Westat’s Evaluation of Strategies
B3 and D7:
Overview and Preliminary Findings

Homeless Initiative Policy Summit #5: Permanent Housing
October 24, 2019
Presentation Overview

• Strategy B3 evaluation
  • Overview of Strategy B3
  • Evaluation Methods
  • Qualitative Findings

• Strategy D7 evaluation
  • Overview of Strategy D7
  • Evaluation Methods
  • Qualitative Findings

• Summary

• Next steps
Strategy B3 Evaluation: Overview, Methods, and Preliminary Findings

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Overview of Strategy B3

Goal: To expand availability of rapid re-housing

- January 2016: Housing and Jobs Collaborative (HJC)
- February 2016: B3 is initially approved
- September 2016: LAHSA’s Family and Youth Rapid Re-Housing
- March 2017: Measure H is passed
- July 2017: LAHSA’s Single Adult Rapid Re-Housing
Evaluation Purpose and Questions

• How has Strategy B3 affected the operation and outcomes of Rapid Re-housing (RRH) in Los Angeles County?

• Have there been changes in:
  • Funding and training?
  • Services and supports (financial assistance, case management)?
  • Housing identification and navigation?
  • Identification and enrollment of clients?
  • Population served? (Forthcoming)
  • Client outcomes? (Forthcoming)

• Are there variations by population, provider, or SPA?
### Evaluation Methods

#### Document Review
- HI strategic planning documents and quarterly reports
- HI performance evaluations
- Budgets
- Dashboards and publicly available documents from LAHSA

#### Interviews and Focus Groups
- 15 interviews with key administrators (CEO, LAHSA, DHS, Brilliant Corners, DCFS, HACLA, LACDA, PATH)
- 13 interviews with agency providers
- 4 focus groups with frontline staff (4-7)
- 5 focus groups with rapid re-housing recipients (2-9)

#### Administrative Data Analysis (currently underway)
- All households served by RRH since July 1, 2016
- Data sources:
  - CHAMP
  - HMIS
Overall Findings for Strategy B3

- Stakeholders generally describe B3 as offering more resources and more flexibility.

- Strategy and guidance around implementation has evolved over time.

- Variability in implementation across providers with regard to:
  - Duration and nature of case management
  - How housing is identified and maintained
  - Process of client identification and enrollment

- Challenges persist around engaging landlords, navigating LA County’s tight housing market, and insufficient resources to meet the need.
Funding and Training

• B3 funding is perceived as more flexible than other sources. Can cover staffing, rental assistance, furniture, household supplies, etc.

• Not much guidance/training around implementation initially, but increased over time (SRS, minimum practice standards, one-on-one technical assistance)

• Current trainings and guidance from LAHSA include:
  • Boot Camps for direct line staff
  • Peer-to-peer learning communities to share ideas, resources
  • Topics: available local resources, information about leases/evictions/progressive engagement

• Providers would like more training on
  • How to help clients with income progression
  • Critical time intervention
Financial Assistance

• More assistance available, for longer durations, and with greater flexibility under B3

• Not yet a systems approach – nature of assistance client receives depends on where and when RRH is accessed
  • Most providers report assistance is determined on a “case by case” basis
  • At the same time, some providers:
    • view as a set 2-year program or one with rigid steps
    • apply standard formula or algorithms, in lieu of, or coupled with, progressive engagement
  • In practice, assistance may be driven by provider budget cycles, with availability reduced at the end of the year

• Providers report the amount provided is insufficient to meet families’ needs
Case Management

• Nature and amount of case management varies by provider
  • Most provide connection to services (internal and external)
  • Some provide budgeting and housing plans, neighborhood orientation
  • Home visits rarely provided

• There is consensus around minimum contact acceptable amount (1 meeting per month)

• Caseloads differ across populations (1:40 for families, and 1:20 for youth) and depend on available agency resources

• Case managers (and other staff) experience high turnover and burnout
Housing Identification and Navigation

• Providers struggle to find housing with limited availability of affordable units

• There is variation across provider, population, and SPA in
  • Housing location processes and resources
  • Expectations for clients’ role in housing search

• Challenges include
  • Finding willing landlords
  • Managing landlords’ expectations regarding incentives
  • Competition for landlords across programs
  • Managing clients’ expectations

• Resources include
  • PATH “LeaseUp” program
  • Shared housing (especially for youth)
Identification and Enrollment of Clients

• System-wide requirements around eligibility exist, but prioritization and matching not yet in place

• Role of CES in RRH differs by population and by SPA
  • Regional variation in processes of identification and referral
  • Process of family identification and referral poses unique challenges
  • Greater coordination in youth system

• Challenges include
  • Over-enrollment and/or high caseloads & insufficient resources to serve all who are eligible
  • Lack of transparency around enrollment criteria across providers
  • Perception RRH is serving higher acuity clients
  • Prospect of prioritization of RRH to those with higher needs is meeting resistance
Strategy D7 Evaluation:
Overview, Methods, and Preliminary Findings

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Overview of Strategy D7

• To provide services and subsidies for permanent supportive housing
  • Integrated care model
    • Intensive case management services
    • On-site and field-based specialty mental health and substance use disorder services
  • Access to local rental subsidies when federal subsidies are insufficient

• Implementation date: July 1, 2017

• Collaborating Agencies: Los Angeles County Department of Health Services (DHS), Department of Mental Health (DMH), and Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC)
Evaluation Purpose and Questions

How has Strategy D7 affected the operation, outcomes, and inventory of Permanent Supportive Housing (PSH) in Los Angeles County?

Have there been changes in the:
- Funding and inventory of housing?
- Intensity and role of case management?
- Coordination of services?
- Training, guidance, and collaboration?
- Client identification, matching, and placement in housing?
- Retention in housing?
- Population served? (Forthcoming)
- Client outcomes? (Forthcoming)
## Evaluation Methods

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| • HI strategic planning documents and quarterly reports  
• HI performance evaluations  
• Budgets  
• Dashboards and documents from LAHSA, DHS, DMH, DPH | • 11 interviews with key administrators (CEO, DHS, LAHSA, DPH-SAPC, DMH, HACLA, LACDA/HACOLA, Brilliant Corners)  
• 15 interviews with agency providers (12 completed)  
• 3 Focus Groups with program directors (2-7 participants)  
• 3 Focus Groups with front-line staff (3-6 participants) | • All households served by PSH since July 1, 2017  
• Data sources:  
  • CHAMP  
  • HMIS |
Overall Findings for Strategy D7

• Stakeholders are generally positive about D7. They note that D7 provides:
  • More flexibility and resources
  • More quality training and support
  • More holistic, comprehensive services

• However, challenges persist including:
  • Meeting the complex needs of high acuity clients
  • Navigating new service coordination efforts
  • Frequent staff turnover
  • Recent reductions in resources
  • LA County’s tight housing market and vast geography
Funding and Housing Inventory

• D7 has led to more flexible funding for services

• Providers appreciate dedicated funding for services, particularly to serve clients in pre-existing units and to facilitate client retention

• Dedicated services funding has facilitated development of new housing inventory

• Challenges
  • Funding, which increased under D7, has recently tightened
  • Despite improvements, funding and housing stock insufficient
  • Scattered site housing presents unique challenges
Intensity and Role of Case Management

• D7 has led to smaller case loads, based on acuity (1:20 for high, 1:40 for low)

• Frequency of case management depends on client need (ranging from 1 contact per month to multiple home visits per week)

• Case managers
  • Connect at coordinated entry, facilitating move-in
  • Help with housing navigation and stabilization
  • Act as liaisons between client and property managers/landlords
  • Support housing authority applications and recertification process

• Case management is reportedly
  • Hands-on, individualized, and intensive
  • Tailored to acuity, client needs/choice, recency of housing placement
Coordination of Services

• Case managers play key role in connecting clients to needed services
  • Health, mental health, substance use
  • Employment/vocation services (especially for youth)
  • School-based services and child care (for families)

• Through D7, reported increases in health, mental health, and substance abuse service access and coordination (CENS, FSP) at project-based sites
  • Access to on-site mental health care
  • Client referral for substance abuse screening and treatment
  • Team-based coordination of services
  • Case manager supports attendance at offsite medical appointments, home nursing visits
Challenges to Service Delivery and Coordination

- Caseloads remain high and/or time intensive in some cases (turnover, fluctuating client needs)
- Staff burnout and turnover is significant
  - Varies across providers, caused by a variety of factors
  - Results in large caseloads; gaps in service coordination; lack of sustained knowledge
- Challenges to service delivery under D7 include
  - Scattered site housing across vast geographic distances
  - Initial role confusion and potential duplication of services
  - Differing philosophies across DHS, DMH, DPH/SAPC, providers
  - Clients can be hard to engage; hard to project need for services
  - Lack of communication across providers
  - Delays in mental health intakes & insufficient substance abuse resources
  - Barriers to medical care access
Training, Guidance and Collaboration

• More training and guidance available through DHS under D7

• Positive assessments of Case Management Institute, monthly trainings, and “coaching model”

• Areas for improvement: need for more focus on best practices (i.e., housing first, harm reduction), training not always applicable to perceived role

• D7 has necessitated and resulted in increased collaboration across agencies (DMH, DPH, DHS), PSH providers, and staff

• Collaboration has helped systems work together to identify and address problems and barriers (e.g., delays in filling units, challenges in navigating applications through the housing authorities)
Client Identification, Matching, and Housing Placement

- Clients identified primarily through CES, but also through DHS
- Providers report employing a housing first model, minimal exclusionary criteria
- Exclusionary criteria include screenings by the housing authorities, landlords, and requirements of specific buildings funding sources
- D7 has helped streamline the process of placing matched clients in housing
  - Families are the hardest to place
- Challenges: successful targeting of high acuity clients, serving undocumented clients, delays in filling units
Retention

• Retention in housing generally perceived to be high; some perceive an increase under D7, others say it’s still too early to measure or was already high

• D7 provides resources that reportedly allow for
  • Extended case management support, including help with annual recertification, facilitating retention
  • More availability on-site to coordinate with property managers

• Retention still challenged by substance use, some clients’ need for a higher level of care, the housing market, and staff turnover

• Loss of housing due to eviction, however, appears to be rare
  • Primary reason cited was violation of lease agreement
  • Efforts by providers to coordinate with property managers to preempt eviction by catching problems or relinquishing housing
Strategies B3 and D7 Evaluations: Summary and Next Steps

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Summary for B3 and D7

- Strategies B3 and D7 have resulted in more resources that offer greater flexibility
- B3 has provided more resources for rapid re-housing throughout the county, with financial assistance tailored to people’s needs and context
- D7 has strengthened case management and service coordination for high acuity individuals with complex needs

- Challenges
  - For B3, primary challenges are around standardizing RRH implementation and engaging landlords
  - For D7, primary challenges are around barriers to service access and coordination
  - Staff burnout and turnover and the housing market are challenges for both strategies
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<td>Interviews with 3 remaining PSH program directors and 2-3 property managers</td>
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