

Stable Homes, Brighter Futures

Supportive Housing For Transition Age Youth (TAY)



Evaluation Report Year 2 Interim Report February 2015



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Introduction

According to the 2013 Greater Los Angeles Homeless Point-in-Time Count, on any given night at least 5,737 transition age youth (TAY) were homeless, representing a 55% increase from two years earlier.¹ Data compiled in June 2014 found that LA County has approximately 1,000 publically-funded shelter and transitional beds, and about 213 units of supportive housing units for TAY in operation. Despite the clear need for housing and services for the TAY population, the supply of housing available comes nowhere close to meeting the need. Just six years ago, there were no supportive housing (SH) units for TAY in operation in Los Angeles County and services for homeless youth and young adults were concentrated in the Hollywood area.

As part of a broader effort to address the unique needs of highly vulnerable homeless TAY and build supportive housing capacity in diverse regions of Los Angeles County, 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 supportive housing 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 interim report focuses on the first two years of the initiative and describes the young adults served and their experiences in supportive housing (SH). This report provides a better understanding of the housing needs of TAY, factors associated with their level of risk of long-term homelessness, the impact of living in supportive housing, and a descriptive look at TAY who exited supportive housing. The evaluation found that:

- + About 70% of youth in supportive housing report mental health challenges that interfere with their daily living and ability to live independently. SH providers are serving young adults who have incomes significantly below the poverty threshold and have lower levels of educational attainment compared to the general youth population.
- + More than half of the youth were literally homeless prior to living in supportive housing, and 40% of those youth were homeless for over one year. Through the utilization of the TAY Triage Tool, the data shows that about 10% of TAY in supportive housing have had experiences that indicate a high level of barriers to accessing safe and stable housing.
- + Supportive housing provides high-need TAY with the services and support that helps promote housing stability and overall health and well-being.

¹The Los Angeles Homeless Services Authority (2014). 2013 Greater Los Angeles Homeless Count: Overall Results for Los Angeles and Los Angeles Continuum of Care. Retrieved from <http://documents.lahsa.org/planning/homelesscount/2013/HC13-Results-LACounty-COC-Nov2013.pdf>

About Stable Homes, Brighter Futures

Supportive housing for TAY is a relatively new approach within the supportive housing development paradigm. Unlike adult housing models or even youth transitional housing models that have been in existence for many years, the development and implementation of supportive housing² for TAY is still in its early stages. CSH launched the *Stable Homes, Brighter Futures* initiative in the summer of 2012 by funding five³ SH providers to serve up to 189 TAY over the course of the three year demonstration project. Specifically, *Stable Homes, Brighter Futures* targets young adults, 18-24 who are homeless or at risk, provide 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 Collaboratives where providers discuss challenges, strategies, and promising practices (see Appendix A for a summary of the impact of the Learning Collaboratives on provider practices.)

While all supportive housing is rooted in shared philosophical and operating practices in which housing is not time-limited and participation in services is voluntary⁴, several different models of supportive housing have emerged. Among the five developers, eight service providers, and the 17 housing developments involved in the *Stable Homes, Brighter Futures* initiative, the range of supportive housing models include:

- **Single-site units:** Single-site, all TAY units, including units designated for TAY with mental health issues (e.g., Epworth Apartments/CRCDC, Progress Place Apartments/Jovenes Inc.);
- **Mixed-population units:** A portion of units dedicated to TAY in mixed-population developments with older adults and families, including units designated for TAY with mental health issues (e.g., 28th Street Apartments/CRCDC, Menlo Apartments/LTSC);
- **Scattered sites:** Individual Section-8 Housing Choice voucher units for TAY (e.g., CRCDC, Step Up on Second)

The table on the following page provides a snapshot of grantee providers, service provider partners, housing models, as well as the regions and number of TAY served at each site.

² The term “supportive housing” is being used throughout this report to reflect program implementation and operational changes of “permanent supportive housing” for the TAY population. While the goal of supportive housing is to provide services to tenants as long as they need, funding policies and the developmental changes occurring for this population have brought questions about the ultimate goal of supportive housing. For more information about this debate, please see Harder+Company Community Research (2014). *Stable Homes, Brighter Futures: Permanent Supportive Housing for Transition Age Youth: Preliminary Findings from Year 1*. Retrieved from http://www.csh.org/wp-content/uploads/2014/03/CSH-TAY_First-Year-Report_2014.pdf

³ The *Stable Homes, Brighter Futures* Initiative initially funded a sixth grantee (PATH Gramercy) whose primary objective was to transform transitional housing into supportive housing. 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.

⁴ Substance Abuse and Mental Health Services Administration. *Permanent Supportive Housing: Building Your Program*. HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2010. Retrieved from <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

Table 1. Stable Homes, Brighter Futures: Partners and Supportive Housing Developments

Developer	Service Provider Partner(s)	Region	Housing Development	Housing Model	# TAY Units Available	# TAY units in operation*
Coalition for Responsible Community Development (CRCD)	CRCD	Vernon Central; South LA	36 th Street Apartments	Single-site, all TAY <i>(11 units total)</i>	10	10
			28 th 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
Jovenes, Inc.	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	2
			My Home, Mi Casa	Scattered-site, shared homes	18	18
Little Tokyo Service Center (LTSC) CDC	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	
Step Up On Second	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

Developer	Service Provider Partner(s)	Region	Housing Development	Housing Model	# TAY Units Available	# TAY units in operation*
Step Up On Second	Step Up On Second; My Friend's Place	Santa Monica; Hollywood	Step Up On Vine	Mixed-population development (34 units total for low-income adults)	7	7
			Michael's Village	Mixed-population development (32 units total for low-income adults)	7	
Women Organizing Resources, Knowledge, and Services (WORKS)	WORKS; Housing WORKS	Westlake; Central LA	Young Burlington	Single-site, all TAY with mental illness (21 total units)	20*	20
Total TAY					189	

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

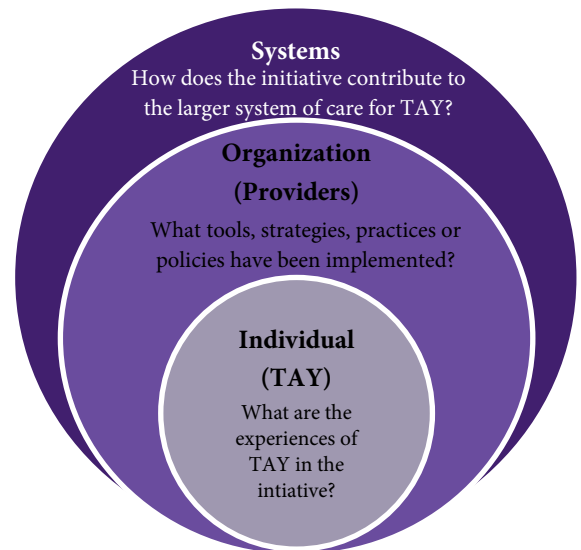
** Number of TAY units in operation is current as of January 2015.

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 housing stability among homeless and unstably housed young people. The overall evaluation seeks to generate and share lessons and findings that can inform program improvement, systems change efforts, and the broader field.

This interim year 2 report aims to take a closer look at the young adults who were served by the providers participating in the initiative during its first two years including their demographic characteristics, their level of risk for long-term homelessness as measured by the TAY Triage Tool⁵, and emerging findings from their experiences in supportive housing. Preliminary findings from the first two years of work (fall 2012-2014) are based on tenant information collected at multiple

Figure 1. Evaluation Questions



⁵ Developed by Dr. Rice in conjunction with CSH, the TAY Triage Tool consists of six items that are associated with long-term homelessness. The tool was based on a NIMH-funded survey of 646 homeless youth in Los Angeles County from 2011 to 2012. For more information about the TAY Triage Tool, please see "Creating a TAY Triage Tool: Prioritizing Transition Age Youth

points in time. Demographic data were available for 170 tenants. Emerging findings about tenants experiences are based on a smaller sample of TAY (N=65) who were tracked for a year or more, and a longitudinal analysis for two smaller subsamples of TAY (N= 24, N = 28) whom data was available at two time points.

Methods

The evaluation team has used a mixed-methods approach to gather information from multiple stakeholders to better understand the impact of the initiative on individual participants (TAY), provider organizations, and systems. The process of triangulation⁶ was employed which strengthens a study’s reliability and validity by combining methods. While the year 1 report⁷ highlighted findings from TAY tenants and providers, this report focuses on the experiences of TAY in supportive housing (see Table 1). The following data sources informed the year 2 report:

Table 2. Evaluation Questions and Data Sources	
Evaluation Questions	Data Sources
Who is the initiative serving?	Characteristics of 170 TAY who resided in SH.
How can we assess and serve TAY who are most at-risk for long-term homelessness?	The level of risk for long-term homelessness as measured by the Triage Tool for 160 TAY.
What are the experiences of TAY living in supportive housing?	Follow-up characteristics of a sample of 65 TAY living in supportive housing for a year (or more).
	Changes experienced by two subsamples (N=24-28) of TAY for whom there was comparative data during at least two time points while living in supportive housing.
	Descriptive information for 30 TAY who left supportive housing.
	The experiences and processes of six TAY who participated in a Video Voice project.

(TAY) for Permanent Supportive Housing”. http://www.csh.org/wp-content/uploads/2013/06/TAY-PSH-Targeting-Tool_061313.pdf

⁶ Patton, M. (2002) Qualitative Research and Evaluation Methods

⁷ Harder+Company Community Research (2014). Stable Homes, Brighter Futures: Permanent Supportive Housing for Transition Age Youth: Preliminary Findings from Year 1. Retrieved from http://www.csh.org/wp-content/uploads/2014/03/CSH-TAY_First-Year-Report_2014.pdf

Who is the initiative serving?

At the time of this data analyses, demographic information was available for 170 TAY residing in supportive housing.⁸ The following section describes their demographics, educational attainment, previous housing situation, income, and mental and physical health needs. Overall, the characteristics of the TAY residing in SH demonstrate the vulnerable nature of this population.

Demographics. There are slightly more male participants (55%) and close to two-thirds are Black/African-American (63%). Participants' age ranged from 18 to 26, with an average age of 22 years.

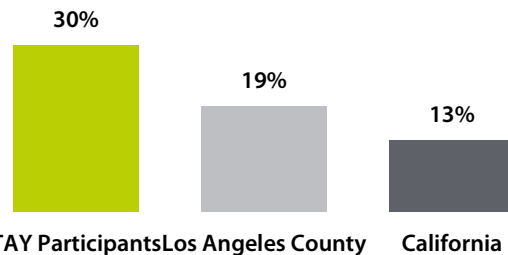
Educational Attainment. While 7 in 10 participants either hold a high school diploma or are in the process of achieving that goal, 3 in 10 had dropped out of high school. The percentage of participants who had dropped out is markedly higher than county and statewide rates. In addition, the average

Table 3. Tenant Demographics

Demographics	Percent (%)
Gender (N= 148)	
Female	45%
Male	55%
Race & Ethnicity (N=148)	
Black/African American	63%
Non-Hispanic White	17%
Hispanic/Latino	12%
Asian/Hawaiian Native/Pacific Islander	3%
Multiracial	3%
American Indian/Alaska Native	1%
Age (N=130)	
Average Age	22 years
Age Range	18 to 26 years

Totals may not add to 100% due to rounding.

Figure 2. High School Drop Out Rate among Participants Compared to Local and State Rates*



TAY Participants Los Angeles County California

* Los Angeles County and California drop out data is based on the California Department of Education's 4 year derived rate which is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year. Retrieved from <http://data1.cde.ca.gov/dataquest/>

age of participating TAY is 22, suggesting that many have been out of the educational system for some time. Very few TAY (1 in 10) either hold a Bachelor's degree or were currently attending community college or university. The link between educational attainment and income suggests that providers might focus on encouraging and supporting TAY to further their educational levels as a pathway to overall self-sufficiency.

Table 4. Educational Attainment

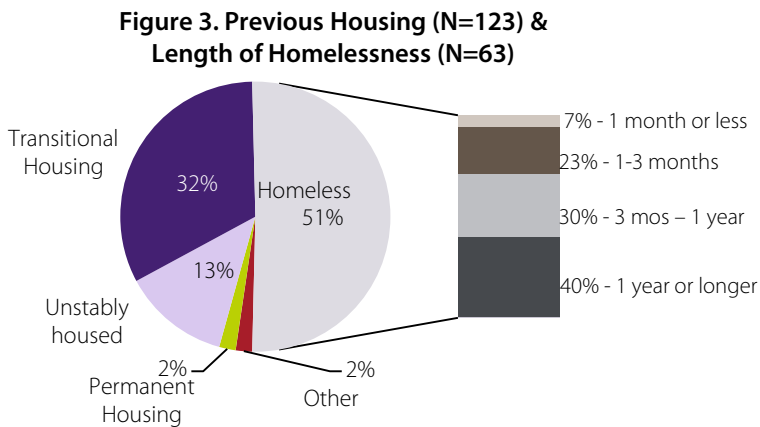
Demographics	Percent (%)
High School Status (N=109)	
Holds a high school diploma or equivalent	62%
High school or equivalent in progress	7%
Dropped out of high school	30%
College Status (N=101)	
Holds a BA/BS	4%
Currently attending community college or university	6%
Attended some college level courses	27%
Never attended	63%

Totals may not add to 100% due to rounding.

⁸ Demographic information for this descriptive analyses included data entered by providers at the first point in time in the evaluation (aka, "baseline"). However, many entries were completed past the true baseline period (i.e., past 3 months). These findings should be considered a "cross sectional" description of a sample of TAY during the first two years of the initiative. Additionally, while we were able to collect data from a total of 170 TAY, there were several instances of missing responses/data, which is noted in the smaller "N" sizes for the various analyses and descriptive breakdowns.

History. About one-third of TAY reported current or previous involvement in the child welfare system (36%; 55 out of 151) and a slightly higher percentage reported some involvement in the criminal justice system either as a juvenile or an adult (41%; 56 out of 136). In addition, 15% (19 out of 123) reported having been arrested in the past 6 months. Finally, about one in five reported having birthed or fathered a child.

Previous Housing. Information about the tenant’s previous housing underscores the precarious nature of their former housing situations. Slightly more than half of the participants were literally homeless (51%)⁹ before moving into their apartment, close to two-thirds were residing in a transitional housing program (33%), and more than one in ten were unstably housed¹⁰ (13%). Of those who were literally homeless, 40% had been homeless for year or longer.



Of the 23 TAY who had been homeless for more than a year prior to entering supportive housing, five said that they received Supplemental Security Income in the past 30 days. According to the literature, homeless individuals (especially those with mental illnesses or disabilities) depend on this benefit to meet their basic needs and can help improve outcomes¹¹. It is concerning that so few of the individuals who were experiencing a chronic level of homelessness (i.e., a year or more) were actually receiving this benefit.

Income. All but one tenant reported monthly incomes that fall below the poverty threshold of \$972.50 a month (or \$11,670 a year) established by the Health and Human Services 2014 Poverty Guidelines.¹² TAY tenants reported an average monthly income of \$410.08 (median \$221) and more than three-fourths (76%, 81 out of 107) reported a monthly income of \$650 or less. The most frequently identified sources of income among TAY included: General Assistance/General Relief (44%, 55 out of 124); Supplemental Security Income (15%, 19 out of 125); and earned income from employment (14%, 18 out of 125). While the most frequently identified sources of non-cash benefits included Supplemental Nutrition Assistance Program (59%, 70 out of 118) and Medicaid (15%, 17 out of 117).

⁹ “Homeless” included TAY who were either staying at an emergency shelter or place not meant for habitation (e.g., vehicle, abandoned building, streets, etc.).

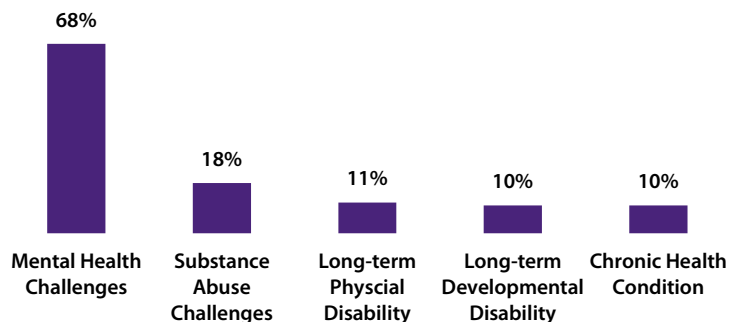
¹⁰ Following HUD’s housing status definition, “unstably housed” refers to TAY who were living in a friend or family member’s apartment or home prior to entering SH.

¹¹ Social Security Bulletin.U.S. Social Security Administration. Office of Policy. Homeless people whose self-reported SSI/DI status is inconsistent with social security administration records. Retrieved from <http://www.ssa.gov/policy/docs/ssb/v67n1/v67n1p53.html>

¹² Health and Human Services 2014 Poverty Guidelines. Retrieved from <http://aspe.hhs.gov/poverty/14poverty.cfm>

Physical and Mental Health. A substantial portion of tenants identified having physical and mental health needs that interfere with daily living activities and their ability to live independently. Almost 7 in 10 reported experiencing mental health challenges (68%)¹³; close to 2 in 10 reported substance abuse challenges (18%); and about 1 in 10 reported a long-term physical disability (11%), chronic health conditions (10%), and developmental disabilities (10%). About 1 in 5 reported having been hospitalized in the past 6 months and close to 1 in 4 reported having gone to the emergency room in the past 6 months. However, only about 3 in 10 rated their current health status as fair or poor (28%). Information about TAY’s physical and mental health needs suggest that some TAY may need long-term or on-going supports. This is similar to the research on adult homelessness that has found that a small percentage of homeless adults (10%) utilize about half of the system’s resources.¹⁴

Figure 4. Physical and Mental Health Needs (N=120-126)



TAY Triage Tool: How can we target supportive housing for TAY who are more at-risk for long-term homelessness?

With the implementation of the 2009 HEARTH Act, communities across the country have been working to better match chronically homeless individuals with the appropriate housing using coordinated entry systems that utilize communitywide assessment tools. Several promising approaches have emerged across Los Angeles County to match chronically homeless individuals with the appropriate housing services. Adult assessment tools have prioritized individuals for supportive housing based on pre-mature mortality risks or costs incurred by public systems, which were not the appropriate indicators of need for relatively healthy youth and young adults. In 2011, with support from the Conrad N. Hilton Foundation, CSH approached Dr. Eric Rice from the University of Southern California to develop a Triage Tool for TAY to assess the vulnerability of TAY, in order to assign housing priorities to place youth in supportive housing. Unlike adult tools based on predictors of system cost or pre-mature mortality, the TAY Triage Tool is “anchored” in predicting which youth are most likely to experience long term homelessness due to significant challenges accessing and retaining stable housing.¹⁵ Based on Rice’s research, the reasons most associated with risk of “long term” homelessness¹⁶ include the following:

¹³ The percentage of TAY reporting mental health needs is not surprising given that a number of these SH units are funded through Mental Health Services Act (MHSA).

¹⁴ National Alliance to End Homelessness 2010) Fact Sheet: Chronical Homelessness. Retrieved from <http://www.endhomelessness.org/library/entry/fact-sheet-chronic-homelessness>

¹⁵ Creating a TAY Triage Tool. CSH 2013.

¹⁶ “Long term” homelessness is defined as five or more years of total time homeless.

Table 5. Homeless Triage Tool Items	
Reasons for becoming homeless	
1.	Ran away from family home
2.	Ran away from group home or foster home
3.	There was violence at home between family members
4.	Had differences in religious or moral beliefs with parents/guardians/caregivers
Early Risk Taking	
5.	First marijuana use at age 12 or younger
6.	Incarcerated before age 18
Other Issues	
7.	Pregnant or have gotten someone pregnant

A unique strength of the TAY Triage Tool is its ability to quickly identify youth experiencing many challenges that prevent them from accessing and retaining stable housing. Dr. Rice recommends integrating these items to existing referral systems for housing and prioritize TAY for supportive housing who endorse a greater number of risk factors (i.e., 4 or more items), since the accumulation of risk factors doubles the risk of long term homelessness.

In the context of the CSH TAY evaluation, the Triage Tool was piloted after TAY had been placed in supportive housing. Providers were asked to reach out to TAY after they had already been living in supportive housing and retrospectively completed the tool.¹⁷ Therefore, while this tool did not serve to prioritize housing in this situation, these findings can help providers gain a better understanding of the needs of the TAY they are serving and inform the level of support services offered.

Triage Tool Key Findings

Out of the 170 TAY included at this point of the evaluation¹⁸, 160¹⁹ completed the Triage Tool survey retrospectively. Overall, TAY varied in their level of endorsements as they entered supportive housing. A significant majority of TAY (90%) endorsed between 0-3 items and 10% endorsed 4 or more. This breakdown is very similar to Rice’s original sample in which the majority of youth in his study endorsed between 0-3 items (90%) and

Table 6. Percentage of youth with total endorsements (N=124)			
Total Endorsements	N	Percent Endorsed	Rice’s Findings
0	35	28.2%	16.9%
1	42	33.9%	28.3%
2	18	14.5%	26.3%
3	17	13.7%	18.7%
4	7	5.6%	7.9%
5	4	3.2%	2.0%
6	0	0	.3%
7	1	.8%	

10% endorsed 4 or more. This is also reflective of estimates among homeless adults who would need a permanent supportive housing solution. The only difference between the two youth samples is that there was a greater percentage of TAY in the current evaluation that endorsed zero items (28%) in comparison to Rice’s

¹⁷ Providers were asked to try to reach out to TAY to complete the tool together. However in several cases, the tool was completed by the provider, using his/her knowledge of the youth.

¹⁸ Cross-sectional evaluation data consists of information of 170 TAY.

¹⁹ While there are entries for 160 TAY, several items/endorsement information was missing. Subsequent descriptive breakdowns and analyses include fewer TAY (between 115 and 124).

original 17% (see Table 6). These findings suggest that without a targeting tool, youth with the highest needs have had limited access to the permanently affordable, long-term housing and services intervention that supportive housing (SH) provides. This was a similar challenge faced by adult supportive housing providers prior to efforts to develop coordinated entry and assessment systems.

Another useful way to examine this data is to describe endorsements by item or risk factor (see Table 7). The data show that one-fourth (26%) of TAY in this sample became homeless because there was violence between family members. Additionally, 21% became homeless by running away from their family home. A crosstab analysis shows that 12 of the TAY in this subsample endorsed both of these items, which also happen to be significantly correlated.²⁰ According to Rice’s research, experiencing violence between family members is one of the items most associated with long-term homelessness compared to the other risk factors identified. Numerous empirical studies have also found that children and adolescents who are exposed to domestic violence are more at risk of experiencing a variety of socio-emotional and behavioral problems as well as other adversities in their lives.²¹

Finally another risk factor that stood out was that 28% (N=32) of TAY in this subsample reported being pregnant or getting someone else pregnant. Teenage pregnancy is not only a risk factor in long-term homelessness, but research has also shown that teen mothers and fathers typically come from low socio-economic backgrounds, have lower educational attainment, and fewer employment opportunities than teenagers without children.²²

Table 7. Endorsement by Item		
Item (N=115-119)	N	Percent
<i>Homeless because...</i>		
Ran away from your family home	25	21.6%
Ran away from a group home or foster home	17	14.4%
There was violence at home between family members	31	26.3%
Had differences in religious or moral beliefs with parents/guardians/caregivers	5	4.3%
Used marijuana for first time ≤ 12 years old	10	16.7%
Before 19, spent time in jail or detention?	24	20.2%
Been pregnant or got someone else pregnant	32	27.8%

²⁰ These items are positively correlated, meaning that an increase (or endorsement in one) is related to an increase/endorsement in the other, $r=.308$, $n=111$, $p=.001$.

²¹ Holt, S., Buckley, H., Whelan, S. (2008) The Impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect*, 32(8), 797-810.

²² Bunting, L. & McAuley, C. (2004). Research Review: Teenage Pregnancy and Parenthood: The role of fathers. *Child and Family Social Work*, 9(3), 295-303.

Rice’s research also suggests there may be differences between TAY who endorse more items. That is, housing priority should be given to those with 4 or more items due to their increased risk of experiencing long-term homelessness. In order to examine this further, we categorized TAY according to level of risk, where those who endorsed 0-1 were “low endorsers”, 2-3 were “medium endorsers” and 4 and above were “high endorsers” and analyzed whether certain demographic variables and characteristics were different among the three groups. Overall, there were no significant differences between the three groups in regards to gender, race, income, health status, or substance abuse. However, there were significant associations between level of risk and mental health challenges, involvement in foster care system, and a history of incarceration.

- First, findings suggest that TAY in the “medium” and “high” endorsing categories were more likely to experience mental health challenges at baseline compared to “low” endorsing TAY.²³
- Second, “high” endorsing TAY were more likely to have been involved in the foster care system compared to “low” endorsing TAY.²⁴
- Finally, “medium” and “high” endorsing TAY were more likely to have been arrested as a juvenile than “low” endorsing TAY.²⁵

Taken together, these findings suggest strategies for targeting TAY who may endorse more risk factors on the Triage Tool and may help providers better understand the needs of TAY who endorse a higher number of risk factors. TAY who endorse more items and are likely to experience the cumulative effect of these risk factors will likely have great impact on their housing stability. Two risk factors (violence between family members and teenage pregnancy) seem to be particularly prevalent in this sample. Finally, the findings suggest that TAY with the higher number of endorsement also have a history of mental health challenges, and have been involved in the juvenile justice and foster care systems. Therefore, TAY with higher risks (as identified by the Triage Tool) and a history of challenges may need a wider array of supportive services to promote well-being and housing stability while in supportive housing.

Figure 5. Summary of Triage Tool Findings

- 10% of TAY in supportive housing scored high on the tool, which mirrors vulnerability estimations of adults in supportive housing before the utilization of adult prioritization tools (e.g., CES).
- 90% of TAY entered supportive housing with a clear need for affordable housing, but did not score high on the tool.
- TAY with “medium” to “high” endorsements were more likely to experience mental health challenges and been arrested as a juvenile.
- TAY with “high” endorsements were more likely to be

²³ Pearson Chi-square (N=65) 8.5, df 2, p= .04

²⁴ Pearson Chi-square (N=77) 17.58, df= 2, p= .001

²⁵ Pearson Chi-square (N=72) 9.08, df= 2, p= .011

What are the experiences and changes among youth and young adults in supportive housing?

One of the key evaluation questions of the *Stable Homes, Brighter Futures Initiative* is to assess individual level outcomes. Specifically, how are TAY tenants changing in terms of housing stability, education, employment and health status? The following presents findings in three different analyses. First, we present an overall descriptive cross-sectional look at how a subsample of TAY are doing a year (or more) after living in supportive housing. Second, we provide a comparative look at a smaller subsample of TAY at two different time points to examine any significant changes over time.²⁶ While the below findings are based on the relatively small subsample of TAY for whom we had information at two time points, they reveal some interesting trends about the experiences of TAY living in supportive housing.

- There were some slight increases in TAY’s reported income; however, many continue to live with an income below the federal poverty line.
- The majority of TAY were not employed at any of the time points and from Time 2 to Time 3 an increasing percentage of TAY reported being unemployed and not seeking employment.
- More TAY reported having a trusting, supportive, and unconditional relationship with at least one adult who will always be there for them (from Baseline to Time 2).

TAY Characteristics and Outcomes One Year Later

Information was available for 65 TAY who resided in supportive housing for a year or more. The following section describes their demographics, educational attainment, income, and health needs. Overall, the characteristics of the TAY residing in supportive housing a year later demonstrate the ongoing needs of this population.²⁷

Demographics. Among the 65 TAY who resided in supportive housing for a year or more, there are slightly more female participants (52%) and over half are Black/African-American (58%). Participants’ age ranged

Table 8. Tenant Demographics

Demographics	Percent (%)
Gender(N=62)	
Female	52%
Male	49%
Race & Ethnicity (N=62)	
Black/African American	58%
Non-Hispanic White	26%
Hispanic/Latino	10%
Asian/Hawaiian Native/Pacific Islander	3%
Multiracial	3%
American Indian/Alaska Native	0%
Age (N=62)	
Average Age	22 years
Age Range	19 to 26 years

Totals may not add to 100% due to rounding.

²⁶ In order to conduct a longitudinal analysis we had to calculate “true baseline” and follow-up periods. We recalculated the “true baseline” because in some instances the “Baseline” interview collected by providers was conducted many days/months after the move-in date, thus not reflecting a true baseline. Similarly, we recalculated the “follow-up” interview data. To compute the true baseline and follow-up we calculated the numbers of days from the time the TAY moved in to the date the interview was conducted. The true baseline was 0-90 days, Time 2 follow-up was 91-364 days and Time 3 follow-up was 365+ days. All data was then merged and cross-checked by ID to ensure that TAYs only had one entry per time period.

²⁷ This subsample had a statistically different distribution of mental health clients than the larger sample of TAY described in the section “Who is the initiative serving?” and had a higher percentage of mental health clients (87%) compared to the larger sample.

from 19 to 26, with an average age of 22 years. Compared to the larger sample of TAY described in the section “Who is the initiative serving?” this subsample is not significantly different in terms of age, gender, or race.

Educational Attainment. Seven in ten participants in this subsample either hold a high school diploma or are in the process of achieving that goal. However, 1 in 4 had dropped out of high school, which again is higher

Table 9. Educational Attainment

Demographics (N=53-60)	Percent (%)
High School Status	
Holds a high school diploma or equivalent	68%
High school or equivalent in progress	7%
Dropped out of high school	25%
College Status	
Holds a BA/BS	2%
Currently attending community college or university	0%
Enrolled but not attending or attended in the past but not currently	34%
Never attended or enrolled	55%

Totals may not add to 100% due to rounding.

than county and statewide dropout rates (19% and 13% respectively).²⁸ It is even more concerning that the average age of TAY who have been living in SH for at least one year is 22, suggesting that they have been out of the educational system for some time and only 7% are currently attending high school or GED programs. Very few TAY (2%) in this subsample either hold a Bachelor’s degree or were currently attending community college or university. While a majority of TAY one year later have a high school diploma, about a quarter have not completed secondary school, which can pose barriers to employment, housing stability, and self-sufficiency.

Income. At follow-up all but two of the tenants in this sample fell under the poverty threshold of \$972.50 a

month (or \$11,670 a year) established by the Health and Human Services 2014 Poverty Guidelines.²⁹ More specifically, the average reported monthly income was \$500.07 (\$221, median) and more than half (60%) reported a monthly income of \$686 or less. The most frequently identified sources of income among TAY included: General Assistance/General Relief (41%, 26 out of 64); Supplemental Security Income (26%, 17 out of 65); and 10 TAY earned income from employment (15%). Of those who earned income through employment, they received an average monthly income of \$369.37 (range \$100-\$800). The most frequently identified sources of non-cash benefits included Supplemental Nutrition Assistance Program (59%, 38 out of 64) and Medicaid (48%, 30 out of 62).

History of Emergency Room Visits, Hospitalization, and Arrest. Follow-up interviews also assessed how many times in the past 6 months TAY went to the emergency room or were hospitalized to assess current health needs and service utilization. Overall, 1 in 4 (25%) reported going to the emergency room and about 1 in 5 (22%) reported being hospitalized in the past 6 months. While these rates may seem higher than expected, it is difficult to make any definitive conclusions given that information about emergency room use and hospitalization about these TAY were not available as they entered supportive housing. This finding will be further explored in future evaluation efforts. Finally, about 1 in 10 (9%) reported being arrested in the past 6 months.

Adults Supports and Peer Relationships. An important protective factor among formerly homeless youth living in supportive housing is positive social support from adults and peers. Follow-up interviews found 79%

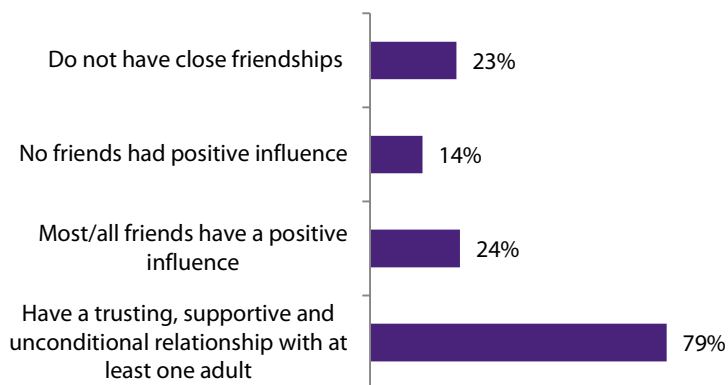
²⁸ Los Angeles County and California drop out data is based on the California Department of Education’s 4 year derived rate which is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year. Retrieved from <http://data1.cde.ca.gov/dataquest/>

²⁹ Health and Human Services 2014 Poverty Guidelines. Retrieved from <http://aspe.hhs.gov/poverty/14poverty.cfm>

of this subsample of TAY (44 out of 56) reported having a trusting, supportive, and unconditional relationship with at least one adult who will always be available. TAY had an average of 2.7 stable and reliable adults in their life who they can go to for support, advice, or guidance. About half of these adults are family members and the other half are agency staff/providers.

While the majority of the subsample said they had positive adult support in their lives, many lacked a network of peer support. About one-fourth (24%) of TAY in this subsample reported that “most” or “all” of their closest friends had a positive influence on them in the past three months, while 14% reported that none of their friends had a positive influence on them. Finally, about one-fourth (23%) reported not having any close friendships in the last 3 months. These findings are somewhat concerning given the importance of peer relationships and social integration among formerly homeless individuals.³⁰ Anecdotal data from earlier interviews with TAY and provides also suggest that it may be difficult for some TAY to form close relationships with other similar aged youth given their history of trauma and mental health challenges. This is further complicated when TAY live in the same building, which several TAY have described as “high school all over again”.

Figure 6. Adult and Peer Social Support (N=48 -56)



Examining Changes among TAY Living in Supportive Housing

The prior findings provided a descriptive look at how TAY are doing a year or more into supportive housing. To examine change over time, we conducted two additional analyses. The first involved matching a sample of 24 TAY³¹ to examine changes from Baseline (0-90 days) and Time 2 (91-364 days). The second analyses involved matching a sample of 28 TAY³² to examine changes from Time 2 and Time 3 (365 or more days).³³ The following highlights some emerging trends among TAY living in supportive housing (see Appendices B-C for descriptive data in greater detail):

³⁰ Wilder Research (2014) Supportive Housing Outcomes in Minnesota: A Study of Outcomes for Formerly Homeless Residents.

³¹ Compared to the larger representative sample of TAY, this subsample is not significantly different in terms of age, race, mental health client status, foster care involvement or criminal justice involvement. However, this subsample did have a lower representation of females and over-representation of males than the larger sample, Pearson Chi-Square, (N=148) 3.77 df= 1, p=.052

³² Compared to the larger representative sample of TAY, this subsample is not significantly different in terms of age, gender, race, mental health client status, foster care involvement or criminal justice involvement.

³³ Given the amount of missing data, only a small portion of TAY data were able to be included in these analyses. This limited the ability to run statistical tests with enough power to determine significant differences. These findings should therefore be used for descriptive purposes highlighting possible trends of change over time.

- **Changes in Monthly Income.** While not statistically significant, the analyses show an increase in income for both time period comparisons. In the Baseline-Time 2 comparison, there was a mean increase of approximately \$26 (from \$334.81 to \$361.57). There was a slightly higher increase in the Time 2- Time 3 comparison, where TAY’s monthly income increased by approximately \$84 (from \$418.84 to \$503.11). Changes in TAY’s income will be further explored in upcoming evaluation efforts.
- **Changes in Current Employment.** Overall, the majority of TAY in both comparisons were not employed during the follow-up assessments. In the Time 2-3 comparison, a greater percentage of TAY became unemployed and were not seeking employment (from 15% to 44%) and only 5 (20%) were employed. In the Baseline-Time 2 comparison, there was not such a marked change in becoming unemployed, and only 6 TAY were employed (26%). Providers explained that income limits that are associated with housing and other benefits sometimes deter TAY from working, since increases in income could disqualify them from or limit some of their current benefits. In addition, providers thought that these changes in employment may be due to the short-term nature of TAY employment such as internships or temporary work.
- **Increase in Health and Nutritional Benefits.** From Time 2 to Time 3, more TAY were enrolled in the Supplemental Nutrition Assistance Program (SNAP) (from 56% to 75%) and receiving MEDICAID (from 13% to 57%), which suggests that more TAY are getting the health care and nutritional assistance to stay healthy.
- **Improved Health Status.** There was an upward trend in overall health status for TAY in the Time 2- Time 3 comparison.³⁴ A majority (80%) of TAY reported feeling “good/very good” during the follow-up assessment compared to the Time 2 assessment, where 57% reported feeling “good/very good.” Additionally only two TAY (8%) reported their health status as “poor” during follow-up.
- **Emergency Room Visits and Hospitalization.** At baseline 42% of TAY reported going to the emergency room (E.R.) in the past 6 months; this dropped to 25% at Time 2. However in the comparison between TAY in the Time 2 and Time 3 sample, there was a slight increase in E.R. visits (from 25% to 37%) and hospitalization (from 19% to 22%). While somewhat unexpected, these findings are consistent with other research that has reported similar short-term increases in health care costs and utilization³⁵ as individuals secure health insurance and support in accessing health care.

Figure 7. Changes in TAY Over Time

Emerging trends suggest positive changes among TAY living in supportive housing.

- Increase in health and nutritional benefits
- Improved self-reported health status
- Increase in service utilization

³⁴ Results of a paired sample t-test indicate an improvement in health status (approaching significance) from Time 2 (M = 2.58, SD = .99) to Time 3 (M = 3.04, SD = .87), $t(25) = -1.77$, $p = .090$.

³⁵ Taubman, S., Allen, H., Wright, B., Baicker, K., Finkelstein, A. and the Oregon Health Study Group (2014). Medicaid Increases Emergency Department Use: Evidence from Oregon’s Health Insurance Experiment, *Science*, 343(6168): 263-268.

Longer term studies of health care costs indicates significant reductions in emergency department use and high cost hospitalizations over the long run for residents of permanent supportive housing.³⁶

- More TAY have social support from at least one trusted adult.** From Baseline to Time 2, more TAY reported having a trusting, supportive, and unconditional relationship with at least one adult who will always be there (from 45% to 65%). However the *number* of stable reliable adults in their life did not increase over time. Additionally, there was not much difference in peer support over time. One exception was among TAY in the baseline-Time 2 comparison who were more were likely to report that all of their friends had a positive influence on them (from 4.5% to 26%)

Taken together, these findings suggest that as TAY continue to live in supportive housing and receive services, they are likely to improve their overall health status, have more access to health benefits and increase their service utilization. However, TAY continue to be largely unemployed and even though there was a slight increase in monthly income, their income is still significantly under the poverty threshold. These findings highlight the fact that TAY continue to require support across a variety of life domains (e.g., education, employment, social integration) to promote housing stability and well-being.

Program Exit: Reasons for Leaving Supportive Housing and Housing Stability

Thirty TAY who were part of the *Stable Homes, Brighter Future* initiative left supportive housing during the first two years of the program. The following descriptive information provides demographic information about TAY who left, reasons for their exits, and implications for support services. Out of the 170 TAY included in this evaluation, 30 (18%) exited supportive housing. The length of stay in supportive housing among those who exited was an average 15 months (459 days), ranging from 20 days to 864 days (approximately 2 ½ years). Prior to entering supportive housing, 13 (45%) lived in transitional housing, 13 were homeless (45%), and 3 were unstably housed (10%). Additionally, 17 (57%) of the exiting TAY also had a history of criminal justice involvement (either arrest as a juvenile or adult probation) and 13 (43%) were involved in the foster care system (prior or currently). In comparison the larger representative sample of TAY in this evaluation, TAY who exited were more likely to be male³⁷ and been involved in the criminal justice system³⁸. TAY who exited also tended to over represent Non-Hispanic Whites and underrepresent African Americans in comparison to the larger TAY sample in this evaluation³⁹.

Age	
Mean: 21.8 years, Range 18-25	
Gender	
Female (N=7)	23%
Male (N=23)	77%
Race	
African-American (N=12)	41.4%
Non-Hispanic White (N=10)	34.5%
Latino (N=4)	13.8%
Asian (N=2)	6.9%
Native Hawaiian/Pacific Islander (N=1)	3.4%
Education at Exit	# of TAY
Attending High School	0
Dropped out of High School	3
Received HS diploma	5
Received GED or certificate of completion	6
Enrolled in college but not begun	2
Completed < two years of college and withdrew	3

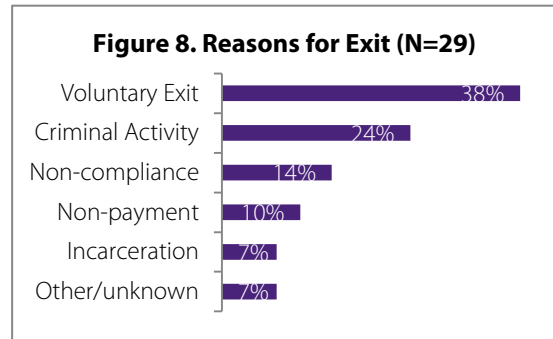
³⁶ Flaming, D., Lee, S., Burns, P. and Sumner, G. (2013). Getting Home: Outcomes from Housing High Cost Hospital Patients. Retrieved March 28, 2014 from <http://www.economicrt.org>.

³⁷ Pearson Chi-square (N=148) 6.88 df 1, p= .009

Overall, most (38%, N=11) TAY left for voluntary reasons, including moving on to another housing opportunity (N=9) (e.g., to live with family, moving out of state), one TAY left because he/she needed more intensive services and the current program was not providing the appropriate services, and another voluntarily entered a substance abuse/detox center.

The second most common (24%) reason for leaving included involvement in criminal activity such as use of illegal substances, stolen property, destruction of property and

violence towards another tenant. Finally, the remaining TAY left for non-compliance with policies and rules in the lease (13%), three TAY (10%) exited due to non-payment of rent/occupancy charge, and two TAY left due to incarceration (7%). Finally, 2 (7%) TAY left for “other/unknown” reasons. Specifically one TAY left without notification to staff and appeared to be “symptomatic at time of exit” according to the provider, and another vacated the unit without notice and appears to have gone on to receive services elsewhere.



Exit interviews were challenging for providers in instances where TAY left without notice or leaving for criminal activities and non-compliance. Nonetheless, our data provides some descriptive information about the housing situations that TAY entered into as they exited SH. Data from 25 exit interviews show that:

- Ten (40%) TAY were moving to another form of stable housing,
- Nine (36%) were unstably housed and at risk of losing their housing,⁴⁰
- Three (12%) became literally homeless when leaving SH,
- Two (8%) were imminently losing their housing, and
- One (4%) was incarcerated.⁴¹

While a majority of exiting TAY were stably housed, there were a few who were at risk of becoming homeless again or went back to being homeless. Interestingly, the TAY who were considered “stably housed” upon exit tended to live in supportive housing longer than those with less stable housing situations at exit.⁴² While this information is based on a limited number of TAY, the data suggest that TAY who remain in SH longer and receive more services to help provide stability are more likely to move to other stable environments. In fact, recent research has found that among people who exit permanent supportive housing, homelessness was more likely to occur among individuals 30 and younger and those with shorter stays in supportive housing, while those exiting with some form of subsidized housing were less likely to become homeless again.⁴³ However, given the small sample size in the current analysis, future research should explore this possible connection.

³⁸ Pearson Chi-square (N=136) 3.8, df 1, p=.05

³⁹ Pearson Chi-square (N=148) 9.5, df 3, p=.02

⁴⁰ Providers stated that unstably housed and at risk of losing their housing included TAY who were moving into situations that providers were concerned were not viable in the long-term for the TAY.

⁴¹ Providers were asked TAY’s current housing status upon exit using HUD’s definition. The data does not capture exact location of where TAY ended up.

⁴² TAY who exited to stable housing lived in supportive housing an average 532 days (median, 682 days). Those who exited to unstable housing lived in supportive housing for an average 454 days (median, 422 days). TAY who exited and were “literally homeless” and those “imminently losing housing” lived in supportive housing an average 447 days and 439 days respectively.

⁴³ Wilder Research (2014) Supportive Housing Outcomes in Minnesota: A Study of Outcomes for Formerly Homeless Residents.

Voices of Youth in Supportive Housing: Video Voice Project

During the Spring of 2014, a *Video Voice* project was implemented to capture the perspectives of TAY living in supportive housing. Video Voice is a participatory research method which engages community members as full and active participants in evaluating a program or initiative. Video Voice is an empowering process, allowing participants to express their experiences about a shared issue and explore possible solutions through film-making. This process also promotes capacity building by training participants how to collect data (i.e., film, interview) and identify shared issues/themes.

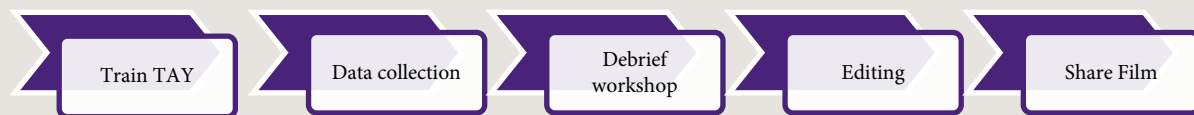
Video Voice Project Goals

- To help the community understand how youth live in supportive housing
- To identify the needs of youth living in supportive housing
- Provide recommendations for improving services

Video Voice Methods

Participants: Providers from three grantee agencies helped recruit six TAY to serve as “film makers”. The participating TAY were between the ages of 21-27 and resided in 28th Street Apartments, Epworth Apartments (CRCD); Menlo Apartments (KYCC); and Young Burlington Apartments (WORKS). Each film maker had logistical support from their supportive housing provider/case managers throughout the project.

Process: The Video Voice project engaged TAY in a series of workshops where TAY were trained to film and conduct interviews. TAY also helped co-develop the key interview (research) questions that guided their work. During a 3 week data collection period, the film makers had the choice of interviewing other TAY or to film their own experience. The majority chose to film their own experience and reflect on their own lives in supportive housing.



Following the data collection period, the group met to debrief and share their initial work and discussed emerging themes and the “story” they wanted to share with the community. After the debrief workshop one participating TAY was selected to be the “Editor”. The editor had prior editing experience and used this project to further develop her skills. The final product combined all stories into one 26 minute film and 5 minute trailer that would be shared in various arenas, including conferences and CSH convenings.

Voices of Youth in Supportive Housing: Video Voice Project continued

Key Findings

■ Where did TAY live before supportive housing?

Overall, participating TAY had a history of being homeless for several years, experienced various traumas (e.g., violence, abusive family life, prostitution), mental health challenges (e.g., anxiety, depression), and a few engaged in illegal activity (e.g., drugs, theft, incarceration). Very few had family support, which contributed to their homelessness. Prior to living in supportive housing, most were living in shelters or transitional housing and were referred to SH through their DMH case worker or case managers.

TAY expressed that supportive housing provided them the stability to help them focus on their goals (e.g., school and employment). Some TAY shared that supportive housing providers gave them guidance and advice on how to manage daily living, and offered enriching activities and services that helped develop their own interests and skills.

"I'm getting what I need from supportive housing; food, nutrients, information, services, opportunities to go out to do what I need to do."

Antoine, 24

"They try to get us out of survival mode and do little events to learn how to deal with life... learn how to be around other people besides ourselves."

Alexus, 21

■ What were some challenges living in supportive housing?

Some TAY felt that their case managers were not responsive to their needs and did not provide timely support and guidance. Some TAY also felt that certain housing rules and policies were unfair and counter-productive to their well-being (e.g., visitor policy). A few TAY felt that supportive housing was not "permanent" leaving some with anxiety about transitioning out within a limited time.

Next Steps in Dissemination

CSH plans to continue to engage the participating TAY in the dissemination of this work. The goal is to share this work at conferences and local stakeholders/provider convenings to share and discuss how to better support youth living in supportive housing. The first presentation was held in May 2014 at the 7th Annual Housing Institute hosted by the Los Angeles County Department of Mental Health. TAY were able to share their film and discuss their experiences with local providers and stakeholders. Given that this project is based on the perspectives of six TAY, future dissemination and discussion should explore the various experiences of TAY in other supportive housing contexts.

Considerations

Supportive housing for TAY is a relatively new approach within the supportive housing development paradigm. Unlike adult housing models or even youth transitional housing models that have been in existence for many years, the development and implementation of SH for TAY is still in its early stages. In fact, the first permanent supportive housing developments for youth and young adults in LA County became operational in 2009. The first two years of the *Stable Homes, Brighter Future* evaluation demonstrates the vulnerable nature of the population being served by the initiative. Findings from the first two years of the evaluation as well as considerations for strengthening the programs and systems that support TAY in supportive housing are described below.

- **TAY in supportive housing represent an extremely vulnerable population with unique needs and circumstances.** TAY who enter supportive housing typically come with a variety of risk factors and traumatic experiences, including teen pregnancy, foster care involvement, incarceration, experience with domestic violence, substance abuse, and mental health challenges. Supportive housing services and strategies should be age-appropriate and tailored to meet the unique needs and risk factors that impact young adults with a history of homelessness.
- **TAY with mental health challenges and involvement in the foster care and juvenile justice systems demonstrated elevated risk.** The TAY Triage Tool revealed a range in level of risk for long-term homelessness among those being served in the initiative. TAY who had entered supportive housing with mental health challenges or involvement in the foster care and juvenile justice system were more likely to have higher levels of risk. As previously mentioned, the Triage Tool was administered with TAY after they had entered supportive housing. Ideally the tool should be used to identify and target the most at risk TAY for supportive housing services. However, providers involved in this study can use this information to tailor support services for TAY already in supportive housing. Moving forward, this tool could potentially be a starting point to more effectively match TAY to different types of housing supports and services based on their specific risk factors and needs.⁴⁴
- **Focus on educational and vocational skills to strengthen pathways to self-sufficiency and housing stability.** Preliminary findings reveal low levels of educational attainment and participation in educational programs among participants in the initiative. The majority of TAY participants are also unemployed and surviving with minimal income from sources such as SSI and General Relief (GR). While participation in education and the workforce may not be viable for all TAY, educational and vocational development needs to be a stronger component of the SH model for TAY in order to truly increase income over time.
- **There are mixed levels of housing stability among TAY who exit but preliminary data suggest those who experienced more time in SH achieve greater stability.** While the majority of TAY who left supportive housing seem to have gone to other stable housing, several others left due to noncompliance and are at risk of becoming homeless again. What can these experiences

⁴⁴ As previously mentioned, Los Angeles County recently launched the Coordinated Entry System (CES) which is a new way by which adults experiencing homelessness and organizations providing housing find each other. The CES has incorporated the use of the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) to match adults experiencing homelessness to housing supports.

teach us about preventing the most vulnerable TAY from leaving supportive housing prematurely? Providers should explore retention strategies to help keep this vulnerable population supported in SH until they are ready to transition out to other forms of independent housing.

Next Steps in the Evaluation	
Data Collection and Methods	Goal
TAY Survey	Recruit all TAY currently living in SH to capture a more representative sample of TAY and increase chances of more complete and reliable data. This data will provide a more comprehensive examination of the impact of SH in TAY, including a focus on service utilization.
Follow-up Provider and Stakeholder Surveys	Examine changes in implementation, capacity, program successes, and systems barriers.

Appendix A

How is the Stable Homes, Brighter Futures Initiative supporting providers?

As part of the Stable Homes, Brighter Futures Initiative, CSH provides technical support to housing providers through Learning Convenings. These forums bring providers together, to learn, share and discuss emerging best practices in the field of supportive housing, particularly as it applies to transition aged youth. During the first year of the evaluation, 16 providers were interviewed and asked about the support CSH is providing through quarterly learning convenings. Overall, providers valued the learning convenings because they have promoted learning opportunities as well as building support network between providers. They noted that they were able to learn from one another as well as the various workshops to refine their practices and implement new strategies. As one provider noted earlier in 2013, “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.”

The following provides an overview of the data gathered through surveys conducted following Learning Convenings with providers. This evaluation takes into account 12 workshops conducted during Learning Convenings from September 2012 through May 2014.

Figure 9. Learning Collaborative Training Topics

- Motivational interviewing
- Employment for TAY
- Legal issues
- Mental health awareness
- Trauma informed care
- Adolescent development and crisis de-escalation
- Harm reduction
- Service Design and delivery

Table 10. Impact of Learning Convenings on Providers
(N=184-190)

Survey Items	Percent Strongly Agree/Agree
Provided me with practical tools that I will use in our TAY program.	92%
Gave me the opportunity to practice new skills I will apply with our TAY program.	84%
Created a space for me to ask questions and learn from other participants.	99.5%
Made me feel more prepared to address current or new challenges that we may face.	96%
Developed relationships with other Stable Homes, Brighter Futures providers.	85%
Developed new connections with other organizations or agencies that may be able to support our work with transition-age youth.	83%

Overall, providers hoped to gain information and resources to support the youth they serve. Some specific topics mentioned include mental health, trauma, substance abuse, rights of foster youth, working with data (assessments/triage tool), service delivery models, service design, property management strategies, intervention strategies, harm reduction and trauma informed care. Respondents were also interested in learning about resources available to TAY and organizations in Los Angeles, such as sustainable housing and job opportunities for youth. As seen in Figure 1, several of these topics were presented in the Learning Collaboratives throughout the last

two years. Providers shared that the trainings on trauma informed care, motivational interviewing and harm reduction were particularly helpful in providing support to TAY. Most of all, providers felt that the convenings were an opportunity to meet with other providers, learn from other's experience and learn new strategies and tools to apply in their work (see Table 10).

Appendix B

Descriptive Data of Baseline-Time 2 Analyses

Tenant Demographics	
Demographics	Percent (%)
Gender(N=23)	
Female	26.1
Male	73.9
Race & Ethnicity (N=23)	
Black/African American	56.5
Non-Hispanic White	17.4
Hispanic/Latino	17.4
Asian/Hawaiian Native/Pacific Islander	0
Multiracial	4.3
American Indian/Alaska Native	4.3
Age (N=23)	
Average Age	22.21
Age Range	20-25
<i>Totals may not add to 100% due to rounding.</i>	

HISTORY	BASELINE		TIME2	
	N	%	N	%
In the past 6 months, have you: Gone to the emergency room (ER)? (YES)	10	41.7	6	25
In the past 6 months, have you: Been hospitalized? (YES)	5	21.7	5	20.8
In the past 6 months, have you: Been arrested? (YES)	3	13.6	1	4.2

How would you describe your current health status?	BASELINE		TIME2	
	N	%	N	%
Excellent	6	25	5	22.7
Very good	2	8.3	5	22.7
Good	7	29.2	5	22.7
Fair	6	25	4	18.2
Poor	3	12.5	3	13.6
Mean	24	3.08	22	3.22
Paired mean	22	3.13	22	3.22

INCOME	BASELINE	TIME2
What was your total income from all sources in the past 30 days?	N=19	N=21
Mean	334.81	361.57
Median	221	221
Min	132	53
Max	940	1800
Paired Mean (N=18)	335.35	384.28

CASH BENEFITS	BASELINE		TIME2	
	N	%	N	%
Received earned income (employment)	6	25	8	33.3
Unemployment insurance	1	4.2	1	4.3
SSI (Social Security Income)	1	4.2	1	4.3
SSDI (Social Security Disability Income)	0	0	0	0
Veterans Disability Payment	0	0	0	0
Private disability insurance	0	0	0	0
Workers Comp	0	0	0	0
TANF	0	0	0	0
General Assistance	15	62.5	13	56.5
Veterans Pension	1	4.2	0	0
Child support	0	0	0	0
Alimony	0	0	0	0
Student financial aid	0	0	0	0
Monthly Foster care payment	0	0	0	0

NON-CASH BENEFITS	BASELINE		TIME2	
	N	%	N	%
Supplemental Nutrition Assistance Program	15	62.5	18	78.3
MEDICAID	1	4.2	8	38.1
State children's health insurance program (or use local name)	0	0	0	0
WIC	0	0	0	0
VA Medical services	0	0	0	0
TANF child care services	0	0	0	0
TANF transportation services	0	0	0	0
Other TANF services	0	0	1	4.3
Section 8, public housing or other on-going rental assistance	3	12.5	10	43.5
Temporary rental assistance	3	12.5	3	13
Other non-cash benefit?				

EDUCATION	BASELINE		TIME2	
	N	%	N	%
Which of the following describes your high school education?				
Attending HS, GED program or HS equivalent.	3	12.5	2	8.7
Received HS diploma, HS equivalency or GED, or certificate of completion.	14	58.3	15	65.2
Dropped out of high school.	7	29.2	6	26.1
Which of the following best describes any college education you may have received?				
Attending 2-4 year college/university			1	4.3
Completed 2-years of college and currently attending 4-year college/university				
Completed less than 2 years of college and withdrew or dropped out	10	45.5	7	30.4
Enrolled but have not begin attending			7	30.4
Never attended or enrolled in college or university	12	54.5	8	34.8
Received BA/BS degree				

SERVICES PROVIDED	BASELINE		TIME2	
	N	%	N	%
Did you receive services or treatment for a physical disability in the past 6 months? (YES)	4	30.8	3	16.7
Did you receive services or treatment for a developmental disability in the past 6 months? (YES)	3	27.3	3	20
Did you receive services or treatment for a chronic health condition in the past 6 months? (YES)	5	41.7	3	16.7
Did you receive services or treatment for mental health in the past 6 months? (YES)	14	82.4	12	60
Did you receive services or treatment for a substance abuse in the past 6 months? (YES)	1	14.3	3	20

SOCIAL RELATIONSHIPS	BASELINE		TIME2	
	N	%	N	%
Do you currently have a trusting, supportive, and unconditional relationship with at least one adult who will always be there for you? (YES)	15	71.4	15	78.9
In the last 3 months, how many of your closest friends were people that had a positive influence on you?	N	%	N	%
All of them	1	4.5	6	26.1
Most of them	6	27.3	2	8.7
About half of them	1	4.5	3	13
A few of them	10	45.5	8	34.8
None of them	2	9.1	1	4.3
I don't have any close friends	2	9.1	3	13
In the last 3 months, how many of your closest friends were people that distract you from achieving your goals?	N	%	N	%
All of them	1	4.3	2	8.7
Most of them	2	8.7	1	4.3
About half of them	1	4.3	1	4.3
A few of them	10	43.5	6	26.1
None of them	7	30.4	10	43.5
	N	Mean	N	Mean
How many stable and reliable adults do you have in your life, whom you go to for support, advice and guidance.	17	3.12	21	3.05
How many of those adults are family members?	15	1.87	22	1.45
How many of those adults are agency staff?	14	1.07	21	.81

EMPLOYMENT	BASELINE		TIME2	
	N	%	N	%
Currently employed? (Yes)	8	34.8	6	26.1
What is your current employment status?	N	%	N	%
Determined unemployable/SSI eligible/or other special category	2	8.7	3	13
Employed FT or PT	8	34.8	6	26.1
Seeking employment	7	30.4	10	43.5
Not employed and not	6	26.1	4	17.4

seeking employment				
	N	Mean	N	Mean
How many hours a week do you work?	7	19.71	5	28.4
What is your current hourly wage?	5	9.03	4	9.09
	N	%	N	%
Have you volunteered in the past year? (YES)	12	54.5	11	52.4

Appendix C

Descriptive Data of Time 2-Time 3 Analyses

Tenant Demographics	
Demographics	Percent (%)
Gender(N=27)	
Female	37
Male	63
Race & Ethnicity (N=27)	
Black/African American	55.6
Non-Hispanic White	25.9
Hispanic/Latino	14.8
Asian/Hawaiian Native/Pacific Islander	0
Multiracial	3.7
American Indian/Alaska Native	0
Age (N=28)	
Average Age	22.21 years
Age Range	19 to 25 years
<i>Totals may not add to 100% due to rounding.</i>	

HISTORY	TIME 2		TIME3	
	N	%	N	%
In the past 6 months, have you: Gone to the emergency room (ER)? (YES)	7	25	10	37
In the past 6 months, have you: Been hospitalized? (YES)	5	18.5	6	22.2
In the past 6 months, have you: Been arrested? (YES)	3	11.1	0	0

How would you describe your current health status?	TIME 2		TIME3	
	N	%	N	%
Excellent	0	0	0	0
Very good	5	17.9	8	30.8
Good	11	39.3	13	50

Fair	8	28.6	3	11.5
Poor	4	14.3	2	7.7
Mean	28	2.61	26	3.04
Paired Mean	26	2.58	26	3.04

INCOME	TIME 2	TIME3
What was your total income from all sources in the past 30 days?	N=22	N=18
Mean	418.84	503.11
Median	221	221
Min	0	200
Max	1200	2000
Paired Mean (N=19)	424.42	522.28

CASH BENEFITS	TIME 2	TIME3		
	N	%	N	%
Received earned income (employment)	6	21.4	5	17.9
Unemployment insurance	2	7.4	1	3.6
SSI (Social Security Income)	5	18.5	4	14.3
SSDI (Social Security Disability Income)	0	0	0	0
Veterans Disability Payment	0	0	0	0
Private disability insurance	0	0	0	0
Workers Comp	0	0	0	0
TANF	1	3.7	3	10.7
General Assistance	11	40.7	12	44.4
Veterans Pension	0	0	0	0
Child support	0	0	0	0
Alimony	0	0	0	0
Student financial aid	1	3.7	0	0
Monthly Foster care payment	0	0	0	0

NON-CASH BENEFITS	TIME 2	TIME3		
	N	%	N	%
Supplemental Nutrition Assistance Program	15	55.6	21	75
MEDICAID	3	13	16	57.1
State children's health insurance program (or use	1	3.7	1	3.6

local name)				
WIC	1	3.7	2	7.1
VA Medical services	0	0	0	0
TANF child care services	0	0	1	3.6
TANF transportation services	0	0	0	0
Other TANF services	0	0	0	0
Section 8, public housing or other on-going rental assistance	8	29.6	18	64.3
Temporary rental assistance	0	0	2	7.1

EDUCATION	TIME 2		TIME3	
	N	%	N	%
Which of the following describes your high school education?				
Attending HS, GED program or HS equivalent.	2	7.4	2	7.1
Received HS diploma, HS equivalency or GED, or certificate of completion.	20	74.1	20	71.4
Dropped out of high school.	5	18.5	6	21.4
Which of the following best describes any college education you may have received?				
Attending 2-4 year college/university	6	24	2	8
Completed 2-years of college and currently attending 4-year college/university	1	4		
Completed less than 2 years of college and withdrew or dropped out	6	24	8	32
Enrolled but have not begun attending	3	12	4	16
Never attended or enrolled in college or university	9	36	10	40
Received BA/BS degree			1	4

SERVICES PROVIDED	TIME 2		TIME3	
	N	%	N	%
Did you receive services or	9	36	3	11.5

treatment for a physical disability in the past 6 months? (YES)				
Did you receive services or treatment for a developmental disability in the past 6 months? (YES)	2	10	0	0
Did you receive services or treatment for a chronic health condition in the past 6 months? (YES)	3	13.6	4	15.4
Did you receive services or treatment for mental health in the past 6 months? (YES)	17	63	20	74.1
Did you receive services or treatment for a substance abuse in the past 6 months? (YES)	0	0	2	7.4

SOCIAL RELATIONSHIPS	TIME 2		TIME3	
	N	%	N	%
Do you currently have a trusting, supportive, and unconditional relationship with at least one adult who will always be there for you? (YES)	9	45	17	65.4
In the last 3 months, how many of your closest friends were people that had a positive influence on you?	N	%	N	%
All of them	3	13	2	9.1
Most of them	6	26.1	2	9.1
About half of them	1	4.3	2	9.1
A few of them	4	17.4	7	31.8
None of them	4	17.4	5	22.7
I don't have any close friends	5	21.7	4	18.2
In the last 3 months, how many of your closest friends were people that distract you from achieving your goals?				
All of them				
Most of them	2	9.1	2	9.5
About half of them			2	9.5
A few of them	7	31.8	5	23.8

None of them	8	36.4	7	33.3
I don't have any close friends	5	22.7	4	19
	N	Mean	N	Mean
How many stable and reliable adults do you have in your life, whom you go to for support, advice and guidance.	21	2	21	2.05
How many of those adults are family members?	21	1.38	21	1.29
How many of those adults are agency staff?	20	.10	21	.48

EMPLOYMENT	TIME 2		TIME3	
	N	%	N	%
Currently employed? (Yes)	6	22.2	5	20
What is your current employment status?	N	%	N	%
Determined unemployable/SSI eligible/or other special category	5	18.5	3	12
Employed FT or PT	6	22.2	5	20
Seeking employment	12	44.4	6	24
Not employed and not seeking employment	4	14.8	11	44
	N	Mean	N	Mean
How many hours a week do you work?	3	27	4	27.5
What is your current hourly wage?	4	8.22	4	9
	N	%	N	%
Have you volunteered in the past year? (YES)	11	40.7	11	42.3