BLUEDOT YOGA

# Positive Psychology & the Homeless

*Housing, connection, and whole-person well-being*
*Alan Kaye • BlueDot Yoga • Updated November 2026*

Originally created in 2015 by Alan Kaye and BlueDot Yoga. Updated in 2026, reflecting an ongoing commitment to supporting people experiencing homelessness through compassion, connection, and whole-person well-being.

## A free DTLA yoga studio and community help desk

People experiencing homelessness need a safe place to live, access to healthcare, and the opportunity to rebuild a sense of connection and possibility. I propose a free, centrally located Downtown Los Angeles yoga studio with a community help desk: a welcoming place to pause, practice, and receive practical assistance connecting to housing, benefits, healthcare, and recovery services.

I originally created this proposal with BlueDot Yoga in 2015. Its central intention remains: make supportive practices available to people who may otherwise have the least access to them. Housing and material support are essential. The proposed well-being program would complement those services and help test whether a welcoming, consistent setting improves engagement, connection, and everyday coping.

## Why revisit it now?

LAHSA's July 2026 point-in-time estimate identified 73,040 people experiencing homelessness in Los Angeles County, including 45,194 in the City of Los Angeles. These are different geographic totals, not figures to add together. The reported year-to-year increases were not statistically significant. LAHSA identified reduced access to rental subsidies as a major bottleneck in movement into permanent housing. [1]

That context strengthens the case for integrating services around housing access. It does not establish that a well-being program reduces homelessness. This proposal asks a narrower, testable question: can voluntary, accessible practices help participants feel more connected and stay engaged with services while housing and clinical teams address their other needs?

## The initial request

Convene an experienced housing-service provider, a clinical partner, people with lived experience of homelessness, and BlueDot Yoga to design a six-month pilot of the DTLA studio and help desk. Begin in donated or shared space at an existing service location, with the longer-term goal of a dedicated studio. Agree on staffing, costs, referral pathways, and evaluation before launch.

*A safe home, practical help, and human connection belong in the same conversation.*

## Purpose, intention, and approach

### Four objectives

1. Strengthen connections to stable housing, benefits, transportation, and appropriate healthcare through an established service partner.

2. Offer short, accessible opportunities for rest, gentle movement, awareness, and supportive connection, without requiring prior experience or religious belief.

3. Build on each person's interests and strengths through achievable goals, dependable relationships, and opportunities for meaning.

4. Measure participation, acceptability, well-being, and service engagement before deciding whether to expand.

### Positive psychology without pressure to be positive

Positive psychology examines strengths and conditions that support well-being. It should never be used to suggest that homelessness is caused by a poor attitude or that someone must feel grateful while suffering. Fear, grief, anger, and exhaustion deserve to be heard. Participants would choose whether and how to engage.

The PERMA framework identifies positive emotion, engagement, relationships, meaning, and accomplishment. [2] In this pilot, those ideas become practical invitations: a moment of ease, an absorbing activity, a dependable connection, a personally meaningful goal, and recognition of a step forward.

### Integrative Awareness Medicine — the original intention

My original poster used the term Integrative Awareness Medicine (I AM) to describe a whole-person approach. Here it describes the proposal's philosophy, rather than a separately validated medical treatment. Its intention, or sankalpa, is to support awareness, self-inquiry, connection, and sustainable daily routines alongside appropriate professional care.

### What the evidence supports

Research suggests yoga can support some aspects of well-being and may offer additional benefit for some symptoms when used alongside treatment. Evidence varies by condition and practice. [3] The VA distinguishes complementary well-being practices from recommended PTSD treatments; trauma-focused psychotherapy remains central to PTSD care. [4] The combined program proposed here has not been shown to reduce homelessness. Its value should be evaluated locally, without promising disease prevention or a cure.

## Practices people can choose

The original seven practice categories are retained below, with clearer boundaries and accessible ways to offer them. A typical session could last 15–30 minutes; even a few minutes of participation would be welcome.

| Original category | Proposed practical offering |
|---|---|
| **Meditation techniques** | Brief guided awareness or adapted yoga nidra/iRest with a trained facilitator. Offer eyes-open participation, external grounding, and an easy option to stop. |
| **Yoga** | Gentle seated or standing movement, with optional tai chi or qigong led by qualified instructors. Adapt to pain, disability, fatigue, clothing, and available space. |
| **Focused pranayama (breathing)** | Comfortable, unforced breathing or simply noticing the breath. Avoid breath-holding and forceful breathing. Mantra or chanting only if freely requested and appropriate. |
| **Reminders** | An optional blue dot, picture, or other personally chosen cue to pause, notice surroundings, and reconnect with the present moment. |
| **Storytelling for awareness** | Optional stories and reflection about habitual reactions, perspective, and choices. Never require personal trauma disclosure or imply that people caused their circumstances. |
| **Ayurvedic medicine / daily routines** | Retain the original interest in nourishment and daily rhythms as optional cultural education. Practical food access and clinical nutrition needs take priority; no herbal prescribing or dosha-based medical diagnosis in this pilot. |
| **Self-soothing** | Humor, music, gentle self-massage, and other participant-selected comfort practices. Any practitioner-provided touch requires separate consent and appropriate qualifications. |

## A welcoming setting

Use plain, secular language by default. People may bring their own spiritual traditions without anyone being asked to adopt another's. Participation must have no bearing on housing, food, benefits, or access to care. Offer language access, mobility adaptations, predictable session times, and a quiet space that people can leave freely.

EMDR and other clinical trauma treatments belong with appropriately licensed clinicians. Tapping and other optional practices should not be presented as having the same evidence as established treatments.

## A free community hub in Downtown Los Angeles

### One welcoming place, two connected services

The proposed hub would combine a free yoga studio with a staffed community help desk. A person could come for practical assistance, a class, a brief rest, or a conversation. No class attendance, spiritual practice, or recovery-group participation would be required to receive help. The studio would be a proposed service, not an already operating facility.

### A central location chosen with the community

Select a DTLA location within practical reach of people experiencing homelessness, including people in and near Skid Row. Evaluate walking routes, transit, disability access, toilets, shade, safety, and proximity to existing services. Choose the site with residents and service partners; central on a map is not enough. Start in shared or donated space to test demand and operations before committing to a permanent lease.

### The community help desk

A trained navigator or peer specialist would help with housing referrals, benefits and identification paperwork, healthcare appointments, transportation information, phone access, and connections to recovery services. Use direct introductions and appointment follow-up where possible, rather than simply handing out a list. Maintain a current service directory and a private area for sensitive conversations.

Set published, dependable hours and a clear handoff arrangement with housing and clinical partners. The desk would coordinate with existing services; staff would work within their training and refer clinical, legal, and crisis needs to qualified professionals.

### Include Yoga of Recovery as an optional offering

Yoga of Recovery integrates yoga, Ayurveda, and recovery tools, including ideas from 12-step programs. [6] It could provide an optional setting for reflection on habits, self-care, connection, and everyday routines, taught by appropriately trained facilitators. Offer secular alternatives and respect each participant's chosen recovery pathway.

The proposed role is supportive: complement addiction treatment, prescribed medications, peer support, and other recovery services. Program descriptions do not establish that Yoga of Recovery treats substance-use disorders or prevents relapse. Evaluate participant experience and engagement without making those promises.

### Free to participants, with a realistic operating plan

Seek a nonprofit host, donated space, philanthropic support, and appropriate community partnerships. Budget for rent or shared-space costs, paid navigation staff, qualified instructors, peer participation, insurance, accessibility, cleaning, interpretation, supplies, and evaluation. Volunteers can strengthen the program, but reliable help-desk hours require accountable staffing. Funding and premises would need to be secured before opening.

## A six-month pilot and the urban-planning connection

### Build on a place people already trust

Pilot the free DTLA studio and help desk at an existing drop-in center, supportive-housing site, or community service hub with an established housing-navigation team. Evaluate transit access, safe walking routes, toilets, shade or indoor comfort, privacy, disability access, and room for both individual and group activities. An attractive program is of little use if people cannot reach it or feel safe entering.

This is the direct connection to urban planning: where services are located, how spaces function, and how housing, transport, healthcare, and community life fit together. Nithya Raman's official biography identifies her as an urban planner educated at Harvard and MIT, with experience in homelessness outreach. [5] That makes an integrated neighborhood-service proposal relevant to her background; it does not imply her endorsement.

### A proposed schedule

Month 1 — Listen and design. Compensate a small advisory group with lived experience; select a host partner; map services and access barriers; define participant choice, clinical referrals, and the evaluation plan.

Month 2 — Prepare. Train facilitators, set a modest enrollment capacity with the host, confirm insurance and responsibilities, and approve a written budget. Include a coordinator, facilitator time, clinical consultation, transportation, interpretation, supplies, and evaluation.

Months 3–5 — Deliver and learn. Offer two predictable free drop-in sessions each week, including optional Yoga of Recovery, with help-desk hours aligned to classes and additional navigation hours as staffing permits. Connect interested participants to the host's existing case-management and clinical services. Review feedback and barriers monthly.

Month 6 — Evaluate. Share a short report with participants and partners. Decide whether to modify, continue, expand, or stop the program based on feasibility, participant experience, cost, and observed outcomes.

### Measure useful outcomes

Record help-desk visits, invitations, unique class participants, repeat attendance, and reasons for declining where freely offered. Use brief voluntary well-being check-ins and participant feedback. With consent and appropriate data safeguards, track completed service referrals and housing engagement. Report adverse experiences, staff time, and cost per participant. Distinguish referrals from completed visits and housing applications from placements.

Before launch, agree on success criteria and a feasible evaluation design. A small pilot can establish feasibility and acceptability; improvement over time alone cannot prove that the program caused the change.

## Conclusion and supporting sources

### Restore connection while addressing material needs

People experiencing homelessness deserve both practical resources and the chance to experience dignity, belonging, and moments of ease. My proposal is to bring housing support, healthcare access, and voluntary well-being practices into closer relationship. Start small, listen carefully, measure honestly, and build on what participants find useful.

Positive psychology can contribute a language of strengths and possibility. Gentle yoga and awareness practices may offer tools for coping and connection. Their appropriate role is within a broader response that secures housing and meets health and daily-living needs.

### Why This Matters to Me

This work is personal to me. As a young person, I experienced an abusive home environment and a brief period of homelessness. I have also faced challenges involving pain medication. My own ongoing practice of mindfulness and presence continues to shape how I approach life and this work. Alongside these experiences, I have built both nonprofit and for-profit organizations. I bring that combination of lived experience, compassion, and practical organizational experience to this proposal.

### Contact

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### Sources

[1] Los Angeles Homeless Services Authority. “2026 Homeless Count Reveals Bottleneck Stymied Progress.” July 24, 2026; updated July 27, 2026.
https://www.lahsa.org/news/?article=1079-2026-homeless-count-reveals-bottleneck-stymied-progress

[2] University of Pennsylvania, Positive Psychology Center. “PERMA Theory of Well-Being and PERMA Workshops.”
https://ppc.sas.upenn.edu/learn-more/perma-theory-well-being-and-perma-workshops

[3] National Center for Complementary and Integrative Health. “Yoga: Effectiveness and Safety.”
https://www.nccih.nih.gov/health/yoga-effectiveness-and-safety

[4] U.S. Department of Veterans Affairs, National Center for PTSD. “Complementary and Integrative Health (CIH) and PTSD.”
https://www.ptsd.va.gov/understand_tx/cih_ptsd.asp

[5] Los Angeles City Council District 4. “Meet Nithya.”
https://cd4.lacity.gov/meet-nithya/

[6] Yoga of Recovery. Program description and training information. Used to describe the approach, not as independent evidence of effectiveness.
https://yogaofrecovery.com/

Sources reviewed November 5, 2026. The 2014–2015 timeline is historical context, not a current funding or facility-availability inventory.