

HMA COMMUNITY STRATEGIES

L.A. COUNTY INTERIM HOUSING AND EMERGENCY SHELTER SERVICES EVALUATION POLICY SUMMIT PRESENTATION

October 15, 2019

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W W W . H E A L T H M A N A G E M E N T . C O M

EVALUATION OBJECTIVES



O1

Establish what the available data and performance evaluation results suggest are the strategy's best practices.

O2

How persons on the ground define effectiveness. Are their characterizations consistent with what the data show?

O3

Describe how specific funding sources affect the administration of a strategy and the capacity of strategy leads to deploy available resources effectively.

O4

How does the administration of non-H-funded services and benefits differ from the administration of those funded with H dollars?

RESEARCH QUESTIONS



- + **RQ1:** How do the DHS, DPH/SAPC and LAHSA B7 services differ in practice?
- + **RQ2:** What difference do bed rates make to operations?
- + **RQ3:** How does the provision of interim and emergency services differ by subpopulation and what are the challenges encountered in serving different groups?
- + **RQ4:** What is the quality of collaboration with DMH, DCFS, LASD and Probation?
- + **RQ5:** What is the process and challenges experienced by hospitals in securing housing through B7 for inpatients/clients as required by SB-1152 Hospital Patient Discharge Process?
- + **RQ6:** What is the potential for interim/emergency shelters to implement recovery-oriented principles into their environment and service delivery?
- + **RQ7:** What are the most difficult barriers to making transitions from interim housing and emergency shelter to permanent housing?
- + **RQ8:** What difference do bed rates make to interim housing and emergency shelter outcomes?
- + **RQ9:** To what extent do those discharged from institutions to interim housing and needing physical health, mental health or substance abuse services receive referrals and services?
- + **RQ10:** What are the differences among subpopulations in return to homelessness, permanent housing, and length of stay in interim housing?

QUALITATIVE DATA COLLECTION AND ANALYSIS

KEY INFORMANT INTERVIEWS

+ DHS + H4H Program Implementation Manager	+ H4H Director of Interim Housing + H4H Director of Access, Referrals, and Engagement
+ CEO + HI Principal Analysts	+ CEO Senior Analyst + CEO Principal Analyst
+ LAHSA + Interim Housing Placement Coordinator	+ Crisis Housing Coordinators + Manager of System Components
+ DMH: Mental Health Clinical Program Head	
+ Shelter Staff (program directors, clinical & interim housing leads) + First To Serve (SPA 7)- crisis and bridge + Weingart (SPA 4)- crisis and bridge + Illumination Foundation (SPA 3)- recuperative care	+ LA Family Housing (SPA 2)- crisis and bridge + PATH Hollywood (SPA 4)- interim/ bridge + Path W Washington (SPA 6)-interim/ bridge
+ Hospitals + LAC USC Senior Clinical Social Worker + Harbor UCLA Clinical Social Worker Supervisor	+ DHS Director of Patient and Social Support Services
+ Others + Brilliant Corners + NHF (recuperative care)	+ ODR (upcoming) + SAPC (upcoming)

THEMES FROM QUALITATIVE DATA

+ Differences in services among DHS, LAHSA, DPH/SAPC

- + DHS providing recuperative care/stabilization housing
 - + Higher acuity population
 - + Flexible use of Measure H funds
 - + Provide more intensive case management, additional services
- + LAHSA generally serving lower-acuity patients
 - + Some issues with needing to re-assign individuals based on re-assessment of acuity levels
 - + Some enhanced bridge housing with licensed clinical case managers.

+ Bed rates

- + Higher bed rates would allow for enhanced services, staffing
- + All providers stated that while bed rates have increased, they are still not sufficient considering acuity of clients, and requested bed rates between \$80 and \$100 per night
- + Higher bed rates necessary for: increased staffing (most mentioned), expanded services (workforce development, enhanced case management, health/ mental health services), facility costs, security, and food
- + Increased bed rates could improve shelter operations particularly during non-traditional hours— currently a lack of licensed staff on site after hours to manage crises

THEMES FROM QUALITATIVE DATA CONT.

+ Challenges in serving subpopulations

- + Medical recuperative- recuperative care providers stated that because clients are such high acuity, they can be “hardest to house,” may need longer LOS to stabilize
- + TAY-providers serving TAY mentioned a need for more services (e.g. family/ parenting support, financial literacy) tailored to this age group
- + SUD- providers discussed needing more time to build rapport and engage clients in order to get them housing ready
- + Operational Challenges:
 - + Multiple funding sources, some with different restrictions. However, providers report providing services as needed by carefully planning funding allocations
 - + Some issues with initial acuity assessment resulting in in appropriate placement. However, this is generally addressed fairly quickly with staff ability to identify appropriate housing.

THEMES FROM QUALITATIVE DATA CONT.

+ Collaboration – County Departments, Providers

- + All DHS, LAHSA, DMH department staff identified the regular, ongoing, and highly collaborative interaction resulting from Measure H initiative as one of the key strengths of the program.
 - + Regular meetings at leadership level
 - + Opportunity to regularly discusses individual cases and problem-solve
 - + Implementation of shelter standards mentioned by majority of informants as key indicator of effective collaboration
 - + Development of consistent intake forms for DHS/DMH
- + All shelters mentioned strong communication channels with DHS and LAHSA with opportunity to discuss individual cases and problem-solve at case level.
- + Providers and department staff identified training provided by DHS and LAHSA as effective for service provision to various subpopulations.

THEMES FROM QUALITATIVE DATA CONT.

+ Collaboration – Hospitals/DHS

- + Strong referral pathways from public hospitals to Housing for Health/Recuperative Care/Stabilization Housing
 - + One hospital has dedicated team of homelessness staff focused on working with this population for assessment and referral. Team partially funded by hospital operational budget.
 - + Another hospital reported no dedicated team, but all staff have experience with and are comfortable with working with homeless population and unique needs.
 - + DHS-funded staff on site at hospitals. Hospital staff have access to DHS CHAMP system and there is protocol for initiating referral process in CHAMP system by hospital staff
 - + Staff report reduction in ED visits, inappropriate length of stays
- + Opportunity to strengthen referral networks with private hospitals

THEMES FROM QUALITATIVE DATA CONT.

+ Challenges transitioning to permanent housing

- + Top barrier identified was lack of permanent housing capacity—bottleneck leads to slow bed turnover in interim housing
- + Difficult to achieve care continuity in scattered site permanent housing—challenges with CES matching based on availability and eligibility rather than client needs
- + Clients in interim housing not necessarily next in line for permanent housing resources—a strategy is needed for those in beds to be prioritized for permanent housing in order to improve throughput
- + Transition to permanent housing must include supportive services such as workforce readiness training, financial literacy, budgeting, “life skills”
- + Clients with mental health, SUD needs in particular face anxiety over transition, lack of social support
- + Many shelter staff cited inaccurate VI-SPDAT scoring as a barrier for CES match, although also indicated this is generally addressed as soon as identified.

THEMES FROM QUALITATIVE DATA CONT.

+ Potential to implement recovery-oriented principles

- + Shelters already using a Housing First model – focused on harm reduction.
- + Since Measure H, have started focusing more on trauma-informed care.
- + Some shelters have recuperative/stabilization and emergency shelter beds – staff trained to provide more intensive case management
- + LAHSA initiating Learning Communities to share best practices – can improve program functioning, provide opportunity for enhanced training
- + Recognition that shelter providers are willingly taking on challenge of providing more beds – shelter providers motivated to work collaboratively with LAHSA to address the issue and work with more complex cases.

THEMES FROM QUALITATIVE DATA CONT.

+ Program challenges

- + Working with multiple funding sources is a challenge administratively.
- + Shelter staff stated that some clients come in without an ICMS worker, but need access to services
- + Clients with chronic conditions face an additional layer of challenges when transitioning to permanent housing
- + High rates of staff turnover creates issues with care continuity for clients, progress towards housing readiness
- + Lack of public awareness of length of process creates frustration for clients when waiting for placement
- + Top issue identified with DHS was working to find placements for clients in need of a higher level of care—however, interviewees acknowledged this is mainly due to a dearth of skilled care settings that will accept H4H clients due to young age, BH issues, and lack of funding

+ Challenges with data systems

- + HMIS and CHAMP do not communicate; data from other departments (e.g., DMH, SAPC) not easily accessible
- + Inputting data into multiple systems is a burden for providers, increases error

THEMES FROM QUALITATIVE DATA CONT.

+ Program Successes

- + Significant increase in all interim beds as a result of Measure H
- + Increased outreach and accessibility to shelters
- + Low-barrier shelters
 - + 24-hours
 - + Allow pets
 - + Storage for belongings
- + Cross-department collaboration to address the homelessness issue is highly successful
- + Establishment of shelter standards was a key milestone
- + Ability to hire more clinical staff, train more staff in working with challenging populations
- + Department staff able to closely collaborate with and provide TA to shelter providers
- + Expansion of services to ensure those moving from interim housing have needed supports
- + Fewer serious client complaints

THEMES FROM QUALITATIVE DATA CONT.

+ Suggestions/ recommendations (from interviewees)

- + Top recommendation- increase permanent housing stock
- + Reevaluate LOS regulations—some clients may need more time, services and supports to transition to and stay in permanent housing successfully; however, must be balanced to not exacerbate bottleneck
- + A need for interdisciplinary care teams (like E6) throughout continuum
- + Ongoing training for providers through learning communities, possibly attendance at other professional meetings

QUANTITATIVE ANALYSIS

+ Quantitative analysis will focus on the following research questions:

- + To what extent do those discharged from institutions to interim housing and needing physical health, mental health or substance abuse services receive referrals and services?
- + What are the differences among subpopulations in return to homelessness, permanent housing, and length of stay in interim housing?

+ Data Sources

- + HMIS
- + CHAMP

■ QUANTITATIVE ANALYSIS

+ Subpopulations

- + Gender, Race/Ethnicity
- + Veteran status
- + Individual v. Family
- + Disability status
 - + Mental health and substance use key focus area
- + CES score

+ Measures Of Client Experience

- + Time in interim housing
- + Number interim housing stays
- + Exit status – positive v. negative exit
- + Aggregate data on mental health and substance use services

■ QUANTITATIVE ANALYSIS

+ Sample:

- + HMIS
 - + Adults enrolled in either emergency or transitional housing (Project Type = 1 or 2), with entry date from January 1, 2016 through present.
 - + Exclude those in winter shelters only
 - + Exclude those who are not identified as Head of Household
 - + **Total number unique individuals for analysis = 37,334**
 - + Total sample for analysis may decrease depending on missing data
- + CHAMP
 - + Include all individuals
 - + Currently de-duplicating file to determine total number unique individuals

■ QUANTITATIVE ANALYSIS

+ Analysis Plan:

- + Compare differences in client experience measures by subgroups
 - + Bivariate and multivariate models with group comparisons, and controlling for additional demographic/risk factors
- + Compare number of individuals receiving mental health and substance use disorder services identified from aggregated tables from DMH, SAPC, with total number of those identified in HMIS data as having MH/SA disability



NEXT STEPS &
QUESTIONS

HMA COMMUNITY STRATEGIES