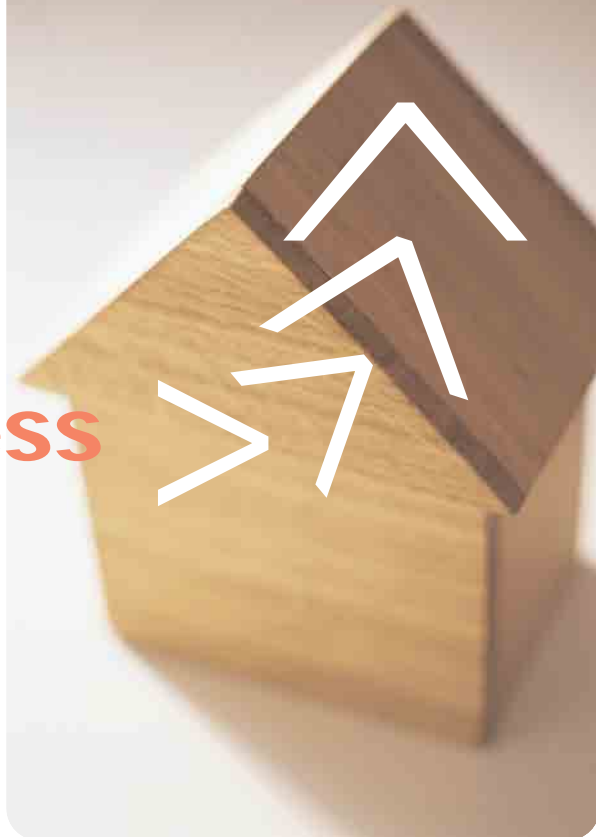*Toolkit for Multidisciplinary Approaches to*

Homelessness

Center for Religion and Civic Culture
University of Southern California

Toolkit for Multidisciplinary Approaches to

Homelessness

Center for Religion and Civic Culture
University of Southern California

Introduction

Los Angeles is confronting a crisis on its streets. Each night an estimated **84,000** homeless people sleep in shelters, in cars, under freeway overpasses, on sidewalks, and in tent encampments throughout the county. One study reports a chilling statistic: nearly **6%** of adults in Los Angeles County, an estimated **416,339** people, have experienced homelessness during their adult years. While the number of homeless people is both fluid and difficult to track, public and private agencies attest to the increasing scale of the problem. In recognition of the crisis, Mayor James Hahn appointed a blue ribbon commission to develop strategies to end homelessness in L.A. within the decade.

Perhaps the most alarming trend is the growing number of women and children on the streets. Rising poverty levels, a lack of affordable housing, increased health care costs, and welfare benefit time limits have all contributed to the changing population. The popular perception that homeless people are men with substance abuse problems is no longer accurate.

Union Rescue Mission, one of the largest service providers for the homeless in the downtown Skid Row area of Los Angeles, has experienced dramatic growth in the number of women and children they serve. Faced with the shift in population, Union Rescue Mission approached the Center for Religion and Civic Culture (CRCC) at the University of Southern California to engage in a feasibility study to inform its strategic plan for addressing the issue of homeless women and children. A summary of findings from this study is available at www.usc.edu/crcc.

CRCC engaged faculty members and doctoral students at USC and other institutions, including UCLA, to conduct research. We also asked some scholars to provide summaries of their research in order to make findings available in an accessible format. This "toolkit" is presented as an overview of some issues related to homelessness in Los Angeles. To set the context, we have also included an overview from "Homelessness in Los Angeles: A summary of recent research," by Paul Tepper.

Faith-based organizations, like Union Rescue Mission, provide vital services and play important roles in developing long term issues of homelessness. A UCLA study concludes that faith-based programs provide a substantial portion of health and social services utilized by homeless women. Moreover, at least **50%** of shelters and meal programs in Los Angeles County are faith-based. In moments of crisis, faith becomes the framework that many people come to rely upon. It is not surprising, therefore, that people turn to faith-based programs where they can find some of the structure that they have lost. For providers, faith often gives a framework for caring for women and children. Many faith traditions have moral imperatives to care for widows and orphans and this calling must be taken seriously.

We hope that this resource will serve as an introduction to some issues that organizations, whether faith-based or not, will consider as they plan for working with the homeless. We join all Angelenos in the hope that service providers, politicians, members of the faith community, and the whole city join together to develop viable solutions to end homelessness in the city.

We gratefully acknowledge the support of the Union Rescue Mission and the Pew Charitable Trusts. This toolkit is a resource provided by a working group on faith-based organizing and development comprised of scholars at USC. The working group is part of an effort to promote interdisciplinary research on religion with support from the Pew Charitable Trusts.

Grace R. Dyrness
Donald E. Miller
Center for Religion and Civic Culture
College of Letters, Arts and Sciences, University of Southern California

Table of Contents

1.

OVERVIEW OF HOMELESSNESS
IN LOS ANGELES

Paul Tepper, Director
Institute for the Study of Homelessness and Poverty
At the Weingart Center

*This overview is reprinted from "Homelessness in Los Angeles:
A Summary of Recent Research" by Paul Tepper of the Institute for
the Study if Homelessness and Poverty at the Weingart Center,
March **2004**.*

Census	Approximately **80,000** people are homeless each night in Los Angeles County.
Geographic Distribution	Homeless families and individuals can be found throughout the County with concentrations in particular areas, such as central and South Los Angeles.
Family Status	Families, typically headed by single mothers, represent a growing percentage of the overall homeless population, with nightly estimates ranging from **20%** to **43%**.
Youth	Unaccompanied youth represent a small but significantly challenged group.
Gender	One-third to one-half of homeless people are women and girls.
Race/Ethnicity	African Americans are greatly over-represented within the homeless population.
Age	The average age of homeless adults is around **40** years.
Veterans	Veterans are about twice as likely as all adults to be homeless.
Citizenship, Residency & Length of Time in LA	Most homeless people in Los Angeles are from Los Angeles.
Physical Health, Domestic Violence & Child Abuse	An estimated one-quarter of homeless adults are physically disabled and about **20%** are victims of domestic violence.
Substance Abuse & Mental Health	The incidence of both substance abuse and mental illness is higher among homeless persons than in the community at large.
Education	About half of homeless adults have graduated from high school.
Employment and Income	Homeless people have very low incomes, including the approximately **16%** to **20%** of homeless adults who are currently employed.
Public Benefits	Public Benefits are underutilized or have been cut for many homeless individuals and families.
Length of Time and Frequency	Families are homeless less frequently and for shorter periods than individuals.
Sleeping Arrangements	Roughly **20%** to **30%** of homeless people are in shelters.

2.

Gaps in Services Along the Continuum of Care

Overview

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. 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 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. In 2003, 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.

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. Providers must understand the Continuum of Care system to assess where its services can fill in the gaps within that continuum.

One of the most significant gaps in service is emergency shelter for families. (See table on page 9.)

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 nonprofit 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 on page **10**). Union Rescue Mission is a significant provider in the Skid Row area. The challenge is now to focus 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*

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.

3.

HEALTH RISKS OF HOMELESSNESS FOR YOUTH:
Examining the Intersection of Spirituality and Health

The focus of an ongoing project at USC's School of Medicine is to understand innate inner resources of homeless youth, and how we might enhance these resources to help them to protect their health and to negotiate a successful and lasting transition out of homelessness. Religious practice, religiosity, and spirituality all seem to play a role in health-related behaviors that could buffer for risk, enhance resilience, and protect the health of homeless youth. Therefore, this project focuses on the intersection between religion and health in the lives of homeless youth.

HOMELESS YOUTH

They are at high risk for a wide range of physical and psychological problems as a result of both the circumstances that preceded their homelessness, and as a direct consequence of life on the streets (Feldmann 2003). For instance, homeless youth are at particularly high risk for HIV/AIDS and other Sexually Transmitted Diseases (STD's), pregnancy, trauma and respiratory illness.

These risks are compounded by high rates of drug and alcohol abuse, depression and suicide. Inability to deal with the system, a lack of knowledge of clinic sites, fear of not being taken seriously, concerns about confidentiality, and fears of police or social services involvement are only a few of the barriers that homeless youth experience to getting help.

RELIGION AND HEALTH

Some homeless youths have been able to rely on personal strengths and inner resources to help them survive and begin to consider a healthier future (Rew and Horner 2003).

In one study, formerly homeless adolescents testified to the importance of spirituality in their successful transitions into young adulthood (Lindsey, et al 2000). Some believed that God had a purpose for them, keeping them alive even through heavy drug use or serious drunk driving incidents. Others were comforted by the idea that there was a power greater than them, whether a specifically religious entity or a more general sense of spiritual connectedness (Lindsey, et al 2000).

BUILDING INNER RESOURCS OF HOMELESS YOUTH

Along with providing institutional resources such as health care centers, social resources such as a network of caring individuals, and concrete physical resources such as food, clothing and shelter, we feel that it is essential to develop inner resources and strengths of homeless youth that will help them transition successfully and permanently out of homelessness.

Understanding how religion and health are related in adolescent populations may be essential for the development of successful programs designed to deliver health and human services to homeless youth.

EXERCISE AND HELP-SEEKING BEHAVIORS

To date there is little research available on religion and health in homeless youth. This project aims to fill this gap in the literature. What we do know, however, is that:

Adolescents who are religious, spiritual, and/or participate in organized religious activities are more likely to be involved in sports, exercise and athletic activity amongst 12th graders increases along with levels of religiosity, service attendance and youth group involvement (Smith, et al 2002). It is particularly important to note for homeless youth that religious affiliation may be related to adolescent health-seeking behaviors (Newell-Withrow 1986).

ALCOHOL, TOBACCO and OTHER DRUGS (ATOD) and RISKY SEXUAL PRACTICES

The "Objective Hope" project (Johnson 2002) reported that religious practice was strongly related to reduced rates of drug and alcohol abuse, lowered rates of promiscuity, pre-marital sex and pregnancy.

Adolescents who consider religion an important part of their lives or belong to a religious youth group are less likely than their non-religious peers to smoke or drink (Smith, et al 2002).

SUICIDE, DEPRESSION AND MENTAL HEALTH

Religious practice and involvement are independently associated with lower rates of youth delinquency, suicide and depression (Johnson 2002).

Homeless youths are at very high risk for depression and suicide as they negotiate unimaginably difficult, often lonely adolescence frequently burdened with histories of abuse, neglect, and unmet physical and psychosocial needs.

This project aims to shed light on how religious practice, religiosity, and spirituality might diminish or moderate this risk.

About the author:
Dr. Donna Spruijt-Metz is assistant professor of research at the Keck School of Medicine's Department of Preventive Medicine. Her research focuses on adolescent health, particularly the areas of obesity, physical activity, and diet.

4.

Structural Risk Factors for Homeless and Runaway Youth

"Dying [of AIDS] in here is better than living outside…. I've spent the last two years on the street, knowing what it's like to be hungry, and beaten, and used, and bought and sold. Do you call that living?" (New York) — McGeady, 1994, p. 15

"I want to go the USA, as there is nothing here for me. I want to study and be in school. I want to leave this life of misery and live peacefully without fear. I want peace with the police." (Honduras) — Jahangir, 2001

These reflections by homeless children illustrate some of the diverse micro and macro factors that contribute to their movement into the streets as well as to their difficulty in exiting the street milieu and reintegrating back into their family and community environments. Although the political, economic, educational and cultural factors that propel children into a life on the streets may differ with each child and within each country, the reality of struggle, hardship and exclusion both in their homes as well as in the streets is shared by children throughout cities across the world (Veale, 1998). In an effort to present the social aspects associated with youth homelessness, this paper seeks to answer the following questions: Who are the homeless youth? Why are they homeless? What can be done in response to youth homelessness?

Who constitute homeless children and youth?

The Urban Institute estimates that 1.37 million children in the United States were homeless in 2000 (Urban Institute, 2000). The recent U.S. Conference of Mayors Status Report on Hunger and Homelessness in America's Cities indicates that 38% of the total homeless population consists of families with children and runaway youth (Schwartz & Savio, 2003).

In the County of Los Angeles, a recent study by Children's Hospital reveals some 12,000 to 15,000 homeless and runaway youth living on the streets (Covenant House, 2003).
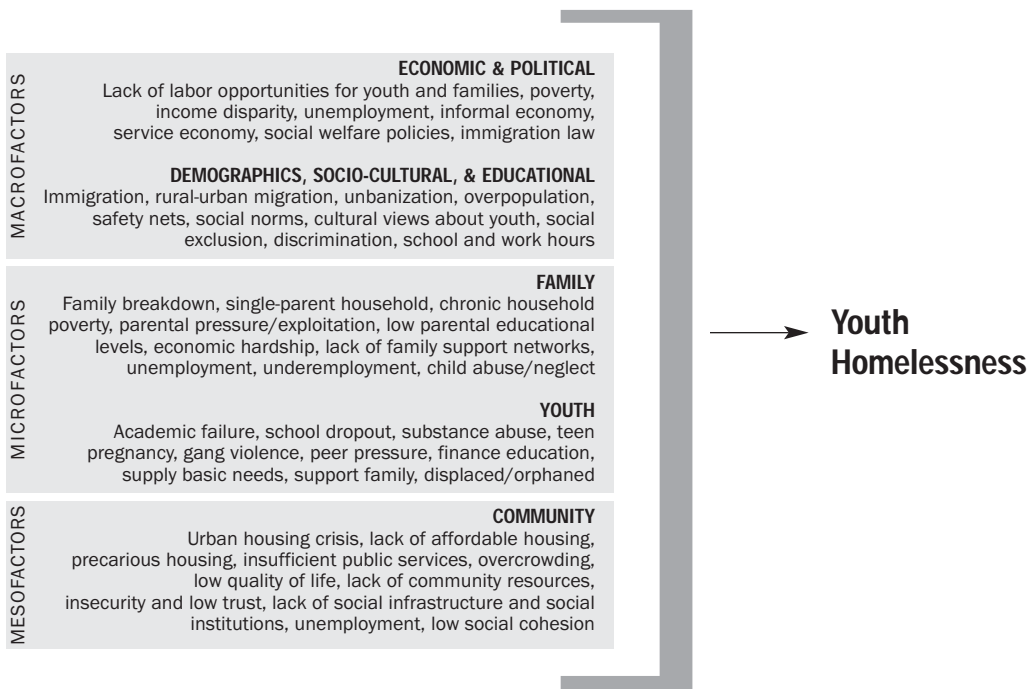
Most studies seeking to quantify the number of homeless individuals resort to head counting in shelters and in the streets. As a result, many homeless chil-

dren and youth may be overlooked in such tallies, particularly if they are denied access to shelters.

An increasing and particularly vulnerable subpopulation of homeless youth consists of undocumented, unaccompanied minors. Born outside of the United States, these youth commonly do not have personal identification papers that would allow them to secure federal benefits, participate in the formal labor market or enroll in community colleges.

What are the precipitating factors of youth homelessness?

The figure below provides a conceptual model of the oft-cited risk factors associated with youth homelessness.

MACROFACTORS	**ECONOMIC & POLITICAL** Lack of labor opportunities for youth and families, poverty, income disparity, unemployment, informal economy, service economy, social welfare policies, immigration law **DEMOGRAPHICS, SOCIO-CULTURAL, & EDUCATIONAL** Immigration, rural-urban migration, unbanization, overpopulation, safety nets, social norms, cultural views about youth, social exclusion, discrimination, school and work hours
MICROFACTORS	**FAMILY** Family breakdown, single-parent household, chronic household poverty, parental pressure/exploitation, low parental educational levels, economic hardship, lack of family support networks, unemployment, underemployment, child abuse/neglect **YOUTH** Academic failure, school dropout, substance abuse, teen pregnancy, gang violence, peer pressure, finance education, supply basic needs, support family, displaced/orphaned
MESOFACTORS	**COMMUNITY** Urban housing crisis, lack of affordable housing, precarious housing, insufficient public services, overcrowding, low quality of life, lack of community resources, insecurity and low trust, lack of social infrastructure and social institutions, unemployment, low social cohesion

→ **Youth Homelessness**

What can be done in response to youth homelessness?

Preventive Approach
Aims to empower communities and families to strengthen their internal social fabric by increasing academic, vocational, economic and recreational opportunities for youth from within.

In creating and promoting family- and community-based opportunities, minors may be prevented from migrating to the streets to fulfill the personal, social and economic needs that their families and communities are often unable to meet.

Social Development Approach

This approach focuses on individuals, communities and societies, while aiming to synchronize social policies and efforts to promote economic development, offers a promising framework within which youth homelessness can be further examined and addressed (Midgley, 1995). Because this social problem traverses multiple contexts and involves multiple precipitating factors, sustainable responses and solutions must be multi-systemic in nature as well.

At present, various countries around the world have designed innovative methods and interventions to address youth homelessness under the social development framework. For instance,

> Mexico is currently experimenting with a model of triangular solidarity that seeks to strengthen linkages among the public, private and non-governmental sectors, to employ homeless youth within the formal labor market (Covenant House, 2001).

> In the United States, social enterprises such as Break Away Technologies, Pedal Revolution and Ashbury Images in Los Angeles and San Francisco provide homeless youth with the opportunity to become economically self-sufficient by learning and applying labor skills within the formal economy.

In the event that future research can empirically demonstrate the strength of different structural, community, family and individual factors in triggering youth homelessness, it may be possible to justify the formulation of preventive social development policies that anticipate risk by addressing these precipitating factors at their roots in families, communities and societies. This, in turn, will likely reduce the possibility that certain populations of children and youth migrate into the streets to meet their basic human needs.

About the Author:
Kristin Ferguson, PhD is Assistant Professor at USC's School of Social Work. Dr. Ferguson's research and teaching interests include international social welfare policy, child labor, the mediating effects of social capital on children and youth's well-being, international social development and community organization, and program design and evaluation.

5.

Health Care Services for the Homeless

Overview

A study undertaken by the University of Southern California, School of Dentistry, in **2001** for a Health Professions Shortage Area (HPSA) designation, indicated that the total number of homeless in the Skid Row area of Los Angeles was approximately **14,000**. (Skid Row is a concisely defined area east of downtown consisting of several census tracts.) Information compiled more recently by the Shelter Partnership would indicate that this number has grown considerably.

Needs

The healthcare needs of the homeless are varied and critical, and include acute and chronic problems related to communicable diseases, medical, dental, substance abuse and mental health.

Morbidity and mortality rates for the LA Central Health District (which includes Skid Row generally) exceed the county as a whole.

Although there are a number of health care providers in the Skid Row and adjacent areas, the needs greatly exceed the capacity.

Services

Provision of health care services for the homeless dates back to the **1980**'s when several federal government and national private philanthropic initiatives began to formally address these concerns. For example, the UCLA Health Center at the Union Rescue Mission was the first homeless clinic, initially funded by the Robert Wood Johnson Foundation.

Other local faith-based service providers also developed medical services for their clients, such as the LA Mission Clinic and Catholic Workers Clinic; these two clinics were the first to offer limited dental treatment, on a part-time basis with volunteer dentists. While most of the clinics now have paid clinicians and staff, volunteers—community practitioners and supervised students—in several clinics still provide much of the medical, dental, and mental health services.

Presently, support for the area's homeless health clinics comes from a variety of sources, including individual donations, private foundations, corporate contributions and government grants. The largest single source of funding is from the National

Health Care for the Homeless program, which grants almost $2.5 million to a dozen providers throughout Los Angeles, including four in Skid Row.

Shelters and Service Agencies

Several shelters and service agencies provide health care services for indigent individuals and transient families in Skid Row. These include (with reported number of treatment rooms in parentheses):

Stationary medical clinics:
> UCLA Health Center at the Union Rescue Mission (**9**)
> JWCH/Weingart Clinic (8)
> JWCH/Safe Harbor Center (**1**)
> LA Mission Medical Clinic (**4**)
> Catholic Workers Clinic (**2**)

Mobile Medical Providers:
> Coach for Kids (**1**)
> Hollywood/Sunset Free Clinic (**1**)
> AltaMed Health Services (**1**)

Stationary dental clinics:
> USC Dental Clinic at the URM (6)
> LA Mission Clinic(**2**)
> Catholic Workers Clinic(**1**)

Stationary mental health:
> Downtown Mental Health Center (**15**)
> Union Rescue Mission (**1**)

In areas contiguous to the Skid Row area there are almost a dozen other medical, dental, mental health and substance health providers, offered by county government and community non-profit clinics.

However, despite the seemingly sufficient services, the immense healthcare demands of the growing number of homeless men, women and children in central Los Angeles continues to exceed the capacity of the provider organizations.

Recommendations

Over the past decade various groups have attempted to advocate for and coordinate health services for the homeless in order to increase care and improve outcomes. These have included the LA County Service Planning Area (SPA) Barrier Reduction Group, Health Care Consortium of Central Los Angeles, Homeless Healthcare Workgroup, and Cooperative Health Care for the Homeless federal grantees program. In **2003** the Weingart Foundation sponsored an updated and comprehensive report, "Status and Access to Care for Homeless Adults and Children" (see Reference page), conducted by the USC Division of Community Health, Keck School of Medicine.

Information from this report and other related data needs to be shared in a forum of public health, community clinic and faith-based/voluntary providers, joined by advocacy groups, veterans organizations, professional associations, health professions

schools, planning agencies and foundations.

This process would be best accomplished in conjunction with the Skid Row Collaborative, the recently formed and federally funded coalition of agencies to aid the homeless in downtown Los Angeles.

These new networks and partnerships should be able to augment and diversify funding for clinics, expand service sites and increase access to care, and improve tracking and case management of patients.

About the author:
Niel S. Nathason, M.A., M.P.H. is an Assistant Clinical Professor in the USC School of Dentistry and serves in several capacities within the Division of Health Promotion, Disease Prevention and Epidemiology. Mr. Nathason was part of the collaboration team which developed the new USC-URM Dental Clinic.

6.

The Politics of New Homeless Services for Los Angeles

Introduction

Comparison of four successful homeless services projects in Southern California (A Community of Friends (ACOF), Women's Care Cottage (WCC), Father Joe's Villages (FJV) of San Diego, and the Ocean Park Community Center (OPCC) of Santa Monica) demonstrates the various sources of support as well as the major political obstacles likely to confront new initiatives to address the growing crisis of the homeless in Los Angeles. These programs vary considerably in size and in the type of services provided, but all face a similar need to build community and political support.

Community of Friends

A Community of Friends (ACOF) was begun in the late eighties to address the housing needs of the homeless, disabled, and very low-income persons in Los Angeles County. According to ACOF, its core mission "to collaborate with community-based service agencies…creating permanent, affordable housing and an environment that promotes stability" (ACOF website).

Father Joe's Villages

Father Joe's Villages (FJV), which began as a soup kitchen in the 1950s, has adopted a "one-stop-shopping" approach to providing services to homeless individuals and families. A former vice president of the center, Mandel, has been credited with developing the model known as the "Continuum of Care" among homeless service providers, by which a variety of services are made available at one location. Father Joes Villages have expanded into a multi-campus center with seven sites providing various services in the central San Diego area.

Ocean Park Community Center

Situated in Santa Monica, the Ocean Park Community Center (OPCC) represents another effort to provide services using the Continuum of Care model. OPCC focuses on the population termed "chronically homeless," reflected in the fact that **78%** of its clients are mentally ill. Operating at six sites, OPCC offers emergency services, case management, health care, and meals.

Women's Care Cottage

Finally, the Women's Care Cottage (WCC) was founded to address the needs of homeless women and their children and also employs the housing first approach. The majority (**85%**) of the client population of WCC consists of families headed by a single mother with an average of two children. Single adult women without children or without custody of their children make up the remaining clients.

Linking Neighborhood-Level Activities to Wider Agendas and Coalitions

The political feasibility of a new program or facility needs to be considered at both the local level, where concerns and political interests of specific neighborhoods lie, and at the level of national and city-wide policymakers.

Those programs most actively developing new sites exhibit the most elaborate community relations, are seen as most effective, and undertake moderate to high levels of collaboration with other stakeholders.

Collaboration with Other Service Providers

Analysis suggests that support by other providers of a program's activities can be critical in achieving its aims. Successful programs collaborate with other providers for a number of purposes.

Complementarities in mission, collaboration in advocacy, alliances for joint funding, and the legitimacy that comes from governmental funding can enhance the chances that other providers will rally around a program.

Working with Government and Politicians

Governmental funding carries advantages and disadvantages that depend in part on the sources of the funds. For instance, representatives of Father Joe's Villages believe their low reliance on local public funds has made a "tremendous difference" in their ability to navigate the "shifting winds" of local politics.

Service providers such as Union Rescue Mission may have a unique position to leverage national level funding given its membership in an organization with an existing national presence.

For purposes such as planning and zoning approvals or the mobilization of support in neighborhoods, the support of local officials is the most critical element. It is therefore crucial to cultivate support in the relevant community and among elected officials.

The Benefits of Coalition-Building Around Advocacy for the Homeless

Advocacy for the homeless in wider policy arenas can have important local benefits. This involves mobilizing local stakeholders, including city staff, local coalitions such as LAHSA and other providers around a city-wide agenda as well as networking among existing non-profit and governmental services.

The resulting coalitions and community support can aid in fund-raising and build a reservoir of support for more local initiatives and site development.

Engaging the Business Community

Businesses get more mixed reviews than simply negative ones: They were cited as a sometimes important ally, and sometimes as an actor whose support could shift rapidly depending on the arrangements of a given site.

Business cooperation need not be uniform nor even particularly strong—business simply needs to be engaged. What is crucial is the financial and other support that at least some business groups may be willing to provide.

Neighborhood Groups: The Biggest Challenge

The biggest hurdle faced by homeless service providers seeking to establish new facilities is NIMBYism (see Lois Takahashi's article).

How a program relates to the community is critically important. Those who have successfully built community support have done so through community meetings and conducting ongoing community outreach.

Within neighborhoods, these programs have set up neighborhood advisory committees, worked with existing neighborhood consortiums, making presentations at schools and businesses, and making sure that their sites are kept well-maintained and clean.

About the authors:
Jefferey Sellers, PhD serves as Vice-Chair and Graduate Director in the Department of Political Science. Prof. Sellers studies urban, environmental and social policies and their politics from a global perspective. His research focuses on the international comparison of urban regions, and in particular on the de-centered forms of decision-making that increasingly pervade economic life, policymaking and politics around the world. Robert Filback is a PhD student in International and Intercultural Education at USC and a Research Assistant at the Center for Religion and Civic Culture. He is interested in trans-formative education and social change.

7.

Neighborhood Councils and Homelessness:
Capacity Building in the Local Urban Context

INTRODUCTION

The Los Angeles County Sheriff recently described Los Angeles as "ground zero" for homelessness. Recognizing that jails serve as makeshift shelters, he introduced plans to address the underlying causes of homelessness where it is manifest—on the streets. Concurrently, cities have criminalized the public face of homelessness by outlawing doorway slumber and prohibiting on-site food programs. The Los Angeles Police Department's Skid Row sweeps recently netted nearly two hundred individuals for parole violations and outstanding warrants, but also stoked tension within the Skid Row community. Such divergent perspectives suggest that new approaches and institutional structures are needed to confront this intractable issue in a city where the downtown concentration of homeless people is estimated to exceed forty thousand.

NEIGHBORHOOD COUNCILS

Local neighborhood councils in Los Angeles, enabled by charter reform in 1999, are stepping into the breech. As of Summer 2003, approximately seventy-five city-certified councils have formed.

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.

WHAT CAN BE DONE?

Community capacity-building should be the focus, argue providers, and neighborhood councils may yet play a role in coalition building within their community—and across council areas as well.

Defining "stakeholder" broadly is a first step towards bringing economically marginalized and homelessness 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 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 services 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. 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.

About the authors:

Terry Cooper, PhD is the Maria B. Crutcher Professor in Citizenship and Democratic Values at USC's School of Policy, Planning and Development. His research centers on citizen participation and ethics in government. He is currently conducting research on neighborhood organizations in Los Angeles to develop knowledge about their roles in governance. Mark Elliott is a PhD Planning Student and works with the NSF-funded Neighbor-hood Participation Project at USC. He is interested in the relationship between local communities, their institutions, and development at the block level.

8.

Understanding and addressing NIMBY
(NOT IN MY BACK YARD)

WHAT IS NIMBY?
NIMBY (Not In My Back Yard) consists of organized resident, business, government, and/or community-based organization opposition to proposed or existing facilities or land uses. Most often, stated concerns center on these common themes: diminishing property values, increased traffic or congestion, rising crime rates, and impacts on health and well-being.

WHAT ARE THE SOURCES OF NIMBY?
There are four basic types of sources that researchers have identified for NIMBY. Actual cases of NIMBY often stem, however, from combinations of these varying sources.

1. Attitudes/Perceptions *(focuses on individuals and groups)*
   Explanation for NIMBY: People have negative attitudes and perceptions toward groups or land use types, so they form negative perceptions of associated proposed facilities or land uses. When people form negative perceptions of proposed facilities or land uses, they may act to oppose those facilities or land uses when specific sites are proposed that are geographically close to their homes, businesses, schools, churches/temples, or other important social locations.

2. Political Economy *(focuses on economies and development)*
   Explanation for NIMBY: Production and economic growth inevitably create negative spillover effects (such as air/water pollution, traffic congestion, unemployment, lack of affordable housing). Consequently, opposition over the location of facilities or land uses addressing these issues (such as water treatment plants, freeway expansion, homeless shelters) is unavoidable.

3. **Stigma** *(focuses on social norms)*

Explanation for NIMBY: Specific social groups are defined as undesirable, dangerous, or disturbing. To maintain social and physical distance from these social groups, residents, businesses, government agencies, and local organizations will oppose the siting of facilities or land uses serving these groups. Opposition to facility siting is seen as preventing the stigmatization of places; the assumption is that places hosting controversial facilities become linked to the stigma of groups.

4. **Justice** *(focuses on processes and outcomes)*

Explanation for NIMBY: The benefits of controversial facilities/land uses are widespread (benefiting many neighborhoods, cities, counties, states), but the costs/burdens/potential dangers are localized in particular neighborhoods or municipalities. Concerns usually revolve around the issues of overconcentration (too many facilities or land use types compared to other neighborhoods or jurisdictions) and saturation (exceeding neighborhood/municipal capacity for hosting facilities or land use types).

WHAT STRATEGIES WOULD ADDRESS THESE SOURCES?

The following strategy examples address each of the distinct sources of NIMBY outlined above.

If ***attitudes/perceptions*** comprise the source of NIMBY, then negative attitudes of opposing individuals and groups about the nature and potential impacts of proposed facilities or land uses must be addressed. Information dissemination and education through trusted conduits consequently constitute an appropriate strategy to address this source.

If ***political economy*** comprises the source of NIMBY, then a readjustment of capital interests is necessary. An appropriate strategy to address this source is more effectively aligning the impacts of controversial facility types/land uses (dealing with negative spillover effects) with economic growth (expansion of resources and capital investment).

If ***stigma*** comprises the source of NIMBY, then a readjustment of social norms defining stigma is necessary. Appropriate strategies include highlighting the similarities of stigmatized groups with mainstream society, and community participation (e.g., including members of stigmatized groups in public decision making).

If *justice* comprises the source of NIMBY, then neighborhoods, organizations, and/or government agencies have identified inequitable distributions of facilities/land use types. An appropriate strategy for addressing this source consists of redistributing or distributing in more equitable ways proposed facilities/land use types to be more even across neighborhoods or jurisdictions (e.g., fair share strategies).

WHAT STRATEGIES HAVE BEEN USED TO ADDRESS NIMBY?

Varying strategies have been used by government agencies, social service organizations, and businesses to avoid, circumvent, or deal directly with NIMBY. The choice of strategy often assumes the attitudes/perceptions or justice explanations of the source of NIMBY.

Limited Interaction
> Avoidance/Removal (facilities or land uses are not sited)
> Isolation (facilities or land uses are sited in unpopulated areas)
> Circumvention (no/limited discussion or disclosure of siting plans)

Consensus or Dialogue
> Compensation (additional services such as health care, education; amenities such as parks; or public services such as improved infrastructure are provided for opposing groups in exchange for cooperative behavior)
> Cooperation (negotiation/mediation, coordination, or collaboration with opposing groups in siting decisions)

Legislation or Mandate
> Legislation (legislation or local ordinances used to (re)distribute facilities or land uses)
> Preemption/Court Decisions (government or court decisions preempt local land use laws or siting decisions and mandate facility siting or land use in specific jurisdictions)

About the Author:
Lois M. Takahashi is Associate Professor at the Department of Urban Planning at the University of California-Los Angeles. Her work on social service delivery has explored access to medical and human services for homeless women and persons living with HIV/AIDS, collaboration among community-based social service providers, and community opposition to controversial human service facilities (the NIMBY—Not In My Back Yard—syndrome).

9.

CAN ENVIRONMENTAL RESPONSIBILITY BE DEMONSTRATED IN THE LOCATION OF HOMELESS FACILITIES?

Effect of Homelessness on the Environment

The traditional approach carried out in locating homeless shelters and related facilities rests on the principle of "out of sight, out of mind", which translates into "sweeping off" homeless people from the streets and "relocating" them to secluded (in the spatial and economic sense) places in the hopes of maintaining a peaceful, clean, and prosperous façade for the city. This practice implies that having homeless people around is not only damaging to an area's social and economic status, but that it is also damaging to its physical environment: homeless people are dirty; they litter; they harm plants and trees when they sleep in parks at night; they go to the bathroom in the streets and in our waterways; and so on. Although these complaints are not entirely unfounded, one must turn the argument around and look at how the physical environment adversely affects homeless people.

Union Rescue Mission and its Environment

Given the desire to get the homeless off the streets, many cities have opted to adopt a policy that simply allots a particular site for placing homeless people in. The Policy of Containment is the primary example of this. Moreover, it could be seen as a form of environmental discrimination wherein those who do not have the ability to pay for a home in a clean and safe neighborhood are given no choice but to stay in a polluted, congested and harmful area of the city.

Per the Policy of Containment in Los Angeles, Union Rescue Mission (URM) was established in the heart of Los Angeles City's Downtown Industrial District. The district is the site for numerous warehouses and factories that cater to the needs of the fashion, food and garment business. URM is also flanked by derelict and abandoned buildings, and only one area of green space, the San Julian Park, which is actually off limits to

people not staying in the San Julian SRO. Given the number of industries surrounding Union Rescue Mission, dangerously high levels of pollution are to be expected, which aggravates the already frail health of many homeless people.

Environmental Justice

In the U.S., the term "environmental justice" was born out of the need to address discrimination in the living conditions of ethnic minorities, particularly African-Americans. Environmental justice aimed to eliminate the situation wherein low-income, minority families were given little, if no choice at all, to live in safe and clean communities. In other words, because of their lack of resources, they have been forced to live in areas usually lacking in public infrastructure and services—with weak security, abandoned land (brownfields), dirty waterways, and no shared green or open space.

Clearly, the relationship between where one lives and what one can afford is strong; therefore, applying environmental justice to the issue of homelessness becomes meaningful. Moreover, the link between poverty and the environment is underscored. There is a common perception that poverty begets environmental destruction, and that poor societies view environmental protection as a luxury they cannot afford. To the contrary, environmental responsibility is a pri-

ority and sentiment also shared by these people, who recognize that their poverty makes them more susceptible to health risks brought about by environmental degradation, and that even their means of livelihood could be adversely affected by it.

Recommendations: Making the most out of one's location

In an ideal world, it would not matter where one lived or what one could afford in terms of housing because every place would have the same level of cleanliness, safety, and efficient provision of public services. Alas, we do not live in such a utopia. The real world dictates that issues such as homelessness and the environment are oftentimes placed on the political and financial backburner and are dealt with when it is convenient to do so.

Locating homeless facilities in more environment-friendly neighborhoods is not an easy feat as one must contend with politics, NIMBYism, financial constraints, and real estate battles. In the case of Union Rescue Mission and similar shelters, a possible beneficial approach would be to integrate URM in its existing industrial or commercial web. In the style of eco-industrial parks found in many developed countries, a network of industries (both manufacturing and service), commercial establishments, residential units, and so on could be

formed, that allows for the efficient exchange, flow, and reuse of energy and materials. This network results in a minimization of waste generated, as well as materials procured for production processes. It also results in lower costs for everyone involved, a source of income for the homeless shelter, and a way for unemployed homeless people to learn skills and make wise use of their time.

About the author:
Alethea T. Abuyuan is a graduate research assistant at the Center for Religion and Civic Culture. She is also a doctoral student at USC's School of Policy, Planning and Development, where her research focuses on the role of faith-based organizations in international development and environmental management.

10.

Boosting Volunteerism in Organizations

Volunteerism In America

In 1998, 56 percent of the adult population volunteered with various types of organizations (Saxon-Harrold, et al 1999) and in 2000, 44 percent of the adult population (or 88 million individuals) in the U.S. volunteered (Toppe, et al 2001).

Surveys have shown that the largest proportion of volunteers are with religiously based organizations where they visit the sick, distribute food, teach Sunday school, serve on a church committee, assist in worship, and carry out outreach activities.

Another substantial proportion of volunteers are involved in human service organizations, including social services for the homeless

Overall Mission

If an organization desires to make prominent use of volunteers, it is essential that its volunteer activities be part of the organization's strategic plan and be aligned with the organization's mission statement plan.

Defining Volunteer Opportunities/Placement

Specific departments complete a volunteer request form and submit it to the volunteer department. This can specify areas for volunteer participation and needed skills. Moreover, it is important for the director to establish collaborative working relationships with administrators of other departments. In addition to the formal system, the volunteer department staff, through listening, looking, and being proactive, can gain access to information about additional tasks that can be completed by volunteers.

Recruitment of Volunteers

It is important to ask people to volunteer—Being asked is the number one predictor of who volunteers! Appeals can be made to their altruism, including their religious, civic, and humanitarian values, and/or to their self-interest.

Volunteers are recruited as individuals or members of existing groups for single events, fixed time, or continuous participation.

Self-initiated contact allows individuals to learn about volunteer opportunities and to apply, often through a web page that indicates the kinds of skills needed, lists the areas of volunteer opportunities, and contains an application form.

Department-initiated contact occurs through public service announcements, advertisements, or proactive recruitment in local organizations such as universities and colleges, high schools, local businesses, churches, and other service organizations. This may lead to individual volunteers or partnerships with organizations who will sponsor regular participation or single event volunteering by their members.

Selection of Volunteers

Volunteers should be screened for health and security purposes depending on their responsibilities, such as working with children, women, and food. Moreover, they should also be screened for their skill levels in collaboration with the relevant department.

Expectations of mutual responsibilities and roles should be made explicit between the volunteer department and individual volunteers or partnership organizations.

Training of Volunteers

Regularly scheduled orientations can include a brief introduction to the organization—mission statement, testimonials, a description of the organization's services, procedures and guidelines, answers to questions, and a tour of the facility. For partnership organizations the volunteer department can provide special orientations. Where the skills needed are very basic, e.g., food services, training can take place on the job. In the case of specialized skills a more focused training within the department may be necessary.

Evaluation of Volunteers

In most organizations evaluation can be both formal and informal. Formal methods include written evaluation forms by supervisor while informal includes verbal feedback. Opportunity can be given to volunteers to provide feedback to the organization regarding their experience either through written forms or an exit interview.

Recognition of Volunteers

In order to build organizational commitment and loyalty it is important to show gratitude and recognition to volunteers through annual or periodic awards or ceremonies, banquets, or other gestures of goodwill.

Recommendations

Organizations should consider the development of offices or operating units to manage volunteer activities in order to provide appropriate levels of support in meeting the objectives or various initiatives of the organization.

The establishment of a Volunteers Services Department in an organization. This Department should provide flexible opportunities for individuals in a variety of areas. Volunteers should be able to serve for a period of time—from as short as a few hours or up to several years—depending on the task. Strategic plans for the development of volunteer services department should address volunteer opportunities and placement, recruitment, selection, training, supervisions, evaluation, recognition, and data collection.

About the authors:
Richard Sundeen is professor and Associate Dean of Policy, Planning, and Development and serves as the Director of the School's undergraduate program in Public Policy and Management. His areas of teaching and research include volunteers and nonprofit organizations, organizational behavior, and urban and community processes. Cristina Garcia is PhD student in Public Administration at the School of Policy, Planning, and Development.

REFERENCES

Health risks of homelessness for youth

Feldmann J, Middleman AB. Homeless adolescents: common clinical concerns. Seminars in Pediatric Infectious Diseases. 2003; 14(1):6-11.

Rew L, Horner SD. Personal strengths of homeless adolescents living in a high-risk environment. Advances in Nursing Science. 2003; 26(2):90-101.

Lindsey EW, Kurtz PD, Jarvis S, Williams NR, Nackerud L. How runaway and homeless youth navigate troubled waters: Personal strengths and resources. *Child & Adolescent Social Work Journal* 2000; 17(2):115-140.

Smith C, Faris R, Corp Author: National Study of Y, Religion. Religion and American adolescent delinquency, risk behaviors and constructive social activities. Chapel Hill, N.C.: National Study of Youth and Religion; 2002.

Newell-Withrow C. Identifying health-seeking behaviors: A study of adolescents. Adolescence 1986; 21(83):641-658.

Johnson BR. Objective hope: assessing the effectiveness of faith-based organization: a review of the literature. Philadelphia, PA.: Center for Research on Religion and Urban Civil Society; 2002.

Structural Risk Factors
for Homeless and Runaway Youth

Covenant House. (2003). *Youth in crisis: Statistics.* Retrieved September 20, 2003 from http://www.covenanthouseca.org.

Covenant House. (2001). *World economic forum in Mexico to include a voice for streetchildren.* Retrieved September 20, 2003 from http://www.casa-alianza.org.

Jahangir, A. (2001). *Statement to the press: Visit of the special rapporteur on extra judicial, summary or arbitrary executions of the United Nations Commission on Human Rights.* Retrieved September 30, 2003 from http://www.covenant-house.com.

McGeady, M. R. (1994). *Am I going to heaven: Letters from the street.* New York, NY: Covenant House.

Midgley, J. (1995). *Social development. The developmental perspective in social welfare.* Thousand Oaks, CA: SAGE Publications Inc.

Schwartz, R. & Savio, A. R. (2003). *Homeless resources and programs. Rainbow social services directory.* Los Angeles, CA.

Urban Institute (2000, February 1). *A new look at homelessness in America.* Retrieved on October 30, 2003 from http://www.urban.org.

Veale, A. (1998). Developmental and responsive prevention. In Consortium for Street ChildrenUK (Ed.), *Resource pack: Prevention of street migration* (pp. 6-18). London: Consortium for Street Children UK.

Report Cited: U.S. Conference of Mayors Status Report on Hunger and Homelessness in America's Cities can be found in http://www.usmayors.org/uscm/hungersurvey/2002/onlinereport/HungerAndHomelessReport2002.pdf

Health Care for the Homeless

URL for "Status and Access to Care for Homeless Adults and Children": http://www.usc.edu/schools/medicine/departments/family_medicine/community-health/pdfs/Weingart_final.qxd.pdf

Boosting Volunteerism in Organizations

Saxon-Harrold, Susan, Arthur Kirsch, Aaron Heffron, Michael McCormack, and Murray Weitzman. 1999. *Giving and Volunteering in the United States: Findings from a National Survey.* 1999 Edition. Washington, D.C.: Independent Sector.

Toppe, Christopher M., Arthur D.Kirsch, and Jocabel Michel. 2002. *Giving and Volunteering in the United States 2001 Executive Summary.* Washington, D.C.: Independent Sector.

Center for Religion and Civic Culture

University of Southern California

College of Letters, Arts and Sciences

835 West 34th Street, Suite 106

Los Angeles, CA 90089-0751

(213) 740-8562

fax (213) 740-5810

e-mail: crcc@usc.edu

www.usc.edu/crcc

Toolkit for Multidisciplinary Approaches to

Homelessness

Center for Religion and Civic Culture
University of Southern California