SOMEWHERE TO EXIST

Understanding the Landscape of Daytime Services for People Experiencing Homelessness in Los Angeles County

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ABOUT THIS REPORT

The 2022 point-in-time count in Los Angeles County (LA County) estimated that more than 69,000 individuals were experiencing homelessness on any given night, a 4% rise from 2020. Life on the streets can be hostile and unforgiving. In 2021, United Way of Greater Los Angeles (UWGLA) identified areas for investment to improve the lives of people experiencing unsheltered homelessness, while more permanent solutions are scaled up. While it is critically important to continue to focus on where people are sleeping at night, having a safe, convenient, meaningful place to be during the day is also important to people's immediate and long-term well-being. This report sought to better understand the landscape of daytime homeless service provision, with a view to most effectively target UWGLA's future strategic investments in this area. The findings are informed by a literature scan, review of publicly available information on service provision, as well as surveys with service providers, and interviews with service providers and clients. This report may be of interest to service providers, legislators and public officials in Los Angeles County, as well as philanthropists, and those in public, private, and nonprofit sectors who are engaged in daytime service provision to people experiencing homelessness.

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INTRODUCTION

The 2022 point-in-time count in Los Angeles County (LA County) estimated that more than 69,000 individuals were experiencing homelessness on any given night, a 4% rise from 2020.[1] Many of the people experiencing homelessness (PEH) were in Downtown and South Los Angeles.[2] 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,[3] and 40% met the criteria for chronic homelessness.[1] Moreover, 26% were estimated to have a substance use disorder, and 25% with serious mental illness.[1]

In 2021, United Way of Greater Los Angeles (UWGLA), published a report[4] 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 well-being.

Life on the streets can be hostile and unforgiving. Evidence shows that health tends to deteriorate after people first become homeless.[5] 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.[6-10] Not surprisingly, homelessness leads to mortality rates 3.8 times higher than in the general population of LA County residents.[11]

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.[12-14] In practice, prior research hints at significant fragmentation in design and implementation in homeless service provision.[15]

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,[16] with limited coordination across systems,[17] out of reach and mismatched to the level of need.[18] For instance, homeless services and housing subsidies are often separate from other supports such as health, behavioral health, social services and income support.[15] 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.[19] Navigating numerous programs with varying eligibility criteria and requirements is a significant challenge for many vulnerable individuals.[7,8,10] These are substantial barriers that affect service-level outcomes such as safety, effectiveness, client-centered care, timeliness, efficiency, and equity.[20,21] 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.[22] However, gaps remain in our understanding of the landscape of daytime services to people experiencing homelessness specifically in LA County.

This study sought to better understand these challenges, with a view to most effectively target new funding in this area.

OVERVIEW

This document summarizes the methodology and findings of RAND's study *Understanding the Landscape of Daytime Services for People Experiencing Homelessness in Los Angeles County*. A more detailed discussion of the methods can be found in Technical Appendix A, while a comprehensive presentation of the findings is in Technical Appendix B.

Both are available at HomeForGoodLA.org.

The project, undertaken between November 2022 and April 2023, reviewed Los Angeles 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.

First we wanted to know

Who is providing services?

How are they funded and staffed?

At what scale and physical capacity do they operate?

What services are they providing? When and where?

Do providers document their activities? If so, how?

Next we asked

Do they collaborate with others? If so, in what ways and with whom?

Who are their clients, and, how do they feel about the services they receive?

Do providers plan to expand their services? If so, in what ways?

What challenges do they foresee?

Through this line of questioning, we wanted to establish whether there were areas for improvement, such as inconsistencies and shortcomings in provision, to better inform future investment strategies.

METHODS

The research process began with a broad scan of relevant literature, during which we developed a classification and definition of services, along with a database of existing providers, garnered from publicly available information. This captured nearly 700 day service provision entries.

Before finalizing our study design, we conducted informal listening sessions with 8 different providers from a cross-section of the community to garner feedback on our approach.

For this study, we included a cross-section of providers:

- Nonprofit organizations, defined as secular public or private registered organizations.
- Faith-based organizations, that are religiously affiliated and charitable.
- Community-based organizations, also known as mutual aids, which are informal and volunteer-based.
- Public agencies, which are government operated at local, state, and federal level.

We focused on the following types of daytime services:

- Core services, i.e., services that meet basic human needs such as food, bathrooms, showers, laundry, personal communications, and safe storage.
- Case management, i.e., the process of evaluating a person's background and needs, and coordinating their care.
- Direct services, such as health care, employment training, and legal support.
- Peer-led services, such as therapeutic sessions guided by individuals with shared experiences.

These efforts helped determine the approach to primary data collection, which was to deploy three complementary components: an online self-administered survey open to all daytime services providers, that combined multiple choice and open-ended questions, in-depth interviews with 27 providers, and in-depth interviews with 21 clients. These gave us quantitative and qualitative data, which were then combined for analysis.

FIG. 1. Digital Flyer

We recognized that this is a heavily surveyed sector, with a sense of survey fatigue. So, we attracted participation by emphasizing that the results would directly inform UWGLA's investment strategy. To promote participation via email and social media, we employed digital flyers (Fig.1) and animated gifs, followed by a structured pattern of phone calls to encourage completion. We crafted the survey to have a logical flow with frequent open-ended questions, so participants could add depth to the information we gathered. We garnered responses from 320 respondents, 93% of whom represented discrete organizations from across LA County, a county that is huge.

LA BY THE NUMBERS

LA County covers some 4,000 square miles, including dense city neighborhoods, suburban sprawl, and sparse rural communities. On any given night, there are more than 69,000 unhoused people, with more than 500 unhoused individuals per square mile in areas such as Downtown and South Los Angeles (Fig.2). The density feathers out from here, but with further concentrations extending up to North Hollywood, west to the coast in Venice, and down to Long Beach in the south, plus some unincorporated areas of desert in the northeast.

Of the 320 survey responses from day service providers, 60% were representatives from secular nonprofit organizations, 32% were from faith-based organizations, 6% were from public agencies and 2% were from community-based organizations.

Within the borders of LA County, there is a mesh of political and administrative entities (Fig.3). There are 5 Supervisorial Districts, managing a budget of $43 billion, 8 service planning areas (known as SPAs) for more localized public health support. These overlay 88 incorporated cities, notwithstanding significant areas that are unincorporated. The cities in LA County vary considerably in size. By far the largest is the City of Los Angeles, which itself has 15 separate council districts. These individual geopolitical entities often have different self-determined policies and funding sources for the provision of services to unhoused residents.

Across this complex landscape of jurisdictions, are organizations operating at different levels, from federal agencies, such as the Veterans' Administration, to state agencies, such as the California Interagency Council on Homelessness. At county-level we have the Los Angeles Homeless Services Authority, a funder and service provider that works across the SPAs and the City of Los Angeles to deliver services. We also have the LA County Metropolitan Transportation Authority, a special district established in state law, and governed by a local board of directors.

FIG. 2

Homeless Count 2022
Total Density Per Square Mile

- ● Density >500-3821
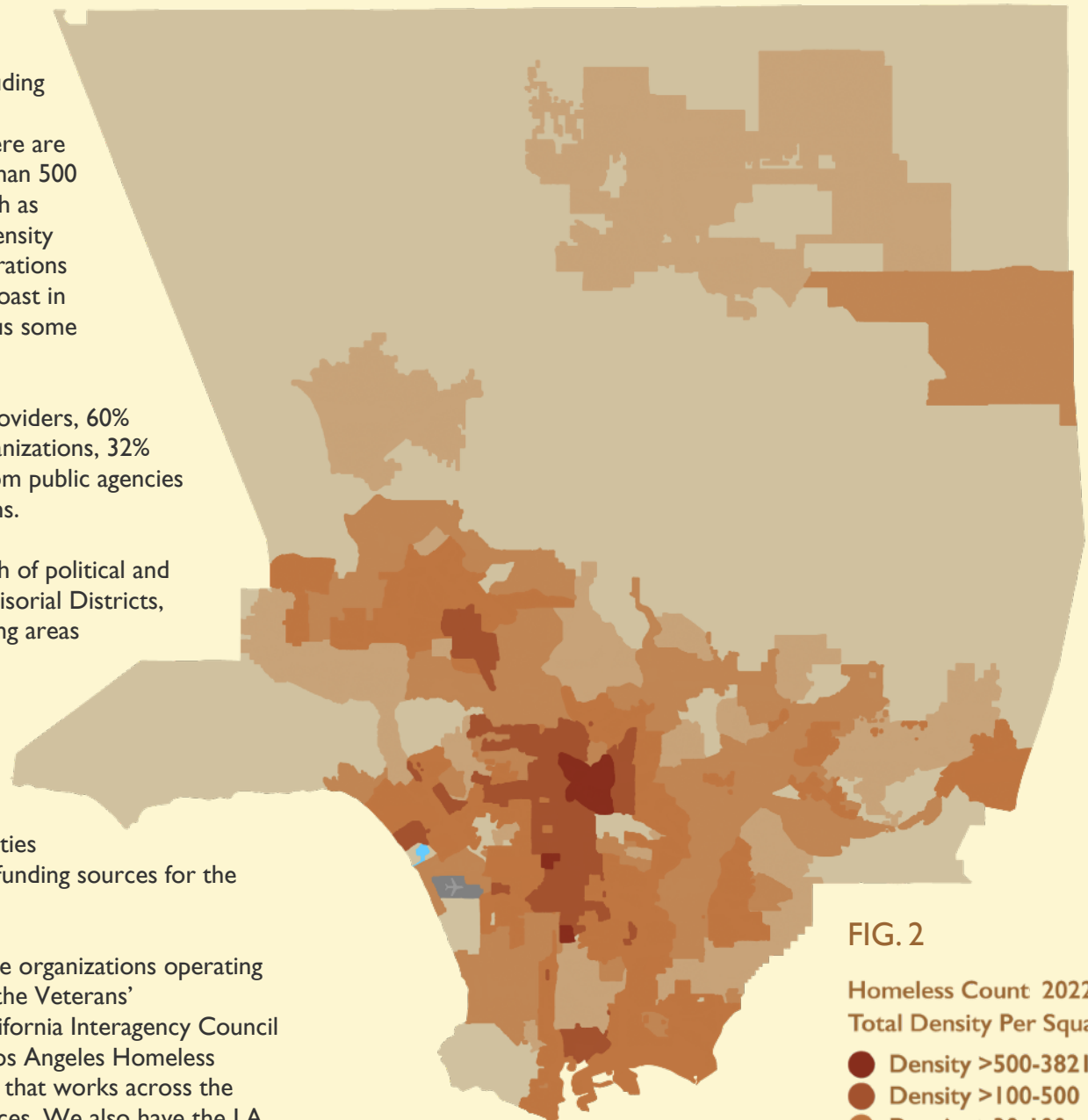- ● Density >100-500
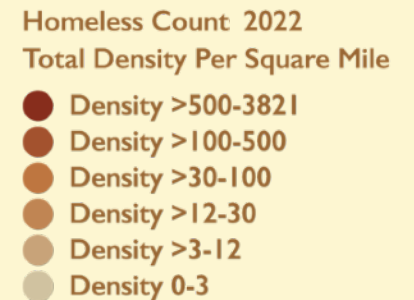- ● Density >30-100
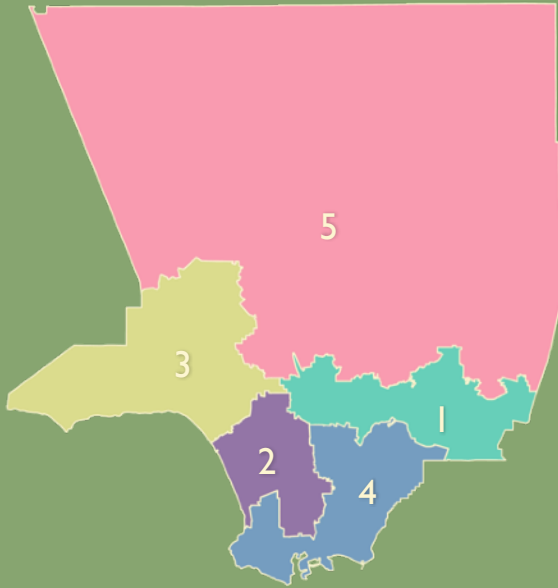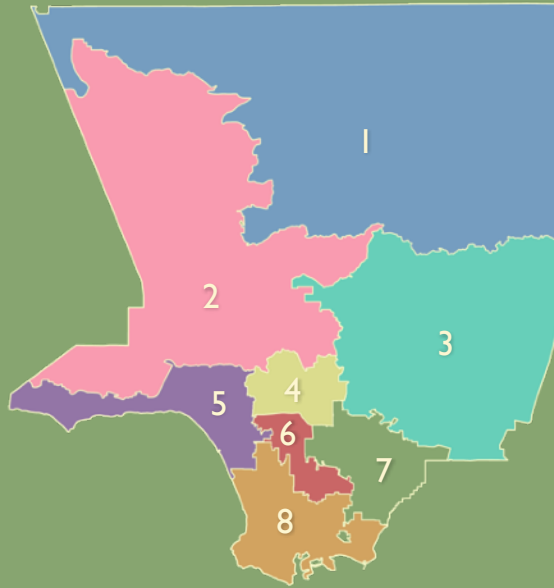- ● Density >12-30
- ● Density >3-12
- ● Density 0-3

FIG. 3

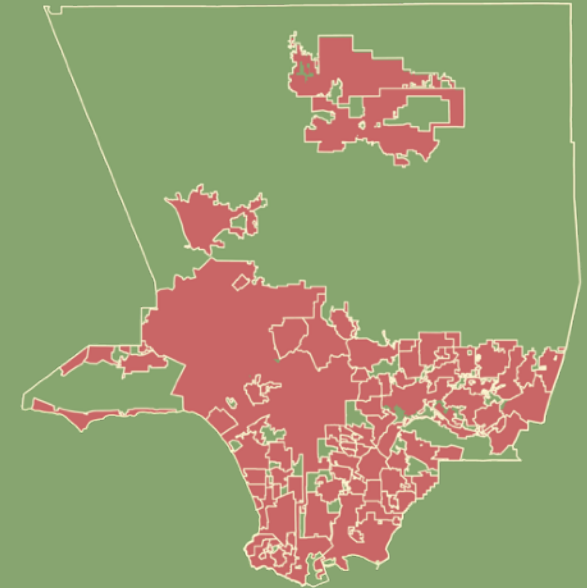# ADMINISTRATIVE BOUNDARIES

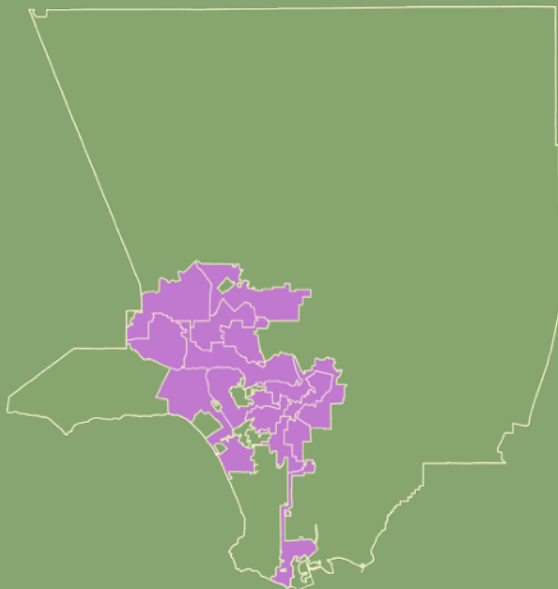5 Supervisorial Districts

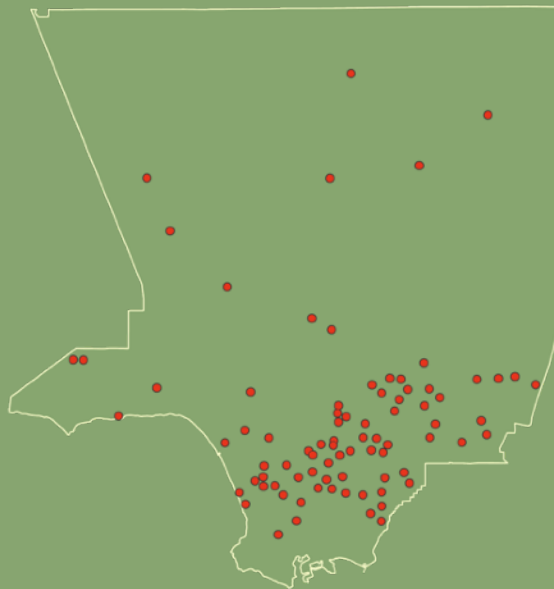8 Service Planning Areas (SPAs)

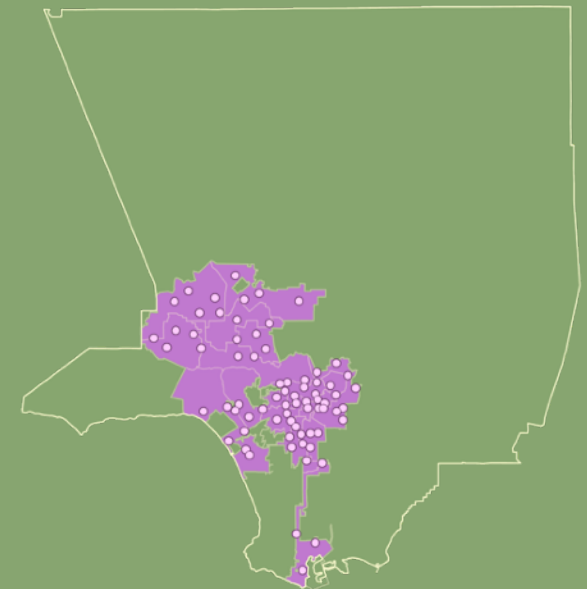88 Cities and Unincorporated Areas

City of LA 15 Council Districts

86 County Public Libraries

City of LA 72 Public Libraries

Also at county level we have numerous public agencies, covering health, social services, sanitation, and other services, and 86 county public libraries providing services, such as information, education, and peaceful respite. Likewise, the Los Angeles Continuum of Care, that coordinates care across a range of services in all but three cities: Glendale, Pasadena and Long Beach, which have their own continuums of care. In addition to the 86 county libraries, cities have their own networks of public libraries, of which the City of Los Angeles alone has 72. Other city-level programs include homeless outreach teams.

It's at street level, where this fragmented intervention all comes together in a huge melting pot of professional providers, volunteers, and clergy, all operating in their own ways to help unhoused residents.

SERVICE PROVIDERS

Organizations providing day services vary dramatically by size, resources, service area, staff, and experience. There is also a considerable difference in organizational missions, motivations, values and service models. Some offer services that are available to anyone who needs help, while others may have eligibility criteria for their clients, according to their mission, and funding. However, survey data suggest that a majority of organizations offer services using principles, such as:

• trauma-informed care (72%), where a person's back story and experiences help inform service provision;

• motivational interviewing (61%), a counseling method that includes careful listening and empowering discussions to help change client behavior; and

• harm reduction approaches (57%), that seek to reduce the negative impact of potentially harmful practices.

Of survey respondents representing faith-based organizations, nearly 40% said their services required no religious component. Of the remaining number, 88% said the religious component was optional. However, tenets of the faith may have an impact on service provision, such as access to reproductive health and substance use services.

FUNDING

Public agencies are government operated, receiving support from a combination of federal, state, and local funding, while nonprofits, faith-based, and community-based organizations typically rely on a patchwork of relatively short-term funding, from government and private funders.

However, across the board, organizations reported funding challenges. Insufficient funding was the most pressing issue (67%), followed by funding with too many restrictions (47%), high operating costs (47%), and short-term funding (39%). Interviewees repeatedly referred to what is a funding paradox: they didn't have the capacity necessary to apply for and manage the resources they need. Interviewees also mentioned that separate funding sources may have different reporting requirements, which was unhelpful, even burdensome. Finally, from our interviews, we learned that public agencies also need more funding, in their case, from state and federal sources, to maintain consistent service delivery.

This patchwork of funding sources, often with inherently different spending requirements, means extra time and effort to manage the benefits and disadvantages of one type of funding versus another. It's notable that, in supporting daytime services, private funding is perceived as more effective, because public funding falls short in areas such as: funding for qualified staff, especially for mental health and substance use; reimbursements, sometimes up to four months late; nontraditional expenses, such as deploying rideshare services for clients' appointments; and timely tactical funding to expedite the referrals process for mental health and substance use.

STAFFING

Public agencies and nonprofits are primarily operated by paid staff. Across 20 public agency respondents, there was a median of 30 paid staff, meaning 50% had fewer than that, and 50% had more. Across the 193 nonprofit participants, the median was 25 paid staff, while for the 101 faith-based organizations, the median was 5 paid staff. The 6 community-based organizations we surveyed were entirely voluntary.

Conversely, faith and community-based organizations rely more heavily on volunteers. They reported a median of 10 volunteers for faith-based, and 5 for community-based organizations, compared to 4 for nonprofits and 0 for public agencies. Relying on volunteer staff is not necessarily a weakness. Volunteers are typically highly motivated, hardworking, and reliable. However, as with recruiting paid staff, meeting the need for volunteers is also a challenge.

Overall, workforce shortages, both paid and volunteer, are common complaints. Over 50% of all survey respondents indicated professional staffing shortages as a key challenge, particularly for public agencies that rely entirely on professional staffing. More than half of survey respondents identified daytime service gaps. The most prevalent write-in was the need for specialist staff in mental health and substance use disorders. Specialist staff shortages were reinforced in the interviews.

Volunteer shortages were problematic for 45% of faith-based and 50% of community-based organizations compared to 17% of nonprofits and 15% of public agencies. A number of faith-based providers reported a steady decline in their volunteer base, suggesting this was due to aging along with decreasing church membership. Meanwhile, interviewees from community-based organizations explained that they typically rely on volunteers who hold down full-time jobs, with other personal commitments, which can limit their availability.

OPERATIONAL SCALE

Survey respondents reported variations in scale and physical capacity:

- 40% listed more than five sites;
- 30% had two to four sites;
- 28% operated at single sites;
- 2% had no client facing office, offering mobile services only.

Notably, some with fixed bases also had a mobile capability for strategic flexibility to fill provision gaps.

Despite some inconsistencies in the way that respondents perceived and reported their maximum client capacity, data suggest that, county-wide

the median number of people getting help daily was 100 whereas the median maximum capacity was between 140 and 200. Thus, there may be spare client capacity across all SPAs.

Despite pockets of spare capacity, 53% of survey respondents cited building, space, and access issues as problematic for providing daytime services, and 27% identified equipment shortcomings, and the in-depth interviews supported these findings.

The need to expand or enhance their physical infrastructure was expressed by many types of organizations. But these physical infrastructure challenges are not necessarily the same across all providers. They vary with the type of daytime service offered. Providers focusing on core services, were often particularly specific about their needs.

For example, *"Right now we're very limited because we don't have a loading dock. We don't have the space we need to receive produce and goods from large organizations."*

Providers of more interactional services, such as one-to-one consultations or large support groups, noted issues with their current space configurations.

For example, *"The building is not designed for what it is we do. We occupy an old convent, so it's a lot of little rooms … If I were to design a building structure, it would be a lot more open and horizontal, rather than having little, tiny rooms."*

SERVICES

In seeking to determine provision gaps, we found, interestingly, that there were no particular geographical gaps in service provision. Service shortcomings were identified across all 8 SPAs. The gaps were more pronounced in terms of the frequency of availability over the weekly cycle, and the range of services available.

Of the survey respondents, county-wide, 77% provide at least one core service, of whom: 86% provide food, 70% offer support with varying personal communications needs (such as mail and phone charging), 61% provide bathrooms and showers, 42% offer a place for daytime rest,

and 34% offer storage space. Additionally, 75% provide case management. Of these: 79% refer to mental health services, 65% to substance use disorder services, and 60% to physical health services. Forty percent provide direct professional services, such as physical and mental health, substance use disorder services, housing search, and life skills training, and 40% provide peer-led support groups, such as Alcoholics Anonymous, Domestic Violence, Narcotics Anonymous, and others.

Regarding service availability on the weekly cycle, across all 8 SPAs, there is a notable shortfall on weekends, which may be especially problematic for basic needs like getting something to eat (Fig.4).

FIG. 4   PROVIDERS' OPERATING DAYS
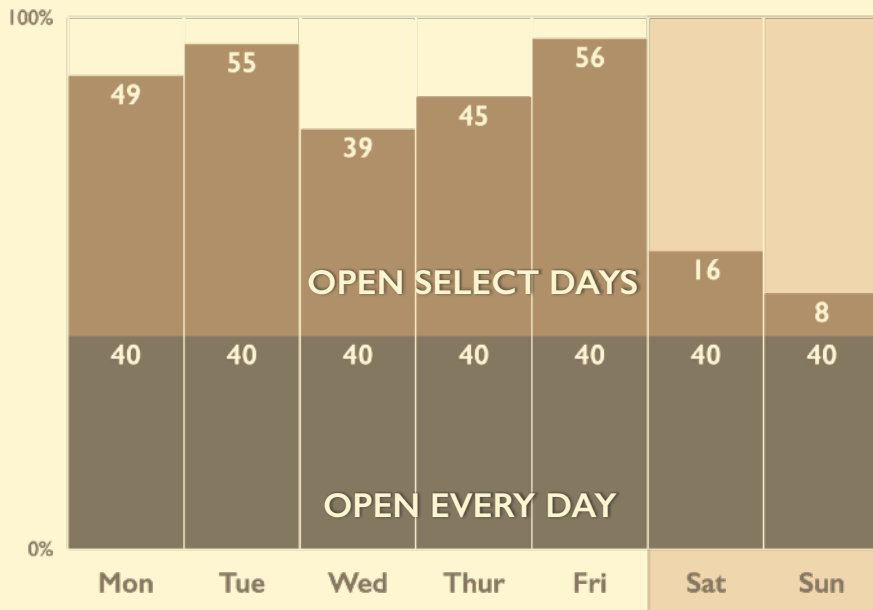
For more detailed service maps, including plots of providers by service type and weekly provision see Technical Appendix B. HomeForGoodLA.org.

GATHERING AND USING DATA

Gathering and sharing clients' confidential data can improve provision and outcomes in a number of ways, from ongoing case management and more equitable interventions to health-related follow-ups and more targeted help.

Among survey respondents, most collected some form of client data. Ninety percent gather name or contact information and 80% demographic data. Roughly two thirds gathered more detailed case-related information, such as housing and health histories, with the percentage reducing in relation to violence and criminal records. In the interviews we probed this in more detail, and 25% of participants said that their collection of data was inadequately resourced, often due to staff time.

Across both survey and interviews, data gathering and sharing were considered to be fragmented and inconsistent. The use of more than a dozen different software platforms exacerbated the problem, often requiring time-consuming data re-entry, and thus making the sharing of data more problematic. The two main packages are Excel (63%) and LA County's Homeless Management Information System or HMIS (48%). Interviewed participants who used HMIS praised its intentions, but identified a range of problems. HMIS does not:

- track client experience data, such as client satisfaction with referrals.
- always facilitate data accuracy, due to data fields that are open to misinterpretation.
- standardize reporting quality, because frequent changes to its data fields affect long-term data continuity.
- focus on user experience, with interviewees describing a less than intuitive interface, and it does not
- allow consistent access across service providers. This is to protect sensitive data, but it frustrates coordination.

Of the provider categories we surveyed, faith and community-based organizations collected less data compared to nonprofits and public agencies, out of concern that data collection can impede client trust, especially when the provider is delivering core services only, such as food and showers.

INTER-ORGANIZATIONAL COLLABORATION

The organizations surveyed vary dramatically in size, capability, and the services they offer. Collaboration is a way for different providers to be more comprehensive and effective. Across the study, nearly all participants engaged in some form of collaboration, whether that's to offer more services in one place or to share their capacity across a wider area.

However, current collaborations are typically local, informal, and lacking a centralized strategy. Ninety percent of survey respondents made some form of referrals, and 82% received referrals. The prime mechanism was LA's 211 Directory (67%) or their organization's own directory (59%). Among those who make referrals, 69% felt their referrals were "mostly successful" and 18% felt they were "almost always successful."

Written-in comments suggest that success with referrals can vary according to a client's motivation and/or available resources at the organization they're referred to. However, when organizations had effective and motivated case management, and good rapport with partners, referral problems were often overcome. Although collaboration can be invaluable, sometimes inhouse expansion of services can be optimal, such as ensuring mental health support is available without referrals.

Collaboration can involve services that have significantly different delivery intervals, from essential daily needs, such as food and medical care, to weekly, monthly, or longer-term assistance, such as employment training.

Interviewees described mixed approaches to collaboration, varying by an organization's capacity, rather than its type. Larger providers tend to collaborate laterally (across the spectrum of providers) and vertically (combining different tiers of support, from local to state, and even federal level). Smaller scale providers tend to collaborate more locally, sharing space, gathering donations, pooling volunteers, and sharing resources, such as transportation.

Service provider collaborations with public services, such as transportation and libraries, can be of considerable value. However, the providers we surveyed said that such collaborations are somewhat limited, which may be a missed opportunity to deliver extended benefits, providing case management at library locations, for example.

CLIENTS

The organizations we surveyed serve a diverse clientele, in terms of race and ethnic groups, age, sexual orientation, health diagnoses, and military service status. Services are available in over 20 languages, with translation apps being frequently mentioned. To garner the client perspective, we interviewed unhoused residents in 4 different locations: 2 in North Hollywood, 7 in Hollywood, 6 in Skid Row, and 6 Venice. The majority were male, with about a third female, and 1 transgender. The average age was 42. The vast majority of participants lived either on the street (n=16, 76%) or in vehicles (n=3, 14%). Service utilization was not a recruitment criterion, although all participants mentioned using at least one service.

All photographs courtesy of County of Los Angeles County CEO Countywide Communications

The services respondents reported using every day were food (100%), clean, dry clothing (90%), bathrooms and showers (62%), health care (57%), and phone charging (52%). They expressed both negative and positive experiences with all types of providers.

With regard to faith-based organizations, they had mixed views. Most were grateful for help, even if there was an evangelical component, as in this comment: *"I don't have a problem getting free food. [laughs] If I have to listen to somebody a little bit, that doesn't bother me either. As long as they don't shove it down my throat."*

But some had negative experiences: *"I wouldn't want to go. … You can stay there during the day, but they expect a lot out of you. … They want you to get up three or four times a day, or get up to read the Bible, or pray, or sing, or whatever."*

Across all types of service providers, clients experienced access difficulties.

- Sites that are overcrowded: *"Sometimes when you get there, there's a line. Some people wait out there in line for about an hour before they start."*
- Sites that are a long distance away: *"Finding a food bank. Sometimes those aren't real close."*
- Sites that are open only at restricted times: *"It's hard to get anything down to a schedule when you're homeless."*

Sometimes interviewees felt discouraged from using services due to staff attitudes: *"I was very upset about the way they ran their security and the way that they could talk to you."* Some clients were uncomfortable having to exchange expressions of gratitude for service provision, and being looked down upon: *"What they distribute does not come out of their pockets. It comes out of the distributors' pockets. But it's still that exchange. They look at you like… [facial expression]."* Others sensed discrimination: *"There's a bit of racial overtones and undertones all through this place."*

When discussing easy access to services, two factors were appreciated:

- Sites that are close by: *"Location. That's everything. Location makes it easy."*
- And sites that are open consistently and conveniently: *"The hours are convenient. They are open every day… from 5am to 12:30 in the afternoon."*

Favored organizations tended to have:

- Staff that were friendly, nonjudgmental, and professional: *"They do all they can, they understand when you can't make it."*
- And an atmosphere that was welcoming, and that participants often described as *"calm." "The courtyard, the atmosphere, the calmness of it. The greens. Everything."*

When we turned our attention to services gaps, clients identified several areas. Help finding housing was the biggest shortcoming (81%). Half still struggled with food provision, with other daily priorities also featuring (32% health services, 32% respite places, 27% showers and laundry, 23% longer service hours, 18% weekend services, 18% ID procurement, and 18% phone charging).

SERVICE EXPANSION

Among service providers we surveyed:

- 74% were interested in expanding the capacity of current services;
- 61% wanted to improve the quality of their current services; and
- 50% wanted to expand the range of services they offer, most notably mental health services.

A significant threat to service expansion is local community NIMBYism (not-in-my-back-yard attitudes), with concerns over property values, increased crime, and simply not wanting clients in the neighborhood. Dealing with such resistance is an additional drain on resources. Organizations with tight budgets and already limited human resources had to engage in appeasement, education, and outreach.

When we questioned survey respondents about plans for the future, the top three investment priorities were: reliable long-term funding (51%), financing for capital assets (46%), such as building space, and funding for administrative work and overhead (43%).

RECOMMENDATIONS

Our study successfully garnered a rich mix of information about the day service sector, including new data collected from surveys and interviews.
Our participants' generous insights give us a lot to be positive about.

Despite the complex landscape of provision, there exist opportunities for improvement of services, and better and more effective collaborations.
Based on our findings, we can suggest areas for action: broader strategies with overarching objectives, and specific tactics, to achieve these long-term goals.

We also flag up further research opportunities to improve strategic planning.

Our recommendations fall into five areas:

- Services offered and physical capacity

- Human resources

- Use of data

- Inter-organizational collaboration;
  and all with the ultimate collective
  aim of improving

- The client experience

RECOMMENDATIONS:

Services offered and physical capacity

Across all three components of our study, a strong and recurring theme was the value of drop-in centers offering respite from the streets and services in one place. Drop-in centers typically have indoor space that offers multiple services in one location, ideally on a daily basis, and with a focus on services that are under-provided, but that are most sought by clients. Essentially, a one-stop shop for basic day-to-day needs, and to connect people to longer term care, such as health, housing, social, and financial supports.

SERVICES OFFERED & PHYSICAL CAPACITY

STRATEGY

Increase availability of drop-in centers.

TACTIC ONE

Help fund providers who already have know-how for collaboration, and who already offer multiple services. For instance: help to add new services, help to extend their current services, such as longer hours or more days; or help to improve quality of services, such as staff training.

TACTIC TWO

Fund training on how to set up drop-in centers. A how-to manual with checklists, case studies, reference links, and also possibly including video training assets, could make it much easier for organizations to expand drop-in center availability.

FURTHER RESEARCH

Monitoring and measuring success in this area is likely to be beneficial. Further research should extend beyond self-reported data to acquire and analyze objective metrics of organizational capacity, service provision, and utilization.

A second research note would be to expand further research to understand funders' perspectives and how they perceive effectiveness in their investments.

RECOMMENDATIONS:

Human Resources

People are the lifeblood of service provision, but the study showed that there are significant, and even increasing problems with recruiting and retaining paid and volunteer staff.

HUMAN RESOURCES

STRATEGY

Make better and more rewarding use of individual skill and expertise in different areas, across different types of provision.

TACTIC ONE

Encourage collaboration with focused funding, such as prioritizing joint applications from organizations with complementary capabilities, and that intend to share human resources.

TACTIC TWO

Train organizations to identify sources of specialized help, such as how to partner with universities, where students studying medicine, law, and social work need practicum hours.

TACTIC THREE

Help fund volunteer drives and campaigns to encourage more people to fill expertise gaps, such as IT or legal, or to plug service gaps in the weekly cycle, such as evenings and weekends.

RECOMMENDATIONS

Use of Data

Data gathering and information sharing is perhaps one of the most challenging areas to deal with. Not only is there a range of legal and personal data security considerations, but this is an area of expertise that is likely more outside the day-to-day understanding of many organizations.

However, the appropriate use of personal information for service coordination and referrals can bring significant benefits to both providers and clients themselves.

USE OF DATA

STRATEGY

Build a culture that appreciates the benefits of data to ensure the appropriateness & continuity of data acquired along with robust security of personal details.

TACTIC ONE

Provide specific and adequate funding for data collection and analysis, to ensure the necessary time, training, and resources are available, and wherever possible, encourage inter-organizational consolidation for a more unified, comprehensive, and disciplined approach.

RECOMMENDATIONS

Inter-organizational Collaboration

With better inter-organizational collaboration comes a range of potential provider benefits, such as the avoidance of duplication in activities, more effective sharing of assets, and waste reduction, while potentially increasing capacity by re-deploying underutilized resources. In the study, inter-organizational communication and collaboration was another strong theme, where improved sharing of practical resources and specialist expertise was widely considered desirable.

INTER-ORGANIZATIONAL COLLABORATION

STRATEGY

Better capitalize on the collaborations that currently exist, to shape and expand synergistic collaborations to deliver better quality and coverage.

TACTIC ONE

Encourage collaboration with focused funding, such as prioritizing joint applications from organizations with complementary capabilities, and that intend to share capital assets, space, that intend to co-locate, etc.

FURTHER RESEARCH

We also recommend formal monitoring of these collaborations over time and further research to evaluate their effectiveness, and hone best practice.

RECOMMENDATIONS

Client Experience

Ultimately, client experience, well-being, and outcomes are what this is all about. The motivation for all providers who participated was to help people with daily needs, while identifying pathways out of desperate situations. Unfortunately, there are still issues with client dignity and status. While such problems may not be particularly common, where they exist, they have a disproportionately negative impact on clients. Provider perspectives reflect the problems voiced by clients, suggesting that there is room to improve mutual respect.

> As we now look forward from this study, and consider adopting new strategies, and deploying tactical interventions, we should be prepared to look beyond the boundaries of LA County, to understand how this difficult problem is being tackled elsewhere, both nationally, and internationally, and be prepared to adopt, adapt, and implement best practice, wherever it may be found, and where appropriate.

CLIENT EXPERIENCE

STRATEGY

Strengthen and expand the culture of mutual respect and dignity between clients and service providers.

TACTIC ONE

Direct funding to organizations that can demonstrate they have a client-centered focus, which may include policies, training, and involving clients in decisionmaking.

TACTIC TWO

Fund success through monitoring client-reported outcomes, garnered, for example, through satisfaction surveys. Ideally, such surveys would be standardized to help meet our recommendation for data consolidation.

FURTHER RESEARCH

Deploy evidence-based models, such as Experience-Based Co-Design,[23] to understand how a client-centered approach could deliver practical ongoing improvements in day-to-day services.

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