The CalWORKs Homeless Families Project: Long Term Success

Submitted by the California Institute for Mental Health to the County of Los Angeles Department of Mental Health Adult Systems of Care, CalWORKs Program 550 S. Vermont Ave. 11th Floor Los Angeles, CA 90020 June 2009
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CIMH reports do not necessarily reflect the opinions or policies of its evaluation sponsors.

Previous reports about the program are available at http://www.cimh.org/calworks.aspx.
TABLE OF CONTENTS

EXECUTIVE SUMMARY .............................................................................................................................. 2
INTRODUCTION .................................................................................................................................................. 7
    Methodology .................................................................................................................................................. 7
PART I: LONG-TERM HOUSING SUCCESS ................................................................................................... 9
    Success of Persons Who Received Subsidies from HACOLA or HACLA .................................................... 9
PART II: SUCCESS IN MOVING TOWARD ECONOMIC INDEPENDENCE ............................................... 12
    A. HCFP Participant Welfare Eligibility and Benefits .................................................................................. 12
    B. Employment and Job-Oriented Welfare-to-Work Activities ................................................................. 18
    C. Do Participants Earn a Living Wage? ..................................................................................................... 31
PART III: SUCCESS IN DEALING WITH MENTAL HEALTH & RELATED ISSUES ................................. 34
    Overall Utilization of Supportive Services ................................................................................................. 34
PART IV: PREDICTING LONG-TERM EMPLOYMENT SUCCESS .............................................................. 40
PART V: MAY 2009 FOLLOW-UP INTERVIEWS ........................................................................................ 43
    How the Survey was Conducted ................................................................................................................ 43
    Housing Success .......................................................................................................................................... 44
    Success in Employment, Schooling, and Income ....................................................................................... 45
    Success in Dealing with Mental Health, Substance Abuse and Domestic Violence Issues .................. 48
    Success in Improving Quality of Life .......................................................................................................... 50
PART VI: DESIGNING PROGRAMS FOR HOMELESS FAMILIES WITH MENTAL HEALTH ISSUES ........ 53
    Success in Finding Rental Housing ............................................................................................................ 55
    Success in Obtaining and Retaining CalWORKs Benefits ....................................................................... 56
    Success in Obtaining Employment ............................................................................................................ 57
APPENDIX I: OVERALL STUDY DESIGN ...................................................................................................... 60
APPENDIX II: DPSS DATA ............................................................................................................................ 61
APPENDIX III: CROSS-TABULATION VARIABLES ...................................................................................... 65
APPENDIX IV: CONSTRUCTING THE GROUPS NEEDED TO TEST THE THREE HYPOTHESES .............. 68
APPENDIX V: MAY 2009 SURVEY METHODOLOGY .................................................................................. 70
    Interview Sampling and Attrition ................................................................................................................ 70
    How Representative are Respondents of the Full HCFP Sample? .............................................................. 71
END NOTES .................................................................................................................................................. 72

A PDF copy of this and earlier reports is available at www.cimh.org/calworks.aspx
EXECUTIVE SUMMARY

The Homeless CalWORKs Families Project (HCFP) was authorized by the Los Angeles County Board of Supervisors in 2002. The HCFP is jointly administered by the Los Angeles County Department of Public Social Services (DPSS), the Los Angeles County Department of Mental Health (DMH), and the joint City/County Los Angeles Homeless Services Authority (LAHSA). The project was designed to help resolve the problems of homeless families in which a parent is experiencing significant emotional distress. Approximately 600 families are served each year in six program sites in Los Angeles County. On average, participants spend about 13 months in the program. Goals of the project include having participants a) find permanent housing, and b) make constructive use of the welfare-to-work provisions of CalWORKs in order to gain economic independence. The inclusion of mental health services is designed to assist the parents in obtaining housing and utilizing welfare-to-work opportunities. This is the fourth evaluation report about the program conducted by the California Institute for Mental Health. It covers the period January 2005–December 2009. This report uses new sources of information and can be read by itself. However, to understand the full evaluation findings, this report should be read in conjunction with the December 2008 report, available at www.cimh.org/calworks/aspx.

To participate in the HCFP, a parent must meet the Department of Public Social Services (DPSS) definition of homelessness and must be receiving CalWORKs cash aid. A parent must also have a diagnosable mental health disorder. Overall administrative direction for the project is provided by DPSS. Mental health staff, eligibility and GAIN workers, and Los Angeles Homeless Services Authority (LAHSA) staff are co-located and collaborate to provide services at each of the six sites. The mental health agency at each site provides case management and treatment (counseling and/or medications) and is responsible for providing assistance in locating and obtaining permanent housing. Continued funding for the 2009–2010 year is believed to be assured but thereafter will continue to be decided on a year-to-year basis.

The central issue for this last Homeless CalWORKs Families Project evaluation report is whether the HCFP has helped participants achieve long-term success. While prior reports have highlighted the positive outcomes of participants at the end of their participation in HCFP, this is the first opportunity to assess how well they do once they have left the program for some time. “Success” is defined as: a) finding and retaining rental housing or other permanent housing, b) participation in work or school or other welfare-to-work activities as a step toward economic independence, and c) working on issues that interfere with independence by receiving mental health, substance abuse or domestic violence services.

The major findings in this report reflect HCFP participant success in both obtaining permanent housing and in moving toward economic independence.

Data are from three sources: 1) city and county housing authority data; 2) a May 2009 survey of 179 former HCFP participants who entered the program between January 2005 and July 2007; and 3) DPSS data on wages, benefits and services provided through CalWORKs.

FINDINGS BASED ON LOS ANGELES CITY AND COUNTY HOUSING AUTHORITY DATA

Overall, 97% of HCFP participants who received a housing voucher or certificate were able to sign a rental contract, and 91% have retained subsidized housing at least a year. These rates are far higher than those found in other studies of voucher use in Los Angeles.

FINDINGS BASED ON MAY 2009 INTERVIEW DATA

Among 179 former HCFP participants interviewed in May 2009, 89% were in permanent rather than temporary or emergency housing. Rental housing was attained by 83 percent. Another 19 persons (11%) live with a family member or friend and, of these, 12 had lived in that situation for more than a year, so they are also categorized as having permanent housing. Seven percent of interviewees are living in a shelter, a car, doubled up with another family, or in a hotel. The percentage living in rental housing has increased markedly since the previous study interview (55% to 83%).
Interviewees were much more likely to live in rental housing if they had received a housing subsidy (96% had rental housing) than if they did not (55% had rental housing).

At the time of the interview, 27% of respondents were employed and 2% were students. However, 31% had completed a training program, obtained a GED, or finished college courses since leaving the HCFP.

The relatively small percentage of HCFP participants with serious psychiatric diagnoses were much less successful with employment and may need a special service track that includes supportive employment, an approach that integrates an employment specialist into the treatment team.

Two-and-a-half to four-and-a-half years after entering the HCFP, 49% of respondents report still receiving mental health services. A measure of mental health status (the SF12) shows them to have statistically significant lower mental health status. Domestic violence services are received by 14.5% and substance abuse services by 5.5%. These figures indicate substantial difficulty for many persons in overcoming behavioral health problems but are positive in showing continued efforts to manage them.

EXHIBIT A: RELATIONSHIP OF EMPLOYMENT, EDUCATION, AND JOB-RELATED ACTIVITIES REPORTED TO DPSS

Activities Over Four Years
N=518

<table>
<thead>
<tr>
<th>No activities (32%)</th>
<th>Work component in any month (42%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
<td>18%</td>
</tr>
<tr>
<td>108</td>
<td>21%</td>
</tr>
<tr>
<td>120</td>
<td>23%</td>
</tr>
<tr>
<td>12</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Worked in any month (48%)</td>
<td>Education in any month (6%)</td>
</tr>
<tr>
<td>120</td>
<td>23%</td>
</tr>
<tr>
<td>12</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>1%</td>
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</tbody>
</table>
• Regular school attendance among the children of the May 2009 interviewees has increased to 95%. However, respondents reported that the needs of children for emotional or behavioral counseling are not being met adequately in 20% of families—a problem CIMH has identified in all earlier evaluation reports.

FINDINGS BASED ON CALWORKS DATA

• Overall, 68% of participants took part after admission to the program in education, or in job-oriented welfare-to-work activity, or they were employed for wages. Exhibit A shows the overlap between participation in these various activities. “Any month” refers to any month from admission through 48 months from admission (to the extent participants were present).

• Overall 48% of participants reported earnings during the four-year study period. The highest percentage working in any one month, according to DPSS data, was 20%.

• There were 106 job terminations during the study period, with only two due to unsatisfactory performance.

• The mean of monthly wage income was $1,034 and the median was $912. Overall, earnings in 37% of months were more than $1,200, with 16% of months more than $1,600, and 7% more than $2,000.³

• Participants reported earning $2,465,249 during 2.5 years. (Although a large number, this averages to $158 per month for 518 persons.)

• Earnings from the highest 12 months were aggregated for each individual. The 12 months did not have to be consecutive. About 21% of participants earned the equivalent of at least $10,000 a year; only 2.3% earned enough to meet the City of Los Angeles living wage standard.

• Participants who left HCFP services because of their own dissatisfaction or non-compliance with program standards had less success in all domains. Because leaving the program for negative reasons has profound effects on getting help for mental health, domestic violence and substance abuse problems (as well as effects on benefits and employment), every effort needs to be made to resolve the kinds of problems that lead to early drop-out—including substance-related problems.

• The HCFP programs became more effective over time in linking participants to benefits and helping participants obtain employment. There was a consistent pattern of higher eligibility for benefits in each succeeding study cohort, and the percentage of participants who had work, education or a work-related component increased with each study cohort, as did earnings.

• Sites varied to a large extent on most outcome measures, even when other factors were held constant. Differences by service area could be attributable to participant differences, differences in the mental health and program staff, or differences in the labor and housing markets in different regions. With respect to employment, we were able to control for a number of client characteristics and still found large differences.

• Those who had found rental housing by approximately 13 months after admission to the

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**Overall comments by former HCFP participants**

A very great help. The staff is very nice and work together to make you feel good about yourself.

I love them and I’ve referred people there. But I wish they had more funding because a lot of people need it.

I think it’s a great program. It’s changed our lives drastically; we now have a place to live and are happy.

Thanks for everything. I’m just having trouble looking for a job but I’m using their sources I learned.

They were very instrumental in getting my mental status stable and helped me recover, keep a job, and pay my rent.

I’m grateful that I received the help I received. I know it’s for people that need help and I needed it.
HCFP did better in many regards than those in other kinds of housing, including being more likely than others to receive benefits, to have some earned income, and to have a higher rate of employment. This association seems to support a primary, but not exclusive, program emphasis on finding rental housing as soon as possible in order to improve other outcomes (as did many comments from participants about the importance of having stable housing for their families).

- As noted in earlier reports, mental health status itself was generally not predictive of employment. Global functioning scores, and staff ratings of the degree to which symptoms had been reduced were not predictive of employment or earnings. The 6% with serious mental illness had less employment success than those in other less serious diagnostic categories.

This evaluation report also tests three specific policy-relevant hypotheses about the design of programs intended to ameliorate the plight of emotionally distressed homeless families.

In this report, three policy-relevant hypotheses are tested with regard to 1) obtaining and keeping rental housing, 2) attaining economic independence, and 3) dealing with behavioral health issues. Each of the three hypotheses has been supported in other research, but they have never been tested together.

The three hypotheses are:

- Homeless families need subsidies in order to attain long-term housing stability and economic independence.
- Emotionally distressed homeless families who receive intensive mental health and case management services can attain long-term housing stability and economic independence even if no subsidy is received.
- With the exception of a small percentage of families, most family homelessness is short term, so recovery of long-term, stable housing and achieving economic independence is to be expected, even if no subsidy was obtained and few services are received.

The hypotheses are important because the HCFP was designed initially in accord with the idea that services alone can address the problems of distressed homeless families. Later, housing subsidies were added, but there have never been as many vouchers available as participants. However, there is some evidence that neither intensive mental health services nor subsidies are necessary for most distressed homeless families. Programs designed in accord with one or another of the hypotheses will be very different—including cost.

Because this is not a controlled study, our findings with regard to the hypotheses results are tentative.

The overall conclusion is that both housing subsidies and intensive services appear to be associated with greater success in most domains, but even receiving both is not effective with regard to increasing earnings to the level of a living wage.

Tests of the hypotheses found:

- For utilization of benefits and obtaining employment, and for confronting domestic
violence, both subsidies and intensive services appear to contribute to success. Exhibit B below shows how this conclusion plays out with regard to employment. Those with intensive services and no subsidy appear to find employment earlier than other groups, but those with intensive services and subsidies have a more steady increase. Receiving a subsidy and having less intensive services appears to be associated with less employment, at least through the second year after admission. Those with no subsidy and less intensive services did well initially but did not sustain higher rates of employment.

- There is some evidence that suggests a subsidy with less-intensive services is associated with lower earned income.
- Lack of both a subsidy and intensive services appears to reduce success in most domains.
- With respect to obtaining rental housing, both subsidies and intensive services appear to be effective but subsidies are much more effective.

EXHIBIT B: HYPOTHESIS TEST: MONTHS OF EMPLOYMENT BY WHETHER OR NOT PARTICIPANTS RECEIVE A HOUSING SUBSIDY AND BY WHETHER MENTAL HEALTH SERVICES ARE INTENSIVE (HIGH) OR LIMITED (LOW)
INTRODUCTION

The Los Angeles Homeless CalWORKs Families Project is entering its seventh year. How successful has it been in the long-term?

The Homeless CalWORKs Families Project (HCFP) was authorized by the Los Angeles County Board of Supervisors in 2002. The HCFP is jointly administered by the Los Angeles County Department of Public Social Services (DPSS), the Los Angeles County Department of Mental Health (DMH), and the joint City/County Los Angeles Homeless Services Authority (LAHSA). Approximately 600 families are served each year in six program sites in Los Angeles County. On average, participants spend about 13 months in the program. Goals of the Project include having participants a) find permanent housing and b) make constructive use of the welfare-to-work provisions of CalWORKs. This is the fourth evaluation report about the program conducted by the California Institute for Mental Health. It covers the period January 2005–December 2009. This report uses new sources of information and can be read by itself. However, to understand the full evaluation findings this report should be read in conjunction with the December 2008 report available at www.cimh.org/calworks.aspx.

Participants in the HCFP must meet the Department of Public Social Services (DPSS) definition of homelessness. Participants must also either be eligible for CalWORKs or already receiving CalWORKs support. A parent must also have a diagnosable mental health disorder. Overall administrative direction for the project is provided by DPSS. Mental health staff, specialized eligibility and GAIN workers, and Los Angeles Homeless Services Authority (LAHSA) staff are co-located and collaborate to provide services at each of the six sites. The mental health agency at each site provides case management and treatment (counseling and/or medications) and is responsible for providing assistance in locating and obtaining permanent housing. Continued funding for the 2009-2010 year is believed to be assured but thereafter will continue to be decided on a year-to-year basis.

The central issue for this last Homeless CalWORKs Families Project evaluation report is whether the HCFP has helped participants achieve long-term success. “Success” is defined as a) finding and retaining rental housing, b) participation in work or school, and c) working on issues that interfere with independence by receiving mental health, substance abuse or domestic violence services. In prior evaluation reports, the effectiveness of the HCFP program in the short-run (up to the point of placement in permanent housing or leaving the program) was examined. This final evaluation looks at longer-term outcomes using several new sources of information for persons who had been admitted to the program prior to July 2007.

METHODOLOGY

A full description of the methodology is in Appendices I through IV. Here is a summary of key points.

- This evaluation report uses information from previous evaluations, from a new round of client interviews done in April-May 2009 with previously interviewed participants, from four years of DPSS data, and from information supplied by county and city housing authorities. A total of 519 participants is included, although not in all analyses. Interviews with 314 participants were previously conducted. In May 2009 we attempted to re-interview them all and were able to complete 179 interviews. The Housing Authority of the County of Los
Angeles (HACOLA) and the Housing Authority of the City of Los Angeles (HACLA) provided information on all 184 HCFP participants who had received a rental subsidy if at least one year had passed since receipt of the voucher. This allows an assessment of whether participants successfully retained the vouchers.

The gold standard in program evaluation is to randomly assign participants to alternative program designs, at least one of which is experimental. In that case, differences between groups can reasonably be taken to represent the effect of the programs being evaluated. Absent such a design there is not a clear-cut way to link participant success (or failure) with the program. In the case of the HCFP there is no control group. We try to get around this problem in a number of ways—by looking at change over time, by comparing the study period to a baseline, by looking for comparable data for similar groups not in the HCFP—but ultimately we do not know how much of client change might have occurred without the HCFP.

Information provided by DPSS covers the four years after January 1, 2005 and thus profiles the study cohorts of 2004-05, 2005-06 and 2006-07. The time period after admission to HCFP ranges from a minimum of 18 months to four years. Overall 2% had only 18 months of data during the study period and 16% had between 18 months and two years of data. A quarter had two to three years of data, and 55% had more than three years of data.

Because wage earnings are reported to DPSS only for months when participants were eligible for CalWORKs, food stamps, or Medi-Cal, DPSS wage income data may understate or overstate actual income, but probably not by much.

Long-term “success” is defined as obtaining permanent housing, economic independence, and resolving personal barriers.

1. **Rental housing.** Almost all participants desire rental housing. “Rental housing” is further subdivided by whether or not a Section 8 or Shelter Plus Care housing subsidy was received. However, in presenting the May 2009 survey results we use permanent housing to encompass both rental housing and living with relatives, if it has been over a year.

2. **Economic independence.** Although all participants initially were eligible for CalWORKs and received cash aid, some lost eligibility. So one short-term indicator of success is tenure in CalWORKs and in receiving food stamps and Medi-Cal. In the long-run, however, CalWORKs as a source of income must be replaced by employment earnings—since there is a five year lifetime cap on CalWORKs eligibility. We look at both receipt of benefits and at employment and wages as well as schooling and training.

3. **Dealing with behavioral health issues.** To be eligible for the HCFP, participants must have some kind of mental health issue and all have received a psychiatric diagnosis. Approximately 20% also have domestic violence issues and 10% substance abuse issues. For the most part we rely on staff and participant perceptions and utilization patterns rather than standardized instruments, except for survey results using the SF-12. So our focus is on whether persons participate in treatment and services rather than on outcomes of services.
PART I: LONG-TERM HOUSING SUCCESS

Success of persons who received subsidies from HACOLA or HACLA

Two types of housing subsidies are available through the Housing Authority of the County of Los Angeles (HACOLA) and through the Housing Authority of the City of Los Angeles (HACLA). They are Section 8 vouchers and Shelter Plus Care certificates. Each supplements rent such that the recipients (usually) do not have to pay more than one third of their income (regardless of its source) for rent. Section 8 vouchers are available to any person who qualifies based on income, but a certain number of them are designated to be used for persons with disabilities. The Section 8 vouchers used by HCFP participants were “dedicated” to the HCFP due to the mental health disability of participants. The Shelter Plus Care certificates are all specifically intended for use by persons with severe disabilities, and require that intensive case management services accompany the subsidy for a period of at least five years.

HACOLA and HACLA provided information on all HCFP participants (not just the sample of study participants) who received a voucher and for whom at least one year had passed since receipt of the voucher.

Overall rates of obtaining a rental contract by those who receive a voucher or certificate average around 70% in the City of Los Angeles, and are considerably lower in areas of high poverty. This means that over a quarter of those granted a rental subsidy are unable to utilize it. Additionally, substantial numbers of persons are unable to pay rent on time and so lose the subsidy over time. These figures provide a context for HCFP utilization.

The process of obtaining a Section 8 or Shelter Plus Care subsidy is arduous and often takes many months. Then participants have only 120 days to secure a rental, from the time they receive a voucher or certificate. One of the positive features of the HCFP is that it provides staff support for this process. Once a subsidy is granted, there is a difficult process of finding a rental property whose landlord is willing to accept a voucher or certificate. At that point the housing authority must inspect and certify the rental.

It is helpful to know what lease-up rates are among other Section 8 and Shelter Plus Care recipients, most of whom have spent years on a waiting list in order to receive the subsidy. “Lease-up” is defined as having a rental contract. The lease-up rate is the number with a contract divided by the number who received a subsidy. Note that the lease-up rate is lower in tight rental markets, and Los Angeles has one of the tightest in the country.

- In the 1990s an experimental program in five large cities, including Los Angeles, tried offering subsidies to families in high poverty areas and provided case management support. In LA, the lease-up rate for the comparison group was 75% and that of the poverty area experimental group 62%.
- In another study of a representative sample of all persons receiving a Section 8 voucher from the Housing Authority of the City of Los Angeles in 2000 the lease-up rate was 47%.
- Between 1999 and 2004 Congress provided housing vouchers to TANF recipients in an experimental program. The experiment included over 8,000 participants in six sites.

Best thing about life right now

My kids are my life, and the permanent housing make life better for everyone.

Being able to be home with my children, along with my new baby, and home stability.

My relationship with my son. We are both healthy and live in a safe place. I struggle but our needs are met.

That I completed college and now I have work experience.

That I have my little baby and I love her with all my heart, I’m alive and I’m sober.

God, church and my daughters that are close to me and going to church.

Going to be a nurse in two months.

I’m in school and trying to get a job, and that I have section 8 so I don’t have to worry about paying so much for housing.
including 1,000 in Los Angeles. Half of the participants were chosen randomly to receive housing vouchers. They were not given special assistance in how to use the vouchers. The evaluators concluded “the vouchers minimized both homelessness and the need to double-up for the families that used them. The impacts of the vouchers for these outcomes are large, statistically significant, and consistent across many subgroups.”

However, the lease-up rate for this group, which should be quite similar to the HCFP population since both are defined by receipt of TANF, was 70% nationally but only 51% in Los Angeles.

Overall 97% of HCFP participants who received a housing voucher or certificate were able to sign a rental contract and 91% have retained subsidized housing at least a year.

HACOLA and HACLA provided information on all HCFP participants who received a rental subsidy and for whom at least one year had passed since receipt of the voucher. The requirement that a year had passed since receipt of the voucher (so that long-term success could be judged) did not affect any HACOLA subsidy recipients, but many of those who had received a subsidy through HACLA are not included in the 108 HACLA participants for whom we have data.

HACOLA data pertaining to 55 Section 8 vouchers that were allocated to the project and 21 Shelter Plus Care certificates used by HCFP participants show recipients to be successful in retaining rental housing. Of the 76 persons granted a voucher, 75 (99%) obtained a lease, and 85% have retained subsidized housing for more than two years.

Only one person was granted a voucher by HACOLA was unable to find an apartment and get it approved within the permitted time frame.

Follow-up data is for a mean of 33 months, with 45% having a period of more than three years since they leased-up; only 14% had less than two years since lease-up.

Once having a lease, 64 of the remaining 75 maintained it, although five of these have moved and retain the subsidy. Eleven persons have lost their subsidy due to “tenant violations.” There is thus a retention rate of 85% over more than two years.

HACLA data for 108 HCFP participants show a lease-up rate of 96% and 100% retention after approximately a year.

In the summer of 2007, the Housing Authority of the City of Los Angeles granted the HCFP 200 Section 8 vouchers; it also administers a number of Shelter Plus Care certificates. HCFP administrators report that as of March 31, 2008, 102 HCFP participants had received HACLA Section 8 vouchers. Of these, HACLA reported four did not continue to lease-up, yielding a lease-up rate of 96%. The lease-up rate for Shelter Plus Care participants is not known. The average time from lease-up until May 1, 2009, when data were compiled, was 13 months, with 72% having the lease for over a year.

Of the 108 of those who leased-up, 106 are still housed and the other two retain their voucher but are in the process of moving. Thus after approximately

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>N=175 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF/CalWORKs</td>
<td>92.6</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>32.0</td>
</tr>
<tr>
<td>SSI or State Disability</td>
<td>13.7</td>
</tr>
<tr>
<td>Social Security</td>
<td>14.9</td>
</tr>
<tr>
<td>Wages</td>
<td>22.9</td>
</tr>
<tr>
<td>Child Support</td>
<td>14.9</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>0.6</td>
</tr>
</tbody>
</table>
a year, 100% of the HCFP participants are still using their rental subsidy.

Compared to the several studies cited above, the lease-up rate and retention rate of HCFP participants is extremely high, which is likely to be a direct effect of the extensive assistance provided by HCFP staff.

**The project was particularly successful in lease-up and retention with large families.**

Overall, 60% of HCFP families had one or two children, and 28% had three or four; 12% had five or more children. Families that received and used a voucher were larger: only 31% had one or two children, 51% had three or four, and 18% had five or more. This lack of representivity regarding family size can also be considered a success because finding housing without a subsidy is disproportionately difficult for large families.

**Although 23% of housing subsidy participants worked, 93% were also still using CalWORKs cash aid.**

Independent data from HACOLA and HACLA provide a picture of the income of housing subsidy recipients. By far the largest percentage had cash aid through CalWORKs: 93%. A total of 23% had income from wages with one other person receiving unemployment benefits. Of those with wages, 88% also received cash aid. Social security, SSI or state disability income was collected by 29%. These figures reflect the most recent reporting to the housing authorities (that is, in 2008 or 2009).

The Venn diagram below shows three types of income: TANF (CalWORKs), Wages, and some sort of disability payment. TANF income is reported by 91% with 61% having no other income, 13% also have disability payments and 20% also have wages. Three percent had only disability pay and 3% had only wages. Two percent had wages and disability payments. A total of 22% had wages.

We conclude that the proportion of housing subsidy recipients who have possibly achieved economic independence through wages is very small (3%), and even the 22% with wage income is small in proportion to the large number that will become ineligible for cash aid due to time limits.

**FIGURE 1: OVERLAP OF WAGES, DISABILITY PAYMENTS, AND TANF AMONG HOUSING SUBSIDY RECIPIENTS**

<table>
<thead>
<tr>
<th>Venn Diagram</th>
<th>N=164</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF/Food Stamps (92%)</td>
<td>102 (62%)</td>
</tr>
<tr>
<td>Wages (21%)</td>
<td>29 (18%)</td>
</tr>
<tr>
<td>SSI/Social Security/Disability (15%)</td>
<td>5 (3%)</td>
</tr>
</tbody>
</table>

The Venn diagram shows that 18% of recipients had wages, 29% had TANF, and 5% had some type of disability income. A total of 2% had both wages and disability income.
PART II: SUCCESS IN MOVING TOWARD ECONOMIC INDEPENDENCE

A. HCFP PARTICIPANT WELFARE ELIGIBILITY AND BENEFITS

Overall Utilization of Benefits

An important first step toward economic independence for homeless families is obtaining cash aid, food stamps and medical insurance (Medi-Cal).

For the vast majority of homeless families being homeless is a direct result of inadequate income. So obtaining benefits through DPSS is a first step out of homelessness and toward the economic independence that will prevent homelessness in the future. Utilization of these benefits is also an indication of the extent to which the HCFP has helped participants meet basic human needs. Finally, under welfare reform in California most earned income is added to the grant, so having cash aid permits a period of time when low-wage or part-time work considerably increases family income. We suggest that high utilization of cash aid and benefits is positive when participants are also working to increase housing stability and the capacity to earn a living wage.

HCFP participants are required to be eligible for CalWORKs and each participant is assigned a DPSS eligibility worker and a GAIN worker. CalWORKs eligibility in turn ensures eligibility for food stamps and Medi-Cal health insurance. Eligibility for all three, however, is subject to redetermination at intervals and can be terminated under a variety of circumstances. For example, eligibility for CalWORKs can end when the youngest child turns 18. Once participants leave the HCFP (or leave CalWORKs), they are likely still eligible for food stamps and perhaps for Medi-Cal, but these are separate determinations. Thus in any month after admission to the HCFP, study cohort members may or may not receive CalWORKs cash aid or food stamps or Medi-Cal.

FIGURE 2: PARTICIPATION IN CALWORKS BENEFITS EACH MONTH AFTER HCFP ADMISSION DATE

The graph shows the proportion of participants receiving each type of benefit each month after HCFP admission. The benefits include cash aid, food stamps, Medi-Cal, transportation, child care, and temporary homeless aid. The graph indicates that initial utilization is high but decreases over time, with each benefit showing different trends and levels of participation.
Two other types of benefits can be used by HCFP participants, both of which are available to all CalWORKs participants: 1) child care and/or transportation, and 2) long-term or temporary homeless assistance.

Ninety percent of the participants were new or short-term recipients of CalWORKs cash aid.

A total of 51% of the participants had not received cash aid prior to their enrollment in HCFP, i.e., it was their first receipt of aid. Another 41% had been receiving aid for less than three years (not necessarily continuously). The remaining could be considered long-term recipients of aid: 6% had first received aid between four and 10 years prior to admission, and 3% had first received aid between 11 and 23 years prior to admission.

Although food stamp eligibility can be established separately, in the case of HCFP participants the initial eligibility date for cash aid and food stamps was essentially identical; again 50% never previously used food stamps and only 10% had used food stamps earlier than three years before entering the HCFP.

Utilization of all benefits increases steeply in the first year of HCFP participation and gradually declines after that for all benefits except child care and temporary homeless assistance.

Figure 2 on page 12 shows the proportion of participants in each month for a variety of benefits and services from DPSS. Note the graph shows a baseline year in months—12 to 0.

These monthly figures can be expressed in months per year that a service was utilized. In the year before entering the HCFP the average time cash aid was utilized was under four months and slightly more for Medi-Cal and Food Stamps. Transportation and child care were used on average less than two months.

In the first year after admission utilization is at its peak, over 11 months per year on average for food stamps and Medi-Cal and almost 10 months for cash aid. Transportation is also high (transportation aid

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>Number Who Received</th>
<th>Percent Who Received</th>
<th>Total Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless assistance 14 day extension of temporary shelter for HCFP participants only</td>
<td>274</td>
<td>52.9%</td>
<td>580</td>
</tr>
<tr>
<td>Moving assistance of up to $2,000 for rent and appliances, once in lifetime</td>
<td>174</td>
<td>33.6%</td>
<td>256</td>
</tr>
<tr>
<td>Homeless assistance—permanent (one time payment up to two months rent) for moving</td>
<td>123</td>
<td>23.7%</td>
<td>255</td>
</tr>
<tr>
<td>Emergency assistance to prevent eviction (up to $2,000 for delinquent rent or utilities)</td>
<td>58</td>
<td>11.2%</td>
<td>123</td>
</tr>
<tr>
<td>Four month rental assistance of up to $300 a month (one time, CalWORKs or other)</td>
<td>19</td>
<td>3.7%</td>
<td>69</td>
</tr>
<tr>
<td>CalWORKs rental assistance of up to $300 a month for up to 12 months to non-subsidized families</td>
<td>6</td>
<td>1.2%</td>
<td>49</td>
</tr>
<tr>
<td>Rental assistance of up to $300 a month for up to 12 months to non-subsidized families not receiving CalWORKs</td>
<td>5</td>
<td>1.0%</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>385</strong></td>
<td><strong>74%</strong></td>
<td><strong>NA</strong></td>
</tr>
</tbody>
</table>
Nearly three-quarters (74%) of the HCFP participants received additional DPSS assistance in obtaining and maintaining housing.

When participants first enter the HCFP almost all are provided 120 days at and emergency shelter. The table below shows the number receiving other kinds of homeless assistance. All but one of these types of assistance are available to others besides HCFP participants. A more detailed definition of these categories is available on the Web. A total of 385 of the 519 participants received these types housing/homeless assistance through DPSS (74%). About one-third received only one service, another third received two or three services, and 6% received from four to six services.

The largest percentage (53%) received a special 16 day extension for the temporary shelter—the one type of assistance that is available only to HCFP participants. In addition 24% received “permanent homeless assistance,” that is help with first and last month’s rent and paying for appliances. A number of other specialized types of housing assistance were used as well.

Predicting the Utilization of Benefits

In successive study cohorts, utilization of benefits improved, indicating more success over time in retaining participants and ensuring that they applied for and received the benefits they were entitled to.

It is useful to look at utilization of benefits at three specific time periods: the month after the one year anniversary of admission to the HCFF, the month after the second year anniversary, and the month after the third year anniversary. Overall, in the 13th month after admission 68% of all HCFP participants were still eligible for CalWORKs, 86% were eligible for food stamps, and 86% were eligible for Medi-Cal. These figures dropped to 52%, 73% and 75% in the 25th month after admission and to 35%, 60% and 62% in the 37th month after admission.

There was a consistent pattern of higher eligibility for all three benefits in each succeeding study cohort. For example, in the 25th month after admission 25% of the 04-05 cohort was eligible for CalWORKs, 32% of the 05-06 cohort was eligible for CalWORKs and 48% of the 06-07 cohort was eligible for CalWORKs.

Transportation assistance was common: 60% in the 13th month, 39% in the 25th month, and 27% in the

FIGURE 3: CALWORKS ELIGIBILITY OVER TIME, BY LAST RECORDED STATUS
The percentage utilizing transportation assistance increased significantly in each cohort: in month 13 transportation help was used by 47% of the 04-05 cohort, by 50% of the 05-06 cohort, and by 67% of the 06-07 cohort. These figures indicate that the HCFP became increasingly effective in linking participants to entitlements.

There was a general trend of those dropping out of the HCFP using fewer benefits than those completing the program successfully.

Positive or negative exit from the program. Participants were categorized as leaving for positive or negative reasons for leaving the program. Positive essentially means housing and/or employment was obtained or the client was officially graduated. Negative reasons are primarily those that reflect client dropping out due to dissatisfaction or the program dropping the client due to non-compliance but also include losing CalWORKs eligibility.

As shown in Figure 3 (on page 14), there is a statistically significant trend for CalWORKs eligibility to fall off less quickly for those who were more successful in the program, particularly after 18 months from admission. This trend did not reach statistical significance for food stamps, or Medi-Cal benefits.

Child care: Child care was significantly higher in the third year for those exiting successfully, a result that is consonant with greater employment.

Transportation help: Negative status at exit was associated with lower utilization of transportation help. (Neither child care nor transportation is available if the person is not eligible for CalWORKs.)

Families who obtained rental housing in the first year were more likely over time to use benefits.

Having found rental housing. Participants were categorized by staff at their final rating as having obtained rental housing or not. Those who found rental housing had significantly greater utilization of cash aid overall and in the second, and third years after admission. They had higher utilization of food stamps and Medi-Cal in the second, third and fourth years.

Child care utilization was statistically significantly higher for those with rental housing in the third year and transportation was higher overall and in the third year.

Participants in some of the HCFP service areas were considerably more likely over time to access benefits.
than in others, but no causal statements can be made with respect to this trend.

Participants were served by different mental health and DPSS providers, which may have had some effect on benefit utilization. Another possibility is that clients in each service area differed so that the differences in utilization reflect client characteristics. A combination of both possibilities is most likely. Later in the report we use the statistical technique of regression analysis to try to “hold constant” client characteristics.

- **Cash aid:** The average months receiving cash aid were nearly the same in each program during year one (since eligibility for cash aid was a program requirement). They declined rapidly for each program over the four years. However, there were statistically significant differences. \(^17\) SA IV, SA VI and SA III East tended to be somewhat lower than other programs, particularly in the second and third years after admission. In theory, having a reduced reliance on cash aid is a goal of the program, but the employment records do not indicate leaving aid due to employment is a cause of these reductions for more than a small percentage. \(^18\) Also, leaving within the first year would ordinarily be contrary to the goal and standards for the programs.

- **Food stamps** showed the same trends, with SA IV and SA III East participants being statistically significant lower in utilization.

- **Medi-Cal:** Differences in utilization were statistically significant overall and in trend by year, closely tracking the CalWORKs eligibility shown in Figure 5.

- **Child care:** Statistically significant greater utilization of child care help was shown by participants at SA III West, SA VI and SA II. (In month 13, for example the percentage receiving child care ranged from 4% at SA IV to 26% at SA VI, with an overall mean of 12%).

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**FIGURE 5: CASH AID ELIGIBILITY OVER TIME, BY HCFS SERVICE AREA**

![Graph showing cash aid eligibility over time by service area](image)

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\(^17\) For details on the statistical methods used, see the appendix.

\(^18\) For more information on the employment records, see the employment outcomes section.
- Transportation help: SA VII and SA VI were significantly higher in utilization of transportation help. (In month 13, for example, the percentage receiving transportation help ranged from 44% at SA III East to 69% at SA VI and SA VII, with an overall mean of 60%.)

- Homeless assistance: SA VI and SA III West had statistically significant lower utilization of temporary homeless assistance funds overall.

**Months of being sanctioned were low; months of being exempt from WTW requirements decreased**

Persons receiving cash aid are ordinarily required to participate in welfare-to-work activities, called GAIN in Los Angeles. For the most part cash aid eligibility and GAIN enrollment run parallel. However, participants can be exempted from this requirement for a number of reasons, described below. They can also be deregistered from GAIN due to exceeding the 5 year time limit, being sanctioned, or having a spouse who is working 32 hours a week. Figure 6 shows the months in which DPSS records showed participants as having a “sanction flag” or being exempt during the baseline and 36 months after admission to the HCFP.

Overall, exempt months made up 13% of all months in the study period. The average number of months in which participants were exempted from welfare-to-work job-related requirements was two in the first year, declining over time. In the 13th month 14% were exempt; in the 25th and 37th months the figures are 10% and 12%, respectively. The reasons for exemption were:

- A parent was working 32 hours or in school and under age 18: 29% of exempt months. This category of exemption increased from .46 months to .63 months between the first and second years.

- A parent was pregnant or caring for a child under 12 months: 51% of exempt months.

**FIGURE 6: PROPORTION OF HCFP PARTICIPANTS IN EACH MONTH EXEMPT FROM CALWORKS WELFARE-TO-WORK REQUIREMENTS OR WITH A SANCTION FLAG**
A parent or caretaker was over 60 or the person was caretaker of a disabled person: 3.5% of exempt months.

The participant was incapacitated: 17% of exempt months.

The sanction flag is recorded by month. Overall 1.3% of the study months had a sanction flag. This increased very little over time.

B. EMPLOYMENT AND JOB-ORIENTED WELFARE-TO-WORK ACTIVITIES

Overall Pattern of Employment

Overall, 68% of HCFP participants were involved in job-oriented welfare-to-work activities.

CalWORKs participants must submit records of earned income to DPSS but so must food stamp and Medi-Cal beneficiaries. Thus, for the months in which a HCFP participant received any of these three benefits, DPSS has a record of employment earnings. Working 32 hours a week, or having a spouse who does, is one way of meeting welfare-to-work requirements, but those not working (and not exempt) are required to participate for 32 hours in other work-related activities. The major categories of these, along with the number of persons having participated in each, are listed below in Table 3. The "Other work related component" includes: work study, job services, on the job training, and other training. It does not include Job Club, which virtually all participated in.

Based on DPSS data, 48% of HCFP participants were employed, 8% attended school, and 42% participated in other welfare-to-work activities such as vocational training (see Table 2).

Slightly less than half of the participants had employment earnings during the entire study period. Eight percent had an educational component, including a Self-Initiated Program of study. Either education or employment was found for 50%. In addition, 42% had some job skills, vocational or other work-related welfare-to-work component at some time. In all, 68% of the participants had work, education or a work-related component.

Participation in work and work-related activity increased over the first two years of the program and was better for each succeeding study cohort.

Average months participants were employed increased significantly from the baseline year (less than a month), peaking in the second year after HCFP enrollment at two months), but showing another increase in the third year. Job activities (job skills, vocational training and related activities) also peaked in the second year and showed a gradual decline thereafter.

| TABLE 3: NUMBER AND PERCENTAGE OF PERSONS TAKING PART IN EACH WORK-RELATED COMPONENT |
|-----------------------------------------|----------------|----------------|
| Type of Activity                        | N              | Percent        |
| Had employment earnings                 | 251            | 48%            |
| Earned income component*               | 225            | 43%            |
| Education component                    | 33             | 6%             |
| Work components (any)                  | 215            | 42%            |
| Job skills component                   | 46             | 9%             |
| Vocational training component          | 171            | 33%            |
| Other work-related components          | 84             | 16%            |
| ANY job, education or work component   | 354            | 68%            |
| TOTAL N                                | 518            | 100%           |

*The earned income component applies only when the participant is in GAIN. Employment earnings can occur and be reported if the participants receives food stamps or Medi-Cal but is not in GAIN.
The percentage working or in work-related activities increased with each study cohort from 54% in 2004-05 to 65% in 2005-06 to 73% in 2006-07, indicating the HCFP program was successful in its increasing focus on welfare-to-work.21

**The majority of persons participating in education or other job-oriented welfare-to-work activities did work during the study period.**

The Venn diagram in Figure 8 shows the extent of overlap between work, education, and the other welfare-to-work components that are specifically job oriented, such as job skills and vocational training. While 53% of participants worked in at least one month, 25% of these did not participate in any other job-oriented activities or in education. Only 6% of all participants worked and went to school; 3% had an educational component but did not work. Twenty-six percent worked as well as having participated in some other job-oriented activity (like vocational training or education). Some 16% participated in job-oriented activities other than education but did not work. A total of 32% did not participate in any job-oriented welfare-to-work activities.

The primary importance of education and the other job activities is in relationship to work since it is work that is critical for economic independence. Therefore the rest of this section focuses on employment and earnings.

**The amount earned each month, if any, covered a very large range with an average of $1,034 and a maximum of over $6,000.**

The range of monthly wage income, if any, among HCFP participants was from $11 to $6,250. The mean was $1,034 and the median was $912. About 18% of participant months of earnings fell into the lowest category of less than $400 per month, 23% fell into the $400-800 category and the same percentage was in the $800-1,200 category. Overall, earnings in 37% of person months were over $1,200, with 16% of months over $1,600 and 7% over $2,000.22 Figure 9 shows the distribution of earnings by the percentage of months in each category.
Participants reported earning $2,465,249 during 2.5 years.

The $2,465,249 participants earned is from date of admission until the 36th month after admission. Two and a half million dollars seems like a lot of money, but is really only an average of $158 per person in each month.

Over time 106 jobs ended, with only two terminations due to unsatisfactory performance.

Of the 106 job terminations, half were recorded only as “Other reason.” About 28% were job-related (low wages, job phased out, temporary job) and for 8% the reason was to take another job. For 11% personal reasons, including returning to school and those related to the job as well as family issues, were listed as the reason for termination.

Predictors of Employment and Earnings

The percentage employed was lower for those who had previously been aided by welfare compared to those who had not.

Figure 10 shows the proportion with earned income in each month by whether or not the HCFP participant had participated in CalWORKs prior to admission in the HCFP. Summarizing this data, the percentage of months employed in the 36 month study period if there was no utilization of CalWORKs prior to HCFP admission was 16%, compared to 14% if there was. However, the closeness of these figures reflects the fact that more persons were working in the previously aided group when they entered HCFP (a few who had not been aided had employment data recorded because of utilization of food stamps or Medi-Cal). The trajectory is quite different and was statistically significant.

The percentage employed was lower if the final staff rating of the Global Assessment of Functioning scores were low.

The Global Assessment of Functioning (GAF) scale is used by clinicians to rate clients from 0 to 100 on several dimensions of functioning—from symptoms, to relationships, to role performance. Data on this measure is available for 312 persons from the 2005-06 and 2006-07 cohorts.
There was little difference in employment during the study period (not the baseline period) between those with higher and lower GAF scores, except for those with scores over 60—who worked 23% of all months compared to 13% or under for other categories. However, there was no difference in actual amount of earnings between the groups among those who worked at all. So GAF, which can be taken as a proxy for occurrence, severity and consequences of mental health symptoms, seems to affect whether people work but not how much (or alternatively, the rate of pay).

The average number of months worked was considerably lower for those who at some point in their HCFP services had applied for Social Security Income due to disability.

At their final rating of participants, staff recorded whether the participant had applied for SSI. In many cases this determination was still pending, so we have used the fact of an application as an indication that at least the participant felt that income based on disability was more appropriate in her case than CalWORKs, which is time-limited and requires employment. Figure shows that those applying for SSI on average had lower levels of employment in the baseline period than those who did not, and during the study period they were employed far less.

Ordinarily the best predictor of future employment among welfare participants is past employment. That is also the case with HCFP participants. Table 5 below shows that 81 persons were employed in the baseline year (study cohort one is excluded from this analysis because data do not go back that far), while 379 were not. In the succeeding years those who were employed in the baseline had up to four times as many months employed as did those without baseline employment. (The reductions over time in the previously employed group may reflect persons...
FIGURE 10: PROPORTION OF PARTICIPANTS EMPLOYED, BY WHETHER PREVIOUSLY AIDED BY CALWORKS

TABLE 4: AVERAGE MONTHS OF EMPLOYMENT OVER THREE YEARS AMONG THOSE IN THE 2005-06 AND 2006-07 COHORTS, BY WHETHER EMPLOYED DURING BASELINE OR NOT

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>Employment if no baseline employment</th>
<th>Employment if employed at all in the baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Average Months</td>
</tr>
<tr>
<td>Baseline</td>
<td>379</td>
<td>0</td>
</tr>
<tr>
<td>Year one</td>
<td>379</td>
<td>1.0</td>
</tr>
<tr>
<td>Year two</td>
<td>378</td>
<td>1.6</td>
</tr>
</tbody>
</table>
**Earnings were higher for participants whom staff rated as having better work capacity and for those with a positive change in work capacity.**

Figure 12 on page 24 shows the earnings over time of persons (N=220) who were rated on their work capacity at the time of the last staff rating. Staff are clearly able to discriminate levels of work capacity taking into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and impairment due to symptoms. (In an earlier evaluation report we showed that staff judgments of work capacity made at admission to the program were also highly predictive.) The differences in earnings are statistically significant over time. Note that the graph axis showing average earnings goes up to $500 a month due to the higher income of those with very good work capacity. In other graphs to follow average monthly income usually maxes out at considerably less.

Change in capacity to work during program tenure also pointed to success. Figure 13 shows change in work capacity over duration in the program as judged by staff in relationship to time to the first job after admission.
Employment and earnings varied significantly depending on the service site

The overall rates of persons employed, in months in which reporting of income was required, were 18% in the 13th month after admission, 18% in the 25th month, and 26% in the 37th month. The site of service was statistically significantly related to employment rates. The percentage employed in month 13 ranged from 10 to 28. The range in month 25 was even greater, from 4% to 28%. By month 37, the range was from 9% to 40%.

Cross-sections like this table are useful in getting an idea as to how much of a role employment played in the HCFP participants in any given month. The differences between providers are more reliably portrayed, however, by viewing earnings over all study months as seen in Figure 14.

Participants from SA OO showed a sharp increase from the first year on. With one period of reduced earnings in the third year, SA III West participants also had significant increases, as did those at SA VII. SA VI participants had a rapid increase but also a fall off in the third year. SA IV and SA III East participants were more stable at a lower rate of employment, with SA III East having a particularly steep drop two years after admission. Note the numbers of participants in Table 5. Changes in employment after 18 months may to some extent reflect persons who were employed no longer being required to report income after leaving aid.

Note again, that the differences in rates are probably due to at least three factors: differences in barriers, motivation, skills and experience on the part of participants (as shown in Figure 14), differences in staff at the different sites (including different GAIN offices and staff), and differences in the labor market in the regions served by the different providers.
The CalWORKs Homeless Families Project: Long Term Success • June 2009

**FIGURE 13: HCFP PARTICIPANT TIME TO FIRST JOB, BY AMOUNT OF CHANGE IN CAPACITY TO WORK DURING PROGRAM TENURE**

![Graph showing time to obtain a job](image)

**TABLE 5: PERCENTAGE OF PARTICIPANTS REPORTING EMPLOYMENT IN THE 13TH, 25TH, AND 37TH MONTHS AFTER HCFP ADMISSION, BY SERVICE SITE**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>SA IV</th>
<th>SA III West</th>
<th>SA VI</th>
<th>SA II</th>
<th>SA VIII</th>
<th>SA III East</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Month 13</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>28%</td>
<td>24%</td>
<td>27%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>105*</td>
<td>71*</td>
<td>46*</td>
<td>89*</td>
<td>78*</td>
<td>75*</td>
</tr>
<tr>
<td>Month 25</td>
<td>14%</td>
<td>28%</td>
<td>24%</td>
<td>26%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>96</td>
<td>46</td>
<td>42</td>
<td>73</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Month 37</td>
<td>9%</td>
<td>38%</td>
<td>22%</td>
<td>36%</td>
<td>23%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>54</td>
<td>29</td>
<td>18</td>
<td>33</td>
<td>31</td>
<td>35</td>
</tr>
</tbody>
</table>

*The N (number of participants) is the total number from each provider in the data base at that time. The percentages are of that total. So the actual number employed in SA IV in Month 13 is 10% of 105 (with rounding).*
Figure 15 shows both the times (in days from admission) when participants obtained their first job as well as the total proportion obtaining a first job. Shields, SFVMHC, and Prototypes participants had a quicker rate of entry into the labor market as well as higher overall numbers who got a job.

*Living in rental housing at the last staff rating was associated with higher employment rates and earned income.*

Although differences between those living in rental housing and those living elsewhere (as of the last staff rating for each client) did not reach statistical significance in the 13th and 25th months after admission, they did in the 37th, with 32% employed if in a rental when rated and 19% employed if not.

Figure 16 shows that the greater earnings success of those living in rental housing was a trend over time as well. Figure 17 makes the same point but by using time until the first job (the flat part of the line indicates those who never got a job). Again, because this is not a controlled study we do not know if this greater employment success is due to the advantages in stability that those in rental housing enjoy or to some characteristic of individuals that makes some persons more likely to succeed in both housing and employment. However, one interesting phenomenon, which suggests that something beyond selection of successful personalities is involved, is the fact that those who obtained rental housing and did better with employment had lower employment in the baseline.

*Participants with three or four children showed more sustained increases in earnings.*

As shown in Figure 18, participants with more children showed a statistically significant difference in earnings trajectory from those with only one or two children. It is likely that participants with large families continued receiving aid even if they were working, so the upward trend for persons with three...
FIGURE 15: HCFP PARTICIPANT TIME TO FIRST JOB, BY SITE

FIGURE 16: MONTHLY EARNINGS, BY WHETHER HCFP PARTICIPANTS LIVED IN RENTAL HOUSING AT THE TIME OF THE LAST STAFF RATING
FIGURE 17: TIME TO FIRST JOB, BY WHETHER HCFP PARTICIPANTS LIVED IN RENTAL HOUSING AT THE TIME OF THE LAST STAFF RATING

Participants who left the program for positive reasons had earnings over time that substantially exceeded those who left for negative reasons.

Figure 19 shows the trajectory of monthly earnings (if reporting was required) for those who left the program because they graduated or they found housing or employment compared to those who left for less positive reasons, most often dissatisfaction with the program or lack of compliance with program standards.

Interestingly, the sharp difference in income is not matched by how soon participants got their first job or the proportion getting a first job (see Figure 20). The difference in this measure only marginally favors the positive outcome group over those with neutral status or those having a negative exit. In fact it was not until almost 18 months had passed that there was a difference between the groups. In combination, these two graphs suggest that the participants who exited the HCFP for positive reasons either worked at much better paying jobs than did other participants or worked more continuously.

Participants with better attendance in mental health therapy and groups had higher earned income over time.

Figure 21 shows that those with very good attendance in treatment shot ahead in earnings, followed closely by those with good attendance. The fall-off after year two among those with very good attendance is likely to be due to participants moving to regular employment rather than welfare. (That is, the fall-off reflects the fact that our DPSS data source does not record wages if no benefits are received because employment income is too high.) However, those with poor attendance did better initially than those with good and were even or better than with those with very good attendance through the first year.

or more children is highly positive. The drop off after 12 months for persons with one or two children may reflect higher earners leaving welfare, which is easier to do with fewer children.
FIGURE 18: AVERAGE EARNINGS OVER TIME, BY THE NUMBER OF CHILDREN IN HCFP PARTICIPANT FAMILIES
FIGURE 19: AVERAGE EARNINGS OVER TIME, BY POSITIVE OR NEGATIVE EXIT STATUS (N=228)

FIGURE 20: TIME TO FIRST JOB, BY EXIT STATUS³²
The persons with a serious mental illness were much slower to obtain jobs and a lower proportion obtained them.

Participants with a bipolar disorder or a schizophrenia spectrum disorder were less likely (to a statistically significant degree) than others to get a job at all, and were slower to do so if they did. There were not significant differences between the other diagnostic groups. This finding suggests that a supportive employment program would be appropriate for this group. Supportive employment is a highly successful approach used with persons having serious mental disabilities. An employment specialist is part of the treatment team rather than, as in the GAIN program, a separate service.

We also tested whether change in symptoms over the course of the tenure at the program was associated with the proportion who found a job or how quickly they found a job. There was no statistically significant association, with all groups looking very similar. Similarly GAF status was not statistically significantly associated with speed in finding a job, though the persons with higher GAF scores trend toward quicker attainment of jobs. Similarly, change in domestic violence status and change in substance abuse status were not predictive of speed in finding a job.

C. DO PARTICIPANTS EARN A LIVING WAGE?

About 21% of participants earned the equivalent of at least $10,000 a year; only 2.3% earned enough to meet the City of Los Angeles living wage standard.

The City of Los Angeles has a living wage ordinance that specifies $11.25 per hour as a minimum wage for employees of firms doing business with the city. This would equate to $22,500 annually. The County of Los Angeles living wage is even higher, $11.84 (if no health benefits are provided). The living wage levels provide a standard for looking at how well HCFP participants are doing.
It is important to realize, however, that most of the HCFP participants who worked were also receiving cash aid and other benefits, which (given a generous earned income disregard under CalWORKs) means that the effective income was far higher for persons still receiving aid than is reflected in wage earnings.\textsuperscript{33} The intent of this section is to look at earnings in the context of what \textit{would} happen when participants no longer receive cash aid.

Table 6 shows the distribution of the sum of earnings in the 12 highest earning months for each participant (not necessarily consecutive). Overall half had no earnings in the study period; another 23\% had earnings of under $5,000. So for at least 75\%, earnings were not the major source of income in the 12 months with the greatest earnings. Eight percent earned $5,000 to $10,000, 10\% earned $10,000 to $15,000, and 9\% earned $15,000 to $38,000. Only 2.3\% of the participants earned as much as the $22,500 living wage.

There was a clear, but not statistically significant, trend toward greater earnings with each study cohort. Since later study cohorts had less total months in which the highest earning 12 months were calculated, the difference is even greater than it appears.

\textbf{Maximum 12 month wages earned differed to a statistically significant degree by exit status and site.}

In some other analyses the number of children and the diagnostic category were predictive, but with regard to maximum income in any 12 month period they were not. Those living in rental housing were more likely than others to have some earned income (55\% vs. 45\%, a significant difference) but the difference in amount earned, if any income, was not statistically significant.

Some income in the highest 12 months was recorded for 62\% of those with positive exits vs. 51\% of those with negative exits and for 46\% of participants with a neutral exit or who were still...
in the program at the time of the last staff rating (a statistically significant association). Those with positive exits who had some earned income averaged $10,342 vs. the $8,787 of those with negative exits and the $6,841 of those with neutral exits or still in the program when rated (differences between these groups were statistically significant).

Differences by site were also significant. SA IV had the lowest percentage of participants with earned income (34%) followed by SA VII (46%), SA III East (50%), SA III West (54%), and with SA VI having (61%) and SA II 62% (statistically significant differences). For those with earned income the average ranged from SA IV at $6,355 to SA III East at $6,512 to SA III West at $8,158 to SA VI at $8,177 to SA VII at $9,407 and SA II at $10,414 (also statistically significant). Note again that these differences might be due to client differences at admission, the service process itself, or the labor market in the different geographic areas served—or a combination of all three; and recall that some participants undoubtedly earned wages that they were not required to report.

The three study cohorts differed to a statistically significant degree regarding the percentage who had earned income: The 2004-05 cohort had 31% with earned income, the 2005-06 cohort had 48% and the 2006-07 cohort had 53%. Among those with earned income, however, the maximum 12 month earned income did not vary by study cohort.

The relative success of HCFP participants can be judged by comparing their employment data with CalWORKs participants more generally and with a large sample of CalWORKs clients receiving mental health services.

The 2006 CalWORKs white paper prepared by the California Welfare Directors Association\(^\text{37}\) cites relevant statistics. The average monthly wage of working adults receiving CalWORKs was $855 in 2004. For HCFP participants in the first three years after admission it was $1,034.\(^\text{38}\)

An earlier CIMH study looked at DPSS employment data for 2,404 persons who terminated a CalWORKs mental health supportive service during March 2004 – February 2005. In the month of terminating services, 16% had earnings. A roughly comparable figure for the HCFP participants is the proportion with earned income 13 months after entering the program: 17.3%.

### TABLE 6: MAXIMUM EARNINGS IN ANY 12-MONTH PERIOD DURING 2005-2008, BY STUDY COHORT\(^\text{36}\)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Earnings</td>
<td>69.2%</td>
<td>52.4%</td>
<td>47.0%</td>
<td>50.4%</td>
</tr>
<tr>
<td>0-$5,000</td>
<td>10.3%</td>
<td>24.1%</td>
<td>24.3%</td>
<td>23.2%</td>
</tr>
<tr>
<td>$5,001-$10,000</td>
<td>5.1%</td>
<td>5.4%</td>
<td>9.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>$10,001-$15,000</td>
<td>7.7%</td>
<td>10.2%</td>
<td>9.3%</td>
<td>9.5%</td>
</tr>
<tr>
<td>$15,001-$38,000</td>
<td>7.7%</td>
<td>7.8%</td>
<td>9.9%</td>
<td>9.1%</td>
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<tr>
<td>Total N</td>
<td>39</td>
<td>166</td>
<td>313</td>
<td>518</td>
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<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
PART III: SUCCESS IN DEALING WITH MENTAL HEALTH & RELATED ISSUES

Overall utilization of supportive services

HCFP participants are all enrolled in what is termed a CalWORKs “mental health component,” which means they receive treatment designed to help improve their chances for employment. To receive treatment they must have a psychiatric diagnosis. Other supportive services include domestic violence help and treatment for substance abuse.

CalWORKs mental health services were used extensively in the first year after HCFP admission, declining rapidly thereafter.

Figure 23 shows the proportion of HCFP participants enrolled in supportive service components in each month of the study period. On average, participants were enrolled in mental health services for 8.0 months of the first year after admission. This is a high average, but is considerably below the averages for food stamps and Medi-Cal, possibly due to drop outs from the HCFP program who continued using entitlement benefits.

Domestic violence and substance abuse services were used by far fewer and also peaked in the first year.

The utilization of domestic violence and substance abuse services refers specifically to having a separate welfare-to-work “component” for these services. Domestic violence and substance abuse counseling are often provided by mental health staff even if there is no specific component opened in the welfare-to-work plan. At some point in the study period, a total of 127 participants (25%) had a domestic violence component in their welfare-to-work plan, which is higher than the 14% who staff reported suffered domestic abuse at their last client rating; while 56 (11%) had a substance abuse component, which is close to the 10% that staff said were substance dependent at intake.

FIGURE 23: UTILIZATION OF CALWORKS-SUPPORTED SERVICES: PROPORTION USED IN EACH MONTH
Predictors of Supportive Service Utilization

Other characteristics we predict would affect utilization of mental health, substance abuse, and domestic violence services include exit status, living in rental housing, and service site. The type of mental health diagnosis would be expected to have an effect as well.

Not surprisingly, whether one left the HCFP for positive or negative reasons affected utilization of other welfare-to-work services, especially domestic violence.

Leaving the HCFP for negative reasons would seem to presage much lower utilization of mental health services in subsequent years, and that is in fact the pattern found. However, the same pattern is found with regard to domestic violence service. For example, in the 37th month, 15% of those who left successfully were in DV services vs. 4% of those leaving for negative reasons.

Figure 24 shows months in which domestic violence services were received for those who left successfully and unsuccessfully. It is likely that the difference in rate of domestic violence did not differ but that desire to receive services for it did, as indicated by having a domestic violence component.

Substance abuse services were used by relatively few, but there is a clear pattern related to exit status. Persons who left for positive reasons tended to have been in treatment before entering the HCFP and left treatment relatively soon and did not return. Those who left for negative reasons appear to have been identified early by HCFP staff and they required substantially more treatment.

Participants living in rental housing at the last staff rating were much more likely to participate in mental health and domestic violence services.

In month 13, 74% of those who were rated as living in rental housing by staff (at roughly 13 months after admission) participated in mental health services.
compared to 50% of those not living in rental housing. (Also see Figure 26 below.) This pattern was found in month 25 and month 36 as well. Unfortunately, the pattern is difficult to interpret. It could mean mental health services were instrumental in participants obtaining rental housing; or it could mean that the same characteristics that led people to obtain rental housing led them to seek help for their problems; or it could mean that having rental housing facilitated participation in mental health services. The same pattern obtained for domestic violence: 13% participated in DV services in month 13 if living in rental housing vs. 4.5% otherwise and in month 25 the comparable figures were 7.1 and 2.8.

**Utilization of mental health and other services varied by site.**

Mental health service use was high in all sites in month 13, but by month 25 there were statistically significant differences among the sites (see Figure 26 below). Low use occurred at SA VI and SA III East at 17% and 18%, respectively while SA VII was highest at 45%. SA III West, SA II and SA VII had statistically significant higher trajectories over time.

Domestic violence services (Figure 27) differed in both month 13 and month 25. SA IV was low in both months with zero percent. SA II was highest in month 12 with 19% while SA III West was highest with 11% in month 25. See Figure 27 below for the entire distribution. It is unclear why there should be such large differences between providers. Some of the difference may be due to differences in the rate of domestic violence or of domestic violence disclosure, and some may reflect different ways of handling it—internal vs. referral.

**Type of mental health diagnosis was predictive of mental health service utilization.**

In Figure 28, we show the overall trend of mental health service utilization by type of mental health diagnosis. Persons with anxiety diagnoses had more months of services to a statistically significant degree. Those with serious mental illness (SMI) which here was taken to mean bipolar disorder or
schizophrenia disorder, used less in the first year but were somewhat more likely to increase use over time. By year three the utilization was virtually identical regardless of diagnosis.

**Participants with serious mental illness may need specialized services.**

One issue raised by the CIMH December 2008 evaluation report, is whether persons with SMI are being appropriately served given the serious status of their illness. We first look at exit status by diagnosis. The difference by diagnosis between persons leaving for negative reasons does not reach statistical significance. Of persons with serious mental illness 33% left for negative reasons compared to 29% for those with depressive disorders, 28% for those with adjustment disorders and V codes (less serious), and 35% for those with anxiety disorders. It is, nonetheless, a matter of concern that a third of the persons with serious mental illness leave for negative reasons. Even though this is not disproportionate, this is a group of persons that is highly vulnerable and needing help.

We fitted a longitudinal regression model to the annual average months of utilization of mental health services through CalWORKs. In this model, which included years, diagnosis, and exit status, persons with SMI with a positive reason for leaving had significantly more mental health services while those with a negative reason for leaving had significantly fewer months of mental health service.

Figure 29 shows mental health service utilization for the SMI participants depending on their exit status. Unfortunately the number of participants (N=32) is too small to draw firm conclusions, but the third of persons with SMI leaving for negative reasons appears not to increase their utilization significantly over time. Ordinarily persons with SMI need services for many years. Here we do not see this pattern, although it is possible the participants had begun obtaining services from other public mental health programs.
FIGURE 27: DOMESTIC VIOLENCE SERVICES IN EACH MONTH, BY SITE

![Graph showing domestic violence services in each month by site.]

FIGURE 28: CALWORKS MENTAL HEALTH SERVICES USE BY TYPE OF MENTAL HEALTH DIAGNOSIS

![Graph showing mental health services use by type of mental health diagnosis.]

Study Months From Admission to HCFP

Graphs by Diagnostic Category
In the most recent CIMH HCFP evaluation published in December 2008 we recommended that:

HCFP administrators should consider a separate path for the 15–30 percent of individuals who have serious functional impairment due to mental health problems, or who have co-occurring substance abuse or domestic violence and thus need integrated treatment. These persons might start individual therapy and/or medications immediately, and a long-term treatment program would be expected. Individual consideration of how mental health and substance abuse/domestic violence status affect both housing and employment would be a focus from the beginning. Introduction of GAIN activities might be delayed for this group. These persons probably will need special attention to help them stay in treatment rather than dropping out.

And as noted in the employment section, employment services based on a supportive services model may be more appropriate than the GAIN services ordinarily available.

Results from the May 2009 survey show that almost half of participants are still receiving mental health treatment 2.5 to 4.5 years after entering the HCFP. Please see Part V for these results as well as for current utilization of domestic violence and substance abuse services.
PART IV: PREDICTING LONG-TERM EMPLOYMENT SUCCESS OF HOMELESS CALWORKS PARTICIPANTS

In this section we use a statistical approach that allows us to “hold constant” the inter-relationships between predictors of employment such as site, rental status, exit status and age.

In the above analyses we have shown the relationships between three main outcomes (housing, stable income, and confronting personal issues) and predictors such as exit status and site. These analyses have shown “real world” relationships. However, they are problematic because there might be relationships between the predictors. For example, we showed that parents with 3 or more children were more likely to get a housing subsidy. But these parents are also more likely to be in the 31-40 age group. So it would be useful to be able to separate out the effects of each predictor independent of all others.

Another reason to use a different type of statistical analysis is that when we look at the association of predictors with outcomes, such as site differences, we don’t know how much of the association reflects those services and how much it reflects differences in who is served at each site. For example, participants with serious mental illness comprised 13% of the SA IV population vs. only 3.1% of the SA II clinic. The only fully valid way of comparing sites would be to randomly assign participants to sites—a practical impossibility. However, there are statistical techniques that allow us to “hold constant” a number of characteristics while examining the relationship between two others.43

“Holding constant” seven other predictors, the following factors predict employment to a statistically significant degree.

In this analysis only the 2005-06 and 2006-07 participants are included as the first year and baseline employment data were missing for the 2004-05 cohort. The average probability of being employed in any month for the predictors which were statistically significant are below, along with graphs for the hypothesis testing groups and service sites. To illustrate, under the first bullet the predicted probability that in any one month a person would be employed if they were receiving mental health services was a little over 3% but was 6.5% if they were not receiving mental health services. This is an average number; it is actually lower in early months and higher in later months.

- Higher months of receiving mental health service was associated with lower employment overall. Since receiving mental health services more than a year may indicate more serious or chronic problems this makes sense.44
  - Received services in month: predicted probability=.034
  - Did not receive services: predicted probability=.065
- Receiving a voucher was associated with somewhat lower employment.
  - Received voucher in month: predicted probability=.055
  - Did not receive voucher: predicted probability=.065
Combining mental health and voucher receipt into the hypothesis groups shows statistically significant differences.

- Received subsidy and high intensity mental health: predicted probability=.044
- Received subsidy and lower intensity mental health: predicted probability=.030
- No subsidy and high intensity mental health: predicted probability=.063
- No subsidy and lower intensity mental health: predicted probability=.047

The fact that participants with no housing subsidy but intensive services did best of all the groups indicates support for hypothesis 2: mental health (and related) services can produce positive outcomes regardless of receipt of a housing subsidy.

Service sites
- SA IV: predicted probability=.017
- SA III East: predicted probability=.021
- SA VII: predicted probability=.037
- SA III West: predicted probability=.074
- SA VI: predicted probability=.083
- SA II: predicted probability=.110

Rather than lessening the difference between the sites, controlling for the interrelationship of predictors heightens the differences.

Program status at an average of 13 months from admission was highly predictive: Those with a successful exit to job or rental housing did best, those with a neutral exit or still in program, were
The predicted probability of employment for those who were living in rental housing at last staff rating was better than those who were not.

- Rental housing: predicted probability=.065
- Other housing: predicted probability=.039

Demographic variables: The number of children, race and ethnicity and age category were all statistically significant and are held constant in the data above. Diagnostic category and speaking Spanish as first language were not statistically significant.

The more sophisticated statistical techniques have confirmed the importance of almost all of the predictors we examined earlier for understanding which participants received earned income. Of these, only diagnosis was not statistically significant when other factors were held constant. We were not, however able to hold constant the level of baseline employment, which seems to contribute to the differences by service site (note the higher baseline levels for Prototypes and SFVMHC.)

- Neutral or in program: predicted probability=.033
- Successful exit: predicted probability=.090
- Less successful exit: predicted probability=.053

least apt to have found employment and those with a less successful exit due to dissatisfaction of participant or non-compliance or both fell in the middle.
PART V: MAY 2009 FOLLOW-UP INTERVIEWS COMPARED TO ORIGINAL INTERVIEWS IN 2006 AND 2008

HOW THE SURVEY WAS CONDUCTED

The May 2009 interview sample is highly representative of HCFP participants who were previously interviewed and broadly representative of all HCFP study participants.

A total of 314 persons were interviewed in person in the 2005-06 and 2006-07 cohorts. An attempt was made to re-interview all of these persons in May 2009 by phone, and 179 interviews (57%) were completed. The persons with May 2009 interviews were compared to those interviewed previously (from one to three years ago) and only small differences were found on salient characteristics from the earlier interviews. When compared with all study participants who were not interviewed in May 2009, many characteristics described by staff at HCFP discharge were very similar but a number of important measures showed the May 2009 interviewees to be somewhat more successful in the program than those who were not interviewed. One exception was the fact that a lower percentage of May 2009 interviewees than others had received a housing subsidy.

About half of the interviewees were from the 2005-06 study cohort and half from the 2006-07 cohort. Those from the 2005-06 cohort were interviewed at an average of four years from admission to the HCFP. Those in the 2006-07 cohort were interviewed two and one half years after admission.

Twenty-nine percent of the May 2009 interviewees were from the 2005-06 study cohort. Another 16% were persons who started in the 2005-06 cohort but were held over into the 2006-07 cohort in order to continue to receive services. The other 54% of the interviewees came from the 2006-07 study cohort. The data below shows the mean number of months between admission to the HCFP and the interview in May 2009. The overall mean time from admission to the interview in May was three years and four months; for those entering in 2006-07 it was four years and four months; for those entering in 2006-07 it was two years and six months. Those held over into 2007 are more similar to the cohort they entered with than to the 2006-07 cohort.

- Admitted 2005-06: 51.9 months
- Admitted 2005-06 held over into 2006-07: 50.5 months
- Admitted 2006-07: 30.6 months

The number of persons from each of the service sites is too small to draw reliable estimates in cross-tabulations.

The breakdown of respondents by the service site they originally attended is presented in Table 7 below.

<table>
<thead>
<tr>
<th>Site</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA IV</td>
<td>24</td>
<td>13.4%</td>
</tr>
<tr>
<td>SA III West</td>
<td>23</td>
<td>12.8%</td>
</tr>
<tr>
<td>SA VI</td>
<td>17</td>
<td>9.5%</td>
</tr>
<tr>
<td>SA II</td>
<td>46</td>
<td>25.7%</td>
</tr>
<tr>
<td>SA VII</td>
<td>39</td>
<td>21.8%</td>
</tr>
<tr>
<td>SA III East</td>
<td>30</td>
<td>16.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>179</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

TABLE 7: MAY 2009 RESPONDENTS, BY SERVICE AREA
HOUSING SUCCESS

A total of 89 percent of respondents are living in permanent housing. Rental housing was attained by 83 percent. Seven percent interviewees are living in a shelter, a car, or in a hotel.

An apartment or home for which the participant pays rent is the home for 83% (N=145). Another 19 persons (11%) live with a family member or friend; two persons are doubled up with another family, 4 are living in their automobiles, 3 are in transitional shelters, 2 are in a hotel or motel. All told, 12 persons (6.7%) are still homeless. Of those living with relatives or friends, 12 had lived in that situation over a year, so we have categorized them as having “permanent” housing even though they would prefer rental housing (in most cases). Thus the overall number with permanent housing is 160, or 89%.

The percentage living in rental housing has increased markedly since the previous study interview.

Whether or not participants lived in rental housing at the time of discharge from the HCFP (or at the time of the final rating approximately 13 months after admission) was compared with the status as of May 2009. A total of 48% of the respondents were in rental housing previously and still were; 14% did not have rental housing before and did not change. However, there was a statistically significant increase in the percentage with rental housing (32%); and a low percentage no longer in rental housing (5%).

Over a third of persons were homeless at some time after leaving the HCFP, particularly persons who had left the program for negative reasons.

While only 6% were homeless at the time they were called, 37% reported living on the street, in a shelter or in a car after they left the HCFP. Of the 33 persons reporting how long they were homeless, 51% said over three months. The 10 persons who were homeless at the time of the May 2009 interview had been homeless on average 7.8 months.

Having been homeless after leaving the HCFP was highly associated with staff-rated status at leaving (or at the time of the final staff rating). Of those who were still in treatment at the last rating, 15% had been homeless, of those with a positive reason for leaving 5% had been homeless, while for those with a negative reason for leaving 46% had been homeless.

Living in rental housing was not associated with whether the participant lived with a spouse (82% if not, 80% if do). Nor was there a statistically significant difference for those in rental housing, living with family, or homeless based on the SF-12 physical health or mental health scales that respondents

What helped obtain rental housing?

If I didn’t get Section 8, I would still be living on the streets.

One of my best blessings of my life. I have a house and not on the streets. I thank God that I have a voucher.

The voucher for the housing. Being in the CalWORKs program sped up the process of finding permanent housing.

The vouchers and the support from LAHSA.

I got a job and was making enough money to save up.

I was able to finish my education.
filled out. Respondents who cited negative reasons for leaving the HCFP were somewhat less likely to be in permanent housing (70%) than those who did not (89%). They were also more likely to be homeless (15% vs. 3%). Those classified as having a negative reason for leaving based on staff information at discharge were significantly less likely to live in permanent housing—59% compared to 92% if the participant left for positive reasons.

Persons living in rental housing had lived there for widely varying times: 19% for six months or less and 33% for a year or less; 35% between one and two years; 17% between two and three years; and 15% for three years or more. The average time was 19.5 month. Those living with family or friends had lived in that place on average for 20.5 months.

**Interviewees were much more likely to live in rental housing if they had received a housing subsidy.**

Respondents were asked “Are you currently living in permanent housing, by that I mean you live in an apartment or home that you rent?” Of the 145 saying yes, 103 reported they pay for some of their rent using a Shelter Plus Care certificate or Section 8 voucher.

A total of 126 persons of the 179 applied for some sort of housing subsidy while 52 did not apply. Fifteen persons reported having applications for a subsidy pending.47

Five persons who received a subsidy reported not using it. One could not find an acceptable apartment within the time limits; one did not want to move to the area where the subsidy was valid and one moved to another rental home in an area where it was not valid; one person was rapped by someone who broke into her subsidized house; one person lost the subsidy due to not submitting paperwork on time.

In summary, 108 persons received a subsidy and 104 lived in rental housing, so 96% of those who received a voucher lived in rental housing. Of the 76 persons who did not use a voucher to pay rent, 55% lived in rental housing.

**Not surprisingly, those living in rental housing were far more satisfied with their living situation than others were.**

Persons living in rental housing were satisfied with their current housing situation in 84% of the cases; those living with relatives or friends were satisfied in 44% of the cases. Those who lived with relatives or friends were dissatisfied due to a relationship problem, crowding, or because they wanted their own place.

Those who were dissatisfied with their rental housing mentioned problems with safety in the neighborhood (11 persons), lack of adequate room (3 persons), deterioration (3) and too many rules (2).

**SUCCESS IN EMPLOYMENT, SCHOOLING, AND INCOME**

**May 2009 survey respondents were using a variety of services related to looking for or finding employment.**

Since 120 of the 179 respondents (67%) were still receiving CalWORKs benefits, many were eligible for services through GAIN and some used other providers of assistance. Job training or assistance with finding work were utilized by 15% and help with schooling by 26%. Other services for low-income persons were also accessed, such as free meals (17%) and legal assistance (9%).

**Problems with child care jeopardize employment possibilities for nearly a third of respondents as do difficulties with transportation.**

Respondents were asked whether during the previous six months a problem with child care had caused them not to look for work, not to take a job, or not to participate in a school or training

<table>
<thead>
<tr>
<th>Best thing about my life right now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to be home with my children, along with my new baby, and home stability.</td>
</tr>
<tr>
<td>Going to be a nurse in two months.</td>
</tr>
<tr>
<td>Just being able to work a full-time job, afford things on my own, and not having to ask for public assistance.</td>
</tr>
<tr>
<td>My kids are my life, and the permanent housing makes life better for everyone.</td>
</tr>
<tr>
<td>That I completed college and now I have work experience.</td>
</tr>
<tr>
<td>I live in a hotel and have a crappy job so not much.</td>
</tr>
</tbody>
</table>
program. Twenty percent of those answering said yes. Twenty-one percent reported child care problems had often caused them to be late for work, school or training or to be absent. And 8% reported that child care problems had caused them to quit, be fired or suspended from a job. Overall, 29% of the respondents reported having at least one of these problems, a figure which was not significantly different depending on whether respondents lived in their own rental housing or with relatives/friends. These figures were very similar to those in previous surveys. For example, rather than the 20% of May respondents reporting not looking for work, taking a job, or doing training, in 2008 19% made this report.

A total of 109 persons (61%) reported possessing a driver’s license, and 78 of these reported having access to a car (72%). So 56% overall did not have access to a car and depended on public transportation.

Respondents were asked whether during the previous six months a problem with transportation had caused them not to look for work, not to take a job, or not to participate in a school or training program. Twenty-three percent of those answering said yes. Twenty-eight percent reported transportation problems had caused often being late for work, school or training or to be absent. And 6% reported that transportation problems had caused them to quit, be fired or suspended from a job. Overall, 32% of the respondents reported having at least one of these problems.

Forty-six percent of the respondents reported at least one of these problems with child care or with transportation. This is slightly higher than the 42% reporting in the spring 2008 survey.

At the time of the interview 27% of respondents were employed and 2% were students. However, 31% had completed a training program, obtained a GED, or finished college courses since leaving the HCFP.

Overall 56 persons reported completing a training program, a GED, or college courses since leaving the HCFP. A GED was completed by 10 persons, a training program by 17, college courses by 26, and a junior college degree by 10. Five others completed unspecified programs.

Respondents reporting college attendance were asked about the number of units they carried in the most recent school term. Of the 34 respondents, 26% carried 6 or less, 18% carried 7-11, and 56% were full-time students carrying 12-18 units.

At the time of the interview, 49 of the 179 respondents were employed (27%) and two were

### TABLE 8: EMPLOYMENT STATUS (MORE THAN ONE CATEGORY IS POSSIBLE)

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>49</td>
<td>27</td>
</tr>
<tr>
<td>Student</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Laid off</td>
<td>39</td>
<td>22</td>
</tr>
<tr>
<td>Unemployed: Looking for work</td>
<td>31</td>
<td>17</td>
</tr>
<tr>
<td>Unemployed: Not looking</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Retired</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>
students. Thirty-nine persons reported being laid off, with 31 looking for work. Six persons are retired.

Respondents reporting being employed were also asked how many hours they work in the week. One third worked 20 hours a week or less, 20% worked 21-30 hours, and 42% worked 31-40 hours; 3 persons (6%) worked more than 40 hours a week. Thus, 24 persons, 13% of the sample, worked at least 32 hours a week.

In the 2008 interviews many more had been in school (24%), perhaps because school had ended at the time of this survey; but fewer were working (19%). A much higher percentage of persons in May 2009 than in spring of 2008 reported being laid off (22% vs. 1%), presumably due to the dive the economy has taken.

Whether staff rated participants as having left the program for positive or negative reasons was unrelated to whether interviewees in May were employed or students (28% for positive, 25% for negative).

Income averaged $868 a month for respondents and had increased little since the previous interview.

Table 9 shows that respondents reported a mean income per month of $868; the median was $750. For the 49 persons who worked, the monthly income was much higher than CalWORKs cash aid. Only 21 persons received both cash aid and wage income.

The “other” income was from babysitting, financial aid for school, IHSS support for child income tax refund, a significant other, and a transportation check from GAIN.

For 116 persons there was income data from discharge ratings by staff as well as May 2009 data. Total income increased from an average of $814 to $865, which is not statistically significant. The overall figure from the two previous surveys, however, was an average income of $925, so it is possible that respondents are not doing quite as well as previously.

Income in May 2009 for those who had been rated by staff as having been successful in the program averaged $1,092 compared to $882 for those leaving for negative reasons and $778 for those who were still receiving treatment 13 months after admission, a statistically significant difference.

Neither housing subsidies nor receipt of intensive mental health services was clearly related to obtaining employment, thus not verifying any of the three policy-relevant hypotheses.

We tested the relationship of being currently employed or a student to the three hypotheses. The differences cross-categorizing by receiving a subsidy and current mental health services are not statistically significant and do not support any of the hypotheses. The lowest percentage of persons working or in school is found in the group receiving

Table 9: Income by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Number with Income</th>
<th>Mean Income</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income</td>
<td>179</td>
<td>$868</td>
<td>$750</td>
</tr>
<tr>
<td>CalWORKs cash aid</td>
<td>120</td>
<td>540</td>
<td>583</td>
</tr>
<tr>
<td>Wages</td>
<td>49</td>
<td>927</td>
<td>859</td>
</tr>
<tr>
<td>Child support</td>
<td>29</td>
<td>258</td>
<td>111</td>
</tr>
<tr>
<td>Disability income</td>
<td>26</td>
<td>788</td>
<td>756</td>
</tr>
<tr>
<td>Family or friends</td>
<td>13</td>
<td>191</td>
<td>200</td>
</tr>
<tr>
<td>Other income</td>
<td>12</td>
<td>734</td>
<td>672</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>5</td>
<td>1,060</td>
<td>940</td>
</tr>
<tr>
<td>General relief</td>
<td>3</td>
<td>213</td>
<td>221</td>
</tr>
</tbody>
</table>

We tested the relationship of being currently employed or a student to the three hypotheses. The differences cross-categorizing by receiving a subsidy and current mental health services are not statistically significant and do not support any of the hypotheses. The lowest percentage of persons working or in school is found in the group receiving
mental health services but not having a subsidy (15%). The persons receiving mental health services and having a subsidy are essentially equal to those with no subsidy and no mental health services (28% vs. 26%). But the group with the highest percentage in school or working is those with a subsidy and no mental health services (36%).

Based on these findings, it appears possible that those receiving mental health services have more functional problems than others and that intensive services, rather than enabling success as in hypothesis 2, are remediating dysfunction. This possibility is strongly supported by the fact that the mean SF-12 mental health score for those receiving treatment is 39.2 compared to 47.7 for those not in treatment, a highly statistically significant difference.

SUCCESS IN DEALING WITH MENTAL HEALTH, SUBSTANCE ABUSE, AND DOMESTIC VIOLENCE ISSUES

Mental health services were being received by half the May 2009 interviewees.

Table 10 shows the number of persons receiving services for mental health, substance abuse, and domestic violence some 2.5 to 4.5 years after entering the HCFP.

In May 2009 49% of respondents were still receiving mental health services, 14% were receiving domestic violence services and 5.5% were receiving treatment for alcohol abuse, drug abuse or both. In addition, significant percentages received help with transportation, education or employment, food, and legal services.

Mental health services were received by 87, and of these 57 had a prescription for psychiatric medications. Another 7 persons had been given a prescription (but did not take it regularly). Thus 64 persons, or 36% of all respondents, had a psychiatric medication prescription. Of these 72% said they take the medication as prescribed while 11% are irregular and 17% never used the prescription or stopped taking the medication entirely. Persons taking the medication regularly (N=45) or sometimes (N=7) replied to a question about how much the medications helped. Of these, 35% reported the medications help a lot, 40% say they help some, 6% say they do not help at all, and 19% were unsure.

Surprisingly, the persons receiving mental health treatment were just as likely to be from the 2005-06 study cohort (46%) as the 2006-07 cohort (46%); however, 62% of those who had been held over into 2007 (N=29) were still receiving treatment.

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling or other mental health service</td>
<td>87</td>
<td>48.6</td>
</tr>
<tr>
<td>Domestic violence services</td>
<td>26</td>
<td>14.5</td>
</tr>
<tr>
<td>Drug treatment service</td>
<td>10</td>
<td>5.6</td>
</tr>
<tr>
<td>Alcohol treatment services</td>
<td>5</td>
<td>2.8</td>
</tr>
</tbody>
</table>
These figures indicate substantial difficulty for many persons in overcoming behavioral health problems but are positive in showing continued efforts to deal with them.

Although 77% of respondents reported they completed the HCFP program successfully, 50% had moved, and 34% also reported negative reasons for leaving.

Respondents were asked to say yes or no to several possible reasons that they had left the program, thus multiple responses are possible. Overall 77% said they had completed the program successfully—this was also the largest percentage of all the response (41%). Another 50% reported having moved. Eighteen percent lost CalWORKs eligibility and 24% said they left because of dissatisfaction with the help received or problems with getting along with staff. And 16% went to another housing program. Two persons went to jail.

Although reasons for leaving were multiple, we calculated the percentage who included a negative component in their responses (jail, problems with staff, dissatisfied with help, lost CalWORKs eligibility) to be 34%. Although we did not count going to another housing program as a negative reason, 42% of those who did so also had one of the negative components we did count.

Mental health condition constitutes a barrier for some in achieving rental housing.

Participants not living in rental housing were asked “Specifically, we would like to know whether emotional or mental health problems are a barrier to finding permanent housing.” Of the 33 persons answering this question (1 missing case), 9 or 27% said it was a major barrier, another 9 said it was a minor barrier, 10 (30%) said it was not a barrier and 5 (15%) said they do not have an emotional problem. So approximately half thought emotional problems were a barrier when asked specifically, but none volunteered this when asked an open-ended question.

Health and mental health status were assessed with the SF-12 scale. Both health and mental health average scores were below national norms. Approximately 30% had mental health scores less than the average for a normative population of persons who are clinically depressed.

Respondents were asked to characterize their health “in general.” A total of 28% said they had excellent or very good health, 32% said their health was good, 30% reported it was fair, and 10% reported poor health.

Respondents were asked a series of 12 questions that comprise the SF-12 scale. This is a psychometrically sound scale used very widely to describe both health status and mental health status. National norms exist.

The SF-12 score for physical health was 46.0, which is somewhat lower (worse) than the national norm for females of 49.4.

### TABLE 11: REASONS WHY PARTICIPANTS SAID THEY LEFT THE HCFP. MULTIPLE RESPONSES ARE POSSIBLE.

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved</td>
<td>91</td>
<td>27.3</td>
<td>50.8</td>
</tr>
<tr>
<td>Did not get along with staff</td>
<td>10</td>
<td>3.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Dissatisfied with help received</td>
<td>31</td>
<td>9.3</td>
<td>17.3</td>
</tr>
<tr>
<td>Went to another housing program</td>
<td>28</td>
<td>8.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Went to jail</td>
<td>2</td>
<td>0.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Lost CalWORKs eligibility</td>
<td>33</td>
<td>9.9</td>
<td>18.4</td>
</tr>
<tr>
<td>Completed the program successfully</td>
<td>138</td>
<td>41.4</td>
<td>77.1</td>
</tr>
<tr>
<td>Total (duplicated)</td>
<td>N.A.</td>
<td>100.0</td>
<td>N.A.</td>
</tr>
</tbody>
</table>
The average SF-12 mental health score among American females is 49.3. In the 2005-06 HCFP study cohort the average score was 41.7 and in the 166 females in this group of interviewees it is 43.7. For men, the national norm is 50.7 and 12 males in the 2006-07 cohort averaged 36.2. The average for the 13 males in May 2009 was 43.7. So mental health status seems to be somewhat higher for men and women than when previously measured at a time closer to admission.

The range of mental health scores in this sample is very great—from 16 to 64. But 48% of the respondents had scores equivalent to a normed group of persons who are clinically depressed. Persons who reported being in mental health treatment had an average mental health score of 39.3 compared to the 47.8 of those not in treatment, a statistically significant difference. However, it is of concern that 19 persons who did not receive mental health services had mental health scores lower than 40.

Safety issues regarding current partners was reported in only two cases, but 13% reported being threatened by a past partner.

Serious domestic abuse was reported at intake for 10.4% of all HCFP participants. In the May 2009 survey, thirty-five respondents were living with a husband or partner. They were asked “Do you feel unsafe in your current relationship?” Of the 34 responses, 94% said they did not feel unsafe; two persons did feel unsafe. All participants were asked “Is there a partner from a previous relationship who is making you feel unsafe right now?” While 155 (87%) said “no”, 24 (13%) reported they were threatened by a past partner. One third of these reported currently receiving domestic violence services.

**SUCCESS IN IMPROVING QUALITY OF LIFE**

**Safety in the neighborhood is a significant issue, particularly for those living with family or friends.**

Overall, 58% said they felt safe in their neighborhood (taking into consideration gangs, drug dealing, fights and crime) almost all the time; 27% felt save some of the time and 15% felt save very little of the time. These figures are nearly identical those reported in the interviews in spring of 2008.

Even those living in rental housing did not always feel safe: 60% said they felt safe almost all the time, 27% some of the time, and 12% very little of the time. Surprisingly, those living with friends and relatives were much less likely to feel safe: 39% said they felt safe almost all the time but 39% said they felt safe very little of the time.

A parallel question asked about whether the respondents felt their child or children were safe from the same sorts of problems. Both those in rental housing and living with relatives and friends felt their children were somewhat safer than they themselves were. (Children safe all the time 71% if rental and 56% if family/friends.)

**Reasons care was hard to access**

*My daughter moved out, so we didn’t qualify for Medi-Cal.*

*I have to pay a co-payment and I did not have the money.*

*My daughter chose to not go to counseling anymore.*

*I can’t read and write.*
A high proportion of the respondents’ children attend school regularly, a proportion that has increased since the previous interview.

For up to four children in the family we inquired how frequently the child went to school. A total of 274 children were reported as being enrolled in school (some children were over 18 and some not old enough for school). Of these 261 (95%) were reported as attending school 4 or five days a week. The remaining children attended 3 days a week (2.5%) or sporadically (2.5%). The percentage attending 4 or 5 days a week was 96% if participants had rental housing, 91% if living with family or friends, and 94% if homeless.

These figures have not changed from the 95% reported attending regularly in the spring 2008 survey.

Respondents reported relatively high rates of accessing medical and dental services for their children but less than half received the help with behavioral or emotional issues parents believed they needed.

Three questions focused on a) access to medical care in the previous three months, b) access to dental care including at least one cleaning and check up in the prior year, and c) access to mental health care for children who needed it. Respondents had

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**TABLE 12: ACCESS TO MEDICAL, DENTAL AND MENTAL HEALTH CARE FOR CHILDREN IN THE FAMILY, IF NEEDED**

<table>
<thead>
<tr>
<th>Access to care</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often in the past 3 months did your child/children get the medical care (s/he or they) need? (N=152)</td>
<td>87%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>How often in the last 12 months did your child/children get dental care they needed, including having a check-up at least once a year? (N=170)</td>
<td>76%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>How often in the last 3 months did your child/children get care from a mental health professional like a psychologist or social worker that they needed for emotional or behavioral problems? (N=83)</td>
<td>47%</td>
<td>11%</td>
<td>42%</td>
</tr>
</tbody>
</table>

---

**TABLE 13: FOOD INSECURITY IN THE PREVIOUS TWO MONTHS**

<table>
<thead>
<tr>
<th>Question</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you say that the food that you bought just didn’t last, and you didn’t have money to get any more?</td>
<td>45</td>
</tr>
<tr>
<td>Did you have to use a food bank or food pantry or a place like that in order to have enough to eat?</td>
<td>26</td>
</tr>
<tr>
<td>Did you have to decide between buying food and buying medicines or paying for medical care?</td>
<td>14</td>
</tr>
<tr>
<td>In the last 60 days, were you ever hungry, but didn’t eat, because you couldn’t afford enough food?</td>
<td>14</td>
</tr>
<tr>
<td>In the past 60 days, was there a time when a child who lives with you was hungry because you just could not afford to buy food?</td>
<td>4</td>
</tr>
</tbody>
</table>
an opportunity to indicate the questions was not applicable because care had not been needed in the timeframe, so the number of respondents varies by question.

The 87% saying their children always got needed medical care, and 76% saying they always got needed dental care do not indicate difficulty with health care. However, the 42% of children who parents said never got needed care for mental health problems (35 families, or 20% of the 179 respondents) underlines our previous recommendation that services for children should be a component of the HCFP.

Food insecurity continues to be a problem for many interviewees.

Respondents were asked a series of standard questions regarding their access to food. They are shown in Table 13 with the percentage of the 179 respondents who replied “yes” to each one.

The last two questions ask about actual hunger. Of the 28 parents reporting being hungry themselves, 10 said this was for 3 days or less, 14 said it was for 4-10 days, and 4 said it was for more than 10 days. Seven parents reported a child was hungry due to not being able to afford to buy food; in six cases this lasted three days or less, and in one case it lasted longer than three days.

The percentages for the different types of food insecurity are similar to those recorded in previous interviews, but somewhat lower. For example, in the 2008 interviews 10% reported a child had gone hungry. And as noted in the December 2008 HCFP evaluation report, food insecurity of this magnitude is common in very low income populations.

Contact with the criminal justice system was infrequent.

Respondents were asked if they had been arrested and charged with a crime since leaving the HCFP. One of 12 males and 10 of 166 females replied “yes,” an overall rate of 6%.

Why hungry?

Food is very expensive, and I only get $300 for food stamps and it’s not enough for us. A problem with my food stamp benefits.
The extent to which effective assistance to homeless parents who have mental health issues depends on housing subsidies on one hand or mental health services on the other is not clear.

In addition to looking at success overall, the study compares those who achieved permanent housing using a subsidy with those who did not have a subsidy. The HCPF evaluation has shown that attaining permanent housing is much more likely if a housing subsidy is available. Studies done in New York City have showed that vouchers were critical in ensuring long-range housing stability of former shelter-dwelling families.

Shinn and colleagues conducted a five-year follow-up study with 266 sheltered families in NYC. At follow-up, receipt of subsidized housing was the fundamental predictor of housing stability among formerly homeless families. (Behavioral problems, demographics, and social relationships were also tested.) Those with subsidized housing were 21 times more likely to have been stably housed than those without. With regard to preventing a reoccurrence of homelessness, the authors conclude: “Housing subsidies are critical to ending homelessness among families.” Another two-year study in NYC found a return-to-shelter rate of only 7.5% among families receiving subsidized housing; among others it was far higher. A 2004 follow-up found subsidies greatly reduce returns to shelters for families over as long as ten years. The authors conclude: “Subsidized housing provides the best protection against shelter return.”

While it is possible that long-term HCFP outcomes will mirror the results in the cited studies, it is also plausible that the intensive services families received from the HCFP will eliminate or dilute the advantage seemingly given by subsidies regarding retention of rental housing and other measures of stability. The Los Angeles County Board of Supervisors and participating agencies appear to believe this to be true because there was no initial allocation of housing subsidies to the HCFP participants. In 2005-2006 and later a limited number of housing vouchers and certificates have been set aside for HCFP participants, but the majority of participants have not had subsidies, and program staff have acted on the premise that services would nonetheless help participants achieve long-term stability. One way the program seeks to provide stability is by providing mental health, domestic violence, and substance abuse services; a second way is by enrolling participants in welfare-to-work activities in the hope that in the long-term employment income will be sufficient to allow families to provide stable housing and economic independence.

But some research suggests neither housing subsidies nor intensive services is necessary. Chronic homelessness affects a low percentage of homeless LA families. The Homeless in Los Angeles study in 2004 found only 14% had been homeless as much as six months. Even in the HCFP sample, only 22% were homeless a year before entering the program. And at least 12% of CalWORKs mental health clients report having been homeless on the street or in a shelter during the prior year, but are not homeless at the time queried. Culhane, studying Massachusetts returns to shelters, found about 75% had only one brief shelter episode. So an alternative strain in
the literature is that chronic housing instability is relatively rare. In that case, there could be little difference in the long term between those getting vouchers and those receiving just services.

A recent study also suggests that the services might not make that big a difference. Samuels, in a randomized controlled study, found that an experimental program without housing subsidies but otherwise very much like the HCFP was not more successful in obtaining permanent housing for persons with mental health problems than “usual services” were.

Both the fact that most family homelessness is not chronic and the fact that an experimental study did not find an advantage to providing mental health and other intensive services suggest that persons with limited tenure in the HCFP might do as well as those with more services or those having housing subsidies. Another finding consistent with this view was the fact that in the CIMH January 2007 HCFP evaluation report we found that persons with low HCFP mental health service receipt (less than 20 hours) were much more likely than others to leave temporary housing.

This discussion has focused on housing subsidies and mental health services. But the HCFP is a part of CalWORKs, which has as a goal attaining economic independence through finding and retaining employment. The HCFP has increasingly focused both on housing and welfare-to-work elements activities for participants in order to make the transition to employment feasible once housing stability is achieved.

Thus, the three hypotheses to be investigated are:

- Homeless families need subsidies in order to attain long-term housing stability and economic independence (the goal of CalWORKs).
- Emotionally distressed homeless families who receive intensive mental health and case management services can attain long-term housing stability and economic independence even if no subsidy is received.
- With the exception of a very few families, most family homelessness is short term so recovery of long-term stable housing and achieving economic independence is to be expected even if no subsidy was obtained and few services are received.

The only methodologically conclusive way to test these hypotheses is by randomly assigning participants to different program interventions. That is not possible in this evaluation, but a less rigorous test of the hypotheses is provided by comparing long-term patterns as they occur naturally. Within the HCFP evaluation sample, we isolate four subgroups in order to compare their long term outcomes.

- Those who received a housing subsidy and intensive services
- Those who received a housing subsidy and limited services
- Those who received intensive services but no subsidy
- Those who received limited services but no subsidy.

The three hypotheses are tested using data from several sources.

Earlier we suggested three competing hypotheses—that success will depend on housing subsidies, that it depends on intensive services, or that neither of those factors are critical. To test the hypotheses we must define subgroups:

- Those who received a Section 8 or Shelter Plus Care monthly rental subsidy. We use information from staff as well as interview data. And, as noted above, we have data from HACLA and HACOLA.

Three alternative hypotheses:

1) Homeless families need subsidies in order to attain long-term housing stability and economic independence.

2) Emotionally distressed homeless families who receive intensive mental health and case management services can attain long-term housing stability and economic independence even if no subsidy is received.

3) With the exception of a small percentage of families, most family homelessness is short term, so recovery of long-term stable housing and achieving economic independence is to be expected even if no subsidy was obtained and few services are received.
that has been de-identified because it includes persons who were not in the study group. It cannot be linked to any other data, so results are presented separately.

- **Those who did not receive a subsidy but received substantial behavioral health services.** Staff ratings of the attendance at mental health treatment sessions was combined with months of having mental health component, as described in Appendix IV.

- **Those who received neither subsidies nor intensive services.** This is in essence a group defined by who is left after designating those with subsidies and those with intensive services.

For logical reasons, we also divide those who got a voucher into those with high service intensity and those with limited service intensity. Since only 32 of the 100 with housing subsidies had low service intensity, the reliability of this subgroup is lower than the other subgroups.

Above is a description of the numbers and percentages in each category. See Appendix IV for a discussion of how these terms are defined operationally.

**SUCCESS FINDING RENTAL HOUSING: Testing the hypotheses**

**Having a subsidy and high intensity mental health services both contribute to success.**

Staff and client reports show a total of 260 of 473 persons (55%) had rental housing by approximately 13 months after entering the program. Cross-tabbing the persons with or without rental housing with those study participants having or not having a voucher shows that 72% of the persons with rental housing did not have a subsidy while 28% did.

However, 72% of those with a voucher were living in rental housing vs. 50% of those without a voucher. (Note these figures are from a much earlier time than the May 2009 survey data on rental housing—which is available for only a subsample.)

These ratings and interviews took place at a time when some significant proportion of persons who had received a voucher had not yet proceeded to lease-up. In that sense the data are misleading because the housing authority data show that a very high percentage do go on to lease-up. However, the data are useful for exploring the three hypotheses we are attempting to test. Figure 32 shows that those with...
Section 8 or Shelter Plus Care subsidies were more likely than those without to obtain rental housing at this stage of time. Those with no voucher and high intensity of mental health services (see Appendix IV for definition) were far more likely to obtain rental housing than those with a low intensity of services. Intensity of service appeared to make no difference if the participant had a subsidy.

SUCCESS OBTAINING AND RETAINING CALWORKS BENEFITS: Testing the Hypotheses

Utilization of CalWORKs cash aid was highest for those with a subsidy and limited services while utilization was lowest for those with no subsidy and limited services.

Figure 33 shows the pattern of receipt of cash aid in the four groups defined by the hypotheses. The cash aid utilization of those who have no subsidy and limited services falls off rapidly. It is likely, since many of those with limited services (less than eight months participation in the HCFP) left for negative reasons, that the lower utilization of the fourth group is due to losing eligibility. The high rate continuing to use cash aid among those with a subsidy and limited services may reflect a decreased motivation for employment (see later) or may indicate that without case management leaving aid for positive reasons is difficult.
SUCCESS OBTAINING EMPLOYMENT: Testing the Hypotheses

Participants show quite different patterns of employment depending on whether they received a housing subsidy and the intensity of mental health service received.

As shown in Figure 34, persons who received a housing subsidy and high intensity services during the first year after joining the HCPF had a steadily increasing employment rate over the 3 follow-up years. Those who received a subsidy but had limited services had statistically significantly lower employment than the first group. Those with no subsidy were similar in early months whether they received intensive or limited services, but after 12 months those with intensive services showed higher rates of employment than those with limited services.

Figure 35 (on page 59) shows how long it took for participants in the different groups defined by the hypotheses to obtain a job after admission to the HCPF. This graph is quite different because a) it is showing actual participants rather than an average for all participants, and b) it is the same for all participants, that is, the measure is first entering the labor market rather than the amount of earnings. Both time to first job and the amount of income are important measures.
FIGURE 34: HYPOTHESIS TEST—PROPORTION EMPLOYED IN EACH MONTH BY WHETHER OR NOT PARTICIPANTS RECEIVE A HOUSING SUBSIDY AND BY WHETHER MENTAL HEALTH SERVICES ARE INTENSIVE (HIGH) OR LIMITED (LOW)

As can be seen on Figure 35, those with no subsidy and high intensity services got a job earlier: At one year 40% had a first job compared to less than 20% for those with a subsidy and intensive services. The two other groups were intermediate. Overall the rate of getting a first job was highest in the no subsidy intensive services group, followed by the no subsidy limited services group. Although differences are apparent in the graphs, they are not statistically significant.

**Earnings in the 12 highest months were not associated with receiving a subsidy or intensity of service, as we had hypothesized.**

Table 14 shows that differences in the earned income over the 12 highest earnings months were small (and they were not statistically significant). This information is parallel to the data on earning living wage in Part III. None of the hypotheses obtain in this case. Neither a subsidy nor intensive services were associated with high earnings over 12 months. Since no group did much better than those with no subsidy and limited services, a fifth hypothesis is favored: neither a housing subsidy or services is sufficient to move a substantial number of participants to having a living wage—at least in this framework of 18-36 months.
FIGURE 35: HYPOTHESIS TEST—TIME TO FIRST JOB BY WHETHER OR NOT PARTICIPANTS RECEIVE A HOUSING SUBSIDY AND BY WHETHER MENTAL HEALTH SERVICES ARE INTENSIVE OR LIMITED

TABLE 14: HYPOTHESIS TEST: EARNINGS BY WHETHER OR NOT PARTICIPANTS RECEIVE A HOUSING SUBSIDY AND BY WHETHER MENTAL HEALTH SERVICES ARE INTENSIVE OR LIMITED

<table>
<thead>
<tr>
<th>Earned Income</th>
<th>Subsidy/High</th>
<th>Subsidy/Low</th>
<th>No Subsidy/High</th>
<th>No Subsidy/Low</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Earnings</td>
<td>52.9%</td>
<td>50.0%</td>
<td>47.4%</td>
<td>50.0%</td>
<td>49.5%</td>
</tr>
<tr>
<td>0-$5,000</td>
<td>27.9%</td>
<td>28.1%</td>
<td>23.4%</td>
<td>21.5%</td>
<td>23.6%</td>
</tr>
<tr>
<td>$5,001-$38,000</td>
<td>19.1%</td>
<td>21.9%</td>
<td>29.1%</td>
<td>28.5%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Total N</td>
<td>68</td>
<td>32</td>
<td>175</td>
<td>186</td>
<td>461</td>
</tr>
</tbody>
</table>

100.0% 100.0% 100.0% 100.0% 100.0%
This evaluation report uses information from previous evaluations, from a new round of client interviews done in April-May 2009 with previously interviewed participants, from four years of DPSS data, and from information supplied by county and city housing authorities.

The three previous evaluation reports each focused on a single cohort. The initial evaluation was of 39 persons admitted in 2004-05. The second evaluation portrayed results from 240 persons admitted in 2005-06. In 2006-07 241 persons were admitted, but 72 persons from the 2005-06 cohort were held over past July 1, 2006 and are considered in the later group. Thus, the final number of participants in the 2006-07 cohort is 313 and in 2005-06 it is 167. A total of 519 participants are included, although not in all analyses.

The Housing Authority of Los Angeles County (HACOLA) and the Housing Authority of the City of Los Angeles (HACLA) provided information on all HCFP participants who received rental subsidy if at least one year had passed since receipt of the voucher. This allows an assessment of whether participants successfully retained the vouchers.

Because this is not a controlled study, findings cannot be assumed to be caused by program participation. Also, because of the year to year funding, some longitudinal measures are not ideal.

The gold standard in program evaluation is to randomly assign participants to alternative program designs, at least one of which is experimental. In that case, differences between groups can reasonably be taken to represent the effect of the programs being evaluated. Absent such a design there is not a clear-cut way to link participant success (or failure) with the program. In the case of the HCFP there is no control group. We try to get around this problem in a number of ways—by looking at change over time, by comparing the study period to a baseline, by looking for comparable data for similar groups not in the HCFP—but ultimately we do not know how much of client change might have occurred without the HCFP.

The other major problem with the results presented here is that some of the measures (such as achievement of rental housing) are measured at only one time or, if measured recently, for only a sub-group of participants. This stems from the uncertain status of the HCFP, which has had funding extended provisionally from year to year rather than being established as an on-going program. The evaluation funding mirrored that of the program, so collection of data in a long-term framework of two or more years was not possible in all cases. We have attempted to fill in as many pieces as we can—though use of HACOLA and HACLA data, through longitudinal data from DPSS, and through an updated survey. But we would have collected more longitudinal data had we known initially the program and evaluation would continue for several years.

In analyses, data has been cross-tabulated with demographic information, study cohort, program site, and last known housing status and other information provided by staff. A number of these variables are based on the most recent information collected about participants in the evaluation, but may not reflect the participant’s status at the time their case was closed. Staff performed a final rating of participants in each study cohort at roughly a year after the last person in the cohort entered the program. Since many people stayed in the program longer than a year we do not have final dispositions on persons who were still in the program when the staff made their ratings. This is a weakness in the study design attributable to the fact that the study, like the program, was funded on a year-to-year basis so that it was not possible to do a truly longitudinal study until this year.
APPENDIX II: DPSS DATA

The information provided by DPSS covers the four years after January 1, 2005 and thus profiles the study cohorts of 2004-05, 2005-06 and 2006-07. The time period after admission to the HCFP ranges from a minimum of 18 months to four years.

Monthly records of DPSS records of benefits (CalWORKs cash aid, Medi-Cal, and food stamps), welfare-to-work activities, and employment, earnings and education were obtained for the period January 1, 2005 through December 31, 2008—a period of four years. We present data for a 12-month baseline period before entry to the HCFP and for three years subsequent to HCFP entry.

Long-term use of these benefits and services was tracked for the HCFP study cohorts entering the HCFP during 2004-05, 2005-06 and 2006-07. The number in each cohort is 39, 165, and 313 respectively. Note that 72 persons actually entered in the 2005-06 cohort but are counted in the 2006-07 cohort because they continued in the program after July 1, 2006.

For persons entering the program prior to January 1, 2005, baseline data during the first year of the program was truncated. Data for all participants was complete for the second and third year after admission to the program. Data for the first year after admission to the program was present for all of the 2006-2007 cohort and most of the 2005-2006 cohort. The number of participants for whom we have data in the years one through four after admission, respectively, is 501, 517, 433, and 283; for the baseline we have data on 460 persons. Another way of getting perspective is to note that only 2% had only 18 months of data during the study period and that 16% had between 18 months and two years of data. A quarter had two to three years of data, and 55% had more than three years of data.

Other analyses use the 13th month after admission, the 25th month after admission, and the 37th month which were complete for virtually all participants.

TABLE 1 APPENDIX: MONTHS PER PERSON IN EACH STUDY YEAR, BY STUDY COHORT

<table>
<thead>
<tr>
<th>Years After HCFP Admission</th>
<th>Mean Months per Person</th>
<th>Maximum Months per Person</th>
<th>Minimum Months per Person</th>
<th>Number of Participants with Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entered HCFP 2004-05</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year 1</td>
<td>11.6</td>
<td>12</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Year 2</td>
<td>18.6</td>
<td>24</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Year 3</td>
<td>30.5</td>
<td>36</td>
<td>25</td>
<td>39</td>
</tr>
<tr>
<td><strong>Entered HCFP 2005-06</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>-2.5</td>
<td>-12</td>
<td>-1</td>
<td>152</td>
</tr>
<tr>
<td>Year 1</td>
<td>6.5</td>
<td>12</td>
<td>1</td>
<td>164</td>
</tr>
<tr>
<td>Year 2</td>
<td>18.5</td>
<td>24</td>
<td>13</td>
<td>165</td>
</tr>
<tr>
<td>Year 3</td>
<td>30.5</td>
<td>36</td>
<td>25</td>
<td>165</td>
</tr>
<tr>
<td><strong>Entered HCFP 2006-07</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>-6.1</td>
<td>-12</td>
<td>-1</td>
<td>308</td>
</tr>
<tr>
<td>Year 1</td>
<td>6.5</td>
<td>12</td>
<td>1</td>
<td>313</td>
</tr>
<tr>
<td>Year 2</td>
<td>18.2</td>
<td>24</td>
<td>13</td>
<td>313</td>
</tr>
<tr>
<td>Year 3</td>
<td>29.2</td>
<td>36</td>
<td>25</td>
<td>229</td>
</tr>
</tbody>
</table>
A small amount of data was missing, seemingly at random, for a few study participants (less than 1% of all the records was missing).

Table 1 Appendix shows the number of months of data available per person, subdivided by the year the participants entered the HCFP (and thus the study).

Because the data begin in January 2005, the 2004-05 cohort has no baseline data. There is relatively little baseline data for the 2005-06 cohort or the 2006-07 cohort just because most participants were not receiving welfare during the 12 months before entering the HCFP. In subsequent analyses and graphs the persons shown in the baseline period reflect just those who were receiving welfare. The mean months per person for each study cohort, shown in Table 1 above, displays how many months of data are available in each study year, on average. Year three of the 2006-07 was truncated for some participants, so only 229 are represented.

The denominator for calculating means and rates varies in two types of analysis. The first type employs data about eligibility for DPSS programs.

Whether participants were eligible for CalWORKs, eligible for food stamps, or eligible for Medi-Cal is known for every person for all months up to December 2008. December 2008 corresponds to different periods in the study depending on the study cohort. Here is a frequency distribution of the number of participants having eligibility data in each month before and after their admission to the HCFP during the study period.

The number of baseline and first year months is truncated by the fact the data do not go back beyond January 2005 while the first cohort entered in late 2003 or early 2004. The number of months from admission subsequent to month 19 are increasingly truncated due to the fact data do not extend past December 2008. This kind of missing data, however, is dealt with well by longitudinal regression routines.

There is a variant on this type of missing data with respect to the various welfare-to-work services and benefits. These include domestic violence and substance abuse services, remedial reading, homeless services and benefits, and a variety of job-oriented activities (work study, volunteer work, job skills training, vocational training). However, none of these services and benefits are available if the participant is not eligible for CalWORKs. If we limited analysis to months in which there was CalWORKs eligibility about 25% of the months would be dropped. However, this is not necessary because in general it does not matter whether a participant did not have a particular service due to not being CalWORKs eligible that month or due to being eligible but not having the service. That is, we analyze the percentage of months in which a person did or did not have a mental health, or domestic violence, or other GAIN service.

The second type of data is wage earnings.

Wages are reported for everyone in the CalWORKs, Medi-Cal or food stamps program. However, there are substantial numbers of persons for whom eligibility data indicates the participant was not required to report during some months. Here is the frequency distribution of those meeting this additional requirement, showing every sixth month. (Note months are from each participant’s admission date, rather than chronological.)

The eligibility requirement means that in each month there are 50-80 fewer participants. This missing data requires some explanation. Because

<table>
<thead>
<tr>
<th>Study Month</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>-12</td>
<td>231</td>
</tr>
<tr>
<td>-6</td>
<td>241</td>
</tr>
<tr>
<td>-1</td>
<td>460</td>
</tr>
<tr>
<td>1</td>
<td>468</td>
</tr>
<tr>
<td>6</td>
<td>472</td>
</tr>
<tr>
<td>12</td>
<td>496</td>
</tr>
<tr>
<td>18</td>
<td>513</td>
</tr>
<tr>
<td>24</td>
<td>438</td>
</tr>
<tr>
<td>30</td>
<td>332</td>
</tr>
<tr>
<td>36</td>
<td>284</td>
</tr>
<tr>
<td>TOTAL N</td>
<td>519</td>
</tr>
</tbody>
</table>
income is reported only for months when participants were eligible for CalWORKs, food stamps, or Medi-Cal, DPSS wage income data may understate or overstate actual income. Thus the problem of missing data is very different for the employment/wage variables than for the welfare-to-work components such as domestic violence services. If someone does not utilize a welfare-to-work service we can be sure it is not being used regardless of the reason or the eligibility for the service, whereas if someone does not report income for a month in which they were not required to report we cannot know what that income is but it could be substantial.

Overall 2,664, or 14%, of the 19,140 months covered in the study period were months in which a participant was not eligible for CalWORKs, food stamps, or Medi-Cal; these were months in which no report of wages was required. We dropped from the analysis months in which no report of income was required (or made). The greatest number of these person months were due to the truncation of records for persons in successive cohorts. For example, persons whose admission date was in January 2007 would be entirely missing in months 19-36. There are other reasons why no wage data was reported in some months. This could occur, for example, if a participant was not eligible for a period of time during the year because a child turned 18 or the participant’s earnings were high enough to make them ineligible for aid. In that case, the effect could be that the data we have understate actual earnings. On the other hand months in which a person is ineligible for food stamps, Medi-Cal or CalWORKs could be months when there was no earned income—months, for example, in which the participant was sanctioned or was receiving disability income. In this case the effect would be to overstate actual earnings. Either or both of these possibilities could lead to bias in the missing data, which cannot be adjusted for statistically.

It seems likely that the data shown are valid for almost all participants through the first 18 months. The number of participants eligible for food stamps, CalWORKs, or Medi-Cal during the first month after admission was 460, in the 12th month it was 455, in the 18th month it was 441, dropping to 362 in the 24th month, and 203 in the 36th month. Another way to look at it is that the months from 1-18 include all three cohorts where as the months from 19-36 include early entrants to the program and a relatively lower percentage of cohort 3.

Thus it is fair to say that the data shown are “earnings in each month in which reporting was required,” but not that they represent “total earnings in each month.” In order to make a statement of this nature reliably we would either have to have interview data for all participants at different follow-up times or we would need to have access to the state wage earnings from the Employment Development Department.

However, we do have data from HACOLA and HACLA that describe incomes at a time one year to three years after receiving a housing subsidy. We also have May 2009 survey data that describes current cash aid and employment earnings.

In the housing authority data, the four major sources of income (one person had unemployment insurance) are TANF, wages, disability payments and child support, but none had child support only.

### Table 3 Appendix: Number of Participants Represented in Months Prior to and After HCFP Admission, Limited to CalWORKs, Food Stamps or Medi-Cal Eligible Persons

<table>
<thead>
<tr>
<th>Study Month</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>-12</td>
<td>154</td>
</tr>
<tr>
<td>-6</td>
<td>184</td>
</tr>
<tr>
<td>-1</td>
<td>437</td>
</tr>
<tr>
<td>1</td>
<td>460</td>
</tr>
<tr>
<td>6</td>
<td>459</td>
</tr>
<tr>
<td>12</td>
<td>455</td>
</tr>
<tr>
<td>18</td>
<td>441</td>
</tr>
<tr>
<td>24</td>
<td>362</td>
</tr>
<tr>
<td>30</td>
<td>251</td>
</tr>
<tr>
<td>36</td>
<td>203</td>
</tr>
<tr>
<td>TOTAL N</td>
<td>519</td>
</tr>
</tbody>
</table>
The issue is how many persons would not be required to report income to DPSS. Anyone receiving TANF or food stamps does report, so that is 93%. Three percent receive disability payments but not TANF or food stamps, so they would not be in the DPSS data but would be zero wage income; they are balanced by 3% who have wages but no TANF or food stamps. So it appears the potential error rate is fairly small and balanced between no earnings and (presumably) relatively high earnings.

Survey respondents, however, present a different picture. Here 16% have wage income but do not receive cash aid. The total monthly earnings average $1,386 for this group. However, we do not know how many of these persons receive Medi-Cal or food stamps. If we could include these persons in the DPSS wage data, they would probably tend to increase the amount of earnings shown. On the other hand, 17% have no wage income but are not receiving cash aid, if included, they would tend to push the DPSS wage data downward.

Using the survey data the potential for error is greater, but again the possible error rate seems balanced between no earnings and higher earnings.
We cross-tabulate DPSS data with information about program site, type of housing participants lived in at the most recent staff rating, and whether the tenure with HCFP was successful. In some cases personal characteristics, such as diagnosis and the number of children in the family, are relevant for understanding utilization patterns. These analyses are in addition to the analysis of the hypothesis variables described in Appendix IV.

Below is a list of the factors that were tested for whether they showed an association with services, benefits, or wages.

- **HCFP program site.** Which program site did participants attend? Did results vary by site? If so, this may indicate that different sites served persons with different types of problems or it may indicate that some sites provided more effective services, or both. One site is located in each of the six Supervisory Districts, by design. The Downtown Clinic is located in Skid Row (Service Area IV), which is a magnet for homeless families. Prototypes, the second site funded, is in the San Gabriel valley—an area characterized by sparse services for the homeless (Service Area III West). Shields is in South Central Los Angeles (Service Area VI). Enki is in El Monte (Service Area III East) and Pacific Clinics in Norwalk (Service Area VII); both of these sites are considerable distances away from the shelters and other resources of use to homeless families. The San Fernando Valley Mental Health Center, Inc. program is in North Hollywood (Service Area II) and has some significant resources for low income housing. Location is important too because starting in the summer of 2007 housing vouchers were available almost exclusively through the City of Los Angeles Housing Authority, which meant recipients had to locate or relocate within city limits. Participants at different sites varied in how long they had lived in the service area where the clinic was located, with Downtown having the shortest period.

- **Relationship to HCFP.** The partnership between program participants and HCFP did not always work out. In some cases participants left the program because they found housing, got a job, or completed the program. Others left for neutral reasons—they moved to another area, or they began receiving SSI rather than CalWORKs. In other cases they left for less favorable reasons including disagreements with staff, being lost to contact, or they were discharged by the program for non-compliance with program standards. Those leaving for negative reasons were more likely to leave before a year was up. In fact, of those leaving in less than six months, 72% left for negative reasons. Overall, the average time in the program for those leaving for positive reasons was 16 months compared to 12 months for neutral reasons and 11 months for negative reasons. We have looked separately at persons known to have left the program for negative reasons, 29% of all participants.

- **Personal characteristics of the participant.** Age, race/ethnicity, number of children cared for, and mental health diagnosis are all examined to see if they affect DPSS services, benefits, participation or employment. Tables in Appendix III show these characteristics for each of the study cohorts included. Only 12% of the participants were young parents 18-25 while 16% were over 45. Latinos were the largest racial/ethnic group (40%) followed by African Americans (32%). Sixty percent of the families had one or two children, but 29% had three or four, and 12% had five to ten. The largest diagnostic category was depressive disorders (52%) followed by adjustment disorders and V codes (problem in living but not a diagnosis) at 27%. Serious mental illness is defined more by functioning than diagnosis, but persons with bipolar disorder or any of the schizophrenia spectrum disorders are generally considered to have a serious mental illness; this group comprised 6% of the HCFP population.
### TABLE 4 APPENDIX: AGE, BY STUDY COHORT

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>N=39</td>
<td>N=167</td>
<td>N=313</td>
<td>N=519</td>
</tr>
<tr>
<td>18-25</td>
<td>2.6%</td>
<td>10.8%</td>
<td>13.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>26-35</td>
<td>33.3%</td>
<td>35.3%</td>
<td>39.6%</td>
<td>37.8%</td>
</tr>
<tr>
<td>36-45</td>
<td>25.6%</td>
<td>40.1%</td>
<td>31.6%</td>
<td>33.9%</td>
</tr>
<tr>
<td>46-62</td>
<td>35.9%</td>
<td>13.8%</td>
<td>15.0%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

### TABLE 5 APPENDIX: RACE/ETHNICITY, BY STUDY COHORT

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race - Ethnicity</td>
<td>N=39</td>
<td>N=167</td>
<td>N=313</td>
<td>N=519</td>
</tr>
<tr>
<td>White</td>
<td>15.4%</td>
<td>18.0%</td>
<td>17.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>African-American</td>
<td>38.5%</td>
<td>37.7%</td>
<td>28.1%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Latino</td>
<td>41.0%</td>
<td>38.3%</td>
<td>40.9%</td>
<td>40.1%</td>
</tr>
<tr>
<td>Other</td>
<td>5.1%</td>
<td>5.4%</td>
<td>13.1%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

### TABLE 6 APPENDIX: NUMBER OF CHILDREN, BY STUDY COHORT

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Children</td>
<td>N=39</td>
<td>N=167</td>
<td>N=313</td>
<td>N=519</td>
</tr>
<tr>
<td>One or two</td>
<td>66.7%</td>
<td>63.5%</td>
<td>56.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Three-Four</td>
<td>25.6%</td>
<td>20.4%</td>
<td>33.2%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Five-Ten</td>
<td>7.7%</td>
<td>16.2%</td>
<td>9.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

### TABLE 7 APPENDIX: DIAGNOSIS, BY STUDY COHORT

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>N=39</td>
<td>N=167</td>
<td>N=313</td>
<td>N=519</td>
</tr>
<tr>
<td>Adjustment Disorder, V Code</td>
<td>20.5</td>
<td>24.6</td>
<td>28.8</td>
<td>26.8</td>
</tr>
<tr>
<td>Anxiety Disorder, PTSD</td>
<td>5.1</td>
<td>7.8</td>
<td>10.9</td>
<td>9.4</td>
</tr>
<tr>
<td>Bipolar/Schizophrenia Disorders</td>
<td>2.6</td>
<td>6.6</td>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>53.8</td>
<td>55.7</td>
<td>49.5</td>
<td>51.8</td>
</tr>
</tbody>
</table>
### TABLE 8 APPENDIX: PARTICIPATION IN MENTAL HEALTH TREATMENT

<table>
<thead>
<tr>
<th>Extent of participation</th>
<th>2005-06 N=157</th>
<th>2006-07* N=308</th>
<th>Both Rounds N=465</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>VERY GOOD Client participated in all or nearly all sessions</td>
<td>17.2</td>
<td>12.7</td>
<td>14.2</td>
</tr>
<tr>
<td>GOOD Client participated in most sessions</td>
<td>29.9</td>
<td>41.9</td>
<td>37.8</td>
</tr>
<tr>
<td>POOR Client participated sporadically.</td>
<td>30.6</td>
<td>36.4</td>
<td>34.4</td>
</tr>
<tr>
<td>MINIMAL Client participated rarely.</td>
<td>22.3</td>
<td>9.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Including 73 participants held over from 2005-2006

### TABLE 9 APPENDIX: HOUSING STATUS AT TIME OF LAST STAFF RATING SUPPLEMENTED BY INTERVIEW DATA

<table>
<thead>
<tr>
<th>Housing status</th>
<th>2005-06 N=157</th>
<th>2006-07* N=308</th>
<th>Both Rounds N=466</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Other Housing</td>
<td>45.3</td>
<td>45.0</td>
<td>45.0</td>
</tr>
<tr>
<td>Rental Housing</td>
<td>54.7</td>
<td>55.0</td>
<td>55.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Including 73 participants held over from 2005-2006

### TABLE 10 APPENDIX: POSITIVE OR NEGATIVE REASON FOR LEAVING THE HCFP

<table>
<thead>
<tr>
<th>Study Cohort</th>
<th>2005-06 N=147</th>
<th>2006-07* N=306</th>
<th>Both Rounds N=454</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Still in program or Neutral outcome</td>
<td>67.3</td>
<td>41.2</td>
<td>49.8</td>
</tr>
<tr>
<td>Positive outcome</td>
<td>17.0</td>
<td>22.5</td>
<td>20.7</td>
</tr>
<tr>
<td>Negative outcome</td>
<td>15.6</td>
<td>36.3</td>
<td>29.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Including 73 participants held over from 2005-2006
The groups for testing the three alternative hypotheses are constructed using two dimensions: received a voucher or not, and had intensive mental health services or not. This potentially yields four groups as in this figure. The total number in each group is also listed. The rest of this appendix describes how the groups are constructed.

Before we can see if these groups are useful in practice we need to define what constitutes intensive vs. less intensive mental health services. The two components are the number of months of a mental health service component and actual attendance at treatment sessions during months in which a mental health service component was in effect. We limit the consideration of months of service to one year after admission. Although large proportions of participants received more than one year, the official maximum time for the program is 12 months.

Below is a categorization of the number of months participants had a mental health service component in the first 12 months after admission. Half had nine months or more.

<table>
<thead>
<tr>
<th>MH Services</th>
<th>N</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3.0 Months</td>
<td>86</td>
<td>17.2</td>
<td>17.2</td>
</tr>
<tr>
<td>3.1-6.0 Months</td>
<td>59</td>
<td>11.8</td>
<td>28.9</td>
</tr>
<tr>
<td>6.1-9.0 Months</td>
<td>106</td>
<td>21.2</td>
<td>50.1</td>
</tr>
<tr>
<td>9.1-12 Months</td>
<td>250</td>
<td>49.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>501</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Next we look at whether months of mental health service and attendance in treatment correlate with having received a voucher. Those receiving a voucher had an average of 10.0 months of a mental health component in the first year after admission vs. 7.6 for those not receiving a voucher. Those with a voucher were also more likely to have Very Good or Good attendance (65% vs. 42%). So clearly getting a voucher is associated both with more months of mental health service and better attendance at treatment.

We can now see what the fourfold categorization of participants looks like. We use voucher vs. no voucher and high vs. low predicted mental health utilization (low is the 48% of persons with predicted months of less than 8). Overall, 22% of the 462 persons (excluding the 2004-05 cohort since they had no chance at a voucher) received a voucher. A total of 53% had high intensity services while 15% had both high intensity services and a voucher. Only 7% of the total had a voucher and low intensity services. Low intensity services and no voucher characterized 40%. The 32 persons who received a voucher and had low intensity services is a small number from which to draw conclusions.

### Table 12 Appendix: Service Intensity by Voucher Status Showing Cell Percentages

<table>
<thead>
<tr>
<th>Service Intensity</th>
<th>No Voucher</th>
<th></th>
<th>Voucher</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Intensive Services</td>
<td>175</td>
<td>37.88%</td>
<td>68</td>
<td>14.72%</td>
<td>243</td>
<td>52.60%</td>
</tr>
<tr>
<td>Limited Services</td>
<td>187</td>
<td>40.48%</td>
<td>32</td>
<td>6.93%</td>
<td>219</td>
<td>47.40%</td>
</tr>
<tr>
<td>Total</td>
<td>362</td>
<td>78.35%</td>
<td>100</td>
<td>21.65%</td>
<td>462</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
APPENDIX V: MAY 2009 SURVEY METHODOLOGY

INTERVIEW SAMPLING AND ATTRITION

The study informed consent signed by participants when they entered the program provided for both an original in-person interview and a follow-up phone interview. A total of 314 persons were interviewed in person in the 2005-06 and 2006-07 cohorts. An attempt was made to re-interview all of these persons, and 179 interviews (57%) were completed. Phone interview respondents received a $15 gift card as a token of appreciation. Interviews were conducted between April 13 and June 4, 2009. Calls were made between 10:00 am and 9:00 pm local time Monday through Thursday, between 10:00 am and 4:00 pm local time Friday, and between 11:00 am and 7:00 pm local time Saturday and Sunday.

Phone numbers used in scheduling the previous in-person interviews were called, and if they were no longer valid were updated through Department of Mental Health data bases. Each phone number that was not found to be disconnected or incorrect was called at least 15 times in an attempt to contact the respondent for survey completion. If no contact was made with the respondent or a member of their household after 15 call attempts, an alternate phone number was attempted, if available. If all alternate phone numbers had been exhausted, or if no alternate number was available, call attempts continued to be made (up to 42) in the hopes that the respondent would be contacted. To complete the 179 surveys, 3,946 call attempts were made, an average of 22.04 calls per completed survey. There were only two refusals and one discontinued interview. One respondent was reported to be in jail and another deceased. For 55 persons (17.6%) all of the phone numbers available were disconnected or out of service and in 12% it was a wrong number. It was not possible to get past an answering machine or call blocking for 7.4%.

Phone interviews were conducted by trained staff at the Social Science Research Center, California State University at Fullerton using a CATI system. Interviews took on average 21 minutes to complete, but ranged up to an hour. Interviewers rated reliability of information as high for 91.6%, moderate for 7.8% and low for 0.6% (one person). Only 3% were conducted in Spanish.

TABLE 13 APPENDIX: PROGRAM SITE OF THOSE INTERVIEWED IN MAY 2009 AND THOSE NOT INTERVIEWED, PERCENTAGES IN EACH SITE

<table>
<thead>
<tr>
<th>Program Site</th>
<th>No May Interview N=297 Percent</th>
<th>Interview May 09 N=170 Percent</th>
<th>Overall N=467 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA IV</td>
<td>25</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>SA III West</td>
<td>12</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>SA VI</td>
<td>9</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>SA II</td>
<td>18</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>SA VII</td>
<td>16</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>SA III East</td>
<td>20</td>
<td>18</td>
<td>19</td>
</tr>
</tbody>
</table>
HOW REPRESENTATIVE ARE RESPONDENTS OF THE FULL HCFP SAMPLE?

May 2009 sample vs. those interviewed previously. How closely does the May 2009 sample of 179 correspond with the 314 persons interviewed in person? We compared the new interviewees with those not interviewed on several dimensions from the time of the first interview. The percentage who had already been discharged from the program at the time of the first interview was an identical 66%; the percent judged to have a positive outcome in the program by staff was an identical 22%; the percentage living in rental income was slightly higher in the May 2009 sample (48% vs. 41%); the percentage with a housing subsidy at the earlier interview was 51% for those re-interviewed in 2009 and 50% for those not interviewed. We conclude that the participants interviewed by phone in May 2009 are highly representative of all persons interviewed in person earlier.

May 2009 sample vs. all 2005-06 and 2006-07 participants. We compared the 179 respondents from May 2009 with 301 persons who were never interviewed to see if the interviewees are representative of all participants. The percentage living in a rental unit at discharge or the final staff rating was 46% overall but was 54% among the May interviewees and only 42% among those not interviewed, a statistically significant difference. A positive outcome was recorded by staff (among those not still in treatment) for 21% overall, but the rating for those who were interviewed in May 2009 was 24% vs. 19% for others in the program. Overall 14% of participants had very good participation in therapy, but this figure was 18% for those re-interviewed in May and 2% for others.

Finally, an important area of difference is the program site at which participants were served. Below we show the overall percentage of study participants from each site along with the percentages for those interviewed in May 2009 and those of others. SA IV was substantially under represented in the May interviews while SA II and SA VII were somewhat over represented.

In one area, the May 2009 sample was somewhat less successful than others: overall 50% had received a housing subsidy, which breaks down into 46% for those interviewed in May 2009 and 52% for those not interviewed.

Diagnosis was very similar for those re-interviewed in May 2009 and those never interviewed. (For example, depression was the diagnosis for 56% of those re-interviewed and 53% of others). Other measures for which there is no difference between the groups include jail time, total income, and staff judgments about capacity to work.

In summary, there are some indications that the May 2009 interviewees, compared to other study participants at the time they were discharged, were more likely to be successful. On balance, however, it appears that the May 2009 sample is largely similar to other HCFP participants and can be viewed as at least broadly representative of the entire HCFP study population entering the program in 2005-06 and 2006-07.
ENDNOTES

1 GAIN is the Los Angeles County name for welfare-to-work services under CalWORKs. LAHSA is a Joint Powers Authority established in 1993 as an independent agency by the City and County of Los Angeles. It is the lead agency in the Los Angeles Continuum of Care, and coordinates and manages over $70 million dollars annually in Federal, State, County and City funds for programs providing shelter, housing and services to homeless persons in Los Angeles City and County. LAHSA as 235 homeless services programs at nearly 100 non-profit partner agencies.

2 The denominator for these figures is all participants, not just those who reported earnings.

3 During 2007 earned income of a single parent with two children was allowed to be $1,672 per month or $20,064 per year before eligibility for cash aid is lost.

4 GAIN is the Los Angeles County name for welfare-to-work services under CalWORKs. LAHSA is a Joint Powers Authority established in 1993 as an independent agency by the City and County of Los Angeles. It is the lead agency in the Los Angeles Continuum of Care, and coordinates and manages over $70 million dollars annually in Federal, State, County and City funds for programs providing shelter, housing and services to homeless persons in Los Angeles City and County. LAHSA as 235 homeless services programs at nearly 100 non-profit partner agencies.

5 This is a larger group than those actually in the study. The study cohort did not include all participants. In each study year each site had a target of 50 study participants and once that quota was reached they continued to enroll HCFP participants who were not asked to be in the study.

6 Ware, J. E. J., Kosinski, M., & Keller, S. D. (1995, December). SF-12: How to score the SF-12 physical and mental health summary scales. The Health Institute, New England Medical Center, Boston, MA.

7 At least one participant brought a voucher with them to the program.

8 See the CIMH December 08 report on the HCFP. Helping Homeless Families. www.cimh.org/calworks.aspx

9 http://www.nber.org/~kling/mto/national.htm


12 The study cohort did not include all participants. Each site had a target of 50 study participants and once that quota was reached they continued to enroll HCFP participants who were not asked to be in the study.

13 The first study cohort (2004-2005) is not included in the baseline year and only partially in the first year in this graph because the data started at Jan 1, 2005.

14 http://www.ladpss.org/dpss/homeless_case_mgmt/fact_sheets/dpss_housing_pgm_comparative_chart_v2_02_05_07.pdf

15 In some analyses we include a third group made up of those with a “neutral” exit and those who were still in the program at the time of the final staff rating.

16 These ratings occurred when about a third of the participants were still in the program and an average of about 13 months after admission to the program. Presumably some of those still in the program obtained rental housing after this rating. So this is really a measure of the effect of obtaining rental housing within one year of entering the HCFP.

17 Statistical tests on interaction of time and provider were done with the data from months 13, 25 and 37. In a longitudinal regression model the differences were not significant when interacted with years. The two analyses thus test two different things. The test on the months is whether providers were different in those month at a level greater than we would expect by chance. The longitudinal regression analysis tested whether there was a difference in the rate of change over time. As can be seen in the graph, the rate of change was fairly similar, but it did result in fairly large differences by year three and four.

18 Data presented later on persons who received a subsidy, show only 3% had income who were not receiving CalWORKs.

19 The entire study period include a fourth year for some participants, not just three years as shown in most graphs. Including the fourth year increased the percentage with wage earnings from 45% to 48%.

20 We have not counted remedial education as a work component although it is an important part of welfare-to-work activities. Remedial education peaked at 10% of HCFP participants in the 19th month after admission and was still 7% at 36 months after admission. A total of 104 persons took part in remedial education.

21 Recall that the first year study cohort did not have complete data for the first year; however, they had the longest follow-up period (up to five years), so they had the longest time to register earnings or other welfare-to-work activities. Conversely the 2006-07 study cohort had the shortest time to register earnings or other
welfare-to-work activities, although it encompassed a minimum of 18 months.

22 During 2007 earned income of a single parent with two children was allowed to be $1,672 per month or $20,064 per year before eligibility for cash aid is lost.

23 The denominator for these figures is all participants, not just those who reported earnings.

24 However, as noted before, data for the 2004-05 group was not available for the first year and for many in the 2006-07 group data was truncated after 18 months. Rather than the 18,648 months that would represent 518 participants for 36 months, the actual total is 15,682, or 16% (or 30) fewer months.

25 Data are based on all months not just those in which participants were required to report earnings. This may reduce the percentages compared to using only months of reported data, but since the focus is on the comparison this should not matter. This analysis assumes that the lack of employment data in the baseline means lack of employment rather than meaning no dependence on welfare during that year. However, if there is an error it would lead to inflating the average months of those who did not report having work in the baseline. That is, if there are such persons they are likely inflating the average of the people shown here as not having worked in the baseline.

26 This analysis uses only months in which reporting of income was required.

27 This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job.

28 The interaction of rental status and years was not statistically significant in year one but was in year two, year three and year four. In year one, many of those who were rated as having obtained rental housing would not yet have done so.

29 Statistical significance tested in a longitudinal panel regression model, in one case with raw data and one case with logged income. The 3-4 group was different from the 1-2 group in both analyses; the 5-20 group was different in only the logged analysis.

30 This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job.

31 This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job.

32 This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job.


34 This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job.


36 Recall that the 2004-05 group has truncated data at the beginning of services while some of the 2006-07 cohort have truncated data at the end of the study period (after 18 months). So these participants would have had less chance to have 12 months of earnings.


38 Some 7% of HCFP participants had earnings outside of those in a CalWORKs earned income component, so the figure are not directly comparable even considering the difference in time frame.

39 In the first year after HCFP admission, and limiting the analysis to those who were eligible for CalWORKs, the percentage with a mental health component went from 63% in the second month to 87% in the 6th month, the peak. Since participation is a program requirement it is unclear why eligibility seemed to lag behind admission to the program.

40 The discharge and intake figures are from the 2006-2007 cohort.

41 In the 2006-2007 cohort current serious domestic violence was reported by 6% of those with a positive reason for leaving the program and 5% of those with a negative reason. But serious abuse that was either in the past or current was reported by 20% of those leaving for negative reasons vs. 12% of those leaving for positive reasons.

42 With respect to the latter possibility: having a stable place to live removes much of the stress involved in traveling to take part in mental health services. If the housing was found in the region the participant came from it could even reduce traveling involved.

43 The statistical technique we use is longitudinal multiple logistic regression, as implemented in the statistics package Stata. Variables entered into the model as main effects and in interaction with the months of the study period were: receipt of mental health service, receipt of subsidy, number of children, race/ethnicity, age category, Spanish as primary language, diagnostic category, and whether the participant lived in rental housing approximately 13 months after admission to the HCFP.

44 Please see the May 2009 survey results in Part V for evidence that in fact many participants do continue to have serious problems.

45 Baseline employment was collinear (intercorrelated) with other variables. It was dropped because the effect of collinearity is to bias regression coefficients and/or make them less precise.
Although we included DPSS data for the 2004-05 cohort, we decided not to try to re-interview these 37 persons because of the time elapsed since we had valid contact data.

Respondents were asked detailed questions about application for different types of subsidies and whether they received them. Responses are not entirely consistent.

The scale was not administered to the 2006-07 cohort.

The mean score for persons in studies of clinically depressed clients is 34, cited in Ware, J. E. J., Kosinski, M., & Keller, S. D. (1995, December). SF-12: How to score the SF-12 physical and mental health summary scales. The Health Institute, New England Medical Center, Boston, MA. The lowest 86 persons in the May 09 group have a mean score of 34.1, so we take that subgroup to be “equivalent” to a clinically depressed population.

Food insecurity with hunger ranged from 22% to 31% among former CalWORKs participants receiving various forms of housing assistance in 1998. Verma, N. and Henra, R. (1998) Comparing Outcomes for Los Angeles County's HUD-Assisted and Unassisted CalWORKs Leavers. Available at: http://eric.ed.gov:80/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/d6/67.pdf. Among poor persons who reported past homelessness, 57% reported food insecurity compared to 23% of those who had not been homeless during the previous five years. Among CalWORKs participants 32% reported food insecurity. Among those at 300% of poverty or less, 10% had food insecurity and hunger. LA Health at a Glance, (2001). Available at: http://publichealth.lacounty.gov/ha/reports/factsheets/foodsecure.pdf


Lin, J., & Smith, N. (2004). Understanding family homelessness in New York City: An In-Depth Study of Families’ Experiences Before and After Shelter. NYC: Vera Institute of Justice. Available at: www.vera.org/project/project1_3.asp?section_id=6&project_id=97&sub_section_id=38. The graph was created from data in this report by the NYC, Coalition for the Homeless, Patrick Markee, Senior Policy Analyst

A consistent finding of the CIMH CalWORKs mental health studies. Less extreme forms of homelessness among CalWORKs supportive services participants are even more common according to the Homeless in LA report.


Note again that the HACLA and HACOLA data are for all HCFP participants, which is a larger number than those in the study cohort. So the housing authority data include 178 persons who received a voucher compared to the 100 who were in the CIMH study.

This is the Nelson-Aalen cumulative “hazard” function for obtaining a first job. Since results are not adjusted by covariates, the results are virtually the same as for the raw data.

This is a larger group than those actually in the study. The study cohort did not include all participants. In each study year each site had a target of 50 study participants and once that quota was reached they continued to enroll HCFP participants who were not asked to be in the study.

A total of 14.5% report they receive disability payments, which is why they have neither CalWORKs nor employment income.

The number of months participants had a mental health services component was regressed on their rating for attendance; the predicted value of months of service for each participant thus reflected both actual months of service and attendance during those months.
The California Institute for Mental Health is a non-profit public interest corporation established for the purpose of promoting excellence in mental health. CiMH is dedicated to a vision of “a community and mental health service system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness.” Based in Sacramento, CiMH has launched numerous public policy projects to inform and provide policy research and options to both policy makers and providers. CiMH also provides technical assistance, training services, and the Cathie Wright Technical Assistance Center under contract to the California State Department of Mental Health.

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