

Permanent Supportive Housing for Homeless Families Initiative: Evaluation Findings



First 5 Los Angeles

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harder+company
community research

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Giving kids the best start

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Executive Summary

The executive summary highlights the major **evaluation outcomes.**

Executive Summary

Introduction

First 5 Los Angeles' (First 5 LA) mission is to increase the number of children prenatal to age 5 who are physically and emotionally healthy, ready to learn, and safe from harm.¹

Homelessness places children at greater risk for poor outcomes such as a higher prevalence of mental illness and impaired school functioning.² To address the gap in services available to families at risk of becoming homeless or already homeless in Los Angeles County, the First 5 LA Commission approved funds to provide permanent supportive housing, temporary rental assistance, and related services, for families with children aged prenatal to five that are homeless or at-risk of homelessness in the county.

First 5 LA contracted with Harder+Company Community Research (Harder+Company) in July 2014 to conduct a nine-month formative evaluation of the Permanent Supportive Housing (PSH) for Homeless Families Initiative. The evaluation included programmatic efforts that had been implemented through late 2014. The evaluation team's approach was to work in partnership with First 5 LA to establish a shared understanding of the evaluation's purpose, design, and methods. The evaluation has three primary goals:

- **Goal 1.** Describe the implementation of the Permanent Supportive Housing program funded by First 5 LA.
- **Goal 2.** Generate information that can be used to inform policy and program implementation decisions related to serving homeless families.
- **Goal 3.** Provide lessons learned that can be used for ongoing program improvement and to inform the broader family homelessness field.

The evaluation team utilized both qualitative and quantitative data and examined secondary data sources as part of this study. This mixed methods approach provides both breadth and depth of data, which supports the identification of preliminary outcomes as well as lessons learned about implementation. This executive summary outlines the key evaluation findings mapped to the evaluation's goals and questions (for detailed evaluation questions see Exhibit 4).

About the Permanent Supportive Housing for Homeless Families Initiative

First 5 LA selected the Community Development Commission of the County of Los Angeles (CDC) to serve as the project administrators to develop and oversee the PSH initiative. The initiative funded:

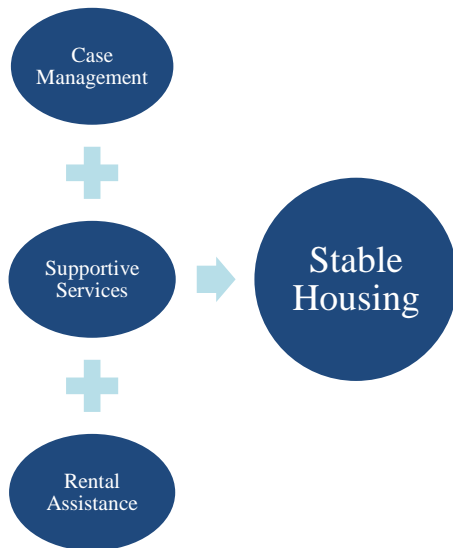
- 1) Capital development projects aimed at creating new units of affordable and supportive housing for families with young children, and
- 2) Two rounds of rental assistance programs that aimed to provide temporary rental assistance, case management, and supportive services to homeless families with young children and those at-risk of homelessness.

¹ This mission statement is part of First 5 LA's 2009-14 Strategic Plan. For information about First 5 LA's 2015-20 Strategic Plan, please see http://www.first5la.org/postfiles/files/F5LA%20Strategic%20Plan_FINAL.pdf.

² Gewirtz, A., DeGarmo, D., Plowman, E., August, G.I., & Realmuto, G. (2009). Parenting, Parental Mental health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of Orthopsychiatry*, 79(3), 336-347.

Families were required to have at least one child aged prenatal to five years in order to participate in the program. Additionally, for the first round of funding, families were required to have child welfare involvement. Together, case management, supportive services, and rental assistance were the core elements of the PSH Initiative model (see Exhibit A).

Exhibit A. PSH Model Elements



Family Characteristics

Homeless families served by the initiative reported being extremely transient, with many families describing that they would move back and forth from one form of temporary housing to another before entering the program. Other family characteristics include:

- Providers reported that families had an array of needs in addition to housing related services. Additional needs included mental health issues, mixed immigration status, histories of domestic violence, employment issues, criminal records, and access to basic needs.
- Previous living arrangements for participating families included living in motels/hotels, their cars, and transitional housing.
- Some families needed longer term or permanent financial assistance.

Supportive Services and Collaboration

A major strength of the PSH initiative model is that it is able to address the needs of homeless families and families at-risk of becoming homeless. The needs of participating families varied and included those who needed short-term rental assistance and limited case management to those who needed intensive case management and access to a wide range of resources including legal services, mental health supports, and vocational assistance. Accompanying the financial assistance received through the PSH Initiative, homeless and at-risk families received supportive services that were essential to helping them achieve stability. Interviews with staff and families revealed that the most critical and helpful elements of support were housing locator services, case management services, and having access to supportive networks.

Overall, the systems and networks of homelessness service providers in place through this initiative, as well as other efforts to address family homelessness in Los Angeles County, fostered interagency collaboration for participating organizations. Nearly all agencies referred to the importance of strategic partnerships to leverage resources for clients. Additionally, case managers were better prepared to address and fulfill family needs when they had access to other programs within their organization, collaborated with other organizations, and/or had strong referral networks.

PSH program agencies offered case management services to help homeless and at-risk families on their path to securing and maintaining stable housing. Agencies had varying capacity to provide different services and most referred clients to supportive services. Case managers were critical in linking families to needed services; however, implementation and service delivery of case management varied.

Impact on Program Participants

The PSH initiative positively influenced the lives of many clients and their families. When asked to share the most impactful aspects of the program, most clients stated that the rental assistance helped them work towards financial stability and that the program provided them with links to strong networks and resources to help them remain stably housed. However, some families shared frustration that the program did not help them access the housing and supportive services they needed. Staff and families shared the following:

- The PSH initiative significantly affected families' ability to attain stable housing and work towards financial stability.
- The program provided clients and their families with strong support networks and resources.
- Several staff shared that the PSH initiative model has helped their agencies effectively prevent homelessness for at-risk families and provide a pathway to stable housing for previously homeless families.
- Agencies reported that through the initiative, families have learned how to advocate for their housing rights, are taking steps to build their credit, and are improving their self-sufficiency skills essential to ending the cycle of homelessness.
- Many families felt satisfied with the program because they were able to stabilize their housing and secure supports to maintain it.
- For the capital development project, staff shared that having services on-site was an effective approach to delivering services. Case managers said that their accessibility (being on-site during business hours) often led to resident-initiated interactions which helped them form close relationships with residents.

Creating strong relationships and building supportive networks are important foundational elements to helping families achieve stability. When families can access

these networks in times of need or crisis, they are more likely to succeed. Many families shared that they have been able to build strong relationships with both program staff as well as other families in the program. Most families also reported being connected to the communities in which they live.

Lessons Learned and Recommendations

Findings from the evaluation illustrate the needs of families served and to what extent these needs are met by the PSH initiative. Agencies that collaborated with and leveraged resources with other agencies, or had strong internal networks to which they could refer clients reported stronger outcomes for their clients.

The experiences shared by agencies and clients from the PSH initiative have the potential to strengthen the delivery of services for families that are at-risk of or are homeless in LA County and across the nation. Recommendations for how to strengthen efforts to serve homeless families based on this work are described below.

- Organizations should continue working together and with other efforts in LA County to end homelessness, such as the Homeless Family Solutions System, to better align efforts and achieve greater impact.
- Staff felt that some families needed longer-term or permanent financial supports and assistance. Consider expanding the duration of services or provide training on how to access longer-term supports, such as Section 8.
- Invest in the long-term capacity and infrastructure of the case management approach to delivering services.
- Consider partnerships and referral pathways for services that are most frequently needed, such as mental health services.
- Continue to support collaborative approaches to serving family needs.

- Incorporate employment services to support family stability.
- Enhance the utility of the Homeless Management Information System (HMIS) to streamline data collection and improve the usefulness of reports that can be created for agencies to utilize.



Introduction

This chapter provides background information on **First 5 Los Angeles** and the **Permanent Supportive Housing for Homeless Families Initiative**. An overview of the Permanent Supportive Housing for Homeless Families Initiative is summarized to contextualize the project. The overall **evaluation approach and methodology** are presented to provide a framework for the initiative findings.

Introduction

About First 5 Los Angeles & the Permanent Supportive Housing Initiative

First 5 Los Angeles' (First 5 LA) mission is to increase the number of children prenatal to age 5 who are physically and emotionally healthy, ready to learn, and safe from harm.³ Homelessness places children at greater risk for poor outcomes such as a higher prevalence of mental illness and impaired school functioning.⁴ To address the needs of families at risk of becoming homeless or already homeless in LA County, the First 5 LA Commission approved funds to provide permanent supportive housing, temporary rental assistance, and related services, for families with children aged prenatal to five that are homeless or at-risk of homelessness. Two primary strategies were implemented to meet this goal: the development of new supportive housing⁵ and rental assistance combined with case management.

In September 2012, the first Notice of Funding Availability (NOFA 1) was released by First 5 LA; it provided a one-time allocation of \$25 million to eligible agencies to provide housing and support services to families that are homeless or at-risk of homelessness. The goals of NOFA 1 were to provide stable housing, reduce child welfare system involvement, and allow families to gain self-sufficiency skills. Applicants were also asked to demonstrate that the First 5 LA funds would leverage other sources of public and private funding. NOFA 1 was comprised of two funding components: capital development projects and rental assistance program I. In September 2013, the First 5 LA Commission approved an additional one-time allocation of \$10 million to fund a second round under the Supportive Housing for Homeless Families Fund. NOFA 2 comprised the rental assistance program II.

The Community Development Commission of Los Angeles County (CDC) was selected to serve as the administrator of the Permanent Supportive Housing (PSH) for Homeless Families Initiative. The CDC, in collaboration with First 5 LA, selected NOFA 1 and NOFA 2 agency grantees. In addition, CDC was responsible for managing service contracts with non-profit agencies to provide rental assistance and supportive services to homeless families and those at risk for homelessness. The CDC also provided support for the development of capital projects under NOFA 1, which aimed to provide affordable housing for families by creating 232 new units, 86 of which are for families with children prenatal to 5 years of age. While the funds allocated in NOFA 1 required that participating families have current or previous involvement with the child welfare system, the funds allocated in NOFA 2 did not have this requirement. All three programs targeted families with children prenatal to 5 years but vary in terms of goals and whether eligibility criteria include child welfare involvement.

The following section provides a summary of the three major components of NOFA 1 and 2, the eligibility criteria of the programs, and a summary of how families were referred into the programs.

First 5 LA's Goal Areas

First 5 LA's strategic plan identifies four goal areas for their investments: 1) Children are born healthy; 2) Children maintain a healthy weight; 3) Children are free from abuse and neglect; and 4) Children are ready for school. Homelessness threatens children's ability to meet all four of these goals.

³ This mission statement is part of First 5 LA's 2009-14 Strategic Plan. For information about First 5 LA's 2015-20 Strategic Plan, please see http://www.first5la.org/postfiles/files/F5LA%20Strategic%20Plan_FINAL.pdf.

⁴ Gewirtz, A., DeGarmo, D., Plowman, E., August, G., & Realmuto, G. (2009). Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of Orthopsychiatry*, 79(3), 336-347.

⁵ Supportive housing combines housing with social services needed for the population being housed.

Exhibit 1. Program Summary

Program	Funding Period	Goals	Required Child Welfare Involvement
Capital Development Project (NOFA 1)	12/1/2012-11/30/2017	Create 232 new units of affordable/supportive housing	Yes
Rental Assistance Program I (NOFA 1)	3/4/2013-3/4/2015	Provide families rental assistance, case management, and supportive services	Yes
Rental Assistance Program II (NOFA 2)	3/3/2014-3/3/2016	Provide families rental assistance, case management, and supportive services	No

- Capital Development Project.** The capital development project funded the capital costs for construction, acquisition, and rehabilitation of physical structures. Additionally, it provided funding for up to two years of a transition reserve⁶ and expenses related to supportive services for new affordable housing. Approximately \$11 million was allocated for the Capital Development Fund. An additional \$5 million was appropriated for the Gap Financing Fund to pay for capital, transition reserve, or supportive service gaps. Funds for capital development and gap financing were structured as low-interest-rate loans. Capital projects were required to be located within Los Angeles County and at a distance greater than 500 feet of a freeway in their entirety. The housing development required that between 35% (or 5 units) and 50% be set aside for those meeting the eligibility requirements of the program. This maximum (50%) was set due to the “aging out” provision,⁷ to ensure that families who “age out” could remain in their home. The units were to be restricted to households whose income is at or below 30 percent of Area Median Income⁸ (AMI).
- Rental Assistance Program I.** The non-profits funded under NOFA 1 were required to assist eligible families by providing both rental assistance and supportive services. The funds provided support using a rapid re-housing approach, with the intention of quickly transitioning low-barrier homeless families into private market stable permanent housing. The program consisted of up to two years of rental assistance for eligible families, master leasing, housing location services, case management, and supportive services. Families at-risk of homelessness could be supported with up to six months of rental arrears and utility arrears to prevent eviction.
- Rental Assistance Program II.** While the structure and goals of rental assistance program I and program II were the same, there were differences in family eligibility criteria and allowable use of funds. For rental assistance program II, rental application fees and motel/hotel vouchers were considered allowable uses of funds. These vouchers were available for up to 30 days for rental housing assistance when immediate move and/or no appropriate emergency shelter beds were available for families. Two additional provisions for use of program funds were added: 1) rental assistance could not be used for housing stock that is owned by the administering agency or affiliates, unless approved by the CDC, and 2) funds could not be used for mental health, health, or employment services, as these services were required to be leveraged from partner agencies. Lastly, housing search/placement and housing stability case management were required. Families at-risk of

⁶ Transition reserve funds may include any costs associated with relocating individuals if the building is being rehabilitated.

⁷ “Aging out” of the program occurs when a family’s youngest child turns 6.

⁸ The 2014 Los Angeles County AMI for a family of one was \$45,350.

homelessness could be supported with up to six months of rental arrears and utility arrears to prevent eviction.

- **Eligibility Criteria.** Under NOFA 1, families⁹ were required to meet the following eligibility criteria: 1) Have at least one child between the ages of zero and five at the time of entry; 2) Have at least one member of the family who has had involvement with any child welfare system that the Los Angeles County Department of Children and Family Services (DCFS) could verify;¹⁰ 3) Be homeless or at-risk of homelessness.¹¹ Under NOFA 2, families were not required to have child welfare involvement. Lastly, both NOFAs had sex offender restrictions, such that funds could not be used to serve families if any member of the household was a registered sex offender.
- **Pathways into the Programs.** The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 required an area-wide coordinated entry system that allows homeless families to connect to resources and assessments in a systematic manner. The County and City of Los Angeles, together with the Los Angeles Homeless Services Authority (LAHSA), collaboratively established the Homeless Family Solutions System (HFSS) to serve as a regional system that provides coordinated entry, standardized assessment, and housing and supportive services to families who are homeless or at risk of becoming homeless. The goal of the HFSS is to end family homelessness as rapidly as possible and to ensure homeless families receive non-duplicated services critical to long-term housing stability. The HFSS connects Family Solutions Centers (FSC) via 211 and area shelters. In this model, an initial assessment is used to determine where to route the family based on their needs and eligibility. In the case of NOFA 1, if the family had at least one child under the age of six and any DCFS involvement, then the family qualified for the PSH initiative and was referred directly to one of the initiative grantees. For NOFA 2, grantees were required to work directly with FSCs in order to ensure that 90% of their referrals were received directly from an FSC (see Exhibit 2). Other sources of referrals included word of mouth, schools, and health care provider networks.

Family Homelessness in the United States

Approximately 40 percent of the homeless population in the United States consists of families with children.¹² Homeless families are typically composed of a young (age 30 or younger), single mother with two young children (usually 5 years old or younger).¹³ African-Americans are disproportionately represented among homeless families. Over 50 percent of children in homeless families are under the age of six.

Studies indicate that most families who experience homelessness have one episode lasting about 3-4 months.¹⁴ However, nearly 20 percent of homeless families experience an episode lasting a year or more and a small proportion of homeless families (5 percent) experience multiple episodes of homelessness.¹⁵ Children who are homeless are more likely to experience a variety of challenges, including hunger, multiple school placements, exposure to violence and maltreatment, parental substance abuse, and/or

⁹ For both NOFA 1 and 2, family was defined as the immediate family with legal guardianship of a child age zero to five.

¹⁰ DCFS involvement under NOFA 1 included but was not limited to a call to DCFS Child Abuse Hotline made regarding a child, the family receiving Family Maintenance services from DCFS, a child having been removed from their home, and/or a parent having been in foster care or received other DCFS services as a minor. DCFS was designated as the responsible party in developing and managing the client referral process for the program and confirming eligibility.

¹¹ As defined by Sections 103 and 401 of the McKinney Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009.

¹² Gewirtz, A., DeGarmo, D., Plowman, E., August, G., & Realmuto, G. (2009). Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of Orthopsychiatry*, 79(3), 336-347.

¹³ National Alliance to End Homelessness. (2012). *Ending Family Homelessness: National Trends and Local System Responses*.

¹⁴ National Alliance to End Homelessness. (2012). *Ending Family Homelessness: National Trends and Local System Responses*.

¹⁵ National Alliance to End Homelessness. (2010). *Ending Family Homelessness: Lessons from Communities*.

parental mental illness. In addition, the stressors related to homelessness amplify other negative events (such as domestic violence and behavioral problems) within homeless families, resulting in lower quality of family interaction and increased problems in children's behavior.¹⁶ Due to the variety of needs they experience, homeless families are likely to require a wide array of services in order to provide support and stable housing for their children.

Researchers have identified two effective strategies to address family homelessness and their needs; these include critical time intervention (CTI) and rapid re-housing models. Both models provide case management in order to address individual family needs and rapidly stabilize housing. Bassuk et al. developed a framework to describe and understand the layers of support and services that are critical in the lives of homeless families. In order to bridge the gaps between shelters and communities, with the goal of connecting families with resources and supportive services, programs have utilized CTI, an evidence-based method for providing support services to families as they transition from shelters to transitional or permanent housing.¹⁷ CTI is typically implemented as a 9-month intervention that begins in shelters and continues after stable housing has been found.¹⁸ CTI utilizes intensive case management that is stepped down over time. Case managers help families create strong links to community-based services and support the transition from homelessness to stable housing.

Rapid re-housing is also recognized as an effective strategy to help families transition out of homelessness and into permanent housing.¹⁹ The core components of rapid re-housing programs include identifying housing, financial assistance for rent and deposits, and case management. In addition, working with families to determine barriers to finding housing (e.g., loss of employment, substance use, domestic violence) and providing support after placement promotes housing retention. The National Alliance to End Homelessness notes the importance of cultivating relationships with landlords in order to secure housing that families can afford.

Structured case management programs and rapid re-housing allows families experiencing homelessness to transition quickly into permanent housing. This provides stability for families so they can focus on addressing other needs such as employment, mental health, and social services for their children and themselves. The goal of the Rental Assistance Program is to provide families with rental assistance and case management using a rapid re-housing model in order to quickly transition them from homelessness/at risk of becoming homeless to stable housing. Earlier efforts have demonstrated that a large portion of homeless families can be transitioned to stable housing with the support of a rapid re-housing program. Supporting families with rapid re-housing programs allows agencies to provide more intensive services to those families who need them.²⁰

¹⁶ Gewirtz, A., DeGarmo, D., Plowman, E., August, G., and Realmuto, G. (2009). Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of orthopsychiatry*, 79(3), 336-347.

¹⁷ Herman, D., Canover, S., Felix, A., Nakagawa, A., and Mills, D. (2007). Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups. *Journal of Primary Prevention*, 28, 295-312.

¹⁸ Bassuk, E., Volk, K., and Olivet, J. (2010). A Framework for Developing Supports and Services for Families Experiencing Homelessness. *The Open Health Services and Policy Journal*, 3, 34-40.

¹⁹ National Alliance to End Homelessness. (2012). *Ending Family Homelessness: National Trends and Local System Responses*.

²⁰ National Alliance to End Homelessness. (2012). *Ending Family Homelessness: National Trends and Local System Responses*.

²¹ Gewirtz, A., DeGarmo, D., Plowman, E., August, G., and Realmuto, G. (2009). Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing. *American Journal of orthopsychiatry*, 79(3), 336-347.

Key Findings from the Literature

- Families with children experiencing homelessness have a myriad of difficulties and need a wide array of social services.¹³ Due to the high need for services among this population, **case management** is a critical piece for connecting families to supportive services.
 - Homelessness is associated with negative impacts on children’s development. Supportive housing programs act as a portal for families to access social services to **promote positive developmental outcomes**.
 - **Critical Time Intervention (CTI)**, an evidence-based nine-month intervention, **is effective at providing support services to families** during transitions.¹⁴ CTI typically begins at shelter and continues after housing is stabilized.
 - **Rapid re-housing** is essential to reducing long-term homelessness and quickly transitioning families into stable housing.
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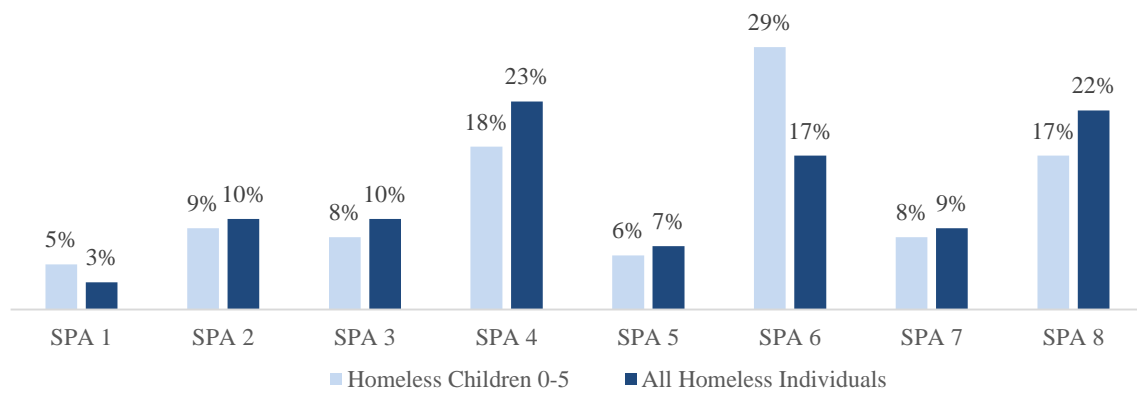
Homelessness in Los Angeles County

According to the *Homeless Children 0-5 in Los Angeles County Report to First 5 LA Commission*, in 2011 there were an estimated 2,880 homeless children (ages 0-5) in Los Angeles County, which makes up 5.6% of the total homeless population (51,340).²² When broken down into service planning areas (SPAs) in the county, the distribution of homeless individuals vary with SPA 4 (Metro LA) and SPA 8 (South Bay) having higher shares of homeless individuals. However, well over a quarter of homeless children reside in SPA 6 (South LA) (see Exhibit 3).

Exhibit 2. Map of Los Angeles County SPAs



Exhibit 3. Percent of Homeless Individuals by Service Planning Area (SPA)¹⁷



*Percentages represent proportions of total persons and children (0-5) for all SPAs in 2011. For all SPAs all persons totaled 51,340 and children (0-5) totaled 2,936.

²² Data were extrapolated from each of the four Los Angeles continuum of care agency homeless county report (City of Glendale 2011; Jacoy 2011; LAHSA 2011; Urban Initiatives, 2011) by calculating 42% of the number of children 0-18 in each count. The 42 percent is based on the Department of Education’s data and therefore the educational definition of homelessness.

Evaluation Approach

First 5 LA contracted Harder+Company Community Research (Harder+Company) to conduct a nine-month (July 2014-March 2015) evaluation of the Permanent Supportive Housing for Homeless Families Initiative. The evaluation team's approach was to work in partnership with First 5 LA to establish a shared understanding of the evaluation's purpose, design, and methods. The evaluation has three primary goals:

- **Goal 1.** Describe the implementation of the Permanent Supportive Housing program funded by First 5 LA.
- **Goal 2.** Generate information that can be used to inform policy and program implementation decisions related to serving homeless families.
- **Goal 3.** Provide lessons learned that can be used for ongoing program improvement and to inform the broader family homelessness field.

Key evaluation questions to support these goals were developed by First 5 LA and expanded in collaboration with Harder+Company. Evaluation questions focused on three major areas to inform organizational learning and support future program planning:

- **Program description** questions explored program fundamentals.
- **Process** questions focused on understanding systems-level successes and challenges.
- **Outcome** questions explored the early impact of the program on participants and the effectiveness of the service delivery model.

Evaluation Questions

Program Description

- What is the program model?
- What are the characteristics and needs of families participating in each program?

Process

- Did the model, as implemented, facilitate interagency collaboration?
- What are the successes and challenges of resulting collaborations?

Outcomes

- What supportive services did participating families receive?
- How was the determination made about the type and level of supportive services?
- What leveraging opportunities were taken advantage of to support participating families (e.g., PSH rental assistance in combination with other assistance)?
- Were participating families satisfied with the services through the PSH program?
- What types of self-sufficiency goals did staff have for their families? To what extent were goals met or was progress made towards goals?
- What were the rental assistance and capital development program staffs' perceptions of the effectiveness of the PSH model?

Methods

The evaluation team utilized both qualitative and quantitative methods and examined secondary data sources as part of this study. Exhibit 4 provides a timeline of key initiative and evaluation activities. Qualitative methods included interviews and focus groups designed to gain a more in-depth understanding of the experiences of families who participated in the initiative and program staff. Exhibit 5 provides an overview of family and staff interviews conducted for this evaluation. Quantitative secondary data sources included information from the Homeless Management Information Systems (HMIS) and client-level program data on families served. This mixed methods approach provides both breadth and depth of data, which supports the identification of preliminary outcomes as well as lessons learned about implementation.

Exhibit 4. Timeline of Key Initiative and Evaluation Activities

	2012	2013	2014				2015				2016	2017	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Initiative: Key Activities													
Capital Development Project Funding Period <i>Dec 2012 - Nov 2017</i>													
Rental Assistance Program I Funding Period <i>March 2013 - March 2015</i>													
Rental Assistance Program II Funding Period <i>March 2014 - March 2016</i>													
Evaluation: Key Activities													
Conduct Family Interviews <i>Oct - Nov 2014</i>													
Conduct Staff Focus Groups <i>Oct - Nov 2014</i>													
Coordinate Receipt and Analysis of HMIS Data* <i>Sept 2014 - Jan 2015</i>													

*HMIS dataset included clients served from May 2013 to December 2014.

- **Family Interviews.** Examining a diversity of clients' perspectives about their experiences in the initiative was an important aspect of this evaluation. Therefore, in collaboration with First 5 LA, the evaluation team developed an approach to identify and recruit a representative sample of families for participation in interviews while also minimizing the burden placed on participating agencies. Data from the June 2014 quarterly reports to the CDC were used to stratify participating families by family type (e.g., homeless families, transitional age youth, or at-risk families) and head-of-household ethnicity (e.g., African-American, Latino, White, and Other). Within these strata, families were randomly selected for participation in interviews. The sampling plan also strove to ensure that the proportion of families interviewed from each agency roughly aligned with the proportion of families from the total initiative served by that provider. If selected participants refused or were unable to be reached, an alternate family was randomly selected from within that stratum. Interviews were conducted with 37 program participants throughout October and November 2014. The duration of interviews was up to 60 minutes, with most participants completing the interviews within forty-five minutes. Interviews were conducted either at the participating service provider's site, via phone, or in select cases, at

the client’s home to accommodate families with limited transit options. As a thank you for their time, interview participants were provided a gift card to their local grocery store.

- **Staff Focus Groups.** The evaluation team conducted in-depth focus groups with key staff from each agency that implemented the PSH initiative. A total of 46 agency members, which included a range of staff members involved in program implementation such as organizational and program managers, caseworkers, and data entry personnel participated in focus groups. The focus groups captured information about program implementation, early successes, and challenges encountered by staff and families. The duration of focus groups was up to 75 minutes. All focus groups were conducted at each agency’s site.

Exhibit 5. Distribution of Family and Staff Interviews by Agency

Agency	Families interviewed	Staff participation in focus groups
Antelope Valley Domestic Violence Council	1	4
Beyond Shelter Inc.	6	4
Harbor Interfaith Services	5	2
House of Ruth	3	4
Interval House	2	3
L.A. Family Housing	1	4
Penny Lane: Cedar Ridge Apartments (Capital Project)	3	3
Special Services for Groups (SSG)	4	5
St. Joseph Center	4	4
The Whole Child	1	3
Upward Bound House	4	3
Volunteers of America Los Angeles	1	3
Young Women’s Christian Association (YWCA) of San Gabriel Valley	2	4
Total	37	46

Analytic Approach

The primary method of analysis for this evaluation was content analysis for the qualitative information collected during the staff focus groups and family interviews, with careful attention paid to triangulation of findings across methods. Our qualitative analysis used a grounded theory approach.²³ In this approach, codes are identified from the data rather than from preconceived hypotheses. This approach is ideal given the descriptive nature of this work. The evaluation team conducted a structured thematic analysis of all family and staff interview data to examine crosscutting themes and situational influences and constraints associated with these themes. For qualitative analyses the evaluation team utilized a software program (ATLAS/ti) that allowed for extraction of primary themes, along with similarities and differences across families and staff. Quantitative analyses were conducted using the Statistical Package for Social Sciences (SPSS). Secondary data from HMIS were screened to assess accuracy, completeness, and appropriateness for analysis. Descriptive statistics (i.e., mean, standard deviation, frequency scores) were used to create a profile of those who participated in the initiative. This analytic approach allowed the evaluation team to examine outcomes as they relate to key characteristics of families served. The resulting analysis of both qualitative and quantitative data informed the development of lessons learned and recommendations.

About this Report

This report represents a comprehensive in-depth analysis that helps “tell the story” of the PSH initiative. The evaluation team synthesized results from qualitative and quantitative analyses to identify themes and situational influences associated with the PSH initiative and the families served. This report presents information organized into the following chapters:

- **Implementation of the PSH Initiative**
- **Family Profile**
- **Supportive Services**
- **Collaboration**
- **Initiative Impact**
- **Lessons Learned**
- **Recommendations**

²³ Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks, CA: Sage Publications.



This chapter provides a summary of how the **Permanent Supportive Housing for Homeless Families** model was **implemented** across the agencies participating in the initiative.

Permanent Supportive Housing for Homeless Families Implementation

The vast majority of grantees first engaged in the PSH initiative through the notification of funding availability (NOFA) released by CDC. Given that these agencies work extensively with homeless families, they keep abreast of funding opportunities available for their target populations. For example, one grantee shared that as a FSC²⁴ they worked with other organizations that received funding during the first NOFA. Their experience in collaborating with agencies funded through the first NOFA led them to apply when the second NOFA was released. Many of the agencies shared that their previous work with homeless families with children and other vulnerable families motivated them to apply for funding. Some agencies mentioned that the NOFA provided an opportunity for their agency to connect families with First 5 LA services and resources for the first time.²⁵

For the majority of participating agencies (10 out of 13; 76.9%), this was their first time working with First 5 LA.²⁵ A handful had previously worked with First 5 LA through childcare initiatives, subsidized education, and other programs. All agencies mentioned the important role that internal champions, such as CEOs, executive directors, board members, and other senior staff, played in their organization's decision to pursue this opportunity.

"We already had rapid re-housing and homeless prevention programs from the city and county so it was a natural fit for us to seek opportunities to expand our programs, specifically for our population of families with children 0-5."

- Agency Staff

²⁴ Family Solutions Centers (FSC) serve as regional systems that provide coordinated entry, standardized assessment, and housing and supportive services to families who are currently or at-risk of becoming homeless.

²⁵ Given that the PSH initiative was funded by First 5 LA, agencies often described services for homeless families as "First 5 LA" programs or working with First 5 LA staff. However, agencies interacted mainly with CDC, not First 5 LA.

Partnering with First 5 LA and CDC

First 5 LA selected CDC to serve as the project administrators to develop and oversee the PSH initiative. A total of eight lead agencies were selected during each round of funding and three received awards during both rounds of funding. Seventeen subcontractors were funded during NOFA 1 and eight were funded during NOFA 2. Exhibit 6 displays the agencies funded under each NOFA as well as the location of each agency.

"It was a growing curve for both parties; CDC and us, because it was a new program. The people at CDC have been totally supportive of this program and the providers."

- Agency Staff

CDC was responsible for executing service contracts with the selected agencies. Staff representing three different agencies reported receiving assistance and support from staff at the CDC. Agency staff interviewed shared that CDC staff worked collaboratively with providers, taking into account what worked best for each agency, instead of only serving as an auditor.

Exhibit 6. Distribution of Funding by Agency

Agency	Funding Round	Location ¹	SPA	Supervisory District
Antelope Valley Domestic Violence Council	NOFA 2	Lancaster	1	5
Beyond Shelter Inc.	NOFA 1 NOFA 2	Los Angeles	4	1
Harbor Interfaith Services	NOFA 1	San Pedro	8	4
House of Ruth	NOFA 1	Los Angeles	4	1
Interval House	NOFA 2	Long Beach	8	4
L.A. Family Housing	NOFA 2	Los Angeles	2	3
Penny Lane: Cedar Ridge Apartments (Capital Project)	NOFA 1	Lancaster	1	5
Special Services for Groups (SSG)	NOFA 1 NOFA 2	Los Angeles	6	2
St. Joseph Center	NOFA 1	Venice	5	3
Upward Bound House	NOFA 1 NOFA 2	Culver City	5	2
Volunteers of America Los Angeles	NOFA 2	El Monte	3	1
The Whole Child	NOFA 2	Whittier	7	4
Young Women's Christian Association (YWCA) of San Gabriel Valley	NOFA 1	Covina	3	5

¹ Location is defined as the location of the agency's main office.

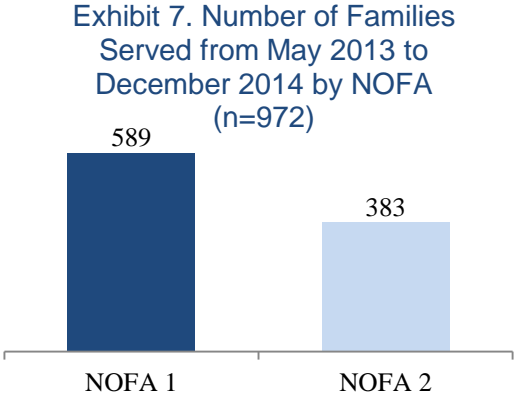


This chapter provides a profile of the clients served by the Permanent Supportive Housing for Homeless Families Initiative. The profile describes the **demographics of families served, including ethnicity, education, income, and previous housing experience** to contextualize outcomes of this program. Client-level data from the 2013-2014 HMIS database were extracted to examine demographic information.

Family Profile

To better understand the types of families served by the PSH initiative, data from multiple sources were triangulated to develop a comprehensive profile of families. In collaboration with LASHA, client-level quantitative data were extracted from LASHA’s HMIS database. Client-level and staff-level qualitative data were captured via interviews and focus groups that allowed for a more in-depth understanding of the experiences of program staff and families who participated in the initiative.

Client-level data were exported from the HMIS database and included clients served from May 2013 to December 2014. According to client records, a total of 3,233 unique individual clients (including parents and children) were served between May 31, 2013 and December 29, 2014. Furthermore, 972 unique families were served by the PSH initiative.²⁶ The distribution of families served varied across the two NOFAs, with the majority of families receiving services from agencies that were funded from NOFA 1 (see Exhibit 7). This is not surprising given that NOFA 1 funding began approximately one year before NOFA 2.



As part of the PSH funding requirements, clients served were required to have at least one child under the age of six. Nearly all clients served were parents. Over three-quarters of clients identified as single parents (see Exhibit 8). Overall, 96.4% of families served had children under the age of six in their household. A small number of adults were eligible for the program because they were currently pregnant or were seeking to regain custody of a child under the age of six who was not currently residing with them. The current data tracking system did not include a variable to discern between these situations. Exhibit 9 shows the distribution of families by the number of children less than six years of age.

Exhibit 8. Family Type (n=972)

	Frequency	Percent
Single Parent	742	76.3%
Two Parents	215	22.1%
Unaccompanied*	13	1.3%
Adults No Children	2	.2%
Total	972	100.0%

* Unaccompanied refers to unaccompanied youth under the age of 18.

Exhibit 9. # of Children under the Age of 6 per Household (n=972)

	Frequency	Percent
0 children*	35	3.6%
1 child	618	63.6%
2 children	247	25.4%
3 children	58	6.0%
4 children	14	1.4%
Total	972	100.0%

* Households with 0 children under the age of 6 were likely those with a pregnant parent at intake or those seeking to regain custody of their children.

²⁶ Results presented in this report include data from the heads of household for each family served, with the exception of families served in Domestic Violence shelters.

Demographic Profile of Families Served

Client demographic characteristics were reported as part of the intake process at program entry. Demographic data are useful for gaining insights about the clients served and understanding any trends that can affect the future of programs designed to serve homeless families. For the purposes of this report, the demographic profiles described in this section represent the adult client who identified as head of household. The average age of adult clients was 29.3 years of age (standard deviation = 6.7), with a range of 18-56 years of age. As shown in Exhibit 10, the vast majority of heads of households were female (90.3%). Over half of clients identified as Black/African-American (see Exhibit 11), and most clients did not identify as Hispanic (see Exhibit 12). This is consistent with national trends which show that African-Americans are disproportionately represented among homeless families. Nearly all adults reported English (93.6%) as their primary language.

Exhibit 10. Distribution of Gender (n=972)

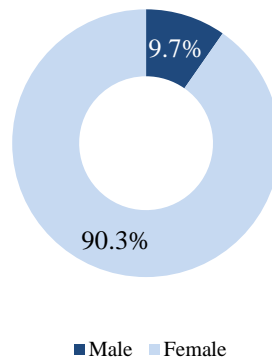


Exhibit 11. Race (n=911)

	Frequency	Percent
Black/African-American	544	59.7%
White	343	37.7%
Mixed	10	1.1%
Native American/Alaska Native	7	0.8%
Native Hawaiian/Pacific Islander	6	0.7%
Total	911	100.0%

Exhibit 12. Hispanic Status (n=972)

	Frequency	Percent
Hispanic	325	33.4%
Not Hispanic	647	66.6%
Total	972	100.0%

At the time of program entry, the education level of the heads of household adults varied from no schooling completed to college level education. Forty-three percent reported having less than a high school diploma (see Exhibit 13).

Exhibit 13. Education Level for Head of Household Client (n=949)*

	Frequency	Percent
No schooling completed	2	.2%
Nursery School to 4 th grade	2	.2%
5 th or 6 th grade	7	.7%
7 th or 8 th grade	12	1.3%
9 th grade	28	3.0%
10 th grade	37	3.9%
11 th grade	144	15.2%
12 th grade, no diploma	111	11.7%
GED	65	6.8%
High School diploma	387	40.8%
4 years college	19	2.0%
Post-secondary school	114	12.0%
Don't know	18	1.9%
Refused	3	.3%
Total	949	100.0%

*23 families did not report their education history.

"I was trying to get assistance for a while ... Why it was so confusing and so hard on my part is because I was in school. I'm a full-time student and I have to take care of my two kids on my own. I had so much to do and also had a time frame to be exited out of the program in 3 months."

- Client

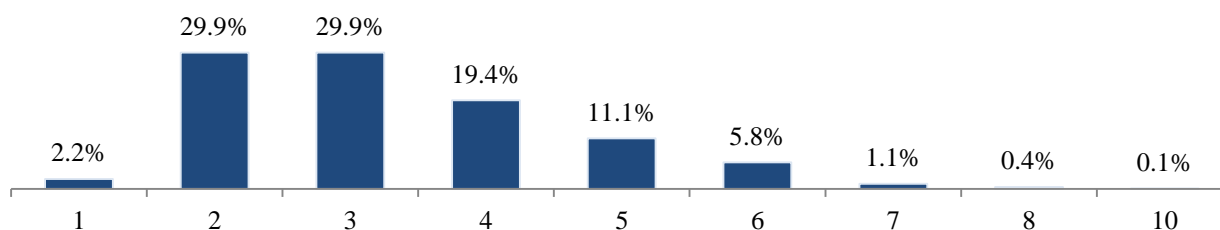
Client level data on housing status and previous housing experiences were captured at program intake and during the family and staff interviews. At the time of program entry, clients also reported their head-of-household status and their household size. Most adult clients (79.6%) reported being the head-of-household (see Exhibit 14). Of the adults who were not the head-of-household, most identified as a spouse, partner, or stepchild of the head-of-household client. Household size ranged from individual adults to families of ten. The majority of households consisted of a family size of two, three, or four (29.9%, 29.9%, and 19.4% respectively; see Exhibit 15).

Exhibit 14. Reported Head of Household Status for Adult Clients (n=1,221)*

	Frequency	Percent
Yes	972	79.6%
No	249	20.4%
Total	1,221	100.0%

*Adults represented in this table are defined as clients 18 years of age or older.

Exhibit 15. Distribution of Client Household Size (n=972)



Homeless families served by the PSH initiative reported being extremely transient with many families describing that they would move back and forth from one form of temporary housing to another before entering the PSH program. As shown in Exhibit 16, the majority of families served (67.0%) were literally homeless at the time of program entry. Of the families who were interviewed, the majority reported learning about the initiative through a friend (word of mouth), a case manager at a shelter, or social service provider.

Exhibit 16. Family Housing Status at Program Entry (n=972)

	Frequency	Percent
Literally homeless	651	67.0%
Imminently losing their house	166	17.1%
Unstably housed and at-risk of losing their housing	109	11.2%
Stably housed*	27	2.8%
Don't know	19	2.0%
Total	972	100.1%

* According to HMIS standards, persons who are stably housed are in a stable housing situation and not at risk of losing the house (i.e., do not meet criteria for any of the other housing response categories).

The possibility of obtaining stable housing was the primary motivation for program participation. The residence prior to program entry for clients varied. Exhibit 17 displays the top five reported residences prior to PSH program entry. A large proportion of families were in living in emergency shelters or in transitional housing for homeless persons.

Exhibit 17. Client Residence Prior to Program Entry (n=943)*

	Frequency	Percent
Emergency shelter	220	23.3%
Transitional housing for homeless persons	153	16.2%
Staying or living in a family member's room, apartment or house	138	14.6%
Rental by client, with no ongoing housing subsidy	118	12.5%
Staying or living in a friend's room, apartment or house	115	12.2%
Other**	199	21.1%
Total	943	100.0%

*29 families did not report their prior residence.

**Other includes a variety of responses; for example, hospitals, foster care, rent by client.

"I was working and I got laid off and I was behind on rent because it was too high. Once I got laid off, it just put me behind and I couldn't afford paying the rent there."

- Client

Characteristics and Needs of Families Served

A wide range of housing and supportive services were provided to families participating in the PSH initiative. The needs of participating families varied and included those who needed short-term rental assistance and limited case management, to those who needed intensive case management and access to a wide range of resources, including legal services, mental health supports, and vocational assistance.

The perspective of the families who have received services constitutes a critical component of the evaluation and provides insight into their histories, experiences with the program, impacts of the program, and their future goals. During the family interviews the majority of families reported relying on friends, family, and shelters for their housing needs prior to enrolling in the program. Families with DCFS involvement had a unique set of needs, including domestic violence history/trauma, support navigating the DCFS and court systems, and support to complete requirements to maintain or regain custody of their children (e.g., parenting classes). In addition, staff shared that families who have experienced domestic violence also have a unique set of needs: *“The domestic violence component is complex because it’s an additional barrier to being homeless; motivation and empowerment is more important a lot of times than just being homeless.”*

- ***Some families shared that they lived in motels/hotels, in their cars, and in transitional housing prior to enrolling.*** Families shared that their housing situation changed frequently. One parent shared, *“I lost my job and then I got unemployment, so when I got my unemployment check I would rent motels for a week. Then, when I ran out of money I would go stay with my mom for a week or my dad until my next check came in then I would get a motel.”* Families reported that the three-month time limit for shelter stays forced them to move between multiple shelters and other locations. While some shelters offered extensions for families, many families reported that shelter staff would tell them to look for other housing once they were approaching the three-month mark.

Factors that motivated participants to seek assistance through the PSH program varied, although most families were motivated by the possibility of finding stable housing for themselves and their children. Some families were eager to find their own housing and sought out the program while others shared that they were motivated to participate in the program because of safety issues related to their previous living situation. One client shared *“what pushed me at the end was there were shootings where I had been living.”* Another client was motivated to participate in the program because she wanted a larger apartment for her family.

- ***Many families reported finding out about the program through their social networks or while living in transitional housing or in temporary shelters.*** One participant shared, *“I was first informed about the program through the domestic violence shelter. It was a transitional living [facility that] I was living in. My caseworker gave me a print out about the program.”* Other participants shared that they learned about the program through their children’s schools, doctors’ offices, psychologists, and the 211 resource phone line.
- ***According to staff interviewed, most families enrolled in the PSH initiative have prior or current DCFS involvement.*** As previously mentioned, DCFS involvement was required for participants in NOFA 1 funding. The majority of families interviewed who were part of NOFA 1 funding indicated that they had a DCFS case related to their own children. This included families with currently open DCFS cases, as well as those who had cases in the past. A few interviewed parents had experienced DCFS involvement as a child themselves.

Previously homeless and at-risk families participating in the PSH program required a wide range of housing supports and services to remain stably housed. Housing needs typically included assistance in identifying landlords willing to lease to PSH program participants, financial assistance with move-in costs, and rental assistance. A handful of family interviewees sought services because they were at risk of losing their housing. For these families, the program connected them with the rental assistance necessary to maintain their current housing.

- ***Families arrive to organizations needing assistance with a variety of basic needs.*** Nearly all staff interviewed said that families need support with necessities such as diapers, childcare, clothing, food, and transportation. As one staff member said, “*When you’re homeless, you can’t really spend \$40 on diapers.*” Staff shared that most of their families served are receiving public support (e.g., CalWORKs/TANF).²⁷ Most families face multiple barriers to becoming self-sufficient, “*It’s a lot to care for your family, work, go to school, and go to the market. It’s so much that you have to be able to juggle and not everybody can juggle that.*”

Exhibit 18. Family Reported Income Source at Program Entry (n=972)

Income Source at Program Entry	Frequency	Percent
Temporary Assistance for Needy Families (TANF)	650	66.9%
No Financial Resources	208	21.4%
Social Security Income (SSI)	35	3.6%
Unemployment Insurance	23	2.4%
Other Source	17	1.7%
Social Security Disability Income (SSDI)	9	.9%
Worker’s Compensation	2	.2%
General Assistance	1	.1%
Veteran’s Pension	1	.1%
Other	26	2.7%
Total	972	100.0%

- ***Some families need longer term or permanent financial assistance.*** Staff shared that some of the families they work with face significant barriers and need more long-term financial assistance and more intensive case management to overcome those barriers than they are able to provide through the PSH initiative. Staff specifically mentioned poverty, mental health issues, documentation status, and DCFS involvement as particularly challenging issues to address in the sometimes short timeframe allowed under the initiative.

“I would say a lot of the families that definitely need that long-term assistance to kind of gain that sustainable housing readiness is especially the single moms or young families that were also somewhere in the system themselves. Their parents were either on welfare or were homeless with them, and so it’s kind of been an intergenerational cycle. I think that’s where we’ve seen a lot of the families that need it the most.”

- Agency Staff

²⁷ TANF is an important resource that provides income and services to low-income families, including families who are homeless. Source: The National Center on Family Homelessness (2013). Collaborating to Improve TANF Resources for Families Experiencing Homelessness. Retrieved from <http://www.familyhomelessness.org/media/368.pdf>.

Family Success Story: Julie

Julie and her children were living in their car before arriving to the PSH program. Julie shared her initial skepticism about the program. As a homeless single mother with two children and running away from domestic violence, Julie questioned the motives of the program. Julie was most worried about being reported to child protective services and losing her children. Upon accepting the PSH services it was clear to Julie that case managers truly cared about her well-being. As a result of her participation in the initiative, Julie has managed to continue to work full-time, take care of her children and provide a stable home for her family. Julie shared her experience working with her case manager through the PSH program, *“Every time I come in after my other meeting, because I do domestic violence counseling, my case manager has pastries for me. She has hygiene stuff, like shampoos. I tell her it’s okay, don’t... She always puts things together for me. She always calls. She follows up on me, on how I am doing, how my kids are doing. She has gone to my house.... Little by little, like in three months, you look at my house and it is a beautiful house... That bad memory of us being in the car, it’s gone... I don’t know what I would have done without the program that provided for me.”*



This chapter provides an overview of the **supportive services component** of the Permanent Supportive Housing for Homeless Families model. **Housing locator services, case management, and social support services** are highlighted as key elements of the model.

Supportive Services

Accompanying the financial assistance received through the PSH initiative, homeless and at-risk families received supportive services that were essential to helping them to achieve stability. Interviews with staff and families revealed that the most critical and helpful elements of support were housing locator services, case management services, and having access to supportive networks.

Housing Locator Services

Assistance with identifying and securing housing was critical for families. As part of the requirements outlined in both the first and second NOFAs, agencies were expected to assist families with locating and maintaining housing. Agencies that received funding were not only required to help clients identify rental housing options, but also to help clients negotiate with landlords and property managers to secure housing, and continue to advocate on behalf of the family as issues arose during the family's tenancy. Agencies were also scored on their experience and ability to locate and secure housing for families, and had to demonstrate access to rental units through master-leases and/or existing relationships with landlords.

Findings from family interviews suggest that there were differences amongst agencies in the amount of support clients received with locating housing. Some clients reported receiving comprehensive support from agencies with case managers helping them through the housing search process as well as negotiating with landlords to secure housing. However, most clients felt they did not receive this type of assistance from their case managers and were required to find housing units on their own. Clients that received support locating housing identified the assistance as a helpful resource because it eliminated, or at least decreased, the initial barrier to finding an apartment. Case managers played an integral role in supporting their housing search by helping clients find landlords willing to accept program funding, explaining the program to potential landlords, and at times providing listings of available units. Findings from staff and family interviews are outlined below.

- ***Most families searched for housing on their own but received support from their agencies with calling property managers to negotiate and secure housing.*** When asked how they secured their current housing, more than half of clients interviewed (about 65%) said they searched for and located housing on their own. Once clients found a housing option, they described a process in which case managers connected with property managers to explain the LA PSH program and how payments would work. They then secured housing for clients if their applications were accepted. One client explained the process stating, *"It took me about a month to look for a house and I finally applied for a house. Then once I applied, the case manager contacted the property manager and then they discussed how the program works. Then, the property manager accepted the application and I moved into my home."*
- ***Case managers' direct interactions with landlords were critical to securing housing.*** Many families discussed how their case manager was essential in obtaining housing during negotiations with landlords. Some agencies have families locate their own housing and case managers act as the family's advocates to secure housing. As the family's housing advocate, case managers would reach out to landlords directly; their intervention was especially critical for families that had a history of poor credit, evictions, and domestic violence. Providing case management and housing locator services to families with a history of domestic violence can be challenging because often clients are escaping an abuser and need help moving to and navigating a new community.

"They need to have better resources for us like apartments as far as give us a list because if a person is searching and searching...I was searching for three months until I found something. They should give a list of options that accepts First 5 LA or a list that accepts subsidized rent or something."

- Client

- ***When searching for housing, clients faced barriers in finding housing options that were safe, affordable, and accepting of the PSH program.*** Obtaining housing was difficult for clients receiving services from agencies that provided little or no support in securing housing. Clients stated that affordable rental housing options were difficult to find and only a few clients were provided with lists of property managers or landlords that the agency had previously worked with. A few families were unsatisfied with the housing options they were presented with and were unable to find housing that met their needs. A significant barrier that several clients came across was landlords and property managers who were unaware of or distrusting of the PSH program. One client said, *"I felt like a few people that were there and left before me that said that they had a hard time trying to find a place because some managers don't accept First 5 or they don't know about it so they don't accept it."* Clients suggested that agencies build stronger relationships with property and housing managers and provide clients with a list of properties and landlords that they have worked with before.
- ***More comprehensive housing locater services would have been helpful to many families.*** Many families reported difficulty managing their daily responsibilities such as employment, education, and their children's schooling or childcare along with the housing search. In some cases, factors such as terminal illness, pregnancy, and employment opportunities presented major barriers for families during their housing search. In a few cases, the client's primary language and immigration status presented barriers to securing housing. Staff also reported challenges helping their clients attain housing because of clients' employment status, eviction history, or criminal background. Some landlords were unwilling to accept applications from clients with negative housing histories. Building stronger relationships with landlords and property managers would help case managers secure housing for their clients.
- ***The barriers most often cited by clients to achieving their housing goals were finding and maintaining a stable job, finding affordable housing, and building their credit.*** When asked what barriers or challenges kept clients from achieving their housing goals, the majority of families reported difficulties not only finding a stable job, but also finding a job that provided them with a living wage. Several families found jobs through their participation in the initiative or through networks established in the program, but noted that they needed to find jobs that pay more than minimum wage so they could become more financially independent. *"If I made more money and if I wasn't on assistance then maybe we could stay somewhere stable and be able to pay our rent and bills,"* said one client. Furthermore, many clients have to juggle working full-time and being the sole caretaker of their children. Another common challenge is finding housing with affordable rent. *"It's too expensive. The prices they want you to pay for housing in this city are insane. That is the biggest obstacle,"* shared a client.

Case Management Services

Funding was set aside specifically for supportive services and PSH initiative agencies offered case management services to help homeless and at-risk families on their path to securing and maintaining stable housing. Among agencies, capacity to provide the entire range of services families needed varied; most agencies referred clients to supportive services outside their agency when needed. Case managers were critical in linking families to services; however, implementation and delivery of case management services varied across sites.

Families had a range of experiences with their case managers. Some families admitted that they were not in contact with their case managers for anything other than their housing referrals and had minimal interaction after housing was secured. Most families discussed reaching out to their case managers during times of need through phone calls, in-person visits, and email. Case managers reported providing referrals to mental health counseling, legal aid, domestic violence interventions, and basic needs such as diapers and clothing. Families participating in the initiative face multiple barriers, including mental health issues, mixed immigration status, histories of domestic violence, employment issues, and criminal records, and as such, have diverse needs. Given the array and complexity of barriers faced by their clients, staff shared that identifying the type and level of supportive services each family needed was a challenging process.

- *Case managers were better prepared to address and fulfill family needs when they collaborated with other organizations or had a strong referral network.* For example, if a family was in immediate need of emergency shelter, case managers referred clients to the closest FSC. Staff connected with the area FSC reported having access to a wide array of services and resources from other connected organizations.
- *Case management services were uneven.* Some families reported receiving intensive case management services, while others reported challenges receiving this assistance. Families that received intensive case management reported developing meaningful connections with their case managers, often calling them for guidance on a variety of issues. Case managers at some agencies also advocated on the family's behalf in relation to their DCFS case and even accompanied their clients to court. In contrast, some families expressed disappointment with the program because they felt that case managers did not support them in finding housing or accessing needed services. Both clients and staff expressed that large caseloads and the intense and varied needs of clients sometimes negatively impacted case managers' ability to support clients. This evaluation did not assess individual case files to examine the nature of the case management services that were provided to families.

"I lost the kids briefly. I got them right back, type of thing. [The agency] was actually extremely helpful in that. They even went to court with me, which was pretty much the main reason I got them right back. Had it not been for their support system, then that's what I meant about it, they really have helped."

- Client

Developing Self-Sufficiency and Housing Goals with Case Managers

As part of their participation in the PSH initiative, clients were asked to develop a service plan with their case managers that included identification of self-sufficiency goals for themselves and their families. While there was variation among the service providers, generally service plans were developed near the beginning of the program and were occasionally revisited. Service plan elements and success in meeting goals varied by agency, with some having mostly financial goals related to housing and others that were more expansive and included long-term life goals related to schooling, employment, or aspirations for their children. Families that had more formalized service plans expressed that it was helpful to have an outline of their goals on paper and to see their progress. Clients also found it helpful when they received clear communication on the level and duration of financial assistance they would receive. Families that participated in these discussions felt more secure about their housing and future goals.

Most families set long-term goals of establishing stable housing, achieving financial stability, and moving to specific communities that would provide them with the resources they needed. During interviews, clients also described how the lack of affordable housing or their employment status acted as barriers to achieving their goals.

- *Most clients set long-term goals of finding more permanent housing, achieving financial stability, and moving to a particular neighborhood or community that would provide them with needed resources.* More than half of the families interviewed set goals to find more stable and permanent housing for their families- either by renting an apartment/house or owning a house. Some families said they sought to buy a house or work towards home ownership after three years. Clients defined financial stability as no longer having to rely on rental and other public assistance and having the ability to save money. Some families said they wanted to move to a specific neighborhood or community to feel safer, to be closer to family and friends, or to be closer to resources and jobs.
- *Supportive service programming helped families eliminate barriers to stable housing.* Several families expressed that the most helpful supports were resources related to employment. Families felt stronger when they had obtained employment that allowed them to increase their contribution to the rent. Families that also received homelessness-prevention programming described benefits to the different skills-based courses provided, such as accounting, financial literacy, cooking, and parent-child classes. Agencies also helped families become established in their new homes by providing new or donated furniture and household items.

Linking Clients with Employment Services

Strong linkages to employment services are critical elements to the long-term stability of families. Over two-thirds of head-of-household clients (69.4%) were unemployed at program entry. Although grantee organizations were not required to provide employment services, many referred clients to other organizations that offered employment services. One organization required their clients to seek out and secure employment. Families and staff reported that having access to these employment resources and services was essential to achieving financial and housing stability.

"I do feel connected...more so because of my son. He attends kindergarten in the area. He loves the environment and the kids. We feel at home. In other words, we have made it our home."

- Client

- *Many of the families served are unemployed or underemployed, and need substantial support to navigate the employment process.* One of the most often-cited barriers by families to achieving their housing goals was finding and maintaining a stable job. Lack of employment directly affects families’ ability to secure stable housing (e.g., not having enough funds to provide the deposit, lacking a credit history, or having bad credit). An additional challenge to finding and maintaining employment for single parents was a lack of affordable childcare, which often limited their ability to look for and maintain employment. Several staff members shared that families participating in the program lack employment history, making it difficult for them to secure employment within the program period. Staff also stated that employment barriers are particularly challenging for undocumented families. While not a requirement of the program, some agencies offered or referred families to job development programs to help them gain resume writing and interviewing skills, as well as guidance on job search strategies. Agencies that provided these services noted that several families took advantage of such employment services. Families with access to these services expressed that the most helpful support they had received were resources related to employment.

Employment status is a variable in HMIS that agencies can utilize to keep track of client progress. Most agencies systemically reported that most adult clients were not employed at the time of program entry (see Exhibit 19). However, of those employed, most clients were permanently employed (86.5%). Furthermore, at the time of program entry most clients (79.8%) were actively searching for employment, suggesting an opportunity to support clients increase their self-sufficiency.

Exhibit 19. Heads of Household Employment Status
(n=744)

	Frequency	Percent
Not Employed	516	69.4%
Employed	227	30.5%
Refused	1	.1%
Total	744	100.0%

**220 clients did not report their employment history.*

Social Support Networks

Creating strong relationships and building supportive networks are important foundational elements to helping families achieve stability. When families can access these networks in times of need or crisis they are more likely to succeed. Many families shared what helped them create supportive networks and discussed the barriers they face in creating these relationships and becoming more connected to their communities.

- ***The majority of families reported feeling connected to their communities.*** When asked how connected they are to the neighborhood they live in, most clients reported feeling connected and a sense of “belonging” to the community. Families felt more connected when they had close relationships with neighbors or when they had access to local services and resources. Several clients said they could rely on neighbors for support. For example, one client said she knows she can rely on her neighbors to pick up her children after school if she cannot make it. Other clients sought out particular areas when searching for housing in order to have access to specific institutions or resources, like schools and hospitals. A few families reported feeling more connected when they were familiar with the area or when family and friends lived nearby. *“I feel 100% connected to the community because it’s in the neighborhood that I kind of grew up in,”* said one client. Some noted not feeling completely connected yet but had goals to become more involved and connected to their communities through support groups, creating friendships with neighbors, and volunteering.
- ***Relationships with other program families and agency staff provided clients with empathetic support.*** About half of clients described forming relationships with other families or staff at their transitional housing sites through support groups and services, or within their new neighborhoods. They talked about sharing similar traumatic and difficult experiences with other participants, which allowed them to relate and have someone to talk to when needed. One client mentioned, *“It just helps to know that somebody’s in your situation and they understand.”* Families also reported supporting one another through the housing search and application process. It was helpful because, as one client said, it allowed them to *“compare notes, share things that [they’ve] been through in life and help each other with the program.”* Others talked about the valuable support they received from agency staff in times of need. However, some clients said they received little to no social support from agency staff.
- ***Some of the barriers families face to becoming connected with their communities include safety concerns and a lack of access to services and resources in the area.*** While most families said that they felt connected to their community, there were several barriers identified by those clients who felt disconnected. Though many clients reported moving into safer neighborhoods with the support of the program, safety was a concern for some families and a few clients reported feeling unsafe and described violent incidents in their neighborhoods that frightened their families. One client said, *“Every day my kids get up and go outside I pray because it’s so bad over here.”* When asked what supports or services would be helpful for families to feel more connected to their communities, several requested more activities, programs, and spaces for their children to play and learn. Many clients asked for more support groups and parenting classes that would provide opportunities to meet other people and information about resources and services available in the community.



This chapter describes the **leveraging opportunities** taken advantage of to support families served. **New collaborations** established as a result of participation and **existing relationships** strengthened through the Permanent Supportive Housing for Homeless Families Initiative are highlighted.

Collaboration

Overall, the systems and networks of homelessness service providers in place fostered interagency collaboration for participating agencies. Nearly all staff interviewed discussed the importance of strategic partnerships with community-based organizations and the Homeless Family Service System²⁸ (HFSS) to leverage resources for clients. According to a few interviewed staff, HFSS has also encouraged collaboration with the Housing Authority of the City of Los Angeles (HACLA) and other housing departments in Los Angeles County. Two other key collaborations that participating agencies discussed included their collaboration with DCFS and the Partner Meetings hosted by CDC. These collaborations are described below.

While most staff did not report any issues collaborating with DCFS, a small proportion reported challenges verifying whether a potential client qualified for the program, as NOFA 1 required that families have a previous or current DCFS involvement. Some agencies reported that that verifying DCFS involvement was difficult to obtain and, in a few cases, delayed the program's ability to serve the family. To alleviate this issue DCFS designed an online portal where providers could enter family information and DCFS would return eligibility information to providers, generally within an eight hour window or less. Another concern was that for agencies handling cases in which children had been removed from the participating family, their case managers had difficulty advocating on behalf of their clients with DCFS because they were unable to obtain clear information on next steps from DCFS case workers.

Initiative Key Partners and Their Primary Roles

First 5 LA: Funder

CDC: Provide technical assistance, including monthly Partner Meetings and administer grants

DCFS: Verify eligibility for NOFA 1 clients

HFSS/FSCs: Primary referral pathway for NOFA 2 and network of service providers serving homeless families

PSH Agencies: Implement programs, provide client services, and collect data

Collaborative Solutions: Verifying Program Eligibility with DCFS

Child welfare involvement was an eligibility requirement for NOFA 1 clients. To address the challenges some agencies experienced in verifying their client's DCSF involvement, **DCFS developed an online portal** where providers could enter family information. DCFS would return eligibility information to providers, generally within an eight-hour window or less.

²⁸ The HFSS represent a network of providers that work through the FSCs to assist homeless families in locating stable housing and accessing needed services.

The CDC hosted monthly Partner Meetings for participating agencies to collaborate and obtain updated information relevant to the program implementation. Overall, agencies perceived the meetings as useful. A few agencies provided feedback that Partner Meetings were at times difficult to attend due to distance and traffic depending upon the time of the meeting. One participating agency shared that though the CDC Partner Meetings are designed to be a collaborative space, once the meetings opened up to other entities not receiving funding through the PSH program, it reduced meeting productivity.

Despite any challenges to collaborating with other service providers within the initiative, agencies implementing the PSH programs reported that overall they were collaborating with diverse partners to provide the supportive services families need to achieve housing stability.

Leveraging Resources

The impact of successful collaboration was evidenced in the family interviews when clients reported that staff leveraged their internal resources to help them access services they needed. From navigating and obtaining public benefits, reviewing resumes, to obtaining basic needs such as transportation support (e.g., bus tokens), families shared that many agencies were helpful in providing referrals for the services they considered necessary to stabilize. Although a few families described situations in which they requested services or assistance that were not addressed by the provider, this was not typical of families interviewed for this evaluation. Case managers, therapists, and other service providers had to work together to deliver the intensive services that families needed the most. Many families were able to receive the supportive services imperative to remaining healthy and housed through these networks.

- *PSH initiative service providers worked collaboratively with other service providers through the HFSS.* Several interviewed staff shared having connections with local organizations and government housing departments throughout LA County to leverage resources for families participating in the initiative. Staff expressed that most of the collaboration took place by co-creating an integrated referral pathway to other supportive services providers. According to families and staff interviewed, agency staff members were often able to leverage their internal agency capacity to deliver supportive services and activate referral pathways to connect families to services needed. However, despite the collaborative efforts of case management staff, some families reported being unable to access the resources they needed.

"I have a bus pass, I have CalWORKs. I have childcare. I have a therapist. I have a whole lot of people already working, even still working, with me to go through the whole First 5 process. My therapist, she looks up housing resources and stuff that she gets and she sends them to me. I'll call and see if they'll take First 5. So it's like we're all just in there together."

- *The PSH initiative was dependent on agencies and service providers working together to provide previously homeless and at-risk families the resources they needed.* Agencies often collaborated with other organizations to provide mental health services, substance abuse treatment, gang prevention, legal advocacy, housing advocacy, childcare, emergency moving services, transportation, workshops, vocational skills, and trainings for their clients. One client shared that within two months of calling 211 she was able to secure housing through the program. Through 211, the family was connected to the closest FSC, assessed, found eligible for the program and then referred to a primary PSH program service provider. This client would not have been able to become housed without the extensive collaboration of agencies participating in the HFSS referral pathway. Families participating in the PSH programs discussed how helpful the interconnected web of service providers were, often mentioning case managers, shelters, DCFS, counselors, attorneys, and other agencies being integral to either maintaining or procuring their housing.



Impact on Program Participants

This chapter highlights **initial program impact and satisfaction on program participants**. A case study highlights the experiences of families and staff that were part of the **Capital Development Project**.

Impact on Program Participants

The PSH initiative positively impacted the lives of many clients and their families. When asked to share the most impactful aspects about the program, most clients stated that the rental assistance helped them work towards financial stability and that the program provided them with links to strong networks and resources to help them remain stably housed. Despite challenges associated with the program's implementation, staff also felt that the impact of the PSH initiative was profoundly positive. They pointed out that in some cases where parents were undocumented or employed, this program was the only available resource to prevent and address homelessness. A staff member shared, "*First 5 LA [PSH] is a great program because we can help families that are not documented...there are so many families out there that are in that situation and that can't find the assistance anywhere else.*" Of the 37 families interviewed, only four families described that the program had a less than a positive impact on them (e.g., a few families mentioned needing more services beyond what was offered by the initiative). Family and staff reported program impacts are described below.

- ***The PSH program significantly affected families' ability to attain stable housing and work towards financial stability.*** More than half of the families interviewed described the most impactful aspect of the program as its ability to help them attain stable, permanent housing for their families. "*This program has provided the safety and stability that my family needed. We have been able to get into a house and that makes all the difference,*" shared a client. Several clients specifically noted that the program had prevented them from becoming homeless. "*They have been really, really helpful because without them I would probably be homeless again and I wouldn't be back with my kids.*" Several families also said the financial assistance was helpful because it has allowed them to save money for the future which positively impacts their long-term housing needs. For some families, stabilizing their housing allowed them to focus their energy on vocational training, obtaining a good job, or rebuilding their credit, which would help reduce chances of future homelessness.
- ***The program provided clients and their families with strong support networks and resources.*** Many families identified the support network and resources gained through the program as another positive aspect of the program. Supportive resources and services provided clients with basic needs such as clothing and food. Counseling services and supportive staff provided clients and their families with a foundational network on which they could rely. For example, several clients said staff comforted them in times of need, empowered them, and helped them with stress and anxiety. "*They [staff] were super supportive. It is a great team for families with limited resources...It was a huge impact on my family because we were in a shelter and I was always depressed. I didn't see anything positive happening for me at the time... but they actually turned that around 360. Everyone is positive and it lifted my spirits.*"

"Honestly, I'm going to sound corny right now, but it's the, this entire program, is the only thing that's going to keep, help us get to an American dream."

- Client

- *Several staff shared that the PSH initiative model has helped their agencies effectively prevent homelessness for at-risk families and provide a pathway to stable housing for previously homeless families.* The program is relatively new for all agencies and case managers were hesitant to discuss specific outcomes associated with the program for participating families; however, all interviewed staff reported that they have served at-risk and homeless families by helping them to obtain or maintain safe and secure housing. Overall, staff felt that the PSH model of providing financial supports for housing needs, combined with intensive case management, provided families with the tools needed to secure and/or maintain housing. This assistance not only allowed families to gain a sense of security, but also provided them with the financial and psychological space to participate in supportive services, seek additional resources, and create savings that will ultimately lead to their increased ability to maintain stable housing.
- *Agencies reported that families become stronger by learning how to advocate for their housing rights, taking steps to build their credit, and grow their self-sufficiency skills essential to ending the cycle of homelessness.* A few staff shared that they provide their clients with information on their rights as renters and guidance on how to interact with landlords, as these skills and information will be relevant to families who continue to rent even after they have exited the program. One staff member shared that their agency requires that all their PSH clients take a financial literacy and credit course.

"With the financial assistance for rental assistance, it gives them a big boost and a sense of confidence that they'll be okay financially. That's what I like about the program."

- Agency Staff

Nearly all interviewed families perceived the program as a success in that they had been able to secure or maintain stable housing through the program. The majority of families were satisfied with the housing and supportive services they had received through the program. Even though most felt they were in an overall better situation, some families shared frustration that they had not been able to access the housing and supportive services they needed. Agencies participating in the program saw various levels of success among their clients, noting that employed families receiving rental assistance had an easier time assuming full financial responsibility for their rent compared to participants who were not able to secure employment. Ultimately, despite implementation challenges, both families and agency staff overwhelmingly expressed that the program had been successful in providing stable housing for previously homeless and at-risk families.

- *Staff at agencies saw the highest success rates for maintaining housing with families that were already working.* Case managers speculated that this was due to families already having basic financial literacy and vocational skills. All agencies reported that focusing on increasing the family's income was a major goal and solving the immediate housing need. Providing rental assistance allowed families to begin saving money, which is necessary to long-term housing stability and financial security.

"I see a lot of my clients entering the program with simply welfare dependency, and by the time we're finding them permanent housing, I like the fact that they are looking for or obtaining permanent employment."

- Agency Staff

Case Study Highlight: Penny Lane

First 5 LA allocated \$14.6 million for the Capital Development Fund, intended to go towards the capital expenditures for the construction, acquisition, and rehabilitation of physical structures. The funding also included supportive service expenses for program participants. Penny Lane used funds from the capital development project to rehabilitate 39 units of permanent supportive housing and provide supportive services at the Cedar Ridge apartment complex.

Penny Lane: Founded in 1969, Penny Lane provides transitional and affordable housing, therapeutic residential services, foster family home placements, adoption services, family preservation, and wraparound and mental health services for children, youth, and families throughout Los Angeles County.

Cedar Ridge Apartments: Located in Lancaster (northern part of Los Angeles County), Cedar Ridge has 109 units of affordable housing and offers a variety of services. Support from the Capital Development Fund designated 39 units for families with children between the ages of 0 – 5. Cedar Ridge provides on-site housing services, case management, and supportive services. Two case managers are available onsite during business hours to address residents' needs. The case management team provides supportive services and residents are required to attend a minimum of two classes per week. Twenty hours of free classes are offered each week at Cedar Ridge on a variety of topics, including child development and bonding, nutrition, and exercise.

Findings and Related Recommendations: Cedar Ridge's Program differs from the PSH Rental Assistance Projects in that Cedar Ridge's case managers and services are co-located within the apartment complex where clients reside. In contrast, the Rental Assistance Projects use a rapid re-housing model to help families secure or maintain fair market housing; therefore, case managers' offices and services are generally not co-located within the client's apartment complex. Given these differences, it is not surprising that findings and recommendations emerging from the experiences at Cedar Ridge were somewhat unique. These findings and recommendations may be helpful for other Capital Development Fund grantees.

- ***Varying Reactions to Service Requirements.*** While on-site supportive services are received well by some families, others clients shared that they have refrained or refused to participate in the onsite services and were upset that attendance was mandatory for at least two classes a week.
- ***Relationships between Case Managers and Residents.*** Staff shared that many families come into the onsite case managers office unannounced when facing challenging life situations. Due to this level of interaction, case managers reported developing close relationships with clients. Access to intensive case management was a boon for clients with open DCFS cases who were in need of additional supports to address DCFS mandates. However, case managers also noticed that some families, especially transitional age youth (TAY), have a difficult time leaving facilities with onsite case management and experience abandonment issues when supportive services cease or if providers change.
- ***Supportive Network among Residents.*** Many families expressed high levels of social connectedness with all building tenants, regardless of program participation. However, one client expressed a desire to have all the PSH initiative program units located next to or closer to one other, as the units are currently scattered throughout the apartment complex. This would help families identify one another and obtain support from each other.
- ***Consider Location of Capital Development Projects.*** Some participants shared that they were concerned with the lack of employment opportunities in the area. Some residents expressed a desire to be closer to the city center where they perceived there to be more employment opportunities.

"I think it makes all the difference in the world with having us here, because they depend on us. They look forward to us being here."

-Penny Lane Staff



Lessons Learned

This chapter provides an overview of the **major lessons learned** throughout the implementation of the Permanent Supportive Housing for Homeless Families Initiative.

Lessons Learned

Findings from the evaluation illustrate the needs of families being served and to what extent these needs are being met by the PSH initiative. The most critical supportive services for families were housing locator services, case management, employment services, and developing social support networks. Agencies that collaborated or leveraged resources with other agencies, or had strong internal networks to which they could refer clients reported stronger outcomes. Key lessons learned are described in the following section.

- ***Agencies need to be prepared to work with families that have multiple needs and complex barriers to self-sufficiency.*** Previously homeless and at-risk families served by the initiative had diverse needs that required a range of supportive services. Agency staff reported that typically, families arrive to their organizations with an array of barriers that may include mental health issues, mixed immigration status, a history of domestic violence, employment issues, and criminal records. While all agencies served homeless families, some also focused on providing services to specific target populations such as families with domestic violence cases that may require more intensive services. Staff shared that families participating in the initiative face multiple barriers and have diverse needs, and that identifying each family's needs was a challenging process. Agencies that had more thorough intake processes in place and had high levels of client engagement in the development of their service plans seemed to be more successful in identifying clients' needs at different points in the program. Also, a few agencies went beyond just assessing whether families met the eligibility requirements of the program and assessed clients' fit for the program. These agencies had other programs in-house that they were able to refer clients to when staff felt that the client was not a good match for the PSH program.
- ***Participating agencies have different structures, areas of expertise, and capacities that can affect service delivery.*** Agencies funded through the PSH initiative varied in size and capacity. The levels of intensity of case management and housing location services varied across agencies and by client need. Staff said they appreciated the flexibility the program allowed to tailor their services to the needs of their clients, but both families and staff reported a need for more resources and support services to address the needs of homeless and at-risk families. Another concern was staff capacity. Both staff and clients reported feeling that case managers' caseloads were often too heavy, which may have negatively impacted their responsiveness.
- ***Agencies with highly developed housing locator services and supportive services networks were better prepared to help families achieve stability.*** Agencies that provided families with lists of housing options, landlords they had previously worked with, or directly connected clients with housing managers had stronger client satisfaction. Directly communicating with landlords was especially critical for obtaining housing in cases where families had poor credit histories and evictions. Case management services were also more effective when agencies had strong referral networks and could quickly refer clients to needed supportive services. Agencies that were connected to FSCs reported having access to a wide array of resources and services from other organizations connected through the HFSS. This fostered inter-agency collaboration and allowed agencies to leverage resources for a variety of client needs. Families discussed how helpful the interconnected web of service providers was.

Challenges to Implementation

Staff and families shared similar administrative and operational challenges to program implementation. Some of these challenges still exist, while others have been resolved through technical assistance from CDC and leveraging of resources through collaborations with other agencies. The most commonly reported challenges to implementation are described in the following section.

- ***The process families must go through to qualify for the program and secure housing can take too long.*** Families must go through a lengthy qualification and background check process in order to get assistance through the program. Often times, at-risk or homeless families are either missing or do not have all of the documents necessary to qualify for the program (e.g., proof of immunization, TB tests, birth certificates, and proof of DCFS involvement). Even in cases where families had most of the required paperwork, participants reported that the program qualification process could take up to a month. Several staff members reported difficulty convincing landlords to keep available units vacant until the enrollment process was complete. Consequently, housing opportunities were lost for qualifying families. Some agencies mentioned that families have dropped out prior to receiving assistance because of this lag in service delivery, which in extreme cases can take up to two or three months. Staff shared, “*We’re finding that because the process is so long, the ones that really do need the assistance don’t have the time for us.*”
- ***The background verification was a reported challenge for enrolling families.*** Staff identified that service delivery was negatively impacted by the time associated with some of the background checks. More specifically, staff shared that the criminal background and sex offender registry check could take up to a month, and that when DCFS background checks were required, the process timeline was extended even further. Staff also shared that case managers experienced difficulty confirming DCFS status on family name alone, with DCFS often stating that families did not have DCFS history. Staff explained that NOFA 1 agencies also faced challenges communicating with DCFS when children had been removed from their parents. Many staff requested guidelines that provide details about how long they should continue to provide housing assistance once parents lose custody of their children.
- ***Across all agencies, staff expressed that the program duration can often times be too short for the neediest of families.*** According to the NOFAs, program services can span up to two years; however, many staff and families shared that services were offered for only a few months and that it was not enough time to secure stable housing. Homeless families are especially vulnerable to natural increases in the cost of renting and poor job prospects. For some participating families the timeframe allotted by the program was not sufficient for them to raise their income because they could not find a job that paid enough to meet their housing and living expenses. Agencies expressed concern that the cycle of homelessness would be repeated for families that face multiple barriers to maintaining housing, such as substance abuse, mental illness, and poor work history (leading to a lack of job prospects). Some families may need more than several months or a year’s worth of assistance, and some families may potentially need permanent assistance to maintain housing (e.g., families with severe mental health issues). Agencies worked to leverage other resources. In some cases they worked diligently to help higher-barrier families access ongoing supports such as Section 8 housing.²⁹ Some staff also felt that families such as those taking care of children or adults with disabilities had further limited housing options and additional challenges to attaining long-term stability.

²⁹ The Section 8 program is financed by the U.S. Department of Housing and Urban Development (HUD) to provide rent subsidies for extremely low, very low-income individuals/families, senior citizens, and persons with disabilities. The Housing Authority has two different types of rental subsidies, tenant-based and project-based subsidies. Retrieved from <http://www.hacla.org/section8/>



Recommendations

This chapter provides **recommendations** for agencies that serve homeless families and those who fund this work based on evaluation findings.

Recommendations

The experiences shared by agencies and clients from the PSH initiative have the potential to strengthen the delivery of services for families that are at-risk of or are homeless in LA County and across the nation. Recommendations for how to strengthen efforts to serve homeless families based on this work are described below.

- ***Provide ample opportunities for agencies serving homeless families to develop relationships, collaborate, and learn from one another.*** Agencies serving homeless families carry out their work within the context of complex systems (e.g., administrating several programs with varying goals) within which a single solution often is not sufficient to achieve the desired impact. And yet, too often, agencies operate in silos rather than benefiting from the impact that can be achieved through joint efforts. Participating agencies were able to nurture and solidify collaborative relationships that will serve as a strong foundation to build networks of care for families at-risk of becoming homeless. As part of the initiative, the CDC convened regular meetings, called Partner Meetings, to discuss implementation successes and challenges. These meetings were initially exclusively for organizations serving homeless families. Later, these meetings were opened to other service providers. Many staff interviewed expressed a desire for the forum to remain targeted at agencies serving homeless families so that the issues most directly impacting their work could take precedence in meetings. Based on staff interviews and evaluation findings, some topics that staff were most interested in learning more about included: strategies for developing housing locator services and relationships with landlords, referral resources (including how to access resources available through the FSCs), how to access longer-term housing supports such as Section 8, and how to effectively leverage network referrals. Due to the time commitment required to travel to in-person meetings, staff suggested that teleconference options be provided for Partner Meetings.
- ***Invest in the long-term capacity and infrastructure of case management to delivering services.*** Overall, staff and families perceived strong case management as culturally responsive and successful for meeting the needs of homeless and at-risk families. Staff and family interviews revealed case managers were more effective when they developed clear and long-term self-sufficiency goals with clients, linked clients to employment services and resources, and helped clients access supportive networks. Interview and focus group data from staff and clients suggest that there are different levels of case management experience and expertise across the system. Therefore, systematic efforts to increase case management skills and practices can likely increase positive family outcomes. Further analysis of case management plans and how the type and level of supportive services determined for families across agencies will help paint a clearer picture of the alignment between case management, supportive services, and family needs.
- ***Strengthen relationships with the mental health system.*** Families came to the program with complex needs ranging from limited financial resources, no access to health care, substance abuse, and other mental health concerns. Providers reported that it was not uncommon for several members of the same family to be experiencing profound mental health issues upon program entry. And yet, some agencies lacked strong connections to the mental health system. These relationships should be strengthened to ensure that agencies serving homeless families can meet mental health needs for all family members in a timely fashion.

- Support collaborative approaches and leveraging of funding to best meet the needs of homeless families.* Staff from agencies that specialized in serving homeless families reported leveraging other funding pools in order to provide optimal supports for families participating in this initiative. This included referrals both within and between agencies which allowed staff to leverage resources for a variety of client needs. Several staff reported leveraging resources and services for their clients with other programs or departments within their organizations. Others were able to refer clients to external agencies that were part of their network of partnerships. Several families interviewed reported that staff leveraged their internal resources to help them access a number of services, ranging from navigating and obtaining public benefits, reviewing resumes, and obtaining basic needs such as transportation. Families also shared that agencies were helpful in providing referrals to additional supportive services such as adult education and employment services.
- Incorporate robust employment services to ensure families can become stable in their housing.* Employment services are critical to improving the long-term stability of families. Although organizations were not required to provide employment services under the current initiative, many referred clients to other programs and organizations that offered employment services. Families and staff reported that having access to these employment resources and services were essential to improving families' ability to achieving financial and housing stability. Families felt more financially stable when they received employment support and were able to obtain employment during the program. However, several staff and clients pointed to the myriad of barriers that clients face in securing employment that will provide them with a livable wage, including education, affordable childcare, criminal history records, and having minimal job experience. Lack of employment directly affects families' ability to secure stable housing.

Streamline data entry and share program data regularly. Although staff acknowledged the importance of collecting data, data entry was often perceived as burdensome. Staff recommended that data entry be centralized into the HMIS reporting tool (rather than via a separate program-specific database) to minimize staff burden. However, staff also noted that HMIS is not well-suited to provide reports that allow agencies to easily track the progress and outcomes experienced by clients. A few participants shared that their agency staff did not have the time to conduct all the data entry required for the program and recommended that additional funding be allocated for data entry. To facilitate learning, contract monitoring, improve services, and provide clear expectations for agencies, funders should clearly articulate benchmarks for success. These benchmarks should be clearly stated in advance and be carefully constructed to take into account the multiple challenges inherent in homelessness prevention programs. Quarterly dashboard reports could be created using data already collected and entered in the HMIS data system. The dashboards would provide stakeholders information on what is working well and what areas of the program require improvement. Currently, agencies are not entering data in real-time (and data cannot be easily extracted in meaningful ways), and are therefore unable to make data-driven course corrections. Additionally, anytime back data entry is conducted the probability of making mistakes increases and the quality of the data decrease significantly. A solution to the problem is to implement a Quality Assurance process. The implementation of Quality Assurance/Control policies would also result in a more rigorous database and allow for real-time feedback to funders and providers. For Quality Assurance purposes, program leadership staff could review results on an ongoing basis. In turn, leadership staff would be able to utilize these rapid results to make mid-course adjustments and corrections to support the highest program and data quality.