Housing for Health:
Perspectives of Multiple Stakeholders

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Presenter Disclosures

Kathryn Kietzman

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
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The views expressed here do not necessarily reflect the views of the Foundation.
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- Faith Washburn
- Lisa Greenwell
- Ricardo Basurto-Davila

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Study Context

Homelessness in Los Angeles County
Count in 2018 = 52,765 individuals

Health and Homelessness

Housing for Health: “Whatever it Takes”

- Permanent Supportive Housing (PSH)
- Rental subsidies
Housing for Health (HFH)

http://dhs.lacounty.gov/wps/portal/dhs/housingforhealth
HFH: Housing success to date

http://dhs.lacounty.gov/wps/portal/dhs/housingforhealth
Study Aims

- Evaluate effectiveness of Housing For Health (HFH)’s approach to permanent supportive housing (PSH)

- Assess HFH’s impact on service utilization and outcomes in other sectors

- Document perspectives of PSH stakeholders: tenants, providers, & program administrators
Mixed Methods Study Design

- **Quantitative**
  - Administrative data from six LAC departments, HFH
  - and other PSH programs
  - Electronic health records from DHS
  - Survey of HFH and non-HFH clients

- **Qualitative**
  - Key Informant interviews
  - Focus Groups with tenants and providers
# Tenant Focus Groups

## Participant Characteristics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong> (male)</td>
<td>24 (57%)</td>
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<tr>
<td><strong>Age</strong> (range)</td>
<td>Mean=57 (28-71 years)</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>14 (33%)</td>
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<tr>
<td>White/Caucasian</td>
<td>14 (33%)</td>
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<tr>
<td>Hispanic/Latino</td>
<td>8 (19%)</td>
</tr>
<tr>
<td>Asian</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>American Indian</td>
<td>2(5%)</td>
</tr>
<tr>
<td>Unknown</td>
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# Tenant Focus Groups

## PARTICIPANT CHARACTERISTICS

(N=42)

<table>
<thead>
<tr>
<th>Type of PSH</th>
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</thead>
<tbody>
<tr>
<td>Housing For Health</td>
<td>25 (60%)</td>
</tr>
<tr>
<td>Other PSH</td>
<td>17 (40%)</td>
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</table>

<table>
<thead>
<tr>
<th>Housing Site</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Project-based</td>
<td>19 (45%)</td>
</tr>
<tr>
<td>Scattered</td>
<td>18 (43%)</td>
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<tr>
<td>Unknown</td>
<td>5 (12%)</td>
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</tbody>
</table>
## Provider Focus Groups

### PARTICIPANT CHARACTERISTICS (N=29)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (Percentage)</th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong> (n=26, male)</td>
<td>13 (50%)</td>
</tr>
<tr>
<td><strong>Age</strong> (n=24, range)</td>
<td>Mean=37 (24-60 years)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12 (41%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>10 (34%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5 (17%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (7%)</td>
</tr>
</tbody>
</table>
### Provider Focus Groups

#### PARTICIPANT CHARACTERISTICS (N=29)

<table>
<thead>
<tr>
<th>Type of PSH (n=28)</th>
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</thead>
<tbody>
<tr>
<td>Housing For Health</td>
<td>12 (43%)</td>
</tr>
<tr>
<td>Other PSH</td>
<td>9 (32%)</td>
</tr>
<tr>
<td>Both</td>
<td>7 (25%)</td>
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</table>

<table>
<thead>
<tr>
<th>Housing Site (n=28)</th>
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</thead>
<tbody>
<tr>
<td>Project-based</td>
<td>10 (36%)</td>
</tr>
<tr>
<td>Scattered</td>
<td>8 (29%)</td>
</tr>
<tr>
<td>Both</td>
<td>10 (36%)</td>
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</tbody>
</table>
Data Analysis

- Interviews and focus groups audio-recorded and transcribed
- Independently coded by 2 team members
- Codes developed inductively
- Patterns and themes identified
HFH-specific differences

- Dedicated service dollars
- Intensive case management services
- Enhanced housing placements and referrals
- Streamlined reporting and administrative processes
I think what the Housing For Health did was provide services, service dollars... that was not really there. It was never dedicated to Permanent Supportive Housing. It was kind of developers were doing it and trying to piece it together...

Key Informant
Barriers to Housing Stabilization

- **Systems-level**: limited funding, housing, and human resources
- **Administrative**: burdensome data collection and reporting requirements
- **Workforce capacity**: insufficient staffing, case manager turnover, conflicting goals
- **Individual-level**: broad spectrum of tenant needs
Limited Housing Inventory

Especially when you’re on Section 8, the locations in which the apartments are located in are usually run-down and oftentimes or what I have noticed is for example say someone has a substance abuse problem, nine times out of ten they’re put back into the same environment only because that’s the only place available where they’ll accept a Section 8...

Tenant Focus Group Participant
Broad Spectrum of Tenant Needs

They were so eager to fill up these buildings and this is what you guys need to be careful of. They sent people who were not able to live on their own into an environment where they had to live on their own, just to get the numbers, just to get that hundred units filled... If you can’t get out of the bed it’s unlikely you’re going to participate in groups. You know, if you’re in constant pain, you know, you’re not going to get to meet a friend that can help you in case of emergencies.

Tenant Focus Group Participant
Facilitators to Housing Stabilization

- Enhanced linkages and referrals between housing and services
- Partnerships and collaborations
- Co-locating supportive services
- Intensive case management services
- Tenants organizations
Enhanced Linkages and Referrals

It starts with street outreach services that are connected to them, interim housing and shelter beds that Housing For Health directly buys and operates, to housing location services that they offer and then finally with the housing that is available and if someone drops out of that, they have access to clinical supports, uniquely provided by the health agency as well as shelter beds that they can kind of drop back into for replacement into other places. So the safety net, the directly operated safety net and support system into the safety net under it is I’d say dramatically more coordinated and aligned, by virtue of it being a single funder.

Key Informant
Implications for Policy and Practice

HFH has been a catalyst for change in the financing and administration of PSH programs in Los Angeles.

Rapid scaling has been responsive to housing needs while introducing some tensions related to provider capacity and tenant level of need.

Housing is not the end-goal: keeping individuals housed and connected to services is critical for long-term success.
Moving beyond Housing

When we think of Permanent Supportive Housing, we’ve always thought of it in the context of housing development, sort of like a building. But um, but I think we’re having to expand that definition because service providers are also responsible to provide the services for people who get like tenant-based vouchers.

Key informant

[We want to] make sure we haven’t missed anything because if somebody would much more benefit from, you know, a different type of programming, or housing, we wanna make sure we’ve attached them to anything that we possibly can that they’re comfortable with...

Key Informant
Community Partners

LifeSTEPS Broadway Villas
LifeSTEPS Hollenbeck Terrace
Skid Row Housing Trust
Step Up on Colorado
LA Family Housing
Abbey Apartments
The Russ Hotel
LAMP
PATH
Homeless Healthcare Los Angeles

With special thanks to all of the tenants!
Thank You!

For more information, contact:
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