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Evaluation of Los Angeles County's Strategies to Expand and Enhance Rapid Re-Housing Services for Multiple Populations

Draft Report

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Executive Summary

A. Background

Rapid re-housing (RRH) provides time-limited rental assistance coupled with supportive services to help people experiencing homelessness access housing quickly. In Los Angeles County, RRH as funded through Strategy B3, is one of the original strategies developed by the Los Angeles County Homeless Initiative (HI). The Strategy was approved by the Board of Supervisors in February 2016 and expanded in July 2017 through Measure H, a ballot initiative in Los Angeles County to generate funding to prevent and combat homelessness. RRH consists of three core components: housing identification, rental and move-in assistance, and case management and services.

B. Evaluation Description and Methods

Westat, a national research organization, in collaboration with California-based consultant Katharine Gale, has contracted with Los Angeles County's Chief Executive Office (CEO) to evaluate the implementation and client-level outcomes of RRH under Strategy B3. The evaluation, conducted between June and November 2019, involves the analysis and collection of data from multiple methods and sources, including document review; individual interviews with administrators, RRH program managers, landlords, and housing location intermediaries; and focus groups with direct line staff and RRH participants. In addition, analyses were conducted using administrative data from the Homeless Management Information System (HMIS) maintained by the Los Angeles Homeless Services Authority (LAHSA) and the Department of Health Services (DHS) Comprehensive Health and Management Platform (CHAMP). While these administrative data were not originally collected for research purposes and are limited in their reliability and completeness, they provide a basis for a descriptive understanding of the characteristics, length of time served, time from entry to move-in to housing, and exits to permanent housing for the 20,668 households served after Strategy B3 implementation. They also permit comparison of characteristics and outcomes of those served following Strategy B3 implementation with the 8,768 households served prior to B3 implementation. Prior RRH funding sources included Supportive Services for Veteran Families (SSVF) funding, Emergency Solutions Grants (ESG) and Continuum of Care (CoC) funding, First Five funding from the state of California, as well as funding from the LA County Department of Public Social Services (DPSS), and more limited city and county general funds.

C. Findings

Strategy B3 has led to more people being served through RRH in Los Angeles County and has provided a larger quantity of more flexible resources than were previously available to meet the needs of RRH participants. Expanded resources also led to a broader set of populations receiving RRH. Moreover, there appear to be improvements in the extent to which people move into housing, the time it takes to move in, and the rates at which people exit to permanent housing without a subsidy following move-in.

At the same time, those served following Strategy B3 implementation appear to remain enrolled slightly longer before exiting compared with those served prior. Moreover, among those with

documented move-in dates, their patterns of exit destinations show key differences. The most significant differences are that those served following Strategy B3 compared to those served prior are more likely to exit to permanent housing without a subsidy (44% v. 30%) but less likely to exit to permanent housing with a subsidy (32% v. 54%); they are also somewhat more likely to exit to an unknown (12% v. 10%) or other (2% v. less than 1%) destination. Due to inconsistencies in the administrative data, these quantitative findings may reflect real changes in RRH operations and outcomes or alternatively may be artifacts resulting from differences in the quality and completeness of data over time and across providers. Additionally, outcomes are not yet known for a substantial portion of those served following Strategy B3, who have not yet exited the program.

There is considerable variability in the way in which RRH has been implemented following Strategy B3. This variability introduces the potential for inequity in service receipt among RRH participants and poses challenges to systematic evaluation of RRH operations under Strategy B3. These findings are described in greater detail below.

Population Served. Expanded resources through Strategy B3 have provided RRH to a greater number of people and a broader set of populations. Over twice the number of participants were served in the three years following Strategy B3 implementation (July 1 2016 – June 30, 2019), compared to the 2-year time period prior (July 1, 2014 – June 30, 2016) to Strategy B3 implementation (20,668 compared to 8,768). In addition, administrative data suggest that the composition of the population served following Strategy B3 implementation is different in a number of ways from those served prior to Strategy B3 implementation. Those served following Strategy B3 compared to the earlier cohort reflect a greater proportion of transition aged youth (7% versus 3%) and females (55% versus 44%), and a smaller relative proportion of single adults (57% versus 61%) and veterans (18% versus 43%). Despite these changes, the total numbers of adults and males served is still larger than it was prior to Strategy B3, while the total number of veterans served is unchanged. The shift in populations likely also has created a shift in the service needs of the participants served, with the biggest difference being higher rates of domestic violence (22% versus 17%) and developmental disabilities (10% versus 7%) in the post-implementation cohort, and lower rates of participants with substance abuse (7% versus 9%), physical disabilities (22% versus 26%), chronic health conditions (25% versus 27%), and mental health conditions (30% versus 32%).

Outcomes. Administrative data suggest that compared to those served previously, the population served after Strategy B3 implementation show improvements in the documented rates at which households move into housing (50% compared to 41%) and the time it takes to move in (an average of 98 days compared to 109 days). At the same time, among those who move into housing, those served after Strategy B3 appear to remain enrolled longer before exiting compared with those served prior. Those served after Strategy B3, compared to those served prior, were more likely to be enrolled for more than 12 months (25% compared to 4%) and less likely to be enrolled for six months or less (44% compared to 77%). This pattern is the same for those who have no recorded move-in date.

Those served after Strategy B3 exit to stable and unstable housing destinations at different rates than those served prior to Strategy B3 implementation. Among those with a record of having moved into housing, those served after Strategy B3 are more likely than those served before Strategy B3 to exit to permanent housing without a subsidy (44% v. 30%). They are, however, less likely to exit to permanent housing with a subsidy (32% v. 54%) and more likely to exit to an unknown (12% v. 10%) or other (2% v. less than 1%) destination.

These findings need to be interpreted with caution given inconsistencies in the data; substantial proportions of those served exited the program without a documented move into housing during enrollment. Those records lacking move-in data encompass both households that never moved into housing and households that moved into housing but are missing a move-in date. It is therefore not clear whether findings represent real changes in outcomes after Strategy B3 implementation versus changes in quality and completeness of the data, or inconsistent approaches to tracking move-ins and exits across providers and over time. Further, outcomes are not yet known for 32% of those served after Strategy B3, who either remain in the program or have no recorded exit.

Resource Availability and Flexibility. Strategy B3 offers a larger quantity of more flexible resources than were previously available. It provides RRH assistance for up to 24 months in duration, with broadened income restrictions to 50 percent Area Median Income (AMI) from the 30 percent AMI required by Emergency Solutions Grant funding, and covers move-in costs not previously covered, as well as furniture assistance and landlord incentive fees. It also includes the ability to serve people experiencing homelessness in Los Angeles County by supporting them to obtain housing outside the county, where housing may be more affordable.

Guidance, Training, and Collaboration. Guidance and training from LAHSA, though initially delayed, has increased over time through a variety of mechanisms and has offered clearer expectations for RRH operations. Collaborative learning is reportedly strong within and across RRH agencies and providers through LAHSA's learning communities, although the type and degree of collaboration around service delivery appears to vary by provider and Service Planning Area (SPA).

Provider Discretion. Despite LAHSA's guidance and training, RRH implementation varies widely and appears to be largely based on provider discretion, as well as factors such as when in the budget cycle a participant enters the program. Providers have discretion in the nature, duration, and amount of both financial assistance and case management provided, as well as how they approach housing location. In addition, households are often referred to RRH through the coordinated entry system (CES), but the prioritization and matching of participants is left to the discretion of the providers, with some consideration of the vulnerability assessment score. As a result, there is a lack of transparency regarding how providers determine who to prioritize for RRH enrollment. Similarly, providers appear to vary in whether they expect households to satisfy requirements beyond LAHSA's eligibility criteria, such as requirements to have income or employment, before being enrolled.

D. Challenges in Implementing RRH

Providers face a variety of challenges in implementing RRH. These are listed below, along with some of the strategies that have been tried to address them. In some cases, these strategies have resulted in new challenges, which are also described.

Lack of Standardized Policies Around RRH Prioritization and Implementation. As described above, the implementation of RRH is left to the discretion of the providers and the resulting variability is exacerbated by a lack of standardized policies around prioritization for RRH within CES. LAHSA has considered plans to standardize the CES process across all SPAs, prioritizing and matching to RRH the highest acuity participants (who are not matched to permanent supportive housing [PSH] or another deeper resource). These plans, however, were evolving as this evaluation

was underway, amid provider concerns that prioritizing high acuity participants would exclude those of lower acuity who could benefit from RRH and do not now qualify for other resources, prioritize those who have a lower likelihood of retaining the housing, and make it difficult for providers to serve those they believe could benefit from RRH. Training and technical assistance offered by LAHSA that could ultimately lead to greater consistency in RRH practice requires a significant investment in time and resources by both providers and the system, exacerbated by staff turnover requiring additional trainings.

The current lack of prioritization standards has a particular impact on family providers, who believe they are expected to serve all families. This perceived expectation reportedly results in over-enrollment and/or high caseloads. In addition, the family system is expected to provide crisis housing for all families that are not immediately rehoused. Families who participated in our focus groups expressed strong concerns about the quality and safety of the available crisis housing, and confusion about whether staying in crisis housing was a prerequisite to receive RRH assistance.

Difficulty Securing Sustainable Housing and Engaging Landlords. It is reportedly difficult to find affordable housing in the tight and costly Los Angeles County market and engage landlords in renting to RRH participants. Strategy B3's flexibility in allowing providers to house people experiencing homelessness in Los Angeles County in other more affordable geographic areas outside of the county was noted as helpful, particularly by providers that border other counties. Other strategies perceived by providers as improving landlord engagement and helping to find and keep sustainable housing include one-time incentives for landlords, an increased focus on shared housing as a strategy, and specialized housing location services. While useful, these strategies also bring new challenges that require new solutions. Use of one-time incentives has helped secure units but has led to competition among housing programs for housing slots as well as reportedly attracting some landlords who engage in illegal or unethical practices, such as charging large fees. Shared housing requires participants to navigate roommate relationships, often requires additional case management support, and is not feasible for all participants. Challenges to specialized housing location and retention efforts thus far include difficulties holding units for shared housing and identifying landlords willing to participate in RRH programs. The Shallow Subsidy program, recently implemented, is perceived as potentially helpful in sustaining housing, but has generated early concerns that the program has restrictive eligibility and may provide insufficient support, although there is not yet sufficient data to evaluate this concern.

Staff Turnover. There is reportedly a high rate of staff turnover, due to the challenging nature of the work itself and high availability of jobs in the field. Challenges of the work that may contribute to turnover include frustrations brought on by difficulties inherent in the position and high caseloads, as well as staff concerns that they are unable to provide the assistance needed to successfully stabilize participants in housing, particularly those with higher needs.

E. Recommendations

The recommendations below are provided to address these challenges.

- ✓ **Improve Program and Provider Consistency.** Enhanced provider consistency in RRH delivery would permit a stronger evaluation of program implementation and outcomes and might lead to improved client outcomes, transparency, and equity of access. Although RRH is intended to be implemented on a case-by-case basis, the

quality of assistance should not depend on where and when participants access services. Continued training and guidance, tied closely to the program requirements and expectations, may help to improve consistency within and across provider organizations. In addition, system administrators' efforts to standardize the way in which CES operates across Service Planning Areas (SPAs) and to systematize the prioritization and matching process, should help provide greater consistency in who receives RRH. Using data to monitor implementation of these procedures and assess whether differences in outcomes relate to differences in vulnerability scores should help administrators of RRH programs to guide and communicate about the process. Moreover, by involving persons from all levels and perspectives in RRH (program managers, case managers, participants, landlords) in planning and decision-making around RRH/Strategy B3, administrators can facilitate buy-in as well as avert possible additional challenges in the decisions that are made.

- ✓ **Enhance Landlord Cultivation.** Navigating the private housing market was described by many as a central but difficult component of the RRH program model. As efforts to engage landlords proceed, it will be worth gathering targeted information on what has worked to date and what barriers have been encountered by providers and housing location and retention specialists. Efforts are needed to standardize landlord incentives so that all programs have similar tools and those receiving RRH through Strategy B3 are not at a disadvantage relative to those with other subsidies. Putting in place practices that mitigate perceived risks among landlords may also be helpful. These may include further increasing available incentives, offering risk mitigation funds, and developing and implementing best practices for RRH providers around communicating with landlords from the outset when RRH participants move into housing through the end of RRH assistance.

- ✓ **Address Staff Turnover.** Strategies to retain staff should be a priority given the reportedly high turnover. It may be helpful to increase salaries as well as ensure that caseload mixes afford staff the capacity to adequately support their participants. Where possible, it may also be helpful to give staff alternative resources to offer RRH candidates who are lower priority, including problem-solving (diversion) resources.

- ✓ **Improve and Clarify the Relationship between Crisis Housing for Families and RRH.** Families in RRH that we interviewed believed that they were required to stay in crisis housing while working on finding housing through the RRH program. While some crisis housing was provided in motels, some of it was through shelters or other forms of temporary congregate housing. Families had significant concerns about these places; they found them uncomfortable, overcrowded, unsafe, and seemingly arbitrarily regulated by the agencies providing them. The relationship between the requirements of these programs and the RRH program was not clear and created confusion for families. Crisis housing is outside the scope of this evaluation; however, efforts appear warranted to clarify whether families must stay in crisis housing to receive RRH assistance.

- ✓ **Monitor and Improve Data Quality and Track and Report Outcomes Including by Time in Program and Acuity.** Available administrative data have a number of inconsistencies and quality concerns that limit interpretability of findings for this report and the potential usefulness of data to providers and the system moving forward. Our

inability to reconcile inconsistent findings and to distinguish missing data from a move-in not occurring highlights the need to place greater attention on enhancing the completeness and quality of the data to guide program decisions. Relatedly, concerns were raised by providers that RRH is being used more for people of higher acuity, who may not be successful. We did not see evidence to support the perceived increases in acuity, although this was another area where data were limited. Tracking the impact of the programs for clients served and being able to distinguish trends and differences in population outcomes from anecdotal experience is critical, especially if RRH will be offered to those with higher needs.

List of Acronyms

AHAR	Annual Homeless Assessment Report
AJCCs	America's Job Centers of California
AMI	Area Median Income
CBEST	Countrywide Benefits Entitlement Services Team
CEO	Chief Executive Office
CES	Coordinated Entry System
CHAMP	Comprehensive Health and Management Platform
CoC	Continuum of Care
DCFS	Department of Children and Family Services
DHS	Department of Health Services
DPSS	Department of Public Social Services
DV/IPV	Domestic Violence/Intimate Partner Violence
ESG	Emergency Solutions Grant
FHSP	Flexible Housing Subsidy Pool
FSCs	Family Solutions Centers
GPD TIP	Grant and Per Diem Program Transition in Place
HACLA	Housing Authority of the City of Los Angeles
HI	Homeless Initiative
HJC	Housing and Jobs Collaborative
HMIS	Homeless Management Information System
HOH	Head of Household
HPI	Homeless Prevention Initiative
HPRP	Homeless Prevention and Rapid Re-Housing Program
LACDA	Los Angeles Community Development Authority
LAHSA	Los Angeles Homeless Services Authority
PATH	People Assisting the Homeless
PH	Permanent Housing
PSH	Permanent Supportive Housing
RFP	Request For Proposals
RRH	Rapid Re-Housing
SNAP	Supplemental Nutrition Assistance Program
SPA	Service Planning Area
SRS	Scope of Required Services
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSVF	Supportive Services for Veteran Families
TANF	Temporary Assistance for Needy Families
TAY	Transition Age Youth
VA	Veterans Administration
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool
WIC	Supplemental Nutrition Program for Women, Infants, and Children

Section I. Introduction

A. Background

Rapid re-housing (RRH) provides time-limited rental subsidies to people experiencing homelessness, along with supportive services, with the goal of helping them to access housing quickly. In Los Angeles County, RRH as funded through Strategy B3, is one of the original strategies approved by the Los Angeles County Homeless Initiative (HI) in February 2016 (Los Angeles Chief Executive Office, Los Angeles County Homeless Initiative, 2016). The primary goal of Strategy B3 is to expand the availability of RRH for multiple populations. Initially funded through a one-time $26 million investment of state and county funds,[1] Strategy B3 received an infusion of additional ongoing funds through the passage in July 2017 of the county's ballot initiative to prevent and combat homelessness, Measure H, with increasing investment over the past 3 fiscal years that has led to continued expansion in the number of RRH programs operating during this time period (Los Angeles County Homeless Initiative, (2019a).

This report provides the findings from a mixed-methods evaluation of the implementation and client-level outcomes of RRH under the strategy. The evaluation, conducted by Westat, a national research organization, in partnership with California-based consultant Katharine Gale, was funded by Los Angeles County's Chief Executive Office (CEO) to shed light on the practices and procedures under the strategy and to inform policy decisions around the future use of Measure H revenue.

This report begins with an overview of the background and evaluation methodology in Section I, followed by the key findings in Section II related to the operation of the initiative, including funding and growth, training and guidance, and collaboration around implementation, and the nature of financial assistance and supports provided through RRH. In Section III, the report then describes what is known thus far about how participants are identified and enrolled and the characteristics and outcomes of participants served, followed by a set of conclusions and recommendations in Section IV.

B. Evaluation Purpose and Methods

This evaluation aims to answer the following overarching question:

> *How has Strategy B3 affected the operation and outcomes of rapid re-housing in Los Angeles County?*

Table 1 outlines specific questions encompassed within this question, mapped onto the methods of data collection and data sources.

[1] $10 million in funding for single adults had been approved by the Board of Supervisors on October 13, 2015 prior to the one-time allocation of an additional $26 million under the strategy approved by the HI in February of 2019. These included $8 million in one-time Homeless Preventive Initiative (HPI) funds was approved in February of 2019 ($5 million of which were allocated to serve families and $2 million of which were earmarked for transition age youth [TAY]). Additional funds came from $11 million in one-time SB 678 funding and $7 million in one-time AB 109 funding.

Table 1. Specific evaluation questions and methods to address them

Methods	Analysis of extant records		Interviews		Focus groups	
Sources	Documents /quarterly data	Admin data	Agency administrators	Program directors	Front line staff	RRH participants
How has Strategy B3 affected the operation of Rapid Re-Housing in Los Angeles County?						
Have there been changes in:						
Nature of funding sources (variations in requirements and restrictions by type)	✓		✓	✓		
Training and guidance provided around RRH implementation	✓		✓	✓	✓	
Nature of financial assistance (structure, timeline, amount)	✓		✓	✓	✓	✓
Services and supports received (Amount and nature of case management)	✓		✓	✓	✓	✓
Housing location and navigation	✓		✓	✓	✓	✓
How participants are identified and enrolled, and the characteristics of the populations served through rapid re-housing?	✓	✓	✓	✓	✓	✓
What are the key challenges that providers and administrators face in implementing RRH?			✓	✓	✓	
What are the client-level outcomes of RRH, including length of stay in rapid re-housing, and exits to non-subsidized and other permanent housing Do these differ from those of RRH prior to Strategy B3 implementation?	✓	✓				
How are outcomes influenced by provider approaches to RRH implementation, and individual differences within and across populations?			✓	✓	✓	✓
What are the sources of variation in these findings?						
How do the operations, implementation challenges, and outcomes of RRH vary by provider, service planning area (SPA), or population served?	✓	✓	✓	✓	✓	✓

Our evaluation methods are summarized in Exhibit 1 and described further in Appendix A. We reviewed documents to understand how Strategy B3 evolved over the implementation time period and to inform the development of the data collection protocols and analytic plan. We collected data

on the status, operation, and client service and housing experiences through multiple methods, including extracting extant administrative data, key informant interviews with government agency administrators and directors of service and housing agencies administering RRH, and focus groups with frontline staff and RRH participants in several of these agencies. A sample of 13 housing providers was selected to maximize representation of providers serving all populations (families, single adults, and youth) across all SPAs, with 13 director interviews, and four staff and five participant focus groups with a total of 53 participants conducted in the three largest SPAs (2, 4, and 6). Qualitative data from the documents, interviews, and focus groups were coded through iterative analysis, aided by an analysis software program, NVivo, to identify key themes. Quantitative administrative data, extracted from the Homeless Management Information System (HMIS) maintained by the Los Angeles Homeless Services Authority (LAHSA) and the Department of Health Services (DHS) Comprehensive Health and Management Platform (CHAMP), were used to describe the population with respect to (1) sociodemographics and needs; (2) enrollment and length of time served; and (3) client-level outcomes, including time to obtaining housing and exits to permanent housing. Administrative data also permitted comparison of characteristics and outcomes of the 20,668 households served following Strategy B3 implementation with the 8,768 households served prior to Strategy B3 implementation. Prior RRH funding sources included Supportive Services for Veteran Families (SSVF) funding, Emergency Solutions Grants (ESG) and Continuum of Care (CoC) funding, First Five[2] funding from the state of California, as well as funding from the LA County Department of Public Social Services (DPSS), and more limited city and county general funds.

Exhibit 1. Summary of key evaluation methods

Document Review • Review of strategic planning documents, budgets, aggregate data, and other agency records
Interviews and Focus Groups • Individual interviews with key administrators (N = 18) and housing program managers from all SPAs (N = 13) • Four focus groups with 5-12 direct line staff (Total of 29 participants) in the three largest SPAs (2, 4, and 6) • Five focus groups with 2-8 RRH participants (Total of 24 participants) in SPAs 2, 4, and 6 • Four interviews with key informants around housing navigation/location (two landlords, People Assisting the Homeless [PATH] LeaseUp Program, and Brilliant Corners)
Administrative Data • Sample: All households served through RRH since Strategy B3 implementation (July 1, 2016) and 2 years prior (July 1, 2014 – June 30, 2016) • Data sources: HMIS and CHAMP

[2] First Five California is an initiative to bring services to young children (ages 0-5) and their families in the state of California. The initiative is funded through revenue generated by a state sales tax on cigarettes.

Section II. Understanding the Operation of Rapid Re-Housing Under Strategy B3

A. History and Funding

RRH is a short- to medium-term rental assistance and supportive services intervention designed to help people experiencing homelessness move quickly from homelessness into permanent housing (United States Interagency Council on Homelessness [USICH], 2016). The primary goal of RRH is to help individuals and families quickly exit homelessness and return to permanent housing with a reasonably high expectation of being able to maintain it after the program is over. RRH consists of three core components: (1) housing identification, (2) rental and move-in assistance, and (3) case management and services. This evaluation examines how the various components of RRH have been implemented under Strategy B3.

Figure 1 illustrates the timeline of Strategy B3, which has been implemented in stages. Los Angeles County's DHS's Housing and Jobs Collaborative (HJC) was the first Strategy B3-funded RRH program, which funded RRH for single adults in January of 2016. LAHSA subsequently began administering RRH for families and TAY later that year. In July of 2017, LAHSA's administration of RRH funds for single adults began (Los Angeles County Homeless Initiative, 2019b). Figure 1 depicts a timeline of the strategy. In the early stages, the agencies leading the strategy (DHS and LAHSA) focused on partnering with the cities to expand the availability of RRH, using both city and county funds. With increased availability of funding through Measure H, the focus has shifted to expanding RRH for multiple populations and to new efforts to standardizing the quality of implementation as well as introducing new RRH pilots and initiatives tailored to the needs of RRH participants that have emerged over the course of the strategy implementation (Los Angeles County Homeless Initiative, 2019b). The introduction of Strategy B3 brought $26 million in new one-time funding and additional annual revenue through Measure H, which has been awarded in increasing allotments thus far (Los Angeles County Homeless Initiative, 2019a): $57 million (FY 2017-2018), $73 million (FY 2018-2019), and $86 million (FY 2019-2020).

Figure 1. Timeline of implementation of strategy B3

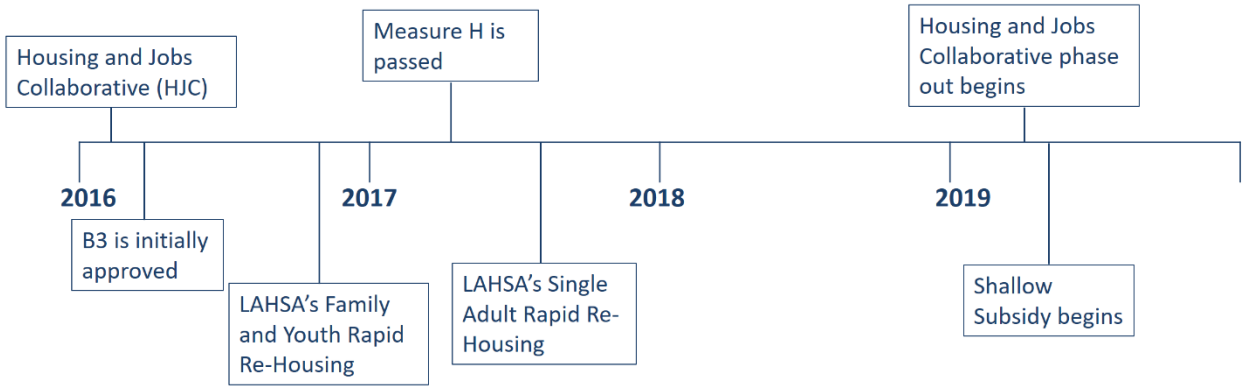
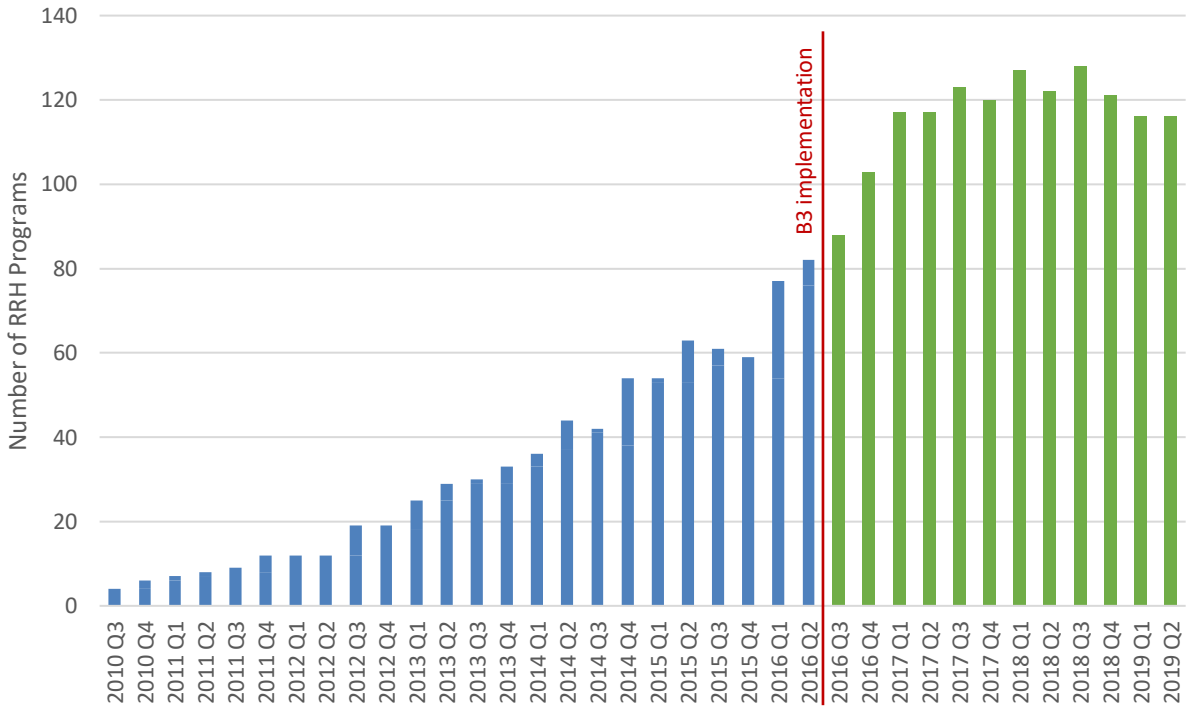


Figure 2 illustrates this growth, depicting the number of RRH programs[3] serving participants in the region between 2010 and 2018, as documented in HMIS.

Figure 2. Rapid rehousing programs in operation 2010-2019



Following implementation of Strategy B3 from July 1, 2016 until July 1, 2019, analysis of the HMIS/CHAMP data indicate that 20,668 households were served in RRH during the 3 years of implementation, as compared with 8,768 served in the 2 years prior to Strategy B3 implementation.

Below we describe our findings regarding the operation of RRH and client outcomes under Strategy B3, including

1. The availability and sufficiency of funding;
2. Training, guidance, and support provided around implementation;
3. Collaboration around the strategy occurring within and between housing providers and other agencies;
4. What constitutes RRH: financial assistance, case management, housing identification and navigation support;

[3] RRH programs depicted are all projects of type 13 documented in HMIS during this timeframe. It is possible for a single agency to operate multiple projects.

5. How participants are identified and enrolled in RRH programs, and the characteristics of those served; and

6. Client-level outcomes, including length of stay in RRH, and exits to permanent housing.

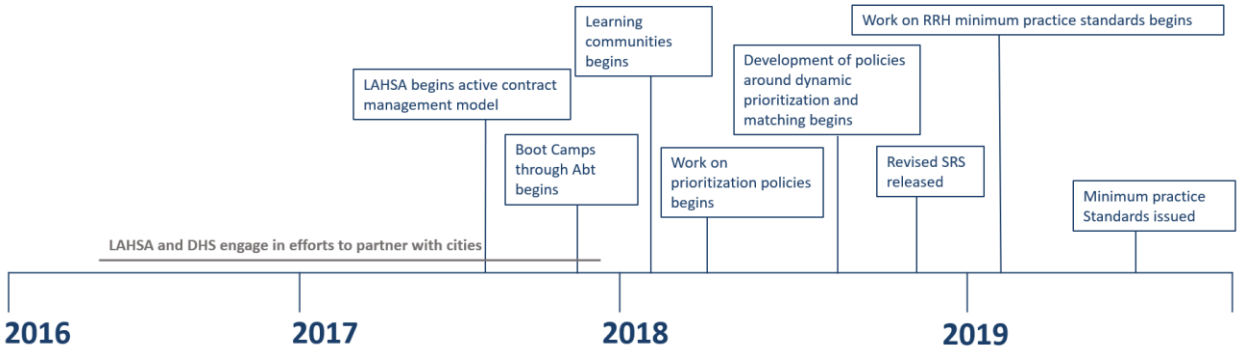
B. The Availability and Sufficiency of Funding

Strategy B3 offers more resources and more flexible resources than were previously available, and therefore, can serve greater numbers of people. The overwhelming perception of program managers interviewed was that there is more assistance on a larger scale than was available prior to the strategy. In general, Strategy B3 was perceived as relatively more flexible, providing assistance for a longer duration, and having broader eligibility compared with other current and prior funding sources, including Department of Public Social Services (DPSS), Continuum of Care (CoC), Emergency Solutions Grant (ESG), and Homeless Prevention and Rapid Re-Housing Program (HPRP) funding. Strategy B3 allows coverage of costs not previously covered , such as move-in costs, furniture assistance and landlord incentive fees. RRH under Strategy B3 also includes the ability to house people experiencing homelessness in LA County outside the county, where housing may be more affordable. In addition, its income restrictions are more generous than ESG funds; ESG funds restrict recertification to households with 30% of the area median income (AMI) whereas Strategy B3 has broadened income restrictions to 50% AMI, thus allowing more people to be served within the program, and for people to stay in the program longer despite income changes.

C. Training, Guidance, and Collaboration

Guidance and training around implementation have evolved over time. Providers noted that initially limited guidance was offered around implementing RRH under Strategy B3. For example, new guidelines were issued for assistance duration and the appropriate target population as the strategy was already being rolled out. As illustrated in Figure 3, over time, guidance and training has improved. LAHSA has added trainings and provided more formal guidance around standards and best practices to standardize implementation. LAHSA has updated the most recent Scope of Required Services (SRS) to be more specific than earlier iterations, including the definition of RRH, the nature of case management and progressive engagement, the role of problem solving/diversion, and the processes for assessing and identifying participants and determining their eligibility for the program. Minimum practice standards are currently under development, but have not yet been rolled out. LAHSA's current RRH coordinator also provides one-on-one technical assistance to providers on an as-needed basis. While this help was lauded by many providers, it came late in their implementation of the program.

Figure 3. Training and guidance around strategy B3 implementation



Formal trainings from LAHSA that are currently in place include a 2-day boot camp training for new frontline staff and program managers that provides introductory information on how to apply RRH best practices. LAHSA's "learning communities," begun in 2018, allow providers to exchange information and resources on a range of topics (e.g., information on available local resources to help participants, understanding leases and preventing evictions, and progressive engagement). Overall, many interviewed noted that expectations are clearer, more training support is provided, and more consistency in guidance is now available than when the expansion was launched, but there is still a very broad range of implementation and understanding of the expectations, which we discuss further below.

One challenge to the training and technical assistance is the resources and time that need to be devoted to it, by providers as well as the system at large. In particular, turnover in staff results in an ongoing, fairly significant investment of time and resources to continue to train new staff. Six months was the estimate to get new staff trained sufficiently and comfortable doing the job. In addition, staff must travel to attend the boot camp trainings and the learning communities, which can be a significant investment in travel time for some providers given the wide expanse of the county.

Collaborative learning around RRH implementation is occurring across RRH providers, while the type and degree of collaboration by providers around service delivery varies by provider and SPA. LAHSA's learning communities provide vehicles for collaborative learning, as providers across SPAs come together to share resources and receive shared guidance around implementation. The SPA-level organization of the Coordinated Entry System (CES) means that collaboration around client identification and enrollment is organized within SPAs and by population. Providers reported collaborating with a variety of other service providers within their SPA in order to link participants to needed services beyond rapid rehousing assistance (e.g., child care, employment assistance). Providers that rely more heavily on other service providers for resources such as employment services and mental health services report collaborating more than providers that can refer to in-house programs.

Within providers, there is staff-level collaboration between case managers and other staff, including housing navigators. In some cases, participants noted a need for better communication between case managers and other staff within and across organizations, including better communication with housing navigators who liaison with landlords and/or more involvement by case managers in

monitoring housing situations and advocating for them with the house managers in family crisis housing.

D. What Constitutes RRH: Financial Assistance, Case Management, Housing Identification, and Navigation Support

Strategy B3 provides more financial assistance for a longer period of time with greater flexibility. As noted earlier, financial assistance under Strategy B3 can be provided for a longer duration, with fewer eligibility restrictions, and with more flexible coverage of costs than other prior and current funding sources. For example, it covers financial assistance for up to 24 months, compared to earlier programs with 4 and 18 month caps.

Different Provider Approaches to RRH Rental Assistance

- One size fits all as a starting point
- Step-down approaches (e.g., decrease each month by 10% or each quarter by 25%; or 100% rental assistance for 4-6 months followed by monthly or quarterly reductions)
- Using a tool that considers income, rent, and assessment scores to determine monthly payments
- Case by case, based typically on case manager determination in consultation with participant

Program managers and frontline staff noted appreciation of the ability to tailor the financial assistance better to individual needs. In addition, having fewer restrictions in eligibility than funding sources such as ESG and DPSS, and having resources plus the subsidy to cover furniture assistance, transportation, application fees, utility bills, and other one-time needs related to move-in is perceived to be helpful by all (program managers, frontline staff, and participants).

Despite the increase in duration of the financial assistance, some providers and RRH participants are concerned that it can still be insufficient in some cases. Some providers and recipients perceive that the longer term assistance still may not meet the needs of all participants. For example, some households currently served in RRH have received more than 2 years of rental assistance and are not yet able to pay full rent. Others may stabilize and become independent and able to pay the rent, but have a sudden change in circumstances close to the end of their financial assistance which requires an increase in financial assistance and an extension of the assistance. Some participants expressed that even when they were working, their income was insufficient to cover their rent. Additionally, program managers and frontline staff worry that the financial assistance may not be enough to begin with given the housing market, will be insufficient to allow participants to stabilize in housing, or will leave participants with enough income to stay in housing but in a state of food insecurity. Some families echoed that the cost of rent left them with insufficient resources to cover their children's basic needs, like food or clothing. Other participants indicated that the funding at their particular program does not cover all costs, such as rental application fees and transportation subsidies, which can lead to missed opportunities to secure housing.

Some approaches to addressing these issues were described by program managers and administrators. An extension beyond 24 months is available upon request through LAHSA for those who need it. Providers also noted that some participants have qualified for and transitioned to a higher level of service, such as permanent supportive housing under Strategy D7. Finally, LAHSA

has introduced a new Shallow Subsidy program to provide a smaller amount of extended assistance, which is described further below.

There is not yet a systematic approach to determining the nature of financial assistance. The nature of the RRH financial assistance (duration, amount, and what is encompassed) provided to each client is determined by the provider organization, but is also influenced by the time of year the assistance is provided. Most providers report that the assistance is determined on a case-by-case basis, per LAHSA's SRS. However, assistance provided also appears to vary considerably by provider. The method for determining the rental subsidy amount is not always clear or consistent with participants' needs, according to both staff and participants. In addition, participants varied in how well they understood what to expect in duration and amount of assistance, some understanding the program to be very short, others believing it lasts a year or more with an ability to extend, and some understanding it as very flexible and undetermined.

In addition, the availability of funding in a provider's budget, especially at the end of the year, influences the amount and duration of financial assistance offered. As the fiscal year nears its end, some program managers reported that RRH provider organizations often have less funding available and only enroll people for short-term assistance because providers lack confidence they will have the funding to carry over or because they need to meet enrollment metrics. This reportedly results in less assistance than they may have provided the same client at an earlier time in the budget cycle. Similarly, some program managers and staff noted the difficulty in determining how much financial assistance is needed and to predict how much will be needed in the future by a particular client. This has reportedly been challenging from a budgetary and planning perspective, and several interviewees emphasized a need for stronger coordination between the housing providers' services and finance staff.

Similar to financial assistance, the nature of case management (amount, supports, caseloads) varies by provider as well as by population served. Program managers were consistent in their reports of what the minimum amount of case management should be and both participants and program managers and staff across our interviews and focus groups shared similar descriptions of the services to which case managers connect participants. However, beyond these two dimensions, case management varied considerably across provider and population served.

The size of caseloads varied by both provider and population, with the lowest caseloads (at approximately 20:1) for youth and highest for families, which were generally reported as being around 40:1 but could be as high as 60:1.

RRH provider organizations varied in the duration of case management they provided and whether and for how long it continued after rental assistance ended. Some reported it ended a set number of months after move-in and others reported it could continue for a longer period of time, even after the financial assistance ends.

Case Management

Minimum of one meeting per month (consistent with the SRS)

Connection with other services (Countywide Benefits Entitlement Services Team Program, child care, mental health services, and, in some cases, employment services).

Vary by provider and population:

- **Caseload size**
- **Amount and duration of case management provided**
- **Specific types of hands-on services**
- **Home visiting**

Finally, program managers, frontline staff, and participants were variable in their reporting of the extent to which case managers provided other services. Home visits were rare, although a few program managers did report providing monthly case management through home visits to some of their participants. In addition, some providers and their participants described case managers working on budgeting, credit and financial planning, and housing plans, as well as providing orientation to the participant's new neighborhood, including information about where potentially helpful local services could be found. Case management support appeared higher for youth than for other populations, with more of a focus on increasing income through employment and vocational assistance. Although differences varied by provider, providers' descriptions of services suggested more of a focus on connecting families to services, with for example linkage to Countywide Benefits Entitlement Services Team (CBEST) and child care services noted by a number of family providers.

Participants described varying experiences of the quality of case management received and outstanding unmet needs. Some participants in our focus groups reported having had a lot of case management support with the process, but others indicated their case manager was unavailable or doesn't help or listen, or "is new and doesn't know anything." In some cases, participants currently had a responsive case manager but reported less positive experiences with prior RRH case managers.

Areas with which participants noted they would like additional assistance include finding employment or vocational training assistance and child care, services not consistently accessed through housing providers. In particular, some youth participants in the focus groups stated that they were required to have a job to be enrolled in RRH, but that they had to find the job independently and would have found assistance helpful. There was some perception among providers that youth and families may need longer durations of assistance and more case management than single adults.

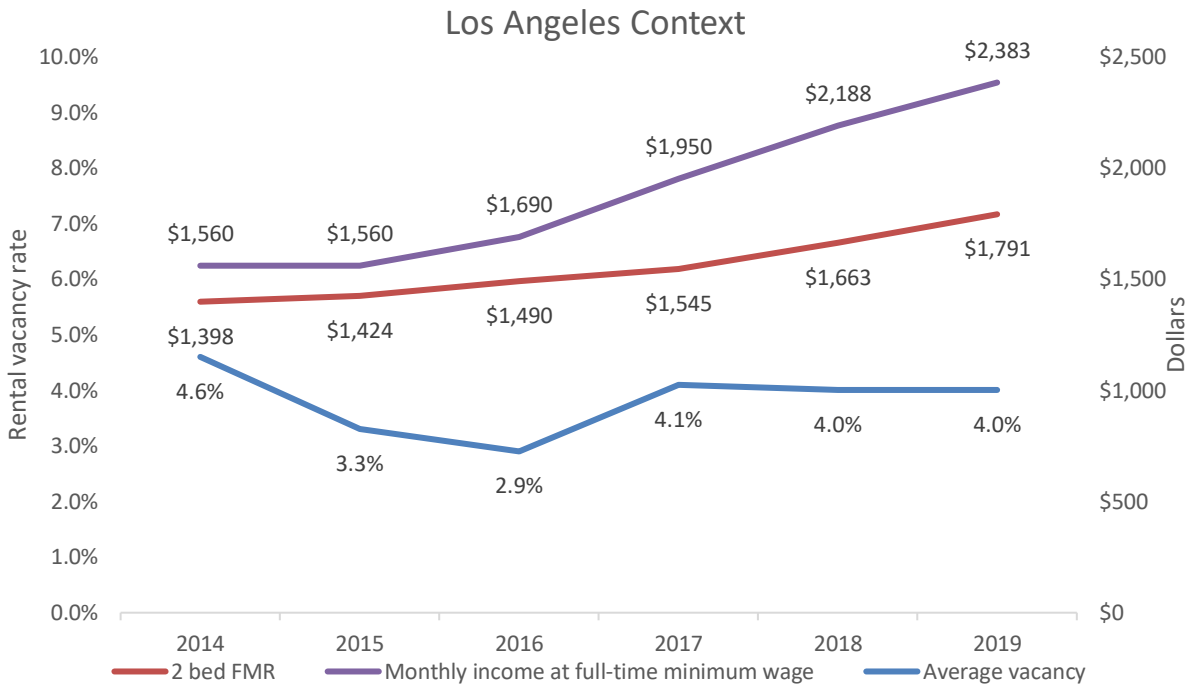
Turnover among case managers and direct service staff is high and affects the operation of RRH in a number of ways. A number of case managers and supervisors interviewed had been in their role for less than a year. Among frontline staff focus group participants, the majority (65%) had been in their positions for 2 years or less. Factors believed to contribute to high turnover among frontline staff are the high availability of jobs in the field coupled with some frustrations brought on by difficulties with the position and high caseloads. Difficulties included serving high acuity participants who staff perceive to need more support than they can offer, the inability to provide financial assistance to the numbers in need or when participants do not stabilize in housing, the inability to provide the needed level of case management support, changing implementation guidelines, and agencies not adhering to staff recommendations regarding participants' level of need for financial assistance.

Providers and participants report difficulty finding housing with the limited availability of affordable units. As a result of the tight housing market and high housing costs in Los Angeles County, staff report that it is getting harder for people to find housing and the time to find housing is growing. Program managers and staff reported that time to finding housing depends on a variety of factors, including the client's housing barriers (such as eviction and credit history), as well as whether the participant has income and is willing and able to share housing, which can expedite the housing location process. Program managers and staff also indicated that it is often necessary to work with participants to adjust their expectations around the type and location of housing they can afford after RRH assistance expires; in some cases, participants may find it necessary to move to a less central location or one further from their preferred area of residence to be able to find

affordable housing. Participants reported housing search times that varied from less than a month to a full year.

To provide context, Figure 4 below displays the vacancy rates, and the cost of housing relative to minimum wage earnings in Los Angeles County. The data show that over the past 5 years, overall vacancy rates (not just those within the affordable housing range) hit a low of 2.9 percent in 2016, but have increased to about 4 percent in the last 3 years. Both income and housing costs have increased, though the ratio of the minimum wage to the cost of housing has increased.

Figure 4. Vacancy rates, fair market rent, and minimum wage monthly income (2014-2019)



Analysis of administrative data on participants served through the RRH program after Strategy B3 implementation (July 1, 2016 - July 1, 2019) indicate that the average time from enrollment in RRH to move-in was 109 days (but this measure ranged widely, from less than a week to more than a year). This is longer than the average time to move-in following implementation of Strategy B3, which was 98 days (a small but statistically significant difference), although it is not clear what factors may be contributing to this difference. It is also important to acknowledge that variations in this time frame could be driven by variations in provider practices around the timing of enrollment relative to housing location as discussed further below.

Staff and client roles in housing location vary across provider and population served. There are two overarching approaches among providers supporting participants' housing location efforts: Having separate staff to do the housing location (some with specialized staff devoted specifically to identifying units and building landlord relationships) and having case managers assume the housing location role and assist participants with the housing search. It is unclear how these different models impact client outcomes.

According to both staff and participants interviewed, expectations vary both within and across providers around the role of the participant in the housing search process, as does the corresponding level of support case managers or housing navigators provide. Some participants find the housing themselves and bring it to the provider when they are ready to sign the lease. Others are given light support, such as a list of housing locations from the provider. In many cases, participants have help from a housing navigator or case manager, who may identify potential housing opportunities and accompany them to view units. Across populations, youth appear to need and receive more housing location support than other populations, including help screening possible housing and meeting with and talking to landlords. Youth providers sometimes have master lease housing and offer youth placements in that housing, or alternatively identify housing options in the community to which youth are referred. Overall, participants interviewed from all three populations perceived the housing search as difficult, and help with housing navigation to be useful.

RRH requires working with private landlords. Engaging landlords and securing and keeping housing in a tight rental market is one of the biggest challenges reported by program managers, frontline staff, and participants. Landlord reluctance to accept RRH participants as tenants is, in part, due to the limited duration of the rental assistance, reluctance to accept third-party checks, and the competitive housing market. Landlords also note a perceived risk around accepting tenants with housing barriers; similarly, participants indicate that the stigma of homelessness makes it difficult for them to find a landlord willing to rent to them.

Fostering good relationships with private landlords, therefore, has become an important activity for providers administering RRH. Through Strategy B3, in addition to the rental assistance, providers have resources to offer landlords incentives such as a one-time "signing" fee or providing 1 month's rent to hold a unit. However, the greater availability of funding for RRH assistance, as well as the new incentives, have brought new challenges. One provider indicated "we've created a bit of a monster," as some landlords expect one-time incentives on an ongoing basis. Different housing programs also offer competing incentives, and landlords are aware of the relative benefits that come with tenants with different sources of housing support. For example, one interviewee noted that rental subsidies through the Flexible Housing Subsidy Pool (FHSP) come with longer holding fees than other types of subsidies. Growth in available rental assistance and incentives create several unintended consequences such as competition for housing slots within and across providers and attraction of some landlords who engage in illegal or unethical practices, such as charging large fees, refusing to repair units, and finding ways to move a client out once the subsidy expires in order to get a new move-in.

Two landlords were interviewed about their perspectives on housing tenants with RRH assistance. Both work with PATH's LeaseUp program (described below) and primarily rent to single adults who are referred through housing agencies. The landlords stressed how they value the role that case managers play, and that knowing there is case manager support provided is a more important consideration in renting to a tenant than financial incentives, although these are also considered helpful. Both landlords communicate frequently with tenants' case managers and perceive this communication as essential to addressing tenant issues when they arise. At times, the landlords apprise the case managers when tenants need support. One of the landlords who primarily provides shared housing arrangements reported initiating frequent communication with case managers and taking on more of a case management role over time. This reportedly included assessing tenants' employment and financial plans at the time of application, matching them to compatible roommates, providing job referrals once they are housed, and instituting housing arrangements intended to

mitigate disputes between tenants. The landlord became engaged in these activities after experiencing tenant issues early in the program, including receiving threats from tenants and witnessing disputes between tenants that resulted in police involvement.

The landlords interviewed also reported a need for ongoing case manager involvement as needed during the tenants' transitions off of RRH assistance. One landlord noted that it is not uncommon for tenants to be unemployed when their assistance expires; in these situations, the landlord works with the case managers to arrange to relocate tenants unable to pay rent rather than formally evict them. The other landlord reported challenges around not being informed when a tenant transitions off of assistance, especially when the tenant subsequently experiences difficulties paying rent or other tenant issues. This landlord indicated that it would be helpful to have a roadmap for who to call or how to proceed if difficulties arise after a tenant graduates the program.

In addition to communication and responsiveness, the landlords recommended other strategies that may be useful in engaging other landlords, including providing more rental assistance or compensation for the added time needed to manage properties with high-need tenants, and providing resources (e.g., holding fees, risk mitigation, and compensation for gaps in unit occupancy) to offset the perceived risk around relaxing standard screening criteria for rental applications.

Strategies and solutions are under development to increase the pool of sustainable affordable housing. Shared housing and a shallow subsidy program are two strategies intended to provide more sustainable opportunities to house people, especially after the RRH financial assistance is completed. Additionally, specialized housing location and retention efforts through PATH's LeaseUp Program and Brilliant Corners Housing Location and navigation services are an additional strategy to expedite housing location and facilitate long-term housing stability.

Shared housing is cited often by providers as one solution to the problem of finding and keeping sustainable affordable housing, particularly for youth and single adults. Providers and landlords perceive that participants are more likely to be able to retain shared housing long term. However, this approach has its own challenges: It does not lend itself to certain housing location approaches such as the use of large-scale holding agreements, which have been used to hold a large number of units vacant while matching them to RRH participants, but have been found to remain open for too long when awaiting placement of multiple disparate people into a single housing location. It also requires participants to navigate roommate relationships; it may require additional case management support to help mediate roommate issues; and it is not a solution for everyone given that some participants are unwilling or unable to live in shared housing arrangements.

The Shallow Subsidy program was developed by LAHSA, and a request for proposals for the program was issued in July 2018 and awarded to the Salvation Army in January 2019. The goal of the program is to provide financial help to RRH tenants who are no longer in need of case management services and whose financial assistance is expiring, but who are unable to afford market rate housing. The Salvation Army received an annual investment of $12 million from February 2019 through June 2021, to begin implementation in April 2019. The program offers a security deposit (if needed) and a monthly amount of $300 for a one-person household or $500 for a multi-participant household for up to 5 years. RRH tenants eligible for the subsidy must meet all of the following criteria: Be waitlisted for subsidized or affordable housing, be currently housed and exiting RRH within 120 days, have income under 50 percent AMI, be paying 60 percent or more of their total income towards their current rent, and not be in need of intensive case management or other long-term service (LAHSA, 2018). The Shallow Subsidy program was in its early implementation during our evaluation and program managers interviewed had limited experience with actually using it. However, early concerns raised are that the program has restrictive eligibility that means many participants may not qualify, and that it may provide insufficient monthly amounts, particularly for families.

PATH and Brilliant Corners are two non-profit community organizations that operate specialized housing location and retention efforts. PATH, a housing and homeless services provider, operates the LeaseUp program, a resource that provides information about available units for eligible housing and homelessness programs involved with CES, including RRH and other housing programs. PATH's housing location program acts as a liaison between landlords and case managers throughout the housing location and retention process. Brilliant Corners is DHS's community-based fiscal intermediary, responsible for administering local rental subsidies for DHS and providing housing acquisition services to subsidy recipients. Several program managers mentioned currently accessing PATH's LeaseUp program for housing location and finding the resource helpful. Brilliant Corners housing acquisition services have been provided for RRH participants since Strategy B3 implementation, but the focus has since shifted to provision of services for other subsidy types.

Housing Location and Retention Efforts

PATH LeaseUp

- **Provider support in working with landlords, identifying vacancies and matching participants**
- **Zillow-like platform for case managers to access pre-vetted units for tenants**
- **Landlord support, including Landlord Advisory Board, relationships with apartment associations, outreach and landlord education workshops, risk mitigation funds, a mediation coordinator to work with landlords and case managers to resolve issues that arise**

Brilliant Corners Housing Acquisition Services:

- **Landlord outreach, incentives, matching of tenants**
- **Unit holding agreements to retain large number of units and link clients to them**
- **Tenancy support services including assisting clients in housing selection and move in, and providing supports to prevent evictions**

The effectiveness of these programs has not been systematically examined, but future housing navigation efforts could benefit from a review of information on their work to date, information gathered through their landlord engagement efforts, as well as the challenges encountered. One challenge identified thus far has been holding units for shared housing and matching them to tenants in a timely manner, as it is reportedly difficult to identify and match disparate RRH participants to shared housing units. Another barrier is

identifying landlords willing to participate in the programs. Related to this, some providers are reportedly hesitant to share or publicize information on participating landlords, because such landlords are a limited resource.

Section III. Identification, Characteristics and Outcomes of RRH Participants

A. Identification and Enrollment in Rapid Re-Housing, and Characteristics of Populations Served

Participants identified and enrolled in RRH programs are reportedly generally assessed and tracked in CES at or prior to enrollment, although in same cases assessment comes afterwards. Potential participants may be identified and referred through a range of sources and are enrolled directly by the providers. The process whereby participants are identified and enrolled differs by population and by SPA. Populations differ in the number and type of referral sources, the pathways through CES, and the degree to which systems coordination and matching is already in place. Referrals into RRH come from a range of sources including CES, community partners, outreach workers, hospitals, and participants self-presenting. While single adults seem to be referred through the widest range of referral sources, CES for youth appears to be more coordinated and centralized, with matching to RRH providers occurring at the SPA-level in some cases.

For families, the process of identification and referral poses unique challenges. Unlike other populations, families are referred through the Family Solutions Centers (FSCs), a countywide network of homeless service providers that provided a centralized point of access for families in need of crisis services. In addition to connecting with other needed services, the FSCs connect families with temporary as well as permanent housing placements. The reported expectation is that, in the absence of an alternative housing resource, all families should be enrolled in an RRH slot if they are unable to be diverted. This results in a higher number of families enrolled than can be served.

All participants to be served through RRH are expected to complete a standardized vulnerability assessment (the VI-SPDAT, Family VI-SPDAT, or Next Step Tool for Youth) and to be connected to CES if they did not come through CES prior to their referral. This was confirmed by a number of focus group participants who reported calling 211 and completing assessments through CES, or doing an assessment after contacting the RRH provider. At present, however, CES across the populations functions as a source of referrals for RRH and a way to standardize initial screenings and systematically store data on intake information and vulnerability scores but not yet as a method of systematically prioritizing participants or matching them to RRH slots.

Prioritization and matching of participants to RRH are left to the discretion of the providers. Per the SRS, RRH provider organizations are required to assess whether a client is a "fit" for RRH and to consider the vulnerability assessment score. However, they are not required to rely solely on the score in making the determination; consequently, there is a lack of transparency regarding how the organizations determine who to prioritize for enrollment in the programs. Some program managers indicated that participants are served on a first come first served basis, whereas others indicated they try to serve everyone simultaneously or use a wait list and enroll participants when there is space available on caseloads.

Participants who are eligible for RRH under LAHSA's criteria (e.g., documented as homeless under HUD Categories 1 and 4 and under 50% AMI) may be required to meet additional requirements

from providers before being offered enrollment in the program. Client participants in focus groups noted requirements they believed they had to meet, including having income, being employed, having already identified housing and being ready to sign a lease, or being eligible for mental health services. It is unclear whether these perceived requirements are in fact enrollment requirements. What is clear is that there are differences across program managers and case managers in what they describe as the level of needs participants have in their programs as well as the extent to which they have income and employment. These client differences may be due to differences in how participants are recruited and enrolled. Due to time constraints in data availability and incomplete data about income and other characteristics, we were not able to examine differences in characteristics of participants served by provider; however, this may be something that can be pursued by LAHSA as it examines refinements it might make.

The administration of RRH is challenged by the lack of policies around prioritization for RRH and corresponding lack of standardization within CES. Challenges center around the lack of a system to determine how many participants can be served, the lack of consistency and transparency in who is prioritized for the limited resource, and a lack of consensus among stakeholders on how best to make such determinations. There are reportedly more people eligible for the programs than there are available resources, and no policy of establishing slots and openings to address this problem. Family providers, in particular, believe there are explicit or implicit expectations to serve all families, reportedly resulting in over-enrollment and/or high caseloads.

LAHSA has considered plans to standardize the CES process across all SPAs, prioritizing and matching the highest acuity participants to RRH (who are not matched to PSH or another deeper resource). Specifically, at the time of data collection, an operational manual was under development to standardize CES processes across the SPAs, and LAHSA had convened an advisory group to inform implementation of prioritization and matching to RRH. However, these plans have met with resistance and were evolving at the time of data collection. In our interviews, program managers repeatedly raised objections to the plan to prioritize and match to RRH resources based on high assessment scores. They worried that such a policy would make the resource less available for those of lower acuity who they feel are likely to benefit from it and do not qualify for other resources. They also were concerned that participants with high acuity would be less likely to be able to retain the housing, and concerned that system-wide matching will mean they are unable to serve existing participants of their agency for whom they believe their services may be most appropriate.

Providers and administrators also perceived that there already has been a shift in the acuity of the participants served under Strategy B3, which several providers reported was originally targeted to those of low to moderate acuity and later expanded under LAHSA's direction. While some providers and administrators indicate that those of higher acuity have also succeeded in RRH, others expressed concern that they may have a hard time maintaining housing once the assistance expires.

Analysis indicates that assessment scores are missing for 47 percent of those receiving RRH since the implementation of Strategy B3, and for 85 percent of those served in RRH in the 2 years prior. Due to large amounts of missing data on vulnerability scores in the HMIS, it is difficult to assess whether or not vulnerability has shifted over time or whether scores are related to retention.

Families' long stays in crisis housing while waiting for RRH are exacerbated by the uneven and, at times, poor quality of the temporary placements. As noted, families who go through

CES and whose needs cannot be addressed through problem solving or diversion[4] are to be offered crisis housing either in group settings or hotels. While this evaluation does not cover crisis housing, families' use of crisis housing is intertwined with the RRH program's efforts to rehouse them. Families may stay, and several reported that they believed they *must* stay, in these settings until rehoused, a process that can take many months. The families reporting these experiences sometimes had resided in hotels for a portion of their time awaiting RRH assistance and had spent the remaining time in group or shelter settings that they perceived to be uncomfortable, overcrowded, unsafe, and seemingly arbitrarily regulated by the agencies providing them. Lack of alignment between the requirements of the RRH program and of the crisis housing added to families' dissatisfaction. Providers and administrators interviewed did not indicate that staying in crisis housing was an eligibility requirement for RRH, although they did report that it is challenging to find shelter for all of the families in need while they are waiting for housing placements.

After Strategy B3 has been implemented, the size of the population served through RRH has increased considerably and there have been slight shifts in the demographics of the population. As noted earlier, over two times the number of households were served in the three years following Strategy B3 implementation, compared to the two-year time period prior to Strategy B3 implementation. Table 2 presents the demographic characteristics of the participants participating in RRH during the two time periods. Although the populations are somewhat comparable between the two cohorts, participants served after the strategy was implemented were, on average, more likely to be younger, Hispanic, and to identify as female or transgender or gender non-conforming. Cohorts also varied in racial composition. A higher proportion of those served post-implementation were multiracial or had an unknown or missing race, whereas a lower proportion served post-implementation were African American, Asian, and Hawaiian or Other Pacific Islander. Because race was missing for a larger proportion of the post-implementation cohort, it is not clear whether this reflects real shifts in the racial composition of the population served or differences in data quality over time. Although the absolute number of Veterans was comparable between the two cohorts, the expansion of the cohort following Strategy B3 implementation led to the proportion of Veterans being significantly smaller in that cohort than the earlier cohort. Proportionally more transition aged youth and fewer families and single adults were served post implementation of Strategy B3 than before it. Participants served after Strategy B3 are also considerably more likely to have known health insurance, and less likely to be missing insurance information than those served in RRH prior to Strategy B3.

[4] Problem-solving/diversion is a creative problem solving conversation that may include one-time financial assistance to help families access an alternative housing solution outside the homelessness system.

Table 2. Demographic characteristics of heads of household participating in rapid re-housing

	Pre-implementation cohort (N= 8,768)	Post-implementation cohort (N = 20,668)
Age***		
Mean	44 years	41 years
Median	43 years	38 years
Range	18-91 years	18-98 years
Age of HOH Unknown***	5%	6%
Household Type		
Single Adults***	61%	57%
TAY without children**	3%	7%
Families**	36%	33%
Gender		
Male***	55%	43%
Female***	44%	55%
Trans/Nonconforming***	<1%	<1%
Unknown*	1%	<1%
Race		
White	38%	39%
Black***	54%	51%
American Indian/Alaskan Native	1%	1%
Asian***	1%	<1%
Hawaiian/Pacific Islander	1%	<1%
Multiracial***	<1%	<1%
Unknown***	3%	6%
Ethnicity		
Hispanic***	25%	29%
Not Hispanic***	74%	69%
Unknown***	2%	3%
Veteran Status[1i]		
Yes***	43%	18%
No ***	54%	80%
Unknown***	2%	1%
Health Insurance		
Has health insurance***	65%	75%
Has no health insurance***	13%	17%
Medicare/Medicaid***	64%	72%
Employer-provided***	<1%	1%
Other insurance*	<1%	1%
Unknown***	22%	8%

***p<.001, *p < .01, *p < .05.

[1] While the number of veterans served has stayed roughly similar over the two study periods, they are a much smaller proportion of the population in the post-implementation cohort.

Participants in RRH after Strategy B3 are more likely to have income and a larger amount than those served prior to the strategy being implemented. As Table 3 shows, participants served after Strategy B3 implementation compared to those served before are more likely to have higher income and are more likely to have complete data on their income and benefits sources. They are also more likely to have earned income and to receive Supplemental Nutrition Assistance (SNAP). These findings should be interpreted with caution given the rates of incomplete data in the pre-implementation cohort..

Table 3. Income and benefits among households participating in rapid re-housing

	Pre-implementation cohort (N= 8,768)	Post-implementation cohort (N = 20,668)
Income		
Total Monthly income (from any source)		
Received***	64%	72%
Mean amount**	$991	$1,047
Earned income		
Yes***	18%	26%
No***	63%	74%
Unknown***	19%	<1%
General Assistance		
Yes	11%	11%
No***	71%	89%
Unknown***	19%	<1%
SSDI		
Yes	4%	4%
No***	74%	88%
Unknown***	22%	8%
SSI		
Yes***	13%	14%
No***	68%	86%
Unknown***	19%	<1%
TANF[1]		
Yes***	19%	21%
No***	60%	71%
Unknown***	22%	8%
Unemployment Insurance		
Yes	2%	2%
No***	79%	98%
Unknown***	19%	<1%
VA Income		
Yes***	9%	5%
No***	3%	9%
Unknown***	88%	85%
Other Income		
Yes***	3%	2%
No***	75%	83%
Unknown***	21%	14%

Table 3. Income and benefits among household participating in rapid re-housing (continued)

	Pre-implementation cohort (N= 8,768)	Post-implementation cohort (N = 20,668)
Non-cash benefits		
SNAP		
Yes***	35%	42%
No***	<1%	<1%
Unknown***	65%	58%
WIC		
Yes***	2%	3%
No***	73%	62%
Unknown***	25%	35%

***p<.001, **p < .01, *p < .05.

The health and related needs of RRH participants served after Strategy B3 differ from those of participants served in RRH prior to the strategy's implementation. As Table 4 shows, RRH participants in the post-implementation cohort have slightly higher rates of domestic violence and developmental disabilities and slightly lower rates of substance abuse, physical disabilities, chronic health conditions , and mental health conditions than the pre-implementation cohort. These differences in services needs are small but statistically significant, and may be due, in part, to differences in the mix of populations served, as noted above.

The limited acuity information available does not suggest that acuity has increased overall since implementation of Strategy B3. As depicted in Tables 5A – 5D, average assessment scores of those served following Strategy B3 are comparable to or lower than those served prior to strategy implementation overall and among families, adults, and TAY. Likewise, the proportion of those served falling in the moderate category (4-7/8) has increased in the overall sample. However, these results should be interpreted with great caution, given that scores were only available for a subset of those served, and were missing for the majority of those served before Strategy B3 was implemented. Reanalysis would be needed following data quality control measures to verify that these patterns hold when scores are available for the full sample.

Table 4. Disability, chronic health conditions, and history of domestic violence among those with HMIS data

	Pre-implementation cohort (N= 8,402)	Post-implementation cohort (N = 19,050)
Physical Disability		
Yes***	26%	22%
No***	71%	77%
Unknown***	3%	1%
Developmental Disability		
Yes***	7%	10%
No***	90%	88%
Unknown***	3%	2%
Chronic Health Condition		
Yes***	27%	25%
No***	70%	74%
Unknown***	3%	1%
HIV/AIDS		
Yes***	1%	1%
No***	96%	97%
Unknown***	3%	2%
Mental Health Problem		
Yes***	32%	30%
No***	65%	68%
Unknown***	3%	2%
Substance Abuse		
Yes***	9%	7%
No***	88%	92%
Unknown***	3%	1%
Domestic Violence		
Yes***	17%	22%
No***	77%	74%
Unknown***	6%	4%

***p<.001, **p < .01, *p < .05.

Table 5A. Acuity of CES assessments

	Pre-implementation cohort (N=1,351)	Post-implementation cohort (N=11,036)
Average assessment score		
Mean**	7.003	6.78
Std. Dev.	3.56	3.26
Range	0-18	0-19
Score breakdown**		
0-3	17.0%	15.5%
4-7	41.1%	45.7%
8+	41.9%	38.8%

***p<.001, **p < .01, *p < .05.

Table 5B. Acuity of CES assessments among families

	Pre-implementation cohort (N=256)	Post-implementation cohort (N=3,281)
Average assessment score		
Mean	7.11	6.79
Std. Dev.	3.44	2.89
Range	0-18	0-19
Score breakdown*		
0-3	13.7%	10.3%
4-8	56.6%	63.8%
9+	29.7%	25.9%

***p<.001, **p < .01, *p < .05.

Table 5C. Acuity of CES assessments among adults

	Pre-implementation cohort (N=991)	Post-implementation cohort (N=6,454)
Average assessment score		
Mean	7.15	7.01
Std. Dev.	3.60	3.46
Range	0-16	0-18
Score breakdown		
0-3	17.3%	16.4%
4-7	38.8%	40.6%
8+	44.0%	43.1%

***p<.001, **p < .01, *p < .05.

Table 5D. Acuity of CES assessments among youth

	Pre-implementation cohort (N=74)	Post-implementation cohort (N=1,047)
Average assessment score		
Mean	5.53	5.54
Std. Dev.	3.19	2.77
Range	1-14	0-16
Score breakdown		
0-3	21.6%	24.3%
4-7	58.1%	52.8%
8+	20.3%	22.9%

***p<.001, **p < .01, *p < .05.

B. Length of Enrollment and Outcomes for RRH Participants

Participants served in RRH after Strategy B3 compared to those served prior to its implementation appear to have moved into housing at higher rates. Those who do so, move in more quickly and are more likely to exit to permanent housing without a subsidy. As shown in Table 6, a higher proportion of those served following Strategy B3 have a documented move into housing during their enrollment in a RRH program. Outcomes of those with records of moves into housing are also presented in Table 6. Among those who moved in, those in the post-implementation cohort moved in more quickly and were more likely to exit to permanent housing

without a subsidy. They were also less likely to exit to permanent housing with a subsidy and more likely to exit to another or unknown destination.

However, it is important to note that although these difference may reflect an actual change in rates and timing of move in and subsequent outcomes, they could also reflect a difference in data quality and completeness of move-in dates over time. For this reason it is important to also consider time from enrollment to exit and exit destinations among those who exited without a record of move-in to housing documented in the data, as discussed further in the sections below.

Table 6. Length of enrollment and outcomes among households with rapid re-housing

	Pre-implementation cohort (N= 8,768)		Post-implementation cohort (N = 20,668)	
Moved In to Housing				
% reported moved in***	41%		50%	
Days to move in***	109 days		98 days	
Enrollment and Exit Characteristics				
	Moved into housing (N = 3,583)	No record of move into housing (N = 5,185)	Moved into housing (N = 10,275)	No record of move into housing (N = 10,393)
Exited Rapid Re-Housing				
% Exited***	95%***	85%***	74%	62%
Days from Enrollment to Exit	245*	159***	254	182
Days from Move-in to Exit	144***	—	166	—
% enrolled 6 months or less	77%***	82%***	44%	57%
% enrolled 6-12 months	18%***	15%***	31%	30%
% enrolled over 12 months	4%***	3%***	25%	13%
Exit Destination among those Exited				
Sample Size	N = 3,402	N = 4,397	N = 7,591	N = 6,427
Permanent Housing No Subsidy	30%***	21%***	44%	6%
Permanent Housing with Subsidy	54%***	23%***	32%	5%
Doubled Up Permanent	2%***	3%**	7%	4%
Doubled Up Temporary	1%*	5%	<1%	4%
Institutional Setting	<1%	1%	<1%	2%
Transitional Housing	<1%	5%	<1%	6%
Shelter	<1%	3%	<1%	3%
Unsheltered	<1%	8%***	1%	18%
Other	<1%***	4%***	2%	10%
Unknown	10%**	28%***	12%	44%

***$p < .001$, **$p < .01$, *$p < .05$; Significance tests compare rates of exit destinations (1) across the pre and post-implementation cohorts among those who moved into housing, and (2) across the pre and post-implementation cohorts among those who did not move into housing.

Participants served in RRH after Strategy B3 compared to those served prior to its implementation stay longer in RRH programs before exiting. Participants served following Strategy B3 stay longer in RRH programs prior to exiting. This is true among all RRH participants, those with and without documented moves into housing. At the same time, the majority appear to remain in housing with assistance for less than the allotted 24 months. Less than one percent of those served following Strategy B3 were in housing with rapid rehousing assistance for more than 24 months.

Those served following Strategy B3 exit to both stable and unstable destinations at different rates than those served prior to Strategy B3, but findings vary depending on whether a record exists of a move into housing prior to exiting. It is not clear whether findings reflect real differences in client outcomes or changes in documentation practices and data quality over time. As shown in Table 6, those served after Strategy B3 who moved into housing were more likely to exit to permanent housing without a subsidy or a permanent doubled up situation. They were also, however, less likely to exit to permanent housing with a subsidy[5] and more likely to exit to another or unknown destination. These exit findings are similar for those with no recorded move-in date; a key exception is that, for those without a move-in date, those served following Strategy B3 are less likely than those served prior to Strategy B3 to exit to a permanent housing destination with or without a subsidy and are more likely to exit to unsheltered and unknown situations.

Additional analysis, beyond the scope of this evaluation, could shed further light on the outcomes of participants served through Strategy B3. Interpretation of the findings presented here can be bolstered by additional future analysis. A large proportion of participants served through Strategy B3 (32%) had not yet exited the program, and it is therefore not yet clear what their outcomes will be. While it is clear that those served following Strategy B3 are served for a longer period of time than those served prior, it is not clear whether this is positive or negative. Future analysis is needed to determine whether longer periods of enrollment ultimately correlate with better outcomes. It is promising that participants served following Strategy B3 appear to move into housing more rapidly and at higher rates and are more likely to exit to permanent housing without a subsidy after a documented move-in. However, these findings have to be considered with caution given the possibility that they could be artifacts of changes in methods of tracking move-ins and exits before and after the implementation of Strategy B3. Efforts to ensure that move-ins to housing and exits to permanent housing are recorded consistently over time and across providers can render future analysis of Strategy B3 outcomes more informative.

[5]Additional details regarding the types of subsidized permanent housing to which participants exit is provided in Appendix B.

Section IV. Conclusions and Recommendations

A. Conclusions

Expansion of Flexible RRH Resources to Broader Populations. Strategy B3 has resulted in an expansion of RRH services throughout Los Angeles County, with more providers administering the program on a wider scale than prior to the strategy. In addition, Strategy B3 has provided larger quantities of more flexible funding to cover additional staffing, longer term rental assistance, and more flexible coverage of other costs. In turn, following the Strategy, substantially more and a greater variety of participants have been served through RRH. The administrative data suggest that this population, compared to the population served in RRH prior to Strategy B3, has moved into housing at higher rates and more quickly, and has been more likely to exit into permanent housing without a subsidy following move-in. At the same time, people served following Strategy B3 appear to remain enrolled slightly longer before exiting compared with those served prior, and their patterns of exit destinations show key differences depending on whether a move-in date is documented in the administrative data. Due to inconsistencies in the administrative data, these quantitative findings may either reflect real changes in RRH operations and outcomes or alternatively may reflect differences in the quality and completeness of data over time and across providers. Additionally, outcomes are not yet known for a substantial portion of those served following Strategy B3, who have not yet exited the program.

Variability in Approach across Providers and Populations. With respect to implementation, a systematic, consistent approach to implementing RRH across providers is not yet in place. More recent guidance and training from LAHSA with the collaboration of providers is likely to help systematize the operation of RRH, but it continues to be highly variable. Decisions around length and amount of rental assistance, case management, housing location assistance, and client selection are largely left to the provider, within broad parameters. Consequently, providers differ in the duration and amount of financial assistance provided, the nature and amount of case management provided, and the nature of support provided to participants in the housing location and navigation process. Processes for identifying participants and enrolling them in housing are decentralized, and systematic prioritization and matching is not yet in place, resulting in a lack of transparency on client selection.

There are also differences in approach by population, in part due to differences in perceived need or in how other parts of the system, such as CES, vary by population. Families, for example, are over-enrolled in RRH due to the concern of having families without housing; this results in high caseloads as well as temporary, though often extended, placements in crisis housing, the conditions of which are challenging. CES for youth is more coordinated, with closer collaboration among providers than other systems, but youth may need more support around housing location and navigation as well as employment and vocational services.

Despite these differences, however, providers share the same challenges, including lack of standardized policies around RRH prioritization and implementation, difficulty securing sustainable housing and engaging landlords, and difficulties retaining staff. These challenges are described further below, along with some of the strategies that have been tried to address them. In some cases, these strategies have resulted in new challenges, which are also described.

Lack of Standardized Policies Around RRH Prioritization and Implementation. As described above, much of the implementation of RRH is left to the discretion of the providers, and the resulting variability is exacerbated by a lack of standardized policies around prioritization for RRH within CES. LAHSA has considered plans to standardize the CES process across all SPAs, prioritizing and matching to RRH the highest acuity participants (who are not matched to PSH or another deeper resource). These plans, however, were evolving as this evaluation was underway, amid provider concerns that such a policy would exclude participants of lower acuity who could benefit from RRH and do not now qualify for other resources, prioritize those who have a lower likelihood of retaining the housing, and make it difficult to serve participants they believe could benefit from RRH. Training and technical assistance offered by LAHSA that could ultimately lead to greater consistency in RRH practice requires a significant investment in time and resources by both providers and the system, exacerbated by staff turnover requiring additional trainings.

Difficulty Securing Sustainable Housing and Engaging Landlords. It is reportedly difficult to find affordable housing in the tight and costly Los Angeles County market and to engage landlords to rent to RRH participants. Having flexibility to house people experiencing homelessness in Los Angeles County in other more affordable geographic areas outside of the county, have been noted as a helpful strategy to address this challenge. Strategies for improving landlord engagement, such as one-time incentives, may help providers attract landlords, but have led to competition among housing programs for housing slots as well as reportedly attracting some landlords who engage in illegal or unethical practices, such as charging large fees. Similarly, several strategies for finding and keeping sustainable housing, such as shared housing, the Shallow Subsidy program, and housing location intermediaries, may help address the problem but bring in their own complexities. Shared housing does not lend itself to all housing arrangements, requires participants to navigate roommate relationships, often requires additional case management support, and is not a solution for all participants. The Shallow Subsidy program, recently implemented, has generated early concerns that the program has restrictive eligibility and may provide insufficient support, although there is not yet sufficient data to evaluate this concern. Finally, two organizations have been funded to conduct specialized housing location and retention efforts. These organizations have developed specialized strategies for engaging in outreach to landlords, providing landlord incentives, matching clients to available units, and providing ongoing tenancy support after clients move into housing. While the impact of these strategies have yet to be systematically evaluated, some program managers reported availing themselves of these resources, and it is likely that information gathered and challenges encountered through these efforts may inform future housing navigation efforts. For example, challenges to these efforts thus far include difficulties holding units for shared housing, identifying landlords willing to participate in RRH programs, and persuading providers to share information with one another on willing landlords when they find them.

Staff Turnover. There is reportedly a high rate of staff turnover, due to the challenging nature of the work itself and high availability of jobs in the field. Challenges of the work that may contribute to turnover include frustrations brought on by difficulties with the position and high caseloads, as well as staff concerns that they are unable to provide the assistance needed to successfully stabilize participants in housing, particularly those with higher needs.

B. Recommendations

The recommendations below can strengthen the existing RRH programs under Strategy B3 address key challenges.

✓ **Improve Program and Provider Consistency**

Enhanced provider consistency in RRH delivery would permit a stronger evaluation of program implementation and outcomes, and might lead to improved client outcomes and transparency around what is delivered. Moreover, having more consistency in approach will increase equity of access so that it will not matter where (through which provider or SPA) or when (at what time of year/time in the budget cycle) an individual seeks assistance. Finally, consistency can facilitate a more systematic evaluation of the outcomes of the program over time. Consistency can be enhanced through the following approaches.

1. Develop clear guidance and shared consensus around answers to the following questions.

    a) What is encompassed in RRH? What are the service expectations, and do they differ by population served?

    b) Who is RRH for? For participants of what need or acuity level?

    c) What is the structure for administering the financial assistance? What level of standardization versus what flexibility is expected in implementing progressive engagement?

    d) How is that flexibility and the expectations of the program and the client messaged to participants?

    e) What size and composition should caseloads have?

    f) What tools and/or guidance do providers have or need to fairly assess continued need?

2. Standardize CES processes, and, in particular, systematize the process whereby participants are prioritized and matched to programs. This should help enhance transparency around who is served and in in what order, reducing potential inequities in service receipt. In addition, ensuring completeness of CES vulnerability score data entered in HMIS and using those and other HMIS data to monitor the implementation of prioritization and matching would improve the ability to assess whether differences in outcomes relate to different CES vulnerability scores and other indicators of need. Findings can be used as they emerge to guide the process and to communicate with staff about outcomes.

3. Involve persons from all levels and perspectives (program managers, case managers, participants, landlords) in planning and decision making around RRH/Strategy B3. This can facilitate buy-in as well as avert possible additional challenges in the decisions that are made. Many of the challenges in implementing RRH require the cooperation of

others; having those with various perspectives on the ground floor in problem solving with RRH may help to develop workable strategies. In particular, challenges in navigating the private housing market may be addressed by engaging landlords in developing strategies to increase their involvement, as well as examining more closely the strategies that have worked to date and identifying the barriers that have been the most intractable.

4. Provide ongoing training and guidance to better equip staff to administer RRH in a consistent manner across programs. Continued training and guidance, tied closely to the program requirements and expectations, can improve consistency in RRH at all levels of a provider organization.

✓ **Enhance Landlord Cultivation**

1. Navigating the private housing market was described by many as a central component of the RRH program model. As efforts to engage landlords proceed, it will be worth gathering targeted information on what has worked to date and what barriers have been encountered by providers and specialized housing location and retention specialists. Some questions that may be informed by existing efforts include:

   a) How do landlords learn about RRH programs, and how can awareness of and understanding of these programs be increased among new landlords?

   b) What factors deter participation, and how can these be ameliorated?

   c) What are incentives to participation, and how can these be enhanced?

   d) How do strategies for engaging and working with landlords need to be tailored to particular populations of tenants (e.g., youth, families, or those of higher acuity) or housing arrangements (e.g., shared housing)?

   e) What are best practices for case managers and RRH providers in working with landlords and addressing tenant issues that may arise after clients have moved into housing and through the point when assistance expires? What practices foster housing stability and retain willing landlords as participants in these programs?

2. Landlords reported that they valued the case management and would like increased communication, especially when a participant is transitioning off of the RRH subsidy, as well as options for who to call or how to proceed if difficulties arise after a tenant completes the program.

3. Aligning the size and frequency of incentives, risk mitigation, and payment policies and practices across different program types may make landlords less likely to search for the most advantageous program. Because RRH programs have shorter term subsidies than other programs and may be perceived as riskier, it may be worthwhile to consider giving RRH programs the ability to offer greater incentives.

✓ **Address Staff Turnover**

Retaining staff is key to sustaining a successful program. At present, turnover is a significant challenge, and strategies to retain staff should be a priority. The following efforts may build morale and enhance retention:

1. Increasing salaries with the aim of encouraging retention within an agency;

2. Ensuring that staff have the right case mix and the capacity to adequately support those in their caseloads;

3. Providing training/guidance and supervision for staff around progressive engagement;

4. Holding forums where staff can share their concerns and barriers to serving clients and access resources; and

5. Providing staff with alternative resources to offer RRH participants who are lower priority, including problem-solving (diversion) resources.

✓ **Improve and Clarify the Relationship between Crisis Housing for Families and RRH**

1. Families in RRH that we interviewed reported that they believed that they were required to stay in crisis housing while working on finding housing through the RRH program. While some crisis housing was provided in motels, some of it was through shelters or other forms of temporary congregate housing. Families had significant concerns about the shelters and congregate housing; they found them uncomfortable, overcrowded, unsafe, and seemingly arbitrarily regulated by the agencies providing them. The relationship between the requirements of these programs and the RRH program was not clear and created confusion for families. Crisis housing is outside the scope of this evaluation; however, efforts appear warranted to clarify whether families must stay in crisis housing to receive RRH assistance.

✓ **Monitor and Improve Data Quality and Track and Report Outcomes including by Time in Program and Acuity**

1. Efforts are needed to improve data quality. The descriptive outcomes presented in this evaluation relied on administrative data, which were limited in their quality and completeness. Efforts are needed to improve data quality and to ensure that data are tracked systematically the same way across providers and over time. In particular, at present it is difficult to ascertain whether the absence of move-in and exit dates in the client record indicates that the client has not yet moved into housing or exited the program or alternatively reflects missing data. Likewise, it is not clear that moves into housing during program enrollment and subsequent exits to permanent housing or other destinations have been tracked consistently across providers or over time. Different provider practices around the timing of enrollment in the program relative to move-into housing may also render the data misleading. For example, we were told by some stakeholders (agency administrators as well as RRH participants) that some providers wait until clients are ready to sign a lease and move into housing before formally enrolling them in programs, a practice which could artificially reduce the estimates of time served prior to move-in and exit. Establishing and monitoring

adherence to guidelines to ensure that these measures are tracked consistently and comprehensively can form the basis for a stronger future evaluation of outcomes. Enhancing completeness of the data can also help to better understand the sociodemographic characteristics and needs of the populations served and capture changes in these characteristics over time. For example, the racial composition of the population served appears to have changed slightly over time, but there has been a comparable (3%) increase in rates of missing data over the same time period, making it difficult to determine whether there has been an actual shift in the population served or whether this just reflects changes in data quality.

2. Ongoing monitoring of the impact of programs over time is needed. A large proportion of those served through Strategy B3 had not yet exited the program at the time of this evaluation, and their outcomes remain unknown. Moreover, additional analyses that were not feasible within the scope and time constraints of this evaluation, can help to further understand observed outcomes and to differentiate more reliably between those who are missing move-in and exit information versus those who have not yet moved in or exited.

3. Future analysis should aim to better understand the factors associated with positive and negative outcomes. There were a number of concerns raised by staff and program managers that RRH is being used with people who may not be successful and many RRH programs believe they are serving higher acuity people. We did not see evidence to support this in the limited data available. However we did see increased lengths of programs stays and lower exit rates. Tracking the impact of the programs and being able to distinguish trends and differences in population outcomes from anecdotal experience is critical to monitoring program success and to achieving provider buy-in, especially if RRH will be offered to those with higher needs. Specific questions that could be informed by future evaluation include the following:

    a) To what extent does longer length of time served through RRH contribute to more positive outcomes (exits to permanent housing destinations and retention in housing without assistance)?

    b) To what extent does participant acuity influence RRH service receipt and participant outcomes? Do those of higher acuity experience comparable outcomes to those of lower acuity, and do they require more intensive services or longer program times to achieve comparable outcomes?

    c) What is the rate of movement between RRH and other types of housing assistance? For example, what proportion of participants served through Strategy B3 ultimately receive RRH assistance as a bridge to other higher levels of assistance, such as permanent supportive housing? Do longer stays reflect in some cases waiting for other resources to become available?

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Appendix A

Summary of Methods

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Summary of Methods

A. Document Review

Review of documents has been employed to better understand the history, evolution, and status of Strategy B3; to inform the development of interview and focus group protocols; and to contextualize the qualitative data gathered. Documents reviewed include: contextual information on homelessness in Los Angeles County, including Annual Homeless Assessment (AHAR) and Continuum of Care (CoC) reports; strategic documents from the Homeless Initiative (HI), HI performance evaluations, and HI quarterly reports; and publicly available and internal documents from the HI, Los Angeles Homeless Services Authority (LAHSA), including strategic planning and implementation documents, impact dashboards, community input session summaries, guides to contracting opportunities, lists of funded Strategy B3 contractors, presentations, and reports (Exhibit A-1).

Exhibit A-1. Relevant documents

- Contextual information on homelessness in Los Angeles County
- Annual Homeless Assessment Report (AHAR) data and Continuum of Care (CoC) reports
- Strategic documents from the Homeless Initiative (HI)
- HI performance evaluations and HI quarterly reports
- Budgets
- Internal documents from LAHSA
- Dashboards and publicly available documents from LAHSA

B. Interviews and Focus Groups

In-depth semi-structured interviews were conducted with key administrators of Strategy B3 and directors of organizations that administer rapid re-housing (RRH). Focus groups were conducted with direct line staff of RRH programs and with RRH program participants.

Sampling. We conducted telephone interviews with administrators from the agencies involved in administering RRH in LA County, as well as agencies that coordinate with RRH on housing and the coordinated entry system (CES). With the help of Los Angeles Homeless Services Authority (LAHSA), Department of Health Services (DHS), and the Chief Executive Office (CEO), we identified key administrators of Strategy B3 to interview at these agencies, as well as the Housing Authority of the City of Los Angeles (HACLA), the Los Angeles Community Development Authority (LACDA), the Department of Children and Family Services (DCFS), and the "LeaseUp" program at People Assisting the Homeless (PATH). We conducted 18 interviews across these agencies to understand the evolution and implementation of Strategy B3, the implementation of the strategy, funding, impending changes, and contextual information. A detailed list of administrators interviewed at these agencies is presented in Table A-3.

For the interviews and focus groups, we sampled a total of 13 organizations from the pool of 20 LAHSA-funded organizations administering RRH for all populations served across the SPAs in Los

Angeles County as of FY 2018-2019. We arrayed the organizations by the geographic regions and populations served. With input from LAHSA, we selected organizations that would permit us to represent organizations serving all populations across all geographic regions of Los Angeles.

We additionally sampled private landlords to gather information on landlords' perspectives. This aspect of data collection was added during the course of the evaluation based on initial findings that emerged from staff focus groups and provider interviews regarding the difficulty of finding housing and challenges engaging landlords. We recruited landlords known to have experience working with tenants with RRH assistance via PATH's LeaseUp program.

Overall, we conducted 18 interviews with agency administrators, 13 interviews with RRH program directors, and two interviews with private landlords. We conducted four staff focus groups, each with five to 12 direct line staff at these organizations, and five participant focus groups, each with two to eight RRH program participants. A list of providers sampled for interviews and focus groups is presented in Tables A-1 and A-2, respectively. A list of key informants interviewed is given in Table A-3.

Table A-4 presents demographic and housing characteristics for the participants in the focus groups, obtained through a brief survey administered at each of the five focus groups. A total of 25 participants completed the survey. Average age of participants was 36.8 years, with a range of 20 to 69 years of age. The median length of time homeless, for those who responded, was seven months, with a range from one month to four years.

Table A-1. Interviews with RRH program managers

Organization	SPA
Valley Oasis	1
LA Family Housing Corporation	2
The Village Family Services	2
Volunteers of America	3, 6
Union Station Homeless Services	3
Covenant House	4
LA LGBT Center	4
The People Concern	4
PATH	4, 5, 7, 8
St. Joseph's Center	5, 6
Coalition for Responsible Community Development	6
Special Service for Groups (SSG)/HOPICS	6
Harbor Interfaith	8

Table A-2. Focus groups with RRH direct line staff and participants

Organization	Population(s)
LA Family Housing Corporation	Families, staff
Volunteers of America	Single adults
LA LGBT Center & Covenant House	Youth, staff
PATH	Single adults, staff
Special Service for Groups (SSG)/HOPICS	Families, staff

Table A-3. List of administrators participating in key informant interviews

Point of contact	Organization
Paul Duncan, Alex Devin, and Jeffrey Proctor, Strategy B3 Leads	Los Angeles Homeless Services Authority (LAHSA)
Cheri Todoroff, Strategy B3 Lead	Department of Health Services (DHS)
Charisse Mercado	Los Angeles Homeless Services Authority (LAHSA)
Joshua Legere	Department of Health Services (DHS)
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Kevin Flaherty	Department of Health Services (DHS)
Steve Rocha and Christopher Chenet	Los Angeles Homeless Services Authority (LAHSA)
Linda Jenkins	LA Community Development Authority (LACDA)
Gail Winston	Department of Children and Family Services (DCFS)
Elizabeth Ben-Ishai	Chief Executive Office (CEO)
Meredith Berkson	Chief Executive Office (CEO)
Ashlee Oh	Chief Executive Office (CEO)
Halil Toros	Chief Executive Office (CEO)
Ryan Mulligan	Housing Authority of the City of Los Angeles – HACLA
Maureen Fabricante	LA Community Development Authority – LACDA (Previously called the Housing Authority of the County of Los Angeles – HACOLA)
Jennifer Lee	PATH LeaseUp program
Chris Contreras, Perlita Carrillo, Sophia Rice	Brilliant Corners Flexible Housing Subsidy Pool (FHSP) with DHS

Table A-4. Demographic and housing characteristics of focus group participants

Demographic characteristic	Number	Percent
Household Type	**N = 25**	
Adult	11	44%
Family	9	36%
Transition Age Youth	5	20%
Gender		
Female	15	60%
Male	8	32%
Other	2	8%
Race		
Asian/Pacific Islander	2	8%
Black/African American	7	28%
Latino/Hispanic	10	40%
Mixed Race/Ethnicity	2	8%
Native American	1	4%
White/Caucasian	2	8%
Other	1	4%
Primary Language		
English	23	92%
Spanish	2	8%
Housing status	**Number**	**Percent**
Current housing		
In an apartment	17	68%
In shelter, motel, or crisis housing	7	28%
In a vehicle	1	4%
Length of time housed		
less than 3 months	9	36%
3 to 12 months	6	24%
Missing	2	8%
Not yet housed	8	32%

Data Collection. All data collection followed informed consent and human subjects protection procedures approved by Westat's Internal Review Board (IRB). One-hour confidential telephone interviews were conducted with individual administrators and program directors, recorded to provide for confidential transcripts to provide a backup to note taking.

Interviews with county administrators and agency directors elicited information on the history of Strategy B3 and its impact on the organization, as well as the respondent's role and work relevant to the strategy. Interviews also gathered information on the following domains: the scope of the strategy, funding sources and their requirements and restrictions, the scope and size of the strategy (number of RRH programs and participants served through RRH), the services and supports received as part of RRH, including the structure of financial assistance, case management, and supports around housing location and navigation, and the process whereby participants are identified and enrolled in RRH; rates of client placement and retention in housing; information on the level and nature of collaboration around RRH implementation among and within agencies; key challenges around implementing RRH, including contextual factors impacting implementation. For all of these domains, we assessed the degree to which there were perceived changes following strategy implementation, as well as any variations by population served, provider, or SPA.

Focus groups gathered information on a number of these domains from the perspective of front line staff and RRH participants. Staff were asked to share information on how participants are received and enrolled in the program, types of RRH assistance provided, client outcomes, challenges around implementation, and the level of collaboration with other providers and staff. Participants were asked about their pathways to homelessness, the process of seeking housing and arriving at the RRH program, services and supports received while experiencing homelessness, type of RRH assistance offered and received, any assistance received around employment, and outstanding needs, and suggestions and recommendations for services and supports to help them remain in housing. All focus groups were conducted in a private space located at a participating RRH provider.

Landlord interviews gathered information on their background and experience with RRH programs, perceptions of Strategy B3, numbers of tenants receiving RRH assistance and the types of units in which they are housed and the housing providers with which they are affiliated, the nature of the financial assistance, the process whereby they are connected with RRH recipients as tenants, the nature of leasing agreements and eligibility criteria for tenancy, retention of tenants receiving RRH assistance in housing, challenges experienced around leasing to tenants with RRH assistance, and recommendations for program improvement/for ways to make the program more attractive to private landlords.

Full copies of our protocols were submitted with our Project and Data Collection Plan in September of 2019 and are available upon request.

C. HMIS AND CHAMP Administrative Data

Analyses of administrative data were conducted to provide information on the characteristics and needs, enrollment and length of time in RRH, and exits from RRH for participants served through RRH before and after Strategy B3 was funded.

Sample. The initial sample for our administrative data analysis was comprised of all participants served through RRH between the Strategy B3 implementation beginning on July 1, 2016 and June 30, 2019 (our post-implementation sample; N = 20,668) and the two years prior (our pre-implementation sample N = 8,768). Our pre-implementation cohort was limited to individuals whose enrollments were new on or after 7/1/2014, while our post-implementation cohort was limited to those with new enrollments on or after Strategy B3 implementation on 7/1/2016. The pre-implementation time frame selected was shorter than the post-implementation time frame because we had concerns about the quality of the administrative data prior to 2014. Rather than have equal time frames, we opted to include an additional year of observation in the post-implementation time frame to maximize the information provided.

Data Sources. Data sources included DHS' Comprehensive Health and Management Platform (CHAMP) and the Homeless Management Information System (HMIS). The majority (93%) of our sample was tracked in HMIS or in both data systems, while the remainder (7%) was tracked only in CHAMP. Thus, some variables presented (the disability and domestic violence variables in Table 5 of the text) are presented only for those in HMIS. Our cohort was limited to individuals whose enrollments new on or after 7/1/2014, and those in the post-implementation cohort were not enrolled during the pre-implementation period.

Variables Extracted and Constructed. Sociodemographic variables extracted include age, gender, race, ethnicity, veteran status, health insurance, income, and benefits. Using HMIS data, we constructed household type using age and number of children under 18 in the household (determined by calculating whether children age 18 were linked to the head of household via a household ID). For CHAMP data, all participants were coded as heads of household; those under age 18, who were excluded from the sample. Family status for households tracked in CHAMP was coded based on the project with which the client was affiliated, with input from DHS.

For participants tracked in both data systems, we privileged whichever data source had more complete variables. In the event that both data systems had complete variables, we relied on HMIS for most of the constructed variables, with the exception of race, which appeared to be more complete in CHAMP.

The following descriptive variables were extracted from HMIS and CHAMP: Age, gender, race, ethnicity, veteran status, health insurance presence and type, income and sources, and non-cash benefits.

Outcome variables were constructed as described below:

1. **Enrollments.** Enrollments identified using project start and exit dates associated with enrollments in an RRH program (project type 13) in HMIS, and check-in and check-out dates associated with enrollments in an RRH program in CHAMP.

2. **Move In.** Participants who had a move-in date associated with an RRH enrollment in either data system were considered to have moved into housing, and time to move-in was calculated as days between the date of project start/check-in and move-in date.

3. **Exits.** All participants with either a check out date in CHAMP or an exit date documented in HMIS were considered to have exited the program. In cases where there were overlapping enrollments during the study period, the enrollment was considered to be a single time frame, with the earliest project entry or check-in date and the latest project exit or check-out date used across the two data systems. Likewise contiguous enrollments RRH (where check-in date was within 30 days of check out date in CHAMP or project start date was within 60 days of project exit date in HMIS) were treated as a single enrollment, a decision made based on our understanding of how data are tracked in the two data systems and in consultation with DHS and the CEO. Time to exit was calculated as days between project check-in or entry date and check out or exit date. Exit destination was coded based on HMIS data and was not available in a comparable format for DHS data, so is coded as unknown for recipients only tracked in that data system.

Rates and timing of move-in and exits and destination of exit were limited to those who exited within 3 years of entry. Importantly, for those without a record of move-in to housing during program enrollment (59% of those in the pre-implementation cohort and 50% of those in the post-implementation cohort), it is not clear whether the individual did not move into housing or moved into housing but is missing their move-in date. Likewise, for those without a record of exit, we are unable to distinguish between those who are still enrolled in a program and those who exited but have missing exit data. Exits to permanent housing are assessed only for the first exit over the follow-up period. Some of those who exited to a destination other than permanent housing may

have returned to the system and subsequently exited to permanent housing, but would not be captured in this analysis.

Analysis. We conducted descriptive analysis, examining percentages for categorical variables and means, medians, and standard deviations for continuous variables. Additionally, we examined bivariate associations between cohort and client characteristics and outcome variables.

Limitations. A number of limitations should be noted. Quantitative data were originally collected for administrative purposes and should be interpreted with caution when used for evaluation purposes. For the descriptive data, it was not always possible to clearly distinguish between data that were missing because they were not endorsed or because they were not collected. Because participants are tracked in two data systems, we were limited in the variables we could examine for the full sample. For example, we did not have access to information on disability and other health conditions or domestic violence for 7 percent of the sample, as this was available to us only through the HMIS data. Additionally, our analysis of the vulnerability results of the CES assessment was limited by the high rates of missingness. With regard to our outcome variables, when move-in and exit dates were missing, we could not differentiate between those who never exited or moved in, and those who did so but had missing information. We therefore likely underestimate the rate of move-in and exits in the sample. In addition, the length of available observation was longer for those in the pre-implementation cohort than the post-implementation cohort. We sought to address this by limiting our analysis of exits to those occurring within three years of entry, but our analysis has limited information on the outcomes of participants who more recently entered RRH.

With respect to the qualitative data collected, one limitation involves the size of our participant focus groups. RRH participants can be difficult to recruit for focus groups because they are by definition not residing in a single place, and we believe as a consequence of this, attendance at some of our participant focus groups was low. Additionally, we were limited in the number and range of providers we were able to sample within the scope of the evaluation, and may not have captured all perspectives.

Appendix B

Types of Exit Destinations to Permanent Housing with Subsidy

Appendix B
Types of Exit Destinations to Permanent Housing with Subsidy

Table B-1 below provides detailed information on exit destinations among those exiting to permanent housing with a subsidy among those with no record of a move-in date and among those with a documented move into housing while enrolled in an rapid re-housing (RRH) program. A rental with a Veterans Affairs Supportive Housing (VASH) or Other subsidy were the most common destinations across all samples. However, compared with those served prior to Strategy B3, those served following Strategy B3 were less likely to exit to these destinations and more likely to exit to permanent housing for formerly homeless persons or to a rental with an RRH or equivalent subsidy. These findings should be interpreted with caution, as it is possible that these differences reflect different practices around tracking exit destinations in the administrative data over time rather than real differences.

Table B-1. Exit destination among those exiting to permanent housing with subsidy

	Pre-implementation cohort (N= 8,768)		Post-implementation cohort (N = 20,682)	
	Exit destinations among those who move in	Exit destinations among those who move in	Exit destinations among those who move in	Exit destinations among those who move in
Exit Destination among those Exited				
Permanent housing (PH) for formerly homeless persons	8%	5%	17%	10%
Safe Haven	<1%	0%	5%	<1%
Rental, VASH Subsidy	55%	47%	26%	34%
Rental, Other subsidy	36%	45%	44%	44%
Owned by Client, Ongoing subsidy	<1%	1%	<1%	<1%
Rental, Grant and Per Diem Program Transition in Place (GPD TIP)	<1%	<1%	<1%	<1%
Rental, RRH or equivalent subsidy	<1%	1%	7%	11%