

COMMUNITY VOICES



A Community Profile and Planning Project

FINAL REPORT

Prepared for the City of Santa Monica
Human Services Division
Community and Cultural Services Department

Project Consultants
Lynn Warshafsky & Associates

March 1, 2000

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March 1, 2000



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A GUIDE TO USING THIS **REPORT**



We have designed this final report of *Community Voices: A Community Profile and Human Services Planning Project* (Community Voices) to make it easy to access information that might be of particular interest to the reader. Our hope is that we have created a report that not only accurately summarizes the Community Voices process and outcomes, but that will also be of use to human service providers, students, researchers, community planners and others who, in the course of their work, must describe the diverse human service needs of the Santa Monica community and make a well-supported case for funding and other forms of support.

The Community Voices report also serves as a companion to the Human Services Request for Proposal (RFP), which was released on February 10, 2000. Agencies planning on responding to this RFP are strongly encouraged to use and reference this report in their funding proposals. The following describes the content of each report section. Section locations can be found in the Table of Contents.

Executive Summary

For those interested in a concise snapshot of Community Voices — its purpose, methodology, and key findings, we suggest you review the Executive Summary.

Introduction

The Introduction gives an overview of Community Voices , discussing what we set out to accomplish and how we gathered the data compiled and analyzed in this report.

A Call for Partners

A Call for Partners reviews the diverse roles city staff can play — funder, advocate, catalyst — to meet community needs. It calls for those in the nonprofit, governmental, corporate, religious, educational and other sectors to consider how they might join with the City on the community's behalf.

A Brief Review of Community Plans

This section looks at the achievements reached through community planning efforts completed in the past decade, in which the City was involved. It includes the Youth Action Plan (1989), the Childcare Master Plan (1991), the Santa Monica Task Force on Homelessness (1991), the HIV/AIDS Programs and Service Assessment (1991), and the HUD Consolidated Plan (1995–2000).

Sources of Data for Community Voices

Here we describe where we found information that we considered relevant to this planning process. This includes a demographic report by the RAND Corporation, the City-commissioned Special Census (Homeless Census), the Community Voices Survey (CVS), and the Neighborhood Services Survey (NSS) — a random survey of Santa Monica households conducted by the City Manager's office.

A Community Profile

A Community Profile offers a description of Santa Monica based primarily on demographic data compiled by the RAND Corporation. It also outlines some of the positive attributes of Santa Monica as identified by community members.

Themes and Priorities

This section is the heart of the report for readers interested in planning a response to community need. In it, we discuss *themes*, broad issues and ideas that have emerged with great frequency from a cross-section of community members. These include the challenges in effectively communicating among service providers and coordinating care so that duplication of effort and gaps in service are minimized. We also review *shared* priorities and priorities *by service area* — those services or programs that meet specific community needs. These range from the needs of our newest residents (newborns) and their parents to those of our seniors, and cover numerous issues related to service delivery and forms of assistance.

A Discussion of Data from the Community Voices and Neighborhood Services Surveys

Here we discuss the data from the Community Voices Survey, which was distributed November–December 1999, as well as look at related Neighborhood Services Survey data.

The Community Voices Gathering

In this section we review the data from the December 4, 1999 Community Voices Gathering.

Appendices

Appendix A offers a complete list of priorities from the Community Voices Gathering's break-out groups. Appendix B is a list of sources for this project and report. Appendix C is a list of currently funded human services agencies. Appendix D acknowledges and honors the many individuals who participated in Community Voices — whether by attending meetings, responding to the Community Voices Workbook, or sharing the stories of their clients, neighbors, and friends.

EXECUTIVE SUMMARY



Introduction

Community Voices: A Community Profile and Human Services Planning Process (Community Voices) was an intensive, interactive year-long planning process conducted by the City's Human Services Division (Division). It involved over 1,500 residents, community leaders, and service providers in identifying and discussing the salient issues and human service needs of the Santa Monica community. The information and input generated during Community Voices also shaped the funding rationale and Request for Proposals (RFP) approved by the Santa Monica City Council for human services funding in the year 2000 and beyond. This Executive Summary provides a snapshot of the processes and key outcomes of Community Voices, which are described in greater detail in the full report that follows.

Methodology

Data was gathered through a variety of methods including discussions with consumers, community leaders, and agency representatives; a Commissioners' Roundtable and Executive Directors' Roundtable; review of reports, minutes, and conference proceedings; analysis of past community plans; a Community Voices Gathering attended by over 250 to 300 people; and four surveys. The surveys were the Community Voices Survey (CVS) available in the November 1999 issue of *Seascope*, to which approximately 1,000 people responded; the Special Census (Homeless Census) conducted in October 1999; the Childcare Needs Assessment, conducted by the City and Connections for Children; and the Neighborhood Services Survey (NSS,) a random telephone survey of over 500 Santa Monica households.

RAND Community Profile

The City commissioned the RAND corporation to complete a demographic analysis of Santa Monica. The following represent highlights from the RAND report, available through the Division or RAND, directly:

- n Approximately 90,000 residents live in Santa Monica, with minimal growth anticipated over the next decade.
- n Seventy-one percent (71%) of residents are white, 16% Latino, 8% Asian/Pacific Islander, 4% African American, and 1% Native American.
- n More than 2,400 households are considered overcrowded by federal standards.
- n Median incomes vary greatly by zip code. For example, \$89,000 is the median for 90402 while just less than \$35,000 is the median for 90404.
- n Since January 1999, state vacancy decontrol laws have resulted in the loss of 2,610 rental units, 1,605 of which were affordable to low-income families.
- n It now takes an income of \$66,359 to afford a rental unit affordable prior to January 1999 with an income of \$39,373.

The Homeless Census

The Homeless Census provided demographic and service need data about people who are homeless in Santa Monica. Highlights include:

- n Just over 1,000 people are homeless: 36% of whom are sheltered; 61% of these have a psychiatric disability that is often coupled with substance abuse.
- n Fifty percent (50%) of homeless persons are white, 25% are African-American, 18% Latino, 3% Asian, 2% Native American, and 2% ethnicity unknown.
- n The average age of Santa Monica's homeless population is 41, with the majority in their 30s and 40s.

Key Findings

Themes

A number of *themes* emerged from Community Voices with great frequency from a cross-section of community members. Themes address issues of infrastructure, communication, and capacity building — within neighborhoods and between neighbors, as well as among human service providers. Dominant themes include:

- n Increase public awareness of programs and services
- n Increase access to services
- n Expand prevention approaches
- n Improve service quality and consistency
- n Expand availability of affordable facilities for agency and community uses
- n Improve coordination and communication
- n Develop community capacities
- n Develop more flexible methods of accountability

Shared Needs and Priorities

The following represent rank-ordered priorities shared across most data sources:

- n Affordable housing
- n Health care access
- n Youth services with an emphasis on teens
- n Early childhood development and family support

Needs and Priorities by Population or Area

In addition to shared priorities, Community Voices data identified needs and priorities by populations or service area. The key priorities in each area, are outlined below:

Affordable Housing

Vacancy decontrol's impact on residents' ability to maintain their housing — particularly seniors, low-income families, and people who are disabled — was the key issue in affordable housing discussions. Concern was also expressed for how vacancy decontrol might shape the future demographics of Santa Monica.

Children, Youth, and Families

Probably the most significant new finding in the area of children, youth, and families was from the Childcare Needs Assessment, which found that the supply of childcare may be adequate to meet the needs of residents although affordability, quality, and availability of full-time care and a lack of infant/toddler care remain issues of concern. This is important as quality childcare is high on the list of priorities identified for children, youth, and their families. Two other top priorities identified are to:

- n Establish and expand early childhood and family support programs that focus on the healthy development of children from prenatal to five years of age, and on their parents/caregivers
- n Enhance opportunities for youth leadership development as well as recreational, mentoring, and tutoring opportunities

Seniors

- n Preserve and expand the supply of affordable housing for seniors
- n Increase opportunities for seniors to share their wisdom and talent through volunteerism, intergenerational mentoring, and expanded transportation alternatives
- n Provide education and legal aid to protect seniors from becoming victims and teach them to be their own advocates
- n Maintain affordable, long-term care and support for aging family members

Disability Services

- n Increase the availability of affordable, accessible housing
- n Expand public education and advocacy efforts
- n Increase accountability and enforcement of laws
- n Improve access to services for people with disabilities

Homeless Services

- n Continue to focus on long-term stabilization strategies, with an emphasis on targeting the dual-diagnosed (people with two or more concurrent disabilities)

- n Increase services during non-traditional hours — e.g., evenings and weekends—with more access to emergency beds including beds for special populations (mentally ill women, seniors, and people who are temporarily ill)
- n Expand access to health care, dental care, mental health care and comprehensive legal services.

Community Services

- n Increase funding for services that impact low-income individuals and families across across all populations, including health care, legal and mediation services, and employment services
- n Expand health care access
- n Make employment and job training a priority
- n Expand the neighborhood resource center model (resource centers in parks, libraries, schools and community centers)
- n Increase the availability of legal services

Other General Findings of Significance

- n The most frequently cited barriers to services were lack of sufficient provider training, long wait lists, and a lack of childcare for program participants.
- n Agency Executive Directors identified a number of roles that Division staff can play to enhance their ability to meet residents' human service needs. These include: strengthen collaborative planning among service providers and continue community input activities; assist providers in identifying untapped funding streams including ensuring that Santa Monica receives its fair share of county, state, and federal funds; and expand technical assistance and coordination to assist in the development of partnerships among service providers, businesses, residents and other sectors of the community.

INTRODUCTION



Background on the Community Development Program

The Community Development Program (CDP) is a program of the Human Services Division (Division) that provides funding to a wide range of housing, human, and community service programs and capital improvement projects in Santa Monica. This is done through grants to local service providers, capital improvement and public works projects that benefit low-income individuals, and specialized technical assistance subsidies to grantees. The CDP is the primary means within the City for addressing the findings from *Community Voices: A Community Profile and Human Services Planning Project* (Community Voices).

What We Set Out to Accomplish

At the direction of the Santa Monica City Council, staff of the Division conducted an extensive community planning process, *Community Voices*, to take a comprehensive look at the human service needs of City residents and set the stage for determining funding policies and priorities for the next funding cycle (summer 2000). Also upon request of the City Council, staff analyzed past planning efforts that guided the City during the last decade in specific areas such as homelessness or childcare.

Community Voices was designed as an interactive planning process involving residents, schools, hospitals, service providers, the business community, City commissioners and City staff. Five key goals were established for *Community Voices*:

- (1) To develop an updated profile of Santa Monica based on current and projected demographic information;
- (2) To review and analyze existing human service strategies and plans, including accomplishments;
- (3) To identify service gaps as well as ongoing human service needs in order to create a funding framework that would set the stage for human services funding in the year 2000 and beyond;
- (4) To provide data and analyses that would be of use to a broad cross-section of the community; and,
- (5) To encourage a new kind of dialogue between and among community members, the City, and others that would serve as a “Call to Action” for community partners to consider new and innovative forms of collaboration.

How We Gathered Information

We have spent the last year interviewing individual consumers and organization representatives, conducting meetings with community groups, and reviewing various community and agency reports, minutes and plans. Original data also were collected through a demographic analysis by the RAND Corporation and through four surveys: (1) a random telephone survey of community residents conducted by the City Manager’s Office (the Neighborhood Services Survey or NSS); (2) the Special Census (the Homeless Census), which included a street outreach survey; (3) the Community Voices Survey, designed specifically for this project, which was made available in *Seascope* (the City’s newsletter) and on the City’s web page; and (4) the Childcare Needs Assessment that reviewed childcare supply and capacity and was conducted by the County of Los Angeles in collaboration with the City and Connections for Children, a nonprofit organization located in Santa Monica.

In December 1999 we produced a *Community Voices Workbook* that contained the initial draft of much of the information included in this report, and encouraged community members to act as our “editorial board,” reviewing and reflecting on the Workbook’s content and offering their suggestions. Also in December, we held a Community Voices

Gathering that was attended by approximately 300 people who lent their voice to the discussion of community needs and priorities.

To round out the information-gathering phase of Community Voices, we analyzed reports from key community events and activities. These included the October 1999 Conference on Early Childhood Education cosponsored by the Lifelong Learning Community Project; the “Black-Brown” Dialogue Series between representatives of the African-American and Latino communities, hosted by the The National Conference of Community and Justice; and the Community Advisory Report submitted to the City Council in April 1999 by Pico neighborhood residents.

Finally, we reviewed community reports, long range and strategic plans, and numerous other formal and informal sources including, among others, the input of representatives from the faith community, business and neighborhood associations, nonprofit human services organizations, schools, hospitals, advocates and activists.

Each conversation, document, and survey has added color, texture, and shape to our profile of the Santa Monica community. Each has helped to identify the fundamental themes and priority human service needs of the Santa Monica community. All are consolidated in this Community Voices Report.

A CALL FOR PARTNERS



One thing that has become clear during Community Voices is that the City alone cannot fund every needed program or service — the \$6.7 million currently committed to non-profit services only does part of the job. Similarly, our human service partners cannot meet every need. In order for us to succeed as a community, we need to build on our already strong relationships across Santa Monica as well as with the City of Los Angeles, the County of Los Angeles, California State government, advocacy networks, coalitions and providers.

While City funding will certainly continue to make a difference in the lives of residents, there are many untapped sources and unexplored opportunities to augment the City's contribution. We must build and develop new kinds of partnerships to more effectively pool our resources and talents.

We call on those who could become partners in acquiring resources and delivering human services in Santa Monica: the numerous health and human service agencies; social, civic, and neighborhood organizations; religious institutions; educational institutions; hospitals; and other community-based and service-focused groups that make our City special. Many have already contributed good ideas and perspectives to this process and have been critical in amplifying the voices of those they represent.

We also call for partners who are interested in thinking creatively about new and different roles that we, and they, may play in delivering human services. The Human Services Division staff, for example, do not view their role exclusively as funders. Staff can work on building networks and identifying new partnerships that might result in improved programs and services; they can assist in finding other funding partners and work to bring

them to the table with human service providers; they can act as advocates with other governmental entities to ensure that Santa Monica receives a fair share of resources; they can provide, or ensure the provision of, technical assistance and other forms of support to community partnerships seeking collaborative solutions to local problems; they can create a comprehensive inventory of the City's many strengths, assets, and resources; and, they can support or initiate planning efforts — such as Community Voices — that will provide the data necessary for making a strong case to other sources of support about our community's many and diverse needs.

A REVIEW OF COMMUNITY PLANS



While there are certainly many critical challenges before us, such as the availability of affordable housing and the widening gap between the affluent and the working poor, we believe that residents of the City of Santa Monica can proudly point to a number of important successes over the past decade. Many new policies were implemented and had profound, positive effects on the community. For example, we made a shift in homeless funding from emergency services to long-term stabilization through intensive case management. This resulted in a substantial increase in the enrollment of homeless persons in housing, and a resulting increase in job placements for those who transition to permanent housing.

The City provides funding to approximately one-third of the more than 100 human service providers located in and near the City that serve Santa Monica residents. These organizations have played a strong and vital role in our community and have matched the City's dollar four to one. We also work closely with many of Santa Monica's community groups and coalitions, which have been pivotal in advocating for new and better ways to live and work together.

Our partnerships have resulted in the production of a series of planning documents that made recommendations about policy and program strategies for homeless services, childcare, youth, HIV/AIDS, and other contemporary issues. This section reviews a partial list of significant planning activities in which the City was involved. We believe this will provide a useful context for understanding changing community needs and for considering human service priorities well into the next decade.

As you review the plans below, you will see a high level of success: Most of the goals or policy objectives were either fully or partially achieved. We have analyzed these and have found that there are similar reasons for either plan success or failure. A brief summary of our analysis can be found below; we hope it is helpful for those of you considering future planning efforts.

Those plans that were most successful had goals or policy objectives that were clearly defined, short term (within two years yielded the best results), and had an identifiable responsible party; had funding associated with specific tasks; included issues or actions that were City-controlled; and had leadership and advocacy from the community that helped sustain progress.

Those plans that were least successful tended to have too many recommendations; were too detailed and lacked flexibility or were too vague and broad; had not identified a responsible party; required collaboration — whether interdepartmental or regional; had no funding associated with specific tasks; required advocacy at regional, state, or federal levels; and had no leadership from the City or community.

In addition, the following were identified as significant barriers to successful implementation and long-term sustainability: Staff capacity; lack of financial commitment; lack of responsible party for collaborative efforts; lack of operational planning to support broad strategic goals; lack of plan evaluation; insufficient community, political, and City staff involvement and support and no method or plan for sustaining support; perpetual crises or, conversely, an absence of a sense of crisis/urgency leading to a lack of forethought and action.

1989 ⁿ Youth Action Plan

In November 1989, the City Council approved the ten-year Youth Action Plan, which set forth a comprehensive long-term vision to meet the needs of youth. While the plan was not intended to be fully funded by the City, a host of programs were implemented in the ensuing years to achieve improved outcomes for children in Santa Monica. Of the 17 recommended priority initiatives, 10 (59%) were implemented and 6 (35%) were partially implemented. Of a total of 109 recommended action items, 55 (50%) were implemented and 22 (20%) were partially implemented. Accomplishments include:

- n Establishment of library-based programs with homework resources at the Main Library and at the Fairview Branch
- n Establishment of a tutorial program at Virginia Avenue Park
- n Expansion of school-based counseling, conflict resolution, and mediation services from elementary to high school offered by nonprofit agencies, and extension of school-based counseling services to Olympic Continuation High School
- n Development of the City Youth Employment Plan to hire and train young people “at-risk” for unemployment
- n Establishment of a youth scholarship program for after-school programs
- n Development of a partnership between Santa Monica College and Pico neighborhood youth, providing an avenue for youth to attend college and be employed on campus
- n Support of the Police Activities League (PAL) Youth Center and establishment of cultural and social programs for youth and their families
- n Launch of a storefront drop-in center known as Kids City/Youth in Action (1991–1995), developed by youth for youth
- n Creation of a community multi-service center at Virginia Avenue Park’s Thelma Terry Center

1991 n Childcare Master Plan

The 1991 Santa Monica Childcare Master Plan set forth a long-term vision for the development of affordable, quality childcare in Santa Monica. The City of Santa Monica, the Santa Monica-Malibu Unified School District, and Santa Monica College adopted the Childcare Master Plan. A twelve-point action plan, “A Dozen Ways to Care,” summarized the key goals and objectives of the plan. Of the 12 recommended priority strategies, 4 (33%) were fully implemented and 8 (67%) were partially implemented. Of the 40 recommended action items, 12 (30%) were implemented and 6 (15%) were partially implemented. Accomplishments include:

- n Development of an infant–family support program
- n Funding of a small grants program through Connections for Children that assists providers with capital improvements

- n Expansion of after-school childcare services including scholarships for low-income families
- n Streamlining of zoning regulations to allow small family childcare programs to be licensed, and to facilitate issuance of fee waivers related to use permits
- n Hiring of a Childcare Coordinator to oversee special projects, such as the Marine Park Childcare Center, and to provide staff support to the Santa Monica Childcare Task Force
- n Establishment of an on-site mentoring program for Santa Monica High School, in which students are trained as early childhood assistants
- n Development of a childcare policy for the City of Santa Monica

1991 n Santa Monica Task Force on Homelessness

In March 1991, the City Council appointed a citizens' Task Force on Homelessness to make recommendations for immediate and long-term actions to respond to the growing crisis of homelessness in Santa Monica. Of the 16 recommended priority action items, 10 (62%) were fully implemented and 4 (25%) were partially implemented. Of the 145 specific program and policy recommendations, 68 (47%) were fully implemented and 20 (14%) were partially implemented. Accomplishments include:

- n Hiring of Homeless Services Coordinator to oversee services, monitor funds, and provide support and assistance to City-funded homeless service agencies
- n Placement of one-hundred-sixteen disabled, homeless people in permanent housing (over a five-year period) through Shelter Plus Care, a HUD-sponsored housing subsidy and supportive services program
- n Development of a 100-bed emergency shelter, a 55-bed transitional shelter, and a 22-unit family shelter following changes in the City's zoning ordinances
- n Provision of case management services for housing program residents to ensure their successful transition from homelessness to long-term residency and stability

1991 ⁿ HIV/AIDS Programs and Service Assessment

In 1991, the City conducted an assessment of HIV/AIDS programs and services in Santa Monica and on the Westside. Of the 7 recommended action items, 6 (86%) were fully implemented. Results of the programs and services assessment include:

- ⁿ Establishment of Common Ground (formerly the Santa Monica aids Project), a nonprofit organization providing comprehensive HIV/AIDS services to Santa Monica residents
- ⁿ Representation of the City, through Common Ground, before the county, concerning the need for increased funding for HIV/AIDS
- ⁿ Launch of a community-wide communication campaign to make residents aware of factors that put people at risk for HIV/AIDS

1995–2000 ⁿ HUD Consolidated Plan

The City of Santa Monica's Consolidated Plan (FY1995–2000) is a HUD-required planning document that identifies the City's overall housing and community development needs and outlines a strategy to address them. The plan describes housing, homelessness, and other human service needs in addition to broad community issues, such as public facilities, infrastructure, economic development, and accessibility. The plan also focuses on the future use of federal funds that target assistance to persons with disabilities, including those with HIV and AIDS; seniors; persons who are homeless; and low-income residents in certain areas of the City.

A five-year strategic plan was developed, as was a one-year action plan. Among the achievements are the following:

- ⁿ Assistance leading to the construction of 5 housing projects with 98 units, 40 of which were affordable for low-income households, 38 were affordable for moderate-income households, and 20 were market-rate
- ⁿ Assistance to nonprofit developers leading to the construction of a 40-unit HUD Section 202 senior housing development
- ⁿ Ground broken in June 1999, for a 70-unit, HUD Section 202, senior housing development. A 66-unit, HUD Section 202, low-income, senior housing development is currently in design and pre-development

- n Continued funding to several day programs that provide services to homeless persons on the weekend including meals at Step-Up-on-Second, the Salvation Army's Emergency Shelter (SAMOSHEL), and SWASHLOCK (Showers, Washers, and Lockers)
- n Continued funding to nonprofit agencies that provide services such as case management, day care, money management, transportation, counseling, health care and meals-on-wheels for seniors
- n Assistance to nonprofit developers leading to the construction of a 25-unit permanent housing development, Project New Hope, for persons infected with HIV and their families
- n Ongoing funding to implement accessibility projects to remove mobility and communication barriers to public facilities and open spaces including construction of curb cuts and sidewalk ramps at high pedestrian traffic areas

SOURCES OF DATA FOR **COMMUNITY VOICES**



Throughout the Community Voices process we received information and input from a wide range of community voices, as described in the introduction. What follows is a more detailed description of several key sources of data. In addition, there is a complete list of source documents in Appendix B. These documents are available in their entirety through the Human Services Division.

Rand Demographic Study

In January 2000 the Santa Monica-based RAND Corporation completed a demographic analysis for the City in order to help create an accurate profile of the community. The study placed an emphasis on the makeup of families and other residents. It also assessed the distribution of residents according to zip code. The findings, some of which are presented in this report, rely on national, state, regional and local planning documents, as well as on information from service providers. The RAND study is available through the Human Services Division or directly from RAND.

Special Census (Homeless Census)

The City engaged Los Angeles-based Economic Roundtable, a research and public policy group, to plan and coordinate a one-day survey of homeless people living in Santa Monica. Conducted on October 27, 1999 by 58 enumerators from 15 organizations, it was the first homeless census in ten years. A summary of results is included in this document under *Priorities: Services for Persons who are Homeless*. The complete report is available through the Division.

Neighborhood Services Survey

In November 1999, the City manager's office conducted its second annual random telephone survey of 400 Santa Monica households (the Neighborhood Services Survey or NSS). This year, questions were added to elicit information useful to Community Voices. Care was taken to assure a balance of views and inclusion of the diverse members of our community. A brief description of the NSS, and a discussion of results relevant to Community Voices, is included in this report. A complete report on the NSS is available through the Division.

Community Voices Survey

The Community Voices Survey (CVS), designed specifically for Community Voices, was distributed in *Seascope* and on the City's web page. CVS solicited residents' opinions on issues such as service access, service quality, community strengths, and funding priorities. The CVS had approximately 1,000 respondents. Results are summarized in this document.

Community Voices Gathering

On December 4, 1999 the Division hosted the Community Voices Gathering, a cornerstone event of Community Voices. Its purpose was to highlight and celebrate community successes, while providing an opportunity for community members, human service providers, City staff, commissioners and council members to talk together about future human service needs and priorities.

Between 250 and 300 community members attended the Gathering, including over 30 agencies and community groups that hosted resource tables providing information to the general public about their activities and services. All participants were given a Community Voices Survey and a Community Voices Workbook — a draft of this report with ample space for reader comments — both offered another way for people to participate in the City's planning process. Data from the Gathering are discussed later in this document.

Executive Directors' and Commissioners' Roundtable

As one component of Community Voices, the City initiated an Executive Directors' Roundtable, whose members included executive directors of City-funded agencies, and a Commissioners' Roundtable, composed of appointed officials serving on the following commissions: the Social Services Commission, the Commission on Older Americans, the Commission on the Status of Women, the Housing Commission, and the Recreation and Parks Commission including its Virginia Avenue Park Advisory Board. These Roundtables met in Fall 1999 and provided an opportunity for representatives to offer input about the themes and priorities presented in this document.

Among the outcomes of the first Executive Directors' Roundtable, participants identified affordable housing as a top concern of the low-income families, seniors, and people with disabilities with whom they work. This echoes the voices of respondents to the Community Voices Survey and the Neighborhood Services Survey.

In January 2000, a second meeting of the Executive Directors' Roundtable was held. Participants were encouraged to consider ways in which they could prepare for the new funding cycle, identify collaborative opportunities among members, and identify new roles that the City might play in support and partnership. From this discussion, the following roles for City staff were identified:

- n Strengthen collaborative planning among service providers and continue community input activities
- n Assist providers in identifying untapped funding streams including ensuring that Santa Monica accesses its share of county, state, and federal funding sources
- n Expand technical assistance and coordination to assist partnerships among service providers, businesses, residents and other sectors of the community

As a result of their participation in Community Voices, Commissioners expressed a desire to hold periodic meetings of their commissions for the purpose of information-sharing and joint planning. A copy of this report will be referred to each Commission to guide and inform their work in the coming years.

Lifelong Learning Community Project (LLCP)

The Lifelong Learning Community Project (LLCP) is a coalition of residents, organizations, and businesses committed to creating alliances and supporting programs that focus on early childhood development, educational planning, and personal and career development, for all ages and stages of life. LLCP has sponsored community strategic planning committees, partnered with key institutions, and organized subcommittees to develop initiatives and recommendations to overcome problems facing children, older youth, and older adults. Specifically, LLCP is developing a plan that promotes the health of children, prenatal to five years, and their families.

Planning for Proposition 10

In 1999, with the passage of Proposition 10: The Children and Families First Act, which provides substantial new state funds for early childhood programs, a number of planning efforts were launched. The goal was, and is, the development of a comprehensive approach to supporting families of young children. Representatives from the Santa Monica Childcare Task Force, the Westside Health Coalition, and the Lifelong Learning Community Project reviewed existing community needs, gaps, resources, and priorities in preparation for developing a model to support families with young children. As a result of programs funded through Proposition 10, it is hoped that promotion, outreach, expanded access to health care, parenting education, childcare, child development, and human services will be provided in a comprehensive and coordinated manner to ensure that all children are born healthy and enter school ready to succeed.

On January 24, 2000, over 80 individuals attended the Los Angeles County Proposition 10 Commission's Community Forum at the Santa Monica Civic Auditorium. The City, along with parents and providers, commented on the County's draft strategic plan and offered ideas about how to best implement the Proposition 10 vision in Los Angeles County and, specifically, in Santa Monica.

Childcare Needs Assessment

The City, in collaboration with the County of Los Angeles and Connections for Children, conducted an assessment of childcare availability and waiting lists in Santa Monica.

Working with the Policy Analysis for California Educators (PACE), researchers have provided preliminary findings that are included under *Priorities: Services to Children Youth and Families*. A complete report will be available in March 2000.

The National Conference of Community and Justice

The Santa Monica Bay Area Region of the NCCJ provides bias awareness education and advocacy support to Santa Monica residents. Recently, the group initiated a “Black-Brown Dialogue Series” to assist residents and service providers to advocate for peaceful and constructive resolutions to conflicts between Latino and African-American youth. Other NCCJ program goals include:

- n Strengthen police-community relations through dialogue
- n Develop educational and economic opportunities for people of color
- n Develop youth internships with local businesses

Other Reports and Sources

The City has produced and benefited from many other studies and reports that document and evaluate the needs of special populations, such as seniors, those who are homeless people, youth, and people with disabilities. Among these were reports from the Santa Monica Chamber of Commerce, neighborhood associations, various funded agencies, and results of youth focus groups at Santa Monica High School, Olympic Continuation High School, Virginia Avenue Park and the Police Activities League. In addition, we reviewed minutes of meetings of City commissions, task forces, coalitions, and networks to identify issues, resources, and priorities of greatest significance to our community. All of these sources have informed Community Voices.

A COMMUNITY PROFILE



This section contains a sketch of our community drawn, in large part, from a study by the RAND Corporation, commissioned by the City of Santa Monica, as well as from survey, needs assessment, and census data. Adding to this picture are also the impressions of members of the Santa Monica community, describing their experience of the City in which they live and/or work. If you are in need of additional information — or more detail — we suggest that you turn to the source documents referenced in this section.

Population

According to City figures, 90,000 people live in Santa Monica, which has a population density of 10,470 persons per square mile within its 8.3 square mile area. This makes it one of California's most densely populated urban communities. While it is unclear how the total population will change in the future, it is expected to remain relatively stable, or decrease slightly, in the future (RAND, p. 11).

Population By Zip Code

There are five zip codes in Santa Monica, 90401 through 90405. United Way data indicate that most population growth through the year 2003 will be in zip code 90404, which is bordered by Wilshire Boulevard on the north, Pico Boulevard on the south, Centinela Avenue on the east, and 12th Street on the west, and is known as the Pico neighborhood. Most African-Americans and Latinos live in this zip code area (RAND, p. 21), as do many young adults ages 15 to 24 (RAND, p. 27). Nearly one-third of residents in their thirties and forties live in zip codes 90402, 90403, and 90405 (RAND, p. 27), with Santa Monica's most populated neighborhoods 90403 and 90405 (RAND, p. 9). The majority of seniors (23%) live in the 90401 zip code (RAND, p. 27).

Race and Ethnicity

The racial and ethnic make-up of families in Santa Monica is 71% white, 16% Latino, 8% Asian/Pacific Islander, and 4% African-American (RAND, p. 19).

Housing

According to the 1990 U.S. Census (to be updated in 2000, with results anticipated in 2002) the majority of Santa Monica households are renter households.

Households

The 1990 U.S. Census indicates that the average household size in Santa Monica is 1.88 persons, and over one-half (60%) of these households are comprised of individuals not related through marriage (RAND, p. 13). The latter figure does not account for "non-traditional" family households (e.g., unmarried heterosexual, gay, or lesbian families). There are a large number of households in Santa Monica with one person residing (RAND, p.13). In 1990, 22% of families with children under the age of 18 were headed by single females (RAND, p. 77). Of these female-headed households, 24.6% were living below the poverty level (RAND, p. 77).

Income

Median household incomes vary greatly among zip codes: In 1998, zip code 90402 had a median household income of \$89,000, while 90404 consisted largely of many households earning less than \$35,000 (RAND, p. 35).

Overall, the City's poverty rate is approximately 13% (RAND, p. 59), although a 1998 United Way survey estimates 5,415 people, or 6% of the population, on public assistance based on 1990 census data (RAND, p. 43). The discrepancy between the percentage of people in poverty and those on public assistance may indicate the presence of a population of "working poor" (RAND, p. 43). Forty-five percent of public assistance beneficiaries reside in the 90404 zip code area (RAND, p. 43).

Age of Residents

According to 1998 figures from the Los Angeles County Urban Research Division, the majority (52%) of Santa Monica residents are between the ages of 25 and 49, followed by 13% who are between 50 and 64 (RAND, p. 26). People over the age of 65 comprise 12% of the population (RAND, p. 26), which represents a 4.3% decline from U.S. Census figures. Older teens (15–19) and young adults (up to age 24) comprise 10% of the population, while children fourteen and younger represent 13% of the population; 5% of these are between the ages of 0–4 (RAND, p. 26).

Older Residents

A study titled *The Demographics of the Elderly Population of the Westside of Los Angeles County* completed in 1992 by the RAND Corporation for WISE Senior Services, found that the City's older population was "aging in place," meaning that they were not moving away after retirement (RAND 1992, p. 2). The study also found that Santa Monica's older residents were increasingly comprised of more educated and active than older persons in other areas with traditionally large senior populations (RAND 1992, p. 3). National projections indicate that older persons will account for 21% of the population by 2030.

Children

According to the 1998 Population Estimates from Los Angeles County (RAND, p. 25), 16.6% of the Santa Monica residents are under the age of 19; those five to 14 make up 7.8% of the population; and those four and under constitute 4.9%. In the 1990s, there was a slight increase in the number of small children in Santa Monica (RAND, p. 25).

Rent Control

The implications of the growth of Santa Monica's low-income and elderly populations should be viewed in light of changes in rent control effective January 1999, which allows owners of vacant units to rent them at market rate. This is a result of the State of California Costa-Hawkins Rental Housing Act of 1995, which initially allowed limited increases on voluntary vacancies up to 15% from 1996 to 1998 (RAND, p. 65). During the nine-month-period beginning in January 1999, when the increase cap was lifted,

2,610 units received vacancy increases, resulting in the loss of 1,605 units previously affordable to low-income households (RAND, p. 63).

Prior to January 1999, the median maximum allowable rent (MAR) for these units was affordable to households with an income of 80% of the adjusted County median. This is no longer the case. Depending on the size of the rental unit, the household income needed to afford the "new" median rent in Santa Monica is between \$13,000 and \$29,000 higher than the income needed to afford the "old" median rent (RAND, p. 65). The Costa-Hawkins Rental Housing Act will force families to dedicate a larger portion of their income to housing with possible implications for the "aging in place" phenomenon of the early 1990s.

Residents With Disabilities

The State Department of Rehabilitation estimates that at least 12% of the population has some kind of disabling condition. Other studies show that as many as 16% of all Americans have some disability. The relatively large population of elderly adults in Santa Monica also suggests that a significant portion of the population may be, or may become, disabled in some way. The Westside Regional Center, which serves children and adults with developmental disabilities, currently has 297 Santa Monica residents as clients. Approximately one-third of Santa Monica College's 900 students with disabilities are Santa Monica residents. An estimated 9,376 Santa Monica residents above 16 years of age had work, transportation and/or self-care limitations in 1990, representing 11% of the City's population. At the end of 1998, there were 458 people in Santa Monica diagnosed with AIDS and, of this number, 142 are still living (RAND, p. 79).

People who are Homeless

In a 1991 report by the Santa Monica Task Force on Homelessness, *A Call to Action*, the number of homeless people in Santa Monica was estimated to be between 1,000 and 1,500 on any given night, and 3,000 to 5,000 over the course of one year (*A Call to Action*, p. 1). It also stated that researchers and service providers estimate that between 30 and 35% of homeless persons in Santa Monica, and nationwide, suffer from severe and persistent mental illness (*A Call to Action*, p. 30). The recent City of Santa Monica Special Census (Homeless Census) estimates the homeless population in shelters and

on the streets at 1,037 (Homeless Census, p. 20). While recent discussions at community meetings have pointed to an absence of services for homeless youth, who are perceived to be a rapidly growing segment of the population, Homeless Census data did not find a significant number of youth who were homeless. The following descriptive data on Santa Monica's homeless residents was drawn from the Homeless Census (Homeless Census, p. ii):

- n Slightly over one-quarter of homeless residents were women and three-quarters men.
- n Women made up a disproportionately large share of the shelter population and men predominated among residents sleeping outdoors.
- n The average age was 41 years; individuals sleeping in shelters tended to be younger than those sleeping outdoors.
- n Ethnic and racial characteristics of homeless residents were similar inside and outside of shelters. Half were white, 25% African-American, 18% Latino, 3% Native American, and 2% Asian/Pacific Islander.
- n On the night of the Census, 36% of homeless residents slept in shelters and 64% slept outdoors.
- n Among homeless residents, 80% said there were homeless regularly.
- n The lowest rates of chronic homelessness were among young adults in their mid-twenties to mid-thirties, with the next lowest group 55 or older.

Other Community Attributes

In addition to reports and studies, community residents, activists, health and human service providers, clergy, elected officials, and others have provided assessments of Santa Monica and why it is a special place in which to live. The following representative statements mainly speak to our collective strengths — the resources that can help solve our community's social problems.

- n Santa Monica is a compassionate, philanthropic community; people contribute their time and money in support of community organizations and efforts.
- n Residents are actively involved in community institutions and, in many instances, community involvement is a family tradition.

- n Santa Monica's dense housing structure and population contribute to a neighborhood feeling and sense of community, although socio-economic differences tend to separate residents.
- n The City is growing in prominence as a regional, national, and international tourist destination, as a corporate business locale, and as a center for arts and culture.
- n Santa Monica's abundance of talent, intelligence, and financial wealth constitute resources that can be directed toward mitigating its social challenges.

Using this community profile as a springboard, the City is planning to create an inventory of programs and services that responds to the broad range of Santa Monica residents' human service needs. This inventory will include City-funded programs as well as services offered by other agencies, community groups, religious organizations and neighborhood associations. We expect to have the inventory completed in 2000. It will serve as the basis for a user-friendly guide to Santa Monica programs and services.

ASUMMARY OF THEMES AND PRIORITIES



This section is divided into two parts: themes and priorities. The first section describes themes — general areas of community concern focusing on issues of infrastructure, communication, and coordination. Themes are about how we do what we do, rather than about specific needs, new services that we should offer, or existing services that we should augment. The second section describes first the priorities shared by a broad cross-section of community members, and then the priorities identified in specific service areas, such as youth, low-income families, and the elderly.

The following discussion of themes and priorities is not meant to focus only on problems or gaps in services. Rather, it is an opportunity to consider how we can improve upon the high quality of our existing human services network.

Themes

The following have emerged as issues of concern to a broad cross-section of populations and programs:

- n Increase public awareness of programs and services
- n Increase access to services
- n Expand prevention approaches
- n Improve service quality and consistency
- n Expand the availability of affordable facilities for agency and community uses
- n Improve coordination and communication
- n Develop community capacities
- n Develop more flexible methods of accountability

Each of these themes is discussed in more detail, below. You will also see many of them referenced in the discussions of needs and priorities.

Increase Public Awareness of Programs and Services

Data found that there is a lack of public awareness of services targeting residents of Santa Monica. A fundamental concern raised from sources was that persons in need, and even those who advise or care for them, may be unaware of available resources or may not know how to access them. A number of creative ideas were discussed for increasing public awareness, including targeted and general media campaigns, and developing an easy to maintain directory of services, on line and in print, with up-to-date information on hours of operation, fee structure, and eligibility requirements.

Increase Access to Service

Improving access to services is a fundamental issue that was raised by a broad spectrum of community members and human service providers. Access-related issues ranged from an agency's policies and practices, to how it is staffed, to where the program is located. The following represent specific examples of service access issues:

- n Cultural or linguistic misunderstandings occur between agencies and clients when providers are unable to communicate in the client's primary language.
- n Some community services are not designed to accommodate clients who have special needs, such as people with disabilities or older people.
- n Convenient, alternative modes of transportation are lacking for youth, people with disabilities, and older adults.
- n Most services are not available during evening hours or on weekends when working people and homeless people are most able and likely to use them.
- n Some services, such as childcare or parenting support programs, are too expensive for many residents.
- n "Red tape" and intrusive questions deter some from utilizing services.
- n Some clients are labeled "difficult" or noncompliant. Once this occurs, a client may not receive the service benefits available to other users.

Expand Prevention Approaches

The importance of using a prevention approach to respond to community needs and resolve problems was emphasized by many of the participants in the Community Voices Gathering. Individuals emphasized this approach in meetings and at key community conferences, and in the previously described source data (minutes, plans, notes, agency reports) analyzed during this planning effort.

Prevention programs require a proactive, rather than a reactive approach, with greater emphasis placed on evaluation, education, and taking positive steps to offset potential problems. Realizing a prevention philosophy can present a formidable challenge to human service providers and community advocates, particularly given that many existing programs are designed to deal with crises, solving problems after they occur. Also, prevention approaches usually require the involvement of multiple entities — nonprofit, governmental, and private — adding additional layers of complexity. Most providers emphasize that in the “real world” of front-line service delivery, sufficient human and financial resources will be necessary to plan, implement, and evaluate new models and methods for service delivery based on a prevention philosophy. Examples of prevention approaches referenced in this planning process include:

- n Tutorial and mentoring programs for children, teens, and young adults
- n Enrollment in California Healthy Families and Medi-Cal programs
- n Outreach and home visiting to new families
- n Parenting classes, especially for young parents
- n Opportunities for seniors to volunteer in the community or attend classes to reduce isolation
- n Independent living programs for people with disabilities

Improve Service Quality and Consistency

Multiple voices have spoken of the need to improve the quality and consistency of services. From a community perspective — supported by data from the Community Voices Survey, among other sources — inadequate staff training is viewed as a top barrier to service quality.

Agency personnel are also concerned about how to improve the programs and services they offer. While they did not identify inadequate training as a primary barrier, they did underscore the high value they place on ongoing staff development opportunities, including cross-training that increases the diversity of staff skill and knowledge. Also high on their list is the ability to offer competitive salaries to draw better trained, more qualified staff and help ensure staff retention with a positive impact on service consistency. The following lists some of the other key suggestions related to service quality and consistency:

- n Involve participants — especially diverse groups such as youth, persons of color, and the poor — in planning new services or delivering existing services in new ways
- n Encourage service providers to explore new programs that specifically target the needs of diverse populations and communities not traditionally reached through standard approaches
- n Ensure that services have as a goal the self-determination and self-advocacy of their clients, and to that end provide them with the tools and opportunities to achieve that goal
- n Provide training and cross-training for agencies and City government to improve responsiveness to community needs

Expand Availability of Affordable Facilities

Human service agency representatives and community members discussed the need for additional, accessible facilities throughout Santa Monica. This discussion resembled, in many ways, the community's concern about the lack of affordable housing.

Agency staff, including participants in the Executive Directors' Roundtable, concur that it is increasingly difficult to purchase and/or lease space within City limits. This means either that services must move out of Santa Monica, or that agencies must devote more of their limited dollar to facility costs. Recently, three Santa Monica agencies with a long history of service were forced to relocate outside the City because they could not afford to pay leasing costs. Four more agencies have requested increased subsidies from the City to pay for the escalating costs of their leased facilities. The forced flight of agencies

away from Santa Monica will certainly impact the City's ability to provide the range and quality of service residents have come to expect. Suggestions for how the City might expand the availability of affordable facilities for human service provision include:

- n Provide one-time capital grants for facility purchase or improvement
- n Help agencies identify the potential for "shared-use" facilities in City- and County-owned buildings as well as private structures
- n Provide "fair-share" support for lease and other facility-related costs based on real market costs

From the perspective of community members, the City is asked also to increase the availability of space for community use through better utilization of existing City facilities such as parks, schools, libraries and community centers, and through the new use of private facilities such as existing or potential community rooms in banks, shopping centers, or hospitals.

Improve Coordination and Communication

A recurring concern is the need to improve communication and coordination between the various groups and individuals who are charged with administering various components of the human services network. Suggestions include:

- n Increase coordination and collaboration in the areas of planning, service delivery, and fundraising to enable agencies to provide comprehensive services, fill gaps, and implement community plans
- n Ensure that collaborative funding and service delivery efforts include the City of Los Angeles, Los Angeles County, and private funders
- n Improve coordination between law enforcement and human services, particularly in the areas of domestic violence, youth services, and homeless programs
- n Increase opportunities for neighborhood and community groups to exchange information and contribute to shaping the future of the City
- n Provide information about all available programs and services, including private and City-funded services, and services offered by human service agencies, community groups, schools, hospitals, religious institutions and others

- n Improve coordination of case management services to reduce duplication of services by providers and assure careful oversight of client progress

Develop Community Capacities

The issue of capacity building — whether within organizations, neighborhood groups, or individuals — is a recurrent theme that emerged from Community Voices data. Agency representatives, in particular, identified a lack of capacity — money, people, training, and/or adequate systems — as a key barrier to effectively implementing community plans, particularly when retooling of skills and expertise is required to deliver quality coordinated care across disciplines and agencies for people with complex or multiple needs.

Develop More Flexible Methods of Accountability

Accountability — the notion that programs must demonstrate their reason for being through an objective assessment of their effectiveness — is often easier said than done, especially when diverse programs are being compared with one another. While a consensus did not emerge from Community Voices about the best way to ensure accountability, there was agreement that all agencies should be subject to equal, appropriate evaluation so that residents can be assured that high standards are maintained. Suggestions for moving in this direction include:

- n Develop standard outcome measures across agencies that provide similar services
- n Develop methods of accountability that minimize “number crunching” for its own sake, and require only meaningful data

Shared Needs and Priorities

Over 1,500 residents, community leaders, and service providers participated in various components of Community Voices, not including the over 400 respondents to the Neighborhood Services Survey. The following summarizes those needs or priorities that were identified by a cross-section of the community as top priorities. They are listed in rank order.

- n Affordable housing
- n Health care access
- n Youth services with an emphasis on teens
- n Early childhood development services and family support

Priorities by Area or Population

Here we provide information about specific service needs and priorities in broad categories of service. The approach is to present an overview of the state of the problem being addressed, priorities as identified through Community Voices, followed by a list of “What We’ve been Supporting,” i.e., the programs and activities currently funded by the City and its network of service providers.

Services to Children, Youth, and Families

Overview

The first comprehensive assessment of the needs of Santa Monica’s youth and their families occurred in 1989 with the publication of Kids in Santa Monica, Part 1: “The Community Speaks Out,” and Part 2: “An Action Plan for the 1990s.” These documents identified problems facing families with children and provided possible solutions. In Part 1, it was stated that, “Young people today feel especially fragile and vulnerable. They are exposed to pressures at increasingly early ages . . . they feel unsafe and threatened by a variety of things, ranging from earthquakes to random gang violence.” The report also points out that youths share feelings of lack of control and choices, powerlessness, and skepticism.

Recent data developed through Community Voices, as well as other studies and community events completed in the last decade, suggest that needs haven’t changed much. For example, although enhanced coordination among service providers has led to some improvement in school-based services, more collaboration is still needed to assure consistent, barrier-free support.

A new challenge that will profoundly affect youth and their families is that of recent welfare reforms. Cessation of welfare payments after five years, regardless of circumstances, will have dire economic consequences for families if adult household members

do not find work that can support a family. On the other hand, if adults are successful in finding employment, they are no longer available to care for the children in the household. This outcome shifts the burden to another part of the system which must create additional childcare programs.

Welfare reform aside, there is an abiding need for better access to quality childcare services. In addition to the practical needs of parents, current research on infants and toddlers reveals the importance of enriched, nurturing environments, as well as early assessment and intervention to detect and address problems. Without early assessment of a child's cognitive problem solving skills, gross and fine motor development, language and social development, and emotional self-regulation, developmentally impaired children may be placed inappropriately in remedial or special education classes once they enter public school.

On a positive note, preliminary data from the County of Los Angeles Childcare Needs being completed in collaboration with the City of Santa Monica and Connections for Children (available through the Division in March) find that:

- n Although 300 residents are on a wait list for subsidized childcare, the supply of childcare may be adequate to meet the need.
- n There is an approximate vacancy rate of 24% (85 spaces) in family childcare programs and 10% (380 spaces) in center-based programs.
- n Thirty-nine percent (39%) of family child care providers, and 85% of childcare center providers, have bilingual (Spanish/English) capacity.

This preliminary information is very hopeful. It presents the possibility that a well-planned private-public partnership can positively impact childcare services in Santa Monica as long as the issues of affordability, quality, and the availability of full-time care, particularly for infants and toddlers, can be effectively addressed. Thus, the following priorities identified through Community Voices data should be considered in light of both the challenges and opportunities before us.

- n Establish and expand early childhood and family support programs, including childcare, which focus on the healthy development of children from prenatal to five years of age and their parents/caregivers.

- n Create Family Resource Centers (FRCS) on school campuses, in parks, or in other community settings to provide opportunities for families from diverse neighborhoods to come together, receive support, and learn about one another. Violence among youth has emerged as a community-wide problem, and frcs may also provide a safe context to learn conflict management skills and act as a resource to families by offering parenting education, child development classes, and academic support.
- n Expand services for teens and older youth, including family and youth leadership opportunities.

Other suggestions for expanded services to children, youth and their families include:

- n Establish additional youth centers, “safe places” where youth can congregate
- n Expand school-based counseling and support services
- n Expand programs addressing teen pregnancy and youth violence
- n Create additional meaningful employment experiences for youth
- n Develop more academic and employment career mentoring programs
- n Increase job training and employment opportunities for adults with children
- n Increase the supply of affordable rental housing and rehabilitation of Santa Monica’s aging housing stock

What We’ve Been Supporting

Santa Monica currently funds the following programs and services for youth and their families:

- n Conflict resolution services and training in middle schools
- n Group counseling services at Olympic Continuation High School
- n Publication of *Kidscape*, a guide to recreational activities for families
- n Academic support during after-school programs administered by youth service agencies
- n School- and park-based youth programs offering tutoring and cultural and recreational activities
- n Police Activities League (PAL) Youth Center, offering cultural and social programs for youth (ages 6 to 17)

- n Employment and academic support for Santa Monica College students who reside in Santa Monica's Pico neighborhood
- n An apprentice program for young adults (18–24 years), offering employment and training at the City's public works facilities
- n School- and community-based individual and family counseling, case management, and supportive services, such as parenting education
- n Housing Authority and Family Self-Sufficiency programs that provide rental assistance and supportive services for low-income households receiving Section 8 certificates
- n Comprehensive case management services, including job preparation and placement, conflict resolution, college planning, and services for teen parents at risk of dropping out of school
- n Leadership training for Latino parents linked to schools
- n Leadership training and peer counseling at Santa Monica High School
- n CREST (Childcare, Recreation, Enrichment, and Sports Together), a collaboration between the City and the Santa Monica-Malibu Unified School District, available at all Santa Monica elementary schools providing a range of after-school and summer options for children

Services To Older Adults

Overview

Many older adults in Santa Monica live on fixed incomes and are isolated from family, friends, and community services. With the advent of welfare reform and anticipated changes in Medicare and Medi-Cal in-home assistance, SSI benefits may be dramatically reduced or eliminated and Medi-Cal benefits significantly curtailed.

Elderly residents are justifiably concerned about becoming victims of fraud. Much of the information they receive from health care agencies, insurance agents, financial advisors and government entitlement administrators is needlessly complex and confusing. Education and other activities for older adults can help them achieve greater control over their lives and protect their savings.

From data looking specifically at the needs of older adults, the following were top priorities:

- n Preserve and expand the supply of affordable housing for seniors
- n Increase opportunities for seniors to share their wisdom and talent through volunteerism, intergenerational mentoring, and transportation alternatives

Other priorities also identified include:

- n Provide education and legal aid to protect seniors from becoming victims and teach them to be their own advocates
- n Maintain affordable long-term care and support for aging family members
- n Provide recreation and outdoor activities for older adults
- n Offer supportive services geared toward stabilizing health or adjusting to limitations
- n Offer supportive services ranging from in-home visitation and meal preparation to geriatric services and counseling
- n Provide alternative modes of transportation (shuttle services, taxi vouchers)
- n Expand respite programs for adults who care for aging parents
- n Provide translation for Latino seniors to aid access to all services
- n Centralize services with ease of access
- n Increase pedestrian safety through community awareness, visible signage, and enforcement of traffic violations

What We've Been Supporting

Santa Monica funds the following programs and services that target older adults:

- n Day care services for older adults with Alzheimer's disease and other debilitating conditions
- n Money management services, including bill paying and representative payee assistance
- n Home delivered meals to homebound older adults
- n Case management and peer counseling services

- n Advocacy opportunities for seniors through the Commission on Older Americans (COOA), the Senior Recreation Center Council, and the Senior Nutrition Program Advisory Council
- n Health services, including geriatric care
- n Para-transit services
- n Congregate meal programs at four locations
- n Involvement of seniors in volunteer opportunities City-wide
- n Recreational trips, classes, and social activities
- n Recreational activities targeting older Latino adults

Services to Persons with Disabilities

Overview

The term disabilities services describes programs provided people living with physical, learning, health, or psychiatric challenges. A variety of such services are offered to Santa Monica residents, although service providers vary widely in their awareness of disability issues and their degree of accessibility. Santa Monica's support for people with disabilities is consistent with the Americans with Disabilities Act (ADA) of 1990, which provides anti-discrimination protection for people with disabilities.

Included in this category are persons living with AIDS. Based on input from people with disabilities and their advocates, the following have been identified as top priorities:

- n Increase the availability of affordable, accessible housing, the lack of which represents the primary obstacle to fostering independence
- n Expand public education and advocacy efforts including a campaign that addresses issues of access and the Americans with Disabilities Act (ADA, targeting both Santa Monica business and the general public)
- n Develop an ADA compliance checklist or some kind of score card for agencies, boards, committees and City commissions
- n Increase accountability and ensure compliance through enforcement of federal, state, and local laws
- n Improve access to services for people with disabilities by eliminating physical barriers, many of which are inherent in the structure of some facilities; offering

convenient, alternative modes of transportation; and accommodating people with special needs who seek health or human services

- n Provide in-service training to social service staff about people with both hidden and visible disabilities
- n Make appointments available for people with disabilities that coincide with the availability of transportation

What We've Been Supporting

Santa Monica provides funds for the following programs and services for residents with disabilities:

- n Information and referral services for housing, government benefits, employment and other disability issues
- n Independent living skills, including vision evaluations, mobility training, assistive technology training and home accessibility modifications
- n Case management and advocacy services, including assistance to persons with HIV/AIDS
- n Para-transit services
- n Social and recreational programs for persons with developmental disabilities
- n Public facility and infrastructure improvements, such as curb cuts, barrier removal, and improved signage
- n Westside Special Olympics offering training and competition opportunities in fourteen sports year-round, for ages 8 and up with developmental disabilities

Affordable Housing

Overview

Data from Community Voices show that the issue of affordable housing is of the highest priority to a broad cross-section of residents and human service providers. It is a critical issue affecting the majority of low-income residents in Santa Monica, with seniors and residents of the Pico neighborhood at greatest risk of losing their residence without resources to relocate or find affordable units elsewhere.

Because of changes in California state law, vacancy controls have been lifted and prices

are soaring on vacant rent-controlled units in the City. Between September 1995 and September 1999, the number of rent-controlled units affordable to low-income households (i.e., households earning less than or equal to 50% of the Los Angeles County median income) dropped from 10,920 to 6,075 — a loss of 4,845 low-income units. Additionally, it is estimated that 9,633 (29%) of the City's total renter-households and 2,932 (24%) of the City's total homeowners are overspending for housing — that is, they are spending more than 30% of their income for housing.

Since 1986, 1,085 affordable units have been withdrawn from the rental housing market in Santa Monica as a result of the Ellis Act, which permits landlords to remove units from the rental market without first obtaining a removal permit from the City's Rent Control Board. The 1990 U.S. Census documented 2,355 rental units having three or more bedrooms; however, of the 1,837 large family households, most were low and moderate income, and few could afford the larger units. According to the U.S. Census, two-thirds of the large rental units were renting for more than \$750 a month, necessitating a minimum household income of \$30,000 to afford them.

The City has recognized, with input from the Housing Commission, the Commission on Older Americans, and other community advocates, that addressing the issue of affordable housing must be a priority in order to maintain Santa Monica's diversity, and that effective strategies that preserve affordable housing stock must be developed. Also, that lower income households with special needs, such as senior citizens and people with disabilities, often require supportive services to effectively maintain their housing.

The following are specific priorities in the area of affordable housing based on the FY 1995–2000 Consolidated Plan and Community Voices data:

- n Stop the loss of affordable multi-family rental housing through demolition or conversion to other uses
- n Better coordinate supportive services with housing assistance programs
- n Promote fair-housing opportunities throughout the City for low income and minority households
- n Create additional low-cost rental housing for large households
- n Identify additional federal and state funding for housing and supportive services

What We've Been Supporting

- n Building and rehabilitating housing for low- and moderate-income individuals and households in Santa Monica
- n Establishment of the City's Multi-Family Earthquake Repair Loan (MERL) program to provide repair, replacement, and maintenance of housing damaged or destroyed by the Northridge earthquake, which has funded the repair or replacement of 587 units, including 248 affordable units, since its inception
- n Creation of the Tenant Assistance Rental Program (TARP) for Section 8 housing, helping to sustain tenants with supplemental funding from the City when their rent increases above Section 8 allowable costs
- n Assistance to first-time home buyers through a shared appreciation program and through the Inclusionary Housing Program
- n Rehabilitation, lead-based paint testing, and home security repairs on units occupied by low- and very low-income households by the City's Low-Income Residential Repair program
- n Support for the maintenance of more than 800 units of permanent affordable housing through funding the Community Corporation of Santa Monica
- n Oversight of application of the City's Rental Control Law for approximately 30,000 units by the City's Rent Control Board

Services for People Who are Homeless

Overview

Coordination among homeless service providers has improved significantly over the past several years, with an increased emphasis on placement in housing, employment, and supportive services. Services are dispersed through a variety of agencies providing a broad range of programs, including to mentally ill people who are “dually diagnosed,” that is, those with chronic health problems, learning disabilities, or substance abuse problems in addition to having a psychiatric illness.

Data suggest that both providers and consumers believe that current services do not meet the level of need for people who are homeless. Of primary concern is the need for services during nontraditional hours so that people may get help when they are ready,

able, or in greatest need. Currently, there are virtually no service access points after 4:00 p.m. on weekdays and none at all on weekends. Without such access, an individual might spend a week or more on a wait list for shelter placement.

Once a person who is homeless has accessed a service, such as a shelter or day center, the provider must have the capacity to assist him or her in overcoming significant barriers to stabilization, job readiness and, ultimately, self-sufficiency. For example, many individuals must overcome the deleterious effects of life on the street, including the negative impact on one's medical, dental, and mental health. Many also face a host of legal obstacles such as outstanding warrants or criminal records, lack of proper identification, bankruptcy and/or housing evictions.

There are a few service priorities identified in the previously discussed Task Force on Homelessness: Call to Action (1991) that both consumers and service providers still find relevant today. They are:

- n Increase agency capacity to provide intervention services during non-traditional hours, such as evenings (after 4 p.m.) and weekends
- n Advocate on the county, state, and federal levels with a special effort to involve surrounding cities in providing homeless services or funding such services in Santa Monica
- n Link food programs provided by the faith community, and others, with social services

In addition, continuing to focus on long-term stabilization strategies, with an emphasis on targeting the dually diagnosed, was identified as a top priority in Community Voices data. Other priorities include:

- n Provide more access to emergency beds including beds for special populations (e.g., mentally ill women, seniors, and people who are temporarily ill)
- n Expand access to health care, dental care, and mental health care, possibly based on a mobile health care model
- n Expand access to comprehensive legal services
- n Include more transitional beds and housing units, as well as an expanded emergency cold-weather program

- n Educate shelter staff on a variety of issues that come up on a daily basis, such as working with hiv-positive clients and those with psychiatric disorders
- n Offer specialized services for runaway and homeless youth

What We've Been Supporting

Santa Monica funds the following programs and services for people who are homeless:

- n Outreach and emergency day center services
- n Food assistance through food bank distributions
- n Coordinated case management and supportive services involving ten organizations
- n Coordinated tracking of services and outcomes through a computerized case management system
- n Emergency and transitional housing programs, including services that address the special needs of homeless mentally ill women
- n Employment training and placement assistance
- n Permanent housing placement assistance

Community Services

Overview

Community Services refer to employment counseling and job training, legal services including tenant/landlord and other issues, domestic violence services (including counseling and shelters, educational, and legal services), dispute resolution mediation, and health services. All of these critical services cut across socioeconomic and geographic lines. While many are provided to residents with low–incomes, some are also available to other residents in need.

Community services were developed by the City in response to calls for community action from several sectors. The Commission on the Status of Women, for example, advocated for a legal clinic to assist women with child custody issues and obtaining temporary restraining orders. Counseling services and domestic violence education and training were later established to meet an increasing need for specialized interventions and information about available resources. Legal services were expanded after changes

in California's rent control laws to assist residents in resolving tenant/landlord disputes with the Rent Control Board and in court.

Priorities in the area of community services include:

- n Expand health care access, which was second to affordable housing in the list of priority needs identified by the community
- n Expand employment and job training programs, which were the third most-identified priority needs
- n Expand the neighborhood resource center model, and create resource centers in parks, libraries, schools and community centers to provide services ranging from basic information and referral to on-site direct services offered by staff out-stationed from agencies located elsewhere
- n Increase the availability of legal services, with tenant/landlord services a top priority for low-income families, seniors, and persons with disabilities who are most affected by vacancy decontrol and changes in the Ellis Act

What We've Been Supporting

Santa Monica funds the following community services:

- n Free primary health care and specialty care for low-income residents
- n Employment services that assist low-income and homeless adults and low income youths to become self-sufficient through direct employment, case management, and apprenticeships
- n Mediation, conciliation, arbitration, and training to reduce court action and tensions in neighborhoods and schools
- n Legal services including general counsel, tenant/landlord services, and restraining order clinics
- n Domestic violence shelter, crisis intervention hotline, and counseling services for battered women and their children
- n Case management support to families participating in the Housing Authority's Family Self-Sufficiency Program
- n Dispute resolution and conflict management training
- n Community outreach, information, referral, case management and advocacy services targeting Spanish-speaking residents of the Pico neighborhood

A DISCUSSION OF DATA FROM THE **COMMUNITY VOICES AND NEIGHBORHOOD SURVEYS**



Introduction

The following summarizes data obtained from the Community Voices Survey (CVS), which was designed to complement other surveys including the City's annual Neighborhood Services Survey (NSS), the City-authorized Special Census (Homeless Census) conducted October 27, 1999, and a profile of the Santa Monica community completed by the RAND Corporation. The CVS was distributed in English and Spanish in the November 1999 issue of *Seascape*, a free community newspaper produced by the City. It was also made available through key community agencies, at the Community Voices Gathering, at libraries and on the City's web page.

CVS was not designed as a "Nielsen-type" survey where we say with some precision that a certain percentage of households in Santa Monica view a particular issue in a certain way. Rather, it was designed to provide another opportunity to hear from residents who might not otherwise have input into the Community Voices process. Approximately 1,000 surveys were returned, of which 2.4% were completed in Spanish.

Godbe Research and Analysis conducted the NSS for the City, also in November 1999. This timing was fortuitous as it provided an opportunity for Human Service Division staff and consultants to design questions relevant to Community Voices to be incorporated into this broad assessment of City services, issues and needs.

The NSS was a random telephone survey that sampled a total of 400 adult Santa Monica residents using a random digital dial design and a standard screening question. A process of sample "weighting" was utilized based on the 1990 Census to adjust the sam-

pling procedures to assure that non-white residents were included in the study. After weighting, the ethnic/racial breakdown of respondents is: 72.5% Caucasian/White, 12.6% Latino, 5.9% Asian/Pacific Islander, 4.1% Black, 0.3% Native American and 0.5% Undecided (NSS, p. 12). The complete NSS report is available through the Human Services Division.

There are some differences between the questions asked by CVS and NSS, as well as the process used to analyze results. Therefore, although comparative information is indeed helpful, it is generally presented in a rank-order tabular form for ease in comparison. Scales are not reported as they do not match-up with one another.

Descriptive Information

The following is a descriptive profile of respondents:

Respondent Zip Code

Respondents were primarily from three zip codes, 90403, 90404, and 90405, and were fairly evenly split (Figure 1: Zip Code Comparisons in Order of Percentage). Very few respondents were either homeless or non-residents of Santa Monica. This is consistent with the RAND Report and NSS that show the same three zip codes having the largest City populations.

Figure 1: Zip Code Comparisons in Order of Percentage

Zip Code	CVS	RAND Report	NSS
90405	35.80%	31%	26.8%
90403	23.70%	25%	28.7%
90404	22.40%	29%	25.3%
90401	8.00%	3%	6.1%
90402	7.60%	12%	13.2%
Non-resident	2.00%	N/A	N/A
Homeless	0.04%	N/A	N/A

Respondent Age

Virtually all respondents in both the CVS and NSS process were adults. More than one-half of CVS respondents were between 25 and 55 years of age (60.1%). Thirty-eight percent (38.1%) were 56 years of age and older. There was a very small representation of age groups thirteen years and under, 14 through 17 years, and 18 through 21 years of age. The NSS report, which used different age categories, showed the following: 18 to 24 years of age, 9.4%; 25 to 44 years of age, 47.9%; 45 to 64 years of age, 26%; 65 years of age and older, 15.4%. The RAND Report found that persons in their 30's constitute the bulk of residents at 25%. Figure 2 compares the two surveys based on rank ordering by age of respondents.

Figure 2: Age Ranges for Respondents

Age of Respondent	CVS	Age of Respondents	NSS
25 to 55	60.10%	25 to 44	47.9%
56 & Older	38.10%	45 to 64%	26.0%
18 to 24	1.30%	65 & Older	15.4%
Under 13	1.00%	18 to 24	9.4%
14 to 17	0.40%		

Respondent Gender

Slightly less than two-thirds (64.3%) of respondents to CVS were female, and one-third (35.7%) male.

Respondent Race/Ethnicity

The majority of CVS respondents were white (77.5%). Other races were fairly evenly distributed, ranging from 1.2%, Native American, to 6.6%, Latino/Hispanic. This compares to the RAND Report that found 71% of residents in the City are white and 19% were persons of color. The NSS process also approximated the City's ethnic mix. A three-way comparison is seen in Figure 3.

Figure 3: Race/Ethnicity Comparisons in Order of Percentage

Race/Ethnicity	CVS	RAND Report	NSS
White	77.50%	71%	74.1%
Latino/Hispanic	6.60%	16%	7.0%
Multi-racial/ethnic	4.70%	N/A	N/A
Asian-Pacific Islander	4.20%	8%	6.5%
African-American	3.00%	4%	3.7%
Other	2.80%	N/A	4.2%
Native American	1.20%	1%	1.0%

Respondent Income

Slightly more than 40% of CVS respondents had an average annual household of \$40,000 or less. All CVS reported household incomes were fairly evenly distributed with the income category \$75,000 to \$99,000 having a slightly lower comparative representation. The RAND Report showed household median income by zip code. Overall, the reported median household income is \$48,934, with zip code 90402 having the highest household median income of \$88,861, and zip code 90401 with the lowest household median income at \$31,410. NSS used a different schedule of household income thresholds. The ranking of household income of respondents by CVS and NSS are seen in Figure 4.

Figure 4: Household Income of Respondents

Household Income	CVS	Household Income	NSS
\$15,000 to \$33,999	24.30%	\$35,000 to \$49,999	14.4%
\$34,000 to \$49,999	20.10%	\$100,000 or more	13.9%
Less than \$15,000	16.90%	\$50,000 to \$74,999	13.4%
\$100,000 or more	15.30%	\$75,000 to \$99,999	10.4%
\$50,000 to \$74,999	14.50%	\$25,000 to \$34,999	8.0%
\$75,000 to \$99,000	9.00%	\$20,000 to \$24,999	5.7%
N/A	N/A	\$15,000 to \$19,999	3.7%
N/A	N/A	Under \$14,999	6.7%

Respondent Disability

Slightly greater than one-fifth (21.9%) of CVS respondents indicated that they have a disability. The majority (74.4%) indicated that it was a physical disability, followed by 18.1% with a psychiatric disability. Comparable data was not available from the other survey sources.

Figure 5: Type of Disability Reported

Type of Disability	Percent
Physical Disability	74.4%
Psychiatric	18.1%
Learning	7.4%
Developmental	.9%

Service Availability

CVS respondents were asked whether they had used a Santa Monica agency in the last 12 months and to indicate the need for expanded services by category based on a one to five ranking, with a "five" indicating overwhelming need for more services. Slightly more than one-third of respondents (37.5%) reported that they had used a Santa Monica agency in the last twelve months, compared with 19% of NSS (p. 59) respondents. The mean number of times that CVS respondents had used an agency was 1.39, though usage ranged up to eight times.

The 5-point scale allowed CVS respondents to identify health and human services needing expansion. The top five services were, in order of ranking (Figure 6): health care access (3.39), recreation for teens/older youth (3.32), employment and job training (3.22), mentoring or tutoring for older youth (3.21) and parenting education (3.18). These priorities do not necessarily represent those services used most frequently by respondents.

Figure 6: Service Availability

Service Category	12 Month Use	5 pt. Service Need
Health Care Access	24.00%	3.39
Recreation for Teens/Older Youth	7.38%	3.32
Employment & Job training	9.71%	3.22
Mentoring or Tutoring for Older Kids	4.76%	3.21
Parenting Education	7.09%	3.18
Affordable Housing Assistance	12.00%	3.16
Mentoring or Tutoring for Children	5.90%	3.10
Emergency Food/Clothing/Shelter	4.52%	3.07
Childcare or Early Childhood Dev.	9.35%	3.06
Transportation	33.00%	3.02
Drugs and Alcohol	5.19%	3.01
Recreation for Disabled Persons	6.11%	2.98
Domestic Violence	3.49%	2.92
Recreation for Seniors	12.00%	2.92
Legal Counseling or Advice	14.00%	2.91
Independent Living	8.52%	2.85
Individual & Family Counseling	15.00%	2.84
Adult Education	29.00%	2.81
Adult Day Care & Health Care	6.20%	2.74
AIDS/HIV	4.65%	2.68
Self-Help Support (e.g., AA, OA)	11.00%	2.66
Conflict Resolution	5.84%	2.61

By comparison, the NSS (p. 57) asked residents whether they perceive that there is a low, moderate or high unmet need for certain services in the City, or if needs were currently being met. The five highest rated needs were affordable housing, AIDS/HIV services, recreation for teens, and drug and alcohol services and recreation for persons with disabilities. A side-by-side comparison of the highest ranked needs is shown in Figure 7.

Figure 7: Service Priority Need Comparisons

NSS	CVS
Affordable housing	Health care
AIDS/HIV	Recreation for teens/older youth
Recreation for teens	Employment and training
Drug and alcohol services	Mentoring or tutoring teens/older youth
Recreation for persons w/ disabilities	Parenting education

CVS respondent views on the need for expanded services were also analyzed by subgroups including families with children under 18 (Figure 8), people with disabilities (Figure 9), persons 56 years and older (Figure 10), and according to household income (Figure 11). The following charts indicated the top five needs by these subgroups.

Figure 8: Families with Children Under 18

Top Service Ranking	Service Need
Rec.: Teens/Older Youth	3.58
Childcare/Early Develop.	3.51
Mentor/Tutor Older Youth	3.32
Transportation	3.31
Mentor/Tutor: Children	3.27

Figure 9: People with Disabilities

Top Service Ranking	Service Need
Health Care Access	3.69
Affordable Housing Assist.	3.65
Rec.: Teens/Older Youth	3.42
Employ. & Job Training	3.39
Transportation	3.38

Figure 10: Persons 56 and Older

Top Service Ranking	Service Need
Healthy Care Access	3.38
Recreation for Teens/Older Youth	3.31
Mentoring and Tutoring for Older Kids	3.13
Employment & Job Training	3.12
Parenting Education	3.10

Figure 11: Ranking of Service Need by Income

Top Ranking	Need	Top Ranking	Need	Top Ranking	Need
< 15 K		<13K - \$33,999		\$34K-\$49,999	
Affordable Housing	4.05	Health Care Access	3.54	Rec. Teens/Older Youth	3.32
Health Care Access	3.86	Employment/Job Training	3.46	Health Care Access	3.31
Rec. Teens/Older Youth	3.63	Affordable Housing	3.27	Parenting Education	3.27
Transportation	3.63	Parenting Education	3.25	Employment/Job Training	3.23
Emerg. Food/Shelter	3.57	Rec. Teens/Older Youth	3.23	Parenting Education	3.18
Top Ranking \$50 - \$74,999		Top Ranking \$75- \$99,999		Top Ranking > \$100,000	
Rec. Teens/Older Youth	3.35	Rec. Teens/Older Youth	3.41	Health Care Access	3.39
Childcare/Early Dev.	3.33	Health Care Access	3.39	Transportation	3.32
Mentor/Tutor Older Youth	3.24	Mentor/Tutor Older Youth	3.33	Employment/Job Training	3.22
Health Care Access	3.23	Childcare/Early Dev.	3.32	Mentor/Tutor Older Youth	3.21
Mentor/Tutor Younger Youth	3.16	Parenting Education	3.31	Parenting Education	3.18
Employment & Job Training	3.16			Rec. Disabled Persons	3.18

Quality of Services Provided

CVS respondents (Figure 12) were asked to indicate whether they were aware of specific issues that affect a person’s ability to access services or his or her experience in receiving services. A five–point scale was again used based on the following: 1= never, 2 = rarely, 3 = sometimes, 4 = usually, and 5 = always. The top issues identified by respondents were: service providers need more training (3.28); long waiting lists (3.26), and unavailability of childcare (3.18).

Figure 12: Quality of Services Provided

Quality of Services	Never (1)	Rarely (2)	Sometime (3)	Usually (4)	Always (5)	Mean
Service providers need more training	5.5%	14.8%	39.9%	25.6%	14.1%	3.28
Waiting lists are too long	7.4%	17.2%	32.8%	26.8%	15.8%	3.26
Childcare isn't available	9.1%	11.6%	39.9%	20.5%	8.8%	3.18
Its difficult to get info. about services	6.9%	23.2%	29.4%	23.2%	7.4%	3.01
Hours are inconvenient	8.0%	20.6%	40.5%	23.7%	7.2%	3.01
Fees are too expensive	12.5%	21.9%	37.0%	17.9%	10.7%	2.92
Without English, its hard to get help	20.1%	19.8%	34.0%	14.2%	11.9%	2.78
Transportation is hard to find	20.7%	26.1%	32.6%	13.4%	7.2%	2.60

A comparison of NSS (p. 62) and CVS responses in order of priority are presented below (Figure 13). There appears to be some agreement among the top three barriers to services in that long waiting lists and childcare were identified as top issues.

Figure 13: Comparative Ranking of Quality of Service Issues

NSS	CVS
Waiting lists are too long	Service providers need more training
Childcare isn't available	Waiting lists are too long .
Fees are too expensive	Childcare isn't available
Without English, it's hard to get help	Its difficult to get info.about services
Service providers need more training	Hours are inconvenient
Its difficult to get info. about services.	Fees are too expensive
Hours are inconvenient	Without English, it's hard to get help
Transportation is hard to find	Transportation is hard to find

A comparison of the same question by NSS and CVS low-income respondents is presented in Figure 14. While long waiting lists still concern both respondent groups (ranked three and two respectively), and neither group views transportation as a major barrier, there is some variability among perceptions of other impediments.

Figure 14: Comparative Ranking of Quality of Service Issues Among Low-Income Respondents

NSS Household Income Under \$20,000	CVS Household Income Under \$15,000
Fees are too expensive	Service providers need more training
Childcare isn't available (Tied with 3, below)	Waiting lists are too long
Waiting lists are too long (Tied with 2, above)	Without English, it's hard to get help (Tied with 4, below)
Service providers need more training	Childcare isn't available (Tied with 3, above)
Hours are inconvenient	Fees for services are too expensive
Without English, it's hard to get help	Hours are inconvenient
It's difficult to get info. about services	Without English, it's hard to get help
Transportation is hard to find	Transportation is hard to find

Santa Monica’s Strengths and Resources

Community Resources

CVS respondents were asked to indicate whether or not they were affiliated with one or more community resources. In Figure 15, we see that respondents are on the whole involved in the Santa Monica community; one-third volunteer; roughly the same percentage are affiliated with religious congregations; and slightly greater than one-quarter (27%) belong to neighborhood associations.

Visions for Santa Monica

Figure 15: Respondents’ Affiliations

Resource	Affiliated
Religious Congregations	35.0%
Residents as Volunteers	33.0%
Neighborhood Association	27.0%
Corporation/Business	22.0%
Entertainment Industry	18.0%
Retired Persons as volunteers	15.0%
City Government	7.57%
County Government	4.89%

Different, yet related questions were asked by CVS and NSS concerning whether community groups and institutions were “helpful” to the City as extensions of its health and human services resources. Figure 16 aligns the high percentage of perceived helpfulness of groups and institutions by NSS (p. 64) respondents and the perception by CVS respondents that certain groups and institutions could be even more helpful. There is strong sentiment among CVS respondents that all of Santa Monica’s resources can be even more helpful in responding to community needs.

Figure 16: Perceptions of Helpfulness

NSS Currently "helpful"	CVS Can be even more "helpful"
Residents as volunteers (71%)	Corporations/businesses (77%)
City government (69%)	City government (76%)
Neighborhood associations (67%)	Residents as volunteers (75%)
Religious congregations (65%)	Retired persons as volunteers (73%)
Retired persons (57%)	Neighborhood associations (71%)
Business community (53%)	County government (69%)
County government (45%)	Entertainment industry (68%)
Entertainment industry (43%)	Religious congregations (56%)

Visions for Santa Monica

A final area of inquiry concerned the levels of support that Santa Monica residents would provide to a variety of health and human services if funding were limited. CVS respondents were asked to indicate how they would allocate funds by service category based on having “\$10 to spend on helping people” in their community. Increasing affordable housing units was the highest ranked item (\$1.60), followed by \$1.42 to be spent on “ensuring that every child is born healthy and enters school ready to succeed.” Third and fourth rankings were, respectively, reducing the number of juveniles engaged in criminal activity (\$1.26), and improving access to health care for children and their families (\$1.12). Figure 17 ranks funding priorities.

Figure 17: Visions for Santa Monica

Visions for Santa Monica	Allocation
To increase the number of affordable housing units	\$1.60
To ensure that every child is born healthy & enters school ready to succeed	\$1.42
To reduce the number of juveniles engaged in criminal activity	\$1.26
To improve access to health care for children and their families	\$1.12
To increase the use of local parks and community centers	\$0.96
To increase the self-sufficiency & community participation of seniors	\$0.96
To ensure that all residents, including youth, will be employed	\$0.95
To increase access for people with disabilities citywide	\$0.94
To increase positive interactions among neighbors	\$0.79
	\$10.00

The NSS (p. 74) asked respondents to indicate whether the same services should receive a low, medium or high priority. Figure 18 presents the comparative ranking of aggregate priority scores for NSS respondents and dollar amounts for CVS respondents.

Figure 18: Comparative Ranking of Funding Priorities.

NSS	CVS
Juvenile crime prevention	Increase affordable housing units
Health care	Ensure that every child is born healthy & enters school ready to succeed
Services for youth	Reduce the number of juveniles engaged in criminal activity
Childcare	Improve access to health care for children and their families
Services for seniors	Increase use of local parks and community centers
Services for disabled	Increase the self-sufficiency & community participation of senior citizens
Affordable housing	Ensure that all residents, including youth, will be employed
Employment services	Increase access for people with disabilities
	Increase positive interactions among neighbors

CVS respondent views on expenditure priorities were also analyzed by subgroups including families with children under 18 years (Figure 19), people with disabilities Figure 20), persons 56 years and older (Figure 21), and according to low-income households (Figure 22). The following charts indicate the priorities by subgroup.

Figure 19: Families with Children Under 18

1. Ensure that every child is born healthy & enters school ready to succeed
2. Increase the number of affordable housing units
3. Improve access to health care for children and their families
4. Reduce the number of juveniles engaged in criminal activity
5. Increase use of local parks and community centers
6. Ensure that all residents, including youth, will be employed
7. Increase the self-sufficiency & community participation of senior citizens
8. Increase positive interactions among neighbors
9. Increase access for people with disabilities

Figure 20: People with Disabilities

1. Increase the number of affordable housing units
2. Increase access for people with disabilities City-wide
3. Increase the self-sufficiency and community participation of senior citizens
4. Ensure that every child is born healthy and enters school ready to succeed
5. Reduce the number of juveniles engaged in criminal activity
6. Ensure that all residents, including youth, will be employed
7. Improve access to health care for children and their families
8. Increase use of local parks and community centers
9. Increase positive interactions among neighbors

Figure 21: Persons 56 years and older

1. Increase the number of affordable housing units
2. Reduce the number of juveniles engaged in criminal activity
3. Ensure that every child is born healthy and enters school ready to succeed
4. Increase the self-sufficiency and community participation of senior citizens
5. Improve access to health care for children and their families
6. Ensure that all residents, including youth, will be employed
7. Increase use of local parks and community centers
8. Increase access to persons with disabilities
9. Increase positive interactions among neighbors

Figure 22: Low Income Households

1. Increase the number of affordable housing units
2. Ensure that every child is born healthy and enters school ready to succeed
3. Increase access to persons with disabilities
4. Increase the self-sufficiency and community participation of senior citizens
5. Improve access to health care for children and their families
6. Ensure that all residents, including youth, will be employed
7. Reduce the number of juveniles engaged in criminal activity
8. Increase positive interactions among neighbors
9. Increase use of local parks and community centers

Key Findings and Conclusions

Among interesting findings from the CVS are the following:

- n 37.5% of respondents have used a Santa Monica agency's services within the past 12 months.
- n 33% used transportation services
- n 29% used adult education services
- n 24% used health services
- n The five services identified as needing greatest expansion are:
 - n Health care access
 - n Recreation and teen/older youth services
 - n Employment and training
 - n Mentoring and tutoring for older youth
 - n Parenting education
- n Health care access rates are high for people with disabilities, persons over 56 years of age, and low-income persons.
- n Recreation services for teens and older youth rates are high among all sub-categories of respondents.
- n Affordable housing was rated highest for persons with a household income of \$15,000 or less a year.
- n Among issues associated with the quality of services provided, the highest rated need was for additional training for service providers, followed by long waiting lists for services, and lack of childcare during appointments.
- n There is strong consensus among respondents that all segments of the Santa Monica community can be additionally helpful in responding to unmet community needs.
- n Increasing affordable housing units was ranked as the top new expenditure category based on respondents having a total of \$10 to allocate. The second highest funded item was "ensuring that every child is born healthy and enters school ready to succeed." This concurs with priorities described by other Community Voices data sources (Community Voices Gathering, Executive Directors roundtable).

- n The profile of CVS respondents is, on the whole comparable, with the RAND demographic study and NSS. This indicates that, while CVS' methodology was not scientifically valid, CVS was successful in reaching a relatively representative cross-section of community members.

These findings represent important new insights that will likely influence priorities and funding initiatives for the year 2000 and beyond. We note, for example, the high utilization of certain services by Santa Monica residents. We also see strong agreement among CVS respondents that youth services — such as recreation and mentoring — are needed for teens and older youth. Employment and job training services also seem to be universally needed, and affordable housing remains a concern, especially for those with limited incomes. Affordable housing ranked highest in the CVS vision section concerning new dollar expenditures.

The NSS survey validated some of the CVS findings while challenging others. This information will similarly be assessed for its convergence and divergence of information provided. Both surveys also pointed to agreement that certain services are working well, such as transportation. Transportation appears to be readily used by respondents and was not identified as requiring expansion. This is interesting given anecdotal data, particularly from seniors and people who are disabled, who advocate for expansion of alternate forms of transportation. We also saw that while existing community resources — government, business, retirees, and religious—continue to make an important impact on the City's health and human services fabric, so too is their potential for them to become an even greater asset to the community.

A SUMMARY OF THE THE COMMUNITY VOICES GATHERING



Introduction

On Saturday, December 4th, 1999, between 250 and 300 community members attended the Community Voices gathering, including over 30 agencies and community groups that hosted resource tables providing information to the general public about their activities and services. After a presentation by Division staff on the Community Profile and themes that had emerged during Community Voices, attendees were invited to break into groups to discuss needs and priorities for children youth and families; people who are homeless; people who have disabilities; and seniors. They also had the option of attending “multi-topic” groups — one was offered in English, one in Spanish, and one for youth. Each group had at least 20 people in attendance with as many as 30 people in some groups.

Group participants were asked to identify critical issues and needs in their chosen service area or, for participants in multi-topic groups, across all human service areas. They were asked also to identify at least three priority needs and to present these to the entire Gathering when it reconvened.

The following summarizes those priorities shared by two or more groups. The entire list of priorities, by group, are included as Appendix A of this report. Additional notes of group discussion are available through the Division. All priorities and issues identified during the Community Voices Gathering were reviewed relative to other Community Voices data, and lend support or added substance to the discussion of priorities by service area later in this report.

Shared Priorities

- n Prevention models including programs for families and children ages 0–5; violence prevention activities in grade school; new parent support; and emergent literacy programs
- n Affordable, accessible housing
- n Affordable health care
- n Support for working families including subsidized childcare; affordable housing; job training; and employment
- n Family and youth centers including Family Resource Centers (FRCS) and neighborhood-based youth centers
- n Bringing people together across differences to nurture cross-cultural understanding; provide opportunities for neighborhood-to-neighborhood dialogue; and ensure bilingual/bicultural access to information and opportunities
- n Youth leadership opportunities such as a youth city council; internships with the business community; and mentoring opportunities
- n Improved educational opportunities and partnerships including improved school facilities; increased after-school programs meeting the needs of children and teens; increased collaboration between the school district and other City divisions to the benefit of youth and families
- n Support for working families including subsidized childcare, affordable housing, job training, and employment

APPENDIX A



Community Gathering Priorities by Group

Children, Youth and Families — Group One

1. Increase funding for schools — higher education standards
2. Increase parks for children to play
3. Expand focus on children 0–3 years
 - n Play, reading, poetry
 - n Readiness for school
 - n Emergent literacy programs
 - n Mentor by seniors
4. Subsidize childcare
5. Expand after school programs
 - n Mentoring
 - n Outreach to involve more parents
 - n Multipurpose services
6. Increase the availability of housing for low-income families
7. Provide more school-based counseling
8. Create partnerships between the City, school district, and providers of service
9. Increase access to health care
10. Emphasize prevention models such as Hampton

Children, Youth and Families — Group Two

1. Increase cultural/racial awareness and intervention
2. Empower youth
3. Develop community-based involvement and activities
4. Emphasize prevention in all areas — from health, domestic violence, and developmental delays to providing parental support

Multi-topic (English)

1. Ensure accessible communications (info. dissemination, programs, and services)
2. Offer long-term ecological regional training
3. Provide support for working families

Multi-topic (Spanish)

1. Increase inclusion
 - n Language and culture
 - n Information access — including staff/resources to translate
 - n Visibility/dignity
2. Support programs such as Enlace Familiar, a Latino leadership program
3. Emphasize employment and affordable housing, especially for single parents
 - n Jobs and job training
 - n Childcare
4. Educate
 - n Greater communication with City and Santa Monica Unified School District
5. Provide support through the district: infant through adult education
6. Ensure access to final Community Voices report (Spanish translation)

Multi–topic (Youth)

1. Improve curriculum, school sites, programs and supplies (no fee)
2. Improve teacher interest in youth
3. Develop Youth Centers
 - n Bring the community together across cultures and neighborhood
 - n Offer cross–cultural programs
 - n Share information and resources in different neighborhoods
4. Create a Youth City Council, elected by youth, representing each neighborhood

Senior Services

1. Ensure affordable housing
 - n Increase number of units available
 - n Provide access to affordable housing
 - n Educate on rights/options to stay in affordable housing/legal services
2. Encourage volunteerism among seniors
 - n Provide variety of opportunities where senior can become involved
 - n Coordinate ways to link seniors and youth
 - n Ensure opportunities for fit seniors as well as those with physical limitations
 - n Support continuing education for seniors
 - n Ensure the info gets out to seniors about volunteering
3. Provide support for changing life needs
 - n Develop affordable assisted-living housing
 - n Develop affordable long-term care
4. Ensure the availability of alternate forms of transportation
 - n Dial-a-Ride
 - n Paid attendants
 - n Taxi vouchers
 - n Accessible coaches

Services for People who are Homeless

1. Improved Response
 - n Service resistant people
 - n Affordable housing
 - n Dual diagnosis including mental health, substance use, physical disability
 - n Access Center during the day
 - n 24-hour response team
 - n Youth
2. Education of residents, police, homeless, other programs and providers
3. Community dialogue
 - n Analyze other cities' efforts
 - n Lift cap on homeless money and future dialogue
 - n Future of SAMOSHEL
 - n City lobbies — State, County
4. Services for homeless youth

Services for People with Disabilities

1. Education/Advocacy
 - n To ensure inclusion in community in all aspects
2. Housing
 - n Affordable, accessible
3. Accountability/enforcement of ADA, other laws and regulations

APPENDIX B



List of Source Documents Available through the Division

Surveys

Community Voices Survey (CVS)

Special Census: City of Santa Monica Homeless Residents (Homeless Census)

Neighborhood Services Survey (NSS)

Los Angeles County Childcare Needs Assessment (report available 3/00)

Demographic Data

The City of Santa Monica: A Community Profile

The Impact of Market Rate Vacancy Increases, Quarterly Update (September 30, 1999)

1995 Santa Monica Tenants' Survey, Technical Appendix of Housing Element

1995 City of Santa Monica Master Environmental Assessment (mea)

The Demographics of the Elderly Population of the Westside of Los Angeles County (RAND, 1992)

Community Plans

1989 Youth Action Plan

1991 Childcare Master Plan

1991 Santa Monica Task Force on Homelessness: A Call to Action

1991 HIV/AIDS Program and Service Assessment

1995–2000 HUD Consolidated Plan

1997 Recreation and Parks Master Plan

1998–2003 Housing Element

Other Sources (Minutes, Notes, Conversations)

Community Action Group Meetings and Minutes

Chamber of Commerce Homeless Task Force

City of Santa Monica Human Services Division, Grantee Program Reports

Community Advisory Committee (Pico Neighborhood)

Coordinated Case Management Group

Keeping Youth Safe: The Critical After-School Hours (May 1999 Conference)

League of Cities Conference (September 1997)

League of Cities Conference “Your Cities Families” (September 1997)

Lifelong Learning Community Project

Resident Input (letters, emails, and calls to the City)

Saint John’s Hospital Community Advisory Committee

Santa Monica Childcare Task Force

Santa Monica Job Developer Network

Santa Monica-Malibu Unified School District School Board Meetings

Santa Monica-Malibu Unified School District School Child Development Advisory Committee

Santa Monica-Malibu Unified School District School Middle School Network

Santa Monica/UCLA Medical Center Social Issues Committee

Side By Side

Westside Domestic Violence Network

Westside Health Coalition

Westside Mental Health Network

Westside Shelter and Hunger Coalition

Neighborhood Associations Minutes

Friends of Sunset Park

Mid-City Neighbors

North of Montana Association

Ocean Park Community Organization

Pico Neighborhood Association

Wilshire/Montana Neighborhood

APPENDIX C



1997–2000 City-Funded Agencies

Boys and Girls Club of Santa Monica

1238 Lincoln Boulevard
Santa Monica, CA 90401
310-393-9629

Center for Healthy Aging

2125 Arizona Avenue
Santa Monica, CA 90404
310-828-1243

Center for the Partially Sighted

12301 Wilshire Boulevard, Suite 600
Los Angeles, CA 90025
310-458-3501

Chrysalis

1837 Lincoln Boulevard
Santa Monica, CA 90404
310-392-4117

CLARE Foundation

1871 9th Street
Santa Monica CA 90404
310-314-6238

Common Ground, The Westside HIV Community Center

2020 Santa Monica Boulevard, Suite 190
Santa Monica, CA 90404
310-586-7627

Community Corporation of Santa Monica

1423 Second Street, #B
Santa Monica, CA 90401
310-394-8487

Computer Access Center

6234 87th Street
Los Angeles, CA 90045
310-338-1597

Connections for Children

2701 Ocean Park Boulevard, Suite 253
Santa Monica, CA 90405
310-452-3325

Dispute Resolution Services, Santa Monica Office

3004 Santa Monica Boulevard, Suites B and C
Santa Monica, CA 90404
310-453-2525

El Nido Family Center

500 Shatto Place, Suite 425
Los Angeles, CA 90020
213-384-1600

Family Services of Santa Monica

1533 Euclid Street
Santa Monica, CA 90404
310-451-9747

The Growing Place

401 Ashland Avenue
Santa Monica, CA 90405
310-399-7769

Jewish Family Service of Santa Monica

1424 Fourth Street, Suite 300
Santa Monica, CA 90401
310-393-0732

Legal Aid Foundation of Los Angeles, Santa Monica Office

1640 Fifth Street, Suite 124
Santa Monica, CA 90401
323-964-7950 x2223/24

New Directions, Regional Opportunity Center for Homeless Veterans

11303 Wilshire Boulevard, VA Building 116
Los Angeles, CA 90073-1003
310-914-5966

Ocean Park Community Center

1453 16th Street
Santa Monica, CA 90404
310-264-6646

Saint John's Child and Family Development Center

1330 20th Street
Santa Monica, CA 90404
310-829-8921

Saint Joseph Center

204 Hampton Drive
Venice, CA 90291
310-396-6468

The Salvation Army

1533 Fourth Street
Santa Monica, CA 90401
310-451-1358

Santa Monica College, On the Move/Pico Partnership

1900 Pico Boulevard
Santa Monica, CA 90405
310-434-4000

Santa Monica Malibu Meals on Wheels

P.O. Box 7001
Santa Monica, CA 90406
310-394-5133

Santa Monica-Malibu Unified School District

1651 16th Street
Santa Monica, CA 90404
310-450-8338 x241

Step Up on Second

1328 Second Street
Santa Monica, CA 90401
310-394-6889

Upward Bound House of Santa Monica

1008 11th Street
Santa Monica, CA 90403
310-458-7779

Venice Family Clinic

604 Rose Avenue
Venice, CA 90291
310-392-8630

Westside Center for Independent Living

11201 La Cienega Boulevard
Los Angeles, CA 90045
310-568-0107

Westside Food Bank

P.O. Box 1565
Santa Monica, CA 90406
310-828-6016

WISE Senior Services

1527 Fourth Street
Santa Monica, CA 90401
310-394-9871

Young Women's Christian Association (YWCA)

2019 14th Street
Santa Monica, CA 90405
310-452-3881

APPENDIX D



ACKNOWLEDGMENTS

City of Santa Monica City Council

Ken Genser, Mayor

Pam O'Connor, Mayor Pro Tem

Richard Bloom

Michael Feinstein

Robert Holbrook

Kevin McKeown

Paul Rosenstein

City Commissions

Commission on Older Americans

Commission on the Status of Women

Housing Commission

Recreation and Parks Commission

Social Services Commission

Virginia Avenue Advisory Board of the Recreation and Parks Commission

We wish to thank the approximately 250 community members and 30 agencies who attended the Community Voices Gathering and, through their participation, helped shape the outcome of this planning process.

We wish to acknowledge, as well, the following people for their participation in this project through the Commissioners' Roundtable, the Executive Directors' Roundtable, feedback on the Community Voices Workbook, and assistance with planning the Community Voices Gathering.

Jayne Adams, Common Ground / The Westside HIV Community Center

Maria Arechaederra, WISE Senior Services

Major Ron Bawden, The Salvation Army

Ed Bell, Virginia Avenue Park Advisory Board

Neal Blacker, Dispute Resolution Services

Eleanor Blumenberg, Social Services Commission

Linda Brown, Santa Monica College Workforce Development

Lupe Castro, Recreation and Parks Commission

Nancy Cohen, Santa Monica-Malibu Unified School District

Dan Ehrler, Santa Monica Chamber of Commerce

Elizabeth Benson Forer, Venice Family Clinic

Linda Dove

Sue Gee, Santa Monica-Malibu Unified School District

Mary Ann Glicksman, Computer Access Center

Nealla Gordon, Virginia Avenue Park Advisory Board

Karen Gunn, Social Services Commission

Kelly Hayes-Raitt, Commission on the Status of Women

Paul Hollombe, Step Up On Second

Linda Huizar, Social Services Commission

Bruce Iwasaki, Legal AID Foundation of Los Angeles

Louise Jaffe, Lifelong Learning Community Project, PTA Council

Mary Ann Jones, Westside Center for Independent Living

Karen Kaye, Connections for Children

Ellen Khokha, The Growing Place

Steve Knight, Chrysalis

Barry Levy

Joan Ling, Community Corporation of Santa Monica

Eileen Lipson, Commission on the Status of Women

Emily Lloyd, El Nido Family Center

Carmen E. Lopez

John Maceri, Ocean Park Community Center

Sally Molloy, Legal Aid Foundation of Los Angeles

Dave McDonough, Chrysalis

Kathy McTaggart, Santa Monica-Malibu Unified School District

Rhonda Meister, St. Joseph Center

Trey Melson

Judith Meyer, Unitarian Universalist Community Church

Jason Parry, Housing Commission

Bruce Rankin, Westside Food Bank

Kathleen Rawson, Bayside District Corporation

Rosemary Regalbuto, Santa Monica/Malibu Meals on Wheels

Toni Reinis, New Directions

Piedad Robertson, Santa Monica College

Barry Rosenbaum, City Attorney's Office

Mildred Rosenstein, Commission on Older Americans

Rebecca Refuerzo, St. John's Child and Family Development Center

LaDonna Ringering, Center for the Partially Sighted

Vivian Rothstein

Neil Schmidt, Santa Monica–Malibu Unified School District

Marlene Singer, Jewish Family Service of Santa Monica

Michele Smollar, Upward Bound House of Santa Monica

Nancy Tallerino, Family Services of Santa Monica

Alan Toy, Santa Monica Rent Control Board

Joy Tucker, Santa Monica College Workforce Development

Terri Viramontes-Gutierrez, Santa Monica High School

Eric Vollmer

Nicholas Vrataric, CLARE Foundation

Monika White, Center for Healthy Aging

Ron Wilkins, Santa Monica High School

Allan Young, Boys and Girls Club of Santa Monica

Sally Young, YWCA

Irene Zivi, Santa Monica Childcare Task Force