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Heading Home Hennepin

Housing First Program Evaluation

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Executive Summary

At the start of 2009, Hennepin County entered the third year of its ten-year plan to end homelessness. This bold collaborative effort began amidst a broader national movement to end homelessness that has been gaining momentum in states and counties across the country. Hennepin County's plan, Heading Home Hennepin, built upon these national best practices and laid out a comprehensive plan with definitive benchmarks to end homelessness by the year 2016.

The present study evaluates one component of the Heading Home Hennepin plan: housing first programs targeting single adults who are long-term homeless. For the purposes of this report, these programs are collectively referred to as the "Housing First" program. While distinctions exist among the individual programs, all align with a common approach which focuses on immediate placement into housing combined with the availability of supportive services.

The evaluation utilizes a mixed-method approach that incorporates both quantitative and qualitative methodologies. The first component of the quantitative analysis uses administrative data on county shelter use to assess whether the composition of shelter users has changed since the Housing First program began. Using rolling three year windows, it computes the number of nights and episodes of shelter stays of all individuals in shelters from 2005-2008. It also compares prior shelter days and episodes of shelter use of individuals placed into housing to those not placed into housing to assess whether the program effectively targeted the long-term homeless.

The second component of the quantitative analysis draws on four different administrative data sets to estimate the impact of the Housing First program on participants' shelter use, access to health insurance, and encounters with police. This analysis uses a matched comparison group of individuals who were not placed into housing, but were similar in terms of age, gender and prior shelter use to control for economic or programmatic changes that may have coincided with implementation of the Housing First program. All outcomes were assessed during three-, six-, and twelve-month intervals before and after placement into housing.

The qualitative component of the evaluation interviewed 11 current participants of the Heading Home Hennepin Housing First program over a two-week period to assess their perspectives on the program. This component utilized a convenience sample to select program participants, employing quotas to get broader

representation across programs and gender. The sample included 6 males and 5 females from the COHR-GRH, COHR-WHP, FUSE, Street Case Management, and Catholic Charities' housing programs. It included participants with a range of ages and racial backgrounds who had an average length of homelessness of eight and half years. Responses for the participant interviews were analyzed through content analysis to draw out salient themes.

The quantitative analysis generated the following findings:

The Housing First program targets a population that experiences longer periods of prior county shelter use than other shelter users. While only 25 percent of non-placed shelter users stayed in the county's shelters for more than fifty nights in the past three years, 61 percent of Housing First participants in shelters during the same time period stayed in county shelters for more than 51 nights.

Housing First participants' shelter use dramatically decreases after housing placement. The number of nights spent in shelters and the number of episodes of shelter use declined dramatically for Housing First participants during the three-, six- and twelve-month measurement periods. Using the twelve month window, we estimate that the program decreased shelter use by an average of 35 nights from the year before to the year after program placement. Our findings also indicate that when participants in the Housing First program were housed, they generally stayed out of the shelter system. Approximately 72 percent of participants did not return to the shelter in the year following placement, compared to 28 percent of the comparison group.

The program increased both the numbers of days and the continuity of health insurance coverage. The average number of days of health insurance coverage increased for program participants relative to the comparison group by 16.3 days during the six months and by 47.4 days during the twelve months before and after placement. In addition, program participants also experienced a relative increase in the proportion with continuous coverage of 12.8 percentage points in the six-month and 24.1 percentage points in the twelve-month measurement periods.

The Housing First program contributed to a statistically significant decrease in arrests during the twelve months, but not the three and six months before and after placement. On average, Housing First participants experienced a decline of 0.31 arrests from the twelve months before to the twelve months following placement, while the matched control group had no change in their average number of arrests. However, during the three- and six-month periods there was not a statistically significant difference in the changes for the placed and the matched comparison group.

Housing First participants experienced a decline in the average incidents of victimization in the three and twelve months, but not the six months before and after placement. Participants in Housing First experienced a decrease relative to the comparison group of 0.19 victimizations in the three months, and 0.42 victimizations in the twelve months before and after placement. The change in the mean incidents of victimization in the six months before and after placement was both small and insignificant for both the program participants and the comparison group.

The Housing First program has not reduced the percentage of long-term or frequent shelter users. Since the initial placement of participants in Housing First in 2005 until the end of 2008, there have been no significant changes in the duration and frequency of shelter use, as well as the average number of nights that shelter users stay in the county shelters. Shelter users staying more than one hundred nights over a three-year period comprised 20% of the shelter population between 2005 and 2008.

Our results from the qualitative analysis yielded the following conclusions:

Placement into housing has had a positive effect on participants' feelings of safety and well-being. Respondents cited indicators of increased sense of well-being, noting changes in self-esteem, and their ability to manage their lives. Moreover, a majority of all respondents indicated that they felt safer as a result of their placement into housing.

Placement into housing was meaningful to the participants in different ways. Overall we found housing meant different things to participants; for some it meant housing stability, security and safety, while for others it represented a renewed sense of ownership and self-esteem. These differences highlight not only an important individual context within which these programs operate but also point to the importance of understanding individuals' perceptions in providing tailored support.

The transition into housing poses challenges related to new daily activities and a changing social environment. Several respondents remarked that they missed the social interactions related to shelter use, such as shared mealtimes. In addition, respondents indicated that staying sober, managing relationships with neighbors, keeping track of bills, and finding transportation were all new challenges that they faced after their housing placement.

The location of initial placement for many respondents was not the last. While overwhelmingly respondents noted they liked their current residence and it was an improvement over their previous situation, nearly half had moved at least once since their initial housing placement.

Participants do not want or expect to access shelters after placement into housing. Overwhelmingly, respondents reported that they had not accessed shelters since placement and expressed a desire to avoid any future shelter use.

Participants noted their respective case managers provided a great deal of support before, during, and after the move in to housing. Nearly all participants noted they work with case managers frequently, many on a weekly basis. Case managers were cited as helpful with daily living activities as well as providing more personalized social support.

Transportation was a significant challenge that affected prospects for jobs, access to healthcare, and general well-being for respondents after placement. Many respondents noted transportation challenges getting to grocers, doctors, and even friends. Transportation help was sometimes noted as something case management could provide additional assistance with and came up in several program recommendations from respondents.

Stakeholder buy-in is essential to research process. Throughout the interview process we have found our greatest success working closely with program staff. Process was important in working within a limited timeframe and resources and our experiences conducting personal interviews highlight the need for staff buy-in and transparency around the study. Informing staff of the project, providing them with methodology information, emphasizing the importance of their input, and allowing for flexibility in scheduling all increased our ability to effectively carry out the research.

Our evaluation methodology draws on best practices from prior research on housing programs for homeless populations. However, throughout our analysis, we encountered limitations in both data quality and data access. Where possible, we attempted to control for these limitations, and we include a discussion of how these limitations may have affected our findings. The evaluation provides conclusions and recommendations for Heading Home Hennepin which could address these issues in future evaluations.

The report is organized into five sections. The first section provides the reader a program description of the Heading Home Hennepin Housing First program. This is followed by a review of the literature on similar homelessness reduction programs. Next, we provide the results of our quantitative and qualitative analysis. Finally, we provide our conclusions and recommendations for program staff.

Program Description

In 2000, against the backdrop of broader national movement, the National Alliance to End Homelessness announced a ten-year plan to end homelessness. Incorporating innovative programming and research from around the country, this plan prompted a shift from using an approach of managing homelessness to one of ending it. With the endorsement of former President George W. Bush and the United States Council on Homelessness, this blueprint provided a framework for state and local government action. Soon after this document was released, local governments began signing on to implement ten-year plans in their communities.

In March 2004, under the direction of a working group established by the Minnesota legislature, Minnesota produced a state focused business plan to end long-term homelessness. This multi-jurisdictional, multi-sectoral, and multi disciplinary approach called on actors to address long-term homelessness[1], focusing on those individuals defined by being homeless for one year or more or at least four times in the past three years. This report laid out annual benchmarks for program action and a financing plan to align the funding streams needed to reach these goals. Chief among the strategies adopted in the plan was the development of 4,000 additional permanent supportive housing opportunities for individuals, unaccompanied youth, and families and children. The plan highlighted the cost- effectiveness of reducing emergency service usage by this population in addition to the moral obligation to address long-term homelessness. In 2007, the Heading Home Minnesota Initiative analyzed its progress and recalibrated the business plan based on lessons learned over the course of its implementation. In working toward its primary goal the state has, as of January 22, 2009, facilitated an additional 2,497 units, just over 62% of its total goal of 4,000 units (Heading Home Minnesota, 2009).

Heading Home Hennepin

Employing a similar approach, Hennepin County introduced a ten-year plan called Heading Home Hennepin in December 2006 and put forward a vision of ending homelessness in Hennepin County, including the city of Minneapolis, by 2016. The plan is the result of collaboration of some seventy federal, state, and local government agencies, businesses, nonprofits, and faith-based organizations and draws on the feedback of key stakeholders, most notably those who have themselves experienced homelessness. The ten-year plan is based on national models of best practices and provides new housing, support, and outreach services that "will empower people of all ages to close the door on homelessness" (Heading Home Hennepin, 2009).

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[1]See Appendix A: Definitions

Program Elements

This evaluation is an effort to assist Heading Home Hennepin by evaluating a specific component of their ten-year plan to end homelessness: housing first[2] based programs focused on long-term homeless single adults. These programs function, in part, as a component of the broader Heading Home Hennepin collaborative and are distinguished by both their target population and the strategy employed. While distinctions exist among these programs, all align with a common approach based on a housing first model combined with offering supportive services.

In contrast to a continuum of care model, wherein participants are successively moved closer to independent living, housing first approaches are designed to work with long-term homeless populations by moving them directly from shelter or street living into permanent housing. This approach grew out of the notion that housing is a stabilizing force that should not be predicated on compliance with other interventions or entry requirements outside of normal lease agreements. Participants of these programs, while not required to accept supportive services, are provided with the access and opportunity to a wide range of resources meant to increase the likelihood these individuals will be able to maintain their housing. According to the Heading Home Minnesota collaborative, "individuals, youth and families are not required to accept services. Service providers are, however, required to make a broad spectrum of services available on an ongoing basis and to engage people in accessing services" (Heading Home Minnesota, pg. 6, 2008).

Project Scope

This evaluation will limit its analysis to those programs that Heading Home Hennepin identified as housing first programs serving single adults in Hennepin County. Largely, these programs fall under two broad collaborations, the Collaboration for Housing Resources, (COHR), and Hennepin County's Housing First Collaborative. In addition to these larger initiatives, the evaluation also includes Catholic Charities secure waiting housing first program that works within Hennepin County, as well as, St. Stephens' Street Case Management and Frequent Users Service Enhancement (FUSE) programs. For a breakdown of the service providers involved in these programs and their estimated number of housing placements see Table 1 below:

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[2] See Appendix A: Definitions

Table 1: Program Breakdown

Program	Service Provider	LTH Target Population	Housed	%
Collaborative of Housing Resources				
SARAP	Simpson	men and women	33	7%
Hearth	St. Stephen's, Simpson, Spectrum, American Indian Community Development Corp.	men and women	59	13%
WHP	Simpson, Spectrum	women / women with mental illness	50	11%
GRH	St. Stephen's, Simpson, Spectrum	men and women; GRH eligible	48	11%
Hennepin County Housing First				
COHR	St. Stephen's, Simpson, Spectrum	men and women; GRH eligible	53	---*
Cabrini	Cabrini Partnership	men and women; chemical dependency / mental illness	48	11%
People Inc.	People Inc.		31	7%
St. Stephen's	St. Stephen's		11	2%
Youth Link	Youth Link	men and women; ages 18 to 21	6	1%
Catholic Charities-ELHIF	Catholic Charities	men and women	61	14%
*LSS/Elim/Simpson***			9	2%
Secure Waiting – Housing First	Catholic Charities	men and women; highest users of "Secure Waiting" facility	68	15%
Street Case Management	St. Stephen's	men and women with chronic alcoholism	7	2%
FUSE	St. Stephen's	men and women; highest users of county funded shelter and jail	21	5%
			(61.00)	
Total			**444**	

COHR percentages were not calculated due to duplications with the COHR-GRH. This adjustment accounts for the majority of program duplications in the table.

**These programs focus on families, however 12 of their participants were recorded as singles in the dataset. Due to a lack of information of the background and circumstance of these individuals they have not been ruled out as single adults and are included in the analysis.*

*** Duplications included those programs that report numbers both individually and as part of the Hennepin County Housing First initiative. Due to aggregation, and to avoid decisions of crediting specific programs with placements, duplications have remained in the counts and taken out as a line item "duplicates." Duplications included Housing First and; FUSE (8), Street Case Management (4), Secure Waiting (1), COHR GRH (48).*

Total breakdowns for the respective programs are considered estimations due largely to reporting and classification differences among the programs. Many programs report participant figures dependant on funding sources and often these reporting requirements can create situations of duplicate counting for unique individuals. In addition, there exist differences among the way programs report housing placements. In some instances these figures are reported as current numbers of housing placements whereas in others, total housing placements. Where possible these figures have been corrected to reflect total housing placements. Importantly, these figures are assumed to be very similar given the high rates of program retention and the relatively new implementation of many of the programs.

Program Description

Each of the programs included in this evaluation contribute to a broader overarching goal of helping single homeless adults access and remain in permanent supportive housing. Although differences exist among the various programs, many have developed implementation strategies that reflect common practices in terms of targeted populations, referral process, service delivery, and funding.

In general each of these programs target single adults that, at minimum, meet the state definition of being long-term homeless. In many instances these individuals are targeted by identifying usage patterns of the counties public and private shelter systems as well as through information provided from outreach workers. The programs draw participants through myriad collaborations involving social service providers and government programs that work to address homelessness. Once participants are identified, program staff work to line up suitable permanent housing opportunities in both single-site[3] and scattered-site[4] locations. Following housing placement, participants are provided with supportive services such as transportation assistance, independent living skills, employment assistance, and community referral services. Supportive services are client-centered and reflect the needs of the individual participants. The frequency and duration of the supportive services are also tailored to participant needs and can range from weekly to monthly appointments.

The programs operate through the support of various funding streams that provide rental assistance and subsidies for housing as well as the support necessary for program staff. Largely, the financial support for housing comes from rental subsidies, state and federal income supplement programs, and client income. Determinations of housing supports are often contingent upon the eligibility of the targeted participants and program staff work to match participants with the appropriate funding sources. Typically, funding for program staff represents a mixture of private and public dollars and includes support from foundations, government programs, as well as contributions by the social service organizations themselves.

While each of the programs in the analysis share programmatic characteristics, they have at the same time developed distinctive approaches that reflect the diversity of the populations they attempt to reach. Over the course of their implementation, these programs have honed specific strategies that provide different avenues into housing as well as target variations among the single adult homeless population. Notable distinctions among the programs include:

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[3] See Appendix A: Definitions
[4] See Appendix A: Definitions

COHR – Single Adult Rental Assistance Program (SARAP): COHR-SARAP works as part of the broader COHR team and targets long-term homeless men and women largely through their use of the private shelter system. The program uses self-reporting and shelter data to identify and target the most chronic shelter users.

COHR – Women's Housing Partnership (WHP): COHR-WHP targets long-term homeless women and includes a specific component focused on reaching women with identified and verifiable mental illness.

COHR– Group Residential Housing (GRH): COHR- GRH operates as a subset of the larger COHR partnership. The program focuses on individuals that meet the requirements of the state-funded income supplement program, Group Residential Housing[5], and as such must be eligible for social security or general assistance.

Cabrini Partnership – Cabrini operates a housing first program targeting long-term homeless adults with chemical dependency and or mental illness. Cabrini draws its participants primarily through referrals from Salvations' Army's Harbor Light facility.

Street Case Management: The Street Case Management program focuses on housing the long-term homeless population that suffer from chronic alcoholism and are frequent users of the detox center and Hennepin County Medical Center's emergency room for acute intoxication. Participants are identified through County records tracking related detox and emergency room visits.

Frequent Users Service Enhancement (FUSE): FUSE is a collaboration between St. Stephen's Human Services and Hennepin County Community Corrections along with Hennepin County Human Services and Public Health Department. The program targets long-term homeless adults and identifies participants based on frequency of stays within county-funded shelters and jails.

Youthlink – Youthlink runs a housing first program which targets long-term homeless young adults ages 18 through 21. The program incorporates selection criteria to reach young adults that have serious and persistent mental illness, chemical dependency, or are HIV positive. The program identifies participants through a number of community referral sources such as Project OffStreets.

Catholic Charities –Ending Long-Term Homeless Initiative Fund (ELHIF): This program receives state subsidies through the Ending Long-Term Homelessness Initiative Fund to house long-term homeless men and women. The program targets those individuals that meet the definition of long-term homeless and draws clients largely through their use of the Catholic Charities shelter system.

Catholic Charities –Secure Waiting - Housing First: Catholic Charities also works to place long-term homeless individuals who do not rely solely on ELHIF funding. This component targets the most frequent male users of its downtown "secure waiting" facility as indicated by shelter records.

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[5] See Appendix A: Definitions

Literature Review

The following literature review focuses on research on the outcomes of homelessness interventions, such as supportive housing and housing first programs, that is reported in Appendix B. Culhane et al. (2008) and Rosenheck (2000) provide other relevant reviews. These studies have found that supportive housing increases the number of days stably housed, decreases interactions with the police, and decreases the use of Emergency Rooms (ER) and detox services. They also suggest that supportive housing may increase measures of participants' quality of life, such as their reported overall "well being", their feeling of choice in housing options, their sense of privacy and independence, and their satisfaction with their housing and finances.

Many of the early evaluations of supportive housing have motivated the current national initiative to end homelessness. In 2000, the National Alliance to End Homelessness produced a report, "A Plan, Not a Dream: How to End Homelessness in Ten Years" which sparked the development of local ten year plans around the nation. Since the emergence of the Alliance's ten-year plan, over 300 communities have initiated efforts to end homelessness and over 180 communities have completed plans to end homelessness (National Alliance to End Homelessness, 2000).

In developing strategies to reduce long-term homelessness, many communities have experimented with innovative programs such as the permanent supportive housing model, which is characterized by its integration of both stable housing and supportive services for previously homeless individuals. "Housing first" programs are a subset of this model, and initially arose as an alternative to the linear residential treatment model. The linear residential treatment model, also referred to as the continuum of care model, was popularized in the 1980s and remains widely used today (Rog 2004; Tsemberis and Eisenberg 2000). The linear treatment model moves homeless individuals through a series of qualifying steps before providing permanent housing. In contrast, housing first programs are predicated on the belief that housing is a basic right, so these programs provide individuals immediate access to housing. In addition, participants typically have the ability to choose their housing and the kinds of services that they access (Tsemberis and Eisenberg 2000). A key difference between the two program models is that the linear treatment model usually requires that participants be sober before being placed in permanent supportive housing, while housing first programs emphasize the importance of placement regardless of sobriety status.

Comparisons of permanent supportive housing programs like housing first with linear treatment programs consistently find that, regardless of type, both programs are more effective than no housing intervention in maintaining housing stability for previously homeless adults. Rog found in a 2004 review of the research that results from randomized studies of both housing first programs and linear treatment programs yielded few differences in outcomes between the two types of interventions, and both programs had been shown to increase housing stability. However, other research focused specifically on comparisons of housing first programs with linear treatment programs have found significantly different outcomes. Tsemberis and Eisenberg (2000) compared housing stability rates between the Pathways to Housing Program, a housing first program, with traditional linear residential treatment models operating in New York City. They found that 88% of Pathways participants remained housed four and a half years after placement, while 47% of the comparison group remained housed after the same time period.

Moreover, while the linear treatment program participants were more likely to access substance abuse programs, their level of substance or alcohol use was not significantly different from the housing first groups' substance or alcohol use (Tsemberis and Eisenberg 2000; Martinez and Burt 2006). Tsemberis, Gulcur and Nakae (2004) found that housing first participants experienced greater housing stability, experienced fewer psychiatric symptoms and had a greater feeling of choice in their housing options than their continuum of care counterparts. Clark and Rich (2003), however, compared two homeless prevention programs, a housing first program, and a case management-only program, and found that participants with low levels of mental illness or substance abuse did equally well in either program, while those with higher levels of mental illness or substance abuse had improved housing outcomes when participating in housing first programs.

Two studies that did not use a matched control group, but evaluated the impact of the Housing First model on homelessness within their state's ten-year plan were considered. The first study concerns the state of Rhode Island and the United Way of Rhode Island who initiated a Housing First model as a pilot program to address the problem of chronic homelessness in the state of Rhode Island. An evaluation found that after one year of the program, clients in the Housing First program showed significant improvements in physical health, mental health, and ability to interact socially with family and friends. In addition, participants had attained higher incomes due to program staff assistance in obtaining disability support, and, in some cases, jobs. Other findings included major cost savings attributed to a reduction in costly facilities such as hospitals, emergency rooms, mental health facilities, and prisons. (Rhode Island Evaluation, 2007)

The state of Colorado also implemented a Housing First model in 2003 as part of their ten-year plan to ending homelessness strategy. A cost benefit analysis study focused on assessing 24 months pre-placement and post-placement health and emergency service records of clients in the Denver Housing First Collaborative (DHFC). The study found a significant reduction in costs and attributed cost savings to the program. The overall findings demonstrated significant reductions in emergency services costs, including those related to emergency room, inpatient medical or psychiatric, outpatient medical, detox, incarceration, and shelter use. Some of the cost savings attributed to the DHFC program included emergency related costs reduction of 73% translating into savings of $600,000; a 34% reduction of ER visits and an overall reduction of inpatient visits of 80%. (Denver Cost-Benefit Analysis, 2006)

A few studies have assessed perceived needs of homeless individuals. Daiski (2007) recruited 24 participants from a Canadian city in 2005 for a study that included semi-structured interviews and observational field notes. The study determined that homeless individuals reported concerns about their physical and mental wellness as well as other health issues such as chemical dependency and stress. Participants reported concern that shelter conditions promoted the spread of illness and violated their sense of privacy. Daiski (2007) argues that expanding housing options could reduce health problems and increase privacy for previously homeless individuals.

Wolfe et al. (2001) conducted a qualitative study to determine what effect obtaining housing had on the "overall subjective quality of life" among the homeless adult participants. Wolfe et al. (2001) found that participants who received independent supportive housing reported the most significant increase in their satisfaction with the "overall quality of life," and demonstrated the largest improvements in their satisfaction with housing, income and leisure, compared to the group that did not receive independent supportive housing. While the study demonstrates that homeless adults prefer independent housing over other options available, housing may not necessarily improve their overall satisfaction with all facets of their life. For example, participants did not report a significant increase in satisfaction with their food and their social life.

Nelson et al. (2005) also conducted a qualitative evaluation to assess the experiences of individuals who had previously been homeless. They attempted to measure change in quality of life after an individual obtained housing and found that among those interviewed in the study there was a high level of satisfaction associated with housing. More specifically, the researchers report that the "well being" of those interviewed appeared to improve upon moving to supportive housing. There was also a reported increase in a participants' sense of independence upon moving.

The literature discussed above grounds our research within a wider body of work on homelessness reduction programs. This body of work indicates that we could expect potential outcomes of Heading Home Hennepin's housing first programs to include improvements in certain aspects of the participants' lives such as a increase in amount of time stably housed, an increased sense of both privacy and independence, as well as increase in the satisfaction with their housing situation and finances. In addition, these programs are expected to result in a decrease of participant shelter use, detox services, and emergency room visits.

Our analysis should help Hennepin County to monitor the effectiveness of its Housing First program. It also contributes to our understanding of recent ten-year plans to reduce long-term homelessness. While most of the prior literature has focused on measuring impacts of programs designed for mentally ill and chemically dependent adults, our analysis examines the impacts of the more recent housing first models, which have been designed for a broader and potentially less disadvantaged homeless population. We also evaluate outcome measures, which to our knowledge have received little attention in the literature, such as enrollment in public health insurance programs, and the number of victimizations reported in police data.

Quantitative Analysis

Methodology

There is a large body of literature that attempts to measure the impact of homelessness prevention programs by analyzing administrative data. Based upon this prior body of work, our analysis consists of two components. First, we analyze whether the program is targeting the long-term homeless population and if the program has an impact on trends in county shelter use from 2005-2008. Second, we examine the program's impact on key outcomes including participants' shelter use, access to health care, and encounters with police compared with a similar matched control group of non-participants.

We modeled much of our analysis of program impacts on Culhane et al. (2002), who used administrative data from eight public agencies to determine if access to permanent supportive housing contributed to a reduction in public service use. Using data on 4,679 people placed into permanent supportive housing and a set of matched controls, they measured the differences in public service use over a two-year timeframe before and after the intervention. The matched controls were selected using a series of demographic variables, indicators of mental illness and substance abuse, and service use up to the intervention date. Our analysis utilized a similar methodology as Culhane et al. (2002) to construct a matched comparison group and to compare outcomes between the program participant group and a matched control group; however, this strategy was narrower in scope in both the number of participants and the outcomes measured.

In a 1998 study, Culhane and Kuhn used administrative data to evaluate patterns of shelter use in New York and Philadelphia. Using cluster analysis, they analyzed data on the number of nights and episodes of shelter use to identify three types of shelter use: chronic, episodic, and transitionally homeless. Because this research reflects the importance of both nights of shelter use and episodes of shelter use, both our analysis of the trends in homelessness and our analysis of program outcomes include measures of both of these metrics.

The three outcomes we measure are county shelter use, access to health insurance, and encounters with police as measured in number of arrests and incidents of reported victimization. We use changes in county shelter use as an outcome because it provides an indication of whether participants maintained their housing after placement, and it could be used to estimate savings from reductions in county shelter expenditures. Second, we

examine changes in the number of days and continuity of public health insurance coverage to assess whether the program has expanded access to critical social services. For many, placement into housing not only provides participants with a permanent address, it also provides them the stability and the caseworker support needed to consistently access public insurance and other social service programs. Finally, we examine changes in arrests and incidents of victimization reported in police encounter data, since these measures critically affect both participant and community well being. Placement into housing should presumably reduce participant's arrests for livability crimes such as sleeping or drinking in public, since it provides participants with a private venue for these activities. In addition, we anticipate that the ability to go home to a safe, lockable place may improve participant's safety and reduce reported incidents of victimization.

For this analysis we used the following data sources:

1. **Hennepin County shelter records from 2002-2008**. These include 765,816 separate cases representing approximately 38,000 individuals.
2. **Hennepin County health data from 2002-2008**. This data provides information on client's access to health insurance through General Assistance Medical Care, Medicaid, and various other public insurance programs. The data also indicates if individuals have ever enrolled for income support through Social Security Insurance (SSI) or Retirement, Survivors, Disability Insurance (RSDI).
3. **Minneapolis Police Department case records from 2001-2008**. These records identify any encounters with the police including arrests and reported incidents of victimization.
4. **Housing First program placement records** from 2005-2008. These included 294 out of the approximately 444 program participants who were placed in housing under this program. We use the terms "placed date" or "program placement" to refer to the date of the participant's placement into housing.

Hennepin County staff used client identifiers in the shelter data including name and social security number to obtain information on gender and birth year from a master county data set that includes all users of county services. Clients were also matched into the health insurance data set. All individuals who were included in both the shelter and the county database were then matched on the basis of birth year and name with records of police contacts from the Minneapolis Police Department. Finally, individuals in the county shelter system were matched to reports from Housing First program providers on the dates of placement into housing. Because of data privacy and data sharing issues, we were not able to obtain complete data on participants in four programs. These programs were similar in structure to the other Housing First programs, although they may have served a greater share of female participants. The county provided us with the four data sets, each of which included a

unique id for individuals across datasets allowing us to match information. All client ids, names, and social security numbers were removed to protect client confidentiality.

Targeting of Program Participants

The first element of the data analysis identifies if the program targets the longest-term users of county shelters for participation since state and county eligibility criteria require the program serve the long-term homeless. We determine whether the program participants were more or less likely to be long-term homeless than typical shelter users. To do this, we calculated the following information for each participant:

o *Nights* of all county shelter use three years prior to program placement.
o *Episodes* of homelessness during the three years prior to program placement. An episode of homelessness included all the dates of shelter stays that were separated by less than 30 days. This allowed for gaps in stay that may have been due to private shelter use or stays elsewhere to be counted as part of the same episode.
o *Long-term homeless individuals* in the shelter during that time period using the State of Minnesota's definition that a person be considered "long-term homeless" if they are homeless for a year consecutively, or have four episodes of homelessness over three years.

Of the 294 individuals placed into Housing First, 11 did not have any stays in the county shelters so they were excluded from this analysis. Thus, we compared the average nights and episodes for the 283 participants with an average of the number of nights and episodes of all non-participants. Non-participant nights and episodes were determined by calculating the number of each in the past three years for those who accessed the shelter during a particular six-month time period. We then took a weighted average of the number of nights and episodes over eight consecutive six-month timeframes from 2005 to 2008, using weights which were equal to share of participants placed into housing during each six-month timeframe. We also compare Housing First program participants with other shelter users by their demographic characteristics including age and gender.

Program's Impact on the Trends in County Shelter Use

The second element of the data analysis investigates the program's impact on the trends in county shelter use to identify whether implementation of the Housing First program was associated with a reduction in the proportion of long-term shelter users in the county shelter population. This comparison examined the frequency of shelter use over the last three years among the population in shelters during eight consecutive six-month time periods.

Program's Effect on Key Outcomes: Participant and Matched Control Group

The second section focuses on whether participants had measured changes in county shelter use, access to health insurance, and police encounters following participation in Housing First. To assess if changes might be attributable to participation in the program rather than a change in other conditions, we compared the results for the participants with a matched control group. We utilized a difference in differences estimator, which is calculated by subtracting the change in the outcome (from pre- to post-placement) for the participant group from the change in the outcome for the control group. Since we control for other factors by subtracting out the control group change, we are able to identify whether there was a measurable change that might be attributed to program participation.

Identifying the Matched Control Group

We attempted to select a comparison group that was similar to the program participants on the key dimensions that determine placement into the program. As mentioned before, state and county eligibility rules for Housing First programs require that participants at placement are "long-term homeless" individuals as defined by the State of Minnesota.[6]

We determined the number of nights of county shelter stays and episodes of homelessness for each program participant for the three years prior to their placement in the program. Because our shelter data start in 2002 and placements start in 2005, this three-year period was the maximum length of time to consistently measure shelter use. We also excluded participants who did not have any shelter stays three years prior to placement even if they did have shelter use prior to these three years because we would not have been able to match them with a similar individual. This restriction reduced the number of participants from 294 to 264.

For each individual in our placed sample, we identified a matched comparison from the sample of non-placed shelter users who were as similar as possible in terms of the month in shelter at time of placement/selection into comparison group, and the number of shelter nights and episodes of homelessness. We also matched on the basis of sex and birth year where available. To implement our matches, we used the Malhanobis matching option in the psmatch2 program available in Stata (Leuven and Sianesi 2003).

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[6] See Appendix A: Definitions

Once each participant had a matched control, we calculated a fixed date by taking the last day the individual stayed in the shelter during the month in which they were matched. We then calculated outcomes before and after the placed/fixed date at three-month, six-month, and twelve-month timeframes. However, to allow for time for individuals to move after the placement date, we included a two-week window before we began counting the "after" timeframes. In addition, to ensure we had complete data for the post-placement analysis for each timeframe, we included only those individuals for whom we had data for the necessary number of months following placement. Finally, several matched individuals were assigned to more than one participant so we weighted their information in our analysis. In total, the three-month timeframe included 250 participants and 239 unweighted matches, the six-month timeframe included 225 participants and 222 matches, and the twelve-month timeframe included 156 participants and 143 matches.

Data Limitations

There are several limitations to the data used for this analysis that may have impacted our results. First, as noted above, we were only able to identify 294 individuals out of approximately 444 individuals who were placed in the Housing First program from 2005-2008. Thus, it is possible that some of the individuals we include in the non-participant sample have actually been placed into housing. This may lead us to underestimate the impact of housing placement on program outcomes because it may lead to an over-estimate of underlying trends in the comparison group.

Second, the sample used in this analysis includes participants who chose to enroll in the Housing First program and therefore were not assigned randomly to receive this treatment. To the extent that those who chose to participate in the program differed on the basis of unmeasured characteristics such as the motivation to retain housing, we may over-estimate of the impact of housing placement on program outcomes. On the other hand, we could underestimate program impacts, if program staff target services to individuals who would otherwise experience more severe deteriorations in housing stability and other outcomes.

Third, in calculating the nights and episodes of homelessness, we were only able to access data from Hennepin County shelters. County shelters provide approximately 85% of the shelter slots in the county. Therefore, homeless individuals may stay at private shelters, sleep outside, or leave the area. Because we are not counting private shelter stays prior to program placement, we could be under-counting the extent of homelessness experienced by our sample population as well as under-estimating the effect of Housing First programs on

shelter users. Alternatively, it may lead to an over-estimate of the program's effect if we are missing private shelter stays following program placement.

Fourth, data quality issues likely affected the accuracy of our analysis. Estimates of shelter duration are based on county shelter records and are therefore dependent on their accuracy. Our ability to match records from the county shelter database, county health database and Minneapolis police database is also contingent on the quality of matching identification numbers. Likewise, the quality of the matching identifications rests on the comparability of the records of each agency. Finally were may have incomplete information on police contacts, because matches in the police database were made with name and birth year, and we were only able to identify birth year for 39 percent of all shelter users in 2002-2008, and for 11 percent of our final participant and matched comparison group.

Results and Discussion

Section I: Targeting Program Participants and Program Impact on Overall Shelter Use

Targeting Program Participants

To understand whether or not Housing First participants are systematically different from the general shelter-using population, we examine the duration of participants' county shelter use and compare them to a weighted average of other shelter users. First, we compare the gender and age distribution of Housing First participants with other shelter users. Then, we analyze these shelter utilization trends both in terms of nights of shelter use and episodes of homelessness. Finally, we examine the number of Housing First participants who are considered long-term homeless.

The majority of total shelter users in our dataset are male. Of the 24,118 shelter users from 2002 to 2008, 75.2 percent are male, 21.6 percent are female and 3.2 percent are unknown (see Appendix Table C-1). This is similar to the percentages of male (76.7%) and female participants (23.0%) in the total shelter population, and we were missing data for only one individual (0.4%). Additionally, we determined the age of shelter users by subtracting the birth year from the midpoint of our data, 2006, to compare this to the age of participants when they enrolled in the program. We are missing birth year data for approximately 39 percent of the shelter users and 5.3 percent of program participants. Of those shelter users for whom we have birth year data, almost all shelter users are between the ages of 19 to 79. Shelter users appear to be slightly younger than program participants. The largest age group for shelter users is 35-49 (50.3%); however, there is a smaller percentage of Housing First

participants in this age range (43.2%). The highest percentage of Housing First participants is between the ages of 50 to 79 (47.3%), which is considerably larger than the percentage of all shelter users in that age range (23.9%).

Figure 1 shows that on average, shelter users who were not placed into housing tend to have had fewer shelter days than those who were placed in Housing First programs.[7] While 24.2 percent of non-placed shelter users stayed in shelters between 1 and 5 nights over the course of a rolling three-year period, only 11.5 percent of Housing First participants stayed in a county shelter for that duration. While three quarters of non-placed shelter users stayed in a county shelter from 1 to 50 nights during the three-year period, the majority of Housing First participants stayed in county shelters for more than 51 nights.

Figure 1. Shelter users' average number of nights spent in county shelters in a three year period
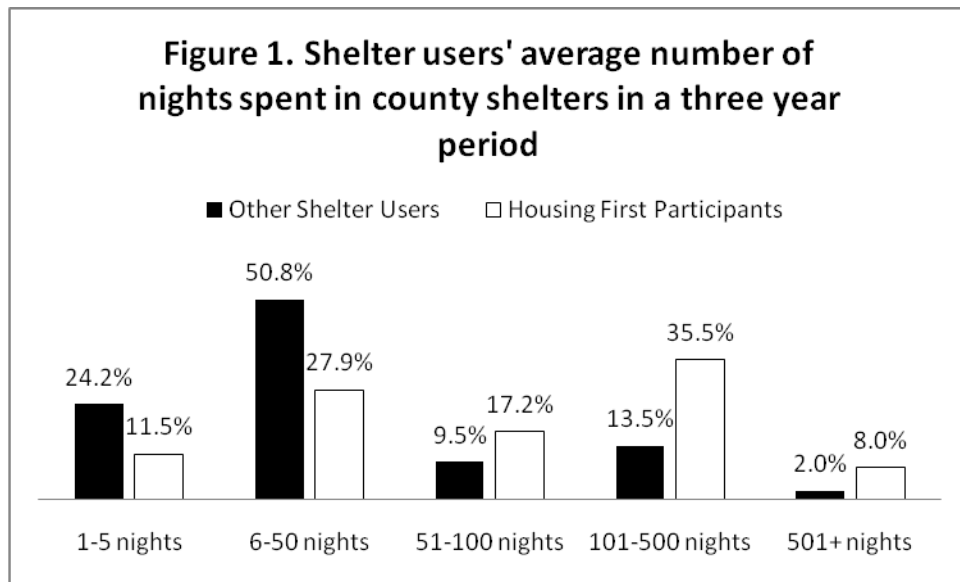
We also measured episodic homelessness to determine the intensity and frequency of homelessness that shelter users experience (see Figure 2). We found that non-placed shelter users tend to have fewer episodes of homelessness than Housing First participants. However, both the majority of non-placed shelter users (75.3 percent) and Housing First participants (66.1 percent) had between 1 and 3 episodes of homelessness in a rolling three-year period.

Finally, we examined whether or not Housing First participants were, on average, more likely to be long-term homeless under the state of Minnesota's definition of long-term homelessness than non-participants, since one

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[7] This portion of the analysis includes only the 264 Housing First participants who stayed in county shelters at least once during the three years prior to placement into housing.

of the program's goals was to end long-term homelessness. We found that, on average, across the three-year time period, 26.8% of non-participant shelter users qualified as long-term homeless under the state of Minnesota's definition of long-term homelessness, while 43.8% of Housing First participants qualified as long-term homeless. Importantly, it is likely that both of these percentages are underestimated, as our data only includes the nights shelter users stayed in Hennepin County homeless shelters as evidence of homelessness.


Figure 2. Shelter users' average number of episodes of homelessness in a 3 year period

■ Other Shelter Users ☐ Housing First Participants
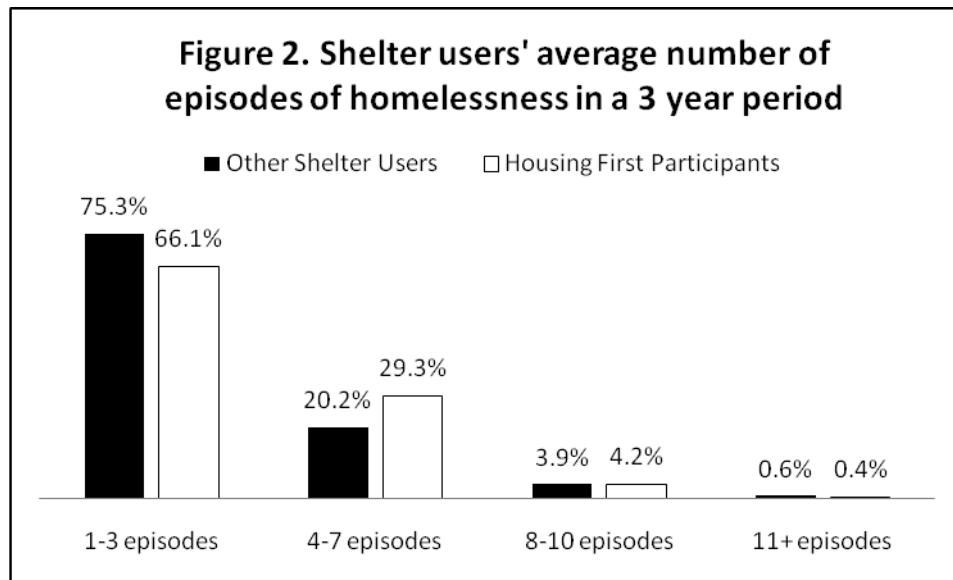
Impact on Overall Shelter Use

In this section, we estimate if the program is having an impact on reducing the number of long-term homeless individuals using county shelters by examining whether there has been a change in the proportion of shelter users with a large number of days or episodes since the program began in 2005. Using rolling three-year periods, we estimate whether the proportion of shelter users with a large number of days or a large number of episodes changed between the years 2005 and 2008. If the Housing First program serves the longest-term users, the number of users staying at shelters for over 100 nights, or over many episodes of homelessness should decline. Complementing this decline, we might also see an increase in the number of shorter-term shelter users who experience fewer episodes of homelessness.

As shown in Figure 3, we find that trends in shelter use have not changed significantly during the past three years.[8] For example, during the period January through June 2005, 31 percent of shelter users stayed 1 to 5

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[8] Additionally, analyses of patterns when removing those who were placed from the time period in which they were placed and removing all people who were placed at any time from all time periods had similar results.

nights in the previous three years, 37 percent stayed between 6 and 50 nights, 12 percent stayed between 51 and 100 nights, 17 percent stayed between 101 and 500 nights, and 3 percent stayed more than 500 nights. By the period July through December of 2008, this distribution had remained almost unchanged with 32 percent staying 1 to 5 nights in the previous three years, 36 percent staying between 6 and 50 nights, 12 percent staying between 51 and 100 nights, 17 percent staying between 101 and 500 nights, and 3 percent staying more than 500 nights.

Figure 3. Trends in Shelter Use by Number of Nights Stayed in Previous three Years, 2005-2008
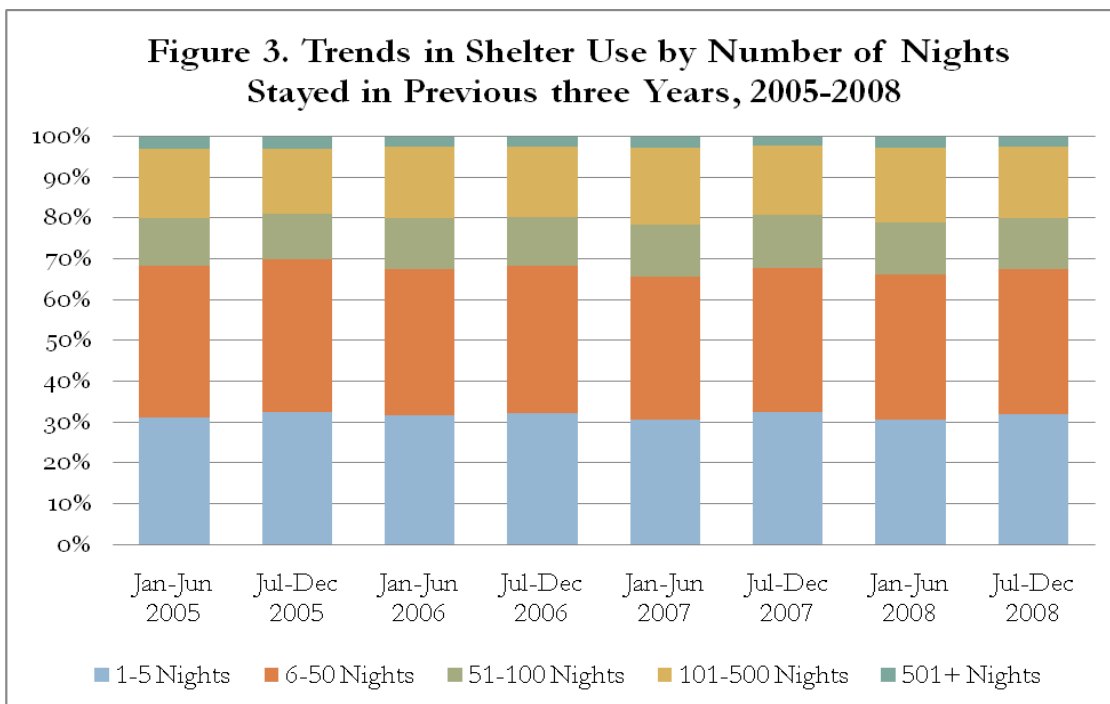
Similarly, Figure 4 illustrates that trends in shelter use measured by episodes of homelessness have also remained constant. In the period from January to June 2005, 76 percent of shelter users had 1 to 3 episodes of homelessness in the previous three years, 20 percent had between 4 and 7 episodes of homelessness and 4 percent had more than 7 episodes. By the period July to December 2008, the numbers were practically unchanged, with 75 percent of shelter users having 1 to 3 episodes, 20 percent having 4 to 7 episodes, 4 percent having 8 to 10 episodes, and 1 percent having more than 10 episodes.

Figure 4. Trends in shelter use by number of episodes of homelessness in previous three years, 2005-2008
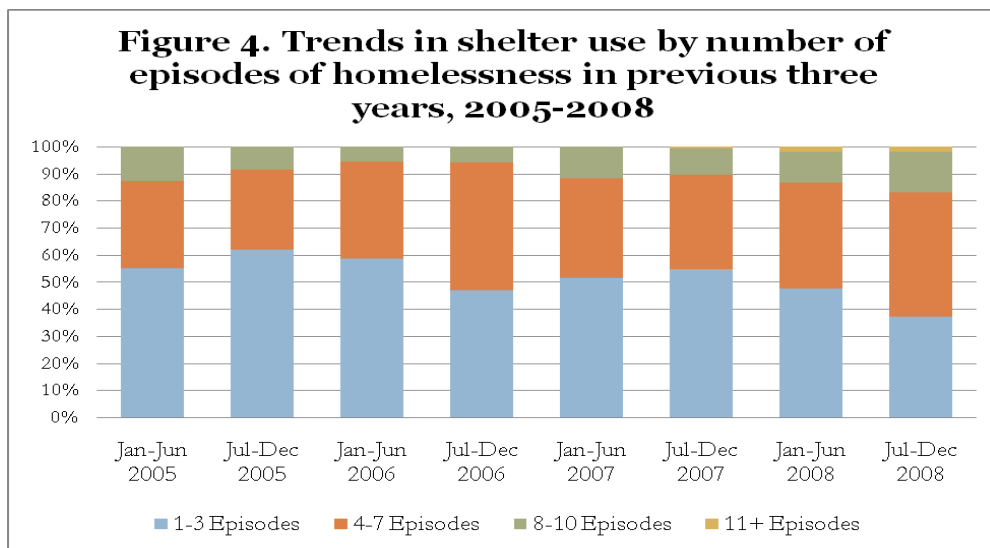
Finally, we also examined the average number of nights that shelter users stayed in the county shelters, and found that trend remains nearly constant, about 75 nights, across the past three years (see Appendix Table C-2).

As a result of this analysis, it appears that there have been no significant changes in shelter utilization trends. The duration and frequency of shelter use, as well as the average number of nights that shelter users stay in the county shelters remained stable from 2005-2008.

Section II: Program's Effect on Key Outcomes: *Participant and Matched Control Group*
Description of Participants and Matched Control

As shown in Appendix Table C-3, the total sample of participants, the sample of participants for which we examine both pre-post outcomes, and the matched control group were similar on the basis of gender, age at placement, income support, nights of shelter use, and episodes of homelessness. Approximately 76.8 percent of the total participant sample, 76.7 percent of the pre-post participant sample, and 71.8 percent of the matched control group are males. For both participant samples only 0.4 percent do not have data on gender compared with 5.6 percent of the matched control. There are more discrepancies between these groups in age. The mean age for the total participant group (48.4) is slightly higher than the pre-post participant sample (46.6) but even higher than the matched control group (44.3). Particularly, the largest difference occurs in the 50 to 79 age range in which there are 44.9 percent of the total participant sample, 37.6 percent of the pre-post participant sample, and only 20.6 percent of the matched control group. In addition, 18.1 percent of our matched control group is missing a birth year, while this data is missing for only 5.3 percent of the total participant sample and 4.8

percent of the pre-post participant sample. This indicates that more individuals in the control group were not matched with the police records since birth year was a key matching variable in this database.

Despite these differences, the total participant sample, the pre-post participant sample and the matched control group show relative similarities in the categories of those qualifying for income support, nights of shelter use, and episodes of homelessness. For example, approximately 23.7 percent of the total participant sample, 22.8 percent of the pre-post participant sample, and 20.2 percent of matched controls qualified for income support. Additionally, 7.3 percent of total participant sample, 8.0 percent of our pre-post participant sample, and 6.7 percent of matched controls had between 501-1079 nights of shelter use over three years.

Key Outcome I: Shelter Use[9]

To examine whether or not shelter use declined for participants as a result of placement in the program, we determined the mean number of nights and episodes of shelter use for both participants and their matched controls during the particular timeframes. We then compared the change in mean nights and episodes of each group separately before and after placement, and calculated the difference between the mean changes to identify the effect of participation in the program on the number of nights individuals spent in county shelters. We also identified if the percentage of individuals who did not access the shelter after program placement declined more for participants than it did for matched controls.

The Housing First program appears to have contributed to a significant decline in the use of county shelters (see Table 2). While for all time periods, the mean number of nights of shelter use following placement decreased for both participants and the matched control group, decreases were larger for participants. In the twelve-month timeframe, the mean number of days of shelter use declined from 76.1 nights to 5.4 nights compared with a decline from 78.5 nights to 42.8 nights for the matched control group. In all timeframes, the difference between the mean changes in shelter nights for program participants compared with the matched control is statistically significant. These declines also increase the longer participants have been in the program. In particular, program participation resulted in an average of 14.5 fewer nights of shelter use three months after placement, 29.4 fewer nights six months after placement, and 35.0 fewer nights twelve months after placement. This may reflect both differences in the timing of program effects, and differences in sample composition from the three-, six-, and twelve-month samples.

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[9] We also conducted a pre- and post-placement analysis on a larger sample of participants (267) who had accessed the shelters at least one night during 2002-2008 and had been placed prior to September 2008. Results on the key outcomes were not substantially different than what is reported in this report on the smaller sample of participants. These results are available upon request.

Table 2: Shelter Nights and Episodes Pre- and Post-Placement

Timeframe	Participants			Matched Control			Program effect
	Pre	Post	Change	Pre	Post	Change	
3 Months		N=250			N=239		
Total nights sheltered	5977	494	-5483	7593	5724	-1869	**-3614**
Mean nights	23.9	2.0	21.9**	30.6	23.2	-7.4**	**-14.5****
	(1.9)	(0.5)	(1.9)	(1.8)	(1.9)	(2.6)	**(3.2)**
Mean episodes	0.79	0.22	-0.57**	1.41	0.89	-0.52*	**-0.05**
	(0.04)	(0.03)	(0.05)	(0.26)	(0.15)	(0.30)	**(0.30)**
Percent with zero nights	28.4	80.0	51.6**	0.8	33.1	32.3**	**19.30****
	(2.9)	(2.5)	(3.8)	(0.6)	(3.0)	(3.0)	**(4.8)**
6 Months		N=225			N=214		
Total nights sheltered	10157	610	-9547	11771	8874	-2897	**-6650**
Mean nights	45.1	2.7	-42.4**	53.0	40.0	-13.0**	**-29.4****
	(3.5)	(0.7)	(3.5)	(3.7)	(3.5)	(5.1)	**(6.2)**
Mean episodes	1.35	0.29	-1.06*	1.36	0.93	-0.43**	**-0.60**
	(0.1)	(0.59)	(.60)	(.04)	(.05)	(.06)	**(0.60)**
Percent with zero nights	19.1	77.3	58.2**	0.5	27.5	27.0**	**31.2****
	(2.6)	(2.8)	(3.8)	(.4)	(3.0)	(3.0)	**(4.8)**
12 Months		N=156			N=143		
Total nights sheltered	11878	836	-11042	11623	6341	-5282	**-5760**
Mean nights	76.1	5.4	-70.7**	78.5	42.8	-35.7**	**-35.0****
	(8.0)	(1.9)	(8.2)	(7.9)	(5.5)	(9.6)	**(12.7)**
Mean episodes	1.56	0.47	-1.09**	1.80	0.99	-0.81	**-0.30**
	(0.1)	(0.08)	(0.13)	(0.99)	(0.07)	(0.99)	**(1.00)**
Percent with zero nights	9.6	72.4	62.8**	0.7	27.7	27.0**	**35.8****
	(2.4)	(3.6)	(4.3)	(.7)	(3.7)	(3.7)	**(5.7)**

Standard errors are reported in parentheses
*p<.10
**p<.05

There was a substantial decline in any use of shelters following program placement. Specifically, 74.2 percent of the participant group did not access shelters at all during the twelve months following placement, compared to 27.7 percent of the comparison group. Also, program participation appears to have increased the percent of participants who did not access shelters relative to the comparison group by 19.3 percentage points in the three-month timeframe, 31.2 percentage points in the six-month timeframe, and 35.8 percentage points in the twelve-month timeframe.

While there was some recidivism or return to shelters by participants after program enrollment, the declines in the mean number of nights and the increases in the percentage of those who never returned to county shelters were substantial. Additionally, among participants who stayed in shelters following placement, several participants had near consecutive stays in the shelter for up to a month and a half after the date of placement. Thus, some of the shelter stays following placement may represent a lag between the time an individual secures a lease and the time they are able to move into housing.

Participation in the Housing First program decreased the average number of episodes of homelessness for participants following placement; however, this decrease was not significant in comparison with the matched control group. This was not surprising given that we were only able to measure the number of episodes twelve months following placement. A significant decline in the mean episodes of homelessness would likely only appear when measured over a longer timeframe.

Key Outcome II: Health Insurance Program Enrollment

Table 3 illustrates our analysis of the effects of the placement in the Housing First program on participants' enrollment in public health insurance programs. As shown, the participant group had, across all timeframes, an average of 20 to 30 more days of coverage prior to program placement than the matched control group. This may be because we constructed our comparison group on the basis of prior shelter use, and not prior health insurance coverage. While our estimates of changes in outcomes for the participant and matched control groups may net out any underlying differences in sample characteristics, it would be useful for further analysis to explore the sensitivity of our results to different comparison groups.

As shown in Table 3, the participant group experienced an increase in the average days of coverage following placement of 4.9, 17.1, and 55.3 days for the three-month, six-month, and twelve-month timeframe groups respectively. In contrast, the matched control group had smaller increases for all timeframes that were not statistically significant. Our difference in difference estimates of the program effect (shown in the last column of Table 3) suggest that while the program does not appear to have contributed to an increase in coverage in the three-month timeframe, participation did contribute to a 16.3-day increase in the mean number of days of coverage for participants in the six-month timeframe group, which was statistically significant at a 90% confidence interval, and a 47.4-day increase in the mean number of days of coverage for the twelve-month timeframe group, which was statistically significant at a 95% confidence interval.

Table 3: Health Insurance Program Enrollment for Participant and Matched Control Groups, Pre- and Post Placement

3-month Timeframe Group	Participant (N=250)			Matched Control (weighted) (N=239)			Program Effect
	Pre	Post	**Change**	Pre	Post	**Change**	
Mean days of coverage	71.7	76.6	**4.9***	51.2	54.5	**3.3**	**1.6**
	(2.2)	(2)	**(2.9)**	(2.8)	(2.7)	**(0.85)**	**(3.09)**
Percent continuous coverage	73.6	80.8	**7.2***	51.3	53.6	**2.3**	**4.9**
	(2.79)	(2.49)	**(3.74)**	(3.21)	(3.23)	**(4.55)**	**(5.89)**
Percent without coverage	16	13.6	**-2.4**	37.9	37.1	**-0.8**	**-1.6**
	(2.31)	(2.17)	**(3.17)**	(3.16)	(3.15)	**(4.46)**	**(7.4)**
6-month Timeframe Group	N=225			N=214			
Mean days of coverage	133.8	150.9	**17.1****	99.3	100.1	**0.8**	**16.3***
	-4.7	-4.3	**-4.82****	-5.6	-5.6	**-7.92**	**-9.27**
Percent continuous coverage	59.6	75.1	**15.5**	41.4	44.1	**2.7**	**12.8****
	(3.27)	(2.88)	**(4.35)**	(3.38)	(3.41)	**(4.80)**	**(6.47)**
Percent without coverage	15.6	13.3	-2.3	35.6	35.6	0	-2.3
	(2.42)	(2.27)	(3.32)	(3.30)	(3.32)	(4.68)	(5.74)
12-month Timeframe Group	N=156			N=148			
Mean days of coverage	225.6	280.9	**55.3****	191.8	199.7	**7.9**	**47.4****
	(11.4)	(11.4)	**(16.12)**	(12.5)	(13)	**(18.03)**	**(-24.19)**
Percent continuous coverage	38.5	68.6	**30.1****	29.1	35.1	**6**	**24.1****
Percent without coverage	16	15.4	**-0.6**	31.8	28.4	**-3.4**	**2.8**
	(2.94)	(2.88)	(4.1)	(3.83)	(3.71)	(5.33)	(6.72)

Standard errors are in parentheses
*p<.10
**p<.05

Participation in the Housing First program also appears to have increased participants' continuity of health insurance coverage, especially over the longer timeframes. Participant group members with continuous coverage increased by 7.2 percentage points, 15.5 percentage points and 30.1 percentage points in the three-month, six-month, and twelve-month timeframes, respectively, which were statistically significant. In contrast, the matched control group experienced a 2.3, 2.7 and 6.0 percentage point increase in those with continuous health insurance coverage in the respective time periods, none of which were statistically significant. Therefore, participation in the program appears to have significantly increased the percentage of those with continuous coverage, by 12.8 percentage points in the six-month timeframe and by 24.1 percentage points in the twelve-month timeframe.

Finally, the percent of people without coverage did not change significantly for either the program participants or matched control groups across the pre-placement and post-placement periods. The lack of change between the pre- and post-placement period is expected for the matched control group. However, for the participant group this lack of change may indicate that while the program increases participants' ability to maintain health insurance, it does not necessarily impact participants' ability or desire to access insurance programs. The low percentages of participants (about 16 percent) without coverage suggests that many participants, through their use of shelters or encounters with case workers, likely enrolled in public health insurance programs prior to program placement. This percentage, which is much lower than that of the matched control group, may also suggest that program participants are more likely to engage with the social services system than their matched control counterparts, even prior to program placement.

Key Outcome III: Police Encounters

Finally, we examined whether the program reduced participants' police encounters, using arrest records and reported incidents of victimization. As with the other outcomes analyses, we calculated the program effect on the number of arrests. For the victimization data, we examined the change in the mean number of incidents of victimization and measured the program effect on that change.

As with our previous analysis, our participant and matched control groups prior to placement reveal some important differences. On the whole, the matched control group experienced a higher mean number of arrests than the participant group (see Table 4). They also had differences in the percent of each participant and matched control group with at least one arrest, although these differences did not indicate a trend. For example, while the participant group included 22 percent who had at least one arrest and the matched control group had 17 percent with at least one arrest, the twelve-month timeframe participant group had 30 percent with at least one arrest while the matched control group had 39 percent with at least one arrest. These percentages also show that the majority of both participant and match individuals had no record of arrests in Minneapolis during these timeframes.

	Participants (N=250)			Match Control (weighted) (N=239)			Program Effect
	Pre	Post	**Change**	Pre	Post	**Change**	
3-month Timeframe Group							
Mean Number of Arrests	0.24	0.18	**-0.06**	0.359	0.327	**-0.032**	**-0.028**
	(.045)	(.040)	**(.060)**	(.063)	(.065)	**(.064)**	**(.088)**
Percent with at least 1 arrest	14	13	**-1**	19	22	**3**	**-4**
	(6.3)	(6.3)	**(8.9)**	(6.4)	(6.4)	**(9.0)**	**(12.6)**
6-month Timeframe Group	N=225			N=214			
Mean Number of Arrests	0.453	0.298	**-0.155***	0.581	0.572	**-0.009**	**0.15**
	(.073)	(.052)	**(.090)**	(.084)	(.099)	**(.130)**	**(.158)**
Percent with at least 1 arrest	22	18	**-4**	17	16	**-1**	**-3**
	(6.7)	(6.7)	**(9.4)**	(6.7)	(6.7)	**(9.5)**	**(13.4)**
12-month Timeframe Group	N=156			N=148			
Mean Number of Arrests	0.756	0.449	**-0.307***	1.20	1.20	**0**	**-0.307***
	(.141)	(.086)	**(.165)**	(.190)	(.200)	**(0)**	**(.165)**
Percent with at least 1 arrest	30	25	**-5**	39	37	**-2**	**-3**
	(8.0)	(8.0)	**(11.3)**	(8.2)	(8.2)	**(11.6)**	**(13.4)**

Table 4. Arrests of Participants and Matched Control Group, Pre- and Post-placement

Standard errors are in parentheses
*p<.10

As shown in the third column of Table 4, there was a statistically significant decrease in the number of arrests in the six- and twelve-month timeframes for participants. In contrast, the matched control group had smaller declines in the mean number of arrests, with no statistically significant changes. However, the declines in mean number of arrests attributable to program participation (shown in the last column of this table) were only significant in the twelve-month timeframe. As shown, participation in the Housing First program contributed to a 0.31 decline in the mean number of arrests.

We also examined the percent of each group with one arrest and the frequency of certain types of crimes for which participants were arrested to assess if particular types of crimes had declined following placement. There was no impact on the percent of participants with one arrest. The small decreases in the percent of participants with one arrest in all timeframes were not statistically significant. In examining the change in each type of arrest for both the participant and matched control groups, pre- and post-placement over a twelve-month period, we found declines in the mean number of arrests related to drug crimes and livability crimes for both the participant and control group (see Figure C-1). While the declines for participants exceed the declines for the

matched control group, neither was statistically significant. Perhaps with a longer timeframe and a larger sample, the program might show measurable declines in these categories.

Incidents of Victimization

To assess the change in incidents of victimization, we examined changes in the mean number of reported victimizations for the participant and matched control group before and after placement. As shown in Table 5, participants experienced a statistically significant program-related decline in mean number of incidents of victimization of 0.19 in the three-month timeframe, and of 0.27 in the twelve-month timeframe. The six-month timeframe group showed a very small and insignificant change in victimization incidents reported by both participants and the matched control group. The lack of decline in this timeframe suggests a larger-scale inquiry may be needed to determine the program's effect on participants' level of safety after placement. Additionally, using victimization data for measuring safety and security may require more than just a focus an examination of police-reported instances of victimization.

Table 5. Reported Victimization Incidents of Participants and Matched Control Groups, Before and After Placement

Timeframe	Participants (N=250)			Matched Control (weighted) (N=239)			Program Effect
	Pre	Post	**Change**	Pre	Post	**Change**	
3-month							
Mean Number of Victimization	0.36	0.05	**-0.31****	0.52	0.40	**-0.12**	**-0.19***
	(0.13)	(0.01)	**(0.02)**	(0.16)	(0.01)	**(0.16)**	**(0.16)**
6-month	(N=225)			(N=214)			
Mean Number of Victimization	0.08	0.11	**0.03**	0.09	0.10	**0.01**	**.02**
	(.02)	(0.02)	**(0.03)**	(0. 02)	(0.02)	**(0.03)**	**(0.05)**
12-month	(N=156)			(N=143)			
Mean Number of Victimization	0.45	0.18	**-.27****	.11	0.26	**.15***	**-0.42****
	(0.02)	(0.04)	**(0.04)**	(.03)	(0.06)	**(.07)**	**(0.08)**

Standard errors are reported in parentheses
*p<.10
**p<.05

Qualitative Analysis

Methodology

Several researchers have used qualitative methods to understand the experiences of homeless populations (O' Toole et al. 2007, Daiski, 2007). These studies have not only augmented more quantitative approaches but have served as a primary research method to highlight participant insights into related housing programs. This section provides a summary of previous qualitative methods utilized to assess perspectives of homeless or previously homeless individuals on their personal needs, and their experiences with supportive housing programs, and related supportive services. A review of methodology incorporating individual interviews was of particular interest to the Heading Home Hennepin housing first evaluation and served as the methodology employed in this analysis.

Qualitative research has been conducted in the form of individual interviews and focus groups at different stages of a homeless individual's navigation of supportive programs. This research has gauged both the responses of program staff as well as the needs homeless individuals perceive to be important for themselves (Wolfe et al. 2001, Nelson et al. 2005, Daiski, 2007). This body of research has yielded meaningful insights concerning homeless individuals' initial access to services (O'Toole et al. 2007), perspectives of health care needs (Daiski 2007), and risk factors of long-term homelessness (Caton et al. 2005). Qualitative research has also been carried out to measure the impacts of housing programs on homeless participants' perceived "quality of life" (Wolfe et al. 2001, Nelson et al. 2005).

Much of the qualitative research cited above has utilized personal interviews as key methodology (O'Toole et al. 2007, Gulcur et al., 2003, Caton et al., 2005, Daiski, 2007, Wolfe et al., 2001, and Nelson et al., 2005). These studies have used cross-sectional techniques, pre and post treatment, and post treatment interviewing to highlight various aspects around homelessness. Semi-structured interviews have been employed in several of these studies (Daiski 2007, Nelson, et al. 2005) and have used analysis techniques such as content analysis, bivariate analysis, and multivariate analysis.

To complement the quantitative research, this analysis conducted a series of personal interviews with program participants who had been placed into housing. This approach builds upon previous research which employed personal interviews (Wolfe et al., 2001, Daiski, 2007, Caton et al., 2005, O'Toole et al., 2007, and Nelson et al.,

2005) and uses research best practices to gauge participant perspectives. Similar approaches have yielded meaningful results regarding participants perceived needs and quality of life (Daiski 2007, Wolfe et al., 2001, and Nelson et al., 2005). Of particular note was Nelson et al.'s (2005) study that utilized similar methodology aimed at identifying program effects on participant "quality of life."

The purpose of the qualitative evaluation was to understand how placement into housing affected participants' well-being, as well as to understand the effects of specific program components, such as intake and placement into housing, case management and supportive services, as well as participant access to shelter post-placement. The findings of this approach serve as a supplement to the quantitative analysis, adding a more grounded understanding of some of the findings. Additionally, the findings of this evaluation offer themes and participant insights into potential program improvements.

Interview Process and Analysis

The evaluation targeted current participants of the Heading Home Hennepin Housing First program and included a total of 11 personal interviews taken over a two-week period from March 31st 2009 thru April 13th 2009. Included in the study were 6 males and 5 females who represented the COHR-GRH, COHR- WHP, FUSE, Street Case Management, and Catholic Charities housing programs. The interviewed participants ranged in age and race and had an average length of homelessness of eight and half years.

 Due to feasibility issues, including data privacy, data access, and lack of a complete sample frame, the study utilized a convenience sample to select participants. Participants were chosen by program staff who worked with the evaluation team to line up interviews. In an effort to increase representation from the wider sample the selection process targeted quotas by program and gender. Generalizing the results to the larger population may be limited due to the utilization of this sampling method. Nevertheless; these results may provide initial insights that warrant further study and analysis.

The evaluation team comprised of three (two male and one female) graduate public policy students at the University of Minnesota's Humphrey Institute. Interviews were conducted at the drop-in centers of Catholic Charities Branch III and Spectrum Community Mental Health facility and took place in private rooms at each of these locations. Each interview was conducted by one to two of the members of the evaluation team and lasted from 45 minutes to an hour and half. The interview used a survey questionnaire guide with open-ended questions organized by topic (Appendix D). Participants were provided with honorariums of $10.

During each interview notes and audio recordings were taken. After the interviews, responses were recorded in a spreadsheet and organized by topic. Once the interview process was completed the evaluation team discussed the findings and performed a content analysis of interview responses to draw out themes as well as highlight individual responses. Due to the open-ended nature of the survey instrument notable themes often occurred across answers and required the analysis to look more completely throughout the interview responses rather than solely on a question-by-question basis. Overall themes were selected through a group process and included reviewing interview responses noting reoccurring themes. For some, these key themes were identified solely on the basis of frequency of responses, for other, key themes emerged when aggregating responses into broader categories. A complete listing of itemized interview response can be found in Appendix E at the end of this document.

Key Findings

Content analysis of the interview data has identified some salient themes throughout the responses:

Placement into housing has had a positive effect on participants feeling of safety and well-being.
Respondents cited indicators of increased sense of well-being noting changes in self-esteem and ability to manage their lives across a wide range topics and questions. Nearly all participants felt the program had a positive impact on their life citing improvements in areas including more confidence, better health, sobriety, and greater stability. For one respondent the improvement in health was marked:

> '100 percent improved health, no colds, no allergies, body feels excellent, ain't toting bags, not around negativity, it changed me a lot, I'm a different man. I want to share some of what I have with other people'

Also a majority of respondents reported that the program did not negatively impact their lives. A majority of participants also noted that they felt safer as a result of placement in to housing:

> 'Now I don't have to sleep with one eye open…I am real comfortable now'

For one participant, the program and the piece of mind it afforded is what kept him or her going:

> "I don't think I would have made it otherwise…I really needed this program."

Placement into housing was meaningful to the participants in different ways. Overall we found housing reflected different things to participants; for some housing safety, independence, and stability, while for others it

represented a renewed sense of ownership and self-esteem. These differences highlight not only an important individual context within which these programs operate but also point to the importance of understanding individuals perceptions in providing tailored support. Many participants cited having their own keys across a number of questions:

'Oh yeah, got me my own key, I can go in anytime and lock the door; I feel comfortable there.'

For other participants placement in to housing brought about a positive attitudinal change. One respondent noted an increase in his or her level of independence that resulted from housing: "helps me be more independent.' Another respondent's outlook on life took a positive turn once he or she was able to obtain housing:

'My attitude about whole state of Minnesota and Minneapolis changed the day I got my apartment. Did 180; more positive now.'

Many participants noted an increased degree of stability provided once placed in to housing. And for many participants, the stability provided by permanent housing opens doors:

'If you can shower and have up your clothes, have a regular routine you can get a job… when you're homeless that's not possible.'

The transition into housing poses challenges related to new daily activities and a changing social environment. Several respondents cited ways in which the transition into housing was difficult. In most instances this represented a break from their previous routines as well as being confronted with changes in social interactions and activities:

'I stay at home doing nothing…I miss out on eating with everyone at St. Stephens'

For others, having housing for the first time in a long time presented a unique set of challenges. A new setting complete with its' own set of rules and norms took some getting used to for several respondents:

'Quite an adjustment…could be loud as hell and get drunk on the roof, now I have to be quiet'

Tasks that often might be taken for granted presented a challenge to respondents. 'Budgeting money,' managing finances, and paying bills were challenges facing several respondents. For another, learning household tasks all over again carried a steep learning curve and he or she offered a suggestion:

'One thing the program is lacking is the cleaning aspect. When someone moves into an apartment after being homeless, the cleaning can be very overwhelming…I can't do everything. Then the dishes stack up. I think they should have a maid come and help out like once a month'

The location of initial placement for many respondents was not the last. Overall respondents liked or really like their current residence for a variety of reasons and often their current residences were an improvement over previous ones. Yet nearly half of interview respondents noted that they had moved. Several events out of their control prompted such a move:

'Yes, whole building was kicked out, renovating and turning the place in to condos'

For another respondent his or her two moves since being placed corresponded with stays in several shelters as well.

Participants do not want or expect to access shelters after placement into housing. Overwhelming, respondents reported not accessing shelters since placement and expressed a desire to avoid staying in shelters. One participant noted 'I cannot use shelters or I'll lose my housing,' while another mentioned he or she had accessed them 'about 2 ½ months in shelters between housing changes.' All other respondents mentioned they did not plan to access shelters after their placement in to housing and felt strongly about that decision, with one participant emphatically stating "hell no" when asked if he or she planned to access shelters.

Participants noted their respective case managers provided a great deal of support before, during, and after the move in to housing. Nearly all participants noted they work with case managers and most met up with theirs at least once a week. Case managers were cited as helpful with paperwork and searching for apartments, helping set up the move in process, and managing relationships (with landlords or court-appointed personnel for example) throughout the process. Program staff help participants maintain stability; many often help with the challenges presented by being housed such as paying bills or getting groceries:

'Basically keeping me grounded, she's there available to help me and if she can't help me she can get me referral resources.'

For one participant a case manager is 'my security blanket.' Respondents overwhelmingly thought case management was helpful and also felt the services they received from their case managers was more than adequate. When respondents did note something they would like to see from case management it was often for income support beyond what their particular program provided or occasionally help with transportation. Most saw relative consistency in the amount or level of supportive services they have been receiving from case management.

Transportation was a significant challenge that affected prospects for jobs, access to healthcare, and general well-being for many after placement. Some respondents noted it is harder to find transportation to get to the places they need to go after placement. For some respondents, getting to the grocer or doctor's appointments presented a significant challenge. Help with transportation was something several respondents noted they could use from case management staff. More program resources being devoted to transportation was a recommendation made by several respondents:

> '31 day bus passes would be great so you can look for work; between rush hour you can use up a $10 bus pass in a day or two.'

Conclusions & Recommendations

Based upon our analysis, the Housing First program generates important improvements in participants' lives, both regarding quantifiable outcomes, such as nights spent in the county shelter, and in less measurable ways, like the ability to "turn [their] own key in the door." Participation in the program is associated with a decrease in shelter use, an increase in health insurance coverage, and a modest reduction in likelihood of arrest and victimization. However, the program also faces challenges. Our data indicate that the program has not yet reduced the proportion of long-term homeless individuals in county shelters. Nor has it fully addressed the challenges that people face once they are housed, such as managing relationships with new neighbors, dealing with feelings of isolation, and meeting daily needs in a new home which may be far away from their previous community. Such challenges provide the basis for our recommendations, which follow the synopsis of our findings, below.

Review of Findings

- The Housing First program serves a population that experiences longer periods of homelessness than other shelter users.
- The Housing First program contributes to a dramatic decrease in participants' shelter use after they are placed into housing.
- The Housing First Program contributes to an increase in the number of days of enrollment in health insurance programs and to an increase in the number of people who have continuous health insurance coverage.
- The Housing First Program contributes to a decline in the average number of participants' arrests and in their reported incidents of victimization in the twelve months after program placement.
- Placement into housing has had a positive effect on participants feeling of safety and well-being.
- Placement into housing was meaningful to the participants in different ways.
- The transition into housing for participants poses challenges related to new daily activities and a changing social environment.
- Many respondents have moved since initial placement.
- Participants do not want or expect to access shelters after placement into housing.
- Participants noted their respective case managers provided a great deal of support before, during, and after their housing placement.
- Transportation was a significant challenge for participants.

Recommendations

We provide two sets of recommendations: programmatic recommendations, which describe recommendations to the Housing First program based upon the results of our analysis; and data process recommendations, which describe recommendations for improving future evaluations of the program.

Programmatic Recommendations

Program expansion offers opportunities to broaden the impact of the Housing First program. While the research in this analysis is not without limitations, it appears that the program significantly decreases shelter use, increases public health insurance enrollment, and decreases participants' arrests and incidents of victimization. Moreover, participants report that it has improved their overall quality of life. However, the program has not yet reduced long-term homelessness among the total shelter population. As such, further program expansions may be required to reduce long-term shelter use and improve participants' quality of life. In addition, program staff may want to monitor how economic changes and program characteristics affect entry into long-term homelessness, since these factors may also affect the size of the long-term homeless population.

Further explore challenges that participants' face after they are placed into housing to comprehensively address participants' transition from homelessness to housing. Several respondents noted that the transition from homelessness into housing is associated with feelings of loneliness and a sense of loss of community. Moreover, participants also commented that having a home comes with its own set of challenges, such as finding transportation, dealing with neighbors, and managing other tasks of daily living, which they do not always feel adequately equipped to handle. With this in mind, program staff may seek to explore program-related ways to diminish feelings of isolation and equip participants to handle these challenges. However, given the limited sample size of the qualitative analysis, it may be important to first conduct further research to confirm the representativeness of these findings.

Additional resources could be aimed at increasing participants' array of housing options. Half of program participants have moved since their initial housing placement, and several indicated that this move had not been voluntary. Participants were concerned with the quality and safety of their housing, and more than one respondent had been forced to move because their building had been condemned. Providing additional resources to increase the array of housing options for these participants would offer a greater pool of more stable housing options and alleviate these issues.

Data and Process Recommendations

Housing First participant data should be consistently collected and shared. Tracking participants' outcomes in a program as complicated as Housing First is a challenge. However, by not tracking participants' outcomes across all service providers, program staff may not be able to obtain an accurate assessment of the program's impacts. To improve results of future evaluations, program staff should consider instituting a process for collecting data regarding desirable outcome measures that is shareable across all programs participating in Hennepin County's Housing First program. For example, program staff could collect data regarding participants' enrollment in income support programs at the program staff level, if such an outcome was of interest.

Further evaluation would, ideally, include additional types of administrative data, and participants should be matched to a control group based on such data. Similar studies of housing first or other supportive housing programs measure their outcomes in part by identifying participants' usage rates of public sector services such as emergency room services, in-patient and out-patient medical services, detoxification facilities, corrections facilities, and income support programs. In addition, information regarding mental health and substance abuse is also often tracked. All of these elements of data collection, while cumbersome and complicated to compile, would provide the Housing First program with the best possible portrait of the program's impact and potential benefits. Moreover, if evaluators were able to match participants to a control group based upon these variables, they would be able to develop a more comprehensive picture of the program's effects.

Evaluation should continue to allow for more time to compile pre- and post-placement data, to more accurately measure the program's impact. The nature of the Housing First program, and its relatively short duration to date, makes evaluating long-term programmatic-related benefits difficult. However, our initial results based upon data twelve months pre- and post-placement indicate that further evaluation is worthwhile to determine the program's long-term benefits.

Need for a more representative sample of interview participants. Both data privacy and data access issues made it difficult for us to access a complete sampling frame for our qualitative analysis. However, using a larger and more representative sample is important to accurately reflect the needs of program participants.

Future evaluations offer opportunities to investigate program differences across service providers.
While our research did not look at individual program differences, broad evaluations provide opportunities to investigate program differences among service providers that might highlight program-related best practices.

The results of our research indicate that housing first programs are not only effective for mentally ill or chemically dependent populations, but may also be effective for the long-term homeless population, as a whole. Moreover, this report adds an important element to the growing body of literature evaluating housing first programs, by using a matched control group against which we can compare participants' outcomes. Taken in concert with the results of qualitative interviews with program participants, the results indicate that Hennepin County provides an important service to both the community, by reducing shelter use and incidents of arrest, as well as to the program participants, by providing them a stable home, increased security, and improved self-worth. These promising initial results are consistent across both quantitative and qualitative analyses, and should encourage program staff to continue their work.

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Appendices

Appendix A: Definitions

Group Residential Housing Program
Group Residential Housing (GRH) is a state-funded income supplement program that pays for room-and-board costs for low-income adults who have been placed in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.
(Minnesota Department of Human Services, 2009)

Long-Term Homeless
Lacking a permanent place to live, continuously for a year or more or at least four times in the past three years.
(Heading Home 2010, Minnesota's Business Plan to End Long-Term Homelessness: Approaches to Housing and Services for Long-Term Homeless Households. March 25, 2008)

Housing First
Housing First is a type of Permanent Supportive Housing. The idea behind Housing First is that an individual, youth or family with children that is experiencing homelessness first gets a place to live. The household can then access the services they need. Housing First has no requirements for entry (e.g. a period of sobriety) and no requirements for keeping housing, except those of a normal lease. Individuals, youth and families are not required to accept services. Service providers are, however, required to make a broad spectrum of services available on an ongoing basis and to engage people in accessing services.
(Heading Home 2010, Minnesota's Business Plan to End Long-Term Homelessness: Approaches to Housing and Services for Long-Term Homeless Households. March 25, 2008)

Single-Site
Single-site describes units that are in one location, with people living in community with others experiencing similar needs and issues. There is no limit on the size of single-site developments. Services can be provided on-site or off-site, though single-sites are more likely than scattered to have services available on site. Peer support can happen easily, particularly if there is a variety of common spaces where people can gather.
(Heading Home 2010, Minnesota's Business Plan to End Long-Term Homelessness: Approaches to Housing and Services for Long-Term Homeless Households. March 25, 2008)

Scattered-Site
Scattered-Site describes separate units (e.g. apartments) in various locations throughout a community. Usually the units are rented from private landlords and are leased either by the program or the individual person. Scattered-site units are less likely (than single-sites) to be viewed by the community as "housing for people with special needs." They are also somewhat more likely (than single-sites) to hold potential to become the person's permanent housing. In scattered-site supportive housing, services are offered either at a central program location or in the person's home or both.
(Heading Home 2010, Minnesota's Business Plan to End Long-Term Homelessness: Approaches to Housing and Services for Long-Term Homeless Households. March 25, 2008)

Appendix B: Literature Review Summary

Title	Author	Sample	Measures	Outcomes
Using Administrative Data to Evaluate Program Outcomes				
Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data	Randall Kuhn Dennis Culhane	Public shelter users in New York, NY and Philadelphia, PA	Number of shelter days and number of shelter episodes	The authors apply cluster analysis to identify three groups of shelter users (transitionally, episodically, and chronically homeless) based upon the number of nights and episodes that public shelter users spent in public shelters. They then apply administrative data to identify the characteristics of each group.
Effects of Permanent Supportive Housing				
**Public Service Reductions **Associated with Placement of Homeless Persons with Severe Mental Illness	Dennis Culhane Stephen Metraux Trevor Hadley	Convenience sample of 4679 people placed in supportive housing were matched with similar shelter users who were not placed in housing.	Frequency of shelter use Frequency of hospitalizations Time incarcerated	Before placement, homeless people with severe mental illness used about $40,451 per person per year. Placement was associated with a $16,281 decrease in services use per person per year. Hospital use declined 68.6% from pre- to post-intervention. There was a 22.4% decline in the number of the cohort using inpatient services. There was a 95.2% increase in the number of the cohort using outpatient services. Post-intervention, there's a substantial change in the percent of placed people that become incarcerated.
**Changes in Subjective Quality of Life Among Homeless Adults Who Obtain Housing: A prospective Examination	J. Wolfe A. Burnam P. Koegel G. Sullivan S. Morton	A sample of 485 homeless adults who were described as a "representative sample of both sheltered and unsheltered homeless adults" from a specific geographic areas in Los Angeles County	Life Satisfaction via Lehman Quality of Life Interview Satisfaction with six life domains: housing, food, social life, leisure, clothing, and finances	Overall increase in the "subjective quality of life" among the homeless adults who obtained independent supportive housing Overall increase in satisfaction with housing, leisure, and money among the homeless adults who obtained independent supportive housing

***A Narrative Approach to the Evaluation of Supportive Housing: Stories of Homeless People Who Have Experienced Serious Mental Illness	Geoffrey Nelson Juanne Clarke Angela Febbraro Maria Hatzipantelis	A convenience sample of 11 males and 9 females who were formerly homeless and then obtained supportive housing	Change in quality of life among participants after he/she obtained housing Change in "well being" upon placement into supportive housing for participants	High level of satisfaction associated with housing Overall improvement in "well-being" of participants after placement Increase in participants' sense of independence after obtaining supportive housing
Evidence re: Permanent Supportive Housing and Housing First Programs				
*Housing First Services for People Who Are Homeless with Co-occurring Serious Mental Illness and Substance Abuse	Deborah Padgett Leyla Gulcur Sam Tsemberis	Participants recruited from outreach teams, drop-in centers, etc. Must be intermittently homeless for past 6 months, spent last 15 of 30 days on the street, have Axis I diagnosis of severe mental illness. Recruited sample of 225 was randomly assigned to housing first or conventional treatment first programs.	Use of alcohol and drugs. Participation in substance abuse treatment. Participation in mental health treatment.	Definition of Housing First. 75% of housing first clients were stably housed after 4 years. 50% of treatment first clients were stably housing after 4 years. Reports of drug use remained constant over time, the groups didn't differ over time.
*Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis	Sam Tsemberis Leyla Culcur Maria Nakae	Participants recruited from outreach teams, drop-in centers, etc. Must be intermittently homeless for past 6 months, spent last 15 of 30 days on the street, have Axis I diagnosis of severe mental illness. Recruited sample of 225 was randomly assigned to housing	Greater consumer choice; lower rates of homelessness; greater residential stability; lower rates of substance abuse treatment; lower rates of psychiatric symptoms than continuum of care participants.	Definition of Continuum of Care. Consumers' perspective of Continuum of Care. Describes "harm reduction." Participants did describe greater choice. Participants had faster decreases in homeless status and less time spent homeless and more time spent stably housed after intervention (80% retention rate). There were no significant differences in substance abuse between groups. Continuum of Care group saw higher rate of substance abuse treatment programs No differences in psychiatric symptoms.

		first or conventional treatment first programs.		
**Outcomes of Homeless Adults with Mental Illness in a Housing Program and in Case Management Only	Colleen Clark Alexander Rich	Homeless adults with mental illness were recruited into housing first, or case management only programs. Participants were entrants of two programs between 1997-1999. Two groups were significantly different and propensity scoring was used to reduce bias.	Housing Outcomes (housing stability, time homeless); Psychiatric symptoms; Substance Abuse	High impairment (re: substance abuse and mental illness) candidates showed less progress in case management only, while low impairment candidates saw equal outcomes in both programs.
**Pathways to Housing: Supported Housing for Street-Dwelling Individuals with Psychiatric Disabilities	Sam Tsemberis Ronda Eisenberg	Matched sample of homeless adults recruited into Housing First with participants in a traditional residential treatment program.	Days Continuously Housed	Housing First participants had higher number of days continuously than participants in a residential treatment program.
Recent State Initiatives				
****Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report	J. Perlman J. Parvensky	Health and emergency service records were considered for a sample of participants in the DHFC before and after entering the program (there was not a control group)	Utilization of emergency room care, impatient medical care, outpatient medical care, psychiatric care, detox services, incarceration, and emergency shelters	Overall reduction in the cost related to emergency services for the sample group Reduction in utilization of emergency room care, impatient medical care, psychiatric care, detox services, incarceration, and emergency shelter for program participants Increase in outpatient medical care costs for program participants

****Rhode Island's Housing First Program First Year Evaluation	E. Hirsch I. Glasser	Sample consisted of 41 out of the 50 homeless single adults who obtained subsidized housing and services in 2005 in the state of Rhode Island (no control group)	Estimated cost of hospital stays in various facilities such as hospitals, emergency rooms, mental health facilities, and prisons	Overall cost savings due to reduction in utilization of costly facilities such as hospitals, emergency rooms, mental health facilities, and prisons Improvements in participants' physical health, mental health, and with social interactions Overall attainment of higher income for program participants after participating in the program

*denotes experimental designs (strongest)
**denotes quasi-experimental designs
***denotes convenience designs
****denotes pre-experimental design

Appendix C: Tables

Table C-1. Demographic Characteristics of All County Shelter Users (2002-2008) and Housing First Participants (2005-2008)

	Total shelter users (N=24,118)		Percent Shelter users (with data)	Housing First participants (N=283)		Percent Housing First participants (with data)
Sex						
Male	18,135	(75.2%)	(77.7%)	217	(76.7%)	(77.0%)
Female	5,204	(21.6%)	(22.2%)	65	(23.0%)	(23.0%)
Unknown	779	(3.2%)	--	1	(0.4%)	--
Age[1]						
18 and under	197	(.8%)	(1.3%)	-	-	--
19-24	1204	(5.0%)	(8.2%)	6	(2.1%)	(2.2%)
25-34	2301	(9.5%)	(15.6%)	19	(6.7%)	(7.0%)
35-49	7476	(31.0%)	(50.8%)	116	(41.0%)	(43.2%)
50-79	3513	(14.6%)	(23.9%)	127	(44.9%)	(47.3%)
80 and over	22	(.1%)	(.1%)	--	--	--
Unknown	9405	(39.0%)	--	15	(5.3%)	--

[1]For all shelter users, age in 2006 is reported. For Housing First participants, age at placement is reported.

Table C-2. Mean Shelter Nights and Episodes in the Previous Three Years

	Mean Nights	SE	Mean episodes	SE
Jan-Jun 2005 (N=3,477)	76.5	2.69	2.5	.036
Jul-Dec 2005 (N=3,533)	72.4	2.58	2.6	.036
Jan-Jun 2006 (N=3,467)	73.0	2.52	2.6	.037
Jul-Dec 2006 (N=3,578)	72.3	2.46	2.6	.037
Jan-Jun 2007 (N=3,431)	77.8	2.62	2.7	.039
Jul-Dec 2007 (N=3,726)	71.7	2.40	2.6	.036
Jan-Jun 2008 (N=3,623)	76.0	2.50	2.7	.037
Jul-Dec 2008 (N=3,613)	74.2	2.49	2.6	.037

Table C-3. Demographic Characteristics for the Participant and Matched Control Groups					
	Participant (entire sample)		Participant (pre-post sample)		Matched Control
	N=283		N=250		N=239
Sex					
Male	217	(76.7%)	192	(76.8%)	178	(71.8%)
Female	65	(23.0%)	57	(22.8%)	56	(22.6%)
Unknown	1	(0.4%)	1	(6.7%)	14	(5.6%)
Age at placement					
19-24	6	(2.1%)	6	(2.4%)	10	(4.0%)
25-34	19	(6.7%)	21	(8.4%)	21	(8.5%)
35-49	116	(41.0%)	117	(46.8%)	121	(48.8%)
50-79	127	(44.9%)	94	(37.6%)	51	(20.6%)
Unknown	15	(5.3%)	12	(4.8%)	45	(18.1%)
Mean age	48.4		46.6		44.3	
Income support					
Persons qualified	67	(23.7%)	61	(22.8%)	50	(20.2%)
Nights in shelter 3 years prior					
0	19	(6.7%)	-	-	-	-
1-25	64	(22.6%)	64	(25.6%)	63	(26.5%)
26-150	113	(39.9%)	109	(43.6%)	110	(46.2%)
151-350	53	(18.7%)	48	(19.2%)	40	(16.8%)
351-500	13	(4.6%)	9	(3.6%)	9	(3.8%)
501-1079	21	(7.3%)	20	(8.0%)	16	(6.7%)
Episodes of homelessness 3 years prior					
0	19	(6.7%)	-	-	-	-
1	81	(28.6%)	79	(31.6%)	74	(32.5%)
2-3	87	(30.7%)	83	(33.2%)	75	(32.9%)
4+	96	(33.9%)	88	(35.2%)	79	(34.6%)

Figure C-1. Change in Mean Number of Arrests, Pre-placement and Post-placement, By Type of Crime
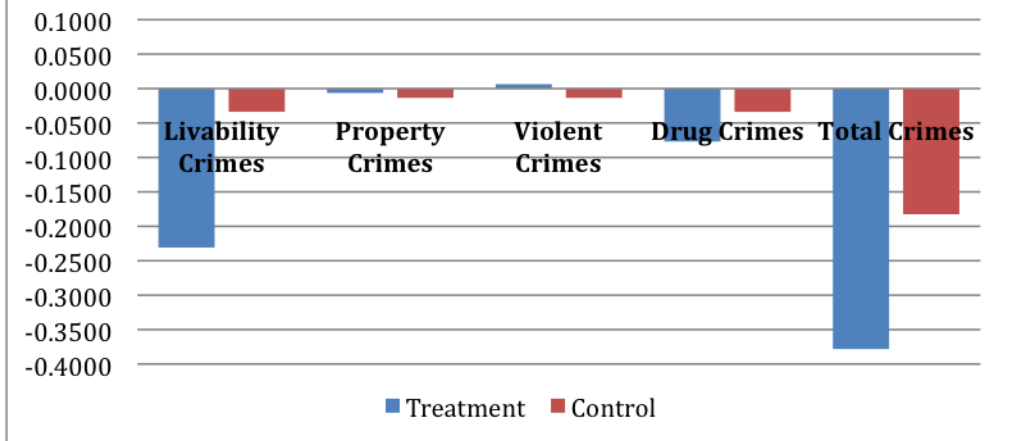
Appendix D: Interview Responses

Introductions
Current residence
- Sufficiency
- Apartment
- One bedroom apartment
- Apartment
- Two bedroom apartment in a duplex
- Two bedroom apartment now
- Apartment
- Two bedroom apartment
- Apartment
- One bedroom apartment
- Single bedroom apartment

Time since placed into housing
- Four months
- Three years
- 13 months
- Since December, 2008
- Since 2006
- Move in July, 2007 to October, 2008
- [Previous residence] a year, current residence 1 ½ months
- Since October 2008
- One year, have had three apartments in the COHR program
- Nine months
- Six months

Homelessness background
How long have you been homeless (before being placed into housing)?
- About 20 years
- Four years, from February, 2003 through 2007
- Six months
- About 17 years
- Seven to eight years
- Kicked out at 18, moved to Minneapolis in December, 1999, homeless since then
- About five years
- 10 years
- Other periods before COHR, whole lifetime maybe a year or two
- Off and on for three to six years
- 13 to 14 years

While you were homeless, how much of your time did you spend in shelters?
- Many of it spent in shelters
- Only go by there to meet friends, pick up girls, slept mainly outside

- Four months
- On and off the last ten years
- Over half
- A week total, no two weeks in all
- Most all of it
- One day, because they told us we had to in order to get into our apartment
- Two to three years
- Most of the time, stayed in shelters and with friends

Can you name the shelters you spent the most time in?
- St. Stephen's, Simpson's, Harbor Light
- 1010 Currie, Exodus
- 1010 Currie, that was mainly it
- Harbor Lights, Catholic Charities, 1000 Currie Avenue, Pursuit (1819 Park) for about six years
- Simpson's, St. Stephen's, Our Savior's, 1010 Currie, Harbor Lights
- Foundations, at South 24th and Pillsbury
- CS, 19th and 11th, part of Simpson's Women's' Shelter
- Harbor Lights
- Mission (on the West Coast), in Wisconsin, along Franklin here, not exactly sure but it didn't seem religious
- Harbor Lights
- Mission lodge in Plymouth, two treatment centers (Spectrum)

Did you mainly stay in public shelters, in private shelters, or both?
- St. Stephen's and Simpson's
- Stayed at Exodus, had to pay for it
- Public
- Public mostly
- Private
- Public shelters, not sure if Simpson's Women's is public
- Public shelters
- Private
- Public, only Harbor Lights
- Both

Why do you stay there?
- Got to like 35 below, went on in
- It was hard to get a job
- Only ones to stay in, Harbor Light has rules, Pursuit is nice, got to go by their rules
- Public shelters are almost like being on the streets; drug addicts, alcoholics
- Didn't know anyone, no place to stay, they couldn't find shelter for me, had to stay in a shelter a night to prove I was homeless
- Harbor Lights is in a bad area, really dirty
- Shelter that was required for a person to stay in one before they moved into their place
- Nowhere else to go, I was homeless
- To get off the streets

What were the main places you stayed overnight when you weren't in a shelter?
- Camps with friends, under bridges
- Slept outside in cubby holes, [park], behind [church], under bridges

- Girlfriend, bff
- Friends' houses or women's houses
- Abandoned buildings, under bridges, parks
- Friends' houses, sleeping under a bridge in St. Paul, buddy for four months, another buddy for six months
- Sleep outside
- Under bridges, in the woods, under squats, lots of places, abandoned bus, caves
- Car, people's houses, didn't sleep
- Nowhere else I always stayed at Harbor Lights
- Downtown at Harbor Lights, 19th and 11th women's shelter, couches

Experience with referral to permanent housing
When did you first get in to housing?
- Was in housing before, had a legal problem and lost it, was reinstated
- January 2007
- First placement
- December 2008
- In 2006
- July 2007
- November 2008
- October 2008
- About four years ago, been in COHR four years
- July 2008
- Six months ago

How did you learn about it?
- Initial housing in [city], not sure but possibly through New Visions [treatment center] during the AA process
- [Staff] approached me on the street
- Learned about it in jail
- Learned about it when I got locked up, from a survey not unlike this, my name was chosen from a list from being in and out of shelters
- Staying at St. Stephen's when [staff] introduced me to the program
- Friend mentioned Spectrum housing program, Street Works brought me in to Foundations South
- Through Simpson's Women's Shelter, I was picked out
- Learned about it last year through a friend
- Friend who used the program told me about it and I got on the waiting list, was at Exodus when I first got in the program
- Staff at Harbor Lights [staff] referred me to COHR-WHP and got me on the list
- Women's support group, lottery drawing

What did you have to do to get in?
- Sober up, worked with a case worker who helped with a lot of the paperwork
- [Staff] did all the groundwork, found a place, handled the landlord, helped with rent, then I signed a lease and went through a background check
- Answer a bunch of questions
- Just have to be homeless, on probation or parole, and just had to sign and give consent
- Application, set up appointments with doctors, psychologists, get verification of disability, be on GA, get a driver's license

- "Come up with a really good excuse," fell off a bridge and had to stay with a friend, the injury got infected, needed a stable place before the doctor would perform surgery, filled out paperwork myself
- Fill out some papers
- Get a paper signed by a doctor ensuring a mental condition, must go to century plaza, had to stay at a shelter, sign a bunch of forms
- Came in and talked to someone, got on the waiting list, they needed to know my medical history, got a referral, "not all that hard to do"
- Had to meet with [staff] at COHR-WHP, fill out a lot of paperwork, application, verification of homelessness and disability/mental illness
- Lottery drawing and paperwork

Why did you move in to housing?
- I was never ready for housing but it was brought up to me
- Tired of living outside, not getting any younger, dangerous, people robbing him, never know who might come around when your outside
- Either that or end up in trouble someplace else, take what they're offering or more jail again
- Homeless, wanted my own place, it's a chance to redeem myself and also have more time with my family
- Tired of being harassed [by police], tired of being out there, dirty. Improve my life, I gave up on life on the streets now I deserve a place
- Waking up in the morning to being arrested in a squat is not a good feeling, can get in to GRH with GA, can turn that into payment towards apartment's rent
- Being homeless, tired of being homeless
- Tired of being homeless, and wished I would have heard about this program before because we have tried for year, but thought you had to have a job to get an apartment
- Didn't want to be homeless, it wasn't really my first choice
- I was grateful to get out of the shelter, I was living with 12 women for two to three years
- Got tired of roaming, it was a better opportunity, been sober and clean for six years

How did you feel about moving?
- Frustrated about being lonely, confined, getting back in to community is hard
- Blessing from Heaven, somebody to pay half my rent, what more can I ask for, felt good about getting off the streets, divine intervention
- Nice, free furniture was provided; I love that free stuff
- Felt great
- Feeling real well, real happy
- Having your own place is super cool; can leave and come whenever I want, cool as hell to have your own key
- Really good, felt good to have my own place
- I like being on the lease, I really wish I had my own place (instead of sharing with a roommate)
- Happy about getting my place, it's nice to have somewhere to put all my stuff
- Elated
- Scared at first, but needed to be responsible

Experience getting into housing
Once you decided you wanted to move, how long did it take for you to get in to housing?
- Not entirely sure
- A month and a half
- About a week, which was really nice, I wasn't strung along
- One day, during the time you're locked up they take a month or two to look for housing that'll take a felon, I had my place the next day
- Three months

- Took three months to process it
- Two weeks
- Looked for a long time, waited summer till October to get into this current place
- Didn't take too long, had a smaller choice of places, about one to two months
- Six weeks
- Two months to find a place, it took two to three months to fill out the paperwork

Were there any difficulties to getting in to housing?
- People here, staff thought I couldn't maintain housing
- Once they got the background check complete, and I went through interview got into housing after a month and half
- No difficulties
- My background; my case manager had to find a place for me that would take me
- My criminal background [homelessness related crimes]
- Waiting list
- No, not at all
- The paperwork with the doctor, the paperwork was long
- Little difficult, had an unlawful detainer on my record and a dog, landlords weary of COHR subsidy
- I had felonies in '86 and '89, this criminal background hindered me in getting a place
- No, but the drug addiction made it difficult

How did you get around them?
- If [case manager] did a bad job, I'd let him know
- Didn't experience
- [First residence] didn't care about background, current housing goes along with criminal background applicants
- They knew I needed surgery so they expedited it
- No response
- Procrastinating, not doing them
- Social worker, just kept looking
- I found a felony friendly landlord who gave me another chance
- In the shelter, there was a lot of support, we have a support group and supported each other

What did staff do to help you get in to housing?
- [Case manager] could get me a phone if I wanted, weekly referrals, incentives, new incentives are coming
- They found the apartment, went together to get security deposit, they paid half the rent, helped me get the furniture and household items from Bridges
- Let them do their job
- They got out there and did all the work, screening, if they really need it and won't mess up the program
- Made appointments, dedicated their time, set up electricity, heat, went out of their way, gave me a TV, take time to listen
- Helped move in, didn't have much stuff though
- Went and looked at apartments, let me pick out the one I liked
- They look for apartments that are registered with the program for you
- Really helpful here, genuinely helpful, they help figure out what is going to work best for you, helped with rides or bus passes or drove to help look at places
- Found apartments, took me around to places, [staff] was extremely helpful
- Did the paperwork, called to see if I could get an apartment. . . . "they spoke for me"

Was this helpful?

- Oh yeah
- Yes
- Yeah
- They're good, they got you furniture, my program is based 30 percent of income
- Yes
- Yeah, did the work of finding apartments
- Very helpful
- Yea, that they look, but if we had the option to live wherever we want that would be better
- Very
- Extremely
- Yes

What would be helpful that isn't provided by staff?
- No response
- Difficulty getting food, wasn't very convenient
- No, they're pretty helpful
- No response
- Really did all they could do
- No, pretty good
- No, nothing
- We meet once a week, which I think is too much. Rides to places like Target
- Not that I can think of
- They need to provide funding, or at least guidelines to give people the knowledge and opportunity to get their felonies expunged off their backgrounds
- No, they told me what the problems were

Current housing situation
Have you moved since you got housing?
- No
- Yes, November 2007
- No, staying put, just signed a 13 month lease
- No
- Yes, three times
- Yes, whole building was kicked out, renovating and turning the place in to condos
- Yes, shutting the building down
- No, would like to, but can't
- Yes, about 2 times, Drake and Exodus in between
- No
- No

How do like your current residence?
- Like it, they're quiet
- It's so nice
- Really like it; it's exquisite, neighbors are annoying but everything else is phenomenal
- It's cool, there is an exercise machine, two swimming pools, place to eat, a big complex
- Good, it's clean, heaven compared to where I was
- It's ok, I don't like having neighbors; the mice and cockroaches
- One bedroom now from an efficiency

- Compared to the streets, it is awesome. But I don't like the neighborhood. Neighborhood is not safe, and the neighbors are a pain
- It's ok, kind of divey, but it's quiet enough
- Love it
- I love it

What do you like about it?
- Neighborhood is real good
- I'm in a senior citizen place now, very accessible to retail, food, very convenient, don't have to drag those bags
- Big screen TV, free cable, there was cable when I moved in and they never unhooked it, leather couch, Xbox 360
- No response
- I feel like somebody, good self-esteem, in process of paying bills
- Little better, little more expensive, two bedrooms, which is better than sleeping in the living room of the previous one bedroom because the neighbors were loud
- More room
- It is a place
- Mainly quiet, get left alone there
- Love the location, they keep the landscaping up, landlord responds to problems and fixes them, nice amenities, central air, washer, dryer, beautiful kitchen
- I have a washer/dryer there. On holidays, I can have my children (grown) over

How does it compare with the place you were before?
- More convenient than [previous housing], more secure
- The first location was close to the shelter and he had people he knew from the streets stopping by, wanting to sell drugs form his place, sleep there, had young guys coming up beating on the doors, tapping on the windows, interrupt my sleep
- One bedroom in [previous housing], this place is huge though
- It don't compare to the pool, exercise room
- Way better, 50 to 75 percent better, I have a landlord that listens
- Same as last time, noisy neighbors
- No response
- I like the location (closer to downtown) of the previous location/apt. (not the current apt.) Bus fares are expensive and before I could bike
- First place was a drug infested neighborhood, lot quieter neighborhood now, in the Northeast
- I was in a shelter before
- I do not have to answer to anyonre, I have my own peace and quiet

Is there anything you don't like about it?
- Some residents complain about me, they say the people causing trouble know me
- Oh no, the program will work if you work the program
- Neighbors are loud, the rent is going up, but I'm not paying it so it doesn't bother me
- It's cool to me, it's nice
- Fact that heating and electricity are so high, something is wrong with the bills
- Loud neighbors
- No
- The neighborhood is unsafe, the neighbors are a pain, there is a million kids in the building
- Landlord's kind of a jerk
- Not that I can think of
- No

What was it like when you first moved in?
- No response
- "I was so happy, I was overjoyed, I'd been on the streets for 4 years, outside man
- Slept on the floor for two days, landlord didn't turn on the heat right away
- Can't complain
- Blessing, it was in the middle of winter when moved in staying under a bridge
- "Quite an adjustment," lots of dealers next to me, they had their doors kicked down, could be loud as hell and get drunk on the roof, now I have to be quiet
- I was exhausted, slept the first two weeks I got housing, I was relieved to be able to sleep, eat, do things on my own
- The same, cleaner
- Nice, quiet, felt safe
- Scary, I used to be around hundreds of women, suddenly I'm by myself, overwhelming,…... wonderful
- I was really happy

What did you like most about moving in?
- Convenient, close to the bus line
- Had my own place, wash my clothes downstairs, cook my own food, watch TV, bathe, it was overjoying
- No response
- I can "turn my own key in the door"
- No response
- The fact I've got a key, can go anywhere, can sleep without having to worry
- No response
- Having a place with my name on the lease
- Felt safe, I could sleep better
- No response
- I had my own keys, the privacy-I had my own bathroom, the security-things I don't have to worry about at shelters

Was there anything that was hard about moving in?
- No
- Hard just being able to sit there and look at TV, take a bath when he wanted to. Hardest part was once they processed me I had to wait month and half, meanwhile I didn't have nowhere to stay
- Didn't do anything, movers were paid to help move in
- No, save climbing three flights of stairs
- No
- Frustrated as the place was really ghetto, one burner on the stove worked
- No
- No
- Filling the space at fist, didn't have much stuff, it was depressing thinking about what'd
- Scary, I used to be around hundreds of women, suddenly I'm by myself, overwhelming
- No, my case manager, [name], helped me

Did you get help you during this time?
- Street Case Management hired help to move furniture
- Case managers helped get furniture
- No, rent is $10,000 a year
- My manager, people from Bridge mostly with furniture

- Yes, staff put down the first month's rent
- Program would write landlord to resolve issues with keys
- Yes, Bridging provided furniture
- Yeah, his case worker and my new case worker. His new case worker helped with boxes
- COHR
- WHP did everything, Bridging helped with furniture
- Yes, bridging furniture helped, and my case worker helped me find other resources to get such things as house supplies

Was there anything else you needed?
- Not really
- No response
- Pretty much taken care of, did a really great job, didn't have to buy nothing, sheets, detergent, rugs, carpeting was all provided
- Got everything I need, couch, bed, tables, TV
- Furniture, stuff to fill the house
- Nothing I can think of that wasn't available to me, I didn't feel I wanted any furniture
- No
- One thing the program is lacking is the cleaning aspect. When someone moves into an apartment after being homeless, the cleaning can be very overwhelming. It is a lot of work-to clean up all the stuff. He does not want to clean, and I can't do everything. then the dishes stack up. I think they should have a a maid come and help out like once a month
- Nothing I can think of, there're things I should have done differently
- When I first got in I needed money, cooking utensil, things like that
- No, as long as I have my basic necessities, I am fine

Experience with case management and supportive services
What kind of support services are you getting?
- Only being here, being sober
- They're great, take me to the store, take me shopping, help transport groceries
- Just payments for housing, I pay 30 percent of the rent, my whole check is in my pocket
- Most support comes from the VA Hospital; doctors visits and medicine, [treatment program], cigarettes, support groups over there
- Assistance with rent, bus cards, food vouchers, home visits once a week, got me growing plants, gardening, got me motivated
- GA-one of the requirements to get in this program
- From [staff] and a different worker, good at calling up and working with me if a need a bus pass, job, or apartment, even searched for dog care, helped with co-pays before insurance
- [Staff] is an all around girl, she takes me to the doctors, picks me up, when I'm feeling down she calls me
- Meet with case worker

Do you work with a case manager?
- Yes, [case manager] with GRH
- Yes
- Not really, wants me to sign papers or talk with parole officer
- No response
- Yes
- Yes
- Yes, GRH program

- Yes, GRH COHR program
- Yes
- Yes
- Yes

How often do you meet your case manager?
- Supposed to call every day, I'm here most days
- Call him everyday, leave a message, for a while came down here three times a week, still come at least three times a week to eat food or leave a message
- Five days a month, usually they're hounding you, he doesn't, he doesn't look around, just has me sign paperwork, he has boundaries
- Once or twice a month, he calls if he needs something, I call if I need something
- Roughly once a week
- She's needy; twice a week
- At least twice a week
- Once a week
- Whenever I need to, about once or twice monthly
- Often, but it varies. Probably a minimum of once a week if not in person talk to them two to three times a week
- Once a week

What does your case manager help you most with?
- Helps with the landlord; keeping me there
- Encourage me, they tell me I'm doing fine, connects me to opportunities like this interview, take me to the food shelf and take me shopping
- Staying out of trouble, manages my parole officer who wants to lock me back up
- Paperwork
- Almost like my security blanket, call her for stuff
- Pays my bills, gives giftcards
- Can't think of anything
- Well, she pays the bills
- Organizing finances, keeping up with rent, helping apply for electricity assistance
- Basically keeping me grounded, she's there (staff) available to help me and if she can't help me she can get me referral resources
- Rides throughout the month, I can talk to her about my health needs. She takes me to the store and food shelf

Is there anything you wish your case manager would help you with?
- Give me money
- What more can I ask for?
- Bus pass, monthly buss pass
- Not at this time
- No not now, maybe later with transportation, help getting a car
- Stop by for five minutes instead of an hour, call if she or I need something instead of setting a whole day aside
- No
- Rides to the doctor would be nice, rides to the foodshelf, Target, grocery store, basically rides
- No, she's pretty helpful
- No
- I only get $203 a month, and bus fares are expensive. I use the cab service with GA sometimes, but just transportation

Have your services changed since you've been in housing?
- Wouldn't say they've changed
- No response
- No, pretty much the same
- Nope, still the same
- No, still dedicated
- Gone through three different caseworkers
- No
- Last month they didn't give me any foodstamps. I went to century plaza and they prorated them
- I don't think so
- Same type of services, changed around paying bills, teaching me to be responsible again and pay bills
- Yeah, it has gotten better. I am finding more resources, free supplies

Program experience after housing
What were the three biggest challenges in your life before housing?
- Living day by day not knowing what is going to come next, I was anybody, nobody, forgot who I am
- Sanctuary, finding living quarters, keeping my hygiene up, getting off the booze
- Have to get a job, no job no money, no money no apartment
- Being homeless, no one wanted to rent to me no more, I had to buy a house or that's it
- Food, shelter, finances
- Where do I go to not get rained on or arrested, where is the nearest liquor store if I have to come up with three
- Being homeless, harder to be sober running in to people on the streets who wanted you to be using
- Finding a place to stay, food, and finding a place to hide your things
- Getting sober, getting stable housing
- Sanity, staying focused, not getting caught up in the chaotic shelter environment
- Where I was going to lay my head at night (first come, first serve at shelters)

What were the three biggest challenges in your life after housing?
- Biggest challenge is demonstrating my art, starting to inspire myself, slowly coming back to me
- Find me something to keep me from sitting around, get a job for about 20 hours a week, keep up sobriety, biggest challenge now that I got it is keeping it. I feel like I'm living like a human being now, not living like an animal
- Don't really have any more, basically kicking, laid back
- Keeping the place, don't know what's going to happened down the line if I don't get a job
- Keep paying bills, transportation
- Being respectful to neighbors, that's hard, can't pull the fire alarm to annoy everyone, the neighbors called the police on us twice
- Staying sober
- Cleaning, getting around, and tolerating the neighbors
- Getting a decent career going, schooling
- Budgeting money, remember to pay bills
- Trying to get back in school, trying to get financially stable (in the process of going back to school)

Has the program improved your life?
- No complaints
- 100 percent, improved health, no colds, no allergies, body feels excellent, ain't toting bags, not around negativity, It change me a lot, I'm a different man. I want to share some of what I have with other people. God blessed me and I want to pass it on. It saved me, probably wouldn't even be alive without the program because it's so dangerous on the streets
- Yes, last two comments explain, free stuff

- Oh yeah, giving mea chance to have my own place, feel more comfortable, sleep longer, I can get up when I want to
- Yes, more confidence in myself, I open up, let folks know
- I can get mail, now have a cell phone, people can get a hold of me, don't have to worry about getting rained on
- Yes, my sobriety, not having to worry about where to go
- Definately, without it we would be homeless again
- Yeah, when I got out of treatment I had nowhere to go, if you go back to nowhere it's not like you can stay sober, "I don't think I would have made it otherwise…I really needed this program"
- Yes, happier, safer, more well-rounded, I'm in my own house
- Yes, made me more stable

Has the program negatively impacted your life in any ways?
- Yes, pervious case manager looked down on me, tarnished my name
- No, this is not rocket science this program, they ain't gonna tell you nothing wrong
- Not at all
- No
- No
- A little bit, life is a lot more boring, can't travel unless I'm back in two weeks, have to stay in Minnesota or I'll be homeless again, not allowed to work so I can't afford a car to travel
- No
- Annoyance with case worker, feeling like I have someone coming in my space that I don't want there
- No
- No negatives
- No, it has done me a lot of good

Has the program improved your feeling or level of personal safety?
- I still feel the streets aren't as safe as they should be
- I feel safe, the love I received from this organization lifted me up, I feel like crying
- Yeah, not worried about anybody
- Oh yeah, got me my own key, I can go in anytime and lock the door, I feel comfortable there
- Yes, got me out of being homeless, gets me out of the house, being secluded, don't have to run from people
- Not too much; never worried in a squat, my old lady worried a lot though
- Yes, being in a house not having to worry about someone bothering you in your sleep
- Yeah, we have a key, and windows, I don't like the first floor
- Definitely, feels good to have a safe place to go, it won't go anywhere if I lose my job I'll have some help at least
- I feel safe as opposed to living in a shelter, come home close my door - I feel safe
- Yes, a lot, now I don't have to sleep with one eye open (I am not so paranoid). I am real comfortable now

Has the program improved your quality or number of social interactions?
- I stay at home doing nothing, painting, turning on the TV, cooking, I miss out on eating with everyone at St. Stephens
- I don't argue on the bus. I improved a lot, my attitude about whole state of Minnesota and Minneapolis changed the day I got my apartment. Did 180, more positive now
- Nah, friends get you in trouble, I spend my time with family
- Nobody knows nobody in the program, go on with my regular living, staying to myself
- Yes, watch movies, painting, barbeque, planting
- I've got program friends, meet at events
- Yes, but I can't think of how

- The new place has onsite management, so it is very different-so we don't have anyone over and this gets lonely, most of our friends live downtown so it is far for them to come to our place. We can drink with them under a bridge
- The quality, don't meet people living in your car, less people, which is probably a good thing
- Don't know, pretty well of there
- Kinda a loner anyway-I am content with myself right now

Has the program improved your opportunities for work?
- Can't work due to my disability
- Yeah, I'm willing to get back into the workforce
- No response
- It would be good, but I'm not looking to work until I take care of my medical needs
- Can't work any more, my age and got a bullet against my spine
- No, not allowed to work, didn't work before but at least I was allowed to
- No, trying to get on SSI
- We can't work, or we will get kicked out of the program
- Yeah, if you can shower and have up your clothes, have a regular routine you can get a job, even have a phone, when you're homeless that's not possible
- Felonies are a hindrance there
- It has open doors now that I am stable (I have a mailing address.)

Has the program improved your opportunities for education?
- I don't feel the need for education, have a 12th grade education, but haven't used it much
- Yes, I learned a lot about the program, I can go to the library now, watch movies
- Yeah, going to MCTC for business management
- I've been doing things on my own, getting me help from the VA, haven't really asked the program for help, don't really know what they have to offer
- Yeah, they have things but I have degrees
- No, but it doesn't hinder it
- Yes, I can try to get my GED now that I'm in housing
- I don't like school
- Yeah, I hope yeah, I messed up student loans but I'm trying to find other ways back to school
- The classes, I wanted felonies kept me from being able to take them
- Yes

Has the program improved your access to community supports and/or social services?
- I got to the Indian Center, I need to get back in the circle of the community, but it's hard
- Improved access a lot, I don't need help from the state now
- You could say that, I try not to ask for too much help
- Not me, I haven't used them, still something that's secondary to me
- Haven't dealt with the, [Social Services] program has got those things for me
- Pretty much this program, knew about everything else already
- I don't know
- It is supposed to, but it doesn't. They say they know about all these food shelves, but we still haven't been there. They have the information, but they don't share it. We have heard a lot of information from friends instead
- Uhuh, used neighborhood services to look for jobs, even took a forklift training class
- Somewhat, program provides a lot of functions to attend, so yeah
- I imagine it does, but I have not used any, but I talk out things with my psychiatrist

Shelter services since being placed

Has the program affected your need to access any shelters since being placed?

- I cannot use shelters or I'll lose my housing
- I ain't been back to the shelters
- Hell no
- No, but I can go back to one anytime, to the free shelters
- Not been back to the shelters, except between housing moves, about 2 ½ months in shelters between housing changes
- Only one time, just before, otherwise no, never gone back, don't like shelters
- No
- My roommate makes me angry, so sometimes I want to leave. At the old place, I felt like we could be loud and yell at each other, but it is not like that at this new place because our neighbors are cop callers. So we have completely toned down. I feel bottled up frustration and anger. Sometimes we want to get because of the neighbors
- Have not needed to use any shelter services
- Don't need to
- No

Program Improvements

Do you have any recommendations you would like to make to improve the program?

- It's hard to get on the program, hard to go through all the detox, people want to get in, it's good to come in as a group, more group time would be nice
- In winter months, they should have some place to put you until they find you shelter. That would be more encouraging while they wait. Also, check the areas of housing placement, not too close to Currie Avenue, or shelters so they don't get into trouble, check the building they place people into looking for people dealing drugs, drinking. Keep participants busy. Occasional house inspections
- Bus passes, more real jobs, not just job leads, actual factual jobs like PPL, 31 day bus passes would be great so you can look for work, between rush hour you can use up a $10 bus pass in a day or two
- I can think of one, watch who you get in to the program, sometimes you have people who take advantage of the program, some people use it to sell drugs, some people offer me money for my place, it is good to live in a city that helps not only children and women but also men, help people who need it, who want to get jobs
- No, they are doing an excellent job, I'm also in the lighthouse program which offers other opportunities to interact and has helped my depression
- Hard to say, I'm pretty self-sufficient, not like every one, I put up with it so everyone else can get the services they need, not sure how, but have the case manager listen a little better
- No, I think it's good
- Once a month at least helping with cleaning. More rides, help with rides
- I think they're doing a really, really good job here, better funding, other programs should run like this, others ask so much of you, it's really different here
- Not that's reasonable
- No, I think they are really helpful and consistent. I recommend more women get on it

Other questions, comments, or concerns

Is there anything else you'd like to share about Heading Home Hennepin or your particular program?

- I like the program, I've never been any place like this before
- Hope they don't run out of money
- Nope
- That's it
- Hope it doesn't get cut out. Personally seen people who were on the streets in the program they don't look like skeletons anymore, cuts down on crime, police aren't taking time to catch people

- Helps me be more independent, have them post food shelves
- Just a very good program; it's kept me sober and on the right track
- Each case worker is very different in how you get treated. Old case worker was good and a workaholic. The new case worker is not like that. I don't like the invasion of privacy, once a week on the dot
- Nothing comes to mind, it worries me with the economy going so bad people are going to forget about homelessness programs, it's going to cost more in the end…"people are going to end up somewhere, they don't just go away"
- Once you are into housing, if someway to interact to get people employment, work with the business community to give us a chance, if you can't work you can't do something, they need to be friendly give us the opportunity, felonies are a big hindrance there
- "No, very content, I enjoy the program, it has helped me. I only pay 50 dollars a month for rent and the area is good. They place you, and you make it what you want it."

Appendix E: Interview Guide

HHH Housing Programs Interview Guide

Hello. My name is [name] and I'll be conducting today's interview. It's a pleasure to have you here today as we're interested in learning about how some of Heading Home Hennepin's supportive housing programs such as this one implemented by [organization name] are having an impact on adult homelessness. We'd like to learn more about whether housing placement is making a difference and being implemented and gather some feedback to help them improve their programs.

I would like to remind you that there are no right or wrong answers in this discussion. We are interested in hearing what each of you think and feel about the program and how it may or may not be working for you, so please feel free to be candid about your experiences and to share your points of view. As evaluators we will also be protecting your identity in any reporting to Heading Home Hennepin; for example we may say "one participant felt" or "another stayed at [shelter]" instead of using discernable names or locations.

As you will see, most of our questions are fairly general in nature, so that you can have more flexibility in how you respond. However, we would like to ask you not to report on any criminal activity. In addition, if you do not want to answer a specific question, you should feel free to skip it. Skipping a question will have no impact on your relationship with Hennepin County or other service providers, and participation in this interview is completely voluntary.

With me I have [name] who will be assisting by taking some notes. Before we get started, are there any questions or concerns that we may address. If not let's get moving on to:

Introductions:
- Current residence
- Time since placed into housing

Topic 1: Homelessness background.
- How long have you been homeless (before being placed into housing)?
- While you were homeless, how much of your time did you spend in shelters?
  - Can you name the shelters you spent the most time in?
  - Did you mainly stay in public shelters, in private shelters, or both?
    - Why do you stay there? (county, private, if both compare)
  - What were the main places you stayed overnight when you weren't in a shelter?

Topic 2: Experience with referral to permanent housing.
- When did you first get in to housing?
- How did you learn about it? (if staff, which shelter)
- What did you have to do to get in? (apply, did someone else do this for you)
- Why did you move in to housing?
- How did you feel about moving?

Topic 3: Experience getting into housing.

- Once you decided you wanted to move, how long did it take for you to get in to housing?
  - Were there any difficulties to getting in to housing?
  - How did you get around them?
- What did staff do to help you get in to housing?
  - Was this helpful?
  - What would be helpful that isn't provided by staff?

Topic 4: Current housing situation.
- Have you moved since you got housing? (if so, why)
- How do like your current residence?
  - What do you like about it?
  - How does it compare with the place you were before?
  - Is there anything you don't like about it?
- What was it like when you first moved in?
  - What did you like most about moving in?
  - Was there anything that was hard about moving in?
  - Did you get help you during this time? (if so, where was it coming from)
    - Was there anything else you needed?

Topic 5: Experience with case management and supportive services.
- What kind of support services are you getting?
- Do you work with a case manager? (if so, with what program)
  - How often do you meet your case manager?
  - What does your case manager help you most with?
  - Is there anything you wish your case manager would help you with?
- Have your services changed since you've been in housing?

Topic 6: Program experience after housing
- What were the three biggest challenges in your life before housing?
- What were the three biggest challenges in your life after housing?
- Has the program improved your life?
  - If so, in what ways has the program improved your life?
- Has the program negatively impacted your life in any ways?
  - If so, in what ways has the program negatively impacted your life?
- Has the program improved your feeling or level of personal safety?
  - If so please explain.
- Has the program improved your quality or number of social interactions?
  - If so, please explain.
- Has the program improved your opportunities for work?
  - If so, please explain.
- Has the program improved your opportunities for education?
  - If so, please explain.
- Has the program improved your access to community supports and/or social services?
  - If so how?

Topic 7: Shelter services since being placed.
- Has the program affected your need to access any shelters since being placed?

        o   If so, please explain.

Topic 8: Program Improvements
- Do you have any recommendations you would like to make to improve the program?

Topic 9: Other questions, comments, or concerns?
- Is there anything else you'd like to share about Heading Home Hennepin or [program]?

If there is nothing else, we'd again like to thank you for your time and participation. Your responses will go a long way to help paint a bigger picture of how the Heading Home Hennepin initiative is doing. Be sure to collect your honorariums from [name] on your way out.