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Evaluation Report

CITY & COUNTY OF HONOLULU'S
HOUSING FIRST PROGRAM

YEAR 5



REPORT PREPARED FOR THE
IHS, THE INSTITUTE FOR HUMAN SERVICES

ECOLOGICAL
DETERMINANTS LAB
Department of Psychology



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EXECUTIVE SUMMARY

Program Participation & Retention

Since December 2014, 326 people have received Housing First (HF) services. Of the 326 clients, 137 have exited (42%). As of December 2019, 189 people were enrolled in the program.

The majority have been male (54%) & Native Hawaiian/Other Pacific Islander (51%) with a median age of 51. A large portion have been multiracial (42%).

The most common causes of homelessness reported by clients was lack of affordable housing.

Exited clients were less likely to be male (53%) and younger than the average HF client. 47% of exited clients have transitioned to stable housing.

Overall, 92% of all HF clients have not returned to homelessness.

Progress

The majority of clients who have exited to permanent housing, entered the program in Year 1 and exited in Year 4 or 5, suggesting time to housing stability may take 3-4 years.

Clients reported improvements in mental and physical health.

77% of surveyed clients reported not using illegal drugs in the past month.

The program saw a 26% reduction in ER uses.



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Background

PROGRAM BACKGROUND

THE HOUSING FIRST MODEL

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 help 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]

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 .



Diamond Head, 2019. PC: A.Pruitt



Photovoice exhibit at UHM Hamilton Library, 2019..

YEAR 5 - 2019

In year 5, the program concentrated on bringing in another round of clients and transitioning stable clients to other permanent housing locations. Additionally, the program continued to provide opportunities for clients to build social support and life skills through the weekly HF Community Group. This group hosted a Christmas party for other clients, held multiple exhibits on homelessness, and created various forms of artwork.

Background

PROGRAM BACKGROUND

DISSEMINATION AND COMMUNITY EDUCATION

The program has consistently invested in educating the local community on homelessness, housing, and the HF model. Working with the evaluation team, the program has prioritized disseminating program findings and results to the local community and beyond. The evaluation team has presented findings locally, nationally, & internationally to academic, practitioner, and policymaker audiences. Together, we have amassed:

10

Media Spotlights

10

Presentations

1

Community
Research Grant

2

Published Peer-
reviewed Articles

2

Peer-reviewed
Articles in-progress

5

Exhibits

Lived Experiences: Out of Homelessness into Housing

- Honolulu Hale, July 2016
- UHM Hamilton Library, Nov. 2018
- Faith Summit on Homelessness Mar., 2019

Lived Experiences 2.0: Continuing Recovery from Homelessness

- UHM Hamilton Library, Jan. 2019
- Hawai'i Art & Mental Health Summit, Sept. 2019
- Faith Summit on Homelessness Mar., 2019

Photovoice Exhibit held at Hawai'i Art & Mental Health Summit, 2019



Background

EVALUATION BACKGROUND

This report is the fifth installment of an ongoing program evaluation and examines the first five years of the program, highlighting the fifth 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. E)
- 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. D)

YEAR 2

- Continued assessing client outcomes using HFAT data
- Expanded evaluation methods to include:
 - GIS mapping
 - Photovoice
 - Community Group participant observations
- Engaged Community Group as co-researchers
- Began assessing long-term goals and community impacts by:
 - Examining impact on criminal justice system using arrest records
 - Attempted to access state AMHD and Medicaid data to examine impacts on system
 - Conducting cost-benefit analysis

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. J)
- Began collecting data on clients' self-reported causes of homelessness (see App. K)

YEAR 5

- Continued HFAT assessments, community group participant observations, and engagement of group as evaluation team members
- Continued collecting data on clients' self-reported causes of homelessness
- Assisted in HF Community Group facilitation
- Built website to educate public on Housing First and HF Photovoice Projects



Program Implementation

HOUSING FIRST COMMUNITY GROUP



J. Lau paints a seascape, 2019

Since October 2015, the program has offered a weekly HF Community Group (CG). The CG's purpose is to give clients a space to build social support, learn life skills, and to work through spiritual, emotional, & personal issues in a safe setting. The CG also functions as a place where clients & case managers can "check in" and take care of administrative concerns.

12 HF clients have consistently attended CG since joining HF and 12 others have occasionally attended CG since joining.

In 2016, the CG became involved in the program evaluation through a Photovoice project, detailed in the Year 2 report.[iv] The project resulted in an exhibit of the findings at Honolulu Hale in July 2016. Clients & staff used the exhibit to educate the community about housing & homelessness.

In December 2016, the CG began the yearlong process of coauthoring an academic article for the American Journal of Community Psychology.[v] The article was one of only 12 articles selected for publication in a 2018 special issue on community mental health.

In December 2017, the group received a Society for Community Research and Action (SCRA) Community MiniGrant 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. All clients participated in group discussions and generation of themes, with 8 clients taking over 200 photos. 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.

In December 2018, photos from the study were featured at the UHM Hamilton Library.

Throughout Year 5, the CG continued to reflect on the findings of and discussions initiated during the follow-up Photovoice study, particularly surrounding stigma and everyday challenges. The group also engaged in creative, arts-based projects as a way to continue these reflections.



Memorial for deceased CG member, 2019

Program Implementation

HOUSING FIRST COMMUNITY GROUP

Art Hui

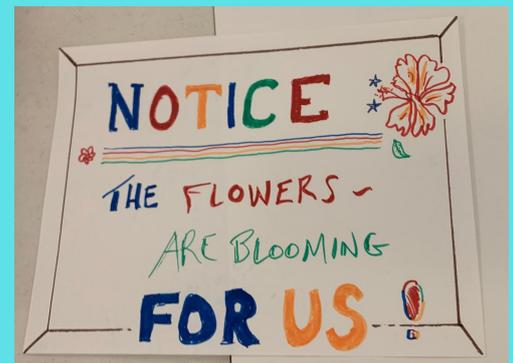
In 2019, the HF CG members engaged in an art project in which they painted signs meant to contrast the negativity and control often displayed on public signage and directed at people experiencing homelessness (e.g., “no sitting,” “no loitering,” “no public restrooms”). The clients’ signs instead read messages such as “Life is good!” and “The Flowers are Blooming for Us!”

In recognizing the healing potential of art and creative expression, the CG participated in several other painting sessions throughout the year. In particular, clients worked on paintings that represented their appreciation for Hawai‘i and its natural beauty.



HF client creating artwork of Hawai‘i

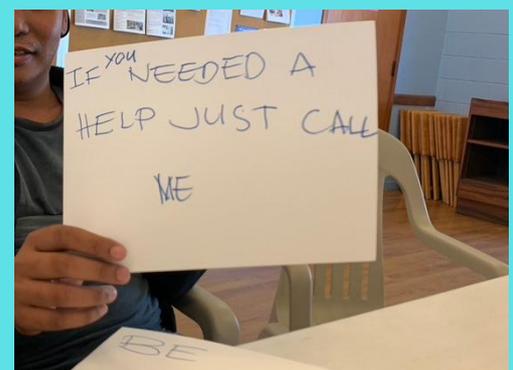
Positive Signs Project



Sign created by HF client.



Sign created by HF program evaluator.



Sign created by HF client.

Program Implementation

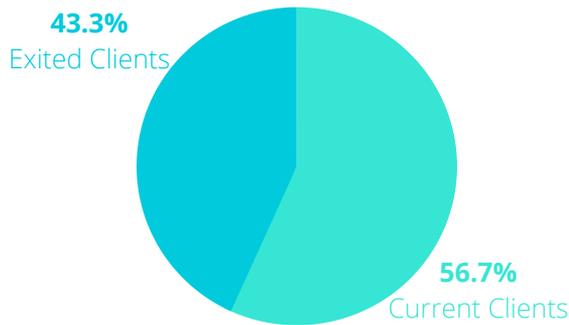
PROGRAM PARTICIPATION AND RETENTION

Since December 2014, 326 people have received Housing First services. Of these clients, 137 have exited (42%). Of exited clients with known exit destinations, 95 have not returned to homelessness (68%). Overall, 92% of all HF clients with known locations have not returned to homelessness.

As of December 2019, 185 people were receiving services and had been housed for an average of 26 months.

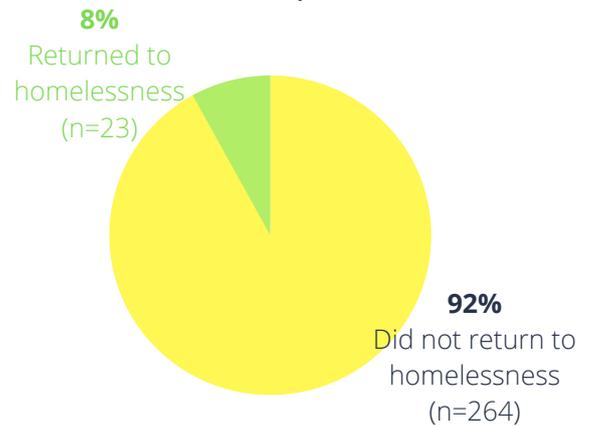
PROGRAM RETENTION

n=326



HOUSING RETENTION

n=287*

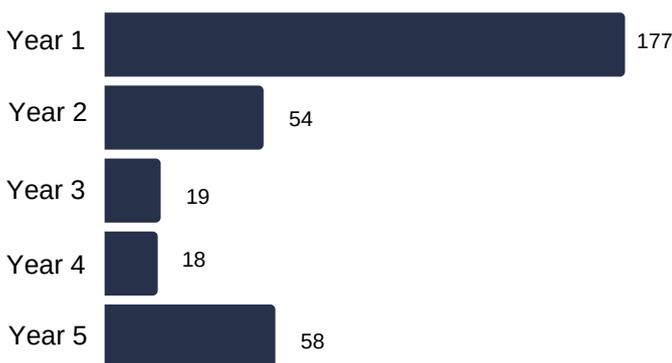


*Exit destination not known for 19 clients.
*Excludes 20 deceased clients.

ENROLLMENTS

n=326

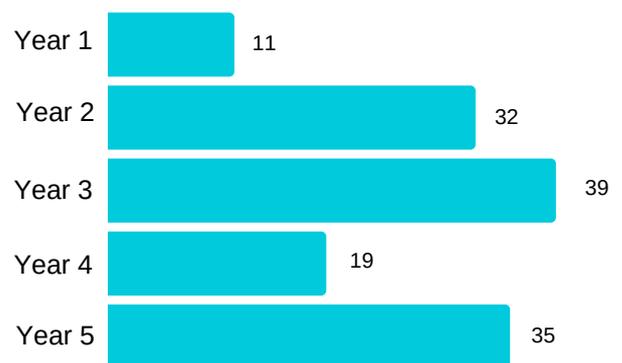
In Year 5, 58 people began receiving Housing First Services from IHS. Twenty of these individuals were transferred from Catholic Charities of Hawai'i's program



EXITS

n=136*

In Year 5, 35 people exited HF. This represents the second largest number of exits since the start of the program.



*Exit date missing for 1 client.

Client Characteristics

CLIENT DEMOGRAPHICS

TOTAL CLIENTS 2014-2019 (N=326)

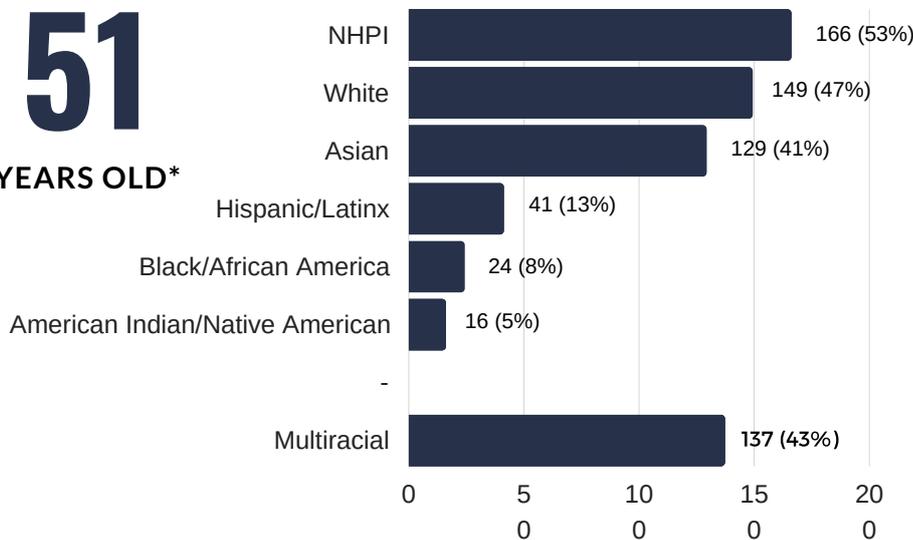
Of clients for which data is present, the majority have been male (55%) and Native Hawaiian/Pacific Islander (NHPI; 53%) with a median age of 51. Forty-seven percent have been white, and 41% Asian. A large portion of clients have been multiracial (43%).

MEDIAN AGE

51
YEARS OLD*

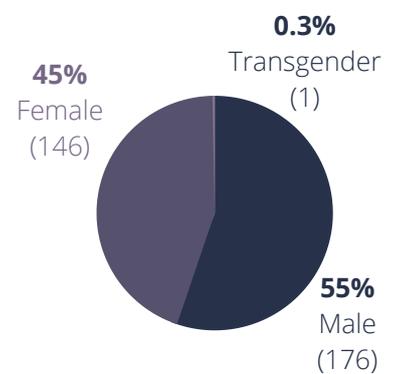
RACE

n=315**



GENDER

n=319***



*missing age data on 9 clients.
**missing race data on 11 clients.
***missing gender data on 7 clients.

CURRENT CLIENTS 2019 (N=189)

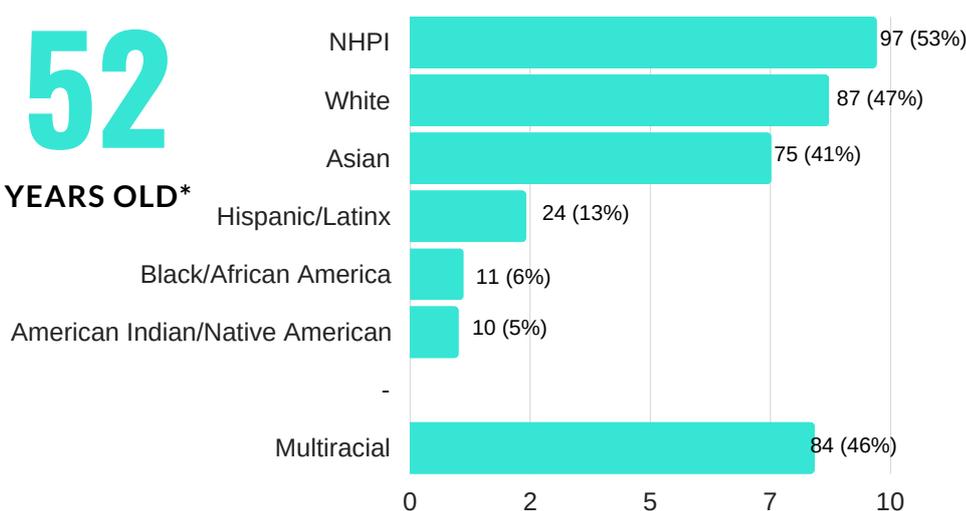
As of December 2019, the majority of current clients with present data were male (56%), with a median age of 52. Fifty-three percent of clients were Native Hawaiian or other Pacific Islander, 47% were White, and 41% were Asian. A large portion of clients identified as multiracial (46%).

MEDIAN AGE

52
YEARS OLD*

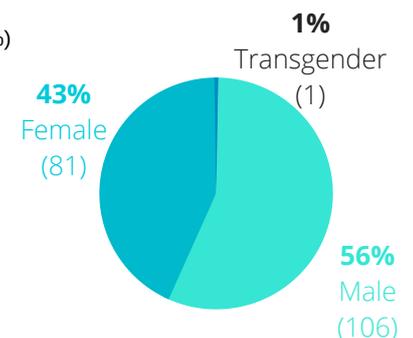
RACE

n=184**



GENDER

n=188***



*missing age data on 2 clients.
**missing race data on 5 clients.
***missing gender data on 1 client.

Client Characteristics

CLIENT DEMOGRAPHICS

EXITED CLIENTS (N=137)

Since 2014, 137 clients have exited the program. These clients were younger (median age=45) and less likely to be male (53%) compared to the overall sample.

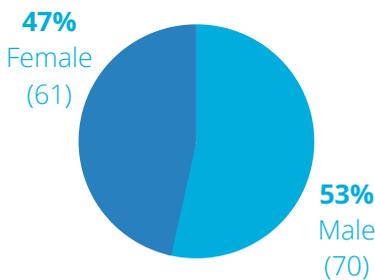
MEDIAN AGE

45

YEARS OLD

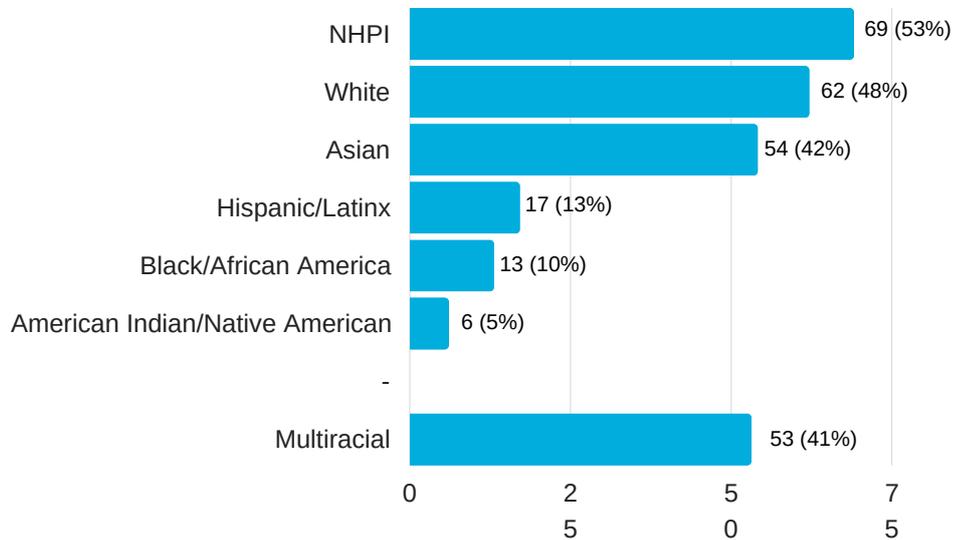
GENDER

n=131**



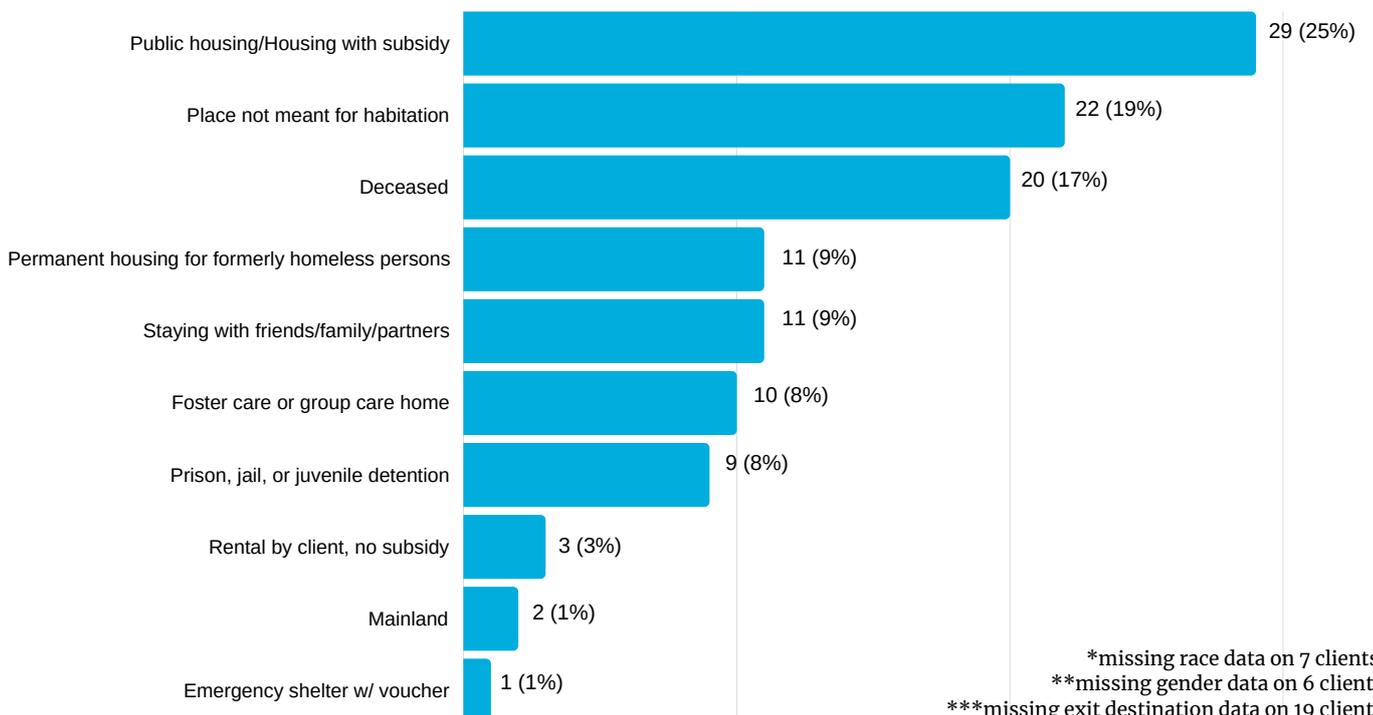
RACE

n=130*



EXIT DESTINATION

n=118***

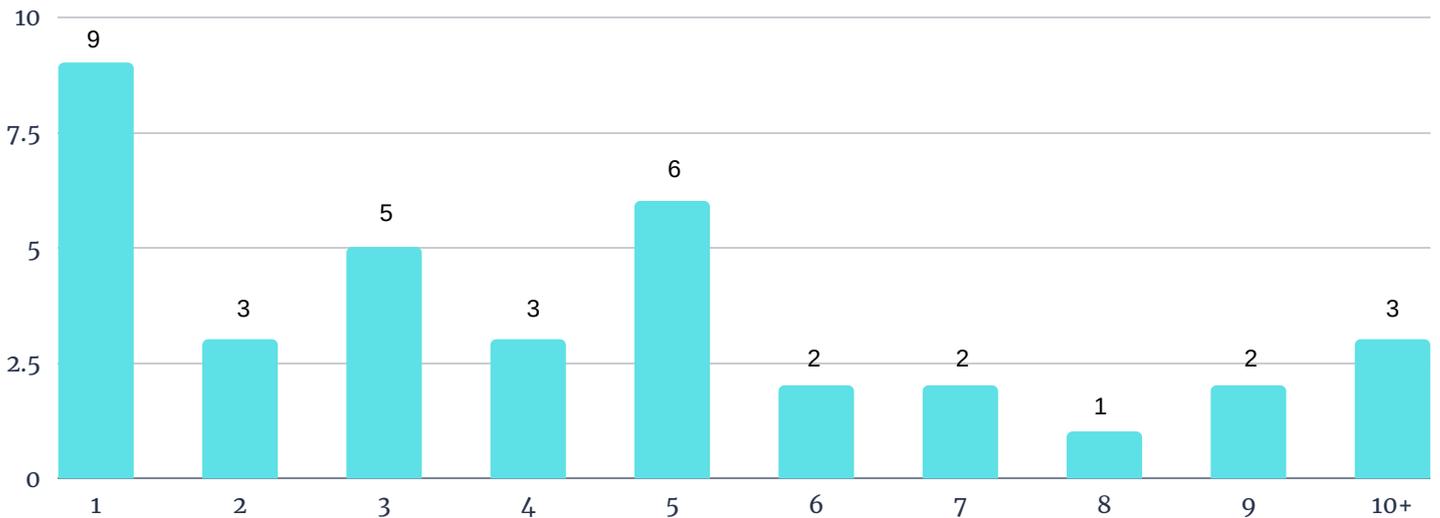


*missing race data on 7 clients.
 **missing gender data on 6 clients.
 ***missing exit destination data on 19 clients.

Client Characteristics

CLIENTS' SELF-REPORTED REASONS FOR EXPERIENCING HOMELESSNESS

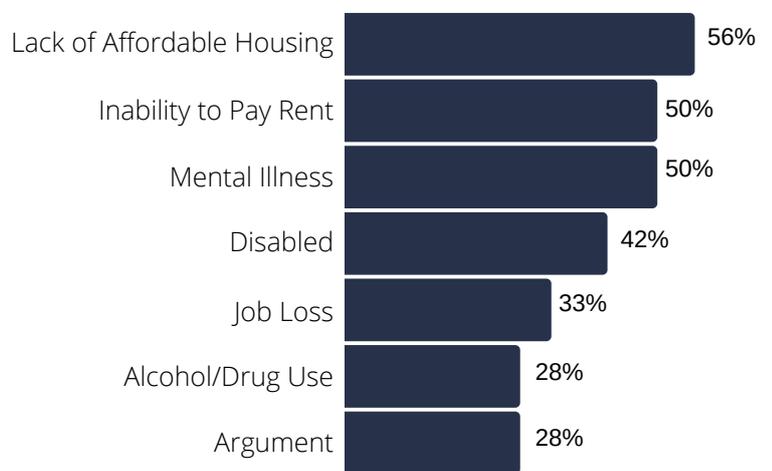
NUMBER OF REPORTED REASONS FOR HOMELESSNESS



A total of 36 clients reported the primary reasons for their experiencing homelessness prior to being housed. 25% reported only 1 reason, and 75% reported more than one reason.

MOST COMMON REASONS FOR HOMELESSNESS

The most commonly-reported reasons were financial (lack of affordable housing, inability to pay rent, & job loss), related to mental/physical health reasons (disabled, alcohol/drug use, & mental illness) and interpersonal (argument with family or friends).



56%

Lack of Affordable Housing



50%

Unable to Pay Rent



50%

Mental Illness



Progress

EXITS TO PERMANENT HOUSING

One of the program's aims is to transition clients into other permanent housing locations.

Since, 2014, 44 people have exited to permanent housing, comprising 37% of all exited clients with known locations.

The majority of the overall exits to permanent housing occurred in year 5. And 82% of exits in year 5 were to permanent housing.

The majority of individuals who exited to permanent housing entered the program in Year 1 (n=32; 73%) and exited in Year 4 or 5 (n=34; 77%).

EXITS TO PERMANENT HOUSING

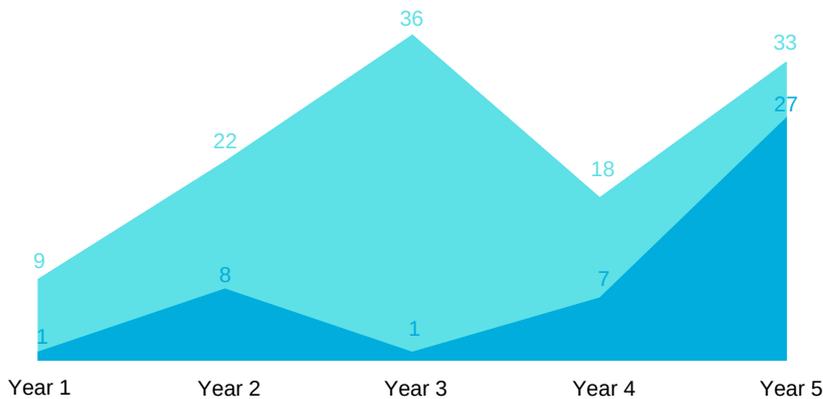
n=118*

37% Exits to Permanent Housing



EXITS TO PERMANENT HOUSING BY YEAR

n=118*



Legend

- Total Exits to Known Locations
- Exits to Permanent Housing

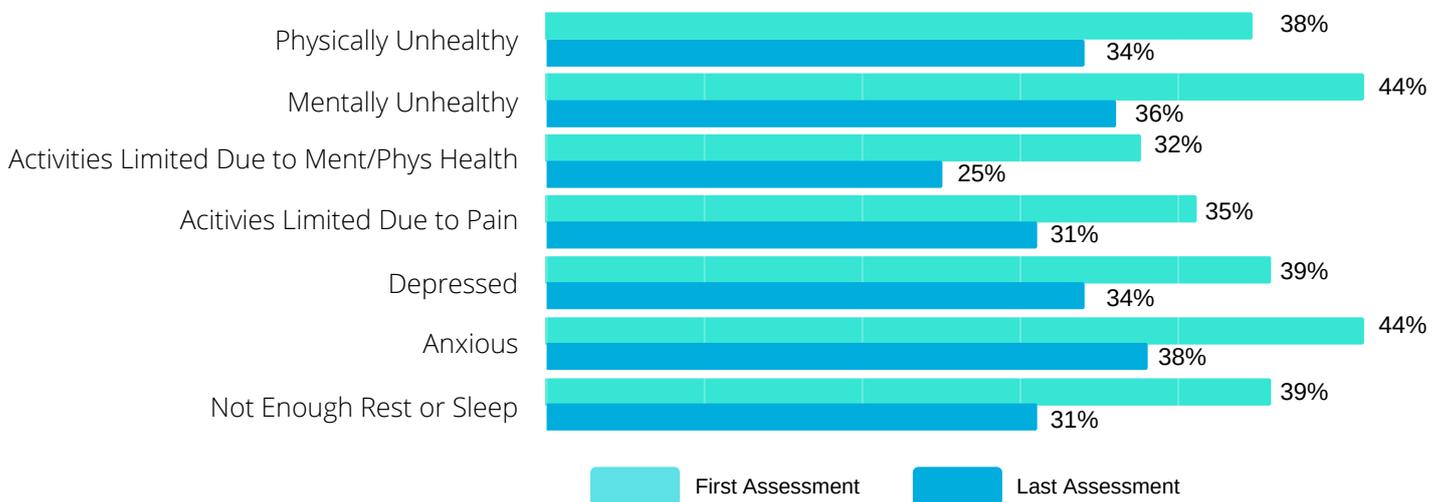
*missing exit destination data on 19 clients.

Progress

CLIENT WELLBEING

To assess changes to client wellbeing and service needs, we used survey data collected from the start of the program in December 2014 through December 2019. A total of 667 surveys were conducted with 108 unique clients. 77 clients completed at least two surveys. This section reports on the changes from first assessment (at an average of 9 months in the program) to the last assessment (at an average of 20 months in the program) for those 77 clients.

% OF UNHEALTHY DAYS PER MONTH



Clients reported a decrease in the percentage of unhealthy days experienced in the last month from first assessment to the last assessment. The biggest decreases were found for percent of mentally unhealthy days and percent of days not getting enough sleep or rest.

Conversely, participation in community groups or similar activities increased by 53%, and experiencing violence or trauma decreased by 15% from first to last assessment.

77% of clients reported no illegal drug use at last assessment.

PARTICIPATION IN COMMUNITY GROUPS

+53%

INCREASED BY 53%

REPORTED NO ILLEGAL DRUG USE

77%

AT LAST ASSESSMENT

EXPOSURE TO VIOLENCE

-15%

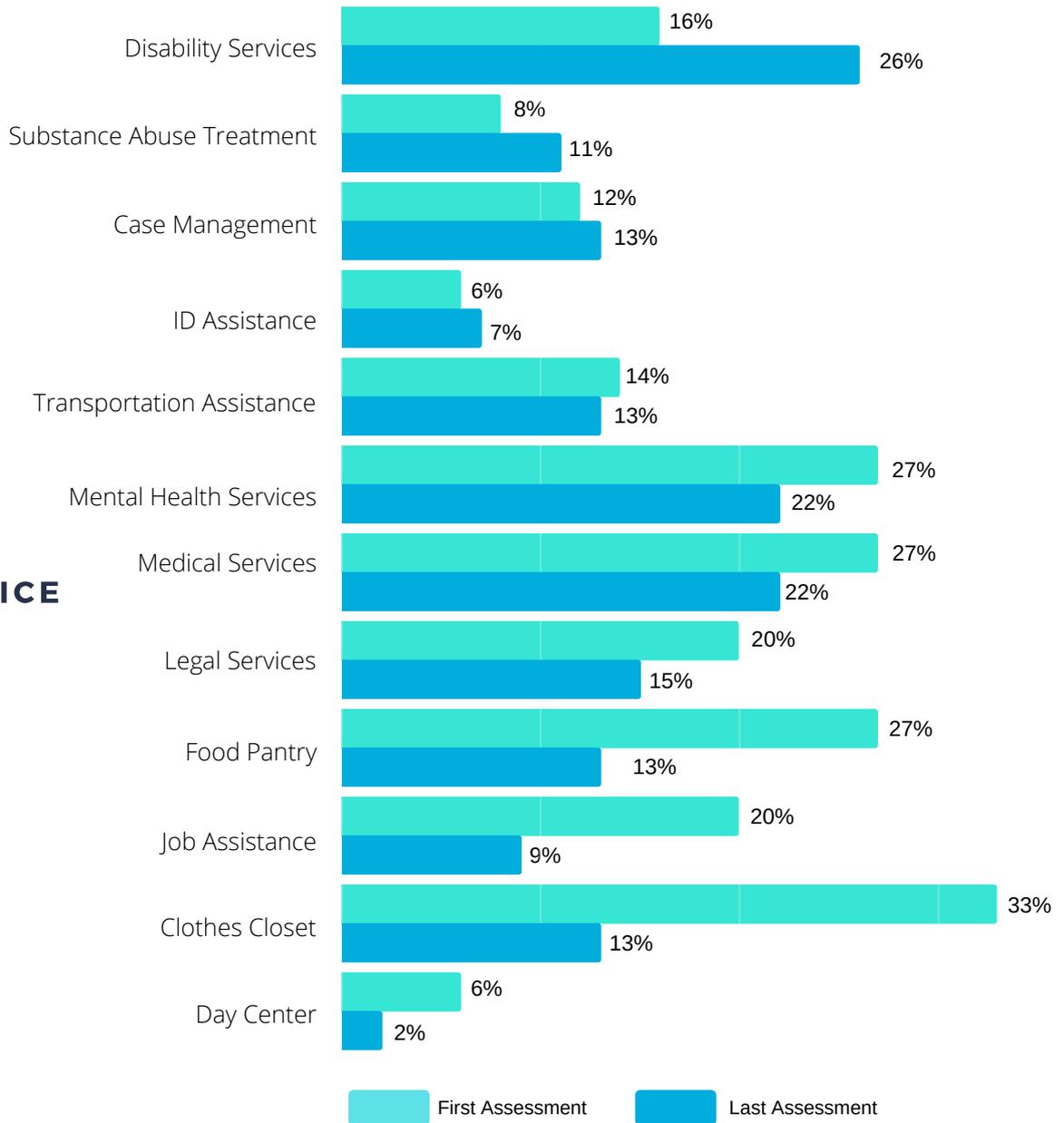
DECREASED BY 15%

Progress

CLIENT WELLBEING

SERVICE NEEDS

Clients indicated changes in service needs from first to last assessment. The percent of clients reporting need of disability services, substance abuse treatment, case management, and ID assistance increased, while reported need for all other services decreased.



MEDICAL & CRIMINAL JUSTICE SYSTEMS INTERACTIONS

Clients also reported reductions in ER visits from first to last assessment, and at last assessment only 6% of clients had experienced hospitalization in the last month. Less than 3% had been arrested in the last month.

ARRESTED

<3%

AT LAST ASSESSMENT

HOSPITALIZED

6%

AT LAST ASSESSMENT

ER VISITS

-26%

DECREASED BY 26%

Conclusions

THE PROGRAM HAS MET ITS GOALS RELATED TO CLIENT & PROGRAM PROGRESS.:

The program maintains a 92% housing retention rate.

Overall, clients reported improvements in mental and physical health; however, clients continue to experience significant mental and physical health challenges 25–38% of days a month.

Additionally, 77% of surveyed clients reported not using illegal drugs in the past month, and the program saw a 26% reduction in ER uses.

The program increased in the number and percentages of exits to permanent housing over time.

The majority of clients who have exited to permanent housing, entered the program in Year 1 and exited in Year 4 or 5, suggesting time to housing stability may take 3–4 years.

Recommendations & Next Steps

BASED ON THESE FINDINGS, WE RECOMMEND:

The program continue to work with stable clients to find long-term housing solutions.

The program continue to provide access to social support and community integration opportunities (e.g., the HF Community Group).

Funders continue to invest in the program, whose impacts are more evident in the long-term, recognizing that the housing process and gaining stability takes years.

Evaluators examine differences in outcomes when compared with other permanent housing programs, such as IHS's Home at Last.



ACKNOWLEDGMENTS

We are grateful to the following contributors to this report and data collection process:

IHS Program Staff

The Housing First
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Housing First Case Managers

UHM Research Assistants

The Ecological
Determinants Lab

UHM College of Social
Sciences



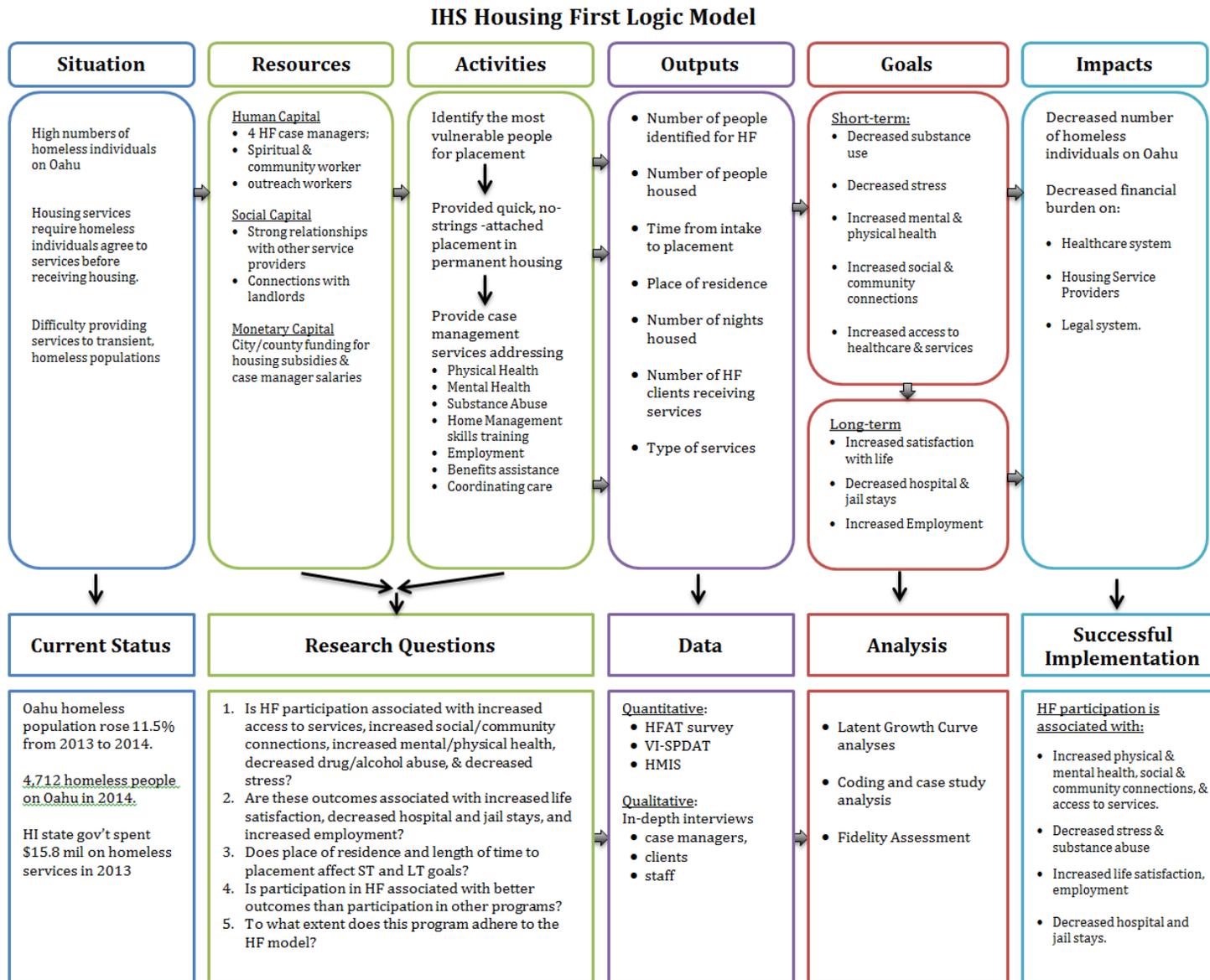
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Appendix A. References

- 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. Pruitt, A. S., & Barile, J. P. (2017). Housing First program, year two evaluation. Prepared for the City and County of Honolulu and the Institute for Human Services, Honolulu, H.I.
- v. Pruitt, A. S., Barile, J. P., Ogawa, T. Y., Peralta, N., et al. (2018). [Housing First and photovoice: Transforming lives, communities, and systems.](#) *American Journal of Community Psychology, 61*(1-2), 104-117.

Appendix B. IHS Housing First Logic Model



Appendix C. Measurement Plan

Measurement Plan

The following section outlines the ways in which the evaluation team will measure Housing First (HF) outcomes, short-term goals, and long-term goals as indicated in the logic model. The measurement framework below lists the indicators we will use to measure these outcomes as well as shows the data source for each indicator and explains how that data will be collected. The evaluation will rely on three primary data sources: the **Hawaii State Homeless Management Information System (HMIS)**, the **Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT)** scores, and the **Housing First Assessment Tool (HFAT)**. A summary of indicators measured using the HFAT can be found in the Housing First Assessment Tool – Measurement Summary (p.20). Case managers and service providers throughout the state, including IHS HF staff, maintain HMIS individual client data. After gaining access to the system, the evaluation team will be able to search for HF clients in the system. Outreach workers and case managers administer VI-SPDATs from various housing service providers throughout the state. Because VI-SDAT scores are used to vet HF clients into the program, each client should have at least one VI-SPDAT score.

The main data source will be the Housing First Assessment Tool, designed specifically for this HF program. Ideally, HF case managers or IHS outreach workers should administer the HFAT upon initial identification of the client for HF. It is important that we obtain data before housing placement in order to show differences in outcomes before and after the program. The study design requires that individual clients' data are available across multiple points in time. Therefore, Housing First case managers, with the assistance of the evaluation team, should strive to administer the HFAT to clients monthly after the initial assessment at intake. The HFAT not only will be useful in detecting Housing First impact, but also, will be useful to case managers in documenting client progress, identifying emerging client issues, and matching clients with services. The table below provides a summary of HFAT measures and indicates the purposes these measures are meant to serve. Additionally, the evaluation team plans to conduct **semi-structured interviews** with representatives from different stakeholder groups, including case managers, IHS staff, HF clients, and landlords to supplement the survey data and to provide a context for understanding that data. Interview questions will explore experiences with Housing First – examining what worked, what didn't, and what could work better. Interviews will be transcribed and coded for common themes within groups and across groups. Survey data supplemented by personal experiences will provide a comprehensive view of HF impact.

Housing First Assessment Tool – Measurement Summary		
Purpose	Measure	Explanation
<i>Documenting Client Progress</i>	Social support	Do clients have emotional and physical support available?
	Life satisfaction	Extent to which clients are satisfied with their life
	Self-efficacy/Stress	Clients’ confidence in their abilities to control what happens to them.
	Access to healthcare	Do clients have access to routine and specialized healthcare as needed?
	Physical/mental health	Assesses the number of unhealthy days client has experienced in past month
	Frequency of adverse experiences	How often clients have experienced trauma/ anxiety/abuse in past month
	Community support	Frequency of participation in community groups, such as faith-based or sports groups
	Housing Situation	Current housing status (homeless, shelter, transitional, etc.)
<i>Identifying Emerging Issues</i>	Alcohol/drug use	Frequency of alcohol and drug use and clients’ feelings toward their use.
	Hospital/Jail time	Frequency of time spent in hospital/jail and type of crime/illness
	Housing preferences	If given a choice, what type of housing would clients prefer and what location?
<i>Matching Clients with Services</i>	Services needed	Clients identify what services they feel like they still need
	Helpful services	Clients identify which services have been most helpful
	Benefits received	Clients identify what government benefits they receive

Housing First Measurement Framework

Outcomes	Indicators	Data Source	Data Collection Method
1. Most vulnerable people identified for HF	<ul style="list-style-type: none"> Number of people identified for HF Identified people's VI-SPDAT scores 	<ul style="list-style-type: none"> HMIS database VI-SPDAT 	<ul style="list-style-type: none"> Extracted from HMIS Extracted from VI-SPDAT
2. Identified clients are housed	Number of people housed	HMIS database	Extracted from HMIS
3. Identified clients are housed quickly	Number of days from intake to placement	HMIS database	Extracted from HMIS
4. Identified clients placed in permanent housing	Place of residence	HMIS database/HFAT	Extracted from HMIS or HFAT
5. Placed HF clients fewer # nights on street	Number of nights housed	HMIS database/HFAT	Extracted from HMIS and/or HFAT
6. Placed HF clients continue to receive services	Number of HF clients receiving services	HFAT	Extracted from HFAT, administered at baseline & monthly thereafter
Short-Term Goals	Indicators	Data Source	Data Collection Method
1. Decreased substance use	<ul style="list-style-type: none"> Monthly frequency of drug use Monthly frequency of alcohol use 	HFAT	Administered at baseline & monthly thereafter
2. Decreased Adverse Experiences	Monthly frequency of <ul style="list-style-type: none"> Trauma Anxiety Abuse 	HFAT	Administered at baseline & monthly thereafter
3. Increased mental health	Number of unhealthy days per month	HFAT	Administered at baseline & monthly thereafter
4. Increased physical health	Number of unhealthy days per month	HFAT	Administered at baseline & monthly thereafter
5. Increased social support	<ul style="list-style-type: none"> Availability of emotional support Availability of physical support 	HFAT	Administered at baseline & monthly thereafter
6. Increased community connections	Frequency of participation in community groups/activities	HFAT	Administered at baseline & monthly thereafter
7. Increased access to healthcare Routine Specialized	<ul style="list-style-type: none"> Does client have health care coverage? Does client have a PCP? Does client have access to a nearby specialist? Is cost an inhibitor? Length of time b/t routine checkups Travel distance to PCP 	HFAT	Administered at baseline & monthly thereafter
8. Increased use of needed services	<ul style="list-style-type: none"> Services used Services needed Frequency of meetings with case workers 	HFAT	Administered at baseline & monthly thereafter
9. Decreased stress	4 questions assessing impact of personal stress	HFAT	Administered at baseline & monthly thereafter
Long-term Goals	Indicators	Data Source	Data Collection Method
1. Increased life satisfaction	5 questions assessing attitudes toward life	HFAT	Administered at baseline & monthly thereafter

2. Decreased hospital stays	Frequency of days spent in ERs and hospital	HFAT	Extracted from HFAT
3. Decreased jail stays	Frequency of days spent in jail	HFAT	Extracted from HFAT
4. Increased Employment	Employment income indicated	HFAT	Extracted from HFAT

Appendix D. Housing First Assessment Tool

Housing First Assessment Tool

We would like your assistance in completing an on-going assessment of consumers on your caseload. We are interested in monitoring consumer progress, identify emerging issues, and matching consumers with services that best fit their needs. We are interested in having this survey completed on each consumer, each month. The survey can be completed at any point during the month but we would likely the time periods between each assessment to be consistent, i.e. around the same day each month.

Each survey should be completed with the consumer. You will need to explain the purpose of the survey and then read each question and offer the corresponding responses (e.g. none of the time, a little of the time, some of the time, etc.). The consumer may look at the questionnaire and if appropriate, complete it themselves. You may also provide them with a copy of the questionnaire if they would like to follow along during the interview. You may need to rephrase some questions in order for the consumer to understand what is being asked. This is to be expected. Some consumers will likely be able to complete the survey very quickly (in less than 10 minutes), while others may take considerably longer. Please be patient and assist as needed. Consumers also have a right to not answer any questions that make them feel uncomfortable or they otherwise do not want to answer. The demographic section of the survey (the second half of page 7) only needs to be completed the first time you give the survey.

Please hold on to all paper copies of the survey in a secure location. They will be collected on a monthly basis. An online version of this survey will also be made available. You may use either method.

When administering the survey:

- Please include the date of the assessment in the top left-hand corner and the consumers ID number in the top right-hand corner of the form.
- Please indicate whether this consumer is currently receiving Housing First services and report the name of your agency.
- Please circle or fill in the consumer's response for each question.
- Please be patient. Show the consumer the question response categories and rephrase any questions if the consumer has difficulty understanding the question.
- Allow the consumer to skip any questions that they do not want to answer.
- Please hold on to all surveys until they are picked up.

For questions see:

John (Jack) P. Barile, PhD
Assistant Professor
Department of Psychology
University of Hawai'i at Mānoa
Email: Barile@Hawaii.edu
Phone: (808) 956-6271

Interview Date ____ / ____ / ____

Housing and Support Survey - Brief

Individual ID _____

Receiving Housing First Services: Yes _____ No _____ Other Program _____

Name of your Agency _____

Interviewer Initials _____

We are interested in finding out about the support you receive from other people.

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? _____ write in the number of close friends and close relatives

Please circle the number that best corresponds to your experiences.

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?	None of the time	A Little of the time	Some of the time	Most of the time	All of the time
2. Someone to help you if you were confined to bed	1	2	3	4	5
3. Someone to take you to the doctor if you need it	1	2	3	4	5
4. Someone to share your most private worries and fears with	1	2	3	4	5
5. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
6. Someone to do something enjoyable with	1	2	3	4	5
7. Someone to love and make you feel wanted	1	2	3	4	5

Below are five statements with which you may agree or disagree.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5
2. The conditions of my life are excellent.	1	2	3	4	5
3. I am satisfied with life.	1	2	3	4	5
4. So far I have gotten the important things I want in life.	1	2	3	4	5
5. If I could live my life over, I would change almost nothing	1	2	3	4	5

These questions pertain to questions about you. Please choose the response that best corresponds to how often you have felt the following in the last month:	Never	Almost Never	Sometimes	Fairly Often	Very often
1. In the last month, how often have you felt that you were unable to control the important things in your life?	1	2	3	4	5
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	1	2	3	4	5
3. In the last month, how often have you felt that things were going your way?	1	2	3	4	5
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	1	2	3	4	5
5. In the last month, how often have you felt hopeful about your future?					
	Number of Days				

These questions ask about your general health.					
1. Would you say that in general your health is:	Excellent	Very Good	Good	Fair	Poor
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	Number of Days _____				
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Number of Days _____				
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Number of Days _____				
5. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?	Number of Days _____				
6. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?	Number of Days _____				
7. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?	Number of Days _____				
8. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?	Number of Days _____				
9. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?	Number of Days _____				

These questions pertain to questions about you. Please choose the response that best corresponds to how often you have felt the following in the last month:	Never	Almost Never	Sometimes	Fairly Often	Very often
1. During the past 30 days, did you engage in unprotected or high risk sexual activity?	1	2	3	4	5
2. During the past 30 days have you experienced violence or trauma (including in the community, domestic violence, physical, psychological) or sexual maltreatment/assault within or outside of the family?	1	2	3	4	5
3. In the past 30 days have your children or someone close to you been hit, kicked, slapped, or otherwise physically or emotionally hurt?	1	2	3	4	5

Next, I would like to ask you about other support available to you.

In the last month, how often have you participated in the following activities:

- | | | |
|---|-------|----------------|
| 1. Visited a community of faith or spirituality, e.g. church, temple, meditation group? | _____ | Number of Days |
| 2. Been active with a community activity group, e.g. sports, art, music, writing, etc? | _____ | Number of Days |
| 3. Conducted recreation activities on your own, e.g. sports, art, music, writing, etc? | _____ | Number of Days |
| 4. Participated in support groups, e.g. AA, parenting, mental health, etc? | _____ | Number of Days |

We are interested in finding out about your drug and alcohol history. Your responses will not impact which services you are eligible for.

In the last month:

- | | | | | | |
|--------------------------------|-------|-------------------------|-------------|-----------------------|----------|
| 1. Have you drank alcohol: | Never | Once every couple weeks | Once a week | A couple times a week | Everyday |
| 2. Have you use illegal drugs: | Never | Once every couple weeks | Once a week | A couple times a week | Everyday |

Next I would like to ask you some questions about your housing and benefits.

In the last 30 days, how many days have you lived:	on the street/park/beach	in an emergency shelter	In a temp/transitional shelter	in a supervised group home	in an independent apartment	in a shared apartment
	_____	_____	_____	_____	_____	_____

On a 1-10 scale, how happy are you with where you currently live?

No, I do not like where I live.
 Yes, I really like where I live.

1 2 3 4 5 6 7 8 9 10

We are interested in finding out whether you have gone to jail or the hospital in the last month.

Have you been arrested or have you spent a day in jail in the last 30 days? Yes No Times

1) If so, what was it for :	_____	Crime	_____	Date	_____	# of Days
2) If so, what was it for :	_____	Crime	_____	Date	_____	# of Days
3) If so, what was it for :	_____	Crime	_____	Date	_____	# of Days
4) If so, what was it for :	_____	Crime	_____	Date	_____	# of Days
5) If so, what was it for :	_____	Crime	_____	Date	_____	# of Days

Have you gone to the emergency room in the last 30 days? Yes No Times

- | | | | | |
|-----------------------------|-------|-----------|-------|------|
| 1) If so, what was it for : | _____ | condition | _____ | Date |
| 2) If so, what was it for : | _____ | condition | _____ | Date |
| 3) If so, what was it for : | _____ | condition | _____ | Date |
| 4) If so, what was it for : | _____ | condition | _____ | Date |
| 5) If so, what was it for : | _____ | condition | _____ | Date |

Have been admitted or stayed over-night at the hospital in the last 30 days?	_____	Yes	_____	No	_____	Times
1) If so, what was it for :	_____	condition	_____	Date	_____	# of Days
2) If so, what was it for :	_____	condition	_____	Date	_____	# of Days
3) If so, what was it for :	_____	condition	_____	Date	_____	# of Days
4) If so, what was it for :	_____	condition	_____	Date	_____	# of Days
5) If so, what was it for :	_____	condition	_____	Date	_____	# of Days

We are also interested in some background information about you.

1. Are you a veteran	Yes	_____	No	_____		
2. What is your age in years?	Years	_____				
3. What is your gender?	Male	_____	Female	_____	Specify	_____
4. What is the highest grade or year of school you completed?	8 th grade or less	Completed 9 th -11 th	Graduated or GED	Some college	College graduate	Completed Graduate School
5. Are you...	Married	Divorced	Widowed	Separated	Never married	Unmarried couple
6. Do you have any children that you are the primary caretaker for?	Yes	# _____	No	_____		
7. Were you born in Hawaii?	Yes	No	If not, where were you born:	_____		
8. How long have you lived in Hawaii?		_____ Months	_____ Years			
9. What is your nationality? (country of origin)	_____					
What is your ethnic background? (mark all that apply)	<input type="checkbox"/> African-American	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Caucasian		
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Portuguese		
	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Pacific Islander, other	<input type="checkbox"/> Samoan		
	<input type="checkbox"/> Unknown	Other (specify) _____				

We are interested in finding out which services you receive are most helpful and what services you still need.

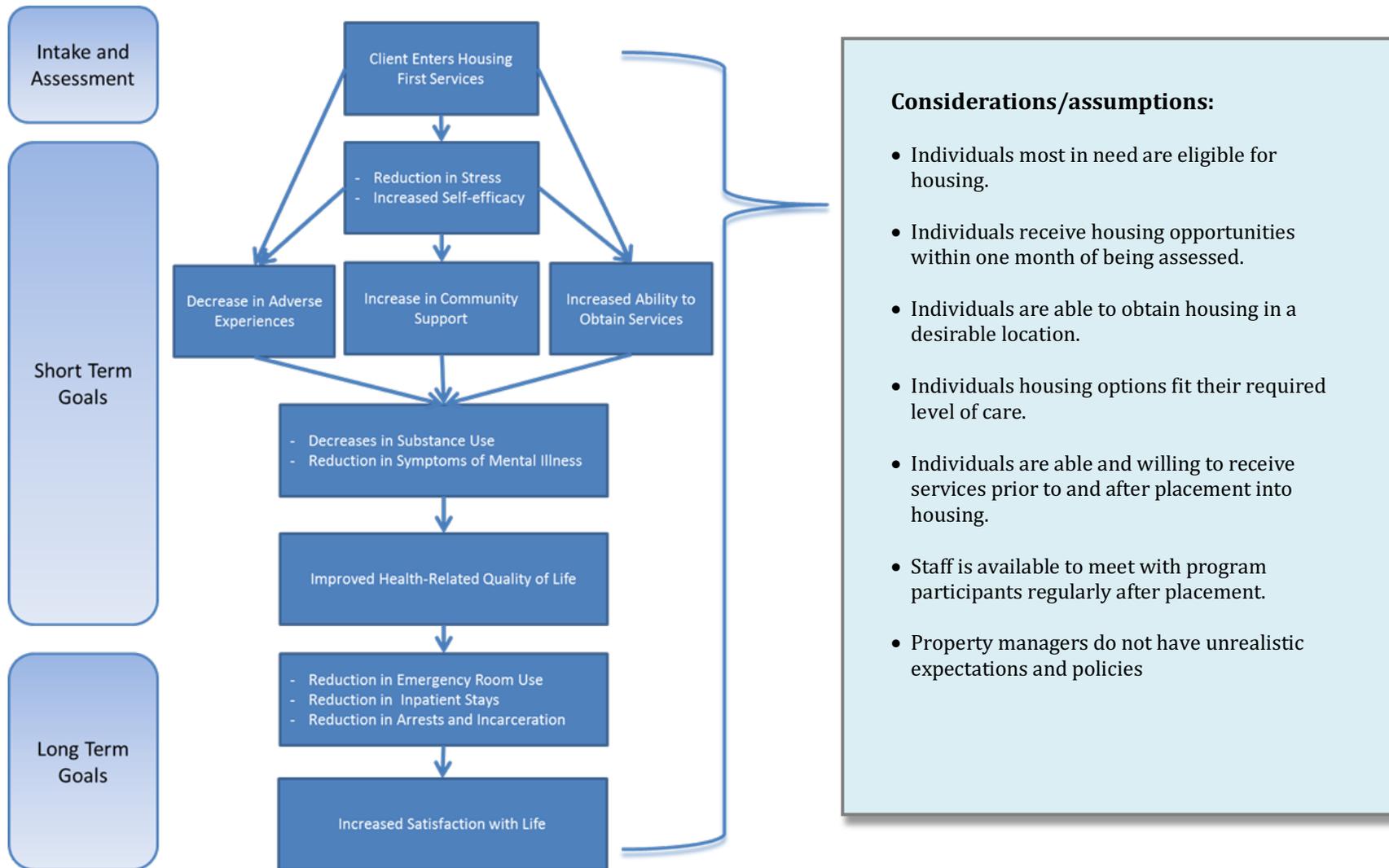
1. What services have you received that helped the most? _____

2. Is there anything else that you are concerned about that you would like me to know? _____

Interviewer: On a scale of 1-10, how confident are you in the validity of the responses: 1 2 3 4 5 6 7 8 9 10
 No Confidence Completely Confident

Appendix E. Housing First Theory of Change

Figure 1. Housing First Theory of Change



Appendix F. Housing First Fidelity Criteria

Housing First Fidelity Criteria

Watson et al. 2013 Housing First Fidelity Index	
Dimension I: Human resources-structure & composition	Refers to the composition & structure of the staffing.
1. Diverse Staff	Program staff highly reflects the diversity within the consumer population.
2. Minimum Education Requirements	At least 25% of case managers have a Master's degree or higher.
3. Harm Reduction & Crisis Intervention Knowledge	Program provides or requires ongoing training in harm reduction & crisis intervention for staff
4. Staff Availability	At least one staff member is available to consumers twenty-four hours a day, seven days a week
5. Clinical Staffing	Program has psychiatric staff and mental health professional on staff or contract
Dimension II: Program boundaries	Limits placed on whom the program will serve & the responsibilities of key staff members.
6. Population Served	Program serves only chronically homeless & dually-diagnosed individuals, & it houses current drug users.
7. Consumer Outreach	There is a designated staff member dedicated to outreach or an outreach department.
8. Case Management Responsibilities	Case management responsibilities are limited to case management.
9. Termination Guidelines	The program only terminates consumers who demonstrate violence, threats of violence, or excessive non-payment of rent.
10. Termination Policy Enforcement	The service termination policy is consistently enforced.
Dimension III: Flexible policies	Policies & rules are written to appropriately serve consumers with greatest need/vulnerability & to allow them maximum choice in terms of substance use & housing.
11. Flexible Admissions Policy	The program has formal protocol for admitting consumers with the greatest need/vulnerability
12. Flexible Benefit/Income Policy	The possession of or eligibility for income benefits is not a prerequisite for housing.
13. Consumer Choice in Housing Location	The program works with consumers to find desirable housing.
14. Flexible Housing Relocation	The program always attempts to relocate consumers when they are dissatisfied with their current housing placement.
15. Unit Holding & Continuation of Case Management	The program holds housing for hospitalization & incarceration for more than 30 days & program continues to offer case management services while unit is unoccupied.
16. Flexible with Missed Rent Payments	The program is flexible with missed rent payments, but holds the consumer accountable.
17. Flexible Alcohol Use Policy	The program allows alcohol use & housing allows alcohol in units.
18. Flexible Drug Use Policy	The program allows illicit drug use & housing allows illicit drug use in units.
19. Eviction Prevention	The program has a formal policy & protocol to work with consumers to prevent eviction & has a staff member dedicated to eviction prevention.
20. Consumer Input into Program	The program has formal & informal mechanisms for receiving & implementing consumer input.
Dimension IV: Nature of social services	The structure, policies, & practices related to social services offered by the program. (There is some overlap with Dimension IV; however, this dimension refers specifically to social services).
21. Low-demand Service Approach	Consumers are not required to engage in any services except for case management in order to receive/continue receiving housing.
22. Harm reduction approach to service provision	Program uses a harm reduction approach & staff has a strong conceptual understanding.

23. Regular in-person Case Management Meetings	Consumers meet with their case managers 2-3 times a month on average, but program has a policy that more frequent meetings occur in the first 1-6 months after admissions.
24. Small Case Loads	Case managers have 10 or fewer consumers on their caseload.
25. Ongoing Consumer Education	Consumers receive ongoing education in Housing First and harm reduction policies & practices.
Dimension V: Nature of housing & housing services	The structure of housing & housing services offered by the program and/or private landlords.
26. Structure of Housing	Housing is scattered-site in buildings operated by private landlords.
27. Fast Placement into Permanent Housing	The program places consumers into housing in one week or less.
28. Temporary Housing Placement	Temporary housing placement does not last more than one month.
29. Consumer is Lease Holder for Housing Unit	100% of consumers are the leaseholders of their unit.

Appendix G. Housing First Analytical Plan

Housing First Analytical Plan

Research Questions

The following research questions – as stated in the Logic Model – address four main areas of concern: Housing First attainment of goals (RQ 1-2), potential factors that may affect the attainment of desired outcomes (RQ 3), comparison of HF to clients receiving other services (RQ 4), and fidelity to national HF program model (RQ 5):

- RQ 1. Is HF participation associated with attaining short-term (ST) goals?
- Decreased substance use
 - Decreased stress
 - Increased mental & physical health
 - Increased social & community connections
 - Increased access to healthcare & services
- RQ 2. Is HF participation associated with attaining long-term (LT) goals?
- Increased life satisfaction
 - Decreased hospital & jail stays
 - Increased Employment
- RQ 3. Does place of residence and length of time to placement affect attainment of ST and LT goals?
- RQ 4. Is participation in HF associated with better attainment of LT and ST goals than participation in other programs?
- RQ 5. To what extent does IHS-HF adhere to HF model?

Participants

Research participants include IHS clients who are participating in Housing First (treatment group) and IHS clients who are participating in other housing services (comparison group). Additionally, IHS staff and HF case managers will be involved in the fidelity checklist and qualitative interviews.

Measures

The evaluation team proposes the following measures to answer the above research questions:

- Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT). The VI-SPDAT consists of two tools:
 - Vulnerability Index: Measures medical vulnerability of homeless
 - Service Prioritization Decision Assistance Tool: Used to assist case managers and outreach workers with client intake and resource allocation by measuring homeless clients' acuity.
- Housing First Assessment Tool (HFAT): Developed by Jack Barile to assess IHS's HF effectiveness at achieving ST and LT goals.
- Watson et al., 2013 Housing First Fidelity Index (HFFI): Gives checklist of nationally agreed-upon criteria for HF models.
- HF Qualitative Interview Instrument (HFQII): Semi-structured interview guide to assess adherence to program model and to supplement quantitative data by providing context.

These measures are described in more detail in the measurement section of this proposal.

Procedures

Each HF client will be administered the HFAT once a month, beginning at baseline (intake). HF case managers, IHS outreach workers, and members of the evaluation team will work together to administer the instrument. Additionally, IHS outreach workers and case managers will administer the HFAT once a month (beginning at intake) to a comparison group of IHS clients who are participating in alternative housing services.

VI-SPDAT scores should be available for each HF client and comparison group client since all O'ahu housing service providers use the instrument to assess vulnerability before providing services. Members of the research team will obtain VI-SPDAT scores from PHOCUSED, the organization who scores the instruments. Additionally, IHS should provide any relevant VI-SPDAT scores to the research team.

Evaluation team research will enter VI-SPDAT and HFAT data into Qualtrics, a university-supported data management and collection program. Each HF client will be given an ID number comprised of initials from the following: Agency, Gender, Interviewer Initials, Month Day of FIRST interview, Client First/Last Initials. Additionally, HFATs will be matched with VI-SPDATs so that each participant should have a VI-SPDAT and at least 4 HFAT scores. The evaluation team will pick up IHS-collected HFATs once a week and will provide IHS with the coversheets of any evaluation team-collected HFATs from that week.

The evaluation team will administer the Fidelity Index to case managers, IHS staff, and HF clients at 6-month intervals. This data will also be entered into Qualtrics for analysis.

Data obtained from IHS and HF clients will be kept under double-lock – in a locked file cabinet in a locked lab. Besides the original paper HFAT and VI-SPDATs, all data will use ID numbers with no names in order to protect clients' confidentiality.

Analysis Strategy

The evaluation team will test the above research questions primarily by conducting a *latent growth analysis*.¹ This method will allow us to determine how Housing First clients change over time after intake. Four or more time points of HFAT measurement can show changes in ST and LT goals, such as days housed, ER use, number of healthy days, life satisfaction, stress, etc. Obtaining multiple HFAT scores over time can give a more complete picture of the ways in which being housed affects these variables over time. Latent growth analysis will be particularly useful in answering Research Questions 1, 2, and 4.

Research Question 4 involves the use of a comparison groups' HFAT scores. Having a comparison groups' scores will allow us to tell if changes in ST and LT goals are different for HF clients than for clients receiving other types of housing services. For example, we anticipate that HF clients will experience a reduction in ER visits after being housed and that ER visits will continue to decline the longer clients are housed. Comparison group data will allow us to see if ER visits have reduced more for HF clients than for other housing clients. See Graph 1 below for a hypothetical example.

Path analysis can be used to test the effect that certain variables, like place housed and time to placement, may have on ST and LT goals. For instance, we may find that HF participation is associated with decreased stress; however, HF participation may be associated with increased stress if there is a large amount of time between intake and placement.

To further understand the context of HF and to uncover topics not covered in HFAT and HFFI, members of the evaluation team will conduct interviews with primary stakeholders. The interviews will then be transcribed and coded for common themes within and across groups (HF case managers, HF clients, IHS staff).

To analyze the adherence of the program to national HF, the evaluation team will examine the HFFI to check agreement across groups on items and frequencies. This will be completed by determining the level of adherence to each of the 5-10 program HF characteristics defined by Watson et al., 2013.

In August 2016, the evaluation team began conducting geographic information systems (GIS) mapping to assess some of the assumptions of the Theory of Change model (e.g., Are clients likely to stay housed once they are housed?; Are they likely to participate in services once they are housed; What are the factors that contribute to these likelihoods?). Using GIS data from the Honolulu Land and Information Systems (HoLIS), HF records, and survey data we will determine neighborhood suitability based on neighborhood desirability to clients, proximity to transportation, and proximity to social services. This analysis will allow us to compare current client residence sites with the most suitable neighborhoods and to predict likelihood that clients will stay housed and participate in services.

¹ For more information on latent growth analysis, see Duncan and Duncan (2009), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888524/>

Analysis Methods by Research Question

Research Q	Method	Measure	Participants
1. Is HF participation associated with attaining ST goals?	<ul style="list-style-type: none"> Latent Growth Analysis 	<ul style="list-style-type: none"> HFAT 	<ul style="list-style-type: none"> HF clients
2. Is HF participation associated with attaining LT goals?	<ul style="list-style-type: none"> Latent Growth Analysis 	<ul style="list-style-type: none"> HFAT 	<ul style="list-style-type: none"> HF clients
3. Does place of residence & length of time to placement affect attainment of ST & LT goals?	<ul style="list-style-type: none"> Path Analysis testing for moderation (Regression) GIS mapping/analysis 	<ul style="list-style-type: none"> HFAT HMIS 	<ul style="list-style-type: none"> HF clients
4. Is participation in HF associated with better attainment of LT & ST goals than participation in other programs?	<ul style="list-style-type: none"> Latent Growth Analysis using a comparison group 	<ul style="list-style-type: none"> HFAT 	<ul style="list-style-type: none"> HF clients Non-HF clients
5. To what extent does IHS-HF adhere to HF model?	<ul style="list-style-type: none"> Frequencies (Checklist) Qualitative data coding (Interviews) 	<ul style="list-style-type: none"> HFFI HFQII 	<ul style="list-style-type: none"> IHS staff HF case managers HF clients

Appendix H. Interview Instruments

2015-16 Interview Instrument: Institute for Human Services Housing First Service Providers

Participant Code #: _____

Interviewer: _____

Place: _____

Time: _____

I. Role in Housing First

Thank you for agreeing to participate in this study. I want to start by talking about your role in the Housing First project.

1. Please describe how you became involved with Housing First?
2. What are your primary responsibilities with regard to Housing First?

II. Challenges

We are also interested in some of the barriers to HF implementation and suggestions you may have to improve the program.

1. Please describe some of the challenges you faced as a HF service provider.
PROBE: With regard to finding housing for the client? With regard to ...
2. What was the **biggest** challenge you encountered?
3. How did you overcome or respond to these challenges?

III. Successes

We want to document the major successes of the Housing First program...

1. Please describe some of the successes you've had with your clients?
2. Please describe your greatest success story so far. (Prompts: How long did the client wait for housing? What goals has the client accomplished? What aspects of your role have been the most beneficial?)

IV. Program Fidelity

One of the goals of this study is to understand the ways in which the program was implemented. The following questions address Housing First implementation here on Oahu.

1. What is the typical amount of time from intake to housing placement?
2. Please describe any changes to the program that had to be made once the program began?
3. What makes the housing first program unique or different from how you have done case management with clients in the past?
4. What aspects of the housing first program are similar to how you have done case management with clients in the past?

V. Demographics

Age: _____
Gender: _____
Race/ethnicity: _____
Years working with homeless population: _____
Years in Hawaii: _____

2015-16 Interview Instrument: Institute for Human Services Housing First Service Clients

Participant Code #: _____ **Interviewer:** _____
Place: _____ **Time:** _____

I. Background

Thank you for agreeing to participate in this study. I want to start by talking about your experience with homelessness and how you came to be involved with Housing First.

1. Please describe a typical day in your life since you became homeless. (Prompts: Where do you sleep? Where do you go during the daytime? What activities do you do?)
2. What events led to your becoming homeless?

II. Housing First Experience

One of the goals of this study is to understand the ways in which the program works here on Oahu and the quality of your experience with the program.

5. How long have you participated in the Housing First program? Have you been placed into housing? How long did it take for you to be placed into housing once you were identified for the program?
6. Please describe your experiences with your case manager. (Prompts: How often do you meet? How long are your meetings? Does the case manager address questions or concerns you have?)
7. Please describe your overall satisfaction with the case management you have received.
8. What do you like most about the Housing First program?
9. What do you like least about the Housing First program?

III. Challenges

4. Please describe any challenges you have faced since participating in the housing first program. (Prompts: Issues with case management? Issues with your landlord? Transportation? Housing? Other concerns?)
5. What was the **biggest** challenge you encountered?
6. How did you respond to these challenges?

IV. Successes

1. Please describe any successes you have had since participating in the Housing First program. (Prompts: Goals met with case management? Transportation? Housing? Other successes?)
2. What was is the greatest success you have had so far?
3. How did you respond to this success?

V. Experiences

1. We are interested in finding out how things have changed for you since being enrolled in the Housing First Program. Since starting in the program:
 - a. Has the number of people that you can count on when you need them changed?
 - b. Are you able to do things that you were not able to do before?
 - c. Are you involved in any social groups?
 - d. Has your health or well-being changed?

V. Demographics

Age: _____

Gender: _____

Race/Ethnicity: _____

Number of years homeless: _____

Number of times homeless: _____

Years in Hawaii: _____

2017-18 Interview Instrument
Institute for Human Services Housing First Service Providers

Participant Code #: _____

Interviewer: _____

Place: _____

Time: _____

Thank you for agreeing to participate in this study. I want to start by talking about your service provision background and how you became involved with Housing First.

3. How did you become involved in working with the homeless population? PROBE: How many years have you been working with the homeless population?
PROBE: How many years have you been working with the homeless population in Hawaii?
4. How did you become involved with Housing First?

II. Staff Experiences

So, now I'd like to hear about your role in Housing First.

1. What are your primary responsibilities as a Housing First case manager/chaplain/coordinator/housing specialist?
2. How have your responsibilities changed since your first started working with Housing First?
3. If I accompanied you on a typical day, what would we do?
4. What are some obstacles you have faced to carrying out your responsibilities?
PROBE: How have you responded to these challenges?
5. What is the biggest challenge that you've faced as a case manager/chaplain/coordinator/housing specialist?
PROBE: What is the biggest challenge that you currently face?
6. One of the themes from the first round of interviews was that case managers had difficulty seeing clients once a week because high-need clients often took time away from high-functioning clients. How have you responded to this challenge?
7. Working with vulnerable, high-risk populations can be stressful. How have you managed the stress of this type of work?
PROBE: What resources are available to you to handle this stress?
8. What do you see as one of your greatest successes as a case manager/chaplain/coordinator/housing specialist?

III. Program Implementation

One of the goals of this study is to understand the ways in which the program was implemented. The following questions address Housing First implementation here on Oahu.

1. Since we last talked, what changes have taken place with the program? [Follow up only]
2. Walk me through the process of outreach, intake, housing, and continued case management, describing your role at each step.
PROBE: How are clients outreached and vetted for Housing First?

3. The year-end evaluation showed that one of the challenges of the program faced was staff turnover. What challenges has the program faced in year two?
4. The year-end evaluation revealed that one of the program's successes was 97% housing retention. What do you think contributed to this high retention?
5. What successes has the program seen in year two?

IV. Perceptions of Clients' Progress

Now, I'd like to hear about your perception of how your clients are progressing in the program.

1. Please describe a client success story.
PROBE: What goals have clients' accomplished?
2. What clients seem to benefit the most from Housing First?
PROBE: What clients seem not to fare as well?
3. What is the biggest challenge that your clients face going forward?
4. Where do you see your clients a year from now?

V. Demographics

Age: _____
 Gender: _____
 Race/ethnicity: _____
 Years working with homeless population: _____
 Years in Hawaii: _____

**2018 Interview Instrument
 Institute for Human Services Housing First – Clients**

Participant Code #: _____
Place: _____

Interviewer: _____
Time: _____

I. Background

Thank you for agreeing to participate in this study. I want to start by talking about your experience with homelessness and how you came to be involved with Housing First.

3. How did you become homeless the first time?
PROBES: How many times have you been homeless? How did you become homeless most recently?
4. How many years were you/have you been homeless?

5. If I were to accompany you on a typical day when you were homeless, what would we do?
PROBES: Where would you sleep? Where would you go during the daytime? What activities would you do?
6. How did you become involved in Housing First?
PROBE: How long have you participated in the Housing First program?

II. Housing First Experience

One of the goals of this study is to understand the ways in which the program works here on Oahu and your experience with the program.

10. Walk me through the process of being housed.
PROBES: How long did it take for you to be placed into housing once you were identified for the program? How long have you been housed?
11. What obstacles did you experience during the housing process?
PROBE: How did you overcome these obstacles?
12. Tell me about how the personal transition from life on the streets to life in housing.
13. Tell me about your experiences with your case manager.
PROBES: How often do you meet with your case manager? How long are your meetings? What do you talk about?
14. What resources or services are available to you through Housing First?
15. What goals have you listed on your treatment plan?
PROBE: Which goals have you met?
16. If you could change anything about Housing First, what would you change?
17. What do you like most about the Housing First program?
18. Would you recommend this program to other people in your situation?

III. Personal Progress

4. What successes have you experienced since being housed? (Prompts: Goals met with case management? Employment? Housing?)
5. How has your physical health changed since being housed?
6. How has your mental health changed since being housed?
7. Our data show that some clients have experienced slight declines in mental and physical health since being housed. Why do you think that might be?
PROBE: Has your mental/physical health improved, declined?
8. What challenges have you faced since participating in Housing First? PROBES: Issues with case management? Issues with landlord? Transportation? Stigma?

9. How did you respond to these challenges?
10. We've heard that some clients have difficulty finding healthy food. Tell me about how you access food for your daily meals.
11. We've also heard that some clients have experienced traumatic events before and even after housing. Please tell me about any traumatic events you or someone you know has experienced or witnessed since you have been housed.
12. What is the biggest challenge you face going forward? How can Housing First help you overcome this challenge?

V. Demographics

Age: _____

Gender: _____

Race/Ethnicity: _____

Number of years homeless: _____

Number of times homeless: _____

Years in Hawaii: _____

Appendix I. 2015 Fidelity Assessment

2015 Fidelity Assessment

The following section compares this Housing First program to Housing First fidelity criteria (Watson et al., 2013) relating to program staff composition, boundaries, policies, and nature of social and housing services. First, we list how this program has met, not met, or exceeded fidelity criteria. Then, we delineate necessary adaptations, including intentional adaptations and adaptations resulting from program barriers. Finally, we present barriers to program implementation and fidelity to the model.

Staff Structure and Composition

Model Criteria		Program Implementation		
		Fidelity to Model	Adaptations	Barriers
<i>Diverse Staff</i>	<i>Staff highly reflects the diversity within the consumer population</i>	<ul style="list-style-type: none"> The program staff is diverse in age, ethnicity and gender 		
<i>Education Requirements</i>	<i>At least 25% of case managers have a Master's degree or higher.</i>	<ul style="list-style-type: none"> 2 of 5 case managers have a Master's degree or are enrolled in a Master's program 		
<i>Harm Reduction/Crisis Intervention Knowledge</i>	<i>Provides or requires ongoing staff training in harm reduction & crisis intervention.</i>	<ul style="list-style-type: none"> Staff & case managers trained in these approaches Met once a week to strategize mitigating potential crises 		<ul style="list-style-type: none"> Staff turnover & collaborating with staff from other agencies made <i>ongoing</i> training difficult
<i>Staff Availability</i>	<i>At least one staff member is available to clients 24 hours a day, 7 days a week.</i>	<ul style="list-style-type: none"> Case managers & clients reported that case managers/staff were available at all hours 		
<i>Clinical Staffing</i>	<i>Has psychiatric staff & mental health professional on staff or contract.</i>	<ul style="list-style-type: none"> One licensed clinical social worker. One licensed substance abuse counselor Psychiatrist hired mid-year 		

Housing First staff consisted of 5 case managers, 3 housing specialists, a chaplain and community liaison, a program coordinator, a psychiatrist, and a data specialist. The program staff is highly diverse in age, ethnicity and gender. Staff ages range from 29 to 67 years of age and consist of 5 males and 7 females. Staff members' ethnicities include: Japanese (1), Korean (1), Chinese/Caucasian (2), Samoan (1), Portuguese/Caucasian (1), Caucasian (3), and Native Hawaiian (3). All staff was trained in harm reduction and crisis intervention; however, case manager turnover and collaboration with other agencies inhibited formal ongoing training. The program exceeded education and clinical staffing criteria, and clients reported that program staff was always available if needed:

“I worked with [IHS staff member], and she’s wonderful. And I speak to her probably, four times a month. And she’s been enormously supportive of me, enormously supportive. And she’s extended herself and then some. And she was the one who helped launched me into the volunteer positions, you know. And she, she’s been an enormous emotional support. And she’s made herself available to me. You know what, I could probably call her up at 5 o’clock in the morning or 2 o’clock in the morning, you know. That’s how she is. She’s wonderful, and so had been all the IHS staff. All of them.”

– Housing First client on staff availability

Program Boundaries

Model Criteria		Program Implementation		
		Fidelity to Model	Adaptations	Barriers
<i>Population Served</i>	<i>Serves only chronically homeless & dually diagnosed individuals & houses current drug users</i>	<ul style="list-style-type: none"> Relied on VI-SPDAT scores to determine vulnerability & risk All 105 households had at least one person with a VI-SPDAT score of 10 or higher² Housed drug & alcohol users Data show that clients were highly vulnerable: with multiple physical, mental, & substance abuse issues 		
<i>Consumer Outreach</i>	<i>There is a designated staff member dedicated to outreach or an outreach department</i>	<ul style="list-style-type: none"> Formal outreach was a coordinated effort with Phocused & partner agencies (housing navigators): <ul style="list-style-type: none"> Housing navigators administered VI-SPDATs to potential clients Phocused referred clients with scores of 10 or higher to IHS IHS outreach workers & case managers find & intake referred clients 	<ul style="list-style-type: none"> IHS also administered VI-SPDATs internally 	<ul style="list-style-type: none"> Relying on 3rd parties to outreach and assess client eligibility led to case managers having difficulty finding clients and differing perceptions of risk/vulnerability Limitations in VI-SPDAT scoring led to the need for additional assessments, slowing intake
<i>Case Management</i>	<i>Case management responsibilities limited to case management</i>	<ul style="list-style-type: none"> Program's more collaborative approach meant that case managers' responsibilities were not limited to case management 	<ul style="list-style-type: none"> Initially, case managers served as outreach workers; later transitioned into case management Case managers worked closely with housing specialists, & sometimes these roles overlapped Staff noted that coordination with housing specialists was beneficial 	<ul style="list-style-type: none"> Case managers & staff noted that transitioning from outreach to case management was difficult Case managers were confused about case management responsibilities
<i>Termination Guidelines</i>	<i>Only terminates clients who demonstrate violence, threats of violence, or excessive nonpayment of rent</i>	<ul style="list-style-type: none"> The program only terminated clients who demonstrated violence or threats of violence or who left voluntarily (n=3) 	<ul style="list-style-type: none"> Terminated 2 clients who were incarcerated because staff anticipated long-term sentencing for serious offenses 	
<i>Termination Policy Enforcement</i>	<i>Termination policy is consistently enforced</i>	<ul style="list-style-type: none"> Policy was consistently enforced 		

² We were unable to obtain scores for 2 households.

The program had a formal policy for identifying high-need clients. “Housing Navigators” from multiple agencies administered VI-SPDATs to potential clients. Phocused scored these VI-SPDATs and referred clients with a score of 10 or higher to IHS. Most of the referred clients did not have a “housing navigator”, making it difficult for Housing First case managers to locate clients with whom they did not have a previous relationship. Additionally, when Housing First staff members met with referred clients, they noted that VI-SPDAT scores did not always accurately reflect clients’ current states. These difficulties slowed client intake and led to staff having to re-administer VI-SPDATs.

Unlike other Housing First models, this model included intense coordination between housing specialists and case managers, which sometimes led to overlap in roles. However, both staff and case managers reported that this coordination was helpful and necessary:

“I think most of the models are very specific of the housing roles versus the case manager roles. Over here, it kind of overlaps a little bit more. [...]. We are all willing to play different roles. Sometimes we do play the housing specialist role. Sometimes the housing specialist plays the case manager role. We also know who is appropriate for the lead at the time, because sometimes the housing person will have to make a decision and we, as the case manager will let the client know, “okay, this is the housing specialist’s decision, they’re going to make it.” And you know, our role is to facilitate and help them, and vice versa. Sometimes we have to make a decision, and housing specialist just back us.”
– Housing First case manager

Case managers also functioned in the role of outreach workers initially before transitioning into case management:

“What I think we really did was we co-opted into a case management program. And outreach work is very different from case management work. There are many similarities, your sense of mission is equal, the population is the same population, but the duties and roles of the case manager with linking and brokering, kind of temporary of in the moment vibe into the work they do with the clients with exceptions probably, but – so [we] really had to take outreach workers and turn them into case managers.”
– Housing First staff member

Some case managers noted that this transition was difficult:

“I think it [difference between outreach and case management] needs to be really clear. I believe even with outreach workers, but to assume that the outreach worker can become a case manager – it’s two separate levels of care.”
– Housing First case manager

“As the case manager for City Housing First... we have, we have a list of stuff. [...] And I’m really bad at... the data part. I mean I wasn’t really trained so [...]. I been trying to, like I’ll use the first hour of the day at the office, and then from 9 to like 3 with clients and then maybe till 4 do the notes. And I’m trying to make that a routine. I’ve not been ever trained to do this.”
– Housing First case manager

Flexible Policies

Model Criteria		Program Implementation		
		Fidelity to Model	Adaptations	Barriers
<i>Flexible Admissions Policy</i>	<i>Has a formal protocol for admitting most vulnerable clients.</i>	<ul style="list-style-type: none"> • Phocused referred the most vulnerable clients to HF • HF outreach workers & case managers attempted to locate and then intake these referred clients. • Once completing intake, clients placed on housing list 	<ul style="list-style-type: none"> • Most vulnerable clients were moved up on the housing list even if they did not have all necessary documents 	<ul style="list-style-type: none"> • Invalid VI-SPDAT scores and difficulty finding referred clients significantly slowed the intake & housing placement process
<i>Flexible Benefit/Income Policy</i>	<i>Possession of or eligibility for income benefits is not a housing prerequisite.</i>	<ul style="list-style-type: none"> • Clients were not required to be “housing ready” • Clients were not required to possess or be eligible for income/benefits 		
<i>Consumer Choice in Housing Location</i>	<i>The program works with clients to find desirable housing.</i>	<ul style="list-style-type: none"> • Considered clients’ wishes regarding housing location & type 	<ul style="list-style-type: none"> • Not always able to accommodate all of clients’ wishes because of significant barriers • Gave clients 3 opportunities to decline housing option before moving client to bottom of housing list 	<ul style="list-style-type: none"> • Barriers, such as landlord stigma, pets, handicap accessibility, landlord clauses barring alcohol/drugs, & limited affordable housing availability, made it difficult to accommodate all client requests & house clients quickly
<i>Flexible Housing Relocation</i>	<i>Always attempts to relocate clients when they are dissatisfied with their current housing placement.</i>	<ul style="list-style-type: none"> • Quickly rehoused evicted clients/clients who were having difficulty with landlords • Worked to rehouse clients with “reasonable concerns”. 		
<i>Unit Holding & Case Management Continuation</i>	<i>Holds housing for hospitalization & incarceration for more than 30 days & program continues to offer case management services while unit is unoccupied.</i>	<ul style="list-style-type: none"> • Continued to offer case management services while units were unoccupied due to clients’ short-term hospitalizations, evictions, etc. 		<ul style="list-style-type: none"> • Difficult to coordinate with criminal justice and medical systems - case managers do not always know when clients are hospitalized or incarcerated.
<i>Flexible with Missed Rent</i>	<i>Is flexible with missed rent payments but holds the client accountable.</i>	<ul style="list-style-type: none"> • Housing specialists handled rent payments & work with clients to anticipate payment issues • Did not exit any clients due to nonpayment of rent 		

<i>Flexible Alcohol/Drug Use</i>	<i>Allows illicit drug/alcohol use & housing allows illicit drug/alcohol use in units.</i>	<ul style="list-style-type: none"> Allowed drug & alcohol use 	<ul style="list-style-type: none"> Some landlords did not allow drug & alcohol use 	<ul style="list-style-type: none"> Landlord restrictions led to conflict between tenants & landlords and inhibited program fidelity
<i>Eviction Prevention</i>	<i>Has a formal policy & protocol to work with clients to prevent eviction & has a staff member dedicated to eviction prevention.</i>	<ul style="list-style-type: none"> The program had a formal policy and protocol to work with clients to prevent eviction Recently partnered with the University of Hawaii at Mānoa to offer classes on being good tenants & money management 	<ul style="list-style-type: none"> While no particular staff member was dedicated to eviction prevention, case managers, staff, & housing specialists worked together to prevent eviction by anticipating problems, strategizing solutions, & working as liaisons between clients & landlords 	
<i>Consumer Input</i>	<i>Has formal & informal mechanisms for receiving & implementing client input.</i>	<ul style="list-style-type: none"> The program had <i>informal</i> mechanisms for receiving client input, particularly through case manager meetings and support groups 	<ul style="list-style-type: none"> No <i>formal</i> mechanisms for client feedback. For the next funding period, will conduct a photo project designed to receive and implement client feedback 	

Despite significant barriers, the program housed highly vulnerable clients with no income or income benefits, offering eviction prevention and reasonable client choice of housing. Because of limited affordable housing stock and landlord stipulations regarding pets and alcohol/drugs, providing client choice and housing clients quickly became difficult. Therefore, the program offered clients a maximum of three units before placing them at them at the bottom of the housing list until more units came available.

During the process of looking for housing, there's a lot of contact between the housing specialist and the client because they need to go see the place. We let them see the place. We let them say yes or no to the place if they like it. There's a few of them that we'd deny them the place, but majority of them will take whatever comes." – Housing First housing specialist

The program maintained flexible policies regarding alcohol and drug use, missed rent payments, and housing relocation. Again, landlord clauses restricting alcohol/drugs contradicted HF's flexible policies and led to conflict between landlords and tenants.

Yea, but drugs, all the landlords don't allow it. They don't allow any illegal activities at all in their unit or even on their property. Yea, but with this program, because we allow it, we had to express to the whole team that because we allow it, doesn't mean the landlord allows it. So we had to understand that. And we have to for them to stay in housing. We have to keep telling our clients that – "handle your business outside. Don't do it on the property, don't do it on the unit." But at the same time, as a housing specialist and a case manager, we try to work on those issues with them – we need to try to minimize their use. – Housing First housing specialist

Housing First housing specialists were essential in mitigating these conflicts and avoiding eviction.

“For me, because we converse for a long time, they open up so much units for us. So then we have that relationship with them because we deal with them all the time. They realize the kind of clients that are coming in. We even have landlords that will come and have lunch with us downstairs. So, yeah, we build that relationship with them. But there’s just a few landlords that we just, we kinda know what client to put into certain landlords. Yea. We have landlords that is willing to be patient. Willing to work with this client. Then we know we can put our hard client into that unit only because we know that it’s going to take some time to transition.” – Housing First housing specialist

The program has met or exceeded criteria regarding rent payment and relocation. No clients have been exited due to rent nonpayment, and clients with reasonable concerns (e.g., conflicts with landlords) have been rehoused. In order to elicit more client input on these processes, the program is working with the evaluation team to develop a client input policy that will include a photo response project and a survey with clients.

Nature of Social Services

Model Criteria		Program Implementation		
		Fidelity to Model	Adaptations	Barriers
<i>Low-demand Service Approach</i>	<i>Clients not required to engage in any services except for case management in order to receive/continue receiving housing</i>	<ul style="list-style-type: none"> Did not require clients to engage in any service besides case management 		
<i>Harm Reduction Approach</i>	<i>Uses a harm reduction approach & staff has a strong conceptual understanding</i>	<ul style="list-style-type: none"> Staff & case managers engaged in and had a strong understanding of the harm reduction approach 		
<i>Small Caseloads</i>	<i>Case managers have 10 or fewer clients on their caseloads</i>	<ul style="list-style-type: none"> Case managers had well above the 10 cases maximum 	<ul style="list-style-type: none"> Case managers have on average 19 households (31 individuals) on their caseloads 	<ul style="list-style-type: none"> Not enough case managers for the number of clients Stably housed clients not transferred to external case managers, resulting in high caseloads Care coordination difficult to determine which clients may have external case managers Large caseloads led to severe anxiety and burnout among case managers
<i>Regular In-Person Case Management Meetings</i>	<i>Clients meet with case managers 2-3 times a month on average, but program has policy that more frequent meetings occur in the first 1-6 months</i>	<ul style="list-style-type: none"> Case managers & clients indicate that they did not meet 2-3 times a month 	<ul style="list-style-type: none"> Case managers prioritized clients they perceived to be more “high need” “Higher functioning” clients not seen as often Used a multiple case management team approach so that a member of the team tries to see clients weekly 	<ul style="list-style-type: none"> Large caseloads contributed to difficulty in seeing all clients regularly “High need” clients took up the majority of time
<i>Ongoing Consumer Education</i>	<i>Clients receive ongoing education in Housing First and harm reduction policies & practices.</i>	<ul style="list-style-type: none"> Education occurred informally and individually. Program considering including an educational 	<ul style="list-style-type: none"> The program offered support groups that encouraged clients to take steps in skill-building and community connection. 	<ul style="list-style-type: none"> Some evidence suggests that clients were not aware of the service aspect of program. Difficult to provide formal education to clients when

		component during intake for the next funding year.		program cannot require clients to attend classes.
--	--	--	--	---

As the model stipulates, the program did not require clients to participate in any services besides case management and allowed clients to set their own goals for the program:

“Housing First is client-based, client-driven goals. So, whatever they think is most important.” - Housing First case manager

“We don’t require, too, much. We don’t require anything actually. As long as you follow the case manager and follow your lease, those are kind of the only rules.” - Housing First case manager

Case managers were trained and had conceptual knowledge of harm reduction approaches. Part of their approach was utilizing a multiple case management team to help reduce harm and prevent impending crises. Therefore, some member of the team was supposed to meet with clients regularly, particularly in the beginning.

“And when they get housed, we try to see them one or two times a day – a week. After that if they’re still not needy – they’re not a client that needs so much attention – then we do just once a month and the case manager goes there once a week.” – Housing First housing specialist

However, case managers were unable to meet with clients weekly, mostly because of high caseloads.

“I feel like I’m failing miserably in seeing everybody once a week plus keeping up with all of the other stuff that you gotta keep up with. [...] I just don’t think it’s realistic to have the caseload we have and then have to do the amount of home visits we have to do. That’s just not gonna happen. [...] I feel like that – it’s a lovely idea, and you know what? If I had 12 clients, I might be able to do that. You know? But we’re talking like 27...30...whatever. I don’t even know how many.” - Housing First case manager

Though clients receive an informal introduction on the program, its policies, and its approach, *ongoing* education can be difficult because of high caseloads and the fact that the program cannot require clients to participate in education. However, the program does offer support groups and classes that clients can opt to attend. Evidence suggests that higher-functioning clients are well informed of the program, even working with the case manager as a team; while other higher need clients may need additional education:

“However, a lot of these people don’t understand that this is a program. Most local people here are used to Section 8. Section 8 is you get a subsidy, and that’s your place. You get reevaluated a year from now. As long as you pay your rent, there’s no problems; there’s no issues. This one is much more invasive. However, these patients – clients –

haven't gotten that message. And even though it's read to them when they're signing their papers, they're totally at a loss." – Housing First case manager

Nature of Housing and Housing Services

Model Criteria		Program Implementation		
		Fidelity to Model	Adaptations	Barriers
<i>Scattered-site Housing</i>	<i>Housing is scattered-site in buildings operated by private landlords.</i>	<ul style="list-style-type: none"> • Program strove to meet scattered-site criteria. • Housing is operated by private landlords 		<ul style="list-style-type: none"> • Obstacles related to other program criteria (e.g., landlord clauses barring illicit drug/alcohol use; finding desirable housing for clients) and limited affordable housing made scattered-site a challenge
<i>Fast Placement into Permanent Housing</i>	<i>The program places clients into housing in one week or less.</i>	<ul style="list-style-type: none"> • Time from intake to placement ranged from 0 to 219 days • Median time from intake to placement was 35 days 	<ul style="list-style-type: none"> • The program identified units ahead of time so that they were ready when clients were identified 	<ul style="list-style-type: none"> • Difficulty finding dislocated clients • Clients' loss of identification documents • Competition from other programs • Landlord stigma or opposition to the program • Finding units for disabled clients • Finding units appropriate for larger families • Balancing clients' desires with these obstacles
<i>Temporary Housing Placement</i>	<i>Temporary housing placement does not last more than one month.</i>	<ul style="list-style-type: none"> • Temporary housing was not used frequently in this program 		
<i>Consumer is Leaseholder</i>	<i>100% of consumers are the leaseholders of their units.</i>	<ul style="list-style-type: none"> • All clients are leaseholders of their units 		

The program faced significant barriers to housing clients quickly in scattered-site housing, including landlord stigma and/or restrictions, limited affordable housing stock, and balancing clients' needs and desires with these obstacles. For example, some clients needed handicap assessable units, pet-friendly units, and/or units large enough for their families. Additionally, competition from other housing programs limited the available housing stock.

And as great as some landlords are, that are willing to help these individuals, I don't think they are willing to take that kind of liability. That is always the issue. It is always easy to house these guys in poor neighborhoods, because that is just how it is. That kind of goes against the scattered site theory because, yea, it is still scattered site in a sense.

– Housing First case manager

“Our biggest challenge was finding housing for these clients because a lot of the landlords, they don't want to deal with this population, yea? And it's understandable because they don't want to have to deal with the complaints, and any illegal things that happens in their unit. But part of our job is vouching for them, letting the landlords know that trying to convince them to coming on our side. That was one of the biggest challenges.” – Housing First housing specialist

Despite these barriers, the program was able to house most clients in about a month, with 100% of clients being the leaseholders of their units.

Appendix J. 2018 ACE Measure

Administrative use only

Survey Date ___/___/___

Individual ID _____

Housing First Evaluation Adverse Childhood Experiences Survey

This survey asks you to answer 24 questions about stressful events that may have happened during your childhood. We are asking these questions because research shows that childhood experiences can affect health and wellness later in life. This information may help us better understand certain outcomes identified as part of our evaluation of the Housing First program. It may also help us find ways in which the program can be improved to better serve its clients. Some of these questions may make you feel uncomfortable or bring back bad memories. It's okay not to answer any questions that are overwhelming. All information collected will be kept confidential, and your answers will be kept separate from your identifiable information.

All of the below questions refer to the time period before you were 18 years of age. Please answer the following questions by checking the response that best matches your experience.

While you were growing up, during your first 18 years of life:

- | | | | | | |
|---|--------------------------------|-------------------------------|---|--|--|
| 1. Did you live with anyone who was depressed, mentally ill, or suicidal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | |
| 2. Did you live with anyone who was a problem drinker or alcoholic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | |
| 3. Did you live with anyone who used illegal street drugs or who abused prescription medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | |
| 4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | |
| 5. Were your parents divorced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Never married | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |
| 6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? | <input type="checkbox"/> Never | <input type="checkbox"/> Once | <input type="checkbox"/> More than once | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |

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.	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
9. How often did anyone at least 5 years older than you or an adult ever touch you sexually?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
11. How often did anyone at least 5 years older than you or an adult force you to have sex?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
12. How often did you feel unsupported, unloved, and/or unprotected?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
13. How often did you go without food, clothing, or a place to live?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
14. How often did you experience harassment or bullying at school?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
15. How often did you see or hear violence in the neighborhood or in your school's neighborhood?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
16. How often were you treated badly because of race, sexual orientation, place of birth, disability, or religion?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
17. How often did you experience verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend)?	___ Never	___ Once	___ More than once	___ Don't know	___ Prefer not to say
18. Were you separated from your primary caregiver?	___ Yes	___ No		___ Don't know	___ Prefer not to say
19. Did you have a serious medical procedure or life threatening illness?	___ Yes	___ No		___ Don't know	___ Prefer not to say

20. Were you ever in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
21. Were you ever detained, arrested, or incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
22. Did you experience homelessness (i.e. live on the streets, stay in a shelter, mission, single room occupancy facility, abandoned building, or vehicle)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
23. Did you experience unstable housing (i.e. move more than twice in a six month period or be evicted)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
24. Did you live with a parent or guardian who died?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say

Appendix K. 2018 Causes of Homelessness Checklist

What are the primary reasons that caused you to become homeless? (check all that apply)

1. Alcohol or drug use		13. Mental illness	
2. Release from rehab		14. Released from hospital	
3. Job loss		15. Disabled	
4. Limited availability of jobs		16. Loss of Section 8	
5. Unable to pay rent		17. Foreclosure	
6. Loss of money		18. Eviction	
7. SSI or SSDI cut-off		19. Relocation	
8. Argument with family/friend		20. Released from jail	
9. Family violence		21. Other:	
10. Divorce			
11. Death in the family			
12. Physical illness			