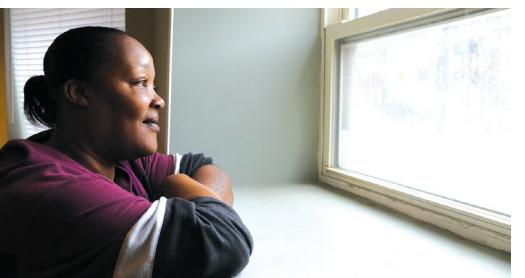




## TRANSITIONS TO HOUSING IN LOS ANGELES: HEALTH & SERVICES

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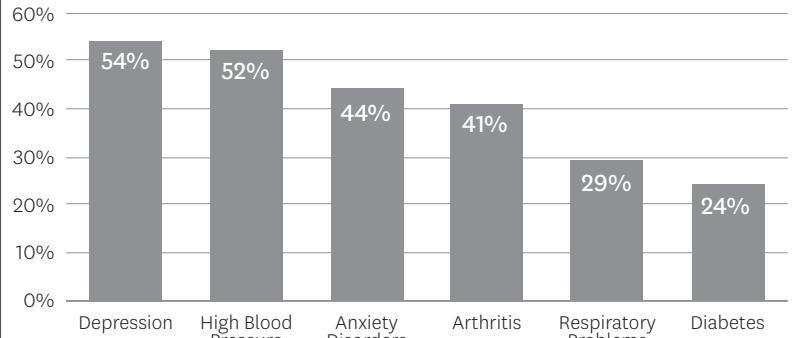


Permanent Supportive Housing (PSH) is an evidence-based solution to house individuals experiencing chronic or long-term homelessness and who have physical or mental health problems. PSH residents report high rates of chronic health conditions (Figure 1), and their health appears to be worse than other individuals experiencing homelessness.<sup>1</sup> Therefore, services offered through PSH must support residents to fully achieve the potential of this successful housing model. This research examines a population of individuals who have experienced homelessness and who have transitioned into PSH. The brief identifies opportunities to further support PSH residents through additional programmatic investments.

#### POLICY IMPLICATIONS AND RECOMMENDED NEXT STEPS

- There is a need to increase the capacity of PSH providers to engage in service provision beyond simply retaining persons in housing. More intensive health and well-being services are needed, such as support groups, trauma services, transportation, job assistance, as well as legal and education services, which can support the ongoing needs of high acuity PSH residents.
- PSH providers and case managers should have adequate financial and staffing resources to connect clients to health services, substance recovery, food access, HIV treatment and prevention, and dental care. Providers may also benefit from additional training to re-frame their work as crucial for supporting both the health and well being of those living in PSH, in addition to supporting housing retention.
- Additional research is needed to determine how social relationships can improve health and well being among persons in PSH, including reducing HIV risk and substance use behavior.

**FIGURE 1**  
**Most Commonly Reported Chronic Health Conditions**



Approximately 90% of the study sample reported having been diagnosed with two or more chronic physical or mental health problems.

#### SNAPSHOT FINDINGS

- As people transition from homelessness into housing, some proportion of the sample population reported that their health needs were not being fully met. After moving into PSH, residents became more likely to report unmet needs for accessing food and for home-based medical care. Further, the most persistent unmet health need was for dental care.
- Additional recovery support for addictive substances (e.g., illicit substances, tobacco) may help reduce harm and promote health and well being. Among PSH residents interviewed, illicit substance use decreased somewhat at 6-months and marijuana use increased slightly (Figure 2 and Figure 3). A consistent majority of participants reported using tobacco products at every point in time. This is important given the known dangers to health caused by tobacco consumption.<sup>2</sup>
- The risk of HIV transmission remains high among PSH residents, and there is a need for additional support services to reduce the transmission rate. Over a third of participants said they were sexually active in the past three months, and up to 75% of those individuals reported that they did not consistently use condoms. Only 15% of individuals participated in existing HIV and STI prevention programs in the past year. Medication compliance and adherence to antiretroviral therapy was low among HIV-positive participants.<sup>3</sup> Focus groups with housing providers identified limited availability and capacity for HIV prevention services within PSH programs.<sup>4</sup>
- Additional investments are needed to expand the capacity of service providers to include services beyond housing retention. While the majority of PSH providers offer case management, life skills, mental health treatment, and social security application assistance, fewer providers offer services like support groups, trauma services, and transportation or job assistance, and only about half or less have HIV prevention, legal, or education services. Service providers reported that their primary focus is on helping residents maintain housing, and as such, they have limited capacity for providing additional services.<sup>5</sup>

<sup>1</sup>Henwood, B., Lahey, J., Rhoades, H., Winetrobe, H., & Wenzel, S. (2017). Examining the health status of homeless adults entering permanent supportive housing. *Journal of Public Health*. Epub ahead of print. doi: <https://doi.org/10.1093/pubmed/fdx069>.

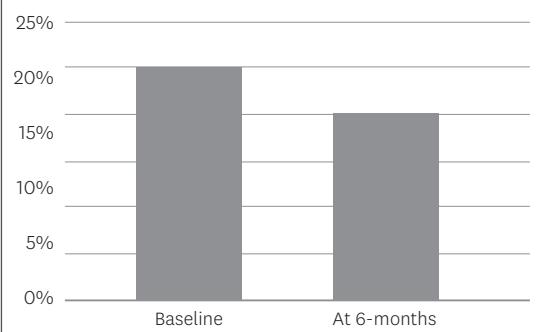
<sup>2</sup>Rhoades, H., La Motte-Kerr, W., Duan, L., Woo, D., Rice, E., Henwood, B., Harris, T. & Wenzel, S.L. (2018). Social networks and substance use after transitioning into permanent supportive housing. *Drug and Alcohol Dependence*, 191, 63-69. doi: <https://doi.org/10.1016/j.drugalcdep.2018.06.027>

<sup>3</sup>Wenzel, S., Rhoades, H., Harris, T., Winetrobe, H., Rice, E., & Henwood, B. (2017). Risk behavior and access to HIV/AIDS prevention services in a community sample of homeless persons entering permanent supportive housing. *AIDS Care*, 29(5), 570-574. doi: <10.1080/09540121.2016.1234690>

<sup>4</sup>Wenzel, S., Henwood, B., Harris, T., Winetrobe, H., Rhoades, H. (2017). Provider perspectives on HIV risk and prevention services within permanent supportive housing. *AIDS Care*, 29(10), 1331-1335. doi: <10.1080/09540121.2017.1330533>

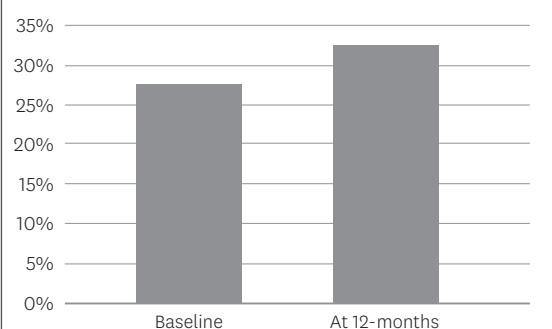
<sup>5</sup>Henwood, B. F., Harris, T., Woo, D., Winetrobe, H., Rhoades, H., & Wenzel, S. L. (2018). Availability of comprehensive services in permanent supportive housing in Los Angeles. *Health & social care in the community*, 26(2), 207-213.

**FIGURE 2**  
**Percentage of Illicit Substance Abuse**

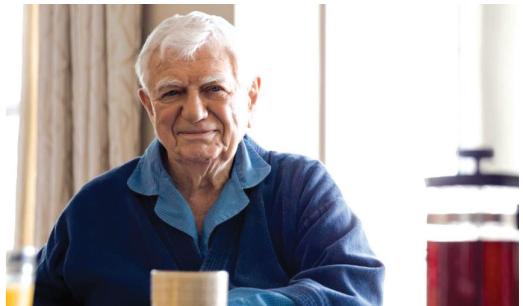


Among PSH residents interviewed, illicit substance use decreased somewhat at 6-months (from 20% to 15%)

**FIGURE 3**  
**Percentage of Marijuana Use**



Marijuana use increased slightly overall (from 27% at baseline to 33% at 12-months)



## RESEARCH METHODS

Participants were referred to this study by staff members at 26 Los Angeles-based housing and social service provider agencies, as well as through study staff presence at large “lease-up” events for new buildings. All participants were screened for eligibility (age 39+, moving into PSH without minor children, and moving into housing within 20 miles of downtown Los Angeles, or in the Long Beach area). Eligible persons who agreed to participate provided written consent. Interviews were conducted with 421 persons at baseline (prior to or within 5 days of initial PSH move-in), and then again at 3-months, 6-months, and 12-months after PSH move-in. Overall, the study had a 91% retention rate across the 12-month period. At baseline, the sample was made up of 70% men and 29% women with an average age of 54 years. The baseline racial composition of the sample was 55% Black/African American, 24% White, 9% Other Race, 5% Hispanic, 3% Multiracial, 2% Native American/American Native, and 1% Asian. To gather additional context about service provision within PSH, 23 service providers also participated in interviews and focus groups.

## ABOUT THE HOMELESSNESS POLICY RESEARCH INSTITUTE

The Homelessness Policy Research Institute (HPRI) convenes researchers and policymakers to help design and coordinate timely, relevant, and actionable research to end homelessness in Los Angeles County. HPRI is a partnership between the USC Price Center for Social Innovation and the United Way of Greater Los Angeles’ Home for Good Initiative.



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