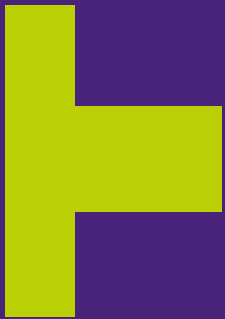


# Stable Homes, Brighter Futures

## Permanent Supportive Housing For Transition Age Youth (TAY)



## Evaluation Report Preliminary Findings from Year 1 February 2014



Prepared by Harder+Company Community  
Research

## Introduction

*"[It] was given to me as an opportunity to become a better person and not deal with the problems of being homeless."  
~ TAY Participant*

On any given night in Los Angeles County, approximately 3,500 youth between the ages of 18-24 are homeless (2011 Greater Los Angeles Homeless Count report). Many youth become homeless as a result of running away from an abusive family, being abandoned from their families or homes, or waiting for foster care system placement.<sup>1</sup> According to the National Alliance to End Homelessness, once youth become homeless they are particularly vulnerable to physical abuse and sexual assault while living on the streets. When provided with supportive housing, and access to relevant, flexible and responsive services, these young adults can begin the process of healing, create lasting relationships and community connections, and build the skills needed to live stable independent lives.

Permanent supportive housing (PSH) is an intervention where the housing unit is permanently affordable with no time limits on how long a person can stay. PSH has been found to be an effective intervention for homeless individuals who face multiple barriers to accessing housing, without which, they would not be able to effectively utilize needed services. Six years ago, there were no permanent supportive housing (PSH) units for transition age youth (TAY) in Los Angeles County and services for TAY were highly concentrated in the Hollywood area. As part of a broader effort to build capacity across different neighborhoods in LA County and address the unique needs of homeless TAY, the Corporation for Supportive Housing (CSH) launched *Stable Homes, Brighter Futures*, a three year demonstration project supported by the Conrad N. Hilton Foundation, the W. M. Keck Foundation, and the California Wellness Foundation. *Stable Homes, Brighter Futures* contributes to a broader systems-level effort to:

- Increase the capacity of organizations in Los Angeles County to develop and operate high-quality PSH for transition age youth in areas of high need.
- Create a safety net of housing and services for TAY that includes health, mental health, education, and employment.
- Collaborate with government agencies and partner organizations to secure adequate and coordinated public funding mechanisms.

This evaluation report provides preliminary findings for the first year of the initiative, including challenges, promising implementation strategies, as well as a description of client characteristics and milestones.

<sup>1</sup> Sullivan & Knutson, 2000; Tyler & Cauce, 2002

## About Stable Homes, Brighter Futures

The Corporation for Supportive Housing launched the *Stable Homes, Brighter Futures* initiative in the summer of 2012 by funding five<sup>2</sup> PSH providers to serve up to 191 TAY over the course of the three year demonstration project. Specifically, *Stable Homes, Brighter Futures* seeks to target young adults, 18-24 who are homeless or at risk, provide permanent supportive housing, and create an appropriate service package. In addition to funding services, CSH plays an active role in facilitating learning and capacity building through regular trainings and peer learning communities where providers discuss challenges, strategies, and promising practices.

Permanent supportive housing (PSH) is not a homogenous model. While 5 PSH developer providers were granted funding to implement PSH for TAY, there are 17 different housing developments with varying models across several regions in Los Angeles County. Some housing developments include single-site, all TAY units (e.g., Progress Place Apartments/Jovenes Inc.), while other providers house a smaller number of TAY in mixed-population developments with older adults and families (e.g., Menlo Apartments/LTSC). Additionally, some developments house only TAY with mental illness (e.g., Epworth Apartments/CRCO) and some have a certain number of units designated for mentally ill TAY under the Mental Health Services Act (MHSA) housing program. The table below provides a snapshot of grantee providers, service provider partners, housing models, as well as the regions and number of TAY they currently serve.

PSH Developer	Service Provider Partner(s)	Region	Housing Development	Housing Model	# TAY Units Available	# TAY units in operation**
<b>Coalition for Responsible Community Development (CRCO)</b>	CRCO	Vernon Central; South LA	36 <sup>th</sup> Street Apartments	Single-site, all TAY <i>(11 units total)</i>	10	10
			28 <sup>th</sup> Street Apartments	Mixed-population development <i>(49 units total for low-income, single adults, and adults with mental illness)</i>	8*	8
			Epworth Apartments	Single-site, all TAY with mental illness <i>(20 units total)</i>	19*	19
			Section 8 Housing Choice Vouchers	Scattered-site	38	38
<b>Jovenes, Inc.</b>	Jovenes, Inc.	Boyle Heights; East LA	Progress Place Apartments	Single-site, all TAY, shared 2 bedroom apartments	14*	14
			Boyle Hotel	Mixed-population development <i>(51 units total for low-income adults)</i>	5	
			My Home, Mi Casa	Scattered-site, shared homes	20	11

<sup>2</sup> The Stable Homes, Brighter Futures Initiative initially funded a sixth grantee (PATH Gramercy) whose primary objective was to transform transitional housing into PSH. However, the timeline of this project did not allow for them to fulfill the initiative's agreement. While PATH is no longer included in this evaluation, CSH continues to provide them technical assistance.

PSH Developer	Service Provider Partner(s)	Region	Housing Development	Housing Model	# TAY Units Available	# TAY units in operation**
<b>Little Tokyo Service Center (LTSC)</b>	Koreatown Youth & Community Center (KYCC)	Koreatown ; Central LA	Menlo Apartments	Mixed-population development <i>(60 units total for low-income adults and families)</i>	5*	5
	Pilipino Workers Center (PWC); Asian Pacific Counseling & Treatment Center (APCTC)	Historic Filipinotown; Central LA	Larry Itliong Village	Mixed-population development <i>(49 units total for low-income adults and families)</i>	9*	9
	Koreatown Immigrant Workers Alliance (KIWA)	Koreatown ; Central LA	New Hampshire Family Apartments	Mixed-population development <i>(52 units total for low-income adults and families)</i>	10	
<b>Step Up On Second</b>	Step Up On Second; My Friend's Place	Santa Monica; Hollywood	Daniel's Village	Single-site, all TAY <i>(8 total units)</i>	7*	7
			Step Up On Second	Mixed-population development <i>(36 units total for low-income adults)</i>	1	1
			Step Up On Fifth	Mixed-population development <i>(46 units total for low-income adults)</i>	1	1
			Section 8 Housing Choice Vouchers	Scattered-site	10	10
			Step Up On Vine	Mixed-population development <i>(34 units total for low-income adults)</i>	7	7
			Michael's Village	Mixed-population development <i>(32 units total for low-income adults)</i>	7	
<b>Women Organizing Resources, Knowledge, and Services (WORKS)</b>	WORKS; Housing WORKS	Westlake; Central LA	Young Burlington	Single-site, all TAY with mental illness <i>(21 total units)</i>	20*	20
<b>Total TAY</b>					<b>191</b>	<b>160 currently served</b>

\* Denotes units which are funded by the Mental Health Services Act (MHSA) or Shelter Plus Care which requires residents to have documented disabilities.

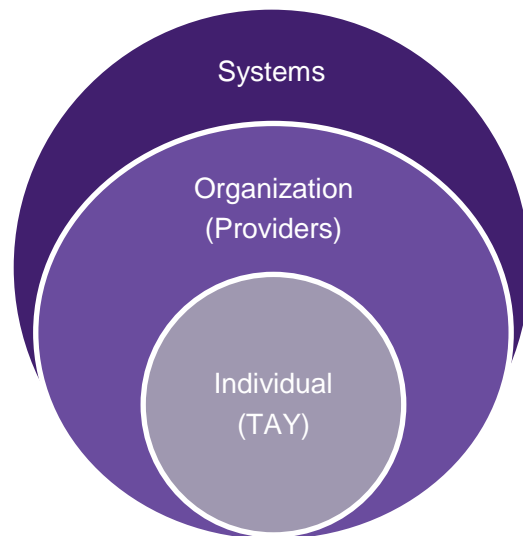
\*\* Number of TAY units in operation is current as of January 2014

## About the Evaluation

In 2012, CSH partnered with Harder+Company Community Research (Harder+Company) to document the experiences and outcomes of young adults in permanent supportive housing as well as the unique challenges, strategies, and promising practices employed by service providers and property managers

working to support at-risk young adults. The evaluation seeks to generate and share lessons and findings that can inform program improvement, systems change efforts, and the broader field. Guiding evaluation questions include:

- **TAY Tenants:** In what ways do the needs of TAY differ from other homeless populations and how can services be appropriately tailored? What are the experiences of TAY in supportive housing and how can that understanding inform service delivery and housing models? How are TAY changing in the areas of housing stability, health, mental health, employment, education, and overall quality of life?
- **Service Providers and Property Managers:** What strategies are used to target TAY? Are there ways to improve the outreach and targeting of TAY who are at highest risk? Are support services relevant, flexible, and appropriate for the TAY population? What tools, strategies, practices, or policies have been implemented as a result of providers' participation in the initiative?
- **Systems Improvement:** What are the existing systemic barriers that prevent delivering appropriate services to TAY? How does the initiative contribute to stronger community networks of support for young adults?



This annual report highlights data and preliminary<sup>3</sup> findings from the first year of work (fall 2012-2013) and is based on tenant intake assessments (n=82), surveys with TAY participants (n=47), provider survey data (n=16), stakeholder interviews (n= 10), and provider surveys from nine CSH Learning Communities (n=136).

## Methods

To address our guiding evaluation questions about the impact of the *Stable Homes, Bright Futures* initiative on individual (TAY), organization (provider), and systems levels, the process of triangulation<sup>4</sup> was employed. Triangulation strengthens a study's reliability and validity by combining methods. In this case, we used both qualitative and quantitative data from various sources to examine if findings were consistent across different data sources and identify discrepancies (e.g., Are TAY's concerns validated by what providers report as challenges in serving TAY?), and used qualitative data to support and add more depth to quantitative findings (e.g., What can our qualitative data add to our survey data regarding providers' capacity and training?).

The following preliminary findings take into account various data sources:

---

<sup>3</sup> At the time of this report, baseline data was incomplete as providers were building capacity for data entry. The findings from the baseline data are therefore preliminary.

<sup>4</sup> Patton, M. (2002) *Qualitative Research and Evaluation Methods*

- 1) *Tenant-level data*, where TAY were surveyed about their initial experiences entering PSH and immediate impacts (N=47); and preliminary baseline survey data administered by providers to assess tenant-level change over time (N=82).
- 2) *Provider-level data*, where property managers, service providers, and program directors were surveyed (N=16) and interviewed (N=8) about their experiences (promising practices and challenges) working with TAY, as well as the impact that CSH Learning Communities had on their work (N=136); and
- 3) Emerging *systems-level data*, where PSH providers and stakeholders from Los Angeles city housing agencies were interviewed about broader issues related to housing TAY in PSH.

## Participant Characteristics

Who is participating in the initiative?

TAY reported many goals while living in permanent supportive housing, including getting an education/finishing their degree, finding a job, being stably housed, maintaining or improving their mental and physical health, and getting transportation. As of January 2014, a total of 160 TAY were housed and provided supportive services. Preliminary baseline data (N=82) show that over half of the participants were male (52%), and ranged in age from 18-26 with an average age of 22 at time of enrollment. Most TAY were referred to the PSH program by mental health service providers and many reported having had a history of trauma and homelessness. During the baseline assessment, housing status was measured by asking youth “Where did you stay right before moving into your current apartment?” Responses were recoded following HUD’s Housing Status Definitions. About half (51%) identified as being homeless<sup>5</sup> prior to moving into the PSH program, 33% were living in a transitional housing program, 9% were “unstably housed”<sup>6</sup>, and 2% were in permanent housing for formerly homeless persons. Out of the TAY who were “homeless” prior to entering PSH, 48% were homeless for a year or longer.

## Participant Snapshot\*

(Self-reported)

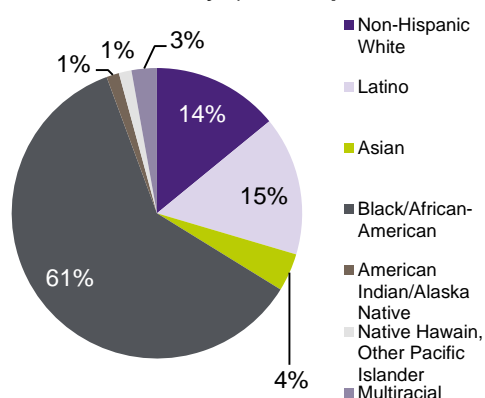
- + 51% were staying in an emergency shelter or a place not meant for habitation prior to PSH
- + 33% were in transitional housing prior to PSH
- + 9% were unstably housed prior to PSH
- + 32% are current/former foster youth
- + 38% received high school diploma
- + 23% completed their GED
- + 29% dropped out of high school
- + 2% currently attending high school/GED
- + 85% were unemployed prior to PSH
- + 31% were arrested as a juvenile
- + 82% had some kind of mental health challenge
- + 25% had a substance abuse issue
- + 17% had a long-term developmental disability

\* Snapshot includes data taken during the baseline assessment (i.e., 30 days within PSH move-in date)

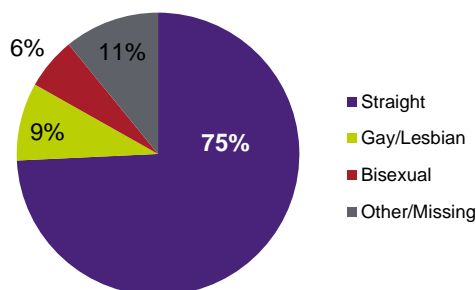
<sup>5</sup> “Homeless” TAY included those who were either staying at an emergency shelter or place not meant for habitation (e.g., vehicle, abandoned building, streets, etc).

<sup>6</sup> Following HUD’s housing status definition, “unstably housed” refers to TAY who were living in a friend or family member’s apartment or home prior to entering PSH.

Race/Ethnicity (n = 71)



Sexual Orientation (n=47)



Upon entry into supportive housing, most TAY (73%) were living alone with 44% housed in a one-bedroom apartment, 35% in a studio, and 21% in a 2-bedroom apartment. As noted earlier, there were different types of housing developments included in this initiative (i.e., single-site all TAY, mixed-population, scattered sites). While PSH providers likely share the same PSH philosophy (i.e., Housing First, harm reduction, trauma informed care), the implementation and individual outcomes may be influenced by these varying housing development characteristics. For example, preliminary data suggests that TAY may benefit from living among other non-TAY adults and families because it offers a different type of support system, and older adults can serve as role models for how to live independently. On the other hand, single-site all TAY developments can also help youth build a social support network with peers who have similar shared experiences. Future evaluation reports will examine if there are in fact significant differences in housing models and individual outcomes.

## Preliminary Highlights and Themes

### Stable Homes, Brighter Futures

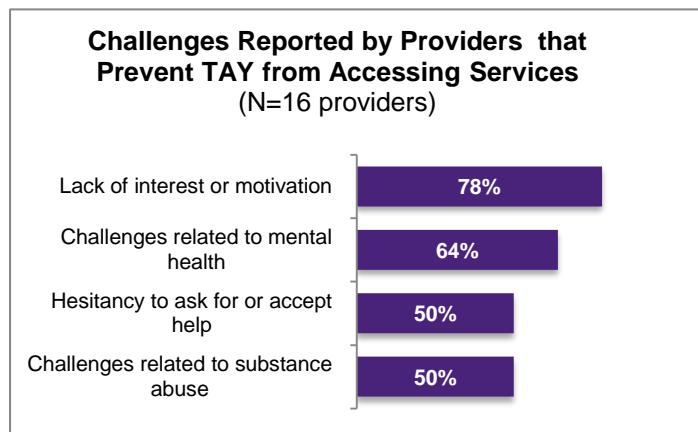
The first six months of the initiative were largely dedicated to planning and implementing the appropriate programmatic infrastructure. This included hiring the appropriate staff to organize and deliver supportive services to TAY, building the internal capacity for staff to assist in evaluation activities (i.e., data collection), and enrolling and orienting TAY into housing. It is also important to note that each grantee agency launched their programs at slightly different times, with some having larger numbers of TAY enrolled from the start of the grant period and others just getting started toward the second half of the first year. This is not uncommon in large initiatives involving numerous organizations with varying levels of capacity. As such, while key components of the evaluation were completed during the first year (e.g., provider surveys, interviews, tenant surveys) the current findings should be considered a preliminary “snapshot” until more complete baseline and longitudinal data are collected to capture change over time.

### Key Lessons & Gains for Transition Age Youth

Year one findings show that most program participants experienced immediate short-term effects as they transitioned to supportive housing. However, many TAY also experienced an array of challenges and barriers as they made this transition and built their independent living skills.

## Challenges

**TAY had a difficult time transitioning and leaving social networks behind:** Providers observed that many TAY struggled with the transition and lost connections with their social networks. “It is difficult [for TAY] to be housed while their peer groups are on the streets,” noted one provider. “Their social network is still street-based and it is difficult to find a new community and identify as a formerly homeless youth.” The unintended consequence of having your own place (often living alone) can be isolating, especially when TAY are used to being around more people on the streets. In the tenant survey, 39% of youth expressed that they did not connect with their PSH community. In fact, providers mentioned that some TAY would reconnect with their homeless peers and try to help them by letting them stay in their apartments. While well-intentioned, TAY often did not realize that allowing peers to spend several nights is against housing regulations and could jeopardize their housing, especially since many units are subsidized with Section 8 Project Based Vouchers. Not surprisingly, several TAY mentioned struggling with the housing rules and interacting with service providers, property managers, and authority figures on a regular basis. Finally, TAY experienced challenges living independently and learning to manage everyday tasks such as keeping their apartments clean or having to contact their property manager for maintenance needs. For many TAY this experience may be the most independent living situation in which they have resided and therefore they had to learn new daily living skills. As one provider explained, “*all the skills that have allowed you [TAY] to survive on the streets is counterproductive in a housing setting. It takes a while to adjust.*”



**It takes time for TAY to engage in supportive services and build trusting relationships with providers:** Providers expressed concern that TAY may not be taking full advantage of available services and seemed to lack interest or motivation in supportive services. This initial lack of motivation or interest can be explained by what some providers call a “stabilization” period. As one provider stated, “They [TAY] may feel like, ‘this is not real, are they gonna take it away from me?’” This may also be the first time (in a long time) that TAY have adult figures willing to provide them support and some are hesitant and skeptical. This is particularly true for youth who have had negative experiences within foster care or juvenile justice system, and have a difficult time believing that this program will actually help them. Providers have appreciated that this process is normal, and expressed the importance of giving TAY the room to breathe and providing them with the choices to willingly accept the support offered to them when they are ready.

*...they finally have something that they haven't had, they have a foundation a warm place and people around them that can support them. They are stabilizing. It's not that they don't want a job, benefits, 'Listen I've been homeless, I have not had folks that love me and care about me...you have to give me a minute'. ..It's not that they don't want*

“[I want] my support service worker to always be there for me even when I'm not ready, but just staying available for me”  
-TAY Participant

*to...there are other barriers to prevent them from looking at the bigger picture. Are they still experiencing some of the traumatic experiences? At some point they will come. [PSH provider]*

**TAY struggle with a history of trauma and abuse:** As highlighted in the previous quote, a major barrier for many TAY is their history of trauma and abuse, including sexual abuse, physical abuse, and of course, homelessness. The cumulative effect of these traumatic life events has been shown to negatively impact youth's mental, physical, and emotional well-being.<sup>7</sup> Therefore it is not surprising that many TAY in this project are struggling with acute mental health issues and using maladaptive coping strategies like substance abuse. For youth who are engaging in substance use/abuse, they may not always be willing to admit they have a problem and seek help. Not addressing these needs can interfere with reaching other goals. As one provider noted, "TAY want a job, but are unable to find employment due to on-going substance abuse." Some providers expressed similar concerns about youth who suffer from mental illness, stating that stabilizing mental health symptoms *first* can often spur engagement in other types of supportive services.

## Major Challenges and Positive Changes for TAY

Despite these challenges, TAY tenants have begun to achieve a variety of gains during their first year in supportive housing. Some of the key gains that emerged from the TAY and provider data include:

- **TAY experienced an improved sense of well-being and stability:** For most TAY, their primary goal was to obtain housing, and reaching this goal provided them with an immediate sense of security. For many, this is the first time they have had a supportive network of caring adults and other TAY to help them along their path to independence. One TAY noted that this housing opportunity helped him "not worry about where I'm going to lay/rest my head at night", and another TAY added, "I have my own place for the first time and I do not have to worry about being homeless." Overall, 84% of TAY surveyed felt safe and secure in their new home and 95% felt that their current housing contributed to their well-being. TAY also reported improvements in their health; 71% stated that their mental health symptoms were not bothering them as much, and 75% reported that their physical health has improved.
- **TAY are developing good rapport with providers but struggle in their interactions with property managers:** While 77% of TAY "agree" or "strongly agree" that service provider staff are responsive and available when they need help, their views were different when it came to property managers. For example, 31% of TAY rated their experience communicating with property staff as "challenging" or "a little challenging". Some TAY also felt property managers enforced unfair rules (e.g., certain visitors not allowed), did not treat tenants fairly, and 31% believed that property staff did not respond to their requests in a timely manner. However, over half (59%) felt that PSH providers helped them maintain their housing. The role of the property manager is essential to making sure TAY maintain their housing. While case managers/service providers work during business hours, property managers tend to work during evening hours and may have more interactions with TAY. Therefore, it is more likely that a property manager would see when TAY are not following housing rules, and it is the responsibility of the property manager, not the case manager, to enforce these rules and take appropriate action. This may explain why some TAY have a more difficult time interacting with property managers initially. And as mentioned earlier, some TAY may have had negative experiences with prior service providers and have a difficult time trusting new providers. However, once rapport is built with property managers and service providers, TAY are more likely to open up and accept the

---

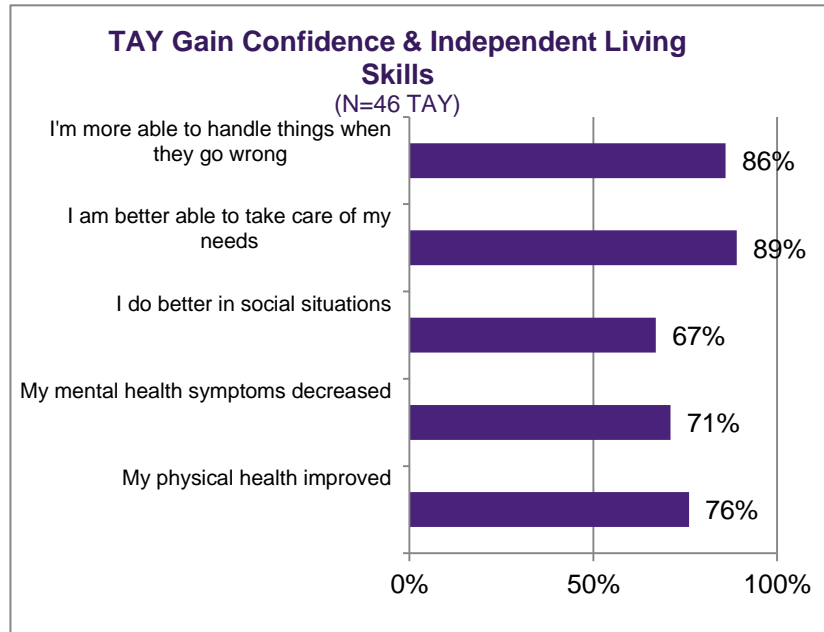
<sup>7</sup> Martijn & Sharpe, 2006



support. As one PSH service provider noted: “*What worked for us is having that relationship. A lot of these guys have gone through so many case managers in [the]past, became routine for them, now that I have been working with them, [we] have gotten to know each other and see what kind of works for both of us*”.

- TAY have gained confidence in their ability to live independently but still struggle with finances:**

Several TAY mentioned that what they like best about living in permanent supportive housing was that they have the “freedom” to live independently and have responsibilities. When asked about attending to basic living needs, 90% of TAY agreed feeling more capable of taking care of their daily needs, 71% stated that paying rent was “easy”, while 46% stated that paying for basic necessities was “a little



challenging.” Given that nearly 85% of participants were unemployed at the time of enrollment, challenges making ends meet comes as no surprise. TAY seemed to prioritize paying rent and made sacrifices when it came to other essential needs. In fact, some of the top challenges for TAY identified by service providers were money management (e.g., moving in/out costs), basic life skills (e.g., setting up utilities, hygiene), and finding employment.

## Key Lessons & Gains for Providers

During the initial year of this initiative, sixteen providers from seven grantee agencies were surveyed and eight were more thoroughly interviewed about their experiences in the *Stable Homes, Brighter Futures* initiative. Overall, providers shared similar challenges and positive outcomes as a result of being part of this initiative.

### Organizational and Implementation Challenges

**There is lack of provider capacity and training:** In addition to the challenges of engaging TAY, many providers also identified organizational challenges they face in serving TAY, such as the lack of capacity and training. As one provider noted, “our challenges are mainly in the area of capacity. The housing retention work is more crisis-oriented than we expected as well.” Not all providers were prepared to deal with some of the challenges presented by TAY (e.g., physical aggression between tenants, acute mental instability). Some providers characterized TAY as “spontaneous”, meaning that emergencies can arise at any given moment, for which some providers felt unprepared. Lack of preparedness had more to do with lack of training and understanding the needs of TAY population. Limited funding to staff the appropriate number of case managers was another noted issue among providers. One provider shared the dual role of being a case manager *and* service coordinator: “*I only have one person working under*

me, she is an intern. In the past we had an additional case manager working with me. We no longer have a case manager. It's kind of difficult to get things done in regards to paperwork and keeping up with notes." Trying to manage everyday administrative tasks while also being ready for emergencies can be overwhelming for service providers with limited staff support. Especially given the spontaneous nature of working with TAY, providers felt it would be helpful, to have a mental health provider in-house to provide the emergency support so that PSH staff can focus on the everyday direct services. It is important to note that even though providers had challenges with some TAY, several providers and property managers also expressed that things were going "smoothly" and characterized TAY as calm tenants who kept to themselves and abided by the rules.

- There are limited resources and funding for services:** Insufficient staff for the number of TAY was just one consequence of limited funding. Other barriers included limited resources to support programs and delivering direct services (e.g., workshops, support groups). Several providers mentioned the lack of "matching housing dollars with service dollars". That is, while there is a slow, but steady increase in PSH for TAY, without the supportive services, many questioned how long-term stability can be achieved. There is a shared understanding that getting a youth housed is just the beginning of the work to be done, and support services are critical to helping youth stabilize and make strides toward self-sufficiency.
- There is a need for PSH resources:** Several providers mentioned that it would be useful to have a database or website that PSH providers can access for real-time information about housing availability, resources for TAY, and a listing of all TAY providers. Given that some service providers were not as familiar with the TAY population before this effort and PSH for TAY in particular, many felt this resource would help them provide better services.

**The referral process and coordinated care is limited:** Providers expressed concern over the referral process. One particular barrier is the referral process from Department of Mental Health (DMH). According to provider interview data, the DMH referral process is long and tedious, oftentimes taking weeks for a TAY to secure housing. In addition to challenging referral processes, providers explained that their ability to provide appropriate services is hindered by the lack of access and knowledge of TAY's prior history of trauma, health, and linkage to supportive services. While a number of providers implemented a consent release process that allows new providers to communicate with old providers, some agencies did not have a formal mechanism in place to access such information. Providers recommend not only having the ability to contact former service providers about the needs of TAY, but also working together to transition and coordinate care effectively.

## Programmatic & Organizational Improvements

Changes in Policy & Practice (N=16 providers)	
Program Changes	Percent Endorsed
Modified program practices	56%
Implemented new strategies to work with TAY	56%
Incorporate new tools (e.g., assessment)	44%

### Providers refined practices and implemented new strategies:

Overall, providers felt their agencies made several programmatic changes,

Modified structure of PSH program	44%
Changed program policies	25%
Changed agency policies	19%

including using new assessment tools, implementing new strategies and modifying program structures. For example some have incorporated the use of new assessment tools after learning what other agencies have been using. Several providers discussed their changing strategies in working with TAY. Many felt it was essential to be consistent, yet flexible and responsive to the changing needs of TAY. Specifically, providers noted that it is important for TAY to receive consistent messages regarding housing rules and the services they will be offered. However, it is also important to be flexible and understanding. As noted by one service provider, *“They notice that we have given them 2<sup>nd</sup> and 3<sup>rd</sup> chances, it allows them to change, or not make the same mistakes.... At other agencies, they [may have] had similar issues and been kicked out immediately.”* Providers have also had to come up with creative ways to keep TAY engaged. For example, in order to increase TAY attendance in the various workshops put on by service coordinators, providers have offered food and incentives, as well as advertised workshops by giving them more appealing names (e.g., “Employment Hunt” vs. “Employment Workshop”, “Edwards Club” vs. “Mental Health Workshop”).

Finally providers and property managers have shared the importance of the working as a team and communicating. Many hold regular meetings where service providers and property managers meet to discuss tenant issues. While not all tenant information could be shared with property managers due to HIPPA laws, case managers can help property managers understand why certain tenants are behaving in certain ways (i.e., not paying rent, acting out, etc.) and plan solutions accordingly. The working

“CSH has been very helpful and very instructive in allowing me to excel in property management in the area of mental health and us providing them housing, very helpful.”  
-Property Manager

relationship between property manager and service provider is described as a “marriage”, where things are not always perfect, but through communication, solutions are made in the best interest of the TAY. As one property manager explains, *“we don’t meet eye to eye on everything...however in talking, working through things, researching things, investigating, we come to a general consensus...see what the solution entails and then move forward.”*

### Providers benefit from peer-learning and training opportunities:

A critical component of the *Stable Homes, Bright Futures* Initiative is the engagement of grantee agencies in learning communities. CSH hosts learning communities to provide technical assistance for local organizations to improve the services provided for TAY in PSH and to address the gaps in training and capacity. These forums allow grantees to share knowledge and best practices, as well as receive training from experts in the field. Surveys from learning communities showed that most agreed that these forums developed new connections and relationships with other grantee agencies and organizations that can support their work with TAY. Providers were also surveyed about their level of collaboration as a result of being part of this initiative and findings show that grantee agencies are networking more and becoming more aware of each other’s organizations. Eighty percent of providers who attended the learning communities “agreed” or “strongly agreed” that they developed new connections with other organizations or agencies that may be able to support their work with TAY. Some providers also noted that they are now beginning to take referrals from other grantee agencies.

“The convenings have been very helpful. We don’t want to see that end. I think this is something we will continue [even without continued funding]- we see that as our support system.”

-PSH Provider

**Providers learned new skills and best-practices:** The learning communities also helped in practical skill-building. For example, 82% of providers participating in these forums “agreed” or “strongly agreed” that it gave them the opportunity to practice new skills that they will apply in the TAY program, and 91% “agreed” or “strongly agreed” that they learned practical tools that will help them serve TAY. Specifically, providers and property managers mentioned that learning about mental health issues and techniques such as *Harm Reduction* and *Motivational Interviewing* helped them better understand TAY behavior and how to respond appropriately. One property manager was especially grateful for the Harm Reduction training, “It helped me learn about my population, gave me a lot of guidance and tolerance.” In particular, Harm Reduction helped providers understand that problem behavior cannot be stopped “cold turkey”, and that small incremental changes are more realistic with the TAY population.

Overall, service providers and property managers felt that these learning community forums provided them with a supportive peer network where other grantee partners can share and validate their challenges and successes with TAY. These forums also allowed providers who were less experienced working with TAY to learn from providers who have more experience with this population.

## Key Lessons & Considerations for Systems Improvement

PSH for TAY is a relatively new approach within the supportive housing development paradigm. Unlike adult housing models or even transitional housing models that have been in existence for youth for many years, the development and implementation of PSH for TAY is still in its early stages. Using a “systems” approach to understand PSH services for TAY allows one to look beyond individual programmatic elements or provider characteristics, and focuses attention on the system that supports and facilitates the implementation of PSH for TAY in Los Angeles County. The following findings highlight some emerging themes from interviews with PSH program directors and “systems” level stakeholders. Overall, a few significant barriers were identified in serving TAY in PSH.

- **Funding TAY in PSH is not considered a priority.** Although there has been limited funding and resources for all forms of supportive housing across all populations (adults, families, youth), stakeholder interviews suggest that there *has not been a priority placed on how to allocate state or local dollars to housing TAY in PSH* in particular. According to stakeholder interviews, without the pressure to appropriately allocate and leverage existing resources, there will continue to be limited PSH units available for TAY and even fewer service dollars to match. For example, one gap that seems to be a consequence of limited funding and resources is the insufficient housing development for non-DMH eligible TAY or for youth who are not in the foster care system. Currently there is no system in place to refer these TAY and find the proper supportive housing. As one provider noted, “We have to house all TAY, not just those with mental health diagnoses.” Providers also expressed the challenge of supporting TAY as they transition out of PSH given limited housing subsidy programs and noted that TAY are often worried about the lack of Section 8 vouchers. A related issue is the *lack of leadership in the TAY movement*. Providers felt that limited resources could be due to the absence of strong leadership in the community to spearhead bringing attention to the needs of TAY to inform citizens, policy makers, and funders.
- **Inconsistent messages about the purpose of PSH for TAY.** Given that PSH is a new model for TAY, it is not surprising that there is not yet a clear and consistent message among TAY, providers, property managers, program directors, and systems-level stakeholders about the purpose of PSH for the TAY population. While all agree the goal of PSH is to provide housing stability, some believe PSH is permanent, should be permanent, and that TAY should not be guided to transition out- unless they *want* to. However, other providers feel that TAY should be encouraged to aspire for more and provide them the educational and job resources to do so. The PSH model proposes that TAY can remain housed permanently, even if they “age out”. The

only difference is that TAY may receive fewer supportive services as they get older and/or in less need of intensive care. Inconsistent messaging can lead to differences in how PSH services are delivered. For example, providers who believe TAY should move on and transition to other forms of housing may inadvertently send the message to TAY that they need to leave once they reach a certain age. This was evident by some of the sentiments shared by TAY. One questioned, *"If this was permanent why is it that some of my fellow peer's like myself have to exit at a certain age? Permanent shouldn't be the word here because in life ain't nothing permanent."*

---

"I am scared I will be homeless again because of my age. I am very productive in getting my life right. I should not be put back on the streets after 10 months because of my age."

~ TAY Participant

---

Questions that emerged about the purpose of PSH for TAY:

- What is the purpose of PSH for TAY? How is the TAY PSH model different than adult model?
- Is the goal of PSH to keep TAY in these housing developments permanently? Should TAY phase out/age out?
- What are the implications of having TAY "move on" in a model that is considered "permanent"? Should providers encourage transitioning out of *permanent* supportive housing? Are our expectations of this population realistic?
- If more TAY "move on" after PSH, are we really targeting the most at-risk, chronically homeless youth? Who are we supposed to be serving in PSH? How do we know we are reaching the most vulnerable?

## Summary & Considerations for Future Work

The findings highlighted in this report describe the initial experiences and outcomes of TAY and providers who have participated in the *Stable Homes, Brighter Futures* initiative. While there were significant challenges in the implementation of PSH for TAY, youth are receiving the supportive services they need to help them transition from being formerly homeless youth to living more independently. Overall, there have been several short-term positive outcomes at the individual/TAY level and at the organizational/provider level:

- Youth reported positive changes in their daily lives, feel more secure and stable, and improved physical and mental health.
- TAY are building better rapport and trust with service providers, allowing them into their lives to better understand their needs.
- Providers reported changes in *how* they provide support for TAY, including the development of creative strategies to engage TAY, and adoption of new tools, skills, and best practices.
- Providers value the learning convenings because they have promoted learning opportunities as well as building support network between PSH providers.

While the first year findings provide a preliminary snapshot of the impact of PSH for TAY, this evaluation is currently in the process of collecting more data to provide support, clarity, and richness to initial findings. The following outlines what the evaluation hopes to understand through future data collection and analyses.

Future Evaluation Activities & Goals	
Data Collection and Methods	Goal
Longitudinal Data from TAY	Assess individual-level change over time. In particular focus on key individual level characteristics (e.g., history of mental illness, length of homelessness, # of endorsements in the TAY Triage Tool) and housing models (e.g., all TAY vs. mixed units) that may lead to different outcomes in PSH.
Track Tenant Services	Describe the amount/frequency and mode of services and supports for TAY
Follow-up Provider and Stakeholder Surveys	Examine changes in implementation, capacity, program successes, and systems barriers.
Video Voice Project	Engage TAY in the evaluation process by having them use visual media to tell their stories about how supportive housing has impacted their lives.