



**Foothill Unity Center, Inc.**

**HELPING PEOPLE. CHANGING LIVES.**

## **2022-2023 Community Needs Assessment and Community Action Plan**

**DRAFT for Public Comment**

April 23, 2021



**California Department of  
Community Services and Development**

**Community Services Block Grant**



## COMMUNITY SERVICES BLOCK GRANT (CSBG)

### 2022/2023 Community Needs Assessment and Community Action Plan Cover Page and Certification

<b>Agency Name</b>	<b>Foothill Unity Center, Inc.</b>
<b>Name of CAP Contact</b>	<b>Tashera Taylor</b>
<b>Title</b>	<b>Deputy Director</b>
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**CNA Completed MM/DD/YYYY:**  
(Organizational Standard 3.1)

#### **Board and Agency Certification**

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2022/2023 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

<b>Gary Kovacic</b>		
<b>Board Chair (printed name)</b>	<b>Board Chair (signature)</b>	<b>Date</b>
<b>Betty R. McWilliams</b>		
<b>Executive Director (printed name)</b>	<b>Executive Director (signature)</b>	<b>Date</b>

#### **Certification of ROMA Trainer/Implementer (If applicable)**

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan documents the continuous use of the Results Oriented Management and Accountability (ROMA) system (assessment, planning, implementation, achievement of results, and evaluation).

<b>NCRT/NCRI (printed name)</b>	<b>NCRT/NCRI (signature)</b>	<b>Date</b>

#### **CSD Use Only**

Dates CAP (Parts I & II)		Accepted By
Received	Accepted	

# Community Needs Assessment Narrative

CSBG Act Sections 676(b)(3)(C), 676(b)(9)  
Organizational Standards 1.1, 1.2, 2.2, 3.2, 3.3, 3.4  
State Plan

1. How did the agency share the CAP, including the CNA, with the community, stakeholders, partner organizations? (Check all that apply.)

- The agency's website
- Posted on the agency's Facebook page
- Electronic reports were sent
- Printed copies were distributed
- Social media channels
- Other Email blast to over 1,000 participants and volunteers

2. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area. (Organizational Standard 3.2, State Plan)

We collected current data for poverty and its prevalence related to gender, age and race/ethnicity for our service area from the U.S. Census Bureau, American Community Survey, the Community Action Assessment Partnership Tool, Los Angeles Homeless Services Authority (LAHSA), Pasadena Partnership, Public Policy Institute of California (PPIC) and LA County Commission for Women.

**In our densely populated urban service area, we have a population of 500,000 with 27.4% living below 200% Federal Poverty Level (FPL) (a food insecure population of 137,000) and 11.7% living below FPL (nearly 60,000 people).** In 2021, the FPL for a family of 4 is an annual income of \$26,500.

PPIC reports poverty rates in California by ethnicity: 22.9% of Hispanic/Latino, 18.2% of African American, 16.9% of Asian American/Pacific Islanders, and 12.8% of Whites. Per US Census (2019), our service area comprises 39% Hispanic or Latino, 6% African American, 25% Asian/Pacific Islanders, 27% white, and 3% two or more races.

**We estimate that those in poverty in our service area are: 50% Hispanic/Latino, 24% Asian American/ Pacific Islander, 20% White and 6% African American.** We have seen a shift in the ethnic makeup of those seeking help at our Center. In recent years Hispanics/Latinos remain the largest group, but are roughly 40% of clients, down from 65%. Local health care providers report similar demographics for those in poverty in their recent community health needs assessments. Similarly, the LA County's Department of Mental Health (MHSA) reports an 8% decrease in Latinos and a 2% increase in Asian/Pacific Islanders seeking services.

Our Service Area population comprises 21% children age 0-17, 64% adults age 18-64, and 15% seniors over 64.

**The poverty rates in LA County by age are: approximately 20% of children ages 0-17, 15% of adult women (ages 18-64) and 12% of adult men (18-64); 15% of senior women (65 and older) and 11% of senior males (65 and older).** PPIC reports that 29% of children in poverty live in families with at least 1 working adult; 4.5% had no parents present; 36.5% live in single parent households' and 58% live with foreign born parents.

The 2018 Report on the Status of Women in Los Angeles County provides a view of the disparity of women's poverty across ethnicities: Roughly 20% of Latinas and African-American women live below FPL as compared to 12% of Asian American and 11% of white women.

This level of poverty aligns inversely with educational attainment. The populations with a higher level of post-secondary education have a lower rate of poverty. 60% of Asian American women hold a postsecondary degree; 57% of White women, 39% of African American women and 19% Latina women. Similarly, 61% of Asian American men hold a postsecondary degree, 59% of white men, 34% of African American men and 17% of Latino men.

In 2020, Los Angeles Homeless Services Authority found 5,082 unduplicated homeless individuals in the San Gabriel Valley. LA County's homeless population is 67% male, 32% female, and 1% binary. The homeless population was found to be 37% chronically homeless (more than 1 year), 25% with serious mental illness, 28% exhibiting substance abuse, 22% having physical disabilities and 25% fleeing domestic violence.

The startling disproportion of homeless African Americans, 32% of homeless are African American as compared to the general population that is 8% African American, points to a history of structural racism.

These statistics understate poverty in our area which has grown during the pandemic. Job loss has disproportionately affected the low income workforce, who were in customer facing jobs that closed during the pandemic, without an option to work from home. Women appear to have taken on much of the additional child care and assistance of remote school learning, causing women to leave the workforce, having a negative impact on their careers and income.

3. Describe the geographic location(s) that your agency is funded to serve. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.

Foothill Unity Center's target service area spans the foothills portion of Los Angeles County Service Planning Area 3 (SPA 3), defined by the 12 cities of Altadena, Arcadia, Azusa, Baldwin Park, Bradbury, Duarte, Irwindale, Monrovia, Pasadena, Sierra Madre, South Pasadena and Temple City.

Five cities stand out with poverty rates above 10%: Duarte (91010), 12.1%; Azusa (91702), 13.8% poverty; Irwindale (91706), 14% poverty; and Baldwin Park (91706), 14% poverty; and Temple City (91780), 12.3% poverty. These 5 cities include a population of 184,000 that is 59% Latino. 24% of adults are without a high school diploma and 26% of adults have only a high school degree.

Similarly, there are Pasadena neighborhoods tucked among the affluent, with high poverty rates such as NW Pasadena (91103) with 20.2% poverty and northern Pasadena (91104 & 91106): 14-15% poverty. These vulnerable neighborhoods include a population of close to 90,000 that is 50% Hispanic and 10% African American. Education attainment is measured at 15% without a high school degree, 17% with only a high school degree.

In addition, communities with high levels of poverty border our targeted service area: El Monte (91731), 23.3% poverty; Rosemead (91770), 15.2% poverty, San Gabriel, 13.9% poverty and portions of Glendale (91206), 15.7% poverty.

4. Indicate from which sources your agency collected and analyzed quantitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)

**Federal Government/National Data Sets**

- Census Bureau
- Bureau of Labor Statistics
- Department of Housing & Urban Development
- Department of Health & Human Services
- National Low-Income Housing Coalition
- National Center for Education Statistics
- Other online data resources
- Other

**California State Data Sets**

- Employment Development Department
- Department of Education
- Department of Public Health
- Attorney General
- Department of Finance
- State Covid-19 Data
- Other

**Surveys**

- Clients
- Partners and other service providers
- General public
- Staff
- Board members
- Private sector
- Public sector
- Educational institutions

**Local Data Sets**

- Local crime statistics
- High school graduation rate
- School district school readiness
- Local employers
- Local labor market
- Childcare providers
- Public benefits usage
- County Public Health Department
- Other

**Agency Data Sets**

- Client demographics
- Service data
- CSBG Annual Report
- Client satisfaction data
- Other

5. If you selected "Other" in any of the data sets in Question 4, list the additional sources.

Report on status of women in LA County, commissioned by the Los Angeles County Commission for Women, prepared by Mount Saint Mary's University, 2018

Public Policy Institute of California, Just the Facts, Poverty in California July 2020

2019 Community Health Needs Assessment Greater Pasadena, by Huntington Hospital and Pasadena Public Health Department

2019 Community Health Needs Assessment, Kaiser Foundation Hospital, Baldwin Park

2019 City of Hope Community Health Needs Assessment

2019 Children’s Hospital LA Community Health Needs Assessment

Greater San Gabriel Valley Community Health Snapshot, by Greater San Gabriel Valley Hospital Collaborative

2020 Greater Los Angeles Homeless Count, LAHSA

Pasadena Homeless Count, 2020, Pasadena Partnership to End Homelessness

Sperling Best Places Data Sources

6. Indicate the approaches your agency took to gather qualitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)

<p><b>Surveys</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Clients</li> <li><input checked="" type="checkbox"/> Partners and other service providers</li> <li><input checked="" type="checkbox"/> General public</li> <li><input checked="" type="checkbox"/> Staff</li> <li><input checked="" type="checkbox"/> Board members</li> <li><input checked="" type="checkbox"/> Private sector</li> <li><input checked="" type="checkbox"/> Public sector</li> <li><input checked="" type="checkbox"/> Educational institutions</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local leaders</li> <li><input type="checkbox"/> Elected officials</li> <li><input type="checkbox"/> Partner organizations’ leadership</li> <li><input checked="" type="checkbox"/> Board members</li> <li><input type="checkbox"/> New and potential partners</li> <li><input checked="" type="checkbox"/> Clients</li> </ul>	<p><b>Focus Groups</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local leaders</li> <li><input type="checkbox"/> Elected officials</li> <li><input checked="" type="checkbox"/> Partner organizations’ leadership</li> <li><input checked="" type="checkbox"/> Board members</li> <li><input type="checkbox"/> New and potential partners</li> <li><input checked="" type="checkbox"/> Clients</li> <li><input type="checkbox"/> Staff</li> </ul> <p><input type="checkbox"/> <b>Community Forums</b></p> <p><input type="checkbox"/> <b>Asset Mapping</b></p> <p><input checked="" type="checkbox"/> <b>Other</b></p>
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7. If you selected “Other” in Question 6, please list the additional approaches your agency took to gather qualitative data.

2019 Community Health Needs Assessment Greater Pasadena, by Huntington Hospital and Pasadena Public Health Department

2019 Community Health Needs Assessment, Kaiser Foundation Hospital, Baldwin Park

2019 City of Hope Community Health Needs Assessment

2019 Children’s Hospital LA Community Health Needs Assessment

2021 State of Homelessness Presentation, Heidi Marston, Executive Director, LAHSA

Public Policy Institute of California, Just the Facts, Poverty in California July 2020

Greater San Gabriel Valley Community Health Snapshot, by Greater San Gabriel Valley Hospital Collaborative, February 6, 2020

Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness, LAHSA, December 2018

Foothill Workforce Development Board, Local Plan Program Years 2021-2024, Draft for Review

8. Describe your agency's analysis of the quantitative and qualitative data collected from low-income individuals and families. Include a description of the data collected. (Organizational Standards 1.1, 1.2, 3.3; State Plan)

Foothill Unity Center prepared a Community Needs Assessment Survey to capture quantitative and qualitative input from our local community. The survey encompassed questions regarding demographics and the respondent's relation to Foothill Unity Center. Respondents were asked to identify causes of poverty, needed resources/programs for the low income community (and why they chose them), and their ranked priorities for their top ranked programs. The survey was distributed widely through email blasts, social media, and to those waiting at food distributions at our two locations. Translations were provided in Spanish, Vietnamese and Mandarin. More than 500 individuals, clients, community partners, donors, volunteers, trainees, staff and community members, responded to our Center's Community Needs Assessment Survey.

Through the survey, 230 low income individuals completed a ranking of needed resources for the low income population. They identified their top resource needs (out of a list of 9), to be: Employment, Housing and Homeless, Food, and Education followed by Financial Support and Healthcare. Employment services, education and financial support are sorely needed to navigate the pandemic and post-pandemic next few years, reflecting the under employment of the low income population and the heavy burden of the cost of housing. Housing, food and healthcare are the basic needs for struggling families during these difficult times. These survey responses are not surprising given the high levels of unemployment and business closures, the cost burden of housing in this area, and the pockets of poverty characterized by lower levels of education attainment.

Employment services was ranked as the highest priority need, identified by 130 low income

individuals in our survey. Of the survey respondents (230) who selected employment services, about half were currently unemployed or underemployed. They report having lost jobs across several industries including administrative work, education, food services, healthcare, retail and transportation/warehousing. Within employment services, the highest ranked resources needed were: help with gaining professional skills, connections to employment with a livable wage and benefits, enhanced computer skills, and assistance with online platforms for job search. Basic job search needs were also identified such as: professional clothing, certifications, resume help, work from home options, language assistance. Only a few in our survey indicated a need for re-entry/formerly incarcerated services.

Education support is defined in our survey as both college/higher education resources and parent support. Education was prioritized by 199 respondents that included 122 low income individuals, reflecting the reality that those without higher education were most vulnerable this past year. Education is understood to be the means to break out of generational poverty, and may be considered the means for finding the next job. In addition, the prevalence of the pandemic's remote learning strained families who did not have parental education, time, money or good Wi-Fi to assist their children's education. Often parents were forced to leave the workforce to take care of children when schools were closed, adding more financial strain on top of parental worry that their children were academically disadvantaged. Not surprisingly, low income families identify education resources as a critical need. Within our survey, individuals ranked financial support and academic support as the most needed resources to address educational needs, followed by child care, behavioral health services and nutrition services.

Housing and Homeless services were selected by 120 low income individuals. In California, there has been a moratorium on evictions and a concerted effort to find temporary and permanent housing for the homeless during the pandemic. However, in our survey, there were many comments that evictions loomed as a coming crisis, once government protections and assistance expired. All the respondents indicated the need for financial assistance to sustain their housing; a third pay more than 60% of income as rent and several indicated they are behind in rent or utility payments. Those who ranked the need for homeless resources emphasized the need for hot meals/healthy bag lunches, temporary and permanent shelter, showers and restrooms, and a place

to receive mail.

Nearly 120 low income individuals ranked Food and Nutrition resources as a priority. Of the survey respondents (219) who selected Food, 66% reported experiencing food insecurity, some having reduced their meal size to get by; some went a day without food; 10 families indicated their children were under fed. The highest priority needed resources to help with food and nutrition were: affordable healthy food choices, access to free hot meals or prepared foods, increased variety and quantity and improved quality of food from food pantries, extended days and hours to access groceries at food pantries, and monetary support to purchase food.

In our survey, 108 low income individuals indicated healthcare resources were a top priority. Of the survey respondents (197) who ranked Healthcare, 30% indicated they had health insurance but couldn't afford copays, medication and other accumulated healthcare expenses. 58 individuals revealed that they personally have sometimes/often/always felt lonely, isolated, anxious, sad in the last year. Access to affordable and easily navigated services for dental, chronic disease management, behavioral health, vision and preventative healthcare, were identified as resources most needed. Many individuals also identified the need for resources such as info on how to navigate healthcare systems, increased digital consultations with physicians, and translation services.

In our survey, 107 low income individuals selected financial support resources as a priority. Of the survey respondents (195) who ranked financial support, 65% report experiencing financial hardships personally or someone they know. 81 individuals revealed that they sometimes/often/always find it difficult to pay for the basics (food, housing, medical care, utilities). The highest ranked requested resource was help to increase income to a livable wage, followed by budgeting tips, help building credit, and learning how to increase wealth/savings.

Our survey included a checklist of options. We saw limited interest in programs defined as understanding government and senior resources. However, 247 seniors completed our community assessment survey, and about half of these seniors are low income clients of the Center. The priorities of the senior population are a significant component in the above survey results, indicating

that all of our programs will need to understand unique requirements and support the senior population in our community. We followed up with a focus group for seniors and clients experiencing homelessness.

Our focus group with 6 clients experiencing homelessness was organized around 3 themes, the Center's Unhoused Boutique, Food and Nutrition and Hygiene products. Clients liked the boutique but requested access to other items in addition to clothes such as hair supplies, masks, skirts and sandals, plus we heard suggestions for longer open hours, perhaps on the weekend. Clients commented that the distributed lunch bag lasted a whole day (not 2 days). Other comments included suggestions for more fruit, hot foods, and nutrition information. Comments were mixed on whether the hygiene products were available in sufficient quantity, but the consensus was that the variety of hygiene products is good.

Our focus group with 20 seniors covered a variety of topics. Feedback on food included comments that quantity was okay but quality could be improved with more fruit and vegetables, meat, water and culturally diverse food, plus nutrition information. Some had experienced sugary or expired food; all wanted less canned food. Some clients reported that food picked up at the Center's distributions was more plentiful than what the Center delivered, but some had waited in line for more than an hour. Hygiene products are needed including laundry detergent, cleaning supplies, tooth brushes, masks, deodorants, gloves and hand sanitizers, adult diapers, shower chairs, and toilet paper. Seniors in the group had used a variety of transportation to get to the Center; more than one commented that the cost of insurance was a barrier to having a car. Chinese Translation help was requested for transportation and medical care.

The expansive data regarding program priorities that we collected directly from low income members of the community aligns with input from community partners and businesses and the publicly available statistics on local poverty. What stands out is the hopeful perspective from those we serve, demonstrated by the emphasis on employment and education needed to assist in their growth to economic stability.

9. Summarize the data gathered from each sector of the community listed below and detail how your agency used the information to assess needs and resources in your agency's service area(s). Your agency must demonstrate that each sector was included in the needs assessment; A response for each sector is required. (CSBG Act Sections 676(b)(3)(C), 676(b)(9); Organizational Standard 2.2; State Plan)

### **A. Community-based organizations**

Community-based organizations have identified a surge in our region's food insecure population. In 2020, Foothill Unity Center experienced a dramatic increase in people coming to the Center for help, nearly 15,000 unduplicated individuals received 62,450 food services (2.5X the quantity in 2019). Thanksgiving and Holiday food boxes were distributed to 3.5X the number of families compared to the previous year.

Our routine contact with community partners enables us to keep in touch and updated on the needs of the community. Since the pandemic started, local community food pantries, Shepherd's Pantry, Elim Community Food Pantry, Friends in Deed, and Action Food Pantry, reached out to our Center for help to meet the soaring need for food. In addition, health and housing community organizations that work with us regularly identified an increased need for food for their clients. These include Exodus Recovery, Housing Works, People's Collection, Union Station and Harvest Village. In response, we have established a food hub where each of these organizations picks up food (including much fresh produce) from our Center, to further distribute to the food insecure population that they can reach.

The Foothill Workforce Development Board (FWDB) has identified 4 themes to guide their operations that respond to the employment needs of the low income community: 1) address digital equity, 2) prioritize local businesses and job seekers, 3) guide employment services to be synergistic with the integrated services needed by its clients, 4) plan workforce strategies to improve equity. These strategies neatly align with both 1) the employment and education priorities identified in this Needs Assessment, and 2) Foothill Unity Center's approach to provide services guided by the Social Determinants of Health.

Foothill Unity Center's leadership staff are members, and at times chairs, to a number of networks and partnerships that regularly discuss service gaps, trends, needs assessments, and legislation relevant to the lives of the area's low-income people. Such partnerships include: City of Hope's

Community Benefits Advisory Council, Health Consortium of the Greater San Gabriel Valley, Pasadena Executive Roundtable, Pasadena Partnership on Homelessness, Temple City's Coalition on Homelessness, Arcadia and Monrovia Interfaith groups, Ministerial groups, San Gabriel Valley Coalition on Homeless, Set for Life, and Healing Connections.

### **B. Faith-based organizations**

St. Patrick's Church and First Church of Nazarene are local churches who have communicated growing food insecurity among their constituents. In response, we have included faith based organizations in our network of small food pantries who regularly pick up food at our Center, to distribute to their constituents.

In response to our community assessment survey, 3 faith organizations replied with consistent program priorities: identifying employment/job search, financial support and food. In addition, education was ranked first by one faith organization while homeless resources and housing support topped the list for another faith organization. These faith organizations identified causes of poverty that are often associated with immigrant communities: language barriers, lack of family & community support, challenges navigating systems to obtain available resources, including fear of ICE and child services. Lack of access to technology (digital divide) and stigmas associated with being poor and with behavioral health needs were additional input from our faith-based community partners.

### **C. Private sector**

Private sector input has identified a need for behavioral health support that has dramatically increased during the pandemic due to the rise in economic insecurity, especially noted are a rising level of anxiety and depression among youth who struggle with isolation and remote learning.

Local health care organizations (Children's Hospital of LA, Huntington Hospital, Methodist Hospital and Kaiser Baldwin Park) have completed Community Health Needs Assessments, identifying similar priorities among the needs of the community: assistance with behavioral health including substance abuse, access to healthcare in general, youth development and workforce training, chronic illness including obesity and overweight, housing/homelessness and services for seniors and the disabled.

The Kaiser Foundation's February 2021 survey results identified that in California, 36% adults report symptoms of anxiety disorder, 30% report symptoms of depressive disorder, 42% report symptoms of anxiety or depressive disorder. Kaiser identifies drivers of economic insecurity to include rising housing prices combined with stagnant wages in blue collar professions. Because of this, many families have moved in with other households into crowded living conditions, or they have moved out of the area. They are now facing longer commutes, higher stress, and reduced access to services.

Difficulty of access to services are often caused by cost, transportation, and/or language barriers. The prevalence of alternative languages spoken at home is an indicator of potential language barriers. Within our service area, Asian/Pacific Island languages are spoken at home in Arcadia (51.5%) and Temple City (52.4.%). Spanish is spoken at home in Altadena (21%), Azusa (46%), Baldwin Park (64%), Duarte (37%) Irwindale (60%), Monrovia (29%), and Pasadena (28%). These language characteristics reflect the large immigrant population in our area. Many immigrants are undocumented and not able to work in the formal economy; they are especially vulnerable to discriminatory housing practices.

Unite-LA and LA Partnership for Early Childhood Investment completed a survey that identified top issues: 1. Homelessness, 2. Lack of affordable housing, 3. COVID impact on low income families, 4. COVID, 5. Cost of child care. The results highlight that 75% of those surveyed find it difficult to access affordable child care. In addition to early child care being critical for brain development, better access to early child care is needed to support low income essential workers. Lack of access has contributed to the achievement gap for Latino and African American children, and to the lack of prosperity of these families.

We see consistent findings that the low income community needs access to basic resources of nutritious food and healthcare. Not surprisingly, lack of economic security makes it hard to focus on nutrition and exercise to maintain good health. Those experiencing homelessness are focused on their personal safety, finding food and a place to sleep, while access to healthcare drops in priority.

#### **D. Public sector**

In addition to reporting the sheer number of community members living in poverty, the public sector housing agencies, Los Angeles Homeless Services Authority (LAHSA) and Pasadena Partnership, have highlighted the large numbers of people slipping into homelessness, in spite of LA County's increased housing placements. There are currently more than 5,000 homeless in LA County SPA 3, the San Gabriel Valley. LAHSA has identified major causes of homelessness that also contribute to poverty in general: stagnant incomes/rising prices, lack of affordable housing, increasing behavioral health cases, lack of tenant protections and mass incarceration.

Not unlike other parts of the country, the Bureau of Labor Statistics documents large job losses due to the pandemic, as much as 30% of leisure and hospitality jobs (234,800 in Los Angeles area); 54,400 professional and business services jobs lost; and 52,400 education and health service jobs lost. As of early 2021, unemployment in the LA area remains at 11%, a recovery lagging the U.S. rate of 6%. Services to address economic insecurity, such as food services and job development services, will be critical to especially help those whose previous employers have gone out of business. At the same time that unemployment has increased, the consumer price index for food in the Los Angeles area has increased by 4.5%.

LA County Department of Public Health reports that 21% of adults in the San Gabriel Valley struggle with disabilities. Disability rates increase with age, rising to 42% among seniors. Disabilities are inversely related to income, 29% of adults living below FPL report disabilities. Those with disabilities endure higher levels of food insecurity (more than 40%) compared to the general population, and food insecurity is linked to additional health problems like diabetes and high blood pressure. Over the past year the pandemic has exacerbated the challenges faced by those with disabilities. We dramatically increased food deliveries in 2020 (11X more than 2019) to address the increase in food insecurity faced by isolated and vulnerable seniors and persons with disabilities who had restricted mobility during the pandemic.

Consistent data from the Census Bureau Pulse Surveys, the Bureau of Labor Statistics databases, and the Public Health Department, all indicate a need to support an increasing level of behavioral

health conditions. In addition, across multiple public sector data bases we see disparities by ethnicity and race that indicate a need to ensure our systems become free of systemic racism.

### **E. Educational institutions**

Two community partners in Education ranked our community needs as follows.

- 1) healthcare, housing, employment, homeless resources, and financial resources
- 2) financial resources, food, understanding government, housing resources, and employment

Though the exact prioritizations were slightly different, their comments emphasized common themes. Members of the community are currently underemployed, but are remaining housed due to California's eviction moratorium. As these state protections end, there will be a great need for help in building financial resources to remain economically stable and housed. There's a need for education that includes tenant rights, workers' rights, applying for rental assistance, budgeting, learning how to increase future wealth. Support is needed to navigate the systems for financial support, to search for better paying employment, to increase marketable skills like computer skills and certifications.

Education institutions also identified a need for help accessing healthcare services for management of chronic disease, behavioral health, preventative healthcare and women/men's health services.

10. "Causes of poverty" are the negative factors that create or foster barriers to self-sufficiency and/or reduce access to resources in communities in which low-income individuals live. After review and analysis of the data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4, State Plan)

Reviewing the causes of poverty that have had the largest impact in the last couple years, we see

- 1) the COVID-19 pandemic,
- 2) the lack of employment opportunities with a livable wage and high levels of unemployment,
- 3) the lack of affordable child care,
- 4) increasing levels of behavioral health conditions, and
- 5) a heightened recognition of the impact of systemic racism.

The number one cause of poverty has been the COVID-19 pandemic and the resulting shutdowns in business activity, resulting in a striking and heartbreaking lack of employment opportunities with

a livable wage. The inequality gap in our region continues to widen, with the pandemic having a disproportionate effect on low income families and people of color. While wealthier families were able to work from home, low income/less educated wage earners were more likely frontline essential workers; juggling the added burden of school closures and remote learning, often leaving women no choice but to lose their jobs. By early 2021, employment data indicates employment for high income groups has returned to nearly pre-pandemic levels; the population within the bottom 25% of income, struggles with a 28% decrease in employment level, as many service and leisure activity, travel jobs have disappeared. The Census Bureau Household Pulse Survey (week 24) indicates the LA metropolitan area has the highest ranking in the country, for the measure of its depressed outlook for employment, that is 37% of adults expect someone in their household to have a loss in employment income in the next 4 weeks. Perpetuating the challenges, 79% of adults have canceled or changed plans for post-secondary education. As of March 2021, LA County's unemployment rate remains at 10.9%, while Orange County has improved to 6.8% and the Inland Empire has reached 8% unemployment.

Especially because of school and daycare closures, the shortage of affordable child care has risen to become a significant cause of poverty this past year, having a disproportionate impact on single parent households.

The pandemic has brought social isolation and a depressed economy, resulting in an increase in the prevalence of Behavioral Health problems for seniors, adults and children, as reported by LA County public health department, and assessments by City of Hope and Kaiser Foundation. After a year of pandemic hospitalizations and deaths, every member of the community knows someone affected by COVID. Social isolation, widespread economic struggles, COVID grief and anger, have all contributed to a rise in stress, anxiety and other behavioral health problems.

Though not new in the last couple years, the pandemic has brought increased visibility to systematic racism and discrimination that have exacerbated the inequality and the conditions of poverty in our community. The ethnic and racial make-up of our community's homeless population is a clear and striking result of this deeply embedded bias and its impact on access to economic stability and healthcare. In our community, home ownership has been a significant source of wealth

as houses gain significant value over time, but has often not been available to people of color because of redlining and discrimination. And as gentrification has become common in previously affordable neighborhoods, the low income members of the community are priced out of the area.

Lastly, more than 500 individuals, clients, community partners, donors, volunteers, trainees, staff and members of the community, responded to our Center's Community Needs Assessment survey. When asked to identify causes of poverty, the top responses were: 1) the high cost of living combined with low and/or stagnant wages and 2) language barriers. In addition, more than a hundred responders also identified each of the following: unawareness of available resources, difficulty navigating systems, stigmas associated with being a person in need, fear of consequences of using resources (public charge, ICE, child services, etc.), lack of access to technology or ability to navigate technology, lack of diversity within systems, lack of family or community support, and lack of access to affordable child care.

11. "Conditions of poverty" are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of the data, describe the conditions of poverty in your agency's service area(s). (Organizational Standard 3.4, State Plan)

Conditions of poverty continue to be:

- 1) Low levels of education attainment and its prevalence among those unemployed or under-employed with insufficient and stagnant wages,
- 2) The lack of affordable housing that causes homelessness and the high cost of housing that overwhelms a family's available funds, leading to food insecurity and low access to healthcare,
- 3) The high level of behavioral health problems and high prevalence of disabilities, and
- 4) Linguistic isolation along with other cultural barriers associated with the immigrant populations living in poverty.

Low level of education attainment is a condition of poverty in our community. Across 5 cities in our service area, we find 50% of adults have no education past high school. While Education is a path to break out of poverty, the cost is often a barrier for many low income individuals. In LA County, 53% of adults have low literacy, affecting their earning potential as well as their ability to read and understand health information. PPIC has found that those adults with college degrees have a poverty rate of 8.4%; while those without a high school diploma suffer a poverty rate of 34.5%.

Lack of affordable housing is the most prominent condition of poverty in our area. The cost of housing index for our 12 city service area is 329, meaning housing costs more than 3X compared to the rest of the country, 38% higher than the statewide California cost of housing. As low income individuals seek out an affordable place to live, they often find themselves in over-crowded housing conditions or stressful long commutes. LAHSA has estimated that Los Angeles has a shortage of 509,000 affordable housing units. In LA, the average monthly rent is \$2,182 which requires an average wage of \$41.96/hour, nearly 2.8X the area's minimum wage. Similarly, given recent years' rising rents alongside stagnant wages, we now find the LA median rent is 46% of LA's median income.

The high level of behavioral health problems is a component of the disability rate of 21% across the San Gabriel Valley. Disability prevalence was found to be inversely related to income; 29% of adults below the FPL in LA County live with disabilities.

As our community is rich in immigrants, they are challenged by not only the cost of housing and education, but also linguistic isolation and cultural barriers. Persistent language and cultural barriers affect employment opportunities, education levels, ability to understand and navigate healthcare systems and other available resources. Many immigrants are undocumented and not able to work in the formal economy; they are especially vulnerable to discriminatory housing and work practices; often fearful of available government and community resources.

12. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 6.4, State Plan)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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# Community Needs Assessment Results

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

**Table 1: Needs Table**

Complete the table below. Insert a row if additional space is needed.

Needs Identified	Level	Integral to Agency Mission (Y/N)	Currently Addressing (Y/N)	Agency Priority (Y/N)
Employment and Job Development Resources	Family/ Community	Yes	Yes	Yes
Food and Nutrition Resources	Family/ Community	Yes	Yes	Yes
Education Support Resources	Family/ Community	Yes	Yes	Yes
Financial Support Resources	Family/ Community	Yes	Yes	Yes
Healthcare Resources	Family/ Community	Yes	Yes	Yes
Housing and Homeless Resources	Family/ Community	Yes	Yes	Yes
Senior Resources	Family/ Community	Yes	Yes	Yes

**Needs Identified:** List the needs identified in your most recent CNA.

**Level:** List the need level, i.e. community or family. Community Level: Does the issue impact the community, not just clients or potential clients of the agency? For example, a community level employment need is: There is a lack of good paying jobs in our community. Family Level: Does the need concern individuals/families who have identified things in their own life that are lacking? An example of a family level employment need would be: Individuals do not have good paying jobs.

**Integral to Agency Mission:** Indicate if the identified need aligns with your agency’s mission.

**Currently Addressing:** Indicate if your agency is already addressing the identified need.

**Agency Priority:** Indicate if the identified need will be addressed either directly or indirectly.

**Table 2: Priority Ranking Table**

Prioritize all needs identified as an agency priority in Table 1. Insert a row if additional space is needed.

Agency Priorities	Description of programs, services, activities	Indicator(s)/Service(s) Category (CNPI, FNPI, SRV)
<p>Employment &amp; Job Development Resources</p>	<p>Foothill Unity Center’s Job Development Program addresses the community’s need for employment services; helping to improve the economic lives of individuals with hands-on assistance to gain employment for those unemployed and underemployed. Our Workforce Development Manager assists the low income population with job search and placement, providing assistance with resumes and interviews, on-site job counseling, workshops for basic skills development and financial literacy, and access to job certification training and work experience opportunities. We provide job leads, vouchers for those who need appropriate clothing for job interviews, and bus tokens and taxi vouchers to remove transportation barriers. We host sessions where clients can meet and interview with staffing agencies at our sites for potential job opportunities. We provide connections to enroll in higher education or trade schools, and linkages to sources for financial aid. Prior to the pandemic we provided 1,460 job development services annually.</p> <p>In addition, our Center is a training site for US Dept. of Labor’s Workforce Innovation and Opportunity Act (WIOA) programs -- providing work experience, training and marketable skills in administrative work, food distribution and warehousing. We provide on-site work experience and field training for nursing students and social work and public health interns.</p>	<p>SRV 1a-1d, 1f-1h, 1j, 1l-1m, 1p, 1q, 3o</p> <p>FNPI 1a-1z</p>
<p>Food and Nutrition</p>	<p>Foothill Unity Center’s Food Program addresses the community’s</p>	

Resources	<p>widespread food insecurity, and is often a client’s introduction to the Center and its wide variety of services. Between our two sites, six food distributions occur throughout the week to provide a balanced menu of fresh produce, breads and sweets, canned goods, meat, milk and other dairy foods. Bagged meals are available for those experiencing homelessness. The Center delivers food to seniors and homebound clients, to assist those who are isolated, sick and shut-in. Activities to enhance the nutritional impact of food services include healthy recipes, nutrition education workshops, and healthy food demonstrations. As available, hygiene products are distributed with food. Future activities will cultivate trainers (from food recipients) who volunteer to train others how to make healthy food choices.</p> <p>The Center maintains its large food capacity (62,000 food services in 2020) with both its work training program and its leadership and coordinated engagement of community partners and volunteers. Community Engagement activities in our food distribution and holiday distribution events, provide volunteers the opportunity to accept civic responsibility and to affect change. Volunteers learn about the issues that low-income people face; and as a result, such volunteers become better advocates and change makers for the betterment of our communities.</p>	SRV 5ii, 5jj
Healthcare Resources	<p>Foothill Unity Center’s Health Program is designed to diminish health disparities with access to healthcare, education on ways to manage chronic health diseases, and assistance with navigating the healthcare system. The Center currently implements preventative care strategies through partnerships with healthcare experts from colleges, universities, hospitals, Federally Qualified Health Centers (FQHC), and private clinics. Current activities and services include health screenings, pop-up clinics, health fairs,</p>	SRV 5a-5b, 5d-5e, 5u-5x 5bb-5hh FNPI 5a-5c, 5f, 5g, 5z

	<p>health education workshops, mobile vision and dental units, cooking demonstrations; and expanded activities that include triaging one’s wellness by increasing behavioral health awareness. We have recently added a Behavioral Health Coordinator to our staff to establish stronger connections and communications with our behavioral health community partners. Our case managers coordinate care for clients both in-house and with partners, advocate for resources and services not provided at our Center, provide linkages, and provide follow-up care that assures progress towards outcomes. In 2020, our Health program provided health educational materials with each food distribution. Prior to the pandemic, the Center provided more than 20,000 health services annually including exams, screenings, vaccinations, educational materials, and referrals.</p>	
<p>Housing &amp; Homeless Resources</p>	<p>Foothill Unity Center’s Housing and Homeless Program addresses the needs of those experiencing homelessness and provides assistance to prevent homelessness. For those experiencing urgent emergency and chronic housing needs, the Center provides permanent and temporary placement solutions, such as motel vouchers, rental assistance, rapid re-housing, housing readiness assistance, and eviction prevention. We are an access center to lead the community to expand a housing first model in the central part of the San Gabriel Valley. This past year we initiated mobile showers and access to COVID vaccines. Case Managers assist with needed financial support, access to public assistance, and documentation; they are the linchpins who navigate the healthcare and housing systems, education opportunities, and the network of community partners. In 2020, our Center placed 22 families in permanent housing and 37 families in temporary housing.</p>	<p>SRV 4b-4f, 4j-4k, 4m-4o, 4q-4r FNPI 4a-4e</p>

**Agency Priorities:** Rank your agency priorities.

**Description of programs, services, activities:** Briefly describe the program, services or activities that your agency will provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

**Indicator/Service Category (CNPI, FNPI, SRV):** List the indicator(s) or service(s) that will be reported in the annual report.

## Part II: Community Action Plan

CSBG Act Section 676(b)(11)

California Government Code Sections 12745(e), 12747(a)

California Code of Regulations, Title 22, Division 11, Chapter 1, Sections 100651 and 100655

### Vision and Mission Statement

#### 1. Provide your agency's Vision Statement.

Foothill Unity Center envisions a community where

- All have their basic needs met, including the need to give
- All get the necessary support to become self-sufficient
- All are treated with love and dignity . . . all the time.

#### 2. Provide your agency's Mission Statement.

Foothill Unity Center helps neighbors in crisis attain self-sufficiency by partnering with the community and using our resources wisely to provide vital support services with love and dignity.

## Tripartite Board of Directors

CSBG Act Sections 676B(a); 676(b)(10)

California Code of Regulations, Title 22, Division 11, Chapter 1, Section 100605

State Plan

1. Describe how your Advisory or Governing Board is involved in the decision-making process and participates in the development, planning, implementation and evaluation of programs to serve low-income communities. (CSBG Act Section 676B(a))

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

The Board of Directors meets monthly, has an annual meeting (to review and evaluate operations and programs), and has procedures to call special meetings as needed. Each Board member is assigned to one or more of the following committees that also meet monthly: Executive, Finance, Nominating, Fundraising, Facilities, Audit, Strategic Planning, and Legal Advisory. Board members remain informed and regularly observe, attend and volunteer at special events and on-going programs, focused on meeting the needs of low-income participants in the community. Board members actively support program committees, refer participants and supporters to the organization and solicit community and participant feedback on the resources provided.

2. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10), State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

The Center's Tripartite Board of Directors ensures low-income individuals, community and religious organizations, legislators, and representatives of low-income individuals are represented in its governance. The Nominating Committee of the Board and staff are responsible for cultivation of new members and maintains the tripartite structure. Low-income clients are given the opportunity to nominate themselves, others, or sign a petition endorsing their candidate of choice. Leaders from local government, community, and low-income service providers are asked to help recruit low-income candidates; the nominating committee then reviews and recommends the appropriate

nominee to the full Board for review and vote.

3. Describe your Advisory or Governing Board’s policy for filling board vacancies in accordance with established bylaws. Include the recruiting process, democratic selections process for low-income board members, and the timeframe established by your agency to fill vacancies. (State Plan)

- No change to the response in your agency’s 2020-2021 CAP.
- Adaptations to the response in your agency’s 2020-2021 CAP are described below.

## Service Delivery System

CSBG Act Section 676(b)(3)(A)  
State Plan

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan)

Families must re-qualify annually by showing identification, proof of local residency, and income at or below 200% of the Federal Poverty Level, which became the statewide threshold proposed by the Governor for use throughout the pandemic. Our agency verifies eligibility with documentation: pay stubs, social security award letters, bank statements, tax statements, zero-income statements, unemployment insurance letters, or qualification for other need-based programs. The standard practice is if someone comes to the Center without needed information (income, rent, receipts, ID, etc.), they are given one-time emergency food. However, due to the COVID-19 impact on poverty, self-certifications were implemented to determine eligibility, both to keep pace with the much larger demand for services and to minimize the collection of documents as a health precaution. All data is maintained in a client paper file and the Center's Client Services Management System (CSMS) database. Services are delivered via a combination of direct services and community partners.

2. List your agency's proposed programs/services/activities that will be funded by CSBG. Include a brief explanation as to why these were chosen and how they relate to the CNA. (CSBG Act Section 676(b)(3)(A), State Plan)

The programs funded by CSBG are: **Employment /Job Development, Housing and Homeless, Food Services, Health, Crisis Case Management and Volunteer Services.**

As described above, our CNA included data from the public and private sectors, educational institutions, community partners including faith organizations, healthcare providers, civic organizations. In addition, we conducted interviews, focus groups and surveys with the low income population that frequent the Center. We identified the top needs of the low income community to be: employment and job services, food and nutrition, education support, financial support, healthcare, housing and homeless, senior resources.

Our core programs listed above are targeted to address the top needs identified in our Community Assessment.

Our **Employment / Job Development Program** is a pathway for individuals to enter or re-enter the workforce by gaining employment and access to wages that support economic security. Internal efforts include building skills through on-site work experience and training, resume assistance, access to food handling and warehouse certifications, mentoring and job coaching for youth, seniors, and adults. External efforts include communication and coordination of resources such as academic and vocational counseling, certifications, financial literacy workshops, assistance with access to higher education and navigation of financial aid opportunities. Lastly, external efforts include increased communications with employers willing to give opportunities of employment for participants enrolled in the job development program.

Our **Housing and Homeless Program** assists those experiencing urgent emergency and chronic housing needs, providing permanent and temporary placements that include motel vouchers, temporary housing, rental assistance, navigation, retention, rapid rehousing, housing readiness assistance, and eviction prevention.

Our **Food Program** is a resource in place to end hunger for the housed and the unhoused, as well as a collaboration with community partners and vendors to mitigate food waste. Daily food distributions include bagged lunches and hygiene kits for the homeless, homebound grocery deliveries for seniors and disabled persons who are isolated, sick and shut-in, and emergency family food to those that have the ability to cook and store food. Internal activities to enhance the nutritional impact of food services include healthy recipes, nutrition education workshops, and healthy food demonstrations. External efforts guided by Los Angeles Regional Food Bank include collectively becoming a nutritious program pantry that establishes policy and assurances that nutrient-rich foods are at all times accessible by low-income communities. In a collaboration with Food Forward, a weekly produce hub on-site assures that a rainbow of fruit and vegetables is accessible to other pantry partners committed to ending hunger and preventing chronic diseases prevalent in low-income communities that they serve.

Our **Health Program** is designed to diminish health disparities with access to healthcare, education on ways to manage chronic health diseases, and assistance with navigating the healthcare system. Internal and external efforts include coordination of dental and vision screenings, exams, and

procedures through mobile clinics, vaccines, glucose/diabetes screenings, blood pressure screenings, and health education workshops and exercise groups. Further, a behavioral health coordinator has been an addition to the health services department to communicate and coordinate access to behavioral health resources which has proven to be a noticeably growing need.

Our **Case Management Program** is the driving strategy and standard of care practice that supports our Food, Housing, Health, and Employment programs through assessment, case planning, care coordination, advocacy, resource linkages, and follow up. Individualized client plans allow our case workers to track progress and make adjustments specific to personal situations. Case management provides access to a complete continuum of services, a safety net that improves the odds of success for an individual to move from poverty to economic security. Our case workers navigate the healthcare and housing systems, education opportunities, and the network of community partners.

Our **Volunteer Program** provides the necessary additional capacity to deliver integrated services across our core programs. Community Engagement activities in our food distribution, holiday distribution events, and organizational needs, provide volunteers the opportunity to accept civic responsibility and to affect change. Volunteers learn about the issues that low-income people face; and as a result, such volunteers become better advocates and change makers for the betterment of our communities. In a typical year we have approximately 6,000 volunteers.

## Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C), (3)(C) and (D), 676(b)(4), (5), (6), and (9)

California Government Code Sections 12747, 12760

Organizational Standards 2.1, 2.4

State Plan

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(3)(C); Organizational Standard 2.1; State Plan)

Foothill Unity Center does not subcontract any services and does not coordinate funding with other providers with CSBG funding.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (Organizational Standard 2.1, State Plan)

To meet the expressed needs identified in the community needs assessment survey, Foothill Unity Center has Memorandums of Understanding and/or coordinated services with: 1) Los Angeles Regional Food Bank 2) Food Forward 3) Azusa Pacific and Cal State University of Los Angeles Schools of Nursing 4) Union Station Homeless Services 5) Los Angeles Homeless Services Authority 6) Monrovia Community Adult School 7) South Bay and Foothill Workforce Development Boards 8) Immediate Needs Transportation Program/International Institute of Los Angeles 9) City of Pasadena's Transportation Department 10) City of Pasadena's Housing Department and 11) Volunteers of America and more.

3. Describe how services are targeted to low-income individuals and families and indicate how staff is involved, i.e. attend community meetings, provide information, make referrals, etc. Include how you ensure that funds are not used to duplicate services. (CSBG Act Section 676(b)(9), California Government Code Section 12760, State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

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4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (California Government Code Section 12747, State Plan)

The bulk of our food is generated through donations and is not procured with CSBG funds.

- We pick up food at the Los Angeles Regional Food Bank weekly which includes USDA and other low cost or free food items.
- We have regular weekly donated food pickups from local grocery stores, bakeries, etc.
- Each year the National Letter Carriers Association has a nationwide food drive on the 2<sup>nd</sup> Saturday of May. This year, we received 247,387 pounds of canned, non-perishable foods from five (5) local post offices.

We have been certified by LA County Housing Services Authority (LAHSA) which positions us well to apply for available funds for housing services; we are currently funded by the City of Pasadena with CESH and HEAP funds, EFSP funding, and by LAHSA.

The Center has benefitted from CARES Act funding, as well as available COVID funding from private foundations and corporations, to support expanded services during the pandemic. We continue to closely manage our grants to ensure that we sustain services to meet the community needs going forward.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747, State Plan)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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6. Describe how your agency documents the number of volunteers and hours mobilized to support your activities. (Organizational Standard 2.4)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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7. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

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8. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school child care. (CSBG Act Section 676(b)(1)(B), State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

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9. If your agency uses CSBG funding to provide employment and training services, describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5), State Plan)

Foothill Unity Center is a community-based, private non-profit organization that represents the community, and through a partnership with the Foothill Workforce Development Board (FWDB), has demonstrated effectiveness in the field of workforce development through on-site trainings according to the definitions outlined in the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. Those most served through this collaboration are youth, seniors, dislocated workers, and displaced homemakers, some of which have limited work skills or are basic skill deficient in reading, writing, and computing; all of whom are low-income, unemployed and are referred onto the path towards gainful employment. Foothill Unity Center provides a career pathway through skilled training in clerical and customer service, food handling, warehouse, facilities maintenance, and ambassadorship work; all of which align with the needs of the economy's labor industries. This career pathway also includes identifying and removing barriers to employment through the provision of supportive services and resources to food, health, and housing as assessed and driven by the Center's case workers; as well as, development of a career plan that includes use of

technology coordinated with education and industry providers. Case workers provide connections to jobs, education, and career counseling or coaching throughout program participation.

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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11. Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under title XVI (relating to low-income home energy assistance) that are conducted in the community. (CSBG Act Section 676(b)(6), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
  - Adaptations to the response in your agency's 2020-2021 CAP are described below.
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## Monitoring

CSBG Act Section 678D(a)(1)(A) and (B)

1. Describe how your agency's monitoring activities are related to establishing and maintaining the integrity of the CSBG program. Include your process for maintaining high standards of program and fiscal performance.

Procedures are in place to track and measure program performance and achievement of outcomes. All data is entered into our upgraded Client Services Management System (CSMS), which is a database software that is designed specifically to capture service transactions as well as case management activities. The Center has a full-time Data Manager that monitors the system, develops programs for collecting data, and processing the information for necessary reports. The data manager also has support staff trained to assist with developing queries (custom reports) and submitting weekly corrections. These systems include special automation to build accuracy, reliability, and efficiency in the data collection process.

FUCI maintains a Fiscal Policy and Procedures Manual, last updated July 2019 and approved by the Board of Directors (BOD) of Foothill Unity Center, Inc.; as well, the Center's BOD has a finance committee that meets monthly on a regular basis with increased frequency if necessary. Annual audits are performed by an outside CPA firm and donor audits as required. This past year we updated our Financial Software to better manage the high volume of funding contracts and billings.

2. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, and issuance of formal monitoring reports.

Foothill Unity Center does not use any subcontractors with CSBG funding.

## Data Analysis and Evaluation

CSBG Act Section 676(b)(12)

Organizational Standards 4.2, 4.3

1. Describe your agency's method for evaluating the effectiveness of programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)

The process of data collection begins with client intake. The well-being of each client is assessed at the time the client registers into the Center's programs, establishing a baseline. Periodic assessments compare the client's current status to this baseline to determine if the client is progressing toward greater self-sufficiency. If progress is lacking, the client's situation is reviewed and new strategies for success are identified and implemented.

This information is tracked in CSMS (Client Services Management System) whereby a family file number is generated for each client that accesses services through the Center. Each time a client receives a service it is entered in CSMS. Each week a case management multi-disciplinary team meets, including the social and health services staff, behavioral health staff, director of client services and support staff in order to coordinate care, review and evaluate program effectiveness of the services for its clients. Management and Leadership team evaluate the effectiveness of programs by observation, review of reporting, feedback from the community and participants, and staff meetings.

2. Applying the Results Oriented Management and Accountability (ROMA) cycle of assessment, planning, implementation, achievement of results, and evaluation, describe one change your agency made to improve low-income individuals' and families' capacity for self-sufficiency. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.
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3. Applying the full ROMA cycle, describe one change your agency facilitated to help revitalize the low-income communities in your agency's service area(s). (CSBG Act Section 676(b)(12), Organizational Standard 4.2) (Optional)

The most recent application of the full ROMA (Results Oriented Management and Accountability) cycle for Foothill Unity Center has been through the COVID-19 pandemic. At the early stages of the pandemic, the Center identified its position in the community as an essential provider of food resources which had been **assessed** as a need for all people experiencing sudden shifts in the economy, poverty, and panic. In **planning** a response, the Center kept true to its mission to help our neighbors in crisis which stretched the bounds of its 12 cities service area. Further, planning included closing our buildings to public access; modification to our method of food service delivery; lastly, increased communications to keep the community informed of the Center's response and impact during the pandemic through website and social media communications.

**Implementation** of the plan included drive-thru and walk-up distributions rather than the traditional access inside of the building; as well, implementation of the plan included increased deliveries to seniors who were most isolated during the pandemic.

This strategy has assured that the most vulnerable and newly vulnerable as a result of COVID had access to food and to health resources throughout this pandemic. More than 15,650 individuals accessed the Center, receiving 62,400 food services, each accompanied by health information handouts. Food services included the equivalent of 12,420 meals for the homeless and 8,210 food boxes delivered to seniors and disabled members of the community, 11X the number of food deliveries in 2019. Communities have been revitalized and positioned to recover from the impact of COVID by our Center remaining open and accessible to core programs and services throughout.

In review of the **achievements** and **evaluation** of the Center's strategy of response, as well as, based on the community's input to the Center's needs assessment and responses to the self-certification survey, access to resources remain prevalent and are predicted to remain well after this pandemic as people work towards recovery. It is important for Foothill Unity Center to

therefore continue to use the ROMA cycle and framework of assessment, planning, implementation, achievement of results, and evaluation. Not only has this strategy proven effective, it also has provided the opportunity to identify gaps in services, innovatively collaborate with community partners, and has given the community a better understanding of the Center and its value as a resource to local and neighboring communities.