

Date: September 6, 2024

To: Thomas B. Modica, City Manager 

From: Kevin Riper, Director of Financial Management 

For: Budget Oversight Committee Members and Members of the City Council

Subject: **Response to Questions from the Budget Oversight Committee and the City Council Budget Hearing on September 3, 2024**

During the Budget Oversight Committee Meeting held on September 3, 2024, City staff provided a presentation on Grow Long Beach, in addition to revenue opportunities (inclusive of the proposed regional tax) as a part of the November 2024 Ballot. Additionally, at the City Council Budget Hearing, the Departments of Economic Development and Health and Human Services provided overviews on the Proposed FY 25 Budget. This memorandum provides responses to questions and/or comments raised by members of the Budget Oversight Committee and City Council members during that time.

From Budget Oversight Committee

- 1. Please provide the number of workforce development organizations that the Economic Development Department is working with in Long Beach and in Southern California.**

The Workforce Development Bureau in the Economic Development Department currently contracts with 20 non-profits on various workforce development activities and initiatives. Of this amount, one is in Northern California and nineteen are in Southern California, including seven Long Beach non-profits.

From Budget Hearing

- 2. Can you please clarify the funding streams for the Guaranteed Income Pilot Program, inclusive of the timeframes? Also, please provide a timeframe for a status report to City Council.**

The Guaranteed Income Pilot Program was implemented in two phases: Cohort 1 and Cohort 2. Payments for Cohort 1 were disbursed from May 2023 through April 2024 and were funded entirely by the Long Beach Recovery Act (LBRA). Payments for Cohort 2 are being disbursed from March 2024 through February 2025. Cohort 2 is primarily funded by one-time Homeless Emergency Funding committed for this purpose, with additional support from LBRA to cover increased contract costs from program partners to support the expansion. The balance of Homeless Emergency Funding will continue to support Cohort 2 into FY 25 through the conclusion of the program. There are currently no plans to continue the program beyond the second phase.

The Department plans to issue a memo in October 2024 following the receipt of the Cohort 1 final report. Preliminary reports will continue to be received as data is available from California State University, Long Beach, on Cohort 2, with the final report due by September 30, 2025.

3. Please provide an overview of the Safe Passage program, inclusive of funding streams, cost and scope of the program, measures of performance, and details regarding the implementation, community engagement, and communications.

Overview

Safe Passage is a program that increases safety among students, parents, and community members as they navigate to and from public spaces, including schools and parks, through the implementation of strategically placed adult monitors along frequently used transit routes. The program has been in operation since April 2024. The Safe Passage program falls within the Prevention efforts of the Advancing Peace Public Health Model and aligns with the Long Beach Advancing Peace Initiative (LBAP), which improves safety and well-being for everyone in Long Beach by using a collective impact approach. The four goals of LBAP are to increase social connectedness, support economic opportunities, build safe and healthy neighborhoods, and use trauma informed systems.

The City funds two providers: 1) 2nd Call in North Long Beach at Houghton Park and Jordan High School, and 2) DAYS Long Beach (DAYS LB) with routes around three schools: Lincoln, Whittier and Franklin. There are two distinct models employed by the Health and Human Services Department's (Health Department) subcontractors: 1) Professional/Paraprofessional Model and 2) Volunteer Model. Each agency chose the model they felt best suited the needs of their community and areas of expertise.

Funding Streams and Cost and Scope of Program

The City's Safe Passage program is currently funded by the Long Beach Recovery Act (LBRA) through the end of December 2024. The current expenses for the subcontracts with 2nd Call and DAYS LB are \$220,000 and \$80,000, respectively, for seven months of operation. This encompasses full programming for three months in Spring 2024 (April through June 2024) and four months in Fall 2024 (September through December 2024) with supporting activities and community events over the summer. The difference in cost between the two subcontracts is due to utilizing different models for the program. Both subcontracts are expected to be fully expended, and programming completed by December 31, 2024. In addition to the subcontracts, the LBRA Safe Passage budget supports 15 percent of a Program Analyst position (Community Program Specialist III); 15 percent of a Data Analyst position (Community Program Specialist IV); and equipment, volunteer incentives, and other miscellaneous needs in the amount of \$46,900, for

a total cost of \$346,900 for the seven-month period. Best practice models nationally utilize the professional/paraprofessional structure which provides paid workers versus volunteers, making it easier to provide consistent programming throughout the school year. Thus, the professional/paraprofessional model is more costly while the recruitment of volunteers for a volunteer-based model presents a challenge for implementation.

Measures of Performance / Program Outcomes and Implementation

Safe Passage increases the number of students walking to and from school safely; reduces the involvement of youth in gangs; increases the perception of safety for students and community members; and increases social connectedness and engagement among participating school site volunteers, parents and students.

The program began in April 2024 and data was collected through June 2024. Within a 2-month timeframe, Safe Passage staff members interacted with 115 individuals. Interactions involved engaging in a conversation, breaking up a fight, providing resources, and more. Furthermore, there were 29 incidents including fights, graffiti, theft, verbal altercations, and physical assault. Staff members responded to 100 percent of these incidents through mediation, rumor control, gang intervention and intervening in fights and physical assaults. Since the school year has started, the data will be updated monthly.

Subcontracting agencies also held at least six community events during the summer, while school was out, to continue to activate the spaces and engage residents. These events included ice cream socials, neighborhood clean-ups, National Night Out in partnership with the Police Department, and an event with Lincoln Elementary to promote a Day of Play as well as Back to School events at Lincoln, Whittier and Franklin to educate students, teachers and parents about Safe Passage.

Community Engagement and Communications

As a part of community engagement, details about the program and volunteer recruitment were shared at the Long Beach Advancing Peace (LBAP) Collaborative meeting. The LBAP Collaborative Network is a virtual space to help Long Beach residents stay involved with violence prevention and intervention efforts led by a network of City Departments, nonprofit organizations, neighborhood associations, and resident groups devoted to reducing violence and increasing community safety. This forum will continue to be used to provide the community with updates about the Safe Passage program.

The Health Department staff collaborates regularly with the Long Beach Unified School District to inform them about Safe Passage efforts. As mentioned above, summer events were used to promote the program within neighborhoods, such as 2nd Call collaborating with Jordan High School's after school program for a

barbecue event to engage and educate school staff and students about Safe Passage. Also, the Health Department facilitates a monthly Safe Passage Provider meeting which includes providers and other community-based organizations who implement Safe Passage programs Citywide, in order to continue best practices and enhance collaborative efforts. In addition, agencies have established relationships with school-based staff. For example, DAYS LB has a standing relationship with Whittier Elementary School. The school staff has been supportive of their marketing campaign in raising awareness on the Safe Passage program and volunteer efforts. The school has allowed DAYS LB to post flyers and hang posters around the school's perimeter gates. 2nd Call has also met with the Jordan High School Principal, Vice Principal, and school counselors at the beginning of their Safe Passage efforts to ensure a seamless collaborative effort with school personnel and students. 2nd Call also conducts weekly check-ins with Jordan High School campus security to strengthen collaboration and promote peaceful rapport with the students.

4. Please provide a cost estimate for extending the Safe Passage program through June 2025.

The projected cost to extend the Safe Passage program through June 2025 is \$297,343, as seen on the table below.

Safe Passage Program Costs Through June 2025				
Expense	Cost per Month	Current Expenses (7 months: April-June 2024 and Sept.-Dec. 2024)	Yearly Expenses (10 months: Sept.-June)	Projected Cost (Jan. 2025-June 2025)
Subcontracts:				
<i>2nd Call</i>	\$ 31,429	\$ 220,000	\$ 314,286	\$ 188,571
<i>DAYS LB</i>	\$ 11,429	\$ 80,000	\$ 114,286	\$ 68,571
15 % CPS III and 15% CPS IV and Other Misc Costs	\$ 6,700	\$ 46,900	\$ 67,000	\$ 40,200
Total	\$ 49,557	\$ 346,900	\$ 495,571	\$ 297,343

Note: Yearly expense of 10 months represent the length of a school year
 Figures exclude indirect costs

5. Please provide data metrics regarding rates of services offered and rates of accepted services for individuals experiencing homelessness. Provide information regarding the data dashboard and explain the plan for future use of data that has been collected.

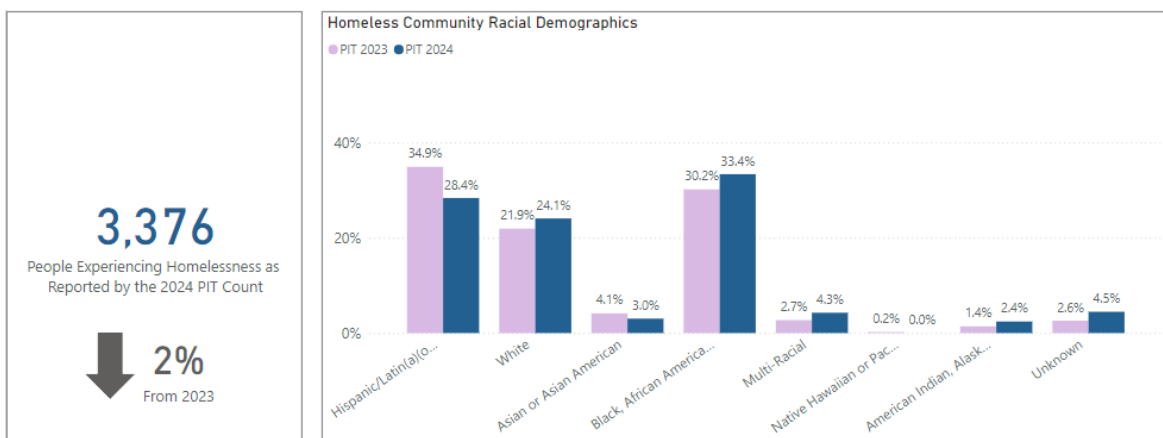
The Homeless Services Bureau in the Health Department has continually worked to increase its ability to capture more detailed data and make it readily available,

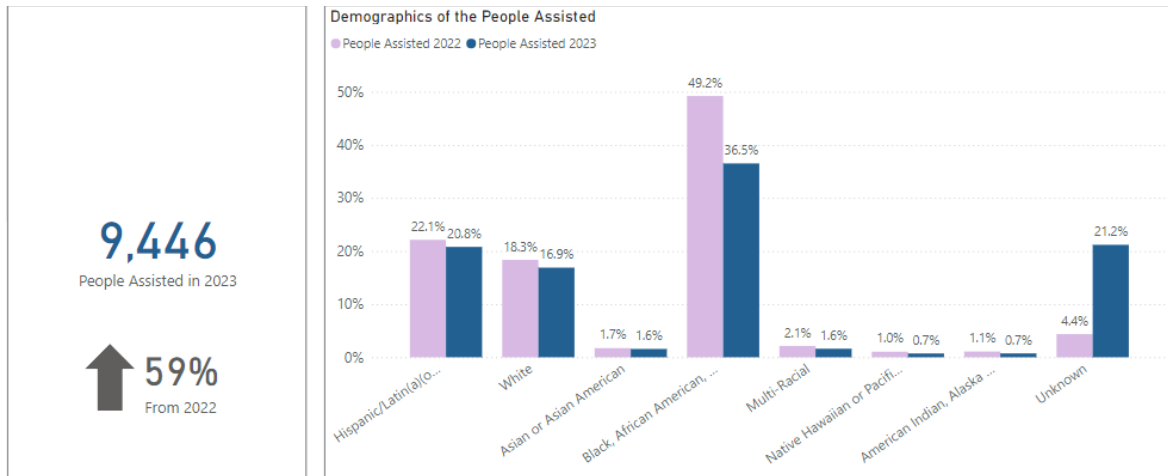
which includes the Department's public facing [dashboard](#) that gets updated monthly. The dashboard has been recognized by several communities as being a positive transparent way of letting the public know what is occurring and the impact of programming for individuals experiencing homelessness.

The Homeless Services Bureau, as the lead and administrative entity for the HUD-designated Long Beach Continuum of Care (CoC), is required to collect and report program and service data utilizing a Homeless Management Information System (HMIS). As the CoC lead, Long Beach further serves as the lead and administrative entity for Long Beach HMIS.

HMIS data systems are utilized by CoCs and homeless service providers to enroll people experiencing homelessness and at-risk of homelessness into programs; to record and track services, outcomes, and progress; to coordinate and prioritize services; to make referrals; and to generate data and reports on the performance and outcomes of programs, providers, services, and the System as a whole. As HMIS systems are designed to capture data for people actively enrolled in and receiving services, HMIS data, therefore, is not designed, or equipped, to capture data for people not enrolled in or receiving any type of services.

The Long Beach Homeless Services Bureau dashboard pulls data from the Long Beach HMIS to quantify, illustrate, and give insight on enrollments into services and the outcomes of those services. For example, as the charts below display, the dashboard provides several demographics and can be sorted to see enrollments and outcomes by demographic. The primary focus is to get people connected with the Department's shelter programs and ultimately to get people back into permanent housing.





The Homeless Services Bureau has historically reported numbers of services to the Homeless Services Advisory Committee (HSAC) and CoC Board. Access Points serve as initial points of access where people experiencing homelessness or at-risk of homelessness may receive resources and services to address emergent needs, and in turn, be assessed for and referred to, housing and supportive services to further address their needs. The Multi-Service Center (MSC), Mobile Access Center (MAC), and Street Outreach serve as initial points of access for the Long Beach Coordinated Entry System.

Program and service data for these access points has been presented to HSAC on a monthly basis, and recently transitioned to reporting on a quarterly basis to provide a more in-depth overview of services. Part of this shift is to provide more detail regarding the different types of services and how they are captured.

The following charts contain information for the three access points, including data from nine service categories: Case Management, Financial/Employment, Food, Health Care, Housing, Legal Services, Mental Health, Transportation, and Other, and the number of services provided by category within the April 2024 through June 2024 timeframe. The Other category includes service types, such as showers and mail services.

Multi-Service Center Services

Service Category	April	May	June	March Comparison
Case Management	874	1058	1189	228
Financial / Employment	14	12	13	8
Food	203	4	3	
Health Care	2	2	2	
Housing	612	0	0	
Legal Services	76	76	80	25
Mental Health	38	38	31	
Other	3818	5049	5144	179
Transportation	18	19	21	4
Monthly Subtotals	4445	6260	6485	444

Mobile Access Centers

Service Category	April	May	June	March Comparison
Case Management	213	292	350	74
Financial / Employment	1	2	3	
Food	62	97	122	26
Health Care	5	5	5	2
Legal Services	69	102	125	54
Mental Health	1	1	1	1
Other	23	28	27	10
Transportation	15	21	23	10
Monthly Subtotals	389	548	656	178

Street Outreach

Service Category	April	May	June	March Comparison
Case Management	2157	2346	2556	796
Financial / Employment	43	57	59	11
Food	703	717	735	119
Health Care	80	82	87	17
Legal Services	673	698	742	107
Mental Health	100	106	103	25
Other	466	464	459	78
Transportation	373	389	401	60
Monthly Subtotals	4599	4863	5146	954

Additional forms of data tracking include the community queue, which captures who has expressed interest in shelter and permanent housing. The queue collects information about the prospective applicant's needs and conditions, such as length

of time of homelessness, vulnerabilities (e.g. verification and severity of disability), etc. in an effort to prioritize access to shelter and housing resources and to balance effectiveness, efficiency, fairness, and equity for access to, and allocation of resources, when there is insufficient availability of housing and shelter to address current demands.

Within the last reporting quarter, there were 800+ people on the permanent housing queue and 1,100+ people on the shelter queue. Based on the 2024 point-in-time (PIT) homeless count, 921 people are experiencing homelessness in a temporary shelter at any given point in time. Since the release of the 2024 PIT count results, an additional 100 shelter beds have become available. Therefore, approximately 1,000 people are currently experiencing homelessness in a shelter setting. With another 1,100 people in the shelter queue, this means that over 2,000 people experiencing homelessness are either currently in a shelter, have been assessed for a shelter, and/or expressed interest in a shelter. As a result, approximately 60 percent of people experiencing homelessness in Long Beach are actively engaged in shelter services and/or engaged in services while waiting for placement in a shelter and permanent housing.

6. Please provide clarification on the percentage of structural [annual] funding versus grant-based funding at the Health and Human Services Department (Health Department).

The Health Department’s FY 25 \$201 million structural budget comprises of 81 percent grants and 19 percent operating fund. The total budget consists of the General Fund Group, Health Fund Group, CUPA Fund Group, and Housing Authority Fund Group. Within the Health Fund Group, where public health and homelessness grant funds are managed, the FY 25 \$67.1 million structural budget comprises of 65 percent grants fund and 35 percent operating fund. The table below displays the Department’s FY 24 and FY 25 structural budget for all funds and Health Fund Group only.

Health Department All Funds - Structural Budget				
	FY 24 Adopted Budget	FY 25 Proposed Budget	FY 24 %	FY 25 %
Grants	\$ 151,340,163	\$ 163,429,458	81%	81%
Operating	\$ 36,392,232	\$ 37,736,828	19%	19%
Grand Total	\$ 187,732,395	\$ 201,166,286	100%	100%
Health Department Health Fund Group - Structural Budget				
	FY 24 Adopted Budget	FY 25 Proposed Budget	FY 24 %	FY 25 %
Grants	\$ 41,633,965	\$ 43,381,278	65%	65%
Operating	\$ 22,456,994	\$ 23,753,655	35%	35%
Grand Total	\$ 64,090,959	\$ 67,134,933	100%	100%

These structural budgets do not include the short-term and non-structural grant funds that the Health Department receives and manages until funding ends. These non-structural grant funds are brought to City Council for approval within the year in which they are awarded and becomes part of the Department’s Adjusted budget.

An example of non-structural grant funds included the COVID-19 grants that ended on June 30, 2024, and were managed in the Health Fund Group. To illustrate, in FY 20, the Health Department’s Adopted Budget in the Health Fund Group started at \$55.2 million, grew by an additional \$38.1 million, and ended FY 20 with an Adjusted Budget of \$93.2 million. The additional \$38.1 million was primarily due to new grants received to address the pandemic. These short-term, non-structural grant funds and subsequent years’ COVID-19 grants constitutes most of the loss of funding as of June 30, 2024.

Health Fund Group FY 20 Adopted vs. Adjusted Budget			
	FY 20 Adopted Budget	FY 20 Adjusted Budget	Growth
Operating	\$ 16,468,591	\$ 17,321,114	\$ 852,523
Grants	\$ 38,721,848	\$ 75,919,838	\$ 37,197,990
Total Health Fund Group	\$ 55,190,440	\$ 93,240,953	\$38,050,513

Similarly, in FY 24, the Health Department’s budget was \$187.8 million in structural budget at the beginning of the fiscal year. As illustrated in the table below, the FY 24 Adjusted Budget through September 4, 2024, is at \$217.8 million, which is a \$30 million increase due to the addition of non-structural and/or grant funds being added to the Department’s budget.

Health Department FY 24 Budget - All Funds			
Budget Fund Group	FY 24 Adopted Budget	FY 24 Adjusted Budget*	Growth
CUPA	\$ 1,370,933	\$ 1,370,933	\$ -
General	\$ 12,564,304	\$ 25,209,652	\$ 12,645,348
Health	\$ 64,090,959	\$ 81,467,766	\$ 17,376,807
Housing Authority	\$ 109,706,198	\$ 109,706,198	\$ -
Total FY 24 Budget All Funds	\$ 187,732,395	\$ 217,754,550	\$30,022,155

*Data ran as of 9/4/24

- Please provide information on the Community Crisis Response (CCR) percentage of qualifying calls in a particular service area. Expand on the challenges faced by CCR team and barriers to response. Elaborate on the CCR-qualified call amounts, to include both inside and outside business hours.**

Over a 12-month period, the Community Crisis Response (CCR)-qualified Calls for Service for the North, South, East, and West Divisions of Long Beach totaled 935 during normal business hours (10:00 a.m. to 5:00 p.m.) and 1,362 outside normal business hours (5:01 p.m. to 09:59 a.m.), for a total of 2,297. The percentages by

service area for both normal and outside business hours are as listed below. As noted on the August 30, 2024, memo, while there are a number of calls that are eligible for CCR, they do not represent the number of calls that are actually handled by the CCR team. For the number of calls that were responded by the CCR team to date, the [public dashboard](#) provides this information.

CCR Qualifying Calls					
Calls by Service Hours - 07/12/2023 - 07/12/2024					
Division	Inside Service Hours (10:00 a.m. to 5:00 p.m.)		Outside Service Hours (5:01 p.m to 09:59 a.m.)		Total
	Count	%	Count	%	
North	111	31%	246	69%	357
South	338	41%	479	59%	817
East	199	32%	431	68%	630
West	287	58%	206	42%	493
Total	935		1,362		2,297

Note: CCR Dispatched calls and eligible calls (tagged # Alternative Crisis Response- ACR) are included in the counts.

Through partnerships with Police, Fire, and Disaster Preparedness and Emergency Communications Departments, the Health and Human Services Department (Health Department) continues to develop solutions to the challenges faced by the CCR team. A significant solution that the Disaster Preparedness and Emergency Communications Department identified to improve CCR call volume, was to invite the CCR team to begin their in-service day at the Emergency Communication Operation Center (ECOC). This modification began the week of August 19, 2024 and will continue at minimum, two days a week.

One of the challenges that the CCR Team experiences is that there is only one CCR team that can respond to Calls for Service (CFS). The CCR Team comprises of three field responders and two administrative team members. Therefore, if more than one person is out, there is limited coverage. Having only one team also limits service hours and number of days the program could be in service. One team does not have the capacity to provide Citywide coverage. The pilot area was determined based on call data that indicated where the most eligible calls for CCR response occurred. The community requested CCR support for additional service areas, but the demand can only be met with additional teams. Therefore, additional funding is necessary to expand staff coverage to provide additional hours of coverage and/or additional service areas.

Another challenge the CCR team experiences is that there is currently no direct or single point-of-contact through the 9-1-1 non-emergency dispatch line. Community members and local community-based organizations have commented that they would prefer a direct line to call the CCR team, similar to the Restorative Engagement to Achieve Collective Health (REACH) team. To address this challenge, some combination of the following would be necessary:

1. A clinician embedded in the ECOC call-center
2. A separate phone-line to triage calls
3. Access to a non-911 dispatch model (e.g. 988/ACCESS call center)

A third challenge is that the CCR team does not have authorization to access call information through the Computer-Aided Dispatch (CAD) system, due to California Department of Justice (DOJ) regulations regarding California Law Enforcement Telecommunications Systems (also known as CLETS). Currently, the team is dispatched by phone call through the ECOC. As a result, it is possible for certain calls to be responded by a proactive Police Department unit who is near the Call for Service area despite the call being dispatched to CCR.

Lastly, the CCR team does not have the authorization from the Los Angeles Department of Mental Health to write psychiatric holds for individuals assessed as a danger to themselves, or others experiencing a mental health crisis. The team cannot transport community members if they do not consent to treatment.

The CCR currently is approved to respond to seven specific call codes, including: Wellness Check, Unwelcome Guest, Public Intoxication (with alcohol), Public Intoxication (with drugs), Suicidal Caller, Mental Health Related, and Juvenile Disturbances. In the next year of implementation, the Health Department will work with Police, Fire, and Disaster Preparedness and Emergency Communications Departments to examine whether additional call-codes exist that can be identified as “CCR eligible”. This will assist in finding solutions to the above challenges.

If you have any questions, please contact Budget Manager Rebecca Bernstorff at (562) 570-6408.

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