

Case Study

ASSET-MAPPING IN LOS ANGELES COUNTY

Better understanding the services available to homeless jobseekers to achieve more connected and coordinated systems

Introduction

People experiencing homelessness often face challenges connecting to the employment supports they want and need. In order for communities to ensure that jobseekers who are experiencing homelessness are connected to appropriate, effective services when they need them, it is important to have a comprehensive understanding of the environment of available services, the systems and agencies that deliver them, and how individuals connect to those services. **Asset mapping** is a process by which communities can develop this understanding, and gain the foundational knowledge needed to improve referral pathways and ensure people receive the services they need.

Asset-mapping involves gathering information about available resources in a geographic area and processing and presenting the information in order to shape decisions and plans for improving access to services. Asset-mapping can help communities identify potential gaps in employment services, underutilized services, and untapped partnership opportunities in order to improve referral processes and pathways.

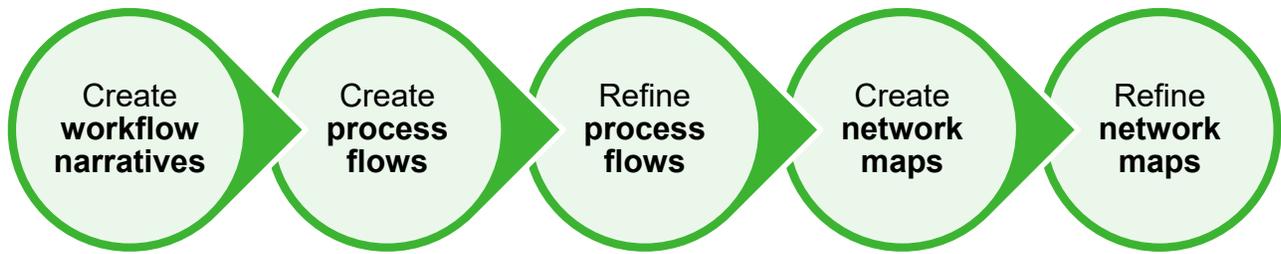
This resource outlines the steps of L.A. County's asset-mapping process for two cluster communities in the county: South Los Angeles and the San Gabriel Valley. We hope that this resource will provide communities with one example of potential steps and resources to consider as they develop their own process.

Background

In 2019, Los Angeles County convened the Employment & Homelessness Taskforce (EHT) to advance strategies designed to better connect people experiencing homelessness to employment and earned income. The EHT consisted of high-level representatives of county-wide public social service systems, the County Board of Supervisors CEO, and the leadership of the L.A. County Homeless Initiative. Using the plan described below, the EHT undertook a process to understand the county's existing referral network, identify gaps and opportunities, and propose improvements. The EHT invited Corporation for Supportive Housing (CSH) and [Heartland Alliance's National Center on Employment and Homelessness](#) to implement the plan. An essential part of this work involved creating maps of existing referral networks among public systems – or asset-mapping.

December 2020

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Asset-Mapping Process in Los Angeles County

Collect information from homeless services and employment services provider organizations in the community and create a workflow narrative for each one.

To begin, CSH and the EHT needed thorough information about how homeless jobseekers move through public social service systems including homeless services, social services, workforce services, public benefits, and adult education/community college.

Members of the EHT developed a template (see [Appendix A](#)) of six overarching questions for service provider organizations to answer as a means of explaining how participants move through their programs, from the first point of contact to program exit, including referrals. Providers in each cluster community were asked to answer these six questions for each population they served (for example, if a provider served both individuals and families, they would complete one set of questions for individuals and another for families). CSH and the EHT also conducted follow-up interviews with providers, which clarified any seeming contradictions in the responses and added detail to the description of each provider's referral process and the services they offer. Together, the responses to these questions and insights gained from the interviews form a **workflow narrative** for each provider organization. Following the interviews, the workflow narratives were shared with providers so they could verify accuracy and completeness, and adjustments were made as necessary.

Create process flows based on information gathered via workflow narratives.

Using the information gathered in the workflow narratives, a data scientist from the Analytics Center of Excellence at the Los Angeles County Chief Information Office diagrammed the workflows and referral processes for each program in the form of a **process flow** (see Figure 1). The process flows visually represent the processes that participants go through in the programs, from intake to exit, as well as referral sources and destinations for participants as they seek to connect with the supports and services they need. The process flows were shared with providers so they could verify accuracy and completeness, and corrections were made as necessary.

The process flows help to identify any points where processes could be streamlined or improved, such as opportunities for referrals to be made more efficiently or earlier in an engagement with a participant,

for providers to offer a wider range of services or referrals, or for service provider organizations to collaborate more closely.

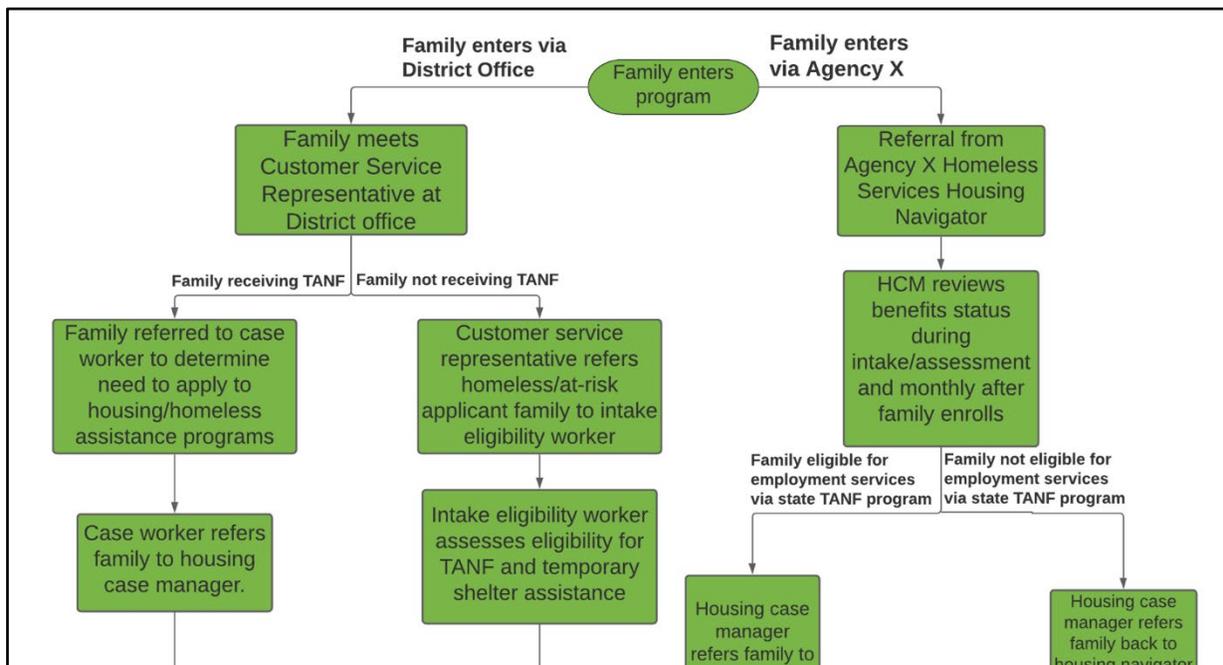


Figure 1: A recreation of a portion of one provider’s process flow, created using information gained from providers’ workflow narratives. The data scientist used an open-source flowchart diagramming software similar to Visio, called PlantUML, to create process flows for the L.A. County cluster communities.

Convene community stakeholders to present, refine, and improve process flows.

Each cluster community convened a stakeholder meeting including staff from all levels (line staff, management, and leadership) from homeless services and employment services providers, leadership from the county and city, and staff from other public systems such as public health and mental health. During the meeting, the data scientist described how she used the workflow narrative templates and follow-up interviews to create process flows. Using enlarged images of the process flows posted on the walls of the meeting room, the data scientist asked stakeholders to validate the process flows by identifying and indicating any referral relationships that were missing or incorrect (see Figure 2). Stakeholders then identified ways to improve current processes by adding sticky notes noting new connections that should be made (e.g. connections to educational agencies for jobseekers who are interested in education) and processes that could be simplified or improved (e.g. adding screening for certain needs such as substance use disorder treatment or housing needs). Using input from community stakeholders gathered at this convening, the data scientist updated and corrected the process flows, including the potential ways to improve the flows, and sent them to providers for final validation.

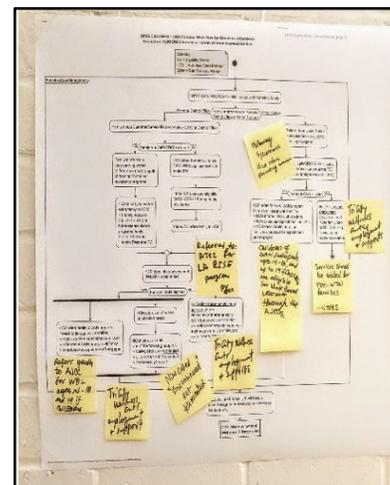


Figure 2: Stakeholders provided feedback by adding sticky notes to the process flows.

Produce network maps that show the current referral network landscape, and explore hypothetical models that would simplify the referral network and streamline referrals.

In preparation for the second stakeholder convening, the data scientist used open-source network analysis and data visualization software, Gephi, to visually “map” the existing relationships between providers that completed workflow narrative templates in each cluster community (see Figure 3). The data scientist drew a line between any two service providers that interact via a referral process and added arrows to the lines to indicate the direction in which referrals can be made. The referral network map for each cluster community shows the complexity of the referral landscape and the many steps a jobseeker with service needs often must navigate to connect to the appropriate provider. Particularly for homeless jobseekers, this complexity in navigating the referral process and attempting to get to the right provider can result in poor outcomes.

The data scientist then created hypothetical referral network models in Gephi showing a “point-to-point” model and a “hub-and-spokes” model (see Figure 4). These visuals make it clear that the point-to-point model, which the existing networks in each cluster community resemble, is more likely to be challenging and time-consuming for homeless jobseekers to navigate because it requires transferring among several organizations to get to the appropriate provider. In contrast, a hub-and-spokes model offers a more streamlined approach in which every provider refers to a central organization, or hub, that connects all providers in the network.

Lastly, she created a **roster of providers** within each community’s referral network (see [Appendix B](#)), which included a summary of the services each provider offered and the population(s) they served.

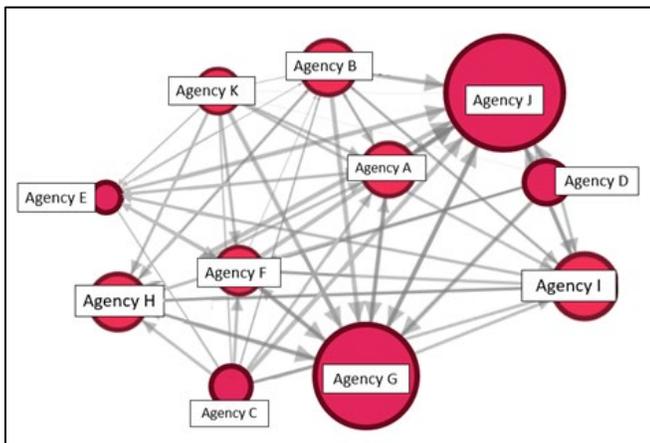


Figure 3: Network map of existing referral network in the San Gabriel Valley cluster community, showing the complex web of referrals jobseekers seeking services have to navigate.

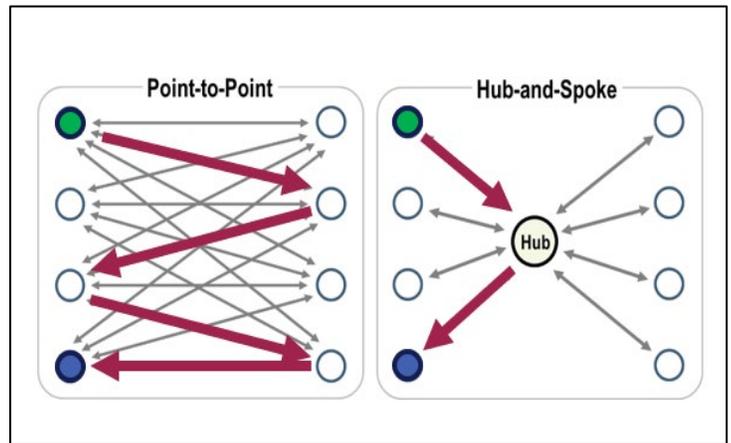


Figure 4: The data scientist illustrated a point-to-point model and a hub-and-spokes model for stakeholders to compare and discuss. Each model shows the referral path jobseekers might take as they move from entering the network (green dot in top left) to connecting with the appropriate provider (blue dot in bottom left).

Convene stakeholders to present network maps and discuss potential referral network models that may simplify the referral process, and make recommendations.

At the second stakeholder convening in each cluster community, the data scientist began by displaying the completed network map for that community. Stakeholders could see the full complexity of their referral landscape and the many steps jobseekers often must navigate in order to receive the services they are seeking. Stakeholders shared their own experiences and insights about helping jobseekers navigate this network.

The data scientist then facilitated a discussion comparing and contrasting the hypothetical referral network models, displaying the images for each (see Figure 4). Stakeholders in attendance at this second convening were able to see how homeless jobseekers could be better served by a hub-and-spokes model than by the existing point-to-point model. The first step toward adopting a hub-and-spokes model is collectively designating a provider organization to serve as the hub. The data scientist offered the following options to consider in selecting a hub provider:

- Designate a hub organization that currently makes and/or receives the highest number of referrals, thus minimizing the number of new referral relationships/connections to create.
- Designate a hub organization that offers the largest range of services, thus increasing the likelihood that participants could receive services they want and need via the hub organization.

Additional options to consider included hiring a “super-navigator” staff person located at the hub organization that would coordinate referrals across the network and/or creating a hub by co-locating services from multiple service providers together at one provider location.

Stakeholders then broke out into smaller groups to discuss what it would look like to move to a hub-and-spokes model, what form the hub should take, and which provider might be a suitable hub. To aid the discussion, stakeholders received a **roster of providers** (see [Appendix B](#)) that listed relevant information about the services that each provider organization offered. By the end of the convening, the group had generated several options for how they might implement a hub and spokes model in their community.

Conclusion

With the network maps complete, L.A. County’s EHT has the necessary information to design and implement referral networks that are more coordinated and effective, moving them closer to their goal of ensuring that every homeless jobseeker receives the employment supports they want and need. For example, after completing the process outlined in this resource, community stakeholders could take steps to create a more robust and dynamic referral network by automating parts of the process, codifying referral processes in agency policy, or developing memoranda of understanding.

While the asset-mapping process outlined in this document was shaped by factors particular to L.A. County including availability of resources, staff capacity, and technical tools, it illuminated a few important lessons that can serve as guidance for any community planning to undertake an asset-mapping process:

- **Plan for and implement a community-driven approach that helps community stakeholders understand how their contributions to the process will ultimately serve to improve processes and access to resources for the people they serve.**

- **Include staff from all levels within provider organizations in order to ensure more complete process flows.**
- **Budget ample time to gather and incorporate feedback from community partners to ensure that network maps are as accurate as possible.**

L.A. County's experience demonstrates how asset-mapping can facilitate deeper insights about a community's existing referral landscape, helping stakeholders envision and implement improved referral processes and pathways. The asset-mapping process in L.A. County resulted in useful community-level reference materials about the existing referral landscape: workflow narratives, rosters of providers, process flows, and network maps. The experience also illuminated how asset-mapping process brings together diverse community stakeholders across public social service systems at all levels to share space and exchange information and ideas, in service of connecting homeless jobseekers to services that will help them reach their employment goals.

Acknowledgment

The authors extend sincere thanks to Dara Papel, Senior Program Manager at [CSH](#), and Irene Vidyanti, Data Scientist from the Analytics Center of Excellence at the [Los Angeles County Chief Information Office](#). Dara and Irene planned and carried out many activities related to asset-mapping in the two cluster communities in L.A. County including planning stakeholder meetings and developing content, interpreting feedback from stakeholders, reviewing workflow narratives, using data visualization software to create process flows and network maps, and editing this resource.



This case study was prepared by [Heartland Alliance's National Center on Employment and Homeless \(NCEH\)](#), working to ensure equitable pathways to economic opportunity for people experiencing homelessness and housing instability.

Appendices

Appendix A: Workflow Narrative Template

Workflow Process for Homeless Job Seekers

Please reference the instructions below each prompt for detailed information about how to answer the questions. Please take as much space as needed to respond to the questions; you do not need to confine your answers to the boxes below.

Due date for completed narratives:

Email completed forms (and any questions) to:

Please fill out one template per population if the workflow differs by population

Agency:

Program(s) addressed in this template:

Population(s) served in programs addressed in this template:

Staff person completing template [Name and title]:

Contact information for person completing template [email and phone]:

This template applies to [specify population, e.g. youth, adults, etc. if applicable]:

Describe Possible First Contacts with Your Agency for People Experiencing Homelessness:

If there are multiple ways in which an individual can come in contact with your agency, please list all of them.

- Example: an individual experiencing homelessness may first make contact with a homeless outreach team from your agency working in the riverbed or may be connected to your agency through a referral from law enforcement or a healthcare provider.

Describe How Your Agency First Engages a Homeless Client regarding Employment:

At what point(s) in your initial interactions do you ask a client about their current or past employment, or about their goals or interests with regard to employment?

- Do you ask every homeless client entering your system whether they are interested in seeking employment?
- Do you have a specific set of questions or assessment tool that you use with homeless clients to understand their employment needs? If you have a relevant assessment tool, please attach it.
- Where and how are clients' employment preferences and histories documented, if at all?
- What is the approximate length of time between each point in your initial interactions to connect clients based on their employment needs?
- NOTE: If your agency does not ask clients about employment, or does not ask certain categories of clients about employment, please explain why. Possible reasons could be: lack of resources to assist clients, agency does not think about clients are ready to seek employment/discuss employment prior to being permanently housed, most clients are disabled, etc.

Describe Services/Activities your Agency Provides to Homeless Jobseekers:

What services/activities do you provide to homeless clients who are seeking employment?

- If there are multiple services for a particular group, please describe how you decide who receives what services, e.g., whether services are allocated based on availability of slots, assessment results, eligibility criteria for certain services, etc.
- Please describe the timeframe it takes for homeless clients to access the services/activities at your agency.
- If your agency does not provide services specific to employment for people experiencing homelessness, but provides referrals, please move on to the next question.

Describe Referrals/Connections Your Agency Makes:

What referrals or connections to other agencies (County departments, service providers, and/or other agencies/educational institutions) do you make for homeless clients seeking employment while they are in contact with your agency or as they transition outside your agency?

- Please describe how you decide which persons are referred or connected to external services, and to which services you connect them. For instance, please describe whether referrals are made based on availability of slots, assessment results, eligibility criteria for services provided by the external agencies, etc.
- What is the mechanism for making a referral? E.g., Is there a form, electronic system, phone call, etc. that is required for a referral? Please answer the question for each type of referral if the mechanism differs by referral type.
- Describe any obstacles to referrals that you encounter. For example, lack of available slots, difficulty making contact with agencies you are trying to refer to, eligibility barriers for clients, perceived lack of effectiveness of potential services available for referrals, your agency already provides needed services so no referral necessary, etc.

Describe Follow-Up Subsequent to Referrals/Connections:

After you make a referral, how, if at all, are you able to track the outcome of the referral?

- Do you have an ongoing relationship with the service providers at the agencies your refer clients to? If so, how do you share information about the client and collaborate to provide service?
- Do you have an ongoing relationship with the client after you refer them to external agencies? If so, please describe the frequency of contact and information collected.
- What types of outcomes do you observe for clients who you refer to other agencies for employment services? If there are multiple pathways that a referred client takes, please describe all of them.
- Based on these observed outcomes, do you make further referrals/connections or provide further services to the client? E.g., if employment placement with the first referral agency is unsuccessful, do you make further referrals to a different agency?

- What barriers or obstacles do you encounter with regard to following up or tracking client outcomes once they are referred? E.g. limitations due to privacy rules, lack of capacity/time to follow up, difficulty getting responses from agencies you refer to).

What else should we know about your agency/system and its work to support homeless job seekers? Please provide any further info that will help us to generate flow charts that depict how homeless job seeking clients flow through your system.

If you have flowcharts or other documents (e.g., protocols) describing some of the processes described in your narrative, please attach them in your response.

Appendix B: Roster of Providers within the Referral Network

Agency	Primary area	Categories of services provided						Population served
		Housing	Mental health/substance use (barrier reduction)	Support services (transportation, ID, legal services, etc.)	Education/training	Job readiness (resume, interview, etc.)	Job placement (subsidized employment, job developer, etc.)	
Agency A	Workforce development			✓		✓	✓	Youth (age 14-24)
Agency B	Workforce development			✓		✓	✓	Adults
Agency C	Workforce development					✓		GAIN & GROW families/adults
Agency D	Education/ training				✓	✓	✓	Youths & adults (students)
Agency E	Workforce development			✓		✓	✓	Youths & adults
Agency F	Behavioral health		✓	✓				Adults (over age 18)
Agency G	Housing/workforce development	✓		✓		✓	✓	Transition age youth
Agency H	Social services	✓		✓		✓	✓	Single adults
Agency I	Social services	✓		✓		✓	✓	Families
Agency J	Housing	✓	✓	✓		✓	✓	Adults (over age 18) and justice-involved population
Agency K	Education/ training	✓			✓	✓	✓	Youths & adults (students)