

Homelessness Hub at UC San Diego

Advancing Collaborative, Equity-focused Research, Education, and Policy on
Housing and Homelessness



TRANSIT & HOMELESSNESS EVENT - 9/23/22 - UC San Diego Park and Market

Attendees

- John Brady (Lived Experience Advisors)
- Ruth Bruland (Father Joe's Village)
- Paul Delessio (Father Joe's Village)
- Yao Fu (Homelessness Hub)
- Brian Gruters (PATH)
- DeDe Hancock (HEAL)
- Samantha Jones (LDC)
- Brian Lane (SANDAG)
- Leslie Lewis (UCSD/Homelessness Hub)
- Christina Lopez (Think Dignity)
- Jennifer Nations (Homelessness Hub)
- Cambria O'Neill (CEO)
- Al Steihler (MTS)
- Rob Smith (CEO)
- Lauren Turner (Think Dignity)
- Merlynn Watanabe (Think Dignity)
- Megan Welsh (SDSU)
- Ashley Wiley (SANDAG)

Executive Summary and Main Takeaways

BARRIERS TO TRANSIT RIDERSHIP

- Stigma against people experiencing homelessness based on the way they look or smell, or the belongings they are bringing with them
- Certain large belongings are prohibited on public transit
- Fares are a barrier to those who cannot afford to pay
 - Not explicitly mentioned in the discussion, but related to fares: complex fare structures, or different fare structures for different modes of transit or between different transit agencies can be a barrier to transit ridership, especially when education or knowledge surrounding transit and fares is poor

- Reduce barriers to accessing reduced or SDM (Seniors, Disabled, Medicare) fares and passes

COMPLICATIONS FOR REDUCING BARRIERS

- Public education and buy-in regarding people experiencing homelessness
- Safety of other transit customers when large or heavy personal items are aboard transit vehicles
- Lost revenue from fare collection if there is a shift to free fares
- Added bureaucracy to the distribution of free or reduced fare cards and passes
- Political buy-in to taking real action in addressing homelessness and the mobility needs of people experiencing homelessness

PROGRAM IDEA 1

- Bounce shelter(s) (Paul) - where people can shower, nap, do laundry, etc.

PROGRAM IDEA 2

- For people with a diagnosed disability, and maybe even for people living in poverty, there should be a pathway to getting no cost or reduced cost passes for public transit. This would remove barriers, take away enforcement and associated costs, and reduce stress all around.

PROGRAM IDEA 3

- Figure out a way to fund, or have other agencies provide, outreach workers who can ride public transit, build relationships, not have to be limited by geographic regions (“We need a dedicated outreach team working on our transit.”)
 - In NYC, MTA (which covered the whole state) hired a company (BRC) to do outreach so they could concentrate on the people
 - Al said that NYC has “Rapid Response” - outreach teams that can go anywhere. I looked up outreach in NYC and found info on Home-Stat Street Outreach Teams (they also have service busses which would be good to have here - one of many emergency responses)

PROGRAM IDEA 4

- Need to clarify the pathway for people to get off of the “No entry” list and then help them get off, so that they can resume using public transportation (right now it seems like once they're on it, there's no way off)

Next Steps

- Bringing people (from across different agencies) together to figure out how we can work together to solve our problems collaboratively, including:
 - Agencies in attendance (see list above)
 - Agencies not in attendance:

- NCTD
- Other staff from MTS
- Other staff from SANDAG
- Regional Task Force on Homelessness
- County agencies, such as Health and Human Services Agency

Meeting Notes (Notetakers: Leslie Lewis, Ruth Bruland, Yao Fu)

GROUP 1

- Prompt: What are the barriers to public transit access for people experiencing homelessness?
 - **Cost**
 - **Stigma experienced by unhoused riders** (people in the general public notice unhoused individuals' excessive personal belongings, hygiene issues, etc, make presumptions, stare, and treat people poorly - makes unhoused folks not want to use public transportation, they say things like, "We want to have our own transportation" so that they don't have to endure the stigma. The social regard of others is powerfully important)
 - **Public misunderstandings and negative attitudes:** housed people on transit make assumptions about people experiencing homelessness (or people they assume to be experiencing homelessness - sometimes they are wrong), do not understand the roots of the problem, what is being done about it, who is responsible, etc. (Al gets a lot of blowback)
 - **Limits to what can be brought onto public transit:** example given of people not being allowed to bring shopping carts or other large belongings (people on public transit physically stopping someone trying to bring their cart onto the trolley; sometimes people have to leave their belongings behind which they obviously don't want to do)
 - **Silos:** the way that outreach is divided up into zones means that outreach workers can't ride transit and cross those geographical boundaries. Al is frustrated because he has reached out to different agencies to help him address the needs of unhoused folks who are using public transit and they consistently tell him they can't ("The PERT (Psychiatric Emergency Response Team) won't come because they can only go with the PD (police department), the outreach workers can't go outside of their zone. Being able to do outreach on transit is critical but there are these barriers.")
 - "People want to partner but no capacity to do it"
 - **Subset of unhoused San Diegans experiencing higher levels of need/distress** (feels scary or uncomfortable for other riders and the people experiencing homelessness and mental health issues need help they're not getting)
 - **Trolley tickets:** this seems to be a challenge for some of the youth Merlynn/Think Dignity works with - they are trying to get stability via regular work & school but they get trolley tickets and they build up. They go to court and have them removed, but then they are leery of riding public transit again because they don't want to have to return to Homeless Court. Al says that his officers have been told not to ticket anyone if they don't have a pass, just to ask them to deboard, so he is going to look into this.
 - **Multiple cities across our county/region, and they have disparate responses to homelessness** (e.g., some have Homelessness Outreach Teams and others do not)
 - **Staffing issues** (a general barrier, not specific to transit): not enough workers (Paul says that during Covid especially, they were operating at 50-60% staffing)

- levels and people were working 20hr days = complete and total burnout and many people leaving). The outreach and case management work is challenging, emotionally difficult, and underpaid, especially given San Diego's housing costs
- **Homelessness verification forms** (another general barrier): everyone has to get “certified” to establish that they are indeed unhoused before they can get services and this is a major time suck
 - **Disconnect/gap between expectations of donors and realities of what is possible**, especially given limited money for staffing (general barrier) - this is from Merlynn. Since most organizations are at capacity, it is very hard to address both short-term and long-term needs people have
 - **Our current system (with the silos and funding structure) stifles innovation and collaboration**
- Prompt: What needs to change to remove (or minimize) barriers?
 - For people with a diagnosed disability, and maybe even for people living in poverty, there should be a pathway to getting no cost or reduced cost passes for public transit. This would remove barriers, take away enforcement and associated costs, and reduce stress all around.
 - Side note: this is not an uncomplicated issue because we have to think about paying for the trolley
 - Figure out a way to fund, or have other agencies provide, outreach workers who can ride public transit, build relationships, not have to be limited by geographic regions (“We need a dedicated outreach team working on our transit.”)
 - In NYC, MTA (which covered the whole state) hired a company (BRC) to do outreach so they could concentrate on the people
 - Al said that NYC has “Rapid Response” - outreach teams that can go anywhere. I looked up outreach in NYC and found info on Home-Stat Street Outreach Teams (they also have service busses which would be good to have here - one of many emergency responses)
 - Bringing people from across different agencies together to figure out how we can work together to solve our problems collaboratively
 - Need to clarify the pathway for people to get off of the “No entry” list and then help them get off, so that they can resume using public transportation (right now it seems like once they're on it, there's no way off)
 - Prompt: What models of outreach services can support each person's dignity and improve transit for all?
 - A focus group of outreach workers offered recommendations for general solutions
 - Start a shuttle that can loop through all the important places that people need to go (clinics, offices, training centers, etc); add outreach people so that there is a simple way to check in with people while they ride
 - Monthly bus passes (PRONTO card) for people who are (and who remain) engaged with case manager/services

- This also builds dignity bc it is official and has their name and photo on it
 - Create a very clear, county-wide resource guide that tells us what is available out there, and what requirements are there for people to qualify for services - let it be regularly updated
 - Side note from our group: have a “warm hand-off”, using relationship to connect people directly
 - Side note from Merlynn: at Think Dignity, her team created an electronic database: identified different agencies, different resources available
 - Houston model: reallocate all funding to Housing First, pull all agencies together, and funders as well, around this central purpose (in SD, we still do a lot of transitional housing and provide services to address symptoms. We have separate efforts in different areas and lack coordination)
 - Discussion re: Housing First - it is important and has been demonstrated to be effective but it shouldn't be too rigid and we must remember that no one thing will ever solve homelessness.
 - Street homelessness increased when Housing First came online (because it defunded shelters)
 - One of the mandates of Housing First is to have low-barrier housing, but some people want barriers, e.g., someone trying to stay clean and sober doesn't want to be in a space where this is optional
 - The #1 ACE (Adverse Childhood Experience) = exposure to drugs and alcohol as kids, so especially for folks who are trying to stay clean and have this history, being in a high barrier shelter or housing setting is important
 - Used to have a sober area run by clients themselves
 - Houston was both funding services and housing all along the transition
 - We need a “Right to Shelter” (like in NY)
 - We need a right to housing!
 - Also need space for choice (people know what they need)
 - Housing First can/should be any kind of shelter/housing (doesn't have to be all million dollar PSH (permanent supportive housing)) - Merlynn
 - Monica Ball with YIGBY groups = wonderful idea (didn't get notes on this)
 - Provide “Safe Haven” (AI)
 - Bounce shelter(s) (Paul) - where people can shower, nap, do laundry
- Prompt: How can transit agencies and homelessness service providers work together? What stands in the way of you doing your job well?
 - Not addressed separately, though they were answered above, to some extent.

GROUP 2

- Prompt: What models of outreach services can support each person's divinity and improve transit for all? How can transit agencies and homeless service providers work together? What stands in the way of you doing your job well?
 - MODELS:
 - Outreach:
 - PEH (Street based case management)
 - Education purposes (Contact outreach)
 - Law Enforcement – not best practice, decouple
 - Transit had law enforcement focus but with new leadership it now operates like ambassadors (except for code enforcement)
 - COVID related changes
 - Seems to be a lack of respect for each other generally (shorter fuses); Not related to homelessness but more about hygiene related to COVID.
 - Shortage of drivers so longer waits – not crowded or really crowded but it feels unsafe because there's a different ridership. Less professional; Youth not acclimated public transit (Youth opportunity pass).
 - Education Purposes:
 - Work together - People don't qualify for homeless services...opportunity in getting resources through public benefits. Can get 50% of transit expenses back through Federal dollars.
 - Transit agencies can't access funds but can be at table with CoC (Continuum of Care via RTFH) and get some funding through them.
 - Have meet up locations & check in process for people on transit.
 - Have central space to find people...Projects with Transit agencies to evaluate homeless projects.
 - Model - One dedicated physical space for congregating and hygiene resources.
 - Collaboration - agency identify Frequent Flyers and collaborate to target
 - Maybe subcontract show activity toward employment
 - North County not at table so don't know their position on ridership
 - Density of transit spots can impact use along with location of restrooms.
 - Where are they doing the job well?
 - Philadelphia SEPTA
 - Future for SD? Maybe Coordinated Outreach at Transit facility
 - What stands in the way of success?
 - More housing
 - Competitive space for funding
 - Lived Experience Perspective
 - Keep it simple
 - Restore Care to CoC vs. Control

- Have data plans that incentivize follow through
 - Make more of technology...so PRONTO App works for everyone
- Prompt: What are the barriers to public transit access for people experiencing homelessness? What needs to change to remove (or minimize) barriers?
 - **Assumption** – PEH don't want to be on Public transport because riding with people who don't want to be around them. Have transit for people specific to certain populations; subsidized and has other resources available.
 - E.g., turn an old trolley car into shower/service car.
 - Outreach workers on those cars/buses
 - Have storage sites at transport hubs
 - Trauma informed care for bus drivers (Noted: Trauma Informed Care and Racial Equity training is already happening).
 - Extend reduced fares to people who are enrolled in service programs
 - **MTS is more restrictive with reduced fare pass, but NCTD is more lax**
 - MTS screens out psychological conditions
 - People with certain psychological conditions ones do not qualify for reduced fares with MTS
 - More filtering
 - **No transit related stuff at previous consolidated outreach events**
 - Most outreach teams provide day passes
 - It's easier to do daily passes
 - Most times it's easier for the outreach team to just take them there (drive then to their appointment, etc), since **transit is unreliable**
 - This is a problem of transit, improve the reliability and quality of transit services
 - **SANDAG Board is politicized**
 - There must be political support
 - YOP (Youth Opportunity Pass) was like this, needed political support
 - The money (not sure what money specifically) is spent regardless, maybe spend it somewhere more useful

Acronyms

- SANDAG - San Diego Association of Governments
- MTS - Metropolitan Transit System (San Diego)
- NCTD - North County Transit District (Oceanside)
- MTA - Metropolitan Transportation Authority (New York City)
- SEPTA - Southeastern Pennsylvania Transportation Authority (Philadelphia)
- SDM - Seniors Disabled Medicare
- YOP - Youth Opportunity Pass
- PEH - People Experiencing Homelessness
- RTFH - Regional Task Force on Homelessness
- CoC - Continuum of Care
- HHS - Health and Human Services Agency
- PSH - Permanent Supportive Housing
- YIGBY - Yes in God's Backyard
- ACE - Adverse Childhood Experience
- PERT - Psychiatric Emergency Response Team
- PD - Police Department