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AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness

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PART 1: INTRODUCTION AND SUMMARY OF FINDINGS

In November 2004, the voters of California approved Proposition 63—the Mental Health Services Act (MHSA)—thus adding hundreds of millions of dollars to the community mental health system each year. Funding is targeted to vulnerable groups who have been inadequately served by existing systems—including people with serious mental illness who are homeless, insufficiently housed, or returning to communities from the jail system. The state legislature started laying the foundation for MHSA back in 1999 when it passed Assembly Bill (AB) 34, which provided \$10 million for pilot programs through the mental health departments in Los Angeles, Sacramento, and Stanislaus counties. Based on the success of that effort,¹ funding increased dramatically in FY 2000-2001 under AB2034. AB2034 provided the resources necessary to expand existing pilots and create additional programs statewide. Currently, there are 53 programs operating in 34 counties (19 in Los Angeles County, two in Sacramento County, and one in each of the remaining counties).

One of the main purposes of the Mental Health Services Act is to reduce homelessness among people with serious mental illness, either by housing consumers who have been living on the streets or in shelters or by preventing homelessness among those leaving hospitals, jails, and prisons. Creative housing strategies are becoming a critical component of these new programs. To inform the implementation of MHSA, this report describes some of the housing strategies that the AB2034 programs use and their success in retaining consumers and helping them find and keep housing.

The analyses presented in this report sought answers to a number of key questions:

- Who are the AB2034 programs serving? What challenges do consumers present in terms of street homelessness, recent incarceration, and substance use and addiction? How do these characteristics vary across programs?
- What housing strategies are the AB2034 programs using? What challenges do the programs face when helping their consumers find and retain housing?

¹ The California Department of Mental Health (2000) reported pilot program results that in their first year of participation, AB34 enrollees decreased their number of psychiatric hospitalization days by 66 percent, their incarcerated days by 82 percent, and their days homeless by 80 percent, compared to the year before they enrolled in an AB34 program.

- What kinds of outcomes are these programs achieving in terms of enrollment and housing retention? Are outcomes different for consumers with a greater number of challenges? Do certain housing strategies lead to better program retention?

To answer these questions we analyzed the performance information that AB2034 programs submit monthly to the Mental Health Association of Greater Los Angeles (MHA), and that MHA posts on www.ab34.org. We were also aided greatly by special runs on program data that MHA performed for us. In addition, we surveyed the program administrators and staff running AB2034 programs across the state to learn about their housing strategies, the challenges that they face in housing consumers, and the housing infrastructure and service needs that still exist in their communities.²

Findings

The findings from our analysis are promising. Our results seem to indicate that AB2034 programs have succeeded in helping their consumers—even those with the greatest number of challenges—to find and retain housing. Moreover, being housed seems to have a strong positive correlation with staying enrolled, suggesting that if programs succeed in housing consumers, they are much more likely to stay in contact with consumers over the long run. Our analysis found that:

- **Housing and program retention are strongly correlated**, meaning that consumers who have stable housing are also more likely to stay enrolled in the program. The correlation of “percent housed” with “percent retained” is .929. It could not get much higher, suggesting that housing is an important program component and may be a key factor in achieving the positive outcomes observed among AB34 enrollees, such as decreased hospitalization and incarceration (California Department of Mental Health 2000).
- **Programs serve consumers with a broad array of challenges to finding and maintaining housing.** Programs vary widely, however, in the proportion of people they serve who are homeless, were incarcerated, or have a co-occurring substance abuse disorder. On average, 53 percent were homeless at enrollment and 76 percent had been homeless in the previous 12 months, 34 percent had been incarcerated in the year before enrollment, and 59 percent had a co-occurring substance abuse disorder at enrollment.

² Of the 53 programs statewide, 43 responded to our survey (81 percent).

- **Programs have been successful in housing their consumers and helping them to retain their housing, even when consumers face many challenges to housing stability.** Programs with a high proportion of consumers who are homeless, recently incarcerated, or diagnosed with a co-occurring substance use disorder have similar outcomes to other programs.
- **Disenrolled consumers are similar to current enrollees in terms of the number and severity of the challenges that they face.** Surprisingly, the data show that those who disenroll from the AB2034 programs are no more likely than current enrollees to have lived on the streets, been incarcerated, or have a diagnosed substance abuse disorder.
- **The programs are using many different strategies to find housing for consumers.** Some of these strategies include developing dedicated AB2034 units, securing dedicated Section 8 vouchers, and using AB2034 funds for ongoing rental subsidies. Most of the programs also provide housing retention assistance including landlord support when a problem arises with a tenant. The variety of housing strategies reflects the many challenges involved in housing people with severe mental illness.
- **Despite successes, additional housing needs still exist.** The biggest structural barrier that program staff identified is the lack of affordable housing in their communities. In addition, over a third of the survey respondents felt that more permanent supportive housing units were needed.

Implications for the MHSA

The findings from our analyses have implications for how California and its counties implement the Mental Health Services Act:

- **People with serious mental illness can achieve housing stability with adequate support.** The AB2034 programs have demonstrated success with the consumers with the most challenges. Hopefully, with Mental Health Services Act funding these outcomes can be extended to the many people that the AB2034 programs have not had the resources to support.
- **Consumers with a greater number of challenges (living on the streets at enrollment, recently incarcerated, or dually diagnosed) are not necessarily harder to house or keep in housing, or in the program.** MHSA programs

should not be afraid to engage those with the most serious challenges; in fact, they should *focus* their best efforts on people with these characteristics.

- **Getting consumers into housing is an important step in recovery.** Given the relationship that we see between housing and program retention, it seems clear that stable housing is an important component of any community-based program for people with severe mental illness.

Overview of the Report

The rest of this report provides more detail on the findings highlighted above. Part 2 describes the range of “consumer difficulty factors” – including homelessness, recent incarceration, and co-occurring substance abuse – encountered by AB2034 programs. Part 3 describes the housing strategies that AB2034 programs employ to help consumers get and keep housing. Thereafter we examine the housing outcomes that the programs achieved and how the consumer difficulty factors and housing strategies relate to those outcomes. The appendix provides information about our data sources and methodology.

PART 2: CHARACTERISTICS OF AB2034 CONSUMERS

When the AB2034 pilot programs first started operating in 2000, research evidence was just beginning to surface showing that people with serious mental illness and a history of homelessness, incarceration, and substance abuse could be housed and kept in housing (Andersen et al. 2000; Proscio 2000; Schern et al. 1997; Tsemberis & Eisenberg 2000), but many policy makers were still not convinced that these services would be effective. More policy makers and practitioners now believe that this population can be housed, thanks to subsequent research including reports of AB2034 programs' success (Burt et al. 2004; Community Shelter Board 2003; Culhane, Metraux, & Hadley 2002; Mayberg 2003; Rosenheck et al. 2003). A major focus of the present research is to assess the ways in which the characteristics known collectively as "consumer difficulty factors" and the programs' housing strategies affect the ability of programs to retain and house their consumers.

In this part of the report we describe the extent to which the AB2034 programs are serving consumers with major challenges including homelessness, recent incarceration, and a co-occurring substance abuse disorder. Our analysis found that while all of the programs serve the target population, they vary widely in the extent to which they serve the consumers with the greatest challenges to housing stability. We also found that there is very little difference between current enrollees and disenrollees in terms of these challenges, suggesting that there may be very little relationship between the difficulty factors and program retention. Later in the report, we attempt to determine whether the level of consumer difficulties seems to affect program outcomes.

Consumer Challenges

We selected six characteristics of consumers that are often thought to pose challenges to their ability to get and keep housing. For analytical purposes, we established a criterion for each characteristic so we could determine which programs are serving a larger number of people with these challenges compared to other programs. These factors and their criterion levels used in our analyses are:

- Proportion homeless at enrollment; criterion = at least 70%
- Proportion literally on the streets at enrollment; criterion = at least 60%
- Average days homeless in 12 months before enrollment; criterion = at least 180 days
- Proportion incarcerated in 12 months before enrollment; criterion = at least 40%

- Average days incarcerated in 12 months before enrollment; criterion = at least 50 days
- Proportion with co-occurring substance abuse disorder; criterion = at least 60%.

We report results two ways – the actual experience of programs with each characteristic, and the number of programs meeting the criterion for each characteristic. We do each first for counties, with Los Angeles County represented as the average of all its programs; and second for the Los Angeles County programs separately. Tables 2.1 and 2.2 show the levels of challenge on each factor for counties and the 18 Los Angeles programs supported by Los Angeles County Department of Mental Health (LAC-DMH). Both tables show consumer characteristics for currently enrolled consumers (first panel), for disenrolled consumers (second panel), and for all consumers ever enrolled (last panel).

TABLE 2.1: CHALLENGES AMONG CONSUMERS IN CALIFORNIA COUNTY PROGRAMS

Consumer Characteristics at Enrollment that Pose Challenges for Housing	Currently Enrolled (data from 35 programs)		Disenrolled (unduplicated) (data from 28 programs)		Everyone Ever Enrolled (data from 28 programs)	
	Median	Range	Median	Range	Median	Range
% Homeless	59%	23-100%	56%	22-96%	59%	22-89%
% Street Homeless	38%	15-74%	44%	15-90%	42%	13-77%
Average # days homeless in 12 months before enrollment	166	67-275	153	62-289	148	60-279
% incarcerated in 12 months before enrollment	29%	0-50%	27%	11-50%	27%	12-47%
Average # days incarcerated in 12 months before enrollment	26	0-66	24	9-82	27	12-75
% with co-occurring Substance abuse diagnosis	51%	16-86%	43%	33-76%	44%	28-73%

TABLE 2.2: CHALLENGES AMONG CONSUMERS IN LOS ANGELES COUNTY PROGRAMS (N = 18)

Consumer Characteristics at Enrollment that Pose Challenges for Housing	Currently Enrolled		Disenrolled (unduplicated)		Everyone Ever Enrolled	
	Median	Range	Median	Range	Median	Range
% Homeless	41%	25-80%	44%	8-61%	45%	14-62%
% Street Homeless	31%	21-80%	35%	13-51%	33%	11-50%
Average # days homeless in 12 months before enrollment	148	63-213	140	54-216	143	61-204
% incarcerated in 12 months before enrollment	46%	29-80%	52%	33-75%	47%	33-76%
Average # days incarcerated in 12 months before enrollment	68	36-181	87	42-128	78	40-143
% with co-occurring Substance abuse diagnosis	71%	39-89%	75%	47-92%	72%	42-91%

Looking first at Table 2.1, it appears that the median on each consumer characteristic is mostly similar whether one looks at current enrollees, disenrollees, or all people ever enrolled. For example, the median proportion of AB2034 consumers homeless at enrollment (row 1) is 59 percent for current enrollees, 56 percent for disenrollees, and 59 percent for all people ever enrolled. Table 2.1, row 1 also shows that for some programs, far fewer consumers are homeless at enrollment (the lowest proportion is 22 percent), while other programs are much more likely to enroll homeless consumers (the highest proportion for all ever enrolled is 89 percent).

One can also get some idea from Table 2.1 about whether programs are targeting the most vulnerable people with serious mental illness. With the median on “percent currently homeless” standing at 59 percent and that for “percent street homeless” at 42 percent, it would appear that at least two of every five consumers were *not* homeless at enrollment, and that in some programs non-homeless persons may make up as many as four in five consumers. Some of these people may be coming from jails or other institutions, but some were housed at program entry—an issue we will explore in Section 4. The last row of Table 2.1 is also interesting, as it seems to suggest that programs with high proportions of dually diagnosed consumers are actually doing quite *well* at retaining them. There are higher proportions of current consumers than there are of disenrolled consumers who have both serious mental illness and a substance abuse disorder.

Los Angeles program experiences differ somewhat from those of other AB2034 programs around California, as shown in Table 2.2. They are less likely to have high proportions of consumers who were homeless or street homeless at entry, and much more likely to have high proportions of consumers who had been incarcerated and who have co-occurring substance abuse disorders. This is true largely because the Los Angeles programs specifically target for services people with serious mental illness who are being released from jail.

Number of Criteria Met

Tables 2.3 (by county) and 2.4 (for Los Angeles programs) show the number of programs meeting each criterion, again for currently enrolled, disenrolled, and all consumers. Nine counties meet the criterion of at least 70 percent being homeless among all consumers ever enrolled, while 12 programs do so for disenrolled consumers (meaning that several programs disproportionately lose their consumers who are homeless-at-enrollment). The criterion that AB2034 counties/programs are most likely to meet is an average of at least 180 days homeless in the 12 months before enrollment. Fifteen programs (of 28) meet or exceed this criterion. The two incarceration criteria are the ones least likely to be met—only Los Angeles and San Francisco do so.

TABLE 2.3: CRITERIA MET FOR COUNTY PROGRAMS

Criteria for Characteristics that Pose Challenges for Housing	Number Meeting Criterion			
	Criterion	for currently enrolled (35 programs)	for disenrolled (28 programs)	for everyone ever enrolled (28 programs)
% Homeless	70%	10	12	9
% Street Homeless	60%	9	5	8
Average # days homeless in 12 months before enrollment	180+	16	15	15
% incarcerated in 12 months before enrollment	40%	2	6	2
Average # days incarcerated in 12 months before enrollment	50+	5	3	2
% with co-occurring Substance abuse diagnosis	60%	10	5	3

In breaking out the Los Angeles programs, Table 2.4 shows a very different picture from that shown in Table 2.3 for counties/programs. As noted already, Los Angeles programs tend not to meet the homeless criteria, but overwhelmingly meet the incarceration and substance abuse criteria.

TABLE 2.4: CRITERIA MET FOR LOS ANGELES PROGRAMS
(N = 18)

Criteria for Characteristics that Pose Challenges for Housing	Number Meeting Criterion			
	Criterion	for currently enrolled	for disenrolled	for everyone ever enrolled
% Homeless	70%	3	1	3
% Street Homeless	60%	1	0	0
Average # days homeless in 12 months before enrollment	180+	4	5	4
% incarcerated in 12 months before enrollment	40%	10	15	12
Average # days incarcerated in 12 months before enrollment	50+	15	17	16
% with co-occurring Substance abuse diagnosis	60%	15	17	16

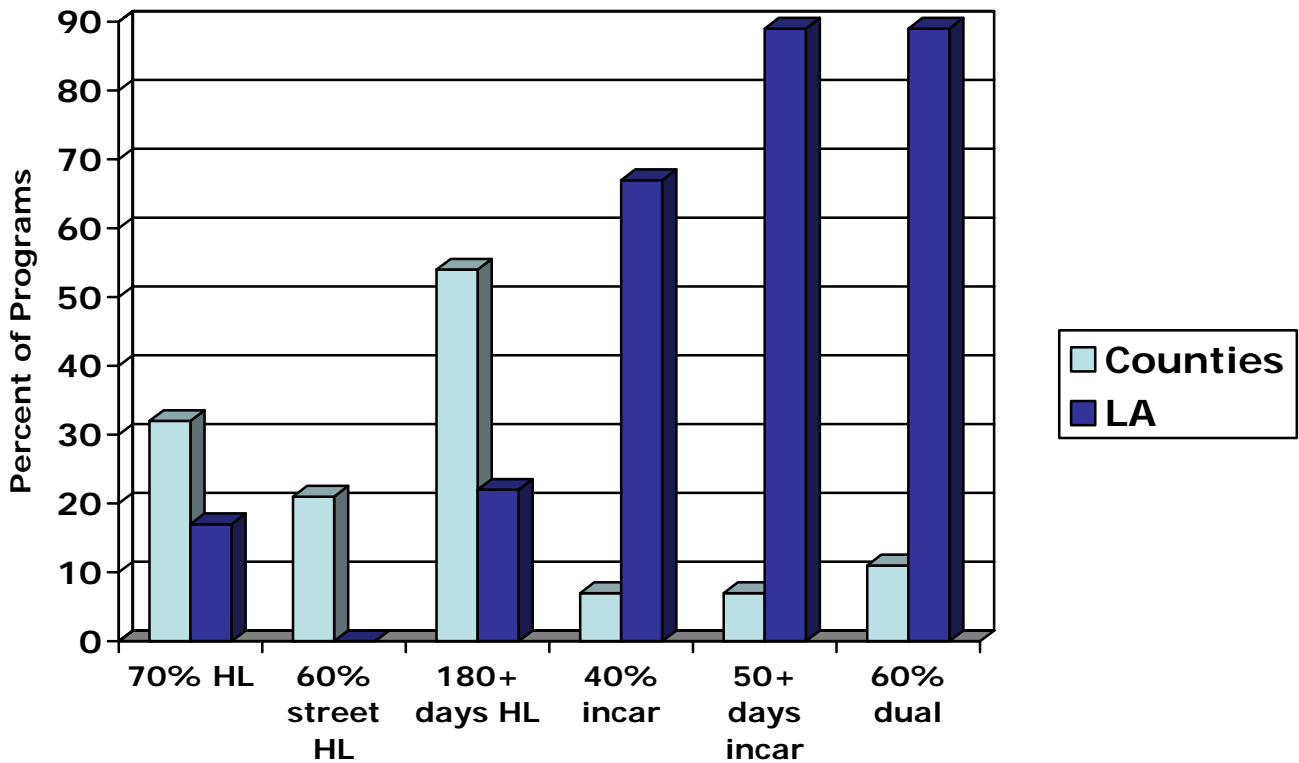
Table 2.5 shows the number of programs that meet different numbers of criteria out of the six consumer difficulty criteria we identified, first for all counties and then separately for Los Angeles programs. The largest group of counties/programs (39 percent) do not meet *any* of the six consumer difficulty criteria; these are followed by the 21 percent of programs that meet only one criterion. At the other end, one in four programs (25 percent) meet three or four criteria.

TABLE 2.5: NUMBER OF CRITERIA MET				
COUNTY PROGRAMS (N for current enrollees = 35 (including Tri-City); N for disenrollees and all ever enrolled = 28)				
Meeting:	Current Enrollees	Disenrollees	All Ever Enrolled	Percentage of Programs, Based on All Ever Enrolled (N=28)
5 criteria	1	0	0	0
4 criteria	3	3	2	7
3 criteria	5	7	5	18
2 criteria	5	4	4	14
1 criterion	10	4	6	21
No criteria	11	10	11	39
LOS ANGELES PROGRAMS (N = 18)				
5 criteria	1	0	3	17
4 criteria	2	7	2	11
3 criteria	9	9	9	50
2 criteria	3	2	1	6
1 criterion	2	0	2	11
No criteria	1	0	1	6

A major reason why more counties/programs do not meet more criteria is that it is very difficult for a program to meet both the three homeless criteria and the two incarceration criteria. The more a program takes people with recent incarceration histories, the less likely those people are to have experienced extensive past-year homelessness. This becomes obvious when one looks at Figure 2.1, which combines and compares the data in Tables 2.3 and 2.4.

Looking at Figure 2.1, it is very clear that most of the Los Angeles programs meet the two incarceration criteria (67 percent for any incarceration last 12 months, and 89 percent for average days of incarceration at 50 or more), and most (89 percent) also meet the criterion of at least 60 percent with a co-occurring substance abuse disorder at enrollment. Compare these proportions to the two or three counties in Table 2.3 (7 to 11 percent) that meet the same criteria—one of them of course being Los Angeles itself. Conversely, few Los Angeles programs meet the homelessness criteria, while these are most commonly met among the county programs. San Francisco, one of the county programs that meet many (4) criteria, shows a configuration very similar to that of Los Angeles. It meets the two incarceration criteria, the co-occurring criterion, and also the average days homeless criterion, indicating that virtually everyone in the program who did *not* come from jail was homeless for most or all of the year before enrollment.

FIGURE 2.1: PROGRAMS MEETING DIFFERENT CRITERIA
(All consumers ever enrolled)



None of these results are surprising, given that the 18 Los Angeles programs under the aegis of LAC-DMH were set up to receive referrals of people with serious mental illness who are leaving the Los Angeles County jail, have no housing, and are at very high risk for immediate and continuing homelessness without program help. They are clearly serving the people they were intended to serve, but that very success has implications for their ability to meet the three homeless criteria. The different target groups of the various AB2034 programs suggest that one should be careful, when setting up criteria for analysis, to understand the actual operations of specific programs. Too-narrow criteria (e.g., using only homeless-related criteria) would greatly underestimate the challenges facing consumers in the Los Angeles programs. Also, using a simple sum of the number of criteria met as an indicator of consumer difficulty within a program might not do justice to the challenges that many AB2034 programs have undertaken.

PART 3: HOUSING STRATEGIES AND EXISTING HOUSING NEEDS

The wide variety of strategies used by the AB2034 programs to house consumers reflects the many challenges involved in serving people with severe mental illness who may have lived on the streets or in shelters for a considerable amount of time. As shown in Table 3.1, programs have found many different ways to approach this challenge. In fact, many of the program staff we interviewed emphasized the importance of having a variety of different strategies to match the diverse needs of consumers.

	Number of programs	Percent of programs	Average percent of consumers served ^a
Permanent housing strategies			
Develops dedicated AB2034 units, including master leasing	33	77%	29%
Actively recruit landlords	18	42%	N/A
Has dedicated Section 8 or S+C vouchers	17	40%	N/A
Operates permanent supportive housing using other funding sources	6	14%	N/A
Temporary and transitional assistance			
Uses AB2034 resources for short-term subsidies, move-in, or one-time rental assistance	43	100%	59%
Uses AB2034 resources for ongoing rental subsidies	37	86%	31%
Offers transitional options/strategies	30	70%	N/A
Uses motels for temporary housing	21	49%	N/A
Housing search and retention assistance			
Provides housing advocate to help with individual housing referrals	42	98%	97%
Offers landlord back-up and problem-solving support	43	100%	95%
Offers ongoing support in sustaining housing	43	100%	99%
Help consumers apply for housing subsidies	38	88%	24%
Partnerships			
Permanent supportive housing providers	19	44%	N/A
Public Housing Authority (PHA)	13	30%	N/A

^aAmong those programs that use housing strategy

Primary Focus

An AB2034 program’s “primary focus” is the most general way of understanding that program’s approach to housing its consumers. Program representatives were asked whether they would characterize their approach as mostly concentrated on helping individual consumers find housing, on increasing the supply of dedicated housing resources (e.g., by master leasing³ or other strategies to assure dedicated units, developing permanent supportive housing, working with supportive housing providers, and similar strategies), or both. Nineteen programs (44%) characterized themselves as concentrating on helping individual consumers, one program said it focuses mostly on housing development, and 23 programs (53%) said they do both.

“Aggressive” Housing Strategies

We have designated some of the strategies AB2034 programs use to procure housing as “aggressive,” meaning that they employ strategies that go well beyond the level of simply helping individual consumers to find an apartment through the means any person who is not a program consumer would use. In this category we put actively recruiting landlords to house consumers, establishing dedicated units through master leasing or other arrangements, working with permanent supportive housing (PSH) providers, operating PSH itself, having dedicated Shelter Plus Care (S+C) or other housing vouchers, and having reliable arrangements with Housing Authorities to obtain subsidies.⁴ Forty percent of the programs have a certain number of dedicated Section 8 or S+C vouchers. A few of the programs have had considerable success in getting their consumers enrolled as a result of these dedicated vouchers. San Diego’s AB2034 program, for example, has 100 dedicated, project-based Section 8 vouchers and has access to another 20-25 project-based units through one of its housing partners. In all, the San Diego program is able to house about half of its consumers with these vouchers. The program in San Luis Obispo is able to provide Section 8 vouchers to 80 percent of its consumers primarily through an agreement with the local Housing Authority.

Using AB2034 funding, a large majority of the programs have been developing dedicated units for consumers in a variety of different ways, including master leasing,

³ Master leasing is when a third party enters into a legal agreement with a property owner to lease a certain number of units in a building. The third party is then responsible for selecting tenants and collecting rent through sub-leasing arrangements.

⁴ More information about housing subsidies and other sources for financing supportive housing can be found at www.csh.org.

informal agreements with landlords, purchasing and rehabilitating existing units, and working with developers to create new ones. A provider in Fresno, Turning Point, master leased and renovated a 28-unit housing project using AB2034 funds. In smaller counties, informal agreements with landlords may be sufficient to secure an adequate number of units for consumers. The program in Humboldt County, for example, was able to secure 15 units through an informal agreement with a local landlord – these units alone are about half of what is needed to house all of the program’s consumers. A number of other programs have developed entirely new buildings and dedicated units with AB2034 funding. Funding was used in Berkeley to develop two small supportive housing projects totaling 11 dedicated units.

Programs vary considerably in the number of aggressive strategies they use. One program uses all seven aggressive strategies, and one program does not use any. In between, the distribution looks as follows:

- 1 strategy – 8 programs;
- 2 strategies – 8 programs;
- 3 strategies – 13 programs;
- 4 strategies – 9 programs;
- 5 strategies – 3 programs.

To see whether any differences existed in strategies pursued by counties with different characteristics, we looked at county size. We followed the practice of the California Mental Health Directors Association (CMHDA) in classifying Butte, El Dorado, Humboldt, Madera, Mendocino, Placer, Tehama, and Tuolumne Counties as “small” and the remaining counties as “large.” Small county programs are less likely to use aggressive strategies, employing between zero and three such approaches. Programs in large counties report using between two and five aggressive strategies. Programs in Los Angeles County use between one and seven aggressive strategies.

Temporary and Basic Housing Strategies

Temporary and transitional housing strategies are also an important component of the programs’ efforts to house consumers. All of the programs offer one-time financial assistance to cover move-in costs or to avoid eviction. Close to 60 percent of consumers, on average, have received some sort of short-term assistance. On-going rental subsidies using AB2034 funds are often provided to consumers, but usually only on a temporary basis while they are waiting for a Section 8 voucher or other rental subsidy. The program in Riverside provides rental subsidies to all of its consumers until

they are approved for SSI. Over two-thirds of the programs have access to transitional housing for consumers. Most of the programs reported using transitional housing when permanent housing is not immediately available or when a consumer is in crisis – often because of a substance use issue – and staying in permanent housing is no longer viable. Almost half of the programs reported using motels to house consumers who enroll from the streets or shelters, while assisting them to find a more permanent residence.

Aside from specific housing options and rental assistance, the AB2034 programs also provide services to help consumers find and retain housing. All but one of the programs provide a housing advocate to help consumers locate the most appropriate housing option, and most help consumers apply for housing subsidies. While the latter is a common strategy among the AB2034 programs, only one-quarter of consumers on average actually receive assistance applying for a housing voucher.

Once consumers are housed, all of the programs provide ongoing support services to sustain housing as well as backup to landlords to help resolve tenancy issues. The programs reported that almost every consumer received these services in one form or another over the course of their enrollment in the program.

Unlike the situation with aggressive strategies, programs show almost no variation in the number of basic strategies they use, including consumer advocacy, landlord backup, ongoing support to sustain housing, short-term cash assistance related to housing, helping consumers apply for subsidies, and using AB2034 funds to pay rents for a longer period of time. Twelve programs use five such strategies, and 31 programs use six strategies.

Barriers to Housing

Despite the strides that the AB2034 programs have made in connecting consumers to housing, program staff identified both structural and individual challenges to finding and maintaining stable housing for people with severe mental illness. While most of the programs have been successful at finding housing for people despite these difficulties, the expansion of these programs under the Mental Health Services Act will make it even more imperative that program and community-wide planning address these challenges to an even greater degree.

TABLE 3.2. BARRIERS TO FINDING AND RETAINING HOUSING		
	All Programs	
	Number of programs	Percent
Structural barriers		
Lack of affordable housing	34	79%
Community stigma/NIMBY	20	47%
Individual barriers		
Active substance use	34	79%
Symptoms of mental illness	28	65%
Resistance leaving the streets	24	56%
Criminal history	24	56%
Bad credit/eviction history	22	55%
Lack of money management and life skills	22	51%
Friends moving into unit	15	35%
Lack of consumer follow-through on housing placement	4	9%

Among structural factors, the lack of affordable housing is one of the biggest barriers that program staff face in finding permanent and stable housing options for consumers. More than three-quarters of all respondents feel that their community lacks an adequate supply of affordable housing. In Orange County, program staff indicated that because rents are often much higher than the level that can be paid with available federal housing vouchers, they have difficulty finding units – despite having a Housing Authority that goes out of its way to serve AB2034 consumers. In San Francisco, the program lacks housing options outside of the Tenderloin/South of Market area, neighborhoods that tend to be much more crime ridden and dangerous than other parts of the city. Staff would like to have more housing opportunities in safer areas and areas without an overt drug culture. The cost of housing in San Francisco, however, is prohibitive.

The other big structural barrier is the community stigma associated with mental illness and homelessness. Almost half of the program staff responding to the survey feel that resistance to having social programs in their neighborhood, often expressed as “not in my back yard,” or NIMBY, prevents them from accessing or developing new units for consumers. In Riverside, AB2034 staff reported that this issue is their biggest barrier to housing consumers – the city of Riverside lost funding for a Safe Haven as a result of neighborhood protests.

In addition to these structural challenges, programs face challenges associated with the consumers themselves. The most prominent challenge that AB2034 programs face when working with individual consumers is active substance use. In some cases, substance use contributes to aggressive and violent behavior that creates a problem for the landlord and other tenants. In many cases, however, the lack of housing situations that accept active substance use makes it difficult for consumers to find housing in the first place (see Table 3.3). Many of the AB2034 program administrators (65 percent) also reported that the symptoms of severe mental illness often make it difficult for consumers to retain their housing – including paranoia and erratic behavior. Related to mental health and substance use issues, many of the program staff felt that their consumers are resistant to leaving the streets because they fear change. The program in Berkeley is working with a large number of men who have been homeless for a very long time and have become accustomed to their lifestyle, partially because of the perceived tolerant attitude toward homelessness in the community.

Other individual challenges frequently mentioned include histories of criminal behavior, bad credit and evictions, and a lack of money management and other life skills. This seems to be an even bigger issue in smaller communities where consumers can easily gain a reputation for being difficult. Because of the limited pool of housing options in Yolo County, program staff mentioned that it is not hard for consumers to have “cycled through” all of the landlords in the community, severely limiting their ability to find a place to live. To a lesser extent, some program staff felt that consumers who have friends move into their unit present a significant challenge, and only four thought that lack of consumer follow-through on housing placement opportunities is a big challenge.

Program staff was asked to identify the types of housing and services that would help them address the challenges that they are currently facing (see Table 3.3). Not surprisingly, permanent affordable housing tops the list at 72 percent. Around one-third of those responding to the survey felt that their community needs more permanent supportive housing units available to AB2034 consumers. One-third of the respondents also reported the need for units with fewer eligibility requirements where people with active substance use can live, but only around 10 percent felt that there was a need in their community for more sober living options. Other reported needs include transitional housing arrangements, more Section 8 subsidies, more SRO housing options, and master leased or otherwise dedicated units. Program staff in large counties was more likely to mention Section 8 as a need, possibly because of the higher rental prices in these areas coupled with long waiting lists.

TABLE 3.3. CONSUMER HOUSING NEEDS		
	All Programs	
	Number of programs	Percent
Housing		
Affordable units	31	72%
Permanent supportive housing	15	35%
Units allowing active substance use	13	30%
Transitional housing	9	21%
More Section 8 subsidies	8	19%
More SRO units	8	19%
Master leased/ dedicated units	8	19%
Sober living options	4	9%
Services and supports		
Supports to tenants and landlords	12	28%
Landlords that understand the population	12	28%
Rep payee ¹	4	9%
Substance abuse treatment options	1	2%

¹A representative, or “rep,” payee is someone who is legally responsible for managing the personal finances of a consumer on his or her behalf.

Supportive services to help people stay housed are a critical component of the AB2034 programs. The most commonly reported service need is additional supports for both landlords and tenants to help consumers retain their housing. Closely related, the same number of respondents would like to have landlords in the community that better understand their consumers and the issues they face. As the AB2034 programs continue to reach out to landlords, this will hopefully become less of a challenge.

In response to perceived needs, the AB2034 programs are attempting new or expanded strategies to provide housing opportunities for their consumers. These strategies include additional master leasing, developing relationships with new landlords, and obtaining dedicated Section 8 or Shelter + Care vouchers. Other programs are interested in expanding their relationships with other local housing and service providers including their local housing authority, and becoming involved in the Continuum of Care planning process,⁵ including developing applications for funding new housing projects in response to HUD’s Homeless Assistance Programs. Nine of the programs are working with developers to develop or rehabilitate units dedicated for AB2034 consumers. For

⁵ The Continuum of Care is one of several strategic planning processes HUD requires to ensure community-wide coordination and comprehensive planning regarding the use of federal resources to create housing opportunities.

example, the program in Stanislaus County is developing a 42-unit supportive housing site in which one-third of the units will be reserved for people with mental illness.

Advice from Practitioners: Adding Housing Components to AB2034 Programs

The staff we surveyed had valuable advice for other practitioners attempting to start programs similar to AB2034:

- Be flexible and use a variety of strategies to house consumers. Because consumers have a wide range of needs, they will need a wide range of housing options.
- Provide lots of support to consumers once they are in housing. Support is essential to keeping consumers housed.
- Develop relationships with landlords and help them address any problems that arise with tenants. Landlords will be much more willing to continue to work with programs if this support is provided.
- Develop technical expertise in housing development and financing. Many of the programs suggested either hiring someone with this training or providing extensive training to existing staff.
- Nurture relationships with elected officials and other people in the community. In order to combat NIMBY-ism, having an ongoing conversation with elected officials and prominent community members is important. One respondent suggested that programs highlight their success stories and publicize them within the community.

PART 4: AB2034 OUTCOMES AND PROGRAM CHARACTERISTICS THAT MAY INFLUENCE THEM

One of the main goals of the AB2034 programs is to eliminate homelessness among vulnerable adults with serious mental illness – that is, to get people housed and keep them housed. We begin our examination of program success at meeting this goal by looking first at program retention, asking what proportion of the people ever enrolled are still consumers of the programs and if they are not, how quickly they left. We also examine whether getting people quickly into housing affects program retention. The results are promising – many of the AB2034 programs are succeeding in retaining consumers and getting them housed, regardless of whether or not they are serving consumers with a high level of difficulty factors. Moreover, housing and program retention seem to be correlated – consumers that are housed are more likely to stay in the program longer.

Retention and Departure Patterns

AB2034 programs differ dramatically in the proportion of ever-enrolled consumers who are still enrolled. The median is 39 to 42 percent, meaning that approximately over half of the consumers ever enrolled no longer participate in an AB2034 program. The range of proportion retained is 17 to 85 percent, meaning that the program with the highest retention rate is almost five times as likely to hold onto its consumers as the program with the lowest retention rate. A few consumers left for positive reasons – because they “graduated” successfully and are no longer using public mental health services (6 percent) or moved to a lower level of care (1 percent). Most consumers who left, however, simply dropped out (50 percent). The next largest group of leavers moved out of the area (20 percent). No other reason for leaving exceeds 10 percent.

TABLE 4.1: LENGTH OF ENROLLMENT FOR CURRENT ENROLLEES COMPARED TO TIMING OF DISENROLLMENT FOR THOSE WHO HAVE LEFT AB2034 PROGRAMS

	Percentages			Cumulative Percentages		
	Current Enrollees ¹	Disenrollees ²	All Clients Ever Enrolled	Current Enrollees ¹	Disenrollees ²	All Clients Ever Enrolled
up to 3 months	5%	8%	7%	5%	8%	7%
up to 6 months	6%	16%	11%	11%	24%	18%
up to 12 months	11%	27%	20%	22%	51%	38%
up to 24 months	15%	31%	24%	38%	82%	62%
24+ months	62%	18%	38%	100%	100%	100%

¹ Length of enrollment up to time of measurement.
² Length of enrollment at time of disenrollment.

We also look at the length of enrollment in the AB2034 programs. We are especially interested in the first few months after program enrollment, when enrollees may be most likely to leave. Table 4.1 begins this analysis with simple figures on retention and departure for currently enrolled and ever enrolled consumers across all AB2034 programs. Table 4.2 extends the analysis by looking at variations across programs on the variables we will use as indicators of success.

TABLE 4.2: CONSUMER RETENTION AND DEPARTURE PATTERNS						
	Currently Enrolled Consumers		Disenrollees		All Consumers Ever Enrolled	
COUNTY PROGRAMS (N=28)	Median	Range	Median	Range	Median	Range
% Retained*	100%	NA	0%	NA	39%	17-85%
% Retained 24+ months*	48%	9-77%	18%	3-55%	30%	4-53%
% In program less than 6 months**	11%	6-42%	28%	4-83%	21%	6-65%
LOS ANGELES PROGRAMS (N=18)						
% Retained*	100%	NA	0%	NA	42%	27-92%
% Retained 24+ months*	53%	4-75%	18%	11-32%	34%	21-51%
% In program less than 6 months**	14%	0-93%	22%	11-84%	18%	10-92%
<i>Note: Statistics for length of enrollment are based on special runs from MHA involving consumers from 28 counties plus 18 Los Angeles programs; proportions may differ from results based on all AB2034 programs.</i>						

In Table 4.2, the column labeled “median” notes the value that divides the programs in half, with half being above and half below the median value.⁶ Looking at the median proportion of all consumers that AB2034 county programs retain, we see that half of the programs have fewer than 39 percent of all the people they ever enrolled, and half have more. Several programs keep more than twice as many consumers, with the most retentive keeping 85 percent of all consumers ever enrolled. At the other extreme, some

⁶ All statistics in this table are based on data from the 28 counties, plus all the Los Angeles programs, for which MHA was able to do special runs for this paper using individual-level data submitted by programs using the CAMINAR system. About 1,000 consumers are omitted from these statistics because they are in programs run by the six counties that aggregate their own data before transmitting it to MHA. We use the special run database because we wanted all the statistics in this table to be based on the same set of people. The data posted on www.ab34.org do not contain the information for “% retained 24+ months” or “% in program less than 6 months” for current enrollees, and are missing much of the information we needed for disenrollees. The MHA special run, however, does include all the information needed for this table, thus we use the special run database for everything.

programs have held onto less than one out of every five consumers ever enrolled (lowest proportion = 17 percent).⁷

Currently enrolled consumers are quite likely to have been in their AB2034 program for at least two years. The median proportion retained this long is 48 percent for county programs and 53 percent for Los Angeles programs. In some programs more than three of every four current consumers have been enrolled for more than two years. This gives the appearance of great stability, but also note that there are AB2034 programs in which only 9 percent of current consumers have been enrolled for two years, and that the picture looks very different when one considers all consumers ever enrolled. The median AB2034 program still retains only 30 percent of all consumers for two years or more. Programs in Los Angeles County largely parallel these results, but none lose as many consumers before two years as the least retentive of the other county programs.

We also look at the proportion of consumers leaving before they had been in the program six months, as this time period is the earliest to show significant differences between currently enrolled and disenrolled consumers. As data in Table 4.2 indicate, only 11 percent of currently enrolled consumers in the median program have been there less than six months, which rises to 21 percent when one considers all consumers ever enrolled. Disenrollees in many programs are likely to have left soon after enrollment, bringing the high end of the range for those in the program less than six months up to 65 percent of all people ever enrolled.

The other thing we can tell from the data in Table 4.2 is about extreme values. For example, the median “% retained” of all people ever enrolled is 39 for county programs, with a range of 17 to 85 percent. Thirty-nine percent is close to the middle of the range. When we see this pattern, we can infer that the programs are arrayed fairly evenly along the full range. But “% in program less than 6 months” for all people ever enrolled is 18 percent for Los Angeles programs when the range is 10 to 92 percent. This pattern arises when most programs cluster at the lower end of the range but one or maybe two outliers occur at the very high end.

⁷ All other things being equal, we assume that retaining consumers in an AB2034 program is better than losing them, and keeping them enrolled longer is better than shorter enrollments. However, it may be that some programs are very good at getting their consumers quickly into even more independent living situations than the AB2034 programs provide, while other programs retain consumers on their rolls for some time after the consumers have ceased actively using the programs. We did not have enough time or resources to explore these possibilities, but the reader should keep in mind that more is probably going on in these programs than we have been able to identify with the time and methods available to us.

Housing Patterns

After learning how long consumers stay in AB2034 programs, we next want to understand their housing status (homeless or not) at enrollment and how that might have changed once in the program.

We classified the housing situations recorded by AB2034 programs into several clusters:⁸

- **Cluster 1 = homeless.** This cluster includes consumers who are living on the streets or in emergency shelters. Fifty-three percent of currently enrolled consumers and 45 percent of disenrolled consumers were in Cluster 1 when they enrolled in an AB2034 program.
- **Cluster 2 = housed.** This cluster includes consumers who are in permanent housing in the community and hold their own lease to the unit. About 24 percent of currently enrolled consumers were housed at enrollment. This information is not available for disenrollees.
- **Cluster 3 = other.** This cluster includes those in temporary housing (e.g., motels), institutions or licensed treatment facilities (including jails), or group homes and other dependent living situations, often with others. About 30 percent of currently enrolled consumers were in these other housing statuses at enrollment, with more than half in the group home-type situation. This information is not available for disenrollees.

We want to know how quickly AB2034 programs are able to get people who were homeless at enrollment into housing, whether they are helping those who were housed at entry to stay in housing, and whether people in other housing statuses at entry are moving toward more permanent housing (Cluster 2). Table 4.3 shows this information for currently enrolled consumers (it is not available for disenrolled consumers, although we do have information on the speed of departure—reported in Table 4.1—and housing status at disenrollment separately).

In reading Table 4.3, it helps to understand that not everyone in the overall analysis appears in the statistics in each column. Rather, everyone who has been in an AB2034 program for at least 24 months is in all the columns. The people who have been in the program at least 12 months but have not yet been there a full 24 months are in the first

⁸ Statistics for housing statuses are based on special runs from MHA involving consumers from 28 counties plus 18 Los Angeles programs; proportions may differ from results based on all AB2034 programs.

three columns but not the final column. The people enrolled for at least 6 months but not yet 12 months are only in the first two columns, and those who have not yet been enrolled for 6 months are only in the first column. The percentages in *italics* running across the first row in each panel of the table show the proportion of everyone in a particular entry housing status that is included in that column.

Enrollment housing status	Housing Status:					
		at enrollment	at 3 months	at 6 months	at 12 months	at 24 months
Homeless (N=1639, 45% of total) ¹		<i>100%</i>	<i>93%</i>	<i>85%</i>	<i>82%</i>	<i>67%</i>
	Homeless	100%	45%	30%	22%	18%
	Housed	0%	32%	42%	55%	65%
	Other	0%	23%	29%	23%	17%
Housed (N=864, 24% of total) ¹		<i>100%</i>	<i>90%</i>	<i>89%</i>	<i>76%</i>	<i>55%</i>
	Homeless	0%	5%	5%	4%	4%
	Housed	100%	84%	80%	80%	80%
	Other	0%	11%	15%	16%	17%
Other (N=1098, 30% of total) ¹		<i>100%</i>	<i>97%</i>	<i>88%</i>	<i>79%</i>	<i>57%</i>
	Homeless	0%	5%	7%	7%	8%
	Housed	0%	20%	27%	41%	54%
	Other	100%	75%	65%	52%	38%

¹ Percentages across, in *italic*, show the proportion of all people in each enrollment housing status who had been in the program long enough to reach the milestone (3 months, 6 months, etc.) at the time of measurement.

The bolded rows in Table 4.3 show the increases in the proportion housed as their time in the program increases. Programs steadily increased the proportion housed for people who entered from homelessness or some other housing status. By the three-month mark, programs managed to house about one-third of initially homeless people and one-fifth of those initially in other housing statuses, which is a significant accomplishment considering the challenges programs face related to the lack of affordable housing in their communities. More than half of formerly homeless people are housed by one year after program entry, and about two-thirds are housed within two years. Less than one in five (18 percent) remain homeless (or perhaps became homeless again). About the same proportion (17 percent) have entered other housing statuses including more highly supervised community residential settings and institutions.

For people who entered the programs housed, about one-sixth are *not* housed by the three-month mark, shifting either to homelessness (5 percent) or to other housing

statuses (11 percent). Their distribution among housing statuses remains fairly constant after that.

To this information about the changing housing status of AB2034 consumers after enrollment we must add what we know about disenrollees. We already saw in Table 4.1 that disenrollees leave rather quickly. At disenrollment, about one-third (32 percent) were homeless, which represents a significant reduction in homelessness from their intake homeless level of 52 percent. Another 38 percent left from housing (Cluster 2), and the remainder (30 percent) were living in other situations when they disenrolled.

Consumer Outcomes

We identified four outcomes to characterize the degree of success that the AB2034 programs have had in one of their main goals—moving people into housing and keeping them there. Two of these outcomes, “proportion retained in the program” and “proportion retained 24 or more months,” are the same variables we reported in Table 4.2. Proportion retained six or more months is the inverse of the variable reported in Table 4.2—it is those who *stayed more than* six months, rather than the proportion who *left before* being enrolled six months. Finally, “proportion currently housed, of all ever enrolled” is a new variable, introduced here for the first time.

- Proportion retained
 - Current enrollees as a proportion of all ever enrolled
- Proportion retained 6 or more months
 - Current enrollees who have been in the program at least 6 months, and disenrollees who left after being enrolled for 6 or more months, as a proportion of all ever enrolled
- Proportion retained 24 or more months
 - Current enrollees who have been in the program at least 24 months, and disenrollees who left after being enrolled for 24 or more months, as a proportion of all ever enrolled
- Proportion housed
 - Current enrollees who are in housing (permanent housing with their own lease) as a proportion of all ever enrolled

As we did with consumer challenges (Tables 2.1 and 2.2), we report consumer outcomes for counties with Los Angeles County represented as the average of all its programs; and for the Los Angeles County programs separately (Table 4.4).

TABLE 4.4: OUTCOMES ACHIEVED BY AB2034 PROGAMS				
COUNTY PROGRAMS, INCLUDING TOTALS FOR LOS ANGELES (N=28)				
Outcomes	Currently Enrolled		Everyone Ever Enrolled	
	Median	Range	Median	Range
% retained (CE/all ever enrolled)	NA	NA	39%	17 - 85%
% retained 6+ months	89%	58 - 94%	79%	35 - 94%
% retained 24+ months	48%	9 - 77%	30%	4 - 53%
% Housed (Cluster 2)	88%	56 - 100%	37%	12 - 62%
LOS ANGELES PROGRAMS (N=18)				
Outcomes	Currently Enrolled		Everyone Ever Enrolled	
	Median	Range	Median	Range
% retained (CE/all ever enrolled)	NA	NA	42%	27 - 92%
% retained 6+ months	86%	7 - 100%	82%	8 - 90%
% retained 24+ months	53%	4 - 75%	34%	21 - 51%
% Housed (Cluster 2)	89%	77 - 98%	39%	25 - 56%

The median AB2034 program retains about 39 to 42 percent of everyone who has ever been a consumer, with little difference on average between programs in Los Angeles and around the state. As already noted earlier, the range in the proportion retained (current enrollees/all people ever enrolled) is extreme. Much higher proportions of currently enrolled than ever-enrolled consumers are in housing and were retained for 24 months or more. Such striking differences are absent for retention for at least six months, but even here the rates are higher for current enrollees than for all people ever enrolled.

As with basic retention, the range of program outcomes for 6-month and 24-month retention and housing are very great. Some programs are able to keep as many as 53 percent of consumers enrolled for 24 or more months, while other programs keep as few as 4 percent for this long. Some programs have succeeded in housing more than 60 percent of all consumers ever enrolled, while others have housed as little as 12 percent of their consumers.

Association of Retention and Housing Outcomes with Consumer Characteristics and Housing Strategies

The final, and most important, findings of this report are those that show whether AB2034 programs are succeeding in retaining and housing people regardless of their obvious challenges, and what strategies appear to be most useful in reaching these outcomes.

Consumer Characteristics and Outcomes

The basic question we want to answer here is: Do AB2034 programs serving people with lots of challenges, or lots of people with some challenges, have a harder time keeping them in the program and getting them into housing? Based on our analysis, the answer is “no.” Table 4.5 shows associations (correlations) between consumer characteristics and our four program outcomes.⁹ A positive value in Table 4.5 means that higher levels of a consumer characteristic are associated with higher levels of a program outcome. A negative value means that higher levels of a consumer characteristic are associated with *lower* levels of a program outcome. If a consumer characteristic commonly seen as posing difficulties for housing really makes it more difficult to house a person, then the associations in Table 4.5 should be negative – that is, programs whose consumers have more “difficulties” should have a harder time getting them housed.

But in fact, “difficulty” turns out not to be so very difficult after all. Only one consumer characteristic of the six we examined – percent of consumers that were street homeless at enrollment – shows any negative association with our four outcomes, and that association is marginal (Table 4.5). Conversely, AB2034 programs with *higher* proportions of consumers who in the year before enrollment had been incarcerated, had a co-occurring substance abuse problem, and had been homeless longer were actually *more* likely to succeed in retaining people in their program for 24 or more months than programs with ostensibly “easier” consumers. Remember, of course, that all AB2034 consumers have a serious mental illness, in addition to the various characteristics we have examined. Nor do programs that meet many criteria for consumer characteristics have a harder time with our outcomes than those meeting fewer criteria—if anything, the association is in the opposite direction.

⁹ For these statistics, a consumer characteristic is measured by the actual percentage of each program’s consumers that exhibit the characteristic, not by whether a program meets the criterion set for that characteristic. Thus the values of each difficulty factor cover the ranges shown in Tables 2.1 and 2.2. Values for the outcome variables cover the ranges shown in Table 4.4.

Of all consumers ever enrolled, status at entry:	OUTCOMES			
	Percent retained	Percent retained 6+ months	Percent retained 24+ months	Percent housed
% Homeless	.040	.187	.058	-.099
% Street homeless	-.132	.096	.024	-.266+
% Incarcerated	.103	.243	.362**	.076
% Co-occurring	.015	.164	.314*	.045
Average days homeless	.269+	.266+	.271*	.119
Average days incarcerated	.015	.018	.040	.050
Number of criteria met	.108	.195	.179	.033

Cell entries are correlations; N=43; + = p < .10; * = p < .05; ** = p < .01

The conclusion one can reach from this evidence is that with the right approach and the right housing options to offer, consumer characteristics perceived as challenges do not pose much actual difficulty for the programs, at least with respect to their ultimate success in keeping people in the program and housing them.

Housing Strategies and Outcomes

The basic question we want to answer here is: Are some of the housing strategies that AB2034 programs use more likely than others to result in good outcomes? The answer to this question is a tentative “yes”—tentative because our sample is small and statistical significance is therefore not so easy to achieve. But several things can be observed in the data reported in Table 4.6.

HOUSING STRATEGIES:	OUTCOMES			
	Percent retained	Percent retained 6+ months	Percent retained 24+ months	Percent housed
Primary focus (0=individual only; 1=housing development in addition to individual supports)	.301*	.294+	.281+	.219
Pays rent long-term	-.265+	-.255	-.338*	-.252
Recruits landlords systematically (more than one apt at a time) (a)	-.034	.080	-.038	.054
Has dedicated or set-aside units, including those acquired by master leasing (a)	.257+	.280+	.261+	.136
Operates PSH (a)	-.105	.033	-.189	-.142
Works with/does services for/with PSH providers (a)	.267+	.208	.316*	.208
Controls S+C (a)	.067	-.162	-.008	.040
Partners with housing agency controlling subsidies (a)	.149	-.198	.225	.077
# Basic strategies used ¹	-.019	-.014	-.044	-.177
Any aggressive strategy used ²	.175	.405*	.144	.165
2+ aggressive strategies used ²	.054	.093	.027	-.030
# Aggressive strategies used ²	.214	.098	.177	.151

Cell entries are correlations; N=41; + = p < .10; * = p < .05; ** = p < .01

¹ Simple strategies include individualized assistance to find housing, short-term financial assistance, helping people apply for subsidies, paying rent long-term, providing landlord backup, and providing ongoing support to sustain housing.

² Aggressive strategies are those marked with **(a)** above.

First, having a primary focus that goes beyond assisting individual consumers to find housing is associated with retaining consumers in the AB2034 program. The first row of Table 4.6 (lighter gray) shows these associations, which are significant for total “percent retained” in the program of all ever enrolled, and close to significant for retaining consumers over longer periods of time.

Two specific housing strategies seem to have positive effects (lighter gray rows). These are working with PSH providers, and arranging to have some units dedicated to or set aside for AB2034 consumers. The set-aside units may be in private buildings (achieved by working with private landlords), in public housing or buildings developed by non-profit agencies that may also have other uses,¹⁰ or in newly constructed buildings upon which an obligation has been placed to set aside a certain number of units for disabled people. It also appears that using AB2034 funds to pay rent long term for significant numbers of a program’s consumers is counterproductive (darker gray row)—the associations are negative.

The lack of association between outcomes and *basic* strategies arises because there is very little variation among programs in the number of basic strategies they use. All use either five or six such strategies, as reported earlier in Part 3. It is also interesting that the *number* of aggressive strategies used does not have consistently strong relationships with the outcome variables, but that use of *any one* aggressive strategy does seem to have some payoff.

One may read Table 4.6 as saying that a wide range of strategies may work. The variables adding up the sheer number of strategies, whether basic or aggressive, do not show strong associations with program outcomes; the variable designated “two or more aggressive strategies” does a little better but still does not achieve significance. Rather, from the significant effects of the “primary focus” variable, it seems the important thing is to understand that one’s task, as an AB2034 program, goes beyond helping individual consumers to find an apartment. Programs that see expanding the supply of relevant housing, however defined locally, as part of their responsibility are more likely to reach important housing and retention outcomes. The importance of housing to consumer retention reinforces this finding—the correlation of “percent housed” with “percent retained” is .929. This could not get much higher, suggesting that housing is a key component of these programs and an important step on the road to recovery for consumers.

¹⁰ For example, HUD funds supportive housing for the elderly and disabled with Section 202 and Section 811 dollars. Some of the units in these buildings may, in some programs, be set-aside for AB2034 consumers.

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APPENDIX

DATA SOURCES AND METHODOLOGY

Data on AB2034 consumers for the analyses in this report come from two sources. MHA, the depository and analyzer of the CAMINAR system data collected by all AB2034 programs, maintains a website, www.ab34.org, on which it posts data that programs submit monthly. Thirty-four California counties (covering 53 programs) report their data to MHA. Separate tables are available for current data (information on current month status only), cumulative data (current enrollees, but all their information since enrollment), and annualized data (standardized to 12-month equivalents).

For the analyses in this paper we use annualized data. Data on current enrollees come from the website. They are available from the “state” tables for 34 counties (including summary data for Los Angeles, Sacramento, and Ventura Counties) and Tri-City (making 35 counties/programs for these analyses). In addition, they are available for “Los Angeles,” covering the 18 Los Angeles programs that operate under the aegis of the county Department of Mental Health (LAC-DMH). MHA reports information for the 19th Los Angeles program, Tri-City, as part of its state reporting and does not include it in the reporting for Los Angeles. MHA performed special runs for this report to give us parallel data for all disenrollees. However, MHA was only able to do these runs for 28 counties (with Los Angeles represented by summary data), and separately for 18 Los Angeles programs.¹¹

The MHA special runs allow us to examine consumer challenges for all people ever enrolled in an AB2034 program, including those who have disenrolled. Including disenrollees in analyses means we are able to report a substantially more complete picture of AB2034 activities and achievements than is possible using only the data posted on www.ab34.org, which pertain mostly to current enrollees. If any significant differences exist between current enrollees and disenrollees—such as people with certain characteristics being more likely to disenroll, or taking longer to move into housing, or being harder to keep in housing—we are able to see them. These data were used to construct Tables 4.1, 4.2, 4.3, and 4.4.

¹¹ Six counties containing 7 programs aggregate their data before sending it to MHA. As the special analyses we asked MHA to perform required data at the individual level, MHA could not include these six counties in the extra analyses. The counties are Fresno, Marin, Sacramento (2 programs), Stanislaus, Tehama, and Yolo.

Raw data for the correlations reported in Table 4.5 come from the data posted on www.ab34.org for the consumer challenge variables and “percent retained” and “percent housed.” The variables “percent retained for 6+ months” and “percent retained for 24+ months” come from MHA’s special runs. For these variables, consumer challenges are measured by the actual percentage of each program’s consumers that exhibit the characteristic, not by whether a program meets the criterion set for that characteristic. Thus the values of each challenge factor cover the ranges shown in Table 2.1. Values for the outcome variables cover the ranges shown in Table 4.4.

The survey was conducted in March 2005 through phone interviews with AB2034 program administrators and staff. Based on the discretion and preference of each program, sometimes only the administrators from the mental health department were interviewed, and other times administrators and program staff answered our questions as a group. Sometimes staff members were within the mental health department and sometimes they were employees of a contracted provider. The survey sought to answer the following questions:

- What are the housing needs and preferences of AB2034 consumers?
- What consumer characteristics do program administrators/staff believe make it most difficult for consumers to retain housing?
- What types of strategies are being used to house AB2034 consumers (i.e. housing search and retention support, rent subsidies, dedicated units, housing development, and program/agency partnerships)?
- What are the biggest structural barriers to finding and developing housing for consumers?
- What housing strategies do they plan to use in the future? What have program administrators and staff learned from their experience thus far and what advice would they give to others attempting to implement a similar program?

Forty-three of the 53 programs responded to the survey (81 percent). Two of the programs – Enki La Puente and Enki Pico Union – responded in one survey but are counted separately for the purposes of our analysis.

Which counties-programs have which data?					
County/Program	web data	survey	MHALA	Rural/Urban /LA	Web totals: all counties/programs (100%)
COUNTY PROGRAMS					survey totals: 43 of 53 programs (81%)
Berkeley	X	X	X	U	small/rural counties 8 of 9 counties (89%)
Butte	X	X	X	R	large/urban counties 21 of 26 programs represented (81%) in 19 of 23 counties not including LA
El Dorado	X	X	X	R	LA 13 of 18 programs (72%)
Fresno	X	X		U	
Humboldt	X	X	X	R	MHALA totals: 28 of 33 counties (85%); 45 of 53 programs (85%) (6 counties containing 7 programs aggregate their own data before sending to MHALA, so MHALA could not do the individual-level analyses we requested for these counties; don't know why an 8th program, Antelope Valley, is not in MHALA special analyses)
Kern	X	X	X	U	
Los Angeles	X	see below	X	U	
Madera	X	X	X	R	
Marin	X			U	
Mendocino	X	X	X	R	
Monterey	X		X	U	
Napa	X	X	X	U	
Orange	X	X	X	U	
Placer	X	X	X	R	
Riverside	X	X	X	U	
Sacramento-Turn Pt-143	X	X		U	
Sacramento-El Hogar-143	X	X		U	
San Bernardino	X	X	X	U	
San Diego	X	X	X	U	
San Francisco	X	X	X	U	
San Joaquin	X	X	X	U	
San Luis Obispo	X	X	X	U	
San Mateo	X		X	U	
Santa Barbara	X		X	U	
Santa Clara	X	X	X	U	
Santa Cruz	X	X	X	U	
Shasta	X		X	R	
Solano	X	X	X	U	
Sonoma	X	X	X	U	
Stanislaus	X	X		U	
Tehama	X	X		R	
Tri-City	X	X	X	U- in LA co	
Tuolumne	X	X	X	R	
Ventura County	X	X	X	U	
Ventura Telecare	X	X	X	U	
Yolo	X	X		U	
LA PROGRAMS					
Didi Hirsch	X	X	X	LA	
Enki La Puente	X	X-both in 1 survey	X	LA	
Enki Pico Union	X		X	LA	
Exodus	X	X	X	LA	
Hillview	X	X	X	LA	
Kedren	X	X	X	LA	
LAMP	X		X	LA	
MHA Antelope Valley	X	X	X	LA	
MHALA Village	X		X	LA	
Pacific Clinics	X	X	X	LA	
Portals	X	X	X	LA	
SCHARP	X	X	X	LA	
SFVCMHC	X	X	X	LA	
SSG	X	X	X	LA	
Step Up on 2nd	X		X	LA	
Telecare 4	X		X	LA	
Telecare 7	X	X	X	LA	
Verdugo	X		X	LA	