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## **The Homelessness Crisis in Los Angeles, California**

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** Homelessness in Los Angeles

**The Homelessness Crisis in Los Angeles, California**

**Goal Statement:** The goal of my social change portfolio is to implement intervention and prevention strategies that lead us one step closer toward eradicating the homelessness crisis in Los Angeles.

**Significant Findings:** Los Angeles is the home of one of the largest unhoused populations in the United States. The leading causes to becoming homeless include lack of affordable housing, unemployment, pathological illnesses, and necessary resource impediments (National Law Center on Homelessness & Poverty, 2015). This social change portfolio discusses the risk and protective factors of the unhoused on a range of levels viewed in the lens of a social-ecological model. Unhoused women are a sub-identity group within this marginalized population that require distinct interventions to enhance proficient support for their unique challenges faced as female homeless individuals. This portfolio also explains the barriers and advocacy strategies on an institutional, community, and public policy level for this target population.

**Objectives/Strategies/Interventions/Next Steps:** The homelessness crisis in Los Angeles is a severe public health issue that is deeply rooted by barriers on a systemic level. Discrimination and oppression on an interpersonal level also hinders unhoused individuals receiving necessary resources, let alone discouraging the extent to self advocate as a person in need. It is detrimental to implement an integrated approach viewing the outcome of homelessness as multifaceted. Housing First is a program that coincides to an informed capabilities approach toward

eradicating homelessness. Reparations within academic services for displaced youth can act as a vehicle to combat homelessness in adulthood. Feasible access to mental health resources and career counseling services are steps toward mitigating unemployment rates within the homeless population and supplement housing stability.

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## INTRODUCTION

### The Homelessness Crisis in Los Angeles, California

Los Angeles- one of the most well-known cities of the world. A population of millions, this city captivates tourists and transplants like myself on a global scale. Los Angeles is the home of major entertainment companies, gorgeous beach sunsets, and a myriad of attractions that cultivate California's abundant state of mind. While Los Angeles is quintessential to one's idea of the rich and famous, this city also encompasses the juxtaposition between iconic Hollywood and home of the homeless. The demographic disparities Los Angeles offers amongst its residents are bewildering, considering this city as one of the richest in the U.S that also inhabits the highest rate of homelessness. The homelessness crisis is undeniably one of the most prevalent public health issues in the city people call, "The City of Dreams."

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## PART 1: SCOPE AND CONSEQUENCES

### The Homelessness Crisis in Los Angeles, California

The target problem I selected within my community is Los Angeles' significant homeless population. As of 2022, over half a million individuals experience homelessness in the United States (USICH, 2022). This national trend increased by 2 percent between 2019 and 2020 (National Alliance to End Homeless, 2021). Before this current trend began, overall progress had

a modest decline of 10 percent compared to the first year of nationwide data collection in 2007 (National Alliance to End Homeless, 2021). The COVID-19 pandemic and elevated unemployment rates is an evident factor to this national trend. California, with roughly over 150,000 homeless individuals, is currently the highest homeless population, holding about one fifth of the total homeless population in the United States (USUCH, 2022). According to The 2020 Los Angeles Homeless Count, the homeless population increased by 16 percent from 2019-2020 (LAHSA, 2021).

Although Los Angeles county is housing record numbers of people experiencing homelessness, the newly unhoused population continues to increase. The top causes of homelessness include lack of affordable housing, unemployment, and substance abuse and mental illness and their lack of needed resources (National Law Center on Homelessness & Poverty, 2015). Research has displayed severe health consequences relating to homelessness. Khun et. al (2020) explore a recent LA County Medical Examination report indicating homeless individuals with a higher risk of mortality, finding an average death age of 48 for women and 51 for men. Homeless individuals also have greater risks of mental health and chronic illnesses, substance abuse, infectious disease, and reproductive health risks than the general population (Khun et. al, 2020). Growing empirical evidence about health concerns and the unhoused suggest exponentially higher health risks due to more intense exposures to violence, weather conditions, pollution, poor sanitization, and behavioral risk factors (Khun et. al, 2020). Jean Quinn (2019) discusses contributors such as growing unemployment, consistent lack of affordable housing, and economic and social policies heavily impact family circumstances. These risk factors induce familial issues including trauma, domestic violence, addictions, and mental health issues (Quinn, 2019). Homelessness also leaves an economic consequence, generating expenses and deterring

actual income for a community, costing as high as \$83k a year per chronically unsheltered individual (Flaming et. al, 2015).

“The homelessness crisis will never be resolved until the number of people being housed outpaces the number of those who are newly unhoused,” (Los Angeles County Housing of Health, 2021). One goal for my Social Change Portfolio is implementing interventions that do not solely focus on the emergency response to housing (i.e. homeless shelters), but proactive preventative strategies in addition to more accommodating and support services following rapid housing to eradicate reoccurring homelessness.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### The Homelessness Crisis in Los Angeles, California

The social-ecological model conceptualizes individual, relationship, community, and societal factors that collectively impact overall health (CDC, 2022). This preventative model is used to understand the range of factors that put individuals at risk of a specific mental/public health issue while delineating the influences these factors have on each other. The socio-ecological model acknowledges the complex role played by context in development of health issues and focuses on integrating approaches to induce positive change on a social-environmental level rather modifying individual behaviors (ATSDR, 2015).

Homeless populations experience inordinate rates of underlying health conditions, marginalization, and stigma that often impede help from health services. Utilizing the social-ecological model will help illustrate preventative approaches for individuals at high risk of homelessness.

On an individual level, previous research has indicated specific risk factors predominant in the pathway to homelessness. History of mental health challenges and recent substance abuse are major contributors to homelessness (Ward, 2019). LAHSA's 2019 count estimated that about 25% of people experiencing homelessness also have a serious mental health issue (Ward, 2019). Academic underachievement and early socioeconomic adversity were also independently related to homelessness (Shelton et al., 2009). Protective factors include abundant access to mental health resources and programs that provide education on substance abuse and housing relief programs to alleviate financial stressors that put individuals at the brink of displacement.

The relationship level of the social-ecological model revolves around an individual's closest interpersonal relationship such as friends, family members, partners, and all whom influence a person's behavior and contribute to their life experiences (CDC, 2020). According to a national study conducted in 2015, one of the most common themes of unhoused individuals is the absence of strong familial relationships (Ignacio de Espindola et al., 2020). A disproportionate amount of homeless people report experiences of childhood adversity including sexual and physical abuse, parental neglect, and reoccurring displacement (Shelton et al., 2009). Kelly (2019) discusses research that indicates the strongest protective factors against homelessness were having a connection to an adult and remain in foster care until the age of 21. Another protective factor for this level of the model can include creating more parenting or family-oriented prevention programs, or possibly support groups that help homeless individuals connect with other people and strengthen interpersonal relationship skills.

The community level, explores settings where individuals have social relationships that of which include schools, workplaces, and neighborhoods (CDC, 2022). This third level identifies characteristics of these settings that affect health (CDC, 2022). Lack of affordable



housing, employment discrimination, and unemployment are a number of risk factors on a community level for this target population (Ward, 2019). Gentrification is a substantial factor that generates conditions for displacement due to largely increasing the cost of living, creating a downward pressure for low-income residents (Kuhn et al., 2020). The homeless population is at a greater health risk given the more exposure to violence, weather conditions, pollution, poor sanitation due to the burden of living on the streets (Kuhn et al., 2020).

A protective factor my neighborhood in Los Angeles participates in is “little free pantries,” which are pantries or refrigerators posted outside high traffic areas around the community for people to take what they need or give what they can. These free pantries are not produced by any organization or non profit, they are assembled from actual neighbors and local business owners that care to provide for the less fortunate of our community. LA is also a city with consistently warm weather, so showers and sanitation stations would be a positive protective factor for the unhoused. Considering instability upbringings and academic underachievement are heavily linked to homelessness, one protective factor can be more effective academic services that also promote a positive environment for child welfare.

The outermost level of the social-ecological model are broad societal factors that either implement or impair a person’s health (CDC, 2022). Research has consistently shown strong links to incarceration and homelessness, including a 2018 report displayed that formerly incarcerated people are 10 times more likely to be homeless than the general public (Jones, 2021). Involvement in the juvenile justice system is also a common precedent to homelessness (Jones, 2021), indicating that for many youth, the revolving door between incarceration and homelessness begin early. A study has shown that 1 in 5 people who have used homeless shelters had been released from prison in the past three years (Jones, 2021). There is also research

indicating homelessness prior to incarceration, suggesting the criminalization of homelessness is a driver to incarceration (Jones, 2021).

The homeless population are at a higher risk of violence, and unequal access to resources necessary to simply survive, putting them at a higher risk of offense. Oppression and racial discrimination also hinders individuals from obtaining the resources they need with fairness and compassion. Arresting and incarcerating unhoused individuals are counterproductive as it disrupts securing jobs, adequate housing, and public assistance by supplementing them with criminal records and citations that are impossible to afford. Protective factors include a more effective reentry system that assists people with their housing options prior to release that also includes housing and rental assistance. Increasing neighborhood stability and public housing can also provoke a protective factor to mitigate risks that lead to incarceration.

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## PART 3: THEORIES OF PREVENTION

### The Homelessness Crisis in Los Angeles, California

Homelessness is typically interpreted as the yield to lack of resources. Under the lens of Amartya Sen's Capability theory, this approach views poverty connected to the lack of freedom, as freedom permits people to increase the capabilities that warrant their desired lifestyle (Evangelista, 2010). Therefore, poverty is an obstacle to the application of an individuals capabilities.

Sen's capability theory is a moral framework with its fundamental concepts focusing on capabilities and functioning (Evangelista, 2010). This approach proposes that social arrangements should be ultimately evaluated by accordance of a person's extent of freedom to promote or achieve functionings they value (Alkire, 2007). Capability refers to a person's ability

to achieve something and the effectual opportunities that individual owns regarding the type of life that they can lead (Evangelista, 2010). Functioning represents an individuals actions or conditions which that person can be or do, such as eating well, or participating in the community (Evangelista). Thusly, capabilities equate to a person's real opportunities possessed to induce their functioning of that capability.

With the notion that poverty can be understood by the lack of freedom, Sen distinguishes different types of freedoms that advance the general capability of a person (Evangelista, 2010). Sen states how commodities being transformed into functions vary within people based on their initial endowments, such as their workforce, tools, and money (Evangelista, 2010). This leads to the concept of entitlement (Evangelista, 2010), indicating that rules of access are the set of commodities a person can potentially obtain in society if they exercise all their rights and opportunities available to them. Applying this under a residential context, there may be abundance of housing yet a substantial population of people still roofless and unhoused. Achieving a functioning "home" indicates capabilities directly tailored to that individual or family unit. A home not only offers shelter but allows a home to be customized relating to their interpersonal relationships, identity and self esteem, participation in the community, and fulfillment as people (Evangelista, 2010). The home becomes a space in which the practices of freedom are defined and constructed into an ideal lifestyle.

With commodities relating to the functioning of them and what can be achieved, there are a multitude of personal and social factors that explain why some people are more at risk of homelessness than others. While material necessities are important, the promotion of a person's capabilities, functions, and entitlement play a key role. The resolution for homelessness is not black and white in the sense that you can simply offer housing and beds in a shelter. It is

detrimental to implement an integrated approach viewing the outcome for a person to become homeless as multifaceted. These include mental health problems, substance abuse, and traumatic losses (Evangelista, 2010).

Homelessness prevention refers to policies, practices, and interventions to reduce the likelihood of homelessness which is simultaneous to also providing sources to people who have been homeless to support stabilized housing, enhancing integration and social inclusion in order to ultimately reduce the risk of recurring homelessness (Homeless Hub, 2021). Evangelista (2010) explains “social exclusion” is defined as a “particular form of the deprivation of capabilities, specifically relational capabilities,”(pg. 199).

Growing evidence based practice indicates Housing First to be successful toward eradicating homelessness with their flexible and responsive nature that facilitates this program to be tailored to help anyone with any degree of service needs (National Alliance to End Homelessness, 2016). While providing both permanent supported housing (PSH) for populations with chronic illnesses and rapid-rehousing for short-term rental assistance and services, this program offers access to quicker housing than other approaches and are more likely to remain stably housed (National Alliance to End Homelessness, 2016). PSH has a long term retention rate for up to 98% and 75-91% of households remain housed a year after being rapidly re-housed (National Alliance to End Homelessness, 2016). Studies have shown that clients in Housing First programs increase levels of autonomy, choice, and self-sufficiency, where majority of clients participate in the supplemented support services provided that often result in housing stability (National Alliance to End Homelessness, 2016). On an economical standpoint, PSH has been found to be more cost efficient because providing housing essentially results in

cost savings for communities due to decreasing the likelihood of using emergency shelter medical services and incarceration than those who are homeless.

It is imperative to adopting a model to eradicate homelessness by providing housing along with services that correspond to the issues identified among the affected population and based on the problems' intensity. Housing First is an approach that centers on rapid-housing in addition to necessary services afterward from which they can pursue personal goals and improve their quality of life (National Alliance to End Homelessness, 2016). This model seeks to provide housing that enables the person's capabilities to be developed by means of services adapted to their needs to achieve their functioning "home," thus conveying the potential of policies and practices fitted within a capabilities informed approach (Evalengista, 2010).

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### The Homelessness Crisis in Los Angeles, California

Over the years, policies have recognized identifying and targeting specific groups vulnerable to homelessness. This targeting of subpopulations, including veterans, families, chronically ill, and youth, has proven more effectiveness to reduce homelessness than a "one size fits all" approach as one can compare to theories and applications for counseling individuals. Each of our subcultural identities curate our distinction from one individual's path and perspective from another. Amongst the progress that has been made to eradicate this public health issue, unaccompanied women has fallen through the cracks.

In Los Angeles, women's homelessness is rising every year at a rate that outpaces the male population (Turk, 2020). Intersectionalities including race, sexual orientation, physical and mental health ailments, vulnerabilities to domestic violence and sexual abuse, and persistent gender pay gap continue to put this subpopulation at a higher risk. According to Turk (2020), unhoused women in Los Angeles on average live 35 years younger than women in stable housing and experience gender-based violence at an astonishing rate. Unhoused women now represent almost 1 out of every 3 homeless adult on a national scale (Turk, 2020). Men have essentially possessed more power in this arena because the "streets" and "homelessness" are male-defined, and findings have indicated women sometimes result to survival sex at women's disposal for shelter or material support (Reeve, 2018).

This subpopulations' unique challenges call for addressing women's homelessness fundamentally as a gender equity issue although rarely recognized as such (Reeve 2018). It is urgently needed to advocate for this continued invisibility so policies can strategically direct research, funding, and other necessary resources that will empower women to achieve long-term housing, optimal health, and employment parity (Reeve, 2018).

As LA county continues to invest resources to address widespread homelessness, it is substantial to increase our awareness of the causes for unaccompanied women to fall into homeless in addition to what is required to meet the specific needs of this population. In 2016, LAHSA developed a Committee on Women and Homelessness to create recommended solutions to reduce the number of unhoused women (Reeve, 2018). These recommendations include incorporating data on unaccompanied women into its pre-existing demographics indicating race, gender, sexual orientation, domestic/sexual abuse, and additional Homeless Management Information System (HIMS) data analysis (Reeves, 2018). Budget proposals requiring a

minimum allocation of state homeless funding specific toward this subpopulations essential resources and initiative strategies is also included in this program. The stakeholders for this prevention plan includes the Downtown Women’s center, Department of Public Health, Office of Immigrant Affairs in the Department of Consumer and Business Affairs, and amongst other county department and agencies (Reeves, 2018). Conducting a nationwide Women’s Needs Assessment which documenting experiences and housing service needs of women undergoing homelessness in LA county is another plan to implement in these prevention strategies.

As counseling leads efforts to a more humane world, our work in prevention and health promotion is critical. These assessments would initiate with informed consent performed by the women partaking in these documentations. Section B.1. in the ACA code of ethics (2014) regards respecting client rights and confidentiality. Code B.1.a Multicultural /Diversity Considerations focuses on maintaining awareness and sensitivity regarding cultural meanings and privacy, and counselors respect different views toward disclosing information (ACA, 2014). Considering the number of intersectionalities faced in this subpopulation, multicultural sensitivity is a necessity. For youth and homeless adults who lack the capacity to offer voluntary, informed consent, it is a counselors duty to protect confidentiality of the information received in any medium (ACA Code of Ethics B.5.a., 2014). Because there are so many stakeholders participating, counselors would need to exercise ACA code B.3.e which discusses counselors to “take precautions to ensure the confidentiality of all information transmitted through use of ay medium (ACA, 2014).

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## PART 5: ADVOCACY

### The Homelessness Crisis in Los Angeles, California

Unemployment is a major barrier on an institutional level for this marginalized population across the country. In LA county, 46% of unsheltered adults cited unemployment or a financial factor as a primary reason for being homeless (LAHSA, 2019). Being unemployed and unhoused also inhibits the ability to exit homelessness. Although research has indicated that many homeless individuals desire to work, they are faced with a number of barriers to reach employment. Institutional barriers to employment consist of inhospitable labor market conditions, discrimination of hiring practices, bureaucratic red tape, and strict shelter policies (Homeless Policy Research Institute, 2020).

The homeless population also experience cultural level oppression from the community that deter them from obtaining sociocultural benefits on a relational lens. Research suggests that homeless individuals experience oppression at the personal, cultural, and structural levels which makes it less likely to overcome homelessness (Walsh et al., 2016). According to Walsh et al., (2016), oppression at the cultural level “stems from norms, values, and ideals that reflect the dominant culture and are expressed through stereotypes, stigmas, and language that is repeated and perpetuated through mass media and dominant discourses “ (pg. 4). This form of oppression from the community impacts the emotional well being of individuals living unhoused which also affects their reluctance to access sources.

Homelessness at a policy challenge is a position of intersectionality, a point of integrating fields including religion, politics, sociology, medicine, economic, and ethics (Ridley-Thomas, 2021). Who has the right to labor, lodging, and safety? And who’s duty is it to uphold, protect, and honor these rights? It is easily recognizable that the incomes of a typical renter are unable to keep up with increasing rents, and we collectively face an affordable housing gap of over half a



million rental units in LA County (Ridley-Thomas, 2021). Since the 1970s when residents once voted in favor for “down-zoning” and restricting its availability to build housing, research has shown that LA city went from housing 10 million of its residents to only accommodating roughly 4 million residents (Ridley-Thomas, 2021). Not only has this policy decreased housing supply, since then the typical worker’s wages have stagnated despite increased profits and productivity of their company employers (Ridley-Thomas, 2021). Since the 1990s, a series of budget-cutting practices on a federal level has depleted the abundance of renter’s assistance (Ridley-Thomas, 2012), now with only one in every eight eligible households receiving federal rent vouchers in LA County.

Interventions on a institutional level are designed to improve job readiness and employment outcomes for people experiencing homelessness who hold qualities that many workplaces discriminate against (Homeless Policy Research Institute, 2020), including mental health/ substance use challenges and physical health and disability issues. Implementing work skills training programs, such as the Moving Ahead Program (MAP) utilized within New England’s homeless population has found that six months after the program, participants have displayed improvements in employment, housing stability, general health status, substance use, and criminal justice system involvement (Nelson et al., 2012). Under a counseling perspective, MAP applies techniques that correspond to a number of career counseling interventions. These applications include assessments that explore job seeker strengths, weaknesses, and abilities and interests, and regular class meetings that explore topics from career-exploration and goal setting to appropriate work behavior (Nelson et al., 2012). In addition to improvement of work skills, there is also an association of improved self-efficacy and self-esteem, which also predicted stable housing situations (Nelson et al., 2012).

Advocacy on a community level can also include advocating within. Peer-to-peer support and empowerment were the foundation of community building and survival, as found in a study where homeless participants voice their insight on exhibiting resilience in the face of their adversities and forming a community with others who are homeless acted as a key strength to sharing abilities and resources (Walsh et al., 2016). According to other study participants, an identified strength of the homeless community is their function in allies and advocates in aiding others in accessing supports (Walsh et al., 2016). Being the voice of change by sharing their stories and holding hope for helping others has become a motivation to overcoming their own struggles and to persevere with resilience.

Thousands of individuals and families falling into homelessness every month in Los Angeles is caused by a myriad of factors. Current policies in effort to combat homelessness including LA's Department of Mental Health (DMH)'s integrated care model that provides supported services in permanent subsidized housing (PSH). This funded policy ensures supportive housing tenants have access to Intensive Case Management Services, mental health services, and Substance Use Order services (Funk, 2019). A portion of this integrated care model includes Housing Full Service Partnership (HSP) services, which core functions include individual/group therapy, medication support, crisis intervention, referral and linkage, support with managing mental health systems, and recovery goal support (Funk, 2019). Considering that over 50% of individuals experiencing homelessness in LA county may be experiencing symptoms of a mental disorder (Novasky & Rosales, 2020), policies implementing more access to mental health resources can help mitigate reduce atleast one of the major components contributing to homelessness.

The homelessness crisis in Los Angeles, let alone on a national scale, is undeniably a public health issue requiring reparations on a deeply rooted systemic level that may never be fully resolved within my lifetime. There are a number of barriers at institutional, community, and public levels that inhibit the ultimate eradication of homeless in LA County that are potentially far beyond my control. On the contrary, I always believe in the concept of ripples before waves. I may not change the world, but I can certainly cause a ripple of change in the world I am surrounded in.

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