

# Appendix A: Methodology

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## A.1. Background and overview

### *Background*

The 2022 point-in-time count in Los Angeles County (LA County) estimated that 69,000 individuals were experiencing homelessness on any given night, a 4% rise from 2020.<sup>1</sup> Many of the people experiencing homelessness (PEH) were in Downtown and South Los Angeles.<sup>2</sup> This population is predominantly Black/African American and Hispanic. A majority of PEH (70%) were unsheltered, i.e., living in public spaces that are not intended for habitation,<sup>3</sup> and 40% met the criteria for chronic homelessness.<sup>1</sup> Moreover, 26% were estimated to have a substance use disorder, and 25% with serious mental illness.<sup>1</sup>

In 2021, United Way of Greater Los Angeles (UWGLA), published a report<sup>4</sup> that identified strategic areas for investment to improve the lives of people experiencing unsheltered homelessness, while more permanent solutions are scaled up. The report recognized that while it was critically important to continue to focus on where people are sleeping at night, having a safe, convenient, and meaningful place to be during the day is also important to people's immediate and long-term wellbeing.

Life on the streets can be hostile and unforgiving. Evidence shows that health tends to deteriorate after people first become homeless.<sup>5</sup> Homelessness diminishes one's ability to manage ailments, because it often entails lack of access to nutritious food, services to maintain personal hygiene, limited ability for medication storage and management, inadequate sleep and rest, and exposure to extreme weather and communicable diseases.<sup>6-10</sup> Not surprisingly, homelessness leads to mortality rates almost 3.8 times higher than in the general population of LA County residents.<sup>11</sup> This combination of immediate basic needs (such as nutritious food and clean water) with the more long-term needs (such as health and personal development) has important implications for how services are designed and offered to people experiencing homelessness during the day. In theory, it suggests that collaboration across service providers is desirable in order to ensure timely continuity of care and efficient linkage to services.<sup>12-14</sup> In practice, prior research hints at significant fragmentation in design and implementation in homeless service provision.<sup>15</sup>

There is a vast number of federal, state, and local providers that offer services to meet one or multiple needs of PEH, across diverse organizational settings. Evidence from LA County and elsewhere suggests that many of these programs remain siloed and inefficient,<sup>16</sup> with limited coordination across systems,<sup>17</sup> out of reach and mismatched to the level of need.<sup>18</sup> For instance, the homeless services system and housing subsidies are oftentimes separate from other supports such as health, behavioral health, social services and income support.<sup>15</sup> Integration of housing and health services is less common due to siloed funding and the fact that, unlike Medicaid or SSI, housing is not an entitlement benefit.<sup>19</sup> Navigating numerous programs with varying eligibility criteria and requirements is a significant challenge for many vulnerable individuals.<sup>7,8,10</sup> These are substantial barriers that affect service-level outcomes such as safety, effectiveness, client-centered care, timeliness, efficiency, and equity.<sup>20,21</sup> Meeting these service-level outcomes is important to achieve client-level outcomes, such as better health, quality of life, and in the long-term, housing

stability.<sup>22</sup> However, gaps remain in our understanding of the landscape of daytime services to people experiencing homelessness specifically in LA County.

This report sought to better understand these challenges, with a view to most effectively target new funding investments in this area. To provide strategic investment guidance to UWGLA, we sought to answer five research questions along with numerous sub-questions (see Table A.1.).

## Overview

This document serves as an overview of the methodology used to produce Appendix B: Detailed Results for *Understanding the Landscape of Daytime Services for People Experiencing Homelessness in Los Angeles County*. The project, undertaken between November 2022 and April 2023, reviewed Los Angeles (LA) County’s landscape of daytime services for people experiencing homelessness with a view to informing UWGLA’s investment strategy in this sector. An important consideration for the investment strategy is to increase meaningful collaborations between nonprofit organizations, faith-based organizations, community-based organizations, and public agencies.

This study addressed the following five broad key research questions and sub-questions, which were developed based on United Way’s input (see Table A.1.).

Table A.1. Research questions, report sections, and sub-questions (Appendix B).

Research Questions and sub-questions	Report Section	Report sub-section
<b>Research Question 1: What is the capacity for daytime service provision for people experiencing homelessness (PEH) in Los Angeles County (e.g., location, scale, type, service access)?</b>	<b>Part II. Daytime Service Provision Capacity</b>	
1.1. What organizations are providing daytime services to PEH in LA County, including faith-based, community-based, non-profits, for-profits, and public agencies?	2.1. Significant diversity across and within organization types and culture	
1.2. What cultural- or trauma-informed practices are utilized at the sites?		2.1.1. Shared service approaches, but distinct service principles
1.3. Are there models of successful daytime service provision, system integration, community support, co-location that can be lifted up as case studies?		2.1.2. Faith-based provision
1.4. If faith-based, what level of faith-based activities occur during service provision? Is any active or passive participation in faith-based activities required to access services?		2.1.3. Community-based activism
1.5. What services do they provide?	2.2. Daytime service system characteristics: Capacity in terms of what, when, where, and to whom services are provided	2.2.1 What services are provided?
1.6. When are the services available/not available?		2.2.2. When are services provided?

1.7. Where are these organizations located and where do they provide services?		2.2.3. Where are services provided?
<b>1.8. What (if any) restrictions are placed on access and eligibility of services?</b>		2.2.4. To whom are services provided?
1.9. What is the language access capacity at the site?		
1.10. How are organizations funded?	2.3. Fiscal resources	2.3.1. Variation in funding amounts and costs covered  2.3.2. Burdensome administrative requirements  2.3.3. Funding is too short-term  2.3.4. Funding paradox  2.3.5. Funding challenges among public agencies
1.11. What is the staff capacity? Volunteer capacity?	2.4. Workforce	
1.12. What is the organizational scale?	2.5. Physical Infrastructure	
1.13. How many people can each site serve in a day at max capacity? How many do they serve per day on average?		
<b>Research Question 2: How do service providers document their provision of daytime services?</b>	<b>Part III. Service documentation and information sharing</b>	
2.1. (How) are organizations documenting their service provision?	3.1. Type of data collected	
2.2. Are organizations using specific tools to document their service provision outside of the Homeless Management Information System (HMIS; e.g., Excel, Apricot, other case management tools, other public/private records system like Electronic Healthcare Records systems)?	3.2. Software platforms for data management	
2.3. What is the current gap in documentation of daytime service provisions in LA County?	3.3. Information sharing	
2.4. Do organizations know about the Homeless Management Information System (HMIS)?	3.4. Homeless Management Information System	
2.5. Have they tried to access or utilize it in the past?		
2.6. Are they interested in learning more about and starting to use HMIS to document services?		
<b>Research Question 3: How do daytime service providers connect to the Los Angeles County homeless service system and overall public sector?</b>	<b>Part IV. Inter-Organizational Collaborations</b>	
3.1. How are the organizations connected to one another and to the larger homeless service sector?	4.1. Overview of collaboration	

3.2. Who does the site receive referrals from?	4.2. Collaborations vary by organization type	4.2.1. Non-profits
3.3. Who does the site provide referrals to?		4.2.2. Faith-based organizations
3.4. Who does the site hold contracts with? (e.g., public agencies, nonprofit providers)		4.2.3. Community-based organizations
3.5. What existing co-locations/partnerships exist at the site?		4.2.4. Public agencies
3.6. Are organizations connected with searchable resources databases (e.g., 211, LAHSA’s Get Help page, WIN, Aunt Bertha, 1Degree)? Which ones and in what way?	4.3. Identifying referral options 4.4. Perceived referral success	
3.7. What partnerships currently exist with public libraries and transit?	4.5. Collaborations with public agencies, such as libraries and public transit	
<b>Research Question 4: How do PEH in Los Angeles County feel about daytime service provision?</b>	<b>Part V. Client Experience with Services</b>	
4.1. What are the most important services that daytime service centers can/do provide to PEH?	5.2. Perceived client experience with daytime services	5.2.1. Most important services people used
4.2. What are the barriers to accessing daytime services or other reasons why people choose not to go to certain sites?		5.2.2 Perceived barriers to services
4.3. What are examples of daytime service centers that feel inaccessible, unsupportive, or unhelpful?		5.2.2 Perceived barriers to services
4.4. What are examples of daytime service centers that feel welcoming, culturally inclusive, supportive, and helpful?		5.2.3. Perceived facilitators to services
4.5. How does the design or atmosphere of a location impact the experience of accessing services at a site?		
4.6. Do PEH notice differences in engaging faith- or community-based service providers versus public sector or nonprofit service providers? If so, what are those differences?		5.2.4. Perceived differences across organizations
4.7. Where do PEH see gaps in the daytime service landscape? Where/how would <b>people with lived experience</b> prioritize expansion of services?		5.2.5. Perceived gaps
<b>Research Question 5: Are there providers that have existing plans to expand services or are otherwise primed to make large expansions of services in the near future?</b>	<b>Part VI. Expansion Plans and Investment Priorities</b>	
5.1. How do providers plan to expand?	6.1. Plans for future expansion	
5.2. What investment priorities do they identify?	6.2. Investment priorities	

To answer these questions, we used a convergent mixed methods design, whereby we collected both quantitative and qualitative data, and merged them at the analysis stage to understand the key issues using the different insights offered by each type of data.<sup>23</sup> Table A.2. below shows the data sources that we used to answer each of the research questions.

Table A.2. Data Sources for Each of the Research Questions.

<b>Data Source</b>	<b>Research Question</b>	<b>Target Sample Size and Sample Size Rationale</b>	<b>Purpose</b>
<b>Virtual listening sessions with stakeholders</b>	1, 2, 3, 4, 5	N=8 organizations, two organizations from each type (faith-based, nonprofit, public agency, and community based)	Listening sessions with stakeholders aimed to identify broad important challenges and facilitators they perceived in this service landscape, which we used both to tailor the data collection instruments and to plan the mixed method analysis.
<b>Environmental scan</b>	1, 4	N/A	Publicly available data, academic, and gray literature helped identify salient information about the landscape of daytime services in LA County, informed the development of the provider database, and helped us understand individual experiences with services.
<b>Online survey of daytime service providers</b>	1, 2, 3, 5	N=300, because we made a rough estimation before the start of the study that this sample size was feasible within the tight study timeline.	Survey responses from service providers, combining quantitative ratings and open-ended narratives helped quantify and contextualize aspects of service provision. Survey questions focused on service characteristics, opportunities to improve existing daytime service provision and documentation, interagency coordination and communication, referral processes, and the process of linking clients to other services.
<b>In-depth virtual interviews with service providers</b>	1, 2, 3, 5	N=20, because we expected to reach code saturation within this sample size, considering the focused study objectives and the concrete codes that the subject matter required. <sup>24</sup>	Interviews aimed to gauge better understanding about the responses from the surveys, but with greater depth from a much smaller sample.
<b>In-depth in-person interviews with people who experience homelessness</b>	4, 5	N=20, same rationale as for the stakeholder interviews.	Interviews aimed to explore numerous dimensions of individual experience with daytime services, including perceived barriers and facilitators of service use, and recommendations for service expansion.

The study unfolded in three stages. First, to garner a basic understanding of the main issues in this service area, between November – December 2022 the research team conducted a brief environmental scan of existing peer-reviewed and gray literature on daytime services, with a focus on LA County. This preparatory phase also included virtual informal listening sessions with eight representatives from eight organizations, to elicit feedback on data collection approach and instruments. We also assembled a database of organizations that provide daytime services using existing publicly available information. This was followed, in the second stage, by an online survey of LA County providers of daytime services (January – April 2023); 24 virtual in-depth interviews with 27 service providers (January-March 2023); and 21 in-person in-depth interviews with people experiencing homelessness (February – March 2023). The third stage consisted of data analysis,

aggregation, and triangulation among all sources of data to answer the proposed research questions.

Next, we begin with a section reviewing the key definitions relevant in the study, followed by methodological details for each of the three stages of the study.

## A.2. Key Definitions

### *Daytime Services Taxonomy*

For this study we developed our own taxonomy of daytime services in LA County (see **Table A.3.**). The taxonomy was created to standardize our services nomenclature, for example, showing how we differentiated between similar and dissimilar programming, such as “Alcoholics Anonymous,” “Support Groups,” or “Substance Use Disorder Services.” In doing so, we referenced publicly available data about homeless service provision, such as the County’s 211 Directory and Aunt Bertha (a services search website), as well as existing service taxonomies from other local government agencies.<sup>25</sup> We attempted to secure a license to access the <https://211taxonomy.org> resource. However, RAND’s acquisition experts determined that the subscription agreement was too restrictive for the purposes of the study. This resource was meant to serve as an additional check and reference for our team. In its absence, we consulted a range of websites and journal articles about service provision to PEH to ensure we were comprehensive and captured a full spectrum of services that are typically offered during the day. For example, Olivet et al. (2010) published a review of the literature on outreach and engagement in homeless services, detailing definitions, processes and goals of this type of service.<sup>26</sup> Sowell et al. (2004) described social service and case management needs for PEH.<sup>27</sup> Also helpful was a literature review by Thurman et al. (2021) which looked at faith-based and social services for PEH.<sup>28</sup>

### *Daytime Services Organizations*

For this scope of work, **daytime services** refer to services that are designed to improve the daily lives of people experiencing homelessness and that are provided during the day by **faith-based organizations (FBOs), nonprofit service providers (Nonprofits), community-based organizations (CBOs), and public agencies, including public libraries (Public Agencies)**. These organization types are further defined in the following sections. The services may include access to basic sanitation services, such as mobile showers, and other supports that improve daily living, access to health and wellness supports, connections to service providers and public agencies, and safe places to rest during the daytime. Sites that provide daytime services include, but are not limited to, libraries, houses of worship, and drop-in, navigation, and access centers. Services may be provided by either paid staff or volunteers and may or may not be legally recognized entities (i.e., a volunteer organization without 501c3 status).

**Daytime services do not include** services provided by emergency or law enforcement agencies, regular or emergency hospital admission, government agency office buildings

performing daily administrative tasks, or the regular services provided to nighttime clients of interim or permanent housing providers. For example, Department of Health Services (DHS) offices and regular services would not be included, but a partnership between a DHS Housing For Health Multi-Disciplinary Team (MDT) and a faith-based organization to provide weekly services would be included. It would not include every interim and permanent housing site, but sites that have daytime services available to non-clients/residents would be included. For example, an interim housing provider who makes charging stations or showers available to non-clients during the daytime would be included. Department of Public Social Services (DPSS) would not have every office included, but organizations that host co-located DPSS staff may be.

#### *Non-profit Organizations (excluding faith-based organizations)*

For this scope of work, *non-profit organizations* are private or public non-profit organizations lead by either paid staff or volunteers that works at a local level to improve the lives of local residents.

#### *Faith-Based Organizations*

For this scope of work, *faith-based organizations* are charitable organizations, non-profits that are religiously affiliated. For example: a house of worship that hosts a hot meal program and food pantry would be included; a house of worship that allows another organization to host daytime service provision events or otherwise utilizes its space to support daytime service provision would also be included, alongside the organization organizing the service provision (e.g., a church that serves as a storage and meeting location for a weekly outreach program operated by another non-profit and/or public agency).

There are organizations that may bridge the line between faith-based organization and non-profit service organization. For example, if an organization's current affiliation is with the religious community and the faith tenants are part of the organization's mission, then it would likely be classified as a faith-based organization. In contrast, if an organization was founded as a faith-based organization, but no longer retains tenants of faith as part of its core mission or purpose, then it would be classified as a non-profit service provider and not a faith-based organization.

#### *Community-based organizations (not officially registered as non-profits)*

For this scope of work, *community-based organizations* refer to informally organized volunteer organizations that provide charging stations, meals, tents, and other supportive services (e.g., at local houses of worship several days a week). An individual that provides meals in the park on Saturdays would not be included, because United Way's investment strategy focuses on organizations. The organization does not have to be a legal 501c3, but it should show clear organization and membership/participation that distinguishes it from a group of dedicated citizens. This is to align with United Way's goal for the investment strategy to focus on increasing collaborations between various types of organizations.

## *Public agencies*

For this scope of work, *public agencies* refer to any government agency at local (e.g., city governments, city public libraries), county (e.g., county-wide departments such as Public Health, Mental Health, county public library), state (e.g., California Interagency Council on Homelessness, the California Department of Transportation or CalTrans), or federal (e.g., Veterans Administration) levels. We also considered joint power authorities, such as Los Angeles Homeless Services Authority (LAHSA), and special districts, such as LA County Metropolitan Transportation Authority (LA Metro).

### A.3. Stage 1: Study Preparation

#### *Brief environmental scan*

We reviewed peer-reviewed and grey literature (such as website content and reports) to identify issues and important aspects of daytime service provision. Particular attention was paid to types of organizations that typically provide daytime services in LA County, organizational features and service characteristics, models of provision, as well client experience with daytime services. **Table A.4.** shows the keywords we used in our literature and website search. Keywords were derived based on prior knowledge of homeless services, and the taxonomy developed for this study.

We searched PubMed and Google Scholar. This environmental scan resulted in approximately two dozen English-language peer reviewed journal articles, grey literature, and other media (news, blogs, podcasts, other websites) published from January 2000 to January 2023. These were reviewed in order to identify domains of data elicitation in the survey and interview protocols, for example, understanding salient aspects of faith-based organizations that provide social services, aspects of interorganizational collaborations, and domains of client experience with services.<sup>12,26-45</sup>

#### *Listening Sessions*

We conducted informal listening sessions with providers from eight organizations (four non-profits, two faith-based organizations, one community-based organization, and one public agency), to elicit feedback on our proposal data collection approach and instruments. These were not considered formal data collection, but rather study design planning sessions. As such, they were not recorded or transcribed. During these remote sessions, the Principal Investigator introduced the study's rationale, objectives, and planned data collection approach, and then garnered participant feedback and suggestions. As a result of these sessions, several adjustments were made to the survey and interview protocols, including adding new domains of information that were considered important to these providers. We also used this feedback to expand our survey



recruitment, to include advertising the survey during important upcoming county-wide or regional meetings and events.

### *Providers Database*

The final step in this preparatory stage was the development of a daytime service providers database using publicly available websites. The structure of the database was finalized based on consultation with United Way to facilitate survey recruitment and visual mapping of daytime services (see Analysis section below). Table A.5. lists all the data categories in the database. Table A.6. lists all the online sources used to compile the database, type of data available and data challenges associated with each. Overall, quality issues included service lists that are not regularly updated, organizations cross-listed with different contact information, organizational websites not routinely updated to reflect changes in services offered, inaccurate numbers of sites, etc. What is also notable for daytime services is that some types of daytime services, such as phone charging and storage, are not usually advertised on websites, but in practice may be offered. These issues mean that the Database we have assembled should not be considered comprehensive or fully accurate. For the purposes of this study, we are using the database to gauge an overall size of the landscape of service providers, location, and some service gaps, but it is supplemented with the more accurate information collected via the provider survey instrument (see below). Where the online sources did not provide sufficient information on the daytime services offered, we used organizational websites and cross-checked certain data categories with other systems. For instance, we verified organizational type by checking the California Secretary of State database: <https://bizfileonline.sos.ca.gov/search/business>

## A.4. Stage 2: Primary Data Collection

All study materials, including recruitment approaches, survey instruments, and interview protocols, were approved by RAND's Human Subjects Protection Committee (2022-N0675).

### *Survey Instrument and Recruitment*

Our team developed and administered an online survey to organizations in LA County that provided any daytime services, such as meals, food pantry, hygiene supplies, showers, laundry, medical assistance, harm reduction, case management, outreach, and other direct services (e.g., legal advice, pet care). We included any of the four types of organizations within the scope of the study (non-profits, faith-based organizations, community-based organizations, and public agencies). Because some organizations offer many daytime services, and different services may have unique provision characteristics, we allowed multiple responses from the same organization. Also, because larger organizations with sites across the county may tailor provision to the local context, we also allowed responses from multiple sites from the same organization, and included

a broad range of staff: leaders, program and site managers, case managers, board members, volunteers, and others. See **Table A.7.** for the full survey instrument.

The survey included both close-ended and open-ended response options based on our five research questions, other areas of interest expressed by United Way, issues raised during the listening sessions, and findings from the environmental scan. Broadly, the survey focused on types of services offered, barriers and facilitators to providing daytime services to PEH, service documentation, coordinating services with other organizations, understanding how faith manifests itself in daily operations (asked only of faith-based organizations), perceived gaps in daytime services, and future expansion plans. We included both quantitative and qualitative data elicitation to have a fuller understanding of the issues. For instance, during one of the listening sessions, we learned that it would not be meaningful to simply ask respondents about the volume of service referrals they made on a given day. Instead, that type of data would need to be complemented by a measure of perceived success of service referrals and what explains successful or unsuccessful referrals. Thus, the survey included a closed-ended rating of perceived success, followed by an open-ended elicitation inviting respondents to explain why they thought their referrals were successful or unsuccessful. Also, previous research identified that PEH may sometimes be resistant to seeking services from faith-based organizations with strong spiritual components.<sup>46</sup> Thus, we included a set of questions aimed only at these organizations, asking them about how they incorporated spiritual goals in their service provision. Responses to the survey were voluntary and respondents were instructed that they could choose to share or not share specific aspects of their service provision. The survey responses were confidential, and results were summarized at group level, without any individual or organizational attribution.

The 46-question survey was administered online between January and March 2023. It took 20-25 minutes to complete, depending on range of services offered and extent of narrative responses. The Flesch-Kincaid grade level was 6.5. Our initial plan was to recruit randomly from our Database by strata such as service provider category (non-profits, faith-based organizations, community-based organizations, public agencies), service type and Service Planning Area, aiming to elicit approximately 300 survey responses in total. However, considering the issues with data quality and availability that we identified during the Database development, we changed the recruitment approach as follows: 1) we emailed a survey invitation to every organization in our Database for which we had contact information (n=541); and 2) we advertised the survey more broadly online and at County or regional meetings or events (five meetings between January and March 2023). These initial emails were followed up with reminder emails and phone calls. This means we had a nonprobability survey sample, i.e., one of convenience. Gift cards (\$20) were offered to incentivize completion.

Given the open web-based administration, we took several steps to control the quality and legitimacy of our data. First, we allowed multiple responses from one organization, recognizing that providers in different roles may have different perspectives, or that organizations have multiple sites, each providing different daytime services. Second, the survey recruitment flyer did not link directly to the survey page. Instead, interested participants were directed to a study landing page where they entered their organization name, role, and personal contact information. Once RAND received that information, each email address was individually checked and confirmed by the Survey Coordinator before being set up in the survey's systems. Only then were participants sent an email with their unique PIN so they could complete the survey, and receive the gift card upon completion. This quality control check allowed our survey team to eliminate hundreds of bot requests for the survey link.

### *Provider Interview Protocol and Recruitment*

We supplemented the survey data with virtual in-depth service provider interviews. Interviews lasted approximately one hour, were conducted virtually, and were audio recorded and transcribed verbatim with participant consent and permission. In these interviews we sought to explore areas of interest in more depth than what is afforded by the survey's quantitative ratings and the brief narratives offered in the online survey. The protocol was designed to obtain information about (a) organization characteristics and resources (mostly confirming that the information we had on number of sites, services offered, staffing, and so forth was correct); (b) the type of clients the organization served; (c) perceived best practices in daytime service provision that they use; (d) perceived challenges to daytime service provision; (e) service documentation of system and client-level outcomes; (f) experience with and interest in Homelessness Management Information System (HMIS); (g) agencies/stakeholders partnerships; (h) the nature of interagency communication or linkages, such as use of searchable databases, referral processes and coordination of services; and (i) opportunities for service improvement. See **Table A.8.** for the full protocol.

Interviewees were recruited using convenience snowball sampling. Based on prior work in this policy area, and after consultation with United Way, the team identified a pool of providers in the LA County daytime homeless services landscape that met various criteria, such as organization type, size, and service planning area (SPA) where they operated. The team also presented the study plan at various collaborative events across the County (e.g., the Los Angeles Faith-Based Collaborative, SPA 6 providers' meeting), introducing the study aims and methods, and asking event participants for help with identifying interviewees. In addition, the interview protocol included a question asking participants to recommend other potential participants. At each organization, we targeted professionals in leadership and operations management positions. Researchers made initial contact with potential interviewees through template emails and similarly templated follow-ups, when necessary.

Initially we aimed to conduct 20 interviews with providers, because we expected to reach code saturation within this sample size, considering the focused study objectives and the concrete codes that the subject matter required.<sup>24</sup> However, we ultimately conducted 24 interviews with 27 individuals from organizations providing daytime services, because some issues around organizational funding and data collection emerged later in the interviewing process, and we wanted to gauge a range of perspectives on these issues from organizations best positioned to address them. Interviews were conducted only in English. Some interviews included multiple participants in different roles from the same organization. The respondents represented the following groups: non-profit organizations (n=8), faith-based organizations (n=5), community-based organizations (n=4), and public agencies (n=6). Eight interviewees worked at agencies that covered multiple or all of the County's Service Planning Areas (SPAs). The others came from SPA 1 (n=1), SPA 2 (n=3), SPA 4 (n=5), SPA 5 (n=5), and SPA 8 (n=2).

At least one member of the research team conducted each interview with a second member joining to assist and take notes when possible. One researcher (AP) with prior in-depth experience in homeless services led 18 of the 24 interviews, while a second researcher (JB) completed the rest. Original recordings were used to check transcripts for accuracy. These respondents did not receive remuneration for their interviews.

### *Interviews with People Experiencing Homelessness: Protocol and Recruitment*

We also sought to include the perspectives of PEH. This protocol aimed to elicit information about: (a) the most important services that daytime service centers can/do provide; (b) barriers to accessing daytime services or other reasons why people choose not to go to certain sites; (c) examples of daytime service centers that feel welcoming, culturally inclusive, supportive, and helpful; (d) examples of daytime service centers that feel inaccessible, unsupportive, or unhelpful; (e) how the design or atmosphere of a location impacts the service experience at a site; (f) perceived differences when receiving services from faith- or community-based service providers versus public sector providers; (g) perceived gaps in daytime services; and (h) recommendations for how to prioritize expansion of services. See **Table A. 9.** for the full protocol.

Interviews were conducted in person across a team of four field staff from RAND’s Survey Research Group, led by one of the co-authors (RG). We conducted the interviews in English only. Participants were approached by the research team, who asked them the following screening question to ensure they were eligible to participate: “Where have you stayed most of the nights in the past 30 days?” Participants had to select any of the following three options to be eligible for the interview: 1) Shelter or temporary housing (such as Bridge Housing, Tiny Village, Pod, hotel/motel using a voucher or similar program); 2) House, apartment or room that is a temporary/short-term place for you to stay (“couch surfing”); or 3) Outside, including tent or makeshift shelter, in a car, truck, van or RV, abandoned building or totally unsheltered location. Participants were included if they spent the majority of their time during the past 30 days in any of the three categories. The vast majority of participants lived either on the street (n=16, 76%) or in vehicles (n=3, 14%). The interviews lasted approximately one hour, and they were audio recorded and transcribed verbatim. Each participant received a \$50 gift card in recognition of their time and effort.

Between February and March 2023, we interviewed 22 unhoused individuals, living in Venice (n=7), Downtown Los Angeles/ Skid Row (n=6), Hollywood (n=7), and near the North Hollywood Metro station (n=2). Note that one Venice Beach interview was incomplete because the participant was unable to stay until the end. This interview was nonetheless included because it contained important information.

## A.5. Stage 3: Analysis Plan

### *Survey Analysis*

Between January and April 2023, we received 320 survey responses. Prior to uploading to Stata 17 for analytic purposes,<sup>47</sup> the survey data were reviewed and cleaned for any erroneous entries. For example, when asking participants about their organization type, some participants selected “Other” then wrote in “local government” even though one of the answer categories was “Public Agency.” In this scenario, we re-coded this response as “Public Agency” before conducting our analysis. No data imputation was performed, given the small amount of missing data. Half of the variables had missing data due to branch logic, 22% of variables had missing data up to 10% of missing data, and the rest had missing data between 10% and 15%. We did not fit any regression models. We calculated descriptive statistics, including means for continuous variables and counts and percentages for categorical variables. Where helpful we sorted the data by organization type or service planning areas. In the Detailed Results Appendix B we include the sample sizes for each variable we present. Some categories of data were not applicable to all respondents. For instance, a small set of questions was only asked of respondents who said they offered case management.

### *Mixed Methods Analysis*

The open-ended narrative elicitations from the survey were uploaded separately to NVivo, and coded by co-author AP using the same codebook that had been developed for the provider interviews. Given that narratives were rich, and that we coded segments of text that were sufficiently long and coherent to be interpretable on their own, some segments were assigned multiple codes. Next, we followed a “convergent” mixed methods approach wherein we examined qualitative themes from these comments sorted by categorical survey ratings.<sup>23</sup> This allowed us to iterate and draw “meta-inferences,” i.e., to find linkages between qualitative and quantitative data, and to interpret both types of data relative to each other. We did this to better understand the qualitative dimensions of certain ratings that respondents provided to the close-ended survey items. For instance, one question asked providers to rate the perceived success of their referral efforts, with answer options: *almost always successful*, *mostly successful*, *almost always unsuccessful*, *mostly unsuccessful*, and *I’m not sure*. This was followed by an open elicitation asking the provider to explain their answer choice. In the Detailed Results Appendix B we present the themes emerging from their comments by their rating, so that we understand why some participants felt their referrals were almost always successful, whereas others felt they were mostly unsuccessful.

### *Interview Analysis*

All transcripts were uploaded to NVivo to facilitate data management, collaborative analysis, and interpretation.<sup>48</sup> Two researchers (AP and JB) developed two codebooks: one for the provider interviews and one for the interviews with unhoused individuals. Parts of the codebooks had been developed in advance of the coding process (December 2022-January 2023), based on the

environmental scan and the interview protocols, and the analysis began during the interview data collection stage. These codebooks were then refined during the coding process (January - March 2023), by accounting for new insights shared by respondents, that may not have been anticipated by the environmental scan and the interview protocol. We thus combined deductive and inductive coding techniques, given that we had semi-structured interview protocols which focused narrowly on some domains, but also allowed participants to bring up issues not captured by the protocols.<sup>49</sup>

In the first phase of the provider interviews analysis, AP and JB worked simultaneously on the same transcripts and iterated on the coding hierarchy, communicating about and refining coding definitions. Both researchers were trained in qualitative methods. One of them (AP) had significant prior exposure to research in food insecurity, food recovery, and homeless service provision in Los Angeles, whereas the other (JB) had prior experience with food insecurity and food recovery services. Therefore, the analytic process may have occasionally drawn on assumptions and expectations associated with prior work. We followed the American Psychological Association guidelines for qualitative research<sup>50</sup> by co-coding independently almost half (10 of 24) of the provider transcripts in multiple rounds. The coders met weekly between January and March 2022 to reconcile discrepancies and substantive differences in their interpretation of the verbatim transcriptions. Weekly workflows included 2 to 3 transcripts. To ensure that the coding process was explicit, we used NVivo's Annotations function to document coding applications and decisions to expand or merge existing codes or add new ones, and how such decisions related to the scope of the research questions. Inter-coder reliability and percent agreement were computed,<sup>51,52</sup> with the final kappa score across the 10 transcripts being 0.70. Next, the remaining transcripts were divided such that AP coded eight transcripts alone and JB coded six transcripts alone. As part of the process, we also tracked coding saturation, by documenting presence of deductive codes and emergence of inductive codes in each transcript, in the order in which they were coded.<sup>24</sup> New inductive codes about organizational funding and data collection emerged in later transcripts, which led to our decision to expand the interview sample size from 20 to 24 to capture more meaning around these issues. During coding reconciliation, we included transcripts from all four organizational types (non-profits, FBOs, CBOs, and public agencies), to make sure the full range of perspectives were ascertained earlier on during codebook refinement. Our codebook was structured around broad categories of concrete codes (as opposed to more conceptual or more ambiguous ones), with sub-codes that were equally concrete and unambiguous; for example, organization characteristics (with subcodes such as staffing, funding source, number of sites, geographic coverage), service challenges (organizational, system-level), service documentation (platform used, experience with Homeless Management Information System), partnerships (type of collaboration, frequency of collaboration), and so on. Thus, more than 90% of the codes were captured in the first 10 transcripts, and if anything new emerged from the transcripts coded by one coder, that content was tagged with an Annotation in NVivo, and ultimately adjudicated by AP.

A similar coding process unfolded for the interviews with PEH. These interviews were co-coded by three researchers (AP, JB, and ML). ML was trained in qualitative coding techniques

and use of NVivo software prior to the contribution to this study. More than half (12 of 21) of the interviews were co-coded by two researchers as follows: six were co-coded by AP and ML, and six were co-coded by ML and JB, until we reached inter-rater reliability of 0.70. Segments where disagreement occurred were tagged with Annotations, and AP adjudicated the code applications. AP also spot-checked the transcripts co-coded by ML and JB. Then each of the remaining transcripts was coded by one person separately. For the final analysis, among the transcripts with two coders, the excerpts coded by two coders were used. The codebook for this set of transcripts was equally structured around broad concrete code categories, such as daytime services utilization (with sub-codes such as type of services used, reasons for using services, knowledge about where to find services), perceived accessibility (easy access, difficult access), service experience with FBOs, service experience at organizations seen to be exemplary, service experience at organizations seen to be unsupportive, and so on. During the coding reconciliation process we included transcripts from all four locations where participants lived (i.e., North Hollywood, Hollywood, Skid Row, and Venice), people with varying lengths of homeless experience (i.e., individuals who had been on the streets for only a few weeks and those who have been unhoused for many years), and also people with different identities (e.g., transgender). This way we made sure a broad range of perspectives were captured during the codebook refinement process. If anything new emerged from the transcripts coded by one coder, that content was tagged with an Annotation in NVivo, and ultimately adjudicated by AP.

After completing thematic coding, the research team utilized coded excerpts in the drafting of the Detailed Results Appendix. Where helpful, themes were analyzed by organizational attributes, such as type and service planning areas.

### *Data Visualization*

Finally, to have a visual understanding of service provision gaps across the County, and to assist United Way's investment strategy planning, we uploaded the Database Excel file, the survey dataset, and the publicly available 2022 LAHSA Point-in-Time Homeless Count Excel file to Mapline® in order to map service provision throughout the County. Mapline® is a geo management platform that uses spreadsheets to plot location data based on customizable attributes. In our case, it enabled us to visualize all services provided across the county, services by type, services by opening hours, and so on. In Mapline, data from each Excel file can be displayed as separate layers, and enabled/disabled individually as needed.

## **A.6. Limitations**

There are several limitations that we want to note. First, as noted above (Section A3, p 7), the Provider Database has multiple data quality issues that were outside of our control. Second, our concerns with the data quality instigated a shift in the survey recruitment approach, from a stratified randomized approach drawn from the database, to a nonprobability sample of convenience, advertised widely on social media, email lists, and at events across the County. Third, the study relied on self-reported survey and qualitative data, and did not include objective metrics

of service delivery and utilization, and organizational capacity. Fourth, our data collection instruments were in English only. Fifth, generalizability is diminished by the local focus of our sampling (LA County). Given these programs are operated in a mostly urban area, participants were not representative of experience in other urban areas across the U.S. However, we note that within LA County, both the survey and the interview samples were balanced in terms of organization types, organization sizes, and service planning areas. Finally, the study may suffer from self-selection bias, as those who agreed to participate in surveys and interviews may be systematically different than those who did not participate. For example, the study's provider participants may have been more motivated to respond to the survey because they had time available to do so, or had more resources available. PEH participants may have been more sociable, more engaged, and/or held stronger points of view than those who did not participate. We also did not include any funders in our interviews, and other important stakeholders (e.g., City Departments of Sanitation) did not respond to our interview requests.

## A.7. Conclusion

The methodology described here complements Appendix B: Detailed Results for *Understanding the Landscape of Daytime Services for People Experiencing Homelessness in Los Angeles County*.



Table A.3. Taxonomy of Daytime Services

	Service Category	Service Sub-Category	Definition
<b>CORE SERVICES</b>			<b>Services that meet basic needs for people experiencing homelessness, such as food, personal hygiene, daytime shelter, personal communications, and storage.</b>
	Food		Services focused on provision of food, prepared (e.g., hot meals) or unprepared (e.g., fruit, dry goods), cooking facilities (e.g., kitchen, microwave oven), and food vouchers.
		Food bank	Organization that collects product from the food industry and food drives, inventories and stores it, and distributes it to agencies – such as food pantries, soup kitchens and shelters – that provide food directly to individuals in need. <sup>53</sup>
		Emergency food pantry (bagged food to go)	An individual site that distributes bags or boxes of food, including grab and go meals, pastries and other baked goods. A food pantry is a member agency of, and obtains food from, a food bank.
		Hot food distribution	A place providing varied hot meals, such as soups.
		Cooking facilities	Provision of cooking facilities and cooking utensils for clients, such as ovens, sink, refrigeration.
		Food vouchers	Services that supply food coupons which can be exchanged in designated grocery stores, supermarkets and/or farmers markets for food products. <sup>54</sup>
		Food distribution to other organizations	Distribution of excess food to other organizations.
	Personal Hygiene and Health		Programs that provide basic personal services and supplies for people who do not have a local permanent address and who do not have access to private facilities or materials for grooming, hygiene, and other basic needs. <sup>54</sup>
		Bathrooms	Programs that offer access to toilets and sinks.
		Showers	Programs that offer access to shower facilities.
		Haircuts and barbering	Programs that offer haircuts and/or barbering services.
		Lice treatment/removal	Programs that provide supplies, equipment and/or facilities for people experiencing homelessness who are infested with head lice or other body parasites. <sup>54</sup>

		Tents	Provision of clean tents.
		Laundry	Facilities for laundry.
		Clothing	Collection and distribution of donated or new clothing.
		Blankets	Provision of clean blankets.
		Toiletries	Collection and distribution of cosmetics and hygienic supplies.
		Menstruation supplies	Programs that accept tampons, sanitary pads, liners, wipes, first period kits and other products that are needed by women during monthly menstrual cycles and keep them for use in their own program or donate them to shelters and other community-based organizations for distribution to the people they serve. <sup>54</sup>
		Harm reduction items	Provision of items such as needles and drug testing kits.
	Daytime shelter		Organizations providing daytime shelter.
		Lounge area	Rooms where people can sit and relax.
		Daytime sleep area	Rooms with beds for use during daytime.
	Personal Communication		Services relating to personal communication.
		Phone line	Help with making phone calls when a person has no other means of communicating.
		Phone charging	Charging station for phones or other personal devices.
		Mailing address	Safe handling, distribution, and storage of client mail.
		Computer with internet	Access to computers connected to the internet.
	Personal Storage		Safe storage of client's personal items.
		Locker-sized storage	A day or less, while client receives services.
		Cart-sized storage	A day or less, while client receives services.
		Locker-sized storage, on-going	Longer than a day, regardless of service utilization.
		Cart-sized storage, on-going	Longer than a day, regardless of service utilization.

		Safe parking for vehicles	Organizations that provide space for safe parking of vehicles during the day.
	Outreach		
		Street Outreach	Organizations that seek to provide services to people where they are. Using multi-disciplinary teams of case managers, social workers, nurses, and medical practitioners, they locate, identify and build relationships with people experiencing homelessness who are not accessing services.
<b>PROFESSIONAL SERVICES</b>			<b>Broad range of support services provided by trained, licensed and certified professionals.</b>
	Case management (non-medical)		Case management is defined by the Case Management Society of America as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services” to meet individual needs. <sup>55</sup> “These are services that develop plans for the evaluation, treatment and/or care of individuals who, because of age, illness, disability or other difficulties, need assistance in planning and arranging for services; assess the individual's social service needs; coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan; and follow up and monitor progress to ensure that services are having a beneficial impact on the individual. Additionally, these services will include a range of client-centered services that link client(s) with health care, mental health, substance use and other services to ensure timely, coordinated access.” <sup>25</sup>
		Assess client needs	Needs assessment using a range of screeners and other eligibility forms.
		Help with applications for housing	“Services that provide assistance for people who are having difficulty understanding how to access housing and navigating their housing options, and/or obtaining housing benefits to which they are entitled by law. The case manager may help people understand the enrollment process, eligibility criteria, and responsibilities for the benefits provided by the program, the payment process and the rights of beneficiaries; provide consultation and advice; help them complete application forms; negotiate on their behalf with benefits administration staff; and/or represent them in administrative processes. Included are benefits counseling organizations that offer a range of advocacy services.” <sup>25</sup>

		Help with applications for health insurance	“Services that provide assistance for people who are having difficulty understanding health insurance plans and navigating their health insurance coverage options. The programs may help people understand the enrollment process, eligibility criteria, and member responsibilities for the benefits provided by the program, the payment process and the rights of beneficiaries; provide consultation and advice; help them complete benefits application forms; negotiate on their behalf with benefits administration staff; and/or represent them in administrative processes. Included are benefits counseling organizations that offer a range of advocacy services.” <sup>25</sup>
		Help with applications for other entitlement benefits	“Services that provide assistance for people who are having difficulty understanding how to access a range of other entitlement benefits, such as SNAP, SSI, SSDI, General Relief, and navigating their options. The programs may help people understand the enrollment process, eligibility criteria, and responsibilities for the benefits provided by the program, the payment process and the rights of beneficiaries; provide consultation and advice; help them complete benefits application forms; negotiate on their behalf with benefits administration staff; and/or represent them in administrative processes. Included are benefits counseling organizations that offer a range of advocacy services.” <sup>25</sup>
		Scheduling medical appointments	Services that provide assistance with scheduling medical appointments, such as primary care visits, mental health therapy sessions.
		Scheduling other appointments	Services that provide assistance with scheduling other appointments, such as Social Security Administration.
		Transportation to appointments	Driving clients to appointments. Such services could include provision of tokens, SmarTrip cards, BikeShare accounts, donated bikes, etc.
	Case management: referrals		Referrals linking clients to services in the community. “The referral process can be as simple as a phone call or can be a process involving several steps over a period of time.” <sup>56</sup>
		Referrals to physical health services	See below under Other Professional Services for service definition.
		Referrals to mental health services	See below under Other Professional Services for service definition.
		Referrals to substance use services	See below under Other Professional Services for service definition.

		Referrals to food banks or pantries	See below under Other Professional Services for service definition.
		Referrals to housing search services	See below under Other Professional Services for service definition.
		Referrals to life skills training	See below under Other Professional Services for service definition.
		Referrals to employment services	See below under Other Professional Services for service definition.
		Referrals to entitlement benefits enrollment	See below under Other Professional Services for service definition.
		Referrals to peer-led support groups	See below under Other Professional Services for service definition.
		Referrals to education and vocational training	See below under Other Professional Services for service definition.
		Referrals to legal services	See below under Other Professional Services for service definition.
		Referrals to criminal justice services	See below under Other Professional Services for service definition.
		Referrals to veterinary care	See below under Other Professional Services for service definition.
	Case management: care coordination		“Collaborative process characterized by communication, advocacy, and resource management to promote positive client outcomes.” <sup>25</sup>
		Care coordination with housing provider	
		Care coordination with health provider	

		Care coordination with social services	
	Other professional services		
		Basic first aid	“Services that do not require an accredited medical facility, licensed medical professionals, or specialized equipment to administer. Such services include, but are not limited to, first aid, small-wound care, temperature, and blood pressure.” <sup>24</sup>
		Health education	“Services that provide information that improves clients' understanding of factors that safeguard their health and prevent or reduce the risk of injury, disease, disability and premature death. For example, education about health risks, the health care delivery system, disease transmission, testing opportunities, and harm reduction interventions. Health education services help people make informed decisions about matters which affect personal health. They inform clients of health and safety hazards, help people modify behaviors that compromise their health, encourage people to take advantage of early detection programs and provide information about treatment and rehabilitation options for people who have an illness, injury or disability. They also provide anticipatory information or guidance to help people deal with and understand specific medical procedures, being hospitalized, or other necessary interfaces with the health care system.” <sup>25</sup>
		Physical health care	Outpatient physical care services, such as general medical assessment; specific screening; ancillary services (dentistry, optometry, podiatry); obgyn; pre-natal care, sexual health. “Includes chronic disease self-management to empower patients to manage their own chronic conditions in partnership with their health care providers.” <sup>25</sup>
		Mental health care	“Mental health services that provide professional walk-in walk-out screening, diagnostic and treatment planning services for people who are experiencing acute or chronic psychiatric problems. Included is a continuum of assessment services ranging from a comprehensive psychiatric evaluation to the administration of one or a combination of psychological tests to examine a particular personality variable. Services may offer simple tests to determine client emotional health and their symptoms and ways of coping. Clients may complete screening questionnaire, talk about results with mental health professional or seek further evaluations and potentially treatment. Services that provide professional individual, group or family therapy for individuals with mental health symptoms.” <sup>25</sup>

			<b>Includes individual counseling services done by a licensed professional.</b> “Services that offer personal therapeutic sessions in which the therapist works on a one-to-one basis with clients to help them resolve their mental, emotional, or social problems.” <sup>25</sup>
			<b>Includes group and family counseling services done by a licensed professional.</b> “A counseling group is usually comprised of six to eight people who meet face to face with one or two trained group therapists and talk about what most concerns them. Members listen to each other and openly express thoughts and feelings about what other members do or say.” <sup>25</sup>
			<b>Includes LGBTQ counseling.</b> “Programs that provide emotional support, information and guidance for people who want to explore their sexual orientation to enable them to identify and feel comfortable with their orientation and the impact on their lives.” <sup>25</sup>
			<b>Includes intimate partner abuse counseling:</b> “Services that provide individual, conjoint, family or group treatment for individuals who are being physically, sexually and/or emotionally abused by their partners, and/or for perpetrators. Included are programs that provide therapeutic interventions for married couples and/or gay and lesbian couples who are experiencing problems with abuse.” <sup>25</sup>
			<b>Includes drop-in services:</b> “Services that provide an alternative, nonresidential environment for people who have mental, emotional, or social problems and which may offer recreational activities, socialization, individual or group counseling, mutual support group meetings, information and referral or other similar services. Included are centers staffed by consumers of psychiatric services as well as centers that are managed by professional staff.” <sup>25</sup>
			<b>Includes medication monitoring:</b> “Services that provide ongoing medication management services for children and/or adult clients who have been evaluated to determine the need for psychiatric medication to manage their symptoms and received a prescription for an appropriate drug. Medication monitoring services include periodic follow-up to evaluate the effectiveness of the medication in modifying the individual’s behavior, provide for early recognition and minimization of undesirable side effects, make necessary dosage adjustments, provide educational interventions, as needed, and ensure that medication is, in fact, being taken as prescribed.” <sup>25</sup>

		Substance use disorder care	<p>“Substance use disorder services that provide professional walk-in walk-out screening, diagnostic and treatment planning services for people who are experiencing substance use disorders (e.g., alcohol, opioid, and other drug use). Services that provide professional individual, group or family therapy for individuals who abuse substances of any kind and/or for their families to help them better understand the nature of their physical and/or psychological dependency or impairment and to support their efforts to recover. Services that provide supervised, structured, full-day daytime activities which may include professional individual and group counseling, relapse prevention services and a continuing care program for individuals who have problems related to substance abuse, who need treatment that is more intensive than an outpatient program but do not require 24-hour hospital care and are currently drug and/or alcohol free. Most participants attend day treatment programs eight hours per day and services may be available in part-day sessions on the weekends. Excludes peer-led therapeutic programming such as 12-step programs, AA, NA. See below under Peer-Led.”<sup>25</sup></p>
			<p><b>Includes individual counseling services done by a licensed professional.</b> “Services that offer personal therapeutic sessions in which the therapist works on a one-to-one basis with clients to help them resolve their addiction problems.”<sup>25</sup></p>
			<p><b>Includes group and family counseling services done by a licensed professional.</b> “A counseling group is usually comprised of six to eight people who meet face-to-face with one or two trained group therapists and talk about what most concerns them. Members listen to each other and openly express thoughts and feelings about what other members do or say.”<sup>25</sup></p>
			<p><b>Includes drop-in services:</b> “Services that provide an alternative, nonresidential environment for people who have addiction problems and which may offer recreational activities, socialization, individual or group counseling, mutual support group meetings, information and referral or other similar services. Included are centers staffed by consumers of psychiatric services as well as centers that are managed by professional staff.”<sup>25</sup></p>
			<p><b>Includes methadone maintenance and detoxification services:</b> “Services for treating individuals who are physically dependent upon opiates, such as Narcotic Replacement Therapy, Medication Assisted Treatment, Suboxone, Detoxification.”<sup>25</sup></p>



			<p><b>Includes medication monitoring:</b> “Services that provide ongoing medication management services for children and/or adults clients who have been evaluated to determine the need for addiction medication to manage their symptoms and received a prescription for an appropriate drug. Medication monitoring services include periodic follow-up to evaluate the effectiveness of the medication in modifying the individual's behavior, provide for early recognition and minimization of undesirable side effects, make necessary dosage adjustments, provide educational interventions, as needed, and ensure that medication is, in fact, being taken as prescribed.”<sup>25</sup></p>
		Housing search services	<p>“Programs that assist people to find and select available rental housing, that meet their individual needs, as well as help with obtaining temporary shelter, emergency housing or permanent housing for individuals and/or families who are homeless or imminently homeless.”<sup>25</sup></p>
		Entitlement benefits enrollment	<p>“Services that provide benefits screening services which help individuals determine whether they are eligible for benefits through any of a wide variety of public and private federal, state, and local programs, such as SNAP, SSI, SSDI, General Relief. In addition to identifying the programs that a person may be eligible to receive, the service generally also provides a detailed description of the programs, local contacts for additional information (typically the addresses and phone numbers of where to apply for the programs), and materials to help successfully apply for each program. Included are programs that provide this service online and those that do benefits screening via the telephone or in-person. Some benefits screening programs may focus on specific populations such as older adults and people with disabilities; or specific aspects of benefits eligibility such as the impact that working will have on their benefits. Also included are programs that help people complete the benefits screening form.”<sup>25</sup></p>
		Employment services	<p>“Services that evaluate clients’ background, education and training to help them develop realistic goals and/or refer clients to community services that will assist the client with various needs (e.g., job placement competencies such as interviewing, organizational and time management skills and networking). Such training can be focused on general issues (e.g. resume building, interviewing, professionalism, financial literacy), and on specific vocations (e.g. barbering/styling, computer programming, hospitality, construction) in high-demand fields. Includes services that match clients with appropriate job opportunities, find paid, meaningful work in a variety of community-based settings, and which may assign a "job coach" to work side-by-side with each client to interface with the employer and other employees, and provide training in basic job skills and work-related behaviors, assistance with specific tasks as needed and whatever other initial or ongoing support is required to ensure that the individual retains competitive employment.”<sup>25</sup></p>

		Legal services	“Services that protect the rights of individuals or groups who are involved in civil, criminal or administrative actions or who have been denied services or other benefits or privileges to which they are entitled by law by furnishing legal advice, advising the party of his or her rights and possible solutions, negotiating a settlement, preparing legal documents, appearing in court on behalf of the party, preparing the party to represent him or herself in court and/or attending trials to monitor court proceedings. Services include providing assistance services to clients in the form of advocacy, arbitration, certificates/forms assistance, class action litigation, legal counseling and advice, legal representation, mediation, paralegal counseling, and/or self-representation assistance which focus on a particular area of law. Examples include family reunification assistance, homeless court, eviction, immigration.” <sup>25</sup>
		Criminal justice services	Services that seek to help first-time offenders avoid conviction and a criminal record, by joining a rehabilitation program or other community programs.
		Education and vocational training	“Programs that offer a wide variety of activities including academic programs, sports, reading clubs, workshops and other recreational, leisure, cultural, social, and civic activities for school-age children and youth.” <sup>54</sup>
		Creative pursuits	Programs that offer a wide variety of arts and crafts. Other programs which create opportunities for empowerment and meaningful engagement (e.g. art therapy). <sup>25</sup>
		Life skills training	“Services provided through individual or group instruction and coaching, experience, and practice in coping with real or simulated life situational demands. Services include but are not limited to training in the ability to travel about the community alone; to live independently in a private residence; to maintain health through self-care and use of medical services; to live within personal income; to maintain acceptable grooming and appearance; to seek and maintain employment; to deal with legal, family or social problems; and to cope with other requirements for successful independent living. Services also include the development of an individual Independent Living Skills Plan and Transition Plan to guide the provision and termination of services. Services of a "life coach" include assistance with developing daily living skills, career planning, work-life balance, self-care and health, housing, money management, and social relationships.” <sup>25</sup>
		Veterinary care	Treatment services for clients' sick or injured pets.

<b>PEER-LED SERVICES</b>			<b>“Services that offer individual and/or group therapeutic advocacy sessions which are facilitated or guided by an individual who is the same or similar age as the client (an age-peer) or a parent of a child with a mental health impairment and/or substance abuse problem who has experienced and resolved the same type of problem as the client. Clients discuss their attitudes, feelings, and problems and, with input from other members of the group, attempt to achieve greater self and interpersonal understanding and adjustment and explore solutions to their problems. A group is defined as a minimum of three participants and a maximum of ten participants.”<sup>25</sup></b>
	Peer-led support groups		Peer-led programming for a broad range of focus areas, including mental health, substance use, shared experiences (e.g., veterans, justice-involved populations, experience with domestic violence, HIV status, disability, seniors, and others). Support groups are typically designed to create safe spaces for individuals to explore and share issues they are confronting, for instance helping individuals reduce or eliminate substance abuse; understand underlying co-occurring mental health issues; develop healthy behavior-management techniques; and connect individuals with various supports. The ultimate goal of peer-led support groups is to help individuals achieve social and economic stability, improve their health and outlook, repair damaged relationships, and build strong support networks. In order to help PEH build a stronger support network, a key tenet of a strong therapeutic program is to create opportunities for peer-led group sessions with professional support and guidance available as needed.
		Alcoholics Anonymous	“Alcoholics Anonymous is an international mutual aid fellowship of alcoholics dedicated to abstinence-based recovery from alcoholism through its spiritually-inclined Twelve Step program. Following its Twelve Traditions, AA is non-professional, non-denominational, as well as apolitical and unaffiliated.” <sup>57</sup>
		Narcotics Anonymous	Support group for those attempting to recover from drugs other than just alcohol.
		Cocaine Anonymous	Support group for individuals who have cocaine dependency.
		Emotions Anonymous	Support group aiming to improve adult emotional well-being.
		Peer-led mentoring	Services that provide companionship, guidance and/or role models for individuals who are disadvantaged because of age, income, physical or developmental disabilities or family environment. <sup>54</sup>
		Peer-led support groups for domestic violence	Support group for individuals who have experienced domestic violence.

		Peer-led support groups for veterans	Support groups for individuals who want to talk about the stresses and challenges of being a veteran, such as post-traumatic stress.
		Peer-led support groups for justice-involved populations	Support groups for individuals who have had experiences with the criminal justice system.

Table A.4. Search Syntax Approach with Sample Keywords

Category	Keywords	Keywords	Keywords
Core keywords across all sub searches	Daytime Services for People Experiencing Homelessness	<ul style="list-style-type: none"> <li>• Day service</li> <li>• Daytime</li> <li>• Los Angeles</li> <li>• Los Angeles County</li> <li>• Homeless</li> <li>• Homelessness</li> <li>• Homeless youth</li> <li>• Homeless transitional age youth</li> <li>• Homeless adults</li> <li>• Homeless older adults</li> <li>• Showers</li> <li>• Bathrooms</li> <li>• Hot meals</li> <li>• Food pantry</li> <li>• Food bank</li> <li>• Meal line</li> <li>• Mental health</li> <li>• Physical health</li> <li>• Substance use</li> <li>• Legal support</li> <li>• Support groups</li> <li>• Support activities</li> </ul>	<ul style="list-style-type: none"> <li>• Computers</li> <li>• Laundry</li> <li>• Resting area</li> <li>• Harm reduction</li> <li>• Veterinary services</li> <li>• Pet services</li> <li>• Care coordination</li> <li>• Case management</li> <li>• Social work</li> <li>• Referrals to public benefits</li> <li>• Referrals to employment services</li> <li>• Referrals to family services</li> <li>• Referrals to food stamps/SNAP</li> <li>• Housing navigation</li> <li>• Mailing address</li> <li>• Clothing</li> <li>• Mobile phone charging stations</li> <li>• Personal property storage</li> </ul>
Sub search 1	Faith-based Services	<ul style="list-style-type: none"> <li>• Religious organization</li> <li>• Faith-based organization</li> <li>• Mission</li> <li>• Temple</li> <li>• Synagogue</li> <li>• Mosque</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Religious retreat</li> <li>• Buddhist</li> <li>• Hindu</li> <li>• Inter-faith</li> <li>• Ministry</li> <li>• Worship</li> </ul>
Sub search 2	Homelessness Services	<ul style="list-style-type: none"> <li>• Housing for Health</li> <li>• Los Angeles County Continuum of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Youth drop-in center</li> <li>• Navigation center</li> <li>• Access center</li> <li>• Daytime shelter</li> </ul>
Sub search 3	Health, Social, and other Community Services	<ul style="list-style-type: none"> <li>• Primary care</li> <li>• Federally qualified health centers</li> <li>• Mental health</li> <li>• Substance use</li> <li>• Behavioral health</li> <li>• Community health</li> <li>• Public library</li> </ul>	<ul style="list-style-type: none"> <li>• Los Angeles Department of Public and Social Services</li> <li>• Los Angeles Department of Health Services</li> <li>• Los Angeles Department of Mental Health</li> <li>• YMCA</li> <li>• Pop-up food distribution</li> <li>• AIDS Clinic</li> </ul>

Table A.5. Database categories

Broad Data Category	Sub-Categories	
<b>ORGANIZATIONAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• Organization Name</li> <li>• Organization Type</li> <li>• Contact Name</li> <li>• Contact Role</li> <li>• Contact Email</li> <li>• Contact Phone Number</li> <li>• Website</li> <li>• Address Type</li> <li>• Street Address</li> </ul>	<ul style="list-style-type: none"> <li>• City</li> <li>• Zip Code</li> <li>• Service Planning Area</li> <li>• Number of Sites</li> <li>• Number of days open per week</li> <li>• Service Hours</li> <li>• Mobile Service Provision</li> </ul>
<b>CORE SERVICES*</b>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Emergency Food pantry</li> <li>• Hot Food Distribution</li> <li>• Cooking Facilities</li> <li>• Food Vouchers</li> <li>• Food Distribution to Other Organizations</li> <li>• Water</li> <li>• Bathrooms</li> <li>• Showers</li> <li>• Haircuts and Barbering</li> <li>• Lice Treatment/Removal</li> <li>• Tents</li> <li>• Laundry</li> <li>• Clothing</li> <li>• Blankets</li> <li>• Toiletries</li> </ul>	<ul style="list-style-type: none"> <li>• Menstruation Supplies</li> <li>• Harm Reduction</li> <li>• Lounge Area</li> <li>• Daytime Sleep Area</li> <li>• Phone Line</li> <li>• Phone Charging</li> <li>• Mailing Address</li> <li>• Computer with Internet</li> <li>• Locker-sized Storage During Service</li> <li>• Cart-sized Storage During Service</li> <li>• Locker-sized Storage Ongoing</li> <li>• Cart-sized Storage Ongoing</li> <li>• Safe Parking for Vehicles</li> </ul>
<b>CASE MANAGEMENT*</b>	<ul style="list-style-type: none"> <li>• Case Management (any)</li> </ul>	
<b>OTHER PROFESSIONAL SERVICES*</b>	<ul style="list-style-type: none"> <li>• Basic First Aid</li> <li>• Health Education</li> <li>• Physical Health</li> <li>• Mental Health</li> <li>• Substance Use Disorder Care</li> <li>• Housing Search</li> <li>• Entitlement Benefits Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Employment Services</li> <li>• Legal Services</li> <li>• Prison Diversion Services</li> <li>• Education and Vocational Training</li> <li>• Creative Pursuits</li> <li>• Life Skills Training</li> <li>• Veterinary Care</li> </ul>
<b>PEER-LED GROUPS*</b>	<ul style="list-style-type: none"> <li>• Peer-led Support Groups</li> </ul>	
<b>POPULATIONS SERVED*</b>	<ul style="list-style-type: none"> <li>• Children and Families</li> <li>• Teen and Young Adult</li> <li>• Single Adults</li> <li>• Women only</li> </ul>	<ul style="list-style-type: none"> <li>• Men only</li> <li>• Veterans</li> <li>• Seniors</li> <li>• Immigrants</li> </ul>
<b>OTHER INFORMATION (IF AVAILABLE)*</b>	<ul style="list-style-type: none"> <li>• Service Restrictions</li> <li>• Makes Referrals</li> <li>• Receives Referrals</li> <li>• Co-location</li> </ul>	<ul style="list-style-type: none"> <li>• Requires Address Protection</li> <li>• Comments</li> </ul>
<p><i>*Services attributes are recorded with yes/no.</i></p>		

Table A.6. Publicly available sources of data used to compile the database.

<b>Resource</b>	<b>Data Contained</b>	<b>Data Quality Challenges</b>
<b>211 LA</b>	Organization Names, Services Rendered, Hours, Addresses, Website, Documentation Requirements	Older organizations may not be updated. Organizations that have closed since their posting may not be marked as closed.
<b>Aunt Bertha (findhelp.org)</b>	Organization Name, Services Rendered, Populations Served, Cost, Website, Phone Number, Languages	Generally organizations self-report, leading to issues with older organizations not being updated.
<b>1Degree</b>	Organization Name, Services Rendered, ADA Accessibility, Documentation Requirements, Instructions on Receiving Services, Address, Hours, Service Reviews, Phone Number	Data completeness issues, generally smaller than other databases.
<b>LAHSA Get Help</b>	Organization Name, Populations Served, Phone Number, POC Name and Phone Number, ADA Accessibility, Address, Hours	List has recently been redone, since we completed our Database development.
<b>Los Angeles Public Library Homeless and Stable Living Resources</b>	Organization Name, Address, Phone Number, Populations Served, Services Rendered	List is not updated with changes to organizations.
<b>Comprehensive Housing Information &amp; Referrals for People Living with HIV/AIDS (CHIRPLA): Coordinated Entry System Centers</b>	Organization Names, Services Rendered, Hours, Addresses, Website, Documentation Requirements, Languages Spoken, Referral Requirements, Appointment/Walk-In Capability, Income Requirements	Generally organizations self-report information for these lists, leading to issues with older organizations not being updated.
CHIRPLA: Re-Entry		
<b>CHIRPLA: HIV Support Groups</b>		
<b>CHIRPLA: Substance Abuse</b>		
<b>CHIRPLA: Medical and Dental Guide</b>		
<b>CHIRPLA: Domestic Violence</b>		
<b>CHIRPLA: Sober Living</b>		
<b>CHIRPLA: Transitional Housing</b>		
<b>CHIRPLA: Emergency Housing</b>		
<b>CHIRPLA: Shared Housing</b>		
<b>University of Southern California's Directory of Civically Engaged Faith-</b>	Organization Names, Addresses, Phone Numbers, Websites	Lack of consistent information on services rendered or populations

<b>Based Organizations in Los Angeles</b>		served; some organizations have since closed.
<b>Homeless Shelter Directory</b>	Organization Names, Addresses, Phone Numbers, Emails, Services Rendered	Not consistently updated, generally only useful when used as a reference for other databases.
<b>Economic Workforce Development WorkSource Centers</b>	Addresses, Phone Numbers, Emails, Languages Spoken,	Few to no challenges, data appear to be complete and services rendered are consistent across websites.
<b>Our Community LA (WIN app)</b>	Organization Names, Services Rendered, Hours, Addresses, Service Availability	Data appear to be updated, but completeness varies for smaller or newer organizations.
<b>Necessities of Life Program Food Bank</b>	Organization Names, Addresses, Hours	Few to no challenges, data appear to be complete and services rendered are consistent across websites.
<b>IRS Tax-Exempt Organization Database</b>	Organization Names, Non-Profit Status, Dates Established	Does not include organizations not formally established with the IRS as non-profits.
<b>Various Public Lists on Instagram</b>	Organization Names, Photos, Hours, Services Rendered, Addresses	Older posts are generally not useful since informal organizations change addresses or hours (or close) often.
Organization websites	Organization Name, Address, Phone Number, Populations Served, Services Rendered	Not all organizations update their website to reflect changes in site addresses, new sites, closed sites, services no longer offered.



Table A.7. Provider Survey Instrument

**Intro - Intro**

[Not required]

Please help United Way to target upcoming investment in daytime homelessness service provision for LA County.

Your opinion is important, and as a 'thank you' for completing this confidential survey (15-20 minutes) you'll receive a \$20 incentive.

Some detail is necessary to maximize the impact, and the findings will be announced early in the second half of 2023.

- Yes, I'm happy to help, let's go. (1)
- No, not at the moment. (2)

**i379**

To be most effective we need to know about your organization (part one), your current operational services and challenges (part two), and your anticipated future needs (part three).

Thanks for sticking with this. Watch your progress in the purple bar across the top of each page.

<b>CONDITION</b>	true	false
	Info i375 ()	

**i375**

Thank you for your time.

STOP || Screened –

END || Condition

**q1**

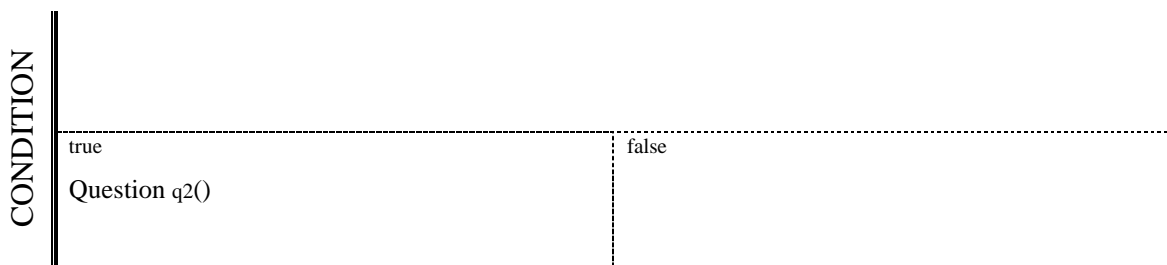
[Not required]

Let's start with some information about your organization.

What category best describes your organization?

Select one.

- Faith-based private non-profit or 501(c)(3) (1)
- Faith-based public non-profit (2)
- Private non-profit or 501(c)(3), NOT faith-based (3)
- Public non-profit, NOT faith-based (4)
- Community based organizations not officially registered as non-profits (5)
- Public agency (6)
- Other (please specify) (7)\_\_\_\_\_ [Other]



**q2**

[Not required]

What is your religious affiliation?

- Baptist (1)

- Catholic (2)
- Episcopal (3)
- Lutheran (4)
- Methodist (5)
- Presbyterian (6)
- Other Christian (please specify) (7)\_\_\_\_\_ [Other]
- Reform Judaism (8)
- Conservative Judaism (9)
- Orthodox Judaism (10)
- Shia Muslim (11)
- Sunni Muslim (12)
- Hindu (13)
- Buddhist (14)
- Native Spirituality (15)
- Sikhism (16)
- Bahá'í (17)
- Other non-Christian (please specify) (18)\_\_\_\_\_ [Other]

END || Condition

**q3**

[Not required]

What is your role within your organization?

- Executive leadership (including clergy) (1)
- Program manager (2)
- Site manager (3)
- Board member (4)
- Volunteer (5)
- Other (please specify) (6)\_\_\_\_\_ [Other]

**q4**

How is your organization funded?

*Select all that apply:*

- Government contract or grant (1)
- Sub-contract with other non-profit organizations (2)
- Private foundation grants (3)
- Mutual aid (4)
- General public donations (5)

Other philanthropy or church member donations (6)

**q5**

[Open Text ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=5]

How many sites does your organization have across Los Angeles County, including your headquarters?

Please specify: (1) \_\_\_\_\_

**q6**

In which Service Planning Area(s) do you provide services?

Select all that apply:

- SPA 1 (Antelope Valley) (1)
- SPA 2 (San Fernando Valley) (2)
- SPA 3 (San Gabriel Valley) (3)
- SPA 4 (Metro) (4)
- SPA 5 (West) (5)
- SPA 6 (South) (6)
- SPA 7 (East) (7)
- SPA 8 (South Bay) (8)
- I don't know (9)

**q7**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=5]

For the following two questions, if you do not know the exact number, please provide your best estimate.

How many paid staff and volunteers does your organization have across all sites?

Paid staff (1) \_\_\_\_\_  
Unpaid volunteers (2) \_\_\_\_\_

**q8**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=5]

Of all your staff and volunteers, about how many focus on helping people experiencing homelessness during the day?

Paid staff (1) \_\_\_\_\_  
Unpaid volunteers (2) \_\_\_\_\_

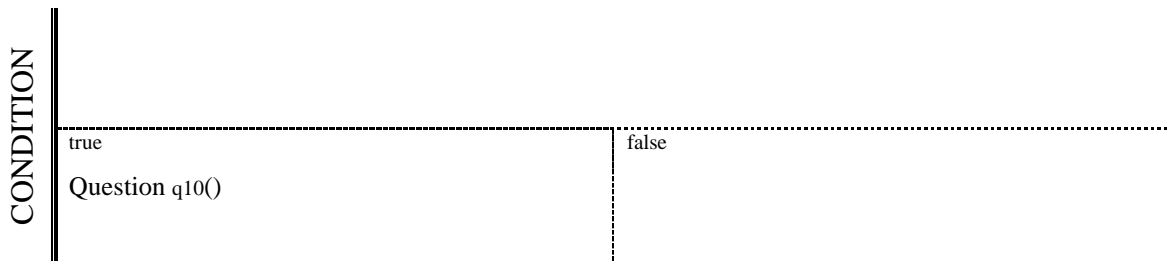
**q9**

[Not required]

Excellent! Thank you for that helpful information. Let's take a closer look now at some of the services you provide during the day.

Do you provide any core services, such as food, hygiene, day shelter, communications, and storage?

- Yes (1)
- No (2)



**q10**

Please select all core services that you provide.

*Select all that apply, whether by your organization or through another organization that comes to your site (i.e., co-location):*

- Food (91)
- Food bank (1)
- Emergency food pantry (e.g., bagged food to go) (2)
- Hot food distribution (3)
- Cooking facilities (4)
- Food vouchers (5)
- Food distribution to other organizations (6)
- Personal Hygiene and Health (92)
- Bathrooms (7)
- Showers (8)
- Haircuts and barbering (9)
- Lice treatment/removal (10)
- Tents (11)
- Laundry (12)

- Clothing (13)
- Blankets (14)
- Toiletries (15)
- Menstruation supplies (16)
- Harm reduction items (e.g., Narcan, needles, drug testing kits) (17)
- Lounge area (18)
- Daytime sleep area (19)
- Personal Communication (94)
- Phone line (20)
- Phone charging (21)
- Mailing address (22)
- Computer with internet (23)
- Personal Storage (93)
- Locker-sized storage (a day or less, while client receives services) (24)
- Cart-sized storage (a day or less, while client receives services) (25)
- Locker-sized storage (on-going, longer than a day, regardless of service utilization) (26)
- Cart-sized storage (on-going, longer than a day, regardless of service utilization) (27)
- Safe parking for vehicles (28)
- Other core services (29)\_\_\_\_\_ [Other]

END || Condition

**q11**

[Not required]

Do you offer any case management?

- Yes (1)
- No (2)

CONDITION ||

true	false
Question q12()	

**q12**

Please select all case management services that you provide.

*Select all that apply, whether by your organization or through another organization that comes to your site (i.e., co-location):*

Help with:

- Assessing client needs (1)
- Applications for housing (2)
- Applications for health insurance (e.g., MediCal) (3)
- Applications for other entitlement benefits (e.g., SNAP, SSI) (4)
- Scheduling medical appointments (5)
- Scheduling other appointments (6)
- Transportation to appointments (e.g., using your vehicles or providing bus tokens) (7)
- Professional health service referrals: (26)
- Physical health (8)
- Mental health (e.g., individual or group therapy sessions) (9)
- Substance use disorder services (e.g., medication assisted treatment, needle exchange, excluding peer-led groups such as AA, NA) (10)
- Other service referrals: (27)
- Food banks or pantries (11)
- Housing search services (12)
- Life skills training (13)
- Employment services (14)
- Other entitlement benefits enrollment (e.g., SNAP, SSI) (15)
- Peer-led support groups (16)
- Education and vocational training (17)
- Creative pursuits (18)
- Legal services (19)
- Criminal justice services (20)
- Veterinary care (21)
- Care coordination with: (28)
- Housing provider (22)
- Health provider (23)
- Social services (24)
- Other case management (25)\_\_\_\_\_ [Other]

END	Condition
CONDITION	f('q11').any('1')  f('q12').any('8', '9', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24', '25')
	-----
	true
	false
	Question q13()

**q13**

[Not required]

How would you rate the general success of your referrals program?

- Almost always successful (1)
- Mostly successful (2)
- Mostly unsuccessful (3)
- Almost always unsuccessful (4)
- I am not sure (5)

**q14**

[Not required]

What are some of the reasons for your previous answer?

*Please describe*

END

Condition f('q11').any('1')||f('q12').any('8', '9', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24', '25')

**q15**

[Not required]

Do you directly provide any professional services or qualified advice such as health care, education, legal assistance, veterinary care?

- Yes (1)
- No (2)

CONDITION

true

Question q16()

false

**q16**

Please select all professional services that you provide directly.



Select all that apply, whether by your organization or through another organization that comes to your site (i.e., co-location):

- Basic first aid (1)
- Health education (2)
- Physical health care (e.g., primary care, sexual health) (3)
- Mental health (e.g., individual or group therapy sessions) (4)
- Substance use disorder services (e.g., medication assisted treatment, needle exchange, excluding peer-led groups such as AA, NA) (5)
- Housing search services (6)
- Entitlement benefits enrollment (7)
- Employment services (8)
- Legal services (9)
- Criminal justice services (10)
- Education and vocational training (11)
- Creative pursuits (12)
- Life skills training (13)
- Veterinary care (14)
- Other, please specify (15) \_\_\_\_\_ [Other]

END || Condition

**q17**

[Not required]

Do you provide peer-led\* support groups?

*\*services run by non-professionals with shared backgrounds and experiences, such as by age, gender, mental health, or substance use problem, being a veteran, being justice involved, experience of domestic violence, etc.*

- Yes (1)
- No (2)

CONDITION ||

true	false
Question q18()	

**q18**

What peer-led support groups do you provide?

Select all that apply, whether by your organization or through another organization that comes to your site (i.e., co-location):

- Alcoholics Anonymous (1)
- Narcotics Anonymous (2)
- Cocaine Anonymous (3)
- Emotions Anonymous (4)
- Domestic violence (5)
- Veterans (6)
- Justice involved (7)
- Other, please specify (8)\_\_\_\_\_ [Other]

END ||| Condition

**i340**

So far so good - thank you. You are one third done.

Now a few questions about how you work with other (people and) organizations

**q19**

If you work with other organizations, how do you do so? Select all that apply.

- We currently work with organizations (1)
- We don't work with other organizations, but are interested (2)
- We don't work with other organizations and are not interested (3)

CONDITION |||

true	false
Question q19a()	

**q19a**

Please select how you work with other organizations.

Select all that apply.

- Refer clients (3)
- Receive referrals (4)
- Share space at our sites (they co-locate here) (5)
- Share space at their sites (we co-locate there) (6)
- Share client data (7)
- Receive donations of goods (e.g., clothes, food) (8)
- Collect goods to donate elsewhere (e.g., clothes, food) (9)
- Pool resources (e.g., transport, storage, volunteers) (10)
- Coordinate across multiple agencies (11)
- Other, please specify (12)\_\_\_\_\_ [Other]

**q20**

[Not required]

How do you identify potential options where you can refer your clients?

(Select all that apply)

- LA's 211 Directory (1)
- LAHSA's Get Help page (2)
- WIN (3)
- Aunt Bertha (4)
- 1Degree (5)
- Our own directory (6)
- Other, please specify (7)\_\_\_\_\_ [Other]

**q21**

[Open Text ♦ Not required]

Please list all the organizations with which you work to provide daytime services to people experiencing homelessness.

Please specify:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_
- (8) \_\_\_\_\_
- (9) \_\_\_\_\_
- (10) \_\_\_\_\_

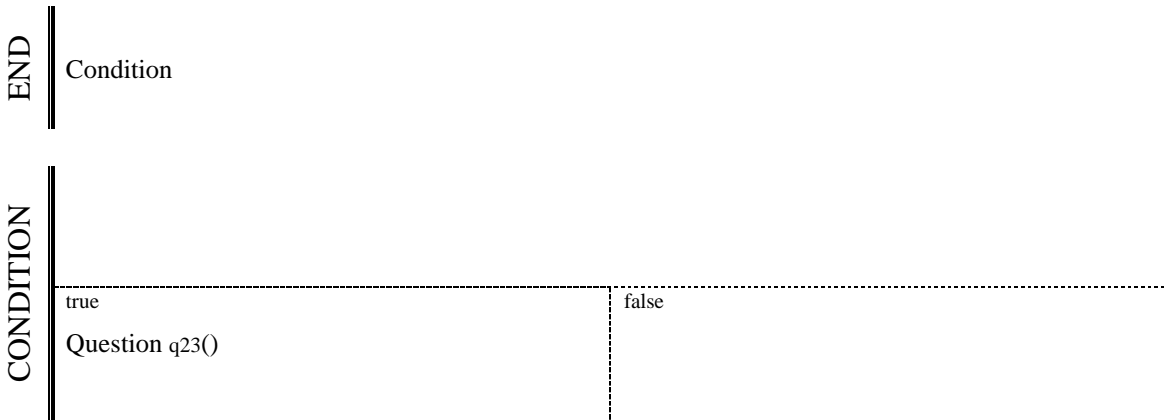
**q22**

[Not required ♦ Ranking]

Which of these organizations do you see as vital to your ability to provide daytime services?

Select your top three in order

- \_\_\_ ^f("q21\_1")^ (1)
- \_\_\_ ^f("q21\_2")^ (2)
- \_\_\_ ^f("q21\_3")^ (3)
- \_\_\_ ^f("q21\_4")^ (4)
- \_\_\_ ^f("q21\_5")^ (5)
- \_\_\_ ^f("q21\_7")^ (6)
- \_\_\_ ^f("q21\_7")^ (7)
- \_\_\_ ^f("q21\_8")^ (8)
- \_\_\_ ^f("q21\_9")^ (9)
- \_\_\_ ^f("q21\_10")^ (10)



**q23**

[Open Text ♦ Not required]

With whom would you be interested in working in future to provide daytime services?

Please specify

(1) \_\_\_\_\_



**q24**

One other thing! It's about your capacity and the future.

What pressing capacity challenges do you face?

Select all that apply.

- Insufficient funding (1)
- Funding with too many restrictions (e.g., excluding labor and overhead) (2)
- Short funding terms (1-2 years) (3)
- Buildings, space, and access issues (4)
- Professional staffing shortages (5)
- Volunteer shortages (6)
- Equipment shortcomings (7)
- Operational costs (8)
- Service referral problems (9)
- Security and risk of violence (10)
- Other, please specify (11) \_\_\_\_\_ [Other]

q25

What are your future plans?

Select all that apply.

- Keep operating as we are (1) [Exclusive]
- Expand the capacity of our current services (2)
- Expand the range of services we offer (3)
- Expand our geographic coverage (4)
- Improve the quality of our current services (5)
- We want to improve, but are not sure how (6)
- Other, please specify (7) \_\_\_\_\_ [Other]

CONDITION	true	false
	Question q26()	

q26

[Open Text ♦ Not required]

What services are you interested in adding to increase your effectiveness?

Please specify

(1) \_\_\_\_\_

END

Condition

**q27**

[Open Text ♦ Not required]

Where in Los Angeles County do you see the biggest gaps in daytime services?

Please specify

(1) \_\_\_\_\_

**q28**

[Not required ♦ Ranking]

If there were opportunities for investment in daytime services, what would you say are the priorities that should be considered?

Select your top three:

- \_\_\_ Technical assistance with procuring funding (1)
- \_\_\_ Funding for capital assets, such as building space (2)
- \_\_\_ Funding for administrative work/overhead (3)
- \_\_\_ Funding long-term (longer than one-time, one year) (4)
- \_\_\_ Recruitment of qualified staff (5)
- \_\_\_ Retention of qualified staff (6)
- \_\_\_ Recruitment of volunteers (7)
- \_\_\_ Retention of volunteers (8)
- \_\_\_ Specialist training relating to this population (9)
- \_\_\_ Specialist training relating to the homeless service system (10)
- \_\_\_ Other, please specify (11) \_\_\_\_\_ [Other]

**q29**

Two thirds done. Thank you for keeping going. This detail is invaluable.

On what days do you provide services?

- Every day (8) [Exclusive]
- If not every day, please specify (99)
- Monday (1)
- Tuesday (2)
- Wednesday (3)
- Thursday (4)
- Friday (5)
- Saturday (6)

Sunday (7)

**q30**

[Not required]

What are your typical opening hours?

	Time -	AM_PM -
From: (1)	<input type="radio"/> Open 24 Hours (24) <input type="radio"/> 1 (1) <input type="radio"/> 2 (2) <input type="radio"/> 3 (3) <input type="radio"/> 4 (4) <input type="radio"/> 5 (5) <input type="radio"/> 6 (6) <input type="radio"/> 7 (7) <input type="radio"/> 8 (8) <input type="radio"/> 9 (9) <input type="radio"/> 10 (10) <input type="radio"/> 11 (11) <input type="radio"/> 12 (12)	<input type="radio"/> AM (1) <input type="radio"/> PM (2)
To: (2)	<input type="radio"/> Open 24 Hours (24) <input type="radio"/> 1 (1) <input type="radio"/> 2 (2) <input type="radio"/> 3 (3) <input type="radio"/> 4 (4) <input type="radio"/> 5 (5) <input type="radio"/> 6 (6) <input type="radio"/> 7 (7) <input type="radio"/> 8 (8) <input type="radio"/> 9 (9) <input type="radio"/> 10 (10) <input type="radio"/> 11 (11) <input type="radio"/> 12 (12)	<input type="radio"/> AM (1) <input type="radio"/> PM (2)

**q31**

What languages can you cover?

*Select all that apply.*

- English (1)
- Spanish (2)
- Korean (3)
- Filipino (4)
- Armenian (5)
- Chinese (6)
- Persian (7)
- Tagalog (8)
- Others, please specify (9)\_\_\_\_\_ [Other]

**q32**

Are there any restrictions on who you help?

- No restrictions (10) [*Exclusive*]
- By age (1)
- By gender (2)
- By faith (3)
- By insurance (4)
- By justice-involved status (5)
- By military service status (6)
- By veteran status (7)
- Other, please specify (8) \_\_\_\_\_ [*Other*]

**q33**

[*Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=5*]

Thank you for all that information! Now tell us a bit more about the people you serve.

For the following two questions, if you do not know the exact number, please provide your best estimate.

Approximately how many people (on average) do you assist daily, across all sites?

Please specify (1) \_\_\_\_\_

**q34**

[*Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=5*]

How many people could you assist in a day, across all sites, at maximum capacity?

Please specify (1) \_\_\_\_\_

**q35**

What age categories of clients do you typically assist?

*Select all that apply:*

- Youths (< 18) (1)



- Young adults (18-25) (2)
- Adults (26 – 54) (3)
- Adults (55 - 64) (4)
- Older adults (>64) (5)

**q36**

What racial or ethnic categories do you assist?

*Select all that apply:*

- American Indian / Alaska Native (1)
- Asian (e.g., Chinese, Filipino, Japanese, Korean, South Asian, Vietnamese, or other) (2)
- Black or African American (3)
- Hispanic, Latinx, or Spanish origin (4)
- Middle Eastern or North African (5)
- Native Hawaiian / Other Pacific Islander (e.g., Chamorro, Native Hawaiian, Samoan, or other) (6)
- White (7)
- Some other race, ethnicity, or origin, please specify (8)\_\_\_\_\_ [*Other*]

**q37**

What other categories do you assist?

*Select all that apply:*

- Families (1)
- Cisgender Women (2)
- Cisgender Men (3)
- Transgender/Non-binary (4)
- LGBTQIA+ (5)
- Veterans (6)
- People with physical disabilities (7)
- Other (specify): (8)\_\_\_\_\_ [*Other*]

**q38**

If your organization uses specific approaches, please select all that apply:

- Assertive engagement (1)
- Motivational interviewing (2)
- Trauma-informed care (3)
- Harm reduction (4)
- Faith-based (5)

- Cultural grounding (e.g., Indigenous practices) (6)
- Other, please specify (7) \_\_\_\_\_ [Other]
- None of the above (8) [Exclusive]

CONDITION	true	false
	Question q39()	

**q39**

Does your provision of services involve a religious or evangelical component?

Select all that apply:

- No (1) [Exclusive]
- Prayer (2)
- Sermon or address (3)
- Informal religious interaction (4)

CONDITION	true	false
	Question q40()	

**q40**

[Not required]

Does your provision of services require client involvement in the religious or evangelical component?

- No, it is optional (1)
- Yes, clients must engage (2)

END | Condition

END | Condition

**q41**

Almost done, your perseverance is appreciated.

What kind of data are you tracking?

*Select all that apply:*

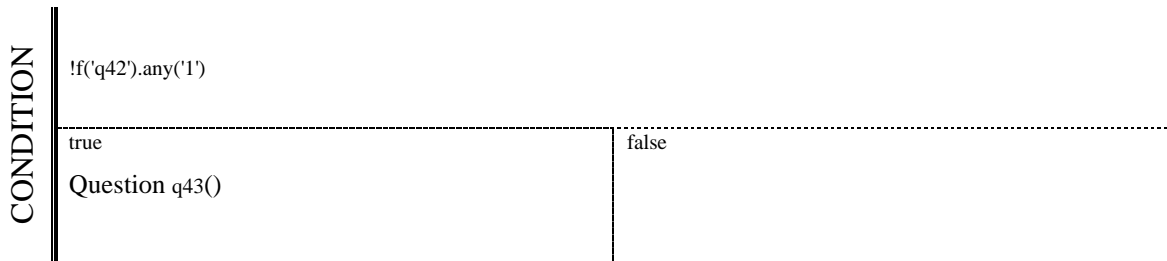
- We are not tracking any data (1) [*Exclusive*]
- Client participation in services (2)
- Client outcomes (e.g., mental health) (3)
- Overall service utilization rates (4)
- Other organizational outcomes (e.g., number of clients served, timeliness, efficiency) (5)
- Other Please specify (6)\_\_\_\_\_ [*Other*]

**q42**

Does your management of services employ any of the following software?

*Select all that apply:*

- Homeless Management Information System (1)
- Excel (2)
- Apricot (3)
- Salesforce (4)
- Other, please specify (5)\_\_\_\_\_ [*Other*]

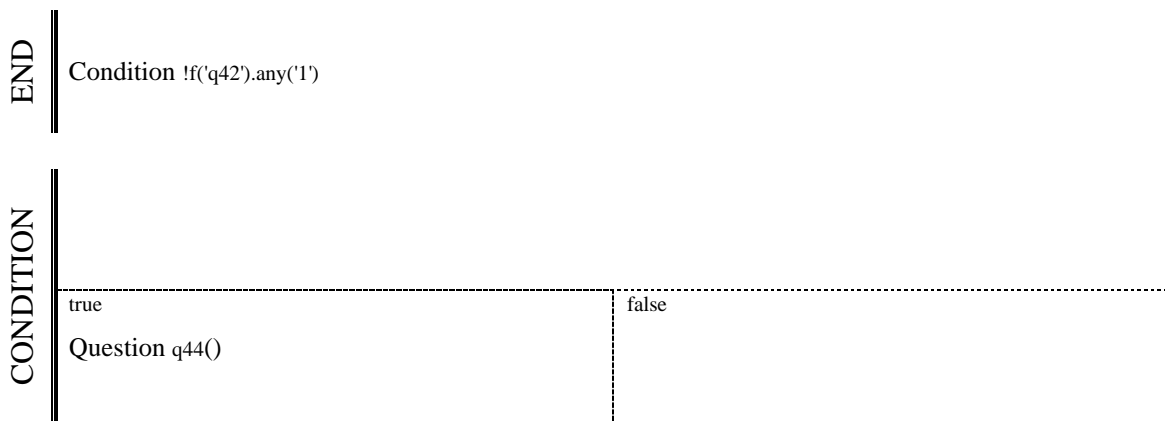


**q43**

[*Not required*]

How familiar are you with the Homeless Management Information System (HMIS)?

- Haven't heard of it (1)
- Have heard of it, but never used it (2)
- Have used it in the past, but not currently (3)



**q44**

[Not required]

How beneficial do you find HMIS to be for service documentation?

- Highly beneficial (1)
- Somewhat beneficial (2)
- Not at all beneficial (3)



**q45**

[Not required]

How interested are you in learning more about HMIS and how it can help you document services?

- Interested (1)
- Not interested (2)
- Unsure (3)

**q46**

Regardless of method, what type of client data do you collect?

Select all that apply:

- Name or contact information (1)
- Demographic information (e.g., gender, race, ethnicity, sexual orientation, date of birth, social security number) (2)
- Past service utilization (3)
- Mental health history (4)
- Physical health history (5)
- Disability status (6)
- Substance use history (7)

- History of interpersonal or other violence (8)
- Housing history (9)
- Case manager or provider connections (10)
- Criminal records (11)
- Other personally identifiable or legally protected information (12)

**END**

Thank you for your thoroughness. Your answers have been received.

Your input will directly help to target forthcoming investment in daytime service provision for people experiencing homelessness in LA County.

Table A.8. Provider Interview Protocol

**Daytime Services Provider Interview Guide  
[Faith-based, public agencies, non-profits]**

**ORGANIZATIONAL CHARACTERISTICS**

I would like to begin with an overview of your organization, so that I understand where you fit in the homeless service provision system in Los Angeles County.

1. What is your organization's purpose and mission?
2. What is your role within your organization?

**SERVICES OFFERED AND CLIENT PROFILE**

Before we move on, I just wanted to confirm some basic information we have about the **daytime services** you provide [*INTERVIEWER to identify as much as possible ahead of time, and confirm any missing information relating to scale of organization, e.g., geographic area served, number of sites, opening hours, services provided, client eligibility, number of people experiencing homelessness served per day or week, maximum daily service capacity, staffing full time vs volunteer, languages covered.*]

**RESOURCES**

Thanks for confirming those details. I also want to understand the resources that your organization has to provide these daytime services.

3. How is your organization funded?
4. What government supports are available to help you provide daytime services to people experiencing homelessness?
5. [FAITH-BASED ONLY] Are there any restrictions for your organization in obtaining public funds to conduct social services work? If yes, tell me more about it.
6. What are the principal challenges that prevent you from serving more people experiencing homelessness during the daytime?

**PERCEIVED BEST PRACTICES IN DAYTIME SERVICE PROVISION TO PEOPLE EXPERIENCING HOMELESSNESS**

Next, I would like to explore the services and programs you offer specifically to people experiencing homelessness.

7. First, help me understand your organization's philosophy or approach to serving people experiencing homelessness. [*If needed, give examples, such as faith-based, cultural*

*grounding, trauma-informed care, harm reduction, assertive engagement, motivational interviewing.]*

8. How often do you interact with your clients? For example, is it on a time-limited basis?
9. What are some of the best practices that you seek to incorporate in your programs or services?
10. [FAITH-BASED ONLY] How would you characterize your spiritual goals in serving people experiencing homelessness? *[For example, primarily seeking to accommodate subsistence needs like food and shelter versus aiming to address psychological and spiritual problems?]*
11. [FAITH-BASED ONLY] How are your organization's spiritual goals enacted during the delivery of services? *[For example, sermon; informal religious talk with clients; religious icons are present; prayer among volunteers; client prayer led by volunteers; receipt of service is contingent on participation in religious activities.]*
12. [FAITH-BASED ONLY] In your experience, how does the integration of faith in your services impact the client reception of your service?
13. Are there any models of successful daytime service provision, for example, with good system integration, community support, service co-location, that you think can be highlighted as exemplary? If yes, tell me more.

## **SERVICE DOCUMENTATION, AND ORGANIZATION AND CLIENT-LEVEL OUTCOMES**

14. How does your organization document this service provision? [For example, e.g., Excel, Apricot, Salesforce, other case management tools, other public/private records systems]
15. What type of client-level data are you collecting? *[Interviewer to probe items using list below:]*

- Name or contact information
- Demographic information (e.g., gender, race, ethnicity)
- Past service utilization
- Mental health history
- Physical health history
- Disability status
- Substance use history
- History of interpersonal violence
- Housing history
- Case manager or provider connections
- Criminal records
- Other personally identifiable or legally protected information

16. How do you use these data at your organization? *[Interviewer to probe items using list below:]*

- Client referrals
- Internal quality improvement
- Funding

17. How familiar are you with the Homeless Management Information System (HMIS)?
18. To what extent have you used HMIS? (e.g., read-only access, full access, no access?)
  - a. [IF THEY HAVE USED IT]: How helpful do you find it? Why do you find it helpful? Why do you not find it helpful?
  - b. If you have not used it, how interested are you in learning more about HMIS can help you document your services?

**PERCEIVED CHALLENGES IN PROVIDING DAYTIME SERVICE TO PEOPLE EXPERIENCING HOMELESSNESS**

19. What have been some of the challenges that your organization has been facing in serving people experiencing homelessness during the daytime in particular?
  - a. FOLLOW UP: What challenges have you experienced at a system level with county or state agencies?
  - b. FOLLOW UP: How have you tried to address these challenges?
  - c. FOLLOW UP: What success have you had in addressing these challenges?
  - d. FOLLOW UP: What challenges have you observed at a system level among other organizations?

**PERCEIVED FACILITATORS IN PROVIDING DAYTIME SERVICE TO PEOPLE EXPERIENCING HOMELESSNESS**

20. What have been some of the successes that your organization has experienced in providing daytime services to people experiencing homelessness?
  - a. FOLLOW UP: What do you think has contributed to the success of these efforts?

**INTERAGENCY COMMUNICATION AND LINKAGES**

21. What have been the partnerships/coalitions that have been most critical to your efforts to provide daytime services? *[Interviewer to list all of them in their notes]*
22. How well do you work with the SPA lead in your area?
23. How do you collaborate with each of these partner organizations or agencies to provide daytime services? *[Interviewer to use the list from prior answer and check approach for each organization. If there are other approaches, list in notes.]*

---

We refer to them	We receive referrals	Share space at	Share space at our	Coordinate care	Receive food donations	Distribute food to them	Receive clothing and	Share staff and
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	from them	their site (co- locate there)	site (co- locate here)	from them	other items from them	other resources
--	--------------	---	---------------------------------	--------------	--------------------------------	--------------------

Org A  
 Org B  
 Org C  
 Org D  
 Org E  
 ...

24. How often do you interact with each organization to provide daytime services?  
*[Interviewer to use the list from prior answer and check frequency for each organization. If there are any details, such as with Org A we refer to them daily, and receive food donations from them weekly, capture in notes.]*

	Daily	Weekly	Monthly	Infrequently
--	-------	--------	---------	--------------

Org A  
 Org B  
 Org C  
 Org D  
 Org E  
 ...

- 25. How do you identify potential referral options? *[For example, do you use searchable databases such as 211, LAHSA's Get Help page, WIN, Aunt Bertha, 1Degree.]*
- 26. What is your sense of the success rate of the referrals you are making? *[For example, do clients fail to connect with the services where you refer them because of inaccurate contact information, or distance, or limited service availability, or some other issue?]*
- 27. Do you have informal connections with outreach workers in your area?
- 28. To what extent do you work with the public library system at County or City level?
- 29. [IF THEY COORDINATE SERVICES Based on Q 23] Earlier you mentioned you coordinate care with Org A, B, C. How does your care coordination occur with each?
- 30. [IF THEY DO NOT COORDINATE CARE] How might you recommend such coordination occur? For example, warm hand offs, or other approaches?

## Opportunities for service expansion or improvement

31. Do you have any plans to expand daytime service provision to people experiencing homelessness? Tell me more about these. [*For example, do you plan to offer more of the same services? Do you plan to expand to offer new services? Do you plan to increase the geographic footprint of your services?*]
  - a. If not, what might help you to make large expansions of services in the near future?
32. [IF FAITH-BASED] How do you feel about collaborating with other non-faith-based non-profit organizations and public agencies to expand your provision of daytime services to people experiencing homelessness?
  - a. FOLLOW UP: [IF THEY EXPRESS RESERVATIONS] What are some of your reservations about such collaboration?
33. [IF NON-PROFIT OR PUBLIC AGENCY] How do you feel about collaborating with faith-based organizations to expand your daytime services to people experiencing homelessness?
  - a. FOLLOW UP: [IF THEY EXPRESS RESERVATIONS] What are some of your reservations about such collaboration?
  - b. FOLLPOW UP: In your work, have you heard of instances of client resistance to accessing faith-based services? If yes, how might that be overcome?
34. Are there any underutilized community assets that your organization might benefit from in providing daytime services to people experiencing homelessness, such as community-based space, expertise, in-kind help?
35. Where in Los Angeles County do you see the biggest gaps in daytime services for people experiencing homelessness?
36. If there were opportunities for investment in daytime services for people experiencing homelessness, what would you say are the priorities that should be considered?

Before we wrap up, is there anything else you'd like to share that we haven't talked about (what additional questions should I be asking)? Is there anyone else you think we should be interviewing?

Thank you so much for your time.

Table A.9. Interview Protocol for People Experiencing Homelessness

## Participant Interview

Date \_\_\_\_\_

Interviewer Name \_\_\_\_\_

Participant ID \_\_\_\_\_

### INTRODUCTION AND VERBAL CONSENT (see separate document)

Do you have any questions before we begin? [*Answer any questions and then proceed to interview*].

### INTERVIEW QUESTIONS

#### PARTICIPANT BACKGROUND

1. How long have you lived in this area where you are right now?
  - a. Are you here by yourself or with family?
2. How often do you move locations during a typical day?
  - a. If not moving during the day, what draws you to this area?
  - b. If moving locations during the day, what motivates you to move?

#### DAYTIME SERVICE UTILIZATION

Next, I want to ask you a few questions about where you get help during the day, and what kind of help you receive. By this, I mean help or support with your physical health, mental health, substance use, medications, help securing benefits, getting food, clothing, help with transportation or legal issues, help finding a job, help with personal hygiene, educational assistance and so on. I call these “daytime services”.

3. Which of these services do you seek most during a typical day? What about a week?
4. Which organizations do you usually visit for services during the day? [*INTERVIEWER to list*]
  - a. What services do you receive at each? [*INTERVIEWER to use list from previous answer to probe on services from each*]
  - b. How did you find out about each of these organizations? [*INTERVIEWER to use list from previous answer to probe on how they found out about each*]

*organization, e.g., referred there by another organization, found out from a friend, found out from a case manager, or some other way.]*

- c. Do any of these organizations work together to help you out? Tell me more about that.
5. What are some of the things that make it **easy** for you to receive the services you need during the day? *[Probe each of these: location, transportation, opening hours, eligibility, language, staff attitudes, cultural considerations]*
6. Are there daytime services that you need but cannot receive regularly? Give me some examples.
7. What are some of the things that make it **hard** for you to receive the services you need during the day? *[Probe each of these: location, transportation, opening hours, eligibility, language, staff attitudes, cultural considerations]*

## **EXPERIENCE WITH DAYTIME SERVICES**

8. Please give us examples of places you access during the day that you feel are welcoming, respectful of your culture, supportive or helpful.
  - a. What makes them welcoming, supportive, or helpful? *[Probe for design, atmosphere, staff attitudes]*
  - b. *[If they mention culture]* How do you feel these organizations respect your culture?
9. Please give us examples of places that you feel are unsupportive or unhelpful.
  - a. What makes them unsupportive, or unhelpful?
10. Are there examples of organizations that provide the services you need but you choose not to visit? If yes, tell me more about the reasons for your choice.

## **FAITH-BASED VERSUS OTHER NON-PROFITS OR PUBLIC SECTOR ORGANIZATIONS**

11. Earlier you mentioned that you often visit *[INTERVIEWER to mention the organizations from Q 4]*. Tell me how you feel your experience differs across these different organizations.
12. How do you feel about getting help from churches and other places of worship?
  - a. What might encourage you to seek services at churches or other places of worship?
  - b. What might discourage you from seeking services at churches or other places of worship?

## **RECOMMENDATIONS**

13. How might we improve services available to you during the day? *[Probe: more of a certain type of service, expand opening hours, expand eligibility, expand locations]*

14. Where in Los Angeles County do you see the biggest gaps in daytime services for people facing similar situations?
15. If there were ways to make daytime services for people facing similar situations more available, what would you say are the most important services that should be considered?

**OPTIONAL DEMOGRAPHIC QUESTIONS:**

**Age:** \_\_\_\_\_

**Gender:**

Cisgender Man     Cisgender Woman     Transgender Man      
Transgender Woman

Non-binary/third gender     Prefer to self-describe \_\_\_\_\_

**Sexual Orientation:**

Bisexual     Gay or Lesbian     Heterosexual     Prefer to self-  
describe \_\_\_\_\_

**Ethnicity:**

- American Indian / Alaska Native
- Asian (e.g., Chinese, Filipino, Japanese, Korean, South Asian, Vietnamese, or other)
- Black or African American
- Hispanic, Latinx, or Spanish origin
- Middle Eastern or North African
- Native Hawaiian / Other Pacific Islander (e.g., Chamorro, Native Hawaiian, Samoan, or other)
- White
- Some other race, ethnicity, or origin, please specify \_\_\_\_\_

**Languages spoken (select all that apply):**

English

Bilingual (add language \_\_\_\_\_)

Multilingual (add languages \_\_\_\_\_)

**Current religious beliefs or spiritual practice:**

No religious affiliation     I prefer not to answer

Baptist     Catholic     Episcopal     Lutheran     Methodist     Presbyterian

Other Christian

Reform Judaism     Conservative Judaism     Orthodox Judaism     Shia  
Muslim

Sunni Muslim     Hindu     Buddhist     Native Spirituality     Sikhism

Bahá'í     Other non-Christian

How important are your religious beliefs or spiritual practice to you?

Very important     Somewhat important     Not important

**THANK YOU VERY MUCH FOR YOUR TIME AND EVERYTHING YOU HAVE SHARED WITH US!**

## References

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1. 2022 Greater Los Angeles Homeless Count [press release]. Los Angeles, California: Los Angeles Homeless Services Authority;2022.
2. LAHSA. Los Angeles County Homelessness & Housing Map. 2023; <https://storymaps.arcgis.com/stories/400d7b75f18747c4ae1ad22d662781a3>. Accessed January 15, 2023.
3. HUD. Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. 2020,
4. UWGLA. *The Street Strategy for L.A. County*. United Way of Greater Los Angeles;2021.
5. Burt M. *What will it take to end homelessness?* Washington, D.C.: Urban Institute;2001.
6. Palimaru AI, McBain R, McDonald K, et al. The relationship between quality of housing and quality of life: evidence from permanent supportive housing. *Housing and Society*. 2021;1-22 10.1080/08882746.2021.1928853
7. Palimaru AI, McBain RK, McDonald K, et al. Perceived care coordination among permanent supportive housing participants: Evidence from a managed care plan in the United States. *Health Soc Care Community*. 2021 10.1111/hsc.13348
8. Palimaru AI, Kietzman KG, Pourat N, et al. A qualitative evaluation of Housing for Health in Los Angeles County. *Journal of Social Distress and Homelessness*. 2021;1-11 10.1080/10530789.2021.1908486
9. Hahn JA, Kushel MB, Bangsberg DR, et al. BRIEF REPORT: the aging of the homeless population: fourteen-year trends in San Francisco. *J Gen Intern Med*. 2006;21(7):775-778 10.1111/j.1525-1497.2006.00493.x PMC1924700.
10. Palimaru AI, McDonald K, Garvey R, et al. The Association between Housing Stability and Perceived Quality of Life among Emerging Adults with a History of Homelessness. *Health & Social Care in the Community*. 2023;2023:1-16 10.1155/2023/2402610
11. LACDPH. *Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County: 2014-2021*. Los Angeles, CA: Los Angeles County Department of Public Health, Center for Health Impact Evaluation;2023.
12. Frey BB, Lohmeier JH, Lee SW, et al. Measuring Collaboration Among Grant Partners. *American Journal of Evaluation*. 2016;27(3):383-392 10.1177/1098214006290356
13. Vladeck BC, Altman D, Bassuk EL, et al. *Homelessness, Health, and Human Needs*. Washington, D.C.: National Academy Press; 1988.
14. Cavacuiti C, Svoboda T. The use of electronic medical records for homeless outreach. *J Health Care Poor Underserved*. 2008;19(4):1270-1281 10.1353/hpu.0.0090
15. Shinn M, Khadduri J. *In the midst of plenty: Homelessness and what to do about it*. First ed. Hoboken, NJ: John Wiley & Sons; 2020.
16. Sonenshein R, J. *We're Not Going Back: A Plan for Homelessness Governance in LA*. Los Angeles, California: The Pat Brown Institute for Public Affairs, California State University Los Angeles;2021.

17. Falconer E, El-Hay T, Alevras D, et al. Integrated multisystem analysis in a mental health and criminal justice ecosystem. *Health Justice*. 2017;5(1):4 10.1186/s40352-017-0049-y PMC5362563.
18. Allard SW. *Out of reach: place, poverty, and the new American welfare state*. New Haven, CT: Yale University Press; 2009.
19. Bailey P. Housing and Health Partners Can Work Together to Close the Housing Affordability Gap. 2020; <https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability>.
20. Institute of Medicine (U.S.) CoQoHCiA. *Crossing the quality chasm: A new health system for the 21st century*. Washington, D.C.: National Academy Press; 2001.
21. McDonald KM, Sundaram V, Bravata DM, et al. *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*. Rockville, MD: Agency for Healthcare Research and Quality;2007.
22. Eisenhart Hanley M, Blair B, Leavelle J, et al. *Housing and Homelessness: Services and Partnerships to Address a Growing Issue*. National Association of Area Agencies on Aging;2020.
23. Fetters MD. *The Mixed Methods Research Workbook Activities for Designing, Implementing, and Publishing Projects*. Sage; 2019.
24. Hennink MM, Kaiser BN, Weber MB. What Influences Saturation? Estimating Sample Sizes in Focus Group Research. *Qual Health Res*. 2019;29(10):1483-1496 10.1177/1049732318821692 PMC6635912.
25. Broward. TAXONOMIES DEFINITIONS CREDENTIALS. 2020; <https://www.broward.org/HumanServices/CommunityPartnerships/Documents/TaxonomyDefinitionsCredentials%20effective%20October%202020%20final111620.pdf>.
26. Olivet J, Bassuk EL, Elstad E, et al. Outreach and Engagement in Homeless Services: A Review of the Literature. *The Open Health Services and Policy Journal*. 2010;3:53-70,
27. Sowell RL, Bairan A, Akers TA, et al. Social Service Needs and Case Management Implications for Individuals Accessing a Faith-Based Suburban Homeless Shelter. *Lippincott's Case Management*. 2004;9(2):72-86,
28. Thurman W, Moczygemba LR, Welton-Arndt L, et al. Faith-based Health and Social Services for People Experiencing Homelessness in the United States: A Scoping Review of the Literature. *J Health Care Poor Underserved*. 2021;32(4):1698-1719 10.1353/hpu.2021.0160
29. Heslin KC, Andersen RM, Gelberg L. Use of faith-based social service providers in a representative sample of urban homeless women. *J Urban Health*. 2003;80(3):371-382 10.1093/jurban/jtg051 PMC3455976.
30. Gray Bass B. Faith-Based Programs and Their Influence on Homelessness. *Fam Community Health*. 2009;32(4):314-319,
31. Sager RS. Faith-based social services: saving the body or the soul? A research note. *J Sci Study Relig*. 2011;50(1):201-210 10.1111/j.1468-5906.2010.01560.x
32. Scouten S, Lucia VC, Wunderlich T, et al. An Assessment of Needs of Church Coordinat. *Journal of Health Care for the Poor and Underserved*. 2016;27:1211-1219,
33. Idler E, Levin J, VanderWeele TJ, et al. Partnerships Between Public Health Agencies and Faith Communities. *Am J Public Health*. 2019;109(3):346-347 10.2105/AJPH.2018.304941 PMC6366521.



34. Fleury MJ, Grenier G, Sabetti J, et al. Met and unmet needs of homeless individuals at different stages of housing reintegration: A mixed-method investigation. *PLoS One*. 2021;16(1):e0245088 10.1371/journal.pone.0245088 PMC7808646.
35. Lovett KL, Weisz C. Religion and Recovery Among Individuals Experiencing Homelessness. *J Relig Health*. 2021;60(6):3949-3966 10.1007/s10943-020-01060-1
36. Wendt DC, Collins SE, Nelson LA, et al. Religious and Spiritual Practices Among Home-less Urban American Indians and Alaska Natives with Severe Alcohol Problems. *Am Indian Alsk Native Ment Health Res*. 2017;24(3):39-62 10.5820/aian.2403.2017.39 PMC6287631.
37. Varda DM, Chandra A, Stern SA, et al. Core dimensions of connectivity in public health collaboratives. *J Public Health Manag Pract*. 2008;14(5):E1-7 10.1097/01.PHH.0000333889.60517.46
38. Tagai EK, Scheirer MA, Santos SLZ, et al. Assessing Capacity of Faith-Based Organizations for Health Promotion Activities. *Health Promot Pract*. 2018;19(5):714-723 10.1177/1524839917737510 PMC5878962.
39. HPRI. *Homeless Outreach: The Los Angeles County Context*. Homeless Policy Research Institute;2019.
40. Chen JH, Rosenheck RA, KasproW WJ, et al. Receipt of disability through an outreach program for homeless veterans. *Mil Med*. 2007;172(5):461-465 10.7205/milmed.172.5.461
41. Ensign J, Panke A. Barriers and bridges to care: voices of homeless female adolescent youth in Seattle, Washington, USA. *J Adv Nurs*. 2002;37(2):166-172 10.1046/j.1365-2648.2002.02067.x
42. Fisk D, Rakfeldt J, McCormack E. Assertive outreach: an effective strategy for engaging homeless persons with substance use disorders into treatment. *Am J Drug Alcohol Abuse*. 2006;32(3):479-486 10.1080/00952990600754006
43. Goering P, Wasylenki D, Lindsay S, et al. Process and outcome in a hostel outreach program for homeless clients with severe mental illness. *Am J Orthopsychiatry*. 1997;67(4):607-617 10.1037/h0080258
44. Hudson AL, Nyamathi A, Sweat J. Homeless youths' interpersonal perspectives of health care providers. *Issues Ment Health Nurs*. 2008;29(12):1277-1289 10.1080/01612840802498235
45. O'Toole TP, Johnson EE, Redihan S, et al. Needing Primary Care But Not Getting It: The Role of Trust, Stigma and Organizational Obstacles reported by Homeless Veterans. *J Health Care Poor Underserved*. 2015;26(3):1019-1031 10.1353/hpu.2015.0077
46. Heslin KC, Andersen RM, Gelberg L. Use of Faith-Based Social Service Providers in a Representative Sample of Urban Homeless Women. *Journal of Urban Health*. 2003;80(3),
47. *Stata Statistical Software: Release 16, 2019*. [computer program]. College Station, TX.: StataCorp LLC; 2019.
48. *NVivo 12 Teams* [computer program]. Version 122018.
49. Gale NK, Heath G, Cameron E, et al. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol*. 2013;13:117 10.1186/1471-2288-13-117 PMC3848812.
50. Levitt HM, Bamberg M, Creswell JW, et al. Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in

- psychology: The APA Publications and Communications Board task force report. *Am Psychol*. 2018;73(1):26-46 10.1037/amp0000151
51. Cohen J. A Coefficient of Agreement for Nominal Scales. *Educational and Psychological Measurement*. 2016;20(1):37-46 10.1177/001316446002000104
  52. McHugh ML. Interrater reliability: the kappa statistic. *Biochemia Medica*. 2012:276-282 10.11613/bm.2012.031
  53. CalRecycle. Rescuing Food for Hungry Californians. 2023; <https://calrecycle.ca.gov/organics/food/donation/#:~:text=Food%20banks%20are%20organizations%20that,people%20through%20local%20service%20agencies>. Accessed January 25, 2023.
  54. County L. Taxonomy. 2023; <https://211taxonomy.org>. Accessed January 15, 2023.
  55. CMSA. CMSA's Integrated Case Management. 2023; <https://connect.springerpub.com/content/book/978-0-8261-6951-8/back-matter/bmatter1>. Accessed January 15, 2023.
  56. Gardner M. The Referral Process from Start to Finish. *Case Management Basics* 2015; <https://www.casemanagementbasics.com/2015/08/the-referral-process-from-start-to.html>. Accessed January 15, 2023.
  57. DBPedia. Alcoholics Anonymous. 2023; [https://dbpedia.org/page/Alcoholics\\_Anonymous](https://dbpedia.org/page/Alcoholics_Anonymous). Accessed January 15, 2023, 2023.