

Opening Doors for All: Improving **HEALTH** in **HOUSING** and **HOMELESSNESS**



Policy Paper
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SUMMARY

California's current homelessness crisis is unprecedented. In early 2020, over 160,000 persons experienced homelessness on any given day, representing a 40% increase since 2015.¹ Effects on individuals experiencing housing insecurity and the community's public health have been profound, including recent outbreaks of hepatitis A and typhus in communities experiencing homelessness.

The UCLA Center for Health Policy Research convened a virtual event to bring together key voices highlighting evidence-based strategies to help address this crisis at a time when state lawmakers have a significant budget surplus available to potentially invest in addressing this crisis.

The **2021 E.R. Brown Symposium titled Opening Doors for All: Improving Health in Housing and Homelessness** held on October 4–5, 2021, focused on the intersection of health and homelessness, emphasizing lessons learned to inform California decision-makers. Speakers included experts from academia, state and local government, nonprofit organizations, the private sector, and speakers with lived experience.

161,548

Californians experienced homelessness on any given day in early 2020, a

40% 

increase since 2015

Below are key takeaway findings from the event:

Good health is not possible without housing.

Lack of housing leads to deterioration of mental and physical health due to high stress, exposure to the elements, inadequate sanitation, lack of access to hygiene supplies, and poor nutrition.²

Homelessness is often the result of structural issues rather than individual characteristics.

- The primary driver of homelessness in California is a lack of affordable housing, especially for those earning an extremely low income. A minimum wage employee cannot afford a two-bedroom apartment anywhere in the U.S.³
- Other drivers of homelessness include historical discrimination and structural racism (cultural values in a society are so ingrained in daily life that they are seen as “the way things are”). Black Americans represent 39% of persons experiencing homelessness in the U.S. despite making up only 13.4% of the country’s population.⁴ Similarly, while 7% of U.S. youth identify as LGBTQ+, they represent 40% of youth experiencing homelessness.⁵

To address the effects of structural racism, any new project should begin with a racial equity analysis⁶ to assess the potential effect on different racial and ethnic groups. Such analyses can help reduce existing inequities and avoid unintended negative consequences that affect marginalized groups.

Persons experiencing homelessness need privacy, autonomy, and safety. Small single cabins (“tiny homes”) where individuals can secure their belongings; get sleep without interruption; bring a spouse, partner, children, or pets; and be linked with services and permanent housing is a better option than a traditional congregate shelter.

Permanent supportive housing should be the goal. This model provides long-term housing coupled with intensive case management services linking individuals with medical, psychological, and other important social services.

Programs to assist persons experiencing homelessness funded by federal, state, and local governments have varied and inconsistent requirements for entry.

Programs may exclusively target veterans, mothers with children, persons with disabilities, etc. While well-intended, this leads to “tweezing” the homeless population, extracting individuals from their community support systems and neglecting some chronically unhoused individuals.

Privately funded initiatives have more flexibility than publicly funded programs, which are also sometimes limited. Due to fewer rules and regulations, private aid may result in more innovation and experimentation than possible in public programs. An excellent example is the Keep Oakland Housed campaign, which prevented nearly 5,000 households from becoming homeless in its first two years.

Importantly, policy and program development should always involve persons with lived experience. Their historical exclusion from these discussions has resulted in missed opportunities and wasted resources. As of November 2021, the Council of Regional Homeless Advisors assembled by Governor Newsom lacks anyone with lived experience.



BACKGROUND

The UCLA Center for Health Policy Research (CHPR), founded by E. Richard “Rick” Brown in 1994, is a leading source of cutting-edge information on health equity, health care reform, chronic diseases, health insurance, and health economics. UCLA CHPR is home to the California Health Interview Survey (CHIS), the nation's largest state health survey and a critical source of data on Californians and the state's various racial and ethnic groups.

Brown, who passed away in 2012, spent his life advocating for a health-care-for-all system that would ensure health services for every Californian. He understood the transformative effects that applied and accessible data and a strong evidence base can have on policymaking, and his vision lives on in the E.R. Brown Symposium. The first symposium, held in 2019, focused on universal health care. Under public health restrictions, the 2020 symposium was convened virtually and focused on problems and possible solutions to the fractured health care system exposed by the COVID-19 pandemic.

In 2021, homelessness was selected as the topic due to the urgency of the issue, the deep connections to health, and the potential for progress given a new influx of funding. The number of people experiencing

homelessness in California increased 40% from 2015 through 2020,¹ while in 2020 and 2021 the COVID-19 pandemic impacted the health system, broader community, and economy, exposing how public health impacts housing and homelessness. According to Ninez A. Ponce, PhD, MPP, UCLA CHPR director and professor at the UCLA Fielding School of Public Health, COVID-19's impact on jobs and income further exacerbated precarious situations for many Californians, making some vulnerable to losing their homes with just a lost paycheck or unexpected bill.

The American Rescue Plan Act of 2021⁸ allocated \$5 billion to the Section 8 Voucher Program, \$5 billion to support state and local programs to assist persons experiencing homelessness or those at risk, \$10 billion to establish a Homeowner Assistance Fund, and \$21.6 billion for rental assistance programs. As local and state leaders consider what investments and policy levers to pull, the symposium convened a diverse set of leaders well-versed in evidence-based approaches to fighting homelessness to discuss potential solutions. Speakers, some of whom have lived experience, included advocates, academics, nonprofit staff, and government officials, including the mayor of Oakland, the former mayor of Nashville, and two California assemblymembers.

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“This pandemic...has also brought a renewed federal leadership and financial resources and opportunity for the kinds of partnerships that are needed to meet the challenge. The kind of partnerships that have been successful in small scale in the past, and the only kind of partnerships that allow us not just to meet the challenge, but to prevail.”

BILL PURCELL, JD

Former Mayor, Nashville, Tennessee



STRUCTURAL CAUSES OF HOMELESSNESS



“There is no greater moral imperative or soul-crushing failure of our democratic system than the fact that so many of our elders, our children, our fellow brothers and sisters, live on the streets.”

LIBBY SCHAAF, JD
Mayor of Oakland, California

As of early 2020, 28% of the nation's homeless population lived in California.¹ The number of persons experiencing homelessness in the state has risen steadily in recent years. In Oakland, California's homeless count doubled between 2015 and 2019, according to Mayor Libby Schaaf. While the state's current crisis has gained both extensive attention from the media and public outcry for solutions, homelessness has always existed in the U.S., although not to this extent. Understanding the historical, economic, and societal background is critical to properly address the situation.

Some attribute homelessness to individual characteristics such as psychiatric illnesses and substance use disorder; this may reflect a lack of understanding of the unhoused population. While persons with these conditions make up a large percentage of persons experiencing homelessness, levels of homelessness across people with the same mental health conditions vary tremendously on factors such as race, ethnicity, sexual orientation, gender identity, and



28%

of the nation's homeless population lived in **California** in early 2020

geographic location. For example, according to Dana White, program officer at True Colors United, while 7% of U.S. youth identify as LGBTQ+, they represent 40% of youth experiencing homelessness. Over⁵ representation of marginalized groups reflects larger structural issues caused by societal attitudes and prior federal, state, and local public policies. Redlining and other policies that enforce structural racism have led to disparities in who has access to housing, financing, and green spaces, and which communities experience higher rates of pollution.

Although fair housing laws were passed in the late 1960s, the effects of discrimination and structural racism are still evident in the current makeup of the homeless population. The National Housing Act of 1934, which introduced 30-year mortgages and fixed interest rates to allow increased home ownership, also established the process of “redlining” neighborhoods allegedly at increased risk of mortgage default based on population demographics. These neighborhoods were primarily occupied by Black families, other persons of color (POC), and recent immigrants. Dana White shared important data on the current situation.



Nearly

2 in 5 (39%)

people experiencing homelessness in the United States are **Black**

Black people represent 39% of persons experiencing homelessness in the U.S. despite making up only 13.4% of the country's population.⁴ In San Francisco, less than 5% of the population identify as Black, while 37% of those experiencing homelessness does.⁹ Additionally, 20% of Black households are classified as extremely low-income (making less than 30% of the median income in their area) compared to 6% of white households.¹

With structural racism in mind, Mayor Schaaf stressed the importance of starting every new project with a racial equity analysis to assess the potential effect across different racial and ethnic groups. Such analyses can help reduce existing inequities and avoid unintended negative consequences that affect marginalized groups. With technical assistance funded by the U.S. Department of Housing and Urban Development (HUD), Oakland worked with Alameda County to conduct an assessment to identify



"There is no medicine as powerful as housing."

MARGOT KUSHEL, MD

Director, UCSF Center for Vulnerable Populations and UCSF Benioff Homelessness and Housing Initiative

populations experiencing unmet needs. An expert began the process with a racial equity analysis, and the HUD technical assistance provider said they will never do this work the same again because watching how a racial equity analysis changes their work was eye-opening. For example, a sizeable new local program providing one-time emergency assistance did not help close the racial divide because racism is not a one-time emergency. In his comments concluding the symposium, Michael Rodriguez, MD, MPH, professor at the UCLA David Geffen School of Medicine and UCLA Fielding School of Public Health, strongly encouraged using an equity lens when tackling homelessness.

Mayor Schaaf also emphasized that continuum of care criteria/vulnerability scoring used in allocating housing to individuals excludes community health indicators. Using data that considers both individual and community-level factors is crucial in addressing structural issues.

INTERSECTIONS OF HOUSING SECURITY AND HEALTH

Becoming unhoused significantly impacts personal health due to circumstances such as extreme stress, lack of sleep, and exposure to the elements. For example, Mayor Schaaf reported that when a group of individual cabins for the unhoused installed double-paned windows for noise reduction,



new residents typically slept for two days because their bodies badly needed sleep.

Homelessness is associated with high risk of chronic diseases like diabetes, cardiovascular disease, and COPD, as well as respiratory infections and accidents. Preexisting cardiovascular conditions such as hypertension and high cholesterol may become worse due to poor nutrition; even those receiving food from soup kitchens and shelters may be impacted as meals are often high in salt, sugars, and starch (making for cheap, filling meals but lacking nutritional content). Other chronic diseases may intensify if there is no safe place to store medications properly and new wounds may become infected if sanitation is inadequate.²

In addition to individual health, public health is also profoundly affected by homelessness. In 2017, an outbreak of hepatitis A among the unhoused in San Diego killed 20 people and sickened almost 600 others.¹¹ Infection spread rapidly due to inadequate sanitation and low vaccination rates. Although hepatitis A is not usually life-threatening in the general population, persons experiencing homelessness had high rates of hospitalization (about 70%) and death due to underlying health conditions. Remarkably, typhus also reached epidemic levels in downtown Los Angeles in 2018.¹²

Individuals experiencing homelessness are likely to sustain prolonged gaps in health care access, resulting in unusually high rates of acute and intensive use of health care services, such as emergency room (ER) visits and hospitalizations; these services are provided by the public health care system funded by local taxes.

NO POLICY ABOUT US WITHOUT US

Policy and program changes **must** be informed by those with lived experience. Policymakers and program administrators need to listen deeply to a wide array of voices and listen with humility. The political voice of the unhoused must be elevated to ensure they are actively involved in all aspects of development and implementation of services. Ignoring their voices doesn't get to the underlying issues and may lead to solutions for only small portions of the population.

Donald Whitehead, Jr., executive director of the National Coalition for the Homeless, has experienced homelessness. He works to elevate the voices of those experiencing homelessness so that our country can address the intersection of racial justice and housing justice. The coalition is the oldest organization that works exclusively with and on behalf of persons experiencing homelessness. They recently launched Bring America Home Now, a comprehensive grassroots national campaign to end homelessness in the U.S. focusing on the passage of federal legislation. This is just one example of a prominent, effective project run by those with lived experience.





Whitehead noted that people who have experienced homelessness are diverse and not the stereotypes seen in some charity advertisements. They are people like Tyler Perry, Jewel, and Tiffany Haddish — people who have gone on to great professional success. Cori Bush, current member of Congress representing St. Louis, was once a homeless mother with her children on the streets. Whitehead encouraged the media to change the story, change the face, and present people as they are after this experience.

Suzette Shaw is one such face of lived experience; she writes, talks, and advocates for Skid Row from a woman's perspective. She was displaced into homelessness nine years ago after living a middle-class life. Like many other displaced middle-aged Black women, she ended up on LA's Skid Row. She now lives in permanent supportive housing. Shaw emphasized that persons who have not experienced homelessness lack an important perspective crucial in developing effective public policy. She noted that the state Council of Regional Homeless Advisors, appointed by Governor Newsom, lacks anyone with lived experience.

Dana White emphasized that there has been a lack of opportunity for young people who have lived experience of homelessness to have substantive involvement in decision-making. They stressed that only by taking representation beyond tokenizing will policymakers obtain valuable input that could greatly improve programs.

PRIORITIZING PREVENTION

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“For every 10 people we get off the street, another 11 fall into homelessness.”

ISAAC G. BRYAN, MPP

California State Assemblymember, District 54

According to Leepi Shimkhada, MPP, of LA County's Housing for Health Program, current programs are working, but too many people are coming in to serve them all. Infrastructure is overwhelmed. She feels the focus is too downstream — there is not enough upstream preventive care. When case managers arrange government benefits, the amount may not be enough to stave off homelessness. General Relief (GR), the County's version of welfare, is only \$221 per month. Even social security or disability benefits may not be enough. Proposals for enhanced Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or universal basic income must be supported.

1 in 3



people considered
unhoused in LA County
live in their cars or RVs
because they've recently
lost their ability to pay
for housing

1 in 5 (20%)



work **full time**, while many
others work part time

Gary Painter, PhD, director of the USC Sol Price Center for Social Innovation and Homelessness Policy Research Institute, emphasized that wages are not keeping pace with increasing rents. Minimum wage is not enough for a two-bedroom apartment anywhere in the U.S. According to Painter, one-third of people who are officially considered unhoused in LA County live in their cars or RVs because they've recently lost their ability to pay for housing; 20% work full time, while many others work part time. Other families are doubled up in one residence. They are connected to the labor market, but they're connected to low-wage work that is highly volatile, resulting in variable pay and

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“When you're an elected official, your hand is on the pen. You literally have the ability to shift the narrative and to shift the systemic barriers that are written into the laws.”

SUZETTE SHAW

Poet and Skid Row Advocate

making budgeting and planning challenging. Employment resources should assist people who are already connected to the labor market to become better connected, move toward living wage jobs more rapidly, and acquire new skills. Sometimes acquiring those new skills requires cutting back hours in the short term. Funds are needed for support during that time, as many people face working as many hours as possible to stay stably housed. Painter also noted that some people don't know what benefits are available. For example, many frontline workers are not aware that tax credit benefits support child care. It's imperative that we support people who pay more than 50% of their income toward rent by making them aware of CalFresh, housing choice vouchers, etc.

Assemblymember Isaac G. Bryan's first bill, AB 1043, is proof of Shaw's assertion. The bill, signed into law in September 2021, establishes a new category in California housing law — acute poverty — defined as income not exceeding 15% of the local median. If the state builds affordable housing, rent cannot be more than 30% of income for those meeting the acute poverty index. This new classification is designed to keep the most economically vulnerable people in their homes.

Assemblymember Bryan mentioned that UCLA is conducting a homeless prevention study using risk lists, calling people, and monitoring. According to Assemblymember Bryan, one five-year UCLA study found that every year the number of unhoused people



arrested by LAPD increased while the number of total arrests for everyone else decreased.¹³ Recent findings indicate that over 22% of LAPD arrests were people experiencing homelessness; the number one reason for their arrest was a failure to appear for previous citations. Jail time averaged six days, during which people missed job interviews, cars were towed, etc. In 2019, LAPD Chief Michael Moore recommended clearing the failure to appear backlog for people who are unhoused. Moore has said he doesn't see homelessness as a law enforcement issue but rather a public health and safety concern that requires greater investment in mental health, sanitation, hygiene, and housing resources.¹⁴

Mayor Schaaf described Keep Oakland Housed, a successful homelessness prevention program established with \$15 million in seed funding from philanthropy. Nonprofit providers worked together to reach out to people at high risk of homelessness, i.g., couch surfing. In addition to linking people with cash assistance to pay rent or utilities and arranging free legal assistance, case managers assessed individual situations and created personalized solutions to maintain an income and stable housing going forward. By the end of the first two years, the program had prevented nearly 5,000 households from becoming homeless.

More than

1 in 5

LAPD arrests were people experiencing **homelessness**



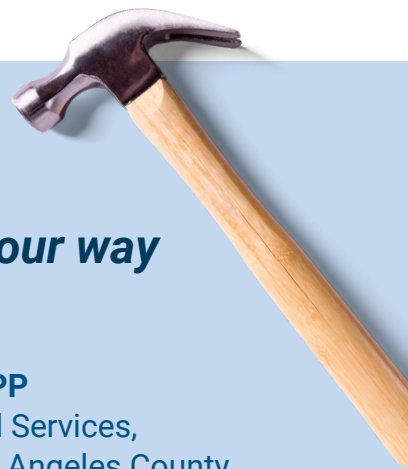
NEED FOR SUPPORT SERVICES

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“We can’t build our way out of this.”

LEEPI SHIMKHADA, MPP

Director of Housing and Services,
Housing for Health, Los Angeles County
Department of Health Services



Merely providing shelter is not the solution. Persons experiencing homelessness need a place where their health problems are not only treated, but their health is protected and preserved via access to support services. Unfortunately, the landscape of federal, state, local, and privately run programs is difficult for anyone other than those with specialized knowledge to navigate. The burden should be placed on an outreach worker or case manager rather than persons experiencing homelessness; this is true not only for those living in encampments or on the street, but also for those at risk of homelessness.

Permanent supportive housing (PSH) is a model that provides long-term housing coupled with intensive case management services linking individuals with medical, psychological, and other important services such as income supports (SSI, SSDI, GR, etc.). Leepi Shimkhada described Housing for Health (HFH), a division within the Los Angeles County Department of Health Services (DHS) established in November 2012 to provide supportive housing to persons experiencing homelessness with

complex medical and behavioral health issues. HFH works closely with the County Department of Mental Health, the Los Angeles Homeless Services Authority, and public housing authorities. In addition, HFH established its own local subsidy called the Flexible Housing Subsidy Pool to house people who might not qualify for a federal subsidy, including those who are undocumented or wouldn't pass a background check. A 2017 evaluation of HFH¹⁵ reported significant decreases in medical visits, hospitalizations, and health care costs while almost all participants were still stably housed at one year follow-up. Shimkhada attributed the success to being flexible, meeting clients where they're at, and having low barriers to client participation.

Mayor Schaaf also underscored the need for funds to be flexible to address varied circumstances. She told the story of one of the first households helped through Keep Oakland Housed. An elderly mother was being cared for by her developmentally disabled adult son who had been able to hold a job until their washing machine broke. His job required him to wear a clean uniform, but he was unable to successfully navigate a public laundromat. Funded by private philanthropy, Keep Oakland Housed had the flexibility to buy them a new washing machine so he could regain his job, stay stably employed, and remained housed.

Kathryn Monet, MPA, CEO of the National Coalition for Homeless Veterans, noted that much of the homeless response for veterans comes from the U.S. Department of Veterans Affairs (VA) health care. In addition to adding more support services in recent years, VA staff now ask all veterans who have medical visits whether they have a place to sleep that night and whether they have experienced housing instability in the past year. Appropriate referrals are then made. According to Monet, although 37,000 veterans in the United States are currently experiencing homelessness, the number has declined by 50% since 2009. She suggested this approach be incorporated into other medical systems.

Michelle Doty Cabrera, executive director of the County Behavioral Health Directors Association of California, described the biopsychosocial model of care for those who are uninsured, covered under Medicaid (called MediCal in California), or are underinsured with commercial insurance. She noted the importance of California's expansion of MediCal benefits to include residential substance abuse treatment services five years ago. One innovative solution to the need for additional support services is the newly established California Advancing and Innovating MediCal (CalAIM) demonstration program. CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. According to Nadereh Pourat, PhD, associate Center director for the UCLA CHPR, CalAIM will cover several specific services for those at risk or experiencing homelessness — these include housing transition navigation, housing deposits, housing tenancy, sustaining services, short-term post hospitalization housing, recuperative care for in-patient transitions, and daily rehabilitation programs.



By early 2022, all Health Homes Program and Whole Person Care Program enrollees experiencing homelessness should be transitioned to CalAIM, and the program will expand statewide.

ELIMINATING SILOS

Melissa Chinchilla, PhD, researcher at AltaMed Institute for Health Equity and the Veterans Affairs Rehabilitation Research and Development Center on Enhancement of Community Integration of Homeless Veterans, agreed that the increased resource contributions from health care systems, especially those driven by changes in Medicaid reimbursement, will lead to positive change. She emphasized that systems are interconnected and that solutions to homelessness need to work across sectors (for example, social services may be led at the city level, while health is led at the county level). Services are often siloed and disconnected and these silos limit collaborative work and streamlining resources. Recognizing that our systems are interconnected creates opportunity to work collaboratively and streamline resources.

With assistance from HUD, Eva Thibadeau-Graczyk, LCSW, CEO of Temenos Community Development Corporation, helped transform the Houston (Texas) area homeless response system from one of siloed and fragmented responses to a coordinated and collaborative group of partners that focuses on housing those least able to “make it to the front of the line” on their own. Houston does not have a public mandate to house people or any publicly run shelters; congregate shelters are all faith-based. For reasons noted above, many persons experiencing homelessness avoided these shelters; thus, landlords, service workers, and outreach folks had to be



convinced to bypass emergency shelter. In 2011, she brought together leaders in child welfare, mental health, veterans, etc., to create Temenos, to house and support residents by providing meals, job readiness training, HIV/AIDS screenings, and case management services, with the fundamental goal of helping residents become self-sufficient. Through philanthropic funding, Temenos received valuable education on their link to homelessness and shifted resources to have a substantial impact on homelessness.

Government agencies can also facilitate cooperation and integrate siloed systems. The Los Angeles Homeless Services Authority (LAHSA) coordinates utilization of federal and local funding for homeless services in the city and county. Some program requirements are exclusionary (for example, programs only directed at veterans or families); LAHSA manages the Coordinated Entry System (CES), an electronic system which coordinates provider efforts, using a real-time list of individuals experiencing homelessness to match people quickly and efficiently to available housing resources and services that best fit their needs. Purcell emphasized the importance of cooperation for improving policy and resources at the federal, state, and local levels.



“Everybody's for housing. They're just for housing 50 miles away from where they live.”

PHIL TING

California State Assemblymember, District 19

The population experiencing homelessness that is completely excluded or ignored by the system may be considered another silo. Randall Kuhn, PhD, associate professor at the UCLA Fielding School of Public Health, reported that only 21% of homeless people who died in LA County from 2016 to 2019 could be found in various county service systems. Linking this community with available support is imperative.

NIMBYISM

The passage of Propositions H and HHH indicate that most Los Angeles voters want to invest in housing the homeless. Unfortunately, a NIMBY (Not in My Backyard) attitude remains and stymies both increasing housing supply broadly speaking and housing for those experiencing housing insecurity. Assemblymember Phil Ting, chair of the Assembly Budget Committee, emphasized that local government officials tend not to support building both new housing overall and specifically housing for persons experiencing homelessness in their communities due to public opposition. In his remarks at the conclusion of the symposium, Mark Peterson, PhD, professor at the UCLA Luskin School of Public Affairs and senior fellow at UCLA CHPR, agreed that at the local level many residents simply want the problem off the streets but don't want any of the solutions in their neighborhoods.

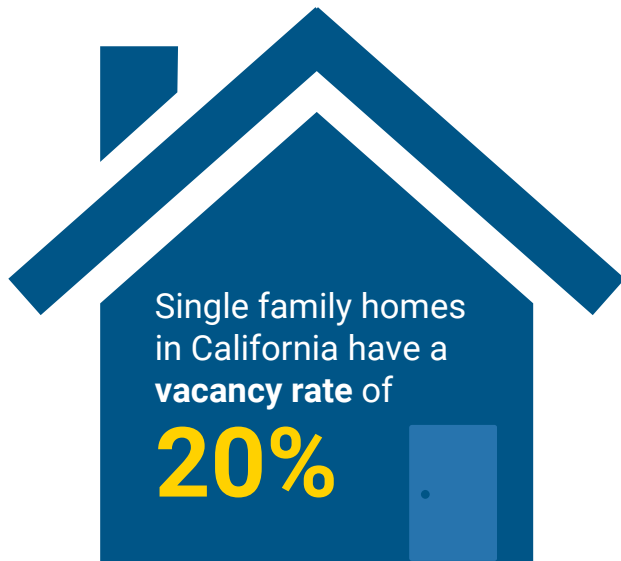
Assemblymember Bryan noted that California has a 20% vacancy rate for single family homes and described an innovative program



**NOT IN MY
BACKYARD**

to incorporate permanent supportive housing into residential neighborhoods. A nonprofit organization groups unhoused persons who have SSI or some form of income but not nearly enough to live on — \$500 or \$1,000 a month — into a shared living model in single family homes. They've done this with 50 homes — residents don't realize their neighbors were previously unhoused.

Andrea Evans, JD, Chronic Homelessness Initiative director at Tipping Point Community, reported that her organization bought two hotels in San Francisco with their first Homekey funding allocation; these provide over 300 housing units. She asked if 50% of California real estate belongs to the government and suggested that creating housing on public lands might address the NIMBY issue. Mayor Schaaf reported that in Oakland, an empty lot owned by Caltrans, right beside a homeless encampment, was selected as the site for a tiny home community. By bringing housing directly to those in need on government-owned property, the project was a great success.



Single family homes
in California have a
vacancy rate of

20%



IDENTIFY WHAT WORKS, FOR WHO, AND WHY

Research must be conducted to identify the most effective programs for future implementation. Private funding can be used to pilot test unique ideas — researchers must evaluate innovative new programs and disseminate results so future government funding can be based on sound science.

Dr. Ponce suggested there is a treasure trove of potential data from Project Roomkey and Project Homekey which were created to address both health and housing during the COVID-19 pandemic. She emphasized that both program characteristics and implementation should be documented and evaluated for programs to be replicated successfully. Evidence development requires constant refinement, adaptation, and trial and error.

WORK ACROSS PARTY LINES

Philip Mangano has worked to address homelessness for several decades. He was appointed by President George W. Bush as executive director of the White House U.S. Interagency Council on Homelessness where he shaped and led the national strategy to end homelessness. He has also advised mayors like Gavin Newsom of San Francisco and Richard Daley of Chicago. He emphasized that anything that politicizes this issue diminishes the impact that we make in Washington. Homelessness is not a liberal issue or conservative issue — it is a human issue and must be treated accordingly. Purcell noted that it is the bipartisan U.S Conference of Mayors with a task force on hunger and homelessness that are both calling attention to the issue. He also notes cities know what can work in their communities, but they need sufficient resources to fully implement programs.

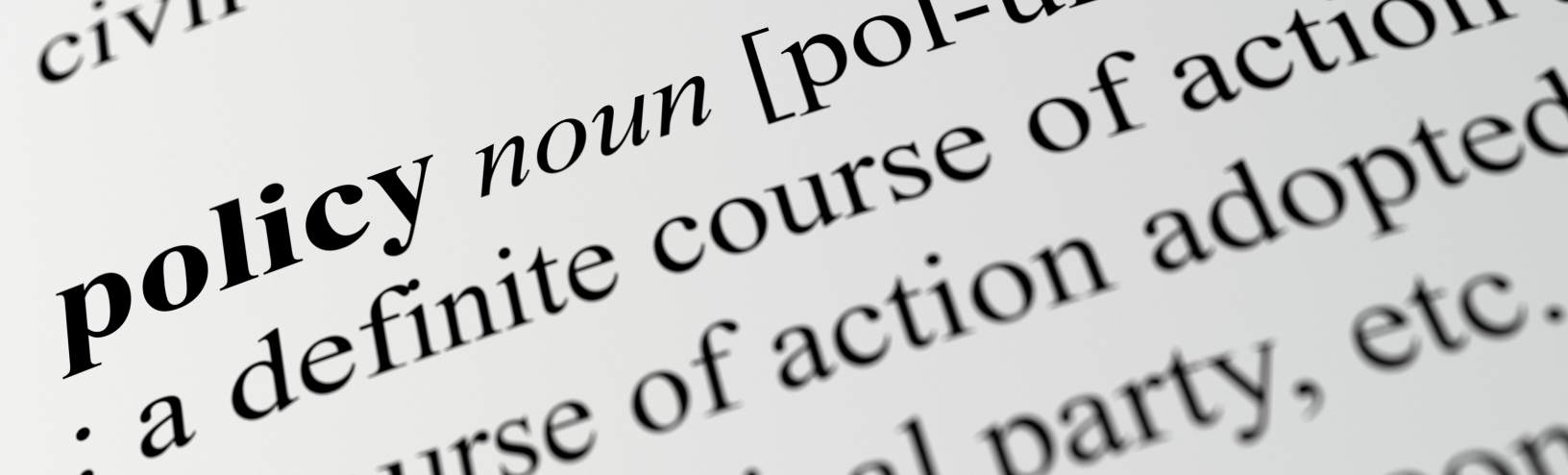


“There’s no ‘D’ and there’s no ‘R’ in homelessness; we’re simply Americans attempting to remedy a national malady.”

PHILIP MANGANO

President and CEO, American Roundtable to Abolish Homelessness





CONCLUSION

Speakers at the 2021 E.R. Brown Symposium eloquently shed light on the scale and scope of the issues in the fight to eradicate homelessness. (The barriers and potential solutions are briefly summarized in Table 1 on page 16). The overall conclusion is that however well-intended, individual pieces of legislation on their own are not sufficient; it will take a well-coordinated effort among policymakers, community-based organizations, persons with lived experience, health systems, and government agencies at the federal, state, and local levels to adequately address this crisis.

As noted by Garen Corbett, MS, director of the California Health Benefits Review Program, addressing health and homelessness requires engagement, healing, resources, social change, leadership, and commitment across our society, starting in every community and neighborhood.

Most notably, short-term, medium-term, and long-term efforts must be pursued concurrently.

In the **short term**, confidence-building measures are necessary to get partners together, foster collaboration, and generate political and public support to move forward. Persons experiencing homelessness must be treated with dignity and respect; they must be given a non-token role in developing programs and policy. The urgent need for additional permanent supportive housing must not only be met, but to house the most people most quickly, current qualification requirements must be modified or even eliminated.

In the **medium term**, policies, programs, and their implementation must be evaluated in the most impartial and transparent manner possible. Findings must be disseminated widely and quickly to catalyze action. In addition, evidence development must be treated not just as cataloging what worked where, but as an iterative process that requires constant refinement and adaptation.

In the **long term**, the systematic and structural obstacles responsible for homelessness must be dismantled. Only through permanent change will we ensure adequate health care and housing be created for **all**.

Table 1

BARRIERS	PROPOSED SOLUTIONS
For every 10 people we get off the street, another 11 become homeless. 	Address problems that prevent people from working. Invest in homelessness prevention projects such as Keep Oakland Housed. Create housing affordable for those with extremely low incomes.
Minimum wage is not enough for a two-bedroom apartment anywhere in the United States.	Support living wage legislation.
Housing is not a solo issue, individuals need wrap-around services.	Provide more permanent supportive housing which includes intensive case management linking residents with health and social services.
Services are often siloed and disconnected.	Work collaboratively and streamline resources. Utilize existing IT systems.
Program requirements can be exclusionary e.g., limited to veterans or women with children.	Discontinue the perception of groups as deserving vs undeserving. Fund nonexclusionary programs.
Beds often sit empty while people sleep in outdoor encampments because congregate shelters are perceived as unsafe and lacking in privacy.	Support tiny homes and other non-congregate shelters.
Structural racism and discrimination are important factors contributing to homelessness.	Start every project with a racial equity analysis and needs assessment. Give marginalized groups substantial roles in decision-making.
Voters support funding interventions for homelessness, but NIMBY attitudes continue.	Place new projects on government-owned property.
Programs that don't work continue to be funded.	Include persons with lived experience in decision-making. Fund program evaluations so best practices can be identified and replicated.

E.R. BROWN SYMPOSIUM SPEAKERS AND PANELISTS

Ninez A. Ponce, PhD, MPP

Director
UCLA Center for Health Policy Research

Bill Purcell, JD

Former Mayor
Metropolitan Government of Nashville and
Davidson County, Tennessee

Libby Schaaf, JD

Mayor
Oakland, California

Philip F. Mangano

President and CEO
The American Round Table to Abolish
Homelessness

Eva Thibaudeau-Graczyk, LCSW

CEO
Temenos Community Development
Corporation

Andrea Evans, JD

Director, Chronic Homelessness Initiative
Tipping Point Community

Phil Ting, MPP

California State Assemblymember, District 19

Michelle Doty Cabrera

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Margot Kushel, MD

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UCSF Center for Vulnerable Populations and
Benioff Homelessness and Housing Initiative

Kathryn Monet, MPA

CEO
National Coalition for Homeless Veterans

Dana White

Program Officer
True Colors United

Suzette Shaw

Poet and Advocate
Skid Row From a Women's Perspective

Donald H. Whitehead, Jr.

Executive Director
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Gary Painter, PhD

Director
USC Sol Price Center for Social Innovation
and Homelessness Policy Research Institute

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