

**DRAFT: Homeless Initiative: July 2014**

**Plan for Hope:  
A Los Angeles Community Response to the Homeless Crisis  
July 2014  
DRAFT**

Contact: Blair Besten  
[blairbesten@gmail.com](mailto:blairbesten@gmail.com)

Consultant: Courtney Torres  
[Courtney.chelsa.torres@gmail.com](mailto:Courtney.chelsa.torres@gmail.com)

## Introduction:

The PLAN FOR HOPE [Homeless Initiative] is a plan with a purpose of addressing the lives of the men, women, and children living on the streets of Downtown Los Angeles.

California counts itself the 8<sup>th</sup> largest economy in the world. In the past three years, California implemented a tax incentive program for filming that generated more than \$4.3 billion to the local economy. Over 109 film and television productions benefited from the program and generated \$1.9 billion in spending. Los Angeles is the home of the rich and famous and much of the filming takes place in Downtown Los Angeles. Yet, only blocks away, one area in particular, “Skid Row,” contains more chronically homeless than anywhere in the United States. Los Angeles is noted as not only the “Entertainment Capital of the World” but sadly the “Homeless Capital of the World.”

Many of the thousands living on the streets have been dumped from hospitals, prisons, and other cities. Some arrive by taxi on a voucher program when they cannot afford to finish out their hospital stay. Others come from far away on a one-way bus ticket unwanted in the places they used to call home.

Most have been on the streets in Los Angeles County for decades, in and out of jails and emergency medical care.

- 90% of chronically homeless people suffer from a chronic disability
- 78% of chronically homeless people suffer from a severe mental illness.
- 53% of chronically homeless people have a [self-reported] addiction
- 10% of the most extreme cases are responsible for 72% of the costs on healthcare
- The average cost is between \$40,000 and \$400,000 per person per year
- A homeless individual averages 31 hospital inpatient visits in a 24 month period.
- There are over 107 service providers in Skid Row
- Over \$54 million is spent each year in Skid Row

Many service providers manage facilities with the hope that at least a majority will seek treatment and find and keep a permanent home—most of the housing being in the immediate area. Obstacles such as disabling mental illness, drug and alcohol addiction, or Post Traumatic Stress Disorder make voluntarily treatment a challenge.

Add the systematic component of criminal activity and drug dealing in an area considered a “recovery zone”, and you have huge obstacles for those trying to gain sobriety and turn their lives around. So here most have remained, largely abandoned by a broken system.

In 2012 the County Public Health did an analysis of just a 10 block area of Skid Row. What they found was considered “immediate threats to public health.” There were accumulations of the following: feces, urine, and vomit on sidewalks, grass areas, and storm drains, discarded hypodermic needles, and nearly 100 rodent burrows, and other refuse.

Considering the numbers living on the streets of Skid Row with “minimal access to health care and with presumably poorer health”, the risk of transmission of communicable disease

is high. Included are such risks as: meningitis, influenza, hepatitis A, B and C, typhus, staph infections, and parasites such as lice and scabies. In a recent tuberculosis outbreak, it was estimated that over 4,500 were exposed and more than 40 individuals were infected--of those 11 died. Most recently, rats and feral cats in the area tested positive for typhus. The city responded with a cleanup for several months to a cost of over a million dollars. As in many things, the maintenance was financially overwhelming and conditions were left to degrade once again. The 2013 report was worse.

Thanks to several recent initiatives, money has been reallocated and the dialogue has opened again; however, a thorough cleaning of the area (initially an unsustainable \$15,000 per block, per day) has yet to be coordinated by the City, County, and State to mandate a frequent-as-needed, long-term solution. The first cleanup in 2014 yielded 1 ton of trash that required incineration due to its hazardous designation.

The challenge has now become: Who takes responsibility for the system that is not working?

Lack of funding is no excuse. The time is now to give each person on our streets an opportunity for a healthier, safer, and better quality of life. The time is now.

Although most can agree that Los Angeles is home to the largest homeless crisis in the Country, there are some passionately varying opinions on how best to address the long-term concerns. The basis of our research was to determine where there were overlapping theories, information, and priorities, and recommend a plan.

The following groups were interviewed for the purposes of formulating the homeless initiative:

- Former Deputy Mayor on Homelessness, City of Los Angeles
- Volunteers of America
- Health Deputy, Los Angeles County Supervisor
- United Way, Home For Good
- Corporation for Supportive Housing
- Los Angeles Department of Health Services
- Los Angeles Community Action Network
- Los Angeles Police Department
- Los Angeles Department of Mental Health
- Hospital Association of Southern California

- Los Angeles City Attorney’s Office

*As a disclaimer, the plan as written is not reflective of the intentions, suggestions, or endorsement by the individual parties interviewed.* The plan serves as a tool for discovery of the past and current status of Skid Row and surrounding communities, and is based on the information gathered via interviews, research, and statistical data.

### Who initiated the Homeless Initiative?

Stakeholders from the Downtown area, who currently wish to remain anonymous, were frustrated by the current conditions and lack of cohesive planning for the resolution of homelessness. They collectively funded an independent consultant to assist with the gathering of data and formulation of the following initiative. Research and Interviews for this project began in early 2014. Since that time a number of the recommendations have been brought forward or spearheaded by local City and County leaders. We are grateful for those efforts and decided to include our original recommendations, regardless of recent actions, with the hope of encouraging forward progress.

## **1. Coordination of City & County Efforts**

A constant in almost every interview was the frustration that Los Angeles County and the City of Los Angeles do not work together in coordinating homeless services on Skid Row.

We were encouraged to see the recent increase in the level of collaboration, spearheaded by City Councilman Huizar and Supervisor Ridley-Thomas, as well as some of our specific recommendations recently improved and proposed.

### Recommendations:

- Create an 18-month pilot project between the City and County to attempt better and more consistent coordination efforts.
- Appoint a centralized Homeless Czar.
- Coordinate monthly meetings of all service and housing providers in Skid Row, as well as key City and County departments (City: Street Services, Sanitation, LAPD, LAFD, key elected official offices; County: Department of Health Services, Department of Mental Health, Sheriff).
- Complete a full accounting of the funds being spent on Skid Row.
- Complete an economic impact analysis of the cost of homelessness on the City and County levels.
- Ask key law enforcement officials to work with law enforcement in other cities and states to prevent “dumping” of former inmates, mentally ill, or chronically homeless from other areas.

## **2. Coordination and Accountability for Service and Housing Providers in Skid Row**

In addition to the need for better coordination between the City and County, service providers also need better coordination. While significant progress can be made with the monthly meetings already recommended, there is more that should be done.

Recommendations:

- Require operations plans that are reviewed and compliment the plans of other select providers (Overseen by Homeless Czar).
- In addition, create a centralized coordinated operations plan with Non-Profits and City/County (Overseen by Homeless Czar).
- Mandate uniform metrics to track the chronically homeless and measure improvements and services provided.
- Require a minimum length of time services need to be provided to each individual. We recommend at least five years.
- Track/evaluate all services to ensure that services/housing are provided once an individual leaves emergency housing.

## **3. Housing & Services**

Currently in Skid Row, there are approximately 6,500 units of low-income housing, and approximately 3,000 more units scattered throughout other Downtown neighborhoods. In order to ensure housing for those that need it, while also preserving a diverse neighborhood for everyone that chooses to live in the community, a number of changes must be mandated as part of any new developments.

Recommendations:

- Create programs to incentivize scattered site housing throughout Los Angeles County (tax credits, relief, grants, etc.) while maintaining a “no net loss” of current housing for the chronically homeless.
- Mandate permanent supportive housing services for 15 years or, at the very least, require comprehensive tracking of individuals to see that those who receive housing are able to maintain it.
- Mandate certified services for residents 24 hours a day/7 days a week for individuals at risk.
- Require community spaces that accommodate at least 50% of the project population at one time in every housing development.
- Mandate mixed-income housing for all new housing developments in Skid Row.
- Target long-term, Skid Row residents (homeless) for all new housing developed in Skid Row. A waiver of fair housing may be required in this instance.
- In addition to the traditional, “transitional” housing facilities, incentivize both “wet “ (those locations where the use of drugs or alcohol is currently being used with consistent outreach for treatment options) and “sober living” housing

available through outreach efforts. Encourage clearly defined “wet” and “sober living” housing and separate them for those in different stages of recovery. Hold property owners accountable for drug activities that consistently take place with impunity in housing facilities for sober living housing.

- Ensure that Federal funding for Homeless Veterans includes Skid Row, not just West Los Angeles.

#### **4. Equal Distribution of Housing & Services or “Fair Share”**

New York City implemented a Fair Share Policy. This policy was seen as an effective environmental justice tool. Fair share is intended to protect the over proliferation of certain types of facilities on overburdened communities without thorough review.

Recommendation:

- Work with the State Legislature to determine if legislation could be enacted to achieve the same goals of a “Fair Share” policy in Los Angeles.

#### **5. Commitment to a long-term, comprehensive “Streets Services” program in Skid Row**

As highlighted earlier in this document, the conditions on Skid Row are dangerous and pose significant health threats to those living or visiting the area. Clean-up programs have shown some success in the past, as has increased policing, as long as it is accompanied with services.

Recommendations:

- Offer and provide drug and alcohol treatment or mental health services in lieu of criminalizing homelessness.
- Increase the number of Smart Teams (DHS and LAPD teams) in Skid Row. Multiple teams working 24 hours a day/7 days a week is key.
- Identify creative funding for ongoing services such as “Adopt a Block,” or corporate sponsorships for mobile showers and bathrooms.
- Provide cleaner streets. Sanitation is vital to success. More trash cans are necessary, as is potable water with soap (or hand sanitizers) in the parks and throughout.
- Implement nuisance abatement proceedings against property owners/tenants in Skid Row who are dumping trash, debris or not addressing criminal activities happening on their private property, including housing projects.

#### **6. Mandatory AB109 Program for Homeless Inmates**

Following AB109, there has been an increase in the number of parolees released in the Skid Row area, either because they consider it their home or because of the proximity to services.

Recommendations:

- Mandate a program for the release of chronically homeless inmates into a coordinated entry system for housing and services.
- Work with State Legislators to establish penalties for correctional institutions that are releasing parolees and former inmates into Skid Row.

## **7. Enhanced Penalties for Specific Crimes on Skid Row**

Residents of Skid Row are some of the most vulnerable. As such, they are preyed upon by a criminal element that takes advantage of their altered or ill states-of-mind. Drug dealers come into the community simply to sell to those who are most defenseless. It is common practice to see an increase in drug dealing at the first of the month when many of the homeless receive their benefits.

Recommendations:

- Increase the penalties for certain crimes within the Skid Row “Recovery Zone.” This will require legislation and should apply to the dealing of narcotics and other Part 1 crimes.
- Establish a law enforcement task force at the start of each month to target drug dealers that are preying on the vulnerable.
- The District Attorney’s Office and City Attorney’s Office must agree to file on these cases in particular.

## **8. Recommit to Mental Services for Skid Row Residents**

For the dire cases of mental illness there is only a conservatorship program which is laborious and generally ineffective. After moving through a court process, the final determination and appointment only lasts one year, forcing the subject and conservator to repeat the process again and again. Considering many mental illnesses are chronic, this in no way addresses supervision long term. If a bed is found in a hospital psychiatric ward, which is difficult due to high demand, patients can only be committed for two consecutive 14 day periods (up to thirty days) only to be released to the streets without monitored care. As a result, the mentally ill who are a danger to themselves or others or otherwise severely disabled are cycling through an over-burdened prison system with inefficient services to render specialized services. The Department of Mental Health has no mechanism of prioritizing the most vulnerable, which are at the highest risk of losing housing and becoming chronically homeless.

Recommendations:

- Consider the report proposed by the ACLU “A Way Forward...” in order to properly divert the mentally ill away from prisons.

- Change Conservatorship laws to allow for family members to seek and receive conservatorship more easily for the chronically homeless and mentally ill. The criteria to treat someone involuntarily in California are some of the strictest in the nation and are failing those that need their family's help most. This will require State legislation.
- Implement Laura's Law. Under Laura's Law, people can be ordered to engage in a six-month treatment program that allows them to stay in their community and/or keep employment. The individual must have been incarcerated and or hospitalized in the past 36 months, or committed violence towards themselves or others in the past 48 months. They must have been offered voluntary treatment and failed to engage and be "substantially deteriorating." The law must be fully implemented and funded in Los Angeles County. The Los Angeles County Board of Supervisors recently adopted the law, but services for those mandated to receive treatment by the court must be funded.
- Re-evaluate the use of Proposition 63 funds. As mentioned previously, Laura's law and services for the mentally ill must be fully funded. The Court recently ruled that Proposition 63 funds could be used specifically for Laura's law. It is important for lawmakers to look at these funds and determine if there a better way to allocate so that those most in need receive services first. This could necessitate legislative action.

### **Conclusion**

The area of Skid Row cannot sustain the current volume of chronically homeless individuals. By concentrating services, a threat to public health and safety has been created. Those living in area SRO housing and those living on the streets have experienced a loss of quality of life. The impacts radiate to other parts of Downtown – many of which are filled with moderate to low-income residents, or small, family-run businesses. It cannot go without mentioning that Skid Row is also home to many food distribution centers, which must maintain strict health requirements and are also adversely affected.

Downtown-area community members and stakeholders have been encouraged by the increased attention to homelessness by elected officials, and the reports by the local and national media. The goal of this initiative is to offer a macro path, combining all of the various components, centralizing accountability, and finding leadership to champion the plan in its comprehensive approach.



Attachments:

1. History of Skid Row
2. Housing Count
3. Laura's Law Background
4. Fair Share Articles & New York City Guide to Fair Share
5. Downtown Women's Needs Assessment
6. LACAN Reports
7. CSH Report
8. Background articles

