



A QUALITATIVE EVALUATION OF HOUSING FOR HEALTH IN LOS ANGELES COUNTY

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THE PRESENTATION COVERS

Problem
Study Focus
Key Findings
Lessons Learned
Policy Implications

THE PROBLEM

More people are
experiencing
homelessness

66,000

in Los Angeles County in 2020

Up 13% from 2019

73% unsheltered

41,000

in the City of Los Angeles in 2020

Up 16% from 2019

70% unsheltered



Source: Los Angeles Homeless Services Authority. 2020 Greater Los Angeles Homeless Count.
<https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation>

THE PROBLEM *(continued)*

Complex physical
and behavioral
health problems

29%
experienced
domestic
violence

25%
have
substance
use
disorders

17% have a physical
disability

22%
report a
serious
mental
illness



Source: Los Angeles Homeless Services Authority. 2020 Greater Los Angeles Homeless Count.
<https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation>

THE PROBLEM *(continued)*

Homelessness is a vicious cycle

Caused by accumulated adverse conditions

Causes problems that may challenge a return to stability

HOMELESS ASSISTANCE SERVICES

Outreach, intake, and assessment

Emergency shelter

**Transitional housing with
supportive services**

**Permanent & permanent
supportive housing with services**



THE STUDY'S FOCUS

Permanent Supportive Housing (PSH)

PSH provides housing and a range of supportive services

Care coordination is a strong component

THE STUDY'S FOCUS *(continued)*

**Programs vary and
overlap on a continuum**

**Housing for Health (HFH) vs
other PSH programs**

**Examined tenants' experiences
with care coordination**

HOUSING FOR HEALTH PROGRAM DESCRIPTION

Launched in 2012 by LA County Department of Health Services (DHS)

Targets

- People experiencing homelessness
- Frequent users of health services

Referrals from health providers via DHS and Coordinated Entry System

HOUSING FOR HEALTH PROGRAM DESCRIPTION *(continued)*

Flexible housing subsidy pool

Tenants are allocated to project-based or scattered sites

Centralized data system

Intensive case management services both on and off site

OTHER PSH PROGRAMS (NON-HFH)

**Program entry only through
Coordinated Entry System**

Less intense case management

Service support is more limited

INTERVIEWEES

14 senior leaders from relevant county agencies (interviews)

29 HFH and non-HFH program staff (4 focus groups)

42 HFH and non-HFH tenants (5 focus groups)

INTERVIEWEES *(continued)*

Relatively small sample from one urban area

Participants self-selected for the study

Only included English speakers

HFH HAD BETTER COORDINATION OF CARE & SOCIAL SERVICES

- Service vouchers connected to individual
- Tailored referrals
- Streamlined documentation and reporting
- Integration of housing and health services

HFH HAD BETTER COORDINATION OF CARE & SOCIAL SERVICES *(continued)*

“I think those other [non-HFH] programs, though the level of services quality is the same, they may not be able to work with the client all the way from homelessness to housing.

There may be a program that steps in in the beginning while they're homeless and then there's a new program that they get connected to for stabilization once they're housed.

Both those types of models work. But I definitely think it's also nice for the client to have the continuity of services when they're working with one team from the beginning to the end.”

(Senior leader)



HFH HAD BETTER COORDINATION OF CARE & SOCIAL SERVICES *(continued)*

“The first thing that we always focus on is their health, how they’re connected. Making sure that they’re going to be stable once they move in and they’re connected so you don’t have to worry about their health declining once they’ve moved in.”

(HFH Program Staff)



HFH HAD BETTER COORDINATION OF CARE & SOCIAL SERVICES *(continued)*

“I’ve improved a lot because I had lymphedema really bad when I came.

Eventually I was able to get SSI so my physical improved, my mental improved, my financial improved.

I’m doing better.”

(HFH Tenant)



INTENSITY OF CARE COORDINATION WAS BETTER IN THE HFH PROGRAM

HFH case management

- Lower case loads
- Integrated housing, health, and social services
- Contact with clients as often as necessary

INTENSITY OF CARE COORDINATION WAS BETTER IN THE HFH PROGRAM *(continued)*

Non-HFH case management

- More fragmented
- Less coordinated between services and housing components
- Less frequent contact with clients

INTENSITY OF CARE COORDINATION WAS BETTER IN THE HFH PROGRAM *(continued)*

“It’s very intensive, time intensive.

For example, with primary care visits or mental health visits the case managers accompany them [the tenants] to the visits and sit with them in the waiting room.

They talk with the doctors, with the psychiatrists, and then also do case conferencing with the team of different professionals to make sure that nothing falls through the cracks, and they can problem solve together. So, I think the level of intensity is a little bit higher with this project than the normal Permanent Supportive Housing.”

(Senior leader)

**TENANT EXPERIENCE MAY VARY
DUE TO WORKFORCE ISSUES AND
CASE MANAGER TURNOVER**

Variation in level and quality of staffing

**Both HFH and non-HFH workforces are
affected by shortages**

Workforce shortages in other service areas

Tenants are particularly affected by turnover

**TENANT EXPERIENCE MAY VARY
DUE TO WORKFORCE ISSUES AND
CASE MANAGER TURNOVER** *(continued)*

“It’s like why do I open up?

Because we be really opening up telling them some personal stuff that hurts to even talk about and then have to keep on doing it over and over.”

(HFH Tenant)

**TENANT EXPERIENCE MAY VARY
DUE TO WORKFORCE ISSUES AND
CASE MANAGER TURNOVER** *(continued)*

“Because of our unique disabilities here, it could take a while for the trust to build up to the social worker. And just as you’re starting to get comfortable, they’re gone. And you have to start all over again.

(Non-HFH Tenant)

LESSONS LEARNED

Compared to non-HFH, HFH has components of strength

- Flexible funding
- Intensive case management services
- Continuity of care
- Centralized in-take and reporting

LESSONS LEARNED *(continued)*

Both HFH and non-HFH face systemic challenges

- **Complex high-acuity clients**
- **Shortage of mental health services**
- **Shortage of highly qualified case managers**
- **Case manager turnover**

POLICY IMPLICATIONS

Integration of health and housing is less common, but important

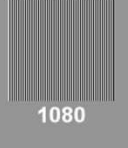
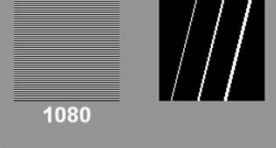
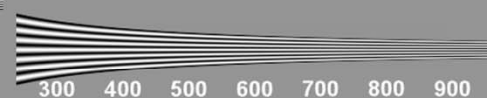
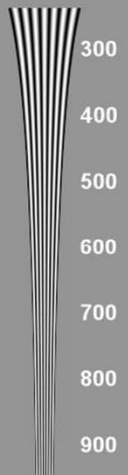
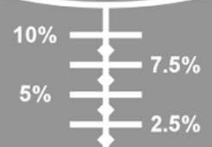
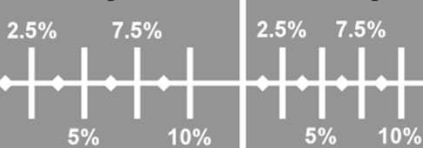
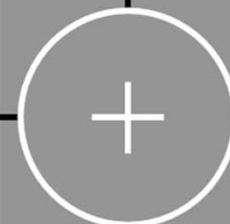
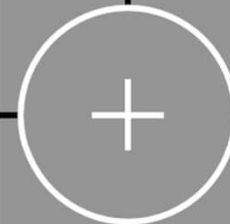
Changes in Medicaid coverage incentivize new stakeholders

Federal, state, and cross-sector interventions to enhance homeless services



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TOPICS OF DISCUSSION

PSH Characteristics

Comparisons of HFH and non-HFH models

HFH outcomes

HFH impact on other service sectors

DATA ANALYSIS

Audio recordings were used for interviews

Data were analyzed collaboratively

Multiple rounds of interpretation

