Evaluation of Los Angeles County Measure H-Funded Homelessness Prevention Strategies

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Table of Contents

Executive Summary

Homelessness prevention programs aim to assist at-risk individuals and families maintain housing stability and reduce the inflows into the homeless services system. In Los Angeles County, the Los Angeles Homeless Services Authority (LAHSA) contracts with homeless service providers to deliver prevention services to families, single adults, and transition-age youth who are imminently at-risk of becoming homeless. "Strategy A1" includes homeless prevention programs for *families* and "Strategy A5" includes homeless prevention programs for *single adults* and *transition-age youth* (TAY). In order to implement prevention under Strategies A1 and A5, LAHSA contracts with homeless service providers to deliver short-term assistance to low-income individuals and families. Service providers then administer a screening survey called the Prevention Targeting Tool (PTT) to determine if clients are experiencing an imminent housing crisis and are eligible for prevention services. Common forms of prevention assistance are short-term financial assistance, housing-conflict resolution and mediation with landlords and/or property managers, housing stabilization planning, and legal assistance. Prevention services are intended to be short-term and are typically provided for up to six months. The goal of prevention is to secure permanent housing through assisted self-resolution of the housing crisis (the participant remains in their current housing or relocates, if needed).

This evaluation covers Measure H[1]-funded LAHSA prevention programs (A1 and A5) for Fiscal Years 2017-18 and 2018-19 (July 1, 2017 to June 30, 2019). We address three primary research questions:

- **Research Question 1: Who is being served by Strategies A1 and A5 and what is their housing status after exit?**
- **Research Question 2: How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized?**
- **Research Question 3: Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness?**

Under **Research Question 1**, we found that 1,321 single adult households, 1,368 family households, and 112 TAY households received prevention during the study period. Of those, about 74% were given financial assistance to help resolve a housing crisis, including rental assistance and utility arrears. The remainder (26%) were only given case management. Over a third of prevention clients experienced homelessness in the five years before their enrollment. Sixty-five percent of households are or were CalFresh recipients, and nearly a quarter of households were clients of the Department of Mental Health (DMH) and/or Department of Health Services (DHS). Once clients exited the program, 14.5% returned to homelessness within 12-months. The return rates, however, were very different for households who received financial assistance (5.3%) compared to those that

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[1] In response to the homelessness crisis, voters in Los Angeles County passed Measure H, which increases taxes to add an estimated $355 million for homeless services each year.

did not (19.9%). Finally, we examined clients' pathways into and out of prevention services. Nearly half of households who enrolled in prevention move from a doubled-up housing situation with family or friends to an unsubsidized rental.[2]

We supplemented the quantitative analysis under **Research Question 1** with semi-structured interviews with prevention service providers and legal service providers to get a more complete picture of who is being served by Strategies A1 and A5 and how service providers screen individuals and families and administer prevention services. Our interviews show service providers have a generally positive view of A1 and A5 prevention efforts. Providers most frequently pointed to rental arrears or rental assistance as the most beneficial program component, though we also observed frequent usage and widespread support for legal services. Service providers found the prevention program model to be relatively clear, but indicated confusion regarding problem-solving and its role in conjunction with prevention. Providers reported using the Prevention Targeting Tool (PTT) consistently, though that wasn't entirely supported by the administrative data. Legal service providers recommended closer coordination with homeless service providers, including co-location, regularly-scheduled and in-depth case conferences, more swift referrals, training service provider staff to better spot legal issues (or hiring an attorney on staff to spot legal issues), and expanding the universe of organizations permitted to make legal referrals.

Under **Research Question 2**, we identify potential ways to improve the prioritization and efficiency of prevention resources. We found that the accuracy and efficiency of the PTT screening tool could be improved by re-weighting the tool and eliminating certain questions. On average, reweighting and simplification could increase the accuracy between 8% and 34%, while at the same time reducing the number of questions from 30 to 13 for the Families PTT and from 30 to 12 for the Individuals PTT. Since the PTT is a relatively new survey, we performed our analyses on relatively small datasets with positive responses to many questions being rare. As a result, it may be premature to shorten the survey based on our analysis. Instead, we recommended that LAHSA engage in a policy planning process to shorten the survey and then empirically validate the PTT by continuing to collect data and engaging in a continuous improvement process.

We also include an analysis of an underserved population of individuals who are at high-risk of homelessness under **Research Question 2**. Notably, the targeting mechanism for existing A1 and A5 prevention services is largely driven by client self-identification (*i.e.*, clients must seek assistance from a prevention service provider), with further screening taking place via the PTT and related eligibility criteria. This raises the question, however, of whether there are potential clients who are unaware of prevention services or are unable or unwilling to present themselves as being at-risk, who could potentially be identified and

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[2] This statistic only includes households for whom enough time has passed to complete a 6-month enrollment in prevention, *i.e.,* households who enrolled at least 6 months prior to the drafting of this report.

served. The use of *predictive analytics* – a field that applies statistical and machine learning methods to administrative data in order to predict future outcomes – provides an opportunity to identify such high-risk, underserved populations. In an effort separate from but related to this evaluation, the California Policy Lab, in partnership with University of Chicago Urban Labs, has been working with the Los Angeles County Chief Information Office and Homeless Initiative to develop a model for predicting homelessness amongst single adults who utilize County services.[3] The lists of high-risk individuals identified by the predictive models can be used for *proactive outreach*. In other words, rather than waiting for clients to self-identify and present themselves to a service provider as being at-risk, as is the case with existing prevention strategies, caseworkers at County agencies or LAHSA service providers could proactively contact clients on the predicted risk list.

We compared the single adults predicted by the models to be at highest risk of homelessness with the clients actually served by A5 prevention services. (There were 5,556 individuals identified by the predictive models and 1,266 A5 prevention clients in Fiscal Years 2017-18 and 2018-19.) We found that only 23 individuals across Fiscal Years 2017-18 and 2018-19 were both identified by the predictive models and enrolled in an A5 prevention project. This should not be taken to suggest that clients served by A5 prevention services are not at high risk of homelessness. More likely, these populations are both at high risk of homelessness but are identified in different ways and should be served at different intervention points. Specifically, the group identified by the model appears to be disconnected from homelessness prevention resources.

Under **Research Question 3**, we sought to estimate whether prevention is directly causing reductions in inflows to homelessness. This type of analysis explores what *would* have happened to prevention clients if they hadn't been served: Would they have successfully self-resolved their housing crisis or would they have fallen into homelessness? One of the ways that researchers estimate what would have happened to individuals or families if they had not participated in a program is by identifying individuals and families who are very similar to program participants but who did not participate in the program, *i.e.*, "comparison" or "control" individuals and families. By comparing the outcomes of a comparison group with the outcomes of the program participants, researchers can get an idea of what would have happened to program participants if they had not participated in the program. In the case of homelessness prevention, all program participants were at imminent risk of losing their housing. Thus, when identifying individuals and families who could serve as comparison individuals, it was important to try to find individuals and families who were also at imminent risk of losing their housing (but who did not receive prevention services). Although the ELP data and HMIS data contains demographic information and service utilization information on individuals and families who could theoretically serve as comparison individuals, the most important characteristic –

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[3] von Wachter, T., Bertrand, M., & Pollack, H. (Sept. 12, 2019) "Predicting and Preventing Homelessness in Los Angeles." California Policy Lab. Retrieved from https://www.capolicylab.org/predicting-preventing-homelessness-la/.

imminent risk of losing housing – is not captured in ELP data or HMIS service data. Because we could not identify plausible comparison groups, we could not answer **Research Question 3**.

Acknowledgements

1. Introduction and Background

While Los Angeles County has successfully navigated homeless individuals into available housing and other services, the homeless population continues to grow as inflow outpaces exits to permanent housing. In 2019, despite the influx of Measure H services, the homeless population in Los Angeles County (as measured by the Greater Los Angeles Homeless Count) grew by 12%.[4] Homelessness prevention programs aim to assist at-risk individuals and families maintain housing stability and reduce the inflows into the homeless services system. Universal prevention addresses social conditions that produce homelessness (*e.g.*, strengthening social safety net programs for all individuals and families, limiting rent increases). Targeted prevention addresses people at special risk (*e.g.*, housing subsidies for people who are determined to be at high risk of homelessness). Targeted prevention programs should be:

- effective (help people to find and maintain stable housing), and
- efficient (allocate assistance to people most likely to benefit).[5]

In Los Angeles County, the Los Angeles Homeless Services Authority (LAHSA) contracts with homeless service providers to deliver prevention services to families, single adults, and transition-age youth who are imminently at-risk of becoming homeless. The Department of Public Social Services also delivers prevention programs to families, but this evaluation only covers Measure H-funded and LAHSA-contracted Strategies A1 and A5 prevention services. (The history of Strategies A1 and A5 is detailed in the following section.)

This evaluation answers three primary research questions:

- Who is being served by Strategies A1 and A5 and what is their housing status after exit?
- How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized?
- Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness?

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[4] LAHSA, "Greater Los Angeles Homeless Count Shows 12% Rise in Homelessness." (June 4, 2019), at https://www.lahsa.org/news?article=558-greater-los-angeles-homeless-count-shows-12-rise-in-homelessness.

[5] Shinn, M. & Cohen, R. (Jan. 2019). "Homelessness Prevention: A Review of the Literature." Center for Evidence-Based Solutions to Homelessness. Retrieved from http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf.

History of A1 and A5 Prevention in Los Angeles County

The Los Angeles County Board of Supervisors ("the Board") launched the Homeless Initiative on August 17, 2015 to combat the homeless crisis in the County. The initial objective of the Homeless Initiative was to develop and present recommended strategies to address the homelessness crisis to the Board. To develop these strategies, the Homeless Initiative conducted 18 policy summits from October 1 to December 3, 2015, convening 25 County departments, 30 cities and other public agencies, and over 100 community partners and stakeholders.[6] Several of the Homeless Initiative's recommended strategies relate to homelessness prevention including: Strategy A1, which addresses homeless prevention programs for families, and Strategy A5, which addresses homeless prevention programs for individuals. The history of A1 and A5 prevention strategies is depicted in Figure 1.1. below. Homeless prevention for families began in May 2016 as a pilot, using one-time DPSS Fraud incentive funding. In response to the growing homelessness crisis, voters in Los Angeles County passed Measure H in March 2017, agreeing to increase their taxes to add an estimated $355 million in homeless services each year.[7] In June 2017, the Board of Supervisors approved a Fiscal Year 2017-18 Measure H spending plan that includes $5.5 million for prevention, and in July 2017, prevention services for families expanded using Measure H funding. In February 2018, A5 prevention for individuals began, and in March 2018, individuals and families enrolled in prevention began receiving legal services (*e.g.*, eviction defense). The Board approved spending plans for Fiscal Years 2018-19 and 2019-20 that included $17 million and $23 million for prevention, respectively.

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[6] Los Angeles County Homeless Initiative, "Approved Strategies to Combat Homelessness." (Feb. 2016), at http://homeless.lacounty.gov/wp-content/uploads/2018/07/HI-Report-Approved2.pdf.
[7] Los Angeles County, "The Homeless Initiative," at http://homeless.laCounty.gov/.

Figure 1.1 Los Angeles County Homelessness Prevention Timeline

May 2016: A1-Family Prevention begins

July 2016
LAHSA began using **Families Prevention/Re-Housing VI-SPDAT**

March 2017
LAHSA began using the **Adult Homeless-Prevention Targeting Tool** & the **Youth Homeless-Prevention Targeting Tool**

July 2017
LAHSA began using the **Families-Homeless Prevention Targeting Tool**

Feb. 2018: A5-Individual Prevention begins

March 2018: Provision of legal services begins

July 2018
LAHSA **updated all 3 targeting tools** (adult, youth, families) for use in FY 2018-19

Targeting Tool

May 2016
One-time **DPSS Fraud** incentive funding for family prevention pilot

March 2017
Los Angeles County voters **pass Measure H** (estimated $355 million in homeless services each year)

June 2017
Board of Supervisors approved FY 2017-18 **Measure H spending plan that includes $5.5 million for prevention**

July 2017
Prevention Services for families expanded using Measure H funding

May 2018
Board of Supervisors approved FY 2018-19 **Measure H spending plan that includes $17 million for prevention**

May 2019
Board of Supervisors approved FY 2019-20 **Measure H spending plan that includes $23 million for prevention**

Funding

In order to implement prevention under Strategies A1 and A5, LAHSA contracts with homeless service providers to deliver short-term assistance to low-income individuals and families who are imminently at-risk of homelessness. Common forms of prevention assistance are short-term financial assistance, housing-conflict resolution and mediation with landlords and/or property managers, housing stabilization planning, legal assistance, and/or planning for exit from the program.[8] As a short-term intervention, prevention services are typically provided for up to six months. In addition, providers use a "progressive assistance approach," providing only as much assistance "as is needed to be successful."[9] The goal of prevention is to secure permanent housing placement through assisted self-resolution of the housing crisis (the participant remains in their current housing or relocates, if needed).

Prevention – Eligibility

Eligibility for prevention services depends on (1) homeless status, (2) income requirements, and (3) targeting tool score, as detailed below.

Homeless Status

In order to qualify for prevention assistance, individuals and families must be determined to be at imminent risk of homelessness or fleeing domestic violence.[10] According to HUD's Final Rule on Defining Homeless, an individual or family who will

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[8] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 11.
[9] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 44.
[10] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 24.

imminently lose their primary nighttime residence is imminently at-risk of homelessness provided that:

    i.   Residence will be lost within **14 days** of the date of application for homeless assistance;

    ii.   No subsequent residence has been identified; and

    iii.   The individual or family lacks the resources or support networks needed to obtain other permanent housing.[11]

Notably, Los Angeles County adopted a 30-day window for determining imminence, and thus individuals and families who receive a 30-day notice potentially meet the "imminently at-risk of homelessness" requirement.

Income Requirement

Participants must be determined to be income eligible by meeting an income threshold at or below 50% of the Area Median Income (AMI) for Los Angeles County. If a participant is in subsidized housing *and* currently or formerly under a homeless housing assistance program (*i.e.*, Homeless Section 8), they can qualify with income up to 80% of the AMI.[12]

Targeting Tools

LAHSA uses three targeting tools – specific to families, adult individuals, and transition-age youth - to determine eligibility for prevention services. Abt Associates oversaw the targeting tool development process, which included a review of research on risk factors for homelessness and solicitation of feedback from lived experience groups (*e.g.*, Lived Experienced Advisory Group and the Homeless Youth Forum of Los Angeles) and from LAHSA operations committees (*e.g.*, CES Operations Team and the Youth Leadership Team). As detailed in Figure 1.1 above, these targeting tools have gone through revisions, and the current tools were most recently updated in July 2018. The three general categories of questions included in these tools are:

1. Housing status and imminent loss of housing:

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[11] Department of Housing and Urban Development (HUD), "Homeless Definition." Retrieved from https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandC riteria.pdf; 24 C.F.R. Parts 91, 582, and 583. Retrieved from https://files.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf. The traditional HUD definition included a period of 7 days before loss of housing, but HUD adopted a 14-day window in 2011. Congressional Research Services, "The HUD Homeless Assistance Grants: Programs Authorized by the HEARTH Act," (Aug. 30, 2017). Retrieved from https://fas.org/sgp/crs/misc/RL33764.pdf; National Alliance to End Homelessness, "Changes in the HUD Definition of 'Homeless.'" Retrieved from https://www.ncceh.org/media/files/article/NAEH_Definition_of_Homelessness_Analysis.pdf.

[12] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at paras. 24-25.

- Loss of housing means the household will experience literal homelessness – either on the streets or staying in an emergency shelter.
- Imminent loss of current housing must be verified with a "pay or vacate" notice from a landlord or property manager, lease holder, or motel/hotel; ledger record of past due rent; or court paperwork showing the prospective participant is at-risk of losing housing.

2. Vulnerabilities and housing barriers:
   - Gross income
   - Significant loss in income in past 60 days
   - Eviction history
   - Required to register as a sex offender
   - History of literal homelessness
   - Adversity or housing disruptions during childhood
   - Currently involved in child protective services
   - Trauma or event such as death of a family member, separation, divorce, birth of child
   - Recently discharged from an institution
3. Local policy priorities:
   - Individuals who were housed through homeless housing assistance programs
   - History of involvement in the foster care or criminal justice system
   - Disability
   - 55+ years old
   - Residing in permanent supportive housing or living in a unit using a Housing Choice Voucher or under rent control

As detailed in the timeline above (Figure 1.1), LAHSA began using the Families Prevention/Re-Housing Vulnerability Index - Service Prioritization Decision Assistance Tool in July 2016 and the Families-Homeless Prevention Targeting Tool in July 2017. LAHSA began using the Adult Homeless-Prevention Targeting Tool and the Youth Homeless-Prevention Targeting Tool in July 2018. Each question on the targeting tools is assigned a different point value. Families must score 21 out of 42 points to access prevention. Adult individuals must score 19 out of 50 points to access prevention. Youth individuals must score 19 out of 65 possible points to access prevention.[13]

Individuals and families scoring below the thresholds for their population-specific targeting tool are eligible for "Light Touch" services.[14] Light Touch services include "warm handoff" referrals and linkage to other services in another program.[15] (A "warm handoff" means that rather than just providing an individual or family with a name and phone

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[13] LAHSA, PowerPoint Presentation: Homeless Prevention Targeting Tools (Mar. 6, 2019).
[14] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 27.4.
[15] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 27.4.

number for another program, the service provider will contact the other program in the presence of the individual or family.)

Prevention Services: Case Management, Direct Services, and Financial Assistance

Prevention consists of a combination of direct services and limited financial assistance (if needed) that case managers typically provide to participants for up to six months.[16] (LAHSA occasionally grants service extension exceptions that allow participants to be assisted through prevention for longer than 6 months.) This assistance is further detailed below.

Case Management and Housing Stabilization Services

Prevention staff provide housing stabilization services to participants in order to promote long-term housing stability. Participants receive housing stabilization services both prior to and after permanent housing is secured. Prevention staff make home visits and have monthly face-to-face meetings with participants in order to create a housing stabilization plan. Housing stabilization services often include assistance in paying rent. This includes budgeting assistance, as well as connections to public benefits, employment programs, free and low-cost goods and services, and other community resources to maximize participants' ability to pay rent. Case managers might also assist participants with lease compliance. For example, case managers might review lease language with clients to promote lease compliance or practice conflict resolution and de-escalation with clients. A participant's preferences and "the degree of engagement between a participant and their case manager" will determine the services, timing, and sequence of referrals.[17]

Housing Identification

On a community level, LAHSA-contracted prevention providers are required to identify housing resources and develop relationships with property owners, landlords, and management companies in their regions to increase availability of permanent housing for prevention participants. Providers conduct unit site visits, catalogue available and appropriate housing units, and review and negotiate leases with landlords.[18]

On an individual level, prevention providers assist participants whose housing cannot be preserved in the housing search and placement process. Along with identifying housing appropriate to the needs, financial constraints, and preferences of participants, prevention providers assist participants in meetings with landlords. Preparation for meetings with landlords includes assistance in understanding the requirements of a lease,

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[16] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 28.
[17] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 32.
[18] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 36.

the lease up process, and what is expected of tenants. Prevention providers may also provide financial assistance for application fees and transportation assistance for appointments. When appropriate, prevention providers identify shared housing opportunities for participants, including matching program enrollees as roommates.[19]

Prevention providers support their landlord partners by working collaboratively to address participant lease violations, ensuring that participants pay rent on time, and providing dispute resolution for the landlord and participant.[20]

Rent and Move-in Assistance

Prevention participants may receive direct financial assistance - move-in assistance and/or monthly rental assistance - to help them maintain their housing while working to increase their income. Providers use a "progressive assistance" approach (providing only as much assistance "as is needed to be successful") and ensure that participants are reasonably able to maintain housing once the temporary rental assistance ends.[21] All financial assistance, including rental assistance,

- is subject to the limits described in the Scope of Required Services documents provided to prevention contractors (*e.g.*, rental assistance is limited to six months per twelve-month period and total rental assistance includes the first and last month's rent);
- must never be provided directly to any program participant, but rather must be paid directly to the landlord or other appropriate party;
- must have a signed request from the housing navigation staff and a supervisor/manager within the program; and
- must be provided pursuant to a provider's policies and procedures for how financial assistance is determined, requested, and verified.[22]

Other Financial Assistance

Prevention participants may also receive other financial assistance such as legal fees and moving costs.[23] Eligible categories of financial assistance are detailed in Table 1.1.

Legal Services

As noted above, in March 2018, individuals and families enrolled in prevention began receiving legal services (*e.g.*, eviction defense) from legal service providers. LAHSA contracted with Inner City Law Center, who in turn subcontracted with other legal service

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[19] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 36.
[20] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 36.
[21] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 37.
[22] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 15-17.
[23] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 15-17.

providers, to deliver legal services to prevention participants. Each Service Provider Area (SPA) is assigned one or more legal service providers:

- SPA 1 – Neighborhood Legal Services of Los Angeles County/Bet Tzedek
- SPA 2 – Neighborhood Legal Services of Los Angeles County/Bet Tzedek
- SPA 3 – Neighborhood Legal Services of Los Angeles County/Bet Tzedek
- SPA 4 – Inner City Law Center
- SPA 5 – Bet Tzedek
- SPA 6 – Public Counsel
- SPA 7 – Legal Aid Foundation of Los Angeles/Bet Tzedek
- SPA 8 – Legal Aid Foundation of Los Angeles/Inner City Law Center

Legal service providers develop individualized legal services plans for participants to help them obtain and/or preserve housing. Categories of legal services may include:

- Eviction prevention
- Birth certificate advocacy
- Landlord/tenant dispute resolution
- Government benefits
- Reasonable accommodations
- Minor immigration issues
- Dealing with financial debt
- Subsidized housing access
- Professional licenses and identification[24]

The California Policy Lab spoke with Supervising Attorneys from four of the five prevention legal service providers. These attorneys discussed the referral and legal service provision process and their relationships with prevention service providers:

Legal Service Referrals and Intake: Prevention clients are referred to legal service providers by the lead prevention service providers in each SPA ("SPA lead"). A case manager at the SPA lead fills out legal service referral forms and sends them to the SPA's designated prevention legal service provider via email. Referral forms typically include check boxes to indicate the broad category or categories of legal issue(s) that a client faces. For example, there is a check box for "eviction." Referral forms also typically include a brief (approximately three sentence) narrative about the legal issue.

After receiving the referral forms, the legal service provider then schedules an appointment with the client. The referral forms provide some indication of a client's legal needs, but attorneys report that they often identify additional legal needs when they meet with the client for the first time. For example, when a SPA lead refers a client to a legal service provider, the SPA lead typically identifies an urgent need such as a pending

[24] Legal Aid Foundation of Los Angeles, (Jun. 27, 2018), Presentation: Measure H Legal Services. Retrieved from https://www.sbceh.org/uploads/4/5/0/7/45075441/6-27-18_lafla_presentation.pdf.

unlawful detainer or a lease termination notice. During the legal service provider's first meeting with the client, they uncover additional legal needs such as unpaid traffic tickets, unlawful withholding of wages, unlawful denial of employment because of a criminal background, license suspensions that prevent a client from traveling to work, and denial of social security or other entitlements.

Some legal service organizations have a co-location relationship with service providers. In other words, an attorney from the legal service organization will work out of a SPA lead's office one or more times a week, or a representative from a SPA lead will periodically work out of the legal service organization's office. Attorneys report that co-location increases referrals and strengthens the relationship between legal service providers and SPA leads.

Prevention Legal Services: The most common types of cases that legal service providers handle for prevention clients are unlawful detainers and evictions (*i.e.*, clients receive a notice to vacate or demand letter). However, legal service providers also assist clients with other issues, including credit issues and driver's license suspension. One attorney noted that although credit issues and driver's license suspensions may not appear to be directly related to homelessness prevention, addressing credit issues can improve chances of finding new housing and helping someone maintain their driver's license can allow them to keep their job. In general, legal service providers do not provide assistance with family law (aside from domestic violence restraining orders), general criminal law (aside from criminal citation expungement), or personal injury lawsuits. However, if a client does raise these issues, legal service providers are able to provide them with referrals to other organizations that can assist the client with these issues.

While service providers typically work with Measure H prevention participants for up to six months, legal service providers work with clients until their cases are resolved. Attorneys report that there is a lot of variation in the duration of their relationships with clients. Some clients have one legal issue and others have multiple legal issues. Some clients need one-time advice via telephone, others require multiple in-person meetings and representation at court hearings.

Table 1.1. Prevention Assistance

What	When	Why	How
Case Management & Housing Stability Planning	During housing crisis; Prior to and after securing permanent housing	Promote long-term housing stability	• Budgeting • Utilizing public assistance benefits and/or employment programs • Accessing free or low-cost goods/services • Assistance with budgeting and/or money management • Assistance with lease compliance, care of the unit, and conflict with other tenants or the landlord
Housing Identification	If current housing cannot be preserved	Identify opportunities for permanent housing	• Developing relationships with landlords to increase permanent housing opportunities for participants • Identifying units, cataloging unit specifications, reviewing and negotiating leases, conducting unit site visits • Assisting participants in locating appropriate housing that meets their needs and expressed desires • Preparing the participants to understand lease requirements, lease up process, and tenancy expectations • Transportation assistance for appointments • Financial assistance with necessary application fees (see Financial Assistance below) • Ensuring that the rent for the unit is reasonably in reach • Supporting landlord partners (*e.g.*, work with landlords to address participant lease violations; ensure rent paid on time; dispute mediation)
Rent & move-in assistance	During prevention enrollment, generally	Provide assistance needed to identify and/or maintaining stable housing	• Financial assistance – move-in and monthly rent (see Financial Assistance below) • Budgeting support for housing expenses
Financial Assistance	During prevention enrollment, generally	Provide assistance needed to identify and/or maintaining stable housing	• Security Deposit • Rental Assistance • Rental Arrears • Utility Deposit • Utility Assistance • Utility Arrears • Legal Fees • Move-In Expenses (application fee, broker fee, essential furnishing) • Landlord Incentive Fee (up to one month's rent) • Moving Costs • General Housing Assistance (document fees, vocational training and other employment assistance, transportation) • Transportation • Reunification Services
Legal Assistance	Until legal issues are resolved	Prevent homelessness, remove barriers to housing	• Individualized legal services plan that can include assistance with eviction proceedings, expungement of criminal records, birth certificate advocacy, landlord/tenant dispute resolution, government benefits, reasonable accommodations, minor immigration issues, dealing with financial debt, subsidized housing access, and professional licenses and identification.

Diversion/Problem-Solving[25]

"Problem-solving" (also known as diversion or rapid resolution) is an intervention that is related to but distinct from prevention. While it is not the focus of this evaluation, the target population and eligibility criteria for problem-solving are very similar. These similarities have caused some confusion among service providers. As a result, it is worth briefly discussing how problem-solving is intended to work.

Before administering the Prevention Targeting Tool or any other assessment, service providers attempt problem-solving with individuals and families who present with a housing crisis. The goal of problem-solving is to stabilize a participant's current (or new) housing arrangement (either where the participant is currently located, or an alternate, safe and stable housing arrangement) and remove the immediate need for additional homeless services including emergency shelter, rapid re-housing, or transitional housing.[26]

As part of problem-solving, service providers engage individuals and families in one or more deliberate, individualized conversations intended to solve their immediate or near-term housing crisis. During the problem-solving conversation, staff use guided conversation to help individuals and families identify connections within their own networks and outside the homeless system that can assist them in stabilizing their housing situation. For example, an individual who is being evicted might have a relative who could provide them with housing. The problem-solving conversation does not rely on a checklist or form and is the first step in a phased-assessment approach.

Under traditional homeless services approaches, the first meeting with an individual or family seeking assistance would route the family to one or more programs in the community (shelter, transitional housing, rapid re-housing, permanent supportive housing, *etc.*) based on their eligibility for the programs. Problem-solving is "a person-centered approach that trusts that with some help, people may be able to identify resources to help them resolve their housing crisis within their own networks."[27] Common problem-solving activities are active listening, coaching, motivational interviewing, mediation and conflict resolution with families/friends and/or landlords, connection to mainstream resources, housing search assistance, housing stabilization planning, family reunification, *etc.*[28] Problem-solving services are provided for up to 30 days and include a combination of direct services and limited financial assistance (if needed).[29] Appendix A contains details about (1) eligibility for problem-solving and (2) case management and supportive services offered to problem-solving clients.

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[25] LAHSA, 2018-2019 Problem-Solving Scope of Required Services.
[26] LAHSA, (Oct. 23, 2017). "CES for Families Operations Manual 2017-2018, version 2.0."
[27] LAHSA, 2018-2019 Problem-Solving Scope of Required Services.
[28] LAHSA, 2018-2019 Problem-Solving Scope of Required Services.
[29] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 11.

Prevention and Problem-Solving

Although problem-solving and prevention are theoretically distinct programs, there are similarities in some of the eligibility requirements. For example, individuals and families under either program can be at imminent risk of homelessness or fleeing domestic violence. In addition, there is overlap in the assistance offered under problem-solving and prevention. Under either program, participants can receive case management, conflict resolution, and referrals to other community resources, as well financial assistance in the form of security deposits, transportation assistance, and utility payments. In addition, until the 2018-2019 timeframe, service providers enrolled both problem-solving clients and diversion clients under the same "Homelessness Prevention" project type in the Homeless Management Information System (HMIS). Table 1.2 below compares problem-solving and prevention with respect to goals, service length, HMIS enrollment, eligibility, and potential services.

Table 1.2. Diversion and Prevention Comparison

	Non-Financial Diversion	Financial Diversion	Prevention	Light Touch
Goals	**Stabilizing current (or new) housing arrangement** (either where the participant is currently located, or an alternate, safe and stable housing arrangement); remove immediate need for additional homeless services including emergency shelter, rapid re-housing or transitional housing		**Securing permanent housing** through assisted self-resolution of housing crisis; participant remains in current housing or, if needed, re-location and assistance moving into a new unit	
Service Length	Up to 30 days		Up to 6 months	1 day
HMIS Enrollment Required?	Yes*	Yes	Yes	Yes
Income	(At or below) 50% AMI**		50% AMI**	50% AMI**
Households	All households (TAY, Single Adults, Families)		All households	All households
Status	Literally homeless, imminently at-risk, fleeing DV		Imminently at-risk, fleeing DV	Imminently at-risk
PTT Score	No score required		19+ (21+ for families)	0-18 (0-20 for families)
Possible Services	Coaching/problem solving, mediation and conflict resolution, connection to other resources, housing search/stabilization assistance	Security deposit, documents/employment/transit costs related to housing, utility assistance, and reunification, in addition to non-financial diversion services	Security deposit, rental assistance/arrears, utility deposit/assistance/arrears, legal fees, move in expenses, documents/employment/transit costs related to housing, and reunification	Referral and linkage to other services in another program with the CES area

*In 2019, LAHSA instructed providers to enroll non-financial diversion clients in HMIS. Prior to that, HMIS enrollment was not required for non-financial diversion. However, some service providers were enrolling non-financial diversion clients in HMIS even prior to 2019.

**If a participant is in subsidized housing AND received homeless housing assistance, they can qualify with income at or up to 80% AMI.

According to LAHSA's 2018-2019 Prevention & Diversion Scope of Required Services, prevention and diversion (now called problem-solving) often work together as a continuum or "progressive assistance approach" to assist an individual or family in a housing crisis. As noted above, before using the Prevention Targeting Tool to determine an individual or family's eligibility for prevention, a service provider must engage the individual or family in a diversion conversation.[30] If the diversion conversation is unsuccessful, then the Prevention Targeting Tool should be administered to determine whether the participant is eligible for prevention services.[31]

Figure 1.2 below illustrates the prevention and problem-solving process flow from entry to exit. The Centralized Referral System - a collaboration between LAHSA and the Los Angeles County Departments of Health Services, Mental Health, and Public Health - facilitates referrals to an appropriate diversion or prevention provider.[32] Referrals are also made through the Coordinated Entry System, a network of service providers seeking to assist people experiencing homelessness or at-risk of becoming homeless. The Coordinated Entry System has multiple access points throughout the County: 211, City & County Offices, and other partners. Once an individual or family is referred to a prevention/problem-solving provider, the provider goes through a standardized intake process.[33] Before completing a Prevention Targeting Tool, the prevention/problem-solving provider should first attempt diversion services.[34] If the individual or family is a good candidate for diversion, then the provider delivers the appropriate diversion assistance. If the individual or family is not a good candidate for problem-solving, then the service providers administers the population-appropriate Prevention Targeting Tool. Individuals and families who meet the income requirements, homeless status requirements, and Prevention Targeting Tool score cutoff detailed above receive prevention assistance. Those who score below the score cutoff receive "light touch."

Providers exit participants from prevention:

- when the participant has completed the primary housing stability goals outlined in their housing stability plan,
- if the participant is unable to resolve instability within six months,
- when the participant relocates to another Continuum of Care,
- if the participant utilizes reunification services or self-resolves their housing crisis,
- if the participant is deemed a risk to the safety of the provider's staff, or

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[30] LAHSA, (Dec. 20, 2018). "Memo to LAHSA Funded Diversion Providers, re: Updates to 2018-2019 Scope of Required Services (SRS)."

[31] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 26.2.

[32] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 4.
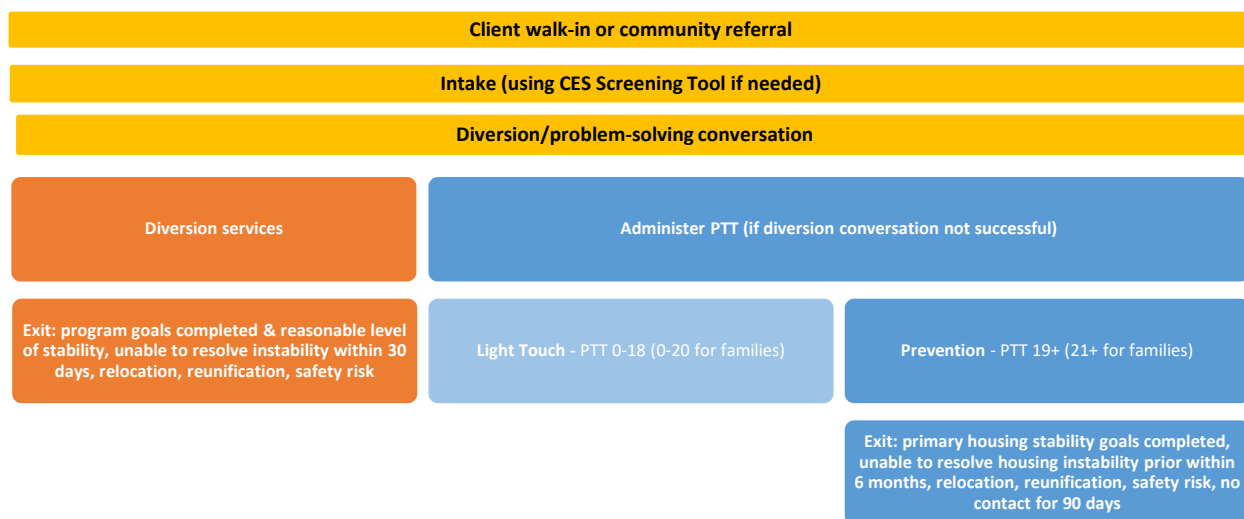
[33] LAHSA, (Oct. 23, 2017). "CES for Families Operations Manual 2017-2018, version 2.0."

[34] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 26.

- if the participant has failed to be in contact for ninety (90) days or more after all due diligence to re-engage with the participant has been taken by the provider.[35]

Participants who lose current housing while enrolled in a prevention program should remain enrolled in prevention, continue to receive prevention services until they are re-housed, and be referred to crisis housing for emergency shelter.[36]

Figure 1.2. Problem-solving and prevention process flow from entry to exit

Client walk-in or community referral
Intake (using CES Screening Tool if needed)
Diversion/problem-solving conversation

Diversion services	Administer PTT (if diversion conversation not successful)	
Exit: program goals completed & reasonable level of stability, unable to resolve instability within 30 days, relocation, reunification, safety risk	Light Touch - PTT 0-18 (0-20 for families)	Prevention - PTT 19+ (21+ for families)
		Exit: primary housing stability goals completed, unable to resolve housing instability prior within 6 months, relocation, reunification, safety risk, no contact for 90 days

Prior Studies on Homelessness Prevention Programs

Recent studies in Chicago and New York demonstrate the effectiveness of homelessness prevention programs in those cities, but the studies also highlight the need to ensure that prevention programs are efficient, *i.e.*, target the highest risk families. A prevention program in Chicago provided one-time cash assistance to families who called a hotline and self-identified as being at-risk of homelessness. Callers who were experiencing an eligible crisis received one-time financial assistance up to $1,500. An evaluation of the program found that in the six months following the call, one-time financial assistance reduced shelter entry by 76% for program recipients compared to a comparable control group who were eligible but happened to call on a day when funds were not available. While the program succeeded at reducing shelter entry, homelessness remained a rare outcome among both individuals who received cash assistance (treatment group) and individuals who did not receive cash assistance (control group). 99.5% of the individuals in the treatment group never entered shelter, but 98% of the control group also never

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[35] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 4.
[36] LAHSA, (Dec. 17, 2018). "Memo to LAHSA-Funded Prevention Providers, re: Prevention Services if Participant-Household Loses Current Housing from LAHSA."

entered a shelter despite the fact that they were eligible for, but did not receive, financial assistance. While this finding demonstrates that the vast majority of eligible callers were able to resolve their housing crisis by themselves, the prevention program was still cost-effective because cost savings to the shelter system exceeded the cost of running the program. However, study authors noted that the program would be more efficient and cost beneficial if it were more effectively targeted to higher-risk callers.[37]

The Homebase prevention program in New York City offers a variety of homelessness prevention services in community-based settings, including cash assistance, benefits counseling, case management, legal assistance, job placement, and other services. Shinn *et al*. (2013) developed and evaluated a screening model for families in New York City who applied to the Homebase program. This model used demographic, employment, education, housing, disability, criminal justice history, domestic violence history data and other administrative data to predict risk of shelter entry for individuals who applied to Homebase. An evaluation of Homebase found that during a 27-month follow-up period, Homebase reduced the average length of shelter stays by an estimated 22.6 nights when compared to a control group. The average number of nights in a shelter for all Homebase participants (including those with no nights in a shelter) was 9.6 nights and the average number of nights in a shelter for all individuals in the control group (including those with no nights in a shelter) was 32.2 nights. In addition, Homebase reduced the percentage of families who spent at least one night in a shelter from 14.5% to 8.0%.[38] Like the Chicago prevention program, the Homebase program was cost-effective even though it had relatively modest effects. The evaluators of Homebase did, however, conclude that the program would have been even more effective had it been more efficiently targeted. Shinn *et al*. compared the families that the model identified as being at the greatest risk of homelessness with the families that Homebase program staff judged to be eligible for the program. As compared to program staff judgment, the Shinn *et al*. model had substantially higher precision (*i.e.*, correctly predicting shelter entry) at the same level of false alarms (*i.e.*, family that did not enter shelters in the absence of prevention services).[39] Greer *et al*. created a similar model to target individuals for Homebase. Greer *et al*. found that their

[37] Evans, W. N., Sullivan, J. X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science*, *353*(6300), 694-699. Retrieved from https://science.sciencemag.org/content/353/6300/694/tab-pdf.

[38] Rolston, H., Geyer, J., Locke, G., Metraux, S., & Treglia, D. (2013). Evaluation of Homebase community prevention program. *Final Report, Abt Associates Inc, June, 6*, 2013. Retrieved from https://www.abtassociates.com/sites/default/files/migrated_files/cf819ade-6613-4664-9ac1-2344225c24d7.pdf.

[39] Shinn, M., Greer, A. L., Bainbridge, J., Kwon, J., & Zuiderveen, S. (2013). Efficient targeting of homelessness prevention services for families. *American journal of public health*, 103(S2), S324-S330. Retrieved from https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2013.301468.

model increased correct predictions by 77% (the model correctly predicted over 90% of shelter entry) and reduced missed cases of future homelessness by 85%.[40]

[40] Greer, A. L., Shinn, M., Kwon, J., & Zuiderveen, S. (2016). Targeting services to individuals most likely to enter shelter: Evaluating the efficiency of homelessness prevention. *Social Service Review*, 90(1), 130-155. Retrieved from https://www.journals.uchicago.edu/doi/abs/10.1086/686466.

2. Study Overview

This evaluation covers Measure H-funded LAHSA prevention programs (A1 and A5) for Fiscal Years 2017-18 and 2018-19 (July 1, 2017 to June 30, 2019). The first goal of this evaluation was to describe who is being served by A1 and A5 prevention, how the PTT is being administered, and what prevention participants' housing status is after exit. The second goal of this evaluation was to detail potential ways to improve the prioritization and efficiency of prevention resources. We examined whether individual answers to questions on the PTT were predictive of housing outcomes. We also explored whether re-weighting the PTT will improve its ability to screen for high-priority prevention clients. In addition, we recommend ways to use the California Policy Lab's existing work on predicting homelessness to target prevention services. The third goal of this evaluation was to determine the causal effect of prevention assistance on housing outcomes. In other words, what *would* have happened to prevention clients if they hadn't been served: Would they have successfully self-resolved or would they have fallen into homelessness? Estimating the causal effect ultimately answers the question of whether prevention services are reducing inflows to homelessness.

Each of these goals corresponds to a research question that guided our analyses. A brief overview of data and methodology used to answer each of these research questions is below. Sections 3, 4, and 5 include more detailed descriptions of the data, methodology, and findings for each research question.

Research Question 1: Who is being served by Strategies A1 and A5 and what is their housing status after exit?

The primary data source used to answer this question was the Homeless Management Information System[41] (HMIS), including service files and PTT data. We also supplemented the analysis with data from the County's Enterprise Linkage Project (ELP), which holds service utilization records from seven County agencies covering health services, benefits payments, law enforcement, and homeless services. We applied descriptive analysis techniques such as grouping, counting, and data visualization to this data to better understand who is being served by Strategies A1 and A5 and what their housing status is after exit. These analyses were not intended to identify causal relationships (*i.e.*, what would have happened in the absence of prevention services), but rather to explore and reveal interesting patterns that could help improve prevention service delivery.

We supplemented this quantitative analysis with semi-structured interviews with prevention service providers. We included information from interviews with 11 service providers, which cover topics such as program administration, eligibility, the PTT, services

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[41] HMIS is a web-based application designed to collect information on the characteristics and service needs of recipients of homelessness or homelessness prevention services.

and funding, and defining success. Information gleaned from these interviews provides a fuller picture of who is being served by Strategies A1 and A5.

Research Question 2: How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized?

Under Research Question 2, we examined whether individual answers to questions on the PTT, the screening tool used to determine eligibility for prevention services, were predictive of housing outcomes. We also explored whether re-weighting questions on the PTT would improve its ability to screen for high-priority prevention clients and whether the PTT could be streamlined by removing questions that are not as effective in identifying clients at highest risk of homelessness.

In an effort separate from but related to this evaluation, the California Policy Lab, in partnership with University of Chicago Urban Labs, has been working with the Los Angeles County Chief Information Office and Homeless Initiative to develop a model for predicting homelessness amongst single adults who utilize County services.[42] Under Research Question 2 of this evaluation, we compare individuals enrolled in A5 prevention with individuals in the ELP data who the County predicts to be at-risk of homelessness. The insights gleaned from this comparison can help the County target prevention resources (both Measure H and non-Measure H) to those at-risk of homelessness who are not currently accessing prevention resources.

Research Question 3: Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness?

Under Research Question 3, we wanted to explore what *would have happened* if individuals and families who were served by A1 and A5 prevention had not received prevention services: Would they have successfully self-resolved their housing crisis or would they have fallen into homelessness? One of the ways that researchers estimate what would have happened to individuals or families if they had not participated in a program is by identifying individuals and families who are very similar to program participants but who did not participate in the program, *i.e.*, "comparison" or "control" individuals and families. By comparing the outcomes of a comparison group with the outcomes of the program participants, researchers can get an idea of what would have happened to program participants if they had not participated in the program. Although we attempted to use ELP and HMIS data to identify comparison group individuals and families, the most important characteristic – imminent risk of losing housing – is not captured in ELP data or HMIS service data. Because we could not identify plausible comparison groups, we could not answer Research Question 3. Nonetheless, we detail our attempts to answer this question and propose options for future impact evaluation in Section 5.

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[42] von Wachter, T., Bertrand, M., & Pollack, H. (Sept. 12, 2019) "Predicting and Preventing Homelessness in Los Angeles." California Policy Lab. Retrieved from https://www.capolicylab.org/predicting-preventing-homelessness-la/.

3. Descriptive Analysis: Who is being served by Strategies A1 and A5 and what is their housing status after exit? (Research Question 1)

> ***Key Takeaway***: Strategies A1 and A5 have boosted prevention efforts across the County, and providers are practicing prevention in ways consistent with its design. On the other hand, PTT usage is less consistent than expected, and many households appear to receive services that involve little more than case management. Households enrolling in prevention have histories involving both high levels of homelessness and other service usage, suggesting A1 and A5 may have succeeded in serving a high-risk population. After prevention, around 1 in 10 households experiences homelessness, but rates of homelessness are far lower for households that received financial assistance. Almost half of all households who enrolled in prevention move from a doubled-up living situation with family or friends to an unsubsidized rental.

Administrative Data Analysis

Approach and Data

Descriptive analysis uses techniques such as grouping, counting, cross-tabulation, and visualization to explore trends and patterns in data. It sheds light on the mechanisms and inner workings of programs, and, in our case, helps illuminate the "who, what, when, and where" of prevention. Comparing descriptive findings to prevention's model allows us to make inferences about *program fidelity*, or how closely prevention is operating in accordance with its stated theory and design. Though descriptive analysis is often a preamble to causal analysis, it cannot by itself determine causal relationships, and the relationships discussed in this section are best viewed as associative.

Our analysis relies on HMIS data covering prevention enrollments in the Los Angeles Continuum of Care. This data is joined to the Enterprise Linkages Project data for analyses describing prevention clients' service utilization patterns. For the majority of our analyses, we used data covering Fiscal Years 2017-18 and 2018-19, since this period corresponds to the implementation of Strategies A1 and A5. For analyses following the *Historical Prevention Trends* subsection, we filter our data to contain only A1 and A5 prevention enrollments, thus we exclude enrollments tied to other prevention programs like Veterans Affairs Supportive Housing (VASH). Our primary unit of analysis is the household.

Historical Prevention Trends

With the introduction of A1 and A5 programs in Fiscal Year 2017-18, prevention enrollments returned to levels not seen since the beginning of the decade (coinciding with HUD's Homelessness Prevention and Rapid Re-housing Program starting in 2009; see Figure 3.1). 1,038 households were enrolled in A1 and A5 prevention in Fiscal Year 2017-18, constituting 69% of all prevention enrollments recorded in the HMIS. In Fiscal Year 2018-19, A1 and A5 enrollments increased to 1,763 households for 77% of all prevention enrollments. During this same period, we observe steady levels—around 500 per year—of veteran prevention enrollments after the implementation of the Veterans Affairs Supportive Services for Veteran Families (SSVF) program (Figure 3.2).

Figure 3.1

Historical View:
Households Enrolled in Prevention Programs

Figure 3.2

Historical View:
Veteran Households Enrolled in Prevention Programs
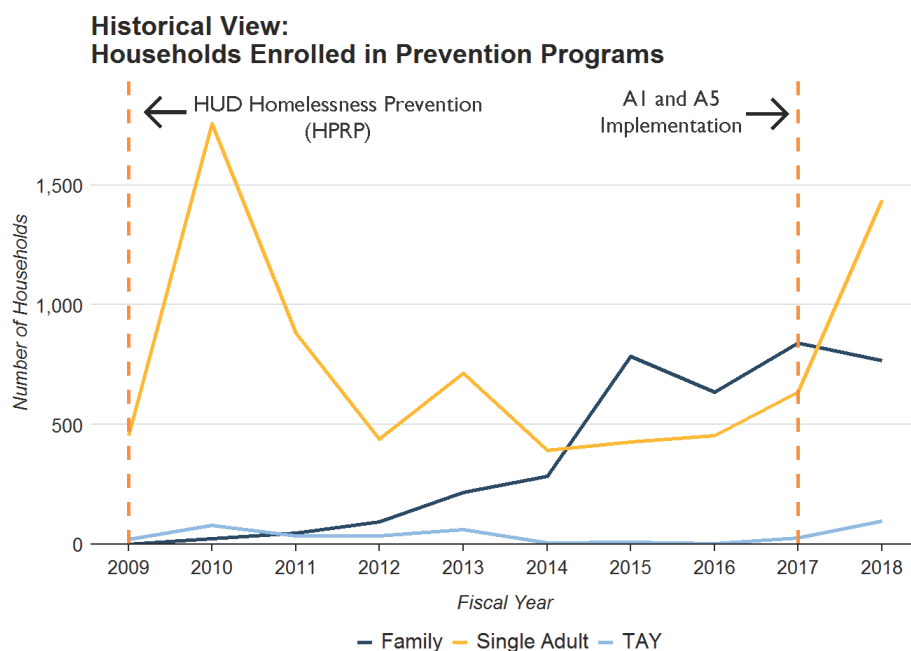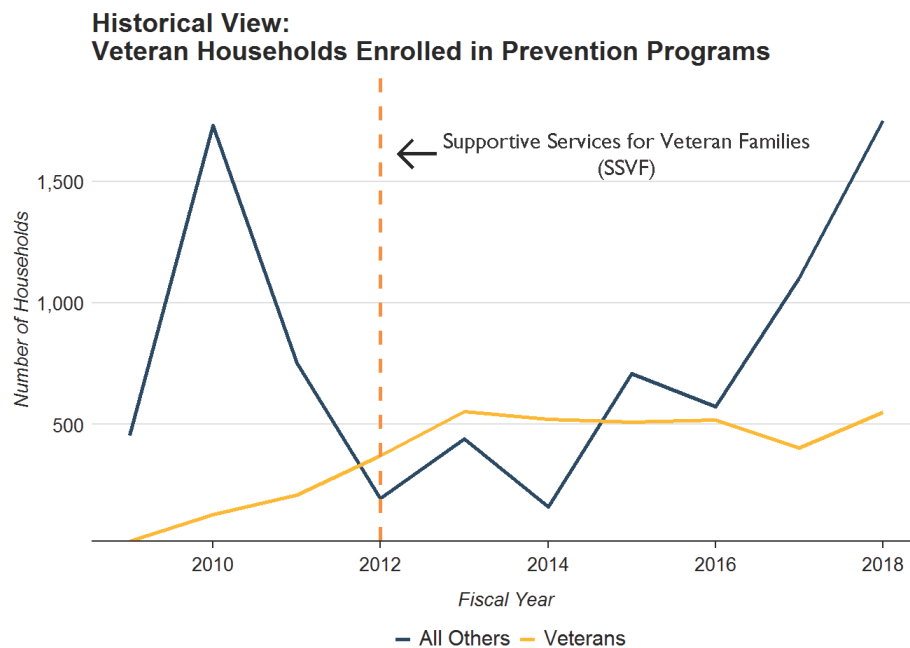
A1 and A5 Prevention Trends

      For the remaining analyses, we restricted our data to only A1 and A5 enrollments. 1,321 single adult households, 1,368 family households, and 112 TAY households received prevention during the study period of Fiscal Years 2017-18 and 2018-19. We see a stark increase in single adult enrollments between Fiscal Years 2017-18 and 2018-19, when enrollments rose from 282 households to 1,039 (Figure 3.3). TAY enrollments quadrupled during this time period but remain a small percentage of enrollments (between 2% and 5% per year). Family enrollments decreased slightly. It is important to note that these figures show enrollments of new clients each year and do not show the total prevention caseload as some clients who enrolled in Fiscal Year 2017-18 will remain enrolled in Fiscal Year 2018-19.

Figure 3.3

Households Enrolled in A1 and A5 Prevention by Fiscal Year and Household Type
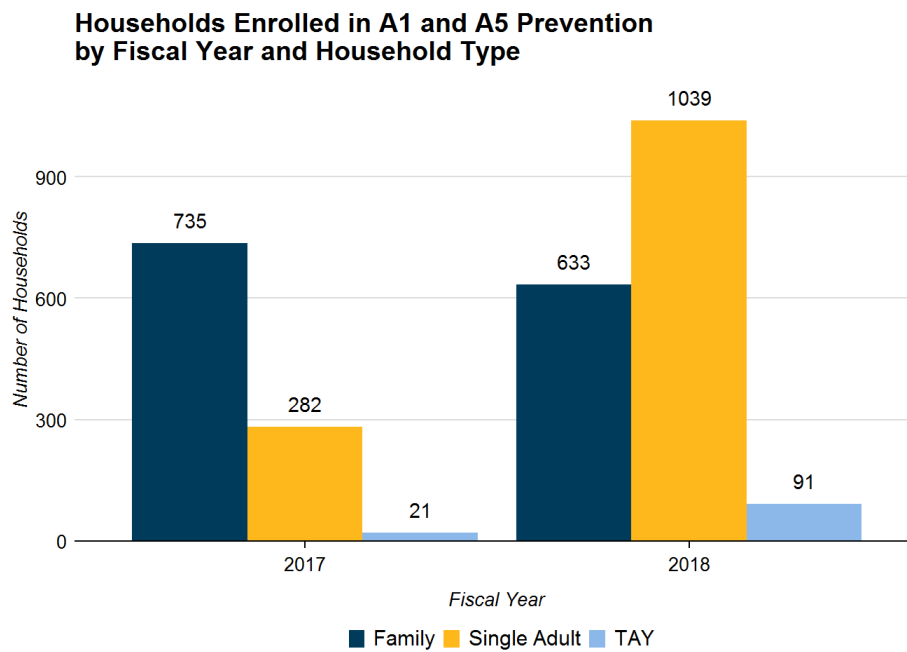
There's substantial monthly and seasonal variation in enrollments (Figure 3.4). We see enrollments increase sharply around the beginning (July 2018) of Fiscal Year 2018-19 for all household types. This is especially true for single Adult and TAY households, which had very few enrollments until spring of 2018, and this may relate to a later or more gradual implementation of the TAY and single adult programs. Family household enrollments peak in the months just after the beginning of both Fiscal Years (July 2017 and July 2018). On average, there are 57 family, 57 single adult, and 6 TAY enrollments per month.

Figure 3.4

Households Enrolled in A1 and A5 Prevention by Month
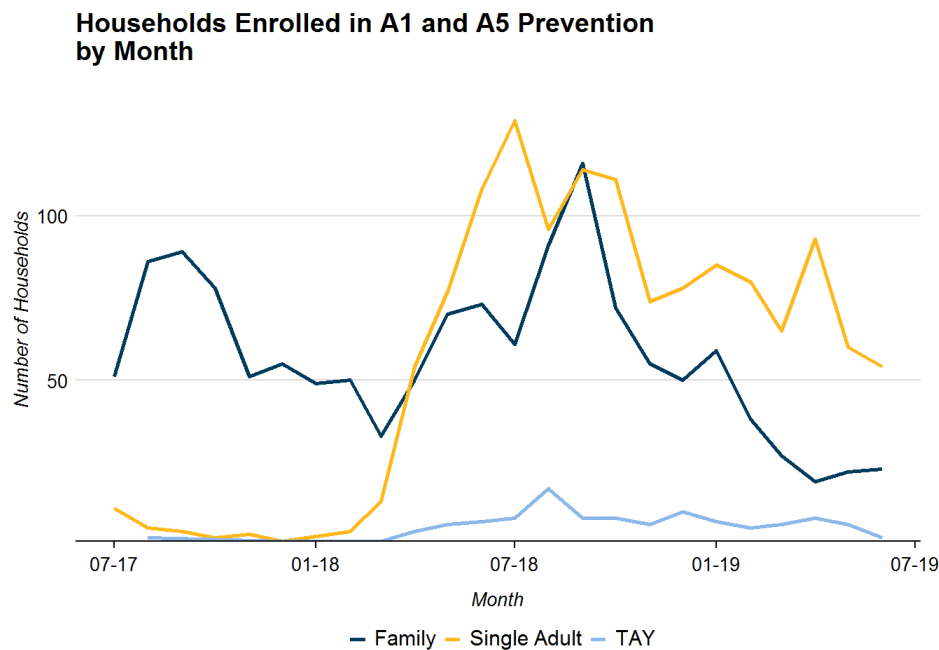
What Happens During Enrollments

Financial assistance—in the form of rental assistance and arrears paid to landlords, utility payments, and other forms of cash assistance—is a major component of prevention services and is designed to help resolve short-term financial difficulties and help clients retain their housing. Financial assistance is rarely if ever paid directly to the client. 1,103 (39%) household enrollments had financial assistance of between $1,001 and $5,000, and 622 (22%) households had financial assistance of over $5,000. However, we observe 735 (26%) households with no record of financial assistance, and another 147 (5%) with financial assistance between $1 and $500 (Figure 3.5).

In analyses that follow, we often distinguish between the 74% of households that received substantial financial assistance ("financially assisted") from those 26% that received small amounts of financial assistance and other services such as case management ("case management only"). These categories reveal interesting differences in enrollment and client characteristics, as well as outcomes.

Examining the service record for prevention enrollments gives a more fine-grained view of the activities that make up an enrollment (Figure 3.6). Case management services are recorded for nearly every enrollment (93%) with any service record. Rental arrears and rental assistance—core tools in prevention's program logic—are recorded in 63% and 52% of enrollments with any service record. We see lower percentages for housing stability plans, referrals, security deposits, and utility payments. Though inconsistent data

entry may lower the percentages for certain service types, the mix of frequent services we observe is consistent with prevention's model.

Figure 3.5

Household Financial Assistance Amounts in A1 and A5 Prevention

Figure 3.6

Common Services Received in A1 and A5 Prevention Enrollments

Note: Only households with services recorded in the HMIS are included.
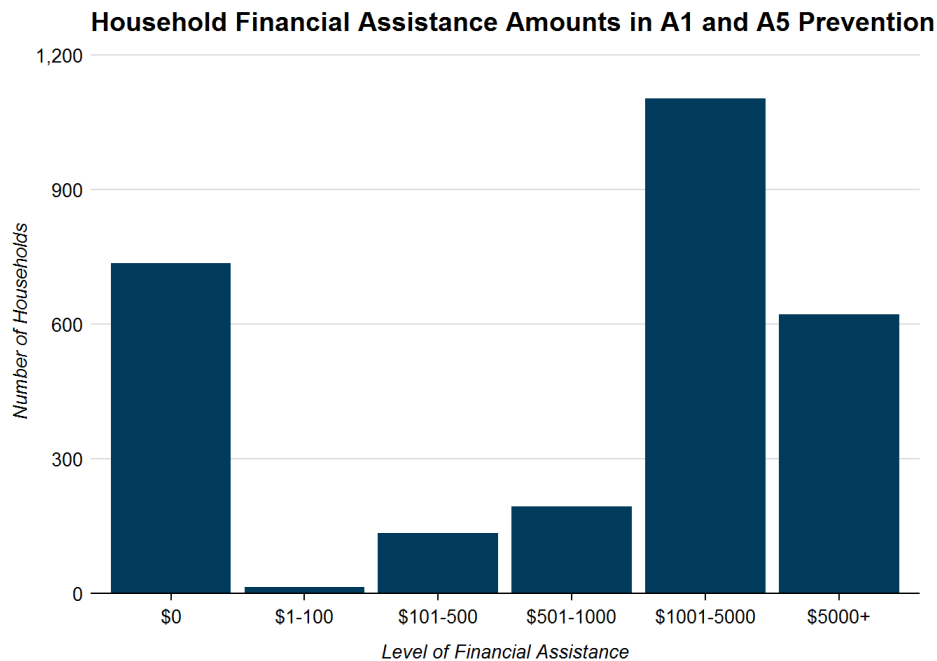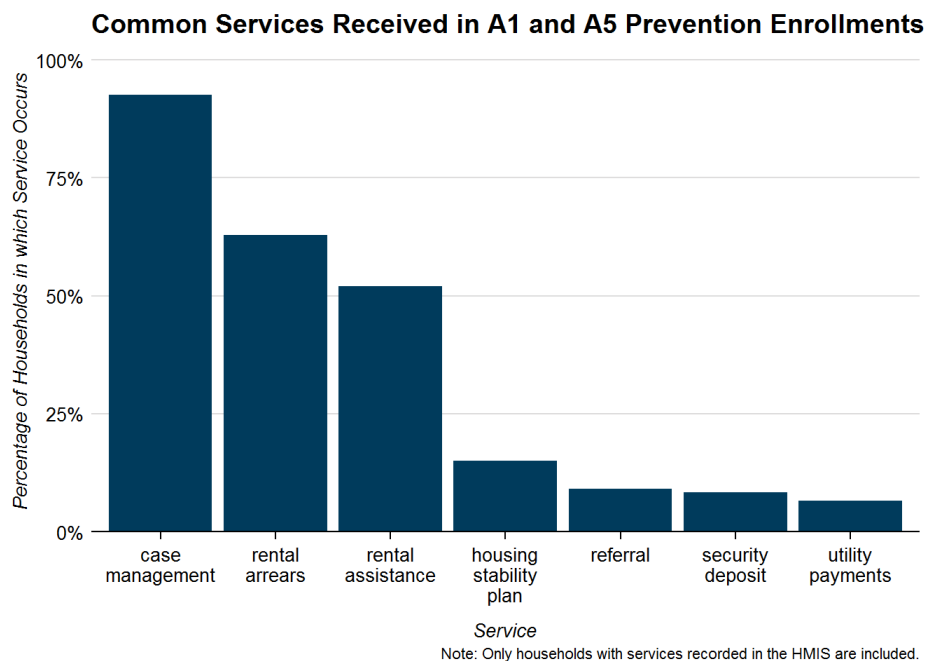
Program documentation specifies that prevention enrollments should be under 180 days (6 months). Typical enrollment lengths are in line with this and suggest program fidelity in terms of duration. By any measure, typical enrollments among all households are much shorter than 180 days (Table 3.1). We use three alternative measures of enrollment duration to better understand length and intensity of prevention enrollments. "Enrollment Duration" measures time from project entry to exit. Because client exits are sometimes not entered or entered late, we created "Service Duration," a measure of the time between project entry and the enrollment's last service record. "Financial Assistance Duration" measures the number of months a client receives financial assistance.

Table 3.1

Household Median Enrollment and Service Duration in A1 and A5 Prevention

Median Enrollment Duration (Days)	Median Service Duration (Days)	Median Financial Assistance Duration (Months)
101	91	1

We observe large differences in enrollment duration by household type and financial assistance (Table 3.2). Generally, family enrollments are longer than TAY or single adult enrollments. According to our service duration measure, financially assisted enrollments are consistently longer than those involving case management only.

Table 3.2

Household Median Enrollment and Service Duration in A1 and A5 Prevention by Household Type

Household Type	Median Enrollment Duration (Days)	Median Service Duration (Days)	Median Financial Assistance Duration (Months)
Case Management Only			
Family	106	90	0
Single Adult	76	50	0
TAY	104	37	0
Financially Assisted			
Family	138	132	3
Single Adult	68	71	3
TAY	88	109	2

Prevention Targeting Tool

The Prevention Targeting Tool (PTT), as described in detail in *Section 1: Introduction and Background*, is a screening tool intended to determine eligibility for prevention. For the purposes of our descriptive analysis, we examined trends in the administration of the PTT, how consistently enrollments involve the usage of the PTT, and whether the PTT threshold appears decisive in determining eligibility.

Considering usage of the PTT over time, we see monthly variation in assessment volume, though service providers typically administer between 50 and 100 assessments for families and individuals per month (Figure 3.7). Since the last revision of the instruments in July of 2018, when the instruments took on their current questions and form, providers administer an average of 65 family assessments and 63 individual assessments per month.

Figure 3.7

PTT Assessments by Month

Final Revision of PTT →

Number of Assessments

100

50

2016   2017   2018   2019

Month

— Family — Individual
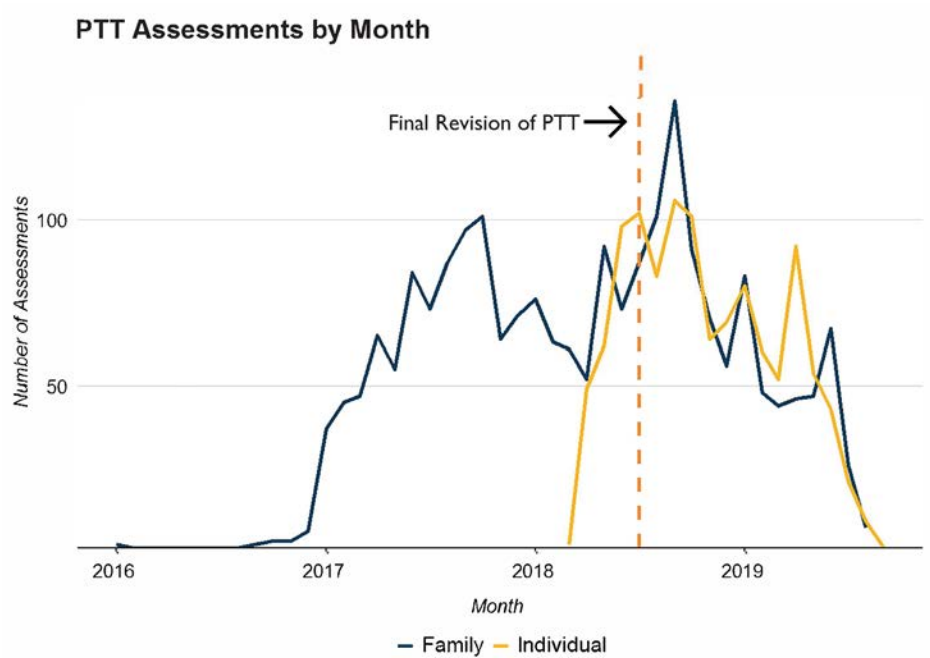
Enrollments somewhat consistently involve the PTT. In the single adult system, 72% of enrollments had a corresponding PTT. The proportion of enrollments with the PTT varies little over time (Figure 3.8).

Figure 3.8

Single Adult System: Enrollments with and without a PTT

Number of Households

100

50

0

02-18   04-18   06-18   08-18   10-18   12-18   02-19   04-19   06-19

Month

■ without PTT ■ with PTT
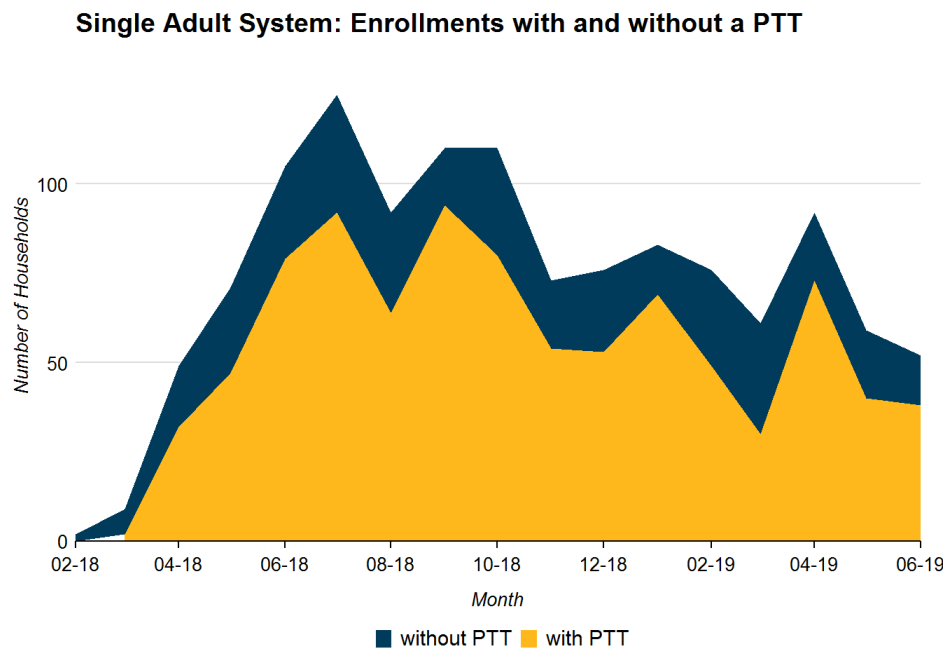
The family system exhibits slightly higher PTT usage—76% of enrollments had a PTT. Moreover, the proportion of enrollments with a PTT has grown over time (Figure 3.9), and, in the last month for which we have data, 92% of enrollments had a PTT.

Figure 3.9

Family System: Enrollments with and without a PTT
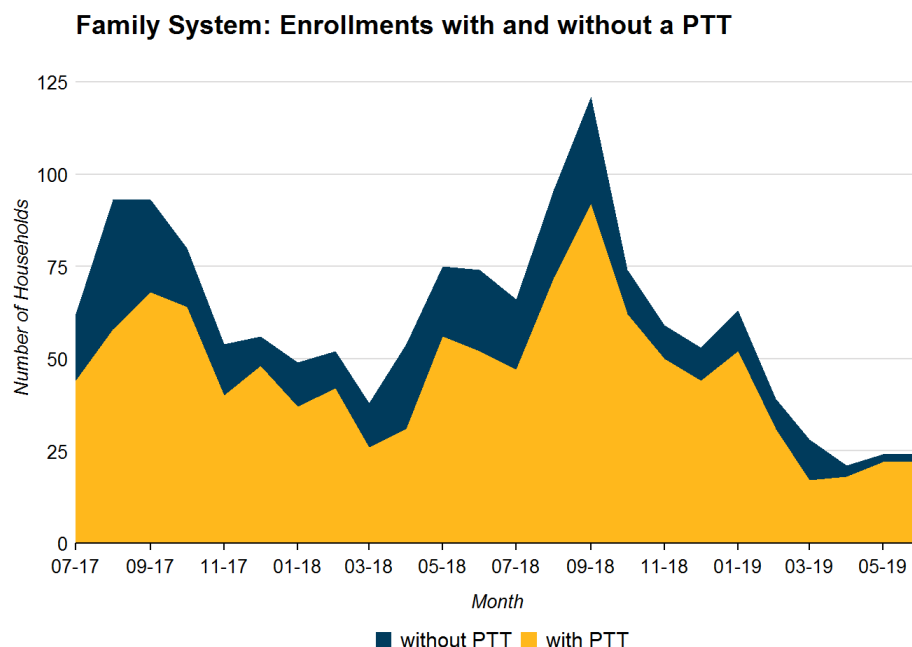
The PTT has threshold scores that are meant to establish eligibility for prevention. Individuals in the single adult system should score 19 out of 50 points to access prevention, while families should score 21 out of 42 points. The PTT score distributions for both individuals and families indicate that thresholds do not decisively establish eligibility (Figures 3.10 and 3.11, respectively). Because individuals and families scoring below the thresholds for their population-specific targeting tool are still eligible for "light touch" services,[43] we use three enrollment categories below. Along with our repeatedly used categories of "Financially Assisted" and "Case Management Only," we've included "Not Enrolled," which indicates a PTT was given and recorded, but there was no corresponding enrollment. Score thresholds are shown in orange. If the thresholds were more decisive, we would expect very few prevention enrollments—financially assisted especially—left of the threshold. For individuals (Figure 3.10), we see a mix of all three categories, even at low scores, and a moderate positive relationship between PTT score and financially assisted enrollment. The distribution has few observations below the threshold, suggesting missing data or pre-screening.

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[43] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 27.4.

Figure 3.10

Individuals: PTT Score Distribution

Legend: ■ Not Enrolled ■ Case Management Only ■ Financially Assisted
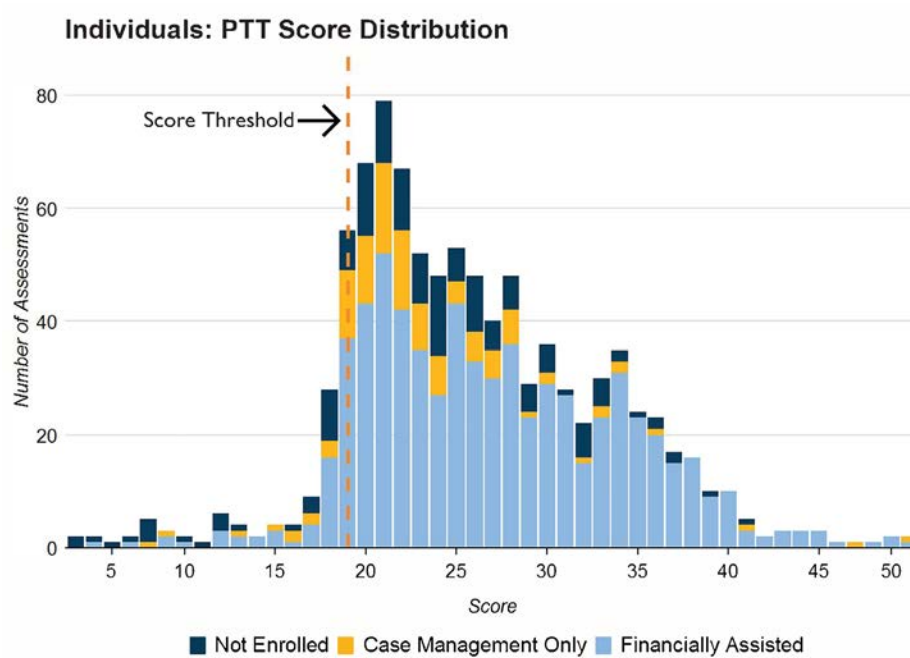
For families, the association between PTT score and enrollment appears weaker (Figure 3.11) and, as with individuals, the threshold does not appear decisive. Moreover, the modal score is 21 – the threshold itself. When the modal score of a screening tool is exactly the same as the eligibility score, it may suggest that those administering the screening tool are trying to direct the scores of clients toward the threshold. This could be explored through further research and interviews with service providers.

Figure 3.11
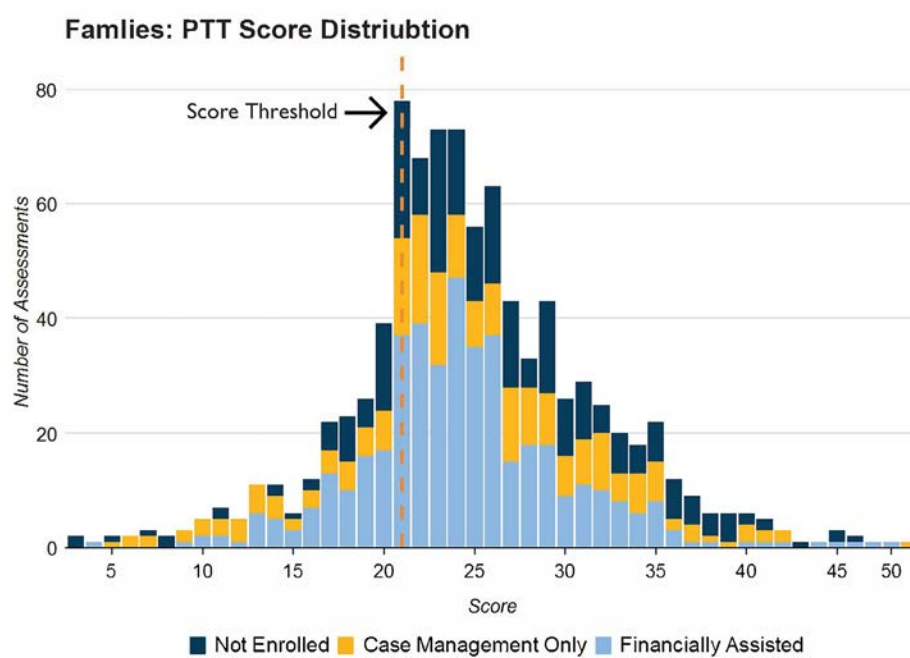
Consolidating scores into above and below threshold groups, we see that individuals with scores above the threshold are more likely to be enrolled in financially assisted prevention. Overall, 74% of individuals with scores above 19 are enrolled compared to 48% with scores below. This varies between years, and we observe that the differential decreases between assessments given in 2018 and 2019 (Figure 3.12).

Figure 3.12

**Individual PTT Scores and Enrollments
with Financial Assistance by Calendar Year**
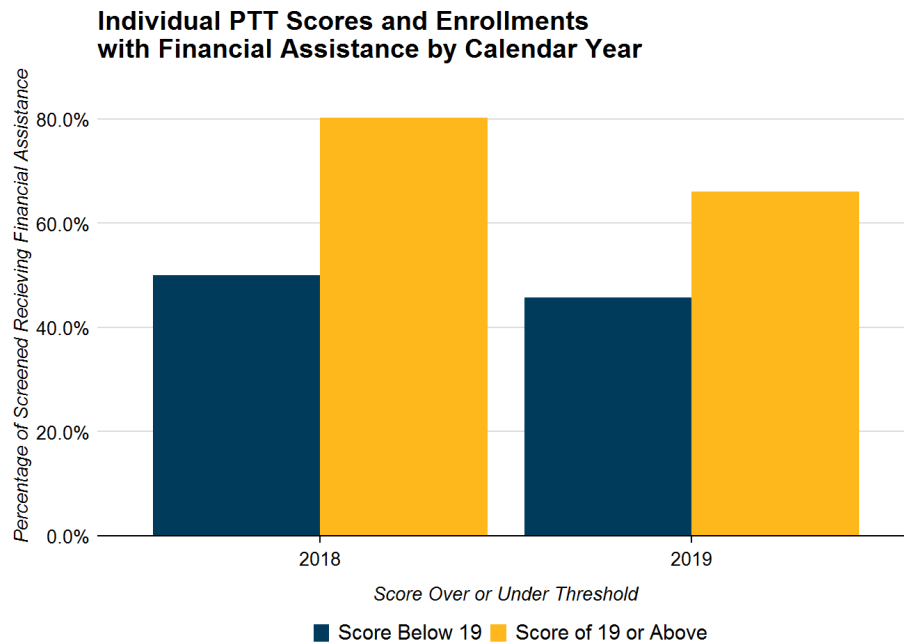
In the family system, we see roughly equal percentages of families above and below the score threshold enrolled in financially assisted prevention (47% vs. 46%). In 2018, providers were slightly more likely to enroll families below the threshold in prevention (Figure 3.13), though this reverses in 2019.

Figure 3.13

**Family PTT Scores and Enrollments
with Financial Assistance by Calendar Year**
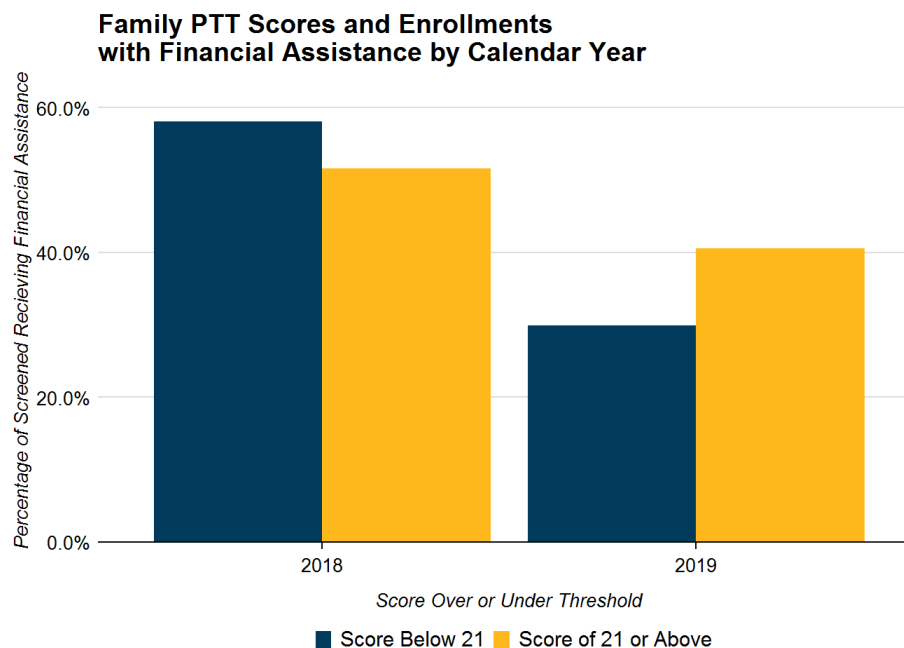
Client Demographics

Approximately half (48%) of all heads of households enrolled in prevention are Black. Latinx households comprise just over a third (36%) of all enrollments. White households make up 13% of enrollments, and households belonging to other races/ethnicities account for the remaining 3% of enrollments.

Looking at household types in the family population (Figure 3.14), we see nearly equal representation of Black and Latinx households (47% and 41%, respectively) and smaller proportions of white (7%) and other race/ethnicity (5%) households. In the single adult population, Black households account for half of enrollments, Latinx households are 29%, white households constitute 18%, and other races/ethnicities are 2%. The TAY population closely resembles the family population except for a larger share of white households and smaller share of other race/ethnicity households.

Figure 3.14

Households Enrolled in A1 and A5 Prevention by Household Type and Race/Ethnicity

Note: This figure describes the race/ethnicity of the Head of Household.
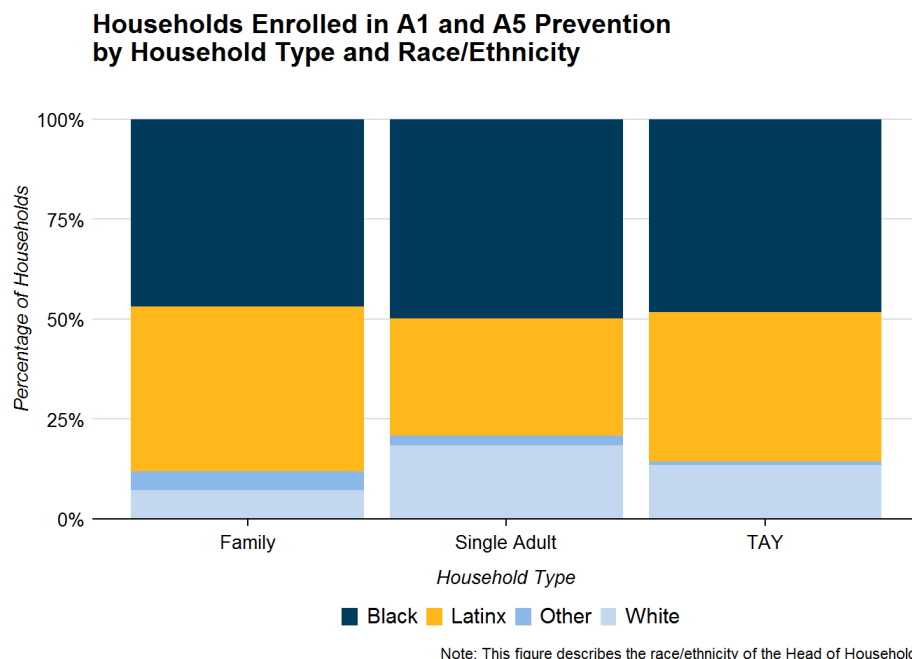
70% of all enrollments have a female head of household, 29% have a male head of household, and 1% have a trans head of household, though gender varies widely by household type. Women head 89% of family households, 51% of single adult households, and 56% of TAY households. Men head 11% of family households, 47% of single adult households, and 39% of TAY households. Trans households make up less than 1% of family

households, 1.5% of single adult households, and almost 5% of TAY households (Figure 3.15).

Figure 3.15

Households Enrolled in A1 and A5 Prevention by Household Type and Gender

Note: This figure describes the Gender of the Head of Household
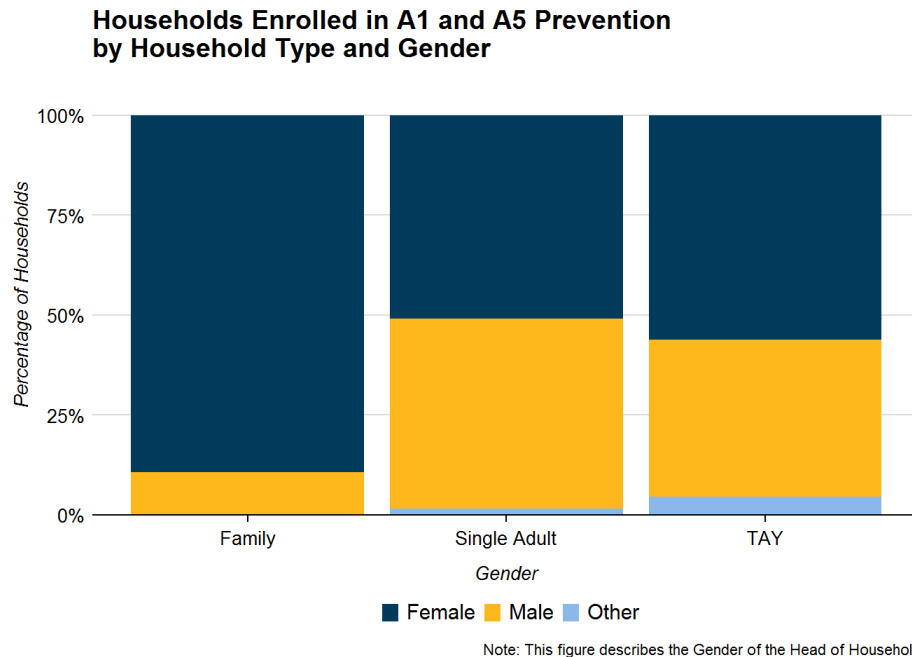
A slight majority (52%) of prevention households are ages 25 to 44. Only 6% of households are ages 18 to 24. Similarly, only 7% of households are ages 65 and over. Over a third (35%) of households are ages 45 to 64. Again, there's substantial variation within household type, and single adult households are much older than family households. Single adult households have a median age of 52 compared to 37 for family households and 22 for TAY households. Moreover, 13% of single adult households are 65 years and older, whereas there are only 5 such households (less than 1%) in the family population (Figure 3.16).

Figure 3.16

Households Enrolled in A1 and A5 Prevention by Household Type and Age Category
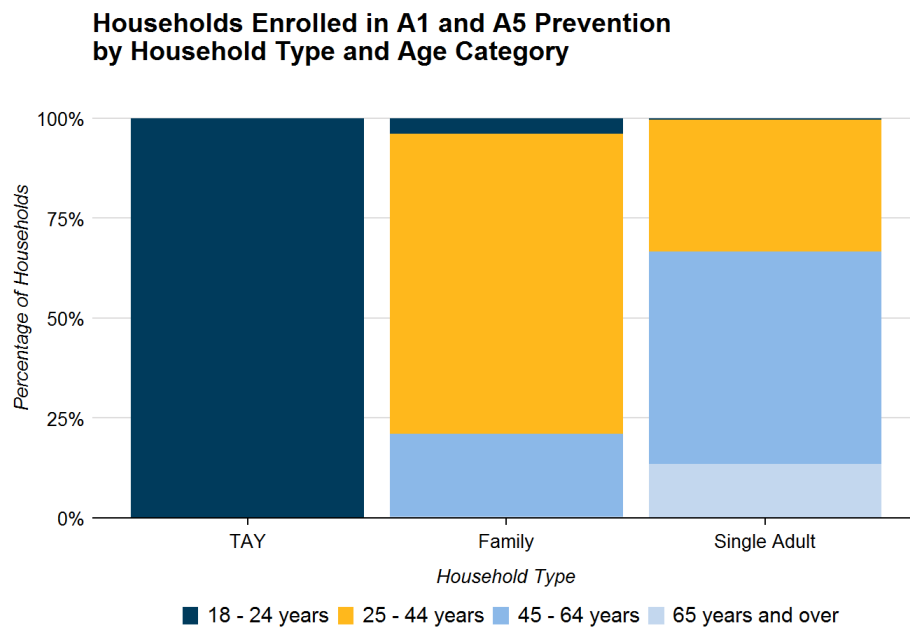
Note: This figure describes the age of the Head of Household. Two Households with a head who is under 18 are omitted from this figure.

Prior Service Utilization and Homelessness

We see high rates of prior service utilization and agency contact among prevention households in the five years preceding their enrollment: 65% of households are or were CalFresh recipients; 36% of households accessed CalWORKs; 24% accessed the Department of Health Services; 24% accessed Department of Mental Health services; 21% accessed General Relief; 14% had a recorded arrest with the Sheriff's Department; and 4% of households were on probation at some time.

Service use among household types shows greater representation of TAY and family households in CalFresh (Figure 3.17). Unsurprisingly, family households are far more likely to have accessed CalWORKS and far less likely to have accessed General Relief. Single adult households have outsized criminal justice involvement (*i.e.*, Probation and Sheriff contact), as well as Department of Health Services access.

Figure 3.17

Service Utilization by Agency/Service and Household Type among Households Enrolled in A1 and A5 Prevention
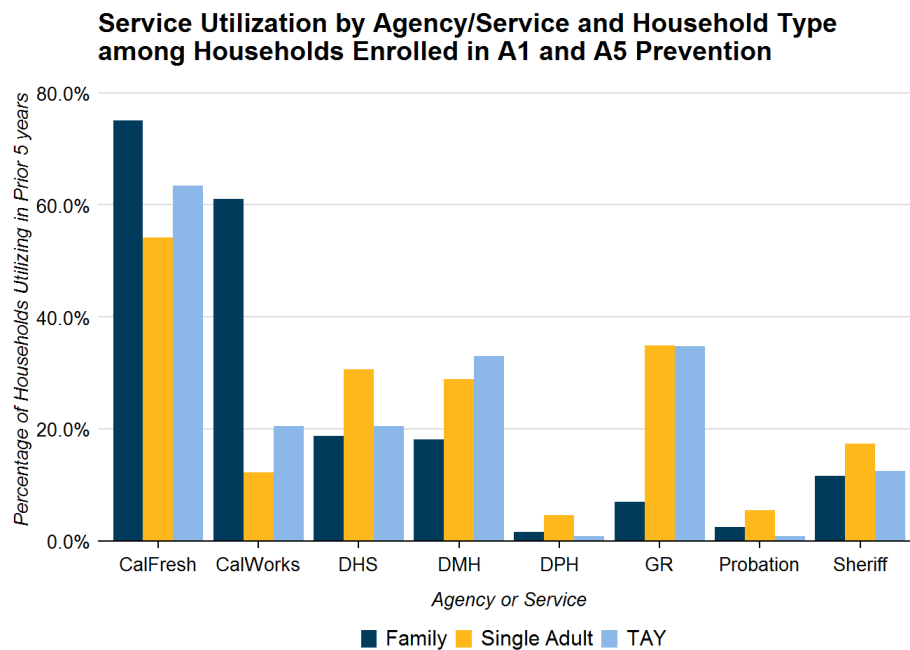
Underscoring the complex needs and trajectories of prevention clients, we see high rates of prior homelessness. In the five years before their enrollment, 36% of households entered an HMIS project indicating homelessness ("Pct. Any HMIS" in subsequent tables); 20% entered an Interim Housing or Street Outreach project ("Pct. Interim Housing or Street Outreach"); 25% entered a housing project ("Pct. Housing"); and 16% entered some other type of HMIS project indicating homelessness ("Pct. Other").

Depending on household type and the window of time considered (prior year versus prior five years), homelessness rates can be even higher (Tables 3.3 and 3.4). Comparing financially assisted households to case management only households, we see financially assisted households have consistently higher rates of homelessness in the prior five years regardless of household type or homelessness measure (Table 3.4).[44] Considering only the prior year, financially assisted households generally have higher rates of homelessness, but there's some inconsistency for certain household types and homelessness measures (Table 3.3).

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[44] These differences are statistically significant in a logistic regression where an indicator for any prior homelessness is regressed on household type and financial assistance or case management only.

Table 3.3

HMIS Homelessness in Prior Year among Households Enrolled in A1 and A5 Prevention

Household Type	Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
Case Management Only				
Family	7.8%	3.2%	5.3%	0.9%
Single Adult	18.6%	11.9%	5.2%	6.7%
TAY	30.0%	13.3%	16.7%	10.0%
Financially Assisted				
Family	10.6%	3.6%	6.5%	1.3%
Single Adult	15.1%	8.8%	7.0%	6.1%
TAY	36.6%	19.5%	22.0%	17.1%

[a] Note: Households can belong to multiple categories.

Table 3.4

HMIS Homelessness in Prior 5 Years among Households Enrolled in A1 and A5 Prevention

Household Type	Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
Case Management Only				
Family	21.2%	10.6%	16.8%	6.7%
Single Adult	33.1%	23.0%	16.4%	14.9%
TAY	40.0%	26.7%	26.7%	20.0%
Financially Assisted				
Family	31.9%	10.6%	25.5%	9.0%
Single Adult	45.0%	30.3%	30.6%	25.5%
TAY	52.4%	40.2%	32.9%	32.9%

[a] Note: Households can belong to multiple categories.

Homelessness After Prevention

In this subsection, we filter our data to only include enrollments from Fiscal Year 2017-18. This offers a follow-up period in which we could observe homelessness. The majority of our analyses use a 6-month follow-up period because this allows later enrollments time to proceed through prevention and experience homelessness. Using a 12-month outcome window and first examining all enrollments together, we see that 14.5% of households experience homelessness in the 12-months after prevention (Table 3.5).

Table 3.5

HMIS Homelessness in 12 Months among Households Enrolled in A1 and A5 Prevention

Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
14.5%	7.8%	7.5%	2.8%

[a] Note: Households can belong to multiple categories.

Turning to a 6-month outcome window, we see generally lower rates because we have applied a smaller outcome window and are shortening the time households have to experience homelessness after exit (Table 3.6).

Table 3.6

HMIS Homelessness in 6 Months among Households Enrolled in A1 and A5 Prevention

Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
9.4%	4.5%	5.4%	1.6%

[a] Note: Households can belong to multiple categories.

Financially assisted households are remarkably better off in terms of subsequent homelessness across all measures of homelessness.

Table 3.7

HMIS Homelessness in 6 Months among Households Enrolled in A1 and A5 Prevention by Financial Assistance or Case Management

Service Type	Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
Case Management Only	19.9%	10.8%	12.8%	3.0%
Financially Assisted	5.3%	2.0%	2.4%	1.1%

[a] Note: Households can belong to multiple categories.

Looking at HMIS homelessness outcomes according to household type in combination with financial assistance illuminates large differences in homelessness in the 6 months after prevention (Figure 3.18). Though financial assistance remains associated with much lower rates of homelessness, the differences are larger for single adult and TAY households.

Figure 3.18

HMIS Homelessness after 6 Months among Households Enrolled in A1 and A5 Prevention by Household Type and Financial Assistance or Case Management
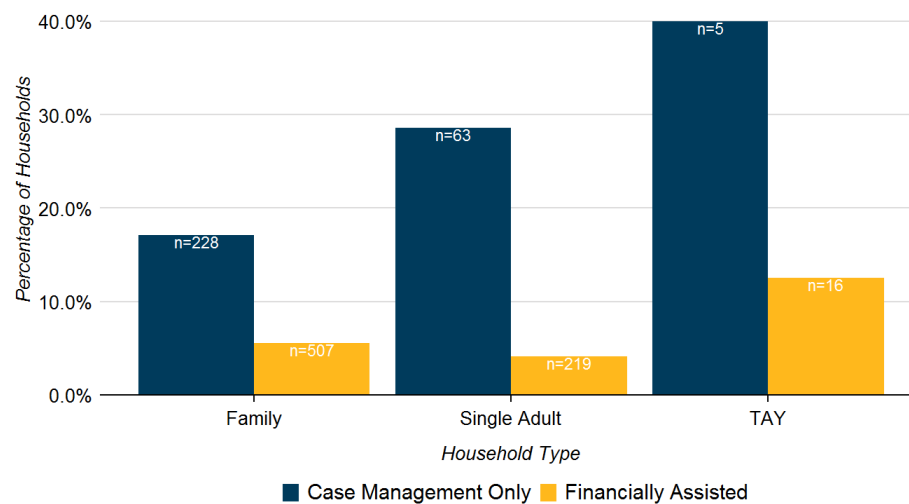
Note: This grouping results in small cell sizes for some sub-groups, so number of obs. is shown at the top of columns.

Given households' high rates of prior homelessness, we explored whether households that experienced homelessness in the five years prior to their prevention enrollment were more likely to experience homelessness after prevention (Table 3.8). Regardless of prior homelessness or household type, financially assisted households continue to experience subsequent homelessness at much lower rates. Within categories of

financial assistance or case management only, we observe higher rates of post-prevention homelessness among households with a history of homelessness.[45]

Table 3.8

Household HMIS Homelessness in 6 Months After Prevention among Households Enrolled in A1 and A5 Prevention by Household Type, Financial Assistance or Case Management, and Prior Homelessness

Household Type	Prior Homeless Spell	Pct. Any HMIS	Pct. Interim Housing or Street Outreach	Pct. Housing	Pct. Other
Case Management Only					
Family	No	13.1%	7.4%	8.0%	2.3%
	Yes	30.2%	11.3%	24.5%	1.9%
Single Adult	No	27.3%	20.5%	11.4%	2.3%
	Yes	31.6%	10.5%	26.3%	15.8%
Financially Assisted					
Family	No	5.3%	2.1%	2.6%	0.6%
	Yes	6.0%	3.0%	3.0%	1.2%
Single Adult	No	3.3%	1.7%	0.8%	0.8%
	Yes	5.1%	1.0%	2.0%	2.0%

[a] Note: Households can belong to multiple categories. TAY are excluded due to small cell sizes.

Pathways

Household pathways are the combination of households' living situations at enrollment and exit. They offer a view of the varied ways households move through prevention. In these cross-tabulations, we also include homelessness in the 6-months after prevention to explore the association between particular pathways and homelessness.

It is first useful to view living situation at enrollment and destination at exit in separate tables (Tables 3.9 and 3.10, respectively). At enrollment, we see the majority (57%) of households are living with family members in a situation reported as permanent (rather than temporary). A quarter (25%) of households are living in a rental for which they receive some subsidy. The remaining categories all account for less than 3% of enrollments, and some of the rarer situations may reflect data entry errors since they

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[45] These differences are statistically significant in a logistic regression where an indicator for any post-prevention homelessness is regressed on household type, financial assistance or case management only, and prior homelessness.

conflict with program eligibility requirements (*e.g.*, those households recorded as being in homeless situations). We observe much higher rates of subsequent HMIS homelessness for households in temporary situations at enrollment, and even greater rates for those in homeless situations. Notably, no households are reported as living in a rental without a subsidy at time of enrollment.[46]

Table 3.9

Living Situation at Enrollment among Households Enrolled in A1 and A5 Prevention

Prior Living Situation	Number	Pct.	Cumulative Pct.	Pct. Any HMIS (6 Months)
Permanently with family	1591	56.8%	56.8%	5.09%
Rental with subsidy	707	25.2%	82.0%	6.79%
Temporarily with family	103	3.7%	85.7%	13.59%
Permanent Housing	74	2.6%	88.4%	12.16%
Permanently with friends	72	2.6%	90.9%	4.17%
Shelter/Homeless	70	2.5%	93.4%	34.29%
Temporarily with friends	67	2.4%	95.8%	20.90%
Hotel	47	1.7%	97.5%	21.28%
Home with subsidy	26	0.9%	98.4%	0.00%
Institution	19	0.7%	99.1%	5.26%
Not Collected	10	0.4%	99.5%	30.00%
Transitional Housing	10	0.4%	99.8%	10.00%
N/A	5	0.2%	100.0%	40.00%

[a] Note: All households are included.

At exit, we see a very different array of living situations (Table 3.10). The most common destination is an unsubsidized rental (46%), followed by missing destination ("N/A")[47] and rentals with a subsidy (21% each). A small proportion of households appear

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[46] This finding contradicts experiences some service providers relayed, and it may result from some unknown error in the HMIS data used for the analyses.

[47] Though missing project exit data are a common data quality issue throughout the HMIS, the problem is exacerbated here because this table uses data through July, 2019. For some later enrollments—

to exit directly to a homeless situation, and these households indeed experience very high rates of subsequent HMIS homelessness.

Table 3.10

Destination at Exit among Households Enrolled in A1 and A5 Prevention

Destination	Number	Pct.	Cumulative Pct.	Pct. Any HMIS (6 Months)
Rental	1291	46.1%	46.1%	3.95%
N/A	576	20.6%	66.7%	8.16%
Rental with subsidy	576	20.6%	87.2%	7.64%
Not Collected	136	4.9%	92.1%	11.03%
Shelter/Homeless	42	1.5%	93.6%	57.14%
Temporarily with family	42	1.5%	95.1%	4.76%
Permanently with family	41	1.5%	96.5%	7.32%
Other	30	1.1%	97.6%	36.67%
Permanent Housing	22	0.8%	98.4%	9.09%
Temporarily with friends	12	0.4%	98.8%	25.00%
Institution	8	0.3%	99.1%	37.50%
Home	7	0.2%	99.4%	0.00%
Hotel	7	0.2%	99.6%	57.14%
Permanently with friends	6	0.2%	99.8%	0.00%
Home with subsidy	4	0.1%	100.0%	0.00%
Transitional Housing	1	0.0%	100.0%	100.00%

[a] Note: All households are included. Missingness (N/A) for destination is high in part due to recent program entrances for some households.

like those occurring in the summer of 2019—households would have to rapidly proceed through the program in order have exited. Subsequent Pathways tables subset the data to mitigate the problem of missing information on exit. We separately designate enrollments with entirely missing exit information ("N/A") from those with exit information where no destination was collected ("Not Collected") for a variety of reasons (*e.g.,* client refused).

Returning to pathways, we combine entry and exit living situations, along with group rates of homelessness, to produce the following tabulation of overall pathways (Table 3.11). The most common prevention pathway leads from permanently living with family to living in a market-rate rental property. The second most common pathway is remaining in a subsidized rental. Though the HMIS data do not indicate housing retention, pathways in which households exit to the same situation are suggestive of households keeping their housing. Beyond these top two pathways, all other pathways each account for 5.4% or less of households. The fourth most common pathway—rental with subsidy to rental—suggests some households may have lost preexisting housing subsidies. Though this table provides a high-level view of how prevention is functioning, it masks the important contributions of financial assistance and household type.

Table 3.11

Top 10 Entry/Exit Living Situation Combinations among Households Enrolled in A1 and A5 Prevention

Prior Living Situation	Destination	Number	Pct.	Cumulative Pct.	Pct. Any HMIS (6 Months)
Permanently with family	Rental	906	42.4%	42.4%	3.6%
Rental with subsidy	Rental with subsidy	322	15.1%	57.4%	7.1%
Permanently with family	N/A	116	5.4%	62.8%	9.5%
Rental with subsidy	Rental	104	4.9%	67.7%	1.9%
Permanently with family	Not Collected	76	3.6%	71.2%	11.8%
Permanently with family	Rental with subsidy	64	3.0%	74.2%	4.7%
Rental with subsidy	N/A	36	1.7%	75.9%	11.1%
Permanently with friends	Rental	35	1.6%	77.6%	5.7%
Temporarily with family	Rental	35	1.6%	79.2%	14.3%
Permanent Housing	Rental	19	0.9%	80.1%	0.0%

[a] Note: Households enrolled on or before December 28th, 2018 are included. Missingness (N/A) for destination is 10% for subset of data used to generate table.

Tables 3.12. and 3.13 provide pathways for family and single adult households. Each table groups enrollments according to financial assistance or case management only. Moving from permanently living with family to a rental is the most common pathway by far for all groups except financially assisted single adults, who remain in a subsidized rental at the same rate as they move from permanently living with family to a rental. Looking across tables 3.12 and 3.13, pathways starting in subsidized rentals are more frequent among financially assisted households. Financially assisted households also experience less varied pathways. In both tables, the top 5 pathways account for large cumulative percentages of financially assisted households and much smaller cumulative percentages of case management only households. Single adults who did not receive financial assistance have on average the highest rates of returns to homelessness within 6 months, though the raw numbers are small, which can make the percentages appear more remarkable than they are.

Table 3.12

Family Households Enrolled in A1 and A5 Prevention: Top 5 Entry/Exit Living Situation Combinations by Financial Assistance or Case Management

Prior Living Situation	Destination	Number	Pct.	Cumulative Pct.	Pct. Any HMIS (6 Months)
Case Management Only					
Permanently with family	Rental	99	26.2%	26.2%	4.0%
Permanently with family	Not Collected	40	10.6%	36.8%	5.0%
Rental with subsidy	Rental	19	5.0%	41.8%	0.0%
Permanently with family	Temporarily with family	15	4.0%	45.8%	0.0%
Permanently with family	N/A	14	3.7%	49.5%	21.4%
Financially Assisted					
Permanently with family	Rental	472	59.0%	59.0%	3.0%
Rental with subsidy	Rental	65	8.1%	67.1%	1.5%
Permanently with family	N/A	36	4.5%	71.6%	2.8%
Rental with subsidy	Rental with subsidy	33	4.1%	75.8%	3.0%
Permanently with family	Rental with subsidy	27	3.4%	79.1%	7.4%

ᵃ Note: Households enrolled on or before December 28th, 2018 are included. Missingness (N/A) for destination is 7% for subset of data used to generate table.

Table 3.13

Single Adult Households Enrolled in A1 and A5 Prevention: Top 5 Entry/Exit Living Situation Combinations by Financial Assistance or Case Management

Prior Living Situation	Destination	Number	Pct.	Cumulative Pct.	Pct. Any HMIS (6 Months)
Case Management Only					
Permanently with family	Rental	40	25.3%	25.3%	7.5%
Permanently with family	N/A	19	12.0%	37.3%	21.1%
Permanently with family	Not Collected	14	8.9%	46.2%	28.6%
Shelter/Homeless	N/A	8	5.1%	51.3%	62.5%
Rental with subsidy	Rental with subsidy	7	4.4%	55.7%	28.6%
Financially Assisted					
Permanently with family	Rental	267	36.8%	36.8%	4.1%
Rental with subsidy	Rental with subsidy	267	36.8%	73.6%	7.5%
Permanently with family	N/A	40	5.5%	79.1%	7.5%
Permanently with family	Rental with subsidy	24	3.3%	82.4%	0.0%
Rental with subsidy	N/A	20	2.8%	85.1%	10.0%

[a] Note: Households enrolled on or before December 28th, 2018 are included. Missingness (N/A) for destination is 12% for subset of data used to generate table.

Qualitative Data Analysis

> ***Key Takeaway***: Service providers have a generally positive view of A1 and A5 prevention. They view rental arrears or rental assistance as the most beneficial program component, though legal services also garnered widespread positive feedback. Service providers found the prevention program model to be clear and easy to follow, but indicated confusion regarding problem-solving and its role in conjunction with prevention. Legal service providers recommended closer coordination with homeless service providers, specifically much speedier referrals and training for providers to spot legal issues faster. They also highlighted that coordination of financial assistance is challenging. A family system focus group indicated additional support for rental arrears, rental assistance, and legal services. The focus group also highlighted a desire to offer greater assistance to doubled-up households.

Approach and Data

To better understand service provider perspectives, we conducted semi-structured interviews with a range of Los Angeles County homelessness service providers and legal service providers. The interviews utilized an open-ended instrument meant to collect broad information related to prevention and problem-solving/diversion program administration, client eligibility, use of and opinions surrounding the Prevention Targeting Tool, and stakeholder notions of program goals and successes. We held 14 interviews with homeless service providers in November and December 2018, five interviews with legal service providers in October and November 2019, and one focus group of homeless service providers on November 7, 2019. All of these data sources inform the conclusions below, but only the structured interviews were coded for analysis.

Our qualitative analysis consisted of an iterative process of interview coding where a coding scheme—a nested collection of concepts—was applied to participants' responses to reveal patterns and build evidence around how prevention looks on the ground. We created our coding scheme using our research questions, while remaining open to emergent themes and insights evident in participants' responses (*i.e.*, using an abductive approach[48]). We present our findings by domain below and include participants' original quotes that illustrate broader themes.

Interviews revealed positive views of A1 and A5. Service providers comprehended the prevention model, and, despite being early in their implementation, discussed practicing many aspects of the program model. Problem-solving/diversion was a source of confusion for most providers. Though providers grasped the framework underpinning problem-solving/diversion, the practical integration of problem-solving/diversion and

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[48] Timmermans, Stefan, and Iddo Tavory. "Theory construction in qualitative research: From grounded theory to abductive analysis." Sociological theory 30.3 (2012): 167-186.

prevention eluded most providers. The Prevention Targeting Tool was widely viewed as adequate and helpful, and providers stated they consistently used it. However, they did report informally pre-screening clients, which may explain why relatively few single adults scored below the threshold score for program eligibility.

Service Provider Interviews

Prevention

Providers discussed a range of services occurring during prevention enrollments. They most frequently pointed to rental arrears or rental assistance as the most beneficial program component, though we also observed frequent usage and widespread support for legal services.

> "With the clients going to trial...our attorneys that we work with have been so helpful with updating us on what's going on, like the likelihood of them winning the case, what we can do to help their case. Me personally, I think the **legal services have been amazing."**

Some providers noted a lack of household inflow, especially for the single adult system, but this perception was not universal.

> "We're **not seeing an overwhelming amount of people coming to us for individual prevention** and I think it's because it's very...easy for individuals to go couch surf for quite a while after they lose their units."

When asked to discuss potential improvements, providers offered wide-ranging responses including revision of income requirements, more intensive case management, having onsite legal services, and expansion of prevention funding.

Problem-Solving/Diversion

Providers repeatedly expressed confusion over how to practice problem-solving. Relatedly, they also reported very low usage of problem-solving.

> "To be honest, **we're all getting a little bit confused about diversion.** I don't know if anybody has officially enrolled somebody in diversion, but from what we understand, diversion is to divert them from actually being introduced into the system or prevention."

Some providers viewed problem-solving as a way to avoid expenditures. Several providers discussed problem-solving in terms of what it's not rather than articulating services or activities that would occur during problem-solving.

> "You're also diverting them out of needing... **We're not paying for them. Diversion is also about money at the end of the day**."

Other providers described problem-solving in terms of making households aware of the resources already at their disposal.

> "Diversion is more like, **'Do you have a family member that you can stay with?'** 'Is there something that we can help with?'"

While not all providers viewed problem-solving as a time-intensive program, some indicated it required substantial staff time in the short-term. One provider viewed problem-solving as a recurring process, where households routinely return despite the time investment made upfront.

> "It's a frontend heavy intervention and it's a time commitment…there's no intake paperwork being done… **But you want the client to feel like they're still being helped without bringing them in. You're not saying no.** Sometimes you might be able to divert them for a week and **then they come back and you try it again."**

Prevention Targeting Tool

Across interviews, providers indicated universal usage of the PTT during A1 and A5 enrollments, which conflicts with the findings of our administrative data analysis. Providers also indicated that they engage in an informal pre-screening process that serves as an initial eligibility check. For most providers, this is a quick conversation on households' backgrounds and circumstances before the administration of the PTT.

> "**The first thing we do is just sort of…[an] informal interview**…then, we go right into the Prevention Targeting Tool, you know, to make sure that they do qualify, point-wise, for the program."

We observed high levels of support for the PTT's threshold scores, which most providers felt helped effectively direct prevention resources. Other providers believed that the thresholds were easy to meet for most households.

> "I think that the scoring tool **does a pretty good job weeding out most who could self-resolve.**"

> "Like it's not hard to get a 21 on that Prevention Targeting Tool. If you are a family living in poverty who has had any sort of barriers, **it's not hard to get the score you need to qualify.**"

Some providers shared stories of households just below the score thresholds that would be ineligible for prevention. However, they said such cases were rare, and that LAHSA has been supportive of enrolling such clients despite their PTT scores.

> "**I've had a couple people that are around 18, 18-19.** Those are usually market-rate clients that have just lost their jobs, never been homeless before. So, we've gotten a few of those people. But **typically, it's not really an issue.**"

Legal Service Provider Interviews

Working with Prevention Service Providers

Some legal service organizations report that they regularly work with service providers and have a very good relationship with service providers. One attorney noted that she works with case mangers when she needs help gathering client documents or fingerprints. She also works with case managers to find new housing for her clients if additional time to move out is the best outcome that she can negotiate in an eviction case. Another attorney reported that her organization also regularly works with case managers and that attorneys at her organization are typically in consistent contact with case managers. She noted that co-location with the service provider has strengthened communication and cooperation between her organization and the service provider who refers clients to her organization.

Other attorneys reported that their organizations do not work closely with prevention service providers. Two attorneys noted that when they are unable to preserve a client's housing situation in eviction cases, the clients' case managers have not been helpful in finding new housing for the clients. Another attorney noted that coordination of rental assistance is difficult. In instances when he was able to negotiate for payment of arrearages in order to maintain a client's housing, it has sometimes been difficult to work with service providers to coordinate payment of arrearages (even if the client qualifies for financial assistance through A1 and A5 prevention).

In order to foster communication and cooperation between prevention service providers and legal service providers, some attorneys suggested that co-location should be required. One attorney noted that in the absence of co-location, regularly-scheduled and in-depth case conferences would be beneficial.

Legal Service Providers' Perception of Client Risk Levels

All of the attorneys noted that the prevention clients they serve have very high-risk profiles, *i.e.*, in the absence of legal services and other prevention assistance their clients would likely become homeless. One attorney noted that only a fraction of evictions results in actual homelessness. She noted that Measure H-funded legal services are designed to target the eviction cases that could result in homelessness. Another attorney noted that her organization is getting "very, very vulnerable clients" and one challenge has been that some clients resolve one eviction case only to return to the organization with another eviction case.

Legal Service Outcomes

All five of the attorneys interviewed for this evaluation report that Measure H-funded legal services have generally been successful, especially in regards to housing cases

(*i.e.*, eviction and unlawful detainer cases).[49] Attorneys noted that success in these housing cases is critical to preventing homelessness inflows because their prevention clients are at very high risk of homelessness. One attorney noted that even when legal service providers are not able to preserve a client's housing, having an attorney can still result in the best possible legal outcome for a prevention client. For example, an attorney can keep an eviction off of a client's record so that the eviction does not create a barrier to obtaining housing in the future. Attorneys can also negotiate additional time to move out of a unit.

One attorney noted that some prevention clients end up homeless despite legal assistance. For example, some clients enter into a settlement with their landlord that requires them to move out in 90 days. After moving out, clients face barriers to housing such as landlords who will not accept Section 8 vouchers, landlords who do not want tenants with a history of being evicted, or landlords who will not allow pets in the building. For some clients, legal service providers are able to negotiate reduced arrears payments, but the clients do not qualify for financial assistance through Measure-H prevention and have to vacate their units.

Potential ways to improve the legal service referral and intake process

Attorneys noted that it is important to ensure that case managers at SPA leads promptly refer cases to legal service providers. Attorneys reported that they sometimes receive unlawful detainer and eviction cases very late in the life cycle of the case (*e.g.*, one or two days before an eviction trial) and this can make it difficult or impossible to achieve a good case outcome. Sometimes late referrals are the results of a case manager attempting landlord mediation while the unlawful detainer or eviction case is pending. If the mediation fails, the case manager then refers the unlawful detainer or eviction to the legal service provider, but this often happens perilously late in the unlawful detainer or eviction process. It is important that an attorney be involved in unlawful detainers and evictions even in cases where a client's housing cannot be preserved. Because it is very difficult to take an eviction off of an individual's record, it is important that a legal service provider be involved in the case before it is too late to ensure that the record is sealed. Early referrals are also important because landlords and property management companies may involve their own attorneys early on in a lease dispute. This results in the accrual of legal fees. If a tenant has representation early in a dispute, both sides' attorneys can reach a resolution more quickly and prevent accrual of legal fees. Some attorneys noted that it would be beneficial for case managers to receive more training on identifying legal issues. This would help ensure that case managers are flagging urgent legal situations that require immediate legal attention. An additional way to ensure that service providers identify legal

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[49] Legal service providers record data about the services they provide to Measure H prevention clients (*e.g.*, legal issue, how many extra days they stayed in their home as a result of legal assistance, monetary benefits), but the California Policy Lab did not have access to this data.

issues early in the client relationship would be for service providers to have a lawyer on staff who would be responsible for legal issue spotting.

One attorney noted that it would be beneficial to create a streamlined process for legal referrals from organizations that are not SPA leads but nonetheless work with populations who are at imminent risk of homelessness and who face eviction. Because these nonprofits are not SPA leads, they have to fill out referral paperwork to first refer the case to the SPA lead, and then the SPA lead reaches out to the individual or family. Oftentimes, it is difficult for the individual or family to travel to the SPA lead's office. If the individual or family is able to travel to the SPA lead's office, the SPA lead has to fill out additional referral paperwork to make the referral to the legal service provider. This process can create barriers to accessing legal services in a timely manner or at all.

Issues Beyond the Scope of Prevention Legal Services

Attorneys noted that while legal assistance has prevented many of their clients from becoming homeless, there are broader societal conditions that lead to homelessness, which are beyond the scope of legal assistance and prevention assistance under Measure H generally. They noted that in Los Angeles, increasingly unaffordable rent and low wages have put low and moderate income Angelenos in a very precarious situation. One rent increase or other unexpected expense can cause an individual to fall into homelessness. One attorney further noted that many individuals and families do not have enough savings to cover a parking ticket, and unpaid parking tickets or other seemingly minor traffic citation fees can snowball into the loss of a car and subsequent loss of a job when an individual no longer has a means of traveling to their job.

Many attorneys noted that landlord issues have prevented their clients from maintaining current housing or finding new housing when current housing cannot be preserved. They noted that some landlords discriminate against their clients who receive Section 8 housing vouchers. Attorneys also noted that some landlords resist third party checks (*e.g.*, rental assistance checks from prevention providers), despite the fact that Assembly Bill 2219 (codified as an amendment to Civil Code § 1947.3) requires a landlord or landlord's agent to allow a tenant to pay rent through a third party.[50] One attorney noted that some clients face other issues like landlords' refusals to make repairs. The solution to

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[50] California Assembly Bill 2219 (effective on Jan. 1, 2019). Under Assembly Bill 2219, there is no requirement to accept the rent payment tendered by a third party, unless the third party has provided a signed acknowledgment stating that they are not currently a tenant of the premises for which the rent payment is being made, and that acceptance of the rent payment does not create a new tenancy with the third party.

these scenarios might be the formation of tenant organizations rather than any formal legal action.

One attorney noted that lack of transparency in the unlawful detainer process and tenants' lack of knowledge of the unlawful detainer process can have devastating effects on housing status. For example, many tenants do not realize that if they receive an unlawful detainer complaint and do not file an answer, a default judgement for possession of the property may be entered against them without a court hearing.

Family Prevention Focus Group

A focus group of family coordinated entry system program managers offered additional insights on how prevention functions in the family system. Participants shared a variety of outreach approaches used to inform the community about prevention. Many approaches involved partnering with community organizations to inform local residents about the availability of prevention services. One participant described proactive engagement of landlords, during which the service provider would convey their ability to assist tenants on the brink of homelessness. All participants agreed that word-of-mouth generated numerous referrals.

As with provider interviews, participants indicated that they consistently use the PTT in combination with an informal pre-screening process. Multiple participants described their prevention enrollment decisions as contingent on whether a family could self-sustain following the program. They stated that they were reluctant to enroll clients who presented for prevention due to "money management" issues rather than a singular disruptive event such as job loss. When asked about what prevention resources they deemed most helpful, participants highlighted legal services and financial assistance.

Participants found that doubled-up families sometimes required more assistance than they could provide. One participant shared cases of serving doubled-up families who were on the margin of qualifying for rapid rehousing rather than prevention (but did not qualify for rapid rehousing because they were not literally homeless). In such cases, participants agreed that prevention's six months of services were not adequate to stabilize families.

4. How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized? (Research Question 2)

> ***Key Takeaway***: Reweighting and simplifying the PTT could attain increases in accuracy between 8% and 34%, while at the same time reducing the number of questions from 30 to 13 for the Families PTT and from 30 to 12 for the Individuals PTT. However, improving accuracy and operational efficiency are only two of the goals that should be taken into account by a design process for improving the PTT. It is important that any reweighting, removal, or addition of questions also be evaluated with respect to additional goals, such as information gathering, policy priorities, and fairness.

As discussed in *Section 1: Introduction and Background*, recent studies in Chicago and New York demonstrate the effectiveness of homelessness prevention programs in those cities, but the studies also highlight the need to ensure that prevention programs are efficient, *i.e.*, target the highest risk families who would become homeless in the absence of prevention services. LAHSA uses three PTTs—specific to families, adult individuals, and transition-age youth—to determine eligibility for prevention services. These tools were developed through a process that included a review of research on risk factors for homelessness, feedback from groups with lived experience of homelessness, and LAHSA operations committees. This was likely the best available information at the time. However, in an ideal scenario, a screening tool would be empirically validated using data to ensure that the tool is accurately predicting the intended outcome, *i.e.*, risk of homelessness. Empirically validating the screening tool can help ensure that individuals and families at greatest risk of homelessness are being served, rather than those who could resolve their housing crisis without assistance.

Researchers using administrative data to determine which questions could best assess risk of becoming homeless developed the targeting tools used by New York City's Homebase program. As the evaluators of the Homebase tool found, the targeting tool was substantially better at assessing risk of homelessness when compared to program staff judgment.[51] A similar approach to validating the PTT is explored here. As detailed below, we examine whether answers to individual questions on the PTT were predictive of housing outcomes.

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[51] Shinn, M., Greer, A. L., Bainbridge, J., Kwon, J., & Zuiderveen, S. (2013). Efficient targeting of homelessness prevention services for families. *American journal of public health*, 103(S2), S324-S330. Retrieved from https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2013.301468.

Correlation between Specific Questions on the Prevention Targeting Tool (PTT) and Housing Outcomes

As noted above, to access prevention, families must score 21 out of 42 points on the Families PTT, adult individuals must score 19 out of 50 points on the Adults PTT, and youth individuals must score 19 out of 65 points on the Youth PTT. One of the important questions to be considered when evaluating the utility of the PTT is its accuracy in assessing risk of becoming homeless. In addition to determining whether the overall PTT score itself is an accurate predictor of homelessness, we can also examine whether individual questions on the PTT are correlated with homelessness—in other words, are "yes" or "no" responses to PTT questions associated with an increase or decrease in the client's risk of becoming homeless in the time period following assessment?

Data and Methodology

Our analysis uses a dataset of PTT assessments for family heads of household and another data set for single individuals. As discussed in the previous section, not all prevention clients were given the PTT, so this set of analyses is restricted to prevention clients who were given the assessment. Our outcome variable was homelessness during the six months following PTT assessment. If an individual was enrolled in an HMIS homeless project in the six months following the PTT assessment date, we considered them to be homeless in that six-month period. If they were not enrolled in an HMIS homeless project in the six months following the PTT assessment date, we considered them to not be homeless in that six-month period. The families PTT dataset consists of N=1,742 assessments between January 1, 2016 and December 31, 2018, while the individuals PTT dataset consists of N=732 assessments between March 1, 2018 and December 31, 2018. We used all PTT observations available during these time periods (including older versions of the PTT and PTT observations from non-Measure H funded prevention).

The following sections of the Families PTT were not included in the dataset provided to the California Policy Lab and were excluded from our analysis:

- Imminent loss of housing (families PTT version 1);
- Currently fleeing domestic violence (families PTT);
- History of prior rental evictions (families and individuals PTTs);
- (Self-reported) history of literal homelessness (families and individuals PTT).

Table 4.1 provides summary statistics for both the families and individuals PTT assessments, along with *percentages of positive responses to individual questions*, broken down by whether or not the client became homeless in the six months following assessment. The summary statistics for the PTT assessments in Table 4.1 provide striking insights into the challenges and vulnerabilities faced by clients seeking prevention services, including:

- 41.1% of families and 69.4% of single individuals reported being lease-holders whose household has received an eviction lawsuit from the property owner or manager;
- 16.7% of families and 5.6% of single individuals reported being doubled up and told by the lease-holder to vacate, and were disproportionately likely to become homeless in the six months following assessment (31.6% of doubled-up families and 14.6% of single individuals);
- 66.7% of families and 75.7% of single individuals reported a household income less than 30% of Area Median Income (AMI), with 64.0% of families and 51.4% of single individuals reporting a sudden and significant loss of income in the last 60 days;
- 43.3% of families and 29.2% of single individuals reported experiencing adversity or housing disruptions during childhood; and
- 38.0% of families and 55.3% of single individuals reported experiencing a major household trauma or event within the last 6 months that directly affected housing stability.

Table 4.1. Summary Statistics for Prevention Targeting Tool Assessments

Prevention Targeting Tool for Families and Adults - Number and Percentage per Category

	Families			Individuals		
	Did Not Become Homeless	**Became Homeless**	**Total**	**Did Not Become Homeless**	**Became Homeless**	**Total**
Summary						
Number of Families Version 1 Assessments	1,096	177	**1,273**		N/A	
Number of Families Version 2/Adult and Youth Assessments	416	57	**473**	650	82	**732**
Score (Mean and Standard Deviation)	21.8 (5.9)	22.6 (6.0)	**21.9 (5.9)**	26.1 (7.1)	25.6 (8.0)	**26.1 (7.2)**
Housing Status						
If DOUBLED UP, the household has been told by the lease holder to vacate the unit. Program staff has verified with lease holder that prospective PRV participant is no longer welcome and must vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	218 (14.4%)	74 (31.6%)	**292 (16.7%)**	29 (4.5%)	12 (14.6%)	**41 (5.6%)**
If LEASE HOLDER, the household has received an Unlawful Detainer ("Eviction") lawsuit by the property owner or manager. An Unlawful Detainer is a formal eviction action that is filed in justice court. Program staff has verified with property owner/manager that prospective PRV participant has received notice to vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	617 (40.8%)	100 (42.7%)	**717 (41.1%)**	459 (70.6%)	49 (59.8%)	**508 (69.4%)**
Currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, or other dangerous or life-threatening conditions that relate to violence against any household member.		N/A		9 (1.4%)	2 (2.4%)	**11 (1.5%)**
Staying in a hotel in which adult is paying out of pocket, but can no longer sustain in the unit due to costs. Agency staff have verified with adult costs of increase in hotel, debt to cost ratio, applicable after a certain amount of days paying out of pocket. Prospective participant lacks the resources to secure alternative housing arrangements.	65 (4.3%)	20 (8.5%)	**85 (4.9%)**	4 (0.6%)	3 (3.7%)	**7 (1.0%)**

Table 4.1. Summary Statistics for Prevention Targeting Tool Assessments (*Continued*)

Prevention Targeting Tool for Families and Adults - Number and Percentage per Category

	Families			Individuals		
	Did Not Become Homeless	Became Homeless	Total	Did Not Become Homeless	Became Homeless	Total
Imminent Loss of Current Housing						
Have failed to respond to the Unlawful Detainer notice within 5 days of the court hearing or have received a court ruling with a date the person must move out. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 24 hours.	17 (4.1%)	10 (17.5%)	**27 (5.7%)**	22 (3.4%)	4 (4.9%)	**26 (3.6%)**
Have been served an Unlawful Detainer requiring court response or have an already determined court date. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 48 hours.	36 (8.7%)	8 (14.0%)	**44 (9.3%)**	51 (7.8%)	16 (19.5%)	**67 (9.2%)**
Have received a 3-day pay or quit notice with more than one month of rent owed. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 3 days.	285 (68.5%)	24 (42.1%)	**309 (65.3%)**		N/A	
Have received a 3-day pay or quit notice with less than one month of rent owed. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 1 week.	64 (15.4%)	8 (14.0%)	**72 (15.2%)**	107 (16.5%)	28 (34.1%)	**135 (18.4%)**
Have received a 30-day Notice to vacate or experiencing a housing crisis that will lead to an expected loss of housing within 1 month. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 1 month.	51 (12.3%)	14 (24.6%)	**65 (13.7%)**	37 (5.7%)	15 (18.3%)	**52 (7.1%)**
Household Annual Gross Income Amount						
Income is less than 30% of Area Median Income (AMI) for household size	1,015 (67.1%)	150 (64.1%)	**1,165 (66.7%)**	483 (74.3%)	71 (86.6%)	**554 (75.7%)**
Income is between 31-50% of AMI for household size	316 (20.9%)	43 (18.4%)	**359 (20.6%)**	104 (16.0%)	6 (7.3%)	**110 (15.0%)**
Within the last 60 days, adult has experienced sudden and significant loss of income, including loss of employment and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses	986 (65.2%)	132 (56.4%)	**1,118 (64.0%)**	329 (50.6%)	47 (57.3%)	**376 (51.4%)**

Table 4.1. Summary Statistics for Prevention Targeting Tool Assessments (*Continued*)

Prevention Targeting Tool for Families and Adults - Number and Percentage per Category

	Families			Individuals		
	Did Not Become Homeless	Became Homeless	Total	Did Not Become Homeless	Became Homeless	Total
Other Questions						
Adult experienced adversity or housing disruptions during childhood. Examples of childhood adversity could include homelessness, placement in foster care, eviction, refugee or immigrant to the U.S., or frequent moves (>3 in 1 year)	648 (42.9%)	108 (46.2%)	**756 (43.3%)**	190 (29.2%)	24 (29.3%)	**214 (29.2%)**
Current involvement with Adult Protective Services (APS) or Child Protective Services	85 (5.6%)	22 (9.4%)	**107 (6.1%)**	17 (2.6%)	7 (8.5%)	**24 (3.3%)**
Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from adult partner, birth of a new child.	555 (36.7%)	109 (46.6%)	**664 (38.0%)**	364 (56.0%)	41 (50.0%)	**405 (55.3%)**
Recently (within last 6 months) discharged from an institution after stay of any length. Examples of institutions include hospital, jail, prison, psychiatric hospital or substance abuse treatment facility.	169 (11.2%)	37 (15.8%)	**206 (11.8%)**	144 (22.2%)	17 (20.7%)	**161 (22.0%)**
History of involvement in the foster care or criminal justice system.	68 (4.5%)	11 (4.7%)	**79 (4.5%)**	282 (43.4%)	33 (40.2%)	**315 (43.0%)**
Adult has a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment)	108 (7.1%)	14 (6.0%)	**122 (7.0%)**	373 (57.4%)	56 (68.3%)	**429 (58.6%)**
Currently residing in a unit using a Housing Choice Voucher (HCV) or under rent-control	86 (5.7%)	13 (5.6%)	**99 (5.7%)**	0 (0.0%)	0 (0.0%)	**0 (0.0%)**

The analyses of PTT questions significantly correlated with homelessness were performed using logistic regression, a statistical technique used to model the probability of a certain event happening (here, the event is becoming homeless in the six-month outcome period).[52] When using regression modeling techniques to test for associations, including covariates can improve the accuracy of the model. In this analysis, we included covariates such as (i) the amount of financial assistance received; (ii) demographics including age, race, gender, household size, and veteran status; (iii) SPA and fiscal year; (iv) prior living situation and HMIS homeless history; and (v) ELP service utilization history. Table 4.2 lists the questions we found to have statistically significant correlations at the $p < .05$ level with homelessness in the six months following assessment.

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[52] Regression analysis adds value to the purely descriptive presentation of factors in Table 4.1. One advantage of the regression framework is that the regression takes into account whether some predictive factors are highly correlated and which of the factors remain relevant once that correlation is taken into account.

Table 4.2. PTT questions significantly correlated with homelessness

	Question	Odds Ratio and 95% CI	Explanation
Families PTT	If DOUBLED UP, the household has been told by the lease holder to vacate the unit. Program staff has verified with lease holder that prospective PRV participant is no longer welcome and must vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	2.47 (1.57, 3.91)	Twice as likely to become homeless
	If LEASE HOLDER, the household has received an Unlawful Detainer ("Eviction") lawsuit by the property owner or manager. An Unlawful Detainer is a formal eviction action that is filed in justice court. Program staff has verified with property owner/manager that prospective PRV participant has received notice to vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	2.01 (1.35, 3.01)	Twice as likely to become homeless
	Income is between 31-50% of AMI for household size* (*reference level is 30% or less than AMI)	0.62 (0.41, 0.95)	Almost half as likely to become homeless
	Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from adult partner, birth of a new child.	1.78 (1.28, 2.47)	Almost twice as likely to become homeless
Individuals PTT	Have been served an Unlawful Detainer requiring court response or have an already determined court date. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 48 hours.	3.07 (1.13, 8.33)	Three times as likely to become homeless
	Have received a 3-day pay or quit notice with less than one month of rent owed. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within 1 week.	4.67 (2.4, 9.09)	Almost five times as likely to become homeless

Our analysis of PTT questions that are significantly correlated with homelessness provides additional insight into factors that increase baseline risk of homelessness, with baseline risk being the risk faced by the "average" prevention client. In other words, prevention clients who answer "yes" to these questions are more vulnerable, on average, than those prevention clients who answer "no." Therefore, PTT questions that we did not find to be significantly correlated with homelessness may still make those prevention clients vulnerable compared with some other lower-risk baseline, such as an average resident of Los Angeles County.

It is also important to note that the above analyses were performed on relatively small datasets, with positive responses to many PTT questions being relatively rare. (This

is especially true in the case of the individuals PTT, where less than half as many observations were available as compared to the families PTT). Estimates of correlations between questions and outcomes are necessarily imprecise, as is evidenced by the wide confidence intervals[53] in the above tables. We should not conclude, for instance, that any PTT questions shown to be not statistically significant in the above analyses bear no relationship to homelessness in reality. The lack of statistical significance is not positive evidence for the absence of a relationship; instead, lack of statistical significance indicates that more data is required in order to estimate a precise effect.

In addition, the above analyses were performed using a six-month outcome window[54] for homelessness following assessment in order to maximize the number of available observations and the precision of the estimates. Policymakers may be more interested, however, in outcomes tracked over a longer period, such as 12, 18, or 24 months. We recommend that the analyses be rerun after a longer time period has elapsed.

Can the PTT be Improved?

When considering revisions to the PTT, it is important to consider multiple objectives, including:

(1) **Accuracy**: How accurately is the PTT identifying clients who are at high risk of becoming homeless?
(2) **Operational efficiency**: Could the PTT be made shorter without sacrificing accuracy?
(3) **Information gathering**: Is the PTT gathering information that is important for client service delivery and/or research into risk factors for homelessness?
(4) **Policy priorities**: Does the PTT help advance the policy priorities and goals of LAHSA and other key stakeholders?
(5) **Fairness**: Does the PTT help ensure fairness and equity in the distribution of prevention resources?

Decisions about revising the PTT would take the above objectives, and perhaps additional objectives, into account. In this evaluation, however, we will demonstrate how a data-driven methodology can provide specific and robust information relevant to objectives (1) and (2).

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[53] A confidence interval is the range of values likely to contain the true value.
[54] Since the PTT has only been administered consistently in the last two years, we chose a six-month outcome window in order to maximize the usable number of observations. Similarly, we have chosen not to restrict the dataset to assessments for Measure H programs in order to maximize the amount of usable data and the resulting precision of the estimates.

Evaluating the Accuracy of the PTT

The accuracy of the PTT can be evaluated by comparing PTT scores with actual homelessness outcomes—specifically, clients' enrollment in HMIS homeless projects in the six months following assessment. By comparing scores with actual outcomes, we can generate evaluation metrics that provide insight into the performance of the tool. One common evaluation metric is the *Area under the Receiver Operating Curve* (AUC for short), a measure of the ability of a risk score to distinguish between high-risk and low-risk clients. The AUC is a decimal number between 0 and 1. A risk score with an AUC of 0.50 does no better at prediction than random coin flipping, while a risk score with an AUC of 1.00 makes perfect predictions. As a general rule of thumb, an AUC between 0.60 and 0.70 is regarded as acceptable, while an AUC of 0.70 or greater is regarded as good or excellent.

One factor that complicates our evaluation of the accuracy of the PTT score is that a certain percentage of those assessed by the PTT received financial assistance during their A1 or A5 enrollment—a factor which is not incorporated into the PTT score itself. In order to avoid unfairly penalizing the PTT score for failing to take into account the reduction in risk associated with receipt of financial assistance, we evaluate the PTT score separately for those clients who received financial assistance and for those who do not.

Table 4.3 shows model evaluation metrics for the families and individuals PTT scores. Although the individuals PTT achieves an AUC of 0.62 within the subset of financially assisted clients, the other AUC scores range from 0.50 to 0.57, which is not a significant improvement on random guessing.

Table 4.3. Model evaluation metrics for the PTT score

PTT Type	Received Financial Assistance	AUC
Families	Yes	0.57
	No	0.53
Individuals	Yes	0.62
	No	0.50

Data-Driven Methods for Improving the Accuracy and Operational Efficiency of the PTT

By applying statistical techniques to the datasets of PTT assessments and corresponding homelessness outcomes for the assessed clients, we explored the possibility of revising the PTT to maximize accuracy and improve operational efficiency. More specifically, we addressed the following questions:

- Can the accuracy of the PTT be improved by reweighting questions with a score between 0 and 10?
- Can the operational efficiency of the PTT be improved by removing questions?

Using the families PTT (N=1,742) and individuals PTT (N=732) questions, we ran a simulation which fitted a series of *constrained least squares* models. The constrained least squares algorithm chooses question weights in order to maximize accuracy. For each question, the algorithm provided us with a number between 0 and 10. If the algorithm assigned a value of 0 to the question, then the question was not correlated with risk of homelessness. If the algorithm assigned a value of 10 to a question, then the question was very strongly correlated with risk of homelessness. We removed questions assigned a value of 0 from our hypothetical PTT. If a question was assigned a value of 1, then answering yes to the question would contribute 1 point to the total PTT score. If a question was assigned a value of 10, then answering yes to the question would contribute 10 points to the total PTT score. The resulting hypothetical PTT consisted of a series of questions scored between 1 and 10 to produce a final total risk score. As detailed above, we used the *AUC* metric to evaluate the accuracy of the current individuals PTT and families PTT. We also evaluated the hypothetical PTTs that we created using the *AUC* metric. Table 4.4 shows the total number of questions on our hypothetical PTTs and the evaluation metrics for our hypothetical PTTs.

Table 4.4. Total number of questions and accuracy metrics for hypothetical PTTs created using constrained least squares models

PTT Type	Total Number of Questions Included (with 95% Confidence Intervals)	Received Financial Assistance	AUC (with 95% Confidence Intervals)[55]
Families	13 (10, 15)	Yes	0.69 (0.61, 0.76)
		No	0.63 (0.59, 0.69)
Individuals	12 (9, 15)	Yes	0.67 (0.57, 0.77)
		No	0.67 (0.56, 0.77)

Results Suggest Potential for Gains in Accuracy and Efficiency

The results show the potential for striking improvements in both accuracy and operational efficiency, using only a subset of the PTT questions currently being collected. On average, reweighting and simplifying could attain increases in accuracy between 8% and 34%, while at the same time reducing the number of questions from 30 to 13 for the families PTT and from 30 to 12 for the individuals PTT.

The results are intended to provide an illustration of potential gains in accuracy and operational efficiency through a *process* that incorporates data-driven methods and should not be interpreted as an explicit recommendation. Improving accuracy and operational efficiency are only two of the objectives that should be taken into account by a design process for improving the PTT. It is important that any reweighting, removal, or addition of questions also be evaluated with respect to additional objectives, such as information gathering, policy priorities, and fairness.

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[55] We used a technique called *bootstrapping* (repeating our simulation 1,000 times) in order to estimate 95% confidence intervals.

Using Predictive Analytics to Efficiently Target Prevention Services

> ***Key Takeaway:*** We compared the single adults in Los Angeles County predicted by statistical models to be at highest risk of homelessness with the clients actually served by A5 prevention services. We found that only 23 individuals across Fiscal Years 2017-18 and 2018-19 were both identified by the predictive models and enrolled in an A5 prevention project. This suggests that there is a large number of high-risk County clients who are not currently connected to prevention resources and who could be reached by mainstream County departments. In addition, the high-risk individuals identified by the predictive models have much higher rates of mental health, physical health, and substance use issues, as well as histories of homelessness and criminal justice system involvement, when compared to the prevention clients served through A5 prevention.

Under Research Question 2, we also included an analysis of an underserved population of individuals who are at high-risk of homelessness. The targeting mechanism for existing A1 and A5 prevention services is largely driven by client self-identification (*i.e.*, clients must seek assistance from a prevention service provider), with further screening taking place via the PTT and related eligibility criteria. This raises the question, however, of whether there are potential clients who are unaware of prevention services, or are unable or unwilling to present themselves as being at-risk, who could potentially be identified and served. The use of *predictive analytics*—a field that applies statistical and machine learning methods to administrative data in order to predict future outcomes—provides an opportunity to identify such high-risk, underserved populations.

The California Policy Lab, in partnership with University of Chicago Urban Labs, has been working with the Los Angeles County Chief Information Office and Homeless Initiative to develop predictive analytics for identifying individuals and families at high risk of homelessness. The project applies statistical and machine learning techniques to approximately 10 years of linked administrative data from six County departments (Department of Health Services, Department of Mental Health, Department of Public Health-Substance Abuse Prevention and Control, Department of Public Social Services, Probation, and Sheriff), in addition to HMIS data, in order to identify, from among the approximately 6.5 million people who have had contact with County agencies, which clients are most at-risk of new homeless spells. In the most recent proof-of-concept results, the top 3,000 highest-risk single adults identified by the models—drawn from the population of 1.9 million single adults with County service histories—were approximately 27 times more

likely to experience a new homeless spell than the average Los Angeles County service utilizer, and approximately 48 times more likely to experience first-time homelessness.[56]

The lists of high-risk individuals identified by the predictive models can be used for *proactive outreach*. In other words, rather than waiting for clients to self-identify and present themselves to a service provider as being at-risk, as is the case with existing prevention strategies, caseworkers at County agencies could proactively reach out to their clients on the predicted risk list and potentially offer existing prevention resources or newly designed ones. This approach could potentially prevent hundreds or thousands of new homeless spells each year.

Although our predictive modeling is still in progress, we have consistently observed acute mental health, physical health, and substance use issues as well as histories of homelessness and criminal justice system involvement amongst adults predicted by the models to be at highest risk of homelessness. [57] In this section, we compare the single adults predicted by the models to be at highest risk of homelessness with the clients actually served by A5 prevention services to see how they might be similar or different.

Data

We use a data set containing N=1,266 single adults enrolled in A5 prevention across Fiscal Years 2017-18 and 2018-19. For those same fiscal years, we analyzed the top 3,000 single adults at highest risk of a new homeless spell according to the predictive models for HMIS homelessness. The resulting dataset, which we will refer to as the "Risk List," included N=5,556 single adults (with N=444 appearing on the risk list in both years).

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[56] von Wachter, T., Bertrand, M., & Pollack, H. (Sept. 12, 2019) "Predicting and Preventing Homelessness in Los Angeles." California Policy Lab. Retrieved from https://www.capolicylab.org/predicting-preventing-homelessness-la/.

[57] Because we have not yet completed predictive modeling for families at-risk of homelessness, the analysis is restricted to single adults and A5 prevention services.

Figure 4.1. Overlap in Prevention Clients and Individuals on Predictive Analytics Risk List

Prevention Clients

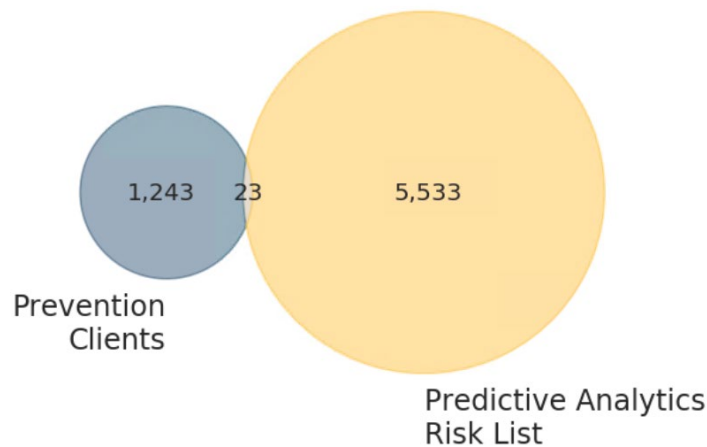1,243 23 5,533

Predictive Analytics
Risk List

Figure 4.1 shows that **only 23 individuals** across Fiscal Years 2017-18 and 2018-19 were observed to be *both* on the Risk List *and* enrolled in an A5 prevention project. This suggests that there is a large number of high-risk County clients who are not currently connected to prevention resources. This should not be interpreted to mean that A5 clients are not high risk, but this does indicate that these are two separate groups who may need different identification strategies and different intervention points.

Prior Homelessness and Homelessness Outcomes for A5 Prevention Clients vs. Risk List Clients

Figure 4.2, below, shows that although a significant percentage of A5 prevention clients were previously homeless in the last five years (42.6%), a much higher percentage of the Risk List were previously homeless (86.5%), with much higher rates of enrollment in prior shelter and street outreach. A5 prevention clients were more likely to have prior enrollment in permanent supportive housing, permanent housing, or rapid re-housing (27.4% vs. 9.3% for Risk List clients). This reflects the importance of PTT questions, which prioritize individuals with prior enrollments in subsidized housing.

Figure 4.2. Prevention Clients and Individuals on Risk List, Homelessness in Prior Five Years
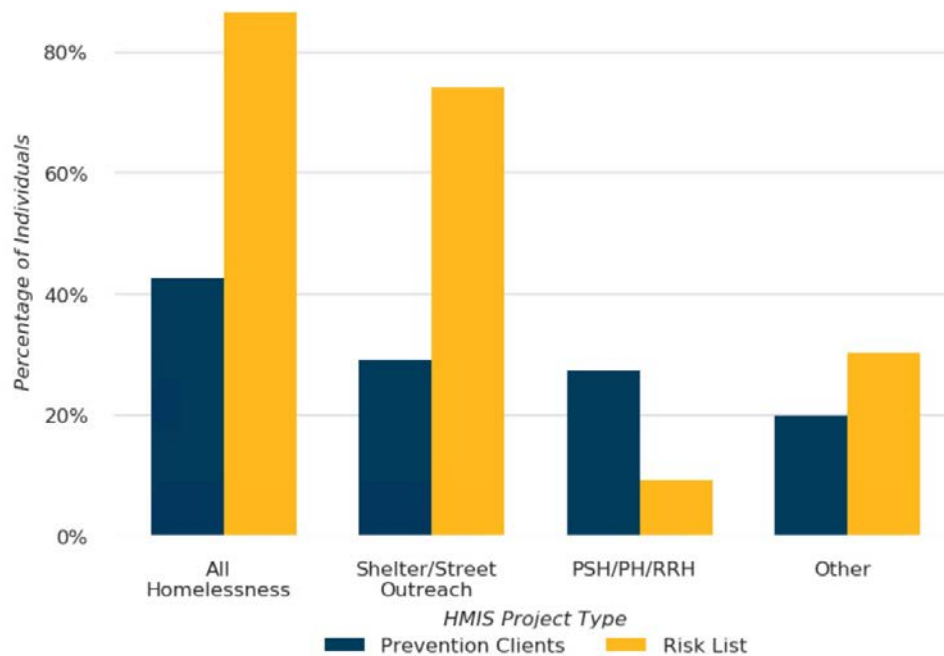

Figure 4.3, below, compares the risk of homelessness in the outcome period for the two groups, restricted to Fiscal Year 2017-18 to allow a 12-month outcome window. The two groups are at similar risk of new homeless spells, with 18.5% of A5 prevention clients becoming homeless in the 12 months following project enrollment and 22.9% of Risk List clients becoming homeless in the Fiscal Year 2017-18 outcome window. Risk List clients are more likely to utilize shelter or street outreach (17.5% vs. 10.0% for A5 prevention clients) and are slightly less likely to become enrolled in permanent supportive housing, permanent housing, or rapid re-housing (2.7% vs. 4.8%).

Figure 4.3. Prevention Clients and Individuals on Risk List, Homelessness in 12 Months Post-Enrollment or in 12 Month Outcome Window (Fiscal Year 2017-18 only)
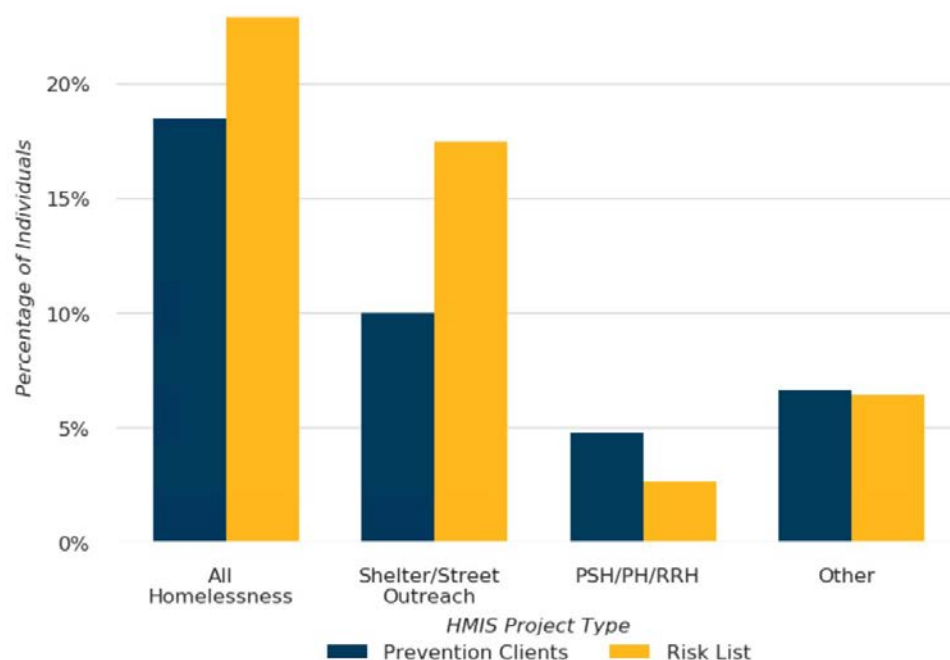
Health, Mental Health, and Substance Use Issues amongst Individuals on Risk List

As reflected in Figures 4.4 through 4.6 below, when compared to A5 prevention clients, individuals on the Risk List are much more likely to exhibit acute health, mental health, and substance use issues, including:

- emergency room visits in Department of Health Services hospitals;
- medical diagnoses from the Elixhauser Comorbidity Index, comprising 31 conditions associated with patient mortality;[58]
- crisis stabilization episodes in Department of Health Services or Department of Mental Health facilities;
- diagnoses of Serious Mental Illness (SMI) and Department of Mental Health facilities (prior to calendar year 2016);
- enrollment in a Department of Public Health-Substance Abuse Prevention and Control treatment program with primary area of dependency being crack/cocaine, methamphetamines, or heroin.

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[58] Menendez, M. E., Neuhaus, V., Van Dijk, C. N., & Ring, D. (2014). The Elixhauser comorbidity method outperforms the Charlson index in predicting inpatient death after orthopaedic surgery. *Clinical Orthopaedics and Related Research*, 472(9), 2878-2886. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4117875/.

Risk List clients are much more likely to have prior histories of homelessness according to the General Relief flag (70.8% vs. 36.3%) and CalFresh flag (82.5% vs. 40.2%) maintained in Department of Public Social Services benefit receipt data, and are much more likely to have had a prior arrest since calendar year 2016 for a misdemeanor (66.2% vs. 9.0%) or a felony (15.5% vs. 0.9%).

Figure 4.4. Prevention Clients and Individuals on Risk List, Key Risk Factors Reflected in ELP Service Utilization in Prior Five Years: Health, Mental Health, and Substance Abuse
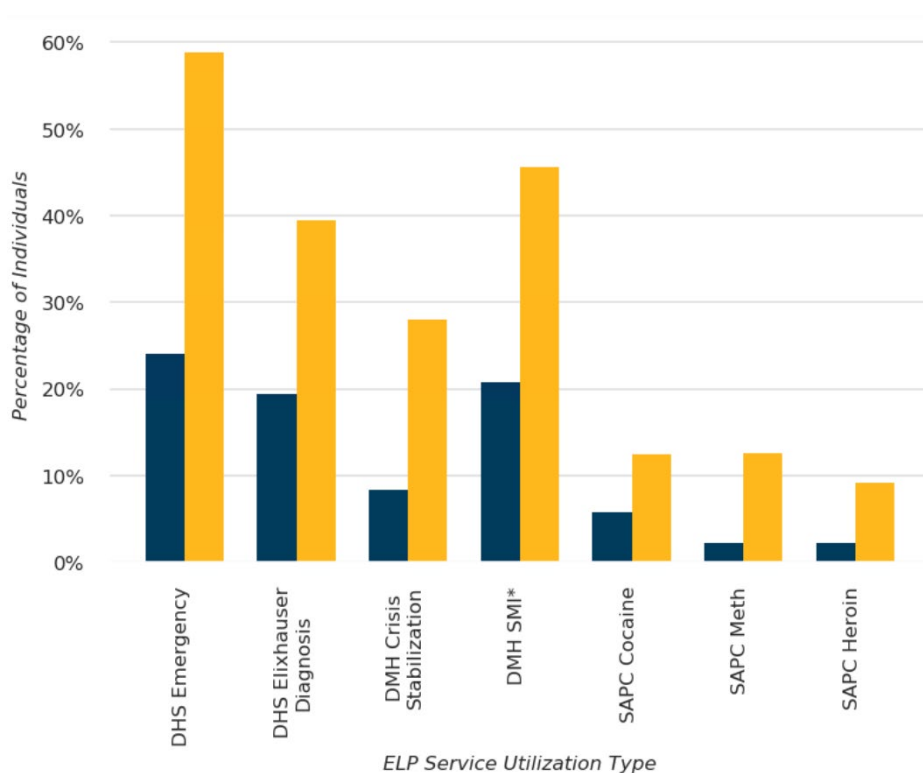
Note: "SAPC" refers to Los Angeles County Substance Abuse Prevention and Control.

Figure 4.5. Prevention Clients and Individuals on Risk List, Key Risk Factors Reflected in ELP Service Utilization in Prior Five Years: Prior Homelessness According to DPSS Flags
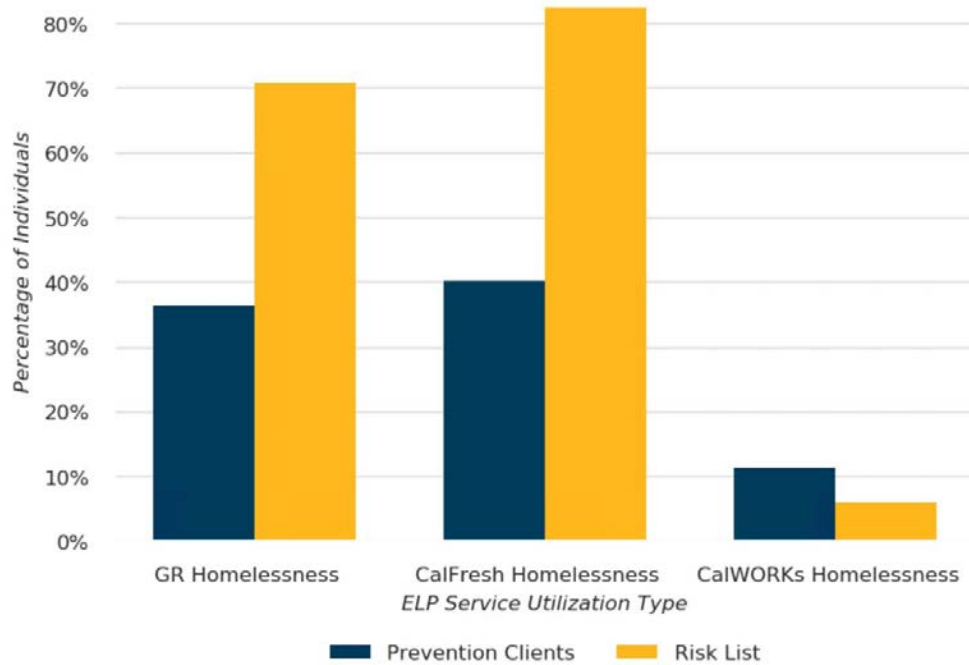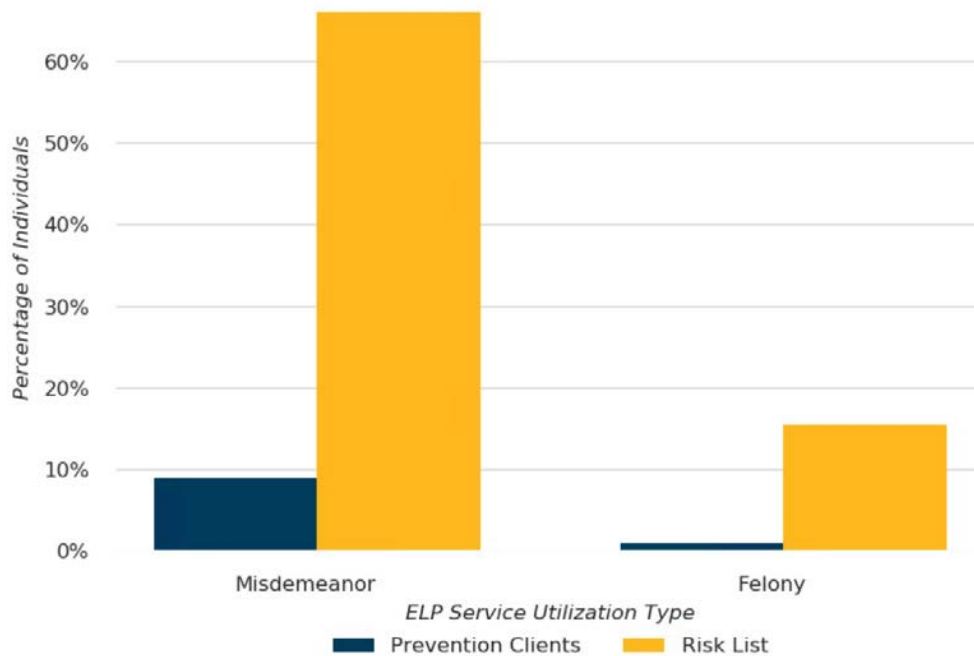

Figure 4.6. Prevention Clients and Individuals on Risk List, Key Risk Factors Reflected in ELP Service Utilization in Prior Five Years: Sheriff Arrest Charge Codes

Special Considerations for Designing Outreach and Prevention for County Service Utilizers at High Risk of Homelessness

The use of predictive analytics provides an important opportunity for identifying a population of individuals at high risk of new homeless spells who are not currently connected to existing prevention services. An intervention targeted at the top 3,000 highest-risk single adults could (if it works perfectly) prevent approximately 660 new homeless spells annually—a number that could potentially increase as the accuracy of the predictive models is improved with further research and development. The clients on the Risk List, however, have much higher rates of mental health, physical health, and substance use issues, as well as histories of homelessness and criminal justice system involvement, when compared to the prevention clients served through A5 prevention. The goal of traditional prevention services under A5 is to secure permanent housing through case management and potentially financial assistance. Traditional prevention services offered through the Coordinated Entry System are appropriate for individuals who are facing imminent loss of housing due to financial shocks. In contrast, clients on the Risk List are likely to need more intensive case management and access to interventions that address mental health issues, substance use disorders, and other issues. Because the population currently served by A5 prevention appears to have a different set of needs than Risk List clients (County service utilizers at highest risk of homelessness), a distinct prevention program or set of programs may need to be developed for Risk List clients.

5. Causal Analysis: Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness? (Research Question 3)

> ***Key Takeaway:*** Because we could not retroactively identify plausible comparison groups, we could not estimate whether prevention is directly causing any reduction in inflows to homelessness. However, we offer some research design options that would allow for future impact evaluation.

Under Research Question 1, we describe prevention participants' housing status after exit, *i.e.*, what happened after individuals and families received prevention services. Under Research Question 3, we wanted to explore what *would have happened* if these individuals and families had not received prevention services: Would they have successfully self-resolved their housing crisis or would they have fallen into homelessness? As noted in *Section 1: Prior Studies on Homelessness Prevention Programs*, recent studies in Chicago and New York highlight the need to ensure that prevention programs are efficient, *i.e.*, target the highest risk families. In evaluating homelessness prevention programs, it is important to rigorously assess both effectiveness and efficiency and to not conflate the two. In other words, a homelessness prevention program that appears to be highly effective because enrollees do not experience homelessness in the outcome window might be inefficient if it targets people who are at very low risk. Consider the finding from *Section 3: Descriptive Analysis* of this report which shows that 14.5% of A1/A5 prevention clients served in Fiscal Year 2017-18 became homeless in the 12 months subsequent to enrollment. One cannot use this statistic to make inferences about the effectiveness of the program. Although 86.5% of clients did not become homeless, it is impossible to know whether this was due to the impact of the program, or if they would have successfully self-resolved in its absence. Similarly, the 14.5% rate of post-enrollment homelessness for A1/A5 prevention clients is considerably higher than the rate of homelessness among individuals in the ELP (*i.e.*, individuals who have accessed Los Angeles County services) which is less than 1%. It would not be valid to conclude, however, that A1/A5 prevention *increases* clients' risk of homelessness, since A1/A5 prevention clients have a much higher level of baseline risk than average Los Angeles County service users. To differentiate between effectiveness and efficiency, evaluators need to measure outcomes against a counterfactual—what would have happened without access to the prevention program.

We were unable to identify a comparison group using administrative data

One of the ways that researchers estimate the "counterfactual" - what would have happened to individuals or families if they had not participated in a program - is by comparing program participants with individuals or families who are very similar to program participants but who did not participate in the program, *i.e.*, a "comparison" or "control" group. By comparing the outcomes of this comparison group with the outcomes

of the program participants, researchers can estimate the impact of the program. The gold standard for this type of analysis is a randomized control trial, in which people who meet program eligibility requirements are randomly assigned to a treatment group (which receives program services) or a control group (which does not receive program services). Notably, the Homebase program was evaluated using a randomized control trial.[59] By randomizing individuals or families who meet program eligibility requirements to the treatment group or control group, researchers can ensure that outcomes of the participants and the comparison group are not attributable to anything other than participating in the program.

Randomization is not always feasible or advisable. When participation in a program is not randomized, then researchers need to estimate the impact of a program via an *observational study*, in which a control group is artificially identified in observational data (*e.g.*, administrative data such as ELP data or HMIS data). Treatment and control groups must not differ in some important, unobserved aspect that makes either group more or less likely to experience the outcome of interest (here, the outcome of interest is homelessness in the outcome period). In the case of A1 and A5 homelessness prevention, all program participants were at imminent risk of losing their housing. Thus, when identifying individuals and families who could serve as comparisons, it was important to try to find individuals and families who were also at imminent risk of losing their housing but who did not receive prevention services. Although the ELP data and HMIS data contain demographic information and service utilization information on individuals and families who could theoretically serve as comparisons, the most important characteristic – imminent risk of losing housing – is not captured in ELP data or HMIS service data. Thus, a plausible comparison group could not be identified using ELP or HMIS data.

Below, the research team describes two strategies it explored for observing a control group. While neither worked, we think the descriptions are useful for future planning. We conclude by offering a strategy for an impact evaluation of homelessness prevention in the near future.

Regression Discontinuity Design

An alternative way to measure the impact of a program is "regression discontinuity design." Under this method, the effect of prevention would be estimated by comparing individuals at the cut score (*i.e.*, "treatment" individuals who qualified for A1/A5 prevention because they met a minimum PTT score) with individuals just below the cut score (*i.e.*, "control" or "comparison" individuals who did not qualify for A1/A5 prevention because they scored just below the minimum score). Theoretically, the treatment and control individuals would be very similar in terms of risk of future homelessness, but there would be a very slight difference of one point in PTT score. A prerequisite for this design

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[59] Rolston, H., Geyer, J., Locke, G., Metraux, S., & Treglia, D. (2013). Evaluation of Homebase community prevention program. *Final Report, Abt Associates Inc, June*, *6*, 2013.

would be that providers consistently administer the PTT and enter PTT scores for all individuals and families who apply for A1/A5 prevention services into the HMIS. Another prerequisite would be that a strict cutoff score be used to determine whether or not an individual or family receives prevention services. As discussed in Section 3, these prerequisites were not met during the time period evaluated here, likely because the tools were so new to service providers. Thus, we could not measure the impact of A1 and A5 prevention using regression discontinuity design.

A causal comparison of prevention participants who received financial assistance with prevention clients who did not receive financial assistance was not plausible

We also considered comparing participants enrolled in the "prevention" project type who received financial assistance with participants enrolled in the "prevention" project who did not receive financial assistance. (However, many service providers enrolled both *problem-solving/diversion* clients and *prevention* clients under the same general "prevention" project type in the HMIS. Thus, we cannot discern many *problem-solving/diversion* clients from *prevention* clients.) In other words, rather than estimating the impact of being enrolled in prevention, we would estimate the effect of receiving financial assistance as opposed to receiving case management only. However, the mechanism by which clients were assigned financial assistance is unclear. In order for the comparison between financially assisted and non-financially assisted clients to be valid, these clients would have to be at the same or very similar risk of future homelessness at the time of prevention enrollment. We found that individuals and families who did not receive financial assistance were more likely to be doubled-up and suspected that there were other characteristics not captured in the data that differentiated financially assisted and non-financially assisted clients.

Designing a Causal Analysis

For the reasons detailed above, we could not estimate the impact of prevention on homelessness outcomes. We offer some research design options that would allow for future impact evaluation. We recognize that a randomized control trial may not be possible because policymakers and service providers are often reluctant to screen individuals for prevention and then withhold services from individuals or families who qualify for prevention but who are randomly assigned to a comparison group. Thus, we propose two options that would not require randomization by service providers. First, regression discontinuity design (described above) would be possible if two criteria are met in the future: (1) providers consistently administer the PTT and enter PTT scores for all individuals and families who apply for prevention services into the HMIS, and (2) a strict cutoff score be used to determine whether or not an individual or family receives prevention services.

Second, prevention services targeted through the use of predictive analytics and delivered through a proactive outreach model – as described in Section 4 of this report – provide an opportunity for rigorous causal evaluation while avoiding some of the ethical and logistical concerns around traditional randomization at the case-worker level. For example, we could estimate the causal effect of reaching out to individuals on the list of high-risk County services utilizers. We would generate a list of individual County service utilizers who are at the highest risk of becoming homeless. We would then randomly select half of these highest-risk individuals for inclusion on an outreach list. Individuals on the outreach list would be connected to prevention services. We would then estimate the impact of being included on the outreach list by comparing homelessness outcomes for high-risk individuals included on the outreach list and high-risk individuals not included on the outreach list. In short, we could implement a randomized research design without the need for caseworkers to divert clients or withhold services at the point of contact. This option would not estimate the impact of A1 and A5 prevention on homelessness inflows, but it would estimate the impact of connecting high-risk County service utilizers with prevention services on homelessness inflows.

6. Report Summary and Key Takeaways

While Los Angeles County has successfully navigated homeless individuals into available housing and other services, the homeless population continues to grow as inflow outpaces exits to permanent housing. In 2019, despite the influx of Measure H services, the homeless population in Los Angeles County (as measured by the Greater Los Angeles Homeless Count) grew by 12%.[60] Homelessness prevention programs funded by Measure H aim to help at-risk individuals and families maintain housing stability and reduce the inflows into the homeless services system. This evaluation seeks to answer several important question about Measure-H funded prevention, including (1) who is being served and how, (2) how can those services be improved, and (3) is prevention reducing inflows to homelessness?

LAHSA contracts with homeless service providers to deliver prevention services to families, single adults, and transition-age youth who are imminently at-risk of becoming homeless. Prevention services last for up to six months and may include short-term financial assistance, mediation with landlords, housing stabilization planning, and legal assistance. The California Policy Lab evaluated Measure H-funded LAHSA prevention programs in Fiscal Years 2017-18 and 2018-19 (July 1, 2017 to June 30, 2019).

The California Policy Lab found that 1,321 single adult households, 1,368 family households, and 112 transition-age youth households received prevention during the study period. Of those, about 74% were given financial assistance, including rental assistance and utility arrears. The remainder (26%) were given case management. Over a third of prevention clients experienced homelessness in the five years before their enrollment. Once clients exited the program, 14.5% returned to homelessness within 12 months. The return rates, however, were very different for households who received financial assistance (5.3%) compared to those that did not (19.9%). Almost half of all households who enrolled in prevention move from a doubled-up living situation with family or friends to an unsubsidized rental. During interviews, service providers had a generally positive view of prevention. Providers most frequently pointed to rental arrears or rental assistance as the most beneficial program components, though we also observed frequent usage and widespread support for legal services.

The California Policy Lab identified potential ways to improve the prioritization and efficiency of prevention resources. As noted above, to determine if clients are experiencing an imminent housing crisis and are eligible for prevention services, service providers administer a screening survey called the Prevention Targeting Tool (PTT). We found that re-weighting the PTT and eliminating certain questions could increase the accuracy between 8% and 34%, while at the same time reducing the number of questions from 30 to

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[60] LAHSA, "Greater Los Angeles Homeless Count Shows 12% Rise in Homelessness." (June 4, 2019), at https://www.lahsa.org/news?article=558-greater-los-angeles-homeless-count-shows-12-rise-in-homelessness.

13 for the Families PTT and from 30 to 12 for the Individuals PTT. The California Policy Lab also explored whether single adult County service utilizers who were predicted to be at high risk of homelessness in Fiscal Years 2017-18 and 2018-19 were being served by Measure H-funded prevention services during those years. We found that only 23 of the 5,556 single adult County service utilizers who were predicted to be at highest risk of homelessness were enrolled in Measure-H funded prevention. This should not be taken to suggest that clients served by A5 prevention services are not at high risk of homelessness. More likely, these populations are both at high risk of homelessness but were identified in different ways and have different observable risk factors. Specifically, the group identified by the predictive models appears to be disconnected from homelessness prevention resources and could benefit from proactive outreach by mainstream County departments.

The California Policy Lab also attempted to estimate whether prevention is directly causing reductions in inflows to homelessness. This type of analysis explores what *would* have happened to prevention clients if they hadn't been served: Would they have successfully self-resolved their housing crisis or would they have fallen into homelessness? Because we could not retroactively identify plausible comparison groups, we could not estimate whether prevention is directly causing any reduction in inflows to homelessness.

Policy Recommendations

Homelessness prevention is a relatively new program with scarce evidence to inform policy decisions and investments. While this evaluation furthers knowledge of prevention and those at-risk of homelessness, it does not answer all important questions. Nonetheless, the research team offers the recommendations below for consideration. We believe these suggestions would improve the impact of Measure-H funded prevention.

As noted above, the homelessness return rates were very different for households who received financial assistance (5.3%) compared to those that did not (19.9%). Although we could not establish a causal relationship between financial assistance and homelessness outcomes, providers most frequently pointed to forms of financial assistance as the most beneficial prevention program components. We thus recommend exploring ways to reduce administrative barriers to financial assistance. Options for reducing barriers may include educating landlords about their legal obligation to accept third-party checks, exploring ways to simplify documentation requirements (*i.e.*, the documents that a participant must submit in order to receive financial assistance), and encouraging service providers to provide financial assistance to all qualifying clients.

During interviews, service providers found the prevention program model to be relatively clear, but indicated confusion regarding problem-solving and its role in conjunction with prevention. In addition, in analyzing data for this evaluation, it was difficult for the research team to distinguish between prevention and problem-solving clients in administrative data. Additional training on the differences between prevention and problem-solving and when and how each should be used may be helpful to staff. To improve future research and evaluation, we recommend that administrative data clearly distinguish between prevention and problem-solving clients. We also recommend standardizing the way providers track services under each of these programs.

Legal service providers recommended closer coordination with homeless service providers, including co-location, regularly-scheduled and in-depth case conferences, more swift referrals, training service provider staff to better spot legal issues (or hiring an attorney on staff to spot legal issues), and expanding the universe of organizations permitted to make legal referrals. Legal service providers also noted that a public education campaign regarding how to respond to unlawful detainer complaints would be beneficial.

The accuracy and efficiency of the PTT screening tool could be improved by re-weighting the tool and eliminating certain questions. However, it may be premature to shorten the survey based on our analysis, and we recommended that LAHSA engage in a policy planning process to shorten the survey and then empirically validate the PTT by continuing to collect data and engaging in a continuous improvement process. Such efforts would require providers to consistently record PTT data, whether or not a person qualifies

for prevention services. Although, providers reported using the PTT consistently, this wasn't entirely supported by the administrative data.

As noted above, we found that only 23 individuals across Fiscal Years 2017-18 and 2018-19 were both identified as highest-risk County service utilizers by the predictive models and enrolled in Measure H-funded prevention. This should not be taken to suggest that prevention clients are not at high risk of homelessness. More likely, these populations are both at high risk of homelessness, but the group identified by the predictive models appears to be disconnected from homelessness prevention resources. Thus, high-risk County utilizers could benefit from proactive outreach. Because the population currently served by A5 prevention appears to have a different set of needs than County service utilizers at highest risk of homelessness, a distinct prevention program or set of programs should be developed for these individuals.

The California Policy Lab described prevention participants' housing status after receiving prevention services, but we were not able to estimate whether prevention is directly causing any reduction in inflows to homelessness. In particular, we were not able to ascertain that financial assistance helped to reduce homelessness. An estimation of the impact of prevention on inflows is vital to tackling homelessness in Los Angeles County. In order to estimate the impact of prevention on inflows, the County should consider options for future evaluations that could estimate the impact of prevention and its components on inflows.

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Appendix A: Problem-Solving Eligibility and Services Offered to Problem-Solving Clients

Problem-Solving – Eligibility

Eligibility for problem-solving depends on (1) homeless status and (2) income requirements, as detailed below.

Homeless Status

In order to qualify for problem-solving, individuals and families must be determined to be homeless or at imminent risk of homelessness or fleeing domestic violence (Categories 1, 2, & 4) per HUD's Final Rule on Defining Homeless (24.CFR parts 91,576 and 578).

Income Requirement

Participants must be determined to be income eligible by meeting an income threshold at or below 50% of the AMI for Los Angeles County. If a participant is in subsidized housing <u>and</u> currently or formerly under a homeless housing assistance program (*i.e.*, Homeless Section 8) with income up to 80% of the AMI, they can also qualify.

Problem-solving Services: Case Management and Supportive Services

Problem-solving consists of a combination of direct services and limited financial assistance (if needed) that case managers provide to participants for up to 30 days.[61]

Case Management

Problem-solving participants receive assistance with a range of activities, based on their needs, including:

- an initial conversation to explore their current situation and possible non-traditional alternatives;
- mediation and/or dispute resolution with their current or previous landlord, family, or friends; and/or
- referrals to mainstream services or other community resources.[62]

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[61] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, at para. 18.
[62] LAHSA, 2018-2019 Problem-Solving Scope of Required Services.

Financial Assistance

Problem-solving participants may also receive limited financial assistance in the form of:

- security deposit;
- transportation (*e.g.*, automobile repair);
- grocery/food cards; and
- utility payment.[63]

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[63] LAHSA, 2018-2019 Prevention & Diversion Scope of Required Services, Appendix IV, p. 20.