged in 2022 to 311. (Note, no PIT count was conducted in 2021). This uptick is attributable to the LA County Motel 6 Roomkey project discussed later in this report.

Through efforts from Norwalk's homelessness response team, the city's count recovered to slightly below pre-pandemic levels in 2023, with 161 individuals counted in this year's PIT count. Of the 161, an estimated 149 individuals were unsheltered, living in places not meant for human habitation such as cars or tents.

The actual number of people who experience homelessness over the course of a year is generally about 2.5x the number on a single night with the PIT count, as people enter and exit homelessness throughout the year.

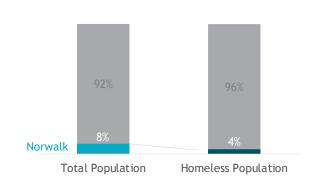
While we implement new strategies to reduce the 2023 PIT count, factors that we don't yet have insight into may increase PIT counts. As an example, will CARE Court participants remain in Norwalk if they do not agree to the voluntary plan from the courts? There is also, of course, additional risk of uncontrollable occurrences such as an economic recession or a natural disaster. The strategy will need to evolve as the situation evolves. As Norwalk's tracking of data improves, outcomes are measured, programs are refined for effectiveness, and new legislation is implemented, so will the strategy adjust, including hiring staff or adding new programs as necessary.



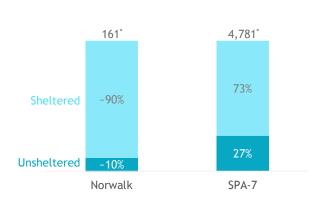
PIT Count in SPA-7 by Demographics

Share of population and unsheltered people experiencing homelessness for Norwalk and SPA-7 region

Norwalk as a percent of total SPA-7 region, 2020



Norwalk vs. SPA-7 sheltered vs. unsheltered homeless population



*Latest accessible data point in HMIS: 2023 for Norwalk, 2022 for SPA-7

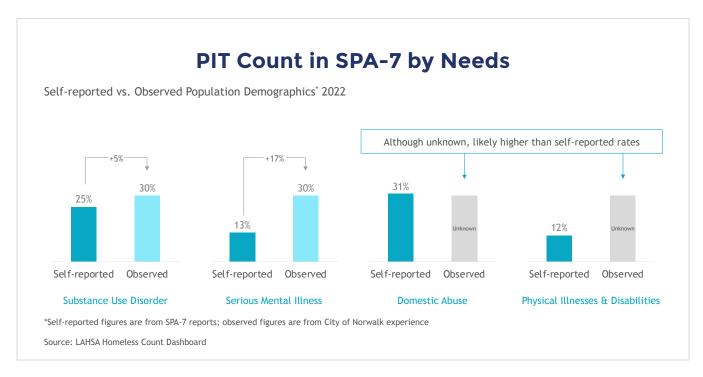
Source: LA County Department of Public Health, LA CoC HMIS

The data LAHSA collects is presented at the city and regional level (e.g., Service Planning Area, SPA, 7). However, Point-In-Time counts are designed to be interpreted at a regional level. Data becomes less accurate at the city level due to people often moving across borders from city to city. The PIT count for Norwalk therefore represents a snapshot of the local state of homelessness, but should be treated only as a directional metric.

Regionally, Norwalk has slightly fewer people experiencing homelessness relative to its share of the greater SPA-7 region: Norwalk represents 8% of SPA-7's total population but only about 4% of SPA-7's homeless population. However, Norwalk lags behind the region in one critical area: interim and shelter bed for those unsheltered. In 2023, only 10% of Norwalk's 161 people experiencing homelessness are sheltered, while 27% of people experiencing homelessness are sheltered across SPA-7.

The SPA-7 PIT count is segmented by subpopulations to provide an overview of the demographics of people experiencing homelessness in the region. However, the data is not disaggregated to the city level. In 2022, nearly 25% of the unhoused population in SPA-7 experienced substance use issues and 13% experienced serious mental issues (collectively, these groups are defined as "high needs").





Based on input from knowledgeable experts in the field, high needs individuals make up an estimated 50% of the total unhoused population in Norwalk (accounting for an estimated 10% with co-occurrence of both issues).

This disparity in metrics demonstrates the importance of Norwalk having direct access to Homeless Management Information System (HMIS) and other integrated systems to better track our own data and develop appropriate responses to achieve stability.

As of November 2023, the City of Norwalk's Social Services Department has direct access to this data. This will be a significant advantage going forward, as it will allow Norwalk to better understand the specific needs of each individual and better refer each person to the specific programs that will best meet their needs.

Acknowledging Hurdles

For a new plan to be successful we must acknowledge transparently any issues that could hinder the city's ability to make optimal choices. In that light, two specific challenges must be acknowledged upfront, as they provide context for this report.

PROJECT ROOMKEY

In April 2020, Los Angeles County used the state's Project Homekey initiative to provide emergency shelter at the Saddleback Hotel for people experiencing unsheltered homelessness and thus vulnerable to the pandemic of COVID. This decision, though undertaken with urgency, bypassed Norwalk's local governance. In an effort to ensure community alignment, in July 2020 the City Council stipulated that any decision to place a homelessness or COVID facility within the city's boundaries should require prior consultation with Norwalk officials. Despite this action and ongoing concerns of the City Council, Norwalk was required to comply with the state of emergency directive.



Prior to the pandemic Norwalk saw a promising decrease of nearly 50% in it's homeless count, which dropped from 317 to 168) between 2017 and 2020. This progress gives strong indication that our city already has in place the programs, skills and teams necessary to make meaningful progress.

Unfortunately, without adequate housing navigation and relocation services, many Roomkey residents spilled out onto the streets of Norwalk when the shelter closed. The result was a marked surge in the number of people experiencing homelessness in Norwalk, reaching an alarming 311 individuals in 2022.

Thankfully Roomkey was an isolated event, and is not reflective of our city's ability to serve our unhoused neighbors properly. The Interim Supportive Housing encompassed in this plan would be operated much differently than the emergency programs offered at the Saddleback Hotel. To help minimize the potential for negative repercussions, Interim Supportive Housing must include intensive supportive services, 24 x 7 staffing, and skilled operational oversight. Learning from this experience will have a positive impact on shaping best practices for any future interim housing offered in or by the city.

The Roomkey setback resulted in another silver lining — the genesis of this report. Commending Norwalk's determination to rebound from recent setbacks, Supervisor Janice Hahn granted the resources to architect this new Strategic Action Plan. This framework will better position our city to secure necessary resources from the county and empower us to develop programs that support, not interfere, with our own local goals.

Specifically, this Strategic Action Plan mitigates three of the primary challenges presented by Project Roomkey:

- 1. Unilateral Decisions Strained Trust: Norwalk will now regain agency in its approach, aiming to collaborate with the county to access indispensable resources.
- 2. Gaps in Service Provision: Future housing resources will prioritize comprehensive *measures* — *robust security infrastructures* and holistic services that include mental health support, housing guidance, and employment aid.
- 3. Ensuring Local Residents Benefit: A new referral system, in alliance with LA County agencies, will provide housing resources that prioritize Norwalk residents, striving to transition them swiftly from streets to secure housing.

The bedrock of Norwalk's renewed strategy is collaboration; forging stronger ties with pivotal LA County entities including **LAHSA** (Los Angeles Homeless Services Authority), **LACDMH** (Los Angeles County Department of Mental Health), LADHS (Department of Health Services), and the Los Angeles County **DPH** (Department of Public Health). This collective effort is laser-focused on bridging resource gaps and championing a cohesive vision, marking Norwalk's resilient journey from lessons to opportunities.

SEVERE MENTAL AND BEHAVIORAL **HEALTHCARE ISSUES**

The city has historically struggled with a lack of programs and capacity to serve those individuals with complex issues and high needs. Approximately 75-80 individuals in Norwalk suffer from needs that exceed the



capabilities of the city; of those 10-12 are the highest users of the system and responsible for the majority of the civic disruptions. The city simply does not have the resources to address these cases alone and must therefore rely on the county for support, which has historically been limited and inconsistent.

Thanks to new state funding programs (such as California's Behavioral Health Bridge Housing program) the resources available to the county have increased dramatically. With an anticipated mental healthcare bond measure and other new state and federal programs, the county's resources are anticipated to continue increasing over the next few years. Further, in the recent settlement with the LA Alliance for Human Rights, the county has committed a significant increase in funding for homeless programs including \$1.24 billion to add 3,000 new mental and substance abuse treatment beds in the next 3 years. The county has also committed to increase funding and programs for street outreach, board-and-care for the elderly and disabled, and to make countyowned land available to cities for constructing interim and Permanent Supportive Housing.

The success of Norwalk's new Strategic Action Plan relies heavily on our ability to reliably secure resources from the county for our highest needs individuals. This recent settlement gives us reason for optimism that Norwalk will be successful in securing those additional resources. (See Goals 1 and 5 for more detail on the specific resources required from the county).

In addition to pursuing resources from the county, Norwalk is also working to advocate at the state level for legislation to provide more funding, expand programs, and offer additional housing for those with the highest needs (see Goal 5 for details).

We acknowledge that this plan's success is contingent on the county's support in serving the high needs individuals.

Guiding Principles

Achieving Norwalk's vision requires stakeholders to drive decisions that align according to a common set of guiding principles. These inform Norwalk's strategy, and each is anchored around the needs of people experiencing homelessness.

- Respond with Urgency: Immediate action is required to prevent individuals from falling into the spiraling crisis of chronic homelessness.
- Maintain Open Channels of **Communication**: Effective dialogue with the public, businesses, and various organizations is vital for a holistic approach.
- Foster Cross-Sector Collaboration: No single entity can fully resolve homelessness. Working together, we can address gaps in services and bring about policy improvements.
- Adopt and Promote Best Practices: Embracing effective methodologies at both systemic and programmatic levels is crucial for sustained success.
- Data-Driven Decision-Making: The city is committed to employing robust data analytics to guide strategic decisions, programming, and resource allocation.





Framework

The circumstances of need, the resources available to address needs, and the systems to track needs are important concepts to build understanding of the current state of homelessness within Norwalk and to frame Norwalk's homelessness strategy.

Segmentation by Need

Every person experiencing homelessness has unique needs driven by their circumstances. For the purposes of forming an actionable strategy, segmentation by level of need will help match individuals to appropriate resources.

- Low Needs: These individuals are engaged in services, document ready, and prepared to be housed. They have minimal, if any, mental, physical, behavioral health and/or substance use issues. Outreach teams can quickly place them. They currently represent about 15% of the unhoused population.
- Moderate Needs: These individuals have some level of engagement in services and often come in and out of the system. They have some documents ready, but more work is needed to be housed. They have moderate levels of mental, physical, behavioral health and/or substance use issues. They currently represent about 35% of the unhoused population.

- **High Needs**: These individuals do not engage with and are distrustful of the system, and will often remain on the streets. They have substantial levels of mental health issues, substance use disorders, or co-occurrence of the two. They currently represent about 50% of the unhoused.
- **Highest Needs**: These individuals are a subpopulation of the high needs group and have severe mental health issues, substance use disorders, or co-occurrence of the two. They generally make up approximately 10% of the high needs population.
- **Self-Sufficiency**: These individuals are no longer experiencing homelessness. They have minimal, if any, mental, physical, behavioral health and/or substance use issues. They are housed in non-supportive housing and employed.





Categories of Homelessness

For the purposes of this plan, it is also important to understand the generally accepted classifications of homelessness, which correlate to the needs segmentation above.

- Situational Homelessness: Individuals or families who lose their homes after experiencing a crisis are considered "situationally homeless." Causes include job loss, a healthcare emergency, divorce, domestic abuse, fire, and natural disasters. Generally their state of being without a home is temporary and can be resolved when the specific situation in their life is addressed. People experiencing situational homelessness are typically characterized by low or moderate levels of need.
- Episodic Homelessness: Individuals consistently at risk of becoming homeless or who experience homelessness from time to time but for shorter periods are considered "periodically" or "episodically" homeless. These individuals generally have

fairly disadvantaged lives with unstable employment and thus have little or no financial buffers against emergencies. Typically people experiencing episodic homelessness are characterized by moderate levels of need.

• Chronic Homelessness: A chronically homeless individual refers to an individual who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years — while also struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. *Individuals classified as chronic are typically* characterized by high levels of need and are typically the most expensive segment for the system to serve.



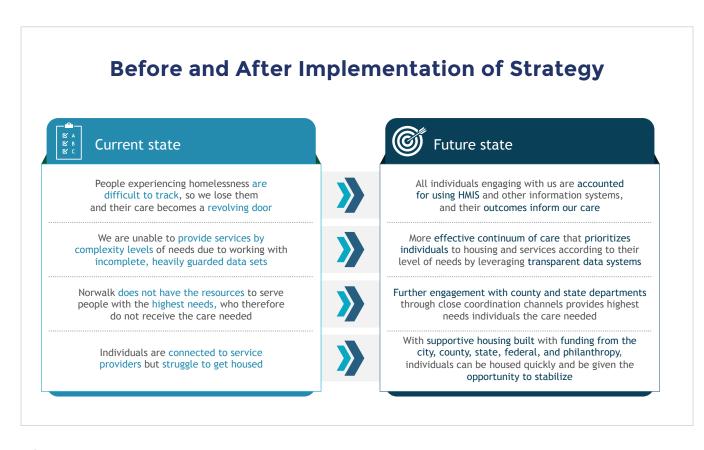
4. Goals: From Planning to Action

he City of Norwalk is determined to use every available resource to realize the community vision outlined in this Strategic Action Plan. Doing so requires optimizing the provision of housing and supportive services to prevent homelessness where possible, and ensuring that when homelessness does occur it is brief, and becomes neither episodic or chronic.

In order to accomplish that goal, this Strategic Action Plan is built on five key goals:

Goal 1. Increase inventory of supportive housing:

- 1a: Increase inventory of Permanent Supportive Housing to provide longterm housing for those unable to live independently.
- 1b: Identify short-term housing options to get people off the streets immediately in order to prevent chronic homelessness.
- 1c: Partner with and hold LA County accountable for providing residential treatment and housing for highest needs individuals.





Our Plan to Address Homelessness in Norwalk is Based on Five Goals



Goal 2. Strengthen outreach efforts to provide a swift and targeted response:

- 2a: Enhance HOPE Team's outreach efforts by integrating a social worker with public safety officer.
- 2b: Ensure that LA County provides ondemand same-day outreach to highest needs residents.
- 2c: Enhance outreach, referrals, and placements with a clinician to better support residents with higher level needs to get appropriate treatment and housing.

Goal 3. Advance prevention programs to stop at-risk residents from falling into homelessness:

3a: Enhance prevention efforts by expanding prevention staff capacity. 3b: Expand affordable housing options to meet the demand of low-income renters.

Goal 4. Improve data tracking capabilities and report progress against performance measurements:

- 4a: Implement a Norwalk-focused byperson data tracking system to account for all people experiencing homelessness by level of needs.
- 4b: Report out performance measurements to the public on a bi-annual basis to track progress transparently.





Goal 5. Drive better outcomes through communication efforts, legislative action, and funding optimization:

5a: Enhance communications efforts to the community, to the county and state, and between service providers.

5b: Advocate for legislative action to better serve people experiencing homelessness.

5c: Optimize Norwalk's homelessness funding by identifying cost-reduction opportunities, securing fair share of regional funding, and unlocking philanthropy resources.

5d: Explore participating in the settlement with the LA Alliance for Human Rights.



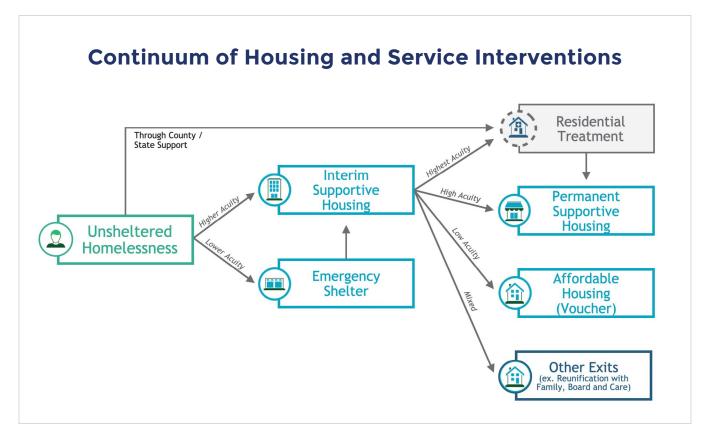
GOAL 1: Increase inventory of supportive housing.



An effective homelessness solutions system requires a wide range of housing solutions to meet the varied needs of people experiencing homelessness. Some people will require intensive supportive services and care, while others need a boost to get back on their

feet. The array of tools available in Norwalk's homelessness toolkit include:

- Emergency Shelter is offered on a firstcome, first-served basis. This intervention provides immediate walk-in shelter from the elements on a nightly basis and is not intended to provide the level of supportive services offered through Interim or Permanent Supportive Housing.
- Interim Supportive Housing plays an essential role as a navigational pivot point between emergency shelter and more permanent solutions. The primary purpose of Interim Supportive Housing is to create a 6-12 month opportunity to assess the most appropriate long-term solutions for the individual. During that time, case managers work with clients to assess specific needs, secure legal identification, enroll in benefits programs,





- and develop a housing plan for next steps. People of all needs levels benefit from Interim Supportive Housing, where they can then get directed to the most appropriate next step: those with lower needs may get help applying for jobs and returning to self-sufficiency with the help of a rental subsidy; others may reunite with friends and family or get paired with a roommate, while others may be referred to drug treatment programs for example. For higher needs individuals it may be determined that they will require Permanent Supportive Housing, to which they will be referred and will be more adequately prepared to remain. For those with low and moderate needs, Interim Supportive Housing is a chance to help them exit homelessness completely. Those who are deemed to have higher long-term needs will be referred to Permanent Supportive Housing or mental/ behavioral residential healthcare facilities.
- Permanent Supportive Housing is appropriate for high needs individuals who are unable to independently care for themselves. People are assigned a housing unit of their own and receive supportive services indefinitely, often for the rest of their lives.
- Rapid Rehousing provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self- sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.

- Affordable Housing Subsidies provide financial support for individuals and families struggling to pay rent on a very low income. "Section 8 vouchers" are the most commonly known form, though subsidies also exist for specialized groups such as youth exiting the foster care system or veterans. It is important to note that voucher holders are no longer "homeless." They have leases with tenants' rights and typically maintain the voucher for as long as they continue to earn less than a threshold income level.
- Residential Treatment programs provide intensive, specialized behavioral and mental healthcare for those with the highest level of needs. Provided by the county, treatment beds are made available for a range of durations depending on the program.

Key Actions:

1a: Increase inventory of Permanent Supportive Housing to provide long-term housing for those unable to live independently.

Permanent Supportive Housing (PSH) is a primary component of a homelessness solutions system. Designated for those with disabilities and high needs, PSH enables homeless individuals whose conditions preclude them from living unassisted to receive ongoing supportive care. Based on the PIT count and input from various community agencies involved in this planning process, it is estimated that approximately 50% of those experiencing homelessness in Norwalk are "high needs" and will require the ongoing supportive services offered in Permanent Supportive Housing. This is an estimated 80 individuals, 74 of whom are currently unsheltered.

Several Permanent Supportive Housing projects are planned over the next few years and will soon offer stable, safe homes to allow those individuals struggling with disabilities to live as independently as possible.

The County of Los Angeles and Weingart Center have partnered to build a new project funded by the state's Project Homekey program. Weingart Center is a nonprofit that specializes in developing and operating supportive communities for people experiencing homelessness in Los Angeles County. Formerly a Motel 6, this 51unit facility will offer services such as case management, housing placement, mental health services, and substance abuse support. **Homekey Norwalk** is slated to begin accepting occupants in July 2024. Housing placements will be managed through the Coordinated

Entry System (CES) and will prioritize the most vulnerable individuals currently living on the streets in the City of Norwalk.

This project is expected to have a dramatic impact on the state of homelessness in Norwalk. Once fully occupied it should help address a significant portion of the high needs individuals currently living on our streets.

Also on the horizon is **Veterans Village**, which is expected to open at the end of 2024. This four-story, 60-home, affordable residential community is being developed by the nonprofit Mercy Housing and will offer housing and supportive services for veterans and their families. Of the 60 rooms, at least 18 will be dedicated to Norwalk's homelessness veteran population. This should be enough to house all of Norwalk's homeless veteran population.

Pipeline of Permanent Supportive Housing Units

Est. facility completion date	Facility	No. beds dedicated to Norwalk	No. beds available to county or partners	Norwalk remaining unsheltered people	Norwalk cumulative Permanent Supportive Housing
Today	Metro State Hospital	0	68	149	0
July 2024	Weingart Motel 6	51	0	98	51
Dec. 2024	Mercy - Veterans Village	18	38	80	69
Dec. 2025	The Walk *	32	24	62	101
Dec. 2026	Norwalk Transit Village	77	231	-	178
	TOTAL	178 **	361		

^{*} Facilities estimated to be completed in 2025 and 2026 are in development, and the exact number of beds may be subject to change ** Any beds not filled by Norwalk residents will be made available to the County or partners





Combined, these two communities are expected to provide housing for approximately 69 of Norwalk's high to moderate needs individuals as determined by assessment and the Coordinated Entry Process for each site, nearly half of the people experiencing unsheltered homelessness in the city by the end of 2024.

Norwalk anticipates additional Permanent Supportive Housing units becoming available for Norwalk residents in the next few years: 32 beds in 2025 at The Walk and 77 beds in 2026 at the Norwalk Transit Village.

By the end of 2026 it is anticipated that Norwalk will have a total of 178 Permanent Supportive Housing beds available allocated to Norwalk, exceeding the anticipated need of approximately 74 for the high needs individuals of Norwalk.

1b: Identify short-term housing options to get people off the streets immediately in order to prevent chronic homelessness.

Despite this important progress, the urgent need to get people off the streets remains a priority. After Homekey Norwalk opens, an estimated 98 individuals will remain unsheltered; approximately 75 with lower needs and a remaining 23 in need of higher levels of care. Norwalk will work with the county to identify alternative solutions for those with high needs, prioritizing access to mental and behavioral healthcare facilities. For those individuals willing to relocate, the city will work with the county on securing PSH beds elsewhere county-wide.

For the approximately 75 remaining unsheltered individuals with lower needs, Interim Supportive Housing is a promising option. With the help of supportive services, many of these individuals have the potential to return to independent stability.

Interim Supportive Housing differs from emergency shelter in several ways. First, it is non-congregate, meaning that everyone has their own room with a door that locks. Residents typically stay for 6-12 months, in contrast to emergency shelters which are usually only available for a few days. This stability allows the individual to get stabilized and assess future potential pathways. Interim Supportive Housing programs include 24 x 7 staffing, meals, and enrichment programs. While at Interim Supportive Housing, individuals receive intensive and specialized supportive services. Each individual is assigned a case manager who helps them obtain current legal identification, enroll in government assistance programs such as

disability and Medi-Cal, and secure affordable housing subsidies if appropriate. They are connected with mental and behavioral healthcare, job placement services, resume writing support, skills training, and relocation programs.

The longer people languish on the streets, the more likely that a brief homelessness episode will develop into chronic homelessness. The vast majority of the low and moderate needs individuals do not (yet) have debilitating enough disabilities and conditions that would prevent them from returning to stability through means other than PSH, such as housing subsidies or reunification with family. Unfortunately, the trauma that results from languishing on the streets (often for years) dramatically decreases the potential for those individuals to return to independent living. By providing interim supportive housing we can help avoid the detrimental impacts incurred by living on the streets which often result in chronic homelessness.

Interim supportive housing will also be necessary for the balance of the high needs individuals who will be waiting for the additional PSH beds anticipated in 2025 and 2026. Data shows that people who transition directly from the streets into PSH have difficulty adjusting and often fail to remain stably housed. Those individuals who will ultimately need PSH placements will be more stable and more prepared to succeed in PSH once those rooms become available in 2025 and 2026.

According to the US Interagency Council on Homelessness, chronically homeless individuals cost cities an average of \$50,000 per person per year across emergency services, hospital fees, and law enforcement costs — for Norwalk, this equates to around \$3 million annually.

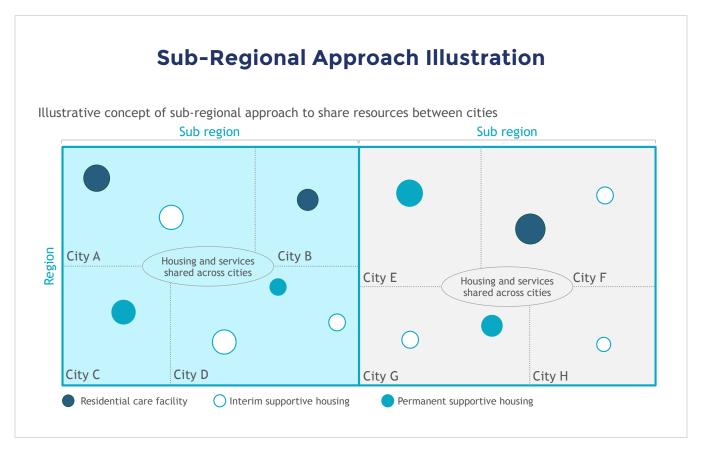
A comprehensive report by Destination Home in Santa Clara, CA² found that the average annual cost per person experiencing homelessness was \$5,148. Those in the top 5% averaged over \$100,000, and those in the tenth cost decile averaged \$62,473. Adjusted for California inflation between 2012 and 2022³, this amounts to a range between \$6,898 and \$134,000 per person. Bringing these individuals indoors has the potential to save our community several million dollars over the next few years.



Regional Collaboration

Norwalk is exploring various options for meeting its interim housing needs. Until we have clearer visibility into the impact of the new state laws and county programs, contracting with other cities for interim beds is a viable option. This would allow us time to reassess our remaining needs and access to resources outside the city.

Norwalk could potentially build an Interim Supportive Housing community within the city, if an appropriate parcel of vacant land could be identified for use for a 3-5 year period. "Tiny home" or cabin communities have become a prevalent model adopted by many cities across



the state and provide one option for rapid, cost-effective interim housing solutions.

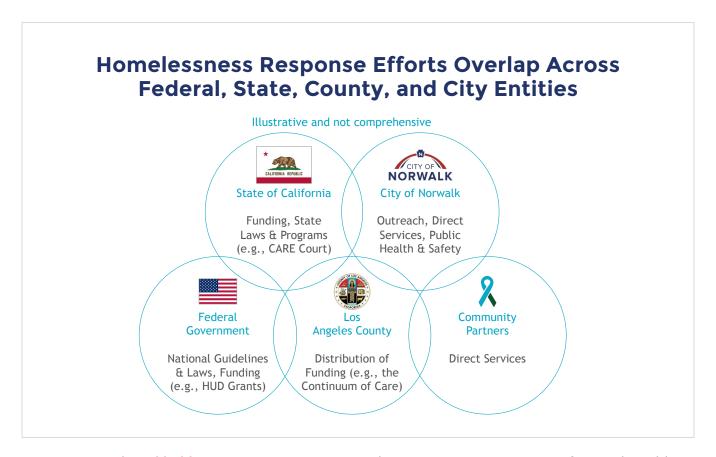
Alternatively, Norwalk could partner with a neighboring city to build interim housing on a site in that neighboring city, potentially in exchange for access to some of the excess PSH units anticipated in Norwalk over the next few years. Such regional strategies are considered best practices for optimizing resource allocation, and interim housing is particularly appropriate for such regional collaboration.

The diagram above illustrates a regional collaboration model. Each city in a sub-region could play an important role in the availability of housing and services — as an example, "City A" may have Interim Supportive Housing, "City B" may have residential treatment, "City C" may have Permanent Supportive Housing, and so on.

Housing Resistance

Individuals most resistant to accepting housing and services, often exhibiting the highest needs, will be referred to LADHS, LACDMH, and DPH for placement, especially considering the support provided by new legislation and funding. According to outreach estimates, the number of individuals most resistant to housing and services, who disproportionately contribute to our high response volume, is estimated at 10-12 people. With the 69 residents being placed in the two Permanent Supportive Housing projects and the 10-12 individuals referred to LADHS, LACDMH, and DPH, roughly 50% of the 161 residents will receive services and housing.





1c: Partner with and hold LA County accountable for providing residential treatment and housing for highest needs individuals.

Those individuals with the most acute mental and behavioral healthcare challenges should be directed to beds in residential medical treatment and mental healthcare facilities where they can receive direct support from appropriate county agencies to identify treatment, housing, and services.

Given Norwalk's constraints in resources to support the 10-12 most challenging cases of homelessness, the recent legislative advancements at the county and state levels are a source of renewed optimism. These developments hint at the potential for more robust support and resources becoming available to assist the city in tackling these difficult situations.

The LA County Department of Mental Health (LACDMH) and the Department of Public Health (DPH) were awarded a total of \$320 million under the Behavioral Health Bridge Housing funding to provide immediate housing and treatment. The Community Assistance, Recovery, and Empowerment (CARE) Court was recently passed into state law and will initially open CARE Court in Department B and Department Z at the Norwalk Courthouse on December 1, 2023, with plans to relocate CARE Court departments to a more central location in the County in the future. CARE Court will provide additional resources for the highest needs individuals. Additionally, Senate Bill (SB) 43, going into effect in January 2024, will enable county agencies to place the highest needs people on an involuntary psychiatric hold or conservatorship to receive the treatment they need.

GOAL 1: Increase inventory of supportive housing.

Stakeholders, Resources, and Timing

	Actions	Who will own	Who will support	Key resources	Timing
1a	Increase inventory of Permanent Supportive Housing to provide long-term housing for those unable to live independently.	 Community Development 	Regional developers Regional service providers City Admin. Gateway Cities	Permanent housing supply	See pipeline for details: • Jul. 2024 • Dec. 2024 • Dec. 2025 • Dec. 2026
1 b	Identify short-term housing options to get people off the streets immediately in order to prevent chronic homelessness.	Community Development	LA County LA CoC State of CA	Contracted or built beds	• End of 2024
1 c	Partner with and hold LA County accountable for providing residential treatment and housing for highest needs individuals.	Social Services	 City Admin. LA County LA CoC LACDMH DPH State of CA 	County provided residential treatment beds	• End of 2024

As Norwalk works in partnership with LA County to advocate for appropriate care for the high needs residents experiencing homelessness, Norwalk will take the following steps:

- Deepen engagement efforts with LADHS, LACDMH, and DPH to advocate for resources for those with the highest needs within Norwalk.
- Establish quarterly meetings with LACDMH, DPH, and LHASA to further coalition building and identify opportunities for strategic collaboration, resource sharing, and funding from the county or state.
- Work with CARE Court stakeholders to ensure that high needs individuals from around LA County do not add to the homeless population in Norwalk should they refuse participation in court-recommended programs.

GOAL 1 Outcomes:

Norwalk will have achieved success when the following outcomes are realized. For a full list of performance measures that track outcomes, see Appendix A.2.

- By the end of 2025, 69 of those with the highest needs are placed in PSH within Norwalk
- Norwalk has identified interim housing options for the 75 low-needs, whether within the city or in collaboration with other cities in the region.
- Norwalk is engaged with LA County agencies, advocating for high needs individuals to receive appropriate care from County facilities.



GOAL 2: Strengthen outreach efforts to provide a swift and targeted response.



Key Actions:

2a. Enhance the HOPE Team's outreach efforts by integrating a social worker with public safety staff.

The Continuum of Care (CoC) for Norwalk residents is most effective when people experiencing homelessness are seamlessly connected to the services that match their specific needs. This Strategic Action Plan adopts a comprehensive approach to more effectively prioritize Norwalk residents and align services according to the level of need by integrating case management within the HOPE outreach team. This blended team can better forge on-the-ground relationships and deliver a more tailored and compassionate response to resident's needs, thereby reducing barriers to entry into the CoC. The following steps will be taken to ensure a comprehensive outreach response:

 Recruit and train dedicated social workers with focus on swiftly connecting people experiencing homelessness to appropriate resources, services, and housing.

- Train all case managers and HOPE team on a consistent set of definitions of needs and the process for assigning and tracking need levels (low, moderate, high) to unhoused residents.
- Integrate social workers into HOPE Team, consisting of four full-time and two parttime social workers, one clinician, and one navigator to create a public safety, maintenance, and case management coresponse approach aimed at a more effective outreach effort.
- Partner with vendors distributing cell phones under the "Obama Phone" program to provide free phones to eligible people experiencing homelessness to help them stay connected within the system and lower barriers to communicate with social workers.
- Monitor outreach performance measures, including outreach success rates and the number of referrals and placements to programs to assess the effectiveness of this new outreach model and implement necessary refinements. See Goal 4 for details on performance measures.



2b. Ensure that LA County provides on-demand same-day outreach to highest needs residents.

As part of Norwalk's ongoing partnership with LA County, Norwalk will work with the county to bolster outreach efforts through on-demand support for the highest needs residents who are resistant to Norwalk's previous outreach attempts. This coordinated effort aims to move Norwalk's unhoused residents quickly and effectively through the Continuum of Care, and begins with implementing the following steps with LA County:

- Work with LADHS, LACDMH, and DPH to establish on-demand, same-day outreach protocol.
- Align on handover process from HOPE and Social Services teams to the county, including criteria for intervention.
- Maintain communication and review outcomes by sharing HOPE and Social Services teams updates during ongoing monthly task force meetings.
- Work with allies who have held LA County accountable to provide services to those with the highest needs, such as the LA Alliance as part of a settlement agreement.

2c. Enhance assessment and placement of high to highest needs residents by hiring a clinician.

Our efforts to work with LA County to serve the most vulnerable and in need individuals will be more effective if our team includes a clinician trained in working with serious mental health and substance use issues along with trauma care in LA County. The following steps will be taken to ensure a comprehensive outreach, referral, and placement response:

- Recruit full-time contract clinician with LA County homelessness and serious behavioral health and trauma experience to swiftly connect individuals to treatment, services, and housing.
- Integrate clinician with the Social Services and HOPE teams to stay aligned on homelessness population, level of needs, and placement.
- Monitor outreach performance measures, including outreach success rates and the number of referrals and placements to programs to assess the effectiveness of this new role and implement necessary refinements. See Goal 4 for details on performance measures.



GOAL 2:

Strengthen outreach efforts to provide a swift and targeted response.

Stakeholders, Resources, and Timing

	Actions	Who will own	Who will support	Key resources	Timing
Za Inns	Enhance HOPE Team's outreach efforts by integrating a social worker with public safety officer.	Social Services HOPE Team	City Admin.Public Safety	1 full-time social worker	• Summer 2024
2b	Ensure that LA County provides on-demand same-day outreach to highest needs residents	Social Services HOPE Team	City Admin.Public SafetyHOPE TeamLA CoCLACDMHDPH	County social workers and outreach teams	• Summer 2024
2c 🚁	Enhance assessment and placement of high to highest needs residents by hiring a clinician.	Social Services	City Admin.Public SafetyHOPE Team	1 full-time contract clinician	• Summer 2024

GOAL 2 Outcomes:

Norwalk will have achieved success when the following outcomes are realized. For a full list of performance measures, see Appendix A.2.

- The expanded HOPE Team's stronger relationships with unsheltered residents has resulted in measurably higher outreach success rates.
- Time to placement for housing and services has decreased as more Norwalk residents flow through the continuum of care as a result of coordinated outreach efforts.

• LA County is engaged with the HOPE and Social Services teams and this engagement results in higher outreach, placement, and referral success rates for the highest needs individuals.



GOAL 3:

Advance prevention programs to stop low-income and at-risk residents from falling into homelessness.



Prevention Measures

60%+ of Norwalk renters are rent-burdened⁴ today making prevention measures a critical solution. Approximately \$215k is currently allocated towards providing short-term rental assistance, including Rapid Rehousing, support for evictions and lay-offs, job boards, and workforce development. Funding for rental assistance is in part provided under the Community Development Block Grant program (CDBG) from the US Department of Housing and Urban Development (HUD).

Current Funding

Today, Norwalk funds a variety of homelessness prevention efforts across coordination channels, housing, and services. Across the funding categories, various organizations within Norwalk play an active role. Street outreach is conducted via the HOPE Team, case management and homelessness prevention services from the Social Services Department, Rapid Rehousing from the Community Development Department and

regional partners, and Permanent Supportive Housing in partnership with the real estate developers. Services are mostly provided by independently funded regional service providers or by LA County.

Key Actions:

3a. Enhance prevention efforts by expanding staff capacity.

The needs of low-income and at-risk Norwalk residents will continue to change over time due to economic factors. As the need for affordable housing grows, staff capacity will need to keep pace to ensure individuals can continue to access care with ease. To expand staff capacity, we will:

- Recruit and train a full-time case manager dedicated to homelessness prevention. This case manager will provide services for at-risk Norwalk residents with the goal of slowing the flow of individuals entering into homelessness.
- Develop new partnerships with regional service providers and community centers to provide additional resources (e.g., Blue Shield Community Resource Center which supports enrollment in CalAIM).
- Assess the effectiveness of prevention efforts by tracking the number of individuals entering homelessness. See Goal 4 for details on performance measurement.

3b. Expand affordable housing options to meet the demands of low-income renters.

Prevention efforts require flexible and creative affordable housing options that meet the needs of our renter population in Norwalk. To expand affordable housing, Norwalk will:



GOAL 3:

Advance prevention programs to stop low-income and at-risk residents from falling into homelessness

Stakeholders, Resources, and Timing

	Actions	Who will own	Who will support	Key resources	Timing
3a 🦣	Enhance prevention efforts by expanding staff capacity	Social Services	 City Admin. Community Development HOPE Team Public Safety Regional service providers (e.g., Blue Shield) 	1 full-time case manager	• Summer 2024
3b <u>[</u>	Expand affordable housing options to meet the demands of low-income renters	Social Services	 Community Development Regional service providers (e.g., Kingdom Causes) 	1 full-time case manager	• End of 2024

- Community Development team of the City of Norwalk to develop and execute a plan for tracking Norwalk's affordable housing inventory in order to ensure adequate supply.
- Pilot shared housing between two or more unrelated people. This offers an opportunity to maximize use of limited existing housing, as outlined in the report from the Benioff Homelessness and Housing Initiative at the University of California San Francisco.5
- Pilot a home sharing match program that connects homeowners and master tenants looking to rent a room in their home with individuals seeking affordable housing opportunities, similar to the program used by the Department of Homelessness and Supportive Housing in San Francisco.⁶
- Develop vetting criteria for shared housing and home sharing to get to know program participants and facilitate best matches.

GOAL 3 Outcomes:

Norwalk will have achieved success when the following outcomes are realized. For a full list of performance measures that track outcomes, see Appendix A.2.

- Pilot efforts are successfully enabling lowincome renters to access affordable housing.
- Norwalk is demonstrating lower rates of low needs individuals entering into homelessness (as tracked by the by-person data system see Goal 4).

GOAL 4:

Improve data tracking capabilities and report progress against performance measurements.



Key Actions:

4a. Implement a Norwalk-focused by-person data tracking system to account for all people experiencing homelessness by level of needs.

Until very recently, the Social Services and HOPE teams relied on providers and county agencies to identify available housing and services, a process which can take weeks. These teams often lose contact with individuals in need during this lead time, leaving Norwalk unable to provide care or assess outcomes. New access to a by-person data tracking system to integrate with the Homeless Management Information System (HMIS) will allow Social Services and the HOPE teams to: input data into the system faster, identify a more accurate count of people experiencing homelessness, identify available care more quickly, prioritize Norwalk residents, and better analyze outcomes across individuals. To implement a Norwalk-focused by-person data tracking system, Norwalk will:

- Implement a by-person data system to integrate with HMIS, by either developing an in-house system or identifying an existing system to purchase.
- Prioritize comprehensive training across all integrated systems and processes.
- Conduct a one-time, locally generated point-in-time count in Norwalk to establish a baseline for individuals experiencing homelessness, categorized by their level of need.
- Identify and track all people experiencing homelessness within Norwalk on a regular and on-going basis (updated quarterly at a minimum) to account for every person experiencing homelessness by level of need.
- Provide outreach workers with tablets or phones to use for real time data entry while in the field.
- Create a weekly CES meeting to prioritize Norwalk referrals and placement and to increase the flow of residents through the Continuum of Care. This CES meeting will include Social Services, the HOPE Team, key service providers, LACDMH, and DPH.

4b. Report out performance measurements to the public on a bi-annual basis to track progress transparently.

Access to by-person data systems will allow Norwalk to begin to measure performance as the plan is implemented. Appendix A.2 lists key performance measurements that Norwalk will begin to track. Over time, Norwalk will grow the number of listed measurements that are tracked and reported, and will aim to demonstrate success with positive trends. Goal trends are also detailed in Appendix A.2 while



GOAL 4: Improve data tracking capabilities and report progress against performance measurements Stakeholders, Resources, and Timing **Actions** Who will own Who will support **Key resources Timing** Implement a Norwalk-focused Social Services Public Safety · HMIS, CES, and Spring HOPE Team other data 2024 by-person data tracking system to account for all people City Admin. systems Community experiencing homelessness by Development level of need

LAHSA Service providers (e.g., City Net)

a mapping of each key performance measure to the goals of this Strategic Action Plan are in Appendix A.3. The following steps will be taken to ensure reporting of performance measurements:

Report out performance

transparently

measurements to the public on a

bi-annual basis to track progress

- Continue the pilot program that divides Norwalk into quadrants for tracking city outcomes by specific programs and budget items (e.g., law enforcement, fire, emergency medical services, maintenance, clean up, outreach efforts).
- Measure performance according to LAHSA and HUD standards and compare against other regional cities and the broader Los Angeles Continuum of Care.
- Develop a dashboard to summarize data and key trends.
- Develop and release a bi-annual performance report to city leadership and the public.

• Use the bi-annual performance report to inform decision-making going forward (e.g., for outreach approaches, prevention programs, etc.).

• 2024

onwards (bi-annual)

GOAL 4 Outcomes:

Norwalk will have achieved success when the following outcomes are realized. For a full list of performance measures that track outcomes, see Appendix A.2.

- Norwalk is implementing a Norwalk-focused by-person data tracking system that is integrated with HMIS and other data systems and accounts for every person experiencing homelessness in Norwalk.
- Norwalk regularly reports on performance measurements on a bi-annual basis, growing the number of measurements over time.



GOAL 5:

Drive better outcomes through communication efforts, legislative action, and funding optimization.



Key Actions:

5a. Enhance communication efforts to the community, to the county and state, and between service providers.

Addressing homelessness demands a collaborative effort across all stakeholders. Norwalk remains committed to engaging in ongoing dialogue with the community around the challenges and solutions regarding homelessness so that the community is working towards the same goal. Norwalk will also play a central role in connecting regional, county, and state services together so they can direct residents to suitable resources and cultivate a comprehensive Continuum of Care (CoC) for Norwalk residents. To bolster communication channels, Norwalk will:

- Engage with the public through digital surveys, town hall meetings, and other communication channels to facilitate dialogue on homelessness topics.
- Through the Social Services and HOPE teams, report performance outcomes and

- success stories to the public and during the homelessness task force meetings on a quarterly basis to show progress against identified goals.
- During the monthly task force meeting, facilitate connections between service providers operating supportive housing sites with other specialized providers and LA County service agencies to cultivate a more comprehensive CoC at these service locations.

5b. Advocate for legislative action to better serve people experiencing homelessness.

Norwalk will advocate for legislation at the local, county, and state level to better equip Norwalk with the tools and funding needed to address homelessness. In particular, advocating for resources to serve the highest needs residents at the county and state level will be a priority due to the lack of behavioral health resources at the city level. Towards this effort, Norwalk will:

- Regularly review the legislative landscape at the federal, state, county, and local levels to compile a list of applicable tools for addressing homelessness (e.g., funding sources, supporting people with serious mental illnesses). See Appendix A.1 for a nonexhaustive list at the time of this report.
- Leverage insights from tracked performance measurements to advocate for local and state legislation that provides resources for the highest needs people within Norwalk.

5c. Optimize Norwalk's homelessness funding by identifying cost-reduction opportunities, securing fair share of regional funding, and unlocking private philanthropy resources.

For Norwalk to close the resource gap to bring everyone off the streets, Norwalk must



Cost and Potential Funding Sources for Strategic Resources

Resources funded	One-time cost (\$)	Ongoing cost (\$)	Funding secured?	Potential funding source(s)	
Short-term housing options	\$0/bed (to contract)	\$20k-60k/bed/year (to contract)	Ma	Norwalk general funds, Measure H, LA CoC, CDBG, CBA with developers,	
(e.g., contracting or building interim beds)	\$50k-70k/bed (to build)	\$36k/bed/year (to run)	··· NO	ESG, HHAP, foundation grants, philanthropy	
Permanent supportive housing	\$600k-1,000k/unit	\$18k/unit/year	For pipeline up to 2024	Norwalk general funds, Measure H, LA CoC, vouchers, CDBG, HHAP, LIHTC, HTF, population specific grants (veterans, mental health, etc.), social impact bonds, foundation grants, philanthropy	
1 full-time social worker (HOPE Team)	N/A	\$82k-\$100k/year ¹	No	Measure H, Norwalk general funds (one year)	
1 full-time contract clinician (LA County)	N/A	120k/year¹	No	Measure H, Norwalk general funds (one year)	
1 full-time, case manager (prevention)	N/A	\$82k-\$100k/year ¹	No	Measure H, Norwalk general funds (one year)	
	Short-term housing options (e.g., contracting or building interim beds) Permanent supportive housing 1 full-time social worker (HOPE Team) 1 full-time contract clinician (LA County) 1 full-time, case	Short-term housing options (e.g., contracting or building interim beds) Permanent supportive housing 1 full-time social worker (HOPE Team) 1 full-time contract clinician (LA County) 1 full-time, case N/A	Short-term housing options (e.g., contracting or building interim beds) Permanent supportive housing 1 full-time social worker (HOPE Team) 1 full-time contract clinician (LA County) Solv-50/bed (to contract) \$0/bed (to contract) \$50/bed (to contract) \$50k-70k/bed (to contract) \$50k-70k/bed (to contract) \$50k-70k/bed (to contract) \$50k-60k/bed/year (to contract) \$50k-60k/bed/year \$36k/bed/year (to run) \$50k-60k/bed/year \$36k/bed/year \$36k/be	Resources funded One-time cost (\$) Ongoing cost (\$) secured? Short-term housing options (e.g., contracting or building interim beds) Permanent supportive housing 1 full-time social worker (HOPE Team) No 1 full-time, case N/A Solved (to contract) (to run) No Solved Solved (to contract) (to contract) (to run) No Solved Solved (to contract) (to contract) (to run) No Solved Solved (to contract) (to contract) (to contract) (to contract) (to contract) (to run) No Solved Solved No Solved No Solved Solved No Solved No Solved Solved No Solved No Solved No Solved Solved No Solved No Solved No Solved No Solved No Solved Solved No Solved No	

invest in providing supportive housing for its residents and hiring additional staff for new or expanded programs. The table above summarizes the current estimated costs and potential funding sources for relevant goals beyond current staff time. Norwalk is committed to re-evaluating the need for additional funding (e.g., for additional Public Safety and Community Development staff) as the Strategic Action Plan progresses.

To optimize funding, Norwalk will:

- Prioritize and shortlist potential funding sources and apply for funding accordingly.
- Identify cost savings and fund reallocation opportunities from the budget by tracking homelessness spend based on effectiveness of programs.
- Seek approval to optimize and reallocate general funds to finance new strategic initiatives.

- Advocate for Norwalk's equitable allocation of funding from regional initiatives, ensuring the city's contributions support the ongoing efforts to address homelessness in Norwalk.
- Identify a project manager (e.g., regional development partner, city staff, etc.) to coordinate private philanthropy efforts and assemble a team of local influential business and community leaders who can mobilize private funds, commit resources, and make connections to catalyze support. The team will develop and execute fundraising plans, such as direct appeals, grant applications, and corporate partnerships.

5d. Explore participating in the settlement with the LA Alliance for Human Rights.

Both the City and County of Los Angeles have reached settlement agreements with the LA Alliance for Human Rights, an organization



that had filed claims pertaining to shortfalls in homelessness services and shelter availability. There are several interesting implications of these two settlements.

First, the county has agreed to contribute \$1.24 billion over the next 3 years to fund dramatic increases in homelessness services including an additional 3,000 clinical beds for individuals with mental health and substance use disorders and 450 enriched residential care beds for the entire region. By the end of 2023, they are expected to have 650 of these beds ready, with the remaining beds becoming available over the following two years.

Cities across the county have the option to adopt the terms reached in the settlement with the City of LA. Two neighboring cities, Whittier and Bellflower, have chosen to do so. These settlements establish specific requirements enabling cities to enforce city-wide anticamping ordinances. Furthermore, LA Alliance and Judge Carter's court will work with cities to hold LA County responsible for providing treatment and housing to the highest needs individuals.

In accordance with the settlement with the city and county, the City of Los Angeles is required to offer adequate housing or shelter solutions to accommodate 60% of their unsheltered population who meet certain criteria. This population primarily consists of individuals with low to moderate needs. While the definition of "adequate" may encompass multiple facets, the provision of dedicated Interim Supportive Housing and Permanent Supportive Housing, either within the city or in close proximity, is generally considered adequate. Once a sufficient number of beds are available to meet the 60% threshold, anticamping ordinances can be enforced with the caveat that if these beds reach full occupancy, the enforcement of anti-camping ordinances must be temporarily halted until more beds become available.

The following steps will be taken to explore whether Norwalk will collaborate with the LA Alliance to create a settlement:

- Continue discussions with the LA Alliance for Human Rights to gain a comprehensive understanding of the implications of participating in the settlement.
- As outlined in Goal 4, conduct a one-time, locally generated point-in-time count in Norwalk to establish a baseline for individuals experiencing homelessness, categorized by their level of need, to determine those who meet the specified criteria for inclusion in the 60% calculation.
- If it is determined that participation in the settlement will provide Norwalk with the necessary resources and support to better address the needs of the unsheltered population and the community at large, seek approval from the City Council to proceed with the settlement.
- Work with LA Alliance to draft the settlement and establish the terms necessary to provide adequate housing and shelter solutions, fulfilling the 60% requirement essential for the enforcement of the citywide anti-camping ordinance.
- Work in coordination with the LA Alliance to hold the County of Los Angeles accountable for delivering treatment and housing to the highest needs individuals.



GOAL 5 Outcomes:

Norwalk will have achieved success when the following outcomes are realized. For a full list of performance measures that track outcomes, see Appendix A.2.

- Community and regional stakeholders understand and are engaged with Norwalk's mission and goals to address homelessness within Norwalk.
- Legislation is passed that furnishes Norwalk with the tools and funding needed to enhance its capacity to address homelessness.
- Sufficient funding is raised for strategic initiatives and the Norwalk budget is optimized to fund the most effective programs.

 An evaluation of a possible settlement with the LA Alliance has been conducted, and a settlement has been reached(if deemed appropriate) that contributes to housing individuals quickly, enforce citywide anticamping ordinances to enhance overall resident safety, and ensure LA County's accountability in providing clinical beds for individuals with the most urgent mental health and substance use needs.

GOAL 5: Drive better outcomes through communication efforts. legislative action, and funding optimization. Stakeholders, Resources, and Timing **Actions** Who will own Who will support Key resources Timing Social Services City Admin. HMIS and other 2024 Enhance communication efforts Public Safety data systems onwards to the community, to the County **HOPE Team** and State, and between service LA County providers Service providers City Council · HMIS and other 2024 · City Admin. LA County data systems onwards Advocate for legislative action to **CA Government** better serve people experiencing Social Services **Public Safety** Community Development · City Admin. Social Services • 2024 Optimize Norwalk's Project · Public Safety manager to onwards homelessness funding by Community raise funds from identifying cost-reduction Development philanthropy opportunities, securing fair **Gateway Cities** share of regional funding, and unlocking philanthropy resources · City Admin. End of Social Services · HMIS and other Public Safety data systems 2023 Explore participating in the HOPE Team settlement with the LA Alliance Community for Human Rights Development LA County

23-24 Annual Budget and Organizations Involved

	Category	Organization(s) involved	23-24 Budget	Current funding source(s)	Comments
Coordination	Street Outreach	HOPE Team ¹ City Net ³	~\$860k ~\$280k	General Funds (GF) FY23, CDBG 23/24, ARPA	HOPE funding includes staffing
	Case management	Social Services ¹	~\$1.15M	GF FY23-24	Includes staffing & programs
Services Housing	Prevention & rapid rehousing	Kingdom Causes Bellflower ³ Social Services ¹	~\$75k ~\$140k	Housing Successor Agency GF FY23-24 + CDBG 23/24	
	Housing Voucher Program	Community Development ¹	~\$7.84M	FSS Grant Program, NHA Voucher Assist., Mainstream 5, EHV	Housing Authority funding includes staffing
	Emergency shelter & interim supportive housing	Social Services ¹ Jovenes ³	~\$125k ~\$18k	General Funds FY23-24 & CDBG 23/24	Emergency food & shelter motel vouchers for TAY 18-24
	Permanent supportive housing	Homekey ²	~\$734k ongoing	GF FY23-24	Does not include ~\$40M+ of one-time capex
	Healthcare services & substance abuse treatment	LA Centers for Alcohol & Drug Abuse ²	~\$18k	CDBG 23/24	
011					

23-24 Budget total:

~\$11.24M

¹Norwalk department

²County or state department

³Regional service provider

Tracking performance measures

Addressing homelessness is complex and requires continual monitoring of outreach, housing placements, and service engagement to maximize outcomes. Presently, the HOPE team tracks performance measurements, including:

- HOPE outreach attempts: The number of times the HOPE Team engaged with people experiencing homelessness to build trust and connect them to the Social Services team.
- Connected to Social Services: The number of successful attempts connecting people experiencing homelessness to the Social Services team to help find health services, shelter, and permanent housing opportunities.
- Clean ups: The number of occurrences that the HOPE Team disposed of debris, waste, and encampments in accordance with the law.

 Public space monitoring: The number of instances a public space was monitored for disturbances related to homelessness.

In Appendix A.2, Norwalk outlines additional performance measurements that will be used to assess progress against this Strategic Action Plan and to measure the outcomes and related costs of programs.

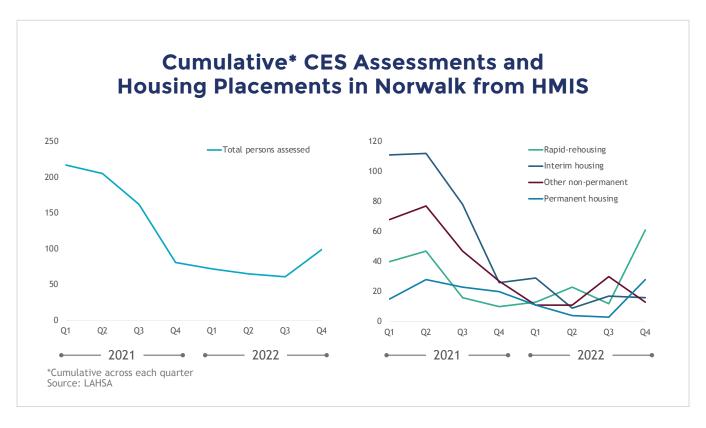
Coordinated Entry System (CES) Assessments and Placements

Norwalk experienced a sharp decline in CES assessments and non-permanent housing placements from 2021 to 2022 based on Norwalk data that was tracked and published by the county. This can in part be attributed to COVID pandemic related responses, including the federally funded, county-led Project Roomkey that brought residents outside of the city and into a motel located within Norwalk as a temporary housing solution. Beyond the



time frame shown, readily available data is limited because Norwalk has not had access to HMIS and relied on regional service providers to input Norwalk-specific data into the system. However, Norwalk-led outreach and housing efforts, using available inventory post Project

Roomkey and the pandemic, are improving outcomes. This suggests that continuing these efforts with the Social Services department driving the CES process along with the development of more housing will contribute to this upward trend.





5. Appendices

Appendix A.1: Legislative and Funding Landscape

ith the increased focus on homelessness as a strategic priority state-wide, many significant funding sources and legislative changes have been emerging to better equip cities in their efforts to address homelessness. Notable developments that are most relevant and related to goals in this report include:

Martin V. Boise: Martin v. City of Boise was a pivotal legal decision by the Ninth Circuit Court of Appeals in 2018, ruling that it is unconstitutional for municipalities to prosecute individuals for sleeping on public property when they have no other reasonable alternatives, such as a bed in a shelter. The court argued that punishing individuals in such a manner constitutes "cruel and unusual punishment," thereby violating the Eighth Amendment to the U.S. Constitution.

Martin vs. Boise has caused many cities to re-examine their homelessness resource allocations, specifically increasing the focus on emergency shelter or interim supportive housing.

The LA Alliance for Human Rights v. City and County of Los Angeles is a high-profile lawsuit initiated in 2020 which highlights failures in providing sufficient and effective

shelter, healthcare, and other basic services to homeless individuals. Both the City and County of Los Angeles have recently reached a mediated settlement with the Alliance. This lawsuit has tremendous implications including the commitment by LA County to allocate \$1.24 billion over a 3 year period to increase homelessness programs including adding an additional 3,000 mental health and substance use disorder beds for people experiencing homelessness, 450 subsidies for board and care beds for the elderly and disabled, and additional funds for outreach and other supportive care services. Additionally, it increases the number of specialized outreach teams from 27.5 to 44 and provides supportive wrap-around services for occupants of more than 13,000 supportive housing beds. Significantly, the lawsuit also establishes federal monitoring through June 2027 to ensure the county delivers on these commitments.

Community Assistance, Recovery and Empowerment (CARE) Court: The CARE Act was signed into law in 2022 and is one part of the state's ongoing effort to address the homelessness crisis. It allows the courts to provide people with untreated mental health or substance abuse issues with essential services such as housing, mental health treatment, and substance abuse programs which the county is required to provide.



Behavioral Health Bridge Housing (BHBH)

Program: Awards funding to California County Behavioral Health agencies to provide supportive housing and services for unsheltered high needs individuals, including those coming through the CARE Court program. BHBH awarded The LA County Department of Mental Health (LACDMH) \$259M for mental health resources and the Department of Public Health (DPH) \$61M for substance abuse prevention and control.

Senate Bill (SB) 43: Enables Norwalk's task force better flexibility to bring the highest needs people indoors. Going into effect January 1, 2024, SB 43 updates California's conservatorship laws to expand the definition of "gravely disabled" for purposes of either placing a person on an involuntary psychiatric hold or conservatorship. The new definition of "gravely disabled" includes individuals who, as a result of a severe substance use disorder, or a co-occurring and/or untreated mental health disorder and a severe substance use disorder, are unable to provide for their personal safety or necessary medical care.



Appendix A.2: Key Performance Measurements

Category	Metric	Metric description	Trend that would demonstrate success	HMIS Trackable
	Outreach success	Number of people moving from outreach to interim housing (% and absolute) $$	↑	\bigcirc
	Time to placement	$\label{prop:eq:average} \mbox{Average length of time from street outreach to interim housing (days)}$	•	\bigcirc
Core LAHSA KPIs	Interim stay duration	Average length of stay in interim housing (days)	↓	\bigcirc
	Receive permanent housing	Number of people moving from interim to permanent housing (% and absolute) $% \left(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0$	1	\bigcirc
	Remain in permanent housing	Number of people who stay in permanent housing (% and absolute)	↑	\bigcirc
	Length of homelessness	Average length of episode of homelessness (days)	↓	\bigcirc
HUD High-	Recidivism rate	Individuals who leave homelessness and become homeless again in the next two years ($\!\%$ and absolute)	↓	\bigcirc
Performing Community	Bed coverage rate	Percent of total beds in the city that are captured in HMIS (%)	HUD defines HPC as 80%+	\bigcirc
Standards	Service coverage rate	Percent of total service programs in the city that participate in HMIS (%)	HUD defines HPC as 80%+	\bigcirc
	Family & youth success	Recidivism rate for families and youth $(\%)$ and rate of families and youth achieving independent living $(\%)$	↑	\bigcirc
	Total homeless population	Number of PEH (absolute)	•	\bigcirc
	Percent sheltered	Number of PEH who are sheltered (% and absolute)	^	\bigcirc
	Percent unsheltered	Number of PEH who are unsheltered (% and absolute)	<u> </u>	✓
Population trends	Needs type split	Percent of the homeless population that is low, moderate, and high complexity needs (%)	Reduction in each acuity level population over time	
	Demographic split	Number of PEH split by relevant demographics (e.g., veterans, families & youth, etc.) (%)	Reduction in each group over time	\bigcirc
	Total annual unsheltered nights	Number of nights PEH who are unsheltered throughout an entire year (absolute) $$	↓	\bigcirc
	Has a social security card or SSN	Number of PEH with a social security card or SSN (% and absolute)	↑	\bigcirc
Document-	Has a government-issued ID	Number of PEH who have a government ID (% and absolute)	↑	May require track via comments
ready status	Has disability verification	Number of PEH who have a disability verification document ($\%$ and absolute)	↑	\bigcirc
	Has homelessness verification	Number of PEH who have verification of being homeless and/or chronically homeless (% and absolute)	↑	
Provisions of	Connected to county/state programs	Number of PEH who are connected to county / state programs - especially relevant for high needs individuals (% and absolute)	Increasing in the short term, flattening or decreasing longer term	\bigcirc
services	Enrollment in Medi-Cal	Number of PEH enrolled in Medi-Cal (% and absolute)	^	\bigcirc
	Access to a cell phone	Number of PEH who have a working cell phone (% and absolute)	<u> </u>	\bigcirc
	Job placement	Number of individuals who have been placed in a job (% and absolute)		\bigcirc
	Self-sufficiency index	Number of individuals that no longer need any services and are self- sufficient (% and absolute)	Î	\bigcirc
Quality of Life	Education/training rates	Number of individuals who are receiving education or job training $(\!\%$ and absolute)	1	\bigcirc
	Affordability	Average rent price in the city (\$, $\%$ change adjusted for inflation)	Flattening	
	Financial stability	Minimum hourly wage in the city (\$), compared to living wage (\$)	↑	
Public Safety	Homelessness complaints	Number of complaints in the city related to homelessness (absolute)	<u> </u>	
	Homelessness arrests	Number of arrests in the city related to homelessness (absolute)	•	
	Total homelessness spend	City budget invested in homelessness prevention and services (\$, % change adjusted for inflation)	Increasing in the short term, flattening or decreasing longer term	
City budget/	Interim bed availability	Percent of times interim beds were available when they were needed $(\!\%\!)$	1	Can be tracked in CES
resources	Medical costs	Total hospital costs associated with PEH ($\$$, % change adjusted for inflation)	Ţ	
	Time investment	Hours spent by social services and public safety staff addressing homelessness (hours)	Increasing in the short term, flattening or	

PEH = People experiencing homelessness



Appendix A.3: Key Performance Measurements Mapping to Each Goal of the Strategic Action Plan

Proposed Metrics are Designed to Measure the Success of Goals





Supportive

- Total homeless population
- Time to placement
- Interim stay duration
- Receive permanent housing
- Remain in permanent housing
- Bed coverage rate
- Homelessness complaints
- Homelessness arrests
- Interim bed availability
- Percent sheltered
- Percent unsheltered
- Total annual unsheltered nights



Outreach success

Family & youth

Needs type split

homelessness

Length of

• Demographic split



Outreach response

- Recidivism rate
- Homelessness complaints
- Homelessness arrests
- Connected to county/state programs
- Access to a cell phone





Prevention programs

- Job placement
- Self-sufficiency index
- Education/training rates
- Affordability
- Financial stability





Data

- Has a social security card or SSN
- Has a governmentissued ID
- Has disability verification
- Has homelessness verification
- Enrollment in Medi-Cal
- Access to a cell phone
- Total homeless population
- Percent sheltered
- Percent unsheltered • Total annual
- unsheltered nights Job placement
- Self-sufficiency index





Better outcomes

- Service coverage rate
- Connected to county/state programs
- Time investment
- Total homelessness spend
- Medical costs



Appendix A.4: Understanding Homelessness — Terminology & Glossary

Understanding Homelessness

Homelessness is as difficult to define as it is to comprehend. According to the United States Department of Housing and Urban Development (HUD), "Homeless describes a person who lacks a fixed, regular, and adequate nighttime residence." According to the Public Health Services Act, "A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation." Significantly, unless the housing circumstances are deemed "permanent" the person is still classified as "homeless" by our government's definition.

Sheltered vs. Unsheltered Homelessness:

Homelessness is classified into two categories: "sheltered" and "unsheltered." When we think of "homeless" we generally think of "unsheltered homeless" in which the person's primary nighttime residence is a place not meant for human habitation such as cars, parks, sidewalks, abandoned buildings, camping grounds, bus or train station, airport, or on the street.

Yet "homeless" also applies to a much broader set of circumstances: "Any other unstable or non-permanent situation." For example, people who are "doubled up" or "couch surfing" (staying intermittently with friends or family) are also considered "homeless," though of course those numbers are very difficult to count.

An individual (or family) who will imminently lose their housing within 14 days is also

considered homeless. This could be due to a court order that will result in an eviction, or if they are staying in a hotel but lack the resources necessary to stay for more than 14 days.

"Homeless" also applies to a person being released from the prison or hospital system, or fleeing domestic violence, if they have no known destination nor the resources or support networks to obtain other permanent housing.

Someone who is in the "sheltered homeless" category is living in a supervised publicly or privately operated shelter that provides temporary living arrangements. These can be hotels and motels, "congregate" (group) shelters, and transitional housing.

Variations of shelter duration and seasonality: Many shelters are only available on a partial basis. For instance "cold weather" shelters are only available in the inclement weather months or during severe storms. Many shelters such as those offered by churches are only available at night; they open the doors in the evenings and residents must leave the next morning. "Emergency shelters" are usually on a night-by-night or walk-in basis, while "Navigation Centers" and others are available only by referral. This often happens by street "Outreach Teams" who find people in encampments, parks, or street corners and help refer them to shelters and enroll them in the various tracking systems.

People generally enter the homelessness services "system" by enrolling in what is called the Coordinated Entry System (CES). This is a national program in which an individual participates in an assessment interview with a social worker and is given a ranking that places their priority on the shelter placement list. Various factors influence where the



person will be referred; for instance families with small children, veterans, and people who are medically vulnerable receive higher priority. Domestic violence survivors may be directed towards a women's-only shelter, and families tend to be at family-specific programs separated from single adults.

Many shelters are single-sex, which means a couple would not be allowed to stay in the same location. Many shelters do not allow pets, which is of course a very limiting factor for an individual who is accompanied by a loyal furry friend.

Glossary

Continuum of Care (CoC): The regional planning body that coordinates housing and services for homeless families and individuals. In Los Angeles County, the Los Angeles Homeless Services Authority (LAHSA) leads the Continuum of Care.

Coordinated Entry System (CES): A system that streamlines the assessment, prioritization, and referral process for individuals and families seeking housing and related services. CES ensures a consistent approach across all community agency providers, with the goal of rapidly and effectively delivering housing assistance to those in need.

County of Los Angeles Public Health (DPH):

The lead agency responsible for providing public health services to Los Angeles County residents.

Gateway Cities Council of Governments:

An urbanized region of southeastern Los Angeles County, located between the City of Los Angeles and Orange County. City members of the Gateway Cities Council of Governments include Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Hawaiian Gardens, Huntington Park, La Habra Heights, La Mirada, Lakewood, Long Beach, Lynwood, Maywood, Montebello, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, and Whittier. Additional members of the Gateway Cities Council of Governments include Avalon, Los Angeles County, the Port of Long Beach, and the City of Industry.

Homeless Management Information System (HMIS): A secure online database that enables the collection of by-person data to coordinate client case management, and capture the services provided throughout the region to people experiencing homelessness.

Housing Voucher: Long-term rental subsidies funded by HUD and administered by Public Housing Authorities that can be used to help pay for rent.

Interim Supportive Housing: Transitional housing that provides shelter and critical supportive services to help stabilize residents and transition towards more permanent housing solutions, such as through self-resolution or through Permanent Supportive Housing programs. The duration of stay varies by the level of need, with low to moderate needs individuals staying for around three to six months.

Los Angeles County Department of Health Services (LADHS): The lead agency responsible for operating the public hospitals and clinics in Los Angeles County. DHS also runs the My Health LA health care program, which benefits approximately 150,000 residents, in partnership with over 200 community partners.



Los Angeles County Department of Mental Health (LACDMH): The lead agency responsible for providing a variety of mental health-related services in Los Angeles County.

Los Angeles Homeless Services Authority (LAHSA): The lead agency responsible for coordinating housing and social services for people experiencing homelessness in LA County. LAHSA is the lead agency in the Los Angeles CoC.

Permanent Supportive Housing (PSH): An intervention that combines affordable housing assistance with support services, designed to build independent living and tenancy skills and connect people with healthcare, treatment, and employment services.

Point-in-Time Count (PIT): A mandatory census by local communities required by HUD to estimate how many people are experiencing homelessness on any given night within their geographic borders. The PIT count is taken annually for sheltered individuals and families, and biannually for all people experiencing unsheltered homelessness. This PIT count is only a snapshot in time; the actual number of people who cycle through homelessness over the course of a year is significantly higher. Yet having a standardized measurement tool provides regions the opportunity to compare against other communities, track trends, and better understand the demographics of the unhoused in their city or county.

Rapid Rehousing: Programs that quickly move people experiencing homelessness (both individuals and families) into permanent housing by providing short-term financial assistance for rent and other housing-related expenses, along with case management to help maintain housing stability.

Regional Service Provider: Entities that provide support in the form of outreach, financial assistance, healthcare, and other services. Regional service providers that serve Norwalk and the surrounding area include City Net, Jovenes, Kingdom Causes Bellflower, PATH, Safe Landing, Salvation Army Bell Shelter, SELACO, Spiritt Family Center, Whittier Area First Day Coalition, Whole Child LA, and others.

Residential Treatment Center: A residential treatment center, is a live-in health care facility providing therapy for substance use disorders, mental illness, or other behavioral problems.

Service Planning Area 7 (SPA-7): A specific geographic region within Los Angeles County, organized by DPH. SPA-7 includes the communities of Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East Los Angeles, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park, Whittier and others.

United States Department of Housing and Urban Development (HUD): An executive department of the US federal government that administers federal housing and urban development laws, including the Continuum of Care (CoC) program that makes grants to county and state governments to combat homelessness, as well as Section 8 Housing Choice Vouchers to assist very low-income families and individuals in finding housing in the private market.

Appendix A.5: Endnotes

- 1. <u>LAHSA Point-in-Time Count</u> https://www.lahsa.org/homeless-count
- 2. <u>Home Not Found: The Cost of Homelessness in Silicon Valley</u>
 https://destinationhomesv.org/wp-content/uploads/2021/01/er_homenotfound_report_6.pdf
- 3. <u>State of California, Department of Industrial Relations; California Consumer Price Index (1955-2023)</u>
 https://destinationhomesv.org/wp-content/uploads/2021/01/er_homenotfound_report_6.pdf
- 4. Norwalk Housing Element

 https://www.norwalk.org/home/showpublisheddocu-ment/28646/638296858215770000
- 5. <u>California Statewide Study of People Experiencing Homelessness</u>
 https://homelessness.ucsf.edu/our-impact/our-studies/california-state-wide-study-people-experiencing-homelessness
- 6. <u>Department of Homelessness and Supportive Housing, San Francisco</u> <u>https://hsh.sfgov.org/services/the-homelessness-response-system/prevention</u>

6. Acknowledgments

he City of Norwalk thanks the representatives from the following agencies, departments, associations, and businesses who contributed to the development of this Strategic Action Plan to address homelessness.

Boston Consulting Group

City of Norwalk Administration

City of Norwalk Council

City Net

Community Development Department

Blue Shield of CA Community Resource Center

Gateway Cities Council of Governments

Homelessness Task Force

HOPE Team Department

Kingdom Causes Bellflower

LA Alliance on Human Rights

Los Angeles County Homeless Services

Authority

Los Angeles County Homelessness Initiative

PATH

Public Safety Department

Public Services Department

Robin O'Connell Design

Social Services Department

Spiritt Family Center

Transportation Department

Norwalk Arts in Public Places Commission

Norwalk Chamber of Commerce

Norwalk Community Promotion Commission

Norwalk Historical Heritage Commission

Norwalk Housing Authority Commission

Norwalk Parks & Recreation Commission

Norwalk Planning Commission

Norwalk Public Safety Commission

Norwalk Senior Citizens Commission

Norwalk Social Services Commission

Whittier First Day



6. Acknowledgments City of Norwalk | 49



Report prepared in collaboration with Dignity Moves

