Photo: J. Lau, 2018

Housing First Year 4 Evaluation Report

Examining client, community, & societal impacts of Housing First on O‘ahu.

Report prepared for the Institute of Human Services.

2019

Anna Pruitt, M.A.
Eva McKinsey, B.A.
John P. Barile, Ph.D.

Ecological Determinants Lab
Department of Psychology

University of Hawai‘i Mānoa

Executive Summary

Program Participation & Retention

Since December 2014, 268 people have received Housing First (HF) services. The majority have been male (56%) and Native Hawaiian/Pacific Islander (52%) with a median age of 49. A large portion have been multiracial (43%).

Of the 268 clients, 103 have exited (38%). Exited clients were more likely to be male (50%) and Native Hawaiian/Pacific Islander (51%) and younger than the average HF client.

Of exited clients, 58% have not returned to homelessness, and of all HF clients, 84% have not returned to homelessness.

As of December 1, 2018, 165 people were enrolled in the program.

Outcomes

Analysis revealed that the program had differential impacts for some clients. Surveyed HF clients clustered into 4 "classes" based on different trajectories in changes to physical health over time in the program.

Three of the 4 classes (73% of surveyed clients) experienced improvements in quality of life indicators, with one class (27%) experiencing substantial improvements.

One class (27%) of surveyed clients experienced deterioration over time in the program. These clients tended to be homeless for longer prior to intake and had slightly higher VI-SPDAT scores than other classes and were more likely to report physical disability, domestic violence, and ongoing trauma.

All four classes experienced a decrease in alcohol use, and all but one class saw a decrease in substance use.

Despite overall improvement on most indicators, many clients have experienced increases in stress.

Of a subsample, 50% or more clients said they had experienced primary & secondary trauma before the age of 18.

Client-led research revealed that social support and community integration were integral to recovering from the trauma of homelessness but that stigma impeded access to social support and the community integration process.

Clients indicated that having personal goals, hobbies, and projects also was essential to the recovery process by giving clients a sense of purpose, increasing self-esteem, and encouraging integration into the community.

Photo: R. Hodge, 2018

Table of Contents

Background& & & & & & & & & & & & & & & & & & 4
Program Background& & & & & & & & & & & & & & & & & & & & & & & & & & & & . 4
Evaluation Background& & & & & & & & & & & & & & & & & & & & & & & & & & & & . 4

Program Implementation& & & & & & & & & & & & & 6
Program Participation & Retention& & & & & & & & & & & & & & & & & & & & & & & & & 6
Client Demographics& & & & & & & & & & & & & & & & & & & & & & & & & & & & & & . 7

Outcomes& & & & & & & & & & & & & & & & & & & & & . 10
Client Quality of Life& & & & & & & & & & & & & & & & & & & & & & & & & & & & & & . 10
Differential Impacts...& & & & & & & & & & & & & & & & & & & & & & & & & & & & & & . 11
Progress Toward Objectives& & & & & & & & & & & & & & & & & & & & & & & & & & & ... 17

Adverse Childhood Experiences& .& & & & & & & & & & & . 23

Client-led Research& & & & & & & & & & & & & & & & & & . 25

Recommendations& & & & & & & & & & & & & & & & & & & ... 34

Next Steps& & & & & & & & & & & & & & & & & & & & & & ... 34

Acknowledgements& & & & & & & & & & & & & & & & & & & . 34

Appendices& & & & & & & & & & & & & & & & & & & & & & . 36

Photo: A. Pruitt, 2014

Background

Program Background

The Housing First Model

Housing First (HF) is a community intervention that provides permanent, affordable housing for individuals and families experiencing homelessness.[i] HF services are unique in that they do not require individuals to demonstrate that they are "housing ready" before placement. Instead, HF places individuals experiencing homelessness into housing quickly, regardless of current substance use, symptoms of mental illness, or employment status. After housing, the program provides intensive case management to facilitate the housing process and address physical & mental health needs. HF has received acclaim nationwide as a promising intervention that helps individuals with serious mental illness and/or substance use histories gain stability.[ii]

Dissemination & Education

The evaluation team has worked with program staff and clients to disseminate program results and to educate the local community on homelessness, housing, and the HF model. The evaluation team has presented findings locally, nationally, & internationally to academic, practitioner and policymaker audiences. Together we have amassed:

8 Presentations
1 Peer-reviewed Publication
1 Community Research Grant
10 Media Spotlights

Housing First on O'ahu

In August 2014, the City and County of Honolulu responded to O'ahu's homelessness problem by releasing a request for proposals for programs using the HF model. The Institute for Human Services (IHS) submitted a proposal and received funding for December 2014 through November 2015, with the possibility of funding renewal for an additional year. After the first year report showed that the program demonstrated high fidelity to the model and maintained a high housing retention, the contract was renewed for another year.[iii] In July 2016, funding was extended through December 2018.

Evaluation Background

The initial funding contract included a budget item for a program evaluation to examine program outcomes and fidelity to the HF model. This report is the fourth installment of this ongoing evaluation and examines the first four years of the program, highlighting the fourth year. Since 2014, the evaluation has attempted to: understand HF process and implementation; examine adherence to HF fidelity; detect outcomes and impacts; and assess achievement of goals and objectives. Specific evaluation activities by year include:

Year 1

- Developed a Theory of Change based on available literature (see App. D)
- Assessed program implementation & fidelity through staff & client interviews and archival/program data
- Assessed client well-being using interviews and the Housing First Assessment Tool (HFAT; see App. C)

Year 2

- Continued assessing client outcomes using HFAT data
- Expanded evaluation methods to include:
    - GIS mapping
    - Photovoice
    - participant observations of HF Community Group

- Engaged HF Community Group as co-researchers (see pg. 25)
- Began assessing long-term goals and community impacts by:
    - examining impact on criminal justice system using arrest records
    - attempting to access state AMHD and Medicaid data to examine impacts on medical system
    - conducting cost-benefit analysis using available data

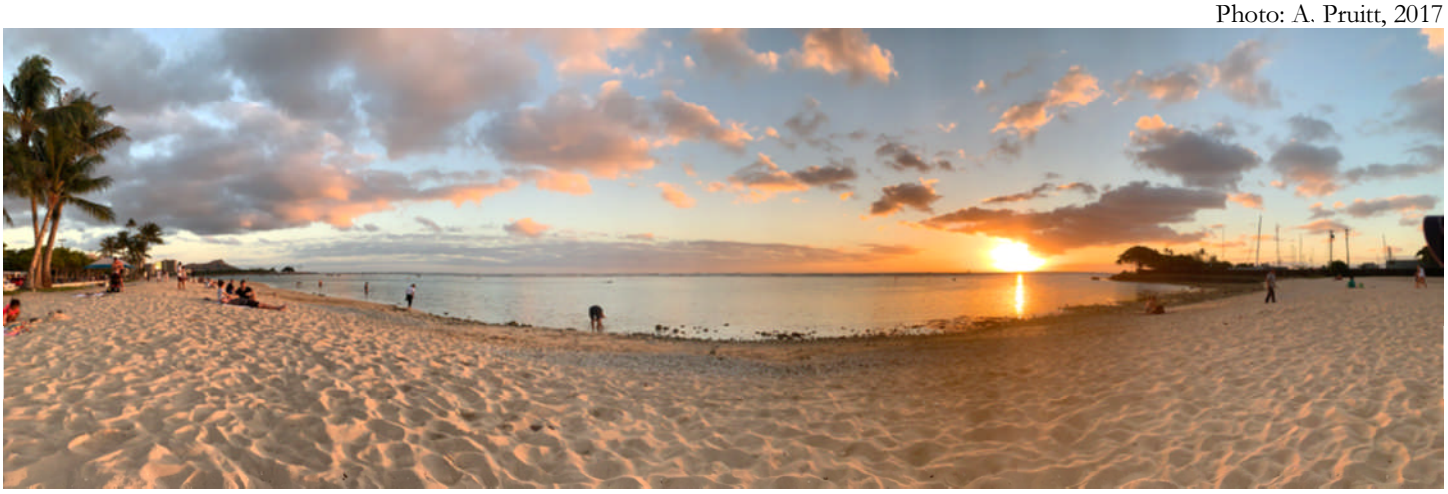
Year 3

- Continued HFAT assessments, community group participant observations, and engagement of group as evaluation team members
- Focused efforts on dissemination and community education to address stigma
- Continued attempts to access state AMHD and Medicaid data for cost-benefits analysis

Year 4

- Continued HFAT assessments, community group participant observations, and engagement of group as evaluation team members
- Conducted Photovoice Follow-up Study with the HF Community Group
- Held two exhibits aimed at sharing HF Photovoice results and educating the community
- Presented on the HF Photovoice process and article in Santiago, Chile
- Began assessment of childhood and current trauma (see App. G & I).
- Began collecting data on clients' self-reported causes of homelessness (See App. J).

Photo: A. Pruitt, 2017



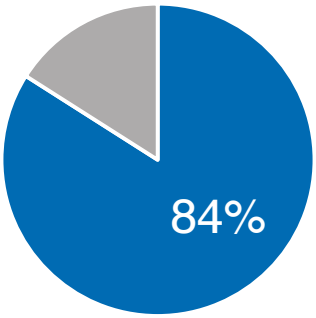
Program Implementation

Program Participation

Since December 2014, 268 people have received Housing First services. Of these clients, 103 have exited (38%). Of those exited clients, 58% have not returned to homelessness, and of all clients, 84% have not returned to homelessness. As of December 1, 2018, 165 people were receiving services and had been housed for an average of 36 months.

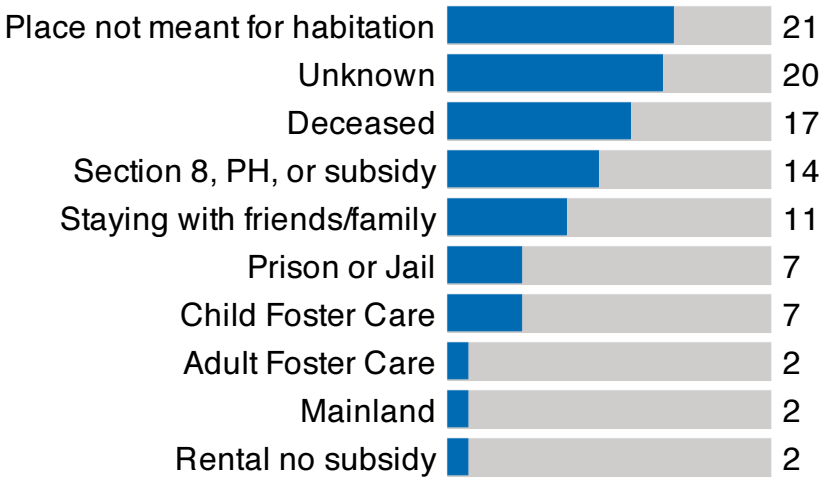
Program Retention

Housing Retention



84% of clients have not returned to homelessness

Exit Destination (n=103)*

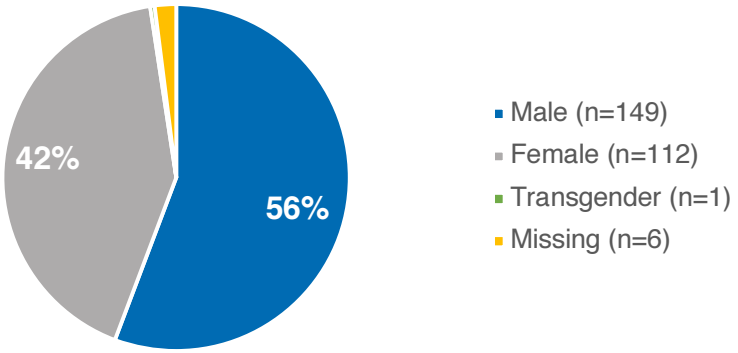


*Missing data on 1 client.

Client Demographics

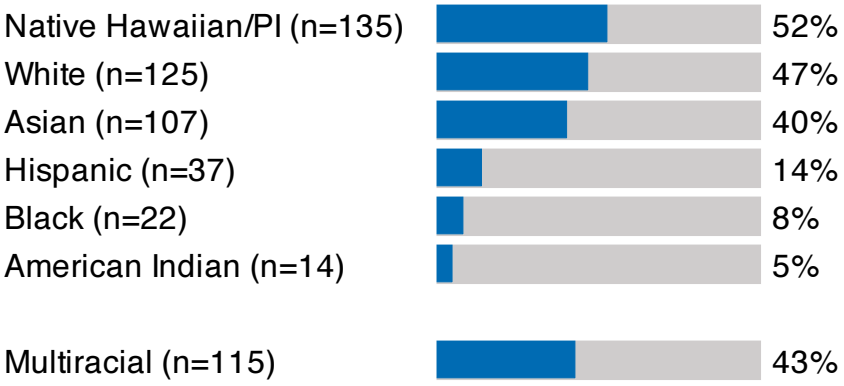
Total Clients 2014-2018

The majority of all 268 clients have been male (56%) and Native Hawaiian/Pacific Islander (52%) with a median age of 49. Forty-seven percent have been white and 40% Asian. A large portion of clients have been multiracial (43%).



Median Age
49*

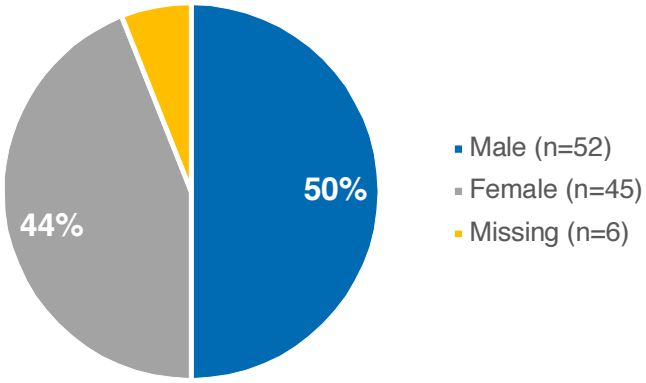
Client Racial Percentages (*n*=268)



*Missing data on 9 clients.

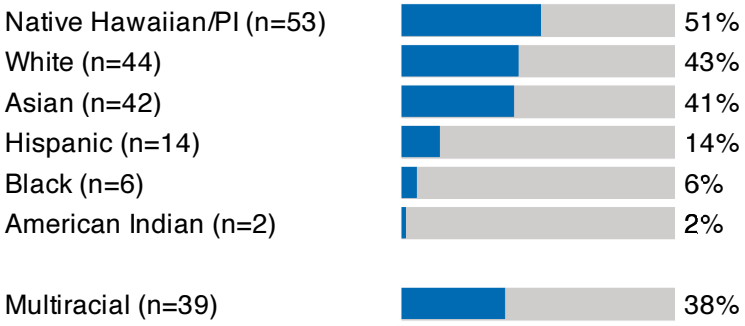
Exited Clients

Since 2014, 103 clients have exited the program. These clients were more likely to be male (50%) and Native Hawaiian/Pacific Islander (51%). Additionally, exited clients tended to be slightly younger, with a median age of 43, compared to the overall sample median age of 49.



Reasons Exited (n=103)*

Exited Clients Racial Percentages (n=103)

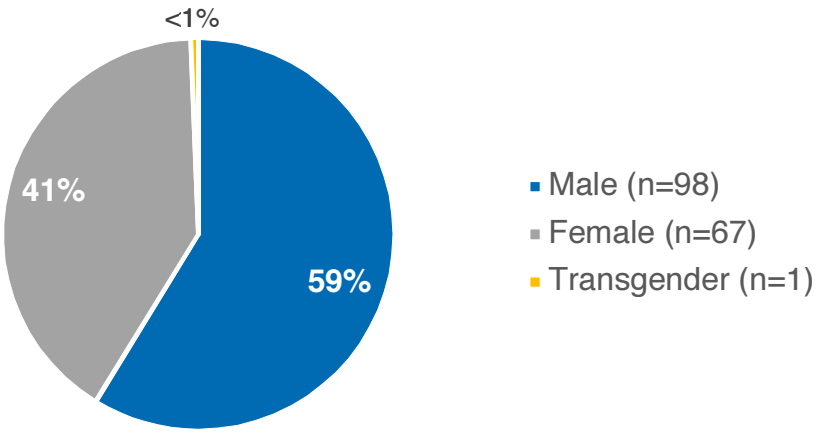


Median Age 43**

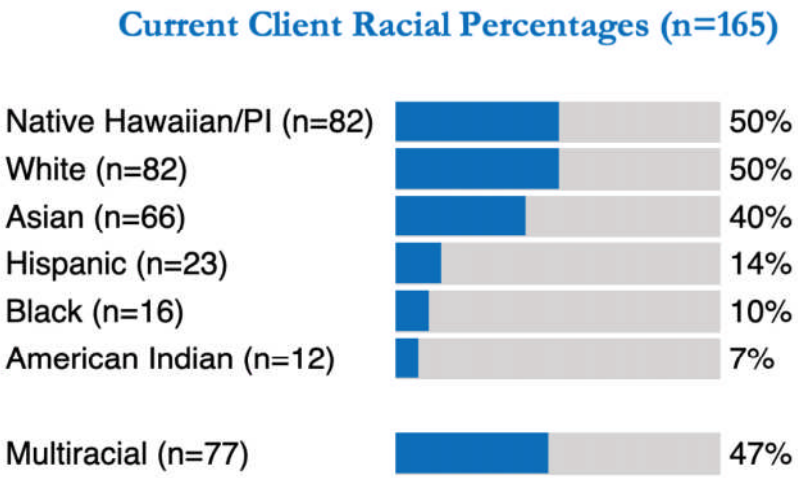
*Missing data on 1 client.
**Missing data on 6 clients.

Current Clients 2018

As of December 1, 2018, the majority of current clients (n=165) were male (59%) with a median age of 51. Fifty percent of clients were Native Hawaiian, 49% were White, and 40% were Asian. A large portion of clients identified as multiracial (46%).



Median Age
51*



*Missing data on 3 clients

Photo: A. Pruitt, 2016

Outcomes

To determine program outcomes, we leveraged data from monthly HFAT surveys (*N*=578), a criminal justice database, the Homeless Management Information System (HMIS) database, participant observation fieldnotes, case manager, staff, and client interviews, as well as program archival data and case notes. These data allowed us to examine indicators associated with the program theory of change (see App. D).

Client Quality of Life

Associations between Community Participation and Well-being Constructs

The following table represents correlations between constructs of interest based on 578 client HFAT surveys. Understanding how these constructs are interrelated aids in identifying potential points of intervention to improve clients' social and overall well-being.

Bivariate Correlations Among Variables of Interest

	Stress	Social Support	Sat. w/Life	PUD[1]	MUD[2]	ALD[3]	Faith Group	Com. Group	AA Group	Trauma	Alcohol Use	Drug Use
Social Support	-0.27*	--										
Sat. w/Life	**-0.43***	**0.25***	--									
PUD[1]	**0.29***	**-0.12***	**-0.19***	--								
MUD[2]	**0.46***	**-0.31***	**-0.41***	**0.50***	--							
ALD[3]	**0.34***	-0.18*	-0.22*	**0.51***	**0.53***	--						
Faith Group	0.01	0.13*	0.05	-0.07	-0.07	-0.05	--					
Com. Group	-0.10*	0.26*	0.17*	-0.12	-0.13*	-0.14*	**0.49***	--				
AA Group	0.00	0.12*	0.02	-0.12	-0.09	-0.16	**0.41***	**0.33***	--			
Trauma	0.26*	-0.05	-0.26	0.14	0.23	0.21	0.03	0.00	-0.09	--		
Alcohol Use	0.07	0.04	-0.24	0.05	0.11	0.01	0.03	-0.01	-0.11*	**0.21***	--	
Drug Use	0.10*	-0.08	-0.20	0.12	0.14	0.12	-0.06	0.02	-0.10*	**0.35***	**0.43***	
Hope for Future	**-0.39***	**0.31***	**0.54***	-0.22*	**-0.39***	-0.29*	0.10*	0.18*	0.10*	-0.27*	-0.19*	-.18*

*Statistically significant associations. **Bolded** values represent strong associations.

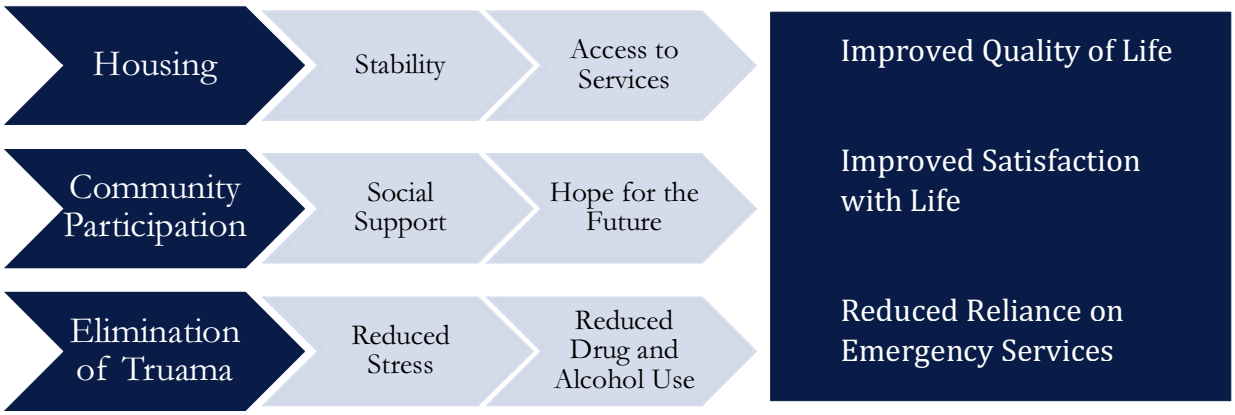
- High stress was associated with low social support, low satisfaction with life, poor physical and mental health (strong effect), limitations in daily living, low hope for the future, trauma, and drug use. These findings suggest that reducing stress and trauma while bolstering clients' social support will likely result in improvements in health and well-being and may lead to decreases in drug use.

- Social support was strongly associated with improved health and social well-being as well as increased community and support group participation (e.g., AA). This finding suggests that participating in these groups may bolster clients' social support, which, in turn, will likely improve their health and well-being.

[1] Physically Unhealthy Days (a higher score suggests worse health)
[2] Mentally Unhealthy Days (a higher score suggests worse health)
[3] Activity Limitation Days (a higher score suggests worse health)

- Trauma was associated with greater stress, lower satisfaction with life, and decreased mental health. Reducing the amount of trauma clients experience is critical to reducing stress and improving quality of life.
- Hope for the future was strongly associated with a range of quality of life indicators and inversely related to trauma and alcohol and drug use. Positive associations between hope for the future and community participation suggests that participating community-based functions may increase individuals' hope for the future, and alternatively, increasing hope for the future may increase community participation.

The following figure is a simplified version of our theory of change model that illustrates these associations.

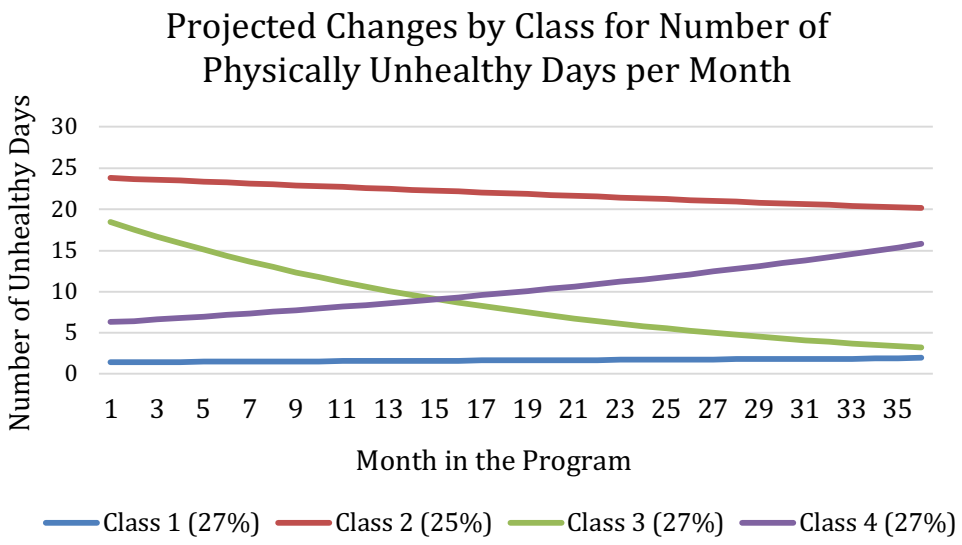


Differential Impacts

Housing First has been shown to be an effective intervention for persons experiencing chronic homelessness, but research is still needed to determine for whom Housing First works best (or does not work).[iv] The most common factors associated with falling out of Housing First include addiction, severe psychosis, and poor health.[v] Additionally, effectiveness is yet to be determined in understudied groups, such as youth, families, and the situationally homeless.[vi] Understanding if Housing First works better for some individuals than others will be useful for informing service provision and coordinated entry into care as well as can help the program determine which clients they should target for more comprehensive services.

Using advanced statistical methods, we examined if individuals in the Housing First program clustered into naturally occurring groups or "classes" based on certain factors and then, examined if program impacts differed significantly by group. For these analyses, we chose the number of physically unhealthy days individuals reported in the previous month as the basis for monitoring change over the course of the Housing First program.

We found that individuals in Housing First clustered together into four unique classes based on changes in physical health. The figure below illustrates four trajectories experienced by program clients based on their self-reported number of physically unhealthy days in the previous month estimated from clients' first month in the program until their 36th month in the program. The number of physically unhealthy days that individuals report is a strong predictor of overall quality of life and an established predictor of early death or impairment. These classes are profiled below.



Upon identifying these unique class of program clients, we explored whether any differences existed among the classes before starting the HF program. Below, we present differences among classes based on certain characteristics. Green colors indicate that the class reported less difficulty or impairment than other classes prior to participating in the program. Red colors indicate that the class reported the greatest difficulty or impairment than other classes prior to housing.

Differences by Class Prior to Housing

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
Years homeless prior to HF	3.62	4.41	4.6	4.91
Age	53	57	51	52
Months Housed	30	38	34	34
VI-SPDAT	12.25	12	11.82	12.33
Mental Illness	50%	83%	85%	82%
Chronic Health Issue	0%	8%	8%	0%
Physical Disability	13%	8%	15%	20%
Alcohol Abuse	25%	42%	54%	50%
Substance Abuse	25%	50%	69%	57%
Domestic Violence	13%	0%	8%	20%

Client Profiles

Based on these group differences and using quantitative and qualitative data from surveys, fieldnotes, case notes, and HMIS, we developed profiles for the 4 classes, each of which are presented below: (1) Few Problems & Stable (FPS) class, (2) Physically & Mentally Vulnerable with Gradual Improvement (PMV) class, (3) Physically Vulnerable with Steady Improvement (PVSI) class, and the (4) Trauma & Mentally Vulnerable with Deterioration (TMVD) class.

Class 1—Few Problems & Stable (FPS)

The first class reported relatively few physically unhealthy days throughout the course of the program. In fact, on average, they reported 1.61 physically unhealthy days per month, a number slightly lower than the average adult living in Hawai'i (2.51 days per month).[4] This class was generally in better health and had minimal changes in quality of life over the course of the program. Thus, we termed this class the "Few Problems & Stable" (FPS) class. Other outcomes include the fact that this class:

- entered with the fewest number of preexisting physical, mental and substance use issues;
- spent the least amount of time homeless before entering the program and to date, have participated in the program for the least amount of time; and
- had the lowest percentage of clients who were convicted of a crime in the year prior to starting the program BUT was the only group to have higher amounts of convictions after starting the program.

Class 1 Client Profile: Jon

Jon became homeless upon release from jail and listed no other factors contributing to his experience with homelessness. He had been in and out of shelters six times in the nine months prior to housing. On the streets, Jon had experienced violence and trauma. As a child, Jon had experienced abuse, scoring an 8 on the Adverse Childhood Experiences (ACE) measure (for more information on ACE, see pg. 23). Upon entering HF, he presented with substance abuse, mental health issues, & a physical disability.

Since entering the program, Jon has reconnected with his hanai family and indicates that he has much social support from his family and friends. He works as a security guard at an apartment complex and attends weekly community group meetings. Jon also participated in both Photovoice research projects and is currently involved in advocacy for the homeless. He also volunteers at encampment clean-ups and at IHS events. At two-year follow-up, he no longer presented with mental illness or physical disability.

[4] Based on CDC BRFSS data from 2010 available at: http://www.cdc.gov/brfss/annual_data/annual_2010.htm

Class 2—Physically & Mentally Vulnerable with Gradual Improvement (PMV)

The second class reported an average of 19.84 physically unhealthy days a month. This significantly high average suggests that members of this class struggle with physically health issues for almost 2/3 of every month, much more than any other class. However, members of this class have been reporting fewer physically unhealthy days since starting in the program, indicating gradual improvement in quality of life. This group also had the highest average age and the highest percentage of clients experiencing mental illness. The combination of mental health and physical health issues led us to label Class 2 the "Physically & Mentally Vulnerable with Gradual Improvement" (PMV) class. Notable outcomes for Class 2 include:

- reductions in convictions & hospital admissions. However, ER visits increased by 180%;
- slight reductions in trauma, alcohol use, substance use;
- modest improvements on most mental and physical health quality of life indicators;
- largest improvement of the 4 classes on hope for the future;
- slight decreases in perceived general health and social support; and
- significant increases in perceived stress.

Class 2 Client Profile: Aki

Aki became homeless after his roommate passed away. Factors including the loss of money as well as disability and drug use complicated his situation. Upon entering HF, he presented with substance abuse, mental health issues, and diabetes. Aki indicated that he had been beaten up while on the streets.

Since housing, Aki has continued to struggle with addiction and mental/physical health issues, particularly with feeling shame from his time without a home. Despite his struggles, he has grown in confidence and has been able to maintain long stints of sobriety. When physically able, he works side jobs. He is optimistic and frequently gives back to the community and friends. He attends weekly community groups and offers rides to other participants. While Aki hesitantly participated in the first Photovoice research project, he was a leader in the follow-up project, taking more photos than any other client.

Class 3—Physically Vulnerable with Steady Improvement (PVSI)

Like Class 2, Class 3 also reported a high number of physically unhealthy days initially, but their quality of life drastically improved over the course of the program. While this class was slightly younger and scored slightly lower on the VI-SPDAT, it had the highest percentage of clients with mental illness, chronic illness, and substance abuse. Because of this class's high levels of physical issues at the start of the program coupled with a steady improvement over time, we called this class the "Physically Vulnerable with Steady Improvement" (PVSI) class. Notable outcomes for Class 3 include:

- the most substantial improvements in quality of life of the four classes;
- the largest reduction in experiences of violence or trauma of the four classes (31% decrease);
- reduction in alcohol and drug use;
- the largest reduction in ER visits, hospitalizations, convictions, and jail time;
- contained the largest percentage of deceased clients;
- substantial increases in participation in mutual help and spiritual groups; and
- increase in perceived stress.

Class 3 Client Profile: Sho

Sho came into the program vulnerable on many indices. At intake she experienced a physical disability, substance abuse, and mental health issues. Additionally, Sho was the survivor of domestic abuse and scored highly on the ACE measure (17). She noted that in addition to being unable to pay rent, a myriad of factors such as family violence, divorce, death of family member, disability, mental and physical illness contributed to her homelessness.

Since entering the program, Sho has reconnected with her family and has been actively involved in community projects, organizing a sidewalk safety campaign and participating in both Photovoice research projects. She offers informal art lessons and regularly makes arts and crafts gifts for her friends. She recently stated that she feels like she is finally back to her old self again.

Class 4—Trauma & Mentally Vulnerable with Deterioration (TMV)

Despite starting the program with comparably fewer number of physically unhealthy days than Class 2 or 3, Class 4 has not had the same level of success as the other three classes. In fact, this class has seen an increase in the number of physically unhealthy days since starting the program. Clients in this class were homeless for longer prior to intake and had slightly higher VI-SPDAT scores than the other classes. This class was also likely to report a physical disability and experiences with domestic violence. The majority of clients in this class presented with substance and/or alcohol abuse. Because of the degree of mental health issues and previous experience with trauma in comparison to the other groups as well as the fact that this group deteriorated over time, we called this class the "Trauma and Mentally Vulnerable with Deterioration" (TMV) class.

Class 4 Client Profile: Devin

Devin struggles with severe mental illness with psychosis as well as substance abuse. Devin's most recent experience of homelessness came after release from a psychiatric facility. He noted that his struggles were associated with previous abuse and trauma. Unfortunately, he also experienced violence while on the street. He entered the program with mental health issues, a chronic medical condition, and a developmental disability.

In the program, Devin was able to better manage his symptoms and work toward sobriety. He began attending the HF community group and other community and faith groups. He led yoga and meditation practice for individuals in shelters as well as volunteered at a monthly homelessness outreach. He substantially contributed to the Photovoice research projects and subsequent academic article. Despite his progress, Devin continues to struggle considerably with managing his symptoms and subsequently, staying sober. His psychosis episodes have led to eviction from his housing as well as distress for Devin and the program staff.

Different Trajectories

Over time in the program, the first 3 classes improved on quality of life indicators. **Class 3 - PVSI** saw the most improvements, whereas **Class 4 - TMV** experienced the biggest decline in quality of life indicators. The following figures show changes on these indicators by class.

Changes in Quality of Life Indicator Scores by Class at First and Most Recent Assessment

Quality of Life Indicators	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
Poor General Health	2.71	4	3.4	3.31	2.71	4.05	3.26	3.38
# Physically unhealthy days past month	1.04	23.94	15.53	6.54	1.46	21.16	8.68	8.42
# Mentally unhealthy days past month	7.42	22.11	10.8	15.69	6.33	16.53	8	16.27
# Activity limitation days past month	4.91	16.61	9.7	8	3.13	12.05	4.53	7.77
# Days in pain past month	3.48	20	12.65	8.35	2.92	17.95	5.32	10.6
# Days depressed past month	7.38	18.72	9.7	13.5	6.38	13.63	7.42	14.46
# Days anxious past month	7.63	22.83	14.47	13.12	5.58	14.63	8.68	16.96
Perceived Stress	2.44	2.88	3.01	2.95	2.4	3.03	2.76	3.04
# Days not enough sleep past month	9.58	18.5	11.4	10.23	9.46	13.79	5.88	10.08
# Days full of energy past month	20	10.72	13.35	13.08	19.75	10.74	15.78	9.73
# Days hopeful past month	19.1	10.79	16.38	17.05	19.8	15.18	17.88	12.7
Social Support	3.19	3.16	3.09	2.79	3.23	3.08	3.46	2.75
Satisfaction with Life	3.23	2.53	3.15	2.74	3.15	2.64	3.07	2.48
	First Assesment				Last Assessment			

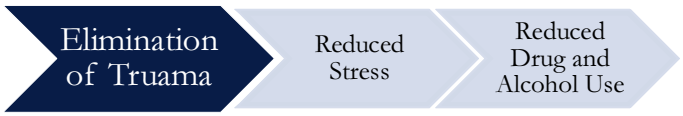
Percent Changes in Quality of Life Indicators by Class over Time in Housing First

% Change in Health and Well-being	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
Poor General Health	0%	1%	-4%	2%
# Physically unhealthy days past month	40%	-12%	-44%	29%
# Mentally unhealthy days past month	-15%	-25%	-26%	4%
# Activity limitation days past month	-36%	-27%	-53%	-3%
# Days in pain past month	-16%	-10%	-58%	27%
# Days depressed past month	-14%	-27%	-23%	7%
# Days anxious past month	-27%	-36%	-40%	29%
# Days not enough sleep past month	-1%	-25%	-48%	-2%
Perceived Stress	-2%	5%	-8%	3%
# Days full of energy past month	-1%	0%	18%	-26%
# Days hopeful past month	4%	41%	9%	-25%
Social Support	1%	-3%	12%	-1%
Satisfaction with Life	-2%	5%	-3%	-10%

Progress toward Objectives

Based on the available data, the program has met many of the steps on theory of change model. The following section presents findings on how each group fared on meeting these objectives.

Trauma, Stress, and Substance Use



Trauma, substance use, and stress can create instability in clients' lives. Below we present differences by class on self-reported trauma since starting HF. This table helps illustrate whether differences in on-going trauma (or the elimination of trauma) exists between classes.

Percent of Class Reporting <u>No Violence or Trauma</u> in the Last 30 Days

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	83.3%	76.5%	65%	73%
Last Assessment	79.2%	77.8%	85%	72%
% Change:	***-5%***	***2%***	***31%***	***-1%***

- Class 3 reported the largest increase in clients reporting no violence or trauma in the previous 30 days.
- Class 4 reported the highest rates of trauma at their last assessment.

Percent of Class Reporting No Alcohol Use in Last 30 days

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	43.5%	61.1%	45%	48%
Last Assessment	52.2%	63.2%	52.6%	52.2%
% Change:	***20%***	***3%***	***17%***	***9%***

- Clients in Class 1, the group that started out in better health, reported the largest decline in alcohol use (by 20%), but overall, reported alcohol use that is nearly identical to Class 3 and Class 4 at their last assessment (52.2%).

Percent of Class Reporting No Drug Use in Last 30 Days

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	73.9%	72.2%	65%	80%
Last Assessment	78.3%	73.7%	72.2%	68.2%
% Change:	***6%***	***2%***	***11%***	***-15%***

- Clients in all classes, except for Class 4, saw a reduction in drug use over their time in the program.
- Clients in Class 3 reported the biggest reduction in drug use.

Community Participation, Social Support, & Hope for the Future

Community participation can lead clients to find more social support. Social support has been linked to many health and well-being indicators. Additionally, social support can be a buffer to the effects of many adverse experiences. High levels of social support also are associated with increased hope for the future.

Times Attended a Spiritual Group in Last 30 Days by Class

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	1.52	2.28	1.63	2.8
Last Assessment	1.91	1.68	2.74	4.96
% Change:	***26%***	***-26%***	***68%***	***77%***

Times Attended a Community Group in Last 30 Days by Class

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	1.52	1.29	3.37	4.12
Last Assessment	2.61	3.21	3.42	4.96
% Change:	***72%***	***149%***	***1%***	***20%***

Times Participated in a Mutual-Help Group (e.g., AA) in Last 30 Days by Class

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	3.04	3.47	3.8	6.4
Last Assessment	4.61	2.95	5.68	3.87
% Change:	***52%***	***-15%***	***49%***	***-40%***

- All classes indicated an increase in attendance of a community group. Class 2 saw the greatest increase in community group attendance.
- However, Class 2 and Class 4 saw a decrease in attendance of mutual-help groups.
- Despite decrease in mutual-help group attendance, Class 4 increased substantially in spiritual group attendance.

Housing, Stability, & Access to Services

Having housing leads to stability and increased access to services. Data indicates that clients have for the most part, maintained housing and stability and have increased in service usage.

To further understand whether HF can be equally successful for all potential program clients, we examined whether there were differences in the rates and reasons for exiting housing among HF clients.

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
Percent Exited	35%	26%	45%	35%

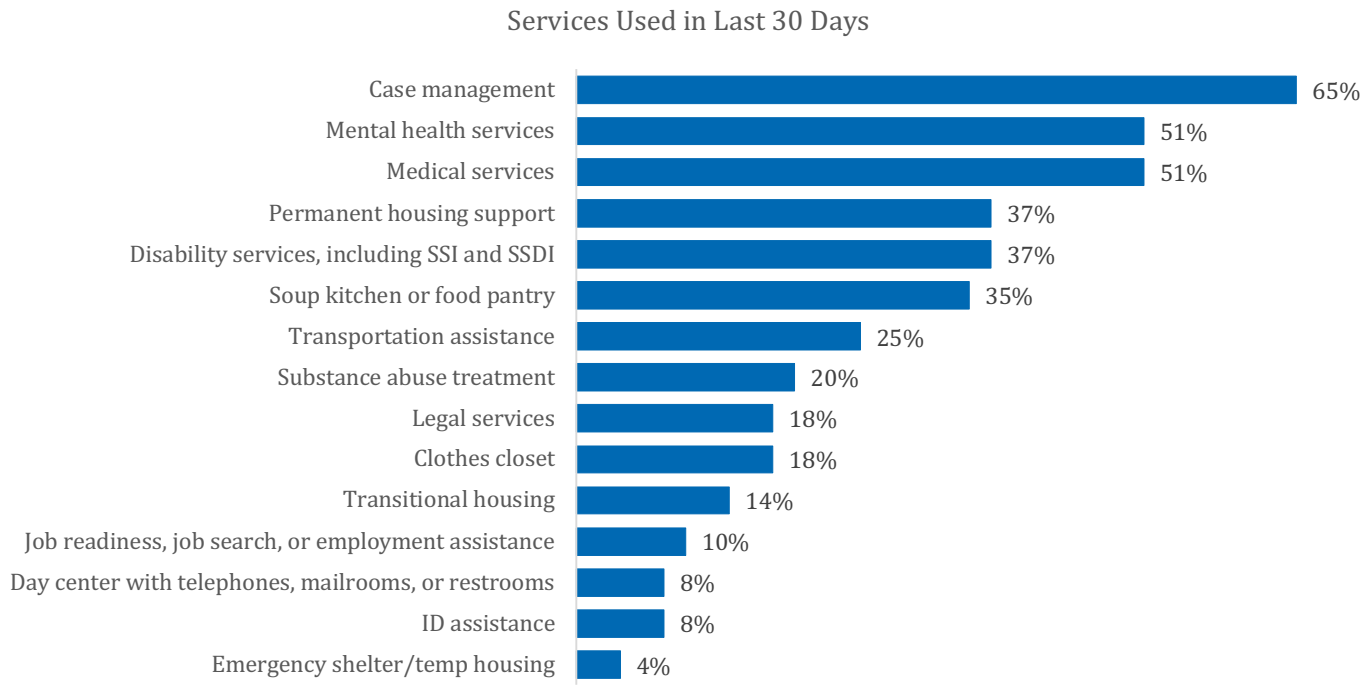
- Class 3 saw the greatest percentage of exits.

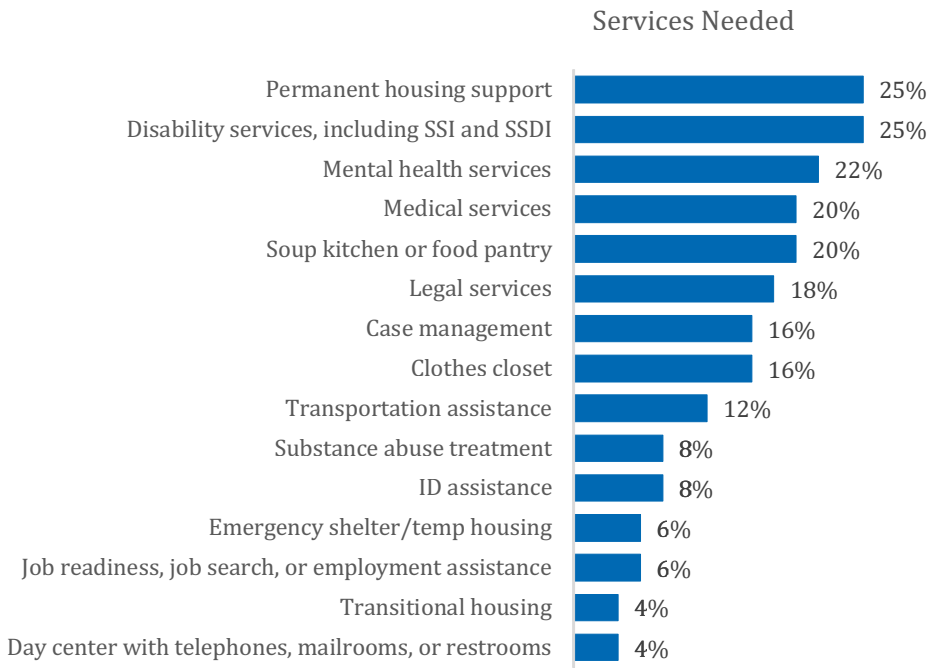
Reason Exited	The percent breakdown by reason within each class.			
Incarcerated	12.50%	0%	12.50%	22.20%
Evicted/landlord conflict	0.00%	0%	0.00%	11.10%
Noncompliant	37.50%	20%	25.00%	22.20%
MIA	0.00%	20%	0.00%	0.00%
Voluntarily exited	0.00%	0%	12.50%	11.10%
Unable to live independently	0.00%	0%	0.00%	11.10%
Deceased	12.50%	20%	37.50%	11.10%
Moved off-island	12.50%	0%	12.50%	0%
Successful transition	25%	0%	0%	0%
Public housing	0%	40%	0%	11.10%

- Class 4 saw the most exits back into homelessness and these clients were more likely to be incarcerated or evicted.
- Class 1 had the most exits due to eviction but also had the highest percentage of successful transitions.
- Group 2 had the largest percentage of exits to public housing.

Reported Service Use and Service Need in the Previous Month

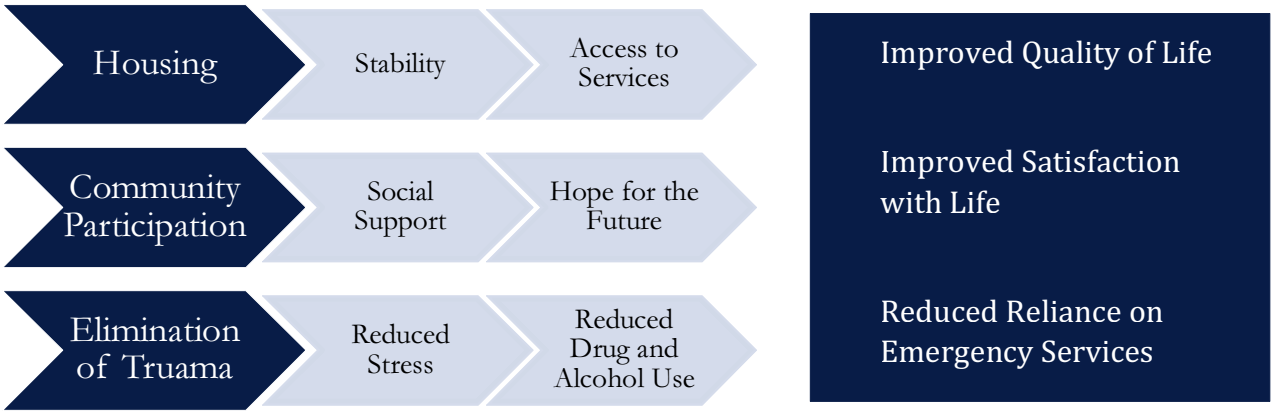
Each month, clients reported what services they used and what services they needed. Often these services overlapped (clients indicated both using and needing the service), suggesting that these services were important to their recovery.





- HF clients report using high levels of case management, and mental and physical health services.
- The most common services needed included permanent housing support, disability services, and mental health services.
- HF clients indicated both needing and using mental health services, permanent housing, and disability services, indicating that these were highly necessary services.

Long-term Impacts: Improved Individual Quality of Life and Societal Impacts



Housing, increased community participation, and elimination of trauma can produce long-term individual and societal impacts. We examined use of emergency services to assess evidence for such impacts.

Percent of Class That Visited the Emergency Room in Last 30 Days

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	8.7%	10.5%	40%	32%
Last Assessment	9.1%	29.4%	11.1%	30.4%
% Change:	***5%***	***180%***	***-72%***	***-5%***

Percent of Class Admitted to the Hospital in the Last 30 Days

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
First Assessment	0	10.5	10	4
Last Assessment	0	5.3	0	9.1
% Change:	***--***	***-50%***	***-100%***	***128%***

- Class 3 had the largest reductions in both ER visits and hospitalizations.
- Class 2 had the largest increase in ER visits but a decrease in hospitalizations.
- Class 4 decreased slightly in ER visits but increased substantially in hospitalizations.

Percent of Class Interacted with Law Enforcement 1 Year before and after Housing

	Class 1 (27%)	Class 2 (25%)	Class 3 (27%)	Class 4 (27%)
Convicted of a crime—1 year before HF	8%	12%	24%	17%
Spent time in jail—1 year before HF	0%	0%	24%	17%
Convicted of a crime—1 year after	17%	0%	6%	4%
Spent time in jail—1 year after	17%	0%	6%	4%

- Class 1 had lowest percentage of participants who were convicted of a crime in the year prior to starting the program but had the highest rate of convictions after starting the program. This increase may be due to preexisting warrants. More data is needed to access this change.
- Each of the other three classes experienced a drop in convictions and incarcerations after housing.

Adverse Childhood Experiences

As part of our investigation into client experiences with trauma, we conducted a 1-time Adverse Childhood Experience (ACE) survey that asked clients about traumatic experiences that occurred *before they were 18 years of age.* We have received ACE survey data from 18 clients. The average ACE score was 7.68 for these clients.

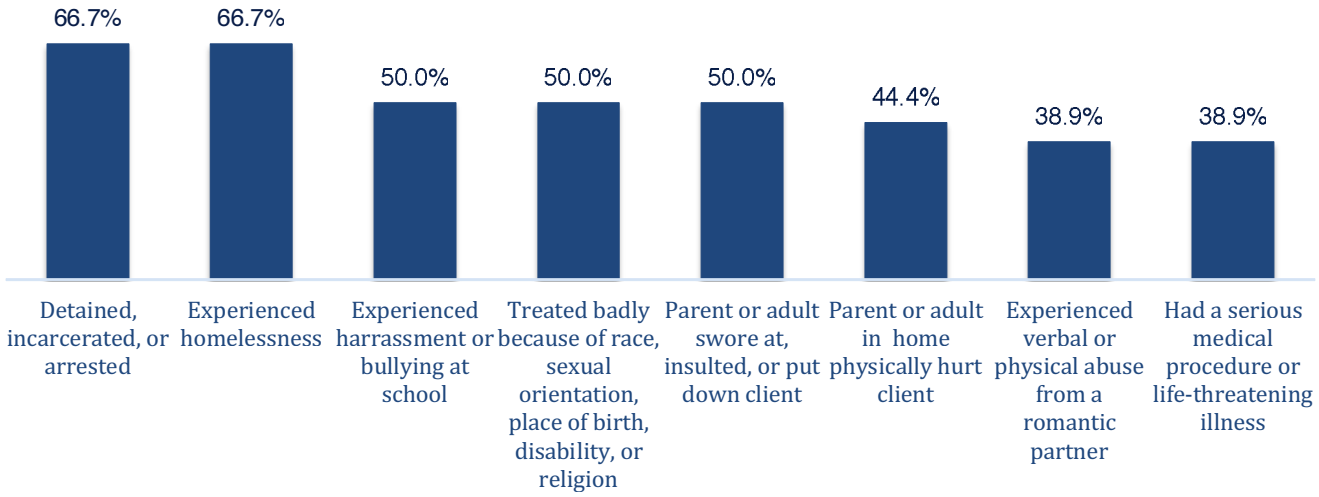
Of the respondents, 50% or more had been detained, arrested, or incarcerated, had experienced homelessness, had experienced harassment or bullying at school, had been discriminated against, had been put down by a parent, and/or had heard or seen violence in their neighborhood or in their school's neighborhood before they were 18 years of age.

Over a third had also experienced parental physical abuse, interpersonal violence, a serious medical procedure or life-threatening illness, and domestic violence and had lived with a problem drinker and substance abuser. Eight of these ACEs can be considered primary trauma, and four of them can be considered secondary trauma, suggesting high levels of both secondary and primary trauma.

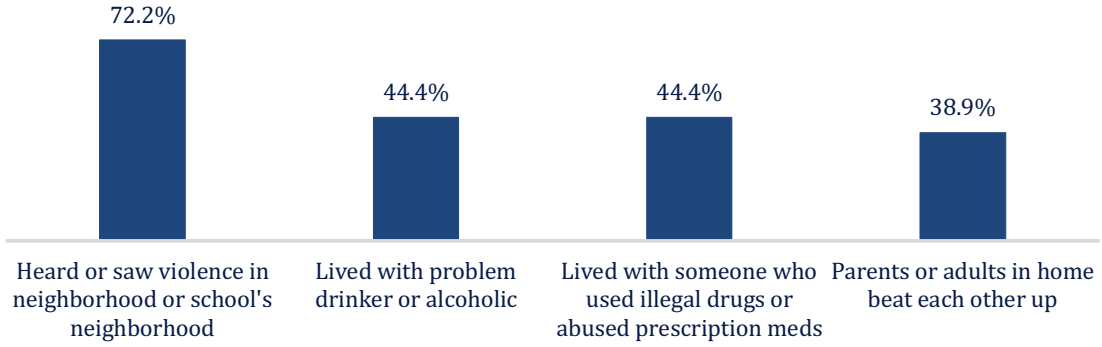
What are ACEs?

Adverse Childhood Experiences (ACEs) refer to stressful or traumatic childhood experiences. Over the past two decades, numerous studies have found that ACEs are major risk factors for a variety of negative health and social outcomes, such as substance abuse, chronic disease, and diminished mental health that may last throughout an individual's lifespan.

Primary Trauma



Secondary Trauma



Percentage of respondents that answered "yes," "once," or "more than once."

Adverse Childhood Experience Survey Questions	HF clients	Hawai'i adults[5]
1. Did you live with anyone who was depressed, mentally ill, or suicidal?	27.8%	13%
2. Did you live with anyone who was a problem drinker or alcoholic?	44.4%	20.4%
3. Did you live with anyone who used illegal drugs or who abused Rx medications?	44.4%	8.3%
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	27.8%	4.6%
5. Were your parents divorced?	16.7%	19.2%
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	38.9%	16.6%
7. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	44.4%	16.2%
8. How often did a parent/adult in your home swear at you, insult you, or put you down?	50%	31.9%
9. How often did anyone at least 5 years older than you or an adult ever touch you sexually?	16.7%	9.6%
10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?	16.7%	6.6%
11. How often did anyone at least 5 years older than you or an adult force you to have sex?	11.2%	3.9%
12. How often did you feel unsupported, unloved, and/or unprotected?	22.2%	-
13. How often did you go without food, clothing, or a place to live?	29.4%	-
14. How often did you experience harassment or bullying at school?	50%	-
15. How often did you see or hear violence in the neighborhood or in your school's neighborhood?	72.2%	-
16. How often were you treated badly because of race, sexual orientation, place of birth, disability, or religion?	50%	-
17. How often did you experience verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend)?	38.9%	-
18. Were you separated from your primary caregiver?	27.8%	-
19. Did you have a serious medical procedure or life-threatening illness?	38.9%	-
20. Were you ever in foster care?	5.6%	-
21. Were you ever detained, arrested, or incarcerated?	66.7%	-
22. Did you experience homelessness (i.e. live on the streets, stay in a shelter, mission, single room occupancy facility, abandoned building, or vehicle)?	66.7%	-
23. Did you experience unstable housing (i.e. move more than twice in a six-month period or be evicted)?	33.3%	-
24. Did you live with a parent or guardian who died?	33.3%	-

[5] Based on CDC BRFSS data from 2010 available at: http://www.cdc.gov/brfss/annual_data/annual_2010.htm

Client-led Research

Since March 2016, a group of HF clients, staff, and program evaluators have been engaged as co-researchers in participatory research examining experiences with homelessness, HF, and recovery from homelessness. This research consists of two main projects – a 2016 study and a 2018 follow-up study, both using Photovoice (PV) methodology. Together, clients, staff, and evaluators have collected and analyzed data and reported findings through exhibits, reports, and presentations. A total of 25 clients have participated in this research. Twelve clients participated in both studies. This section briefly summarizes both studies and presents findings from the 2018 follow-up study and compares these findings to the original study findings (available in the year 2 evaluation report).

2016 Study

In January 2016, the program sought to further understand clients' experiences and to provide clients with a mechanism to submit feedback. Simultaneously, program evaluators were hoping to include participant perspectives in their evaluation. HF clients chose to use Photovoice to explore and communicate their experiences with homelessness and housing to the program, evaluators, and larger Honolulu community.

> Photovoice is a research methodology that uses photography to enable people 1) to identify and record their personal and community strengths and concerns; 2) to engage in critical dialogue about these strengths and concerns; 3) and to communicate them to policymakers.[vii]

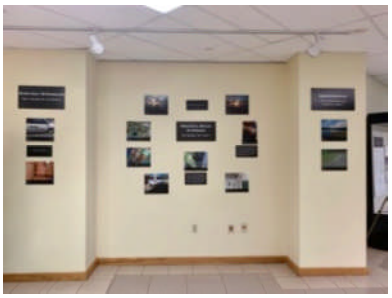
From March to May 2016, HF clients took photographs that represented issues and aspects of their experiences that were important to them. Through weekly group discussions, they shared their photographs, discussed their experiences, and conducted thematic analysis. In July 2016, the PV group held an exhibit at Honolulu Hale in collaboration with IHS, the City, and the University of Hawaii at Manoa's (UHM) College of Social Sciences. The exhibit was well attended by local politicians and community members. This exhibit was displayed again at UHM's Hamilton Library in November 2018.

The Photovoice group continued to meet throughout 2017 to co-author a research article that reported findings from the Photovoice study. The article was published in the *American Journal for Community Psychology* in January 2018.

2018 Follow-up Study

In December 2017, the group received a Society for Community Research and Action (SCRA) Community Mini-Grant to conduct a follow-up study exploring the daily lived experiences of HF clients. The study took place August—November of 2018 and included 22 individuals: 15 clients, 4 staff members, and 3 evaluators. Of the 15 clients, 80% had participated in the 2016 study. The majority of clients were male (67%) and Asian (67%), with an average age of 58. These clients had been housed for an average of 3.4 years as of December 2018. Compared to the overall HF group, PV clients were slightly more vulnerable at intake, with an average VI-SPDAT score of 12.2 compared to 11.8. All clients participated in group discussions and generation of themes, with 8 clients taking over 200 photos. In December 2018, photos from the study were featured at the UHM Hamilton Library.

2016 Exhibit


2018 Exhibit

2018 Follow-up Study Themes

Past Homes
"Could you live here?"

Despite PV clients having been housed for years, "past homes" was a prevalent theme throughout the project. In contrast to the 2016 study, in which clients focused on the dirtiness and shame associated with previous homes on the streets, this study involved client discussions on the resourceful strategies they engaged in while on the streets. However, the fear of returning to the streets continued surface in group discussions. Additionally, clients emphasized the difficulties homelessness in contrast to prevailing notions that homelessness is a way of avoiding adult responsibilities.

Survivability, 2018
Corazon Hall, F, 59
Housed since Jan. 2015

Corazon showered and washed her dishes here for the 7 years she lived under a bridge. She and other clients explained the resourceful strategies they engaged in to survive.

The Awful Alternative, 2018
Akira (Joe) Jackson, M, 61
Housed since Feb. 2015

"It's not the easy way out& it's the only way out."

2016

Sadness. Lost hope! Homeless.
Deanna Matheson, F, 57
Housed since Feb. 2015

"We used to take our showers in there. In the bathroom, you have to use the toilet and try not to sit down. Half the time there's no toilet paper. And it's just disgusting."

The 2016 study focused on the lack of privacy & unsanitary conditions of life on the streets.

The 2018 follow-up study showed a continued reflection on the past but with less shame & more humor.

Present Homes

"It's not just a place. It's *the* place."

The majority of client photos (approximately 79%, *n*=157) featured photos of clients' homes and communities. Similarly, the 2016 study included many photos of clients' homes. However, the 2016 study focused on privacy, cleanliness, and a space to rest, and the photos featured beds, toilets, and other furniture. The follow-up study featured primarily photos of neighbors, household projects and decorations, and the surrounding neighborhood. Taking care of these spaces was a major theme in the follow-up study.

Nice and Easy
John Lau, M, 69
Housed since Jan. 2016

Miniature Cactus Garden
Richard Hodge, M, 67
Housed since Dec. 2015

"You have some place where you can go as a refuge to relax. A place to call home—that's everything."

2016

Wow! Safe, Good Night Sleep
Thomas Lamberton, M, 55
Housed since Aug. 2015

Privacy
Thomas Lamberton, M, 55
Housed since Aug. 2015

In the follow-up study, home was not just a place with basic necessities but also a space in which to recover, thrive, and invest.

My Community
"Expanding your horizons"

Another prominent theme included exploring one's community. Many photos included photos of clients' surrounding communities—both physical and social aspects of their communities. As opposed to the first project, which included no such photos or theme, this study featured many photos of communities. These findings suggest the beginnings of community integration—an important component of the Housing First recovery process.[viii] In the first study, clients reported spending a lot of time in their apartments. In the follow-up study, they spoke more about venturing out, exploring, and engaging with the community.

Getting to Know Your Neighborhood
Akira (Joe) Jackson, M, 61
Housed since Feb. 2015

Hawai'i's Daily Offerings
Richard Hodge, M, 67
Housed since Dec. 2015

"It's the beginning of the day& it's the beginning of lots of things."

Community Integration[ix]

Community integration involves three dimensions:

Physical
"the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home in a self-initiated manner."

Social
"the extent to which an individual engages in community interactions."

Psychological
"extent to which an individual perceives membership in his/her community."

Companionship
"I love everybody."

A pervasive theme included the importance of social support and companionship. In contrast to life on the streets, clients described their current lives as having more connections with neighbors, friends, and family. The 2016 study also indicated reconnection with friends and family. This study showed that these social supports continued to be integral to clients' recovery from the trauma of homelessness. Clients continued not only to reconnect but also to rebuild these relationships.

Mother-Daughter Bonding
Jung-Sook (Mona) Kim, 37, F
Housed since Aug. 2015

"If it wasn't for you all, my mom and I wouldn't have mended our relationship." Jung-Sook and her mother now frequently eat lunch together.

New Life
Thomas Lamberton, 58, M
Housed since Aug. 2015

"[There are] kids around my apartment complex laughing and having fun. It makes me feel great because no kid would come up to me when I was on the street."

Always Together
Corazon Hall, 59, F
Housed since Jan. 2015

Cora wanted someone just as the birds have each other.

However, some clients also explained that for them, companionships were something still to be realized.

Independence
"I'm a bird because I can fly away."

While independence was a less pervasive theme (less clients discussed independence explicitly), some clients reflected on the increased independence that they had now in housing. Some clients were travelling to see family; others taking up new projects and hobbies. Overall, this follow-up study confirmed findings in the first study that housing provided the opportunity to live in line with their beliefs and to live life how they wanted.

Being Able to Appreciate the Beauty around Us
Thomas Lamberton, 58, M
Housed since Aug. 2015

This photograph was taken while Thomas was visiting his family in Denver, C.O.

Everyday Struggles
"Not the end of the story"

While clients were grateful for housing, they frequently discussed everyday struggles that were part of housed life (e.g., leaks, loud neighbors, and car trouble). They also discussed struggles that were exacerbated by their previous experiences with homelessness (e.g., loneliness, poverty, and stigma). Stigma was a continuous struggle for many group members—both personal experiences with stigma and witnessing it. Clients emphasized the necessity of case managers and housing specialists in navigating these struggles. They also problem-solved many of these issues together as a group. Interestingly, this theme was identified by evaluators through transcriptions analysis and not by the clients themselves, suggesting clients' tendency to focus on the positive while recognizing continued struggles.

A Serious Condition
Akira (Joe) Jackson, 61, M
Housed since Feb. 2015

Dealing with a leak in his apartment, Akira tried to keep a positive perspective. "Yesterday, my next-door neighbor said he has a leak, and he invited me to his room. His whole ceiling is caved in. It's more serious than mine. His whole roof is caved in."

Stigma

"I felt like a stranger when I was homeless."

Personal experiences with stigma and general stigma towards "the homeless" came up weekly and was a prominent theme. Clients showed a heightened awareness of stigma towards homeless persons, particularly stigma expressed in the media and by community members. While understanding the community's frustration with homelessness, stigma greatly distressed clients and impeded the process of community integration and recovery from the trauma of homelessness.

No This; No That. Don't Do This; Don't Do That.
Richard Hodge, 67, M
Housed since Dec. 2015
"'Don't sit here?' So give me a place to sit."

Forced Relocations
Jung-Sook (Mona) Kim, 37, F
Housed since Aug. 2015

"I think they are trying to combat the homeless population, but it's not going to make them go away. It's going to make things worse."

"I think it's frustration. They are just frustrated. They don't know what else to do."

Free Acupuncture
Anna Pruitt, 33
Program Evaluator since Nov. 2014

"This is where I used to live. Before the cones, I slept here for two years& I just can't believe I was there at all." - Richard

Projects, Goals, & Hobbies
"Beautify and save some lives"

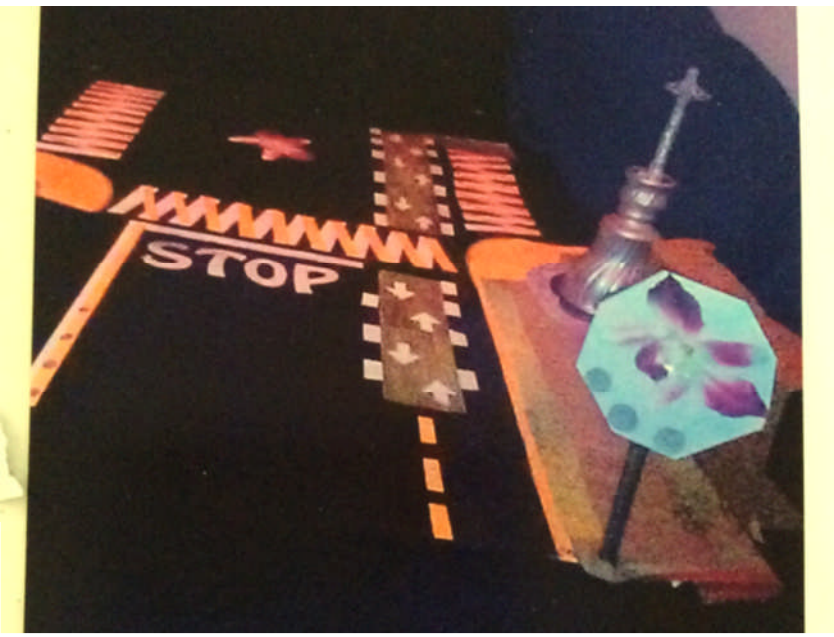
This study revealed that one of the most important parts of the recovery process was having a sense of purpose. Every client was involved in one or more "project" or hobby. Often these activities were associated with giving back to the community. For example, some clients volunteered at various non-profits; others were involved in informal outreach to help people still experiencing homelessness. The original study also revealed that clients were beginning to rediscover past hobbies. However, in this study, clients were more involved in these hobbies and were engaged in more self- and home-improvement projects. They emphasized the importance of these goals and projects in increasing their self-esteem and in providing them a way to give back and reconnect with the community.

Community Outreach
Melanie Saavedra, F, 65
Housed since May 2015

Melanie frequently reaches out to individuals living in encampments to help connect them to services.

Street Appeal
John Lau, M, 69
Housed since Jan. 2016

John is replanting grass outside his apartment building for his landlord and neighbors.



The Equalizer Purple Orchid Project
Mary Ellen Ka'ai, 58
Housed since Jan. 2016

Mary has been working on a project aimed at increasing safety at crosswalks. One element of Mary's crosswalk proposal would be a reflective sign with a purple orchid on it. The orchid sign would serve as a warning and a memorial for those who have been hurt at crosswalks as well as will be a reminder to share love and compassion.

Would You Like to Carpool?
Akira (Joe) Jackson, M, 61
Housed since Jan. 2016

Before being housed, Akira lived in his van. Since housing, he has been fixing it up to eventually sell. His van is now a project instead of a place to live. "If it wasn't for Housing First, then I would be probably living in the van."

Peace and Serenity
John Lau, M, 69
Housed since Jan. 2016

"If anyone wants to go, let me know."

Conclusions

The follow-up Photovoice study showed clients' continued reflection on the past. In contrast to the 2016 study, these reflections were associated with less shame and suggested the ability to recognize their strength in the midst of trauma. Importantly, clients expressed great fear of returning to the streets and their past. Other findings include:

- Social support and community integration were integral to recovering from the trauma of homelessness and to success in the housing process.
- Stigma impeded access to social support and the process of community integration.
- Similar to the original study, clients showed a desire to "give back" to others. In the follow-up study, this desire was realized and the ways to give back were more specific.
- Having personal goals, hobbies, and projects was essential to the recovery process by giving clients a sense of purpose, increasing self-esteem, and encouraging integration into the community.

Recommendations

Based on findings, we suggest that the program:

- continue to offer opportunities for clients to build social support and to reintegrate into the community;
- consider offering additional opportunities for volunteer work, advocacy, and/or peer support for interested clients as clients indicated that having goals and hobbies as well as "giving back" was integral to their recovery;
- Continue community education efforts to reduce stigma with media, landlords, and neighbors, involving clients in these efforts; and
- consider directly addressing client stress when completing client check-ins. As many clients have been housed for 2-3 years, causes of stress may have shifted.

Next Steps

In the next evaluation year, evaluators will:

- continue client interviews, specifically with clients representative of each class;
- continue to seek access to arrest records to track program impacts on law enforcement interactions;
- focus efforts on determining causes of stress for clients;
- focus on examining client experiences with trauma;
- track client employment; and
- identify specific barriers to improved quality of life and stability for HF clients who continue to struggle.

Acknowledgments

Thank you to University of Hawai'i at Mānoa undergraduate research assistants: Chelsie Arume, Charlenee Caraang, Hui-Chuan Cheng, Rie Chun, Will Harper, Nicole Hayler, Trace Jacquot, Bryce Ka'aikala, Gina Kang, Min Koo Kang, Debbie Mangrobang, Michelle Marchant, Leona Motomochi, Kara Lei Muraoka, Erika Ramirez, Kiana St. Onge, and Eryne Tinajero for assistance in coding and analysis of interviews and in the entry of survey data.

[i] United States Interagency Council on Homelessness (2013). United States Interagency Council on Homelessness Fiscal Year 2013 Performance and Accountability Report (PAR) Retrieved 3 Apr. 2018 from https://www.usich.gov/resources/uploads/asset_library/RPT_FY_2013_USICH_PAR_Final.pdf

[ii] (Padgett, D. K., Stanhope, B., Henwood, V. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: comparing Housing First with Treatment First programs. *Community Mental Health Journal, 47*(2), 227-32. doi: 10.1007/s10597-009-9283-7; Pearson, C., Montgomery, A. E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in Housing First programs. *Journal of Community Psychology, 37*(3), 404-417. https://doi.org/10.1002/jcop.20303; Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*(4), 651–656.

[iii] Smith, A., & Barile, J. (2015). Housing First program one-year evaluation. Prepared for the City of Honolulu and the Institute for Human Services, Honolulu, H.I.

[iv] Locke, G., Khadduri, J., & O'Hara, A. (2007). Housing models. In D. Dennis, G. Locke, & J. Khadduri (Eds.). National Symposium on Homelessness Research. Retrieved from http://aspe.hhs.gov/hsp/homelessness/symposium07/locke/index.htm

[v] Goering, P., Veldhuizen, S., Watson, A. *et al.* (2014). National At Home/Chez Soi final report. Calgary (AB): Mental Health Commission of Canada.

[vi] Gaetz, S. (2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice, 46*, 423–456; Padgett, D., Henwood, B., & Tsemberis, S. (2016). *Housing First: Ending homelessness, transforming systems, and changing lives.* New York, NY: Oxford University Press.

[vii] Wang, C. and Burris, M. (1997) Photovoice: concept, methodology, and use for participatory needs assessment. *Health Education and Behavior, 24*, 369—387.

[viii] Yanos, P. T., Barrow, S. M., & Tsemberis, S. (2004). Community integration in the early phase of housing among homeless persons diagnosed with severe mental illness: Successes and challenges. *Community Mental Health Journal, 40(2*), 133—150.

[ix] Wong Y. L. I., & Solomon P. L. (2002) Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations. *Mental Health Services Research, 4*, 13–28; Yanos, P. T. (2007). Beyond "Landscapes of Despair:" The need for new research on the urban environment, sprawl, and the community integration of persons with severe mental illness. *Health Place, 13*(3), 672—676.