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HOUSING FIRST: DEFINING AND ANALYZING A NEW TREATMENT PARADIGM  
FOR HOMELESSNESS IN THE UNITED STATES

A Dissertation Presented  
by  
CAITLIN A. CAREY

Submitted to the Office of Graduate Studies,  
University of Massachusetts Boston,  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2020

Public Policy PhD Program

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Department of Public Policy and Public Affairs

## ABSTRACT

# HOUSING FIRST: DEFINING AND ANALYZING A NEW TREATMENT PARADIGM FOR HOMELESSNESS IN THE UNITED STATES

August 2020

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Directed by Professor Michael P. Johnson

As the Housing First approach to homeless service provision has proliferated in the United States in recent years, varied understandings of the model have emerged and a wide range of outcomes have been reported. This study seeks to better understand the variation in the implementation of Housing First, to identify outcomes of interest to stakeholders to improve future evaluations of the model, and to compare Housing First in practice to Housing First in theory. In order to achieve these goals, this study utilizes an exploratory sequential mixed methods research design beginning with a qualitative case study of Housing First programs in the Greater Boston area of Massachusetts followed by the design and distribution of an original online survey to a national sample of organizations operating Housing First programs ( $n=283$ ) to collect data for quantitative analysis. Qualitative data suggest that the implementation of Housing First is largely determined by the history of the organization,

whether the organization chose to transition to Housing First or was compelled to do so by a funder, and the level of staff enthusiasm for the model. Key outcome measures identified by stakeholders include percent of program participants exiting to homelessness, percent of program participants evicted or involuntarily terminated, life satisfaction among program participants, ability of program participants to perform activities of daily living, and program participant progress toward achieving goals beyond attaining and maintaining housing. Quantitative analysis of survey data reveals that in general, practitioners adhere closely to Housing First in theory as it is broadly defined by the United States Interagency Council on Homelessness. There is also widespread adoption of the narrowly defined Pathways Housing First model, with Housing First practitioners most commonly operating scattered-site permanent supportive housing programs that serve people experiencing chronic homelessness. Regression models show that broadly, fidelity to Housing First in theory, level of staff enthusiasm for Housing First, whether the organization chose to utilize a Housing First approach or was compelled to do so by a funder, and the length of time that an organization has been utilizing a Housing First approach are all significantly correlated with key outcomes.

## ACKNOWLEDGEMENTS

Thank you to my committee for their feedback and encouragement throughout the dissertation process.

Thank you to my family for their unending support. A special thank you to my partner, Daniel Carey, who was my unofficial research assistant and editor.

## DEDICATION

For the residents, shelter guests, and staff of Preble Street's Florence House, who inspired this research.



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## CHAPTER 1

### INTRODUCTION

#### **Overview**

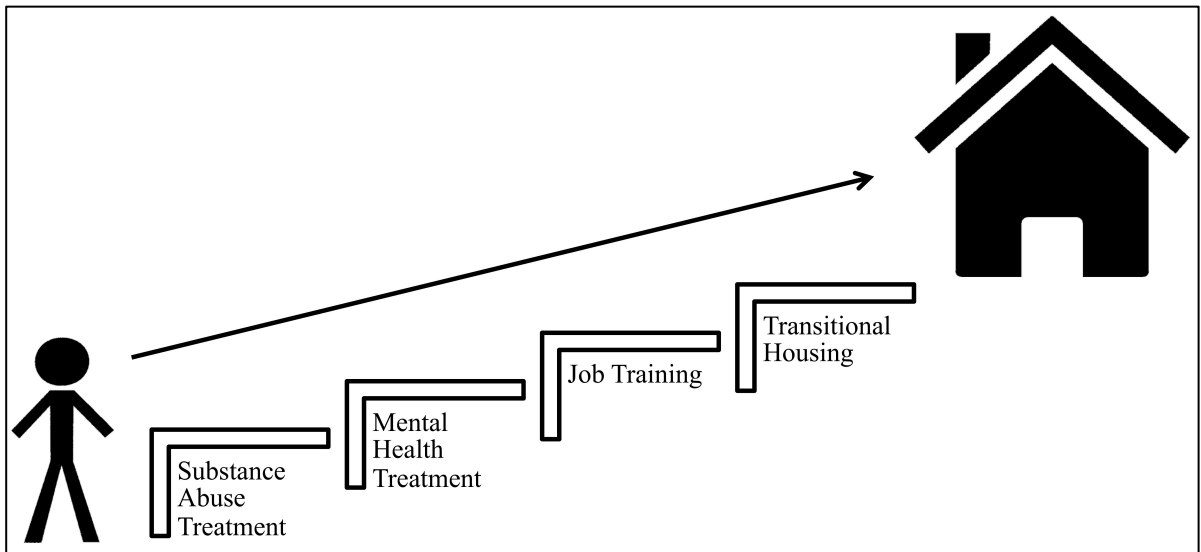
On a given night in January 2019, 567,715 people were counted as experiencing homelessness in the United States at the annual Point In Time (PIT) count (U.S. Department of Housing and Urban Development, 2019). Some estimates suggest that as many as 10 million people spend at least one night in shelter, on the streets, or doubled up each year (National Law Center on Homelessness and Poverty, 2015). This social problem leaves families, youth, and individuals vulnerable to harsh weather, violent victimization, food insecurity, and poor health.

Traditionally, homeless service providers have utilized a linear ‘treatment first’ approach (also called the linear model or the Continuum of Care) in which people experiencing homelessness transition from treatment programs to temporary housing to permanent housing, typically when a case manager deems them “housing ready.” The treatment first approach prioritizes sobriety and economic stability before housing stability because it is understood that achieving those goals is necessary before a person can



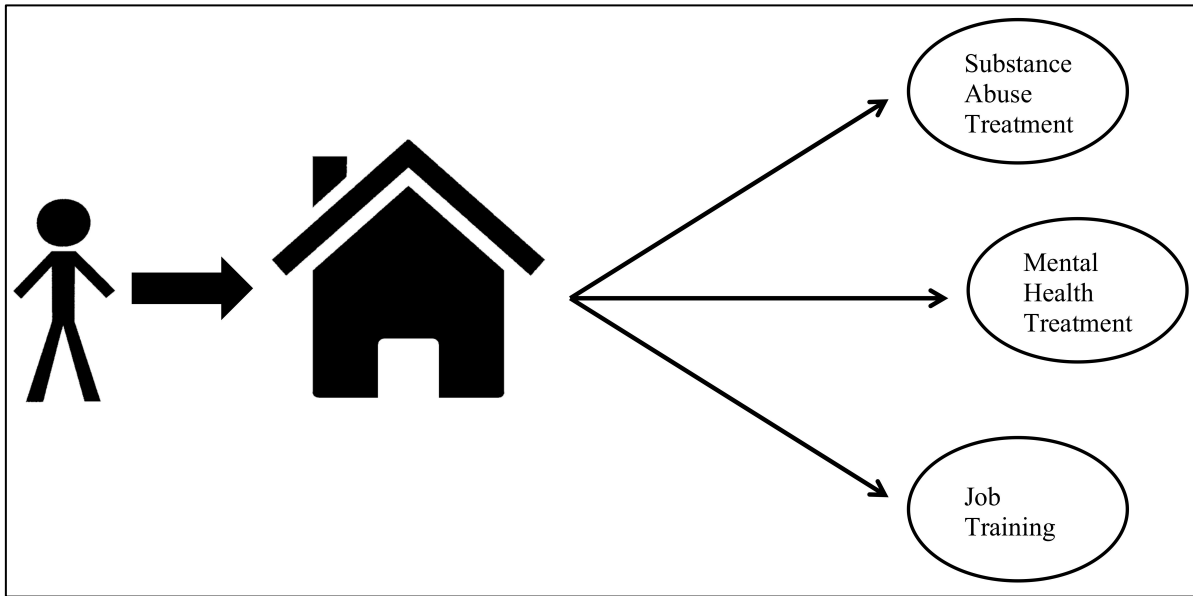
successfully maintain housing (see **Figure 1**). Alternatively, the Housing First approach prioritizes housing stability above all else and minimizes barriers to services. The Housing First model is based on the idea that a person cannot successfully address any treatment goals they may have for themselves—such as sobriety, improved mental health, or improved employment—until they have a safe and stable place to sleep every night (see **Figure 2**).

Figure 1: Treatment First Model



Source: author's own

Figure 2: Housing First Model



Source: author's own

It is well known among Housing First practitioners and researchers that there is a high degree of variation in the way that Housing First is defined and implemented across different programs, and that variation leads to varying degrees of programmatic success (Stefancic et al., 2013; Wagemakers Schiff & Schiff, 2014). This study seeks to better understand the range of definitions and the variation in the implementation of Housing First across the United States. Another goal of this study is to identify outcomes of interest to stakeholders in order to be able to better evaluate the success of Housing First programs in the future. In order to achieve these goals, this study utilizes an exploratory sequential mixed methods research design beginning with a qualitative case study of Housing First in Greater Boston followed by the design and distribution of an online survey to a national sample of Housing First programs for quantitative analysis.

Qualitative data collection in Boston, Massachusetts began with key informant interviews with local homelessness experts in order to gain their perspective on Housing First

and identify local Housing First programs for potential participation in stakeholder focus groups. Next, separate focus groups with program participants and case managers were conducted at three Housing First programs in the Greater Boston area. Focus groups utilized a method from operations research called value-focused thinking (VFT) that involves a structured line of questioning followed by a particular approach to data analysis to uncover how these stakeholder groups define, understand, and experience Housing First, as well as to identify what outcomes are most important to these groups.

Qualitative data was analyzed with the goal of developing a survey to measure the generalizability of the definitions, points of variation in implementation, and key outcomes that were identified by stakeholders. The survey was distributed to a national sample of Housing First service providers for quantitative analysis. The sample was drawn by randomly selecting 390 cities in the United States and then identifying all homeless service providers that serve each sample city that might utilize a Housing First approach. The survey begins with a set of questions about the organization, its history, the populations it serves, the programs it offers, and which of these programs use a Housing First approach. The survey also includes a set of questions about the organization's functional definition of Housing First and the degree to which staff embrace the philosophy. An index based on the United States Interagency Council on Homelessness 2016 *Housing First Checklist* is also included in the survey to measure fidelity to Housing First as it is defined in theory. Another goal of the survey is to get a sense of what data on outcomes of interest are currently being collected by Housing First programs in order to make recommendations to improve future data collection so that Housing First program effectiveness can be better assessed.

This research provides increased clarity on what is meant by Housing First in practice

and how that compares with Housing First in theory, which helps to explain the varied findings of previous evaluative studies of the model. It identifies point of variation in defining and implementing Housing First so that future evaluations of the model can better assess where programs are situated on a Housing First continuum. Lastly, it provides a basis for future evaluations to consider the outcomes that are identified as most important by Housing First program participants and staff.

## **Literature Review**

### **A Brief History of Homelessness in the United States**

Widespread, persistent homelessness has not always existed in the United States. Throughout the nation's history, there have been brief periods of time in which the homeless population grew rapidly, such as during the Great Depression or immediately after World War II, but it always declined again. The relative brevity of the periods of widespread homelessness both during the Great Depression and immediately after World War II is largely attributed to the creation and expansion of federal social support programs such as unemployment insurance and affordable housing (National Academies of Sciences, Engineering, and Medicine, 2018).

The current period of widespread homelessness began with the recession of the early 1980s and has persisted ever since (Kusmer, 2002). This is partly due to the fact that in the wake of the recession of 1980s, deep budget cuts were made to the U.S. Department of Housing and Urban Development (HUD) and social service agencies (Jones, 2015). Other factors that have contributed to the persistence of the current period of widespread homelessness include gentrification of the inner city and deinstitutionalization of the mentally ill (National Academies of Sciences, Engineering, and Medicine, 2018).

By the 1990s, homeless service providers and researchers began to notice that a portion of the homeless population was experiencing long-term homelessness or repeated episodes of homelessness. The people in this category tended to have some combination of mental health diagnoses, physical disabilities, and/or active substance abuse (Culhane & Kuhn, 1998). This subpopulation of the larger homeless population is described as experiencing *chronic homelessness*<sup>1</sup>.

One early effort to measure the size of the United States' homeless population came from the U.S. Department of Agriculture's Food and Nutrition Service in 1987 when they commissioned a study to count the number of people utilizing services at emergency shelters and soup kitchens, but this method did not provide a reliable estimate of the unsheltered homeless population. Another early effort to measure the size of the homeless population was conducted by the U.S. Census Bureau as part of the 1990 decennial census, but again this approach was known to miss many unsheltered people experiencing homelessness. Although local point-in-time counts have been conducted annually since the early 1990s for planning purposes as part of the McKinney-Vento Act Continuum of Care competitive funding process, these efforts were not coordinated at the national level until 2005, when

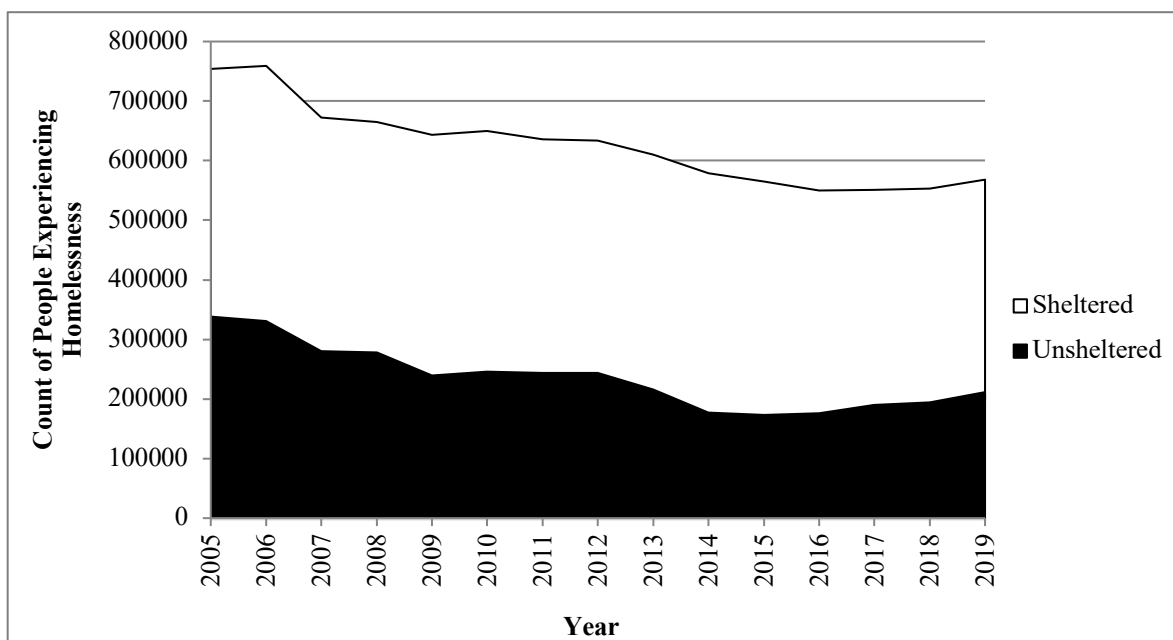
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<sup>1</sup> As of 2015, "A 'chronically homeless' individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, a safe haven, or in an emergency shelter... Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless" (Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining "Chronically Homeless" Final Rule, 2015).

HUD conducted the first annual national Point-In-Time (PIT) count that resulted in the Annual Homelessness Assessment Report to Congress (AHAR) (U.S. Department of Housing and Urban Development, 2007). According to PIT count data, the homeless population grew during the Great Recession, and then steadily declined between 2012 and 2016. The homeless population has been growing again in recent years.

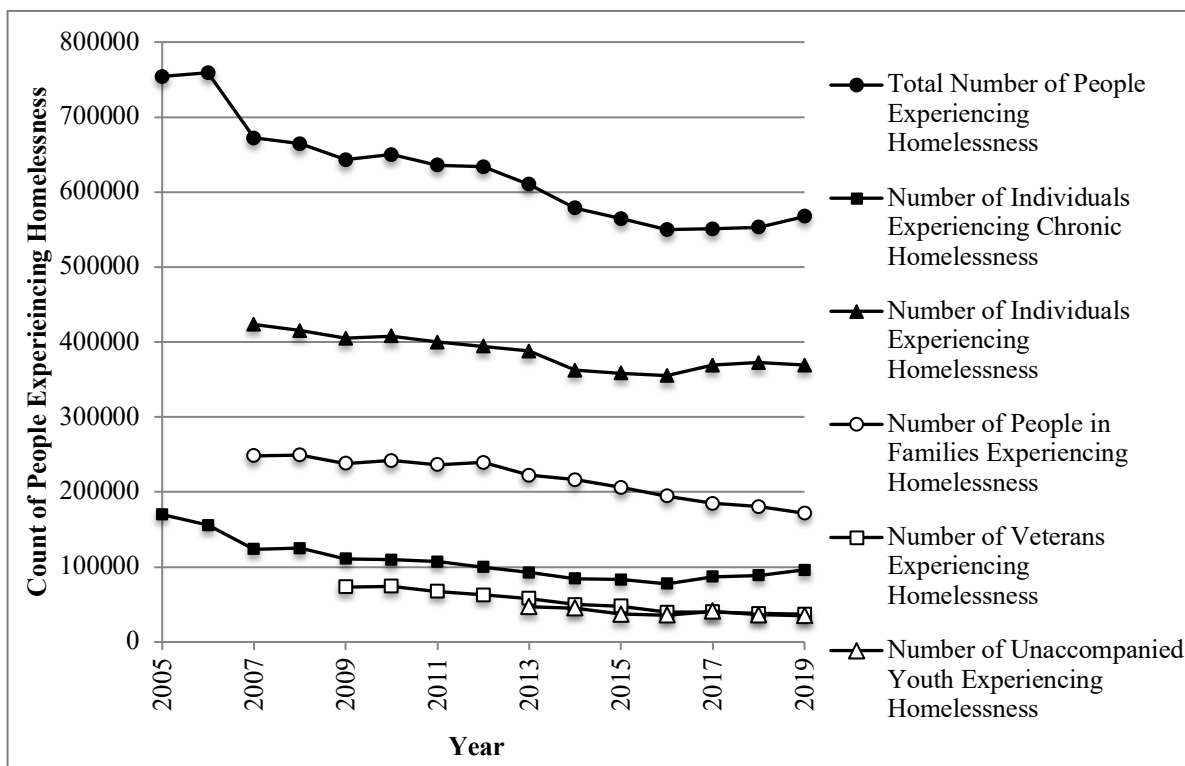
Since the very first PIT count, HUD has distinguished between the number of people experiencing homelessness who are in shelter and those who are unsheltered. Notably, the proportion of the homeless population that is unsheltered has increased every year since 2014 (see **Figure 3** for details). HUD has also always counted how many of the people experiencing homelessness are experiencing chronic homelessness, which has been increasing since 2016. In 2007, they began distinguishing between homeless individuals and homeless families in the PIT Count. In the 2009 PIT Count, they began specifying the number of people experiencing homelessness who are veterans. In 2013, they began separating out the number of people experiencing homelessness who are unaccompanied youth (see **Figure 4** for details on PIT counts of these homeless subpopulations over time).

Figure 3: Point In Time (PIT) Count Estimates for Sheltered and Unsheltered Homelessness Over Time



Source: created from data in the Annual Homelessness Assessment Reports to Congress, years 2005-2019

Figure 4: Point In Time (PIT) Count Estimates for Homeless Subpopulations Over Time



Source: created from data in the Annual Homelessness Assessment Reports to Congress, years 2005-2019

## **Origins of Housing First in the United States**

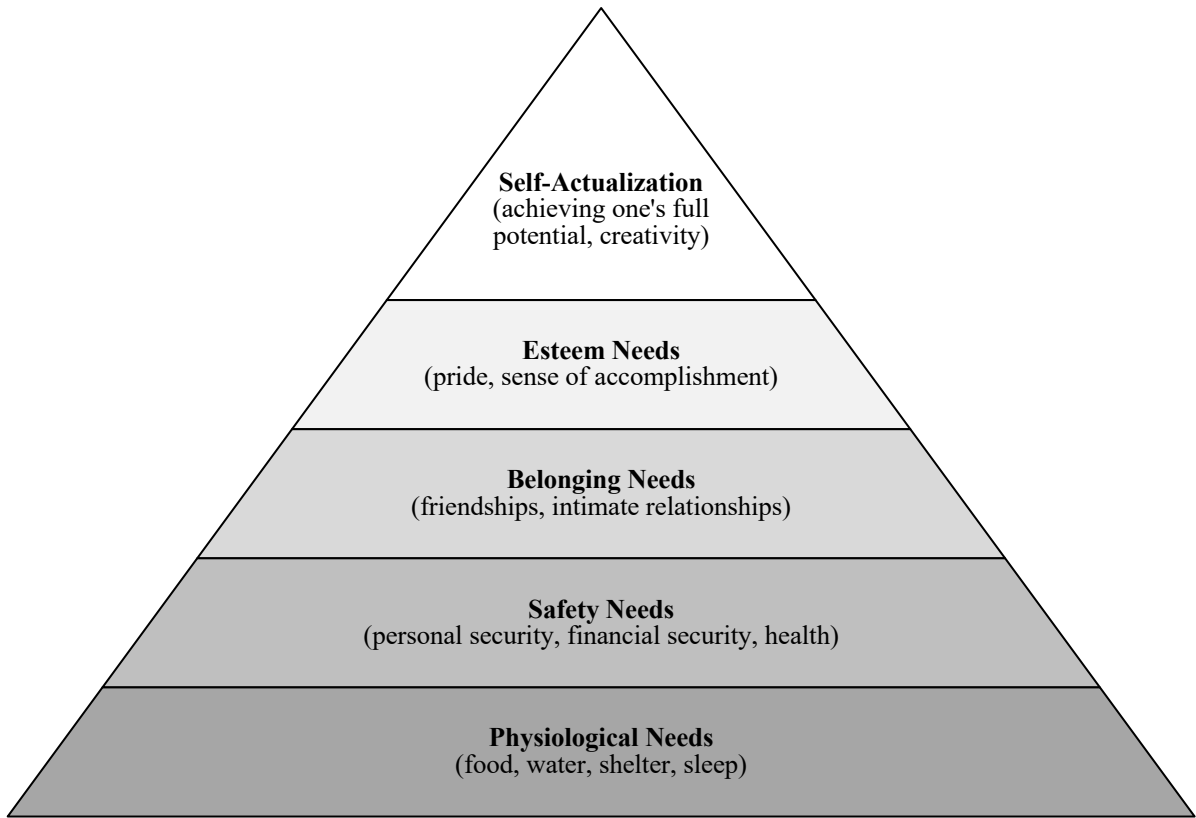
Traditionally, homeless services have focused on interventions meant to address the individual deficiencies that led an individual or family to become homeless—such as their substance abuse, mental illness, or lack of employment—before connecting them with permanent housing. This treatment first model of homeless service delivery is based on the understanding an individual or family needs to achieve stability in these other areas—such as sobriety, mental health, and stable employment—before they can successfully maintain their housing.

In the 1990s, when researchers and service providers began to identify a number of individuals and families experiencing chronic homelessness, they began to question whether the treatment first approach to homeless services was working for everyone. One such researcher, a psychologist named Dr. Sam Tsemberis, set out to develop an evidence-based model of homeless service provision that targeted people experiencing chronic homelessness, and in 1992, he opened Pathways to Housing.

The Pathways to Housing model was largely based on psychologist Abraham Maslow's hierarchy of needs (Maslow, 1947). Maslow's hierarchy groups human needs into five categories—physiological, safety, belonging, esteem, and self-actualization—ordered from the most fundamental needs (such as food and shelter) to higher needs (such as achieving one's full potential). This hierarchy is often depicted in a pyramid (see **Figure 5**). Maslow's hierarchy of needs suggests that lower needs—such as food and shelter—must be met before a person can address higher needs—such as pursuing a career.



Figure 5: Maslow's Hierarchy of Needs



Source: Abraham Maslow, 1947

The treatment first model of homeless service provision requires that any issues with mental health diagnoses, physical disabilities, and/or substance abuse be addressed in addition to achieving financial stability before an individual or family is placed in permanent housing. Based on Maslow's hierarchy of needs, Tsemberis theorized that people were less likely to be able to successfully address these higher order issues until their lower need for shelter had been met in the form of stable housing. Therefore, he planned to operate Pathways to Housing under a new model of homeless service provision in which people experiencing chronic homelessness are connected with subsidized permanent housing without any preconditions or barriers. Greenwood, Stefancic, & Tsemberis (2013) explain:

In keeping with Maslow's (1947) hierarchy of needs, the model is based on the assumption that until an individual has a home, and unless their basic safety and security needs are met, she or he will not have an adequate platform from which to successfully address other challenges, such as psychiatric symptoms, addiction or employment. (p. 648)

Under the Pathways to Housing model, program participants pay 30 percent of their income (if they have any income) toward rent for an apartment in the community. Notably, program participants do not face eviction for nonpayment of rent. The organization provides ongoing case management to program participants to help them maintain their housing and to support them as they work toward achieving any personal goals they might set for themselves.

Pathways to Housing is widely considered to be the first Housing First program in the United States.

Although Tsemberis expected that program participants would likely have more success in addressing any higher order issues such as sobriety or employment once they were in stable housing and had their lower need for shelter met, Pathways to Housing has never required program participants to address any of these higher order issues. Instead, Pathways to Housing's Housing First model has always been centered on client choice. Program participants set their own personal goals and work toward them at their own pace. Case managers are there to support program participants as they work toward their goals, but they do not set the goals or the pace. This means that some program participants might not set a goal of sobriety or full-time employment for themselves, but this choice does not jeopardize their housing under Pathways to Housing's Housing First model. This is partly due to the fact that Pathway to Housing's Housing First model is also largely rooted in the idea that

housing is a fundamental human right that is not conditioned upon anything (Greenwood, Stefancic, & Tsemberis, 2013).

The development of Pathways to Housing's Housing First model occurred simultaneous to research and evaluation of the model. These studies have revealed positive outcomes in the forms of increased housing stability, increased engagement in substance abuse treatment services, decreased psychiatric symptoms, and fewer hospitalizations (Greenwood et al., 2005; Greenwood, Stefancic, & Tsemberis, 2013; Gulcur et al., 2003; Tsemberis et al., 2004). Based on this evidence, other homeless service providers began utilizing Housing First.

In 2002, Phillip Mangano was appointed Director of the United States Interagency Council on Homelessness (USICH) by the Bush Administration, and he embarked on a campaign to conduct massive cost benefit analyses in cities across the country to demonstrate that housing people experiencing homelessness—particularly people experiencing chronic homelessness—costs less than allowing homelessness to persist (Eckholm, 2006; see also Stanhope & Dunn, 2011). People experiencing chronic homelessness tend to be high utilizers of costly emergency services such as hospital emergency rooms and emergency shelters, in addition to facing disproportionately frequent arrests (D'Amore et al., 2001; Kushel et al., 2002; Moore et al., 2011). Early cost benefit analyses compared the cost of business as usual with the cost of housing people experiencing chronic homelessness under the Housing First model and found significant cost savings in the latter (Eckhart, 2006). The model continued to gain popularity after *The New Yorker* published a widely read article by Malcom Gladwell in 2006 about these cost benefit analyses and “Million-Dollar Murray,” a man experiencing chronic homelessness in Reno, Nevada who had racked up over a million

dollars in hospital bills, substance abuse treatment costs, doctors' fees, and other expenses over ten years. Murray Barr was also frequently arrested, costing taxpayer money for his incarceration. Gladwell (2006) quotes one Reno police officer who knew Murray well as saying, "It cost us one million dollars not to do something about Murray" (p. 97). Although the article never mentions Housing First by name, it recommends connecting people experiencing chronic homelessness with permanent supportive housing, a model of homeless service provision that is commonly known as Housing First today. Importantly, *The New Yorker* article provided a wide audience for research demonstrating the cost savings associated with Housing First.

In the 2010s, federal policymakers at USICH and HUD began to prioritize funding for homeless service providers that utilized a Housing First approach and the model spread across the country (Greenwood, Stefancic, & Tsemberis, 2013).

### **Housing First Today**

As Housing First has grown in popularity in the United States, different understandings of the model and its applications have emerged (Wagemakers Schiff & Schiff, 2014). Brown (2012) points out, "Differences in definition and service provision even vary among self-proclaimed Housing First programs" (p. 47) (see also Cohen, 2008). Some organizations feel that their emergency shelters operate under the Housing First model because they minimize barriers to service and provide housing-focused case management. Other organizations argue that Housing First only applies to programs that provide permanent supportive housing without preconditions to people who formerly experienced chronic homelessness.

The USICH (2018) embraces a broad definition of Housing First, explaining, “A Housing First system orientation recognizes that people experiencing homelessness—like all people—need the safety and stability of a home in order to best address challenges and pursue opportunities.” They go on to explain that many types of homeless service providers from street outreach to rapid re-housing should be incorporated into the Housing First-oriented system.

These different understandings of Housing First have led to variations in implementation of the model across programs. Although Pathways to Housing has always housed program participants in scattered-site apartments in the community, other Housing First programs house program participants in single-site congregate Housing First buildings filled entirely with formerly homeless tenants. Pathways to Housing’s Housing First model is now known as one variant of the Housing First model, often referred to as Pathways Housing First (Greenwood, Stefancic, & Tsemberis, 2013). The very narrowly defined Pathways Housing First model is one of many variants of Housing First that exist today within the more broadly understood USICH Housing First-oriented system.

Given the known variation in Housing First programs, many researchers and practitioners have identified the need to measure fidelity to Housing First (Choy-Brown et al., 2020; Fenwick et al., 2019; Gilmer et al., 2013; Gilmer et al., 2014; Goering et al., 2016; Greenwood, Stefancic, Tsemberis, & Busch-Geertsema, 2013; Macnaughton et al., 2015; Stefancic et al., 2013). Pathways to Housing developed their own Pathways Housing First Fidelity Scale to systematically measure fidelity to their narrowly defined Pathways Housing First model (Gilmer et al., 2013; Goering et al., 2016; Stefancic et al., 2013). This fidelity scale has been used to measure fidelity to the Pathways Housing First model among

programs using the model in several cities and states in the United States and globally (Fenwick et al., 2019; Macnaughton et al., 2015). Given that many organizations do not adhere to the narrowly defined Pathways Housing First model but instead embrace another understanding of the model, the Pathways Housing First Fidelity Scale is not always applicable to all Housing First programs. The U.S. Department of Veterans Affairs has made efforts to measure fidelity among their Housing First programs based on their understanding of the model (Kertesz et al., 2017). Researchers in Europe have qualitatively measured fidelity to the values associated with Housing First, arguing that some variation in implementation is fine as long as programs adhere to the core values (Greenwood, Stefancic, Tsemberis, & Busch-Geertsema, 2013).

At present, it is not common practice for Housing First programs to consider any measure of fidelity in designing and implementing their services. Few researchers report any measures of fidelity with their evaluations of Housing First programs across the country. These factors complicate comparisons between different Housing First programs, since it is likely that different Housing First programs do not adhere to the same understanding of the model.

### **The Range of Outcomes from Housing First**

There have been many evaluations of Housing First programs in the United States that have resulted in a wide range of findings. Most commonly, Housing First programs are evaluated for effectiveness on the basis of housing retention, mental health, and sobriety, with researchers reporting mixed results. Some cost-benefit analyses compare the cost of Housing First programs to the costs of medical care, emergency services, and corrections that are associated with allowing chronic homelessness to persist.

In one study of the narrowly defined Pathways Housing First model, researchers in New York City recruited 197 people experiencing chronic homelessness both from the street and from a local psychiatric hospital who were then randomly assigned to either Housing First or treatment first programs (Greenwood et al., 2005). Participants in both types of programs were interviewed over a period of 36 months. Greenwood et al. (2005) found that the increased client choice in the Housing First program was associated with a greater reduction in psychiatric symptoms among study participants in the Housing First program relative to those in the treatment first program.

In a similar study, Padgett et al. (2011) assessed the success of the Housing First model at reducing substance abuse behaviors among mentally ill homeless adults. 70 study participants were recruited from Pathways to Housing and three treatment first programs in New York City. Study participants from both groups and their case managers were interviewed repeatedly over a period of one year. The researchers found that the Housing First program participants had lower rates of substance use/abuse behaviors as well as decreased use of substance abuse treatment services when compared with the treatment first program participants (Padgett et al., 2011).

Stergiopoulos et al., 2015 conducted an analogous experiment involving 378 homeless adults with mental illness in Toronto, Canada who were randomly assigned to Housing First or treatment first programs. Again, the researchers' definition of Housing First aligns closely with the Pathways Housing First model. The researchers found a reduction in mental illness symptoms and substance use as well as an increase in housing retention among participants in Housing First programs when compared to participants in treatment first programs (Stergiopoulos et al., 2015).

Montgomery et al. (2013) collected data on 177 homeless veterans who were placed in either Housing First or treatment first programs over one year. In this study, Housing First is explicitly defined as the Pathways Housing First model. The researchers found that Housing First was associated with reduced time to housing placement, increased housing retention rates, and decreased emergency room use (Montgomery et al., 2013).

Other studies do not report such positive outcomes from Housing First. O'Connell et al. (2009) conducted a study on the effectiveness of Housing First for homeless veterans. The researchers collected data about 1,439 homeless veterans receiving services at either Housing First or treatment first programs over a period of six years. O'Connell et al. (2009) defined Housing First as "...individuals are placed directly into independent housing with a rich array of available, but not mandated, supports and no restrictions on behavior, including use of addictive substances" (p. 190). They found no significant differences between the two groups regarding alcohol and drug use, quality of life, or social support. However, veterans placed in the treatment first program had healthcare costs averaging more than three times those of Housing First program participants (O'Connell et al., 2009).

Tsai et al., 2010 compared a range of outcomes for 709 program participants in Housing First and treatment first programs in cities around the United States over a period of two years and found no difference in psychiatric outcomes, although again they reported higher costs associated with program participants in treatment first programs. The researchers describe a similar definition of Housing First to the Pathways Housing First model, although they do not explicitly state that all housing units associated with the Housing First programs are scattered-site. Notably, the researchers did observe some positive



outcomes for program participants in Housing First programs relative to treatment first programs, including less days incarcerated (Tsai et al., 2010).

In a meta-analysis of research focused on the effectiveness of Housing First for people with active addictions experiencing homelessness, Kertesz et al. (2009), found that the treatment first model leads to greater reported decreases in addiction severity than the Housing First model. However, the researchers also found that the Housing First approach leads to better housing retention than the treatment first model for people with active addictions experiencing homelessness. Notably this meta-analysis considered a wide range of studies on Housing First that embraced a variety of different implementations of the model.

### **Critiques of Housing First**

It is important to note that Maslow's hierarchy of needs has been widely critiqued, particularly with regard to how it relates to Housing First. For example, Schutt et al. (2009) point out that loneliness is a common problem among people who get into housing, and suggest that the need for shelter and a sense of belonging are simultaneous rather than hierarchical.

There is a debate over whether or not Housing First is effective for homeless subpopulations other than chronically homeless adult individuals, such as families. For example, LaMarche (2014) provides the perspective of Ralph Nunez, President and CEO of the Institute for Children, Poverty and Homelessness (ICPH), a leading family homelessness research organization:

Nunez chided the federal government's current Housing First model. Nunez said that it is all that's left after the other poverty fighting programs have been underfunded or

eliminated. Destined to fail, as New York City's own recidivism statistics prove, Nunez described Housing First's one-size-fits-all approach not as 'public policy' but rather as 'public stupidity.' (para. 11)

Nunez argues that Housing First is only a solution for people whose singular problem is the lack of housing, and that the model does not address any other issues such as mental illness or substance abuse. However, Nunez explains that the families his program serves have problems that are far more complex than simply a lack of housing and therefore require more than simply Housing First. Inherent in his comments is his understanding of the Housing First model as providing housing only to everyone who is homeless (LaMarche, 2014).

### **Research Questions**

This study seeks to answer the following research questions:

1. How do different groups of stakeholders define, understand, and experience Housing First?
2. What is the variation in the implementation of Housing First across the United States?
3. How does Housing First in practice compare with Housing First in theory?
4. What are the most important outcomes from Housing First according to different groups of stakeholders and how could those outcomes be measured?
  - a) What data are currently being collected that could help to measure Housing First success at achieving the identified outcomes?
  - b) What data should be collected to enable best evaluation of Housing First's effectiveness?

In addition to answering these research questions, this research concludes with a set of recommendations for policymakers.

## **Research Contributions**

This study contributes to the growing body of literature on Housing First in the United States. In particular, this study seeks to identify differences between Housing First in theory and Housing First in practice as well as to better understand the variation in the implementation of Housing First across the country. The study concludes with concrete policy recommendations for improving Housing First service delivery in the United States.

Methodologically, the focus groups in the qualitative portion of this study are among the first to use value-focused thinking (VFT) to learn from a vulnerable population such as people experiencing homelessness. VFT is a method of structuring objectives from the field of operations research. This novel application of value-focused thinking allows for new insights into both the subject of Housing First in the United States as well as the methodology of value-focused thinking.

The qualitative portion of this study also aims to incorporate frequently marginalized stakeholder groups such as Housing First program participants and direct service staff into the policy research process. Prior literature typically assumes a preexisting theoretical definition of Housing First and determines program effectiveness in a normative way, based on the values of the researcher(s) or research funders. This study seeks to gain the perspective of Housing First program participants and direct service staff not only in defining Housing First but also in determining what outcomes are important when evaluating Housing First program effectiveness and how those outcomes should be measured in the future.

The survey portion of this research represents one of the largest-*n* samples of Housing First programs in the United States that has been studied to date (*n*=283). This large-*n*

sample allows for new kinds of broad generalizations about Housing First in the United States and ultimately a better understanding of the model in practice.

### **Motivation**

This research is largely motivated by my work at Preble Street, an organization that operates a variety of homeless services and Housing First programs in Portland, Maine.

While working at one of Preble Street's Housing First programs called Florence House in 2014, I became aware of the differences in defining and implementing Housing First across programs, a notion that served as the inspiration for this research. My experiences working with the program participants at Preble Street's Florence House are my motivation to identify the policies, programs, and practices that best serve this population.

## CHAPTER 2

### METHODOLOGY

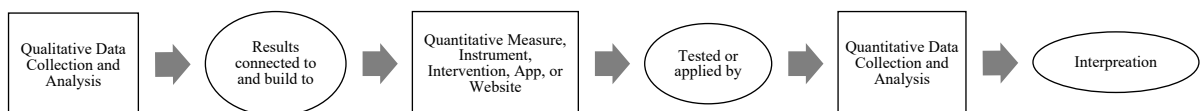
#### Overview

This transdisciplinary study utilizes an exploratory sequential mixed methods design, defined by Creswell and Clark (2018) as:

...a three-phase mixed methods design in which the researcher starts with the collection and analysis of qualitative data that is then followed by a development phase of translating the qualitative findings into an approach or tool that is tested quantitatively. This means that the approach or tool will be grounded in the views of participants. (p. 306)

This mixed methods design is optimal for exploratory research that seeks to identify variables of interest qualitatively and then test their generalizability quantitatively (see **Figure 6** for details).

Figure 6: Exploratory Sequential Mixed Methods Research Design



Source: Creswell & Clark, 2018

The first phase of this research was a qualitative case study of Housing First in the Greater Boston area of Massachusetts. The case study portion of this research began with interviews with local homelessness experts to gain their perspectives on Housing First and to identify local organizations with Housing First programs for potential participation in stakeholder focus groups. Next, three different three organizations operating Housing First programs in the Greater Boston area were selected for deeper examination. This process began by interviewing leadership at each participating organization. Then, two focus groups were conducted at each organization, the first of which included direct service staff in the organization's Housing First program(s) and the second of which included current Housing First program participants. Focus groups utilized value-focused thinking (VFT) to better understand how Housing First functions and to identify what outcomes are important to these stakeholder groups beyond those that are already regularly being monitored, such as the number of housing placements or returns to homelessness. A primary goal of this study is to include the perspective of these important often-marginalized stakeholder groups in the policy research process. In total, 54 stakeholders participated in the qualitative portion of this study.

The next phase of this study involved developing a survey from the qualitative data. The survey seeks to measure the generalizability of key findings from the Greater Boston case study and to better understand the variation in the implementation of Housing First across the United States. The survey includes questions that measure the degree to which self-identified Housing First programs align with the key elements of Housing First identified by stakeholders in the qualitative portion of my study. It also measures fidelity to Housing First in theory as defined by the United States Interagency Council on Homelessness

(USICH) in their 2016 *Housing First Checklist*. Furthermore, the survey quantifies the rate at which Housing First programs are achieving or even measuring key outcomes of interest identified by stakeholders in the qualitative portion of this study.

In the final phase of the study, the survey was distributed in two waves to a national sample of organizations that operate Housing First programs. In total, 283 organizations participated in the survey. Quantitative analysis of the survey data includes descriptive statistics of the novel dataset as well as regression modeling. The variables included in the regression models were determined by both prior literature and qualitative findings.

### **Qualitative Case Study of Greater Boston**

The study began with a qualitative case study of Housing First in the Greater Boston area of Massachusetts. Data collection took place between November 2017 and September 2019.

Boston, Massachusetts is a coastal city in the Northeastern region of the United States with an estimated population of 694,583 as of July 2018 (United States Census Bureau, 2019). On a single night in January 2019, 6,203 people were counted as experiencing homelessness in the city of Boston for a calculated rate of homelessness of 0.89 percent (City of Boston, 2019). The city's population is 44.5 percent non-Hispanic white (United States Census Bureau, 2019). The political climate of Boston is typically considered to be liberal, with 79.5 percent of the city's population voting Democratic in the 2016 presidential election (POLITICO, 2016). Greater Boston is a service-rich area within a state that is known for innovative public policies. This geographical area was selected for analysis because it was likely to have multiple Housing First programs that would allow for a robust multiple case study.

## **Qualitative Data Collection**

The case study began with interviews with four local homelessness experts. Experts were identified via word of mouth, snowball sampling, and Internet searches for leaders of local homeless policy advocacy organizations, relevant governmental departments, and statewide homelessness organizations. All identified experts were contacted via email for a potential interview. The sample pool of experts who were contacted for participation in the study included local homeless policy advocates, city officials responsible for homeless services, and other relevant public and private leaders. Four experts responded affirmatively, and all were interviewed during the month of November 2017.

The primary goal of the interviews with local homelessness experts was to gain their perspective on Housing First. Experts were asked a series of questions about their experience with Housing First, how they define the term, and their opinion of the model including their thoughts on its successes, failures, and challenges (see **Appendix A** for semi-structured interview prompts). A secondary goal of these interviews was to identify local organizations that utilized a Housing First approach for potential participation in stakeholder focus groups.

Through the interviews with local homelessness experts in combination with targeted Internet searches, ten organizations that operated Housing First programs were identified in the Greater Boston area. All identified organizations were contacted via email for potential participation in the study. In most cases, a member of leadership was contacted directly, but emails were sent to general information accounts when contact information for individual members of leadership could not be obtained. A follow-up email was sent to nonrespondents after one week, and a phone call was placed after two weeks of nonresponse. Two



organizations responded that they did not have time for the study and five organizations did not respond at all, three of which were cases where contact information for individual members of program leadership could not be obtained. Ultimately three organizations responded affirmatively, so interviews with organization leadership followed by focus groups with direct service staff and program participants were subsequently conducted at all three organizations.

Multiple programs were selected for analysis to allow for cross-program comparisons. Yin (2014) explains, “The evidence from multiple cases is often considered more compelling, and the overall study is therefore regarded as being more robust” (p. 57). Variation was expected in the way that programs define and implement Housing First even across organizations within the small geographical area of Greater Boston.

Interviews and focus groups were conducted at three local organizations that operate Housing First programs between January 2018 and September 2019. At each participating organization, I began by interviewing the executive director and other members of leadership. The goal of these interviews was to discern their definitions of Housing First and understand how they have implemented the model in their program(s). Another goal of these interviews was to work with leadership to develop a plan to recruit focus group participants in a way that would cause the least disturbance to program participants and staff (see **Appendix B** for semi-structured interview prompts). In all three programs, all direct service staff were informed of the focus group ahead of time so that those who were interested could make time in their workdays to attend. However, recruitment of program participants was done slightly differently at each participating organization to ensure the least disturbance in each unique program. At Grace Mission, recruitment for the program participant focus group

happened in the moment, with me announcing it in the shared cafeteria during mealtime just before the focus group was set to begin. In the other two participating organizations, staff informed all of their clients about the focus group ahead of time and fliers were posted in communal areas so that those who wanted to attend were able to make time in their schedules and travel arrangements to the location when necessary.

Next, separate focus groups were conducted with direct service staff and current program participants at each participating program to better understand how these stakeholder groups define, understand, and experience Housing First. Focus group participants were provided with a meal during the focus group in exchange for their participation. Another goal of these focus groups was to identify which outcomes are important to these stakeholder groups and potential metrics by which to measure those outcomes. Notably, this study sought all opportunities to give voice to the program participants because they are the ones who are most impacted by Housing First. This goal of ‘giving voice’ aligns well with qualitative research (Ragin & Amoroso, 2011).

The focus groups utilized value-focused thinking to pinpoint the key elements of Housing First that are important to the people who experience these policies every day as well as to identify the outcomes that are most important to them. Value-focused thinking is a structured method of questioning and data analysis from the field of operations research, and is applied here in the tradition of community operational research. This kind of research has successfully been employed at resource-constrained and mission-driven nonprofits in the past (Johnson et al., 2017).

The prompts for the focus group sessions were loosely structured, beginning with questions about participants’ experience with Housing First and how they define the term.

Next, participants were asked, “What is an important goal of Housing First?” and “Why is that goal important?” to gain a better understanding of the broad societal implications of this issue. They were then asked, “If we could achieve this goal, what more general or basic goal for your community might it help accomplish?” This question was repeated until saturation was reached, and was followed by, “If we could achieve this goal, what opportunities would be unlocked?” to get a sense of what kinds of desired outcomes of Housing First might be worth measuring. This line of questioning concluded with the question, “How does Housing First work or not work to achieve that goal?” to better understand how Housing First functions to achieve key outcomes (see **Appendix C** for full list of prompts).

This line of questioning resulted in the production two types of logic structures from each focus group: a fundamental objectives hierarchy and a mean-ends objectives network. The fundamental objectives hierarchy seeks to structure the objectives identified by participants in each focus group in a such a way that indicates the broadest objective of which all lower-level objectives are a part. Keeney (1992) explains, “In a fundamental objectives hierarchy, the lower-level objectives under any higher-level objective are the answer to the question ‘What aspects of the higher-level objective are important?’” (p. 71). According to Keeney (1992) , lower-level objectives in a fundamental objectives hierarchy “...should be mutually exclusive and collectively should provide an exhaustive characterization of the higher-level objective” (p. 78). In this case, each fundamental objectives hierarchy is structured in such a way that the broadest or most fundamental goal of Housing First is ordered above more specific lower-level goals of Housing First. This type of logic structure is used to identify key goals or outcomes of interest in each focus group that could be measured to better evaluate the impact of Housing First programs.

The means-ends objective network seeks to understand the causal relationship between lower-level objectives and higher-level objectives. Keeney (1992) explains that in a means-ends objectives network, “The lower-level objective is a means (that is, a causal factor) to the higher-level objective” (p. 78). The means-ends objectives network is structured in a such a way that the causal path for each lower-level means objective is drawn to illustrate how it contributes to achieving higher-level objectives and ultimately, to the fundamental objective. In this case, causal paths are drawn between the lower-level means objectives associated with Housing First that are identified as contributing higher-level objectives and ultimately, to the fundamental objective of the model for each focus group. This type of logic structure is used to better understand how Housing First functions to achieve the fundamental objective that is identified in each focus group, and to identify important factors in the implementation of Housing First that are essential to the model’s success at achieving that fundamental objective.

Draft logic structures were drawn during the focus groups, and I repeated the logic paths as I understood them back to focus group participants at the end of sessions to increase accuracy. Notably, the final drafts of the value-focused thinking structures could not be shared with focus group participants to confirm their accuracy because of the transient nature of people experiencing homelessness and the high turnover among direct service staff in these organizations; thus minimal changes were made to the structures after the conclusion of the focus groups. Focus groups were recorded and notes were taken during the sessions. Researcher memos were written immediately following each focus group.

The goal of the qualitative portion of my study was to discern how local homelessness experts as well as program participants, direct service staff, and leadership at

local Housing First programs who interact with this model at various levels define, understand, and experience the model. This case study was also interested in understanding how these stakeholders perceive the successes failures, and challenges of the model. Lastly, the qualitative case study sought to identify both points of variation in the implementation of Housing First as well as outcomes of interest to stakeholders.

### **Analysis of Qualitative Data**

Interview and focus group data were analyzed with the intent of uncovering themes regarding the definition of Housing First, identifying points of variation in the implementation of Housing First, and key outcomes of interest associated with Housing First beyond those that have already been identified and are regularly monitored. Draft structures developed from the value-focused thinking line of questioning in the stakeholder focus groups were finalized with minimal changes to the originals to maintain their integrity. The findings from the qualitative portion of this study informed the design of a subsequent survey that was distributed to a national sample of Housing First service providers.

### **National Survey of Housing First Providers**

The findings from the qualitative portion of this study informed the next phases of this study which involves the design and distribution of an online survey to a national sample of Housing First service providers. The survey sought to measure the statistical generalizability of the qualitative findings regarding defining and implementing Housing First. Another goal of this survey was to measure the fidelity of self-identified Housing First programs to Housing First in theory as defined by USICH in their *Housing First Checklist* (United States Interagency Council on Homelessness, 2016). Lastly, the survey measured the rate at which Housing First programs are collecting data on the outcomes of interest that

were identified in the qualitative portion of this study and sought to identify promising tools or metrics by which to measure program success at achieving each outcome. Analysis of the survey data sought to test hypotheses formed from analysis of the qualitative data.

### **Survey Design**

The survey began with a set of questions about the general characteristics of the responding organization itself, such as its history, annual budget, number of staff, target population(s) served, and services provided. These data points serve as independent variables in statistical analyses of the dataset, which allows me to identify promising variations in the implementation of Housing First and make some best practice recommendations.

The survey included questions about all of the key elements of Housing First identified by stakeholders in the qualitative portion of the study that were beyond those already identified by USICH in their *Housing First Checklist* (United States Interagency Council on Homelessness, 2016). Respondents were also asked to provide their definition of Housing First in one or two sentences to capture any additional variation in understandings of the model.

An index was developed based on the *Housing First Checklist* that was published by the United States Interagency Council on Homelessness in 2016. The *Checklist* consists of a series of statements that describe key elements of Housing First as defined by policymakers in the federal government. There are 11 items on the *Checklist*. Respondents were asked to rate the degree to which they felt their Housing First program(s) aligned with each of the items on the *Housing First Checklist* on a scale from zero to five, where zero is “not at all” and five is “completely aligns.” The option of selecting zero was included because it is

likely that some items on the *Checklist* do not apply at all in some Housing First programs. Each organization was assigned a score on a USICH Housing First index that was equal to the sum of their ratings for each of the 11 items on the *Checklist*. The goal of this index was to measure the level of fidelity of self-identified Housing First programs to Housing First in theory as defined by the federal government.

Notably, Pathways to Housing developed a Pathways Housing First Fidelity Scale in 2013 that they have since used in small-*n* studies to measure fidelity to the Pathways Housing First model (Stefancic et al., 2013). However, the Pathways Housing First model is understood today as one variant of Housing First as it is defined more broadly by the federal government. The federal government provides guidance on Housing First that utilizes this much broader understanding of the model to Housing First providers across the United States. Since the federal government is a significant funding source for homeless service providers, it is likely that homeless service providers will tend to be more familiar with the federal government's broader definition of Housing First and will be more likely to have implemented the model in their program(s) based on this broader understanding. Therefore, the decision was made to utilize a tool that encompassed this broader definition of Housing First that is used by the federal government, since programs are being funded as Housing First by the federal government under this definition of the model. More specific programmatic elements associated with the more narrowly defined Pathways Housing First model—for example, Pathways to Housing defines Housing First as only applying to scattered-site permanent supportive housing programs—are captured by other questions on the survey to measure their impact. However, the development of the Pathways Housing

First Fidelity Scale validates the concept of measuring fidelity to Housing First in theory through a multi-item index.

Fowler (1995) indicates that multi-item indices can be used to “...produce detailed measurement across a larger spectrum of a continuum than a single question...” (p. 70). In this case, the index aimed to measure where programs fall on a Housing First continuum, as defined by the 11 specific items on *Housing First Checklist*. This index allows for a more accurate measurement of fidelity to Housing First in theory because the complexities of the model could not be captured by one single question. In addition to the USICH Housing First index score that measures fidelity to Housing First in theory, individual ratings for each item on the checklist make it possible to identify which of the specific items that make up the *Housing First Checklist* are most common among self-identified Housing First programs and which ones are least common.

Lastly, a set of questions was developed for this survey based on the outcomes of interest identified by stakeholders in the qualitative portion of the study. These questions sought to both measure the rate at which Housing First programs are collecting data on these outcomes of interest and identify what data they are collecting. Additional questions asked organizations to rate the degree to which participants in their Housing First programs achieve each outcome on a scale from zero to five (see **Appendix D** for survey questions).

### **Logistics of Survey**

The web-based self-administered survey was developed in *Qualtrics*. The online survey format was selected for its low cost to the researcher as well as its ease of completion for the user (Schutt, 2012). The survey was distributed via email in two waves, with reminder emails sent to nonrespondents after two weeks and again 24 hours before the end of



the survey response period (see **Appendix E** for the content of the survey recruitment emails). The first wave of the survey was in the field from December 3<sup>rd</sup>, 2019 through January 7<sup>th</sup>, 2020. The second wave of the survey was in the field from February 4<sup>th</sup>, 2020 through February 28<sup>th</sup>, 2020.

The survey included 39 questions and respondents were allowed to skip any questions that they did not wish to answer or to which they did not know the response. The survey was estimated to take approximately 15-20 minutes to complete, which is a significant ask from busy respondents. Given that this is a significant ask from busy respondents, the survey included a cash incentive for participants to increase the response rate (Fowler, 2014). In a conscious effort to increase the response rate without risking coercion, survey respondents were offered the opportunity to be entered into a raffle for a chance to win a \$1,000 monetary donation to their organization for completing the survey. One winner was selected at the end of the survey response period.

### **Validation of Survey Instrument**

The survey instrument was validated in several ways. First, I conducted two cognitive interviews with executive directors of organizations that operate Housing First programs in New England during the month of October 2019. Fowler (1995) explains that in cognitive interviews, "...respondents are trained to think out loud, to articulate their thoughts and their cognitive processes as they absorb a question, search their memories for information required by the question, and turn the information they have into an answer" (p. 112). In addition to thinking out loud, respondents were asked probing questions to better understand their cognitive processes when necessary. The goal of these interviews was to understand how the survey questions are being understood by potential respondents and how

answers are being generated. Cognitive interviews were recorded for later reference as needed. These interviews resulted in minor changes to the survey tool, including the addition of several response categories to some of the categorical questions as well as the reordering of questions in one section to increase clarity.

Next, the survey was pre-tested at Housing First programs in one randomly selected city. The survey was pre-tested in the city of Santa Rosa, CA, where a total of eight organizations were identified as potentially utilizing a Housing First approach in one or more of their programs. The survey tool in the pre-test was identical to the final survey tool with the addition of the following three questions:

1. What questions or comments do you have about this survey?
2. Would you like to be contacted to discuss your experience taking this survey?
3. **[If YES is selected in previous question]** Please provide your name and preferred contact information (email address or phone number) for follow-up.

The survey pre-test was distributed via email and was in the field from November 15<sup>th</sup>, 2019 through November 30<sup>th</sup>, 2019. Two out of eight programs responded, and neither had any questions or comments nor did they wish to be contacted to discuss the survey. The goal of the pre-test was to ensure that there are no technical problems with the survey instrument, as well as to double-check the clarity of the questions themselves. The pre-test resulted in no changes to the survey tool, thus these responses were included in the final dataset.

### **Sample Selection**

The population for this survey was all Housing First programs in the United States. There is no known comprehensive list of this population, therefore the size of this population is not known. Thus, I developed a sample by first randomly selecting 390 cities and towns

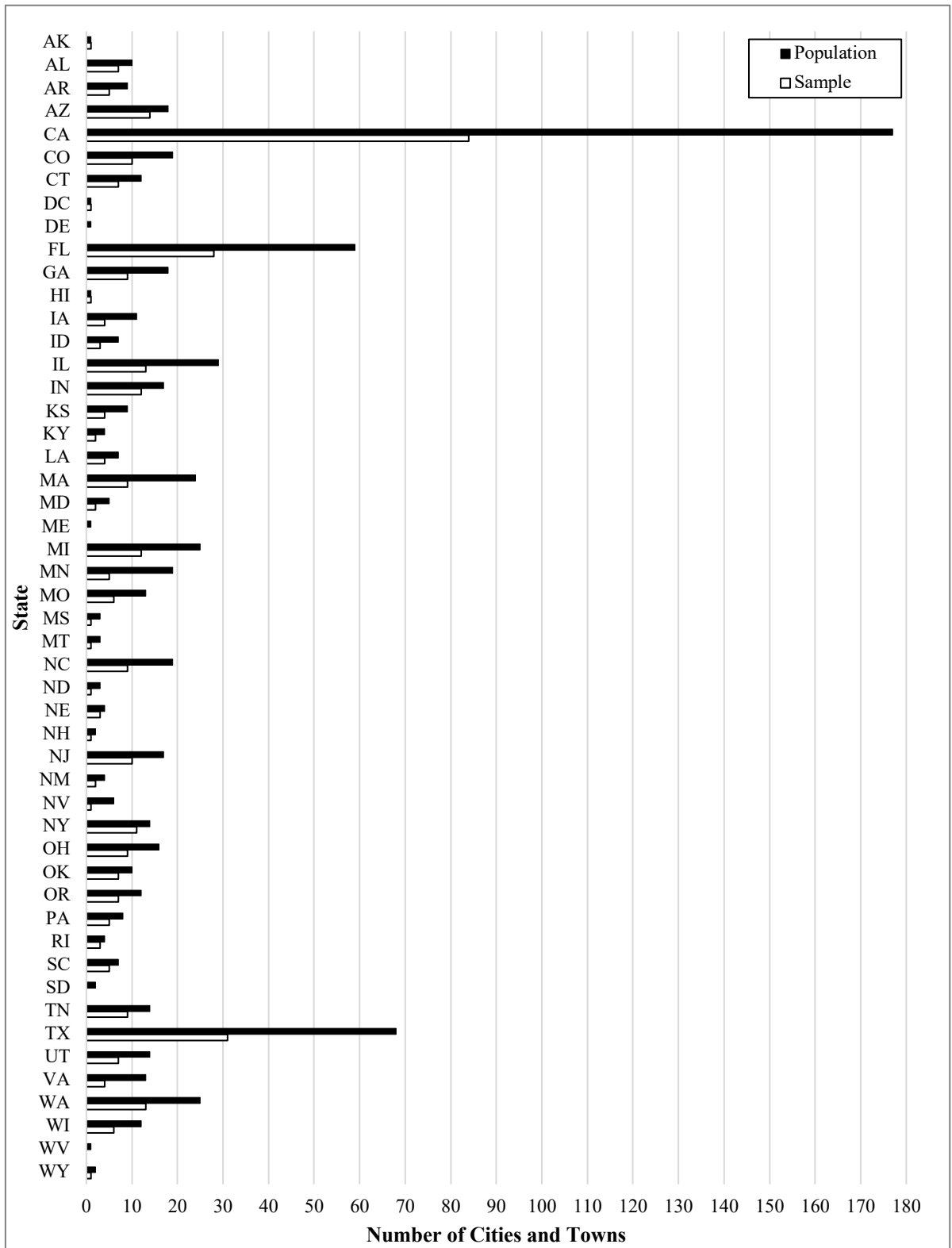
out of a total of 780 (50%) on the U.S. Census Bureau’s *Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More* (United States Census Bureau, 2018). Cities and towns with populations smaller than 50,000 were thought to be less likely to have their own Housing First service providers and instead utilize services in nearby larger cities and towns. The sample cities and towns were representative of the total population of cities and towns both in terms of population size and geographic location (for details, see **Table 1** and **Figure 7** below).

Table 1: Size of Cities and Towns in Population and Sample

	<b>Population (n=780)</b>	<b>Sample (n=390)</b>
City and Town Population Range	47,215 – 8,398,748	49,374 – 8,398,748
City and Town Population Mean	163,271.01	196,429.85
City and Town Population Median	85,729	87,416

Source: authors tabulations of data from the U.S. Census Bureau’s *Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More*, 2018

Figure 7: Geographic Location of Cities and Towns in Population and Sample



Source: authors tabulations of data from the U.S. Census Bureau's *Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More*, 2018

For each sample city, I reviewed the local government website for any resources on local homeless service providers, searched the local listings on [homelessshelterdirectory.org](http://homelessshelterdirectory.org), and conducted a Google search for every logical combination of the terms, “[NAME OF CITY],” “Housing First,” “permanent supportive housing,” “low-barrier,” “low-threshold,” “harm reduction,” and “homeless\*.”<sup>2</sup> This process of identifying Housing First programs for the sample was conducted by two coders to ensure intercoder reliability. A sample of 1,249 unduplicated organizations were identified as potentially using a Housing First approach in one or more of their programs within the sample cities and towns. 78 out of the 390 sample cities and towns (20%) had no potential Housing First service providers, or they were served by regional service providers who were already captured in the sample.

I then searched the website for each identified program to ensure that the program likely utilized a Housing First approach and to locate an email address for the executive director of the program, which was obtained in 521 cases (41.71%). In the 728 cases where an email address for the executive director could not be obtained, either the email for another staff member or the general information email for the organization was utilized (58.29%). To address this issue, the recruitment email explicitly states that the survey should be completed by the program’s executive director and asks the recipient to forward the email to that person if it has reached anyone else (see **Appendix E** for the content of the survey recruitment emails). The reason for selecting executive directors as the respondents is that they are most likely to have the kinds of information regarding Housing First program size

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<sup>2</sup> Qualitative research revealed that many organizations understand the term Housing First to be synonymous with low-barrier/low-threshold, harm reduction, and/or permanent supportive housing.

(total budget, staff, and program participants), history of the organization, and program-wide outcomes that the survey asks about.

Program websites that did not explicitly mention the term “Housing First” but mentioned other key terms such as “low-barrier” were included in the sample, since the qualitative portion of the study revealed that many people in the field understand these terms to be synonymous. However, this means that an unknown portion of organizations in the sample do not actually utilize a Housing First approach; these programs would have been screened out upon reading the recruitment email which states that the survey is intended for Housing First programs. Additionally, in case any organizations did not read the recruitment email, the first question on the survey was a screener question that asked if the responding organization operates one or more Housing First programs. The choice was made to oversample and include all organizations that potentially utilize a Housing First approach to minimize researcher bias and allow respondents to make the determination themselves regarding whether or not they utilize a Housing First approach in any of their programs. Notably, the decision to include these organizations in the sample means that calculating a survey response rate is not meaningful, since organizations included in the sample that do not actually utilize a Housing First approach are ineligible to participate the survey.

### **Analysis of Survey Data**

In total, 283 organizations responded to the survey and indicated that they operated one or more programs that utilize and Housing First approach.<sup>3</sup> Although it is not a meaningful response rate given that not all organizations in the sample were actually eligible

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<sup>3</sup> The 283 responding organizations include responses from waves one and two of the survey in 390 sample cities in addition to the responses from the survey pre-test in Santa Rosa, CA.

to participate in the survey, 22.51 percent of organizations that received the survey responded and indicated that they do in fact operate one or more programs that utilize a Housing First approach.<sup>4</sup> An additional 55 organizations (4.38%) were screened out of the survey after indicating in the first question that they do not operate one or more programs that utilize a Housing First approach. It is not possible to calculate the portion of the population of Housing First programs that participated in the survey, since this population is not known.

Analysis of the survey data began with developing descriptive statistics to better understand the variation of Housing First in practice. Regression models sought to better understand which program elements were correlated with higher levels of fidelity to Housing First in theory as determined by scores on the USICH Housing First index that was developed from the United States Interagency Council on Homelessness *Housing First Checklist* (United States Interagency Council on Homelessness, 2016). Another goal in analyzing the survey data was to discern the impact of fidelity to Housing First in theory—as determined by scores on the Housing First index—as well as a variety of other program elements on outcomes of interest as identified by stakeholders in the qualitative portion of this study.

### **Study Validity**

According to Ragin and Amoroso (2011), “Validity refers to the appropriateness of a measure—whether it measures what it is supposed to measure” (p. 234). In order to increase the validity of this study, the methodologies were thoughtfully selected to align with the

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<sup>4</sup> This response rate was calculated based on the 1,249 organizations from waves one and two of the survey in 390 sample cities in addition to the eight organizations identified for the survey pre-test in Santa Rosa, CA since those responses are also included in the final dataset. A total of 1,257 organizations were reached between the survey pre-test and both waves of the survey.

study goals and research questions in an iterative process. Furthermore, this study sought to collect rich data, defined by Maxwell (2013) as, "...data that are detailed and varied enough that they provide a full and revealing picture of what's going on" (p. 126). Qualitatively, this rich data comes in the forms of interview and focus group recordings, detailed notes taken during those interviews and focus groups, as well as researcher reflection memos written after each interview and focus group. This rich qualitative data was supplemented with quantitative data from the large-*n* national survey.

This study also sought to triangulate the data through the use of multiple methods applied in a variety of different settings with a diverse range of study participants. The qualitative portion of this study included interviews and focus groups conducted with program participants, direct service staff, and leadership at Housing First programs in the Greater Boston area of Massachusetts, while the quantitative portion of this study included a web-based self-administered survey of organization leadership at Housing First service providers across the United States. Maxwell (2013) explains, "This strategy reduces the risk of chance associations and of systematic biases due to a specific method, and allows a better assessment of the generality of the explanations that one develops" (p. 128).

### **Study Generalizability**

The qualitative portion of this study sought analytic generalizability, defined by Yin (2014) as, "the logic whereby case study findings can extend to situations outside the original case study, based on the relevance of similar theoretical concepts or principles" (p. 237). The subsequent large-*n* national survey sought statistical generalizability of key concepts identified in the qualitative portion of the study.



## **Methodological Limitations**

There are several limitations to this study that are worth noting. First, the qualitative portion of this study was conducted in a single geographic area—the Greater Boston area of Massachusetts. Therefore, it is possible that there may be some elements to understanding or implementing Housing First that are unique to other regions that were missed. However, this is unlikely due to the fact that most guidance on Housing First comes from national-level institutions such as the U.S. Department of Housing and Urban Development (HUD) and USICH.

Second, the final drafts of the value-focused thinking structures could not effectively be shared with focus group participants due to the transient nature of people experiencing homelessness and the high turnover of direct service staff at Housing First programs. To minimize the effects of this limitation, checks of understanding were performed throughout the focus groups and minimal changes were made to the structures after the focus groups.

Third, the survey was web-based and therefore organizations that do not have an online presence were excluded from this study. This limitation is thought to be minimal since it is thought that a majority of organizations minimally have a website or a social media page.

Lastly, organizations do not regularly collect data on all outcomes of interest, so the survey asks for estimates on some less common outcome measures, which allows for potential bias in the responses. This limitation is partially mitigated by using estimated outcomes in conjunction with outcomes that have been systematically measured.

## **Ethical Considerations**

The qualitative portion of this study gathered information from a very vulnerable population—people experiencing homelessness. Keeping this in mind, I worked closely with participating Housing First programs to fairly recruit participants who were capable of giving informed consent. Furthermore, compensation for study participants was small to avoid coercion. Lastly, the names of all participating programs and individuals are anonymized in reports to protect participants, and all participant information is stored on a password-protected flash drive that can only be accessed by myself and my dissertation committee.

The web-based survey of Housing First providers across the United States gathered information from busy leaders at resource-constrained organizations. Thus, the survey was kept as short as possible to minimize the time required to fill it out. Further, a great deal of thought was given to how to compensate participating organizations in a way that would encourage participation without being coercive. Offering a small monetary donation to every participating organization would likely not be enough of an incentive to encourage participation. Therefore it was decided that offering a larger donation of \$1,000.00 to one randomly selected responding organization would achieve both of these goals. It is worth noting that the relative impact of this donation differs from one organization to the next depending on their annual budget, but it was thought that \$1,000.00 is still a small enough amount that it is not coercive.

## CHAPTER 3

### HOUSING FIRST IN GREATER BOSTON: A QUALITATIVE CASE STUDY

#### **Overview**

This qualitative case study began with expert interviews followed by focus groups with staff and program participants at Housing First programs in Greater Boston. The goal of these interviews and focus groups was to understand how different stakeholders define and understand Housing First as well as what they see as the model's successes and its challenges. Another goal was to identify outcomes of interest to these stakeholder groups beyond those that are commonly reported on, such as number of housing placements or returns to homelessness. Lastly, these interviews and focus groups sought to identify points of variation in the implementation of the Housing First model across different organizations.

#### **Expert Interviews**

Expert interviews were conducted with three local homelessness experts in the Greater Boston area. Interviews revealed that the experts generally associate Housing First with being low-barrier or low-threshold and with serving people who have experienced long-

term homelessness. However, there were some discrepancies in determining the target populations of Housing First as well as in determining the potential settings of Housing First.

Ramona is the executive director of a small local nonprofit called Helping Hands.<sup>5</sup> Helping Hands works with homeless service providers throughout the city of Boston to provide funds to homeless and formerly homeless individuals to help cover the costs of attaining and maintaining housing. In addition to supporting a housing stabilization staff position, Helping Hands also supports a position that connects newly housed people with employment and educational opportunities in the community—but Ramona was quick to point out that these services are for rapid re-housing clients and not Housing First clients, since gainful employment is not a goal of Housing First. While Helping Hands does not provide Housing First services directly, Ramona is very knowledgeable about local Housing First service providers in the area.

Based on her experiences working with Housing First programs in the city, Ramona feels that Housing First is essentially synonymous with permanent supportive housing and even suggests that this term may soon replace Housing First altogether. She explained that Housing First is for “people who are chronically homeless...[and] are generally struggling with myriad health and mental health issues.” Ramona suggested that this target population of chronically homeless individuals is an important part of defining Housing First; these are the people for whom the traditional treatment first model wasn’t working. She went on to explain, “We define it as housing people first, and once you house them, and they’re in stable, safe, dignified housing, they can address and engage...with healthcare providers,

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<sup>5</sup> The names of all participating programs and individuals have been changed to protect the identities of study participants.

mental health care providers, you know, all that stuff. It's impossible to do amidst the chaos of homelessness." Ramona pointed out that the main challenge facing Housing First programs in Boston is the lack of available housing units. She suggested that the Housing First model would be improved by educating landlords about the model to help them understand that the model requires continued supportive services be provided and that people who have experienced chronic homelessness would not simply be left alone to their own devices in their new apartments. Ramona also suggested that a flexible fund to cover any damages caused by Housing First tenants would provide landlords with the needed peace of mind to rent to this population, thus opening up more housing units for Housing First.

Callie is a manager and direct service professional for a local homeless service provider that focuses on healthcare called Healthy City. She works primarily in street outreach, often with patients who are chronically homeless. As a result, she works with many local Housing First providers to connect her patients with services and ultimately get them into housing. Callie defined Housing First as "...helping folks to get into housing without barriers...not making it a requirement for any particular health or recovery goals before housing." She emphasized the reduction of barriers to housing as an essential part of defining Housing First. Callie explained that this model could be applied in a variety of settings, from street outreach and homeless shelters to permanent supportive housing. However, she echoed Ramona from Helping Hands when she pointed out that Housing First doesn't usually include rapid re-housing programs because Housing First serves chronically homeless people who, by definition, have not been *rapidly* rehoused given their long-term homeless status.

Callie suggested that Housing First is not always successful for everyone, and she considered not only housing retention but also quality of life to be important criteria in evaluating the success of the model. In particular, she felt that it is challenging to find optimal housing placements given the limitations of the city's low housing stock and the high needs of the chronically homeless population. As a result, she said that Housing First program participants in Boston are not really given choice in their housing placements, which results in suboptimal housing placements and therefore suboptimal outcomes. Callie suggested that the city is not doing service to the core tenets of Housing First.

Steve and Ben are directors of a large statewide policy advocacy organization called the Massachusetts Coalition for Homelessness and Housing. Steve immediately pointed out that "Housing First is a meaningless term." Ben added that homeless service providers are just "chasing dollars," a comment on which Steve elaborated by explaining that many homeless service providers try to fit what they're doing to match what they think a certain funder will want without fully embracing the concept—right now Housing First is the hot topic that funders want. Both Steve and Ben agreed that the most important piece of defining Housing First is the need for programs to be low-barrier or low-threshold. Like Ramona, Steve said he felt that the term Housing First is on its way out, but unlike Ramona who felt that Housing First is synonymous with permanent supportive housing, Steve felt that the terms low-barrier and low-threshold would soon replace Housing First. Ben also emphasized the importance of client-choice over their treatment in Housing First, and pointed out that sometimes this means a program participant might choose a higher-barrier housing or treatment option (such as choosing sober housing in an effort to maintain their own sobriety). Both Steve and Ben also agreed that rapid re-housing is not part of Housing First because it

is a federal funding stream that is intended to serve people experiencing transitory (or short-term) homelessness. Rapid re-housing resources are meant to be short-term subsidies and supports whereas Housing First resources are long-term subsidies and supports.

Steve said that one challenge with Housing First is that some of the people being served by the model really should be in a mental health care facility. He went on to say that “Housing First can’t make up for all the defects within the mental health care system.”

Expressing frustration that many mental health care facilities discharge patients to the streets, both Steve and Ben agreed that there is a need for improved mental health care and increased access to it.

These interviews revealed a consensus regarding the importance of minimizing barriers to housing when defining and applying Housing First. Furthermore, these interviews indicated the existence of two distinct clinical subpopulations within the larger homeless population for whom different responses to homelessness were required—people experiencing transitory (short-term) homelessness and people experiencing chronic (long-term) homelessness. However, experts disagreed about the boundaries of these populations, specifically regarding whether or not families and youth should be included in the chronically homeless population that is served by Housing First or if that term only pertained to adult individuals. Furthermore, interview subjects disagreed about potential settings to apply Housing First. Ramona felt that Housing First is synonymous with permanent supportive housing, while Callie, Steve, and Ben felt that Housing First is synonymous with low-barrier or low-threshold and could be applied in shelters as well. Ramona and Callie felt the main challenges to Housing First center around the lack of available housing units while

Steve and Ben felt the main challenge is a broken mental health care system. The range of definitions of Housing First is apparent across even just these three expert interviews.

### **Grace Mission**

Grace Mission is a large nonprofit homeless service provider with several locations south of Boston. Grace Mission provides emergency shelter to individual adults as well as families, and they offer permanent supportive housing both in the form of single-site congregate buildings as well as scattered-site housing units throughout the community. The organization practices Housing First in addition to diversion and rapid re-housing, depending on the particular needs of each program participant. Grace Mission uses the very common Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) in their emergency shelters to determine the type of service response their program participants need, ranging from diversion or rapid re-housing for the most self-sufficient program participants to Housing First for the program participants with the most significant barriers.

Sarah, the Housing Director at Grace Mission, explained how she thinks about Housing First, “You need a roof over your head before anything in your life can get better.” She felt that Housing First primarily serves people who are chronically homeless, but her definition of the term ‘chronically homeless’ includes families in addition to individuals who are experiencing homelessness. Mark, who directs the organization’s emergency shelter services, explained that you can’t define Housing First without mentioning the terms harm reduction, self-sufficiency, and person-centered.

Grace Mission’s emergency shelter is low-barrier. Mark, who directs the organization’s emergency shelter services, explained the requirements to access emergency shelter at Grace Mission:



The only real requirement is that medically, you are able to care for yourself. But people can come in if they've been drinking, if they've been using, if they have mental health issues that are untreated or undiagnosed. As long as you can be safe and maintain yourself and your own safety, then you're fine.

Although low-barrier might be a part of Housing First, the two terms are not synonymous to leadership at Grace Mission. Staff at the low-barrier emergency shelter utilize a number of different service approaches to house program participants, and Housing First is just one of them.

Leadership at Grace Mission define Housing First as low-barrier access to permanent supportive housing for chronically homeless adults, including individuals and families. Both Sarah and Mark see the VI-SPDAT as an integral part of implementing Housing First to identify which people experiencing homelessness need that level of support. Notably, they both agree that the current version of the tool is too rigid and does not always properly weight the different factors contributing to a person's vulnerability. Sarah and Mark agree that Housing First is needed for many of their program participants, but that some of their program participants are more self-sufficient and therefore better suited for more independent housing options. When asked who is served by Housing First at Grace Mission, Mark explained, "For us, the target really is those who are most vulnerable, been on the streets the longest, or have the most significant substance abuse, mental health, or physical disability barriers."

In addition to feeling that there is room for improvement in the VI-SPDAT, Sarah and Mark explained that the biggest challenge for Housing First is getting landlords onboard with the model. Grace Mission program participants who are housed through the organization's

scattered-site program sign leases directly with landlords in the community, some of whom are not understanding when common challenges arise, such as illegal substance use or excessive guests. Other challenges include a need for additional funding to support experienced, clinically trained staff and a need for coordination among Housing First programs across the state to be able to get program participants into optimal housing placements.

Leadership at Grace Mission feel that Housing First is needed, but that it's not the single answer to homelessness. Sarah explained, "We see Housing First work wonderfully sometimes and not so wonderfully sometimes." Leadership at Grace Mission consider the model to have failed when a program participant returns to homelessness. Most clients who return to homelessness at Grace Mission choose to leave the program to avoid a likely eviction. Notably, Grace Mission has only actually evicted two program participants since 2016. Sarah explained, "A big part of our philosophy is that we don't want to evict, like ever."

The focus group with direct service staff at Grace Mission included 10 case managers from both the emergency shelter and from the organization's permanent supportive housing programs. Staff at Grace Mission generally have a broader definition of Housing First than leadership, indicating that the model can encompass rapid re-housing. Staff feel that Housing First is based on the idea that housing should be a right, and implementing the model means providing low-barrier access to emergency shelter and whatever type of housing is most appropriate for each program participant. One case manager explained, "The philosophy is, you house them first, and then it's harm reduction...The idea is that you get them housed first, and you stabilize them, and then you can come in behind them and connect

them with providers and resources to get them on a path where they can maintain their housing.” He went on to point out that it doesn’t always work out that way.

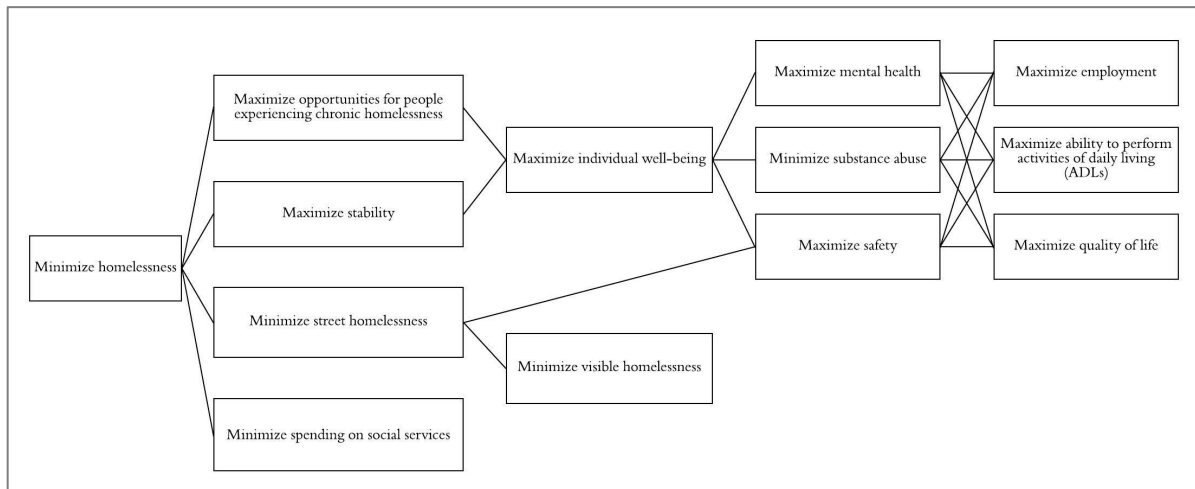
In defining Housing First, staff highlighted the need for program participants to set their own individual goals. Staff at Grace Mission feel that their role is to maximize safety through harm reduction tactics, but not to force their own values onto program participants. One case manager explained, “I have a lot of clients that have different addictive behaviors, and it’s not my place to put my version of appropriateness onto them. And it really comes down to them figuring out the quality of life that they want. And really working with them around keeping themselves safe is the biggest thing.” Direct service staff at Grace Mission also highlighted that Housing First is not ‘just housing,’ feeling that the ongoing case management after a program participant gets into housing is an essential part of the model. One case manager explained, “It’s not just get shelter over their heads and leave them alone...They’re coming from a traumatic past—it’s a traumatic situation being homeless in itself. So it’s a matter of stabilizing them.”

Direct service staff feel that the biggest challenge in Housing First is the requirement that program participants be chronically homeless in order to be eligible for housing under the model. When program participants are placed in suboptimal housing placements and are unable to maintain that housing, they must return to homelessness for at least one year to be considered chronically homeless again before they can be re-housed under Housing First. They also explained that people who are experiencing homelessness that have some barriers to housing, but not the most barriers to housing, fall through the cracks. Scores on the VI-SPDAT are used to prioritize the people with the most significant barriers to housing for Housing First, and recommend that the most self-sufficient people utilize services like rapid

re-housing. There are many people who are not self-sufficient enough for rapid re-housing, but they aren't considered vulnerable enough to be prioritized for Housing First.

In the tradition of value-focused thinking, direct service staff at Grace Mission were asked a series of questions about the goals or objectives of Housing First to produce the fundamental objectives hierarchy found in **Figure 8a**. They identified the fundamental objective of Housing First to be minimizing homelessness. Lower level objectives included goals both for program participants such as reducing substance use and for the larger community such as reducing visible homelessness in cities.

Figure 8a: Housing First Fundamental Objectives Hierarchy by the Staff of Grace Mission<sup>6</sup>



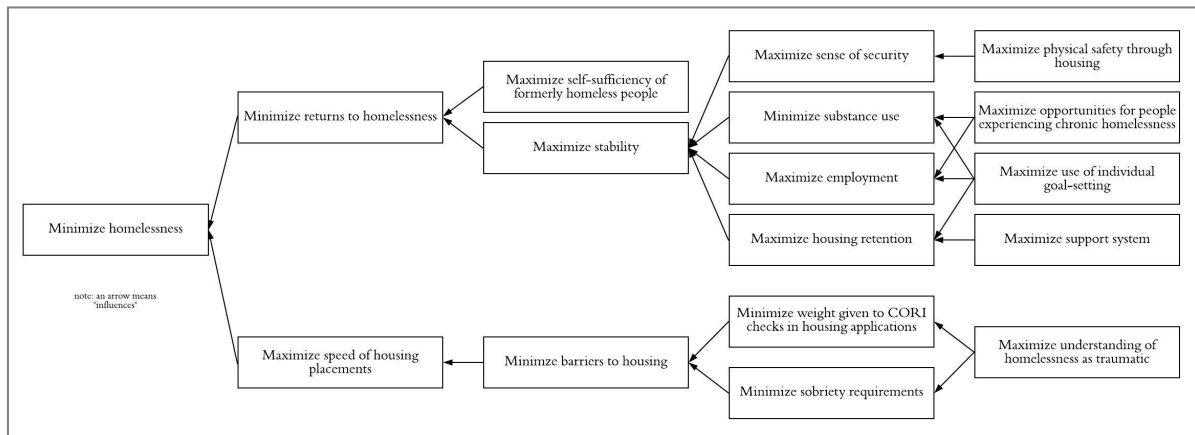
Source: original data collected during focus group with staff at Grace Mission

Grace Mission's staff were also asked a series of questions to better understand how Housing First works to accomplish its goals. They indicated that Housing First works to minimize homelessness by minimizing barriers to housing and maximizing the capabilities of program participants once they are in housing. Staff at Grace Mission also stressed the

<sup>6</sup> According to Keeney (1992), lower-level objectives in a fundamental objectives hierarchy "...should be mutually exclusive and collectively should provide an exhaustive characterization of the higher-level objective" (p. 78). This fundamental objectives hierarchy is structured in such a way that the broadest or most fundamental goal of Housing First—identified in this instance by staff at Grace Mission to be minimizing homelessness—is ordered above more specific lower-level goals of Housing First.

importance of program participants having control over their housing placements and their individual goals. The means-ends objectives network found in **Figure 8b** resulted from this line of questioning.

Figure 8b: Housing First Means-Ends Objectives Network by the Staff of Grace Mission<sup>7</sup>



Source: original data collected during focus group with staff at Grace Mission

The focus group with program participants included both people in the emergency shelter as well as people currently housed in a Housing First apartment through Grace Mission, because leadership and staff at the organization consider both programs to be Housing First. Program participants in housing were told about the focus group ahead of time so that they could plan to walk over to the emergency shelter where the focus group was hosted. Because the population in the shelter changes daily, the focus group was announced to program participants in the emergency shelter at the beginning of their lunchtime, just before the focus group was set to begin. In total, 12 program participants attended the focus group. All focus group attendees were individual adults.

<sup>7</sup> The means-ends objectives network is structured in a such a way that the causal path for each lower-level means objective is drawn to illustrate how it contributes to achieving higher-level objectives and ultimately, to the fundamental objective. In this case, causal paths are drawn between the lower-level means objectives associated with Housing First that are identified as contributing higher-level objectives and ultimately, to the fundamental objective identified by staff at Grace Mission to be minimizing homelessness.

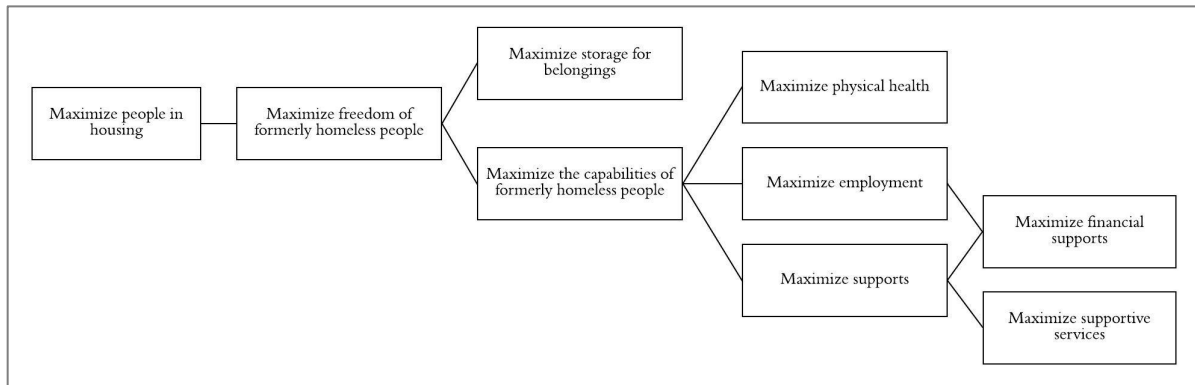
Only a handful of program participants were familiar with the term Housing First, and they have mixed opinions about the services they've received at Grace Mission. Program participants in housing had a more positive view of the services they have received at Grace Mission than program participants still in shelter. Program participants in housing expressed feeling that they had control over choosing their housing and they're satisfied with the placements.

Program participants in shelter expressed dissatisfaction with the services they are receiving. They described many barriers to accessing the emergency shelter, including required searches of their belongings every time they enter the space. They were also frustrated that they can't bring any food or drinks into the emergency shelter, and they can't use their cell phones in the space. Further, program participants in shelter explained that they are frequently punished for minor offenses—such as swearing—by being temporarily banned from the space for anywhere from one night to 30 days. Program participants in shelter generally did not want to be housed in one of Grace Mission's single-site congregate Housing First buildings because it feels like another emergency shelter to them. They expressed feeling that it is unfair that the organization collects rent from people and then prevents them from having guests over. Many program participants in shelter have been homeless for years, and they feel that Grace Mission is doing nothing to help them. One client explained, "They run this place like a jail, not like an actual shelter."

Program participants were asked a series of questions to better understand their perspective on the goals of Housing First. The fundamental objective was determined to be maximizing people in housing. All associated goals were individual, including being able to

manage physical health and get a job. This line of questioning resulted in the fundamental objectives hierarchy found in **Figure 9a**.

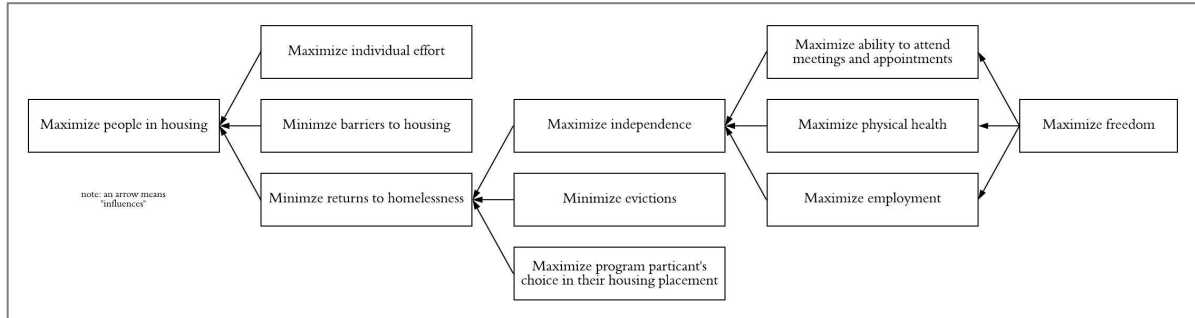
Figure 9a: Housing First Fundamental Objectives Hierarchy by the Program Participants of Grace Mission



Source: original data collected during focus group with program participants at Grace Mission

When asked a series of questions about how Housing First works to accomplish its goals, program participants at Mission Grace produced the means-ends objectives network found in **Figure 9b**. They felt that Housing First required the program participant to put in maximum effort. They also felt that program participants needed complete control over their housing placements and what they do in the space thereafter in order for the model to be successful.

Figure 9b: Housing First Means-Ends Objectives Network by the Program Participants of Grace Mission



Source: original data collected during focus group with program participants at Grace Mission

## A Pathway Home

A Pathway Home is a large nonprofit Housing First homeless service provider in Southeastern Massachusetts. A Pathway Home has programs that provide emergency shelter to individual adults as well as permanent supportive housing to individual adults, families, victims of domestic violence, and those with HIV diagnoses. They have housing programs both in the form of single-site congregate buildings as well as scattered-site housing units throughout the community. Maria, the organization's Director of Homeless Services explained that A Pathway Home "...began providing services as an addiction rehabilitation agency. When HUD prioritized Housing First, most of the projects became Housing First on that mandate." This transition occurred in 2016 after over a decade of operating as a sober housing program, and it required significant changes to every rule and procedure within the organization. Before transitioning to Housing First, A Pathway Home used to conduct monthly random drug screenings of its program participants to help them maintain their sobriety, but that practice ended with the transition to Housing First. Now, the organization's staff are all trained to administer Narcan in case of an overdose.

Maria defined Housing First as she explained the organization's transition to the model:



...in order to enter the program, certain criteria had to be met, and some of it was ‘did you have three or four months of sobriety under your belt so that you can access this housing so that we can continue with this plan to end your cycle of homelessness because of that?’ The way that I viewed Housing First was that we are creating barriers to housing by having that initial criteria so we took that all off as our beginning stage to embracing the Housing First model.

Despite the organization’s prior sobriety requirement, there is consensus among A Pathway Home’s leadership around the idea that their programs have always been low-threshold. Leadership and direct service staff agree that both their emergency shelter and their housing programs utilize a Housing First or low-threshold approach.

Throughout the organization, a majority of leadership and direct service staff were unhappy about the transition from sober housing to Housing First. Program participants had mixed opinions about it. Maria said that there are “...more people accessing housing, but less people leaving the program successfully.” Members of leadership expressed feeling that there have been major safety concerns since the transition to Housing First, particularly around substance use. Therefore, they’ve tried to make minimal adjustments to past policies without eliminating them entirely. For example, they no longer have interventions for substance use on its own, but they have ‘housing interventions’ when substance use is suspected because the behavior puts the program participant’s housing in jeopardy. Maria said, “We’ve tried to find ways to make it safe and still stay within the guidelines. We tried to implement everything we could to be Housing First without jeopardizing their safety.”

Leadership explained that many program participants who lived in the organization’s congregate sober housing before the transition to Housing First liked the random drug

screenings because they felt that the practice held them accountable, and they wanted their buildings to be drug-free to avoid temptation. As the organization transitioned to Housing First, leadership reports that there was confusion and frustration amongst program participants about why people were suddenly getting high in formerly sober spaces. Notably, however, leadership pointed out that this problem with the transition did not occur in their scattered-site programs since program participants do not live in the same buildings. In fact, all members of leadership agreed that scattered-site housing led to better outcomes with both sobriety and housing retention.

One member of leadership, a director of one of the organization's scattered-site housing programs, joined A Pathway Home just as the transition to Housing First was occurring. Mike has a much more positive view of Housing First than his colleagues. Mike explained, "The changes I'm seeing in clients as they're going from the SRO to their own apartments is I'm seeing a lot of initiative. I'm seeing integrating with communities. I'm hearing about more involvement with families. And all of a sudden, everybody wants to work...everybody's like 'I need a job, I need a job.'" But even Mike admits that the model is not without its challenges, primarily around boundary-setting with apartment guests. In particular, Housing First residents often struggle to turn away their friends who are still experiencing homelessness.

The organization's leadership generally agree that Housing First is needed, but that sober housing is needed as well. Program participants who had moved into A Pathway Home's sober housing settings continue to struggle with new neighbors who are active in their addictions. Furthermore, the organization's staff feel their job descriptions had changed drastically in the transition.

The focus group with direct service staff at A Pathway Home included five case managers from the emergency shelter as well as the organization's single-site congregate buildings and their scattered-site programs, because those programs are all considered to be Housing First. A Pathway Home's direct service staff shared leadership's negative opinion of Housing First. Many of them have worked with the organization for years, directly witnessing the transition from sober housing to Housing First. The case managers agree that the Housing First model gives housing to "those that are not well." They feel that most people who are housed through Housing First are not housing ready and ultimately end up returning to homelessness.

The staff expressed particular frustration about no longer being able to drug test program participants to "hold them accountable." They indicated that substance use usually causes program participants to become delinquent on their rent and get evicted. One case manager explained:

Right now they have no accountability, because Housing First, they can use, they can drink, they can do whatever. I've got another client who yells out her window whenever she's drunk, she's screaming from the third floor. It's very hard being a case manager with this model, because they're accountable for nothing. And the only way they would be terminated from their apartment is if they become noncompliant with not paying their portion of the rent. And if they're actively using, that usually is what happens, they won't even pay the little bit they have to pay...I think this model is horrible.

The case managers feel that they could help program participants more if they could require them to engage in substance abuse treatment and mental health services. One case manager said:

With it, we can't enforce any support. Most of the time, the reason they're homeless isn't just because they don't have an apartment, but they're struggling with mental health issues and...you have individuals who are veterans who are struggling with lots of trauma...and there's health issues...the substance abuse issue...those are the things that most of the time is the reason they're homeless. So just saying, 'here you go, here's an apartment' but nothing is taken care of—we're not enforcing or cannot push them to seek mental health services, to be on the proper medication they need to be ok, to get some substance abuse treatment, so they're not getting any of those things, we're just giving them a place to live that will not last because they're still very ill.

Most importantly, the case managers all agree that residents who had moved into the organization's sober housing before the transition to Housing First were rightfully upset that their neighbors were now using drugs without repercussions:

Probably 98% of the people there wanted to be clean, and that's why they were there, and then all of a sudden our model changed, and it just kind of threw a monkey wrench in there because we have people using now, smoking pot, using in their room. It would be frustrating for anybody living in a place where you want to be clean and somebody's using next door to you and you can smell pot throughout the hallways.

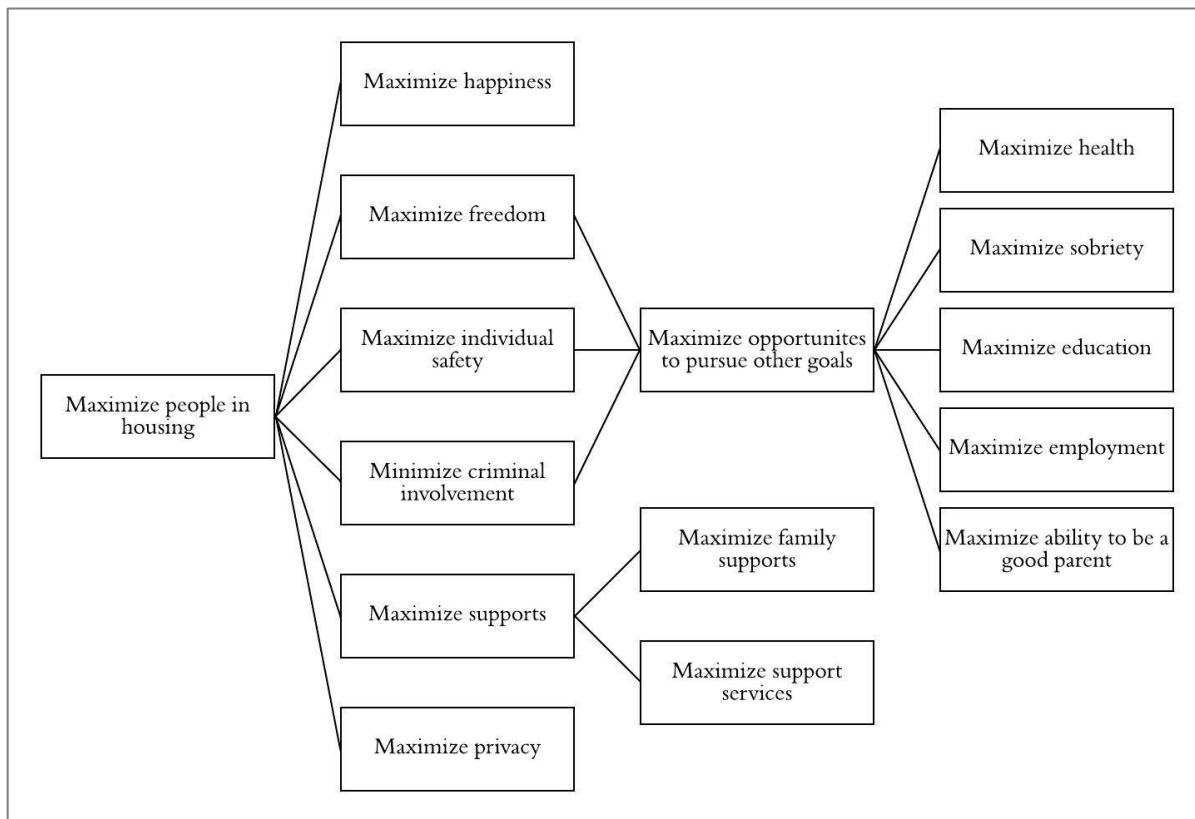
Case managers in the organization's housing programs feel that their jobs have changed drastically in the transition to Housing First, and they indicated that residents were just as

frustrated with the transition. Notably, the case managers in the shelter do not feel that the transition to Housing First changed their jobs significantly. The shelter used to require that all program participants undergo a breathalyzer test when they enter the building, but they now only test program participants who are suspected of being over the legal limit. Program participants whose blood alcohol concentration tests above the legal limit—as well as those who are suspected of being high on narcotics—are asked to leave the shelter space until they are medically cleared to return. Still, staff echoed leadership that the organization’s emergency shelter services had always been low-threshold.

The staff agree that Housing First works for some people, but serves as a “revolving door” to homelessness for most people. They said that the ideal version of the model would have no barriers to attaining housing, but would require engagement in services to maintain that housing.

After being asked a series of questions to better understand the goals of Housing First, the direct service staff of A Pathway Home produced the fundamental objectives hierarchy found in **Figure 10a**. It was quickly determined that the fundamental goal of Housing First is to minimize (or end) homelessness. Although notably, sobriety was emphasized as an equally important goal to the organization throughout the entirety of the conversation, it was understood by A Pathway Home’s staff that sobriety was not a direct goal of Housing First. There were several individual goals associated with ending homelessness, such as maximizing individual health and safety. There were also several societal goals associated with ending homelessness, such as reducing crime rates and reducing healthcare costs for all.

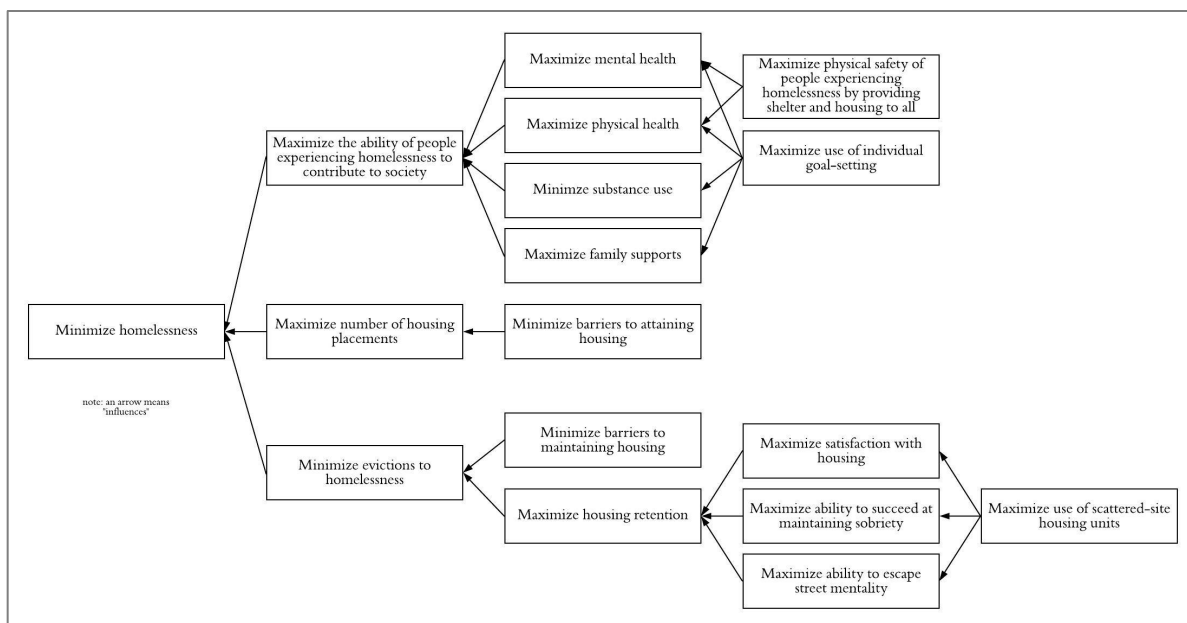
Figure 10a: Housing First Fundamental Objectives Hierarchy by the Staff of A Pathway Home



Source: original data collected during focus group with staff at A Pathway Home

The staff of A Pathway Home produced the means-ends objectives network found in **Figure 10b** when asked a series of questions about how Housing First works to accomplish its goals. The staff noted that it only works this way for a small number of program participants, with many being evicted to homelessness due to non-payment of rent as a result of their substance use. It was understood that Housing First minimizes homelessness by minimizing barriers to attaining and maintaining housing. Further, the use of individual goal-setting was emphasized as a means of addressing issues that may have contributed to a client becoming homeless in the first place. Staff felt that maintaining sobriety was closely connected with preventing evictions to homelessness.

Figure 10b: Housing First Means-Ends Objectives Network by the Staff of A Pathway Home



Source: original data collected during focus group with staff at A Pathway Home

The focus group with program participants at A Pathway Home included seven individual adults, representing the emergency shelter as well as both single-site congregate buildings and their scattered-site programs. Program participants were informed about the focus group ahead of time by their case managers so that they could plan to travel to the location. Flyers advertising the focus group were also placed in common areas. The focus group with program participants was held at the emergency shelter at check-in time to maximize participation.

Program participants at A Pathway Home are knowledgeable about Housing First. One client explained, “They figured if they give people a home first, and then let them work on the issues they have...so give them the home first, and then let them work on recovery issues or mental issues if people have those...jobs, whatever the issues are.” The opinion of Housing First among the program participants is mixed. Program participants in the emergency shelter feel that people unfairly get into housing more quickly if they are actively

using and not doing the right thing. Program participants in housing feel that attaining housing has enabled them to focus on other goals. Although leadership and staff agreed that they received frequent complaints from program participants in housing about their neighbors drinking and using drugs, this opinion was not expressed by any of the program participants in housing who were present at the focus group.

Program participants explained that the emergency shelter is very structured. Program participants must pass through a metal detector and have all of their belongings searched every afternoon when they enter the space to ensure that they have no drug paraphernalia or weapons, and they cannot leave the space until the morning—except for scheduled smoke breaks on the porch. One client pointed out, “That kind of hinders someone from actually being able to get clean. Because now they’re stuck in here, they can’t go out to the meeting that’s up the street tonight. They got to stay in here.” Each client is assigned a mandatory daily chore, ranging from sweeping the floors to preparing meals in the kitchen—extra chores are rewarded with extra smoke breaks. One client explained, “It’s like jail actually.” Even though some program participants feel frustrated with some of these rules, they said that they understand why the rules are in place. Other program participants feel that this structure in the emergency shelter is a good thing that helps them maintain their sobriety. All program participants who are currently in the emergency shelter agree that their primary focus in case management is on attaining housing.

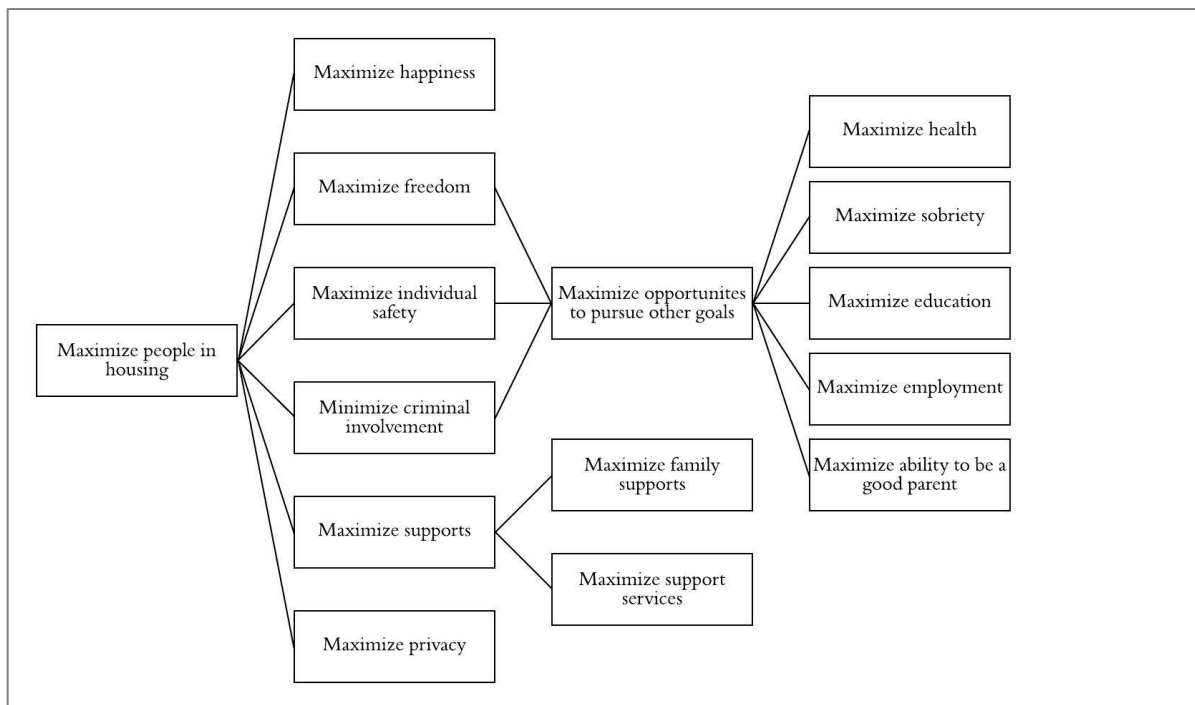
Program participants in housing are generally happy with their housing placements. One client who had lived in one of the organization’s congregate or single-site Housing First buildings and later moved into an apartment in the community through the organization’s scattered-site Housing First program explained that the scattered-site option was much better,



saying, “I’m by myself, it’s my own place.” Program participants who are currently in housing are focused on not only maintaining their housing but additional health, sobriety, educational, and/or career goals. One client has begun working toward his associate’s degree since moving into housing.

Program participants of A Pathway Home produced the fundamental objectives hierarchy found in **Figure 11a** after being asked a series of questions to better understand the goals of Housing First. The need for everyone to have housing was identified as the fundamental goal of Housing First. Associated goals are individual and focus primarily on maximizing quality of life and maximizing achievement of other goals such as increasing education or maintaining sobriety.

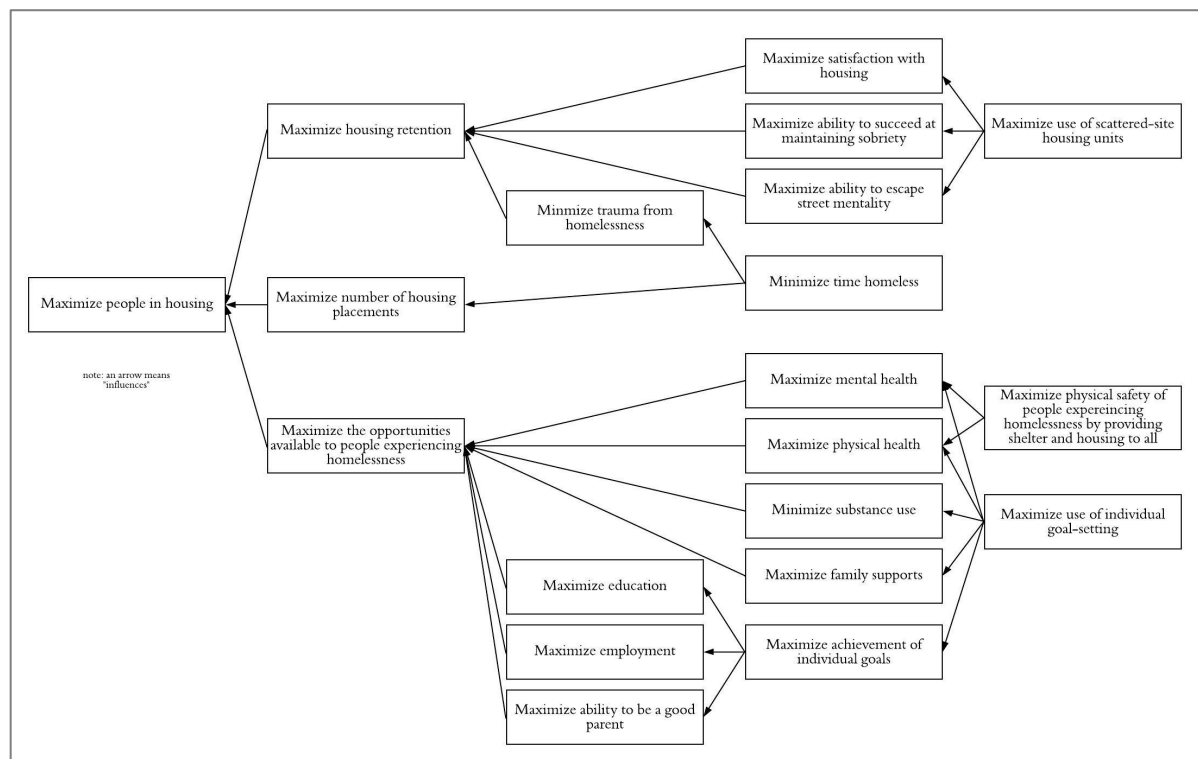
Figure 11a: Housing First Fundamental Objectives Hierarchy by the Program Participants of A Pathway Home



Source: original data collected during focus group with program participants at A Pathway Home

Program participants’ understanding of how Housing First works to accomplish its goals is outlined in **Figure 11b**. Across the board, program participants equate housing to freedom. They feel that housing allows them to focus on other goals—such as maintaining sobriety, reuniting with family, or going to college—which in turn enables them to better maintain their housing.

Figure 11b: Housing First Means-Ends Objectives Network by the Program Participants of A Pathway Home



Source: original data collected during focus group with program participants at A Pathway Home

## Homes Now

Homes Now is a nonprofit community action agency located north of Boston. In addition to providing job training, rehabilitation, and emergency shelter to individual adults, Homes Now began housing individual adults as well as families through the Housing First model in 2012. Leadership and staff agree that Housing First only applies to their housing

programs, and not to their low-barrier emergency shelter—the organization generally equates Housing First with permanent supportive housing for chronically homeless people. Their Housing First apartments are primarily scattered-site, with the exception of one four-unit single-site congregate Housing First building that is owned by the organization. All of the scattered-site units are master leased by Homes Now and then subleased to program participants, which guarantees that landlords get their rent in full on time each month. Homes Now is the only Housing First provider in their region, so potential participants in their Housing First programs are pulled from a list that covers the entire region.

Across the organization, leadership and staff are highly enthusiastic about the Housing First model. Sarah, who is an Assistant Director and supervises the Housing First case managers, explained how Homes Now does Housing First:

So it's for individuals who are chronically homeless—meaning that they also have a disability in addition to their length of homelessness time—and for us, it's all about being low-barrier and low-threshold. We take anyone and everyone into our program to try and really embrace the model as it was first brought about. We don't have requirements around sobriety, we don't have requirements around income...to get into our program, if you come up on the list, the only requirement we have is proof of some form of ID—we've had jail IDs, a regular license [to meet the residency requirement]...and also just verification of chronic homelessness, so something verifying your homelessness and something verifying your disability.

Sharlene, who is the Director of Housing Services, emphasized that removing barriers was the most important part of Housing First. She went on to say, “Housing is a right, not a privilege.”

Homes Now has only exited two program participants to homelessness from its Housing First programs since they began in 2012. Sarah and Sharlene agreed that these undesirable outcomes occurred when the organization first began utilizing a Housing First approach and was still learning. They indicated that exiting to homelessness is something that no longer occurs for any Housing First program participants at Homes Now, saying that people don't get evicted for anything. Even the two clients who were exited to homelessness were re-housed by Homes Now—the organization purchased a four-unit apartment building located close to their office to house the “hardest to place individuals” with severe co-occurring mental health challenges and substance abuse disorders so that they could offer extra case management support. Sharlene pointed out that the organization is well-funded with a significant amount of unrestricted dollars, which allows them to be flexible in finding solutions to keep people housed. She added that Homes Now can survive if their program participants don't pay their portion of the rent. Therefore Homes Now is able to fully embrace the Housing First model and not evict program participants for nonpayment of rent.

Sarah explained that Housing First at Homes Now is successful because leadership and staff embrace the model so completely:

I think the model itself works for all of the clients we have right now because we just are meeting clients where they're at and what they're interested in and trying to make sure that they are the ones kind of driving where they're going in their lives. So we give them the housing and it gives them a launching pad to go off in whatever direction they see is fit...Our clients are able to be successful because we just kind of go by their pace. We don't have certain requirements that they have to meet, or certain barriers. We don't evict folks for nonpayment of rent. We work with them on

creating strategies to get a payment plan or pay what you can and just being as flexible as possible. And I think embracing a harm reduction model is also really important. We've distributed Narcan and made sure folks know how to use it so that those aren't obstacles. We know that there's folks that are going to use or that are going to drink and trying to provide as safe a place as possible as we can is a big part of our role. And I think why a lot of people have been able to be successful is because of that, that we're not putting our vision onto them, it's them setting the pace of what their goals are and what they're willing to take on.

She went on to explain that when case managers feel program participants pushing back, they take that as a sign that they are pushing their own values onto the program participant and try to correct it. Sarah and Sharlene said that some of the outcomes for Housing First program participants at Homes Now include improved physical health, improved mental health, getting and keeping jobs, and family reunification.

The focus group with direct service staff included all three of the organization's Housing First Case Managers, who serve program participants in housing. Direct service staff from the organization's other programs (such as emergency shelter) were not included in the focus group because the organization does not consider those program to use a Housing First approach. Direct service staff at Homes Now shared leadership's enthusiasm for Housing First, understanding their job function to be getting people into housing and keeping them housed. The staff feel that their Housing First programs are not low-barrier, but no-barrier. One Housing First case manager explained, "We just get rid of the barriers, and give them housing first." Like leadership, staff rallied behind the idea that housing is a right.

Another Housing First case manager provided his definition of Housing First:

It's just in the name—it's housing, first. And that's really it. Chronic homeless as defined by HUD—one year continuous or four episodes in three years that total 365 days, with a disability...that's a little loosie goosie maybe. And put them in a home. And then they work on whatever they feel as though their needs are at the moment. And with some motivational interviewing...maybe helps them see some other needs which they may or may not choose to address.

Notably, the staff all agreed that only the housing programs offered by Homes Now were Housing First, they did not consider their organization's other programs—such as emergency shelter and sober housing—to be Housing First. In addition to being enthusiastic about Housing First for moral reasons, the staff were also motivated by the idea that the model is evidence-based. One Housing First case manager explained:

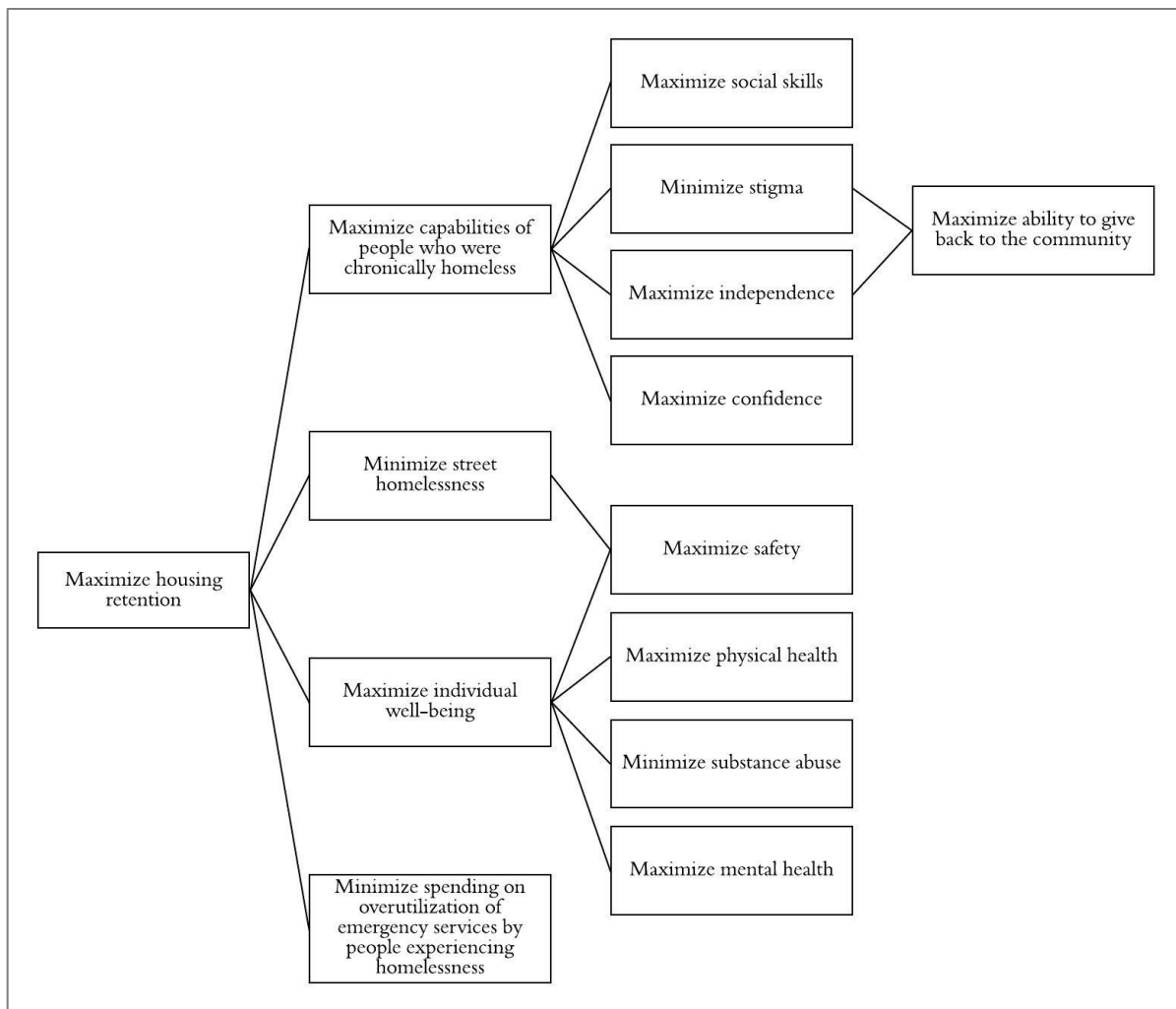
I believe it started with this man in New York City...he had racked up millions of dollars atrociously in overutilization of emergency room visits, medical costs, unnecessary ambulance rides, you name it...the state said, 'what can we do?' This man is costing us thousands upon thousands upon thousands of dollars year after year, there's got to be something else. And that's when they kind of said, 'why don't we pay for private housing, give them a case manager, and they saw a reduction in those overutilization costs. Because, they're housed, so they can concentrate on everything else. Housing First, everything else is kind of second. They just ended up finding that it saved the state a ton of money, just by giving them housing and a case manager and listening to their needs and going from there.

Staff at Homes Now echoed leadership in saying that flexibility is a key aspect of their jobs. They also identified the need for a harm reduction approach in Housing First as well as the need for program participants to set their own goals and work toward them at their own pace.

One Housing First case manager expressed frustration with being the only Housing First provider in the region and having to identify new program participants from a regional list; he feels that offering housing to people from other communities results in suboptimal outcomes because it pulls them away from their support networks. He explained, “I don’t agree with pulling someone from their community to put them in another community after shelter staff and advocates have worked so hard to get them the supports that they need—whether it’s mental health counseling or primary care physicians or any of that stuff...” He went on to say that he felt every community needs their own Housing First programs to allow people to be housed in the location that makes the most sense for them.

After being asked a series of questions to better understand the goals of Housing First, the direct service staff of Homes Now produced the fundamental objectives hierarchy found in **Figure 12a**. Associated goals were primarily individual, but the reduced cost to the community was also emphasized.

Figure 12a: Housing First Fundamental Objectives Hierarchy by the Staff of Homes Now

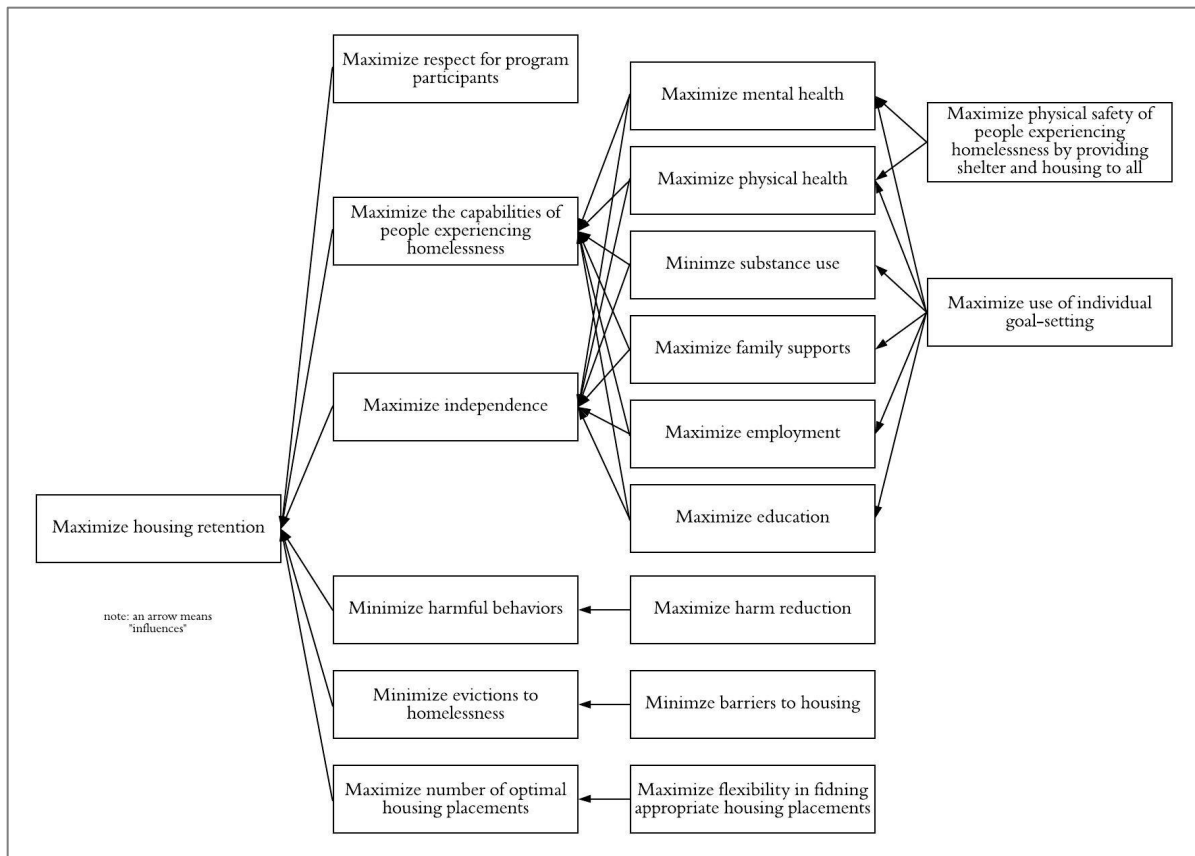


Source: original data collected during focus group with staff at Homes Now

The means-ends objectives network found in **Figure 12b** was produced by direct service staff at Homes Now when they were asked a series of questions about how Housing First works to accomplish its goals. The staff feel that Housing First works to maximize housing retention because the model is client-driven and focuses on minimizing or eliminating barriers to housing retention. According to staff, a key element to the success of Housing First is maximizing the capabilities of program participants on their own terms.



Figure 12b: Housing First Means-Ends Objectives Network by the Staff of Homes Now



Source: original data collected during focus group with staff at Homes Now

The focus group with program participants included four adult individuals who were housed in Homes Now's Housing First apartments. Program participants from both the single-site congregate building as well as the scattered-site units were present at the focus group. Emergency shelter program participants were not included in the focus group since the organization does not consider this program to be Housing First. Case managers informed program participants about the focus group ahead of time so that they could plan to travel to the location. All Housing First program participants were invited to attend the focus group.

Program participants at Homes Now are very knowledgeable about Housing First. They feel that the model is intuitive, with one program participant saying simply, “You want to help homeless people, give them a home.” Another program participant explained:

I said the term Housing First before I even knew it was a program. I was having like a breakdown and I said, ‘we can’t even put like a note on the refrigerator to make it to appointments,’ ...and those million other little things that you need to function. Like why don’t they have some type of housing first, get you established, and then you can start working on everything one by one.

Program participants at Homes Now express very positive feelings about Housing First. They are very happy with their housing placements and all report having made progress toward achieving their own individual goals. One program participant even said that Housing First saved his life:

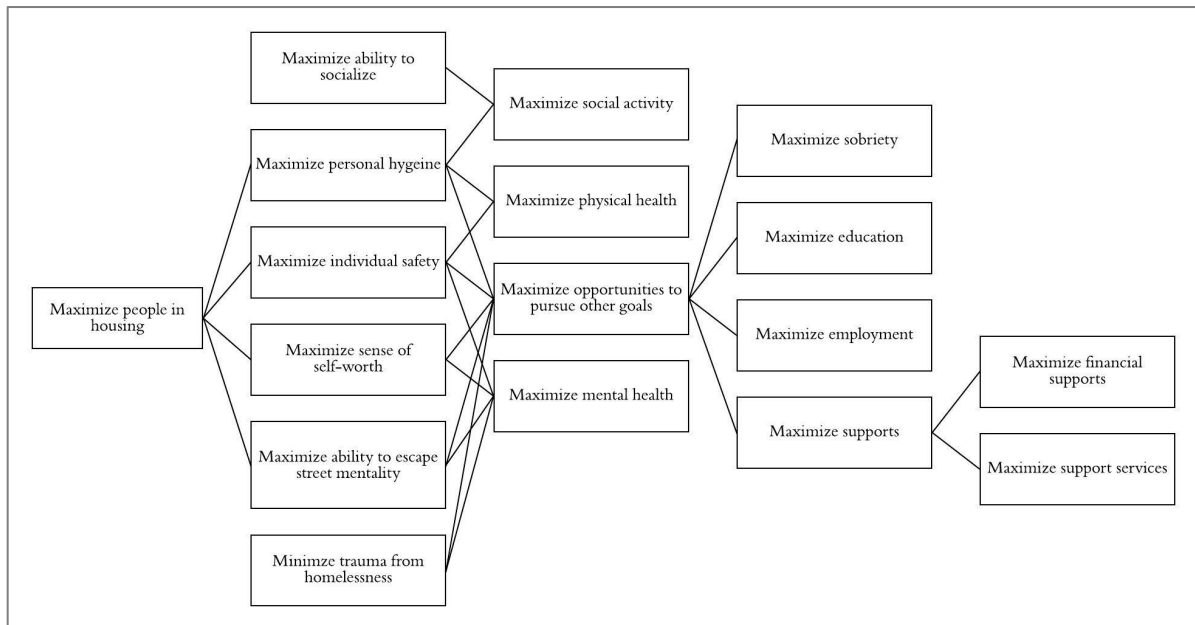
I’ll say one thing, out of the million things, that this has done for me that like trumps everything—I’m alive. I haven’t done fentanyl in a year...because when you’re on the streets or in a shelter and this stuff is all around you, you don’t have a chance...and now, I’m working. I’m talking to a girl. Girls didn’t even like exist to me any more, things were so bad. I was ten years homeless, and it’s traumatizing.

Other program participants have also been able to maintain their sobriety, in addition to applying for disability benefits, reconnecting with family and friends, and maintaining physical and mental health.

Program participants of Homes Now produced the fundamental objectives hierarchy found in **Figure 13a** to elucidate their understanding of the goals of Housing First. The need for everyone to have housing was identified as the fundamental goal of Housing First.

Associated goals are individual, and focus primarily on increased ability to achieve individual goals. There was a great deal of emphasis on the increased ability to maintain personal hygiene and increased social activity.

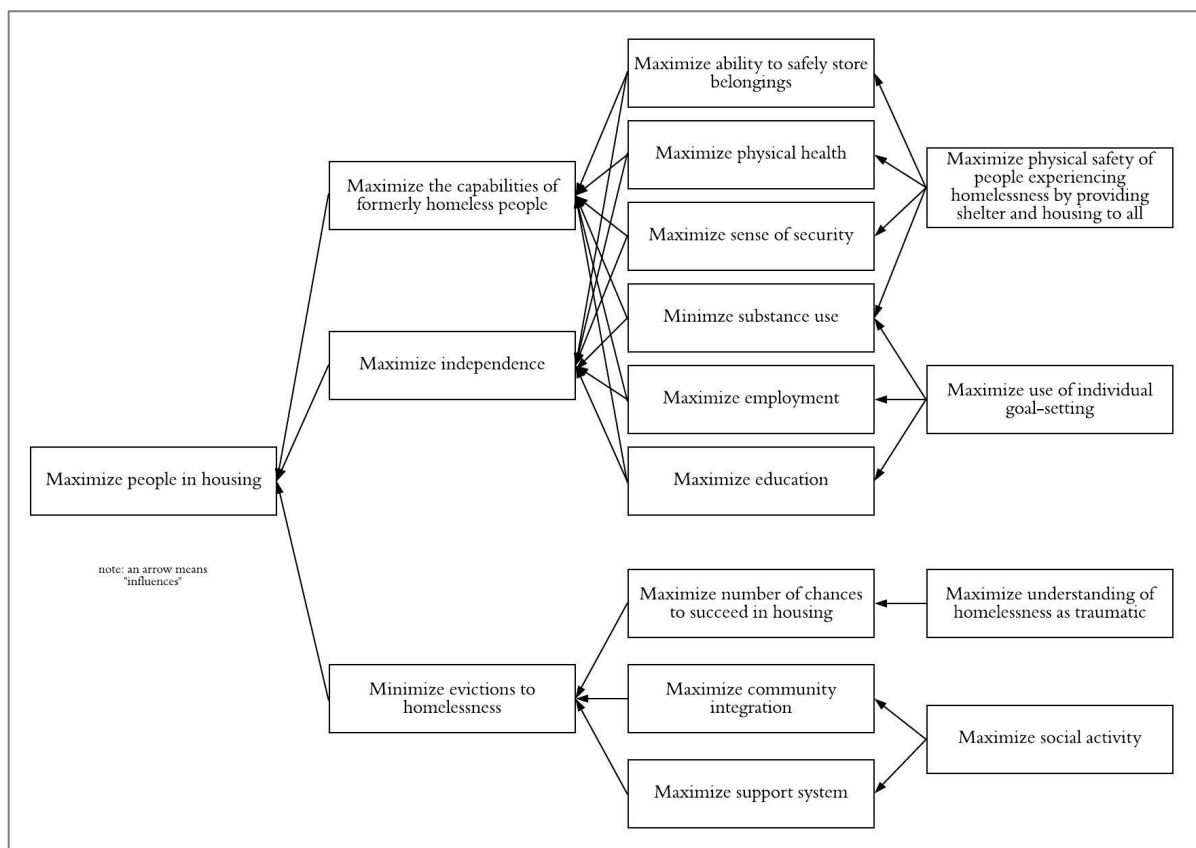
Figure 13a: Housing First Fundamental Objectives Hierarchy by the Program Participants of Homes Now



Source: original data collected during focus group with program participants at Homes Now

The process by which program participants at Homes Now understand Housing First to function is outlined in **Figure 13b**. They feel that housing allows them to focus on other goals—such as maintaining sobriety, increasing their social activity, and improving their health—which in turn enables them to better maintain their housing. Program participants emphasized the importance of case management staff recognizing them as traumatized individuals, and giving them multiple chances to succeed in housing.

Figure 13b: Housing First Means-Ends Objectives Network by the Program Participants of Homes Now



Source: original data collected during focus group with program participants at Homes Now

## Synthesis of Value-Focused Thinking Logic Structures

In an effort to synthesize the information from the Value-Focused Thinking logic structures that were developed in all six stakeholder focus groups, I counted the number of times each objective occurs in the resultant logic structures. First, I counted the number of times that each objective occurs in the fundamental objectives hierarchy structures to identify common fundamental objectives and common lower-level objectives (the results of these counts can be found in **Table 2a**). Functionally, this table measures which aspects of the identified fundamental objectives are most important. Fundamental objectives are listed first in the table, followed by lower-level objectives ordered from more specific individual

objectives to broader community objectives. The number of asterisks next to a given objective indicates the number of times that focus group identified that objective as the fundamental objective.

Table 2a: Count of Fundamental Objectives and Lower-Level Objectives Identified in Value-Focused Thinking Stakeholder Focus Groups

Objective	Direct Service Staff	Program Participants	Total
Minimize homelessness	2**	0	2**
Maximize people in housing	0	3***	3***
Maximize housing retention	1*	0	1*
Maximize capability	1	1	2
Maximize ability to give back to community	2	0	2
Maximize ability to perform activities of daily living (ADLs)	1	0	1
Maximize ability to be a good parent	0	1	1
Maximize ability to escape street mentality	0	1	1
Maximize opportunity	1	2	3
Maximize stability	1	0	1
Maximize freedom	0	2	2
Maximize happiness	0	1	1
Maximize confidence	1	0	1
Maximize independence	1	0	1
Maximize sense of self-worth	0	1	1
Maximize quality of life	1	0	1
Maximize individual well-being	3	0	3
Minimize stigma	1	0	1
Maximize privacy	0	1	1
Maximize safety	3	2	5
Maximize storage for belongings	0	1	1
Maximize personal hygiene	0	1	1
Maximize mental health	3	2	5
Minimize trauma	0	1	1
Maximize physical health	2	3	5
Minimize substance use/maximize sobriety	3	2	5
Maximize social skills	1	1	2
Maximize social activity	0	1	1
Minimize street homelessness	3	0	3

Objective	Direct Service Staff	Program Participants	Total
Minimize crime	1	1	2
Maximize employment	1	3	4
Maximize education	0	2	2
Maximize supports	1	3	4
Maximize financial supports	0	2	2
Maximize support services	0	3	3
Maximize family supports	0	1	1
Minimize visible homelessness	1	0	1
Maximize community safety	1	0	1
Minimize overutilization of emergency rooms by people experiencing homelessness	2	0	2
Minimize spending on social services/emergency services	3	0	3
Minimize caseloads for Department of Children and Families	1	0	1

\* each asterisk next to an objective represents one stakeholder focus group identifying that objective as the fundamental objective of Housing First

Source: author's synthesis of original data collected in stakeholder focus groups

Next, I counted the number of times that each objective occurs in the means-ends objectives network structures common means objectives (the results of these counts can be found in **Table 2b**). Functionally, this table measures the strength of each means objective—or causal factor—in contributing to the identified fundamental objectives. In this table, fundamental objectives are listed first in the table, followed by means objectives beginning with individual-level means objectives followed by program-level means objectives. Again, the number of asterisks next to a given objective indicates the number of times that focus group identified that objective as the fundamental objective.

Table 2b: Count of Fundamental Objectives and Means Objectives Identified in Value-Focused Thinking Stakeholder Focus Groups

Objective	Direct Service Staff	Program Participants	Total
Minimize homelessness	2**	0	2**
Maximize people in housing	0	3***	3***
Maximize housing retention	3*	1	4*
Maximize sense of security	1	1	2
Maximize independence	1	2	3
Maximize freedom	0	1	1
Maximize stability	1	0	1
Maximize opportunity	1	1	2
Maximize ability to escape street mentality	1	1	2
Maximize ability to attend meetings and appointments	0	1	1
Maximize ability to be a good parent	0	1	1
Maximize ability to give back to community	1	0	1
Maximize capability	1	1	2
Maximize individual effort	0	1	1
Maximize family supports	2	1	3
Maximize support system	1	1	2
Maximize education	1	2	3
Maximize employment	2	3	5
Maximize social activity	0	1	1
Minimize substance use/maximize sobriety	3	2	5
Maximize physical health	2	3	5
Minimize trauma	0	1	1
Maximize mental health	2	1	3
Minimize harmful behaviors	1	0	1
Maximize storage for belongings	0	1	1
Maximize safety through housing	3	2	5
Maximize achievement of individual goals	0	1	1
Maximize self-sufficiency	1	0	1
Maximize housing placements	2	1	3
Maximize satisfaction with housing	1	1	2
Maximize use of scattered-site housing units	0	1	1
Maximize level of program participant choice in housing placement	0	1	1
Minimize time homeless	0	1	1
Maximize speed of housing placements	1	0	1

Objective	Direct Service Staff	Program Participants	Total
Minimize returns to homelessness	1	1	2
Minimize evictions	2	2	4
Maximize use of individual goal setting	3	2	5
Maximize harm reduction	1	0	1
Minimize weight of CORI in housing placements	1	0	1
Minimize sobriety requirements	1	0	1
Maximize number of chances to succeed in housing	0	1	1
Minimize barriers to maintaining housing	1	0	1
Minimize barriers to housing	3	1	4
Maximize flexibility in finding appropriate housing placements	1	0	1
Maximize community integration	0	1	1
Maximize respect for program participants	1	0	1
Maximize understanding of homelessness as traumatic	1	1	2

\* each asterisk next to an objective represents one stakeholder focus group identifying that objective as the fundamental objective of Housing First

Source: author's synthesis of original data collected in stakeholder focus groups

Several lower-level objectives identified in these structures are quantifiable, such as number of evictions/involuntary terminations, number of program exits to homelessness, individual ability to perform activities of daily living, individual life satisfaction, and individual progress toward self-identified goals beyond attaining and maintaining housing. Further, several means objectives, such as level of program participant involvement in decision-making, are thought to contribute significantly to the identified fundamental objectives of Housing First, and should therefore be quantified to test the statistical generalizability of this concept.

## Discussion

Even in one small geographical area, there is a high degree of variation both in the way that Housing First is understood by experts and in the way that it is implemented across



programs. In particular, there is disagreement on what it means to be a low-barrier program, whether Housing First applies only to housing programs or if the model could also be implemented in an emergency shelter setting, and who is served by Housing First. Further, there is a wide range of outcomes reported, with one program reporting that Housing First is a “revolving door” to homelessness and another reporting that the model has effectively ended homelessness for all of its program participants and has led to improvements in other areas of the program participants’ lives.

Local experts and Housing First providers generally agree that Housing First is associated with minimizing barriers to housing, although there is a high degree of variation in defining those barriers. All three Housing First providers that participated in this study explicitly define themselves as low-barrier or low-threshold, but they have implemented that concept in vastly different ways. A Pathway Home requires all program participants in the emergency shelter to pass through a metal detector and have their belongings searched every time they enter the emergency shelter. That same organization also breathalyzes program participants in the emergency shelter who are suspected of being over the legal alcohol limit and they require all program participants in the emergency shelter to participate in daily chores. Further, A Pathway Home evicts program participants in housing for nonpayment of rent and exits them back to homelessness. On the other end of the spectrum, Homes Now does not evict program participants for any reason, and finds alternative housing placements for program participants in cases where the first one does not work out.

There is disagreement about whether the Housing First model is applicable only to housing programs, or if it can be applied in other settings—such as emergency shelters—as well. Some stakeholders feel that Housing First is synonymous with low-barrier or low-

threshold, a concept that can be applied in all homeless service settings. Others feel that while low-barrier access to services is part of Housing First, the model really only applies to permanent supportive housing programs. Furthermore, there is disagreement about the homeless subpopulations for whom Housing First is successful, specifically regarding whether or not the model can be applied to families and youth or just to individual, chronically homeless adults as it was originally designed by Pathways Housing First.

Stakeholders suggest that in addition to monitoring housing placements, evictions, and returns to homelessness, the success of Housing First programs can also be measured in improvements that occur in other areas of program participants' lives. Abstract concepts, such as quality of life, are considered to be important criteria for evaluating the success of Housing First programs. Additionally, ability to perform activities of daily living (ADLs) is considered another important criteria for evaluating Housing First program success. Further, the progress of program participants toward achieving their own individual goals is thought to be an essential criterion for evaluating Housing First programs.

The qualitative data suggest that staff enthusiasm for Housing First may be correlated with program outcomes; staff and leadership at Homes Now are highly enthusiastic about Housing First and they report positive outcomes, while staff and leadership at A Pathway Home dislike Housing First and they report negative outcomes. The qualitative data also suggests that the level of involvement that program participants have in decision-making processes (including housing placements and rule-setting in shared spaces of congregate buildings) may be correlated with program outcomes; program participants at Homes Now describe feeling in control of choosing their housing placements and they report positive outcomes, while program participants in the emergency shelter at Grace Mission feel that

they have no control over their housing placements which is a contributing factor in their continued homelessness. Lastly, the qualitative data suggests that the history of the organization, particularly their service orientation before transitioning to Housing First, may have an impact on program outcomes; A Pathway Home was formerly a sobriety organization so the transition to Housing First drastically changed the daily work of staff and the daily life of their program participants. Notably, leadership at A Pathway Home indicated that this transition from a focus on sobriety to Housing First occurred because of requirements by funders, which suggests that the motivation for offering Housing First programs may also be correlated with program outcomes.

## CHAPTER 4

### NATIONAL SURVEY OF HOUSING FIRST PROVIDERS

#### **Development of Survey Questions**

Survey development stemmed directly from analysis of the qualitative data from the case study of Housing First in the Greater Boston area of Massachusetts. The survey includes questions about basic descriptors of organizations that provide homeless services, such as annual budget, number of staff, and year opened. Qualitative data suggest that the history of an organization—particularly whether they have always utilized a Housing First approach or if they have historically performed a very different function—may have an impact on program outcomes, so a set of questions about the history of the organization is also included. Stakeholders in the qualitative portion of this study varied greatly in determining which types of programs can utilize Housing First approach and which sub-populations can be served by the model, so the survey asks about these two concepts to quantify this variation. Qualitative data strongly suggest that staff enthusiasm for Housing First likely has an impact on program outcomes, so a question about the level of staff enthusiasm for the model is included.

The survey includes a matrix that displays each of the 11 items on the United States Interagency Council on Homelessness (USICH) *Housing First Checklist* and asks respondents to rate how well their Housing First programs align with each of the *Checklist* items on a scale from zero to five. After the survey response period closed, responding organizations' ratings for each of the 11 *Checklist* items were summed to create a score on a USICH Housing First index that is used as a measure of each organization's level of fidelity to Housing First in theory as it is defined by the federal government.

Lastly, the survey asks about a variety of outcome measures. Qualitative data suggest that programs are already collecting data on the rate of evictions/involuntary terminations and the rate of program exits to homelessness, so the survey asks for these specific numbers. Other potentially quantifiable outcomes were identified in the qualitative portion of this study, such as program participants' ability to perform activities of daily living, program participants' life satisfaction, and program participants' progress toward self-identified goals beyond attaining and maintaining housing. The survey asks what data, if any, organizations collect with respect to each of these three newly identified outcomes of interest. Responding organizations are also asked to rate the degree to which their Housing First program participants achieve each outcome in an attempt to begin measuring program success on these terms. In total, the survey includes a total of 39 questions (see **Appendix D** for a full list of survey questions).

## **Results**

Out of 1,257 potential organizations that potentially operate Housing First programs in the sample, a total of 283 organizations operating Housing First programs completed the survey (22.51%) (a table with descriptive statistics for all data collected from all survey

questions can be found in **Appendix F**). There is no discernable pattern to missing data points in the dataset, suggesting no survey questions were systematically skipped.

### **Descriptive Statistics**

Responding organizations serve communities in 41 different states and the District of Colombia across all five regions of the United States. Respondents include nonprofit organizations, religious organizations, local governmental departments, and for profit housing providers (see **Tables 3 & 4** for details).

Table 3: Location of Organization

<b>Region</b>	<b>Count</b>	<b>Percent (%)</b>
Midwest	75	27.88
Northeast	32	11.90
Pacific	4	1.49
South	71	26.39
West	87	32.34

*n*=269

Source: author's tabulations of original survey data

Table 4: Type of Organization

<b>Type</b>	<b>Count</b>	<b>Percent (%)</b>
Nonprofit	222	92.89
Local Government Department or Agency	5	2.09
Religious Organization	8	3.35
For Profit Housing Provider	1	0.42
Other	2	0.84

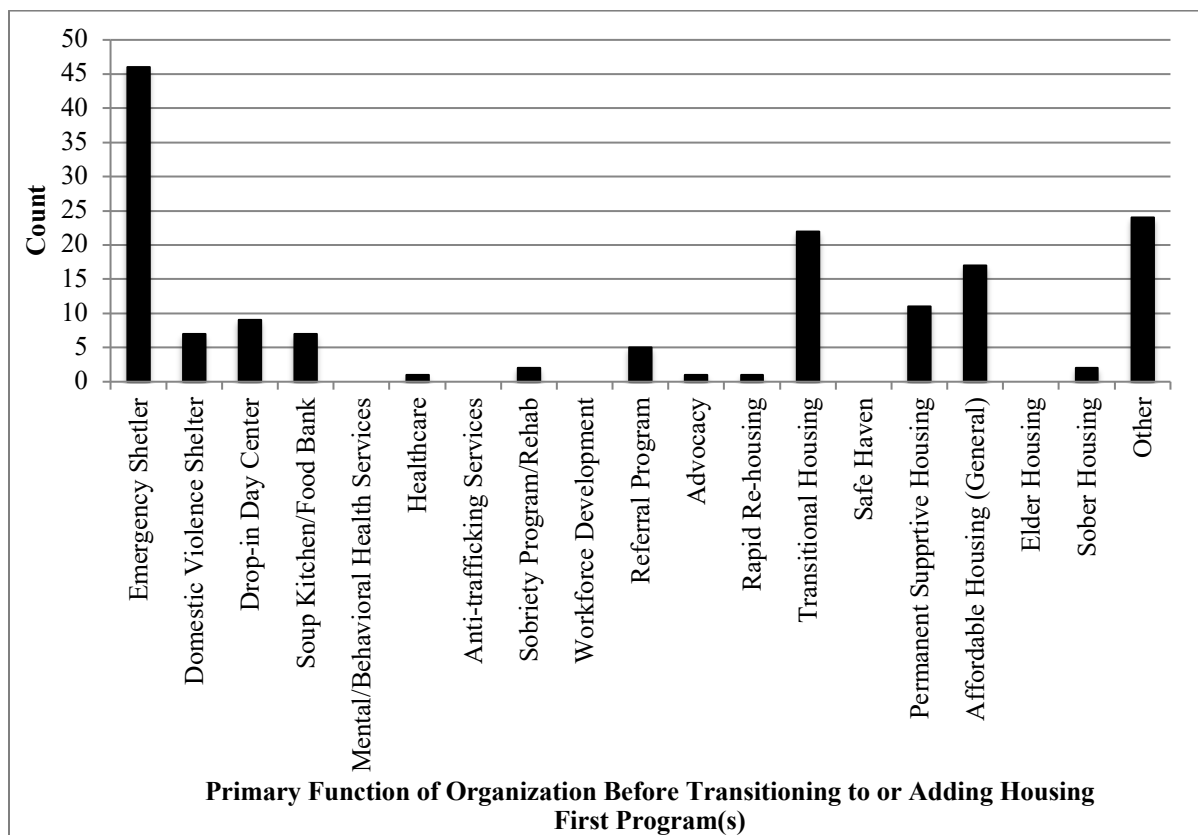
*n*=239

Source: author's tabulations of original survey data

The oldest responding organization opened in 1853 while the newest responding organization opened in 2018. On average, responding organizations opened around the year 1980. 32.78 percent of responding organizations have always utilized a Housing First approach. The 67.22 percent of responding organizations that have not always utilized a Housing First approach transitioned to a Housing First approach or added Housing First

programs around 2012 on average. As of 2020, responding organizations have utilized a Housing First approach in their program(s) for an average of 17.13 years. Of those organizations that have not always utilized a Housing First approach, the most common primary function before transitioning to or adding Housing First programs was emergency shelter (29.68%) followed by transitional housing (14.19%) and permanent supportive housing (7.10%) (see **Figure 14** for details).

Figure 14: Primary Function of Organizations Before Transitioning to or Adding Housing First Programs



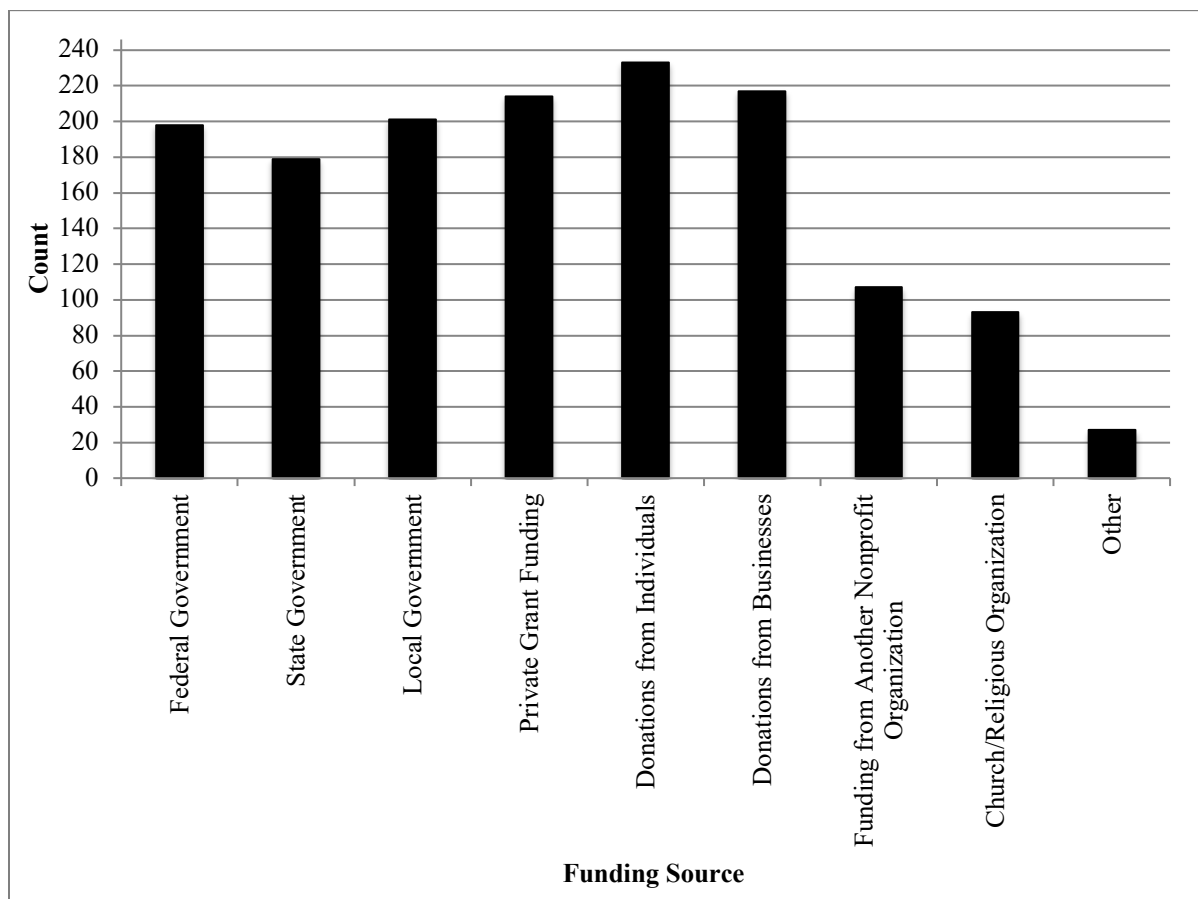
n=159

Source: author's tabulations of original survey data

The annual budgets of responding organizations range in size from \$899.90 to \$259,500,000.00 with an average annual budget of \$9,691,130.51. Responding organizations reported receiving funding from a range of different sources, most commonly donations from

individuals (94.33%) followed by donations from businesses (87.85%) and private grant funding (86.64%). The most common combination of funding sources is federal government, state government, local government, private grant funding, donations from individuals, and donations from businesses, with 17.41 percent of responding organizations reporting this combination of funding sources (for details on funding sources, see **Figure 15**).

Figure 15: Funding Sources



*n*=247

Source: author's tabulations of original survey data

On average, responding organizations operate approximately six different types of programs. The most common types of programs operated by responding organizations include scattered-site permanent supportive housing (62.28%) followed by emergency shelter (54.82%), intensive case management (ICM) (53.51%), and referral programs (53.51%).

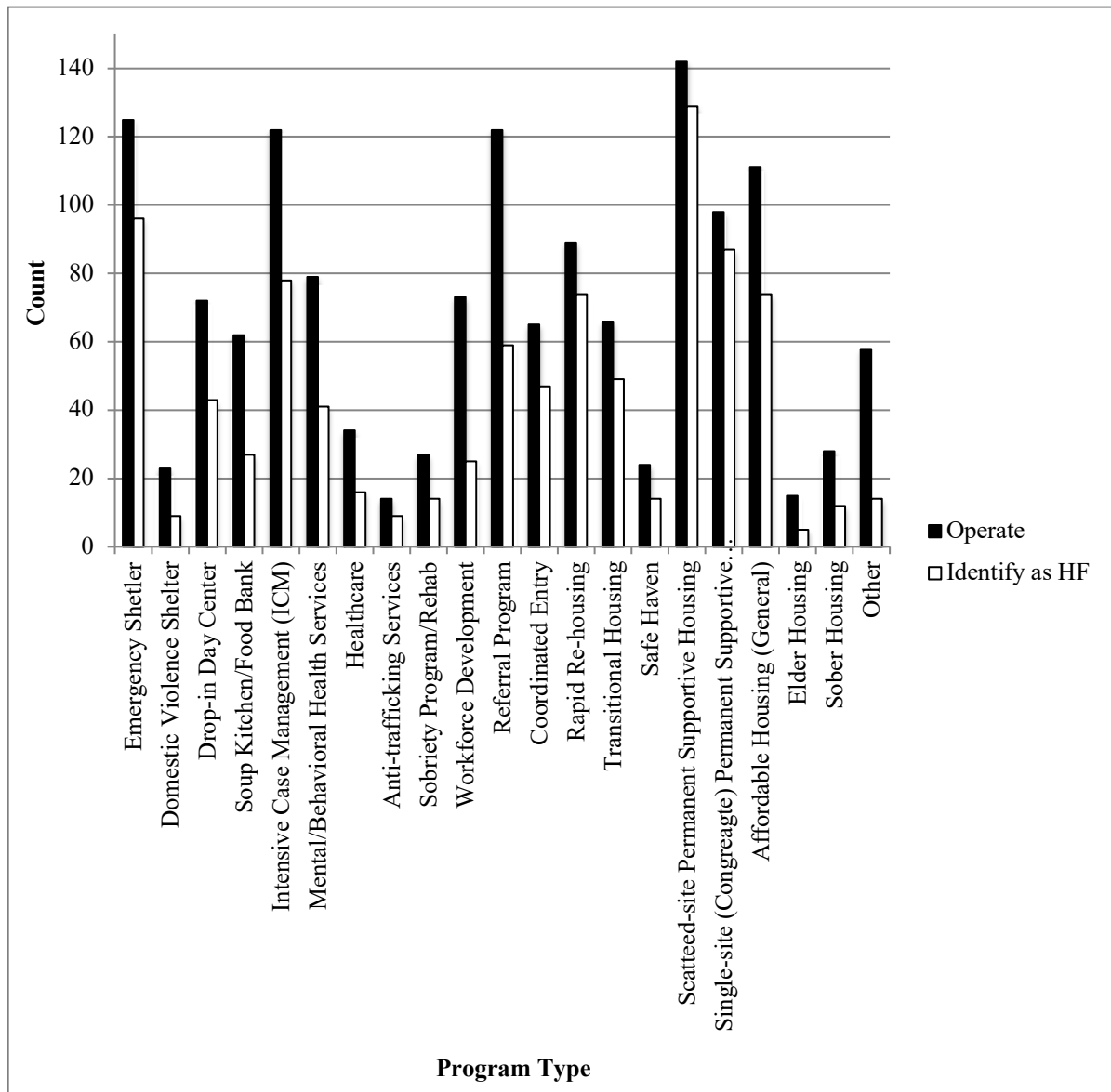


Responding organizations identified an average of approximately four of the types of programs they operate as Housing First. The most common types of programs considered to be Housing First out of the programs operated by responding organizations are scattered-site permanent supportive housing (56.58%) followed by emergency shelter (42.11%) and single-site (congregate) permanent supportive housing (38.16%) (see **Figure 16** for details). Notably, 17.98 percent of responding organizations do not operate any programs that provide temporary or permanent housing in any form.<sup>8</sup>

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<sup>8</sup> Including transitional housing, safe haven, scattered-site permanent supportive housing, single-site (congregate) permanent supportive housing, affordable housing (general), elder housing, and/or sober housing

Figure 16: Programs Operated by Responding Organizations and Programs Identified as Housing First



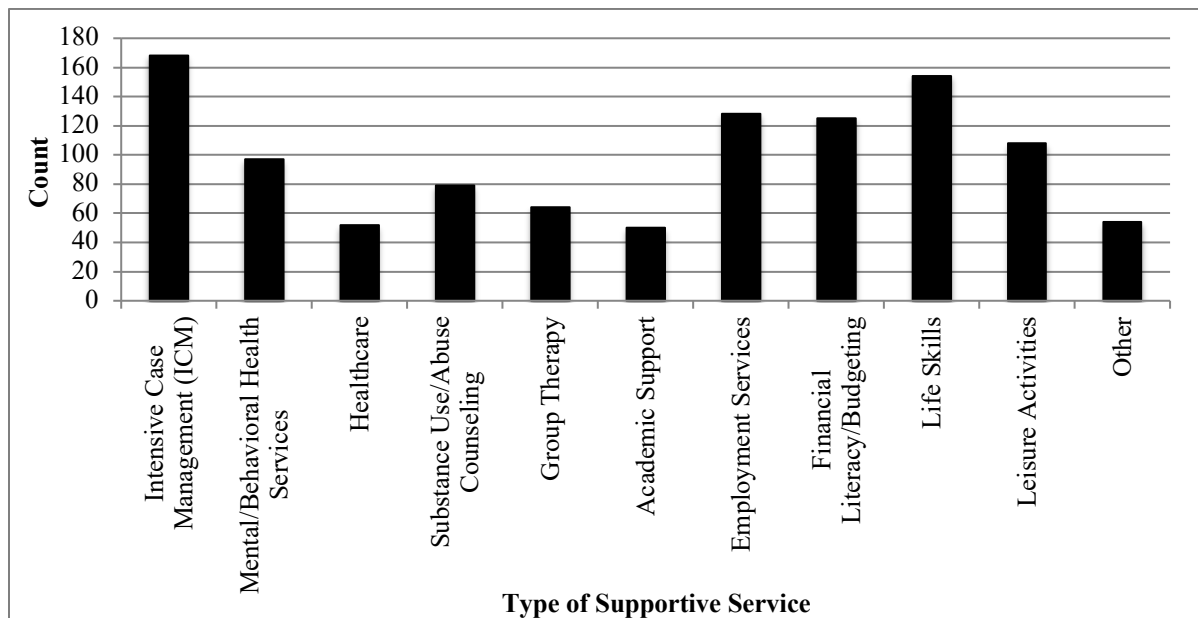
n=228

Source: author's tabulations of original survey data

Housing First programs at responding organizations directly employ from a minimum of 0 staff members to a maximum of 365 staff members, with an average of approximately 36 staff. The number of staff in direct service roles at Housing First programs in each responding organization ranges from 0 to 200, with an average of approximately 18 direct

service staff. These staff deliver a wide range of supportive services to Housing First program participants, most commonly Intensive Case Management (ICM) (80.38%), followed by basic life skills (e.g. cooking classes, computer classes) (73.68%), and employment services (e.g. resume workshops, job fairs, interview practice) (see **Figure 17** for more details on supportive services) (61.24%). 97.74 percent of responding organizations collaborate with other organizations to deliver services to their program participants. 100 percent of responding organizations refer their program participants to other organizations for additional supports and services.

Figure 17: Supportive Services Offered



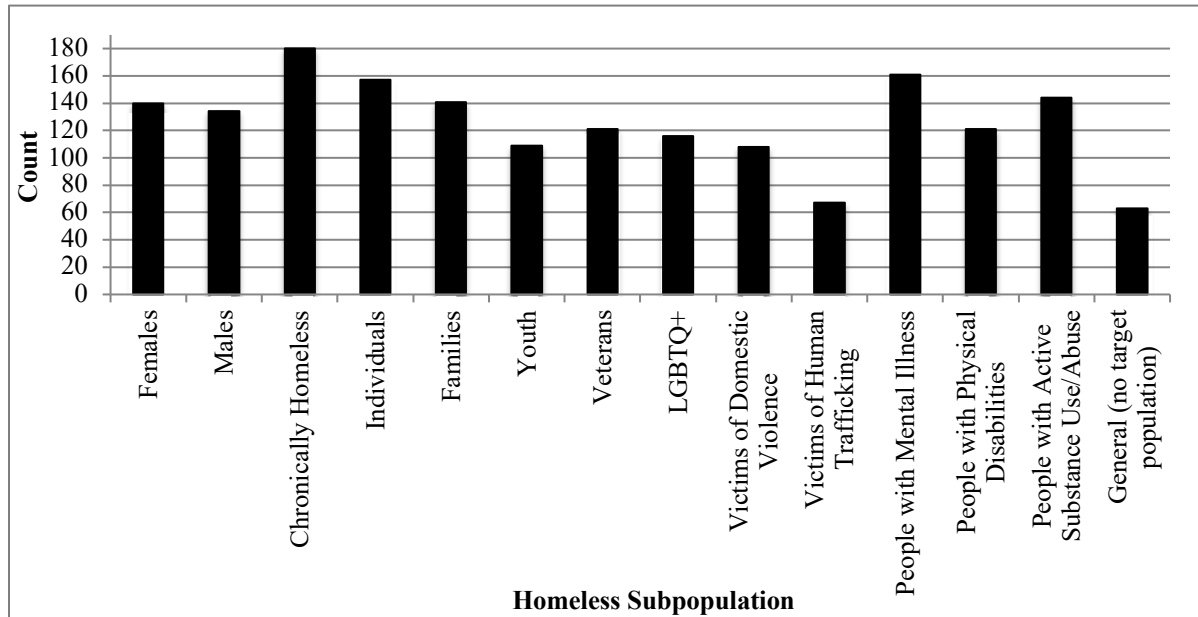
n=209

Source: author's tabulations of original survey data

Housing First programs at responding organizations report currently serving between 0 and 9000 households, with an average of approximately 541. Housing First programs at responding organizations most commonly serve people experiencing chronic homelessness (78.60%), followed by people with mental illness (70.31%), and adult individuals (68.56%)

(see **Figure 18** for more details on the homeless subpopulations served by Housing First programs).

Figure 18: Homeless Subpopulations Served



$n=229$

Source: author's tabulations of original survey data

Metrics for measuring program success commonly identified by stakeholders in the qualitative portion of this study as already being measured include the proportion of program participants exiting directly to homelessness and the rate of evictions or involuntary terminations from Housing First programs. Responding organizations reported an average of 15.75 percent of program participants exiting directly to homelessness from the time they first began utilizing a Housing First approach. Responding organizations reported evicting or involuntarily terminating an average of 9.95 percent of program participants from their Housing First program(s) from the time they first began utilizing a Housing First approach.

Other key outcomes identified by stakeholders in the qualitative portion of this study include increased life satisfaction among program participants, increased ability to perform

activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing. Responding organizations were asked to rate the level at which program participants in their Housing First program(s) achieve each outcome on a scale from zero to five. When asked the degree to which their Housing First program participants achieve increased life satisfaction, responding organizations rated themselves an average of 3.80 on a scale from zero to five. When asked the degree to which their Housing First program participants achieve increased ability to perform activities of daily living, responding organizations rated themselves an average of 3.53 on a scale from zero to five. When asked the degree to which their Housing First program participants made progress toward achieving their own goals beyond attaining and maintaining housing, responding organizations rated themselves an average of 3.63 on a scale from zero to five.

Responding organizations were also asked what data, if any, they collect to measure each of these outcomes. 57.28 percent of responding organizations collect data on the life satisfaction of their Housing First program participants, most commonly unique surveys independently developed by each responding organization; no standard tool was noted. 28.78 percent of responding organizations collect data on the ability of program participants to perform activities of daily living, most commonly through observations made during case management. 81.07 percent of responding organizations collect data on program participants' progress toward achieving their goals beyond attaining and maintaining housing, most commonly through goal-setting discussions and progress check-ins that are a regular part of case management.

Responding organizations were asked to rate how well their Housing First program(s) align with each item on the United States Interagency Council on Homelessness *Housing First Checklist* on a scale from zero to five (where zero is not at all and five is completely aligns) (United States Interagency Council on Homelessness, 2016). Responding organizations rate their Housing First program(s) as most closely aligning with the item, “Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of ‘housing readiness,’” with an average rating of 4.74 out of five. Responding organizations rate their Housing First program(s) as least closely aligning with the item, “Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere,” with an average rating of 4.30 out of five.

Responding organizations’ ratings for each of the eleven items on the *Housing First Checklist* were added together, and these sums became scores on a USICH Housing First index with a minimum possible score of zero and a maximum possible score of 55. Scores on this index are used to measure the degree to which self-identified Housing First programs align with Housing First as it is defined by the United States Interagency Council on Homelessness. Responding organizations’ scores on the USICH Housing First index range from 20 to 55, with an average score of 49.55 (for details, see **Table 5**).

Table 5: Self-Ratings on USICH *Housing First Checklist* Items and USICH Housing First Index Scores

Core Element of Housing First as Defined by USICH	Range	Average Rating	Standard Deviation
Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.	0 - 5	4.64	0.81
Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”	0 - 5	4.74	0.66
People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.	0 - 5	4.50	0.94
Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.	0 - 5	4.30	1.21
Housing and service goals and plans are highly tenant-driven.	0 - 5	4.45	0.88
Supportive services emphasize engagement and problem-solving over therapeutic goals.	1 - 5	4.50	0.78
Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.	0 - 5	4.46	1.08
Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.	0 - 5	4.53	0.94
Substance use in and of itself, without other lease violations, is not considered a reason for eviction.	0 - 5	4.54	1.09

Core Element of Housing First as Defined by USICH	Range	Average Rating	Standard Deviation
Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	0 - 5	4.39	1.11
Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.	0 - 5	4.48	0.98
USICH Housing First index score	20 - 55	49.55	6.97

*n*=208

Source: author's tabulations of original survey data; items on USICH Housing First index derived from the United States Interagency Council on Homelessness *Housing First Checklist*, 2016

Scores on the USICH Housing First index are utilized as a dependent variable in a regression to better understand what program elements, if any, are correlated with the level of fidelity to Housing First in theory. USICH Housing First index scores are also used as an independent variable in regressions to better understand the relationship between fidelity to Housing First in theory and key outcomes identified by stakeholders in the qualitative portion of this study.

## Regression Models

### Regression Model for Fidelity to Housing First in Theory

In order to better understand what program elements, if any, are correlated with the level of fidelity to Housing First in theory as measured by scores on the USICH Housing First index, independent variables that measure general descriptive characteristics about responding organizations are included in the model. Measures of organization size, such as annual budget and total staff, are included as independent variables. Dichotomous variables for each of the five regions are also included; the Northeast region is the omitted reference



group given that qualitative analysis took place in the Northeast making it the logical choice for a point of comparison. A dichotomous variable indicating whether or not the organization is a nonprofit is also included to better understand if the type of organization has any impact on fidelity to Housing First in theory. A dichotomous variable indicating whether or not the organization receives funding from local, state, and/or federal government(s) is also included to better understand if the funding source has any impact on fidelity to Housing First in theory.

Qualitative findings from Housing First programs in Greater Boston suggest a predicted direction of influence for some independent variables that measure general descriptive characteristics about responding organizations. For example, a dichotomous variable indicating whether or not the organization has always utilized a Housing First approach is also included, and qualitative data suggest that organizations that have always utilized a Housing First approach are likely correlated with higher levels of fidelity to Housing First in theory relative to organizations that have historically performed functions very different from Housing First. Additionally, the number of years that the organization has utilized a Housing First approach (as of 2020) is included, and qualitative data suggest that organizations that more recently began utilizing Housing First are likely correlated with lower levels of fidelity to Housing First in theory.<sup>9</sup>

Also included in the model are dichotomous variables for whether or not the organization operates a scattered-site permanent supportive housing Housing First program

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<sup>9</sup> This newly generated variable is equal to the number of years since the organization opened for organizations that have always utilized a Housing First approach or equal to the number of years since the organization first began transitioning to Housing First or adding Housing First programs for organizations that have not always utilized a Housing First approach.

and whether or not the organization serves people experiencing chronic homelessness. The inclusion of these two variables seeks to measure the impact of different implementations of the model on fidelity to Housing First in theory as it is broadly defined by the USICH.

Scattered-site permanent supportive housing is selected as the program type to include for a point of comparison because the original implementation of the Housing First model in the United States at Pathways to Housing was scattered-site permanent supportive housing.

Housing First programs serving people experiencing chronic homelessness serve as a point of comparison because the original Pathways Housing First model was designed to serve people experiencing chronic homelessness. Theoretically, closer adherence to the more narrowly defined Pathways Housing First model would be correlated with closer adherence to the more broadly defined USICH Housing First-oriented system as outlined in the USICH *Housing First Checklist*.

In an expanded model, several additional covariates are included as independent variables based on qualitative findings to test whether they help to further explain variance in scores on the USICH Housing First index. A dichotomous variable for whether or not the responding organization mentioned being motivated to utilize a Housing First approach by a funder requirement is included since qualitative data suggest that this motivation is likely correlated with lower levels of fidelity to Housing First in theory. Additionally the level of staff enthusiasm for Housing First, measured on a zero to five rating scale, is included as an independent variable since qualitative data suggest that higher staff enthusiasm is likely correlated with higher levels of fidelity to Housing First in theory. The level of staff flexibility to creatively problem-solve with program participants to get them into housing and keep them in housing, also measured on a zero to five rating scale, is included because

qualitative findings suggest that higher levels of staff flexibility are likely associated with higher levels of fidelity to Housing First in theory. Finally, the level of program participant involvement in decision-making with the program is included since qualitative data suggest that higher levels of involvement of program participants in programmatic decision-making are likely correlated with higher levels of fidelity to Housing First in theory because qualitative data suggest that program participants typically align with the values associated with Housing First and would steer programs toward higher levels of fidelity to the model when presented with programmatic decision-making opportunities (for descriptive statistics on regression variables, see **Table 6**). These four variables are considered partially endogenous and thus are included in a second stage of the model. Qualitative data suggest that whether or not an organization is motivated to utilize a Housing First approach by a funder is likely partially determined by the organization's funding source(s) and/or whether the organization has always utilized a Housing First approach. Qualitative data also suggest that level of staff enthusiasm for Housing First is likely partially determined by whether the organization has always utilized a Housing First approach and/or whether or not the organization was motivated to utilize a Housing First approach by a funder. Staff flexibility is thought to be partially determined by the organization's budget and total staff. Program participant involvement in decision-making processes is understood to be partially determined by the organization's budget and total staff in addition to staff enthusiasm for the model.

Table 6: Descriptive Statistics for Variables in Regression Model for USICH Housing First Index Scores

Variable	Mean or Percent	Standard Deviation	Predicted Sign
<i>Dependent variable</i>			
USICH Index Score	49.55	6.97	
<i>Independent variables</i>			
Budget	\$9,691,130.51	\$25,669,021.18	
Total staff	35.84	52.58	
Region			
Midwest	27.88%		
Northeast	11.90%		
Pacific	1.49%		
South	26.39%		
West	32.34%		
Nonprofit	92.89%		
Receives government funding	92.71%		
Always utilized Housing First	32.78%		+
Number of years utilizing Housing First	17.13	20.69	+
Operates scattered-site permanent supportive housing (PSH) Housing First program	55.70%		+
Housing First program(s) serve people experiencing chronic homelessness	78.60%		+
Motivated to utilize Housing First by funder requirements	29.44%		-
Level of staff enthusiasm for Housing First (0-5 rating scale)	3.83	1.14	+
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)	4.36	0.76	+
Program participant level of involvement in decision-making (0-5 rating scale)	2.82	1.18	+

Source: author's tabulations of original survey data

The regression model indicates a positive correlation between organizations' total staff and levels of fidelity to Housing First in theory as measured by scores on the USICH Housing First index, although this relationship is weakened with the addition of the

covariates in the expanded model. The weakened impact of total staff in the expanded model suggests that the impact of total staff may be indirect and affect fidelity to Housing First in theory through its influence on the ability of staff to be flexible, a variable that is revealed to have a strong positive correlation with fidelity to Housing First in theory in the expanded model.

Organizations that operate scattered-site permanent supportive housing programs tend to have higher scores on the USICH Housing First index. This result is expected given that Pathways to Housing has always utilized scattered-site permanent supportive housing and it is the most common Housing First program type among survey respondents.

In the expanded model, higher staff enthusiasm for Housing First is associated with higher scores on the USICH Housing First index, as logically expected. There is also a positive correlation between organizations receiving government funding and higher scores on the USICH Housing First index in the expanded model. No other independent variables are statistically significantly correlated with Housing First in theory as measured by USICH Housing First index scores (see **Table 7** for details on this regression).

Table 7: Regression Analysis of USICH Housing First Index Scores<sup>10</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	0.00	0.00	0.00	0.00
Total staff	0.01**	0.01	0.02*	0.01
Region <sup>a</sup>	<i>p</i> =0.2250		<i>p</i> =0.3639	
Midwest	1.74	1.48	0.92	1.37
Pacific	2.75	2.36	2.24	3.18
South	-0.61	1.68	-1.38	1.57
West	-0.05	1.47	-0.62	1.31
Nonprofit	-1.01	4.39	-1.21	3.79
Receives government funding	6.35	4.09	7.02*	4.09
Always utilized Housing First	1.39	1.19	1.25	1.34
Number of years utilizing Housing First	0.00	0.03	-0.01	0.02
Operates scattered-site permanent supportive housing (PSH) Housing First program	4.92***	1.13	4.27***	1.17
Housing First program(s) serve people experiencing chronic homelessness	-1.48	1.31	-1.51	1.25
Motivated to utilize Housing First by funder requirements			0.50	1.18
Level of staff enthusiasm for Housing First (0-5 rating scale)			0.95	0.65
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			1.68**	0.68
Program participant level of involvement in decision-making (0-5 rating scale)			-0.31	0.53
Constant	41.75		32.41	
R <sup>2</sup>		0.26		0.32
<i>n</i>		165		161

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01<sup>a</sup> Omitted reference group is Northeast

Source: author's analysis of original survey data

<sup>10</sup> Heteroscedasticity-consistent (HC) standard errors; no omitted variables; no multicollinearity

## **Regression Models for Key Outcome Measures**

Regression analysis is also utilized to better understand what program elements, if any, are correlated with higher performance on key outcome measures identified by stakeholders, including percent of program participants exiting to homelessness, percent of program participants evicted or involuntarily terminated, increased life satisfaction among program participants, increased ability to perform activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing. It is important to note that the first two outcomes are reported in exact numbers because organizations regularly collect these data while the latter three outcome measures represent estimates from organization leadership because there is no widespread use of any standardized measurement tools for these outcomes. Regression models for key outcomes include the same independent variables as the earlier regression model for USICH Housing First index. In addition, key outcome regression models include organizations' scores on the USICH Housing First index as an independent variable in expanded models because it is expected that higher levels of fidelity to Housing First in theory should be correlated with higher performance on key outcome measures; in other words, theoretically, the model works. (for descriptive statistics on variables in regression models for key outcome measures, see **Table 8**).

Table 8: Descriptive Statistics for Variables in Regression Models for Key Outcome Measures

Variable	Mean or Percent	Standard Deviation	Predicted Sign <sup>11</sup>
<i>Dependent Variables</i>			
Percent of program participants who exit directly to homelessness	15.75	20.57	
Percent of program participants who are evicted or involuntarily terminated	9.95	11.37	
High self-rating of increased life satisfaction among program participants (rating of 4 or 5 on 0-5 scale)	72.14%		
High self-rating of program participant progress toward achieving their own goals beyond attaining and maintaining housing (rating of 4 or 5 on 0-5 scale)	56.00%		
High self-rating of increased life satisfaction among program participants (rating of 4 or 5 on 0-5 scale)	60.10%		
<i>Independent Variables</i>			
Budget	\$9,691,130.51	\$25,669,021.18	
Total staff	35.84	52.58	
Region			
Midwest	27.88%		
Northeast	11.90%		
Pacific	1.49%		
South	26.39%		
West	32.34%		
Nonprofit	92.89%		
Receives government funding	92.71%		
Organization always utilized Housing First	32.78%		+

<sup>11</sup> In this table, the predicted sign refers to the level of performance on the outcome measures; higher performance does not mean higher numbers or movement in a positive direction (e.g. positive regression coefficients) for all outcome measures. Higher performance on the first two outcome measures—percent of program participants exiting to homelessness and percent of program participants evicted or involuntarily terminated—would mean lower numbers or movement in a negative direction. Higher performance on the remaining outcome measures—increased life satisfaction among program participants, increased ability to perform activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing—would mean higher numbers or movement in a positive direction.



<b>Variable</b>	<b>Mean or Percent</b>	<b>Standard Deviation</b>	<b>Predicted Sign<sup>11</sup></b>
Number of years organization has utilized Housing First	17.13	20.69	+
Operates scattered-site permanent supportive housing (PSH) Housing First program	55.70%		+
Housing First program(s) serve people experiencing chronic homelessness	78.60%		+
USICH Housing First index score	49.55	6.97	+
Motivated to utilize Housing First by funder requirements	29.44%		-
Staff enthusiasm for Housing First (0-5 rating scale)	3.83	1.14	+
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)	4.36	0.76	+
Program participant level of involvement in decision-making (0-5 rating scale)	2.82	1.18	+

Source: author's tabulations of original survey data

A log-linear regression model is utilized to better understand the relationship between the independent variables and percent of program participants who exit directly to homelessness. A logarithmic transformation is applied to the dependent variable in this case because percent of program participants who exit directly to homelessness is right-skewed.

An organization's budget has a significant impact on the percent of program participants exiting directly to homelessness, but this impact is weakened by the inclusion of the other covariates in the expanded model. As expected, organizations that operate scattered-site permanent supportive housing programs tend to report lower percentages of program participants exiting directly to homelessness. Also as expected, higher scores on the USICH Housing First index are correlated with lower percentages of program participants exiting to homelessness.

Organizations that report being motivated to utilize Housing First because of funder requirements tend to report lower percentages of program participants exiting directly to homelessness. This finding is unexpected given that qualitative findings suggest that being motivated to utilize Housing First by a funder requirement rather than being motivated by organizational values or evidence may be associated with lower levels of staff enthusiasm for the model and worse outcomes. Most organizations already keep track of program exits to homelessness for their funders, so it is possible that the same funders requiring organizations to utilize Housing First are evaluating organizations and possibly allocating funds based on this metric. Therefore, organizations that are motivated to utilize Housing First by a funder requirement may be particularly motivated to maximize this outcome measure to maintain their funding, but they may not fully embrace and/or implement other important aspects of Housing First as qualitative findings suggest.

Higher levels of staff enthusiasm for Housing First are associated with lower percentages of program participants exiting directly to homelessness, as expected. No other independent variables are statistically significantly correlated with the percent of program participants exiting to homelessness (see **Table 9** for full details on this regression).

Table 9: Regression Analysis for Percentage of Program Exits to Homelessness<sup>12</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	0.00**	0.00	0.00	0.00
Total staff	0.00	0.00	0.00	0.00
Region <sup>a</sup>	<i>p</i> =0.5896		<i>p</i> =0.4363	
Midwest	0.10	0.35	0.19	0.33
Pacific	-0.54	0.78	-0.24	0.88
South	-0.19	0.33	-0.14	0.32
West	0.17	0.34	0.31	0.32
Nonprofit	0.35	0.65	-0.13	0.62
Receives government funding	-0.81	0.49	-0.20	0.53
Always utilized Housing First	-0.04	0.31	0.05	0.29
Number of years utilizing Housing First	0.00	0.01	0.00	0.01
Operates scattered-site permanent supportive housing (PSH) Housing First program	-0.84***	0.23	-0.55**	0.23
Housing First program(s) serve people experiencing chronic homelessness	0.29	0.28	0.31	0.27
USICH Housing First index score			-0.03*	0.02
Motivated to utilize Housing First by funder requirements			-0.66**	0.25
Level of staff enthusiasm for Housing First (0-5 rating scale)			-0.36***	0.11
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			0.12	0.14
Program participant level of involvement in decision-making (0-5 rating scale)			0.00	0.09
Constant	2.72		4.90	
R <sup>2</sup>		0.16		0.26
<i>n</i>		137		133

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01<sup>a</sup>Omitted reference group is Northeast

Source: author's analysis of original survey data

<sup>12</sup> Log-linear model; no heteroskedasticity; no omitted variables; no multicollinearity.

Similarly, a log-linear regression model is utilized to better understand the relationship between the independent variables and percent of program participants who are evicted or involuntarily terminated because this dependent variable is also right-skewed. As the number of years utilizing a Housing First approach increases, the percent of program participants who are involuntarily terminated or evicted declines. Organizations that operate scattered-site permanent supportive housing programs are correlated with lower self-reported rates of eviction and/or involuntary program termination, although this relationship is weakened with the addition of the covariates in the expanded model.

Organizations that report being motivated to utilize Housing First because of funder requirements tend to report lower percentages of program participants being involuntarily terminated or evicted. Again, this result contradicts qualitative findings. However, like program exits to homelessness, most organizations already keep track of evictions and/or involuntary program terminations for their funders, so it is possible that the same funders requiring organizations to utilize Housing First also consider this metric when evaluating organizations and possibly when allocating funds. Therefore, organizations that are motivated to utilize Housing First by a funder requirement may be particularly motivated to maximize this outcome measure to maintain their funding, but they may not fully embrace and/or implement other important aspects of Housing First as qualitative findings suggest.

As expected, higher levels of staff enthusiasm for Housing First are associated with lower percentages of program participants evicted or involuntarily terminated. No other independent variables are statistically significantly correlated with the percent of program participants evicted or involuntarily terminated from Housing First programs and services (see **Table 10** for full details on this regression).

Table 10: Regression Analysis for Percentage of Evictions/Involuntary Terminations<sup>13</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	0.00	0.00	0.00	0.00
Total staff	0.00	0.00	0.00	0.00
Region <sup>a</sup>	<i>p</i> =0.5806		<i>p</i> =0.2431	
Midwest	-0.23	0.32	-0.06	0.30
Pacific	0.46	0.72	1.51	0.82
South	-0.40	0.31	-0.24	0.29
West	-0.20	0.32	-0.04	0.29
Nonprofit	-0.04	0.57	-0.19	0.54
Receives government funding	-0.04	0.48	0.15	0.48
Always utilized Housing First	0.27	0.28	0.36	0.26
Number of years utilizing Housing First	-0.02**	0.01	-0.02**	0.01
Operates scattered-site permanent supportive housing (PSH) Housing First program	-0.52**	0.22	-0.26	0.22
Housing First program(s) serve people experiencing chronic homelessness	0.35	0.26	0.32	0.24
USICH Housing First index score			-0.02	0.02
Motivated to utilize Housing First by funder requirements			-0.45*	0.24
Level of staff enthusiasm for Housing First (0-5 rating scale)			-0.25**	0.10
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			-0.15	0.12
Program participant level of involvement in decision-making (0-5 rating scale)			-0.06	0.09
Constant	2.28		4.73	
R <sup>2</sup>		0.12		0.23
<i>n</i>		142		138

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01<sup>a</sup> Omitted reference group is Northeast

Source: author's analysis of original survey data

<sup>13</sup> Log-linear model, no heteroscedasticity; no omitted variables; no multicollinearity.

In order to better understand the relationship between independent variables and organizations' self-ratings of increased life satisfaction among Housing First program participants, a dichotomous variable for high self-ratings of increased life satisfaction among program participants (a rating of four or five on a zero to five scale) was created. This form of the dependent makes it possible to draw a line between a desired outcome (a high self-rating of increased life satisfaction among program participants) and a less desirable outcome (a low self-rating of increased life satisfaction among program participants) for use in a logistic regression. None of the independent variables in the model are statistically significantly correlated with organizations reporting a high self-rating of increased life satisfaction among program participants (see **Table 11** for full details on this regression).

Table 11: Regression Analysis for High Ratings of Improved Life Satisfaction Among Program Participants<sup>14</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	1.00	0.00	1.00	0.00
Total staff	1.01	0.01	1.00	0.01
Region <sup>a</sup>	<i>p</i> =0.3535		<i>p</i> =0.5284	
Midwest	0.32	0.24	0.38	0.30
Pacific	(omitted) <sup>2</sup>		(omitted) <sup>2</sup>	
South	0.62	0.46	0.72	0.56
West	0.61	0.46	0.61	0.47
Nonprofit	1.43	1.66	2.12	2.56
Receives government funding	2.01	1.69	1.43	1.42
Always utilized Housing First	0.61	0.34	0.53	0.31
Number of years utilizing Housing First	1.02	0.02	1.02	0.02
Operates scattered-site permanent supportive housing (PSH) Housing First program	1.58	0.66	1.62	0.78
Housing First program(s) serve people experiencing chronic homelessness	1.82	0.87	1.47	0.75
USICH Housing First index score			1.02	0.04
Motivated to utilize Housing First by funder requirements			1.17	0.63
Level of staff enthusiasm for Housing First (0-5 rating scale)			1.42	0.32
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			0.73	0.22
Program participant level of involvement in decision-making (0-5 rating scale)			1.16	0.22
Constant	0.38		0.18	
Adjusted percent correct		1.69%		3.20%
<i>n</i>		157		152

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01

<sup>a</sup> Omitted reference group is Northeast

<sup>b</sup> Dichotomous variable for the Pacific region is omitted because it perfectly predicts the dependent variable

Source: author's analysis of original survey data

<sup>14</sup> Logistic regression model; no multicollinearity.

Similarly, a dichotomous variable for high self-ratings of increased ability to perform activities of daily living (ADLs) among program participants ratings (a rating of four or five on a zero to five scale) was created for use as the dependent variable in a logistic regression. Higher scores on the USICH Housing First index are correlated with higher odds of reporting high ratings on increased ability to perform ADLs among program participants, as expected. No other independent variables are statistically significantly correlated with an organization reporting high self-ratings of increased ability to perform activities of daily living (ADLs) among program participants (see **Table 12** for full details on this regression).



Table 12: Regression Analysis for High Ratings on Increased Ability to Perform Activities of Daily Living (ADLs) Among Program Participants<sup>15</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	1.00	0.00	1.00	0.00
Total staff	1.00	0.00	1.00	0.00
Region <sup>a</sup>	<i>p</i> =0.9951		<i>p</i> =0.9767	
Midwest	0.92	0.54	0.84	0.51
Pacific	1.27	1.76	0.34	0.56
South	0.91	0.52	0.92	0.55
West	0.83	0.48	0.86	0.51
Nonprofit	2.73	3.14	2.96	3.59
Receives government funding	2.78	2.20	1.82	1.64
Always utilized Housing First	1.23	0.60	1.12	0.57
Number of years utilizing Housing First	1.00	0.01	1.00	0.02
Operates scattered-site permanent supportive housing (PSH) Housing First program	0.99	0.37	0.75	0.31
Housing First program(s) serve people experiencing chronic homelessness	1.33	0.59	1.24	0.59
USICH Housing First index score			1.06*	0.03
Motivated to utilize Housing First by funder requirements			0.85	0.40
Level of staff enthusiasm for Housing First (0-5 rating scale)			0.94	0.20
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			1.13	0.29
Program participant level of involvement in decision-making (0-5 rating scale)			1.06	0.17
Constant	0.13		0.01	
Adjusted percent correct	14.23%		13.84%	
<i>n</i>	159		153	

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01

<sup>a</sup>Omitted reference group is Northeast

Source: author's analysis of original survey data

<sup>15</sup> Logistic regression model; no multicollinearity.

Once again, a dichotomous variable was created for high self-ratings of program participants' progress toward achieving their goals beyond attaining and maintaining housing (a rating of four or five on a zero to five scale) for use as the dependent variable in a logistic regression. As expected, the resultant logistic regression model finds that higher scores on the USICH Housing First index are strongly correlated with higher odds of reporting high ratings on progress among program participants towards achieving their goals beyond attaining and maintaining housing. Further, the odds of reporting high ratings on progress among program participants towards achieving their goals beyond attaining and maintaining housing increase with the number of years utilizing Housing First. The odds of reporting high ratings on progress among program participants towards achieving their goals beyond attaining and maintaining housing are lower for organizations that were motivated to utilize Housing First by a funder requirement rather than being motivated by evidence or values.

Unexpectedly, the odds of reporting high ratings on progress among program participants towards achieving their goals beyond attaining and maintaining housing decrease for organizations that operate scattered-site permanent supportive housing programs. No other independent variables are statistically significantly correlated with an organization reporting high self-ratings of increased life satisfaction among program participants (see **Table 13** for details on this regression).

Table 13: Regression Model for High Ratings of Progress Among Program Participants  
Toward Achieving their Personal Goals<sup>16</sup>

Predictor Variable	Coefficient	Standard Error	Coefficient	Standard Error
	<i>Base Model</i>		<i>Expanded Model</i>	
Budget	1.00	0.00	1.00	0.00
Total staff	1.00	0.00	0.99	0.01
Region <sup>a</sup>	<i>p</i> =0.3139		<i>p</i> =0.2975	
Midwest	0.73	0.44	0.75	0.49
Pacific	0.09	0.13	(omitted) <sup>b</sup>	
South	1.26	0.75	1.69	1.11
West	0.70	0.41	0.69	0.43
Nonprofit	0.94	1.03	0.93	1.11
Receives government funding	2.21	1.72	1.50	1.46
Always utilized Housing First	0.87	0.45	0.80	0.45
Number of years utilizing Housing First	1.03	0.02	1.03*	0.02
Operates scattered-site permanent supportive housing (PSH) Housing First program	0.62	0.24	0.40**	0.19
Housing First program(s) serve people experiencing chronic homelessness	0.60	0.29	0.52	0.30
USICH Housing First index score			1.09***	0.04
Motivated to utilize Housing First by funder requirements			0.30**	0.16
Level of staff enthusiasm for Housing First (0-5 rating scale)			0.86	0.20
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)			1.03	0.28
Program participant level of involvement in decision-making (0-5 rating scale)			1.09	0.20
Constant	0.54		0.05	
Adjusted percent correct	13.36%		23.51%	
<i>n</i>	162		154	

\**p*<0.10; \*\**p*<0.05; \*\*\**p*<0.01

<sup>a</sup> Omitted reference group is Northeast

<sup>b</sup> Dichotomous variable for the Pacific region is omitted because it perfectly predicts the dependent variable

Source: author's analysis of original survey data

<sup>16</sup> Adjusted percent correct=25.1%; area under LROC curve (C-statistic)=0.7098; no multicollinearity.

## Discussion

Survey data demonstrate the range of definitions and the variation in the implementation of Housing First. Scattered-site permanent supportive housing, single-site (congregate) permanent supportive housing, and emergency shelter are the types of programs and services most commonly identified as utilizing a Housing First approach among the programs and services operated by responding organizations. People experiencing chronic homelessness are the most common homeless subpopulation served by responding organizations. These data points suggest that in practice, organizations generally align with a broader understanding of Housing First than Pathways Housing First. However, the understanding of Housing First in practice is generally narrower than the United States Interagency Council on Homelessness's expansive understanding of a Housing First-oriented system that includes virtually all types of homeless services and programs.

Total staff, whether or not the organization operates a scattered-site permanent supportive housing program, and level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing are all significantly correlated with fidelity to Housing First in theory as measured by scores on the USICH Housing First index. Organization staff are an essential resource to the implementation of Housing First, and quantitative analysis of survey data suggests that there is a strong positive correlation between total staff and fidelity to Housing First in theory meaning that larger programs tend to adhere more closely to Housing First in theory. Organizations that operate scattered-site permanent supportive housing programs are strongly positively correlated with higher scores on the USICH Housing First index. There is also a strong positive correlation between staff flexibility and USICH Housing First index scores. It is important to identify the factors that

are correlated with higher levels of fidelity to Housing First in theory because there is strong positive correlation between high levels of fidelity to Housing First in theory as measured by scores on the USICH Housing First index and higher reported performance on three out of five key outcomes identified by stakeholders.

Regression models were created for five key outcomes identified by stakeholders, including: percent of program participants exiting to homelessness, percent of program participants evicted or involuntarily terminated, increased life satisfaction among program participants, increased ability to perform activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing. In all models, the expanded model with the additional covariates explained more of the variance in the dependent variables than that base model. This suggests that these additional factors have an important impact that is worth examining.

The organization's budget is significantly correlated with lower performance on one out of five key outcome measures, although the correlation is relatively weak and disappears in the expanded model. There is a significant correlation between the number of years that an organization has been offering Housing First programs and services and self-reported performance on two out of five key outcomes identified by stakeholders, although the direction of the impact is mixed. Organizations that operate scattered-site permanent supportive housing programs are significantly correlated with higher self-reported performance on three out of five key outcome measures. This finding suggests that scattered-site permanent supportive housing may be an optimal implementation of Housing First, as prior literature suggests.

There is a positive correlation between an organization's level of fidelity to Housing First as measured by their score on the USICH Housing First index and three out of five key outcome measures. Organizations that mention being motivated to utilize a Housing First approach by a funder requirement are significantly correlated with self-reported performance on three out of five key outcomes identified by stakeholders, although the direction of the impact is mixed. Higher ratings of staff enthusiasm for Housing First are significantly correlated with higher reported performance on two out of five key outcomes identified by stakeholders (see **Table 14** for details). These findings suggest that the thoughts and values of the organization's staff have a profound impact not only on the way the model is implemented, but also on the outcomes from the model.

Table 14: Statistical Significance of Regression Coefficients in Key Outcome Models

<b>Variable</b>	<b>Number of times variable is significantly correlated with outcome measure(s) (max=5)</b>
Budget	1
Total staff	0
Region	0
Nonprofit	0
Receives government funding	0
Organization always utilized Housing First	0
Number of years organization has utilized Housing First	2
Operates scattered-site permanent supportive housing (PSH) Housing First program	3
Housing First program(s) serve people experiencing chronic homelessness	
USICH Housing First index score	3
Motivated to utilize Housing First by funder requirements	3
Staff enthusiasm for Housing First (0-5 rating scale)	2
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (0-5 rating scale)	0
Program participant level of involvement in decision-making (0-5 rating scale)	0

Source: author's analysis of original survey data

## CHAPTER 5

### CONCLUSION

#### **Overview**

This study reveals a high degree of variation in the understanding and implementation of Housing First across the United States. This variation in implementation is correlated with variation in key outcomes identified by stakeholders. This research suggests that scattered-site permanent supportive housing is generally preferable to single-site permanent supportive housing.

In general, practitioners adhere closely to Housing First in theory as it is defined by the United States Interagency Council on Homelessness (USICH), but this definition is broad and there is a need for increased specificity. There is also need for increased support for organizations transitioning Housing First. A standardized tool to measure organizations' fidelity to Housing First in theory should be implemented. Future evaluations of Housing First should consider the key outcomes identified by stakeholders in this study. There is also a need for future research to compare outcomes from different implementations of the model.

## **Answers to Research Questions**

### **RQ1: How do different groups of stakeholders define, understand, and experience Housing First?**

This study confirms that there is a great deal of variation in how Housing First is defined, understood, and experienced by different stakeholders. The qualitative case study of Housing First in Greater Boston reveals four distinct areas in which stakeholders vary with regard to how they define, understand, and experience Housing First: the type of program(s) that count as Housing First, the population(s) served by Housing First, where to draw the line for “low-barrier” in Housing First programs, and the level of client choice over their shelter, housing, and/or goals in Housing First programs. Some stakeholders define Housing First as a very specific type of program—most commonly scattered-site permanent supportive housing—while others suggest that any type of homeless service provider can adopt a Housing First-oriented approach. Similarly, some stakeholders indicate that Housing First programs specifically serve individual adults experiencing chronic homelessness, while others suggest that anyone experiencing homelessness can be served by Housing First programs. Although stakeholders agree that the model involves low-barrier access to services, they disagree about where to draw the line between low-barrier and high-barrier in Housing First programs. Some stakeholders advocate that Housing First programs should essentially be ‘no-barrier,’ meaning that programs never utilize metal detectors, property searches, or sobriety tests, never charge fees for services, and never evict for nonpayment, while other stakeholders suggest that Housing First programs can use modified versions of these practices and still be considered low-barrier. Stakeholders also disagree about the level of client choice in



Housing First programs, with some arguing there is a need for shared control between program participants and case managers over housing placements and treatment goals, and others arguing for program participants having complete control over their housing placements and treatment goals.

Data from the national survey of Housing First providers confirm variation in all four of these areas. Responding organizations most commonly indicate scattered-site permanent supporting housing as the type of program they operate and identify as Housing First, a finding that indicates close alignment to the more narrowly defined Pathways Housing First model among practitioners. However, emergency shelter and rapid re-housing are also frequently operated by and identified as utilizing a Housing First approach among survey respondents, a finding that indicates a general acceptance of the more broadly defined USICH Housing First-oriented system. Similarly, responding organizations most commonly indicate their Housing First programs as serving people experiencing chronic homelessness, people with mental illness, and individuals, which suggests a close alignment to the Pathways Housing First understanding of the model as serving adult individuals experiencing chronic homelessness. However, responding organizations also frequently indicate that their Housing First programs serve families, which again suggests a widespread acceptance of the Housing First-oriented system. Regarding where to draw the line for low-barrier in Housing First programs, survey data reveal the most variation in responses to the items on the USICH *Housing First Checklist* having to do with sobriety requirements, evicting for nonpayment, and requiring engagement in services, suggesting a high degree of variation in defining ‘low-barrier’ among practitioners. Survey data also reveal a great deal of variation in the level of

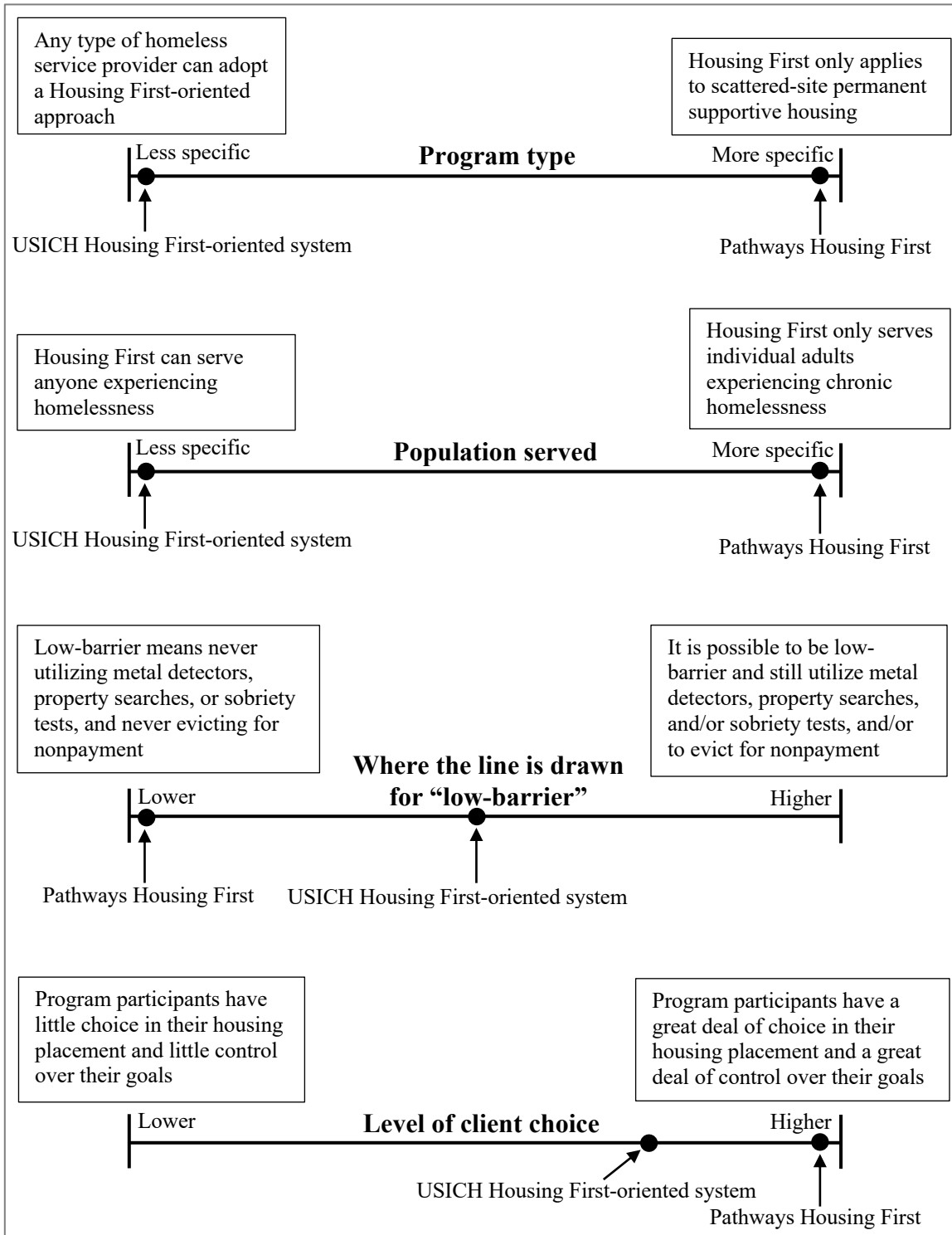
client choice in Housing First, with some organizations offering only single-site permanent supportive housing or requiring sobriety and others emphasizing high levels of program participant involvement in decision-making processes.

The variation in each of these four areas with regard to defining Housing First can be arranged on a spectrum (see **Figure 19**). The first spectrum represents program type and the second represents population served; both can be read from left to right as less specific to more specific. The third spectrum represents where the line is drawn for low-barrier, and the fourth spectrum represents the level of client choice; both can be read from left to right as lower to higher. All definitions of Housing First can be placed on these four spectra.

Theoretical definitions of Housing First—such as those provided by Pathways to Housing and USICH—are placed on the spectra to provide reference points. On the spectrum for program type, the USICH Housing First-oriented system is placed to the far left since their definition indicates that any type of homeless service provider can adopt a Housing First approach, while the Pathways Housing First model is placed to the far right since they very specifically define Housing First as scattered-site permanent supportive. On the spectrum for population served, the USICH Housing First-oriented system is placed to the far left since their definition indicates that Housing First can serve anyone experiencing homelessness, while the Pathways Housing First model is placed to the far right since they very specifically define Housing First for individual adults experiencing chronic homelessness. On the spectrum for where the line is drawn for low-barrier, the USICH Housing First-oriented system is placed in the middle since it encompasses a wide range of programs with varying levels of barriers, while the Pathways Housing First

model is placed to the far left since they essentially recommend no-barrier services. Lastly, on the spectrum for level of client choice, the USICH Housing First-oriented system is placed to the right of center because they recommend client-driven service plans but they also consider single-site permanent supportive housing to be Housing First which allows for less client choice over their housing, while the Pathways Housing First model is placed to the far right because their model is centered on maximizing client choice.

Figure 19: Spectra for Areas of Variation in Defining Housing First



Source: author's own

**RQ2: What is the variation in the implementation of Housing First across the United States?**

This study confirms a significant amount of variation in the way that Housing First is implemented. Survey data demonstrate that Housing First is implemented in a wide array of settings, ranging from emergency shelters and soup kitchens to permanent supportive housing. Further, survey data suggest variation in levels of program participant control and in levels of staff flexibility in their jobs.

Qualitative data suggest that the unique way Housing First is implemented at each different organization is largely determined by the history of the organization, whether the organization chose to transition to Housing First or if they were compelled to do so by a funder, and the level of staff enthusiasm for the model. Organizations that have historically provided high-barrier services, such as sober housing, have to implement major policy changes to adapt to a Housing First service orientation. These policy changes come with many logistical challenges, particularly the significant changes to staff job descriptions. Organizations that have historically provided high-barrier services are likely to begin utilizing a Housing First approach only when compelled to do so by a funder. This leads to a lack of ownership of the model among staff. The changes to staff's job descriptions coupled with the lack of a sense of ownership of the Housing First model seem to be correlated with lower levels of staff enthusiasm for the model. Survey data confirm that higher levels of staff enthusiasm for Housing First are correlated with higher performance on outcomes identified by stakeholders.

### **RQ3: How does Housing First in practice compare with Housing First in theory?**

Average scores on the USICH Housing First index of approximately 49.55 out of 55 suggest that self-identified Housing First programs generally align closely with the principles of Housing First in theory as it is defined by the federal government. This is important because regression results show that higher levels of fidelity to Housing First in theory are significantly correlated with higher performance on three out of five key outcomes identified by stakeholders. These outcomes include number of evictions/involuntary terminations, individual life satisfaction, and individual progress toward self-identified goals beyond attaining and maintaining housing.

While a high average score among responding organizations on the USICH Housing First index demonstrates a generally close alignment to theory as it is broadly defined in the USICH Housing First-oriented system, survey data also suggests a close alignment to the more narrowly defined Pathways Housing First model. Survey respondents most commonly indicated their Housing First program(s) as serving people experiencing chronic homelessness, people with mental illness, and adult individuals. These responses align with the Pathways Housing First model as it is intended to serve adult individuals experiencing chronic homelessness.

The types of programs that responding organizations operate and identify as Housing First also tend to align with the more narrowly defined Pathways Housing First model. A conceptual framework was developed in an effort to better understand which types of programs are considered to be a part of Housing First in practice and how this compares to Housing First as it is defined in theory. Development of this conceptual

framework began with identifying metrics by which to measure this concept from the survey data. One metric is prevalence, or how often a particular type of Housing First program is operated in practice among survey respondents. This is measured as the proportion of responding organizations that both operate a given type program AND identify it as utilizing a Housing First approach out of all responding organizations. Another metric is strength, or how often a particular type of program is identified as using a Housing First approach out of responding organizations that operate that type of program. This metric is important because it is possible that some types of programs exist less frequently in practice, but are always or almost always thought to utilize a Housing First approach when they do exist. I multiplied these two metrics together, resulting in a score of Housing First in practice that measures the level that each program type is understood to be a part of Housing First (for details on these metrics, see **Table 15**).

Table 15: Housing First in Practice

	<b>Program/service</b>	<b>Prevalence (proportion of responding organizations that operate this type program/service AND identify it as Housing First out of all responding organizations)</b>	<b>Strength (proportion of responding organizations that identify this type program/service as Housing First out of responding organizations that operate this type of program service)</b>	<b>Housing First in practice score (prevalence X strength)</b>
Emergency Programs/Services	Emergency Shelter	0.42	0.77	0.32
	Domestic Violence Shelter	0.04	0.39	0.02
	Drop-in Day Center	0.19	0.60	0.11
	Soup Kitchen/Food Bank	0.12	0.44	0.05
Support Programs/Services	Intensive Case Management (ICM)	0.34	0.64	0.22
	Mental/Behavioral Health Services	0.18	0.52	0.09
	Healthcare	0.07	0.47	0.03
	Anti-trafficking Services	0.04	0.64	0.03
	Sobriety Program/Rehab	0.06	0.52	0.03
	Workforce Development	0.11	0.34	0.04
	Referral Program	0.26	0.48	0.13
	Coordinated Entry	0.21	0.72	0.15
	Rapid Re-housing	0.32	0.83	0.27
Transition	Transitional Housing	0.21	0.74	0.16



	<b>Program/service</b>	<b>Prevalence (proportion of responding organizations that operate this type program/service AND identify it as Housing First out of all responding organizations)</b>	<b>Strength (proportion of responding organizations that identify this type program/service as Housing First out of responding organizations that operate this type of program service)</b>	<b>Housing First in practice score (prevalence X strength)</b>
	Safe Haven	0.06	0.58	0.04
Permanent Housing	Scattered-site Permanent Supportive Housing	0.57	0.91	0.51
	Single-site (Congregate) Permanent Supportive Housing	0.38	0.89	0.34
	Affordable Housing (General)	0.32	0.67	0.22
	Elder Housing	0.02	0.33	0.01
	Sober Housing	0.05	0.43	0.02

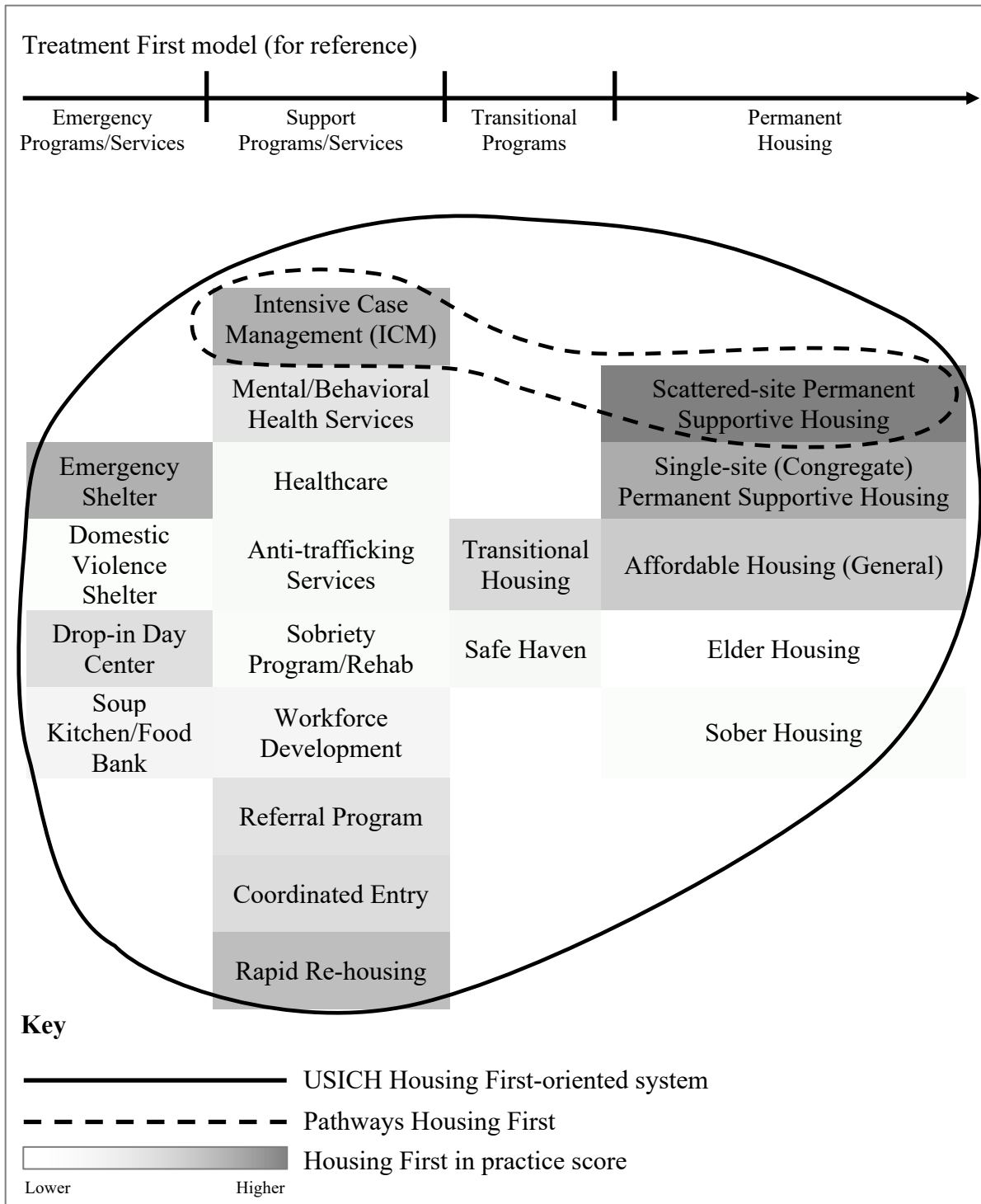
Source: author's analysis of original survey data

Both scattered-site and single-site permanent supportive housing programs received the highest scores on the Housing First in practice metric, suggesting that Housing First in practice is most strongly associated with programs that provide permanent supportive housing. However, this was followed closely by emergency shelter, suggesting that the definition of Housing First in practice is broader than the more narrowly defined Pathways Housing First model. Simultaneously, very low scores for programs such as elder housing and healthcare suggest that the definition of Housing First in practice is narrower than the expansive definition of a Housing First-oriented

system that is used by the federal government.

In order to visualize these different understandings of Housing First, all of the different program types were categorized and placed on a spectrum, beginning with emergency services followed by support programs, transitional housing, and lastly permanent housing. The treatment first model moves people experiencing homelessness through programs in this order. The color of each program type is determined by the Housing First in practice score on a gradient scale that ranges from white for lower scores to a medium grey for higher scores. The broadly defined USICH Housing First-oriented system is outlined with a solid black line, while the narrow Pathways Housing First definition is outlined with a dashed black line (see **Figure 19**).

Figure 20: Housing First in Theory vs. Housing First in Practice: A Conceptual Framework



Source: authors own

**RQ4: What are the most important outcomes from Housing First according to different groups of stakeholders and how could those outcomes be measured? What data are currently being collected that could help to measure Housing First success at achieving the identified outcomes? What data should be collected to enable best evaluation of Housing First's effectiveness?**

Stakeholders identified a variety of outcomes as important, many of which are abstract and difficult to quantify. For example, goals such as increasing confidence or increasing freedom are concepts that are difficult to measure. However, some key outcomes identified by stakeholders are quantifiable. Organizations already collect data on important outcomes like number of program exits to homelessness and number of evictions/involuntary terminations. Some organizations have identified or developed their own tools to measure other key outcomes identified by stakeholders such as life satisfaction among program participants, ability to perform activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing, but use of these tools is not widespread. There is a need for regular data collection on these outcome measures to more accurately evaluate Housing First programs. A standardized evaluative tool for these measures would allow for cross-program comparisons.

Broadly, stakeholders are interested in outcomes associated with the quality of life or people experiencing/formerly experiencing homelessness as well as outcomes associated with improved communities as a result of reduced homelessness. Attempts to measure the quality of life of program participants are infrequent and vary greatly from

one program to the next. Community-level data such as crime rates or hospital usage statistics have been utilized in single-*n* impact studies of Housing First programs in the past, but should be incorporated to all future evaluations of Housing First programs to better understand the full impact of model beyond the program participants.

### **Policy Recommendations**

Since the 2010s, the federal government has been prioritizing funding for Housing First programs, which has encouraged or compelled many organizations to transition to this model. Organizations that previously operated under a very different service orientation tend to struggle to embrace and implement the model. Therefore, there is a need for increased trainings on the model as well as increased access to evidence of the model's success in order to increase staff enthusiasm for the model.

The understanding of Housing First varies greatly among stakeholders in the United States. As a significant funding source for homeless service and housing providers, the U.S. Department of Housing and Urban Development (HUD) is well positioned to lead the dissemination of widespread trainings on the subject to foster a more consistent understanding of the model across the nation. The HUD should also implement a measure of fidelity to Housing First to be completed by organizations with their annual funding requests to ensure consistency in the implementation of the most important aspects of the model.

A number of challenges with implementing the model occur specifically in single-site congregate permanent supportive housing programs as a result of interactions between program participants. These challenges would be mitigated by utilizing more scattered-site apartment units. Scattered-site permanent supportive housing also more

fully integrates program participants into the community, which is another objective identified as important to stakeholders. Therefore, the use of scattered-site permanent supportive housing units should be maximized over single-site congregate buildings.

Lastly, there is a need for a database of Housing First programs in the United States in order to strengthen future research on the subject. HUD already maintains a list of funded programs, so they are well positioned to create such a database simply by indicating which of those programs utilizes a Housing First approach.

### **Future Research**

There are still many unanswered questions surrounding Housing First in the United States. There is a substantial body of research comparing Housing First programs to treatment first programs but given the significant variation in the implementation of Housing First, there is a need for future research to compare different types of Housing First programs to identify the optimal implementation.

Additionally, there is a need for future research to identify optimal measures for key outcomes identified by stakeholders, including life satisfaction among program participants, ability to perform activities of daily living among program participants, and program participant progress toward achieving goals beyond attaining and maintaining housing. At present, evaluations of Housing First programs are typically based on outcomes of interest to the researcher or the funder—typically improvement in mental health and/or sobriety—but this study has demonstrated that there are other outcomes of interest to different stakeholders, specifically program participants and direct service staff. Current attempts to measure programmatic success based on less common

outcomes of interest are scarce and do not tend to utilize uniform assessment tools when they do exist, rendering cross-program comparisons nearly impossible.

APPENDIX A: PROMPTS FOR SEMI-STRUCTURED INTERVIEWS WITH LOCAL  
HOMELESSNESS EXPERTS IN GREATER BOSTON CASE STUDY

1. Describe your experience with Housing First.
2. How do you define Housing First?
  - a. What does Housing First look like at a homeless service provider?
3. For whom does Housing First work?
  - a. In what way(s) does it work for those groups?
  - b. How do you know if a Housing First is the right approach for a certain group  
(or not)?
4. What is your opinion about Housing First?
5. What is the biggest challenge to implementing Housing First?
6. How could the Housing First model be improved?
7. Do you have any recommendations for local Housing First homeless service  
providers that may be interested in participating in this study?



## APPENDIX B: PROMPTS FOR SEMI-STRUCTURED INTERVIEWS WITH HOUSING FIRST PROGRAM LEADERSHIP IN GREATER BOSTON CASE STUDY

1. Describe your experience with Housing First.
2. How would you define Housing First?
  - a. What does Housing First look like at your organization? In other words, how is it different from an organization that does not use Housing First?
3. For whom does Housing First work?
  - a. In what way(s) does it work for those groups?
  - b. How do you know if a Housing First is the right approach for a certain group (or not)?
4. What is your opinion about Housing First?
5. What is the biggest challenge to implementing Housing First?
6. How could the Housing First model be improved?
7. How should we recruit participants for the focus group with case managers in a way that is fair and not disruptive?
8. How should we recruit participants for the focus group with program participants in a way that is fair and not disruptive?
  - a. What measures can be taken to ensure that potential focus group participants are able to give informed consent?

APPENDIX C: PROMPTS FOR VFT FOCUS GROUPS WITH HOUSING FIRST  
PROGRAM STAFF AND PROGRAM PARTICIPANTS IN GREATER BOSTON CASE  
STUDY

1. What is your experience with Housing First?
2. How would you define Housing First?
3. What is an important goal of Housing First?
4. Why is this goal important?
5. If this goal could be achieved, what more general or basic goal for your community might it help accomplish? [Repeat until fundamental objective is reached]
6. If we could achieve this goal, what opportunities would be unlocked? [Repeat to saturation]
7. How does Housing First work or not work to achieve this goal?

## APPENDIX D: SURVEY QUESTIONS

1. Does your organization operate one or more programs that utilize(s) a Housing First approach?

- ☐ Yes
  - ☐ No → **If selected, end survey here**
- 

2. In what city is your organization located?

3. In what state is your organization located?

[DROPDOWN MENU OF STATES; SELECT ONE RESPONSE]

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4. Which of the following categories best describes your organization?

- ☐ Nonprofit
- ☐ Religious organization
- ☐ Local housing authority
- ☐ Local government department or agency
- ☐ Other \_\_\_\_\_

5. What was your organization's total budget for the most recent fiscal year (in USD)?

6. In the most recent fiscal year, did your organization receive funding from any of the following sources? Select all that apply.

- ☐ Federal government
  - ☐ State government
  - ☐ Local government
  - ☐ Private grant funding
  - ☐ Donations from individuals
  - ☐ Donations from businesses
  - ☐ Funding from another nonprofit organization
  - ☐ Church/religious organization
  - ☐ Other \_\_\_\_\_
- 

7. In what year did your organization first open?

8. Has your organization always utilized a Housing First approach?

- ☐ Yes → **If selected, skip to Question #11**
- ☐ No

9. What was the primary function of your organization before transitioning to or adding Housing First programs and services?

- ☐ Emergency shelter
- ☐ Domestic violence shelter
- ☐ Safe Haven
- ☐ Drop-in day center
- ☐ Soup kitchen/food bank
- ☐ Referral program
- ☐ Affordable housing (general)
- ☐ Sober housing
- ☐ Elder housing
- ☐ Intensive case management (ICM)
- ☐ Mental/behavioral health services
- ☐ Healthcare
- ☐ Sobriety program/rehab
- ☐ Workforce development program
- ☐ Anti-trafficking services
- ☐ Advocacy
- ☐ Permanent Supportive Housing (PSH)
- ☐ Transitional housing
- ☐ Rapid re-housing
- ☐ Other \_\_\_\_\_

10. In what year did your organization's Housing First program(s) first open (or in what year did your existing program adopt a Housing First approach)?

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11. What is the primary motivation behind your organization offering programs and services that utilize a Housing First approach specifically?

12. Which of the following types of programs and services are currently offered by staff who are directly employed by your organization? Select all that apply.

- ☐ Emergency shelter
- ☐ Domestic violence shelter
- ☐ Drop-in day center
- ☐ Soup kitchen/food bank
- ☐ Intensive case management (ICM)
- ☐ Mental/behavioral health services
- ☐ Healthcare
- ☐ Anti-trafficking services
- ☐ Sobriety program/rehab
- ☐ Workforce development
- ☐ Referral program
- ☐ Coordinated Entry
- ☐ Rapid re-housing
- ☐ Transitional Housing
- ☐ Safe haven
- ☐ Scattered-site permanent supportive housing
- ☐ Single-site (congregate) permanent supportive housing
- ☐ Affordable housing (general)
- ☐ Elder housing
- ☐ Sober housing
- ☐ Other \_\_\_\_\_

13. Out of the programs and services that are offered by staff who are directly employed by your organization, which one(s) would you characterize as currently utilizing a Housing First Approach? [ASK ONLY ABOUT PROGRAMS AND SERVICES SELECTED IN Q12]

- ☐ Emergency shelter
- ☐ Domestic violence shelter
- ☐ Drop-in day center
- ☐ Soup kitchen/food bank
- ☐ Intensive case management (ICM)
- ☐ Mental/behavioral health services
- ☐ Healthcare
- ☐ Anti-trafficking services
- ☐ Sobriety program/rehab
- ☐ Workforce development
- ☐ Referral program
- ☐ Coordinated Entry
- ☐ Rapid re-housing
- ☐ Transitional Housing
- ☐ Safe haven
- ☐ Scattered-site permanent supportive housing
- ☐ Single-site (congregate) permanent supportive housing
- ☐ Affordable housing (general)
- ☐ Elder housing
- ☐ Sober housing
- ☐ Other \_\_\_\_\_

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14. What target population(s) are served by your Housing First programs and services?

Select all that apply.

- ☐ Veterans
- ☐ Chronically homeless
- ☐ Families
- ☐ Youth
- ☐ Individual adults
- ☐ Females
- ☐ Males
- ☐ LGBTQ+
- ☐ People with mental illness
- ☐ People with physical disabilities
- ☐ People with active substance use/abuse
- ☐ Victims of domestic violence
- ☐ Victims of human trafficking
- ☐ "General" (no target population)

15. How many total households (including adult individuals, youth, and/or families) are currently being served by your Housing First programs and services?

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16. What supportive services are offered by your organization's staff in your Housing First program(s)? Select all that apply.

- ☐ Intensive case management (ICM)
- ☐ Mental/behavioral health services
- ☐ Healthcare
- ☐ Substance use/abuse counseling
- ☐ Group therapy
- ☐ Academic support (e.g. tutoring)
- ☐ Employment services (e.g. resume workshops, job fairs, interview practice)
- ☐ Financial literacy classes (e.g budgeting)
- ☐ Life skills (e.g. computer classes, cooking classes)
- ☐ Leisure activities (e.g. art classes, recreational activities, movie nights)
- ☐ Other \_\_\_\_\_

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17. How many staff members are currently employed by your Housing First programs and services (including administrative staff, custodial staff, and direct service professionals)?

18. How many direct service professionals (e.g. case managers) are currently employed by your Housing First programs and services?

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19. How would you rate the level of enthusiasm for the Housing First approach among your organization's staff? (0=no enthusiasm; 5=maximum enthusiasm)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

20. Do your Housing First programs and services collaborate with any other organizations (supportive services or programs)?

- ☐ Yes
- ☐ No

21. Do your Housing First programs and services refer program participants to any other supportive services or programs (e.g. substance use treatment facilities, workforce development programs, outside case management)?

- ☐ Yes
  - ☐ No
- 

22. Do your Housing First programs and services host regular group meetings with all or most program participants?

- ☐ Yes
- ☐ No

23. Do your Housing First programs and services involve participants in decision-making processes (e.g. constituent advisory board, “town hall” meetings, suggestion box)?

- ☐ Yes
- ☐ No

24. How would you rate the level of involvement that participants in your Housing First programs and services have in decision-making processes? (0=no involvement; 5=maximum involvement)

- ☐ 0
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5
- 

25. In one or two sentences, please provide your best definition of *Housing First*.

---



26. The United States Interagency Council on Homelessness (USICH) developed an informal checklist for Housing First providers. To what degree do you feel that your Housing First programs and services align with the following statements? (0=not at all; 5=completely aligns)

Core Element of Housing First as Defined by USICH	Response Categories					
Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Housing and service goals and plans are highly tenant-driven.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supportive services emphasize engagement and problem-solving over therapeutic goals.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>Core Element of Housing First as Defined by USICH</b>	<b>Response Categories</b>
Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Substance use in and of itself, without other lease violations, is not considered a reason for eviction.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Score:	/55

27. To what degree do you feel that staff in your Housing First programs and services understand the primary function of their job to be getting program participants into housing and keeping them in housing? (0=not at all; 5=completely)
- ☐ 0
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5
28. To what degree do you feel that staff in your Housing First programs and services are empowered with the flexibility to creatively problem-solve with program participants in order to keep them in housing? (0=not at all; 5=completely)
- ☐ 0
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5
- 

29. Since your Housing First program(s) began, what is the average number of years that program participants actively receive services from your Housing First programs and services? Please give your best estimate.

30. Since your Housing First program(s) began, what percent of participants exiting your Housing First programs and services have exited directly to homelessness? Please give your best estimate.

31. Since your Housing First program(s) began, what percent of program participants have been evicted or involuntarily terminated from your Housing First programs and services? Please give your best estimate.

- 
32. Does your organization regularly collect data on the life satisfaction of participants in your Housing First programs and services?
- ☐ Yes
  - ☐ No → If selected, skip to Question #34

33. What data does your organization regularly collect on the life satisfaction of participants in your Housing First programs and services?

34. Does your organization regularly collect data on the ability of participants in your Housing First programs and services to perform Activities of Daily Living (ADLs)?

- ☐ Yes
- ☐ No → If selected, skip to Question #36

35. What data does your organization regularly collect on the ability of participants in your Housing First programs and services to perform Activities of Daily Living (ADLs)?

36. Does your organization regularly collect data on the progress of participants in your Housing First programs and services toward achieving their own goals beyond attaining and maintaining housing?

- ☐ Yes
- ☐ No → If selected, skip to Question #38

37. What data does your organization regularly collect on the progress of participants in your Housing First programs and services toward achieving their own goals beyond attaining and maintaining housing?

- 
38. To what degree do you feel that participants in your Housing First programs and services achieve the following outcomes? (0=no one ever achieves it; 5=all program participants always achieve it completely)

Outcome Identified by Stakeholders	Response Categories					
Increased satisfaction with life	[ ] 0	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5
Increased ability to perform Activities of Daily Living (ADLs)	[ ] 0	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5
Progress toward achieving their own goals beyond attaining and maintaining housing	[ ] 0	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5

39. Organizations that complete the survey are eligible for entry into a lottery for a \$1,000 donation to your organization. If you are interested in participating in this lottery, please provide the email address of the person who should be notified if your organization is randomly selected for this monetary donation. This contact information will be stored separately from survey results to maintain confidentiality. One organization will be selected at the end of the survey period and will be notified at that point.

## APPENDIX E: SURVEY RECRUITMENT EMAIL

*Good morning,*

*Your organization has been selected for participation in a national survey of Housing First service providers. The goal of the survey to understand the differences between Housing First in theory and in practice, as well as to identify variation in the implementation of Housing First. This research is conducted by Caitlin Carey who is a PhD candidate in the Department of Public Policy and Public Affairs at the University of Massachusetts Boston.*

*This survey is intended for organizations that utilize a Housing First approach. The survey should be completed by your organization's executive director; please forward this email to your organization's executive director if it is received by any other member of your organization.*

*Organizations that participate in the survey are eligible to be entered into a lottery for a \$1,000 donation. The survey will take about 15 minutes to complete. Participation in the survey is voluntary and you can opt out at any point. Survey responses are confidential and will only be shared in aggregate form.*

*The survey will be available from December 3<sup>rd</sup>, 2019 through January 7<sup>th</sup>, 2020.*

*Follow this link to the Survey:*

*[\\${l://SurveyLink?d=Take the Survey}](#)*

*Or copy and paste the URL below into your internet browser:*

*[\\${l://SurveyURL}](#)*

*Please reply to this email with any questions or comments.*

*Thank you very much for considering participating in this important research study!*

*Sincerely,*

*Caitlin Carey*

*Follow the link to opt out of future emails:*

*[\\${l://OptOutLink?d=Click here to unsubscribe}](#)*

# APPENDIX F: DESCRIPTIVE STATISTICS FOR ALL SURVEY VARIABLES

Variable	Count	Percent (%)	Range	Mean	Standard Deviation
Region:					
Midwest	75	27.88			
Northeast	32	11.90			
Pacific	4	1.49			
Southwest	71	26.39			
West	87	32.34			
Type of organization:					
For profit housing provider	1	0.42			
Local government department or agency	5	2.09			
Local housing authority	1	0.42			
Nonprofit	222	92.89			
Religious organization	8	3.35			
Other	2	0.84			
Budget (\$)			\$899.90 - \$259,500,000.00	\$9,691,130.51	\$25,669,021.18
Funding sources:					
Federal government	198	80.16			
State government	179	72.47			
Local government	201	81.38			
Private grant funding	214	86.64			
Donations from individuals	233	94.33			
Donations from businesses	217	87.85			
Funding from another nonprofit organization	107	43.32			
Church/religious organization	93	37.65			
Other	27	10.93			
Year organization opened			1853 - 2018	1979.61	29.70

<b>Variable</b>	<b>Count</b>	<b>Percent (%)</b>	<b>Range</b>	<b>Mean</b>	<b>Standard Deviation</b>
Organization has always utilized Housing First	79	32.78			
Year organization adopted Housing First (if not always utilized)			1975-2019	2012.19	5.88
Number of years organization has utilized Housing First			1 - 167	17.13	20.69
Primary function before Housing First (if not always utilized):					
Advocacy	1	0.63			
Affordable housing (general)	17	10.69			
Domestic violence shelter	7	4.40			
Drop-in day center	9	5.66			
Emergency shelter	45	28.30			
Healthcare	1	0.63			
Intensive case management (ICM)	4	2.52			
Mental/behavioral health services	1	0.63			
Permanent Supportive Housing (PSH)	9	5.66			
Rapid re-housing	1	0.63			
Referral program	5	3.14			
Sober housing	2	1.26			
Sobriety program/rehab	2	1.26			
Soup kitchen/food bank	7	4.40			
Transitional housing	17	10.69			
Other	31	19.50			
Housing First motivated by funder	68	29.44			
Programs and services offered:					
Affordable housing (general)	111	48.47			
Anti-trafficking services	14	6.11			



<b>Variable</b>	<b>Count</b>	<b>Percent (%)</b>	<b>Range</b>	<b>Mean</b>	<b>Standard Deviation</b>
Coordinated Entry	65	28.38			
Domestic violence shelter	23	10.04			
Drop-in day center	72	31.44			
Elder housing	15	6.55			
Emergency shelter	125	54.59			
Healthcare	34	14.85			
Intensive case management (ICM)	122	53.28			
Mental/behavioral health services	79	34.50			
Rapid re-housing	89	38.86			
Referral program	122	53.28			
Safe haven	24	10.48			
Scattered site permanent supportive housing	141	61.57			
Single-site (congregate) permanent supportive housing	98	42.79			
Sober housing	28	12.23			
Sobriety program/rehab	27	11.79			
Soup kitchen/food bank	62	27.07			
Transitional housing	66	28.82			
Workforce development	73	31.88			
Other	58	25.33			
Programs and services considered Housing First (out of programs and services offered):					
Affordable housing (general)	74	32.31			
Anti-trafficking services	9	3.93			
Coordinated Entry	47	20.52			
Domestic violence shelter	9	3.93			
Drop-in day center	43	18.78			

<b>Variable</b>	<b>Count</b>	<b>Percent (%)</b>	<b>Range</b>	<b>Mean</b>	<b>Standard Deviation</b>
Elder housing	5	2.18			
Emergency shelter	96	41.92			
Healthcare	16	6.99			
Intensive case management (ICM)	78	34.06			
Mental/behavioral health services	41	17.90			
Rapid re-housing	74	32.31			
Referral program	59	25.76			
Safe haven	14	6.11			
Scattered site permanent supportive housing	129	56.33			
Single-site (congregate) permanent supportive housing	87	37.99			
Sober housing	12	5.24			
Sobriety program/rehab	14	6.11			
Soup kitchen/food bank	27	11.79			
Transitional housing	49	21.4			
Workforce development	25	10.92			
Other	14	6.11			
Target populations served:					
“General” (no target population)	63	27.39			
Chronically homeless	180	78.26			
Families	141	61.3			
Females	140	60.87			
Individual adults	157	68.26			
LGBTQ+	116	50.43			
Males	134	58.26			
People with active substance use/abuse	144	62.61			
People with mental illness	161	70			

<b>Variable</b>	<b>Count</b>	<b>Percent (%)</b>	<b>Range</b>	<b>Mean</b>	<b>Standard Deviation</b>
People with physical disabilities	121	52.61			
Veterans	121	52.61			
Victims of domestic violence	108	46.96			
Victims of human trafficking	67	29.13			
Youth	109	47.39			
Total households currently being served			0 - 9,000	540.61	1175.88
Supportive services offered:					
Academic support (e.g. tutoring)	50	23.81			
Employment services (e.g. resume workshops, job fairs, interview practice)	128	60.95			
Financial literacy classes (e.g. budgeting)	125	59.52			
Group therapy	64	30.48			
Healthcare	52	24.76			
Intensive case management (ICM)	168	80			
Leisure activities (e.g. art classes, recreational activities, movie nights)	108	51.43			
Life skills (e.g. computer classes, cooking classes)	154	73.33			
Mental/behavioral health services	97	46.19			
Substance use/abuse counseling	79	37.62			
Other	54	25.71			
Total staff employed by organization			0 - 365	35.84	52.58
Number of direct service staff employed by organization			0 - 200	17.95	30.46

Variable	Count	Percent (%)	Range	Mean	Standard Deviation
Level of staff enthusiasm for Housing First (on a 0 - 5 scale)			0 - 5	3.83	1.14
Collaborates with other organization(s) to provide services	216	97.74			
Refers program participants to other organizations	221	100.00			
Hosts regular group meetings for program participants	143	65.00			
Program participants involved in decision-making processes	181	82.27			
Level of involvement program participants have in decision-making processes (on a 0 - 5 scale)			0 - 5	2.82	1.18
<i>USICH Housing First Checklist items:</i>					
Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.			0 - 5	4.64	0.81

Variable	Count	Percent (%)	Range	Mean	Standard Deviation
Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”			0 - 5	4.74	0.66
People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.			0 - 5	4.5	0.94
Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.			0 - 5	4.3	1.21
Housing and service goals and plans are highly tenant-driven.			0 - 5	4.45	0.88

Variable	Count	Percent (%)	Range	Mean	Standard Deviation
Supportive services emphasize engagement and problem-solving over therapeutic goals.			1 - 5	4.5	0.78
Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.			0 - 5	4.46	1.08
Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.			0 - 5	4.53	0.94
Substance use in and of itself, without other lease violations, is not considered a reason for eviction.			0 - 5	4.54	1.09

Variable	Count	Percent (%)	Range	Mean	Standard Deviation
Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.			0 - 5	4.39	1.11
Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.			0 - 5	4.48	0.98
USICH Housing First index score			20 - 55	49.55	6.97
Degree to which staff understand their primary function of their job to be getting program participants into housing and keeping them in housing (on a 0 - 5 scale)			2 - 5	4.51	0.65
Level of staff flexibility to creatively problem-solve with program participants in order to keep them in housing (on a 0 - 5 scale)			2 - 5	4.36	0.76

<b>Variable</b>	<b>Count</b>	<b>Percent (%)</b>	<b>Range</b>	<b>Mean</b>	<b>Standard Deviation</b>
Average number of years program participants are served by organization			0.25 - 35	3.77	4.06
Percent of program participants exiting directly to homelessness			0 - 95	15.75	20.57
Percent of program participants evicted or involuntarily terminated			0 - 65	9.95	11.37
Organization collects data on life satisfaction of program participants	118	57.28			
Organization collects data on the ability of program participants to perform Activities of Daily Living (ADLs)	59	28.78			
Organization collects data on progress of program participants towards achieving their own goals beyond attaining and maintaining housing	167	81.07			

Source: author's tabulations of original survey data



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