



Homelessness Policy
Research Institute



LATINX HOMELESSNESS IN LOS ANGELES

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EXECUTIVE SUMMARY

Latinx people experiencing homelessness, a rapidly growing population, accounted for 36% of the homeless population in the Los Angeles Continuum of Care in 2019. Due to a unique combination of challenges, including language barriers, culturally rooted stigmas, a lack of trust in homeless services, and issues related to immigration status, Latinx people experiencing homelessness are less likely to be enrolled in public benefits programs and to engage with service providers than other racial/ethnic groups. Institutional barriers to service receipt for Latinx people experiencing homelessness include service provider capacity issues, confusing and lengthy intake processes, lack of cultural competence and Spanish-speaking staff, and paperwork that asks about immigration status. This report examines the demographics of the Latinx population experiencing homelessness in Los Angeles, considers the barriers to service that this population faces, and makes recommendations to service providers in order to help clients navigate these barriers.

KEY TAKEAWAYS

Service providers should consider the following when working with Latinx people experiencing homelessness:

- 1) Use culturally relevant screening processes for identifying Latinx people experiencing homelessness to sidestep stigmas towards homelessness and mental health issues. This can include building rapport by asking where a person lives instead of directly asking if they are homeless.
- 2) Facilitate access to the homeless services system for Latinx people through improved language access and stronger initial navigation support.
- 3) Increase collaboration with legal aid services that can assist with immigration status issues.



This report was written in partnership with Melissa Chinchilla, PhD, MCP, MS from the AtlaMed Institute for Health Equity.

BACKGROUND

Latinx people experiencing homelessness in Los Angeles are a rapidly growing population that face a unique combination of challenges, including language and cultural barriers to services, and issues related to immigration status. In 2019 in the Los Angeles Continuum of Care, there were 20,523 people experiencing homelessness who identified as Hispanic/Latinx, which accounted for 36% of Los Angeles' homeless population. While there is limited information on country of birth for people experiencing homelessness, nearly 40% of Latinx residents in L.A. County's general population are foreign born, and 61% of those who are foreign-born are not naturalized citizens (U.S. Census Bureau, 2017).

Given the evolving and growing nature of the Latinx population experiencing homelessness, data analysis and qualitative case studies were conducted in a Federally Qualified Health Center (FQHC) in Los Angeles to learn more about how to improve access to services, as well as the quality of services for this subpopulation. More than 25% of people living in poverty receive health care services at FQHCs and approximately 17.2% of uninsured individuals engage with FQHCs (Nath et al., 2016). The Latinx population engages with FQHCs at higher rates than the White population, but are less likely to engage with homelessness service providers (Nath et al. 2016; Homelessness Policy Research Institute and CA Policy Lab, 2018). Research also suggest that Latinx people are more likely to experience homelessness "outside of traditional homeless spaces," and less often in shelters (Conroy & Heer, 2003). Given the population characteristics of those who utilize FQHCs, the site can potentially capture people of color experiencing homelessness who would otherwise not interact with traditional homelessness and outreach services.

METHODS

Quantitative Analysis

For this subpopulation analysis, we used data on adults ages 25 and older from the 2019 Greater Los Angeles Homeless Count conducted by the Los Angeles Homeless Services Authority (LAHSA). The 2019 Homeless Count includes data obtained from:

1. A Point in Time (PIT) count of the unsheltered population on January 22-24, 2019 (N=42,471)
2. A demographic survey of unsheltered adults (25 and older) conducted from December 2018 to March 2019 (n=3,931 household surveys of 4,067 individuals)
3. Administrative data from the Homeless Management Information System (HMIS) of the sheltered population from December 2018 (N=10,921)

All data includes information on people experiencing homelessness within the Los Angeles Continuum of Care (LACoC). The LACoC coordinates housing and services funding for individuals and families experiencing homelessness and includes 85 separate cities throughout the County of Los Angeles, excluding Glendale, Pasadena, and Long Beach, which have their own CoCs.

We use the Homeless Count data to present a descriptive summary of Latinx individuals experiencing sheltered and unsheltered homelessness in 2019, including demographic characteristics, location in the County's Service Planning Areas (SPA), rates of service connection, and health challenges. We compare sheltered and unsheltered Latinx populations¹, and subsequently, compare the unsheltered Latinx population to unsheltered Black and White adults. All analyses were conducted using Stata version 16.

¹ using χ^2 tests

Qualitative Research

Between February and March 2020, four focus groups were conducted with patient-facing staff at a Federally Qualified Health Center (FQHC) in Los Angeles County. Participants included social workers, case managers, and community health workers. The focus groups aimed to identify how the FQHC’s Latinx patient population experiences homelessness – including how they connect with homeless services, the homeless services that they receive, and the service gaps that they experience—and how outreach and service connection efforts could be improved. The focus group guide centered on four areas of inquiry:

- How Latinx patients experiencing homelessness are identified;
- The process for connecting households to homeless services;
- Barriers and facilitators to service receipt for Latinx households; and
- Strategies for increasing access to and use of homeless services among Latinxs experiencing homelessness.

In total, 31 individuals participated in four focus groups, which averaged 60 minutes each in length. Focus group participants had a mix of experience working at the FQHC, ranging from one month to 20 years with the Center.

FINDINGS

Overview

As of 2019, there are nearly 4.9 million Latinx people in Los Angeles County, accounting for over 48% of the entire population of the County (American Community Survey 2019 1-Year Estimates). The number of Latinx people experiencing homelessness in L.A. County has rapidly increased in recent years.

In 2013, there were 11,750 Latinx people experiencing homelessness in L.A. County (22% of the total population experiencing homelessness). Just seven years later, in 2020, there are now 23,005 Latinx people experiencing homelessness, making up 36% of the population experiencing homelessness. Overall growth to the homeless population in Los Angeles can partially explain the growth of Latinx experiencing homelessness, due to reasons such as rising rent prices and stagnating wages to match the rent increases. Of the Latinx people currently experiencing homelessness, 73% are unsheltered, and 27% are sheltered (see *Appendix Figure A*).

Descriptive statistics from the analysis of 2019 data from LAHSA and Homeless Management Information System (HMIS) revealed that Latinx adults experiencing homelessness are younger, less likely to self-report mental health issues, and are more likely to be newly homeless (homeless for less than one year and for the first time), compared to other racial/ethnic groups. Latinx unsheltered adults were also less likely to be chronically homeless² when compared to both Black and White unsheltered adults.

Homelessness Identification & Unsheltered Patterns

A notable number of focus group participants stated that Latinxs are ashamed of being homeless and of needing assistance. They frequently express concern over other people’s judgment of their housing status. This concern means that Latinx adults may not self-identify as being homeless or as requiring service connection. Further, Latinx adults may not identify with the term “homeless” or know how it is defined for purposes of service receipt. Participants noted that Latinx people experiencing homelessness might be couch surfing, living in their cars, and even staying in homeless shelters and not identify as homeless. When

²Chronic homelessness describes people who have experienced homelessness for at least a year—or more than four times in the past three years—while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

directly asked if they are experiencing homelessness, respondents indicated that Latinx individuals often respond negatively. It is only through further probing that participants can assess an individual's housing status. Consequently, participants stated that descriptive questions regarding where the patient is currently living and length of time at the location are more productive for identifying housing status than a direct ask regarding homeless status. Without knowing a patient's true housing status, it is difficult to connect individuals experiencing homelessness to shelters and other services.

In 2019, 86% of Latinx adults experiencing homelessness in L.A. County were unsheltered. As illustrated in Figure 1, Latinx people experiencing homelessness were more likely to be unsheltered compared to the general population experiencing homelessness, as well as Black people experiencing homelessness, specifically.

The proportion of unsheltered to sheltered adults varies geographically by Service Planning Area (SPA). Figure 2 shows the distribution of unsheltered Latinx people experiencing homelessness by SPA. SPA 4 contains the highest concentration of unsheltered Latinx adults. The distribution of Latinx unsheltered homelessness in the Los Angeles CoC closely follows the distribution of unsheltered homelessness across all races, as depicted in Figure 3. In SPAs 4, 7, and 8, Latinx adults were more likely to experience unsheltered homelessness than be sheltered, whereas in SPAs 2, 3, and 6, the rate of sheltered homelessness among Latinx adults was significantly higher than the rate of unsheltered homelessness (see *Appendix Figure B*).

As shown in Figure 4 (page 6), across all racial and ethnic groups, the majority of unsheltered homelessness occurs on the street. Previous research suggests that Latinx people experiencing

FIGURE 1. Adult Sheltered vs. Unsheltered by Race/Ethnicity

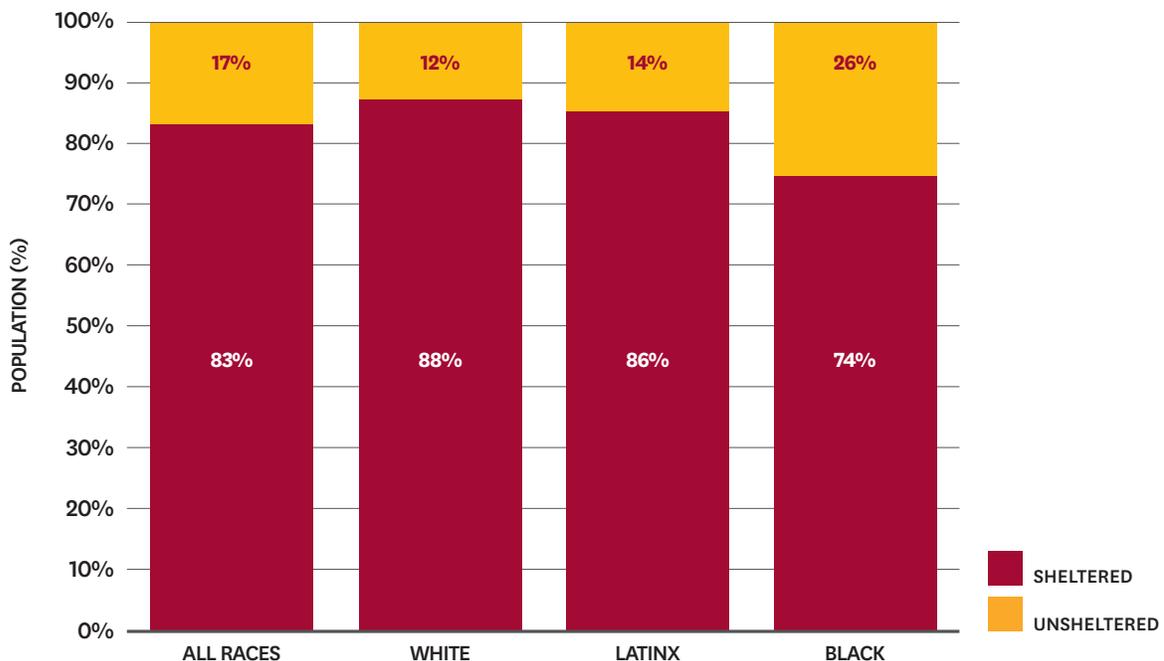


FIGURE 2. Unsheltered Population (Latinx) by Service Provider Area (SPA)

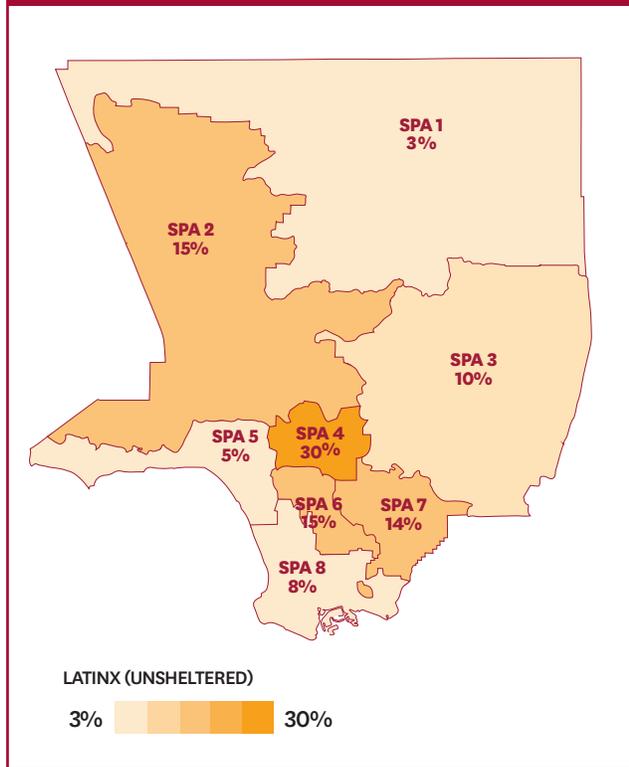
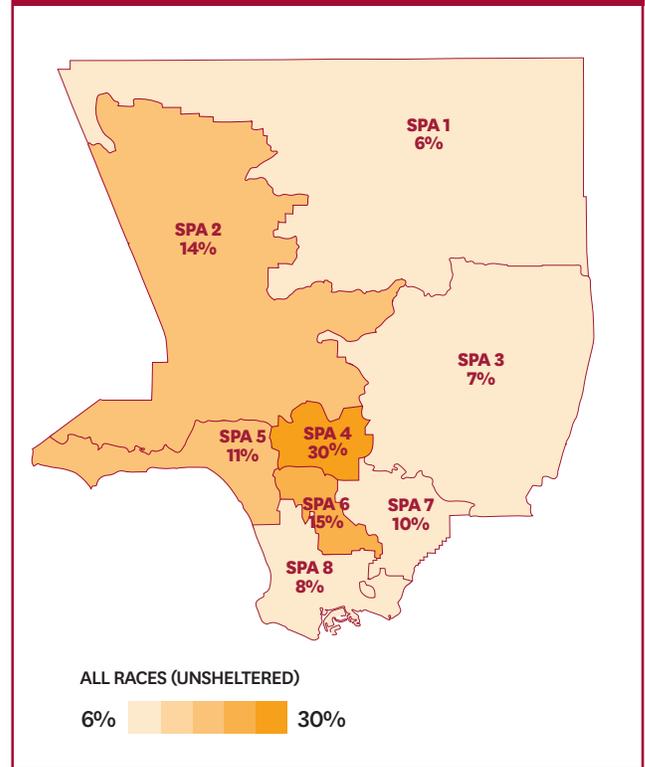


FIGURE 3. Unsheltered Population (All Races) by Service Provider Area (SPA)



homelessness are less likely to report using a homeless shelter (Chinchilla & Gabrielian, 2019; Culhane et al., 2019), and more likely to report sleeping in an informal setting such as a “theater, abandoned building, car, or other arrangement” (Conroy & Heer, 2003). Unsheltered Latinx adults report living on the street less often than other racial categories, with 63% of Latinx adults reporting living on the street versus 68% of White adults and 70% of Black adults. However, Latinx adults reported living in encampments, tents, or makeshift shelters more often than White adults, at 21% versus 17%, respectively. Additionally, Latinx unsheltered adults were more likely to report living in cars (13%) than Black adults (8%).

The lack of shelter use in particular may be a potential barrier to homeless service connection. Shelter use is associated with improved outcomes for individuals experiencing homelessness, including increased access to and use of other supportive services,

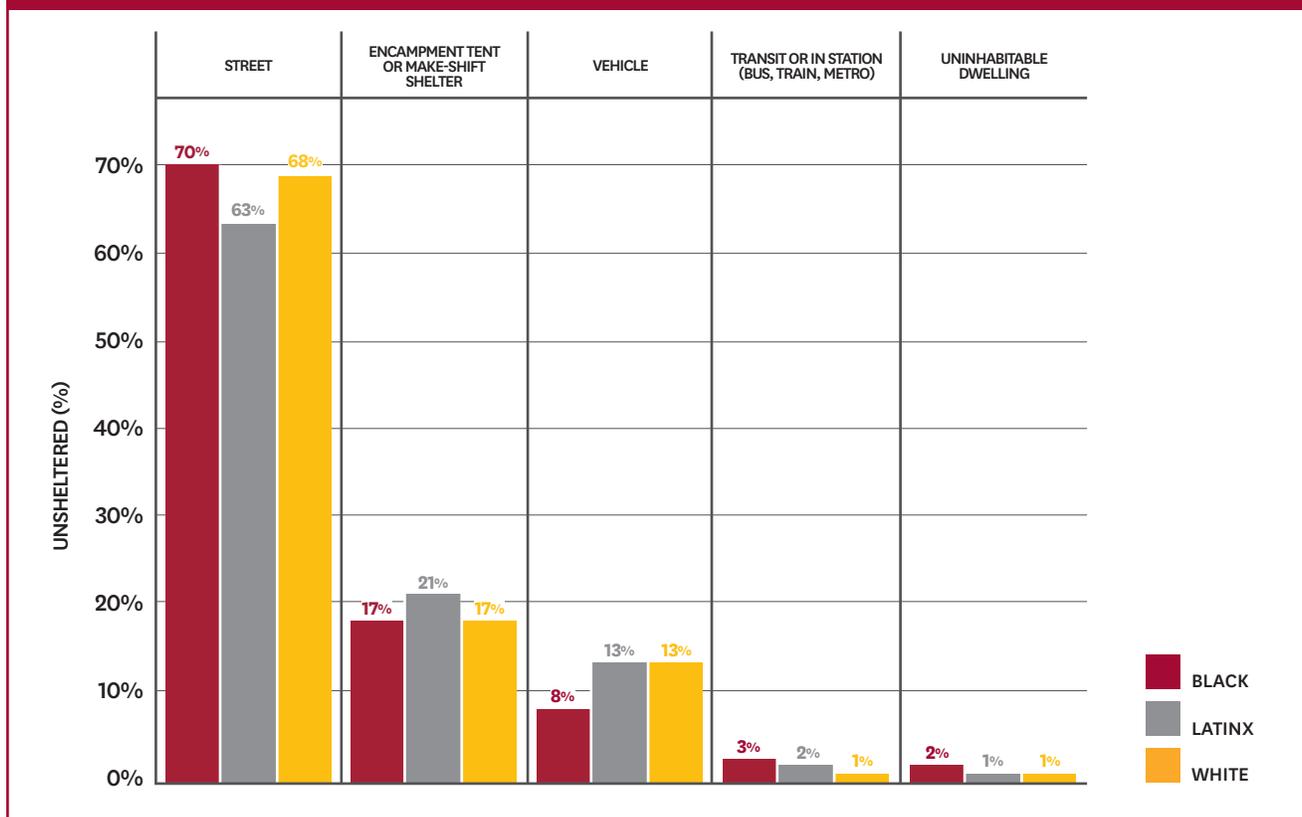
decreased substance use, decreased risky sexual behavior, and increased social support (De Rosa et al., 1999). Unsheltered individuals are likely to have higher service needs and are more likely to experience longer periods of homelessness (Petrovich et al., 2019). Being connected to the homeless service system is helpful for people experiencing homelessness, but factors such as lack of trust may prevent Latinx adults from utilizing and engaging with services.

Barriers to Service Receipt

Building Trust

Participants in the focus groups identified relationship building as key in surpassing the initial shame and fear associated with experiencing homelessness. Trust plays a key role in an individual’s comfort level self-identifying as experiencing homelessness and accepting referrals to service providers and enrollment in benefits programs.

FIGURE 4. Place of Dwelling in the Last Month (Unsheltered Adults)

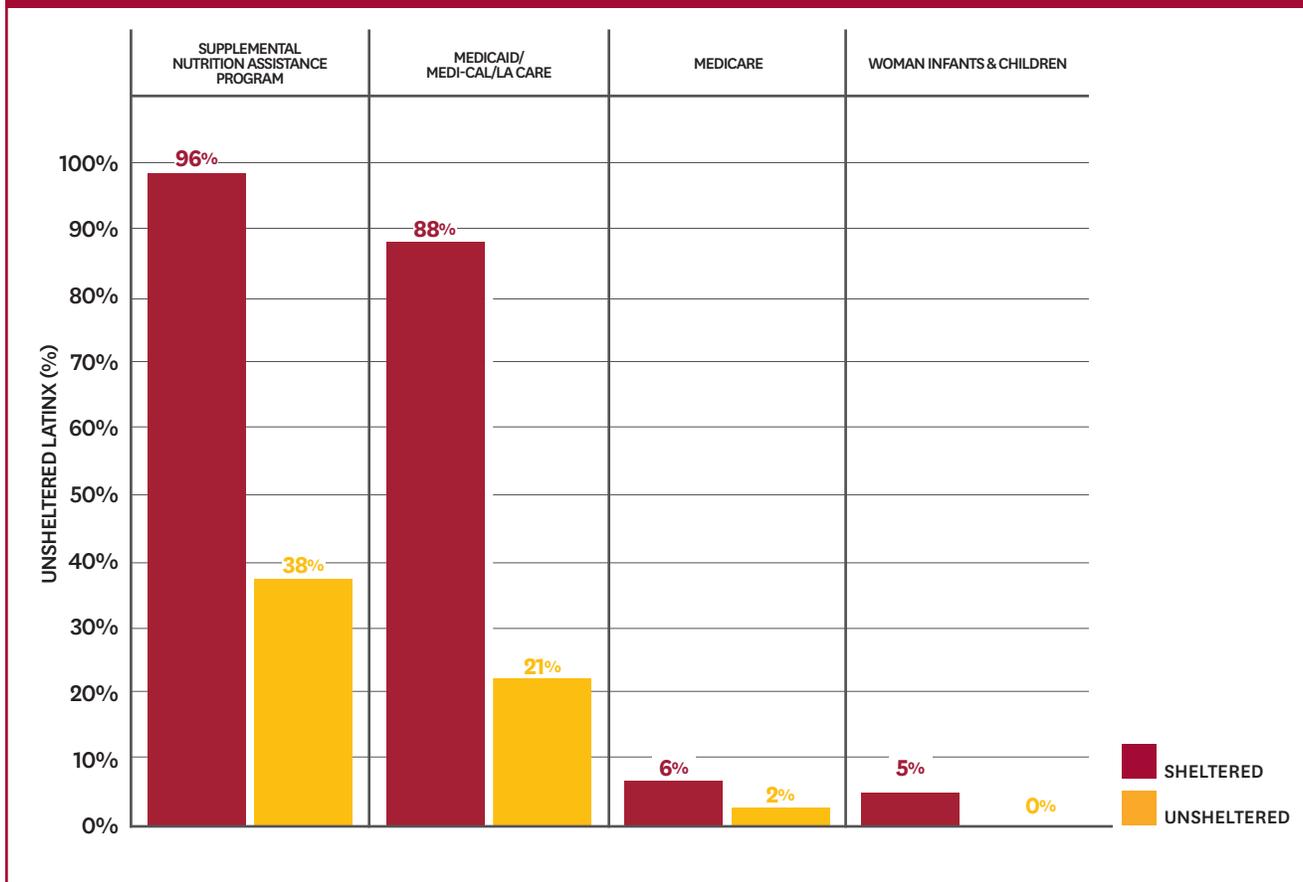


Unsheltered status among Latinx adults decreases the likelihood of enrollment in public benefits programs. As shown in Figure 5 below, sheltered Latinx adults have significantly higher rates of public benefits enrollment than those identified as unsheltered, including higher rates of Medicaid (88% versus 21%), Woman Infants and Children (5% versus 0%), Supplemental Nutrition Assistance Program—which includes programs like CalFresh and EBT cards (96% versus 38%), and Medicare (6% versus 2%) enrollment. Latinx unsheltered adults were less likely to be receiving Medicare when compared to Black unsheltered adults (2% versus 5%) and slightly less likely to be receiving SNAP when compared to White unsheltered adults (38% versus 42%).

Focus group participants noted that trust could be built in the healthcare setting in many ways, including through multiple and long-term interactions with a patient, speaking the patient’s language, expressing empathy, and having a patient’s social networks vouch for the organization and services provided. On the other hand, participants noted challenges once patients are referred to local homeless service providers. Language access and limited resources are specific barriers for Latinx people navigating the complexities of the multi-faceted homelessness services system.

Participants reported that their monolingual Spanish speaking patients often experience challenges with language access when connecting with homeless

FIGURE 5. Use of Government Services by Latinx Adults (Sheltered and Unsheltered)



service providers. Even when organizations report bilingual services, their capacity for translation services may be limited. This capacity includes the number of staff available to provide translation as well as the quality of translation services available. Furthermore, participants believed that a lack of cultural competence at local agencies is a notable barrier to service engagement. Cultural competence includes having staff members who look like patients, having flyers and materials available in the native language of patients, ensuring that the physical space reflects the culture of the patients, and the presence of other participants that share a linguistic and cultural background with each other. Participants noted that when individuals do not feel comfortable and welcomed, they are less likely to engage with services.

Participants also noted that local community members might spread misinformation, including false rumors about how service receipt may affect immigration status, which increases fear among vulnerable households. Regionally, there are organizations that provide advocacy for people experiencing homelessness, but most focus on tenant protections, displacement and criminalization of homelessness (Legal Aid Foundation of Los Angeles, 2016). In addition to concerns about immigration status, some service providers struggle to meet the resource needs of all of their clients. Despite increased funding for homelessness services in Los Angeles through Measure H, many service providers are stretched to capacity due to high rates of staff turnover, physical space constraints, deficiencies in organizational

infrastructure, and funding gaps from taking on increased client loads (Fiore et al., 2019). Focus group participants noted that it could be hard to build trust with patients when service providers are stretched to capacity and may not be able to meet the needs of all of their clients. If service linkages are offered but not available, individuals may become frustrated, lose hope, and disengage from homeless services. Furthermore, an individual may not accept assistance if services are outside of their current neighborhood. Participants noted that sometimes patients will not want to go to an area they are not familiar with and where they may not have a social support network.

Gendered Dynamics

Participants believed that cultural norms surrounding the role of the male head of household are a barrier to identifying and connecting Latinx individuals and families in need of homeless services. A focus group participant stated that middle-aged males appear to be particularly hesitant to accept services, frequently denying need and even refusing to interact with case managers and social workers. Participants referenced instances in which males refused to connect with case managers/ social workers, insisting that staff communicate with the female in the household when discussing homeless services. This hesitancy to engage with service providers is particularly concerning considering that men make up the majority (72%) of unsheltered Latinx adults not in family units and one-third (32%) of unsheltered Latinx adults within family households.

In addition to service receipt, Latinx participants noted that gendered dynamics can play a role in initial self-identification of homelessness, with females at times seeking the male's approval before divulging information regarding housing status. One participant noted an interaction in which hospital staff raised questions regarding an older couple's housing

situation. The woman sought the man's permission through eye contact to inform medical staff that they were currently living in their car and would not be able to abide by recommended medical care, which in this case was home care services.

While Latinx masculinity may influence and prevent some families from seeking homeless services, Latinx culture is not monolithic. Torres, Solberg, and Carlstrom (2002) conducted a study that found that the "stereotypical views of machismo depicting the compliance of Latino men with the cultural ideal of male dominance (i.e., authoritarian and controlling) and female submission (i.e., self-sacrificing)" only represented a small percentage (around 10%) of the men in their sample. Similarly, Davis and Liang's 2015 study on why Latino men tend to seek mental health assistance less than their non-Latino peers found that stereotypical assumptions around machismo and Latino masculinity did not explain this difference in help-seeking behavior. The authors found no positive associations, but hypothesized that this difference in help-seeking behavior could possibly be explained by "other cultural values (e.g., familismo), structural barriers (e.g., transportation, cost), or shame" (Davis & Liang, 2015). The role of male head of household in homeless service engagement should be furthered explored to understand the cultural nuances of this subpopulation.

Service Availability

Focus group participants reported ongoing challenges in assuring patients identified as experiencing homelessness can access needed behavioral health and substance abuse treatment. In addition to resource constraints, behavioral health is particularly challenging for the Latinx population, which may view the receipt of mental health services as stigmatizing (Interian et al., 2007; Vega et al., 2010). Latinx people experiencing homelessness are less likely to

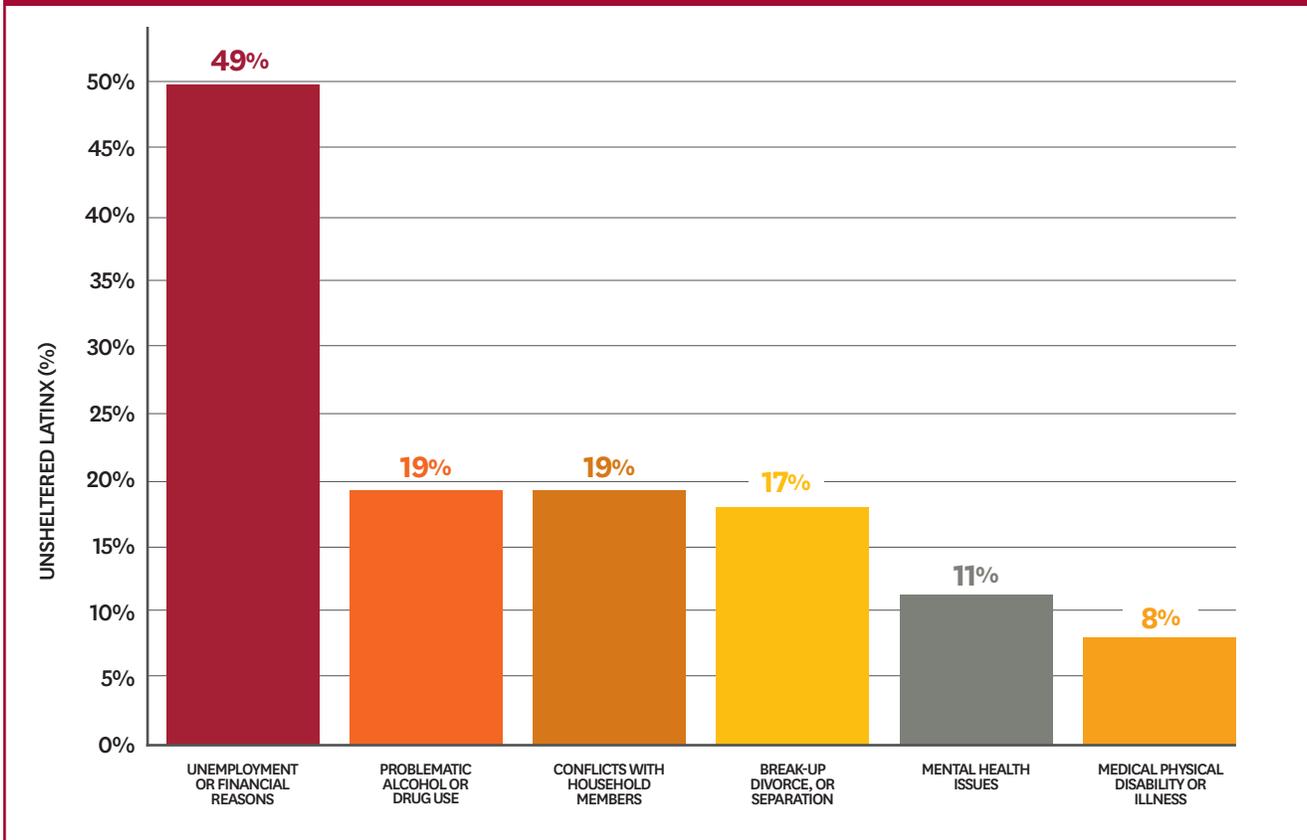
report mental health issues as a reason for becoming homeless. Nonetheless, among the unsheltered, nearly one third of Latinx adults experiencing homelessness reported having a mental illness.

Regarding substance abuse services, participants noted that when patients experiencing homelessness do receive inpatient treatment, they often relapse because they are discharged back into homelessness. When compared to unsheltered Latinx adults, sheltered Latinx adults report lower rates of alcohol use (5% versus 23%) and drug use (6% versus 26%). Participants who are discharged into homelessness are particularly at risk considering that roughly 19% of unsheltered Latinx individuals reported “problematic alcohol or drug use” as a reason they became homeless. Although substance use is a risk

factor for becoming homeless, similar to the general population experiencing homelessness, Latinx adults overwhelmingly cite economic challenges as the top reason for becoming homeless, as seen in Figure 6.

Other challenges surrounding mental health services include a lack of culturally relevant mental health interventions and long wait times for service receipt. Wait times are likely compounded when there is a need for a Spanish speaking service provider. Participants stated that newly homeless Latinx patients who seek services often become discouraged due to confusing and lengthy processes. These challenges are compounded by the fact that Latinx individuals are disproportionately “newly homeless” when compared to other racial/ethnic groups, which means they are likely unfamiliar with the homeless services system.

FIGURE 6. Top Reasons for Becoming Homeless Among Latinx Adults



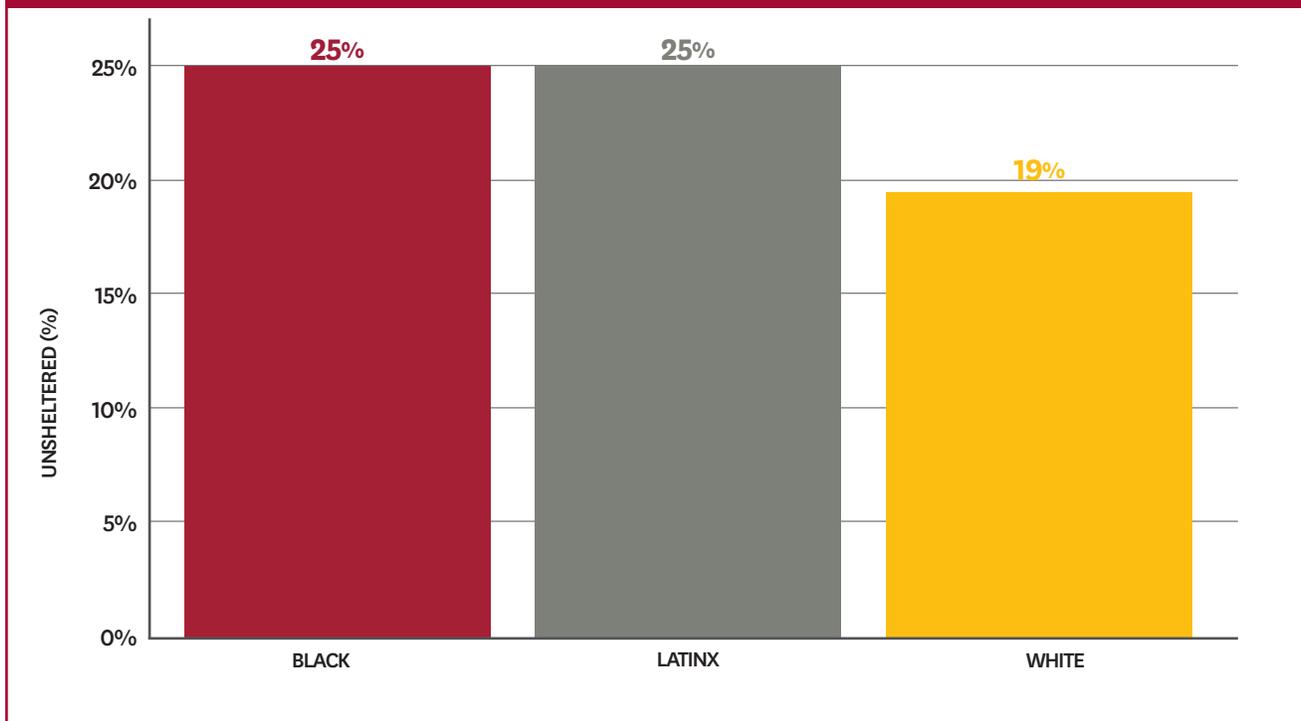
According to the latest Point in Time Count, 25% of unsheltered Latinx adults surveyed reported that they had been homeless for the first time and less than one year, compared to 19% of White adults, as shown in Figure 7. Unsheltered Latinx adults were also less likely to report being chronically homeless when compared to both Black and White unsheltered adults.

Lack of citizenship or mixed family status is an additional barrier to service receipt for Latinx experiencing homelessness. Undocumented immigrants are barred from receiving most federal public benefits under the Work Opportunity Reconciliation Act of 1996. The act prevents undocumented immigrants from receiving services such as Section 8 housing vouchers, SSI, or Medicaid. Services available to non-citizens are limited to state, local, and non-profit programs. Even when services are available, individuals may be unable to meet paperwork requirements. Participants noted that documentation requirements are a particular

challenge for foreign-born Latinx, which may need to present documentation regarding immigration status. Participants stated that on occasion, individuals have lost their residency card or work permit or failed to renew them due to the cost of renewal and/or confusion regarding the renewal process. Obtaining a copy of these documents can be difficult and renewing someone's status may require legal guidance.

Furthermore, participants note that fears expressed by immigrant households are salient. Misinformation and fear surrounding "public charge" policies can prevent Latinx adults and families experiencing homelessness from seeking and enrolling in services³. Confusion regarding public charge was heightened in 2018 when the Trump administration began to expand the list of programs that can qualify someone as a public charge to include food programs like SNAP, housing programs like Section 8, and most forms of federally funded Medicaid (USCIS, 2020)⁴. Service providers reported that many Latinx people feared jeopardizing their

FIGURE 7. Experiencing Homelessness for the First Time & Less Than One Year (Unsheltered)



future status and studies have found that as a result, many immigrant families began avoiding enrollment in public benefit programs (Bernstein et. al, 2019).

Impacts on Health

Participants noted several challenges when asked about the impact of their homelessness status on their healthcare. They stated that information regarding housing status often arises during medical appointments as individuals are asked about health challenges and adherence to medical recommendations. Participants reported that individuals experiencing homelessness often fail to attend medical appointments. Participants indicated that missed appointments could be attributed to challenges with transportation or inability to cover co-pays. Individuals experiencing homelessness may also miss appointments because of embarrassment tied to personal hygiene, given limited access to proper sanitation facilities. Financial constraints also impact the ability to pay for prescriptions, and if patients don't have stable housing, they cannot properly store medications and are at risk of losing them.

Participants stated that patients experiencing homelessness have trouble abiding by medical recommendations. For instance, patients are unable to receive the benefits of in-home-care or mail-in prescription services, which help patients manage their medical needs. Patients experiencing homelessness have difficulty following dietary recommendations as they often lack access to a kitchen or are experiencing food insecurity. Of the

Latinx adults experiencing homelessness who were surveyed through LAHSA's Point in Time Count, less than half reported that they receive food stamps or Cal Fresh. This follows national patterns of lower rates of SNAP enrollment among Latinxs and may be due to similar barriers to service access (National Council of La Raza, 2016). While many Latinx individuals and families do take advantage of these programs, more can be done to improve outreach efforts so that these programs reach more people (National Council of La Raza, 2016). Many medications require pairing with food, which can be challenging for individuals experiencing homelessness. Participants noted that even if patients can stay with family or friends at night, they often do not have access to the home during the day or are unable to use the kitchen area. Lastly, participants reported that the stress produced by the uncertainty of homelessness is also a health concern.

RECOMMENDATIONS

Based on data analyses and focus group findings, we offer a few recommendations that can be implemented by homeless service providers to be more responsive to the needs of Latinx people experiencing homelessness. These recommendations will likely necessitate resource commitments at the systems level and further research.

1. Homelessness Identification

Identifying Latinx individuals that are experiencing homelessness can be challenging. Latinx households may not self-identify as experiencing homelessness for several reasons, including shame, fear, or a lack

³A "public charge" is a non-citizen that the government believes will be dependent on government assistance (USCIS, 1999). Public charge policies are administrative policies that prevent immigrants seeking citizenship, green cards, and other visas (USCIS, 1999).

⁴As of 2020, the full list of benefits considered for the public charge rule includes: Any federal, state, local, or tribal cash assistance for income maintenance; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); Federal, state or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which may exist under other names); Supplemental Nutrition Assistance Program (SNAP, or formerly called "Food Stamps"); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Public Housing under section 9 the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and Federally funded Medicaid (with certain exclusions). For the full text of the Final Public Charge Rule, visit: <https://www.uscis.gov/archive/final-rule-on-public-charge-ground-of-inadmissibility#:~:text=The%20final%20rule%20considers%20an,month%20counts%20as%20two%20months>

of association with the term “homeless.” Therefore, a direct ask—“are you homeless?”—will often elicit a negative response. Recommendations for identifying Latinx individuals experiencing homelessness and offering them service supports include the following:

- Approach initial assessments in a conversational matter. Instead of a directly asking whether a person is experiencing homelessness, inquire about where the person lives, how long they have lived there, and whether they can stay there for the next 14 days.
- Ensure that staff understand formal definitions of homelessness and can make recommendations for service access.
- Focus on building rapport by expressing empathy and emphasizing patient needs and safety.

2. System Navigation

Navigating the homeless service system can be particularly difficult for non-English speakers and those experiencing homelessness for the first time. Consequently, it is essential to:

- Ensure translation and interpreter services are available and standardized across homeless service providers. Proper language access requires translation of documents needed to obtain services

and staff whose language skills have been verified through standardized assessment.

- Provide strong initial navigation support for households experiencing homelessness for the first time.
- Communicate resource constraints to ensure individuals have realistic expectations.

3. Legal Status Considerations

Access to homeless services can be thwarted by challenges that require assistance from legal aid providers. Legal aid is particularly crucial for the Latinx foreign-born population, who may face challenges regarding their lack of citizenship status. In addition to fears and misinformation surrounding public charge policies, these households may experience roadblocks obtaining proof of status including verification of residency or work permits. Families may not have the economic resources or knowledge needed to renew their status. As a result, there is a need to:

- Increase collaboration between homeless services and legal aid.
- Provide flexible funds for renewing and documenting status in the U.S.

APPENDIX

FIGURE A. 2020 Los Angeles Continuum of Care Homeless Count, Sheltered and Unsheltered by Race

RACE/ETHNICITY	SHELTERED	UNSHELTERED	TOTAL	PERCENTAGE OF HOMELESS POP.	PERCENT CHANGE 2019-2020
American Indian/ Alaskan Native	58	628	686	1%	-30%
Asian	167	607	774	1%	70%
Black/African American	8,424	13,058	21,509	34%	15%
Hispanic/Latino	6,279	16,726	23,005	36%	12%
Native Hawaiian/ Other Pacific Islander	73	132	205	0%	-35%
White	2,289	13,919	16,208	25%	17%
Multi-Racial/Other	326	993	1,319	2%	-6%

Source: LAHSA, 2020 PIT Count

FIGURE B. Distribution of Latinx sheltered and unsheltered by Service Planning Area (SPA)

	SHELTERED %	UNSHELTERED %
SPA 1	5%	3%
SPA 2	18%	15%
SPA 3	16%	10%
SPA 4	23%	30%
SPA 5	5%	5%
SPA 6	19%	15%
SPA 7	10%	14%
SPA 8	4%	8%

Source: LAHSA, 2019 PIT Count

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The Homelessness Policy Research Institute (HPRI) convenes researchers and policymakers to help design and coordinate timely, relevant, and actionable research to end homelessness in Los Angeles County. HPRI is a partnership between the USC Price Center for Social Innovation and the United Way of Greater Los Angeles' Home for Good Initiative.



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