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Q1 Name of your organization.

1736 Family Crisis Center

Q2 Grant #

20150821

Q3 Grant Period

11/15/2015 - 10/15/2016

Q4 Location of your organization

City	Los Angeles
State	CA

Q5 Name and Title of person completing evaluation.

Ryan Macy-Hurley, Director of Resource Development and Program Planning

Q6 Phone Number:

323-737-3900 ext. 206

Q7 Email address.

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Page 2: Key Outcomes and Results

Q8 Total number of clients served through this grant funding:

599

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

The original project goals and objectives were as follows, with corresponding results noted after each objective:

Objective I: Serve 375 Veteran households who are homeless or at imminent risk, expanding from the approximately 300 Veterans and their families served annually.

During the grant period, the project served 379 Veteran households. Of these, three quarters of enrollees were literally homeless, meaning that they were living in homeless shelters, sleeping in cars, or living on the streets when they were enrolled for services.

Objective II: 85% of homeless Veteran families will be assisted in obtaining and maintaining permanent housing.

During the grant period, 73% of enrolled homeless Veteran families successfully obtained and retained permanent housing, moving from the streets or homeless shelters into permanent housing with their own lease agreements.

Objective III: 90% of Veteran families who are at risk of homelessness will receive assistance in resolving their housing crises and regain stability

During the grant period, 93% of enrolled at-risk Veteran families resolved their housing crises and were able to exit the program stable once again in permanent housing (e.g., eviction orders were overturned; disputes with landlords were resolved; new or better jobs were obtained enabling the household to afford living expenses again; etc.).

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

The project achieved most of its stated objectives except for the percentage of homeless Veterans and their families who were able to escape homelessness and stabilize in permanent housing. Whereas our objective was to assist 85% of such households to obtain and maintain permanent housing, 73% of homeless enrollees achieved this goal.

Based on interviews with program supervisors and a detailed analysis of program data, the primary obstacles to achieving the planned objective related directly to the complexity of barriers faced by clients. Specifically, 63% of enrolled Veterans were disabled, and more than 40% of households were chronically homeless, meaning that not only was the head of household disabled but the Veteran/Veteran family had been homeless long-term at the time they were enrolled in our program (i.e. 12 consecutive months minimally, or 4 homeless episodes in 3 years that cumulatively added up to 12 months). While the program did successfully assist the majority of disabled, long-term homeless Veterans to enter and retain permanent housing, there was a significant subgroup for whom the program was not successful.

These remaining households were challenging to work with because most of them were living on the streets, were transitory, were battling mental illness and/or substance abuse issues, and/or had “grown accustomed to” instability and crisis in their lives. Although our staff repeatedly sought to engage these high barrier households, and brought services to them wherever they were (i.e. sleeping in their cars, along riverbanks, etc.), 1736 Family Crisis Center’s program is ultimately a voluntary program. In some cases, we did help these Veterans to improve their circumstances; for example, 13% were assisted to move off the streets and into temporary housing. Although these outcomes are not considered successful by our program standard, these Veterans were able to exit the program with safe living arrangements, and connected to services and resources providing support on an ongoing basis. In most cases, however, we struggled to assist these Veterans. In fact, of those who exited the program still homeless, 52% were terminated from the program for “non-compliance”, meaning that they did not follow through with basic program expectations (e.g. attending appointments; visiting/viewing apartments that we identified for them; working with our case managers on looking for employment). While clients were given ample opportunities for program participation (e.g. we repeatedly scheduled missed appointments; we offered to transport them wherever needed; we would continue searching for them on the streets if they disappeared; etc.), the behavioral health issues of these largely single person households ultimately interfered with their ability to participate in the program and improve their situation.

Based on ongoing conversations with our peers, we have learned that other Veteran service providers are also struggling to assist this subgroup of homeless Veterans who have complex, largely untreated behavioral health issues and long-term homeless histories. While Veteran homelessness has been declining through the concerted and coordinated efforts of local agencies, like 1736 Family Crisis Center, and government partners, as evidenced by a 57% reduction in Veteran homelessness in LA County since 2011 (LA Homeless Services Authority/United Way, 2016), many of the remaining homeless, and their complex barriers, challenge the region’s ability to achieve the goal of ending all homelessness among Veterans.

Q11 How did you overcome and/or address the challenges and obstacles?

To address untreated and/or undiagnosed behavioral health issues among Veterans enrolled in the program, 1736 Family Crisis Center used the following strategies: 1) we implemented on-site clinical screening at our main program office in Wilmington. Our case management staff does not have clinical training in behavioral health assessment and intervention. The addition of an on-site therapist helped to address this program gap. In our Orange County office, we increased the number of days we work at the VA’s primary resource center for homeless Veterans; in so doing, we increased client access to the on-site psychiatrists and doctors who work for the VA. 2) through this grant, we hired two additional case managers, which enabled the program to reduce its client to staff ratio. This enabled case managers to provide more intensive, individualized services to the highest barrier clients who struggled with even the most basic tasks of daily living and required more “hand holding” than other clients. and 3) we increased the number of permanent supportive housing providers with whom we partnered. By placing disabled Veterans with severe behavioral health conditions in rental units operated by these providers not only did we facilitate the Veterans’ access to permanent, affordable housing, but we also ensured that they would receive ongoing medical and psychiatric care.

S.L. Gimbel Foundation Fund

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

During the grant period, the City of Long Beach announced that it had effectively ended Veteran homelessness. Based on the federal government's established standards and attendant benchmarks for ending Veteran homelessness, what this means in practice is that virtually all Veterans who are homeless in a given community have been assisted to move into permanent housing, and those that remain have been continually offered permanent housing opportunities (at least once a month) but have turned them down for one reason or another; further, any newly homeless Veterans are homeless for only a short period (less than 90 days) and rapidly placed back into permanent housing.

As one of three Continuums of Care where our project operates in conjunction with several other Veteran service providers, 1736 Family Crisis Center was extremely pleased by this news. Long Beach is the first Continuum of Care in Southern CA to have declared an end to Veteran homelessness and to have applied to the federal government to certify its results. The grant provided by the S.L. Gimbel Foundation Fund enabled 1736 Family Crisis to increase its case management staff in the South Bay area including Long Beach, and thus contributed towards accomplishment of this community goal.

Q13 Briefly describe the impact this grant has had on the organization and community served.

Funding from the S.L. Gimbel Foundation Fund had a very positive impact on our services to the Veteran population. As discussed above, low functioning levels and corresponding behavioral health issues among enrollees challenged our ability to assist program participants. In order to work with such complex cases, it is essential that we have appropriate caseload sizes whereby staff can provide the intensity of time and care necessary to engage and help these Veterans and their families. The two additional case managers we were able to hire because of the grant helped us to reduce caseload sizes while also increasing the total number of households assisted. Additionally, the additional staffing contributed positively towards the larger community served, including, as previously mentioned, enabling the agency to work with other community partners in Long Beach to end Veteran homelessness in that City.

Page 3: Budget

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

Grant funds from the S. L. Gimbel Foundation were used to expand our case management staff in the Veteran Families Program. Specifically, funds supported the salaries of two new case managers, with \$12,500 defraying the annual salary of each position (\$40,000/year plus benefits).

Page 4: Success Stories

Q15 Please relate a success story:

When we met David, he was living on the streets in Orange County. He was homeless and had no job. Well, he had a job about a year ago, but he had lost it since then, had exhausted all of his unemployment income, and had been evicted from a friend's mobile home because he had no money for rent. Within a month of entering our program, we were able to find housing for David. The Veteran Families Program paid a security deposit and four months of rental assistance. This gave David time to focus his energy on finding a job. The 1736 Veteran Families Program case manager and employment specialist gave David the educational resources to help him build a resume, interview successfully, and better manage his finances. In three months' time David was offered a position at a major retail company. "With support from 1736 Family Crisis Center and the SSVF program I was able to get back on my feet. I was destitute, but now I have a future," says David.

Q16 Please relate a success story here:

Becky was a homeless veteran living in a vehicle with her young son. She had a job nine months out of the year in a school system, but during the three months she didn't work, she fell behind on rent and was evicted. She had difficulty obtaining new housing due to poor credit and the high security deposits she encountered. Our Veteran Families Program was able to help Becky find a suitable apartment for herself and her son in about six weeks. Financial assistance from our program assisted with her application fee/rental checks, rental assistance, security deposit and staff negotiated with the landlord to help secure a permanent housing solution. Staff also helped Becky find a part-time summer job to provide income during the summer months. Her case manager enrolled her in financial literacy training so she could learn to budget her money. Becky was so very happy to have a home for herself and her son that she sent a picture holding the keys to her new apartment. She and son now have a stable home and are doing well.

Q17 Please relate a success story here:

Respondent skipped this question

Page 5: Organizational Information

Q18 Which category best describes the organization. Please choose only one.

Basic Needs Support

Q19 What is the organization's primary program area of interest?

Health & Human Services

Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%

African American	37
Asian/Pacific Islander	3
Caucasian	36
Native American	2
Hispanic Latino	19
All Ethnicities	3

Q21 Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	7
Children ages 06-12 years of age	8
Youth ages 13-18	5
Young Adults (18-24)	7
Adults	63
Senior Citizens	10

Q22 Approximate percentage of clients served with disabilities from grant funds.

No clients served with disabilities	37
Physically Disabled	39
Mentally/Emotionally Disabled	32
Learning Disabled	9
Other Disability	17

S.L. Gimbel Foundation Fund

Q23 Approximate percentage of clients served in each economic group.	At/Below Poverty Level	82
	Homeless/Indigent	75

Q24 Approximate percentage of clients served from grant funds in each population category.	Single Adults	82
	Families	3
	Single Parent Families	15
	Disabled	63
	Ethnic Minority	67
	Abused Women/Children	6
	Homeless/Indigent	75
	Military	100
	Elderly	10
