FOR THE LEAST OF THESE: VARIATIONS ON HOUSING FIRST

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Abstract

This paper takes a look at the Housing First program, a homelessness-fighting policy currently supported by federal and state funds. The program assumes that putting individuals into housing should precede giving them treatment for any other societal ills (substance abuse, unemployment, etc.). The original Housing First program, Pathways to Housing, was implemented in New York City and set an example for future programs to follow. Since, Housing First has been implemented across the United States in several ways with varying degrees of success. This study takes a two-step approach. First, it analyzes three research studies which compare different methods of implementing Housing First. Second, it examines three different programs implemented in Virginia and analyzes their success.

Introduction

The decision to jump from the moving truck changed Tracy's life. She survived the fall but was left with two broken feet, a fractured skull, and no short-term memory. She escaped her abusive boyfriend only to begin a life of hospitalization, alcoholism, and homelessness. Most of the world gave up on Tracy – police kept arresting her, doctors got tired of seeing her, and social services wrote her off as a helpless case. But after six years of living on the street, Tracy finally received housing with the help of a local homeless resource center. The pain and suffering she experienced while living under bridges, on sidewalks, and by the canal was irreversible, but her life became more stable when she finally had keys to her own apartment. The staff at the homeless center helped Tracy attend counseling sessions, doctor's appointments, and job interviews. She had a closet where she could keep clothes that actually fit her, instead of wearing the same urine-stained outfit day after day. When her son turned 19, she had saved enough money to buy a phone so that she could call him. For Tracy, having a place to call home gave her the push she needed to change her life (Cotter, 2016).

Not everyone is like Tracy. Earl has been homeless for most of his life. Among other things, he suffers from a severe form of schizophrenia. His mental illnesses prevent him from keeping a job and performing other tasks that are routine for most people. A homeless center was able to get Earl off the streets and into housing. Unlike Tracy, this move did not have a life-changing effect. He had never maintained a home before. In fact, sleeping in a bed under a roof was so foreign and uncomfortable to him that he had no incentive to keep the home in decent condition. Despite the homeless center's best intentions, putting Earl into housing only resulted in a wrecked and filthy apartment, and a mentally ill person who became homeless once again.

The Housing First program is currently the most popular for fighting homelessness in cities nationwide. Prior to Housing First, homeless people usually were not able to obtain housing until they were determined to be "housing ready;" that is, their other issues were treated before they could move into housing. They had to become sober, drug-free, and employed, and then they could have a home. Housing First has a different premise: it rests on the theory that homelessness is best treated if clients are given a stable place to live before any other factors, such as substance abuse, unemployment, or chronic illnesses, are treated.

However, providing housing is an expensive burden for homeless resource centers. In many states, it is funded by federal and state grants. Many debate whether Housing First fulfills its intended purpose, especially since taxpayer dollars are at stake. For people like Tracy, Housing First appears to be very effective. For others, it can seem to be an ineffectual waste of resources that would be better used in other ways.

Housing First is ocassionally marketed as the best way to end homelessness, but as seen in Earl's case, it is not a "one-size-fits-all" solution. This study will take a look at the different ways in which Housing First is implemented in Virginia and analyze its effectiveness in light of past research on the issue.

Literature Review

The question of how best to treat homelessness is one that faces every American town and city. The Housing First model was first introduced by Dr. Sam Tsemberis and Pathways National in 1992 (Pathways National, 2016). Since then, the policy has been adopted by many local and state agencies, as well as by several federal programs. Its implementation has brought both praise and criticism. Dr. Tsemberis, along with Dr. Leyla Gulcur, published a study in 2004 in the American Journal of Public Health that studied the effects of Housing First on homeless who had psychiatric or substance abuse symptoms. They found that participants in Housing First were able to maintain independent housing without worsening their other conditions (Tsemberis, Gulcur, Nakae, 2004). The study offers many of the positives of Housing First, as well as a critique of other alternatives. Because Dr. Tsemberis created Housing First, he brings an irreducible bias to the study. Another study, published in the Community Mental Health Journal, also compared the effects of Housing First to "treatment first" programs. The study found that participants in Housing First had lower rates of substance abuse and were less likely to leave their treatment programs than those in alternative programs (Padgett, Stanhope, Henwood, Stefancic, 2011).

Other studies show more mixed results. A study published on behalf of the European Commission on the implementation of Housing First in Europe demonstrated that the policy usually resulted in reduced substance abuse, but had no effect on encouraging people to pursue employment (Busch-Geertseema, 2013). A study from the University of Florida College of Social Work examined the flaws in many of the primary Housing First studies and the need for more rigorous studies on the program. It also demonstrated that although most of these studies indicated that the program does not result in an increase of substance abuse, it does not result in a decrease either (Groton, 2013).

The Housing First program has its share of critics. Nicholas Pleace from the University of York published a study where he suggested that although Housing First accomplishes its goal of reducing homelessness, it overemphasizes just one aspect of the homeless problem (Pleace, 2011). Many of its loudest critics are not those who publish policy analysis studies, but who are currently working among homeless communities. One is Ralph DaCosta Nunez, President and CEO of the Institute for Children, Poverty, and Homelessness, who argues that Housing First is well-intentioned but misses the mark for many homeless (LaMarche, 2014). Another,

Gloria Guard, executive director of the People's Emergency Center in Philadelphia, argues that a federal funding bias towards Housing First has resulted in overcrowded shelters and the under-funding of other homeless assistance programs (Law, 2007).

Although it has its critics, Housing First is generally accepted as the most effective way to treat homelessness. The debate now centers on the best implementation of this policy. Of the dozens of homeless resource organizations across the state of Virginia, each have their own ideas about the best use of Housing First in their communities. This study will analyze these programs in light of research done on Housing First.

Data and Methods

This study takes a two-step approach. First, the Housing First policy as a whole will be analyzed through several key studies. Only primary research on Housing First is used for this study. All of the studies included here are also generally applied, rather than referring to specific communities. These generalizations help us to understand the various implementation methods of Housing First.

The first study examined if different ways of implementing Housing First effected the program's ability to reduce substance abuse (Davidson, Neighbors, Hall, Hogue, Cho, Kutner, Morgenstern, 2014). Critics of Housing First say that the policy cannot effectively cure its clients of their substance abuse problems; however, proponents contend that it can, if implemented properly. Advocates, though, disagree over the proper method of implementation. This study is relevant because this analysis seeks to compare the varying ways in which Housing First is currently being implemented in Virginia. This study by Dr. Davidson was conducted merely two years ago, providing a broad nationwide look at Housing First implementation.

Critics of Housing First charge that the homeless are unable to maintain stable housing after going through a Housing First program. Therefore, the second study I review analyzed Housing First's ability to reduce homelessness among mentally ill clients who had been housed in shelters for a long period of time. The study, conducted by Dr. Ana Stefancic, randomly assigned long-time shelter users to two different Housing First programs in the community where the study was conducted. The study also included a control group that used the older treatment-first policy (Stefancic, Tsemberis, 2007). The Stefancic study provides a basis to understand how the Housing First might best serve the mentally ill homeless population.

The third study examined another problem faced by those seeking to help the homeless: the housing of those with a severe addiction (Kertesz, Crouch, Milby, Cusimano, Schumacher, 2009). Critics of Housing First are concerned about the ability of those with an active addiction to be able to maintain their own home, especially since the Housing First program does not require clients to seek treatment for their other issues—treatment is entirely voluntary. The study analyzed whether

Housing First can effectively help these people overcome their addiction problems, in comparison with the treatment-first policy. The study is also significant because it discusses whether Housing First should be, or even can be, used to treat those with an active addiction.

The second part of this research study involves looking at a three different Housing First-based programs across the state of Virginia. These programs were chosen based on accessibility of information, as well as how much they varied in their implementation compared to each other. For example, none of the programs selected implement Housing First in the same way. The three communities that this study focused on were Alexandria/Arlington, Charlottesville, and Fredericksburg. Information about the Housing First programs in these cities was accessed via the internet, from the programs' websites, as well as news articles published about their varying degrees of success.

Research

Part I: The Studies

In their study, Drs. Davidson, Neighbors, Hall, Hogue, Cho, Kutner, and Morgenstern (2014) evaluated whether different methods of implementing Housing First effected housing stability and client substance abuse. Nine service providers were studied. They were rated based on two characteristics: first, their consistency with the core Housing First principles (labeled supportive housing consistent/inconsistent). This looked at the program design and delivery of services. Second, they were rated on the degree to which these programs attempted to educate clients about available services (consumer participation consistent/inconsistent). Four of the providers were both supportive housing consistent and consumer-participation consistent. Three were supportive housing and consumer-participation inconsistent. The remaining two had mixed ratings. Substance use was measured by conducting interviews when a client was first housed and then again twelve months later.

The study found that clients in programs that were rated as consumer participation consistent were less likely to be discharged from the program than those in consumer participation inconsistent programs. Clients in these programs were also less likely to report drug use at their follow-up interviews. However, consistent implementation of Housing First principles seemed to have no effect on housing retention or substance abuse. The study's results seem to support the idea that staff engagement with the clients is the most critical part of any Housing First program (Davidson, Neighbors, Hall, Hogue, Cho, Kutner, Morgenstern, 2014).

Drs. Stefanic and Tsemberis' study (2007) sought to measure housing retention of severely mentally ill persons within a Housing First program compared to a treatment-first program. The study randomly assigned participants to one of two

Housing First programs in the community or to a treatment-first control group. After 20 months, the researchers followed up on each participant to measure the housing retention success of each program. The study found that the nearly 50% of the Housing First participants were in housing after the 20-month period. The control group results were not nearly as high. Only a quarter of those participants had been placed into supportive housing. Several others were still living in shelters, but the whereabouts of half of them were unknown since they had dropped out of the shelter system.

The authors of the study state that a 20-month period was chosen because that should have been a reasonably long enough time for the treatment-first participants to progress through treatment to transitional housing to permanent housing. The data does not indicate that that happened. It lends support to the idea that the policy of the treatment-first program, which demands that clients meet treatment and sobriety requirements before receiving housing, may be too high of an obstacle for the mentally ill homeless to overcome. However, the study does not reveal why the Housing First programs were able to not only put formally chronically homeless people into housing but to keep them there.

This study also builds on the previous one by Drs. Davidson, Neighbors, Hall, Hogue, Cho, Kutner, and Morgenstern (2014) because it compares the results of the two Housing First programs. Although both had significantly higher housing retention rates than the treatment-first program, one had more success than the other. The reason that one of the programs had a lower retention rate was that it did not continue to treat clients who lost their housing, either due to substance abuse or issues with a particular housing unit. The more successful of the two programs continued to aid clients to get them back into stable housing.

The third study, by Drs. Kertesz, Crouch, Milby, Cusimano, and Schumacher (2009) compared previously conducted studies on the effectiveness of various Housing First and treatment-first models when dealing with those with a severe active addiction. New York's Housing First program, Pathways to Housing, helps participants find an apartment and obtain a lease. The program does not require treatment or sobriety prior to housing, like all Housing First programs. However, an Assertive Community Treatment (ACT) team offers 24-hour support to clients after being placed in housing that clients can call on if they feel they need to. Clients are required to pay 30 percent of their rent and meet with staff twice a month. The studies cited by Kertesz consistently show that Pathways to Housing has greater housing retention rates than other programs in the city. One particular study showed that 88% of the program's participants remained in housing after five years, compared to only 47% of participants in treatment-first programs.

San Francisco's Direct Access to Housing (DAH) program places clients into apartments in one of several multi-unit buildings, rather than in scattered-

site apartments like the New York program. These offer on-site services such as case management, medical care, and mental health treatment, all of which are voluntary. An analysis done of service use by homeless persons before and after the creation of DAH found a significant reduction in the use of the city's hospital system.

The study also analyzed an experiment in Birmingham. Half of the participants in that study were required to be abstinent from any substances in order to receive housing. The other half did not have to practice abstinence. Both groups, however, were housed in the same complex. At the end of the study, only 42.2% of those in the abstinence-contingent program were still in housing, but not because they had returned to abusing drugs. Many of those participants cited that they would rather live on the streets again than be housed with someone who continued to use drugs because it made their own road to recovery from substance abuse more difficult.

Part II: The Programs

Alexandria, Virginia is home to New Hope Housing. Founded in 1977 by citizens concerned about the growing homeless situation in Fairfax County, the organization has since grown to several localities across Northern Virginia. They offer a number of programs and services to meet the needs of their clients, including temporary shelters, homelessness prevention education, life skills development, and employment services. They also have a history with Housing First programs, which this study will focus on.

In 1999, New Hope Housing received funding from the U.S. Housing and Urban Development (HUD) Department to open the first permanent supportive housing program in Fairfax County for chronically homeless and mentally ill adults (New Hope Housing, 2009a). In 2004, they redesigned their original shelter, Mondloch House, to take a Housing First approach. Mondloch House received the *Best Housing Program* in Virginia award at the 2006 Governor's Housing Conference. In 2007, New Hope began their Housing First Apartments program, housing homeless single adults in scatter-site apartments across the community. Following the success of these programs, they have added a number of other programs based on the Housing First approach.

Milestones and Reaching Independence through Support and Education (RISE) are both long-term supportive housing programs for families in which one member has a debilitating mental illness. Case management and children's services help to support the family and maintain a stable housing situation (New Hope Housing, 2009b). The Safe Haven programs provide permanent supportive housing for chronically homeless single adults with a mental illness. Like Milestones, case managers work with the clients to connect them with health services after they

have been placed into housing (New Hope Housing, 2009c). The Housing First Apartments program provides scattered site apartments to previously chronically homeless adults. New Hope either owns the apartments or manages the leases. The staff make drop-in visits to the program participants to encourage stability of the apartment residents. Mondloch Place operates much like the Housing First Apartments program, except that the living units are all located in one building, Mondloch Place. It currently houses twenty single, formally chronically homeless adults, and provide on-site support and services. Participants in all of these programs are assigned to their own case manager to develop an "individual service plan." Currently, New Hope runs a total of 9 different housing first programs in Alexandria, Arlington, and Fairfax.

New Hope has had a longer history with Housing First programs than most Virginia organizations. In a four-year period, 100 families and 300 chronically homeless adults were able to obtain housing in Arlington County. In 2015 alone, New Hope was able to move 199 single adults and 61 families from the streets or shelters to permanent housing (New Hope Housing, 2016).

In Charlottesville, a statewide nonprofit real estate developer called Virginia Supportive Housing (VSH) is leading the fight against homelessness. VSH has developed 15 affordable housing communities in Richmond and Hampton Roads, and in 2012 they opened The Crossings in Charlottesville. Like all Housing First programs, VSH does not require clients to be addiction-free or to enroll in any treatment programs. Participants only have to pay one-third of the rent of the apartment. Once housed, VSH staff help clients access any services or treatments they might need. Instead of providing these services themselves, the case managers help clients access services already provided to the community by the University of Virginia and other downtown Charlottesville organizations. VSH staff also strive to encourage a sense of community among the residents by having community meetings and events (Virginia Supportive Housing, 2014a).

The Crossings was Charlottesville's very first permanent supportive housing community for formerly chronically homeless individuals. Of the building's 60 studio apartments, half are dedicated to formerly homeless and the other 30 are reserved for low-income but not homeless individuals. The reason for this is that VSH did not want to concentrate formerly homeless individuals at one site. The $7 million development offers an onsite fitness center, computer room, laundry facilities, and a lounge. It also has many energy-efficient features, such as solar panels that provide 20% of the building's energy, barrels that collect rainwater to reduce the building's water consumption, and windows with a special low-emissivity coating that provides better insulation. These features won the project the 2012 Virginia Housing Award for Best Affordable Housing Energy Conservation Effort (Virginia Supportive Housing, 2014b).

According to the Thomas Jefferson Area Coalition for the Homeless, there were 250 homeless individuals in the Charlottesville area in 2012. The Crossings successfully housed 27 of these during its first year of operation (U.S. Department of Housing and Urban Development). A 2014 report found that 97% of those housed by the Crossings have not returned to homelessness, and they have seen a 184% increase in income (Virginia Coalition to End Homelessness, 2015).

Micah Ecumenical Ministries was founded in 2006 by Fredericksburg, Virginia area churches concerned about the homeless whose needs were not being met by the area's homeless shelter. In order to receive a bed in the shelter, homeless people cannot have an unmedicated mental illness, disability, criminal history, or other barriers. For many homeless, this is an impossible obstacle. So Micah was formed to meet the basic living necessities of those living on the streets. One of Micah's programs, "Re-Housing," is a Housing First based policy aimed at helping people obtain stable housing. The goals of the program are to reduce the amount of time a person experiences homelessness and to reduce the number of households returning to homelessness.

Every person who enrolls into the Micah program fills out a housing barriers assessment, which helps the Micah staff to develop an individualized plan for housing that individual. Once housing has been arranged, Micah staff offer services such as financial management, roommate and landlord mediation, life skills development, access to appropriate benefits, and other services to encourage stability. They have four case managers who meet with clients in their homes, provide support services and connect clients to resources in the community. Micah claims that after three to nine months of support, a person will be stable enough that Micah can reduce their support and the household is no longer at high risk of returning to homelessness (Micah).

Homelessness in the Fredericksburg area had dropped by 49% between 2010 and 2014, and Micah is currently working towards the goal of ending chronic homeless in Fredericksburg by the end of 2016 (Flowers Umble, 2014). Less than 10% of those housed through Micah return to homelessness, and many of those are re-housed soon after (M. Cotter, April 18, 2016).

Conclusion

All three of the research studies demonstrated the importance of staff involvement. Simply placing homeless people into housing is not enough; some kind of support system and accountability is necessary. Without any kind of guidance, homeless people who suffer from addiction are likely to continue their abusive habits. Similarly, the mentally handicapped homeless require assistance in maintaining their new home.

Any Housing First program must also choose whether to implement a scatter-site model or house all of its clients in the same building. Although Dr. Tsemberis's original Housing First program, Pathways to Housing in New York, used a scatter-site model, many Housing First programs use other models. Each method has its own pros and cons and depends on the community in which the program is located. Housing clients in one building allows easier communication between both the clients and the staff. Staff members do not have to travel to many different locations in order to check-in on clients, and when the staff are on-site, clients know where to find them if they are needed. However, the Birmingham problem can come into play if clients who are trying to recover from substance abuse are housed near those who still have an active addiction. Relying on a single-building model also makes it more difficult for the program to grow; acquiring single apartments or small homes is much easier for an organization to do than buying or building an entire housing complex.

The scatter-site model works well for organizations looking to grow slowly. It allows a program to gradually acquire more property and increase the number of clients they can house. It allows clients to have a greater amount of independence than an all-included residential building might. Clients, with the help of staff, must learn to access services in the community instead of having them available on-site. However, as previously mentioned, a single residential building makes it much easier for staff to check-in on their clients. The scatter-site model requires them to drive to many different locations to check-in on program participants. Also, homeless persons suffering from a mental illness may find it more difficult to stay housed in an individual apartment or home without constant supervision from staff.

All three of the Virginia programs analyzed have staff and volunteers who keep tabs on the homeless that they place into housing, but the quantity of available staff persons can impact the effectiveness of the program. Micah Ecumenical Ministries only has four case managers to deal with every client that walks through their doors, not just the ones that receive housing. Volunteers are limited to jobs that do not involve the clients in the housing program, but only those who receive resources for living on the streets (i.e. food, showers, clothing). This severely limits how often Micah Ministries staff can check on those in the housing program and how well they can educate those clients about the services available to them. Micah Ministries also only uses a scatter-site model, which means those clients in the housing program are spread out over the Fredericksburg area, making visiting them even more of a time strain on Micah staff.

In order to make Micah Ministries more effective, and to accomplish their goal of ending homelessness in Fredericksburg by this year, they need more staff and volunteers to make sure that the clients are receiving the attention that they

need in order to make a full recovery from homelessness. But, like many non-profit organizations, they are limited by funding. Micah Ministries' re-housing program is financed primarily by federal and state government funds; these funds are specifically allocated for purchasing new property for housing clients and not for hiring more staff. Micah Ministries has the funds to increase the number of clients it can serve but not the number of staff to aid these clients. As the number of clients increases, each case manager will be stretched even more thinly and housing retention may start to decline. Micah Ministries will find itself in a difficult position unless the strings on its funding are loosened to allow the organization to use the money in ways that are more useful to it.

The Crossings in Charlottesville is less ambitious, providing housing for only 30 formerly chronically homeless persons at one time. All clients are located in the same building. Full-time staff are available on site most of the time. This set-up prevents them from having the same staffing problems that Micah faces. However, the Crossings must still be wary of other potential problems. Because half of the residents are formerly homeless individuals with possible substance abuse problems, the Crossings risks having the same issue that was seen in the Birmingham experiment. In its short four-year existence, this has not yet been a substantial problem in the program, but it is a risk for all Housing First programs that do not use a scatter-site model and one that VSH staff must keep in mind for the future.

New Hope Housing has over 100 full-time employees and a much larger number of volunteers. Having been around since 1977, they also have the connections and resources to have been able to establish a number of different re-housing programs. Some of these program use the scatter-site model and others place clients in a residential building. This allows New Hope to place clients in the program that would be best suited to each individual. Because New Hope serves such a large and diverse community, this is a critical aspect of their success. Their long list of awards and accolades is a testament to how successful their program has been.

As is true for many things in life, success for these Housing First programs comes down to money. Hiring staff, providing services, and purchasing homes and buildings all require funding. New Hope is well established and has a large network of donors and agencies to assist them. Virginia Supportive Housing was founded by a group of successful real estate developers and businessmen. Most of their funds come from private sources which allows them to develop residential communities for those in need without too many restrictions. Micah has a much smaller network and must rely heavily on government funds. Government funds are better than no funds, but this has limited their effectiveness. But all three programs receive some form of federal funds with strings attached. Though federal funding is intended to ensure the success of these Housing First programs, the government is simply not

capable of knowing the specific needs of each community. These programs would be able to increase their effectiveness and their positive impact if the restrictions on their finances were decreased so that they could better address the needs of their specific communities.

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