

Crisis on the Streets

Homeless Women and Children in Los Angeles

A Feasibility Study for the Union Rescue Mission

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Introduction

Los Angeles is confronting a crisis on its streets. On any given night, an estimated 84,000 homeless people sleep in shelters, cars, under freeway overpasses, on sidewalks, and in tent encampments throughout the county. Moreover, one study reports that around 6% of adults in Los Angeles County have experienced homelessness during their adult years.¹ Despite the fact that the numbers of homeless people are both fluid and difficult to track, public and private agencies are voicing concern about the increasing scale of the problem.

In California, according to a recent study by the California Research Bureau, 360,000 people are homeless every day. Between 1 and 2 million people are homeless during the year.² Studies indicate that homelessness expanded dramatically during the 1970s and 1980s when the national number of people living in poverty increased by 43%, from 25.4 million to 36.4 million people.³

The traditional view that the homeless are men with substance abuse issues is no longer a predominant reality. Perhaps the most alarming trend in the homeless population is the increase of women and children. Factors such as rising poverty levels, lack of affordable housing, increased health care costs, and welfare benefit time limits have contributed to this change. In Los Angeles, the breakdown of social networks and the concentration of homeless services in the Skid Row area are altering the face of the homeless population.

The ethnic and social composition of the homeless population has also changed over time, reflecting the demographics of the city as a whole. Los Angeles has experienced a dramatic population shift, due in large part to the waves of immigration that followed the change in immigration law in 1965. Immigrants also bring religious and cultural traditions that make L.A. an exciting pluralistic city with a wide variety of world views living side by side.

This demographic change has been accompanied by a dramatic economic shift. The gap between the rich and the poor has widened. The cost of housing has risen. More and more of L.A.'s citizens are caught without health insurance. As a result, many people have found their resources dwindle to the point where they are suddenly on the streets. This has been especially difficult for immigrant communities, which have traditionally provided a buffer for families in times of stress. Economic realities have

¹ Cousineau, Michael, Kiki Nocella, Tracey A. Cross, and Maria-Estella Jefferson. "Neglect on the Streets: the health and mental health status and access to care for the homeless adults and children in Central Los Angeles." University of Southern California: Division of Community Health, Keck School of Medicine. A report funded by the Weingart Foundation. June 2003.

² Foster, Lisa K. and Patricia Snowdon. *Addressing Long-Term Homelessness: Permanent Supportive Housing*. California State Library: California Research Bureau. August 2003.

³ Cousineau, et al., p. 15.

resulted in a breakdown of supportive social networks. Increasingly strict housing policies for the number of people on a lease have contributed to the loss of the safety net traditionally provided by family and friends to accommodate those who have lost their housing. The impact among immigrant communities is reflected in the growing numbers of Hispanic and Asian homeless on Skid Row.

The issues for Los Angeles are much the same as in other cities around the nation. The U.S. Conference of Mayors and the U.S. Department of Housing and Urban Development (HUD) cite the following causes as pivotal for the growth of homelessness in the United States: poverty, lack of affordable housing, substance abuse, mental illness and the lack of needed services, change in the labor market, low paying jobs, domestic violence, changes and cuts in public assistance programs, changes in family structure, chronic health problems and lack of access to affordable health care.⁴

This reality is changing the approach of service providers like the Union Rescue Mission (URM) in the downtown core of Los Angeles. “There is still a mind-set that the homeless are substance abusers who have made bad life decisions,” says Ralph Plumb, URM’s president and chief executive officer. “But more and more, they are individuals responding to a catastrophic financial event. The homeless are us. They’re regular folk.”⁵

Faced with these changes, the Union Rescue Mission embarked on a strategic planning process that would engage the organization in closing the revolving door of homelessness and becoming proactive players in the city. URM, realizing the need to have adequate information for their strategic planning, approached the USC Center for Religion and Civic Culture (CRCC) to request a feasibility study. For almost a year, CRCC has been engaged in research to provide tools for URM to use in its planning process. We elicited the expertise of 9 scholars from UCLA and USC. We interviewed a host of stakeholders on homelessness in Los Angeles, including business people, service providers, public officials, advocates, residents, and leaders of nonprofit organizations. We analyzed numerous reports, pored over interviews conducted by others with homeless people, and read much of the literature on this topic. We collected statistical data from the census and other reports to gain an understanding of the homeless population.

Our research, which has focused on the Skid Row area in downtown Los Angeles, has confirmed that the number of women and children is growing. In 1990 there were only 168 women within the block areas immediately surrounding Union Rescue Mission. (Census block 2063.03, an 8 block area.) By 2000 the number had grown to 1,251 that could be counted by the Census. This does not include those hard to count people who are invisible in some ways because they move from place to place or reside in cars. In 1990 the same Census block only reported 1% of the population, or 13 people, to be children under 18 years of age. By 2000 that number had grown to 15%, or

⁴ “Just the Facts: Who is Homeless in Los Angeles?” One in a series of reports by the Institute for the Study of Homelessness and Poverty at the Weingart Center, June, 2000.

⁵ Armour, Stephanie. “Homelessness grows as more live check-to-check.” *USA Today*. Tuesday, August 12, 2003.

529 children. Service providers estimate that the number of children living in Skid Row is closer to 700. Our research has found that the growth in numbers is not linked to a corresponding growth in services. There is a large gap between the need and what is actually available for these women and their children.

In Skid Row, the Union Rescue Mission is the only emergency shelter for homeless women with children to go to when they are at the end of their resources. We have found that URM is indeed unique in providing emergency shelter for these families. Other stakeholders acknowledge, with gratitude, the fact that URM provides this service.

CRCC's research also included site visits to exemplary programs in New York, San Diego, San Francisco and Los Angeles. Each organization that demonstrated success in closing the revolving door of homelessness also treated people with utmost dignity and respect. People receiving services were referred to as "family" or "friends," not as "clients" or "homeless." We believe that without this attitude, programs or services will be charitable, but will not provide a means for empowerment.

We also noted that as organizations created programs for women with children, the needs of children were placed at the forefront of program priorities. Many of our interview subjects stated that they saw numerous programs where services for children were an afterthought to the primary concern of the mother's problems or dysfunction. Many advocates and service providers who serve children expressed a desire to see programs targeted to the specific challenges faced by homeless children.

Lastly, we identified a trend of service providers launching economic development projects. Successful projects created jobs for program participants and served as a skills training grounds while also producing revenue for the programs themselves. These examples will be explored in greater detail in the Promising Practices section of this report.

The report also discusses the competing interests between stakeholders on Skid Row. There are certain basic rights that entitle all parties to participate in the community. Each individual participates in networks of communal relations and, thus, we draw our identity according to our embeddedness in such a social and moral community. The homeless among us have the right to make sure that their interests are represented by the public officials they have elected, and that other members of the community respect their rights. The moral dilemma to this is that public officials must consider the homeless within their constituency as equally important as the others. Thus, public officials work to keep their constituents happy while trying to serve the homeless population. Businesses demand clean streets, unobstructed entrance to their places of commerce, and freedom from their customers being accosted by pan handlers. Service providers compete for funds and work within a variety of different perspectives on how best to serve the homeless. Residents in the locale also have their own demands for green space, adequate parking, and safety. They also have the right to a healthy environment where public spaces are not used as alternatives for public restrooms. The homeless and their

advocates resist being treated as second class citizens and demand shelter, health care, and food, as well as places to care for personal hygiene and safety for themselves and their kids. In contrast, the broader community does not like to see homeless people and does not want to have them in their own neighborhoods.

As we researched the Department of Housing and Urban Development's Continuum of Care System for Residential and Non-Residential Services for Homeless Individuals and Families as it pertains to Los Angeles, we found that Union Rescue Mission is clearly an important and significant provider in the Skid Row area. URM, the sole provider of emergency shelter on Skid Row, is the only emergency shelter for women and children to go when they land on the streets.

An examination of the continuum of care in Los Angeles and an analysis of the gaps in care evidences the fact that URM offers critical services in the Central Los Angeles area as the sole provider of emergency shelter for women and children. (A chart outlining the services available and gaps in service is included later in this report). This analysis also reveals that URM has the opportunity to expand this niche while it explores the development of centers for women and children outside of Skid Row. In addition to the information provided by this analysis, service providers confirm the need for transitional housing. URM's proposed work with women and children fills a direct need in Los Angeles County.

Finally, our conclusions and recommendations stem from a belief that religious organizations like Union Rescue Mission have an important role in solving the problem of people without shelter, particularly the most vulnerable women and children. The Center for Religion and Civic Culture's research (in Los Angeles, California, the nation, and in international settings) has provided numerous examples of ways in which faith communities are working for social transformation while still caring about personal transformation. Many of the exemplary models we have found are working with homeless and street people. A study conducted by UCLA researchers on the use of faith-based service providers by urban homeless women concludes that these religious programs constitute a substantial portion of the health and social services system that care for people who are homeless.⁶ At least 50% of shelters and meal programs in Los Angeles County are faith-based.⁷ What is particularly interesting in this study is that those participants who were generally more socially isolated and vulnerable had greater odds of using faith-based programs, thus making the case that these programs are reaching a segment of the homeless population that have considerable difficulty accessing public programs, the segment most likely to walk through the doors of URM.

"In moments of crisis whether it be homelessness or the death of a child, our fundamental framework of being is called into question," states Donald Miller, CRCC's

⁶ Heslin, Kevin, Ronald M. Andersen, and Lillian Gelberg. "Use of Faith-based Social Service Providers in a Representative Sample of Urban Homeless Women." Charles R. Drew University of Medicine and Science.

⁷ Ibid. P. 13.

executive director. “Faith becomes the framework that many come to rely upon.” The crisis of homelessness can evoke questions about the meaning of life. It is the role of religion to provide the internal structure, a set of values that gives people what they need to cope with the situation at hand. It is not surprising that people turn to faith-based programs where they can find some of the structure that they have lost.

Union Rescue Mission’s base of faith gives it a framework for caring for the women and children who come to their doors. From their own Judeo-Christian tradition they have a moral imperative to care for the widows and the orphans, including the women and children on the streets of Los Angeles. This calling must be taken seriously along with the recognition that all people are created in the image of God and must be treated with the utmost respect and dignity regardless of race, ethnicity or social circumstances.

The fact that Union Rescue Mission, a faith-based organization, commissioned this study is significant. Union Rescue Mission, recognizing the important way in which they interface with people in crisis and that a new paradigm must be adopted to address the new and emerging presence of children, is hoping to forge a strategic plan that will guide them through the crisis, a plan that is holistic and takes all aspects of life into consideration. We hope that this feasibility study will assist URM in this process. Based on our research, we have also developed recommendations for URM to consider in its planning process:

- Continue to focus on serving the most vulnerable: women and children.
- Establish family centers that are located close to, but not in, the downtown core
- Place children at the core of URM’s planning and establish Child Care Centers
- Establish a new model for volunteers that is based on developing community rather than charity
- Develop a collaborative service model with other agencies
- Appoint a female staff person at the executive level to oversee all programming related to women and children
- Develop businesses where homeless people can be trained and employed
- Foster partnerships with Business Improvement Districts, Safe Teams, religious institutions, nonprofit organizations surrounding the established Center to mitigate issues of NIMBYism
- Appoint an ombudsman to serve as a liaison between URM and public and private organizations
- Create a fund (credit line) for women and families to access as they reenter the city’s housing market
- Establish a strong advocacy program for low-income and affordable housing in L.A.

There are many challenges as URM works to accomplish these goals. These challenges include raising funds, collaborating with other organizations while maintaining a distinct faith perspective, organizing internally to best partner with and serve the homeless, working with those who will probably always remain on the streets while assisting those who stand a chance to reintegrate into society, and developing collegial and collaborative partnerships with public officials such as Councilwoman Jan Perry and LAHSA Executive Director Mitchell Netburn. We offer suggestions to URM that may help them as they face these challenges.

Methodology

The Center for Religion and Civic Culture is an organized research unit of the University of Southern California. CRCC's mission is to document the civic role of religion, interpreting faith-based community development and organizing to scholars, religious institutions, funders, public officials, and the media. Furthermore, CRCC collaborates with faith-based community organizations in identifying and analyzing public policy issues, documenting faith-based human service and community organizing programs, creating archival resources, developing planning and evaluation models, and facilitating cooperative relationships among community leaders, funders, and public officials. It is therefore within the mission of CRCC to work with organizations such as the Union Rescue Mission in order to enhance their capacity to carry out their mission.

Research Team

The research team included scholars from the University of Southern California, the University of California at Los Angeles, and the Institute for Urban Research and Development. Researchers provided expertise in health, demography, volunteerism, politics, neighborhood councils, NIMBYism (Not In My Back Yard), planning, development, religion, business, and social service provision. The importance of having a multi-disciplinary group of scholars participating in the research cannot be understated. The complexity that surrounds the issues of homelessness demands an interdisciplinary approach. Our method was strengthened by this collaborative process. The research team was led by staff from the Center for Religion and Civic Culture. A complete list of participants is included in the appendix.

Participant Observation

The research team has spent many hours walking through the streets of Skid Row. During that process we have compiled a list of all services, business, and public offices within the boundaries of the study area. We have immersed ourselves in the work of Union Rescue Mission in order to understand it better. We have attended events relating to homelessness, such as URM's Christmas store, a health fair for the homeless by the Muslim community, and the Homeless Summit convened by Sheriff Baca and Councilwoman Jan Perry. We also attended a convening on homelessness hosted by L.A. Coalition to End Hunger and Homelessness (LACEHH) with Chief of Police William Bratton, were participants in the interfaith breakfast hosted by Cardinal Roger Mahony on this same issue, and attended the first meeting of LACEHH's Interfaith Council.

Site Visits

From the outset, we believed that it was important to physically visit places that have been successful in moving people beyond homelessness and into stable living situations. Our goal was to find out what lessons could be learned from the experience of others. If the Union Rescue Mission was to expand its mission, what were other agencies doing that could help URM along the way? What was URM already doing that could be affirmed based on the experience of these other organizations? We were also convinced that the visits would serve to connect URM with these organizations and create the opportunity for ongoing dialogue between agencies and cities. We chose four sites: People Assisting The Homeless (P.A.T.H.) in Los Angeles, Father Joe's Village in San Diego, Delancey Street Foundation in San Francisco, and Homes for the Homeless in New York. These model programs served to inspire and inform us providing a vision for moving people along the continuum of care into self-reliance.

Interviews

Our selection of stakeholder interviews was determined by a systematic review of key players active in issues of homelessness in Los Angeles. We selected seven categories of individuals: public officials, service providers, advocates, business people, residents, researchers, and funders. A list of individuals in these categories was compiled from the CRCC research database, attendees of conferences and summits on homelessness, and by consultation with Union Rescue Mission. In addition, we used a snowball technique to add to our list. This involved requesting additional names and suggestions from people we interviewed. We interviewed 25 different people from these categories. Conspicuous in its absence, is an interview with Councilwoman Jan Perry, who to date has not granted us an interview.

Review of relevant literature.

There is large body of academic literature on homelessness. We reviewed a significant portion of the literature and include a bibliography as an appendix to this report.

Internet Search

We conducted extensive searches on the Internet in order to gain information about other projects and studies that have been conducted in the United States. This has included models of similar organizations working with the homeless, media coverage of issues pertaining to homelessness, and research into the record of public officials in other states.

Statistical Data

We searched the following databases to inform our understanding of the demographic profile: U.S. Census data for 1990 and 2000 at the block group level within census tracts; Census proxies for homeless people such as the “group quarters population;” Los Angeles Homeless Services Authority (LAHSA); Institute for the Study of Homelessness and Poverty (ISHP) at the Weingart Center; CalWORKS Homeless Assistance Program, Monthly Statistical Report; Downtown Women’s Needs Assessment; and “A Status Report on Hunger and Homelessness in America’s Cities: a 25-City Survey, December 2002.”

Demographic Profile of the Union Rescue Mission neighborhood

The Union Rescue Mission is located in the heart of Los Angeles in an area known as Skid Row. A mere handful of blocks from major landmarks such as the public library, the historic Biltmore Hotel, City Hall, and major hotels, the Skid Row area seems like another world. Many buildings are in varying states of decay. Empty lots have accumulated trash and are overgrown with weeds. The streets are dirt and the sidewalks are filled with people sleeping on pieces of cardboard, sitting on the sidewalks, or waiting in lines until various service providers can attend to their needs. Many of these people are women and children. Many are immigrants. Contrary to popular belief, a fair portion of these people have graduated from high school, or have some college education. All of these people are very poor, with children being the poorest among them. Housing is substandard, crowded, and in poor physical state. For all of these reasons, and a host of others, their health suffers.

Defining Homelessness

For purposes of this report, CRCC uses the federal definition of homelessness articulated in the Stewart B. McKinney Act, 42 U.S.C. § 11301 (1994): a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and; has a primary night time residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations...(B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a

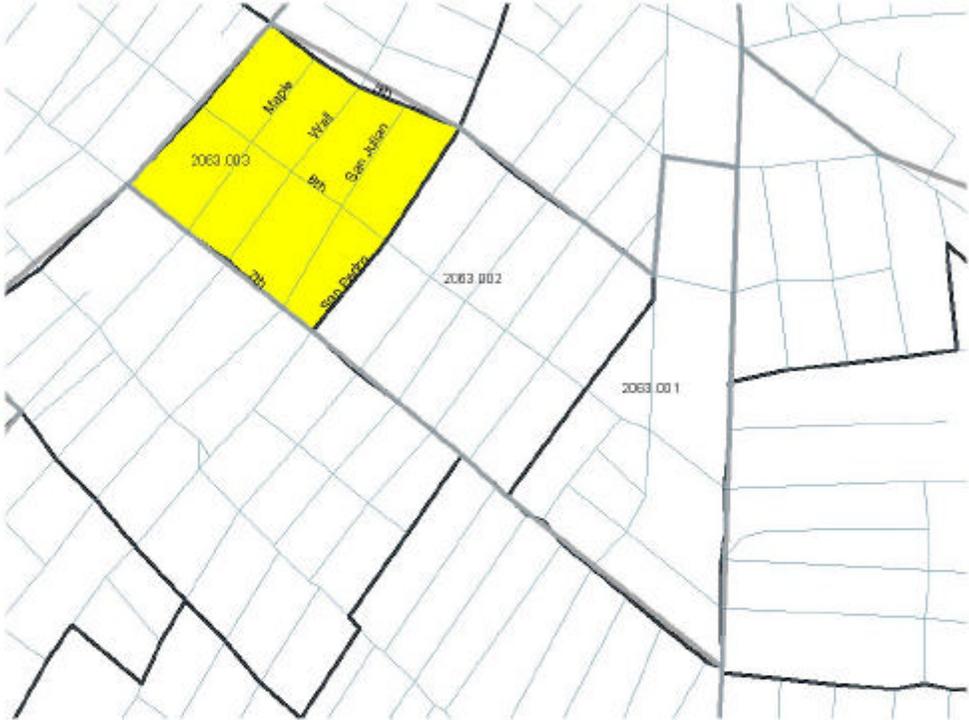
public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”⁸

Geographical Boundary Studied

Union Rescue Mission is located within Census Tract 2063 which includes three block groups. Block Group 2063.03 contains the geographical boundary used for this study and provided by URM: Fifth Street on the north, Sixth Street on the south, South San Pedro Street on the east, and South Wall Street on the west. This block group also contains about seventy percent of the total population of the Census Tract 2063 (see Exhibit: GIS map of the Study Area on next page). When indicators were not available at block group level, tract level data was used for analysis.

⁸ National Coalition for the Homeless Fact Sheet No. 3, “Who is Homeless?” February 1999.

URM Study Area



- Road
- Census Tract Boundary
- Block Group Boundary

Prepared By: Liang Wei



Exhibit: GIS map of the Study Area

Population size, age structure, gender and race/ethnicity

The total population of Census Tract 2063 has increased significantly in the last decade. The table below shows the increase within the tract as well as within Block Group 3:

Population Totals

	1990	2000
Census Tract 2063	2,757	4,995
Block Group 2063.3	998	3,526

Source: U.S. Census Bureau 2000, SF1, P1, P4; Census 1990, SF 1, P1, P10

Skid Row, like other parts of Los Angeles County, has experienced a demographic shift in the last decade (see tables in appendix). Not surprisingly, the most startling change is in the numbers of children within the immediate vicinity of URM. In 1990 only 1% of the population was children; by the year 2000 this had grown to an alarming 15%. Another dramatic shift has been in the numbers of women: in 1990 there were 17.7% women living in that block area. This number grew to 32.2% by the year 2000. Despite this rise in numbers, the Los Angeles Homeless Services Authority has commissioned a new count in this area because the census numbers are regarded as significant undercounts.

Percentage of Children and Women in Census Block Group 2063.3

	1990	2000
Children	1%	15%
Women	17.7%	32.2%

Source: U.S. Census Bureau 2000, SF3, P87; Census 1990, SF 3, P117

A 2001 study by the Downtown Women's Action Coalition paints a disturbing portrait of these women. 71% of the women living on Skid Row experienced homelessness during the past year and 59% had been victims of domestic violence during their lifetimes. Forty percent of the women had experienced domestic violence during the past year. Half (51%) had been victims of sexual assault during their lifetimes and 27% had been victims of sexual assault during the past year. Nearly a quarter (22%) of the women surveyed had been expected to perform sexual favors in exchange for housing. These statistics illuminate the sense of social isolation women on Skid Row feel. The majority of women (58%) reported that they had no family or friends currently staying downtown.⁹ Skid Row contributes to additional victimization of women.

The racial and ethnic composition of Skid Row has also shifted over time. Whereas in 1990 there were 16% who called themselves Hispanic, this has grown to 27% in 2000. There are also growing numbers of Asians now living on Skid Row. Whereas in the past there seldom were Asians (2% in 1990), now Asians are 7% of the population.

⁹ "Downtown Women's Needs Assessment: Findings and Recommendations." October 2001.

These numbers, of course, are added to the numbers of blacks (43%) whose presence has remained constant, and non-Hispanic whites (17%) whose 2000 census percentage has dropped over 50% from that of the 1990 census.

Percent Population by Race/Ethnicity for Census Block Group 2063.3

	1990	2000
Hispanics/Latino	16%	27%
Asian	2%	7%
Non-Hispanic Blacks	43%	43%
Non-Hispanic Whites	36%	17%
Other	3%	6%
Totals	100%	100%

Source: U.S. Census Bureau 2000, SF1, P1, P4; Census 1990, SF 1, P1, P10

Housing and Health

Not surprisingly, most people report that they are living in rental housing, and that they are renting very small units predominantly within the hotels in the area. Over 98% of the housing stock is multi-family housing, and 91% of the units have only one room. Homeownership is practically nonexistent, with a rate as low as 0.9% in the Block Groups of census tract 2063.03. This is radically different from the countywide homeownership rate of 47.9%. In addition, many buildings were built more than five decades ago. While the median gross rent in Los Angeles County was \$704 in 2000, the median gross rent in block group 2063.03 was only \$210. (Table I.B.1-5)

Statistics do not adequately convey the living conditions that families and children endure in the hotels. According to Michael Cousineau families are exposed to roaches and rats, drugs, prostitution, violence, and crime.¹⁰ Drug sales are common. Cousineau gives an example of a 12 year-old boy selling drugs on the street in front of the hotel where he lived with his mother and brother. They shared a single room apartment with a common bathroom and no cooking facilities. Without refrigerators or cooking facilities it is difficult for parents to provide adequate nutritional intake for their families, and children eat fast food or eat packaged foods.

Income

The area that encompasses Skid Row can best be described as poverty-stricken. People are significantly poorer here than in the rest of the county. The median household income in this block group was only \$7,985 in 2000, less than one fifth of the county average, which was \$42,189. Almost 70% of the households had an annual income of

¹⁰ Cousineau, Michael. "Neglect on the Streets: the health and mental health status and access to care for the homeless adults and children in Central Los Angeles." University of Southern California: Division of Community Health, Keck School of Medicine, 2003.

less than \$10,000. The share of the population with an income below poverty level had significantly increased from 50 percent in 1990 to 66 percent in 2000.

Perhaps the most important finding is that children had a much higher probability of living in poverty than adults. This reflects a general trend in the country as a whole where 12.1 million children were living in poverty, up from 11.7 million in 2001.¹¹ Among all the children living in poverty, Hispanic children are significantly poorer than their peers. Slightly more women are living below the poverty level than their male counterparts.

Percentage with income below poverty level Census Tract 2063 (2000)

	Percentage (%)
Hispanic children	57%
Asian children	23%
Black children	20%
Adult Males	66%
Adult Females	69%

Source: U.S. Census Bureau 2000, SF3, PCT 49, P159A-1

Educational Attainment

Educational attainment is a significant aspect of the demographic profile and has implications for moving people out of homelessness. In 2000 only 3% of female adults in Block Group 2063.03 had received a bachelor's degree or above; 39% had not even graduated from high school. By contrast, 23% of females in Los Angeles County had bachelor's degree or above. A similar situation is evident with the male population. Nevertheless, there are significant numbers of people in this area who do have at least a high school education (24% of the total adult population) and even a significant number who have had some college (27%). This level of education can be a factor in planning training programs for the homeless.

Educational Attainment for Adults (2000) in Census Block Group 2063.3

	Female Adults	Male Adults	Total Adult Pop.
Bachelor degree or above	3%	11%	8%
Some college	32%	24%	27%
High School graduate	26%	23%	24%
Below High School	39%	42%	41%
TOTAL	100%	100%	100%

Source: U.S. Census Bureau 2000, SF3, P37

¹¹ Procter, Bernadette D. and Joseph Dalaker, U.S. Census Bureau, Current Population Reports, p. 60-222, *Poverty in the United States: 2002* p. 7.

Immigration, Ethnicity and Migration

I. Immigrants are a fast-growing segment of the population in the blocks surrounding the Union Rescue Mission. In 1990 only 115 people were classified as immigrants. By the year 2000 this number had risen to 490 (Census Block Group 2063.3). It is also a transient neighborhood since very few residents (26%) claimed to live in the same house they were in five years ago.

Causes of increased homelessness

The issues highlighted in the demographic summary of Skid Row are much the same as in other cities around the nation. The U.S. Conference of Mayors and the U.S. Department of Housing and Urban Development (HUD) cite the following causes as pivotal for the growth of homelessness in the United States: poverty, lack of affordable housing, substance abuse, mental illness and the lack of needed services, change in the labor market, low paying jobs, domestic violence, changes and cuts in public assistance programs, changes in family structure, chronic health problems and lack of access to affordable health care.¹² Clearly the demographics of Skid Row prove HUD's point.

In addition to these causes, there are other factors that contribute to an increase of homelessness on Skid Row. The breakdown of social networks and the concentration of homeless services in Skid Row contribute to the increase in population. We also found that demographic shifts in the population have resulted in more immigrants on the street.

Poverty and the Working Poor

In a report released in September 2003, the Census Bureau reported that the number of people in poverty in the United States rose by 1.7 million. There were 3 million more poor people last year than in 2000. California's poverty rate climbed two-tenths of a percentage point to 12.8%, while the national poverty rate rose four-tenths of a percentage point to 12.1%.¹³

Studies also show that the gap between the rich and the poor is widening.¹⁴ A report released in 1998 by the California Assembly Select Committee on the California Middle Class indicated that income inequality in Los Angeles increased significantly. In fact, a recent study released by the Federal Reserve Board in Washington D.C. confirms that in spite of the economic boom, the nation's most disadvantaged are not just falling further behind the more fortunate—they were worse off, in absolute terms, in 1998 than in 1995¹⁵ and this trend is confirmed by the Census figures.¹⁶

¹² "Just the Facts: Who is Homeless in Los Angeles?" One in a series of reports by the Institute for the Study of Homelessness and Poverty at the Weingart Center, June, 2000.

¹³ Proctor and Dalaker, op.cit.,

¹⁴ Los Angeles Alliance for a New Economy. 2000. "The Other Los Angeles: The Working Poor in the City of the 21st Century." Researchers: Paul More, Patrice Wagonhurst, Jessica Goodheart, David Runsten, Enrico Marcelli, Pascale Joassart, John Medearis.

¹⁵ Kennickell, Arthur B., Martha Starr-McCluer, and Brian J. Surette. 2000. "Recent changes in U.S. family finances: results from the 1998 survey of consumer finances. Federal Reserve Bulletin: January.

¹⁶ Some argue that immigrants contribute to rising poverty rates. However, a study by USC demographer Dowell Myers, uses indicators like homeownership, to demonstrate that their situation improves the longer they reside in the city. He concludes that immigrants do not remain a persistently dependent population but will escape poverty over time. See Myers, Dowell. 1999 "Upward Mobility in Space and Time: Lessons

Some scholars argue that the growing economic divide is an effect of globalization. Rapid social and economic polarization often results in the growth of a large informal sector in the economy, where numbers of people work at marginal occupations that are not a part of the formal economic structure.¹⁷ These jobs are mainly in the service sector such as domestic workers, child care workers, gardeners, and day laborers. It can be argued that the growth of the informal sector makes globalization viable. A city must have large numbers of people available to work in low paying occupations in order to support the economic activities that will help it compete globally. The new urban economy sets in motion a whole new series of dynamics of inequality. The result is that global cities become places where corporate capital is more valuable than the people who work at the margins providing the services.¹⁸ Gateway cities like Los Angeles, which have large numbers of immigrants flowing through them, are particularly vulnerable to this phenomenon.

With growing numbers of people living in poverty, working in marginal occupations, and having few reserves in case of emergencies, it is no surprise that more people find themselves suddenly unable to pay for the basic cost of living in Los Angeles. The demographic analysis above demonstrates that poverty is a major cause of landing on Skid Row. The impact of poverty on the people of Los Angeles is visibly portrayed on Skid Row. People come to Skid Row when all their other resources have run out and seek services to help them survive. Union Rescue Mission is one of the places where people go in Los Angeles to get some help at this time in their lives.

Lack of Affordable Housing

The lack of affordable housing is a major issue in Los Angeles. The gap between the number of affordable housing units and demand is currently the largest on record in the country as a whole. More people are losing their housing due to eviction, redevelopment and gentrification, job loss, income loss, and so forth. Many people double up with relatives, but often end up in automobiles or turn to the shelters. Service providers have seen an additional increase with the termination of TANF benefits in January 2003. A study published by the Economic Roundtable in July 2003 identified 124,698 parents in Los Angeles County who may be at risk of reaching time limits for receiving welfare and are therefore vulnerable to homelessness. Although welfare-to-work recipients will reach their time limits in small monthly increments, a large number of parents are projected to reach their time limits by the end of 2005. Most are single, English-speaking mothers in their mid-twenties through mid-forties. Most were unemployed and on welfare for two or more years before entering a welfare-to-work

from Immigration.” *America’s Demographic Tapestry*. Edited by James W. Hughes and Joseph J. Seneca. New Brunswick, N.J.: Rutgers University Press, 1999, pp. 135-57.

¹⁷ Lo, Fu-Chen and Yue-Man Yeung, Eds. *Globalization and the World of Large Cities*. Tokyo: United Nations University Press. 1998.

¹⁸ Sassen, Saskia. “The Global City: Strategic Site/New Frontier.” Paper presented at the Urban Consultation, Claremont Graduate School of Theology, November 3, 2000.

program. Despite the fact that nearly half of the parents projected to reach their time limits by 2005 received at least some education or training while in the Greater Avenues to Independence (GAIN) program, many have problems that are more challenging than simple skill development. Most of these parents are very poorly prepared to become self-sufficient. Their average annual income, \$5,391 in 2001, was only 38% of the poverty threshold for a mother with two children.¹⁹

The affordable housing crisis has had a particularly severe impact on poor families with children, fueling the growth in numbers of homeless women and children. As Lisa Watson of the Downtown Women's Center says, "Downtown has witnessed a massive increase in single women and women with children that was unimaginable only a few years ago. There has been a lack of leadership to address the immense need for affordable housing in Los Angeles, fueling this influx of women. Every day, service providers must cope with the unmanageable numbers of people in need."²⁰ Nationally, families with children represent 40% of households with worst case housing needs: those renters with incomes below 50% of the area median income who are involuntarily displaced and pay more than half of their income for rent and utilities, or live in substandard housing.²¹ When the welfare safety net is removed, these people are unable to pay rent and become potential statistics in L.A. County's homeless population.

Breakdown of Social Networks

Advocates and service providers also speak of the social isolation and lack of bonding that pushes people to the streets. This is a particularly important issue with immigrants. Traditionally, immigrant families have been able to turn to their extended networks for support in times of stress. But, as poverty has grown, the ability to be a safety net for relatives and friends has diminished for many people. While they might want to take them in, they can no longer afford to. Thus, a family may stay for a while with a friend or relative but soon outlive the welcome. Another scenario occurs when a family is forced to leave due to restrictions regarding the numbers of individuals living in one unit contained in leases and enforced by landlords by the posting of three-day notices. Eventually, people will leave, stay in a hotel if they have some resources and when these run out, live in their car or on the street. The shame of finding themselves in this situation causes them to break ties with their friends and relatives. And the longer they are away, the looser the ties become. People become disconnected from former relationships and increasingly feel isolated.

Related to this are issues of domestic and sexual violence, drug addiction and substance abuse. Statistics about these conditions and situations have been documented

¹⁹ Patrick Burns, Mark Drayse, Daniel Flaming, Brent Haydamack, *Prisoners of Hope: Welfare to Work in Los Angeles*, prepared at the request of the Board of Supervisors of the County of Los Angeles, Underwritten by the John Randolph Haynes and Dora Haynes Foundation, July 2003, 33-43.

²⁰ Downtown Women's Needs Assessment Survey, op.cit.

²¹ "Rental Housing Assistance: The Crisis Continues." A report to Congress on Worst Case Housing Needs. U.S. Department of Housing and Urban Development, Office of Policy, Development and Research, 1998.

in other studies. For example, in a national study in 10 U.S. cities, 770 homeless parents surveyed (78% of whom were single mothers) stated that they had left their last place of residence because of domestic violence.²² These issues have increased the social isolation of individuals, often leading to a deeper sense of insecurity and lack of ability to see beyond their current circumstances.

On Skid Row some of the women and men begin to establish relationships that substitute for the extended families they have lost and help them to rebuild a lost sense of community. For women, the networks offer protection and a constant point of reference in the daily path. The new networks are not always healthy. Nevertheless, a study by Jennifer Wolch and Stacy Rowe demonstrates that the recovery of social networks among the homeless is essential to solving problems of organization and for the development of a sense of empowerment as they struggle to re-enter the mainstream of society.²³

Central Downtown Core as a Revolving Door for the Homeless

The concentration of services in the downtown core is not a direct cause of homelessness, but it is a cause of the growth of homelessness, particularly for women and children. Some of the people interviewed for this study spoke of the circular problem of provision of services, which acts as a magnet for many, including women and children. Others, such as Lisa Watson of the Downtown Women's Center and Becky Dennison of the Downtown Women's Action Coalition, feel that if the only services available for people are located downtown, then that is where they will go. In a letter to the editor of the *Los Angeles Times*, Watson and Dennison write: "People come downtown because there is a pronounced lack of services elsewhere in the city and county. As the economy worsens, as housing prices skyrocket, as welfare reform measures take their toll, as federal/state/local funding to 'safety net' institutions decreases, there are fewer resources available for those in need. This is why we are seeing an unprecedented influx of women and children into downtown."²⁴

Several of the stakeholders we interviewed believe that having service providers and low income housing available in the downtown area attracts the homeless and the very poor. They feel that this concentration is unfair for this area. Members of the business community, while expressing compassion for the plight of the poor, believe that service providers are magnets and, thus, jeopardize possibilities for economic growth. Business leaders are often reluctant to support programs that will keep the homeless in the downtown business district. One way to mitigate this concentration of services is to create satellite centers that are disbursed throughout the county's service areas.

Lack of Affordable Health Care

²² *Homes for the Homeless: 10 Cities 1997-1998. A Snapshot of Family Homelessness across America.* New York, New York.

²³ Stacy Rowe and Jennifer Wolch. *Social Networks in Time and Space: the case of homeless women in Skid Row, Los Angeles.* University of Southern California, February 1989.

²⁴ Lisa Watson and Becky Dennison, letter to the editor. *Los Angeles Times*, Thursday, December

Nearly 44 million Americans are without health insurance.²⁵ Rising unemployment, surging health care costs, and an increase in an employee's share of insurance premiums are the major reasons for the massive decline in health coverage. For many uninsured people, the expense of emergency health care or prolonged medical treatment is the last straw that pushes them into poverty or homelessness. Another risk for uninsured people is losing jobs due to missed work days to care for sick children. This is especially true for single mothers. Others, such as mothers who travel back and forth across the Mexican border to get care for physically disabled children, cannot keep stable jobs. Some immigrants are either unaware of their right to medical care at county hospitals or fearful that they will be reported to authorities when they access care. Some uninsured people forsake medication because of its high cost while others must use rent money to pay for medical expenses and face eviction from their homes. Thus, people are caught in vicious circles that keep people from stabilizing their situations.

With a lack of appropriate shelter, sanitation facilities, and a place for proper cooking and eating, homeless people are exposed to environmental and health risks that result in preventable disease, progressive morbidity, and even premature death.²⁶ Providing health care for homeless persons is indeed a challenge given the various internal and external factors impeding effective primary care. Internal barriers include the "denial of health problems by many homeless persons and the pressure to fulfill competing non-financial needs such as those for food, clothing and shelter," while external barriers include "unavailable, fragmented, and costly health care services and misconceptions, prejudices, and frustrations on the part of health professionals who care for homeless persons."²⁷

In addition to the barriers mentioned above, the absence of health insurance and regular sources of care exacerbate the situation. A study of homeless women in Los Angeles County²⁸ revealed that the utilization of existing health care resources was high, which reflects the degree of health needs among this population. However, the high utilization rate was moderated by the lack of health care resources. Many homeless forego proper care due to this absence of available health care.

Children living on Skid Row face devastating and long term health outcomes. According to Cousineau, "homeless children have higher rates of developmental delays and learning disabilities, are often exposed to violence, and live under conditions that increase their risk for a range of health and mental health problems."²⁹ Cousineau also cites several issues that affect the access and the quality of care that homeless people

²⁵ Temper, Vicki. 2003. "Uninsured in U.S. Show the Biggest Increase in a Decade." Pp. 1 in *Los Angeles Times*.

²⁶ Plumb, James David. 1997. "Homelessness: Care, Prevention, and Public Policy." *Annals of Internal Medicine* 126:973-975.

²⁷ Ibid.

²⁸ Lim, Yee Wei, Ronald Andersen, Barbara Leake, William Cunningham, and Lillian Gelberg. 2002. "How Accessible is Medical Care for Homeless Women?" *Medical Care* 40:510-520.

²⁹ Cousineau, op.cit., p. 6.

receive: 1) fear of being discovered or identified means that many individuals go underground and avoid services so they do not receive health care; 2) because many of the homeless lack telephones and other types of communication, they are unable to communicate with providers; 3) because of their inability to store medical records, the vast majority of parents do not readily have immunization records and other information on hand to provide to medical personnel; 4) the lack of privacy that homeless people have in shelters where they have to share bathrooms makes it a serious safety concern for children who want to use the restroom late at night as well as it creates emotional distress that affects their mental and physical health; and 5) the unstable and transient nature of life for the homeless causes many problems for patients and service providers who have a difficult time tracking down patients who need follow-up care or information about lab or test results.³⁰

³⁰ Ibid., p. 41.

Competing Interests

This section discusses the ways that different segments of the Los Angeles community are responding to homelessness. The purpose is to profile the various stakeholders and discuss how they are engaging the issue. We believe that understanding these competing interests will help Union Rescue Mission negotiate the way in their mission to establish a center for women and children.

The issue of homelessness is fraught with a number of moral quandaries. Given that participation in our society is directly linked to having a fixed geographical location (an address) and/or fixed employment (a social security number), the core moral dilemma begins with the fact that in the socially constituted nature of our human reality—in particular the reality of developed nations—homeless persons are generally regarded as “nonmembers” of society. That is, the homeless are not included in the public space of the non-homeless.³¹

Mitchell Netburn, Executive Director of the Los Angeles Homeless Services Authority (LAHSA), illustrates this point as he elaborates on the city of Los Angeles’ former policy of containment towards the homeless:

There was, to some degree, an unwritten policy that as long as people weren’t killing themselves within the Skid Row area, a lot of other activities, some of them illegal...were more or less just kind of condoned, or at least not strictly enforced. There was just this sense—‘Stay in this area. Don’t kill each other, harm each other, or [harm] somebody else. We will more or less look the other way.’ But, there was not a sense given to homeless people that they can become full members of society, fully integrated [into] or living in the society.³²

This situation sets the stage for the homeless people to be either collectively cared for or collectively disregarded by the larger society. There is generally very little discussion outside of these two scenarios. If homeless people are collectively disregarded, one might also argue that the homeless are invisible to the rest of society and only become visible when they get in the way of others.

The underlying metaclaim regarding “care” for the homeless in a political liberal societal context is that society as a whole has a moral obligation to consider its least advantaged members first, including the homeless population. The moral imperative of

³¹ Keith Burkum, “Homelessness, Virtue Theory, and the Creation of Community,” in *The Ethics of Homelessness: Philosophical Perspectives*, G. John M. Abbarno, Ed., Rodopi: Amsterdam - Atlanta, 1999, 80.

³² LAHSA Interview, Interview with Mitchell Netburn, July 8, 2003.

the faith communities rooted in the Jewish, Muslim, and Christian faith traditions is also to care for the widow, the orphan, and the poor. This position stands in tension with the American neo-pragmatic claim that it is the moral obligation or responsibility of the individual to care for oneself and for one's family first and foremost, even at the cost of denying assistance to the least advantaged, including the homeless. Furthermore, even in a liberal, democratic society, most people feel that it is the moral duty and obligation of individuals, families, communities, and organizations to protect themselves and to further their own self-interests. Thus, many in our society feel that they need "protection" from the homeless, who they perceive as an unknown "other" that could potentially bring injury, harm or loss to them. The positions represented in these various competing truth claims provide the background and context for the competing interests in Skid Row.

Public officials are confronted with the fact that it is the legal duty and obligation of the state (politicians, law enforcement, the courts, etc.) to enforce existing laws regarding loitering, public nuisance, and public sanitation. This duty has recently collided with a small group of homeless service providers, advocates and homeless persons who claim that it is the right of an individual to choose to be "unhoused" or to live on the street. From their perspective, the rights of the individual to refuse location within a specific established community, and federal Constitutional rights to life, liberty and the pursuit of happiness, trump the duty of the state to enforce existing laws which prohibit loitering, sleeping, urinating and defecating on the street

Business owners claim that it is their right as business owners or proprietors who pay taxes to exist and to be able to freely conduct business affairs and economic exchanges in an environment that is clean and safe, and one that is conducive to successful completion of business exchanges and transactions. This entails circumstances that are free from the harassment of aggressive panhandlers and free from homeless persons obstructing access to their places of business. This position also clashes with those individuals who claim that it is the right of individuals who choose to be unhoused and to freely sleep in business entrances or to aggressively approach people on a public street and ask for money.

It is also important to note that competing interests have been argued on the basis of divergent interpretations of the notion of the intrinsic dignity of human beings. The homeless advocates argue that the "criminalization" of homelessness is an assault on the dignity of individual human beings. One might infer from their position that even property rights of business owners can be disregarded when the cause is sufficiently noble and the intentions abundantly good. Their contention is that the intrinsic value of the individual should not be inextricably tied to owning property or being wedded to some physical space (renting, living in someone's house) and that property ownership should not be the basis for what constitutes membership in our society. Thus, their position is that homeless persons who choose to ignore existing laws regarding sleeping on the sidewalk or in business entrances should not be arrested, particularly when the condition exists in which there is an insufficient number of shelter beds available to them.

In addition to their contention that there are insufficient numbers of beds available to the homeless, advocates also argue that all homeless desire shelter. In defense of those who choose to live on the street rather than being subjected to the rules and regulations of certain shelters or missions, homeless advocates argue that these individuals are “systems resistant” and not “service resistant.”

Law enforcement officials argue that there is a segment of the homeless population that is “service resistant” and by their own choice, they do not want shelter. Homeless advocates like Becky Dennison argue that she has not found anyone who wants to reject shelter. Service providers such as Tanya Tull state that every individual, homeless or not, has some level of dysfunction and the way to end homelessness is simply by providing a home. Bratton argues that in a survey of street people, there is a core population who will not go into shelters unless arrested or hospitalized.³³

Public officials, including Councilwoman Jan Perry, also argue that feeding people on the street is also an assault on the dignity of the individual. In an interview with the *Los Angeles Downtown News*, Perry remarked on her proposals supporting the proposed anti-encampment laws in the city of Los Angeles which ban public feeding:

The reason that I am making these proposals is that people who live in Skid Row should be treated with the same respect and dignity that you and I would demand. If someone is serving you food, you want to make sure that they are washing their hands, wearing gloves, and covering their head. I want to know that the food that I am eating has been prepared in a safe, clean, healthy environment so that I don't get some sort of infectious disease or bacteria. I have spent time looking at people who feed the homeless, and they pull food out of the back of their trunks without gloves or head covering, lining people up with no dignity and respect.³⁴

Residents of the Skid Row area express their primary concern that their voices should be represented in any public forum where new plans for the area are under consideration. Central City East residents include those living in SRO Housing facilities, Skid Row Housing Trust facilities, and other housing units in the area. This includes former veterans, individuals with chronic illness, low income individuals and families, homeless who find temporary housing, and other residents. Some residents are adamantly opposed to the development of new townhouses, loft apartments, or other market-rate housing units. Other residents support market-rate housing development, provided that a sufficient number of either low-income or affordable housing units remains in place.

The newly established Downtown Los Angeles Neighborhood Council (DLANC) includes representatives and residents from the Central City East community, including a

³³ Los Angeles Coalition to End Hunger and Homelessness Monthly Meeting, “The Crisis of Hunger and Homelessness in Los Angeles and the Los Angeles Police Department’s Response,” April 30, 2003.

³⁴ *Downtown Business News*, Volume 32, Number 5, February 3, 2003, 15.

representative that is elected by the homeless population. Residents of the area are also in the process of establishing the Central City East Resident's Association.

The newly emerging downtown residential population located near Skid Row has expressed concern that drug users who are shooting up on the street, drug dealers conducting their business in public, parolees released in the downtown area, and the homeless who choose to live in tents or cardboard boxes and who choose to publicly defecate or urinate in the streets directly affect their quality of life.

It is important to note that these competing claims regarding human duties, rights, and obligations are all rooted in Stakeholder Theory. This theory is based upon, "the ethical principle articulated by Immanuel Kant that all human beings should be treated as persons, not merely as means to ends."³⁵ We now turn to reflect specifically on the various groups that sometimes complement each other but often compete against each other's interests.

Public Interests

Los Angeles has debated the issue of homelessness for decades. In the early 1970's the Community Redevelopment Agency decided that rather than demolish Skid Row and vacate people from the area they would develop a plan to try and stabilize the area. They implemented a policy to create and maintain a base of low-income housing and delivery of social services subsequently referred to as a "Policy of Containment."³⁶

The Policy of Containment designated an area in which facilities and services were encouraged to centralize in order to serve a population in need of those services.³⁷ Referred to as Central City East, bounded by Third Street on the north, Seventh Street on the south, Alameda Street on the east and Main Street on the west, the intent was to preserve and appropriate expansion of residential facilities (primarily SROs in the area) and social services, and at the same time provide for industrial growth to take place in the area. The policy recognized the large concentration of very low-income individuals residing in Skid Row and the fact that uprooting them was neither sane nor sensible. The decision also recognized the need for a centralized regional approach to the problems and needs of low-income and homeless populations. Thus, the downtown population merited services adapted to its own size and needs, regardless of the needs in Venice or San Pedro.

This historical background is important for understanding the current Community Redevelopment Plan for the Central Business District—a plan that has received

³⁵ [Thomas Donaldson](#), [Patricia H. Werhane](#), [Margaret Cording](#), *Ethical Issues in Business: A Philosophical Approach (7th Edition)*, New York: Prentice-Hall, 2002, 311.

³⁶ Donald R. Spivack, "CRA's Role in the history and development of Skid Row, Los Angeles," Institute for the Study of Homelessness and Poverty at the Weingart Center, Colloquia Series, History of Skid Row Series, Paper 1, Page 6, September 15, 1998.

³⁷ *Ibid.*

considerable criticism from our interview subjects. From the perspective of several interviewees, the CRA is not consistent with the intention of the containment policy, which recognized the needs of the low-income residents and provided some of the necessary housing and services. Many stated that the current CRA plan lacks specificity about what the city plans will do with the population presently living within the boundaries of the plan. Others feel that the redevelopment plan does not recognize the needs of the community and that it is written to attract a new set of people to downtown moving the poor out rather than caring for them. The CRA plan does not include redevelopment for services and it does not support expansion of social service programs despite the increase in the number of homeless in the area. The continuing issues of residential/industrial conflict, the question of families and children, and the appropriate level of service delivery in this area are not adequately addressed by the CRA.

These issues have caused some groups to take legal action. For example, the L.A. Coalition to End Hunger and Homelessness sued the city of Los Angeles for the failure of its proposed redevelopment plan to provide adequate affordable housing. According to the coalition, the plan fails to account for the relocation of residents of the downtown hotels that would be displaced and it fails to ensure that these residents would receive relocation funds. The contention is that if they do not receive these funds, the plan makes them homeless. The coalition wants to see a redevelopment plan that, among other things, includes mixed-income housing.³⁸

On the other hand, there are those who see value in the CRA plan. Donald Spivack, CRA's Deputy Administrator of Community Development, says the CRA has made a measurable impact in terms of the quality-of-life and in terms of the overall picture of the downtown area.

[The] CRA was one of the first players to come down here. I think that when you look in terms of where was the neighborhood when we started and where it is today, it's measurably better....It's got a long way to go to be a nice neighborhood, of that there's no question, but if you look back to what it was in the late 1960s, the late 1970s, and the early 1980s, crime stats are a lot less than they used to be. Violent crime is a lot less that it was. There are a couple of thousand fairly decent places for people to live. There are a number of very well run places for people to live. There are parts of the [downtown] world that there's no problem walking through.³⁹

In evaluating the progress under the CRA, he states, "From the perspective of where it started, there's been a lot of improvement....Is it finished? No. Is it a lot better? Yes. Should it get a lot better? Yes. Is it going to get a lot better? Let's hope so." According to Spivack, the CRA has spent about \$100 million in the area, most of which

³⁸ On June 24, 2003, Superior Court Judge Marvin M. Lager ruled that the City Center redevelopment project area violated terms of a 1977 court settlement involving much of the same downtown property. Thus, as it presently stands, the Downtown City Center Redevelopment Plan is null and void.

³⁹ Ibid., 17.

went into housing stabilization, some of which went into the operation of public facilities such as parks and into the shelters. Eighty million of the \$100 million was invested in housing. He believes that the investment has been worth it, in terms of not only what it has done for people who live in these units, but for having stabilized parts of the community because of clustering and the creation of neighborhoods in the area.⁴⁰

According to media reports, Councilmember Jan Perry supports the CRA plan.⁴¹ She has also been criticized by service providers and advocates for introducing a motion that could lead to the adoption of ordinances similar to those of the city of Santa Monica: restricting homeless from camping in front of businesses and limiting free outdoor meals. Under the new Santa Monica law, homeless are prohibited from lying down in front of businesses overnight if store owners post signs to that effect. Those wishing to feed large groups of homeless people in public spaces are required to obtain city permits. In the minds of advocates, this new anti-encampment ordinance sweeps the homeless off the streets and pushes them outside the boundary of the redevelopment area. Perry states that affordable housing is her long-term goal, but in the meantime, she is searching for ways to meet the immediate needs of the community and "figure out a way to get people off the sidewalks."⁴²

Perry's plans are supported by Chief William Bratton, who has a record of ridding downtown New York of homeless street people through his zero tolerance policing and who brings that agenda with him to Los Angeles. During Bratton's tenure in New York (1994-1995) the police budget nearly doubled from what it had been in 1992.⁴³ Police Chief Bratton's implementation of "broken windows theory" has been criticized as contributing to an overly aggressive police force. Given this history, it will be imperative to track Bratton's record in Los Angeles, an important role for agencies like URM.

To his credit, Chief Bratton has taken significant steps to engage homeless service providers and advocates in the community on the issue of the so-called "special enforcement action," or police sweeps, carried out during the months of November 2002 to April 2003. At the April 2003 monthly convening of the Los Angeles Coalition to End Hunger and Homelessness, Chief Bratton made it clear that his concerns were based on behavior that is illegal, aberrant, or that poses an imminent danger to human life. Bratton stated that his primary attitude towards the homeless is one of compassion, pointing out that in 1990 in New York City there were 5,000 homeless living in subway tunnels. In that year there were 120 deaths of homeless persons run over by trains, electrocuted by subway tracks, or other causes. During Bratton's tenure, this number declined to 15-20 per year.

The Los Angeles Police Department's sweeps netted nearly two hundred individuals for parole violations and outstanding warrants, but also stoked tension within

⁴⁰ Ibid., 17.

⁴¹ CRCC researchers were unable to gain access to Council Woman Jan Perry for an interview.

⁴² Jason Mandell, "Homeless Sweeps Impact Historic Core," *Los Angeles Downtown Business News*, Volume 31, Number 45, November 11, 2002, Page 9.

⁴³ Arthur A. Jones and Robin Wiseman. "Zero Tolerance Turns Police into Occupiers." *Los Angeles Daily News*. Saturday, October 5, 2002.

the community. Of those taken into custody in November, 84 were arrested on alleged parole violations. A lawsuit filed by the American Civil Liberties Union and the National Lawyers Guild contended that police had warrants for only 26 of the parolees and had no reason to detain the others. As a result, on June 12, 2003, the city agreed to pay up to 58 of those people \$75,000. During the sweeps last November, which police described as "parolee operations," 116 people were arrested for non-parole related violations.

Officials also agreed in the settlement to stop rounding up homeless people without reasonable suspicion that they had committed crimes. Assistant City Attorney Paul Paquette said that the city would abide by the settlement. The settlement money is to be distributed according to a formula that will be based on time spent in jail and other losses. The court still must approve the terms of the settlement, which could be amended pending legal challenges to a separate federal lawsuit over parolee searches.

Los Angeles County Sheriff Lee Baca, recognizing that jails serve as makeshift shelters, introduced plans to address the underlying causes of homelessness where it is manifest—on the streets. He convened a Homeless Summit to begin addressing the issues from a more holistic perspective, bringing together a diverse group of individuals and organizations. Since Jan Perry was also a co-sponsor of this summit, many of the activists and service providers boycotted the summit as they felt Sheriff Baca was simply a tool to lend support to Perry's CRA plan.

Public officials also recognize the crisis of women and children on the streets and want to come up with solutions for this problem. For example, in a report to the First Supervisorial District, Gloria Molina requested county service providers and agencies to conduct a six-month pilot project in the Skid Row area designed to move homeless families into permanent housing. Not surprisingly, homeless families face overwhelming obstacles. They tend to be unemployed and there is a shortage of emergency, transitional and affordable housing. The lack of transportation is also a major issue. The pilot project helped all of the families to leave Skid Row by Christmas 2002. Additionally, a few families found employment and the well-being of families was improved.⁴⁴

Interestingly, the Molina study also found that for many individuals this was not their first episode of homelessness. Thus, providing financial aid was not the only solution to help them stay off the streets. Margaret Quinn, a Homeless Services Authority III with the Department of Public Social Services, participated in the Molina Skid Row pilot study. Quinn describes the complexity of her work with the families:

The families that we had run into had already exhausted [the financial aid]... Some of the members of the families were undocumented immigrants. So, since state law precludes us from assisting undocumented aliens financially,...a family of eight may be getting a grant for only four family members...[and] the idea of being able to find housing on such a reduced grant just became nearly impossible...What we ended up doing was going in and being part of a multi-

⁴⁴ Department of Public Social Services, Department of Mental Health: "Homeless Families Pilot Project in the Skid Row area: A report to the First Supervisorial District." March 2003.

disciplinary team...assessing what it was that they needed and then working with them in trying to transition them, with either emergency shelter while they looked for other permanent housing and in many cases the best we could do was to find places for them to move into with family or friends”.

Unfortunately, even after the multi-disciplinary approach, Ms. Quinn reports an alarming degree of recidivism with the families in the Molina study, a fact that underscored the importance of longer term follow up with the families, the need for housing, and the need to address multiple issues such as substance abuse, domestic violence, and mental health issues. Margaret Quinn’s experiences emphasize the need for a multi-faceted approach since no single solution is sufficient to help people stabilize and remain out of homelessness. In addition to services, social and peer networks provide support for families. Ms. Quinn also believes that a multidisciplinary team assessment would complement a one stop facility.

From this experience, it is evident that ridding the city of its homeless problem is a complicated and difficult process steeped in a history of well-intentioned policies that have further exacerbated the problem. But there is a genuine concern on the part of a variety of political officials to make Los Angeles a place that is habitable for all by creating a solution that helps move people from living on the streets. Union Rescue Mission will have to learn how to advocate for the people it serves while at the same time understanding that alliances with public officials are critical for a successful outcome and indeed can be a factor in whether or not the project succeeds. URM will have to take a stand on the CRA’s policy of containment and find ways of cooperating and compromising so that the interests of homeless people are not forgotten by the competing interests within the rest of the community. If housing is being considered within the public planning process, what type of housing would serve people who come to URM? How can that housing be made available to the women and children who come through their doors? URM could take this opportunity of training a few of the people they serve to learn how to advocate and be representatives at tables that make decisions affecting Skid Row and especially women and children.

Business and Economic Interests

There are numerous business and economic interests in the area surrounding Skid Row since it is in the midst of three distinct districts: the fashion district, the toy district, and the downtown central financial district. All of these business interests do not have the concerns of the poor and the homeless as part of their core values. Understandably, their interest is in improving the economic conditions of the area as a means to improve their own businesses. In the long run, this should have a positive impact on the lives of the poor as the tax base for the city improves and better possibilities arise for expansion of services to the homeless that will hopefully move them along the continuum of care. But these interests are often perceived as conflicting with the interests of the poor. It should be noted, that the Central City Association (CCA) claims to strongly support plans and programs designed to assist all individuals in Los Angeles who find themselves

without permanent shelter. Further, CCA claims that the business community has a long record of financial support, including millions of dollars in aid, for organizations that assist the needy.⁴⁵ This statement conflicts with one that immediately precedes this claim in a CCA document: “Notwithstanding our support and compassion for those who are in need, we believe it is necessary for society to ‘take back our streets’ from those who cannot help themselves or refuse help and contribute to the deterioration of our community and their own health.”⁴⁶

In the downtown of Los Angeles business interests in gentrification and increased pedestrian traffic furnish a great deal of the impetus toward placing growing pressures on the homeless. Literature on urban politics in the United States regards the Business Improvement Districts (BIDs), the developers and other business associations as the critical actors for any successful project of governance such as the efforts to treat the problem of homelessness in downtown L.A.⁴⁷ It is difficult to see how representatives of a relatively powerless group as the homeless might find representation against these market forces.

As a part of their strategy in dealing with the issues of public safety, crime, and homelessness in the business districts, the three downtown core Business Improvement Districts have employed BID Action Teams to oversee an Adopt-A-Basket trash removal and abatement program and graffiti removal program. These teams serve as the eyes and ears of the LAPD, as a crime deterrent, and as community ambassadors. Last year alone, 80 lost children were reunited with their parents in one BID area. Another BID spends \$3 million each year for these services, paid for by the property owners. 95% of their work focuses on the public areas surrounding their businesses.

In an interview with researchers from the Center for Religion and Civic Culture, the executive director of a BID commented that he views enforcement as only one tool in dealing with the issue of homelessness. The BID teams face the challenge of engaging the homeless population without enabling their lifestyle. They must also deal with unforeseen events that occur on a regular basis. One BID representative gave the example of a business being interrupted by a homeless person was the case of a patron who was walking through the Santee Alley to gain access to a business on an adjacent street. The woman was accompanied by her younger daughter. The daughter had accidentally brushed up against a homeless woman who suffered from mental illness. The homeless woman brandished a knife and struck the young girl in the chest, just missing one of her primary arteries. Fortunately, the young girl recovered. BIDs are fearful of these types of scenarios.

⁴⁵ Central City Association of Los Angeles. “Downtown’s Human Tragedy: It’s Not Acceptable Anymore. A public health and safety plan.” November 2002.

⁴⁶ Ibid., p. 2.

⁴⁷ Stone, Clarence J. (1989) *Regime Politics: Governing Atlanta*. Lawrence, KS: University of Kansas Press.

BIDs and the business they support can be important allies for service providers working with people at the margins. For example, Father Joe's Village in San Diego has forged important partnerships with businesses in San Diego. In at least one instance in downtown Los Angeles, a BID received a technical assistance grant funneled through HUD to provide homeless services. As URM considers sites for a women and children's center, it must find out what the business interests are and forge relationships, using this as an opportunity to educate the businesses on potential partnerships. The location of services in sites outside the downtown core area will also help alleviate some of the strains with the Central City Association as it will disperse the needy population and help break the concentration within the downtown core. Support from local businesses need not be unanimous to permit a project to succeed. More crucial is the financial and other support that at least some business groups may be willing to provide, and the need to defuse potential business opposition through compromise and cooperation.

The Broader Community

The broader community of Los Angeles has a stake in how the homeless are cared for. Many of the stakeholders that we interviewed were concerned about the location of any shelter for women and children. They expressed reluctance about providing shelter for them in neighborhoods within the vicinity of the downtown core. In the broader context, other neighborhoods in Los Angeles do not desire this population in their communities. This attitude is often referred to as NIMBY (Not in My Back Yard).

NIMBY describes organized resident, business, government, and/or community-based organizational opposition or resistance to controversial facilities or land uses. Opposition can take many forms: signed petitions, public demonstrations, press releases and press conferences, public comment during planning commission meetings, lawsuits, and even violence. Opposition is often expressed in public forums, such as planning commission meetings, town hall meetings, or mass media outlets. Most often, the concerns raised by individuals and groups center on these common themes—diminishing property values, increased traffic or congestion, rising crime rates, and impacts on health and well-being. These attitudes prevail when new sites for the homeless are being considered in neighborhoods that are traditionally without homeless. Residents resist these and do not want the sites to become a new magnet in their community for this population.

This attitude was pronounced in our visit to San Diego. The San Diego Rescue Mission had succeeded in buying a hospital that was no longer in use in one of the business districts within the city. After the start of an extensive renovation, the surrounding businesses blocked the work, determined to prevent homeless "loitering" on the streets surrounding businesses. This was despite the fact that the mission provided an inner courtyard and waiting room.

This attitude was also expressed by businesses surrounding URM. Yet, even homeless advocates understand the problem and realize that communities need to be educated so that there is a degree of understanding on the situation. Ted Hayes, a homeless advocate says:

You cannot condemn or criticize people for having the NIMBY fever....People have the right to have questions answered and you've got to go in there and convince the local neighborhood, business and residential, that what you are doing would be an asset to them, that you are not just a liability. You must cool the NIMBY fever, you must answer the questions. How long will the facility be there? How will it impact my neighborhood? Will we have any say in how that facility is run?⁴⁸

NIMBYISM in Los Angeles County has its own unique character, given that fact that the homeless are barely visible to the majority of the population in southern California. Mitchell Netburn, executive director of LAHSA, commented:

In most other urban areas, you are dealing with homeless people on a daily basis. You are sitting next to them on a subway, on a bus, or encountering them on the street. We [LAHSA] rarely get a call here from somebody who says there is a homeless person sleeping on my lawn. But in New York, you regularly have someone sleeping on the stoop, the grate of the building in the city, or in the alley. It's very, very different [in New York].⁴⁹

Nevertheless, there are some cities in the county that have responded to the vacuum created by their community's NIMBYism by allocating funds for provision of services in existing locations. For example, the cities of Beverly Hills and West Hollywood have donated funds to PATH in Los Angeles for their service provision to the homeless. Indeed, they are considered key financial contributors for PATH's new regional homeless center.

The ways that new programs relate to communities is critically important. URM will need to build successful community support. This includes reaching out first and foremost to elected officials responsible to the area, facilitating community meetings, getting law enforcement support, setting up neighborhood advisory group committees, participating in neighborhood consortiums, making presentations at schools and businesses, and making sure that their sites are kept well maintained and clean.

The Homeless and their Advocates

We have alluded to the important role of advocacy plays for allowing the voice of people at the margins to be heard by policy makers and the media. Faith-based

⁴⁸ Interview with Ted Hayes, July 8, 2003

⁴⁹ Interview with Mitchell Netburn, LAHSA, July 8, 2003.

organizations have often become key advocates for the voiceless. In Los Angeles we found many advocates for a variety of interests. Homeless advocates in our community agree generally on the following points: (1) Homelessness should not be criminalized because homeless people sometimes make choices to live outside of societal norms while others are victims of systemic injustice; (2) some homeless people are “systems resistant,” but they will generally work with advocates if housing is an option; and (3) most homeless advocates push for a “Housing First” agenda and strategy with supportive or wrap-around services offered. These include merchants advocating for redevelopment of their street in order to increase business and politicians who are interested in promoting redevelopment for the sake of district interests. But there are also many advocates for policy changes that will protect the interests of the poor and homeless. These advocates often find themselves in conflict with one another, even in the same area of interest. For example, some people advocate for not providing services for children and families in the downtown core area because of what they perceive as a magnet effect. Others, on the contrary, see provision of services for them as essential since they are on the street. This prompted some of the people we interviewed to comment that reconciliation among advocates is a necessary condition to any real partnership and collaborative effort.

A number of the key long-term advocates for homelessness in the Los Angeles area support the “Housing First” methodology and approach to ending homelessness. This approach emphasizes the immediate return of homeless families to permanent housing in residential neighborhoods. The phrase “service enriched housing” used in this approach refers primarily to permanent rental housing stock in which supportive services are available either by referral or on-site, but with no mandatory requirements for participation. The housing can be nonprofit, private, HUD-assisted, unsubsidized, mixed income, or any combination of the above.

Other vocal advocates argue that maintaining and even increasing low-income housing stock in the Skid Row area should be the highest priority in the city’s response to homelessness in Skid Row. Those who advocate for the traditional Continuum of Care model as articulated by HUD or even those who are advocating for holistic solutions to homelessness, including elements such as spiritual formation or spiritual transformation and renewal of the individual might find themselves in conflict with the aforementioned advocate groups.

Clearly the issue of affordable housing stands out as an important one in the redevelopment of the Skid Row. Thus advocacy for this issue should be a citywide effort in order to keep families from ending up on Skid Row because they cannot afford anywhere else to live. A transitional housing program is good but does nothing to end the cycle of homelessness if there is no place for the family to move to permanently.

Advocates like Becky Dennison and Paul Freese indicate that Los Angeles, unlike New York, does not consider housing to be a right. There is no movement here yet for

such a right, but it has been talked about as a necessary issue for advocates. Dennison cites examples where redevelopment was driven truly by community residents as opposed to the redevelopment agency. This results in what is called “equitable development.” Union Rescue Mission could be a catalyst for this type of advocacy and push for such equity within Skid Row. Indeed, a scholarly study of 15 homeless movement organizations around the country showed that established institutions like URM can lend the organizational and framing assets needed for a social movement to attain outcomes.⁵⁰ Advocacy tends to involve local stakeholders, including city staff, local advocacy coalitions such as LAHSA, and other providers. Thus, advocacy efforts may have multiple outcomes, some related to enhanced program or site development.

It is advisory to research the New York state constitutional right in greater detail, however, since some advocates urged researchers to see the housing created under this right for themselves. “Those people, they might be in shelters but where do they go from there? There is no housing for them, there are no jobs for those people. They’re warehoused.”⁵¹

Local neighborhood councils in Los Angeles have the potential of becoming advocates for the homeless. Enabled by charter reform in 1999, neighborhood councils are recognizing the growing numbers of homeless people. Approximately 75 city-certified councils have formed (as of summer 2003). These new institutions of municipal governance are beginning to assume political power—if not direct authority—concerning matters of policy which impact neighborhoods locally. And they are recognizing that participating in the policy dialog necessarily complements everyday concerns from potholes to billboards. If Bring LA Home, a new blue-ribbon panel of political and business leaders and social services providers, heralds a new era of institutional cooperation between the eighty-eight cities of Los Angeles County, forging alliances is crucial to addressing homelessness at the local level.

Capacity building should be the focus, providers argue, and neighborhood councils may play a role in coalition building within their community – and across council areas as well. Several initiatives underway at the local level in Los Angeles suggest their potential. Defining “stakeholder” broadly is a first step towards bringing economically marginalized and homeless residents into local governance. Homeless citizens may not have any fixed residence, nor be formally employed in their local community, yet the Downtown Los Angeles Neighborhood Council (DLANC) has pioneered “structural inclusion” by explicitly including homeless residents as stakeholders. The council also designated an at-large board of directors’ seat for a homeless-community representative (hotly contested in a recent election) as well as reserved three seats on its board for social service providers. On the action side, DLANC

⁵⁰ Cress, D.M. & Snow, D.A. (2000). “The outcomes of homeless mobilization: the influence of organization, disruption, political mediation, and framing.” *American Journal of Sociology* 105(4), 1063-1104.

⁵¹ Ted Hayes interview, July 8, 2003.

is unique in having formed a standing homelessness committee to address the ongoing issue.

Homelessness is a problem which transcends neighborhood boundaries, and councils must learn to work together. The Historic Cultural Neighborhood Council recently met with the neighboring DLANC to discuss a multi-council commission to combat the problem on the front lines in the local community. Other councils are beginning to open similar dialogs as well, yet there exists the potential for reflexive community opposition to mark the neighborhood council as a forum for empowered NIMBYism.

Perhaps the most promising development concerns council participation in local social service delivery. While their potential for leveraging the faith community remains unexplored, councils may yet find that maximizing local resources means building coalitions with social service providers. The Greater Griffith Park Neighborhood Council, for example, has enjoyed success through a six month pilot program, in conjunction with the Los Angeles Homeless Services Authority, to bring emergency response team training to local community residents. The program has succeeded in moving homeless residents to shelters and transitional housing, and directed others to appropriate services.

Though extra-local in causes, homelessness is experienced locally; empowering local stakeholders to participate in the policy dialog may be an innovative path for councils. The Hollywood United Neighborhood Council, for example, envisions a “bottom-up” task force to shape the policy discussion on the city level. Indeed long term success depends on increasing community capacity, and through neighborhood councils visionary leadership may emerge to take a lead role in formulating recommendations where existing policy has failed to achieve success. Whether influencing policy or merely placing homelessness squarely on the urban agenda, neighborhood councils clearly have an important leadership role to play in renegotiating the future for *all* stakeholders in the Los Angeles region. Union Rescue Mission can benefit from understanding how the local neighborhood council functions and encourage some of the women they serve who have leadership potential to become engaged with the DLANC in order to advocate for the rights and needs of women and children.

Service Providers

The service system on Skid Row was set up primarily to serve single men. However, with the influx of women and children to the area, the social service system has been unprepared to deliver needed services. Our research on the Continuum of Care and the gaps in services revealed that the biggest gap in provision is to women and children (see next section below for an in-depth analysis of the Continuum of Care for service provision). Another area of debate among advocates is whether the continuum of care model is the correct framework to address and end the issue of homelessness for a majority of homeless individuals.

Service providers operate on the basis of varying perspectives based on their experiences and on philosophical and ideological underpinnings. They often have very strong positions regarding their approaches to service delivery. Thus, they sometimes find themselves in conflict with one another. Service providers often find it difficult to collaborate based on the fact that they find themselves in competition for the same funding streams or funding sources.

Exacerbating this gap is the fact that because traditionally there was an absence of children in the area, many sex offenders were intentionally placed there by the courts. Now the children on site are exposed to the possibility of assault. This is only one of the many problems that demonstrate the need for physical and emotional safety for these children. Not all the children on Skid Row are with adults; many of them are runaways or emancipated youth who have left the foster system and find themselves homeless. They gravitate to where they consider they will find services and in the process find themselves falling into precarious situations to support themselves. For example, a lawyer from the Public Counsel said: “And I’ve seen that, where two young ladies coming out of foster care and end up getting welfare and as they leave the [welfare] office a guy approaches and says, ‘You need a pimp?’”⁵²

Others suggested that there is need to strategize regionally or even nationally about services to the homeless and providing services outside the immediate Skid Row without sacrificing the sense of community that many people feel on the Row. But this would involve a one-stop center such as that provided by P.A.T.H. (People Assisting the Homeless) where all services are under one roof and there is coordination between them.

Kent Smith of the L.A. Fashion District told CRCC’s research team that there is a dearth of social services in the area, and that his BID Action Teams (called SAFE Teams) are receiving training on how to engage the homeless population, particularly those who are mentally ill. Several of his SAFE Team members commented that they often encounter someone in need of services at 2:00 AM. However, there is no intake person or social service agency that accepts referrals at this hour. While others corroborated this barrier to service provision, some also cited that this was one of Union Rescue Mission’s strengths, perhaps because of the fact that they are not limited by some of the funding or programming restrictions as others. For example, Becky Dennison of Downtown Women’s Action Coalition, said that URM is easily accessible, and rarely turns anyone away, especially women and children. Thus they are truly an emergency program in the midst of a city that has lost an emergency approach. This, however, can be construed as a weakness because as mentioned above emergency programs are not set up to move people into permanent housing.

⁵² Interview with Paul Freese, Director of Litigation and Advocacy, Public Council Law Center, December 19, 2002.

There is a general understanding that 15 – 20% of the most chronically homeless individuals consume a large portion of the available services.⁵³ This concentration leaves many of the homeless without the adequate help that they need. It also produces a spiral effect where people feel that Skid Row is or will become their permanent home. Clearly there is a need for coordination of services and for ending the cycle before families become chronically homeless. A coordinated continuum of care is also necessary so that people can be moved along this continuum and will not stagnate in any one section of care. For example, if only transitional housing is provided for a family, they will return to homelessness when their benefit expires because they either do not have a permanent place to move into, or they do not have the finances to support them in that permanent home. The success of any Continuum of Care system is contingent upon how successfully local service providers collaborate with one another. Such collaboration should not only maximize existing and new programs but prevent unnecessary duplication of services as well. We will discuss the Continuum of Care system in further detail in the next section of this report.

⁵³ Ibid.

Continuum of Care System for Service Provision

To determine the feasibility of establishing a women and children's center it is essential to understand the context of existing services and the gaps in services. Union Rescue Mission has developed programs for women based on the numbers of people who have walked through its doors and have responded to needs they have seen. But how does this fit with the rest of the service provision in the city? Do the established URM programs really meet the needs and provide services where there are gaps? Do these programs meet HUD's requirements for funding purposes? This section provides background information concerning the development of the Continuum of Care system in Los Angeles County and Skid Row. This section will also provide findings that will assist the Union Rescue Mission with its planning process concerning the revamping of its current services and establishing new services by estimating the need, listing an inventory of residential and non-residential services, and determining gaps in services in Skid Row. A complete inventory with tables is included in the appendix.

A. Background Information

In 1995, homeless service providers throughout Los Angeles County adopted the Department of Housing and Urban Development's (HUD) Continuum of Care system for residential and non-residential services for homeless individuals and families. HUD introduced the Continuum of Care as "a seamless system of services" through "Priority: Home! The Federal Plan to Break the Cycle of Homelessness." This plan was a culmination of a process initiated in May of 1993 through Executive Order 12848 which directed 17 federal member agencies of the Interagency Council on the Homeless to develop a plan to break the cycle of existing homelessness and prevent future homelessness.

In the plan the Federal Government recognized for the first time the true nature and extent of homelessness by acknowledging that "about seven (7) million Americans have experienced homelessness—some for brief periods and some for years—at some point in the latter half of the 1980s and that as many as 600,000 people are homeless on any given night." The Federal Government also recognized that the public was feeling "compassion frustration" meaning that too much has been promised for too long with too little results. The crisis of homelessness is the culmination of policies that have "either been ignored or misdiagnosed" the adverse impact of economic skills, the lack of affordable housing, increased drug use, and other physical health and mental health problems of persons in crisis poverty and/or with chronic disabilities.

Since 1995 residential and non-residential service providers have been building a continuum of care system throughout Los Angeles County. This task has been largely funded through HUD's homeless assistance programs. These programs include the Supportive Housing Program, Shelter Plus Care, and the Section 8 Moderate

Rehabilitation Single Room Occupancy (SRO) Program. For the past eight (8) years, the Los Angeles Homeless Services Authority (LAHSA) has submitted a Continuum of Care grant application to HUD requesting millions of dollars on behalf of approximately 100 service providers. This year LAHSA's request to HUD was for \$54 million dollars. As a result, the County's continuum of care system has been built up throughout the region including Skid Row.

B. Determining Need for Services in Skid Row

How many people are homeless in Los Angeles County has been a question often asked and widely answered in terms of numbers, time periods, and public and private agencies. In a recent published report (March 2003) entitled "Ending Chronic Homelessness: Strategies for Action," the U. S. Department of Health and Human Services (DHHS) stated that "Each year, approximately one (1) percent of the U.S. population, some two to three million individuals, experiences a night of homelessness." DHHS also notes that their estimate is conservative for it does not include "those who do not contact a homeless assistance provider, e.g., who may be taken in by a friend or spend the night in a car."

Assuming the same is true for the County of Los Angeles means that approximately 100,000 residents experience a night of homelessness.⁵⁴ DHHS also notes in the report that "Somewhere between four (4) to six (6) percent of the poor experience homelessness annually." Again, assuming the same is true for the County of Los Angeles means that approximately 50,000 to 140,000 residents experience a night of homelessness each year.⁵⁵

Based on a large sample telephone survey, the County of Los Angeles, Department of Health Services concluded in 1997 that 375,000 adults have experienced homelessness in the past five years. In 1995, Shelter Partnership stated that up to 236,400 adults and children were homeless over the course of a year. Shelter Partnership also concluded that nearly half of these persons became homeless within the City of Los Angeles.

The number most often quoted concerning a given day or night is 84,000. This number was provided by Shelter Partnership in 1995 and has been used by the City and County of Los Angeles including LAHSA in each of its Continuum of Care grant applications to HUD since 1995. LAHSA is currently planning a homeless count in order to update this number.

The number of homeless people in Skid Row has been a question often asked and widely answered as well. According to the 2000 Census, 4,995 individuals live in Skid

⁵⁴ US Government Census for 2000 lists a total population for Los Angeles County of 9,519,338.

⁵⁵ The lower number is based on defining the poor with a household income of less than \$10,000 and the higher number is based on defining the poor with a household income of less than \$25,000.

Row. Comparatively speaking, this number is low. Anecdotally, social providers state that there are 6,000 to 8,000 homeless persons living on the streets of Skid Row.

Determining the need for services on Skid Row also involves breaking down the total number of homeless persons by sub-populations. For the past several years, HUD has required a break down of the total number of homeless persons within a continuum of care system by sub-populations for its Continuum of Care application. Union Rescue Mission must understand the Continuum of Care system to assess where its services can fill in the gaps within that continuum.

For purposes of this report on women and children, we note that in a list of providers for of emergency shelter for the County of Los Angeles, Union Rescue Mission is the only one that serves women and children in Skid Row. (See table below.)

Emergency Shelter:

Provider Name	Facility Name	Bed Capacity	
		Individuals	Families
LAMP, Inc.	Day Center/Shelter	18	0
Los Angeles Mission	Overnight Beds for Men	97	0
Midnight Mission	Emergency Housing	64	0
SRO Housing Corporation	EEHP – Russ	42	0
SRO Housing Corporation	EEHP – Panama	42	0
SRO Housing Corporation	New Emergency Housing Program	84	0
SRO Housing Corporation	Panama Hotel – DPSS Vouchers	90	0
SRO Housing Corporation	Panama Hotel–Emergency	29	0
SRO Housing Corporation	Panama Hotel – Private Pay	100	0
SRO Housing Corporation	Russ Hotel – Private Pay	44	0
Skid Row Development Corporation	24 Bed Slots (Transition House)	10	0
Skid Row Development Corporation	Transitional Housing	10	0
St. Vincent’s Cardinal Manning Center	Men’s Emergency Shelter	58	0
Union Rescue Mission	Men’s Emergency Shelter	320	0
Union Rescue Mission	Women’s Emergency Shelter	0	110
Union Rescue Mission	Women’s Emergency Overflow	60	0
Union Rescue Mission	Women and Children	0	250
Weingart Center Association	DPSS Vouchers	35	0
Weingart Center Association	HELP	3	0
Weingart Center Association	LAHSA Emergency Six	6	0
Weingart Center Association	Supportive Residential Services	25	0
Total:		1,137	360

Source: Los Angeles Homeless Services Authority (LAHSA), 2002

The table above discloses that there are at least 1,497 emergency shelter beds within Skid Row. Of these beds 1,137 or 76% are for individuals and 360 or 24% are for families. The only non-profit agency that provides emergency shelter beds for families in Skid Row is the Union Rescue Mission.

In analyzing the various components of the Continuum of Care, it is shocking to discover the unmet need in every single category (see table below). Union Rescue Mission is clearly an important and significant provider in the Skid Row area. The challenge is to know how to focus their services in order to maximize their resources.

Gaps in Services in the Continuum of Care/ Skid Row

Category	Estimated Need*	Current Inventory	Unmet Need/ Gap
Emergency Shelter for Families	1,200	360	840
Emergency Shelter for Individuals	4,800	1,137	3,663
Transitional Housing for Families	1,200	202	998
Transitional Housing for Individuals	4,800	2,424	2,376
Supportive Housing for Families	1,200	41	1,159
Permanent Supportive Housing for Individuals	4,800	2,659	2,141
Substance Abuse Treatment for Individuals	2,400	277	2,123
Mental Health Treatment for Individuals	1,200	464	736
Dual Diagnosis Treatment for Individuals	768	464	304

*Lowest estimated need

Source: Los Angeles Homeless Services Authority (LAHSA), 2002

How Others Address the Gaps: Some Models of Best Practices

The experience of other programs suggests some basis for other providers to find common cause with URM even when these other organizations embrace somewhat different agendas. As URM seeks to expand its services for women and children it is helpful to examine how others have approached the issue and what URM can learn from their experience and the lessons they have learned. As mentioned in our introduction, CRCC's research team visited four sites of what we determined were exemplary models for closing the revolving door on homelessness. Various commonalities between the groups surfaced that have relevancy for the work of URM.

First, it became quite clear that women in leadership were crucial in these programs. While women may not have been directors of the organizations, they clearly were empowered in the leadership positions they had to guide and direct services and relationships with the people they serve.

Second, there was a strong emphasis on personal development. By this we mean that the people being served were quickly moved into positions that would help them grow and develop their potential. Further, key people are selected and trained to move into positions of leadership, providing a necessary and important role for the organizations. These people understand better than anybody exactly what is needed and how best it can be implemented. The ability to do this grows out of a strong sense of treating people with dignity and respect and furthermore, acknowledging that each person has gifts and abilities within them that need to be developed.

Third, there was a focus on skills training and job development in all of the programs we visited. This was a key component to their ability to move people into situations where they could be self-reliant and gain skills that are marketable. From culinary schools to mechanic shop training, to graphic design and printing shops, these organizations not only trained personnel, but used profits from some of the enterprises to support the programs.

Fourth, all but Delancey Street Foundation receive funds from a variety of sources, including government funding. While some of these funding sources place different degrees of restrictions on the funds, these organizations have been able to work around them and not become dependent on any one source. Furthermore, of the organizations that are faith-based, receiving government funding has not compromised their own faith position and it has enabled them to greatly expand their services.

Fifth, all of the organizations hold education as a key to improving a person's living conditions. They consider their organizations to be learning institutions first and service providers secondarily. Staff at Father Joe's Village compare their work to a

university; it takes 4 years to go through university education and it takes people approximately 4 years to be able to go through their programs and stand on their feet. Each of the organizations has an extensive curriculum that serves as a guide for people as they move through the system. This focus on learning sets a tone of value on the individual's capacity to learn and move on. It is based on a quiet respect for the dignity of the individual and a trust that given the opportunity, a person can indeed grow and develop.

Finally, all of the organizations acknowledge that the problems are too complex to tackle alone and have developed extensive collaborative networks so that people are served in the best possible way. They have assessed strengths and weaknesses both internally and within the community and have worked on ways to collaborate by strengthening areas of weakness with the skills of outside organizations or agencies.

We briefly describe below each of those sites and explain why we think they are relevant to the present study. A more thorough description is included in the appendix.

1. The Continuum of Care Model

St. Vincent de Paul Village and Father Joe's Villages San Diego, California

St. Vincent de Paul Village (SVDPV) in San Diego was recognized as one of the first national models of the Continuum of Care established on the ground. Working out of a San Diego warehouse in 1982, Father Joe Carroll, the founder of SVDPV championed a one-stop-shopping approach to help the needy regain self-sufficiency. His comprehensive residential program called for meals and housing as well as education, counseling and health services. Today, St. Vincent's offers children's activities, family literacy classes, job skills workshops, career counseling, self-esteem and motivational classes, medical and dental care, and an on-site elementary school.

Conceptually, Father Joe's one stop shopping approach evolved into a coalition known as the Solutions Consortium, fifteen agencies that have integrated their services together in a more effective manner in order to meet the various needs of villagers-in-residence. Through the initiative of St. Vincent de Paul Village, area human service agencies formed the consortium in 1994. Jewish Family Service, Lutheran Social Services, Catholic Charities, The Salvation Army, St. Vincent de Paul Village, Pathfinders of San Diego, San Diego Rescue Mission, San Diego Urban League, Vietnam Veterans of San Diego (VVSD), Travelers Aid, UCSD Combined Residency Program, UCSD Psychiatric Program, Volunteers of America, and other city and county agencies all work in tandem to serve the city's homeless.

The consortium is funded through the U.S. Department of Housing and Urban Development (HUD), according to Anthony Griffin of St. Vincent's, who coordinates the grant compliance and reporting activities of the consortium.

Organizational Culture – Collaborative Leadership / Collaborative Ministry

One of the more significant indicators of success in the Village model rests upon the very visible and public presence of both male and female directors and executives within the organization. Mary Case and Father Joe Carroll lead the village collaboratively and minister to village residents as co-equals.

In a conversation with Father Joe Carroll, he remarked “The residents of the village are my guests. And, when I entertain guests or throw a party for my guests, I do not hold anything back!” St Vincent de Paul’s Village has succeeded in creating a warm and inviting, yet unobtrusive organizational culture. With the spirit of Father Joe’s hospitality, generosity, and his entrepreneurial spirit combined with the compassion, organizational, and professional expertise of Mary Case, Sr. Vice-President of Programs, the Villages have evolved into an entity that serves 62 single women, 28 families, and 150 single men on a long-term basis, and 80 single women, 40 families, and 270 single men on a short-term basis. 170 children reside at the village at any given time. Additionally, the village prepares between 3,000 and 4,000 meals daily for residents and guests.

A Child-Centered Approach

SVDPV has instituted a Children’s Services Program for those children who reside at the Village. Programs include Project Safechild for children birth to five years of age, a tutoring program for children in grades K-12, a school-age after-school program for children over five years of age, a junior / senior leader’s program for those in 2nd through 8th grade, and teen / pre-teen clubs.

2. Service Mall Approach

P.A.T.H. (People Assisting the Homeless)

Los Angeles, California

The Regional Homeless Center (RHC) for P.A.T.H. (People Assisting the Homeless) is 40,000 square feet of housing and supportive services dedicated to breaking the cycle of homelessness and poverty.

This facility, christened the “Mall,” is a one stop- center for the homeless. Here, 19 community and government social service organizations provide a comprehensive range of services and resources to the homeless population.

The RHC offers safe, clean housing, hot meals, showers, personal care services, employment assistance, vocational training, adult education opportunities, legal advocacy, public benefits assistance, health care, mental health care, and substance abuse treatment to the homeless. The goal of the RHC is to provide every service that a person would need in order to overcome barriers related to poverty and homelessness, thus preparing an individual or family for entry or reentry into permanent housing.

The PATHMall is “Los Angeles-friendly.” Services have been centralized under one roof so that clients do not have to travel all over town. This is especially important, given the sprawl of Los Angeles and the constraints of public transportation. PATH is located at the halfway point between downtown and Hollywood, two areas with large concentrations of homeless individuals and families and is easily accessible by subway and bus service.

The physical site itself is extremely attractive, inviting, bright, and well-kept. From the onset of one’s entrance into the facility at the reception area, it was evident that the staff treated all visitors, clients, and guests in the same kind and respectful manner. There was never a sense that the culture of PATH was a two-tiered one, with the homeless and the “housed” or “gainfully employed” juxtaposed against one another. An abundance of smiles and positive attitudes abounded within the halls of the PATH mall.

Organizational Culture

All PATH partners are autonomous and have the authority to hire their own staff and make executive decisions for their unit in the PathMall. Rent is provided to the partners free of charge. Quarterly meetings of all agencies and programs and their Mall Unit Directors are held in order to promote collaboration and cooperation.

What is particularly unique about PATH’s “one-stop” paradigm is that PATH raised the money, secured the building, oversaw the renovation, reached out to the service provision community, provided the space, invited the partners into the mall, while allowing their partners to remain organizationally and operationally autonomous. PATH employs one centralized computer system (PATHTrack) that is integrated between the agencies in the PATH Mall. Thus, notes and records for each client visit are accessible to all collaborating agencies. Clients thus become more accountable, while their needs can be better prioritized and their service delivery can be better coordinated. Duplication of services is less likely in this environment.

As a measured response to the growing number of homeless women with children, PATH has allocated 98 beds on the second floor of the RHC for single women with school-aged children. Women can stay at the facility and participate in this program for up to 6 months, but must find employment within the first 30 days. Their children attend school while the mothers perform job searches during the business day. While they are residents in the program, they are required to save 80% of their earned income in order to secure first and last month’s rent and a security deposit, if needed for their transition into traditional housing.

There are no charges or fees for these women who stay at PATH. The School on Wheels program and Century L.I.F.T. tutoring services, as well as other support services, are also housed on this floor, making it convenient for the children to receive assistance with school work, if needed.

PATH has succeeded in creating a collaborative culture that treats clients with dignity, while delivering tangible, measurable results.

3. Innovative Social Entrepreneurship **Delancey Street Foundation** **San Francisco, California**

Introduction

The Delancey Street Foundation (DSF) is a residential education center for ex-convicts, substance abusers, and former homeless persons. Mimi Silbert, its founder, calls her foundation "a Harvard for the bottom 2%." Having graduated over 15,000 in its 33 years of existence, the program provides residents an opportunity for a high school education and training in a variety of marketable skills. The program prides itself on the fact that it operates at no cost to the client or to the taxpayer.

Headquartered in San Francisco, the foundation also has facilities in Los Angeles, CA, Brewster, NY, Greensboro, NC, and San Juan Pueblo, NM. 500 DSF residents live in the San Francisco complex, while 500 more Delancey Street residents call these other four Delancey locations their home.

Organizational Culture

"Each one teach one" is the peer counseling motto for residents in San Francisco's Delancey Street apartments. Residents teach newer residents whatever skills they have to share ranging from the rules and procedures of the apartment complex to educational tutoring. One long time resident reports "if there is someone with a third grade education, that person teaches the resident with the second grade education." This process turns recovering drug addicts, alcoholics, prostitutes, violent felons and people who have generally hit rock bottom into "givers" as well as "receivers." More importantly, this process gives the residents a sense of responsibility, purpose and fulfillment that is evident on the smiles and greetings from all affiliated with the Foundation.

The San Francisco residential apartments are part of the Delancey Street Foundation, a \$70 million dollar housing and shopping development spearheaded by Mimi Silbert, a former prison psychologist who could not understand the revolving door that seemed to exist with prisoners returning to prison post-release. A key component to the Foundation is the rejection of government funding and the creation of businesses to support the Foundation. Businesses are run and operated by residents and include a well reviewed restaurant, moving company, Christmas Tree sales, an executive limousine service, a trucking company and a small state of the art theater used to screen daily film footage shot in the Bay area. Residents do not receive pay but do receive room and board and other essential services. It is estimated that roughly 60% of Delancey Street enrollees

never return to prison and 80% stay off of drugs. A key to the success of this model is credited to its founder's tenacity and dedication.

Extraordinary/Vision Leadership

Mimi Silbert, considered the brainchild of Delancey Street, created many of the concepts on which Delancey Street is founded based on her own life experiences.

"I was teaching criminology and psychology at U.C. Berkeley. I was also working as a prison psychologist and a group therapist in private practice. It didn't take me long to realize that everything we were doing with the prison population was wrong. It didn't matter how much brilliant therapy I provided; focusing on people's internal problems was not the long-term solution. Most of the people who fill up our prisons come from the underclass and are generationally poor. They don't know the first thing about making it in the mainstream - they don't know it attitudinally and they don't know it behaviorally. It's like they are from a foreign country and need to learn a whole new culture for living successfully."⁵⁶

Mimi Silbert also used her experiences growing up in an immigrant "ghetto" as she calls it, where relatives and neighbors supported each other until they were able to make it on their own. They all moved on to realize many aspects of the "American Dream" such as home ownership and formal education. She noticed that the individuals she worked with in prison did not believe they had a shot at the American Dream and the idea of it was foreign to them.

Shortly thereafter, Mimi along with a professor and a psychiatrist at UC Berkeley began to experiment with "the concept of giving as a way of getting healthy."⁵⁷ She states that she came up with the idea while doing therapy. She felt so good about all of the "thank yous" she received that she thought 'who would want to be the person having to say thanks all the time?' Mimi further states that the group began testing the idea that helping others is the best way to help yourself by giving you a sense of who you are and what you have to offer.⁵⁸

Another visionary, John Maher, approached Mimi and the two created Delancey Street. Delancey Street is named after a street on the lower east side of New York where immigrants lived in extended families. The original group survived by pooling their money and resources. It was decided at the beginning that they would not seek government grants. As time progressed, the group expanded and added members and businesses/money making ventures as opportunities presented themselves.

⁵⁶ Quote from Mimi Silbert in a profile of Delancey Street taken from, *The Business of the Heart: How Everyday Americans Are Changing the World*, Michael J. Glauser, 1999.

⁵⁷ Ibid.

⁵⁸ Ibid.

Noteworthy and Replicable “Promising Practices” Elements

The concept of an immigrant community with each resident looking out for the other in an 'extended family' type of dynamic is the core of structure at Delancey. Each new resident is placed within a “minion” of ten people with a veteran resident as the leader. Each member of the minion is responsible for themselves as well as the other members. This is done to break the code of silence that exists on the streets.

The first thing residents learn are personal skills including breaking old habits, facing themselves, dealing with change and getting along with other people. Residents are also taught the basics in personal hygiene since many have been homeless. This regimen includes keeping the body and clothes clean as well as how to dress. In addition, because many residents have never been able to hold jobs for long, the residents are taught basic work habits like showing up on time, following directions, and getting along with co-workers. When residents can show they can handle the above, they are entered into one of the Delancey Street vocational programs where they learn at least three marketable skills. This allows residents the ability to shift into a different career if necessary due to market shifts etc. These programs are run and taught by residents; there are no professional staff members.

Another aspect of living at Delancey includes the rules for residents. The rules include no violence, no threats of violence, no alcohol or illegal drugs. No children reside at Delancey Street and residents with children are actually discouraged from contacting their children or families if they are estranged, until that resident can get to a point in their development that they feel convinced that they won't cause more pain or damage to their families through reuniting.

4. Rebuilding Broken Social Networks and Child Centered Planning Homes for the Homeless / Institute for Children and Poverty New York, New York

Introduction

The American Family Inn Model is based on the concept of a residential, educational, and training center (RET) that serves as a family's home. Homes for the Homeless developed this innovative American Family Inn model of transitional housing, centered on the belief that lack of education is the root cause of homelessness. The four American Family Inns throughout New York City provide comprehensive and integrated on-site child and adult education, job training, health care and family support and preservation services to over 540 families, including over 1,000 children on any given day. The facilities host from 15 families at one site to 255 families at another. This model was developed through the combined efforts of the private, public, and non-profit sectors. Partners included Leonard Stern, President and CEO of the Hartz Mountain

Corporation, the New York City Mayor's Office, and the Cathedral of St. John the Divine.

Noteworthy and Replicable "Promising Practices" Elements

- "It Takes a Community to End Homelessness" – the rebuilding of broken social networks

Each American Family Inn resembles a manageable "village" environment. At the Prospect Family Inn, for example, the administrative offices are dubbed "City Hall" while the green space and play area is called the "Bronx Botanical Garden" and the public dining area is called the "Tri-City Diner." This model facilitates the rebuilding of lost or disrupted social networks among the resident families within the Inns. Thus, the Inns have enjoyed a remarkable success rate. 94% of all families who graduate from the American Family Inns remain in permanent housing.

- The power of metaphor: de-marginalization and de-stigmatization of the "homeless" residents of the American Family Inns through the renaming of the shelter as an "Inn"

Through years of experience, Homes for the Homeless recognized the power of both individual and collective labels, such as "living at a shelter." Thus, the RET Centers are called "Inns" and challenge the traditional notion of a temporary shelter. The Inns function as "transitional" residences for families, but this label has been removed since it creates an image in the minds of parents that they need not invest in their children's teachers at school or develop relations with their neighbors. There are no time limits for residents of the Inns. Other families and staff at the Inn become a family's teacher, friends, and counselors. The geographic location surrounding the Inn becomes their neighborhood.

- Addressing the claim that lack of education is the root cause of homelessness

The typical Inn has a child development center for infants and preschoolers on site, an accelerated after-school program for resident children on site, a public school liaison on site, a family literacy program on site, and an alternative high school for the parents on site.

- Treating families with "dignity"

The American Family Inn model consists of furnished private rooms, private bathrooms, and individual kitchens or family style dining areas, as well as 24 hour security for the residents.

- Dealing successfully with NIMBYISM – serving the surrounding community

The Inns are viewed by their surrounding communities as multi-service centers open to the entire community in need. For example, each Inn has a Family Crisis Nursery that offers emergency assistance to residents of the Inn and to individuals who live in the surrounding community.

The Inns are seen as safe havens for parents to leave their children in times of crisis so that they are able to respond to various emergencies. The Inns also are state-licensed emergency intervention centers for foster youth, with staff trained in family preservation, family unification, and family reunification skills

All of the Inns have succeeded in building strong ties with friends and neighbors in the communities surrounding the Inns. Residents of the Inns are encouraged to participate in neighborhood activities. As a result, neighborhood civic participation tends to increase in general with the presence of the Inns. The Saratoga Family Inn, for example, is proud of the fact that their neighborhood little league baseball team is currently the city sectional Little League champions in their area of Queens.

RECOMMENDATIONS AND SOLUTIONS

Our recommendations to the Union Rescue Mission are based on certain assumptions that are drawn from the Christian underpinnings of the organization. URM has based its mission on the premise that they have been given a command to care for those who are poor. This is part of the theology that stems out of the scriptures on which they guide their actions and is directly connected to a God who has a preferential option for the poor. Indeed, the basic tenets of Christianity recognize that all people are created in the image of God and, thus, must be treated as special, regardless of race, ethnicity, or social circumstance. If this is true, all strategic planning must take this as a given and all plans must be made to build the image of God in people. We recognize that given the pluralism in Los Angeles, URM needs to acknowledge that there will be numerous people coming through their doors who will have a completely different background and even religion than those who are employed at URM. Nevertheless, we also recognize that people who are most vulnerable and in most need of resources will often turn to religion for strength and support. They need to be invited to strengthen the spiritual aspects of their lives. This may mean, however, that URM will need to recognize differences in religion and be willing to allow people to choose.

Our research has also demonstrated that when people are treated with dignity and respect, regardless of whether or not they accept the Christian faith, people are transformed and can begin to reintegrate themselves into the larger society. This has become the key component in whether or not a program succeeds: when people are treated with dignity and respect, they are free to allow the image of God to shine through them and transformation happens.

We also acknowledge that URM's foundation as a Christian organization based on Judeo-Christian principles has given it the vision to care for the widows and the orphans who in today's modern city are indeed the mothers and children on the street. We affirm this vision and encourage URM to continue to build on this.

Our recommendations take these principles into consideration and recognize that to be successful in caring for women and children on the streets, URM will need to embrace spirituality in ways that are welcoming and inclusive and that do not create barriers. This means that there should be no distinction in the quality and care of services depending on a person's religion. Put more bluntly, there should be no preferential treatment for those who take on the Christian faith. Rather, all should be treated with equal dignity and respect. This is especially true if one accepts the demographic reality that the homeless reflect the pluralism and diversity that is found in Los Angeles. During our interviews, stakeholders perceived that at URM people need to accept Christianity in order to receive the best of the services. There is still a common belief that URM requires all people who receive its services to attend Christian worship services and Bible studies, regardless of their religious preference. This points out the need that URM has

of finding ways to dispel this perception and also continue to find ways to tailor its programs and services in such a way as to honor that diversity and affirm people's dignity. This is the way to transform life on the streets.

We present the following recommendations based on our research.

1. Affirm the focus on women and children

The continuum of care model that HUD affirms is a valuable way to assess the particular gap in service that URM can and should fill. It is clear from the research that the biggest gap is in services to women and children. Our research confirms that URM has indeed responded accurately to the need it has seen and is addressing one of the biggest gaps in the Continuum of Care. Over and over we heard from other service providers and advocates that URM is the only place women with children can go for emergency shelter. We also heard that women only turn to shelters as a last resort since this is not the environment or the type of place where they feel comfortable. But it is off the street and provides some form of security for their children. URM needs to continue to provide this emergency service and intake, but it should be considered as only temporary, a place for the night before the family is moved to another site away from Skid Row.

Jeanette Rowe, Program Coordinator with LAHSA, expressed the sentiments of one woman with two children:

I just got a call from a young woman who has two children, ages six and seven. She works full-time. However, her rent has reached the point where she can't afford the apartment she is living in and is being evicted. She called to LAHSA, as she has been on the phone most of the morning calling agencies throughout the county. Every agency she called referred her to the Union Rescue Mission. She didn't want to [go to URM]. She is afraid of Skid Row. She's never been homeless before and said that there must be something else available for my family that's not in Skid Row.⁵⁹

Union Rescue Mission must be made aware of this perception of Skid Row by homeless families. These findings affirm URM's vision to establish satellite centers outside the downtown core area. This is of utmost importance to the women and children who are on the streets currently.

2. Establish Family Centers

We affirm URM's vision to establish a family center for women and children. We also recommend that URM consider establishing centers that are smaller, more intimate, and designed to build community. People we interviewed and studies we read

⁵⁹ Interview with Jeanette Rowe, Program Coordinator, LAHSA, July 8, 2003

all report that there is a strong sense of isolation and loss when people move onto the streets. In effect, as mentioned earlier, social networks that would ordinarily have provided a safety net for them have broken down. We observed the social community that many of the homeless have built, evidence of the human need to connect. A recent report released by the National Commission on Children at Risk finds that humans are biologically “hardwired” to connect with each other.⁶⁰ URM can build on its theological Christian base that humans were created to be in community and seek to model this type of community throughout all its programs.

These family centers should not be located within the downtown core, but should not be too distant from it or from modes of transportation in order to facilitate connections with jobs. This recommendation surfaced in some of the interviews with stakeholders: "They could set up small satellites in other communities outside of east central Los Angeles. That's the problem; it's all centrally located down there which is bad and good."⁶¹

We believe that this is an opportunity for URM to become a catalyst for the churches by seeking a supportive network of churches in the vicinity of the family centers. In this way, URM can encourage and help teach local religious communities how to embrace the poor and integrate them with their own church activities. URM can also benefit from resources within the local congregations. As Deirdre Skelton, coordinator of the L.A. Unified School District Homeless Education Program, says,

There [are organizations like] Catholic Charities which provide a whole wealth of services but I have found that there are a lot of little local churches that have food giveaways and clothing giveaways. ... There are some churches that have a rectory or the pastor's house and they will allow people to stay there but that is not anything that is advertised. They may know someone who may have a room or space within their congregation. They may know of what I call hidden resources."⁶²

Other advocates endorse the role that a faith-based organization like URM can play to help link churches with the types of services available for people. Margaret Quinn says:

So often families are referred to churches who can only maybe provide food or maybe an immediate need issue. But there is no real connection yet with social services to make that referral, for example, for appropriate services such as mental health and DV [domestic violence], and it's the recognition of those families and being able to refer them to the appropriate agency to serve them,

⁶⁰ “Hardwired to Connect: The New Scientific Case for Authoritative Communities.” Commission on Children at Risk, 2003.

⁶¹ Interview with Jian Graham, June 30, 2003..

⁶² Interview with Deirdre Skelton. September 25, 2003.

where I think they [faith based organizations] become a vital link to what social services are available.⁶³

Pools of volunteers from congregations would thus be readily available for mentoring, tutoring, job training, etc. The centers could easily become community centers and the people living in them would be surrounded by a broader community of support and care. This type of community is transformative because it is not just a one way street where people come and give charity and then leave, but rather where relationships develop and the people in the family centers find ways to give back to the volunteers, and also give the same type of help and support to one another.

Characteristics of these family centers:

- Based on the successful models, it is important to take into consideration the ages of the children who are with their mothers. If at all possible, family centers should encompass infants and toddlers, young children, elementary age, and teens in separate sections or centers so that services can be tailored to the needs of the children. One of the biggest problems right now in Los Angeles is the problem faced by women with a newborn baby. The shelters do not allow them to stay for fear of contamination. Yet the streets are significantly more dangerous and threatening for the health of both mother and child. URM could establish a wing of one of the family centers that would allow mothers with newborns to stay in safety. Another problem is faced by mothers with pre-teen or teen-aged sons. Often teenagers are not allowed to stay with their families and end up leaving the shelter and living on the streets. URM could also establish a wing of one of the centers for families with teenagers and find creative ways to work with these teens.
- Take into consideration the cultural and ethnic diversities of the people who come to URM. Interviews with advocates and the Downtown Needs Assessment all point to the fact that there are huge differences and disparities between the different types of people who are homeless. Not one center fits all people. Immigrants may desire more community gathering spots, whereas long-time Angelenos desire privacy. The demographics point to the fact that there are growing numbers of Hispanics and Asians on the streets. URM needs to hire a consultant that can help guide them in the specific needs that Hispanic people or Asian might have versus those who are African American or non-Hispanic whites.
- Provide green space for kids. Our observations in the surrounding blocks of URM revealed a lack of green space for children to play safely.

⁶³ Interview with Margaret Quinn, July 7, 2003.

Children at the family centers need to have an opportunity to learn how to care for God's creation as well as learn how to play collectively and collaboratively with other children. Working in a garden, planting, watching these plants grow, can serve as a way to teach children how to care for the land and how to be nurturing. This is an important part of growing up and should be an essential part of the way in which homeless children can feel safe and develop healthy self-esteem and social attitudes.

- Create community learning centers. Each family center should have a community learning center where residents and neighbors can take advantage of computer training, tutoring, mentoring, and other types of classes. In particular, this could be used for classes on domestic violence and child abuse which could be taught by professional people within the network of surrounding churches and would be a way to help prevent the violence that often makes women homeless. These types of activities that incorporate the surrounding community residents will help mitigate against NIMBYism.
- Provide a sacred space where people can go to reconnect within their own faith tradition. In our visit to the sites we talked about earlier in this report, we saw that space had been set apart for personal meditation. We were told that many of the residents use these spaces for private prayers, especially when they are facing difficult situations. Furthermore, URM could network with local churches, synagogues, mosques, for chaplains in the different faith traditions to come and minister to people of their faiths.
- Safety is a central concern to many of the women. In the interviews conducted by the Downtown Women's Action Coalition and Shelter Partnership, many of the women claimed to have been attacked while on the street, raped, and in general felt unsafe. So a safe environment is important to them. However, the safety procedures that are put into place work most effectively when they are centered on the needs of the women and not on the needs of donors or volunteers. At the sites where we visited, there were systems developed that protected the women without the feeling of restraint. For example, at Delancey Street Foundation, the housing is gated and only residents can enter. Once inside, it is a free movement. At Fr. Joe's Village people in different stages of treatment or in various stages of transitional housing lived on separate floors in their own apartments. Communal spaces were self-patrolled with security guards who were or had been clients.
- The design of the facility should be such that it elicits a feeling of family, of community. In all the sites we visited, a central courtyard was surrounded by the transitional housing/apartments. This way people can be in their apartments for privacy or be in the courtyard with the children

playing, or in one of the other community rooms. We recommend that URM hire an architect to design the space and that a committee be formed of women who are already in their programs in order to ensure that the issues important to them are considered in any future site.

- Finally, the staff to run the family centers should be in the majority people who are coming through the URM programs. We found this to be an excellent model, particularly at Delancey Street Foundation, where every single staffing position is filled by the homeless themselves, from management staff to janitorial staff to the chef in the restaurant and the waiters serving tables. There was an obvious pride they all felt in how the place looked and how it was run. A basic tenet of the Delancey model is that whatever a person learns, he or she has to pass it on to somebody else. In this way, there is a consistent give and take and people learn to care for others in the same way that they are being cared for.

3. Place Children at the Core of Planning

The National Commission on Children at Risk in its recently released study recommends the formation of “Authoritative Communities” for children. By this they mean communities structured in such a way that provide boundaries for children but at the same time provide the kind of support, love and encouragement that they need. They define authoritative communities as groups of people who are committed to one another over time and who model and pass on at least part of what it means to be a good person and live a good life. The Commission emphasizes this by saying, “We are convinced that building the village in short, building authoritative communities, in some cases from the ground up must become a primary goal for all those who are committed to reducing poverty and inequality in the U.S. and to improving the life prospects of our neediest children.”⁶⁴ These are precisely the type of communities that we envision around the family centers. They would surround both the parents and the children with an extended family of people who can nurture, encourage and support one another. As the Commission warns us, “The various social environments that we create or fail to create for our children matter a great deal, for both good and ill. They matter not only because of all the soft reasons with which we are familiar, such as the desire to ‘help’ a child or be a ‘good influence’ on a child, but also because of the hardest facts now flowing from our microscopes and laboratories. These hard facts tell us that the environments we create influence our children’s genetic expression.”⁶⁵

We recommend that the program that URM establishes be planned for and around the children. Some of the stakeholders we interviewed felt that there was no intentional attention being given to children at any of the shelters and that most of the programming for them was an afterthought. One said:

⁶⁴ Op.Cit., p. 55.

⁶⁵ Op. Cit., p. 20.

So many of the programs have an excellent program but the kids are always the last thing, they are the afterthought... they're so far down the list that when you get to them there is little to nothing. Parents and adults have the right to make the decision of what they're going to do. You have a better opportunity to impact the kids.⁶⁶

Jeannette Rowe of LAHSA puts it this way:

I know a lot of families who have gone through there [referring to URM specifically] and they are unique in the sense that for a long period of time now they've dealt with families without actually providing services for them...They [URM] deal with survival needs, which are the number one item, but there are other needs as the family stays in that situation."⁶⁷

While there are some excellent programs for children in the area, such as Las Familias del Pueblo with Alice Callaghan, or the programs at the community church, on the whole we found that service provision is focused on the adults and the children fit in around these services. Thus we believe that planning from the very start at the family centers should include issues that are important to children, i.e. space, tutoring, a children's library, counseling, physical health programs, music, dance, art, gymnastics: all the things that it takes to develop a child into a fulfilled human being. This is not just important, it is essential. One homeless advocate makes the point by referring to the psychological impact living on the streets can have on children: "[The children begin to think] that this is okay, this is life, this is what you will grow up to be, there is nothing wrong with this, this is acceptable behavior, an acceptable lifestyle."⁶⁸ Another one talks about the shame a child feels at being homeless that is reflected in just a simple thing like doing homework:

No place to do homework, no place to put your stuff, no place to prepare for the next day. We don't even think about it, it's like air, we don't think about air until we don't have it. You need a place for your stuff... These kids are at a real deficit because they come in and their homework is not done...The shame of being homeless, no kid is going to say 'well look, I'm sleeping on the floor in a sleeping bag, I have no place to do it.' ... They want to be regular so they are not coming to school explaining their whole situation.⁶⁹

These comments point to the necessity of providing some sort of counseling or therapy to children. Deirdre Skelton makes the point well as she talks about the needs of the children:

⁶⁶ Deirdre Skelton, coordinator of the LAUSD Homeless Education Program, September 25, 2003

⁶⁷ Interview with Jeanette Rowe, Program Coordinator, LAHSA, July 8, 2003.

⁶⁸ Interview with Ted Hayes, July 8, 2003.

⁶⁹ Deirdre Skelton, Op.Cit.

I think they definitely need some type of counseling, I don't know so much about the traditional sit down and talk; these kids need play therapy. A lot of these children have witnessed things I've probably never seen in my life. How do you process that? Kids don't have the vocabulary and they don't have the maturity to say 'oh gee, that really disturbed me, I think I am really upset'. They suck into themselves or they act out or they are moody. They need a mechanism to get it out. If you are not going to have therapy, I think every shelter should have a coloring session because that is very therapeutic. [T]o have kids sit and color because it will come out doing that. Everybody can have a coloring room, call it art. You've got to draw me something, paint, color ... because subconsciously whatever you're going through, you pick those colors and you know, it comes out...A lot of kids have a love hate, that anger, towards authority, towards caring people because everyone knows that your mother is supposed to take care of you. It's hard for these kids to trust and little things seemingly innocent things can trigger who knows what in their minds."⁷⁰

Along this same line, we recommend child care and after school care programs for children. If the mothers are to be able to get a job and keep it, they must be able to leave their children places where they are secure. These are opportunities for early childhood development. We recommend that URM partner with East Los Angeles City College to set up a training center at the day care center where moms can receive certification and can use this to eventually get a job in such a center or maybe even establish her own. This partnership has worked successfully with the women at Dolores Mission in Boyle Heights and we recommend that URM contact them. Another possible collaborator is the California Council of Churches (CCC) who has targeted child care as an area of focus and has received funding to help the faith community establish child care centers that comply with government regulations. CCC staff person Cathy Cooper-Ledesma has established a network of child care providers in Los Angeles area and has expertise in how to set up day care centers. We recommend URM collaborate with CCC.

Finally, we recommend that the facilities which house the women and children to be planned in a way that takes into consideration the physical and nutritional needs of children. Under the present URM structure, this has been difficult and a challenge. As one advocate states, "At URM the kids are particularly challenged because they get up at the crack of dawn there, and to my knowledge, the kids don't have breakfast.... My kids, when they get up in the morning, in an hour, they are hungry. [When] you've got hungry kids, you've got some bad kids."⁷¹ One way to help solve this problem is to make kitchen units available for mothers to keep extra food for their children. PATH provides a general kitchen with snacks which are available for mother's to access for their children.

4. Establish a New Model for Volunteerism

⁷⁰ Ibid.

⁷¹ Ibid.

While we have not referred to volunteerism much in the previous sections, our research indicated that the use of volunteers is one of the strengths that the Union Rescue Mission has. Indeed, this asset makes it a model for other organizations in the downtown core area. At the present moment URM uses a host of volunteers to work in its programs although of the 13 areas of service that URM has most of their volunteers primarily work in food services, warehouse, and the women's and children's guest ministries. The director of volunteer programs at URM estimates that about 5,000 help out at the mission in the course of a year. This is a tremendous gift to URM and translates into thousands of dollars of in-kind services. This, we believe, gives URM the opportunity to establish a new kind of model for volunteer work around the family centers.

Our recommendation is drawn upon the important role that volunteers play in American society. Americans volunteer in significant numbers. In 1998, 56 percent of the adult population volunteered with various types of organizations and in 2000, 44 percent of the adult population (or 88 million individuals) in the U.S. volunteered.⁷² Although we do not know what percent of the U.S. population volunteers to religiously based homeless shelters, we do know that the largest proportion of U.S. volunteers are those who volunteer with religiously based organizations where they visit the sick, distribute food, teach Sunday school, serve on a church committee, assist in worship, etc. Also, another substantial proportion of volunteers are involved in human service organizations, including social services for the homeless. For example, the 1998 Independent Sector survey found that 14% of all volunteer activity was in the area of religion and 10% was in the human services area. In 2000, again, the largest proportion was volunteers to religious organizations.⁷³

In 2002, in a national survey on volunteering which found a smaller proportion of Americans who volunteered than found in the Independent Sector surveys (possibly due to different survey methods than the Independent Sector), the U.S. Bureau of Labor Statistics also found religious related organizations attracted the largest proportion of volunteers (34%) and social and community service attracted 12% of volunteers.⁷⁴

Union Rescue Mission has the opportunity to continue to tap into this pool, but to do so in a more strategic and community building way. As URM develops its networks with churches in the vicinity of the new family centers, it can recruit from those churches to come and work in these centers. The ultimate result is that the churches are given the opportunity for reaching out to the widows and the orphans and at the same time they are engaged in a community transformation project that can have an impact in the neighborhood. This kind of working together is what is referred to a "building social capital."⁷⁵ It is building the community by working across barriers of race, religion, or

⁷² Independent Sector 1999 and 2001.

⁷³ Ibid.

⁷⁴ Bureau of Labor Statistics, Department of Labor, 2002.

⁷⁵ Putnam, Robert. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster, 2000.

ethnicity. It is ultimately what will develop the extended networks of relationships that becomes the safety net for people at the margins and will close the revolving door to homelessness.

In order to make this a successful program, URM will need to train its staff and the volunteers to think about the work they do as development and not as relief. They will need to pull from their tenets of Judeo-Christian tradition that admonishes God's people to strengthen weak hands and make firm feeble knees and to encourage those who have a fearful heart.⁷⁶ This development model means coming alongside the homeless and giving them the skills and strength to walk on their own. In this way volunteers can also become advocates for them. They will be perceived as people who can indeed be mentors and role models. The fact that these volunteers will be coming from the surrounding churches and will be a diverse group of people will help change the impression that some homeless advocates have about the volunteers on Skid Row, that these volunteers are primarily white middle class people who don't live in the neighborhood, and who, according to some, may have compassion but they have no passion. URM must train their volunteers to think of their work as a lifestyle, a way of being. URM needs to take the good will of the people and convert it into a way of advocating for the poor.

The current belief among the homeless regarding the spiritual focus of many of the missions on Skid Row is summarized by the following quote from one who lives among the homeless: "It's a standing joke among the homeless. It's called the Great Mission War—it's been going on for years. They fight for the souls of the people, which are really numbers, for each number that comes into their mission, that turns over to a dollar, and it goes to the Christians...."⁷⁷ Homeless individuals should feel that religious service providers are there to help, not to compete with one another.

As URM works on recruitment it must not forget that in the vicinity of the newly formed family centers there may be a host of other institutions aside from the churches that may be able to provide particular skills and opportunities for the residents of the centers. For example, resources at local colleges and universities can be tapped for volunteers and for expertise. Schools of Social Work and of Public Health can be sources for placement of student interns who need to gain practice in the field. The surrounding businesses can be key places for placing residents in jobs that will help stabilize their lives. The opportunities are many. Union Rescue Mission must rise to the challenge.

5. Develop Collaborative Partnerships

⁷⁶ The book of Isaiah from the Holy Scriptures, Chapter 35, verses 3-10. (New Revised Standard Version)

⁷⁷ Confidential interview.

Union Rescue Mission has already begun to reach out across agencies and build partnerships. This is evident in working with UCLA on the medical clinic, with USC on the dental clinic, and with Pepperdine University on the legal clinic and mental health clinic. These are excellent ways to tap into local resources. We affirm URM in this process.

However, we propose that a collaboration model be developed between all the service providers on Skid Row to effectively eliminate some of the problems of access of care that the homeless have complained about. We affirm the recommendations made by Michael Cousineau in his report on the health and mental health of homeless people in the downtown core. We build on his model by including all service providers, not just those working on health. The PATH model for collaboration is one that we would recommend as well. Something similar should be established in the downtown Skid Row area.

Some of the important elements for this collaboration include:

- A centralized computer system so that all service providers would have access to clients' records and thus duplication of services will not occur. This is definitely a controversial issue, since some advocates feel that this is an infringement on the privacy of the individuals. Nevertheless, there are ways to mitigate against this and still protect the individual's privacy.
- The creation of uniform intake forms so that all the information gathered at any point of intake will help guide the proper care and service of a client.
- A coordinated referral system that will be linked to the computer system in order to share information on clients, respecting their decision to share personal information.

6. *Appoint a Female Staff Person to Oversee All Programs Related to Women and Children*

One of the things that stood out to us at the sites we visited was that women played a very important role in the way programs for women and children (and for the men as well) were run. Even if the executive director or president was a male, the person in charge of programs was a female who had all authority to do what was needed. This woman serves as a mentor and role model to those who are going through the program. We were impressed with the uniformity of this important role. We found this doubly important as we read through the 400 interviews of homeless women at the Downtown Women's Center and talked to numerous people working with these women because of the many physical, mental, and emotional needs that these women have. Jian Graham said that based on her own experience working a drop in center on Skid Row, she found that being a woman helped her relate more to the trauma these women have experienced:

"Most of the women that I worked with that had severe problems were suffering from trauma. ... When I say trauma, I'm talking about mostly early childhood sexual abuse probably by [their] father or mother's boyfriend. An awful lot of that."⁷⁸

We recommend, therefore, that URM appoint a female to oversee all the programs, particularly and especially those that relate to women and children. This person would have an executive level position and would report directly to the Executive Director.

Some of the qualities and qualifications that this person should have are:

- A background in social work or public health, preferably a licensed social worker
- Experience working in Los Angeles and thus familiar with the players and politics of the city
- A vision for working collaboratively with other agencies and partners
- Experience in management or public administration
- Strong skills and experience in advocacy

7. Pursue Business Development and Training

One of the important ways in which various organizations have closed the revolving door to homelessness is through job creation and development. Forming businesses where clients can be trained in a variety of skills that will help them secure a firm job in the market is a crucial element in the success of any program. Business development also serves as a means of recycling funds back into the organization. Money invested in these businesses can be brought back through profits that support the services rendered. Given the demographic reality that poverty is clearly at the root of the problem of people living on the streets, improving their economic futures will ensure that they do not return to homelessness.

Union Rescue Mission has begun such an effort through the establishment of a laundry business. We are pleased that this came about through a group of University of Southern California students working with one of our research faculty. Their research indicated that establishing a laundry business that would provide a service not just internally but to other local organizations as well. Their business plan indicates that it will be profitable in a short time. The name of the business is Clean Start.

Clean Start is an example of the way in which we believe URM can help to close the revolving door to homelessness and at the same time creating a resource for the community. By establishing businesses that can employ the homeless, people will begin to regain the resources to become self-sustaining. In the process, they will rebuild their own self-esteem. We were impressed with the number of businesses that have been established at the sites we visited, particularly at Delancey Street Foundation, see appendix for more detail. What was striking to us is that employees in these businesses were clients themselves who were receiving no pay. Instead, they were gaining skills and

⁷⁸ Interview with Jian Graham, op.cit.

experience that would later become a part of their resumes when they reenter the job market.

Delancey Street Foundation has established a top class restaurant, an auto-mechanics shop, a café/delicatessen, and a print and graphics shop. The establishment of a bakery is another possibility since many people in that vicinity would desire these baked goods. Furthermore, they can be taken to supply other restaurants and cafes in Los Angeles. These are all potentially the type of businesses that can be developed at URM and at the family centers. Some of the businesses could provide services to the downtown core. Others could be at the family centers and could support the work of the URM as well as provide gainful employment. Given the demographic reality that the majority of the people URM serves have at least some high school education, there are many possibilities for staffing these businesses at a variety of levels and with people with a variety of skills. Even the 39% of the women who have no high school education can be trained to work in the businesses and gain skills they can later use. This can also be an important way of helping the immigrant clients gain skills that will help them get and keep a job.

We also recommend that URM develop partnerships with businesses both in the downtown core area as well as in the neighborhoods surrounding the family centers. We interviewed businesses that were already hiring people out of the homeless population and found them to be very positive about this approach. Chris Nakagawa, President and CEO of Centinela Pet and Feed, has experimented over the past four to five years with employing single men from the Midnight Mission. He is now the largest employer for graduates of the Midnight Mission program, employing between 7-12 graduates at any given time. Although there have been challenges along the way, Nakagawa no longer requires referrals from temporary employment agencies for his labor, as he has found a pool of viable employees through the mission program. Nakagawa presently employs a total of 130 in his business and is considering the creation of opportunities for homeless women with children, as well, in his business. Placing people who have moved through the programs at URM with local businesses will also improve relationships with those businesses and will help local merchants to have a better understanding of the work URM does. They, too, can then become advocates for the homeless. We believe that building personal relationships between local merchants and the homeless is one of the key ways to break down the isolation that the homeless feel and the stigma that is attached to their status. URM can be a catalyst for this.

Support from local businesses need not be unanimous to permit a project to succeed. More crucial is the financial and other support that at least some business groups may be willing to provide, and the need to defuse potential business opposition in the downtown through compromise and cooperation.

In order to accomplish the goal of business training and development URM will have to place it as a priority in its program and appoint a staff person at the executive level to oversee it. It would be preferable for this person to have experience in Los

Angeles in order to understand the politics within the city, but this is not essential. The staff person should have experience establishing micro-enterprises, a heart for development, and experience with people who have a low self-esteem. URM can easily take advantage of resources close to the Los Angeles downtown area, such as Trade Tech and USC Marshall School of Business who can assist with training and with placement of students to support the work. We believe that there is huge potential for a reliable work force and one that can easily be trained, given the demographic statistic on educational attainment for these people. Many of the homeless have the capacity to learn and to learn quickly once the other issues they are dealing with are being cared for, such as mental health, substance abuse treatment, and low self-esteem. A holistic program within URM already includes many of these components. We recommend that it also include economic development.

8. Foster Partnerships with Business Improvement Districts and Safe Teams

An integral part of a holistic approach to dealing with the issue of homelessness in Skid Row lies in partnering with the Business Improvement Districts and the SAFE Teams that work in the BIDs. Tracey Lovejoy, executive director of Central City East Association, points out that many of the businesses in the Skid Row area will hire the homeless for cheap labor to unload trucks or perform other menial tasks. If URM or other missions could provide a labor pool for these businesses, this would lessen the possibility that businesses with good intentions are enabling homeless individuals to pay for their drug habit. The establishment of a labor program similar to Chrysalis would create an additional pool of labor for the BIDs to tap into.

Both Central City Association and Central City East Association employ individuals from the Chrysalis program for street cleaning and maintenance services such as picking up trash, graffiti removal, pulling weeds, and machine washing of the sidewalks. Central City Association presently employs fifteen people who have recently emerged from homelessness and has provided them with entry-level jobs. Although not employing Chrysalis members, the Los Angeles Fashion District's "Clean Team" is comprised of 40% formerly homeless persons, as well.

The SAFE teams that patrol the BIDs on bicycle or on foot 24 hours a day, seven days a week, have also commented that their perception of social service provision in the Skid row area is one in which many of the homeless that they encounter on the street desire help and services. However, the excessive rules and regulations create barriers for many of these people on the street. The SAFE teams, as law enforcement personnel and as frontline "ambassadors" have valuable input as to how service providers could be more "user friendly" for those who appear to be "service resistant."⁷⁹ SAFE team officers in the Fashion District are being trained in skills to deal with mental illness, and other specialized service areas that involve their encounters with the homeless.

⁷⁹ Interview with Kent Smith, Executive Director, Los Angeles Fashion District, January 10, 2003.

A number of SAFE team members also commented that they encounter homeless with crises over the weekend or at 2:00 AM on any given day when there is no intake or services available to these homeless individuals or families. Some dialogue about these sorts of scenarios would be extremely beneficial for all of the partners involved.

A well-established literature on urban politics in the United States regards the Business Improvement Districts, the developers and other business associations as the critical actors for any successful project of governance such as the efforts to treat the problem of homelessness in downtown LA.⁸⁰

The partnership with Business Improvement Districts, Safe Teams, religious institutions, nonprofit organizations surrounding the established Center can help to mitigate issues of NIMBYism.

9. Appoint an ombudsman

A scholarly study of 15 homeless movement organizations around the country revealed that established institutions like URM can lend the organizational and framing assets needed for a social movement to attain outcomes.⁸¹ Advocacy tends to involve local stakeholders, including city staff, local advocacy coalitions such as LAHSA, and other providers. Such involvement is not without benefit in times of securing funding or political support. Thus, advocacy efforts may be seen as having multiple outcomes, some not unrelated to enhanced program or site development.

We recommend that Union Rescue Mission appoint an ombudsman that would serve as a liaison between URM and public and private organizations. This person would be the advocate that URM and the homeless they serve need. This would also free the President of URM to be more involved in fundraising and guiding the vision of URM and not get pulled into the issues of advocacy. This person would also help build relationships with churches and other agencies in the surrounding neighborhoods of the family centers. In addition, this person could be present at national forums on the homeless, advocating for them and helping to raise the holistic issues that URM has found important in its mission.

Finally, this ombudsman should also have the authority to listen to criticism or complaints about service delivery within the Mission, and should have the ability to report these complaints to the appropriate unit within URM.

10. Establish a Fund (Credit Line) for Women and Families

⁸⁰ Stone, Clarence J. *Regime Politics: Governing Atlanta*. Lawrence, KS: University of Kansas Press, 1989.

⁸¹ Cress, D. M. & Snow, D. A. (2000). "The outcomes of homeless mobilization: The influence of organization, disruption, political mediation, and framing." *American Journal of Sociology*, 105(4), 1063-1104.

We recommend that Union Rescue Mission establish a fund or credit line that women and families can access as they re-enter the housing market in Los Angeles. As we described above, the lack of affordable and low-income housing has moved more and more people into homelessness. Once they are on the streets, it is very difficult for them to re-enter the housing market. That is why we believe the family centers should include housing at various stages, allowing women to gain the skills and ability to move back into permanent housing. The problem is that they often do not have the first and last month's rent that is needed. A fund or credit line would provide funds that the heads of families need over a six-month period in order for them to move out of their programs and to keep them from falling back into homelessness.

We recognize that there should be certain requirements for people to be able to access this fund. These can be met in collaboration with partnering universities and colleges who could offer their expertise. Components could include:

- Courses on budgeting, financial management, rights as tenants and/or homeowners, etc.
- Support groups: these would serve to hold each other accountable and to give each other support in times of crises
- Counseling classes that would help with self-esteem issues, parenting issues, how to relate to landlords, and other problems encountered as they prepare for re-entering the housing market

11. Establish a Strong Advocacy Program for Affordable and Low Income Housing in Los Angeles

Given the fact that one of the major causes for homelessness in Los Angeles is the lack of affordable or low income housing, we recommend Union Rescue Mission to become a strong advocate for low income housing, particularly in the downtown core area. This is especially advisable if URM is serious about its desire to close the revolving door to homelessness. The lack of low income housing not only pushes people onto the streets, but keeps them there for lack of resources to pay market rates. URM needs to join forces with LAHSA and the L.A. Coalition to End Hunger and Homelessness and push for laws that encourage the development of housing for those with scarce resources.

URM can join forces with other faith-based groups and work in coalitions to campaign for this issue. Our research in other parts of California has shown how effective these coalitions can be, particularly when the faith institutions join them. These bring a host of people who help get the message across to the politicians and other interested parties. Furthermore, URM can work with its volunteers to educate them about the issues and these people can take the message back to their churches and communities in order to build a stronger base of support. The issue of affordable housing is at a crisis point in cities throughout California. URM can be a model to other missions across the state on how to partner for change.

CHALLENGES FOR UNION RESCUE MISSION

We recognize that in the implementation of any of the above recommendations, Union Rescue Mission is going to encounter many challenges and barriers. We list here some of those that we think are the most important and offer some suggestions for how best to encounter these challenges

Funding Resources

Since the issuing of the Executive Order that created the White House Office and Faith-Based and Community Initiatives and the five Centers for Faith-based and Community Initiatives on January 29, 2001, a plethora of religious institutions, organizations, or congregations have demonstrated their desire to apply for federal funding to either ramp up and expand their existing social service programs or to launch new ones. Although many barriers have been eliminated in the process of applying for federal funding since 2001, numerous areas of church-state law remain untested in the courts.

Some of the gray areas include, for example, the operation of federally-funded substance abuse program operated alongside a privately funded, pervasively sectarian “religious” activity such as worship or religious instruction. One of the recommendations made by Directors of Centers for Faith-Based and Community Initiatives was the establishment of “separate time” and “separate place” for these types of activities.

SAMHSA is in the process of launching a new division under Substance Abuse Recovery called “Access to Recovery” which would allow drug treatment consumers to choose their treatment program through the use of vouchers which would be distributed to the states. At present, the department has requested 200 million dollars in the pending federal budget for this program. This would allow consumers to choose to use federal dollars to attend and participate in a faith based treatment program that may not have been allowed under the prior system.

It is important for URM to continue to stay abreast of the fluid constitutional and legal environment surrounding the implementation of the Charitable Choice provision in California, as well as other aspects of the implementation of the Executive Orders issued by the White House Office of Faith-Based and Community Initiatives.

Another area impacted by funding is the issue of faith-based services delivery. In general, most interviewees supported URM’s move to start a new 501(c)(3) “if they’re going to see any government money.” But Jeff Farber, chief operating officer of the Los Angeles Family Housing Corporation, observed that having a new 501(c)(3) will inevitably “change their programming...and in many areas impacts their overall

agency...at an infrastructure level and also at a service delivery model.” Undoubtedly, URM is carefully considering implications such as these. Although local funds may carry additional constraints beyond compliance with 501(c)(3) guidelines, local funds comprise a relatively small percentage of available government funding of an advocacy role on behalf of L.A. at the federal level. URM may have a unique position given its membership in an organization with an existing national presence.

Clearly, funds matter. When certain funding may create dependencies or have ordinances attached, independence means circumvention as in the case of FJV. Even when public funds mean survival, as for WCC, different sources carry different levels of restrictions. As for procuring more funds, Casey’s analysis suggests a political interplay between funding at different levels. Greater advocacy at the local level may leverage federal funds.

Another challenge is to find funding to keep providing the needed services to those who are at the bottom of the homeless rung: people with severe mental health issues, drug and alcohol addiction, or a long-term history of living on the streets. Programs that serve this population are always the hardest to fund because there are fewer “success stories” than people like to see. Yet our research has shown that faith-based groups such as URM are often the most successful in treating these cases because of the strong spiritual component to the program. Churches and people within the faith community can continue funding these programs, but we believe that if URM can demonstrate the effectiveness of its program of rehabilitation, federal, state and county funds can become available. The challenge is to develop a productive and collaborative partnership with LAHSA and other service providers so that the funding streams open up more readily to URM.

Securing governmental funding, especially from the federal or state government, would bring the added benefit of enhanced political and community support for URM. Although governmental support may tie the Mission’s hands more than before, most other homeless service organizations have concluded that the resulting benefits outweigh the costs.

Challenges to Collaboration

One of the challenges to building collaborative partnerships with other service providers in the city and county is for URM to be able to retain its foundation on spiritual transformation without alienating the other providers. We believe this is possible by making it very clear to all clients that Bible studies, worship services, and other religious programming are not a requirement in order to receive the service. Once service providers realize this, it will be much easier to convince them to collaborate. Furthermore, there should be no distinction between serving people who do attend the religious services and those who do not. URM could partner with secular agencies that have substance abuse treatment programs, for example, and refer people who do not wish to participate in the daily Bible study and worship to those agencies.

Union Rescue Mission is acknowledged by others in the community for bringing people together to dialogue over common issues. However, many expressed frustration with the fact that nothing more ever came of these meetings. In the words of one person interviewed regarding the downside of participating in other collaborative efforts in Los Angeles: *"There is no follow up! Nothing much comes out of it. Some of them are really stimulating meetings and you feel really great and then you go home and that's the end of it and you say, yeah, whatever happened to that? Nothing!"*⁸² In order to mitigate against this happening, URM can take leadership and make sure that at the end of every dialogue there is a plan of action to follow through with decisions made, and that there is someone responsible for implementation.

We applaud the way Union Rescue Mission opened its doors to LAHSA in an emergency situation and its willingness to bend the rules. We are convinced that this type of openness and collaboration will bring a host of good will in URM's direction and make them an important player in the City.

URM's organizational structure

We have recommended above some additions to the URM staff. There is a definite need for diversity both at the Board level and at the staff level for organizations such as URM who work with such a diverse population. There is currently a perception in the community that while URM has indeed made some strong leadership appointments of people who are more representative of the people they serve, it will need to continue to work on this, particularly at the Board level, in order to put into action a transforming strategic plan. One way to go about this is to have the present leadership begin training someone who has gone through the URM program and develop their ability to carry on the work. Every site we visited was using former clients in some very key positions.

In addition, URM will need to begin looking for a woman who will serve at an executive level for oversight of program related to women. This is quite a challenge as it has to be a unique person. URM would do well to talk extensively with the women running other programs such as the ones we visited and getting recommendations on qualifications and even suggested names of possible candidates. URM could also contact USC's School of Social Work and other similar agencies for suggestions and recommendations.

Working with those who will always remain homeless

One of the challenges that URM faces is that there are people who are referred to as "service resistant," those who do not seem to want any of the services that are provided for them. Many advocates and service providers challenge this terminology however and prefer instead to use the term "systems resistant." This may result from the

⁸² Interview with Jian Graham, op.cit.

fact that many individuals who find themselves homeless are former participants in a governmental “system” (voluntarily or not) such as veterans, former foster youth, welfare recipients, former prisoners and/or former residents of mental health facilities etc. While there are clearly those for whom this is true, particularly those with mental illness who are not able to make decisions for themselves, others resist the system for fear that their children may be taken away from them or out of fear of the other restrictions that come with aid. For example, as one advocate puts it:

A lot of people are service resistant because... the women fear they are going to lose their children if they don't have a good place for them, and the system doesn't have anything there for them in a lot of ways, or having the man live in the house but they can't have him there and get the money they need. So there are a lot of [people] we call service resistant that have issues with the system.⁸³

An advocate who was previously homeless says:

Look at these folks downtown, they ain't mad. They've acclimated because they don't see a tomorrow, no matter what programs you put them through, URM, LA Mission, all of them. I could take you downtown and a lot of people have been through all of the programs, all of them. They just don't see a tomorrow, and they see the program is leading them basically back to the plantation, back to slavery. ... It's not like they're lazy, you know, initially it's that they don't see a reason to work hard.⁸⁴

Understanding the issues and having representatives from the people they serve at the decision-making table will help URM face this challenge.

Aside from the funding issues, Union Rescue Mission has to decide whom it can serve and how to do it in the best way possible. This means that there are necessary filtering systems that will need to be put into place as women and children are placed in the various family centers. All the sites we visited have a strong filtering system in place and most of them do not keep working with those at the bottom who do not seem to have a chance to move on. This is a huge challenge for URM. It may be that URM will have to continue to operate its downtown shelter as a space for those people who remain on the streets. Or it can lobby LAHSA and the Blue Ribbon Commission to have them open and operate a shelter that provides a host of services for people and to whom the others can refer these hard-to-place people. In the long run the City would save money because the others are being cared for by entities such as URM through the family centers.

Political challenges

The political challenges that URM faces are extremely important for the successful outcome of any of its strategic planning. In the research conducted by the

⁸³ Ibid.

⁸⁴ Confidential interview

team for CRCC we found that perhaps one of the most critical players in the success of any program is the local city council member. For URM in its present location this means a good working relationship with Jan Perry. It also means developing relationships with council members in whose district the family centers will be located. These council members can be strong allies, particularly in securing state and national funding. Aside from advocating for the homeless, URM can enhance its prospects for institutional support by assuming a role as advocate for more general community initiatives and public policies. When local council members and other government officials see that URM is interested in the well-being of the whole community and not just their own programs, then perhaps these political leaders will be more willing to collaborate with them.

Leadership challenges

Throughout the course of this research, we have been pleased to see the increased public role that URM is playing within the community, particularly the downtown core area. We applaud the fact that Ralph Plumb was appointed to the Blue Ribbon Commission (Bring L.A. Home). We are pleased that our work has also benefited the relationships between URM and other agencies both public and private within the city.

Leadership comes with responsibility and humility. We believe that the executive staff at URM has been listening to others in the community who have been working with and advocating for the homeless for many years in the city. We believe that by working with them, URM has the opportunity of leading the way in providing solutions for homeless women and children. We recommend the establishment of a citywide council that brings together all those who recognize the importance of caring for children and women in a way that moves them into stable living situations. This council can serve as a sounding board, provide advice, and in other ways assist in forming strategic alliances that will benefit these women and children. We also believe that if URM follows its scriptural tenets it can lead in a servant way, providing leadership and resources to make sure that the interests of these women and children are central to any strategic plan.

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Appendix 1 - A
Delancey Street Foundation – San Francisco, California
Best Practices in Social Entrepreneurship, Rebuilding of Social Networks

Introduction

The Delancey Street Foundation (DSF) is a residential education center for ex-convicts, substance abusers, and former homeless persons. Mimi Silbert, its founder, calls her foundation “a Harvard for the bottom 2%.” Having graduated over 15,000 in its thirty-three years of existence, the program provides residents an opportunity for a high school education and training in a variety of marketable skills. The program prides itself on the fact that it operates at no cost to the client or to the taxpayer.

Headquartered in San Francisco, the foundation also has facilities in Los Angeles, CA, Brewster, NY, Greensboro, NC, and San Juan Pueblo, NM. 500 DSF residents live in the San Francisco complex, while 500 more Delancey Street residents call these other four Delancey locations their home.

Organizational Culture

"Each one teach one" is the peer counseling motto for residents in San Francisco's Delancey Street apartments. Residents teach newer residents whatever skills they have to share ranging from the rules and procedures of the apartment complex to educational tutoring. One long time resident reports "if there is someone with a third grade education, that person teaches the resident with the second grade education." This process turns recovering drug addicts, alcoholics, prostitutes, violent felons and people who have generally hit rock bottom into "givers" as well as "receivers". More importantly, this process gives the residents a sense of responsibility, purpose and fulfillment that is evident on the smiles and greetings from all affiliated with the Foundation.

The San Francisco residential apartments are part of the Delancey Street Foundation, a \$70 million dollar housing and shopping development spearheaded by Mimi Silbert, a former prison psychologist who could not understand the revolving door that seemed to exist with prisoners returning to prison post-release. A key component to the Foundation is the rejection of government funding and the creation of businesses to support the Foundation. Businesses are run and operated by residents and include a well reviewed restaurant, moving company, Christmas Tree sales, an executive limousine service, a trucking company and a small state of the art theater used to screen daily film footage shot in the Bay area. Residents do not receive pay but do receive room and board and other essential services. It is estimated that roughly 60% of Delancey Street enrollees never return to prison and 80% stay off of drugs. A key to the success of this model is credited to its founder's tenacity and dedication.

Extraordinary/Vision Leadership

Mimi Silbert, considered the brainchild of Delancey Street, created many of the concepts on which Delancey Street is founded based on her own life experiences.

"I was teaching criminology and psychology at U.C. Berkeley. I was also working as a prison psychologist and a group therapist in private practice. It didn't take me long to realize that everything we were doing with the prison population was wrong. It didn't matter how much brilliant therapy I provided; focusing on people's internal problems was not the long-term solution. Most of the people who fill up our prisons come from the underclass and are generationally poor. They don't know the first thing about making it in the mainstream - they don't know it attitudinally and they don't know it behaviorally. It's like they are from a foreign country and need to learn a whole new culture for living successfully."⁸⁵

Mimi Silbert also used her experiences growing up in an immigrant "ghetto" as she calls it, where relatives and neighbors supported each other until they were able to make it on their own. They all moved on to realize many aspects of the "American Dream such as home ownership and formal education. She noticed that the individuals she was working with in prison did not believe they ever had a shot at the American Dream and the idea of it was foreign to them.

Shortly thereafter, Mimi along with a professor and a psychiatrist at UC Berkeley, began experimenting with "the concept of giving as a way of getting healthy."⁸⁶ She states that she came up with the idea while doing therapy. She felt so good about all of the "thank yous" she received that she thought 'who would want to be the person having to say thanks all the time?' Mimi further states that the group began testing the idea that helping others is the best way to help yourself by giving you a sense of who you are and what you have to offer.⁸⁷

Another visionary, John Maher, approached Mimi and the two created Delancey Street. Delancey Street is named after a street on the lower east side of New York where immigrants lived in extended families. The original group survived by pooling their money and resources. It was decided at the beginning that they would not seek government grants. As time progressed, the group expanded and added members and businesses/money making ventures as opportunities presented themselves.

Noteworthy and Replicable "Promising Practices" Elements

⁸⁵ Quote from Mimi Silbert in a profile of Delancey Street taken from, The Business of the Heart: How Everyday Americans Are Changing the World, Michael J. Glauser, 1999.

⁸⁶ Ibid.

⁸⁷ Ibid.

The concept of an immigrant community with each resident looking out for the other in an 'extended family' type of dynamic is the core of structure at Delancey. Each new resident is placed within a 'minion' of ten people with a veteran resident as the leader. Each member of the minion is responsible for themselves as well as the other members. This is done to break the code of silence that exists on the streets.

The first thing residents learn are personal skills including breaking old habits, facing themselves, dealing with change and getting along with other people. Residents are also taught the basics in personal hygiene since many have been homeless. This regimen includes keeping the body and clothes clean as well as how to dress. In addition, because many residents have never been able to hold jobs for long, the residents are taught basic work habits like showing up on time, following the boss' directions and getting along with coworkers. When residents can show they can handle the above, they are entered into one of the Delancey Street vocational programs where they learn at least three marketable skills. This allows residents the ability to shift into a different career if necessary due to market shifts etc. These programs are run and taught by residents. This fact is a consistent in all of the Delancey programs... there are no professional staff.

Another aspect of living at Delancey includes the rules for residents. The rules include no violence, no threats of violence, no alcohol or illegal drugs. No children reside at Delancey Street and residents with children are actually discouraged from contacting their children or families if they are estranged, until that resident can get to a point in their development that they feel convinced that they won't cause more pain or damage to their families through reuniting.

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Brewster, NY
Greensboro, NC
San Juan Pueblo, NM

Appendix 1 - B

The American Family Inn Model - Homes for the Homeless – New York, New York Best Practices in Rebuilding of Broken Social Networks & Child-Centered Planning

Introduction

The American Family Inn Model is based on the concept of a residential, educational, and training center (RET) that serves as a family's home. Homes for the Homeless developed this innovative American Family Inn model of transitional housing, centered around the belief that lack of education is the root cause of homelessness. The four American Family Inns throughout New York City provide comprehensive and integrated on-site child and adult education, job training, health care and family support and preservation services to over 540 families, including over 1,000 children on any given day. The facilities host from 15 families at one site to 255 families at another. This model was developed through the combined efforts of the private, public, and non-profit sectors. Partners included Leonard Stern, President and CEO of the Hartz Mountain Corporation, the New York City Mayor's Office, and the Cathedral of St. John the Divine.

Noteworthy and Replicable "Promising Practices" Elements

- "It Takes a Community to End Homelessness" – the rebuilding of broken social networks

Each American Family Inn resembles a manageable "village" environment. At the Prospect Family Inn, for example, the administrative offices are dubbed "City Hall" while the green space and play area is called the "Bronx Botanical Garden" and the public dining area is called the "Tri-City Diner." This model facilitates the rebuilding of lost or disrupted social networks among the resident families within the inns. Thus, the inns have enjoyed a remarkable success rate. 94% of all families who graduate from the American Family Inns remain in permanent housing.

- The power of metaphor – de-marginalization and de-stigmatization of the "homeless" residents of the American Family Inns through the renaming of the shelter as an "inn"

Through years of experience, Homes for the Homeless recognized the power of both individual and collective labels, such as "living at a shelter." Thus, the RET Centers are called "inns" and challenge the traditional notion of a temporary shelter. Even though the Inns function as "transitional" residences for the families-in-residence, this label has also been removed, as this creates an image in the mind of the parents that they need not invest in their children's teachers at school, or develop relations with their neighbors. There are no time limits for residents of the inns. Other families and staff at the inn become a family's teacher, friends, and counselors. The geographic location surrounding the inn becomes their neighborhood.

- Addressing the claim that lack of education is the root cause of homelessness – a child-centered approach

The typical inn has a child development center for infants and preschoolers on site, an accelerated after-school program for resident children on site, a public school liaison on site, a family literacy program on site, and an alternative high school for the parents on site.

Jump-Start Child Development Centers are situated in each of the inns. These on-site centers give children ages six months to six years the opportunity to begin their educational development in a stimulating and self-directed learning environment. A modified version of the High / Scope model is used in combination with structured parent-child together activities.

The High / Scope model of preschool education is an open framework of educational ideas and practices based on the child development ideas of Jean Piaget. This model views children as active learners, who learn best from activities that they themselves plan, carry out, and reflect upon. Adults arrange interest areas in the learning environment, maintain a daily routine that permits the children to learn actively, and join in children's activities, asking questions that extend children's plans, and help them think through what they do.

The Brownstone Afterschool Programs are an enriched, accelerated, afterschool program for children ages 5 to 12 designed to supplement public school education, enhance academic growth, foster self-esteem and encourage children's sense of control over their lives.

The Futurelink Afterschool Programs are designed specifically for homeless teens and emphasize academic achievement, safe conflict resolution strategies, healthy lifestyle choices, and development of technology skills.

The Together in Learning (TIL) Family Literacy Program helps parents with low literacy levels to increase their literacy skills through contextualized learning, while a Parent and Child Together component promotes education as a shared family activity.

Through a collaboration with the New York City Board of Education, Homes for the Homeless provides its residents the opportunity to earn a diploma that will open doors to employment and stability. At these Alternative High School sites, parents prepare for the General Equivalency Diploma (GED) exam, receive career counseling, and obtain referrals for job training.

Resident children of the inns are required to enroll in the local public schools surrounding each of the inns.

Finally, each summer, Camps Lanowa, Kiwago, and Wakonda, located in the Harriman State Park, provide a two-week retreat for 1,000 homeless children ages 6 to 13. These camps allow children to explore the outdoors and enjoy a break from inner city life.

The educational component of the American Family Inn model has gained national recognition and attention. In October 2002, for example, Homes for the Homeless presented “Shelter-Based After-School Programs and their Public School Partners” at the annual National Association for the Education of Homeless Children and Youth conference held in Los Angeles, California. This workshop discussed the operation of shelter-based after-school programs as well as the importance of establishing linkages with the schools that children attend. The workshop also discussed the role of outreach coordinators in facilitating shelter-based after-school programs and addressed the new responsibilities the outreach coordinator must manage due to the increased number of schools that children in shelters are attending.

- Treating families with “dignity”

The American Family Inn model consists of furnished private rooms, private bathrooms, and individual kitchens or family style dining areas, as well as 24 hour security for the residents.

- Dealing successfully with NIMBYISM – serving the surrounding community

The inns are viewed by their surrounding communities as multi-service centers open to the entire community in need. Each inn has a Family Crisis Nursery that offers emergency assistance to residents of the inn and to families who live in the surrounding community. The crisis nursery offers 24-hour temporary emergency child care to children at risk of abuse or neglect. Through intensive counseling, support and referrals, nursery staff help parents to address the issues which precipitated their use of the crisis nursery.

The inns are clearly seen as safe havens for parents to leave their children in times of crisis so that they are able to respond to various emergencies. The inns also are state-licensed emergency intervention centers for foster youth, with staff trained in family preservation, family unification, and family re-unification skills

All of the inns have succeeded in building strong ties with friends and neighbors in the communities surrounding the inns. Residents of the inns are encouraged to participate in neighborhood activities. As a result, neighborhood civic participation tends to increase in general with the presence of the inns. The Saratoga Family Inn, for example, is proud of the fact that their neighborhood little league baseball team is currently the city sectional Little League champions in their area of Queens.

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Appendix 1 – C
P.A.T.H. (People Assisting the Homeless) – Los Angeles, California
Best Practices in the Service Mall Approach

Introduction

Something extraordinary is taking place along the 101 Freeway just north and west of downtown Los Angeles. At first glance, the pristine white structure looks like a condominium or a postmodern mini-mall that could double as a recording studio. Instead, this beautiful, state-of-the-art facility serves as the Regional Homeless Center (RHC) for P.A.T.H. (People Assisting the Homeless). The RHC is 40,000 square feet of housing and supportive services dedicated to breaking the cycle of homelessness and poverty.

This facility, christened the *PATHMall*, is a “one stop- center” for the homeless. Here, 19 community and government social service organizations provide a comprehensive range of services and resources to the homeless population.

The RHC offers safe, clean housing, hot meals, showers, personal care services, employment assistance, vocational training, adult education opportunities, legal advocacy, public benefits assistance, health care, mental health care, and substance abuse treatment to the homeless. The goal of the RHC is provide every service that a person would need in order to overcome barriers related to poverty and homelessness, thus preparing an individual or family for entry or re-entry into permanent housing.

The *PATHMall* is “Los Angeles-friendly.” Services have been centralized under one roof so that clients do not have to travel all over town. This is especially important, given the sprawl of Los Angeles and the constraints of public transportation. PATH is located at the halfway point between downtown and Hollywood, two areas with large concentrations of homeless individuals and families and is easily accessible by subway and bus service.

The physical site itself is extremely attractive, inviting, bright, and well-kept. From the onset of one’s entrance into the facility at the reception area, it was evident that the staff treated all visitors, clients, and guests in the same kind and respectful manner. There was never a sense that the culture of PATH was a two-tiered one, with the homeless and the “housed” or “gainfully employed” juxtaposed against one another. An abundance of smiles and positive attitudes abounded within the halls of the PATH mall.

Organizational Culture

All PATH partners are autonomous and have the authority to hire their own staff and make executive decisions for their unit in the *PathMall*. Rent is provided to the partners free of charge. Quarterly meetings of all agencies and programs and their Mall Unit Directors are held in order to promote collaboration and cooperation.

Funding

The PATH program has an annual budget of 3.5 million dollars. Local city and county, state, and federal funds provides 65 to 70% of this operating budget. A capital campaign was initiated to raise the money to transform the old and run-down commercial building into its present state. The campaign raised over \$6 million from both public and private sources. One of their major sources of funding was \$1 million secured loan from Century Housing, while Northrop Grumman recently made a \$1 million grant to PATH.

Other key financial contributors include Aris Anagnos, California Emergency Housing Department, California Housing and Community Development, City of West Hollywood, Industry Special Needs Foundation, Los Angeles Homeless Services Authority (LAHSA), Weingart Foundation, Ahmanson Foundation, Autry Foundation, City of Beverly Hills, City of Los Angeles Community Development Department, City of Los Angeles Redevelopment Agency, U.S. Department of Housing and Urban Development, Rhonda Fleming & Tedd Mann, The Ralph M. Parsons Foundation, Vollmer Family Foundation, and the W. M. Keck Foundation.

Noteworthy and Replicable “Best Practice” Elements of the PATH Model

- 1) PATH exemplifies the power of both informal and contractual collaboration in leveraging the capacity of faith-based organizations and public agencies to serve the poor through its *Service Mall Approach*.

What is particularly unique about PATH’s “one-stop” paradigm is that PATH raised the money, secured the building, oversaw the renovation, reached out to the service provision community, provided the space, invited the partners into the mall, while allowing their partners to remain organizationally and operationally autonomous.

- 2) *Faith community involvement* in the RHC partnership is a vital reason that PATH has successfully facilitated the creation of a collaborative organizational culture. The “faith” community partners in the PATH collaborative have played a key role in PATH’s success of maintaining and creating a spirit of unselfish, socially just service to a community desperately in need. They include Westwood Presbyterian Church, Bel Air Presbyterian Church, Evergreen Baptist Church, St Matthew’s Church, and others.
- 3) The *sharing of information* among the PATH partners undergirds this collaborative culture. PATH employs one centralized computer system (PATHTrack) that is integrated between the agencies in the PATH Mall. Thus, notes and records for each client visit are accessible to all collaborating agencies. Clients thus become more accountable, while their needs can be better prioritized and their service delivery can be better coordinated. Duplication of services is less likely in this environment.

- 4) *Funding* of measurable, deliverable services in this highly collaborative environment by both public and private agencies *is more likely*, as this sort of collaboration creates an ethos of accountability and integrity among the service providers.
- 5) PATH *breaks new ground for serving women and children* in their program strategy, their program materials, and their collaborative organizational model, and are already functioning as a regularized element of the local service delivery system within which public and private programs complement each other. Their innovative service delivery model and innovative program strategy is exemplified through their *PATHWays for Women* program.

As a measured response to the growing number of homeless women with children, PATH has allocated 98 beds on the second floor of the RHC for single women with school-aged children. Women can stay at the facility and participate in this program for up to 6 months, but must find employment within the first 30 days. Their children attend school while the mothers perform job searches during the business day. While they are residents in the program, they are required to save 80% of their earned income in order to secure first and last month's rent and a security deposit, if needed for their transition into traditional housing.

There are no charges or fees for these women who stay at PATH. The School on Wheels program and Century L.I.F.T. tutoring services, as well as other support services, are also housed on this floor, making it convenient for the children to receive assistance with school work, if needed.

- 6) The *PATH model exemplifies a service delivery culture that treats clients with dignity*. As an examples of PATH's unique service delivery model, PATH has succeeded in creating a collaborative culture that treats clients with dignity, while delivering tangible, measurable results.

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PATH Addendum: List of PATH Services and Partner Agencies

- PATH Resource Center – sign in & triage
- PATH Access – intake, assessment, & referrals
- PATH Track – centralization of client information, notes & records
- GATEWAYS – mental health services; partners - California Department of Mental Health
- CLARE Foundation – substance abuse treatment services; partners - Los Angeles County Department of Health Services – Alcohol and Drug Program Administration (ADPA)
- PATH Health Clinic – California licensed free clinic – preventative and primary health care services to homeless clients – general physical exams, TB Testing, screenings, health education, and referrals to specialty care; partners - Los Angeles County Department of Health Services, County Department of Mental Health, County Department of Public Social Services, County / University of Southern California Medical Center, Keck School of Medicine of USC, QueensCare Family Clinics, Gateways Hospital and Mental Health Center, CLARE Foundation, David Geffen School of Medicine, UCLA, and Martin Luther King / Drew Medical Center
- Public Benefits Assistance Office – General Relief (GR), Temporary Assistance to Needy Families (TANF / CalWORKS), and MediCal Programs – employment training, healthcare, housing, child care, family management programs, and specialized veterans benefits services; partners - Los Angeles County Department of Public Social Services (DPSS) and State of California Department of Labor, Homeless Veterans Services, and California Department of Veteran Affairs
- PATH Finders – job locator, job postings, and job placement center; partners - California Employment Development Department, Job Postings from over sixty companies
- PATH Academy – job training and job readiness center (soft skills and hard skills); partners - Los Angeles County Office of Education, Los Angeles Unified School District Learning Center, and Hollywood Community Adult School
- Vera Brown Personal Care Center – beauty salon, haircuts and styling, massages, and makeovers; partners - Vera’s Retreats Inc.
- Julie Summers Service Center – vouchers for food, shelter, and transportation; partners - Travelers Aid Society of Los Angeles, Salvation Army Homeless Family Services
- PATH’s Homeless Court – legal services; partners - The Los Angeles County Superior Court, City Attorney's Office, Public Defender's Office, Public Counsel, and Law Offices of O’Melvny & Myers, Holland & Knight, et al
- Mobile Kitchen – provides daily hot lunches to mall clients; partners - Midnight Mission
- PATH Families and PATHWays Housing – transitional and supportive housing for men, women, and families with special needs, on-site tutoring for children of homeless families; partners - Foundation House Transitional Group, Century Housing Corp.'s L.I.F.T. (Learning Initiatives for Today) and Schools On Wheels

- PATH Villas – affordable housing program for formerly homeless families
- PATH Alumni Club – support network of PATH graduates; partners – city of Los Angeles, et al
- PATH Outreach Teams – case managers, medical staff, and support persons distribute lunches, hygiene kits, and encourage access to their services; partners - Keck School of Medicine of USC, David Geffen School of Medicine, UCLA, and Martin Luther King / Drew Medical Center.

Appendix 1 – D
St. Vincent de Paul Village and Father Joe’s Villages – San Diego, California
Best Practices in the Continuum of Care Model

Introduction

The U. S. Department of Housing and Urban Development’s Continuum of Care System for Residential and Non-Residential Services for Homeless Individuals and Families was conceived in 1994 as a blueprint through which to encourage communities to address the problems of housing and homelessness in a coordinated, comprehensive, and strategic fashion. The concept was designed to help communities develop the capacity to envision, organize, and plan comprehensive and long-term solutions to addressing the problem of homelessness in communities.

HUD defines the Continuum of Care as “a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”

Elements of the Continuum of Care include: outreach, intake and assessment, emergency shelter, transitional housing, support services, permanent supportive housing, and permanent housing. This policy represents a strategic shift from the position of “managing” homelessness to one of “closing the revolving door” on the problem of homelessness.

St. Vincent de Paul’s Continuum of Care

St. Vincent de Paul Village (SVDPV) in San Diego was recognized as one of the first national models of the Continuum of Care established on the ground. Working out of a San Diego warehouse in 1982, Father Joe Carroll, the founder of SVDPV championed a one-stop-shopping approach to help the needy regain self-sufficiency. His comprehensive residential program called for meals and housing as well as education, counseling and health services. Today, St. Vincent’s offers children’s activities, family literacy classes, job skills workshops, career counseling, self-esteem and motivational classes, medical and dental care, and an on-site elementary school.

Conceptually, Father Joe’s one stop shopping approach evolved into a coalition known as the Solutions Consortium, fifteen agencies that have integrated their services together in a more effective manner in order to meet the various needs of villagers-in-residence. Through the initiative of St. Vincent de Paul Village, area human service agencies formed the consortium in 1994. Jewish Family Service, Lutheran Social Services, Catholic Charities, The Salvation Army, St. Vincent de Paul Village, Pathfinders of San Diego, San Diego Rescue Mission, San Diego Urban League, Vietnam Veterans of San Diego (VVSD), Travelers Aid, UCSD Combined Residency Program, UCSD Psychiatric Program, Volunteers of America, and other city and county agencies all work in tandem to serve the city’s homeless.

The consortium is funded through the U.S. Department of Housing and Urban Development (HUD), according to Anthony Griffin of St. Vincent's, who coordinates the grant compliance and reporting activities of the consortium.

" HUD has recognized our consortium as an exemplary collaborative organization," notes Griffin. "Communities nationwide look to us as a model for developing their own inter-agency efforts and we now showcase it through our Village Training Institute.

" By working together Consortium members have saved taxpayers thousands of dollars, significantly reduced the duplication of services in San Diego and organized a centralized-service network. The various agencies have expertise that complements what other member organizations do," Griffin explains.

Several consortium agencies offer services on-site at St. Vincent de Paul Village, including Travelers Aid Society of San Diego, Jewish Family Service and VVSD.

With an urban homeless population estimated at 5,500 to 6,000 adults in San Diego, Griffin notes that the consortium is able to provide services to as many as 3,000 homeless individuals each year.

Organizational Culture – Collaborative Leadership / Collaborative Ministry

One of the more significant indicators of success in the Village model rests upon the very visible and public presence of both male and female directors and executives within the organization. Mary Case and Father Joe Carroll lead the village collaboratively and minister to village residents as co-equals.

In a conversation with Father Joe Carroll, he remarked "The residents of the village are my guests. And, when I entertain guests or throw a party for my guests, I do not hold anything back!" St Vincent de Paul's Village has succeeded in creating a warm and inviting, yet unobtrusive organizational culture. With the spirit of Father Joe's hospitality, generosity, and his entrepreneurial spirit combined with the compassion, organizational, and professional expertise of Mary Case, Sr. Vice-President of Programs, the Villages have evolved into an entity that serves 62 single women, 28 families, and 150 single men on a long-term basis, and 80 single women, 40 families, and and 270 single men on a short-term basis. 170 children reside at the village at any given time. Additionally, the village prepares between 3,000 and 4,000 meals daily for residents and guests.

Unlike other entrepreneurs, Father Joe's program depended heavily on volunteers. He made appeals all over Southern California and many people responded with donations while others offered their talents. Mary Case, who oversaw the development of programs, was also in charge of volunteers. Using her master's degree in social services administration, Case coordinated the prototype programs that became the Continuum of Care in the new center.

Case welcomed volunteer physicians and nurses and worked with them to initiate a program of medical care. "We had people in need and they had the expertise," she says. "We were very grateful for their willingness to be involved."

A Child-Centered Approach

SVDPV has instituted a Children's Services Program for those children who reside at the Village. Programs include Project Safechild for children birth to five years of age, a tutoring program for children in grades K-12, a school-age after-school program for children over five years of age, a junior / senior leader's program for those in 2nd through 8th grade, and teen / pre-teen clubs.

Project Safechild is a multifaceted program consisting of child developmental history and cognitive screening, speech and language screening, hearing screening, and consultations to assist with these areas of development. A clinician is also available to observe, assess and evaluate parent and child interaction. Child individual sessions, a children social skills group, and a speech and language group have also been set up to further address the individual child's needs. A parent / child group, a multi-family group, childcare training, and a parent support group are also available to facilitate the children's healthy development.

The tutoring program is provided for school-age children in grades K-12 three nights per week. Volunteers assist children in gaining extra help they might need in school, as well as provide opportunities for one-on-one adult-to-child interaction.

The after-school program provides hands-on educational, recreational and other enrichment projects for children over five years of age. Activities include arts and crafts, physical activities, enrichment activities, and field trips into the community.

The junior-senior leader program provides a weekly opportunity for village children (2nd-8th grade) to practice their leadership skills, boost their self-esteem, and learn about concepts such as respect and pride.

The teen / pre-teen clubs offer adolescent and pre-adolescent groups the opportunity to spend time with their peers.

The village also has established a Children and Parents (CAP) night on Friday evenings where groups of families come together to engage in fun and social events under the direction of the Children's Services staff. Parents and Children Together Time (PACTT) has also been organized twice a week in order to provide direct educational services to assist families to improve habits regarding reading to and interacting with their children academically.

All parents whose children participate in Children's Services are also required to volunteer four hours each month in the Parent Participation Program that works directly with Children's Services staff.

All SVDPV residents with on-site children are also required to register their children in an on- or off-site school within their first 10 days of residency. Harbor Summit School is their on-site county-operated elementary school and Teen Quest School is their on-site county-operated high school.

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Appendix 2

Demographic Charts

Appendix 3: Gaps in Services

Continuum of Care

Prepared by Dr. Joseph Colletti
Institute for Urban Research and Development

Determining Need for, Inventory of, and Gaps in Services in Skid Row

It is recommended in this section that any changes in service delivery including new programming by the Union Rescue Mission would be considered after closely examining the Continuum of Care system that has developed in Skid Row during the past eight (8) years. The success of any Continuum of Care system is contingent upon how successfully local service providers collaborate with one another. Such collaboration should not only maximize existing and new programs but prevent unnecessary duplication of services as well.

This section will provide background information concerning the development of the Continuum of Care system in Los Angeles County and Skid Row. This section will also provide findings and recommendations to assist the Union Rescue Mission with its planning process concerning the revamping of its current services and establishing new services by estimating the need, listing an inventory of residential and non-residential services, and determining gaps in services in Skid Row.

I. Background Information

In 1995, homeless service providers throughout Los Angeles County adopted the Department of Housing and Urban Development's (HUD) Continuum of Care system for residential and non-residential services for homeless individuals and families. HUD introduced the Continuum of Care as "a seamless system of services" through "Priority: Home! The Federal Plan to Break the Cycle of Homelessness." This plan was a culmination of a process initiated in May of 1993 through Executive Order 12848 which directed 17 federal member agencies of the Interagency Council on the Homeless to develop a plan to break the cycle of existing homelessness and prevent future homelessness.

In the plan the Federal Government recognized for the first time the true nature and extent of homelessness by acknowledging that "about seven (7) million Americans have experienced homelessness—some for brief periods and some for years—at some point in the latter half of the 1980s and that as many as 600,000 people are homeless on any given night." The Federal Government also recognized that the public was feeling "compassion frustration" meaning that too much has been promised for too long with too little results. The crisis of homelessness is the culmination of policies that have "either been ignored or misdiagnosed" the adverse impact of economic skills, the lack of affordable housing, increased drug use, and other physical health and mental health problems of persons in crisis poverty and/or with chronic disabilities.

Since 1995 residential and non-residential service providers have been building a continuum of care system throughout Los Angeles County. This task has been largely funded through HUD's

homeless assistance programs. These programs include the Supportive Housing Program, Shelter Plus Care, and the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program. For the past eight (8) years, the Los Angeles Homeless Services Authority (LAHSA) has submitted a Continuum of Care grant application to HUD requesting millions of dollars on behalf of approximately 100 service providers. This year LAHSA's request to HUD was for \$54 million dollars. As a result, the County's continuum of care system has been built up throughout the region including Skid Row.

II. Determining Need for Services in Skid Row

How many people are homeless in Los Angeles County has been a question often asked and widely answered in terms of numbers, time periods, and public and private agencies. In a recent published report (March 2003) entitled "Ending Chronic Homelessness: Strategies for Action," the U. S. Department of Health and Human Services (DHHS) stated that "Each year, approximately one (1) percent of the U.S. population, some two to three million individuals, experiences a night of homelessness." DHHS also notes that their estimate is conservative for it does not include "those who do not contact a homeless assistance provider, e.g., who may be taken in by a friend or spend the night in a car."

Assuming the same is true for the County of Los Angeles means that approximately 100,000 residents experience a night of homelessness. DHHS also notes in the report that "Somewhere between four (4) to six (6) percent of the poor experience homelessness annually." Again, assuming the same is true for the County of Los Angeles means that approximately 50,000 to 140,000 residents experience a night of homelessness each year. The lower number is based on defining the poor with a household income of less than \$10,000 and the higher number is based on defining the poor with a household income of less than \$25,000.

Based on a large sample telephone survey, the County of Los Angeles, Department of Health Services concluded in 1997 that 375,000 adults have experienced homelessness in the past five (5) years. In 1995, Shelter Partnership stated that up to 236,400 adults and children were homeless over the course of a year. Shelter Partnership also concluded that nearly half of these persons became homeless within the City of Los Angeles.

The number most often quoted concerning a given day or night is 84,000. This number was provided by Shelter Partnership in 1995 and has been used by the City and County of Los Angeles including LAHSA in each of its Continuum of Care grant applications to HUD since 1995. LAHSA is currently planning a homeless count in order to update this number.

How many people are homeless in Skid Row has been a question often asked and widely answered as well. According to the 2000 Census, 9,000 to 15,000 individuals live in the streets of the city of Los Angeles with as many as 3-5,000 in Skid Row. Comparatively speaking, this latter number is low. Anecdotally, social providers state that there are 6,000 to 8,000 homeless persons living on the streets of Skid Row.

Determining the need for services on Skid Row also involves breaking down the total number of homeless persons by sub-populations. For the past several years, HUD has required a break down of the total number of homeless persons within a continuum of care system by sub-populations for its Continuum of Care application. LAHSA’s response to HUD’s request within its 2002 Continuum of Care application submission is as follows:

Total Number of Homeless Persons by Sub-Populations*

	Total Number of Individuals		Total Number of Persons in Families with Children	
	#	%	#	%
Chronic Substance Abusers	29,960	50.0	4,794	32.0
Seriously Mentally Ill	14,980	25.0	599	4.0
Dually-Diagnosed	9,587	16.0	150	1.0
Veterans	8,389	14.0	2,547	17.0
Persons with HIV/AIDS	1,798	3.0	449	3.0
Victims of Domestic Violence	5,393	9.0	5,093	34.0
Youth/Emancipated Foster Youth	4,794	8.0	-	-

*The total number of individuals and persons in families within each sub-population are not mutually exclusive. In other words, some homeless persons are assumed to be multi-diagnosed.

The table above reveals that the majority of homeless persons are chronic substance abusers, seriously mentally ill, or both. According to LAHSA, 50% of the total number of individuals and 32% of persons in families with children are substance abusers. Also, 25% of the total number of individuals and 4% of persons in families with children are seriously mentally ill. LAHSA also notes that 16% of the total number of individuals and 1% of persons in families with children are dually diagnosed—substance abusers and mentally ill.

LAHSA also broke down the total number of homeless persons by individuals and persons in families with children.

Total Number of Homeless Persons by Individuals and Persons in Families with Children

Year	% of Individuals	% of Persons in Families with Children
1995	18	82
1996	18	82
2002	20	80
2003	20	80

As stated previously, HUD began to require local jurisdictions to implement Continuum of Care systems in 1995 as part of its Continuum of Care grant application process. Part of this process included determining how many homeless people were persons in families with children and how many were individuals. During the first two (2) years of the application process, LAHSA stated that 18% of the homeless population in Los Angeles County was persons in families with children and that 82% were individuals. These percentages changed slightly during the last two

(2) years of the application process. LAHSA stated that 20% of the homeless population in Los Angeles County was persons in families with children and that 80% were individuals.

LAHSA's percentages of persons in families with children noted above are lower than national averages. A survey of 25 U.S. cities found that in 2000, families with children accounted for 36% of the homeless population (U.S. Conference of Mayors, 2000). Recent evidence confirms that homelessness among families is increasing. Requests for emergency shelter by families with children in 25 U.S. cities increased by an average of 17% between 1999-2000 (U.S. Conference of Mayors, 1998). The same study found that 27% of requests for shelter by homeless families were denied in 2000 due to lack of resources. Moreover, 79% of the cities surveyed expected an increase in the number of requests for emergency shelter by families with children in 2001.

Anecdotally, there are reports that the number of persons in families with children in Los Angeles County is increasing including Skid Row. The Downtown Women's Action Coalition noted in its "Downtown Women's Needs Assessment: Findings and Recommendations" that "The number of homeless single women and families living in Skid Row has dramatically increased in the past several years, with a daily influx of new families." The study also noted that 39% of the homeless women who participated in the assessment had children under the age of 18 and about two-thirds of the women who had legal custody of their children had their children currently staying with them downtown.⁸⁸

III. Determining Inventory of Services in Skid Row

As noted above, homeless service providers throughout Los Angeles County adopted the Department of Housing and Urban Development's (HUD) Continuum of Care system for residential and non-residential services for homeless individuals and families in 1995. The basic components of HUD's continuum of care⁸⁹ include:

HUD: Outreach/Intake/Assessment

Outreach is based on the idea of engagement that occurs on the streets through street outreach teams. The goal of street outreach is to provide emergency services on the street and to link homeless persons to **intake and assessment** centers. The acts of outreach, intake and assessment connects or reconnects an individual or family to needed support services such as public benefit, rent or utility assistance, employment or family counseling and physical or mental health care. Assistance/Advocacy goes beyond just referrals. On-going case management is continued with

⁸⁸ Downtown Women's Action Coalition, "Downtown Women's Needs Assessment: Findings and Recommendations, October, 2001, p. 19.

⁸⁹ These components are based on the Department of Housing and Urban Development's model of a continuum of care outlined in **Priority: Home! The Federal Plan to Break the Cycle of Homelessness**, p.73.

the individual or family until engagement with the continuum of care is achieved, or no longer appropriate. Individuals and families include those who are currently homeless and living on the streets and those who are presently domiciled but at-risk to homelessness.

HUD: Emergency Shelter

Emergency shelter is a facility that provides overnight shelter and fulfills a client's basic needs (i.e., food, clothing, medical care), either on-site or through off-site services. Clients follow basic rules for health and safety, and there may also be additional requirements for stay (i.e., sobriety, participation in programs, employment). An emergency shelter provides case management which links clients to the continuum of care including support services. Clients move into transitional housing, permanent supportive housing, or permanent affordable housing after their stay.

HUD: Transitional Housing

Transitional Housing is a residence that provides a maximum stay of two (2) years. Clients follow basic rules for health and safety. Support services are provided to residents both on-site and off-site. Residents are linked to a high level of rehabilitative services which include substance abuse and mental health care interventions, employment services, child care, transportation, individual and group counseling, and life skills training designed to prepare clients for permanent supportive housing or permanent affordable housing.

HUD: Permanent Supportive Housing

Permanent Supportive Housing is a residence for persons with disabilities. Such housing provides permanent residency that is linked with on-going supportive services (on-site and/or off-site) designed to allow clients to live at the facility independently and on an indefinite basis.

HUD: Supportive Services

Supportive Services are non-residential programs and services that provide assistance for homeless persons including homeless prevention activities (to address the at-risk homeless population). Such assistance includes child care, domestic violence services, education services, employment services, food, help-lines (information & referral), HIV/AIDS services, housing assistance services, immigration services, legal services, medical services, mental health services, public assistance services, rental assistance, substance abuse treatment, transportation, utilities assistance, and veteran services.

HUD recognizes that such a “comprehensive approach to homelessness should be instituted and coordinated by localities.”⁹⁰ This means, that each locality is best suited to determine a definition

⁹⁰ **Ibid.**, p. 72

for each component of its continuum of care that best reflects the needs of the homeless populations and the universe of service delivery particular to that community. The Los Angeles Homeless Services Authority has incorporated and expanded the components of HUD's continuum of care.

LAHSA: Outreach/Intake/Assessment

Los Angeles Homeless Services Authority's (LAHSA) concept of outreach is based on the idea of engagement that occurs on the streets through street outreach teams. LAHSA notes that there are 25 providers of outreach programs for homeless persons throughout Los Angeles County. Such programs are operated by homeless service providers, law enforcement, Department of Mental Health, Department of Children and Family Services, HIV/AIDS organizations, and providers of domestic violence housing and services. These specialized outreach teams are tailored for persons with mental illness, veterans, youth, substance abusers, and persons at-risk to HIV/AIDS.

There are several Street Outreach Teams that serve Skid Row. They include:

- The Homeless Outreach Program
- Los Angeles Homeless Services Authority Emergency Response Team
- The Department of Mental Health
- Single Room Occupancy Housing Corporation
- Skid Row Medical Outreach Team

LAHSA's concept of outreach is also based on the idea of engagement through Access Centers. These centers are "one-stop" programs in which clients either receive or are referred to a wide-range of services such as employment, health care, legal services, mental health care, shelter, substance abuse treatment, and transportation.

Such centers within Skid Row include:

- Downtown Women's Center
- The Weingart Access Center

LAHSA's concept of outreach also includes High Tolerance Drop-In Centers. These centers target chronically homeless individuals who have been homeless for months or years and often have serious mental illness and/or substance abuse issues. They accommodate hundreds of people each day, 24 hours a day, and seven days a week. The Centers typically provide immediate, emergency services including: respite beds, showers, storage, case management, and counseling.

Such centers within Skid Row include:

- Downtown Drop-in Center

LAHSA: Emergency Shelter

LAHSA defines emergency shelter that “includes temporary shelter with services designed to facilitate homeless individuals and families from sleeping in places not meant for human habitation to appropriate housing.” Such shelter is provided free and for a maximum of 90 days. “On a case by case basis, clients may remain for longer than ninety days if they require a longer period to accomplish a specific goal.”

Emergency Shelter:

	Population					
	Individuals		Families		Total	
	#	%	#	%	#	%
Service Planning Area 1	97	75.8	31	24.2	128	100.0
Service Planning Area 2	156	70.6	65	29.4	221	100.0
Service Planning Area 3	62	36.7	107	33.3	169	100.0
Service Planning Area 4	1,540	79.4	400	20.6	1,940	100.0
Service Planning Area 5	187	100.0	0	0.0	187	100.0
Service Planning Area 6	371	61.8	230	38.2	601	100.0
Service Planning Area 7	327	87.2	48	12.8	375	100.0
Service Planning Area 8	37	30.6	84	69.4	121	100.0
Total:	2,777	74.3	965	25.7	3,742	100.0

The table above was compiled by LAHSA for its 2003 Continuum of Care application. The table breaks out the number of emergency shelter beds by service planning area (SPA). Los Angeles County is divided into eight (8) service planning areas. Service planning area 4 contains Skid Row.

SPA 4-Metro is located in the geographic center of the County. It shares boundaries with all but two of the eight County SPAs (SPA 1-Antelope Valley and SPA 8-South Bay/Harbor). Its northern border touches the SPA 2 communities of Glendale and Burbank in an area generally parallel to the Ventura (134) Freeway. Its southern border runs along Washington Boulevard-beginning at La Cienega Boulevard-to the Harbor (110) Freeway, then south to Adams Boulevard and east to Hooper, and north again to 21st Street and 25th Street (the northern border of the City of Vernon) to Indiana Street, which is the Los Angeles City limit.

SPA 4 consists of four (4) sub-groups:

- Metro Downtown: Bordered to the west by the 110 Freeway, to the south by the 10 Freeway, to the north by the 101 Freeway, and to the east by the Los Angeles River.
- Metro East: Generally to the north and east of Metro Downtown, northeast of the 5 Freeway, east of the 110 Pasadena Freeway and the Los Angeles River, and north of the 101. There is also a strip of "Metro East" south of the 10 Freeway, between the 110 and Los Angeles River.

- Metro West: Balance of SPA 4, west of 110 Freeway and south of 5 Freeway.

The table above reveals that SPA 4 has more than half of the County's emergency beds. SPA 4 has 1,540 emergency shelter beds for individuals and 400 beds for families for a total of 1,940 or 51.9% of the County's 3,742 emergency shelter beds. SPA 4 has 1,540 or 55.5% of the County's 2,777 emergency shelter beds for individuals and 400 or 41.5% of the County's emergency shelter beds for families.

Emergency Shelter: Families in Skid Row

Provider Name	Facility Name	Bed Capacity	
		Individuals	Families
LAMP, Inc.	Day Center/Shelter	18	0
Los Angeles Mission	Overnight Beds for Men	97	0
Midnight Mission	Emergency Housing	64	0
SRO Housing Corporation	EEHP – Russ	42	0
SRO Housing Corporation	EEHP – Panama	42	0
SRO Housing Corporation	New Emergency Housing Program	84	0
SRO Housing Corporation	Panama Hotel – DPSS Vouchers	90	0
SRO Housing Corporation	Panama Hotel – Emergency Housing	29	0
SRO Housing Corporation	Panama Hotel – Private Pay	100	0
SRO Housing Corporation	Russ Hotel – Private Pay	44	0
Skid Row Development Corporation	24 Hour Bed Slots at Transition House	10	0
Skid Row Development Corporation	Transitional Housing	10	0
St. Vincent’s Cardinal Manning Center	Men’s Emergency Shelter	58	0
Union Rescue Mission	Men’s Emergency Shelter	320	0
Union Rescue Mission	Women’s Emergency Shelter	0	110
Union Rescue Mission	Women’s Emergency Overflow	60	0
Union Rescue Mission	Women and Children	0	250
Weingart Center Association	DPSS Vouchers	35	0
Weingart Center Association	HELP	3	0
Weingart Center Association	LAHSA Emergency Six	6	0
Weingart Center Association	Supportive Residential Services	25	0
Total:		1,137	360

The table above discloses that there are at least 1,497 emergency shelter beds within Skid Row. Of these beds 1,137 or 76% are for individuals and 360 or 24% are for families. The only non-profit agency that provides emergency shelter beds for families is the Union Rescue Mission.

LAHSA: Transitional Housing

LAHSA defines transitional housing as including “short-term housing with supportive services to facilitate the movement of homeless individuals and families to permanent housing within 24 months. Supportive services promote residential stability and increased skill level or income.

Transitional Housing:

	Population					
	Individuals		Families		Total	
	#	%	#	%	#	%
Service Planning Area 1	150	66.4	76	33.6	226	100.0
Service Planning Area 2	734	52.5	666	47.5	1,400	100.0
Service Planning Area 3	96	62.0	59	38.0	155	100.0
Service Planning Area 4	3,578	74.2	1,245	25.8	4,823	100.0
Service Planning Area 5	800	87.6	114	12.4	914	100.0
Service Planning Area 6	542	45.7	644	54.3	1,186	100.0
Service Planning Area 7	307	64.4	170	35.6	477	100.0
Service Planning Area 8	492	68.6	226	31.4	718	100.0
Total:	6,699	67.7	3,200	32.3	9,899	100.0

The table above was compiled by LAHSA for its 2003 Continuum of Care application. The table breaks out the number of transitional housing beds by service planning area (SPA).

The table above reveals that SPA 4 has nearly half of the County's transitional housing beds. SPA 4 has 3,578 transitional housing beds for individuals and 1,245 transitional housing beds for families for a total of 4,823 or 48.8% of the County's 9,899 transitional housing beds. SPA 4 has 3,578 or 53.5% of the County's 6,699 transitional housing beds for individuals and 1,245 or 38.9% of the County's transitional housing beds for families.

Transitional Housing:

Provider Name	Facility Name	Bed Capacity	
		Individuals	Families
Fred Jordan Missions	Men's Christian Discipleship (Rehab)	32	0
Justiceville/Homeless USA	Dome Village	20	10
LAMP, Inc.	Village Transitional Residence	48	0
Los Angeles Mission	Anne Douglas Center	29	0
Los Angeles Mission	Fresh Start	121	0
Midnight Mission	Transitional Housing	173	0
Shelter First Inc.	Ford Hotel	300	150
SRO Housing Corporation	Golden West Hotel	52	0
SRO Housing Corporation	Marshal House	73	0
SRO Housing Corporation	Russ Hotel – Satellite TB	20	0
Skid Row Development Corporation	Transitional Housing	60	0
St. Vincent's Cardinal Manning Center	Men's Emergency Shelter	58	0
The Salvation Army	Bethesda House	50	0
The Salvation Army	Harbor Light	180	0
The Salvation Army	Safe Harbor	55	0
Union Rescue Mission	Family Together I	0	22
Union Rescue Mission	Family Together II	0	20
Union Rescue Mission	Men's Christian Life	210	0
Union Rescue Mission	Women's Christian Life	40	0
Weingart Center Association	HATS	7	0
Weingart Center Association	LAHSA Transitional 9	9	0
Weingart Center Association	Project Payback	420	0
Weingart Center Association	STAIRS	142	0
Weingart Center Association	Supportive Residential Services	171	0
Weingart Center Association	VETERAN'S	100	0
Weingart Center Association	Women's Renaissance	54	0
Total:		2,424	202

The table above discloses that there are at least 2,626 transitional housing beds within Skid Row. Of these beds 2,424 or 92.3% are for individuals and 202 or 7.7% are for families. There are two other non-profit agencies that provide transitional housing beds for families besides Union Rescue Mission and its 42 beds. Shelter First Inc. provides 150 beds and Justiceville/Homeless USA provides 10 beds.

LAHSA: Permanent Supportive Housing

Permanent Supportive Housing is a residence for persons with disabilities. Such housing provides permanent residency that is linked with on-going supportive services (on-site and/or off-site) designed to allow clients to live at the facility independently and on an indefinite basis.

Permanent Supportive Housing:

	Population					
	Individuals		Families		Total	
	#	%	#	%	#	%
Service Planning Area 1	12	100.0	0	0.0	12	100.0
Service Planning Area 2	11	100.0	0	0.0	11	100.0
Service Planning Area 3	0	0.0	0	0.0	0	100.0
Service Planning Area 4	3,021	94.9	163	5.1	3,184	100.0
Service Planning Area 5	104	100.0	0	0.0	104	100.0
Service Planning Area 6	117	100.0	0	0.0	117	100.0
Service Planning Area 7	161	100.0	0	0.0	161	100.0
Service Planning Area 8	385	97.3	11	2.7	396	100.0
Total:	3,811	95.7	174	4.3	3,985	100.0

The table above was compiled by LAHSA for its 2003 Continuum of Care application. The table breaks out the number of permanent supportive housing beds by service planning area (SPA).

The table above reveals that SPA 4 has more than three-quarters of the County's permanent supportive housing beds. SPA 4 has 3,021 permanent supportive housing beds for individuals and 3,184 transitional housing beds for families for a total of 6,205 or 79.6% of the County's 7,796 permanent supportive housing beds. SPA 4 has 3,021 or 79.3% of the County's 3,811 permanent supportive housing beds for individuals and 3,184 or 79.9% of the County's permanent supportive housing beds for families.

Permanent Supportive Housing:

Provider Name	Facility Name	Bed Capacity	
		Individuals	Families
Downtown Women's Center	Long Term Housing	47	0
LAMP, Inc.	Lodge	48	0
SRO Housing Corporation	Eugene Hotel	43	0
SRO Housing Corporation	Florence Hotel	58	0
SRO Housing Corporation	Harold Hotel	58	0
SRO Housing Corporation	La Jolla Hotel	49	0
SRO Housing Corporation	Leo Hotel	37	0
SRO Housing Corporation	Leonide Hotel	64	0
SRO Housing Corporation	Management/Maintenance of 16 SROs	870	0
SRO Housing Corporation	Palmer Hotel	65	0
SRO Housing Corporation	Prentice Hotel	45	0
SRO Housing Corporation	Southern Hotel	53	0
SRO Housing Corporation	The Courtland	95	0
SRO Housing Corporation	The Ellis	55	0
SRO Housing Corporation	The Regal	67	0
SRO Housing Corporation	The Ward	71	0
Skid Row Development Corporation	Marion Hotel	34	10
Skid Row Development Corporation	Martin Luther King Blvd Apartments	0	24
Skid Row Development Corporation	Norbo	50	7
Skid Row Development Corporation	Boyd Hotel	61	0
Skid Row Development Corporation	Crescent Hotel	45	0
Skid Row Development Corporation	Dewey Hotel	42	0
Skid Row Development Corporation	Edward Hotel	45	0
Skid Row Development Corporation	Genesis Hotel	30	0
Skid Row Development Corporation	Hart Hotel	38	0
Skid Row Development Corporation	Las Americas	19	0
Skid Row Development Corporation	Lincoln Hotel	40	0
Skid Row Development Corporation	Olympia Hotel	48	0
Skid Row Development Corporation	Produce Hotel	95	0
Skid Row Development Corporation	Rossmore Hotel	58	0
Skid Row Development Corporation	San Pedro Hotel	18	0
Skid Row Development Corporation	Sanborn Hotel	45	0
Skid Row Development Corporation	Simone Hotel	121	0
Skid Row Development Corporation	St. Mark's	89	0
Skid Row Development Corporation	Weldon Hotel	56	0
Total:		2,659	41

The table above discloses that there are at least 2,700 permanent supportive housing beds within Skid Row. Of these beds 2,659 or 98.5% are for individuals and 41 or 1.5% are for families. There is one non-profit agency that provides permanent supportive housing beds for families. The agency is Skid Row Development Corporation which provides 41 permanent supportive housing beds.

LAHSA: Supportive Services

Supportive Services are non-residential programs and services that provide assistance for homeless persons including homeless prevention activities (to address the at-risk homeless population). Such assistance includes child care, domestic violence services, education services, employment services, food, help-lines (information & referral), HIV/AIDS services, housing assistance services, immigration services, legal services, medical services, mental health services, public assistance services, rental assistance, substance abuse treatment, transportation, utilities assistance, and veteran services.

Total Number of Homeless Persons by Sub-Populations*

	Total Number of Individuals – 59,920		Total Number of Persons in Families with Children – 14,980	
	#	%	#	%
Chronic Substance Abusers	29,960	50.0	4,794	32.0
Seriously Mentally Ill	14,980	25.0	599	4.0
Dually-Diagnosed	9,587	16.0	150	1.0
Veterans	8,389	14.0	2,547	17.0
Persons with HIV/AIDS	1,798	3.0	449	3.0
Victims of Domestic Violence	5,393	9.0	5,093	34.0
Youth/Emancipated Foster Youth	4,794	8.0	-	-

*The total number of individuals (59,920) and the total number of persons in families (14,980) are mutually exclusive numbers. Total number of individuals and persons in families within each sub-population are not mutually exclusive.

The table above was compiled by LAHSA for its 2003 Continuum of Care application. This table breaks down the total number of homeless persons in Los Angeles County by sub-populations.⁹¹ Sub-populations are defined as persons with special needs.

The largest sub-population is chronic substance abusers which make up 50% of the homeless population. Homeless persons who are seriously mentally ill make up 25% of the homeless population and persons who are dually-diagnosed (persons who are substance abusers and who are seriously mentally ill) 16%.

⁹¹ The total number of persons noted in the chart is 74,900 which are below the 84,000 persons noted by Shelter Partnership. The difference is because this chart excludes the number of persons homeless in Glendale, Long Beach, and Pasadena which submit their own Continuum of Care applications.

Inventory of Supportive Services for Homeless Individuals

SPA	Job Training	Case Mgt	Substance Abuse Treatment	Mental Health Treatment	Life Skills	Housing Placement	Medical Care	Dental Care	Trans- portation	Child Care
1	28	62	28	0	56	28	0	0	0	n/a
2	58	663	635	516	290	217	183	150	140	n/a
3	343	606	173	241	72	270	148	48	1,049	n/a
4	938	4,937	2,895	1,902	3,045	1,157	375	76	1,437	n/a
5	263	1,787	1,332	823	880	257	1,207	0	633	n/a
6	183	787	503	198	347	153	0	0	1,307	n/a
7	26	494	175	60	152	0	8	8	221	n/a
8	277	1,147	1,095	842	631	199	6	0	304	n/a
Total:	2116	10,483	6,836	4,582	5,473	2,281	1,927	282	5,091	n/a

The table above was also compiled by LAHSA for its 2003 Continuum of Care application. SPA 4 provides more supportive services than any of the other SPAs in each supportive service category except medical care and dental care. Most notably, SPA 4 provides more life skills and housing placement case management than all of the other SPAs together. SPA provides nearly as much general case management as all of the SPA's together.

Inventory of Supportive Services for Homeless Persons in Families with Children

SPA	Job Training	Case Mgt	Substance Abuse Treatment	Mental Health Treatment	Life Skills	Housing Placement	Medical Care	Dental Care	Trans- portation	Child Care
1	8	164	56	0	148	56	0	0	0	40
2	28	401	12	178	143	82	82	6	138	105
3	20	40	0	3	10	18	0	0	1,049	20
4	142	877	277	464	668	501	29	24	883	289
5	5	29	5	23	23	13	0	0	515	23
6	101	509	134	241	207	156	0	0	1,298	155
7	37	457	106	112	36	34	26	0	213	76
8	59	128	77	136	79	29	46	30	338	47
Total:	400	2605	667	1157	1314	889	183	60	4,434	755

The table above was also compiled by LAHSA for its 2003 Continuum of Care application. SPA 4 provides more supportive services than any of the other SPAs in each supportive service category except medical care and dental care. Most notably, SPA 4 provides more life skills and housing placement case management than all of the other SPAs together.

IV. Determining Gaps in Services in Skid Row

Sections II and III above reveals that there are a significant number of homeless persons who have access to a limited number of residential and non-residential services. This is particularly true for Skid Row. Skid Row has the largest number of homeless persons than any other SPA. Skid Row also provides the largest number of emergency shelter, transitional housing beds, and permanent housing beds. In addition, Skid Row also provides the largest number of supportive services than any other SPA except in the categories of medical care and dental care.

In this section, gaps in services are determined by estimated need minus current inventory which equals unmet need or gap. Estimated need includes the number of persons living on the streets,

living in emergency shelters and transitional housing programs, and receiving supportive services. Current inventory includes the provision of the number of residential beds and the number of supportive services. The unmet need or gap, as already noted, is determined by estimated need minus current inventory.

The following unmet needs or gaps for Skid Row are based upon the formula—estimated need minus current inventory equals unmet need or gap:

- **Concerning Emergency Shelter for Families**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 20% (1,200 to 1,600) of persons are members of families

Current Inventory: There are at least 360 emergency shelter beds for members of families that are nearly occupied, or entirely occupied, each night.

Unmet Need or Gap: There is a need for as many as 840 to 1,240 emergency shelter beds for persons in families with children

- **Concerning Emergency Shelter for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) are individuals

Current Inventory: There are at least 1,137 emergency shelter beds for individuals that are nearly occupied, or entirely occupied, each night.

Unmet Need or Gap: There is a need for at as many as 3,600 to 6,200 emergency shelter beds for individuals

- **Concerning Transitional Housing for Families**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 20% (1,200 to 1,600) of persons are members of families. In addition, there are as many as 360 persons in families with children who are living in emergency shelters in Skid Row that may be in need of transitional housing

Current Inventory: There are at least 202 transitional housing beds for persons in families with children that are nearly occupied, or entirely occupied, each night

Unmet Need or Gap: There is a need for as many as 1,000 to 1,400 transitional housing beds for persons in families with children

- **Concerning Transitional Housing for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) of persons are individuals. In addition, there are as many as 1,137 individuals who are living in emergency shelters in Skid Row that may be in need of transitional housing

Current Inventory: There are at least 2,424 transitional housing beds for individuals that are nearly occupied, or entirely occupied, each night

Unmet Need or Gap: There is a need for as many as 3,000 transitional housing beds for individuals

- **Concerning Permanent Supportive Housing for Families**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 20% (1,200 to 1,600) of persons are members of families. In addition, there are as many as 202 persons in families with children who are living in transitional housing programs in Skid Row that may be in need of permanent supportive housing

Current Inventory: There are at least 41 permanent supportive housing beds for persons in families with children that are nearly occupied, or entirely occupied, each night

Unmet Need or Gap: There is a need for as many as 1,400 to 1,800 permanent supportive housing beds for persons in families with children

- **Concerning Permanent Supportive Housing for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) of persons are individuals. In addition, there are as many as 2,424 individuals who are living in transitional housing programs in Skid Row that may be in need of permanent supportive housing

Current Inventory: There are at least 2,659 permanent supportive housing beds for individuals that are nearly occupied, or entirely occupied, each night

Unmet Need or Gap: There is a need for as many as 4,000 to 7,000 permanent supportive housing beds for individuals

The unmet needs or gaps for Skid Row above focused on residential needs. There are unmet needs or gaps for Skid Row concerning non-residential supportive services. These needs or gaps include substance abuse treatment and mental health treatment.

- **Concerning Substance Abuse Treatment for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) of persons are individuals. Of these persons, 50% or 2,400 to 3,200 are chronic substance abusers

Current Inventory: There are at least 277 substance abuse treatment service slots for individuals

Unmet Need or Gap: There is a need for as many as 2,000 substance abuse treatment service slots for individuals

- **Concerning Mental Health Treatment for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) of persons are individuals. Of these persons, 25% or 1,200 to 1,600 are chronically mentally ill

Current Inventory: There are at least 464 mental health treatment service slots for individuals

Unmet Need or Gap: There is a need for as many as 700 to 1,100 mental health treatment service slots for individuals

- **Concerning Dual Diagnosis Treatment for Individuals**

Estimated Need: There are as many as 6,000 to 8,000 homeless persons living on the streets of Skid Row of which at least 80% (4,800 to 6,400) of persons are individuals. Of these persons, 16% or 768 to 1,024 are dually diagnosed

Current Inventory: There are at least 464 mental health treatment service slots for individuals

Unmet Need or Gap: There is a need for as many as 300 to 700 mental health treatment service slots for individuals with dual diagnosis

Appendix 4
Literature Review

A. National Studies/Reports

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D. Skid Row Studies/Report

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I. Internet Research

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Appendix 5 Research Team

Dr. Joseph Colletti

Dr. Joseph Colletti is the Executive Director for the Institute for Urban Research and Development. He established a method for counting the homeless that has been adopted by the U.S. Government. He is responsible for several feasibility plans for homeless service provision for cities around the Southern California area, the latest of which is Long Beach. He is successful at forging private/public partnerships and interfacing with political offices. He is also an adjunct professor in urban studies at Fuller Theological Seminary. He contributed research on the continuum of care, assessing the services and the gaps as part of the feasibility study in his research paper entitled, “Determining the Need for, Inventory of, and Gaps in Services in Skid Row.”

Dr. Terry Cooper

Dr. Terry Cooper is the Maria B. Crutcher Professor in Citizenship and Democratic Values in the School of Policy, Planning, and Development at the University of Southern California. He is also the director of the new Center for Neighborhood Participation and is studying the role of neighborhood councils within the city of Los Angeles. Dr. Cooper provided input into the role that citizen participation can play in the projected plans of URM and the community and will assist in linkages with political and neighborhood players. The theme of his research paper is “Capacity Building in a Local Urban Context.”

Dr. William Crookston

Dr. William Crookston is professor in the Marshall School of Business at the University of Southern California and teaches in the Lloyd Greif Center for Entrepreneurial Studies. He has worked with several faith-based non-profit organizations, including helping the Episcopal Diocese establish a credit union. He worked with MBA students who provided a business plan and proposal for a startup laundry enterprise at URM called “Clean Start.” He has also served URM as a consultant for their economic development program.

Mr. Mark Elliot

Mark Elliot is a Ph.D. candidate in the School of Policy, Planning and Development at USC. He has done cross-border research and education with the USC Center for Sustainable Cities and

presently works with the Neighborhood Participation Project at USC. Mark co-authored the research paper on “Capacity Building in a Local Urban Context” with Dr. Terry Cooper.

Mr. Robert Filback

Robert Filback is a Ph.D. Candidate in International and Intercultural Education in the Rossier School of Education at USC. He is also a research assistant at the Center for Religion and Civic Culture at USC whose research interests are in the areas of transformative education and social change. He-co-authored the research paper for the feasibility study entitled “The Politics of a New Homeless Service Center for Los Angeles: A Comparison With Existing Models From Around the Region” with Dr. Jefferey Sellers.

Ms. Cristina Garcia

Cristina Garcia is a Ph.D. candidate in Public Administration at the School of Policy, Planning and Development at USC. She assisted Dr. Richard Sundeen with the analysis of the use of volunteers within URM, a strategy for incorporating volunteers who work downtown, and a strategy for the development of a mentorship program for URM.

Dr. Dowell Myers

Dr. Dowell Myers is professor and director of the Master of Planning Program, School of Policy, Planning, and Development at the University of Southern California. He is one of the pre-eminent demographers in the state of California. He worked with graduate students to provide a thorough community analysis of the Skid row area through demographic research.

Dr. Jefferey Sellers

Dr. Jefferey Sellers is Assistant Professor and Director of Graduate Studies in the Department of Political Science, College and Letters, Arts and Sciences at USC. His research interests focus on comparative politics, on urban and regional political economy, on multi-level governance and on environmental law and policy. His research agenda centers around comparative analysis of institutions and state society relations from the "bottom-up" perspective of cities and communities. He provided a research paper entitled “The Politics of a New Homeless Service Center for Los Angeles: A Comparison With Existing Models From Around the Region.”

Dr. Richard Sundeen

Dr. Richard Sundeen is Professor, Associate Dean and Faculty Advisor of the Undergraduate Program at the School of Policy, Planning, and Development at the University of Southern California. His area of expertise is in the role of volunteers within non-profit organizations. He teaches in the area of non-profit management and development. He provided an analysis of the use of volunteers within URM, a strategy for incorporating volunteers who work downtown, and a strategy for the development of a mentorship program for URM.

Dr. Lois Takahashi

Dr. Lois Takahashi is associate professor of urban planning in the School of Public Policy and Social Research at UCLA. She is a member of the Inter-University Consortium on Homelessness and Poverty and has been working to educate policymakers and service providers about poverty, homelessness, and broader social issues. She has worked extensively in the area of collaboration and NIMBYism (Not in My Back Yard). Dr. Takahashi is designing a strategy for forging partnerships with key political players and service providers. She is also planning to assist in developing ways to educate staff of URM on the needs of the target population and on ways of incorporating them into the planning process.

Ms. Liang Wei

Liang Wei is a Ph.D. candidate in Urban Planning at the School of Policy, Planning and Development at USC who research specialization is in demography, immigration, and urban development. Ms. Wei worked with Dr. Dowell Myers on the demographic and community analysis for the URM Feasibility Study.

Dr. Mary Brent Wehrli

Dr. Mary Brent Wehrli is professor of field education in the School of Public Policy and Social Research, Department of Social Welfare at the University of California Los Angeles. She is responsible for placement of students. She has worked with the homeless for the last 20 years both on the Westside and in Central Los Angeles. She is currently on the Los Angeles Coalition to End Hunger and Homelessness. She has acted in a consulting capacity as an advocate for the homeless and as an advisor for strategic partnerships that need to be forged between URM and other service providers and organizations within Los Angeles.

Center for Religion and Civic Culture

Dr. Donald E. Miller

Dr. Donald Miller is professor of religion and the executive director of the Center for Religion and Civic Culture. He has written a book on homelessness and is an experienced ethnographer. His expertise is in the area of religion and civic participation. He was the lead consultant for the project.

Dr. Grace Dyrness

Grace Dyrness is the associate director for the Center for Religion and Civic Culture. She is an experienced ethnographer with a doctorate in urban planning and development from the School of Policy Planning and Development at the University of Southern California. Her area of expertise has been local economic development, primarily working with street vendors in Los Angeles. She directed the URM Feasibility Study.

Mr. Peter Spoto

Peter Spoto is a PhD candidate in the School of Religion at the University of Southern California and is project coordinator for the Center for Religion and Civic Culture. His dissertation is on “Faith-based promising practices: new and innovative models of multi-sector collaborative social service delivery.” He worked on the research team, providing expertise in the area of funding streams and best practices.

Ms. Mia Thompson

Mia Thompson, research specialist at the Center for Religion and Civic Culture is a lawyer and has extensive experience in advocacy for children and youth in the juvenile system for Los Angeles County. Mia Thompson served as the coordinator for the feasibility study as well as worked on sections of the qualitative research.

Appendix 6

Funding Sources

1) Interagency Council on Homelessness – Region 9 Contact Information

Jason Coughenour, Regional Coordinator, Region 9
Tel. (213) 894-8000, ext. 3001
Fax (213) 894-8107
E-Mail Address: jason_coughenour@hud.gov

Originally the Region 9 Coordinator from the U.S. Department of Housing and Urban Development and the manager of the Los Angeles field office, Jason has also held management positions at the U.S. Small Business Administration where he worked on community development bond issues and led the One-Stop Capital Shop Initiative in the Los Angeles Empowerment Zone. Jason is a veteran and a graduate of Indiana University. It is imperative that URM staff make contact with him.

The Interagency Council coordinates homelessness-related funding for the following federal departments:

Department of Health and Human Services
Department of Veterans Affairs
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Federal Emergency Management Agency
Department of Energy
Department of Housing and Urban Development
Department of Interior
Department of Justice
Department of Labor
Social Security Administration
Department of Transportation
Corporation of National and community Service
General Services Administration
Office of Management and Budget
The United States Postal Service
USA Freedom Corps
White House Office of Faith-Based and Community Initiatives

- 2) Some of the federal funding streams that URM would be eligible to compete for under the new Charitable Choice guidelines include:
 - a) Homeless Veterans Reintegration Program (HVRP) - Department of Labor
 - b) Continuum of Care - Department of Housing and Urban Development, including Supportive Housing Program (SHP), Shelter Plus Care (S+C), Emergency Shelter Grant (ESG)
 - c) Homeless Providers Grant and Per Diem Program - Department of Veteran Affairs
 - d) Health Care for the Homeless - Department of Health and Human Services
 - e) McKinney-Vento Technical Assistance (TA) Program – HUD
 - f) Transitional Living Formula Grant Program (TLP) – DHHS
 - g) Child and Adult Care Food Formula Grant Program - Department of Agriculture
 - h) Projects for Assistance in Transition from Homelessness Formula Grant Program 8, DHHS (SAMHSA)
 - i) Emergency Food and Shelter Program - FEMA.

- 3) State funding resources include:
 - a) Funding under the Murray-Hayden Youth Services Grant Program of Proposition 12 (Park Bond Act of 2000)
 - b) Emergency Housing & Assistance Program Capital Development (EHAPCD) Deferred Loans - \$2.1 Billion Housing Bond Act of 2002 (Proposition 46) includes \$195 million in EHAPCD funds

- 4) County funding resources include:
 - a) LAHSA - ILP Housing Programs (SPA 8 only)
 - b) Los Angeles Housing Trust Funds

- 5) Establishment of relationships with directors of all Offices of Faith-Based and Community Initiatives

Agency Centers for Faith-Based and Community Initiatives

Department of Justice

Patrick Purtill, Director
 950 Pennsylvania Avenue, NW Room 4413
 Washington, DC 20530
 (202) 514-2987 (phone)
 (202) 616-9627 (fax)
www.ojp.usdoj.gov/fbci

Department of Labor

Brent Orrell, Director
 200 Constitution Avenue, NW
 Washington, DC 20210
 (202) 693-6450 (phone)
 (202) 693-6146 (fax)
www.dol.gov/cfbci

Department of Health and Human Services

Bobby Polito, Director
200 Independence Avenue, SW Suite 118-F
Washington, DC 20201
(202) 358-3595 (phone)
(202) 401-3463 (fax)
www.hhs.gov/fbci

Department of Housing and Urban Development

Ryan Streater, Director
451 7th Street SW, Room 10184
Washington, DC 20410
(202) 708-2404 (phone)
(202) 708-1160 (fax)
www.hud.gov/offices/fbci

Department of Education

John Porter, Director
555 New Jersey Avenue, NW,
Capital Place, Suite 410
Washington, DC 20208-8300
(202) 219-1741 (phone)
(202) 208-1689 (fax)
www.ed.gov/faithandcommunity

Department of Agriculture

Juliet McCarthy, Director
14th and Independence Avenue, SW
Office of the Secretary, Room 200-A
Washington, DC 20250
(202) 720-3631 (phone)
(202) 690-2119 (fax)
www.usda.gov/fbci

Agency for International Development (U.S. AID)

Michael Magan, Director
1300 Pennsylvania Avenue, NW
Washington, D.C. 20523
(202) 712-4080 (phone)
(202) 216-3351 (fax)
web site not yet available

Corporation for National and Community Service

David Caprara, Director
1201 New York Avenue, NW
Suite 800
Washington, DC 20525
(202) 606-5000 (phone)
(202) 565-2784 (fax)
www.cns.gov

Appendix 7

List of Stakeholder Interviews

Public Officials

1. Sheriff Lee Baca, Los Angeles County Sheriff
2. Scott Milburn, Program Manager/ADA Coordinator, Los Angeles Homeless Services Authority (LAHSA)
3. Mitch Netburn, Executive Director, LAHSA
4. Margaret Quinn, HSA III In-Charge, Department of Social Services, Industry, CA
5. Jeanette Rowe, Program Coordinator, LAHSA
6. Dierdre Skelton, Program Coordinator and PSA Counselor, LAUSD Homeless Education Program

Service Providers

7. Nancy Berlin, Alexandria House
8. Rev. Scott Chamberlain, Pastor, Central City Church of the Nazarene (CCCN)
9. Jian Graham, M.A., Program Coordinator, Prototypes
10. Anita Nelson, Executive Director, SRO Housing Corporation
11. Tim Peters, Director, Say YES Program, CCCN
12. Joel John Roberts, Executive Director, P.A.T.H. (People Assisting the Homeless)
13. Tanya Tull, Executive Director, Beyond Shelter

Advocates

14. Becky Dennison, Director, Downtown Women's Action Coalition
15. Rabbi Mark Dworkin, Los Angeles Interfaith Council to End Homelessness
16. Bob Erlenbusch, Executive Director, Los Angeles Coalition to End Hunger and Homelessness
17. Paul L. Freese, Jr., Director of Litigation and Advocacy, Public Counsel Law Center
18. Ted Hayes, Executive Director, The Special / Strategic Office of Homelessness Eradication (S.O.H.E.), National Homeless Plan Campaign
19. Casey Horan, Downtown Women's Action Coalition

Business Community

20. Tracey Lovejoy, Executive Director, Central City East Association B.I.D.
21. Chris Nakagawa, President & CEO, Centinela Feed & Pet Supplies
22. Carol Shatz, Executive Director, Central City Association of Los Angeles B.I.D.
23. Kent Smith, Executive Director, The Los Angeles Fashion District B.I.D.

Partners in Feasibility Study

24. Joe Coletti, Executive Director, IURD (Institute for Urban Research and Development)
25. Mary Brent Wehrli, UCLA School of Social Work