Homeless Outreach: The Los Angeles County Context

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BACKGROUND

According to the 2020 Greater Los Angeles Homeless Count, there are 66,436 people experiencing homelessness in Los Angeles County, 72% of whom are unsheltered (LAHSA, 2020). The rate of unsheltered homelessness in Los Angeles County is among the highest in the nation, considerably more than the nationwide rate of 39% (see Figure 1) (HUD, 2020). It is difficult for housing and service providers to assist the unsheltered population; evidence suggests that people experiencing unsheltered homelessness are less likely to access healthcare and support services than those who are sheltered (Nyamathi et al., 2000; O'Toole et al., 1999). Service organizations and agencies use street outreach strategies to locate and identify people experiencing homelessness who are not otherwise accessing support and connect them to available services and housing resources (LACHI, 2016). Outreach has emerged as a key and well-funded component of Los Angeles County's plan to address homelessness, with the county collaborating with city agencies and non-profit service organizations to coordinate efforts (LACHI, 2019). Research on outreach to people experiencing homelessness is relatively limited; yet, outreach is common practice for homeless services providers in Los Angeles and elsewhere, and HUD recommends it as a strategy for reducing chronic homelessness (HUD, 2004). This literature review examines research on the effectiveness and impact of outreach programs, different strategies for successful outreach, and Los Angeles County's specific approach to coordinated homeless outreach efforts.

KEY TAKEAWAYS

- People experiencing homelessness, especially those who are unsheltered, face barriers to accessing support services including healthcare and housing resources.

- Municipal agencies and non-profit service organizations use outreach strategies to bring immediate services directly to people experiencing homelessness and to connect them with case management, healthcare, and housing resources.

- Types of outreach personnel include case managers, social workers, nurses and medical practitioners, mental health specialists, substance abuse counselors, and law enforcement officers.

- Best practices for outreach include: multidisciplinary outreach teams that include people with lived homeless experience, coordinated collaboration between agencies conducting outreach, and developing trust with clients through techniques like warm hand offs.

LITERATURE REVIEW & DATA ANALYSIS

BACKGROUND AND RESEARCH MOTIVATION

Outreach, especially street outreach, has long been a strategy for service provision for people experiencing unsheltered homelessness, but research on the impacts and effectiveness of outreach is relatively scarce. Existing research focuses overwhelmingly on people experiencing homelessness with mental health issues and/or substance abuse problems. Yet, even with this relative lack of research, outreach is commonplace within homeless services, with best practices and recommended strategies emerging from service providers and government agencies.

While homeless outreach efforts have been a central activity of the Los Angeles Homeless Services Authority (LAHSA) since its inception in 1993, the Los Angeles County Board of Supervisors' creation of the Los Angeles County Homeless Initiative (LACHI) greatly expanded the reach of these efforts. Through a series of 18 policy summits that brought together county departments, city agencies, community partners, and other stakeholders, LACHI compiled a list of 48 recommended strategies divided into six areas all key to combating homelessness (LACHI, 2016). One of the strategies, E6, was to improve and expand outreach by developing a countywide, coordinated outreach system. In March 2017, voters in Los Angeles County approved ballot Measure H, a countywide sales tax increase for homeless services and prevention programs, effectively granting upwards of $350 million annually to the LACHI recommended strategies. Since the passage of Measure H, the county has allocated approximately $30 million per year specifically to its outreach strategy, extending outreach teams to the far reaches of the county.

Since the passage of Measure H, the amount of funding allocated for outreach has increased each year, suggesting that LACHI and the Board of Supervisors view coordinated outreach as a key component of the County's efforts to combat homelessness. This literature review will summarize research findings on the prevalence and impact of outreach to people experiencing homelessness, present an overview of outreach best practices and challenges, and contextualize the process by which LA County is conducting outreach.

DEFINITIONS

Broadly defined, "outreach" in the context of homelessness refers to the process in which staff members from service organizations or government agencies locate, identify, and build relationships with people experiencing homelessness who are not otherwise accessing services in order to eventually connect them to healthcare services and housing resources. However, definitions vary across studies and reports, and multiple types of outreach exist, making it difficult to assess "outreach" as a singular practice or concept (Olivet et al., 2010). For example, the National Healthcare for the Homeless Council (NHCHC) (2014) calls outreach the "front door" to an agency or service provider and defines it as a combination of client engagement outside the traditional office setting, networking to identify clients, and meeting clients where they are on their terms to connect them with services. LACHI, on the other hand, defines outreach not only as making contact and building relationships with hard-to-reach people experiencing homelessness, but also as a means to educate the community about available services (LACHI, 2016). Ng and McQuiston (2004) use terminology that is more clinical, defining outreach as a "treatment modality" for particularly vulnerable people experiencing homelessness. Christian and Abrams (2004) have a different definition altogether and distinguish between

two types of outreach: 1) visiting people experiencing homelessness on the streets to provide food, blankets, clothing, and counseling about benefits and services, and 2) providing service programs housed within facilities that people experiencing homelessness can access by visiting. Los Angeles County's approach to outreach aligns with the first of these two types, sending teams of outreach workers out into the streets instead of putting the onus on people experiencing homelessness to access services themselves.

"Engagement" is another term that often comes up in definitions of outreach. Some studies define engagement as a person experiencing homelessness interacting with services, whereas others define engagement as the process of service providers building a trusting relationship with the people they are trying to serve (Olivet et al., 2010). The temporal relationship between engagement and outreach varies depending on the source; some refer to engagement as a lengthy trust- and relationship building process that comes after an initial outreach contact (Ng & McQuiston, 2004; Goering et al., 1997), whereas others view outreach and engagement as separate but simultaneous processes (Olivet et al., 2010; HUD, 1999). In some situations, engagement is synonymous with outreach (NHCHC, 2014).

RESEARCH FINDINGS

Mental health, substance use, and disability

Evidence supports the notion that homeless outreach programs are associated not only with increased service utilization, including access to benefits, healthcare utilization, and access to temporary and permanent supportive housing, but also with improved mental health and substance use outcomes among people experiencing homelessness. One study found that a Federal outreach program called SSI/SSDI Outreach, Access, and Recovery (SOAR) was associated with an increase in access to housing and to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits for people with disabilities at risk of or experiencing homeless (Dennis et al., 2011). Another study examining a homeless outreach program in New Haven, CT found that what the authors call "assertive outreach" was effective in engaging and linking people experiencing homelessness to substance abuse treatment services (Fisk et al., 2006). Buhrich and Teesson (1996) reported that an Australian outreach program significantly reduced the rate and duration of psychiatric hospital admissions among people experiencing homelessness with schizophrenia. A different study found that the street outreach component of a former federal homeless outreach program called Access to Community Care and Effective Services and Support (ACCESS) improved substance use and mental health outcomes for people experiencing homelessness (Lam & Rosenheck, 1999).

Veterans

Evidence suggests that outreach programs tailored towards veterans has been successful at improving health outcomes. O'Toole et al. (2015) found that relatively low intensity outreach programs involving personal health assessments and/or clinic orientations led to an uptick in healthcare utilization for otherwise treatment-resistant veterans experiencing homelessness. Another study reported that tailored outreach to incarcerated veterans experiencing homelessness not only effectively linked these veterans with VA health services, but was also more cost effective than community outreach outside of correctional facilities (McGuire et al., 2003).

Additional research on outreach to Veterans experiencing homelessness has focused on the difficulties involved with outreach efforts to this subgroup. One study found that 15% of veterans experiencing homelessness who participated in the Veterans Health Administration's (VHA) benefits linkage outreach program had received benefits (Chen et al., 2007a). A similar study of the same outreach program found that 21% of homeless veterans in its sample were eligible for VA benefits and that less than half of those eligible actually received benefits after outreach (Chen et al., 2007b). Both studies reported that these numbers were low, and recommended that the VHA focus outreach efforts on the veterans on the outskirts of the VA system. The authors noted a "paradox of outreach," in which the targets of outreach efforts are those with least access to services or benefits, but those with least access are also least likely to be eligible for those services and benefits (Chen et al., 2007b).

Barriers to outreach

One of the primary goals of outreach workers is to gain the trust of the clients they are attempting to serve so that a lasting support relationship can develop (LACHI, 2016; Ng & McQuiston, 2004; HUD, 1999). However, several qualitative studies have noted that people experiencing homelessness, especially youth and veterans, tend to be distrustful of outreach workers and service provider staff. One study found that 76% of its sample of veterans experiencing homelessness cited a distrust of doctors as the reason they avoided healthcare service utilization (O'Toole et al., 2015), which poses serious concerns for outreach teams that include healthcare professionals. Multiple studies have found that youth experiencing homelessness report distrust of service staff and healthcare professionals as barriers to service (Holger-Ambrose et al., 2013; Hudson et al., 2008; Ensign & Panke, 2002). Kryda and Compton (2009) uncovered two prevalent distrustful perceptions of outreach workers from their sample of chronically homeless individuals in New York City: 1) that outreach workers are motivated by their paychecks and rely on the homeless population for employment, and 2) that, based on prior experiences, outreach workers deliver empty promises. In a report on homeless outreach strategies, Jost et al. (2010) recommend that outreach workers be aware of these types of perceptions and work to distinguish themselves from the service providers who have failed in the past.

There is also some suggestion of racial and ethnic disparities in outreach and engagement practices. For example, Chinchilla (2019) notes that Latino people experiencing homelessness, especially undocumented immigrants, are less likely to engage with outreach workers than other racial groups due to language and cultural barriers and fears of punishment or deportation as a result of their residency status. In Los Angeles County, Latinos make up 36% of the homeless population, but represent only about 30% of those engaged by initial homeless outreach, 24% of those placed in interim housing, and 21% of those placed in permanent housing (Chinchilla, 2019). Similar disparities exist among Black people experiencing homelessness in Los Angeles County who represent 34% of the total homeless population.

BEST PRACTICES AND RECOMMENDED STRATEGIES

Several government entities and service providers have compiled reports on best practices and effective strategies for homeless outreach. Across these reports, a few common themes exist:

Multidisciplinary outreach teams

A common theme that emerged across best practices reports was that outreach workers can and should represent a diverse combination of roles and areas of expertise. This multidisciplinary approach means that outreach teams should include community health workers, case managers, hospital liaisons, social workers, disability acceptance staff, and other relevant staff members (County of San Diego Health and Human Services Agency, 2018; Home For Good, 2014; NHCHC, 2014; HUD, 2004). A multidisciplinary team approach to outreach allows for a more comprehensive resource for people experiencing homelessness dealing with a wide range of issues and helps outreach workers to stay safe in the field (Home For Good, 2014; NHCHC, 2014).

Lived experience staffing

Another recommended strategy is employing people with lived experience of homelessness as outreach workers. Including people with lived experience in outreach teams can help reduce the aforementioned lack of trust that outreach workers face, and can lead to better long-term engagement in services (NHCHC, 2014; HUD, 2004). Home For Good (2014) recommends not only hiring staff members with lived experience but also the hiring of outreach program alumni. The presence of staff members with lived experience on outreach teams also tends to encourage the team to be more proactive in its efforts to find service linkages for clients (Ng & McQuiston, 2004). Fisk et al. (2000) found that homeless service providers specializing in mental health and substance abuse issues are increasingly hiring staff with lived experience for their outreach efforts and recommended three strategies for effectively accommodating these employees. These strategies include: 1) education and training of agency staff without lived experience, 2) tailored, individual supervision for staff with lived experience, and 3) establishing a distinction between modifying work responsibilities and providing reasonable accommodations to employees with mental disabilities (Fisk et al., 2000).

Coordination between agencies and organizations

Systematic coordination between the different agencies and organizations conducting outreach is a key component of program success. Especially in large metropolitan areas like Los Angeles, where multiple agencies and service provider organizations are conducting homeless outreach, coordinated efforts between these organizations helps to reduce the likelihood of a) overlooking individuals who are hard to reach and most in need, and b) duplicating outreach and service provision (United States Interagency Council on Homelessness (USICH), 2016). Strategies that foster interagency coordination include the development of a central referral system, the demarcation of outreach zones or coverage areas for which specific agencies or organizations are responsible, regular interagency meetings around outreach work, and the compilation of a referral database of agency and organizational contacts (NHCHC, 2014). Effective interagency partnerships and collaboration provides clients with a continuum of complementary services and encourages long-term engagement with providers (Home For Good, 2014; Ng & McQuiston, 2004).

Homeless service providers should also collaborate and coordinate with nontraditional partners like sanitation departments, public transit agencies, jails and prisons, hospitals, and landlords to expand this continuum of available services (USICH, 2016; Home For Good, 2014). Coordination with law enforcement agencies can also be useful to the extent that officers from these agencies have received appropriate training on mental health crisis response and working with people experiencing homelessness. However, in settings where police are involved in encampment clearings or where homelessness status and associated activities are criminalized, displacement, citations and arrests by law enforcement can hamper outreach efforts by disrupting progress made by outreach workers (LAHSA, 2019c).

Warm hand-offs

Effective outreach often entails the development of trusting relationships over time between outreach workers and clients. However, once the outreach worker has linked a client to a service provider, that client will be around new and unfamiliar people, which may hamper efforts to engage the client with services. For this reason, outreach programs should utilize the practice of a warm hand-off, or a gradual, comfortable transition between the outreach phase and the housing or service engagement phase (USICH, 2016). This warm hand-off approach means that outreach workers should visit their former clients during the first few weeks of housing or service engagement to show that the relationship that had formed is real and that support is ongoing (USICH, 2016). Outreach workers can also personally introduce their clients to their new providers, benefits staff, or outside community agencies (NHCHC, 2014). Another approach to warm hand-offs is to include staff from the service provider organizations where the clients will end up on the initial outreach teams so that once the client transitions from the street to housing or services, there are already familiar faces working there (Home For Good, 2014).

HOMELESS OUTREACH IN LA COUNTY

Before the formation of LACHI in 2015, agencies like LAHSA and the LA County Department of Mental Health (DMH), as well as non-profit service providers like PATH and LAMP (now known as The People Concern), all had outreach efforts to engage people experiencing homelessness. However, until the Board of Supervisors' approval of LACHI's countywide outreach strategy, these efforts were relatively uncoordinated and were not an official County priority. Now, LA County is employing several of the best practices discussed above. Post-Measure H, LAHSA alone has over 850 outreach workers in the field seven days per week (LAHSA, 2020).
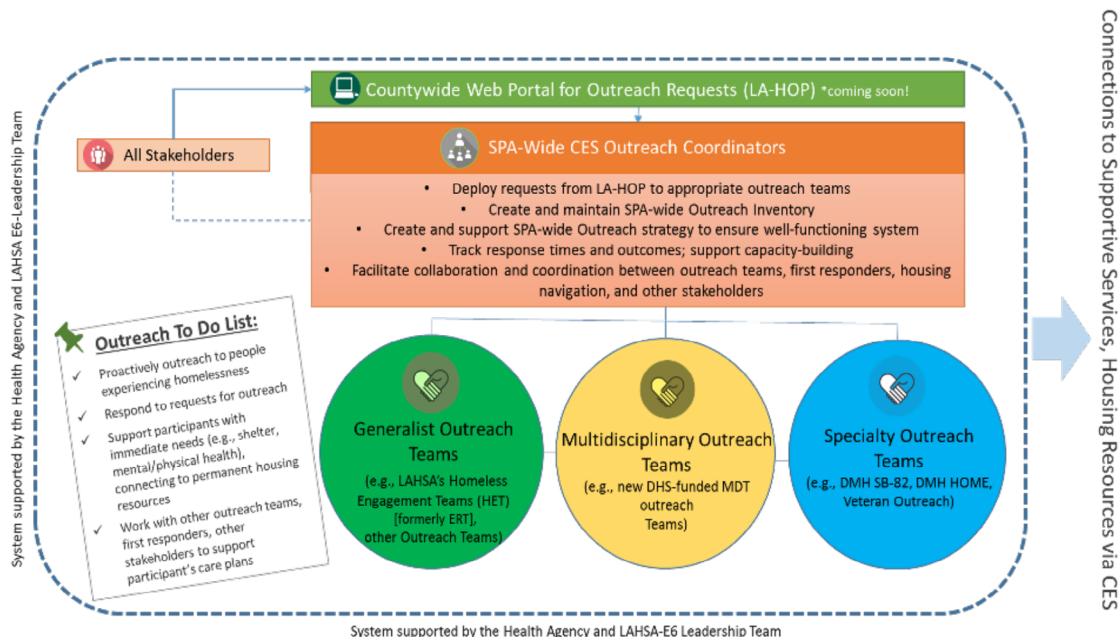
Strategy E6: Countywide Outreach System

The goal of the E6 strategy is to combine the efforts of LAHSA and other relevant County agencies and community-based service providers to leverage existing outreach efforts and create a countywide network of multidisciplinary, integrated, and street-based teams to identify, engage, and connect or re-connect homeless individuals to interim and/or permanent housing and supportive services (LACHI, 2016). This strategy has since been operationalized with upwards of $30 million in funding per year from Measure H. Each

of the County's eight Service Planning Areas (SPA) has an assigned outreach coordinator who develops and maintains an outreach strategy tailored to their SPA, deploys outreach requests, supervises the operations of the various types of outreach teams operating within that area, and facilitates collaboration between outside agencies and service providers. The SPA outreach coordinators also convene regularly to share information and coordinate efforts. Each SPA has an assigned implementing agency, usually a non-profit service provider like The People Concern or People Assisting The Homeless (PATH), which serves as the hub for outreach coordinators and various outreach teams. Figure 3 below details the structure of the County's outreach system under the E6 strategy.

The three types of outreach teams currently operational in LA County are 1) generalist outreach teams, 2) multidisciplinary outreach teams (MDTs), and 3) specialty outreach teams. Generalist outreach teams include LAHSA's two-person Homeless Engagement Teams (HETs), which are specially trained units who conduct street outreach and provide linkages to resources available for the homeless such as referrals to shelter and transportation. The MDTs consist of a case manager, a health specialist, a mental health specialist, a substance abuse specialist, and trained Emergency Response Team (ERT) workers contracted by the LA County Health Agency (which includes the Departments of Mental Health, Health Services, and Public Health) and LAHSA. Depending on the SPA, the MDTs may also include an outreach worker with lived experience of homelessness. There are also Public Space Generalist teams, which are MDTs that operate specifically in parks, libraries, beaches, and Metro stations (Funk et al., 2018). Specialty outreach teams include mental-health focused teams funded by the 2013 California Mental Health Wellness Act, which provides localities with grants to hire mental health triage personnel. LACHI's strategy recommends that coordinated outreach programs involve different levels of government and community organizations, and build on existing outreach efforts like the County, City, Community (C3) program piloted in Skid Row in 2016.

FIGURE 1: NEW COORDINATED OUTREACH MODEL UNDER E6 STRATEGY

LA-HOP: Homeless Outreach Portal

One portion of Measure H outreach funding is for the development of an app and website called the LA Homeless Outreach Portal (LA-HOP), which anyone can use to make a request or a referral for outreach. Not only can people experiencing homelessness use the app to request services for themselves, but housed people in the community can also request outreach for people experiencing homelessness that they encounter who are in need of help (LAHSA, 2019b). Once someone makes an outreach request, the app sends the request to the outreach coordinator of the corresponding SPA, and then the outreach coordinator dispatches the request to an outreach team who will go to the specified location and attempt to make contact with the person experiencing homelessness and initiate linkages to more long-term case management, health, and housing services. LA-HOP simplifies and streamlines the outreach process for service providers because all requests go through the same place. It also allows outreach coordinators to track the status of an outreach request so that outreach teams do not duplicate their efforts or miss people who are in need of services.

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ABOUT THE HOMELESSNESS POLICY RESEARCH INSTITUTE

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OUR VALUES

Infuse **equity and cultural humility** into all aspects of HPRI research, conversations and convenings. Uplift **collaboration** both between researchers from different backgrounds and institutions and from the research community to the policy and practice communities.

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