

# THE STREET STRATEGY FOR L.A. COUNTY

A Vision for Improving the Lives of Those  
Experiencing Unsheltered Homelessness



**This crisis, and our response  
to it, reveals who we are and  
who we value.**





# CONTENTS

01 LETTER FROM OUR CEO

02 EXECUTIVE SUMMARY

05 HOMELESSNESS IN L.A. COUNTY

09 STREET STRATEGIES | CREATE MORE IMMEDIATE OPTIONS AND CLEARER PATHWAYS

19 STREET STRATEGIES | IMPROVE SAFETY & STABILITY FOR PEOPLE LIVING OUTSIDE

27 WHAT IT TAKES TO REALIZE THIS VISION

32 CONCLUSION

33 END NOTES

# Letter from our CEO

**A**s we work hard to dismantle the racist systems that fuel poverty and homelessness, we must also end the dire humanitarian crisis on our streets and permanently house those most at risk. Before the pandemic, ending homelessness for tens of thousands of Angelenos was the leading concern across Los Angeles County. Today, as millions of Angelenos safely shelter at home, we must remain committed to protecting our unhoused neighbors who do not have that option. In recent years, our region has invested unprecedented resources into the creation of permanent housing solutions that will end homelessness for our neighbors. In the meantime, as those solutions scale up, this pandemic threatens the lives of vulnerable unhoused populations and the livelihoods of so many more living in poverty.

The Street Strategy for L.A. County is a project of the Home For Good (HFG) initiative led by the United Way of Greater Los Angeles. The project was started before the pandemic, but it is even more relevant now. In launching this Street Strategy, HFG members were acknowledging a public health and humanitarian crisis within a housing crisis— and now the local onset of COVID-19 has only increased the urgency of these ideas. Our collective goal is to highlight the existing and heroic efforts of those on the front lines of homeless services, and to call for more partners to put more resources toward new options and pathways that keep people safer and ensure no one returns to the streets once they come safely inside.

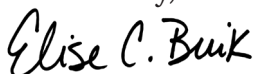
To put the strategies together, the HFG team interviewed over 150 stakeholders representing multi-jurisdiction and cross-sector perspectives. We interviewed public officials, policy makers, people with the lived experience of homelessness, service providers, legal advocates, health care experts, medical professionals, business leaders, academic partners, and philanthropy. As expected, not everyone agrees with the ideas and approaches presented here. But there is broad agreement that putting our ideas on paper, debating those ideas, and taking unified action is a useful next step in our collective response to the crisis. Hopefully, the resulting actions will center on those experiencing homelessness while remaining cognizant of broader community needs.

To that end, the Street Strategy for L.A. County identifies 10 strategies and three competencies that are intended to improve outcomes while respecting the dignity of more than 48,000 unsheltered neighbors each night.

By presenting these strategies now, our hope is to inspire innovation and avoid outdated interventions that warehouse people out of sight or criminalize their existence. Instead, we are articulating evidence-based and expert-informed strategies that will return a sense of control and safety to those directly and indirectly impacted. These strategies invite new partners and resources into the crisis response system, to generate more options and expand services that keep people safer. They are rooted in an unwavering commitment to our values and a belief that our collective efforts are more impactful than the actions of any single entity or leader.

Thank you to all our partners for their contributions and insights. Most importantly, thank you to those making a difference every day in the lives of those experiencing homelessness.

In solidarity,



**Elise Buik**

*President & CEO, United Way of Greater Los Angeles*

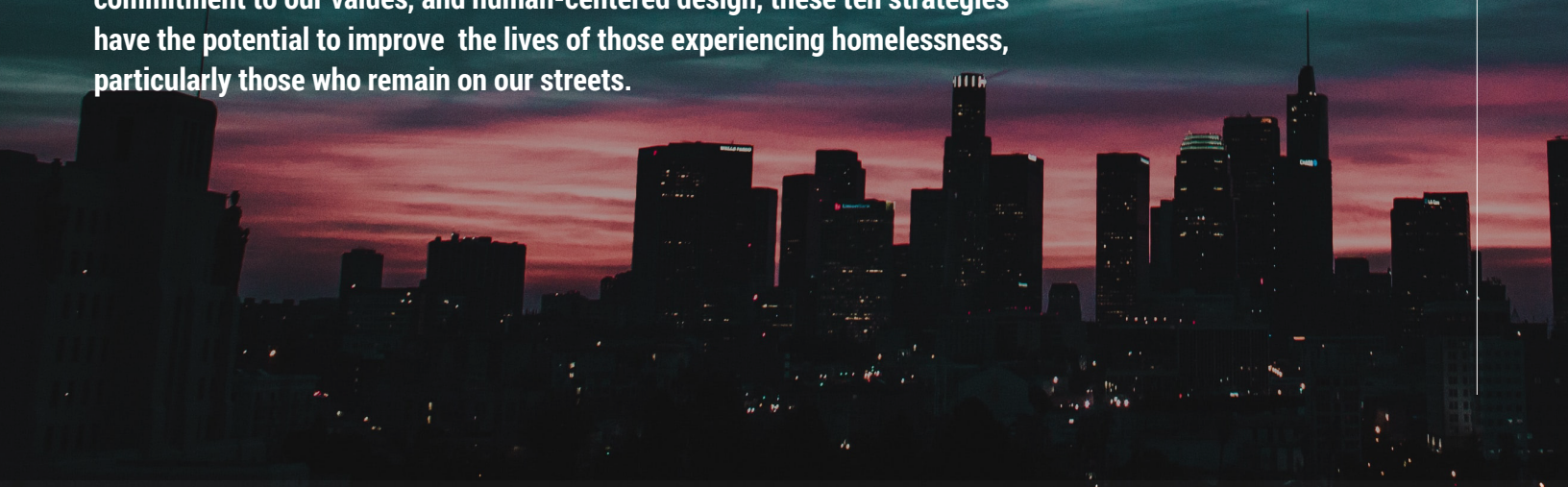


# EXECUTIVE SUMMARY

Los Angeles has invested unprecedented resources to create permanent solutions to homelessness. As those investments materialize, the number of people experiencing unsheltered homelessness continues to escalate and could be dramatically worsened by the economic fallout from the COVID-19 pandemic. This is particularly true for our Black neighbors, whose increased risk is tied to the enduring legacy of racism and the systemic theft of intergenerational Black wealth. The Home For Good (HFG) initiative is a countywide effort that represents 200+ cross-sector partners working collaboratively on systems and solutions to end homelessness. Together, we recognize that maintaining widespread public support for long-term solutions depends on our ability to credibly impact the humanitarian crisis on our streets. That is why the HFG team interviewed over 150 stakeholders, listened to their ideas, and used our best judgement to reflect the strategic interests of the broader community. The result is a Street Strategy for L.A. County that highlights 10 strategies and three cross-cutting competencies that the community should consider funding and implementing while we bring permanent solutions to scale.

Realizing the vision laid out in this Street Strategy requires a trusting and collaborative community to share resources, resist blame, and commit to solving this problem through a *unified effort* - where every individual, community, government, and organization does their part. It also requires an *unwavering commitment to our values* during these challenging times, when there is pressure to move the problem instead of solving it. For this vision to fully materialize, we must design an easier system for people to access and navigate for themselves or others. Through a unified effort, an unwavering commitment to our values, and human-centered design, these ten strategies have the potential to improve the lives of those experiencing homelessness, particularly those who remain on our streets.

*Throughout this document, the Home For Good team attempts to honor the work of the broader collective by using the word “we.” The use of the collective “we” is not intended to take credit for the important work of other partners. It is meant to acknowledge and reinforce the unified effort necessary to end homelessness.*





# Create More Immediate Options & Clearer Pathways to Access Those Options

## STRATEGY #1

*Improve the Quality & Performance at Targeted Shelters*

The fastest way to “create new” shelter is to better utilize the beds we have. Accomplishing this requires public and philanthropic partners to invest in targeted facility upgrades and capacity building for specific sites, where conditions are challenging and providers need help with overcrowding, pandemic safeguards, cultural competency, trauma-informed care, de-escalation, conflict resolution, harm reduction, and housing navigation techniques.

## STRATEGY #2

*Create the Diverse Immediate Housing Options that People Need*

Like anyone else, people experiencing unsheltered homelessness don't want to have to choose between privacy and community. They want, need, and deserve both - and our collective response to COVID-19 has proven we can quickly leverage resources to create dignified places to come inside. To bridge a gap between life on the streets and a permanent home, philanthropy and the public sector should partner to create smaller immediate housing options at scale. Helping providers purchase land, motels, and materials for stackable/modular units in shared configurations or secure shared private housing for clients with fewer barriers can foster both privacy and community.

## STRATEGY #3

*Expand Safe Parking for RV's & Incentivize Safer Vehicles*

Before the pandemic, L.A. was expanding safe parking for cars, and was seeing an increasing number of RV's on our streets. The government should identify vacant public land to be repurposed as permanent safe parking lots with electricity, water, and sewage infrastructure. With the help of private and philanthropic partners, providers could work with safe parking users on longer-term housing plans in exchange for the eventual purchase and disposition of their RV.

## STRATEGY #4

*Provide Daytime Service Centers in Every Neighborhood*

Safe places for our unhoused neighbors to go during the day are just as important as safe places to sleep. When the pandemic is over, every neighborhood should use new, one-time, public and private investments to partner with local faith organizations, libraries, access sites, and drop-in centers to safely serve more people on the streets during the daytime.

## STRATEGY #5

*Ensure the Coordinated Entry System (CES) Achieves Street-Level Impact*

Matching interim beds more strategically will increase system flow and generate better pathways from the streets to housing. During the pandemic, government and non-profit providers maximized the utilization of scarce interim beds by adapting triage tools to prioritize older adults and those with underlying medical conditions. Moving forward, we must ensure that CES continues to help us expand beyond permanent supportive housing (PSH) and strategically prioritize more people for more exit pathways, particularly our growing population of seniors who remain extremely vulnerable to COVID-19.



**STRATEGY #6***Broaden the Outreach Coalition to Continue Increasing Effectiveness*

Prior to the pandemic, we had expanded street outreach and improved coordination, but hundreds of potential force multipliers remained disconnected. The proactive testing and welfare checks needed during the pandemic proved that homeless outreach alone cannot respond to the full range of needs on our streets. By strategically coordinating with paraprofessionals like sanitation workers and business improvement districts, our most skilled government outreach workers can safely focus on the most impactful work—equipped with housing assets and supported by recruitment and retention strategies that attract and keep top talent.

# Improve Safety & Stability for People Living Outside

**STRATEGY #7***Bring Life-Saving Health Services to the People*

People living outside can often be very sick and can have major barriers to accessing health care. The pandemic magnified this need, and public and private funders responded by collaborating to accelerate the expansion of medical partnerships like street-based medicine and on-site care to stabilize people where they are and reduce health decompensation. Academia invested in deeper research on the specific health issues faced by people experiencing unsheltered homelessness and what interventions are most effective. These partnerships and investments should continue because they will further strengthen informed integration between the health and homeless systems after the pandemic has passed.

**STRATEGY #8***Close the Capacity Gaps in the Mental Health System*

Without re-institutionalizing, we must restore capacity within the mental health system to meet the needs on our streets by investing one-time private and philanthropic money into stabilizing Board & Cares; increasing the supply of routine, crisis, and sub-acute services to reduce hospitalization bottlenecks; expanding mobile crisis response teams; and innovating around new funding and service delivery models.

**STRATEGY #9***Deliver Hygiene, Sanitation & Harm-Reduction Services*

This public health crisis requires public and private partners to continue accelerating, maintaining, and expanding hygiene services into more neighborhoods and jurisdictions. The public sector should also provide more trash bins and a regular pickup schedule to help maintain shared public spaces, and increase access to harm reduction services to keep people safer as they engage in survival and coping activities.

**STRATEGY #10***Manage Encampments with Consistency & Predictability*

Prior to the pandemic, inconsistent engagement practices shuffled unsheltered people from place to place in ways that eroded trust and disrupted the re-housing process. The easing of some disruptive practices during the pandemic highlights their futility when not connected to a clear public health interest. Philanthropy and the private sector should promote regional consistency by investing in shared encampment teams and resources that travel between smaller L.A. County jurisdictions in exchange for adopting consistently-applied, services-led, encampment management protocols that honor safe access to public space for all residents, including those experiencing homelessness.



# UNSHELTERED HOMELESSNESS IN L.A. COUNTY

*Crisis in context*

## THE FACTS

### ON THE BRINK



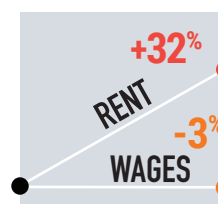
Across L.A. County, unsheltered homelessness has increased by 55% since 2015.



Nearly 600,000 L.A. County residents in poverty spend at least 90 percent of their income on housing.<sup>1</sup>



## Since 2000



Skyrocketing rents combined with stagnant wages is one of the major drivers into homelessness.<sup>2</sup>



# A Crisis within a Crisis (within a Pandemic)

*The humanitarian crisis on our streets is fueled by an even larger housing crisis, and both are now magnified by a global pandemic.*

Unsheltered homelessness remains one of the most challenging and visible aspects of our regional efforts to end homelessness in Los Angeles County. Between the City of L.A., Glendale, Pasadena, Long Beach, and all other jurisdictions in the County, roughly 72% of those experiencing homelessness are sleeping in the streets, makeshift structures, tents, or vehicles.<sup>3</sup> In fact, our unsheltered population accounts for more than 25% of the total U.S. unsheltered population.<sup>4</sup> That's over 48,000 people who walked into this pandemic without the ability to protect themselves through a safe form of housing or shelter. L.A. County's disproportionate share of unsheltered homelessness is a major humanitarian crisis fueled by an even larger housing crisis. But the crisis is not new. The Skid Row community has a disproportionate and longstanding history serving and advocating for those on our streets, and residents have been heavily impacted by the spread of COVID-19. The Skid Row community deserves ongoing support as more neighborhoods are impacted by COVID-19 and the ongoing lack of affordable housing.

Skyrocketing rents combined with stagnant wages have resulted in over 600,000 L.A. residents paying 90% or more in rent— with more people becoming homeless every day.<sup>5</sup> Two thirds of unsheltered adults in L.A. are on their first episode of homelessness, and over 59% of that group

cite “Economic Hardship” as the leading factor.<sup>6</sup> Responsibility for the inflow into homelessness is much bigger than the homeless services system alone. It highlights market failures, the persistence of structural racism, and the inadequacy of upstream interventions intended to ensure economic and housing stability for everyone. The pandemic's devastating impacts on employment and economic mobility are coming into focus and likely to exacerbate the crisis on our streets.

As more people enter homelessness, life on our streets is increasingly deadly. Our unhoused neighbors are dying 20 years younger than the general public due to untreated health conditions, unmanaged substance use, victimization, and proximity to vehicular traffic.<sup>7</sup> Lacking reliable access to clean water, hygiene, and sanitation services exacerbates these life-threatening challenges each day.

Moreover, our inability to make a visible impact on our streets generates escalating frustration of local businesses and communities across the county and seriously threatens the public support we need to continue implementing plans that end homelessness. Calls to shift resources from permanent solutions and move people into large, overcrowded, congregate shelters must be met with better alternatives; because sheltered homelessness, though one step in the right direction, is still homelessness. There is also a risk of returning to punitive tactics, such as fines, citations, sweeps, and other forms of displacement and criminalization—which have been proven ineffective and re-traumatizes the people we are trying to help.



THE FACTS

ON THE  
BRINK207  
227

40-45%

Everyday 207 people exit homelessness into housing while 227 people fall into it. That is roughly equivalent to about 7.5 shelters worth of people becoming homeless every day.<sup>8</sup>

A Columbia University professor used pandemic-related unemployment to project an increase in homelessness by 40-45% this year over January 2019, an additional 150-180k in California.<sup>9</sup>

## Relationship to Broader Systems Change

**T**he collective effort to transform our housing and homeless services system are already having a profound impact on those they've touched, and that impact has accelerated in response to COVID-19. Since 2016, the City of L.A. has been busy implementing its Comprehensive Homeless Strategy, which was updated in 2019. The County has also been charting a path forward through its implementation of the Homeless Initiative guided by almost four dozen strategies to prevent and reduce homelessness. These have been further fueled by the approval of Proposition HHH, Measure H, and the expansion of interim beds through programs like A Bridge Home and the opening of Pomona's Hope for Home center. Multiple community-based clinics are providing street medicine, and safe parking has expanded to more lots for those experiencing vehicular homelessness. But L.A. County has too many people living in poverty and on the edge of homelessness for us to be content with recent progress, and COVID-19 reminded us that housing is healthcare. That is why the public sector moved quickly to expand shelter capacity and bring thousands of people safely inside

through efforts like the Mass Shelter Expansion Plan, Project RoomKey, and the Street Surge. The crushing economic toll of the pandemic requires us to place an equal focus on building out a strong social safety net that can support people living in poverty and prevent them from entering homelessness in the first place.

For those weathering this pandemic on our streets today, we need more thoughtful and innovative interim solutions to better serve them. The Street Strategy for L.A. County offers approaches that can be implemented now and steadily rolled back as permanent resources become available.

The strategies included in this document are no more or less applicable to Skid Row than any other neighborhood. However, Skid Row has unique strengths and challenges that warrant an inclusive place-based strategy for its residents. That is why Council District 14 and the L.A. City Mayor's Office are using one-time funding to address immediate needs in Skid Row and working with Skid Row stakeholders to develop a plan that addresses "community engagement, housing development, safety and sanitation, employment and economic opportunity, health and wellness, accessibility and service provision" as part of the City's Enhanced Comprehensive Homeless Strategy.<sup>10</sup>



## SURVIVING ON THE STREETS



3 out of every 4  
people experiencing  
homelessness in L.A.  
County are unsheltered.<sup>11</sup>



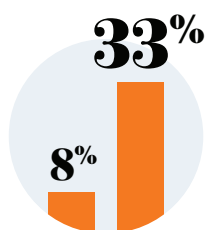
## 10 YEARS

71% of unhoused  
people have lived  
in L.A. for over  
10 years.<sup>12</sup>



**St. Joseph Center outreach  
team in the field**

*Photo by L.A. County*



Black residents are  
dramatically overrepresented  
among those experiencing  
homelessness in L.A. County.

Black people make up only  
8% of the total L.A. County  
population, yet are 33% of  
the population experiencing  
homelessness.<sup>13</sup>



## 40%

Roughly 40% of COVID-19 infections among those  
experiencing homelessness occurred within unsheltered  
populations, and the majority of remaining infections  
occurred in congregate settings that disproportionately  
impact the unsheltered (e.g. jails and crowded congre-  
gate shelters near Skid Row).<sup>14</sup>





# STREET STRATEGIES

A member of the L.A. County Strategic COVID-19 Response Outreach Team performing a wellness check in Lancaster

*Photo by L.A. County*

## Create More Short-Term Options & Clearer Pathways to Access Those Options

If we want to decrease the number of people experiencing homelessness on our streets, then we must get creative in how we fund more accessible, community-based options for the people those options are designed to serve. We must also ensure our outreach and coordinated entry pathways do a better job of connecting people to all available options. The Street Strategy includes six ideas that expand options for those living on our streets and improve our ability to connect them to safer options quickly.

### STRATEGY #1

## Improve the Quality & Performance at Targeted Shelters

To minimize the number of people living unsheltered, every bed in L.A.'s limited portfolio of shelters (also known as interim housing) should be filled and turning over quickly. Unfortunately, utilization and effectiveness vary widely - in part because public operating funds do not cover facility upgrades or deferred maintenance that would create safe and inviting spaces. Prior to the pandemic, those with lived experience highlighted poor facility conditions, inconsistent service quality, confusing accountability structures, cultural incompetence, safety issues, and limited information about bed availability as reasons for avoiding certain shelters. When COVID-19 began



spreading through the homeless community, over 50% infections occurred in congregate shelters where overcrowding and lack of adequate hygiene infrastructure contributed to an unsafe environment for residents and staff.<sup>15</sup>

For interim housing to be a more viable option than the streets, every site should be a dignified, restorative, and safe place to sleep - with adequate privacy and social distancing capacity. To increase the utilization of interim beds, public and philanthropic partners should invest in one-time facility upgrades that make some existing sites safer, less institutional, and less traumatizing. Paired with enforceable county-wide standards of excellence, we can make interim housing more appealing. But facility upgrades are not enough. To increase throughput at these sites, we must connect each client to an exit pathway that works for them (see Strategy #5) and infuse more money and capacity building for providers in exchange for higher performance expectations on practices like trauma-informed care, de-escalation techniques, conflict resolution, cultural competency, harm reduction, and housing navigation.

Improving the quality and performance of existing sites is urgent as we manage the spread of COVID-19 and Los Angeles County is at least five years away from having a right-sized system with an adequate supply of interim beds relative to other housing interventions. From a scale and quality perspective, the new A Bridge Home sites are a welcome step in the right direction; and new public health guidance,<sup>16</sup> combined with interim housing standards from the County<sup>17</sup> and LAHSA,<sup>18</sup> lay the groundwork to ensure the service delivery models at existing sites are clear about our expectations for safety, quality, and value. But now we must ensure those expectations are met.

Moving forward, private and public investors should create an interim housing improvement fund, which key partners should leverage to prioritize improvements to targeted sites and drive increased utilization system-wide. Investments

would be contingent on the adoption and implementation of new performance standards where shelters lower the barrier to entry while raising the expectation of safety, quality, and effectiveness. Trauma-informed design enhancements should also incorporate client voices in making the shelter their own (e.g. agency in the governance process and participation in design and programming decisions). These small measures are a step toward creating interim options that are both attractive to clients and effective for the broader crisis response system.

## STRATEGY #2

# Create the Diverse Immediate Housing Options that People Need

Prior to COVID-19, we knew that L.A. was building more housing than ever, but that we could not just build our way out of this housing crisis. We would need to leverage existing land and housing stock to diversify interim options more quickly and at a lower cost. Then the pandemic hit, and the State of California began working with L.A. County and LAHSA to lease motels to protect our most vulnerable homeless residents. The remarkable pace and scale of Project RoomKey –which brought thousands of Angelenos safely inside–reminds us that we will have to get creative about the assets we use to help bridge the gap between life on the streets and a permanent home.

To bring our most vulnerable neighbors safely inside, private funders, landlords, and the public sector should partner to create dignified, small-scale, immediate housing in every L.A. neighborhood, where clients can have both privacy and community. This would take three forms. First, we should acquire or master lease as many hotels as possible during this pandemic–





Outreach workers and case managers in the river bed at Whittier Narrows

Photo by L.A. County

so we don't return anyone to the streets or unsafe congregate settings. Second, leveraging underutilized public land (or by purchasing smaller lots under 20,000 sq. ft) and multi-year subsidy guarantees, investors could rely on innovative, lower-cost construction methods to create communities of no more than 30 units with shared infrastructure. Third, landlords with four-bedroom units should creatively partner with the homeless services system to immediately provide a shared-housing model at scale—a concept that L.A. Family Housing has successfully piloted in the San Fernando Valley. Philanthropy can also help homeless service providers purchase homes for shared housing, similar to a model used by L.A. County's Office of Diversion & Reentry (ODR) which is already working for justice-involved clients experiencing homelessness.<sup>19</sup>

Too often, we give unsheltered clients one of two options: give up privacy by going to a congregate shelter, or wait 12-24 months for their own room. This false dichotomy does not match the diverse needs of people living on our streets, and there are new housing options that straddle the arbitrary lines between interim, transitional, and permanent housing. We can now create a form of housing that is as fast to build as shelter and costs the same or less. In the last year, the essential ingredients have emerged to bring small-scale, community based solutions to scale: available land, multi-bedroom housing stock, flexible land-use regulations, cheaper construction materials, quality standards for shared housing, and available private capital. It is time to leverage this alignment to benefit those on our streets.

Moving forward, the public sector should continue to clear the legal and regulatory barriers that have historically hindered our ability to build small-scale housing on underutilized land, and should leverage resources like rapid re-housing subsidies to issue rent guarantees that support the philanthropic and private investment necessary to create these new sites. The private sector should also sponsor community-based sites by investing in facility amenities and connecting residents, especially those in the rapid re-housing program, to job opportunities and employment supports that help with long-term housing stability. The United Way is exploring the creation of a significant Immediate Housing Fund to spark such developments.



Harbor Interfaith Services team member in the South Bay

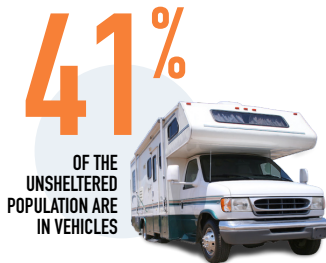


### Too Big to Succeed?

The humanitarian crisis on our streets has some calling for a “right to shelter” in California. The Governor’s Council of Regional Homeless Advisors recommended a “mandate to end homelessness,” which requires local governments to create enough interim and permanent housing that is high quality, low barrier, and fair housing compliant. We applaud calls for more housing and efforts to require quality services, because simply moving homelessness indoors is insufficient. Years of evidence shows that large congregate shelters can be retraumatizing settings that spread communicable disease, foster institutional behavior and strip people of privacy and dignity. Therefore, investments in new interim housing should consider the impact of scale on the safety and quality of conditions and services inside the building, so we have a greater chance of ending homelessness – not just moving it indoors.<sup>20</sup>

#### NEIGHBORS

## ON THE STREETS



Almost 19,000 unsheltered people live in vehicles, while over 27,000 live in tents, makeshift shelters, or otherwise have no shelter.<sup>22</sup>



# 15,000

individuals experiencing homelessness today are particularly vulnerable to COVID-19 due to their advanced age and/or underlying medical conditions. Getting them safely sheltered and housed is a top County priority.<sup>23</sup>



#### STRATEGY #3

## Expand Safe Parking for RVs and Incentivize Safer Vehicles

People sleeping in vehicles with personal belongings visible are at increased risk of break-ins and victimization, and RVs are sometimes unsafe for habitation and operation.<sup>21</sup> Combined with evolving parking restrictions that render many city streets unavailable for use by those sleeping in vehicles, the need to create more places for vehicular homelessness to legally and safely occur is essential. That’s why LAHSA and its partners have been expanding the safe parking program, providing participants with a legal, secure, and stable place to park with restroom access. Prior to the pandemic, LAHSA was on its way to having 469 parking spaces operating across 20 sites.<sup>24</sup>

Expanding the existing safe parking program is vital, but we also need to create more permanent safe parking lots for RVs due to the unique challenges and opportunities they present. Although RVs can provide more privacy and safety than cars or congregate shelters, they also present major challenges at high cost. First, every RV is like a mini-shelter with recurring sewage, HVAC, and sanitation needs. Since most existing or planned safe parking sites lack permanent connections to electricity, water, and



sewage hookups, RV dwellers are not able to easily end their homelessness through permanent parking and full-service connection - which is a missed opportunity. Second, their opacity makes RV-outreach very challenging, decreasing the likelihood that people are getting connected to the long-term housing supports they may need.

Following the lead of the county's new Safe Landing Sites for RVs, the government should identify vacant public land to be repurposed as permanent safe parking lots with electricity, water, and sewage infrastructure, then work with RV dwellers on longer-term housing plans in exchange for the purchase and disposition of their RVs. Once the pandemic is over, private and philanthropic partners should help those experiencing vehicular homelessness stay economically engaged in their rehousing process while getting unsafe vehicles off the streets by pairing employment and housing services with functional automotive repair, recycling, or buyback incentives. Achieving throughput with such incentives would also increase the cost effectiveness of safe RV lots as another viable option in our interim shelter inventory.

#### STRATEGY #4

## Provide Daytime Service Centers in Every Neighborhood

Efforts to end homelessness are usually focused on where people sleep, but having a safe, convenient, and meaningful place to be during the daytime is equally important to people's stabilization and engagement. No part of Los Angeles is unaffected by street homelessness, so every neighborhood should make one-time public and private investments to upgrade existing underutilized facilities that could better serve people on the streets during the daytime. Before the pandemic,

local churches, libraries, and drop-in centers were serving people experiencing homelessness, but often lacked infrastructure to do so safely and effectively—like showers, kitchenettes, computers, laundry machines, storage, meeting areas, and clinical space to coordinate care. They also need public partners to strategically reassign current service staff or add funded positions during weekdays and weekends to connect clients to prevention, problem solving, diversion, employment, and housing navigation services. Through one-time improvements and co-located services at these local institutions, public and private funders can create more effective places for clients to engage during the daytime once the pandemic is over.

Moving forward, county leaders should partner with the faith-based community, local jurisdictions, and public library leadership to outline baseline expectations for safe daytime services in every L.A. neighborhood, and then select and prioritize targeted sites for capital investment. These investments should align with LAHSA's efforts to leverage access sites and create more comprehensive access centers in every District, and UWGLA can coordinate all funders to match resources to targeted sites and expected outcomes. For example, a capital investment in space reconfiguration could be predicated on social distancing measures, improved client flow, and increased capacity to get more people safely off the streets each day. Higher operating costs from providing safe storage and offering weekend hours can be partially mitigated through the co-location of existing mainstream system partners and by leveraging volunteers.

#### NEIGHBORS

**ON THE  
STREETS**

**56%**



56% of likely California voters support more RV safe parking for our homeless neighbors.<sup>25</sup>





The “oasis” at the Downtown Daytime Services Center for people experiencing homelessness in Washington D.C. was created in the underutilized basement of a local church.

### *Where is this Strategy Working?*

The District of Columbia operates a Downtown Day Services Center six days a week in the renovated basement of a church. The updated space serves over 140 clients per day with housing-focused case management and access to a wide range of other essential services.

Philadelphia’s Hub of Hope operates seven days a week out of the concourses under Suburban Transit Station, and helps clients connect to the process of finding a permanent home. New York City provides at least one Homebase center in every borough to help clients develop a personalized plan to overcome an immediate housing crisis and achieve housing stability in their neighborhood. In Los Angeles, organizations like The Center at Blessed Sacrament are offering limited services on weekday mornings, but could do more if partnered with private and philanthropic investment.





Outreach worker for DHS's Housing For Health

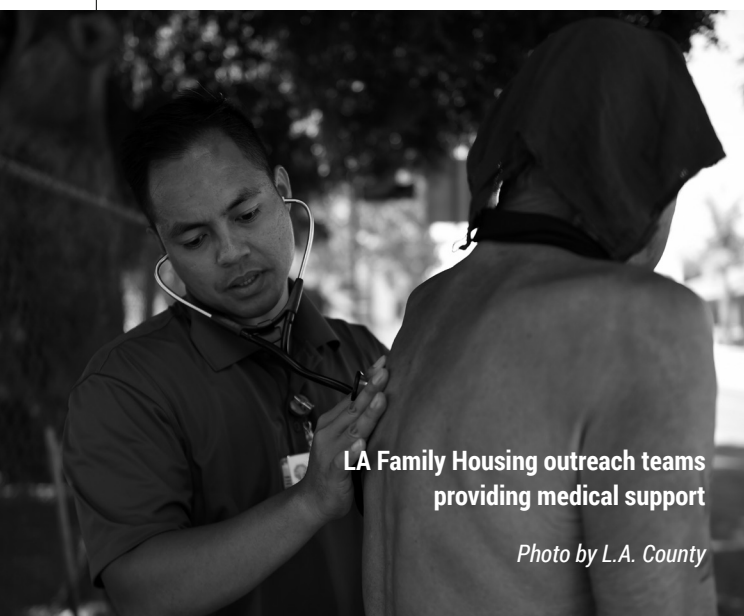
Photo by L.A. County

## STRATEGY #5

## Ensure Coordinated Entry Achieves Street-Level Impact

Until our permanent housing inventory reaches the scale needed, we will continue to have a shortage of interim beds due to the large volume of our unhoused population and the rate at which people enter homelessness, which will be exacerbated by the pandemic. This scarcity requires our local Coordinated Entry System

(CES) to continue adapting in three important areas: resource focus, shelter throughput, and equity. As background, the federal government requires every HUD grantee to use CES to ensure fair access to scarce housing resources. L.A. launched our local version for single adults in 2013, and after many years of implementation, there are enhancements needed to better serve all populations (particularly Black people experiencing homelessness) and to make a larger impact on the humanitarian crisis on our streets. To that end, members of the Home For Good Funders Collaborative and LAHSA are supporting a multi-year effort to study and strengthen the assessment, administration, and application of CES system tools. In addition, LAHSA conducted CES refinement workshops and is piloting new improvements in multiple service planning areas through its recently-established Housing Central Command process.<sup>26</sup> Those improvements were put to the test during COVID-19, and CES policies were quickly adapted to target the highest-risk population for placement in permanent housing. Similar prioritization procedures were used to prioritize people for placement in isolation and quarantine sites. This adaptive flexibility should continue, especially as the landscape of resources dramatically shifts, shelter throughput becomes increasingly important, and deadly inequities persist.



LA Family Housing outreach teams providing medical support

Photo by L.A. County





## NEIGHBORS

## ON THE STREETS



6 out of 10 unsheltered adults are on their first episode of homelessness.<sup>27</sup>

Over 50% of newly unhoused individuals became homeless because they could not afford a place to live.<sup>28</sup>

Prior to COVID-19, CES focused on matching Permanent Supportive Housing (PSH) to the next most vulnerable person in a service planning area based on a specific vulnerability assessment and other criteria. As the virus has shifted our understanding of immediate vulnerability, PSH prioritization policies and procedures have also shifted; and parallel prioritization efforts were quickly stood up to make Project RoomKey placements. This type of adaptive and flexible CES infrastructure should continue expanding to other housing resources, like rapid re-housing (RRH) and affordable housing units for clients with other strengths and needs.

With an expanded focus on more resources, the CES system can ensure the majority of people who safely enter a shelter or interim housing have a clear exit path. A more strategic use of interim beds (without eliminating walk-in capacity) would ensure more beds can serve the maximum number of people. Smarter shelter-bed prioritization, bolstered by a real-time bed inventory, would help generate the interim throughput needed to get more people off the streets safely and onto a permanent destination.

Sometimes government partners are asked to go outside of CES and prioritize people using a place-based approach. For example, a federal court recently ordered the public sector partners to safely relocate everyone from under bridges,

overpasses, and ramps.<sup>29</sup> Since place-based responses have disproportionate and inequitable impacts among people experiencing unsheltered homelessness, system partners should ensure as much equity as possible whenever place-based strategies are used. This requires system-level agreement on objective, person-centered criteria for evaluating the safety of encampments, establishing reasonable thresholds for service-rich intervention, and ensuring safe interim placements are available for those impacted by encampment closures before the closure occurs.

Moving forward, government partners should continue building on the success of Housing Central Command and quick CES refinements to expand the focus of CES and build an objective interim bed prioritization process that improves system throughput and promotes more equity when place-based decisions are made. This approach also requires the City of L.A. and neighborhood leaders to ensure A Bridge Home sites accept CES placements once the original community lists have been exhausted, because protocols that include new entrants with clear exit pathways are perfectly aligned with community interests in having fewer people experiencing homelessness on our streets. As always, changes to CES should include a requirement for external evaluation of impact to ensure results are in the best interest of those experiencing homelessness and the system that serves them.



## STRATEGY #6

# Broaden the Outreach Coalition to Continue Increasing Effectiveness

The County of L.A. has demonstrably improved the coordination of outreach.<sup>30</sup> In the months after the local onset of COVID-19, outreach was able to fill over 20 new shelters and 35 Project RoomKey sites to capacity within days of opening. But with an unsheltered crisis of this scale, the government alone cannot ensure people on the streets are safe and connected to pathways out of homelessness. That is why we must continue increasing the effectiveness of street outreach in three key ways: (1) safely broaden the coordinated coalition; (2) target our most effective assets; and (3) incentivize staff longevity.

First, we should leverage existing paraprofessionals who are already in daily contact with the unhoused but are not coordinating their work with the broader outreach network to safely become force multipliers. Investing in a specific role for sanitation workers and business improvement districts (BIDs) that want to be more constructive partners would expand our collective ability to establish a visible presence in neighborhoods, canvass the streets to meet basic needs, and explain how to connect to more services. For example, outreach ambassadors with Downtown Santa Monica, Inc. inform unhoused clients about available services, track every engagement, and share data with the city's broader homeless services system. Strategically linking paraprofessionals like BIDs would reserve our most skilled outreach workers to do the hardest work with the most challenging clients; however, such partnerships should not include BIDs who criminalize homelessness and permit police-like tactics instead

of prioritizing constructive engagement.

Second, the most impactful work is only possible if we target the deployment of skilled outreach workers and equip them with direct matches to housing assets like PSH, RRH, and interim placements. Our collective response to COVID-19 provided an unprecedented opportunity for outreach teams to connect clients to real interim housing options like the City of L.A.'s Mass Shelter Expansion Plan sites and L.A. County's Project RoomKey sites. The results brought thousands of Angelenos indoors in just two months. By permanently adapting CES to achieve street-level impact (Strategy #5), skilled outreach workers can always go out with a specific housing asset to offer our highest-priority neighbors.

Third, even before COVID-19, street outreach was one of the most challenging jobs around, and high turnover disrupts the housing process for clients. By investing in well-established corporate sector staffing recruitment and retention strategies, like loan forgiveness, signing bonuses, and tuition reimbursement, philanthropy can play a role in attracting and keeping top talent. Philanthropy can also play a role by equipping every outreach worker with adequate personal protective equipment to ensure their ability to engage unsheltered clients without exposing those clients to communicable diseases like COVID-19.

It is also imperative for every local government in L.A. to define a specific, limited, and consistent role for public safety and law enforcement agencies. That role cannot promote criminalization or erode the trust between clients and the homeless services, and it cannot perpetuate racist systems of oppression for Black people experiencing homelessness. As part of the Re-Imagine L.A. coalition,<sup>31</sup> the Home For Good team is eager to participate in the co-design of dispatchable, services-rich alternatives to law enforcement responses to homelessness.



## NEIGHBORS

ON THE  
STREETS

There are more unsheltered residents than sheltered residents in every area of L.A. County and people are experiencing street homelessness across L.A. County.<sup>32</sup>

## Service Planning Area 1

**3,918**

4.7 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 2

**6,690**

2.6 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 3

**3,321**

1.9 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 4

**12,454**

2.7 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 5

**5,042**

5.2 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 6

**7,891**

1.5 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 7

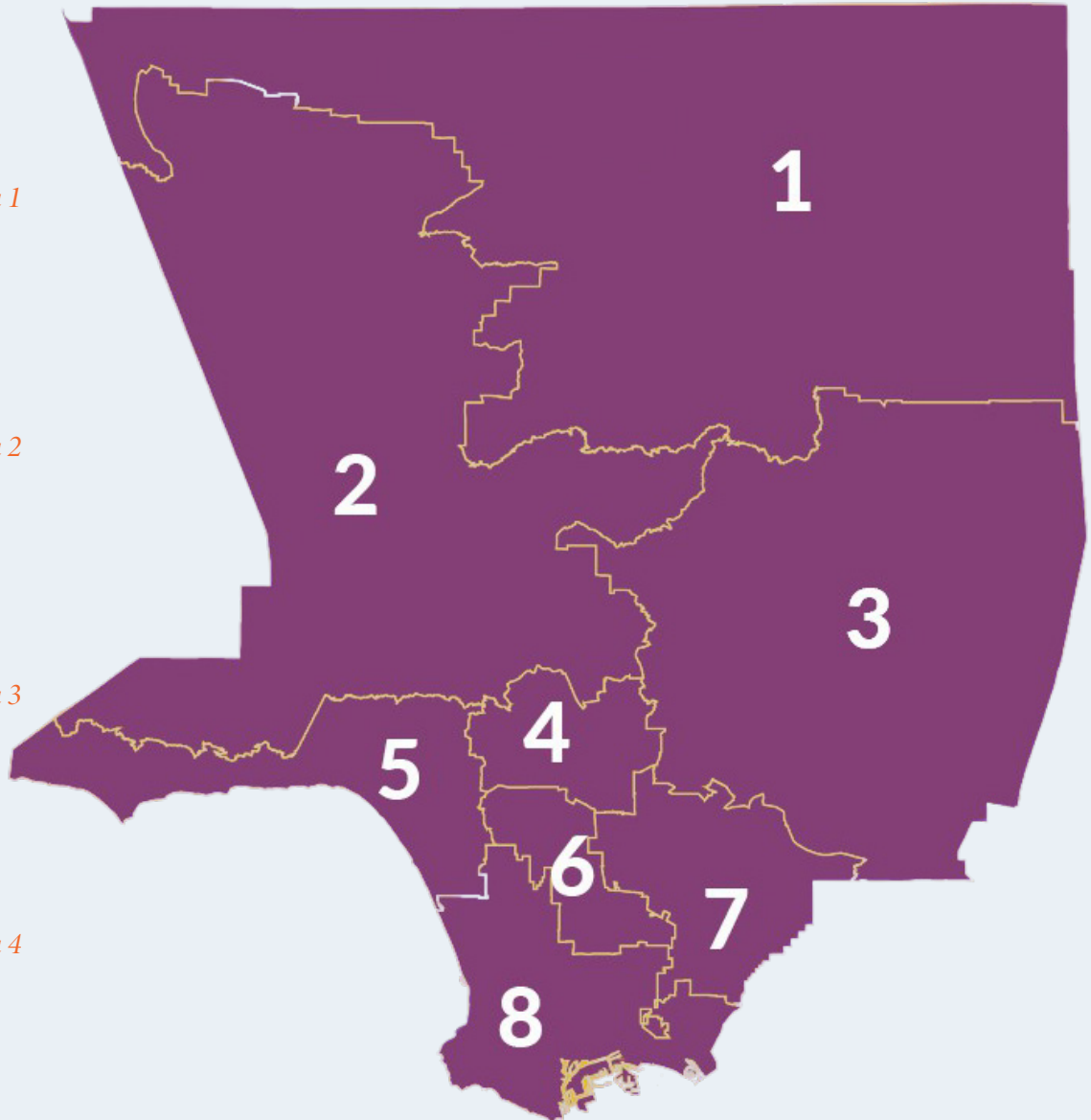
**3,631**

3.8 UNSHELTERED  
FOR EVERY 1 SHELTERED

## Service Planning Area 8

**5,094**

3.4 UNSHELTERED  
FOR EVERY 1 SHELTERED







# STREET STRATEGIES

## Improve Safety & Stability for People Living Outside

**B**eing homeless in L.A. County is increasingly deadly.” This quote from a recent government report was written prior to the pandemic and reflects a dangerous reality for those living on our streets - who are “26 times more likely to die from an overdose, 11 times more likely to die from transportation-related injuries, 10 times more likely to die from homicide, 5 times more likely to die from suicide, and 3 times more likely to die from Chronic Heart Disease than people in the general population.”<sup>33</sup> Years of evidence shows that providing housing is one of the most cost effective health interventions,<sup>34</sup> and sheltering at home is the number one public health strategy being used around the world to combat COVID-19. But until ALL people are housed, experiencing homelessness on the street is exacerbating chronic medical and behavioral health conditions, with life-threatening consequences. Therefore, strategies that keep people safer on our streets are essential components of an adequate response to this crisis.

### STRATEGY #7

## Bring Life-Saving Health Services to the People

There is long-standing need for stronger integration between the healthcare and homeless services systems to ensure people experiencing homelessness receive high quality health care wherever they are—on the streets, in their vehicles, or in congregate shelters. Since 2017, the Saban Community Clinic, Venice Family Clinic, and USC have been using County Measure H funds to do street-based medicine in multiple L.A. neighborhoods and using philanthropic dollars to build a training program for providers. Though transformative, there was still only one street-based medicine team member for every 800 people with a chronic health/behavioral health condition living outside prior to the pandemic.

Street medicine is a difficult model to scale due to (1) challenges billing Medi-Cal for services outside of a clinic; (2) grants that do not cover the cost of support staff; (3) psychiatric care providers that are prohibitively expensive; and (4) excessive red tape in the managed care system. There is also not enough



research on the medical needs of the unhoused population, who have a life expectancy 20 years shorter than the general public. Since 2016, L.A. County's only sobering center has been providing safe, short-term monitoring and management of persons under the influence of alcohol and drugs as an alternative to jail and emergency services. But the prevalence of substance abuse among the unsheltered population makes it imperative to have more than one location for this life-saving service, and for those services to be available for walk-ins.

The COVID-19 pandemic did not resolve those urgent issues. It magnified this need and created an unprecedented opportunity to incentivize enhanced integration across systems to meet the chronic medical needs of those experiencing homelessness, especially for those living in isolation and quarantine sites across the county. System integration can prevent them from getting sicker (from both COVID and non-COVID issues) and create pathways for managing chronic physical health, behavioral health, and substance use conditions and preventing more complex health needs over the long run.

Moving forward, philanthropy and government can make targeted investments that incentivize integration across systems by building on lessons learned from the Health Pathways Expansion (HPE) grant program. By expanding health services alongside the homeless services system in response to the COVID-19 pandemic, philanthropy can prioritize longer-term engagement in care. As cross-sector partnerships strengthen, academic partners should more thoroughly investigate the medical needs of the unsheltered population to ensure that we are focused on the most critical problems and most impactful interventions. When it's safe to do so, philanthropy and government should also help overcome scale challenges and encourage the opening of new sobering centers in more neighborhoods.

## NEIGHBORS

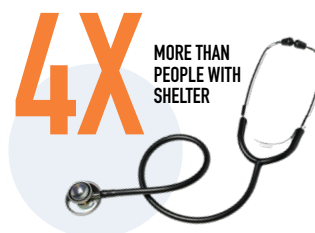
# ON THE STREETS



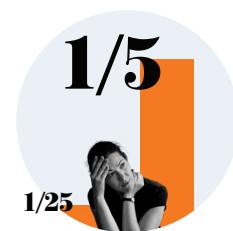
Unhoused residents have a life expectancy that is 22 years shorter than the general population.<sup>35</sup>



People living outside are nearly 3 times more likely to die from Chronic Heart Disease than the general population.<sup>36</sup>



Nationally, unhoused people are more than four times as likely as sheltered people to report a physical health condition (84% vs. 19%).<sup>37</sup>



1 in 5 are living with a serious mental illness, compared to 1 in 25 for the general population.<sup>38 39</sup>

With stronger financial incentives for addiction treatment, psychiatric partnerships, and more coverage for administrative costs - teams can be better prepared to go into more neighborhoods and see more patients. To make the job easier, the state should waive location-based rules and acknowledge the value of delivering medicine out in the community.



## STRATEGY #8

# Close the Capacity Gaps in the Mental Health System

Although the vast majority of people living with serious mental illness in the U.S. are housed, the prevalence of serious mental illness among those experiencing homelessness in L.A. County (1 in 5) is much higher than the general U.S. population (1 in 25) - which makes closing capacity gaps in the mental health system so critical.<sup>40</sup> A recent County report noted that individuals experiencing homelessness with serious mental illness “often cycle in and out of hospitals and justice systems without ever being put on a sustainable path to recovery.” Breaking this cycle requires all stakeholders, not just government, to examine the entire system of beds and services, including those that play a role before, during, and after hospitalization, and address all of the conspiring factors that constrain capacity.<sup>41</sup> Along with other improvements listed in this Street Strategy, the ideas in this section are intended to help our neighbors in crisis stabilize and engage in the rehousing process.

*Shore up the “Board and Care” System* An Adult Residential Facility (a.k.a. Board and Care) is supportive housing for people with a serious mental illness (and others) who cannot live independently - many of whom have experienced homelessness. Unfortunately, the combination of inadequate state funding, rising real estate costs, and deferred maintenance have left board and care facilities at high risk of closure. Since 2016, L.A. County has lost 45 facilities and 20% of its bed capacity.<sup>42</sup> Keeping the remaining sites and beds is paramount, but it must align with pandemic-informed safety standards and a higher quality of care. The state and county are already moving money toward this problem, but the per client reimbursement rate

must increase, and philanthropy should help by infusing one-time capital into existing facilities to address deferred maintenance and prevent these high acuity clients from becoming homeless on our streets again.

## *Increase access to routine, crisis, & sub-acute services*

Building out the capacity of the mental health system before and after hospitalization is critical to generating flow through our constrained system, where the 2,400 psychiatric hospital beds are always full. In a right-sized system, estimates suggest we need at least 3,000 new subacute beds for those with longer-term intensive mental health needs to ensure outflow from hospitals to a more appropriate level of care. To prevent inflow, we need more integration of primary care into outpatient behavioral health centers. We also need 354 more community-based urgent care beds and 44 more crisis residential beds for those who require more than 24 hours of treatment but don’t require hospitalization.

## *Develop a more robust network of mobile crisis response services*

An effective crisis response system requires a reliable network of deployable mental health experts who can respond to acute crises as they occur, without disrupting normal homeless outreach operations. DMH manages 45 Psychiatric Mobile Response Teams (PMRT) capable of serving 2-3 clients per day; but we need 75 teams capable of serving 4 clients per day in order to adequately respond to the crisis in our communities.<sup>43</sup>

*Keep Innovating* Outcomes from the mental health system in the U.S. are mixed, so innovation is vital to our collective development of better solutions. In L.A., there are new sites and service delivery models being built and piloted that deserve continued support and study for their replication potential.<sup>43</sup>

For example:

- When the Martin Luther King Behavioral Health Center opens in 2020, it will add 80 subacute beds in a first-of-its-kind setting



that integrates mental health, substance use, and medical services for those struggling with homelessness.

- The County’s Office of Diversion and Reentry has seen promising results while scaling up supportive housing for justice-involved adults with serious clinical needs.
- In future years, The Hollywood Pilot, modeled after innovations from Trieste, Italy, will test whether upending the payment, accountability, and documentation systems for mental health services will help remove barriers to care and connect people experiencing homelessness with serious mental illness to what they actually need.

In the short run, state legislators must quickly address our board and care closure crisis through separate funding and increased reimbursement rates, independent of the “California Access to Housing and Services Fund” the Governor proposed in his pre-pandemic 2020-2021 budget - the bulk of which should be used for people currently experiencing homelessness. However, philanthropy should heed the governor’s call to match state and local investments in existing board and cares to address deferred maintenance and improve performance, so that L.A. can keep and improve these important facilities while planning for deinstitutionalization.

Longer term, the public and private sector must collaborate to convert other underutilized facilities, whose beds are not generating revenue, to an alternative crisis or subacute purpose. This conversion will increase system capacity and improve flow through hospitalization—a precursor to having effective mobile crisis response teams that have a better chance of helping more people on the streets. Along the way, we must keep an eye on safe public health practices in these facilities and results from new innovations and support groundbreaking, gap-closing work.



**LAHSA Homeless  
Engagement Team in the  
Antelope Valley**



## STRATEGY #9

# Deliver Hygiene, Sanitation & Harm Reduction Services

As the COVID-19 pandemic has made clear, those without ongoing access to clean water and sanitation have difficulty preventing the spread of infectious diseases. They also have difficulty managing chronic health conditions, which can lead to rapid health decline and premature death. As local coalitions like Services Not Sweeps have been advocating, we must take a health-based approach to ensuring safe and clean streets for all. Recent public health outbreaks like Hepatitis A, Typhus, and COVID-19 bring this into sharp focus. National experts agree that clean restrooms, drinkable water, washing facilities, harm reduction tools, trash removal, and pest control are essential services that help prevent the spread of disease in encampments.<sup>44</sup> Therefore, we must do more to help our neighbors manage basic daily needs through a larger scale and more equitable distribution of hygiene, sanitation, and harm reduction services.<sup>45</sup> We must also do more to combat predatory illegal dumping which exploits homelessness and exacerbates the crisis on our streets.

The City of L.A.'s pre-COVID expansions of staffed mobile hygiene services—with restrooms, hand/dishwashing stations, showers, fresh-water access, and predictable street cleaning schedules—were steps in the right direction for over 16 neighborhoods. Further mobile hygiene expansions to all high-density encampments in response to COVID-19 are more in line with the scale of investment needed, and they have saved lives. Those expansions must continue beyond the pandemic into more L.A. County jurisdictions along with more publicly-available restrooms and accessible showers in community-based organizations across the County. Governments should partner with the non-profit sector and Business Improvement Districts to leverage a social enterprise employment model

to provide more trash bins and a regular pickup schedule to help our unsheltered neighbors earn income and maintain compliance with the expectations of sharing public spaces. While housing is the ultimate harm-reduction intervention, the private sector should do much more to help lower costs and increase access to harm reduction resources - like safe use kits, pre-exposure prophylaxis (PrEP), condoms, and birth control, which are critical interventions that keep people safer on the streets.

The call for more hygiene, sanitation, and harm-reduction services is a genuine call for continued partnership with those whose lives would be improved by a cleaner environment and more access to basic hygiene and sanitation services. It is not a call for stronger enforcement of anti-camping laws disguised as a concern for public health and safety.

Angeleno engages with dog at a local encampment







Unhoused man  
receiving services in  
Service Planning Area 7

## NEIGHBORS

# ON THE STREETS



**28%**

28% of unhoused individuals are 55 or older.<sup>46</sup>

**7%**

The COVID-19 fatality rate for people experiencing homelessness over the age of 65 compared to 2% in the general homeless population.<sup>47</sup>

**20%**

The number of seniors, age 62 and older, increased by this amount between the 2019 and 2020 Point-in-Time Homeless Count.<sup>48</sup>

**26x**

Unsheltered people are 26 times more likely to die from an overdose than the general population.<sup>49</sup>

## STRATEGY #10

# Manage Encampments with Consistency & Predictability

As long as L.A. has a housing shortage, people will continue to live in public spaces, and community pressure to “do something” about encampments will continue. In 2019, LAHSA worked with local and national experts to develop Guiding Principles and Practices for Local Responses to Unsheltered Homelessness,<sup>50</sup> which outlines 16 specific ways every jurisdiction can manage public spaces more consistently to improve outcomes for both the housed and unhoused residents.

Many communities in the U.S. respond to the challenges presented by encampments with law enforcement approaches, but the best available research shows punitive approaches are expensive, ineffective, and counter-productive.<sup>51</sup> They move homelessness around without solving it. Those approaches are tied to racist systems of oppression that undervalue the civil rights of those experiencing homelessness, who are disproportionately Black and deserve the same access to public services and law enforcement protection as housed residents. Instead of relying on punitive actions, experts recommend a balanced approach, centered as much on the needs of the unsheltered population as any other stakeholder. Experts also caution against the creation of “authorized encampments” because they divert scarce resources from more lasting person-centered solutions. Instead, every L.A. County jurisdiction should:

- Create more spaces for people to safely exist, so they have more choices that align with their needs (Strategies #1-4);
- Right-size the role of law enforcement and take a services-led approach that ensures the rights,

preferences, and possessions of the unhoused are protected and respected;

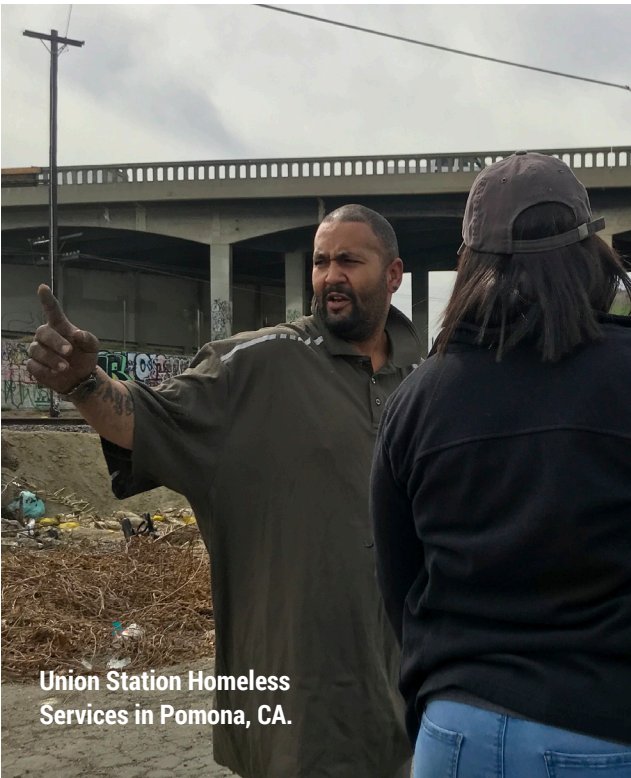
- Connect encampment residents to mainstream supports and housing options through an adapted CES (Strategy #5);
- Collaboratively manage street conditions by ensuring ongoing access to clean water, bathrooms, harm reduction, and waste removal (Strategy #9); and,
- Set clear and transparent dates for when encampments will be cleaned up, communicate those timelines clearly, and show up when promised.

Managing encampments more consistently, as described above, requires philosophical and resource alignment that some jurisdictions in L.A. County have not stitched together. Philanthropy can play a major role helping to promote regional consistency by funding demonstrations of mobile/shared regional encampment teams - a combination of human services, public works, and public safety assets that supplement existing resources and can travel from one jurisdiction to the next. In exchange for adopting LASHA's guiding principles into a local encampment management protocol, this mobile/shared asset would ensure participating jurisdictions can deliver a services-led approach that honors access to public space for all residents. The effectiveness of this more consistent approach should not be measured by the absence of encampments on our streets, but by the number of people whose health and housing stability improved as a result of our engagement.





LA Family Housing outreach team in the Sepulveda Basin



Union Station Homeless Services in Pomona, CA.

NEIGHBORS

## ON THE STREETS



30,900



There are over 30,900 people living in vehicles, tents, and makeshift shelters in the L.A. County CoC.<sup>52</sup>



## CORE COMPETENCIES

# WHAT IT WILL TAKE TO REALIZE THIS VISION

Billboard education  
campaign in March 2020



## #1 - Unified Effort

No single entity created the crisis on our streets or has the resources and authority to solve it alone. Therefore, this Street Strategy outlines ideas that require a trusting, collaborative community to share resources and burdens, resist blame, and commit to solving this problem through a unified effort - where every individual, community, and organization in L.A. does their part.

Since leadership in L.A. is always shared, unified effort is vital. This means we work harder than most jurisdictions to reach consensus on our vision, plan our strategies, and create unified operational awareness of the crisis and our collective impact. Every partner and level of government must put resources on the line and expend political capital to achieve this vision - sharing data and constructive ideas with one another along the way.

A unified effort also requires the effective management and coordination of our collective work and clarity about roles and responsibilities to minimize duplication and optimize effectiveness. This means making tough choices about which entity is leading a specific effort, and which entities are supporting. Those choices should align with the resources, authority, and capacity building within our system to ensure the leading and supporting entities are best positioned for success.



### *Residents*

Say “yes” to services, shelter, and affordable housing in your neighborhood; join citizen advocacy programs like the Everyone In campaign and neighborhood coalitions like SELAH; donate money and time to impactful organizations.

### *Faith-Based Organizations*

Deepen your existing commitment by identifying underutilized spaces for alternative use; partner with other stakeholders to expand services at your locations.

### *Academia*

Expand collective knowledge through focused attention on high-impact research and evaluation; inform service delivery through best practice reviews; and ensure none of your students are experiencing homelessness.

### *Government (all levels)*

Continue to clear the legal & regulatory barriers that help bring solutions to scale; fund evidence-based services that achieve outcomes; share performance data routinely & transparently to facilitate real-time adjustments; promote people of color and those with lived experience to positions of leadership; decriminalize homelessness and enforce legal protections from improper eviction and illegal institutional discharges to homelessness.

### *Elected Leaders*

Articulate a coherent regional vision to end homelessness; build budgets to support the implementation; pass legislation that enables evidence-based work; and maintain commitment to the vision and our community’s core values when pressure mounts to move homelessness out of sight.

### *Providers/NGOs*

Stay relentlessly focused on achieving positive housing outcomes; invest in the well-being of staff; promote people of color and those with lived experience to positions of leadership; and experiment with alternative service delivery models that might be more effective than current practice.

### *Corporate Sector*

Leverage underutilized space and surplus resources to benefit those experiencing homelessness; extend job opportunities to clients able to work in your businesses; and sponsor site improvements that help beautify and dignify homeless services in your community.

### *Philanthropy*

Make coordinated, collective, and catalytic investments that improve the homeless services system and incentivize better ongoing performance from key partners; spur innovation through creative investment strategies; and enhance understanding through funded research.

### *Press/Media*

Ask tough questions and hold community leaders to account; share stories that deepen our collective understanding of the crisis and its impacts; pursue the truth without exploiting, sensationalizing, or othering those experiencing homelessness.

## #2 - Unwavering Commitment to Our Values

As we work together to keep people safer on our streets while creating more options and pathways, we must maintain an unwavering commitment to our values. This is especially crucial in Los Angeles where the crisis is palpable, outcomes are lacking, and the burdens of surviving unhoused are under the microscope of local, state, and national political leaders. Proposals that seek to move homelessness out of sight, without solving it, erode collective trust and frustrate the effectiveness of those working fervently on complex permanent solutions. Leaning on our core values during these challenging times, and sticking to them when under pressure to move the problem instead of solving it, is our covenant with those experiencing homelessness on our streets.

### CORE VALUES CHECK

#### HOUSING FIRST

Does it complement our focus on permanent solutions to homelessness?

#### DECRIMINALIZATION

Are we holding our unhoused neighbors to a fair expectation?

#### PERSON-CENTERED SOLUTIONS

Is the solution designed to meet the clients' needs?

#### RACIAL EQUITY

Are our strategies anti-racist or are we perpetuating the status quo for Black people?

#### ETHICAL INNOVATION

Does trying something new compromise our values in any way?

#### SCALABILITY

Does it have the potential to scale up and make a countywide impact?

### *Housing First*

As an evidence-based continuum, we know that housing ends homelessness and should be offered without conditions that create unnecessary barriers for clients. While this street strategy offers ideas to address the needs of those experiencing unsheltered homelessness, these ideas must complement our commitment to permanent housing, which remains paramount.

### *Decriminalization*

Experiencing homelessness is a crisis, not a crime. Communities driven by fear instead of empathy often set unreasonable expectations on those experiencing homelessness who lack access to basic infrastructure and privacy. Criminalizing behaviors like sitting, sleeping, or having a tent up during the daytime are inhumane and ineffective practices that benefit the housed, not the unhoused. Instead of criminalization, we support a good neighbor standard, where we respectfully enforce societal and neighborhood norms—especially around sanitation and public health—so long as we have provided ample access for all members of the neighborhood to meet that expectation.

### *Person-Centered Solutions*

We believe in scalable person-centered solutions, which require us to think carefully about how we design buildings, programs, and policy to ensure dignity, safety, and reduce re-traumatization for all clients. For too many years, homeless services were built cheaply and then suffered from chronic underinvestment. So a commitment to person-centered solutions requires us to make substantial financial investments and to value outcomes as much as we value efficiency.

### *Racial Equity*

From slavery to mass incarceration and beyond - Black people have been systematically denied equal access to freedom, justice, and opportunity. The persistence of structural racism contributes to the overrepresentation of our Black neighbors among those experiencing homelessness in L.A. Therefore, the implementation of our strategies must also





Outreach team from The People Concern providing services in the Skid Row community

Photo by L. A. County

change systems, structures, policies, practices, and attitudes, so power, access, and wealth are redistributed and shared more equitably.

#### *Ethical Innovation*

While we believe in evidence-based interventions, we are not afraid to innovate. Los Angeles has an incredible network of funders and entrepreneurs whose bold ideas are worth testing. As long as these ideas align with our strategies and core values, such as ensuring client consent/agency, then we will create the conditions for that ethical innovation to thrive.

#### *Scalability*

The crisis on our streets is too large and urgent to pursue solutions that do not scale enough to make a countywide impact. Scalability ensures that solutions for the largest number of clients should take precedence over niche programs that are not replicable. This does not require the construction of a one-size-fits-all system, but does require us to pour scarce resources into bold ideas in proportion to the crisis.

## **#3 - An Easier System for People to Access and Navigate**

The average resident shouldn't have to know anything about the design of the homeless service or mental health systems in order to activate those systems on behalf of themselves or others. Residents need simple, reliable, and memorable action steps that result in quick, tangible, positive change for themselves or a neighbor in need. The same is also true for providers whose ability to solve problems for clients is hamstrung by outdated technology, confusing rules and processes, and limited visibility into other systems. For the vision outlined in this Street Strategy to materialize, every partner must collaborate to design an easier system for people to access and navigate. Creating a real-time bed inventory, using open data standards to provide accurate web-based service information, and breaking information siloes between partners doing direct services are just three opportunities to design an easier system for everyone.



**PATH outreach  
worker from Service  
Planning Area 7**





# CONCLUSION

The Home For Good initiative remains committed to expanding affordable housing as our top priority, because homes end homelessness—and the COVID-19 pandemic has only strengthened our commitment to that cause. While we work with our partners to bring housing to scale, we acknowledge the dangerous and untenable conditions on our streets and in some congregate facilities. To that end, the HFG team conducted months of research and engaged a broad coalition of multi-sector partners, many with direct lived experience. Informed by their perspectives, we developed the 10 strategies outlined in this document - which we offer for collective consideration, healthy debate, and urgent action. Across our research and feedback from experts, one thing was clear: strategies to address the crisis on our streets must center those experiencing unsheltered homelessness while also acknowledging the needs of the broader community. Punitive actions and shifting resources away from permanent solutions are fear-based responses not rooted in evidence. Instead, we are inviting new partners and resources into the crisis response system, to generate more options and expand services that keep people safer. The 10 strategies offered here are rooted in an unwavering commitment to our values and a belief that our collective efforts are more impactful than the actions of any single entity or leader. Our goal must be to improve the lives of those directly experiencing the housing crisis, not simply to move them out of sight and out of mind.

Together, we can end chronic homelessness in Los Angeles County, and we can ensure fewer people live and die on our streets or overcrowded shelters in the meantime. As a next step, the HFG team will work with our partners and the Funders Collaborative to bring these opportunities to life through deeper analysis, realistic cost estimates, investment strategies, trackable milestones, and actions each partner can take. During that process, UWGLA will work diligently to ensure the voices of those impacted by these ideas are represented, respected, and reflected in the subsequent implementation.

# End Notes

<sup>1</sup> Daniel Flaming, Patrick Burns, and Jane Carlen, Economic Roundtable, [“Escape Routes Meta-Analysis of Homelessness in L.A.”](#) April 24, 2018.

<sup>2</sup> Southern California Association of Non-Profit Housing (SCANPH), [“Los Angeles County Renters in Crisis: A Call for Action,”](#) May 2017.

<sup>3</sup> Los Angeles Homeless Services Authority (LAHSA), [“2020 Greater Los Angeles Homeless Count Presentation.”](#) June 2020.

<sup>4</sup> U.S. Department of Housing & Urban Development (HUD), [“2019 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.: 2007 - 2019 Point-in-Time Estimates by CoC.”](#) January 2020.

<sup>5</sup> [“Escape Routes Meta-Analysis of Homelessness in L.A.”](#)

<sup>6</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

<sup>7</sup> Los Angeles County Department of Public Health, Center for Health Impact Evaluation, [“Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County,”](#) October 2019.

<sup>8</sup> Los Angeles Homeless Services Authority (LAHSA), [“2020 Greater Los Angeles Homeless Count Results,”](#) June 12, 2020.

<sup>9</sup> Community Solutions, [“Analysis on Unemployment Projects 40-45% Increase in Homelessness This Year.”](#) May 11, 2020.

<sup>10</sup> City of Los Angeles Report from Office of the City Administrative Officer, [“Enhanced Comprehensive Homeless Strategy.”](#) January 28, 2019.

<sup>11</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

<sup>12</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

<sup>13</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

<sup>14</sup> Los Angeles County Department of Public Health, Confidential Report, “People Experiencing Homelessness (PEH) Summary Report on COVID-19,” July 29, 2020.

<sup>15</sup> Doug Smith and Melanie Mason, Los Angeles Times, [“Dozens of homeless people relocated after skid row shelter reports six coronavirus cases.”](#) April 16, 2020.



<sup>16</sup> Los Angeles County Board of Supervisors, [“Ordinance No. 2018-0046, An ordinance amending Title 8 - Consumer Protection, Business and Wage Regulations and Title 11 - Health and Safety of the Los Angeles County Code, relating to public health permitting and health and safety requirements for interim housing facilities,”](#) November 27, 2018. Prepared by The Cloudburst Group, Inc. for The U.S. Department of Housing and Urban Development, Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease within Encampments. March 2020.

<sup>17</sup> Independent Living Association (ILA) of San Diego County, [“ILA Quality Standards,”](#) Last accessed on February 18, 2020.

<sup>18</sup> Los Angeles Homeless Services Authority, [“2019 Los Angeles City & County Interim Housing Minimum Service and Operations Practice Standards,”](#) Last accessed on July 30, 2020.

<sup>19</sup> Sarah B. Hunter & Adam Scherling, RAND Corporation, [“Los Angeles County Office of Diversion & Reentry’s Supportive Housing Program: A Study of Participant’s Housing Stability & New Felony Convictions,”](#) 2019.

<sup>20</sup> Governor Newsom’s Council of Regional Homeless Advisors, [“Interim Report,”](#) January 13, 2020.

<sup>21</sup> University of Southern California, Homeless Policy Research Institute, [“Safe Parking Literature Review,”](#) December 3, 2018.

<sup>22</sup> Los Angeles Homeless Services Authority (LAHSA), [“2020 Greater Los Angeles Homeless Count - Vehicles, Tents, And Makeshift Shelters Counted By Geographic Area,”](#) June 11, 2020.

<sup>23</sup> Los Angeles Homeless Services Authority (LAHSA), [“Report to the Los Angeles County Board of Supervisors, Funding Plan to Support LAHSA’s COVID-19 Recovery Plan Related to People Experiencing Homelessness,”](#) July 2, 2020.

<sup>24</sup> Los Angeles Homeless Services Authority, presentation to the LAHSA Commission. [Safe Parking Expansion Update.](#) January 24, 2020.

<sup>25</sup> University of Southern California (USC) Price School of Public Policy and Schwarzenegger Institute for State and Global Policy, [Poll on Homelessness.](#) February 5, 2020.

<sup>26</sup> Los Angeles Homeless Services Authority. [An Introduction to Housing Central Command.](#) January 31, 2020.

<sup>27</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

## End Notes *(cont.)*

<sup>28</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

<sup>29</sup> U.S. District Court, Central District of California, [“Civil Minutes - General: LA Alliance for Human Rights Et al v. City of Los Angeles et al.”](#) May 15, 2020.

<sup>30</sup> Resource Development Associates (RDA), Los Angeles County Chief Executive Office - Research & Evaluation Services, [“Homeless Initiative Strategy E6: Countywide Outreach System, Implementation Evaluation,”](#) December 2019.

<sup>31</sup> Re-Imagine L.A. County coalition, [Reimagine.la](#)

<sup>32</sup> [“2020 Greater Los Angeles Homeless Count Results”](#)

<sup>33</sup> [“Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County”](#)

<sup>34</sup> Ly, A. and Latimer, E., The Canadian Journal of Psychiatry, “Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature,” 2015.

Tsemberis S, Gulcur L, Nakae M., American Journal of Public Health, “Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis,” 2004.

<sup>35</sup> [“Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County”](#)

<sup>36</sup> [“Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County”](#)

<sup>37</sup> Janey Rountree, Nathan Hess, and Austin Lyke, California Policy Lab, [“Policy Brief: Health Conditions Among Unsheltered Adults in the U.S.”](#) October 2019.

<sup>38</sup> Substance Abuse and Mental Health Services Administration. (2019). [Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health](#) (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

<sup>39</sup> [“Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health \(HHS Publication No. PEP19-5068, NSDUH Series H-54\)”](#)

<sup>40</sup> National Alliance on Mental Illness (NAMI), [“Mental Health By the Numbers,”](#) Last accessed on July 30, 2020.



<sup>41</sup> County of Los Angeles, Department of Mental Health, [“Addressing the Shortage of Mental Health Hospital Beds: Board of Supervisors Motion Response.”](#) October 29, 2019.

<sup>42</sup> Doug Smith, Los Angeles Times, [“These homes keep L.A.’s most vulnerable from becoming homeless. Now they’re closing.”](#) November 6, 2019.

<sup>43</sup> [“Addressing the Shortage of Mental Health Hospital Beds: Board of Supervisors Motion Response”](#)

<sup>44</sup> California Department of Public Health. [Hepatitis A Outbreak Associated with Drug Use and Homelessness in California](#). April 11, 2018; and Gorman, Anna, and Kaiser Health News. [Medieval Diseases are Infecting California’s Homeless](#). The Atlantic. March 8, 2019.

<sup>45</sup> Los Angeles Homeless Services Authority (LAHSA), [“Guiding Principles and Practices for Local Responses to Unsheltered Homelessness.”](#) February 28, 2019.

<sup>46</sup> [“2020 Greater Los Angeles Homeless Count Results”](#)

<sup>47</sup> “People Experiencing Homeless (PEH) Summary Report on COVID-19”

<sup>48</sup> [“2020 Greater Los Angeles Homeless Count Results”](#)

<sup>49</sup> [“Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County”](#)

<sup>50</sup> [“Guiding Principles and Practices for Local Responses to Unsheltered Homelessness”](#)

<sup>51</sup> National Law Center on Homelessness & Poverty. [Tent City USA: The Growth of America’s Homeless Encampments and How Communities are Responding](#). 2017.

<sup>52</sup> [“2020 Greater Los Angeles Homeless Count Presentation”](#)

## Special Thanks

The Home For Good team would like to thank all those who informed, discussed, debated, and improved the recommendations in this document. The Street Strategy could not have come together without your contributions. We would also like to thank the currently and formerly unhoused Angelenos who provided insight and guidance, without which our research and this report would be incomplete.





*United Way of Greater Los Angeles*  
*1150 S. Olive Street, T500*  
*Los Angeles, California 90015*  
*[homeforgood@unitedwayla.org](mailto:homeforgood@unitedwayla.org)*