

# Affordable Living for the Aging

## BONNIE BRAE VILLAGE PROCESS AND OUTCOME EVALUATION



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## EXECUTIVE SUMMARY

The goal of the Social Service Program at Bonnie Brae Village is to provide supportive housing which allows formerly homeless seniors with a mental health diagnosis to maintain the highest degree of independence, mental and physical health, and emotional well-being.

Affordable Living for the Aging (ALA) engaged in a process and outcome evaluation to assess the program's effectiveness, to inform improvements, and to build capacity for program replication. Key findings emerged around: access to staff, quality of life outcomes, and data collection procedures.

Overall, tenants reported they felt comfortable, safe, and satisfied with their surroundings. The majority (61%) of tenants would like to have contact with a social worker once a month with 27% asking for greater frequency and 12% saying none at all. From year one to year two, social workers were able to increase the amount of services they provided tenants.

Quality of life measures indicated a slight improvement or stability in self-reported health. Forty-three percent of tenants reported having the same health after one year, 27% felt their health had improved, and 30% reported a decline. The number of days that poor physical and mental health kept tenants from doing usual activities decreased over time.

The evaluation revealed inconsistencies with data collection in part because of lengthy intake assessments and screening tools that undermined staff efforts to engage residents. The report discusses strategies for minimizing inconsistencies and incentivizing tenant participation.

The final section of the report discusses ideas for improving data collection, staff & tenant relations, tenant engagement, and partnerships.

Tenants at Bonnie Brae Village mirror research findings about the characteristics of the aging homeless population. Homeless older adults have co-occurring disorders and health conditions that require a level of service similar to that of a much older frailer population.

ALA is fortunate to have resources allocated for serving homeless older adults in permanent supportive housing. The level of resources and staffing at Bonnie Brae Village should be made available for the benefit of the broader at-risk senior population – thousands of whom are aging in multifamily housing that lacks adequate onsite services.

## INTRODUCTION

Affordable Living for the Aging is a nonprofit organization providing housing and services for an aging population. ALA offers home-sharing for seniors in need of companionship and shared living residents for those who need affordable housing and are open to living in a communal environment. For more at-risk or formerly homeless seniors, ALA provides permanent supportive housing with onsite services.

Bonnie Brae Village (BBV) is the first project in Los Angeles County developed specifically for homeless older adults. The project was informed by Shelter Partnership's Homeless Older Adult Strategic Plan released in 2008. The project receives rent subsidy through the Housing Authority of the City of Los Angeles's project-based Section 8 Program. All tenants pay only 30% of their income toward rent.

Since its opening in October 2010, 67 formerly homeless seniors have been served. This evaluation represents information on 49 seniors for whom there was data available from a baseline and follow-up assessment.

The majority of funding is provided by the Los Angeles County Department of Mental Health's Housing Trust Fund, a program created with funding from the Mental Health Services Act (MHSA). The average annual cost of providing onsite services is approximately \$173,000.

### Annual Social Service Budget for Bonnie Brae Village

Description	Expense	FTE	Funding Source
Service Coordination & Resident Activities	\$ 24,534	0.5	Building Cash Flow
Personnel and Benefits	\$ 141,130	2.5	MHSA Housing Trust Fund (HTF)
Supplies for Resident Activities	\$ 3,600		MHSA HTF
Equipment	\$ 3,500		MHSA HTF
<b>TOTAL</b>	<b>\$ 172,764</b>		

Bonnie Brae Village is a mixed-population community housing low-income seniors together with formerly homeless seniors. The homeless senior population experiences chronic health conditions, substance abuse issues, and severe mental illness at much higher rates than the non-formerly homeless tenant population.

Homeless seniors experience greater challenges accessing housing as a result of untreated mental health or substance abuse issues, criminal histories, limited support networks, and lack of appropriate medical care.

The majority of low-income senior tenants (non-MHSA) are Korean American while 59% of the formerly homeless tenants are African American, 22% are Caucasian, 15% are Hispanic and 4% are Filipino. Of the formerly homeless tenants (MHSA), 57% are female and 43% are male. The average age of MHSA tenants is 69 years old with individuals having experienced an average of 32 months of homelessness prior to moving into BBV. Several residents have a history of homelessness greater than 10 years.

Among MHSA tenants, the most prevalent mental health diagnoses are major depressive disorder, bi-polar, and schizophrenia-paranoid type. Common chronic health conditions include alcohol abuse, hypertension and arthritis.

The goals of the BBV Social Service Program are to:

- Provide supportive housing, which allows formerly homeless seniors with a mental health diagnosis to focus on maintaining the highest degree of independence, mental and physical health, community integration and emotional well-being.
- Ensure the seamless provision of mental health services by providing an on-site full-time licensed clinical social worker who provides intensive case management support and supervises other onsite social workers.
- Provide case management services that contribute to more cost-effective and appropriate service utilization among tenants than would be possible without permanent supportive housing.

A process and outcome evaluation was conducted utilizing data from the first two years of the program in order to assess its effectiveness, to provide opportunities for quality improvement, and to enable ALA to leverage results for future funding and replication of the BBV program model. The following questions guided this evaluation process:

1. What services does the Bonnie Brae Village Program provide to homeless seniors and are they satisfied with these services?
2. How is the program being implemented?
3. How effective is the program in assisting homeless seniors to maintain the highest level of independence and stability?
4. What is the cost of providing services to homeless seniors with mental health diagnoses using ALA's program, compared with usual care?
5. Is the level of staffing at Bonnie Brae adequate to deliver an effective program?

## EVALUATION METHODS

To evaluate the BBV program, evaluators analyzed different sources of information including the following:

- **Satisfaction Survey:** Tenants complete the survey on paper and staff enter the data into Survey Monkey, an online survey tool. The survey is six pages in length, administered annually, and tenants are provided a \$5 gift card as an incentive for completion (See Appendix A).
- **Bio-psychosocial Assessment:** A comprehensive assessment is administered by a licensed clinical social worker or a social worker with a master's degree in social work at intake and again at 12-months.
- **Progress Notes:** Detailed case management notes maintained by the case manager on each tenant.
- **Focus Groups:** Two focus groups were conducted, the first (n=13) with BBV tenants who receive intensive case management services (MHSA tenants), and second (n=9) with low-income seniors who live at Bonnie Brae Village (Non-MHSA tenants) utilizing a Korean translator (See Appendix B and Appendix C).
- **Staff Interviews:** Face-to-face interviews with four key BBV social service staff members (See Appendix D).

## SOCIAL SERVICES

The permanent supportive housing model requires that each tenant have a separate lease agreement with no limits on length of tenancy. Additionally, participation in services must be voluntary and cannot be a condition of the tenancy.

On average, 88% of formerly homeless seniors at BBV engaged with services on-site or off-site. Progress notes in tenants' files documented staff efforts to establish relationships with the most service-resistant tenants.

Every month, social workers tracked whether or not tenants received certain types of case management on-site, off-site, or both. As the length of time each tenant has received services differs, data was analyzed by determining the percentage of times each tenant was able to receive those services. For example, if a tenant had lived at BBV for 13 months, they had 13 opportunities to receive services. If they were tracked as receiving case management 9 out of 13 months, they would have received services 69% of the time.

TABLE 1. AVERAGE PERCENTAGE OF TIME SERVICES RECEIVED

SERVICES RECEIVED	Year 1	Year 2
Case Management	84%	94%
Psychiatric Medication Support	38%	54%
Mental Health Therapy	64%	64%
Substance Abuse Treatment	13%	14%
Physical Healthcare	87%	88%
Employment/Vocational/Educational/ Volunteer Services	24%	29%
Life Skills Training	31%	29%
Self Help/Peer/Caregiver Support Groups	22%	26%
Recreational/Social Activities	87%	85%
Supportive Service Coordination/ Linkage	86%	87%

For all tenants, the average percentage of time they received each service was calculated for their Year 1 and Year 2 assessments (see Table 1). In eight of 10 services, the average percentage of services increased or stayed the same for all tenants, with two services seeing a slight decrease ranging from 1-2%. In general, Case Management, Recreational/Social Activities and Physical Healthcare were provided much more often than other services.

In addition, all tenants who received 100% of services (i.e., a tenant with 13 month residency was offered a service once a month) based on the length of their residency were analyzed to compare increases in services between Year 1 and Year 2. There were dramatic increases in the average percentage of services received by tenants who were served 100% of the time (see Figures 1 and 2).

For Case Management, there were approximately 34% of tenants who received services every month of their residency in Year 1, compared to 74% of tenants in Year 2. This means that Case Management services offered to tenants each month of their residency doubled in frequency as the program progressed. Similarly, Physical Healthcare also almost doubled in frequency, with 40% in Year 1 and 74% in Year 2.

Two service areas, Psychiatric Medication Support and Mental Health Therapy, were low in frequency at Year 1, but by Year 2, both had increased dramatically, 3% to 34% and 18% to 37%, respectively, suggesting that by Year 2, social workers were now trusted by tenants and they were able to provide 100% service more often to tenants in need of those program components.

FIGURE 1. TENANTS WHO RECEIVED 100% OF SERVICES

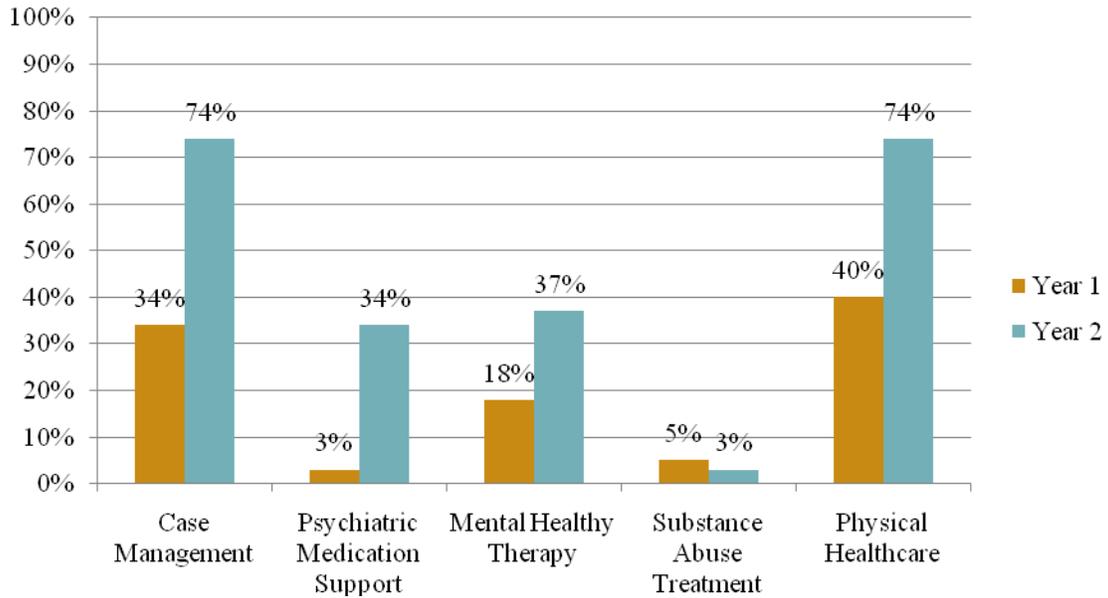
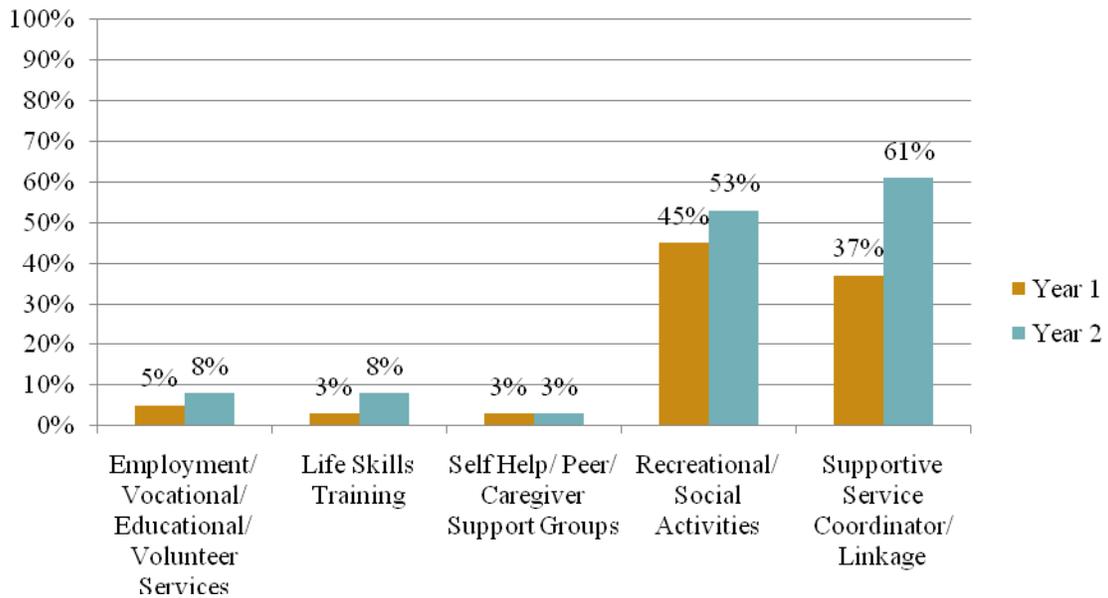


FIGURE 2. TENANTS WHO RECEIVED 100% OF SERVICES



# TENANT STABILITY

## HOUSING RETENTION

Permanent housing provides individuals with the basic foundation for achieving the highest degree of independence, community integration, and emotional well-being. Tenants’ success maintaining housing is one indicator of how well the housing and service program meets their needs. The monthly supportive service reports capture tenants’ move-in and exit dates.

Eleven MHSA tenants have exited the program since 2010. The number of exits does not include tenant deaths. Three MHSA tenants passed away in 2011 and two passed away in 2013.

Two tenants were unable to stay in housing for six months. One individual committed a felony offsite and was incarcerated. The other individual required a higher level of care and relocated to a skilled nursing facility.

In 2011, thirty-five (94.5%) of the thirty-seven remaining MHSA tenants were still housed after the first year. According to Home for Good’s Standards of Excellence, at least 85% of tenants should retain housing after one year.

	2011	2012	2013
<b>Exits</b>	2	6	3
<b>Length of Tenancy Upon Exit</b>			
< 6 months	100%	-	-
< 12 months	-	-	-
≥ 12 months	-	100%	-
≥ 24 months	-	-	100%

<b>Reason for Exiting</b>	<b>(n=11)</b>
Choice	45%
Higher Level of Care	27%
Abandoned Unit	9%
Incarceration	9%
30-day Notice <sup>1</sup>	9%
<sup>1</sup> Due to violent behavior	

Forty-five percent of tenants who exited the BBV program made the choice to move to other housing. The average length of tenancy among these tenants was 23 months. Staff confirmed that three (60%) of these five individuals relocated to another stable housing arrangement.

## TENANT HEALTH: PHYSICAL AND EMOTIONAL

Assessments were conducted by BBV social workers for MHSA tenants at their initial intake session and again one year later. Data for 37 tenants with both assessments were analyzed to determine any changes in Quality of Life, Functional Status, Mobility/Functional Impairment, Risk Assessment, Mental Health, and Substance Abuse/Gambling History. All data were self-reported by the tenants at each time point.

### QUALITY OF LIFE

Tenants were asked to rate their general health as Excellent, Very Good, Good, Fair, Poor, or Not Sure at both assessment periods. In the course of a year, 43% of tenants reported having the same health, 27% felt their health had improved, and 30% expressed their health had declined since intake.

Table 2 shows the average number of days reported for other Quality of Life items important to well-being at intake and one year later (Year 1). Although none of the changes were statistically significant, the days of poor physical and mental health and if those ailments kept them from doing usual activities all decreased. Based on self-reported data, the two items related to health care, including PCP visits and hospitalizations increased slightly, however, these could be related to tenants actually receiving more focused care from social workers, thereby getting care they may not have had access to previously. In addition, unscheduled ER trips increased in frequency, with tenants self-reporting approximately one additional visit in their year of residency.

TABLE 2. QUALITY OF LIFE

QOL ITEM	Intake (Average)	Year 1 (Average)
Number of days physical health was not good	16.1	13.6
Number of days mental health was not good	12.0	8.8
Number of days physical or mental health kept you from doing usual activities	23.0	7.8
Visits to PCP	9.0	9.9
Unscheduled ER trips in past 12 months	2.7	3.6
Hospitalizations in past 12 months	1.6	2.3

When asked about improvements in their quality of life in a focus group, MHSA tenants were overwhelmingly positive, with one saying, *“I think it’s definitely made things easier to manage. You’re able to balance things out more.”*, and a second echoing the positive support, saying, *“It’s good to have certain people to think about you and be concerned about you. I realize I can’t keep up with everybody, but socially, and at Bonnie Brae, the apartment itself, has improved my life and my family life”*.

## FUNCTIONAL STATUS

The assessment form has seven items under Functional Status that include a tenants’ overall mobility level, including walking and wheeling, and basic living skills such as eating/feeding, bathing, dressing, and toileting. Any item that was not marked indicates independence in that area of functionality. In comparing intake to Year 1 results, the average number of items marked increased from 4.3 to 4.4, indicating that tenants had a slight decrease in functional status.

Mobility and Functional Impairments were broken out by type of Impairment, Aids, ADL’s and IADL’s. In all three of these areas, there were very slight increases, suggesting that due to the nature of an aging population as well as having a year to identify any previously undiagnosed needs, the tenants have more impairments than at intake (see Table 3).

TABLE 3. MOBILITY / FUNCTIONAL IMPAIRMENT

Mobility / Functional Impairment	Intake (Mean)	Year 1 (Mean)
Functional Status Overall	4.33	4.40
Impairments (speech, hearing, etc.)	0.63	1.05
Aids (wheelchair, walker, etc.)	1.13	1.53
ADL’s (continence, bathing, etc.)	0.03	0.13
IADL’s (housekeeping, laundry, etc.)	0.28	1.43

## FALL RISK

At both intake and Year 1 assessments, social workers conduct a Fall Risk Evaluation to determine the likelihood of a tenant suffering falls and which preventative measures should be included in their care plans. A series of items are reviewed with the tenant, and each item selected corresponds to a certain number of points, such as 15 points or 5 points. Out of a total possible 90 points, a score greater than 15 points indicates the tenant is at risk for falls. For the MHSA tenants, the average number of points at intake was 22 points, and slightly increased at Year 1 to 23 points, which was not statistically significant.

## DEPRESSION

The tenant assessment includes the item, “Have you ever struggled with feeling depressed or anxious?” At intake, 17 tenants said “Yes” to this item, however, by the end of Year 1, one of those original 17 tenants changed their response to “No”.

Five tenants said “No” at intake, indicating they have never felt depressed or anxious, yet at the Year 1 assessment, three had changed their response and said “Yes” they had these feelings. Overall, the overwhelming majority of tenants have felt depressed or anxious and social workers should spend time addressing these issues as they arise.

In the focus group with the MHSA tenants, one tenant shared his experience with depression and how staff has helped him cope with it, and a second told the story of his wife becoming very ill and how supportive staff was to them both while she struggled to fight her health issues. Both expressed gratitude to the staff for being available to them during these times.

## TENANT SATISFACTION

Tenant satisfaction among formerly homeless MHSA tenants has been tracked at BBV since its first full year of occupancy in 2011. For 2013, BBV created a target response rate and satisfaction goals for a select number of items on the survey (see Table 4). For the 2013 administration, the Tenant Satisfaction Survey was completed by 36 (90%) MHSA and 32 Non-MHSA residents of Bonnie Brae Village, which exceeded the response rate goal.

Nearly all MSHA residents (97%) indicated they understood the different functions of the property management and social services staff, again exceeding the goal set for 2013. Most of the other select items had results consistent with those in the previous administration, which were relatively high to begin with; however, they did not meet the goals for 2013. Only one item, “Overall, I am happy with the contact I have with social services staff” dropped in satisfaction from 95% in 2012 to 85% in 2013.

TABLE 4. TRACKING MHSA TENANT SATISFACTION

	SURVEY RESULTS				
	2011	2012	2013 RESULTS	2013 GOALS	2013 GOAL MET?
Response Rate	75% (30 of 40)	61% (23 of 38)	90% (36 of 40)	80% (32 of 40)	YES
Understand the different functions of property management staff and social services staff	91%	95%	97%	95%	YES
Overall, I am <b>happy</b> with the contact I have with social services staff	80-84%	95%	85%	95%	NO
I <b>trust</b> my social worker to protect my private information	90%	85%	84%	90%	NO
I feel <b>comfortable</b> approaching social service staff with complaints	87%	82%	81%	90%	NO
I feel social services staff will <b>support</b> me if I am having problems with property management	87%	72%	69%	90%	NO

The majority of MHSA residents indicated they lived alone (86%), with only 2 (6%) reporting living with a significant other and 3 (8%) with a live-in aide. The Non-MHSA residents were evenly split, with 50% living by themselves, and the other 50% living with significant others.

Overall, 78% of MHSA residents and 100% of Non-MHSA residents were satisfied with the help the staff has provided. Table 5 depicts the satisfaction for both types of tenants in regards to their contact with social workers.

TABLE 5. SATISFACTION WITH CONTACT WITH SOCIAL WORKERS

SURVEY ITEM	Very Satisfied / Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied / Very Dissatisfied	
	MHSA	Non-MHSA	MHSA	Non-MHSA	MHSA	Non-MHSA
My ability to get in contact with a social worker	83%	97%	8%	3%	8%	--
The time it took for staff to respond	81%	100%	6%	--	14%	--
The help staff has provided	78%	100%	8%	--	14%	--
How well staff dealt with my question or request	77%	100%	9%	--	14%	--

Note: 2013 administration; MHSA n=36, Non-MHSA n=32

The majority of MHSA residents indicated they would like to have contact with a social worker once per month (61%), with 27% asking for greater frequency, and 12% saying they would never like to have contact. In the focus group, a few MHSA tenants indicated they often felt social workers doors were closed to them, with one tenant saying, “*There is one negative, sometimes there are many closed doors down there and you don’t know who is in and who is out.*” Tenants suggested there be an in/out notice board in the lobby for them to determine whether staff was available for assistance.

Approximately 94% of Non-MHSA residents indicated they accessed social services at BBV, with nearly 97% agreeing that overall, they are happy with the information they received from the social services staff over the past year.

In Table 6, additional item-level results are displayed. Four items had satisfaction rates (Strongly Agree and Agree) of 80% or above. The item with the largest percentage of disagreement was “I can contact my social worker or someone else who works at BBV whenever I need help”, with 17% of MHSA residents and 13% of Non-MHSA residents indicating they had issues with this aspect of the program.

TABLE 6. SATISFACTION SURVEY RESULTS

SURVEY ITEM	Strongly Agree / Agree		Neither Agree Nor Disagree		Disagree / Strongly Disagree	
	MHSA	Non-MHSA	MHSA	Non-MHSA	MHSA	Non-MHSA
I have a social worker who is helpful	89%		6%		6%	
I can contact my social worker or someone else who works at BBV whenever I need help	81%	66%	3%	22%	17%	13%
My social worker will check in with me if she has not seen me for awhile	72%		19%		8%	
My social worker helps me to find the services I need to stay healthy	75%	88%	11%	9%	14%	3%

Note: 2013 administration; MHSA n=36, Non-MHSA n=32

TABLE 6. SATISFACTION SURVEY RESULTS CONTINUED

SURVEY ITEM	Strongly Agree / Agree		Neither Agree Nor Disagree	
	MHSA	Non-MHSA	MHSA	Non-MHSA
My social worker helps me to find the services I need to stay in housing*	80%	84%	15%	13%
It is my decision whether to see a doctor, social worker, or take medication**	89%		--	

Note: 2013 administration; \*MHSA n=34, \*\*MHSA n=35, Non-MHSA n=32

## SUGGESTIONS FOR IMPROVEMENT OF SOCIAL SERVICES

When prompted to provide suggestions for ways BBV can improve social services, MHSA tenants responded with the comments below:

- *To make sure they follow through until things are completed.*
- *We are adults, kindly treat us as such with activities geared toward adults, not preschoolers. While there are some tenants who need hand holding, many need more grown up contact and respect. \*Cooking class needs to teach us how to make healthy, low cost meals, not just feed us lunch.*
- *Social Workers are not always on premises and tenants are not advised.*
- *It might be helpful if a social worker would call me once a month or leave off a form for potentially requesting services.*
- *Maybe they could hold a little class to kind of talk about resources or post a list.*

The Non-MHSA tenant suggestions for improvement of social services were minimal, with one tenant suggesting BBV “has a staff person work on Sundays (like Nancy works on Saturdays)”. Six tenants mentioned prohibiting dogs and three asked that there be no smoking outside the building or that it be further away.

Finally, three tenants mentioned wanting CCTV installed and that security was a concern. The sentiment of security was echoed numerous times in the Non-MHSA tenant focus group, with one tenant saying, “Security is definitely the number one concern here. We amongst us Koreans, we all know each other and stuff, but sometimes non-Korean tenant, we don’t know if they’re tenants or not.”

In addition to the suggestions above, a few residents had positive feedback for the social services staff:

- *Not at this time. I believe they are doing a well-rounded [job] in the social service dept. They come up with new things to help the tenants (BBV). I can say the staff and SS personally have helped improve my life and I am very pleased.*
- *Everything is already great. Thank you, Thank you, BBV, I have never felt so comfortable in all my life. As I start my 4th year, it has been a pleasure living here. Special thanks goes out to Nathaniel (always has listening ears, if its laughter or tears he listens, that means the world to a loner like myself.) Thank you all for putting up w/ me.*

All residents in both focus groups also agreed that staff were very helpful, with comments including:

- *When I moved in, they were extremely supportive, because I came in here blind, not knowing what to do on certain issues regarding rental, electric and all that stuff. So that was extremely supportive.*
- *It's security and a place where I can get help with some of my problems.*
- *I've lived here for three years and this is the best senior apartment! So I'm very comfortable here.*
- *Whenever we have a problem, whenever we report it to staff, it gets taken care of right away.*

## ACTIVITIES AND PROGRAMS

The 2013 Tenant Satisfaction Survey asked numerous items regarding tenant feelings on activities and programs. Overall, MHSA tenants were satisfied with the written information provided on activities and events at BBV (86%) and community services (78%) (see Table 7), but were less satisfied about the activities and programs meeting their needs (71%) or being numerous enough (72%) (see Table 8). Finally, both MHSA and Non-MHSA tenants were asked which types of activities they would like to see more of at BBV. Table 9 shows the activities ranked by the percentage of tenants who selected the item. The top three items for both MHSA and Non-MHSA tenants included Informational, Educational, and Social/Recreational activities.

TABLE 7. SATISFACTION WITH ACTIVITIES AND PROGRAMS

SURVEY ITEM	Very Satisfied / Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied / Very Dissatisfied	
	MHSA	Non-MHSA	MHSA	Non-MHSA	MHSA	Non-MHSA
Announcements about programs, activities, and special events at BBV	86%	91%	14%	9%	--	--
Programs and services offered in the community	78%	91%	8%	9%	14%	--

Note: 2013 administration; MHSA n=36, Non-MHSA n=32

TABLE 8. SATISFACTION WITH ACTIVITIES AND PROGRAMS

SURVEY ITEM	Strongly Agree / Agree		Neither Agree nor Disagree		Disagree / Strongly Disagree	
	MHSA	Non-MHSA	MHSA	Non-MHSA	MHSA	Non-MHSA
The activities and programs meet my needs	71%	89%	20%	11%	9%	--
There are enough activities and programs for me	72%	82%	17%	18%	12%	--

TABLE 9. ADDITIONAL ACTIVITIES

ACTIVITY	Ranked by Frequency of Responses (1=greatest, 5=fewest)	
	MHSA	Non-MHSA
Informational	3	1
Educational	1	3
Athletic	4	4
Creative	2	5
Social / Recreational	2	2
Cultural	3	3

Tenants were asked to provide suggestions on the types of activities or programs they would like to see offered at BBV. The majority of suggestions from both types of residents were for athletic and creative activities, including five requests for yoga classes, and five suggestions for various types of crafting activities such as “colored glass in lead frames” and “art studio type classes with an instructor who can help to improve our projects and skills to create displayable or maybe even saleable art”. Educational activities such as Spanish classes also came from both groups, and one MHSA resident suggested a class to learn Korean. Non-activity related suggestions included installing a bike rack, “*anything not senior-related*”, and starting a movie club with help from the seniors with film industry backgrounds.

The Non-MHSA residents utilized this anonymous survey to request that additional security be put in place, asking for a security guard and CCTV on the premises. In addition, two Non-MHSA residents requested there be no dogs permitted at BBV. One tenant mentioned a new activity could be a “*makeover and fashion show*” for tenants.

## STAFF INTERVIEWS

Vital Research conducted one-on-one interviews with four key staff members at BBV to evaluate both the process and outcomes of their work with both MHSA and Non-MHSA tenants. The staff interviews were conducted with the Clinical Specialist, Mental Health Case Manager, part-time Service Coordinator, and ALA’s Director of Programs.

According to the four staff members, all feel BBV is adequately staffed to serve the number of tenants, and each expressed pride in their work and satisfaction with the way the program has developed.

Staff members were asked a variety of questions, including their sense of the goals of the program and how they would measure success for the tenants. Comments on the program goals and how to measure success are below.

### Goals of the BBV Program:

- *“Housing retention. That’s all part of it, but I think the very end goal is we don’t want them going back onto the streets. So what do we have to do to intervene and wrap services around them to keep them stabilized when they’re symptomatic? Re-stabilize them, connect into the services that they need so that their basic needs are being met.”*
- *“To me, it’s to reduce the hospitalizations, incarcerations, and their episodes of homelessness. By them having access to supportive services, we’re able to reduce crises. If we can keep one resident out of the emergency rooms in a year, we save the taxpayers money.”*
- *“Maintaining housing for those residents. But like I said, at the same time, as coupled with the expectation of maintaining housing, also really addressing the needs of the residents that are housed. I think they kind of go hand-in-hand.”*
- *“Maintaining housing with some basic level of health and wellbeing. And that the person feels like they have choice to do what they’d like to do and opportunity to engage in ways that they’d like to engage, but they’re supported at the basic level that they have a safe place every day, every night. And that they’re given the services that they need to make sure that they can stay on top of paying their rent, their other bills, but that they’re not just kind of withering away there, that there’s also someone checking in on them to see what else they could be working on in terms of their health.”*

### Measuring Success of the BBV program:

- *“I think the thing that makes it a success – I love to see the sense of community that they’ve made. It’s amazing. I mean the tenants really do care about each other and they really do help each other. It’s nice when you’ve seen somebody that’s come in that’s not connected, but once you’ve seen them within a year and they have their therapist, they’re going to their doctors, they are maybe going back to school, they’re volunteering, they’re going to the gym. I mean you can see it. You can feel it when you talk to them. It’s just this level of peace that they have.”*
- *“It’s pretty successful. If we’re able to help one resident, and that resident is not constantly going in and out of the hospitals and getting in trouble and going to jail and then becoming homeless, then our mission and our job is really successful.”*
- *“So I’d say housing retention, rent is paid, they’re able to live on their own. And then once that’s stable, they’re accessing services in a way that they’re really learning how to proactively manage their physical and mental health. And then beyond that, I think it’s successful to see people that appear to be integrating in the community and making some important relationships, either with other*

*tenants or with family members and friends that they hadn't been in contact in a while. Then if they've gotten to the point where they've been able to set any of their own personal goals, that they are achieving those."*

- *"I measure success based on whether or not those services that are needed are given and provided to those residents. That they're pointed in the right direction, if that's what's required. That they are walked through the process, if that's required, in order to access the services that they qualify for or they have an interest in."*

On a personal level, staff were asked about their feelings and satisfaction with their jobs, such as the times they find it most rewarding or most frustrating. Overall, staff indicated they found their jobs more rewarding than not and that the team that exists at BBV is strong and able to work well together to deal with difficult tenants. Some of the most rewarding aspects of the job included seeing the community form, and working directly with seniors and building trust and friendship.

- *"I think the whole sense of community that they have established. It's nice that when we do some of our programming, afterwards you'll see a bunch of them just sitting out there and chatting and hanging out together. So it's nice to watch them taking care of each other."*
- *"I think it's rewarding to be working with people and feel like you're making progress and building trust with them, so that when there is a problem, you feel empowered to address it."*
- *"Just working with the residents. A lot of them don't have family or friends, so just kind of being part of their circle when they gather and they have a smile and they're happy. Or they accomplished something like going on a trip or finishing a class. That's what's rewarding."*
- *"Getting a chance to really service seniors. I think oftentimes they're a population that's overlooked the wealth of knowledge and experience that they bring to the table is often overlooked. And then to layer and couple on top of that the fact that many of them have been homeless and have felt like they didn't matter, like they were invisible to so many people is something else you have to overcome. Really getting a chance to see that and see some of them able to move past that, I think that's very rewarding."*

Although all staff found their roles rewarding, there were a few areas of frustration including time constraints or dealing with low-level issues concerning tenant relationship management:

- *“Sometimes it’s the time restraint...because I’m on-site where the residents live, it also gives them much more access to me. So you have to really have firm boundaries and really prioritize and really let people know in such a diplomatic way that I understand your needs... you have to reinforce and reinforce, and that takes time. But it may take time away from something else that needs to be done. So straddling that fence can at times be frustrating because everybody feels like, well, my situation is imperative right now. Sometimes they don’t understand that and sometimes that can create frustration and bring up old feelings or things that may harm the relationship building process and affect them moving forward in a timely manner for something that may be time sensitive that you’ve been working on.”*
- *“I think that dealing with trivial problems, like disagreements over the television room time. Or when tenants are complaining to you about systematic government problems that you have no control over. You know, it’s hard. Part of it’s just draining when you’re dealing with residents that aren’t taking their meds and you know you’re only dealing with symptoms. But they have no insight into it so they’re demanding some form of correction, and you can’t provide it. So then they escalate it and that can be frustrating.”*

Finally, all staff felt there were adequate resources to get their jobs done, but the following additional resources would be welcomed:

- *“It would be great if we could have access to someone who could drive the van that we have.”*
- *“We’ve been talking about trying to get a volunteer to do specific things, like the cooking class each month.”*
- *“More will always be welcomed. Such as financial resources, whether it’s in-kind gifts that directly benefit residents. For example, one of the things that a lot of residents have difficulty accessing is dental services....”*

## CHALLENGES

When the evaluators began reviewing the data, they found inconsistencies in how staff and tenants had completed the assessments and surveys. In some instances the documents were missing pages or had unanswered questions. ALA staff explained that not all tenants were willing to complete the follow-up assessment, the 22-question Problem Scale or the Short Form Health Survey (SF-36).

As a result, ALA had fewer data points available for analysis. The initial plan described the SF-36 and Problem Scale as data sources for answering the evaluation question: *How effective is the program in assisting homeless seniors to maintain the highest level of physical, mental and emotional health?* Instead, the evaluators were able to analyze only tenants' responses to the questions on functional limitation, mobility and self-reported health included within the baseline and follow-up assessment.

During subsequent discussion with staff, the most commonly reported challenge for consistently collecting data was the length of the assessment and screening tools. Staff advocated for simpler, straight forward instruments that would reduce the burden for staff and tenants.

ALA took these steps to modify its data collection process:

- ALA shortened the initial bio psychosocial assessment from 12 to 8 pages;
- ALA established timelines for engaging tenants with each data tool;
- ALA removed the Problem Scale and SF-36 screening tool from the initial assessment and added three questions to the annual satisfaction survey that ask about tenants' physical and emotional health

In an effort to eliminate inconsistencies in how staff collects data, ALA created a formal policy. The policy includes:

- Explanation on why data collection matters and how it aligns with ALA's goals for the social service program;
- Data collection schedule;
- Additional screening tools;
- Instructions for scheduling an orientation; and
- Instructions for administering the new satisfaction survey

## CONCLUSIONS

In conclusion, the BBV program provides important and necessary services to formerly homeless seniors, including case management, psychiatric support, physical healthcare, and social/recreational activities. Both MHSA and Non-MHSA tenants expressed satisfaction with their social workers, including their contact with them and the help the social workers provide. In focus groups with tenants, participants expressed gratitude and appreciation for both the social workers and the building staff who have made BBV a home for them. The tenants overwhelmingly agreed that they felt comfortable, safe, and pleased with their surroundings.

In implementing the program, social workers were able to provide more services over time, with all tenants seeing an increase in select services during their tenancy. The work of social workers is displayed in the quality of life measures reported by residents, where the number of days of poor physical health and mental health and those ailments keeping them from doing usual activities decreased. Although the number of healthcare visits increased slightly, this could be considered as a positive result of having more focused care from social workers to address health ailments.

Overall, the staff and tenants were extremely positive about the social service program at BBV. The final section of this report discusses strategies for how ALA can use lessons learned to inform program improvements.

## RECOMMENDATIONS

The topics selected for discussion are based on the feedback received as part of the evaluation. While some of the challenges that surfaced during the evaluation are unique to Bonnie Brae Village, many of these recommendations have relevance for the broader supportive housing field.

## DATA COLLECTION

The evaluation of the BBV program helped highlight areas in the data collection process that could be improved to ensure more useful data is collected for future analysis. The original bio-psychosocial assessment form was nearly 12 pages and was cumbersome to both the tenant and the staff. Through this evaluation process, the assessment was refined and shortened to include only the areas of greatest importance.

Additionally, ALA recognized the need to create a formal policy on how and when to collect tenant data so as to minimize inconsistencies.

For ongoing data collection efforts, the following items should be considered:

1. **Measurement** – Determine exactly what items should be measured, whether it is case management services offered, the number of times an activity is offered, etc. Make certain the instruments utilized actually provide the measurement desired.
2. **Burden** – Additional instruments or modified instruments may create undue burden for both staff and tenants. All data collection pieces should be able to maximize the time and effort exerted by both parties.
3. **Tracking Systems and Procedures** – In order to accurately collect and maintain data, staff need to establish a tracking system that can alert staff when to administer assessments and surveys or when to follow-up with tenants. A formal data policy should include written instructions on how to collect and manage information.
4. **Incentives** – Allocate a portion of the annual program budget to pay for a token gift that acknowledges the time it took the tenant to provide his/her responses. At BBV, tenants appreciate the \$5 Subway gift card they receive for completing the annual satisfaction survey.
5. **Value** – Ultimately, the purpose of collecting data is to improve the quality of tenants' lives. As such, all data collected should be assessed to determine its value to the tenants and to their successes in housing retention, health, and well-being. Staff should empower tenants by emphasizing that their responses contribute to how they experience and benefit from the community.

## STAFF & TENANT RELATIONSHIP

Provide an atmosphere that has the structure and transparency needed to nurture positive relationships between staff and tenants. When developing the policies for how staff delivers services, the following items should be considered:

1. **Transparency: Staff Availability** – Establish clear expectations by posting staff schedules so tenants know when staff are available. When staff leave the site for training, a pre-scheduled program or an activity with another tenant, staff should have a ready-made set of door signs they can post to indicate where they are and when they will return.
2. **Transparency: BBV Community Concerns** – Educate staff on how to talk openly, while respecting tenants' privacy rights, about the nature of a mixed population community and tenants' varying levels of need.

Staff should spend time creating educational materials that address topics that are of universal concern to tenants. The tenant focus groups highlighted two primary concerns among non-MHSA tenants: building security and pets. Staff should know the regulations that inform the building's policies on these issues and introduce policies to tenants in verbal and written format.

- Create material that describes the federal regulation that allows pets in senior rental housing.
  - Create material that explains the difference between pets and service animals.
  - Post BBV's official pet policy.
3. **Access** – Provide tenants with access to staff while also giving staff the authority they need to maintain appropriate boundaries. Consider implementing office hours so at least one staff person is available for tenants while another staff member may have his/her door closed. By offering a limited number of open office hours, the program is reinforcing the importance of scheduling appointments when possible – a structure that mimics practices in physician offices and other offices the tenants encounter in their daily life.
  4. **Enforcement** – Enforce these boundaries without damaging the staff-tenant relationship. Think creatively about how to make tenants feel heard even when staff cannot spend one-on-one time with them at the exact moment they want it.

## TENANT ENGAGEMENT

When a new tenant moves into the community it is an important time for beginning to build a relationship, introduce services, and set expectations. The effectiveness of any social service program relies on the social service team's ability to establish strong relationships with tenants. When designing the tenant orientation process, the following items should be considered:

1. **Orientation** – Engage the tenant using a non-clinical framework. Invite them to meet with staff to receive a binder of community resources, an introduction to staff roles, information on who to contact in an emergency, copy of the grievance procedure, and an overview of what services are available onsite. The orientation should occur within one week of the tenant's move-in. Staff should describe any characteristics unique to the community. Staff should talk about the opportunities individuals will have to share their feedback and contribute to the community. These opportunities will vary by property but often include satisfaction surveys, tenant councils or community advisory groups.

2. **Assessment** – Determine whether the building orientation is an appropriate time to conduct the baseline assessment or if it is better to schedule it for a later date. The formal assessment should occur within the first 30 days of the tenant’s occupancy. Without an assessment, it is difficult to know which services the tenant wants or needs.
3. **Personalization** – Consider ways to engage tenants who are service resistant. For example, when sending a meeting request to a tenant who has a pet include coupons for discounted pet food or grooming services.

Events hosted on/offsite help staff establish a relationship with tenants and give tenants an opportunity to meet other members of the community. Promote onsite activities in a way that is meaningful to the individual. Send personal invitations to a tenant if there is an upcoming event that is aligned with that person’s interests.

## STRATEGIC PARTNERS

The evaluation gave staff the opportunity to talk about what resources they need to improve the quality of services they provide for this population. Staff talked about recruiting volunteers for labor-intensive monthly activities. Staff also identified system-level gaps that make it difficult for tenants to access certain services.

1. **Volunteers** – Identify components of the social service program well-suited for volunteers. Consider recruiting long-term volunteers to implement reoccurring activities such as monthly cooking classes. This gives staff the flexibility to focus their clinical skills on tenant-level interventions without sacrificing an activity that is popular among tenants.
2. **High Demand Services** – Identify the most requested services that are hardest for tenants to access. Dedicate staff time to building relationships that will enhance tenants’ access to these services. If the identified service is dental care, reach out to community clinics, educational institutions, and other potential partners.

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## CONTACT INFORMATION

For additional information or to request a copy of ALA's annual tenant satisfaction survey and other tools, please contact Rachel Caraviello at [rachel@alaseniorliving.org](mailto:rachel@alaseniorliving.org) .



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