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Implementing Housing First with Families and Young Adults: Challenges and Progress toward Self-Sufficiency

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Implementing Housing First with Families and Young Adults: Housing Stability, Challenges and Progress toward Self-Sufficiency

1. Introduction

Homelessness is an important social problem. The 2016 Annual Homeless Assessment Report (AHAR) point-in time (PIT) count reported nearly 550,000 people homeless, and of these, more than two-thirds were staying in shelters (Henry, Watt, Rosenthal, & Shivji, 2016). The social and economic costs of homelessness are high. Such social costs include opportunity costs with regard to lost workforce productivity and threats to American values of equal opportunity (Padgett, Henwood, Tsemberis, 2015), and economic costs include usage of emergency shelters, physical and mental health services, substance use interventions, foster care, and incarceration. These costs that have been estimated to total upward of $40,000 per year for homeless individuals who are on the streets, making emergency shelters more financially burdensome for taxpayers than placing homeless individuals and families in permanent housing (Culhane, Metraux, & Hadley, 2002; McLaughlin, 2010; National Alliance to End Homelessness, 2016; Poulin, Maguire, Metraux, & Culhane, 2010; Tobin & Murphy, 2013). In addition to cost benefits, providing permanent housing to homeless individuals is related to positive outcomes, including avoiding homelessness (Fowler & Schoeny, 2017).

Housing First, an evidence-based model in which chronically homeless persons with substance abuse or mental health issues are offered permanent housing without first requiring they undergo treatment for those issues (Bassuk & Geller, 2006), has been found to be a cost-effective approach for single adult homeless populations. Providing individuals with necessary housing and other resources creates a foundation for increased stability and maintenance of independent housing (Tsemberis, Gulcur, & Nakae, 2004; Tsemberis, 2010). The approach is

premised on the idea that people need access to basic necessities (e.g., food and shelter) before they can work toward other goals such as finding a job or receiving treatment for mental health and/or substance use disorders (Gaetz, Scott, & Gulliver, 2013; National Alliance to End Homelessness, 2016). The service model provides clients with access to voluntary and flexible case management services to address their needs (Bassuk & Geller, 2006; Rog, Henderson, Lunn, Greer, & Ellis, 2017; Rog et al., 2014). PSH, one program model in Housing First, provides long-term rental housing assistance and supportive case management services to chronically homeless individuals with mental and physical health issues, substance use disorders, and/or disabilities. Research has found that clients tend to prefer PSH over other housing models (Rog et al., 2014). We are still learning, however, about how and to what extent such housing models may be useful for families and young adults, the topic on which this paper focuses.

1.1 Family Homelessness

As of January 2017, 184,661 people in families were identified as homeless, representing approximately 35% of the total homeless population (Henry et al., 2016; National Alliance to End Homelessness, 2016). Homelessness has been found to be related to families' health and wellbeing (Tobin & Murphy, 2013), and their issues are distinct from those of single adults. Compared to homeless single adults, homeless families tend to stay longer in temporary housing, have experienced trauma (e.g., childhood abuse and neglect, domestic violence, community violence), and are more likely to be involved with child welfare services (National Alliance to End Homelessness, 2016; Tobin & Murphy, 2013). Homeless children have been found to be more likely to experience acute and chronic illness, developmental delays, and learning disabilities compared to non-homeless children, and have more difficulties forming and sustaining supportive relationships (Tobin & Murphy, 2013). These negative outcomes suggest

the importance of working toward preventing family homelessness.

Understanding the causes of homelessness are important to determining how to prevent it. Multiple factors contribute to family homelessness, including structural factors such as poverty, limited access to affordable housing, and unemployment (Desmond, 2016; Gültekin, Brush, Baiardi, Kirk, & VanMaldeghem, 2014; Hiller & Culhane, 2003; Padgett, Henwood, & Tsemberis, 2015), as well as individual factors, such as mental health and substance use disorders, experiences with violence, and ineffective or nonexistent social support systems (Murphy, Bassuk, Coupe, & Beach, 2013;Padgett, Henwood, & Tsemberis, 2015). Other factors include having a high rent burden, being pregnant, living in doubled-up conditions, having low levels of education, lacking work skills, moving frequently, experiencing family separations, and lacking access to housing subsidies (Charette, Herbert, Jakabovics, Marya, & McCue, 2015; Culhane, Lee, & Watcher, 1996; Hanratty, 2017; Krantz et al., 1998; Perloff et al., 1997; Rog & Buckner, 2007). Many of these factors have to do with housing affordability issues, an area that has been seen as ripe for intervention.

Research has identified challenges in housing homeless family populations (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014; Nunez, 2012), particularly housing them in scattered site housing that lacks intensive support services when the families have multiple complex needs such as domestic violence and/or substance abuse issues (Nunez, 2012). Finding suitable housing for large homeless families also tends to be more difficult than finding it for smaller families (Bassuk et al., 2014). Recently, however, efforts have been underway to help homeless families transition successfully from homelessness into stable permanent housing options. To achieve long-term stability and maintenance of independent housing (an important goal of Housing First programs), effective interventions must address the conditions that led to

homelessness and provide basic services for children and parents (Murphy et al., 2013). While programs for families vary with regard to program structure, service intensity, eligibility requirements, and the extent to which they address individual families' needs (Lenz-Rashid, 2017), data are beginning to provide support for the effectiveness of programs for homeless families (Bassuk et al., 2014).

The Family Options Study, which randomly assigned homeless families to different types of housing assistance (i.e. permanent housing subsidy, short-term rental assistance, or transitional housing), found that families assigned to permanent housing options had lower child maltreatment rates, substance use, and domestic violence (Brown, Shinn, & Khadduri, 2017; Fowler & Schoeny, 2017). Other studies focused on providing permanent housing have found similar positive trends toward increased housing stability and employment (Bassuk et al., 2014; Lenz-Rashid, 2017; Lim, Singh, Hall, Walters, & Gould, 2018; Nolan, Broeke, Magee, & Burt, 2015; Swann-Jackson, Tapper, & Fields, 2010).

1.2 Young Adult Homelessness

In addition to the challenges families present, another challenging homeless population is homeless young adults. A recent nationally representative survey estimated 12-month homelessness prevalence of 3.5 million for young adults ages 18-25 (Morton et al., 2018), and point-in-time counts indicate that 89% of homeless youth were between ages 18 and 24 (National Alliance to End Homelessness, 2016). Previous research suggests that these estimates are low in part because many unaccompanied homeless youths may be unaccounted for due to varying definitions of this population, youths' tendencies toward transience, and a limited number of resources and services tailored to their needs (Edidin, Ganim, Hunter, & Karnik, 2012; Ha, Narendorf, Santa Maria, & Bezette-Flores, 2015; National Health Care for the Homeless

Council, 2004).

Studies have identified numerous contributors young adult homelessness: family problems, economic difficulties, and residential instability (Logan et al., 2013; Moore, 2005), neglect and abuse histories, serious mental illness, low levels of education, and low rates of employment (Gilmer, Ojeda, Fawley-King, Larson, & Garcia, 2012; Manteuffel, Stephens, & Sondheimer, 2008; National Health Care for the Homeless Council, 2004; Tyler & Schmitz, 2013), substance abuse, traumatic experiences, institutional experiences, adverse health outcomes, and other risk factors (Frederick, 2012; Logan et al., 2013). Other research has noted young adults are particularly vulnerable after becoming homeless because they lack basic skills, social supports, and experience living on their own (Zerger, Strehlow, & Gundlapalli, 2008) community resources tend to focus on children under age 18 or older adults, and finally, homeless young adults are unlikely to use services even when they are available (Ha et al., 2015; Manteuffel et al., 2008; National Health Care for the Homeless Council, 2004).

Some research evidence suggests that the PSH model may be effective in helping young adults avoid homelessness. One program, "Stable Homes, Brighter Futures," is based in Los Angeles County, and serves transition-aged youth (ages 18-24), by providing permanent supportive housing for those who are either homeless or at risk of homelessness. Findings from the program have identified positive short-term outcomes, such as improved sense of well-being and stability, good rapport and trust between service providers and young adults. The work also provided insight into the challenges of working with the population, including financial struggles and difficulty interacting with property managers (Harder+Company Community Research, 2015). Additionally, Gilmer (2016) evaluated a large-scale implementation of PSH programs for young adults and youth in California and reported PSH programs with high fidelity to the

Housing First model were most successful in engaging youths in relevant services. Other research indicates that this population could benefit from wraparound services, coordinated care, and long-term interventions to allow for strong relationship development and provide adequate time to address clients' issues (Edidin et al., 2012). Despite these suggestive initial findings, continued research is needed on the extent to which PSH benefits homeless young adults and how best to serve this population.

1.4 Contribution to the Literature

As discussed above, there is a need for more knowledge about the effectiveness of PSH models in general and Housing First in particular for homeless family and young adult populations (Padgett, Henwood, & Tsemberis, 2015). Research on the NY/NY III program indicates that supportive housing for homeless young adults or those at risk of homelessness(e.g., aging out of foster care) is associated with fewer jail stays and returns to shelter (Raithel, Yates, Dworsky, Schretzman, & Welshimer, 2015). Existing research found that case management services can decrease emergency shelter stay lengths and help families obtain permanent housing; however, few studies provide detailed descriptions of the type, amount, and intensity of service delivery (Bassuk & Geller, 2006). Thus, by using a mixed method design and a number of diverse data sources, this study aims to describe case management services (including their type, amount, and intensity), as well as child welfare involvement, public assistance receipt before and after program entry, and case manager's perspectives on working in the program.

This study uses a mixed methods and employs multiple data sources to describe process and outcome data from a pilot Housing First program for families and young adults. We examine both return to homelessness and system involvement, including details of case management services and incorporate first-person perspectives.

1.5 Project Context

This study was conducted in Cuyahoga County, Ohio, where 1,448 households with children were reported as homeless at the time the program began in 2013 (4,515 sheltered (in emergency shelter or transitional housing) persons, 199 estimated unsheltered) and 859 young adults were homeless (716 sheltered and 143 estimated unsheltered (HUD's 2013 Continuum of Care Homeless Assistance Programs, 2013)). The Cuyahoga County Continuum of Care (CoC) that coordinates the homeless system operates from a Housing First philosophy, and services are provided using this approach. In 2013, a pilot program was developed within one large local agency to address the housing needs for families and young adults who have unstable housing situations and substance abuse and/or mental health problems, two of the area's hardest to serve populations who were the most frequent users of emergency shelter services. Thus, the pilot was composed of two programs, one for young adults and one for families.

Eligible families and young adults are identified through a coordinated intake system and attention is devoted to ensuring clients with multiple service needs (such as those with mental health, chronic homelessness, substance abuse issues and others) and have multiple barriers have access to intensive and individualized services. The program mobilizes a team of community providers, using housing vouchers to house clients as quickly as possible, and providing intensive case management to work toward helping clients stabilize and avoid returning to shelter (Burt, Pearson, & Montgomery, 2007) without first requiring substance abuse or mental health treatment. Case manager-to-client ratios were approximately 1:20 when the program is fully staffed. This study reports on the program's first two years.

1.6 Aims

This study's aims were to develop a descriptive picture of experiences in a Housing First

pilot program, using data from first person perspectives of staff, administrative data sets (homeless, child welfare, and public assistance), and progress notes. The examination tracked client service usage over time (public assistance receipt, involvement with child welfare, use of homeless services) to examine client barriers to self-sufficiency and staff efforts in supportive case management to help overcome those barriers.

2. Methods

2.1 Participants

In-depth semi structured interviews were conducted with nine staff members from the program. Five interviews were with program supervisors (four women, one man), and four (of six possible) were with case managers (three women, one man). The program supervisors interviewed included two former and three current staff members.

Administrative data were collected on all 78 clients who were enrolled in the pilot program between 2013 and 2015. Individuals eligible for the program were either chronically homeless (those who met the HUD definition of having 365 days being homeless were given priority) or had been determined by the centralized intake to be a high risk for chronic homelessness, and had either had a mental health diagnosis and/or substance use disorder, and were either a young adult and/or family household head. The program ran two programs as part of the pilot, which provided two categories of vouchers; one category was reserved for families and another for young adults between the ages of 18 and 24. Because staff indicated that young adults posed particular challenges in the program as compared to families, the participants were divided into three groups: single young adults, young adult family heads, and adult family heads. Adult family heads were defined as adults older than 24 with children under age 18, young adult family heads were between ages 18 and 24 and had at least one child in the household, and

young adult singles were between ages 18 and 24 without children in the household. This cutoff is consistent with previous research definitions of "young adults" (see Burt et al., 1999). More than half (53.8%) of the total sample (N=78) were adult family heads, just over a quarter (26.9%) were young adult heads, and nearly one-fifth (19.2%) were young adult singles.

Basic demographic data were collected on all clients through HMIS at shelter entry (see Table 1). Program clients were predominantly non-Hispanic African American women. Adult family heads were in their thirties, approximately 12 years, and significantly older than clients the from young adults families group and young adults singles group (F (2) = 49.20, $p < .01$). In two-parent families, the parent who qualified for the program was considered the head of household (there were no cases in the sample in which more than one parent qualified for the program). Adult family heads also had significantly more children on average than did the young adult family heads (approximately three as compared with approximately two) (t (55) = 2.33, $p < .05$), demographics that are consistent with those in the literature on homeless families (Samuels, Shinn, & Buckner, 2010; Weaver, 2014). With regard to disability status, adult family heads were more likely than those in the other two groups to report alcohol or drug abuse and having a mental health problem, however the differences were not statistically significant. Nearly half of clients reported they were domestic violence survivors; the groups did not differ significantly from one another. Most participants had been in the program for at least one year. Nearly three quarters (73%) of sample participants had been enrolled in the program for at least 12 months and another 60% had been enrolled for 18 months or more.

[INSERT TABLE 1 ABOUT HERE]

A subsample of participants was selected on which to conduct a deep dive qualitative content analysis of progress notes. Because coding progress notes was extremely time-intensive

and cost prohibitive (with some clients having multiple daily notes, resulting in hundreds of entries for individual clients), a random sample of 32 progress notes was selected for coding from each of the three groups for more in-depth analysis of service usage. Notes for 15 adult families (36%), nine young families (43%), and eight young adult singles (53%) were coded and subjected to qualitative content analysis. Analysis of the demographics (age, gender, race, and other background characteristics) indicated no significant differences between the sample selected for the deep dive and the overall sample, indicating the deep dive sample was a reasonable representation of the full sample. Additionally, a wide range of case managers' clients were represented in the deep dive sample, thus a range of experiences are represented.

2.2. Design

An exploratory sequential mixed methods design (Creswell & Plano Clark, 2011) was employed in this study to answer the research questions (see Figure 1). The exploratory sequential mixed methods design is characterized by an initial qualitative phase of data collection and analysis, followed by a phase of quantitative data collection and analysis, with a final phase of integration or linking data from the two separate strands (Creswell & Plano Clark, 2011). In this study, the initial qualitative data were collected through staff interviews that explored staff perspectives on the program and client challenges. These findings then directed us to then examine quantitative data from agency and administrative data to explore clients' changes in service use over time specifically with regard to child welfare, homeless, and public assistance services.

2.3 Data Sources and Measures

2.3a. Qualitative Measures: Interview Questions. Case managers were asked about their role in the program, the program's history and goals, about the target population, the

enrollment and engagement process, the community-based organizations used for referrals, challenges that threaten their clients' stability, and how they define "success" for their clients. They were also asked to talk about how they work with clients, protocols, resources they use, their overall recommendations, and reflections on the program. The specific questions relating to this research was "Tell us a little about your clients. Who are they? What are their major challenges?" and "one hope for Housing First is that clients become more 'self-sufficient.' What does this mean to you, and to what extent do you think that is something that is happening and/or possible for your clients?" Supervisors, who had both a frontline and a higher-level view of the organization, were asked the same questions but also about their perspectives on the extent to which the goals of the program were being met, and major challenges. The former supervisors (who had moved on to other agencies involved in the collaborative) provided information on the program's history and development, while interviews with current staff focused on the program's current state. Detailed findings from the in-depth staff interviews are reported elsewhere (Collins, D'Andrea, Dean, & Crampton, 2016).

2.3b. Quantitative Data Sources. Quantitative data included agency administrative data and county level homeless service, child welfare, and family services data. Clients' administrative and agency data were obtained through institutional data use agreements between the researchers and: (1) the County Office of Homeless Services; (2) Department of Children and Family Services (for child maltreatment and foster care data); (3) the County Jobs and Family Services (for public assistance data); and (4) the mental health organization providing case management services.

2.3b1. Housing Management Information System (HMIS). HMIS data were used to collect demographic information and to identify clients' homeless services use before and after

entering the program. Data were obtained through the county office of homeless services. The HMIS was intended to standardize homeless shelter data collection across the United States (HMIS Requirements - HUD Exchange, 2017) and requires specific data elements be collected while local agencies may add variables of local interest. Questions focused on individuals' and families' characteristics, including basic demographic information, previous living situations, shelter stay lengths, types of homeless services used, and relationships between individuals in a household (Henry et al., 2016). While the literature suggests variations in how housing stability has been defined in past studies (Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014), our definition of housing instability using HMIS data was a return to emergency shelter or transitional housing.

2.3b2. Child welfare and public assistance data. County-level child welfare and public assistance data provided information on participants' involvement with child welfare services and public assistance receipt, including Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). Child welfare data included whether there was an open case (yes/no), and if child maltreatment had been reported (yes/no), and if the maltreatment report was substantiated (includes substantiated or indicated) (yes/no). A client was recorded as receiving SNAP or TANF or not (yes/no). Child welfare data were examined for two years prior to program entry and compared to after the client's entry date up until 20 months after the program began (the latest date data were available). Public assistance data were examined comparing the number of clients receiving SNAP or TANF benefits during the month before program entry and the month after program entry.

2.3b3. Progress notes. Agency case managers and therapists recorded progress notes as part of their agency's administrative recordkeeping, and through a data use agreement, we

examined those notes (recorded on both paper and electronic medical record (EMR) files; the organization was in the midst of a transition to an EMR system) to collect both quantitative and qualitative data on everyday case management. Each progress note contained the date, time, type of contact (in person or by phone), length of each caseworker/client contact and a short description of what services were provided during the contact. For the quantitative data, date, time, and type of contact were coded to obtain estimate of service dosage. These data were collected from progress notes for all clients (N=78).

2.4 Qualitative/Progress Notes: "Deep Dive." The purpose of the deep dive into progress notes was to help both confirm what was discussed in the interviews and to inform the context in which and potentially mechanisms by which any changes were observed in the administrative data. A team of two research assistants in consultation with the first author began with a small sample of notes to begin building the coding scheme, and once the scheme was in place, a larger team, of four research assistants coded the remaining cases' notes. The notes were coded to gather information on the topic or topics covered during each case management contact to better understand the types of services being delivered and how those services changed over time. Progress note coding categories included housing, child, system-related issues, and others (see Table 2). Housing, one of the most frequent case management categories, was broken down into sub-categories such as housing crises, which included having a problem with the unit and/or landlord, getting evicted, damaging the unit, and/or being unable to maintain the housing for some reason with the fear of losing the housing voucher.

[INSERT TABLE 2 ABOUT HERE]

2.4 Procedures

All human subjects research activities were approved by a university-based institutional

review board. Administrative data from the HMIS database were accessed directly and research staff downloaded data for analysis. County public assistance and welfare data were transferred to our research team via a secure, password-protected jump drive.

2.4a. Qualitative Interviews. Interview participants were recruited through the homeless service organization; staff email addresses were provided to the research team, and staff were asked to participate in the interviews via email. Staff who were interested in being interviewed responded to the researchers directly stating their interest in participating, and an interview time was arranged via email or phone. In communicating with the potential interviewees, research staff were given a copy of the informed consent document. Staff received a $25 gift card as a token of appreciation for their participation. Research assistants conducted the interviews which lasted about one hour, in person at agency offices. Due to a last- minute scheduling conflict, one staff interview intended to be in-person was conducted by speakerphone instead. A digital recording device was used to record the interviews and a professional transcriptionist transcribed them.

2.4b. Quantitative and Mixed Methods Data. All quantitative data were obtained from agency representatives under guidelines specified in data use agreements. Through a data use agreement, a team of research assistants collected data in person at the agency. Progress notes were coded individually. Because during data collection, the service agency was in the process of transferring their data collection system to an electronic medical records (EMR) system, some agency data were collected by hand from paper records, and others (those that had already been converted to electronic data) were collected from the EMR system. One team of research assistants went through each case management record of all 78 clients and recorded the date, time started and time ended of each case management contact. They also recorded the method of

contact (phone, in person, other). The deep dive into the 32 randomly selected progress notes required reading each case management entry and identifying the topic or topics covered in the contact.

2.5 Analysis

2.5a. Qualitative Data Analysis Approach: Interviews and Progress Notes. The research team coded the interviews individually by hand and then reviewed the transcripts as a team to identify passages they felt were meaningful and representative, then discussed what overall common or important categories and/or themes appeared within and across interviews. A coding scheme was developed and applied to the progress notes (see Table 2) in a continuous process. The progress notes coding scheme was developed inductively, with coders creating codes and then categories directly from the progress notes. When new categories were identified, previously coded notes were re-coded using the new code list. The intent of coding the progress notes was to conduct a basic content analysis (Drisko & Maschi, 2016) to identify the topics covered in case management and to see how this was different between the groups and over time. The notes were also divided into six-month increments to examine patterns over time.

2.5a1. Establishing trustworthiness of qualitative data. To support the credibility of our data, triangulation, member checks and peer debriefing were employed. Two types of triangulation were performed: data and analyst triangulation. Using multiple data sources allowed us to cross-check and integrate administrative, progress note, and staff interview data. A member check for the staff interview data involved having two staff (one on the front line and one supervisor) read the report we prepared and give feedback on whether we had fairly represented their views and the extent to which our interpretations of the data reflected their experiences. The first author conducted peer debriefing by sharing emerging findings with

colleagues who had experience in homelessness research but were not directly involved in the study. These interactions allowed the research team to gain perspective and test the accuracy of their interpretations of the data.

2.5b. Quantitative Data Analysis: Administrative Data. HMIS, county child welfare, and county public assistance data were matched with the agency client list to examine clients' service use patterns before and after entering the program. Matching was performed using a third-party SAS macro, LinkPro (Roos, Walld, Wajda, Bond, & Hartford, 1996), which performs deterministic and probabilistic matching. For the purposes of comparing our sample groups' demographics, we conducted chi-squares, one-way ANOVAs and t-tests as appropriate for the variables' levels of measurement and numbers of comparisons made. In order to limit the risk of Type I error when performing multiple significance tests, corrections methods were used in the analyses for multiple comparisons as noted in the results.

3. Results

The results are discussed in the order in which the data were collected and analyzed. The qualitative staff interview data are discussed first, then the quantitative administrative and progress note data, and finally, the "deep dive" progress note data.

3.1. Qualitative Interviews. A discussion of client engagement and initial enrollment, and the challenges and time demands of case managers having to locate and negotiate housing-related issues can be found in Collins et al. (2016). Interviewees cited several challenges to client stability, including clients' having a lack of basic living skills, clients' living situations, and staff turnover. Staff said a major challenge to their clients being able to maintain their housing situation was their lack of basic independent living skills. They said their clients frequently did not know how to maintain a home, nor did they have the necessary supplies to do so. Case

managers described their duties as ranging from helping clients find and learn to maintain housing, to assisting with mental health and for families, child-related issues. These efforts included helping clients obtain housing maintenance supplies (e.g., brooms, mops, and cleaning supplies), training clients on how to use the supplies, and routines for using the supplies, skills essential for clients to retain their housing voucher. Families with young children, workers said, were particularly at risk of losing their housing because of the challenges of maintaining a home with young children, which involved home maintenance and child management strategies, skills the clients did not always have. Case managers described how they positively reinforce clients when assisting and coaching them on these tasks. Given client challenges, when asked what indications of clients progressing toward self-sufficiency would look like. Overall, staff said in their interviews that "success," or progress toward self-sufficiency for their clients would mean they needed their case managers less, and thus might be observed by reduced time in contact with case managers.

With regard to staffing challenges, which threatens clients' service consistency, staff interviewees said that while housing was critically important and provided an important stable foundation for clients, case workers were frustrated because they were responsible for the housing search and paperwork. This, they said, took a great deal of time, often resulting in clients staying in shelter longer, and the time would have been better spent working closely with clients on their various issues, connecting them to community resources (for material goods, mental health needs, and child-related issues), and coaching them to work toward greater stability and self-sufficiency. We also learned that clients' living situations were problematic for some staff, with the clients' neighborhoods being perceived as unsafe. Biases and prejudice against clients were another important component of the work, according to one supervisor, who

stated that issues of racism, classism, and stigmas around disability and individuals with a criminal background play a role in hiring and retaining staff, both at their organization as well as other local organizations.

> To hire people is challenging, and then to retain them is additionally hard. The people, like in general folks are scared of working with this population. ...so there's racism at play. There's classism at play. There's disability stigma at play. There's criminal justice history at play.

Another important theme in staff interviews was staff burnout. Working with the population was described as very stressful. In describing the emotional challenges of the job, one interviewee said: "It becomes demoralizing when you can't help people meet their basic needs." For these reasons, interviewees said staffing was a challenge for the program, and in turn, inconsistent staffing and staffing disruptions pose threats to clients' stability.

> We had a lot of trouble finding case managers with the sophistication, the clinical experience and the energy to do the job… I remember at the beginning, [one advisor] said, you know, "You're gonna need rock stars," and it was really hard to find rock stars with the kind of social service salaries that you know we were offering people, and so we had many staffing issues.

The descriptions of the staff as "sophisticated" and the use of the "rock star" metaphor were both utilized to express the challenges of finding staff that would work effectively with the population, and could engage in a variety of tasks, from helping to clean floors to helping clients deal with complex mental health issues, while earning a relatively low salary.

3.2. Quantitative, Administrative Data

3.2a. HMIS data. To explore the idea that the program was working toward ending

homelessness for clients, HMIS data were examined to determine the extent of return to homelessness after being in Housing First. Those data indicated more than 79% of the 78 clients did not return to shelter after entering the program. Of the clients who did return to shelter at some point, a total of 31 emergency shelter events were counted across 16 clients post-program enrollment. Most (75%) of these clients stayed in shelter once or twice (M=2.11, SD=1.02), with 56% of clients staying less than two weeks, but three clients re-entered shelter three times and one re-entered four times. Clients who returned to shelter were significantly different in one respect from the overall sample; 76% of women clients did not return to shelter, and 70% of men clients did return (X^2 (1, N=78) = 9.05, p <.01, Fisher's Exact Test). In-depth analysis of the HMIS records and each client's progress notes from the time period the clients were in shelter revealed little helpful information on those who had returned to shelter, including why they returned or where they went upon shelter exit. The HMIS field for "exit destination" was most frequently listed as "emergency shelter, including hotel or motel paid for with emergency shelter voucher", "Client refused (HUD)" or "No exit interview completed (HUD)" rather than indicating the client was returning to permanent housing or had any connection to a program. An examination of progress notes for any client returning to shelter to identify the reasons and context of the clients' shelter return revealed that there were often no progress notes recorded while the client was in shelter. This suggests that the client and case manager were out of touch while the client was in shelter and/or that any such contacts were not recorded in the notes.

3.2b. Child Welfare and Public Assistance. Only 36% of the sample (N=28) had open child welfare cases at the time of program enrollment, and more than half of those cases closed at some point after program entry. Among those clients with open cases, the proportion of substantiated/indicated child maltreatment incidents demonstrated a statistically significant

decrease of 16% (X^2 *(1, N=78)= 6.27, p < .01)*, and the proportion of clients involved in alleged child maltreatment incidents also significantly decreased by 19% (X^2 *(1, N=78)= 6.27, p < .01)* (see Figure 2). Open child maltreatment cases were also significantly reduced (X^2 *(1, N=78)= 8.61, p < .01)*. The adult family group saw the most dramatic reduction in open cases with 69% of their cases being closed. While these changes are provocative and suggest improvements in family stability, the small sample size and lack of a comparison group lead us to draw conclusions cautiously.

With regard to public assistance, the number of clients receiving both SNAP and TANF benefits increased after program entry. The percentage of clients receiving SNAP benefits increased significantly by 15 percent (X^2 (1, N=78)= 9.04, p < .01), and while the percentage of clients receiving TANF benefits also increased (by eight percent; see Figure 3), that increase was not statistically significant. The numbers of clients receiving these benefits were small; only 14 clients (18%) were receiving TANF before program entry, and the number was only 20 (26%) after program entry. Enrollment in SNAP was higher; with 81% at program entry and 96% after program entry.

[INSERT FIGURES 2 & 3 ABOUT HERE]

3.2c. Quantitative progress notes. Data from progress notes indicated that 89% of clients remained enrolled in the program. Following up on suggestions made by interviewees that "progress" would be indicated by clients needing case managers less over time, an analysis of the quantitative portion of the progress notes contacts was undertaken. This analysis revealed a decrease in case managers' and clients' contacts over time, both in number and in time spent in each contact. Three quarters of the clients had been in the program for at least one year. The total number of contacts they had with case managers decreased in a stepwise fashion over time

from 2,598 in the first six months to 2,231 in the second six months. Additionally, the total number of minutes spent with their case managers decreased from 91,685 in the first six months to 89,459 in the second six months.

3.3. Qualitative Progress Notes: Deep Dive. In staff interviews, the staff said housing provided through the program was crucial in creating a stable foundation from which clients can work to develop skills to improve the likelihood of maintaining their housing stability, and increase their overall stability. Taking the staff interview and progress note deep dive together, we gained some insight on how case managers worked toward stabilizing clients.

Case management contacts most frequently focused on housing for the two family groups and mental health issues for young families and young adults (see Table 3). In case manager interviews, we learned that housing was the primary issue for family clients and mental health for young adults. One-way analysis of variance indicated statistically significant differences between the groups' content analyses in only one area: housing-related contacts (F (2, 31) = 4.41, $p < .01$). Results of post hoc multiple comparisons using the Games-Howell procedure, showed that adult families (M = 27, SD =15.26) reported significantly higher levels of housing needs than young adults (M =9.63, SD =4.14). An additional analysis indicated that families overall (both groups) had significantly more housing-related issues (M = 26.0, SD =15.22) as compared with young adults (M = 9.6, SD =4.1) (t (30) = -.76, $p < .01$).

[INSERT TABLE 3 ABOUT HERE]

Housing stability was explored in part by examining housing-related progress note codes, especially notes related to client moves. Analysis of the in-depth progress notes found that 63% of the clients moved at least once after they had entered the program. Progress note data on the reasons for those moves indicated the moves were frequently associated with some sort of

housing crisis (for 19 out of the 32, or 59%). Seven of the eight young adult singles (88%) had moved at least once, and three moved after experiencing a housing crisis. In the young adult family group, five out of the nine (56%) moved at least once; all those moves occurred due to a housing crisis. One young adult family moved a total of six times, and in the adult family group, eight out of 15 (53%) moved at least once, with six moves occurring after experiencing a housing crisis. Crises (e.g., moves, evictions, failed housing inspections, and lease violations) were the third most frequent housing category for both the young adults (9.5%) and young families (9.1%), but only represented 2% of the adult families' housing contacts.

The summary below was taken from one client's progress notes, summarizing a housing situation of one young mother with three children in the household. This example is one reason of many for the clients' housing instability.

> The case manager reports that the building in which the family is living is in poor condition, the hallway smells of urine, and people are constantly hanging out in the hallways, however the client keeps her unit clean. The client reports that police frequently come to clear the hallways of people. The client reports she feels better mentally now that she is out of the shelter. Over a number of months, the client's unit fails inspection twice because the landlord failed to make necessary repairs, and the case manager advocated for the client with the housing voucher provider to allow her to break her lease. After a couple more months of pressure from the landlord to leave and searching for housing, the client was able to move to a new apartment in good condition. This process, tracked from the client's start date in the program until the most recent move, took five months, and was described as very stressful for the client.

These notes emphasize the peace of mind the client felt being out of the shelter, however the

inadequacy of the housing quality ultimately led to additional stress and housing instability.

In the interviews, we learned that once housing crises had settled, case managers were able to focus on coaching clients on independent living skills and working toward long-term self-sufficiency. Data from the in-depth progress notes confirmed this pattern; examples in the progress notes included contacts where the case managers helped coach the clients for upcoming appointments using role-playing techniques, case managers aiding in developing task lists in relation to a client's goals and the maintenance of their home (i.e., chore lists), assisting with grocery shopping, and educating clients about budgeting and nutrition.

4. Discussion

Triangulated data from staff interviews, agency progress notes, and analysis of three county administrative datasets provided descriptive information about the experiences in a pilot Housing First program, and trajectories of participating homeless families and young adults. Through qualitative interviews, we learned that that case managers helped clients work through obtaining and maintaining housing, implementing strategies to develop independent living skills to assist in their maintaining housing, manage housing crises, and navigate the social service system, which, staff hypothesized, should result in reduced time with case managers. Examination of both qualitative and quantitative progress note data confirmed this pattern with number of case management contacts and time in those contacts showing decreases, and topics covered in those contacts shifting away from immediate housing issues and toward long-term independent living skills, suggesting increased potential for skills related to self-sufficiency.

4.1 Housing Instability Outcomes. Consistent with findings from Housing First research (Padgett et al., 2016), most clients remained enrolled in the program, with few returning to homelessness, as measured by entering emergency shelter or transitional housing. However,

more than one-fifth of our sample did return to shelter at some point, a higher rate than has been found on studies of subsidized housing for homeless single persons (Padgett et al., 2016; Tsemberis, 1999) and families (Rog, Gilbert-Mongelli, & Lundy, 1998), Also, more than half had to move after initially locating what subsidized housing units. Qualitative analysis of case notes and interviews indicated reasons for entering shelter and moving tended to be due to poor housing quality, housing unit safety, issues with landlords, and other housing crises, reasons that were consistent with at least one other study that tracked such outcomes longitudinally (Stojanovic, Weitzman, Shinn, Labay, & Williams, 1999).

4.2 Public Assistance and Child Welfare Outcomes. With regard to the possibility that participants were more able to access TANF and SNAP after beginning the program suggests that clients were accessing at least more short-term economic stability, however the change for TANF was not significant. The small number of clients on TANF is consistent with data from a report from the Ohio Department of Job and Family Services (2014) for the last month we tracked clients' data. Consistent with goals of welfare reform, many more Cuyahoga County residents (21% of the county population) were enrolled in SNAP as compared with TANF (1%).

Similarly, with regard to our finding of decreased involvement in the child welfare system following program entry, it may be that gaining housing and becoming involved with case managers helped clients to stabilize and work through child welfare case plans, as the interviews and progress notes suggested. Although our small sample sizes and lack of a control group limit our ability to assign the program as the cause of the observed differences, previous research has indicated that housing stability is associated with more positive child welfare outcomes (Hong & Piescher, 2012; Lenz-Rashid, 2017; Pergamit, Cunningham, & Hanson, 2017). Additionally, the rates of alleged and indicated maltreatment rates at entry for our sample

as compared with follow-up and improvement patterns are similar to those reported in research using a control group (Hong & Piescher, 2012).

One point of consideration is that because clients entered the program at different times, their lengths of time in the program varied, as mentioned earlier. Thus, our data examining comparisons of pre- and post-program entry (HMIS, child welfare and public assistance data), reflect different periods of time. For example, a client who has more time in the program may have more time to progress within it and thus have more time to address issues. Following that logic, it may be that tracking clients' outcomes over a longer period of time would yield more positive outcomes than we found. On the other hand, clients in the program over a long period would also have more opportunity to experience crises as compared to clients who might be initially stable and experience new crises over time. The program theory, however, would support the idea that clients gain more independent living skills over time, which would serve as a buffer to crises.

4.3 How Case Management Addressed Barriers. Interview data and progress notes highlighted the importance of intensive case management as a critical support for struggling families. Tasks included supplying clients with material goods such as diapers and mops, and teaching clients how to mop floors, modeling and coaching on positive parenting practices, identifying mental health and substance use needs and assisting clients in obtaining associated services, and coaching communication skills. Only the most stable clients were in a place in which educational and employment goals could be explored and seriously developed. For most clients, according to both our interviews and deep dive of progress notes, obtaining such stability was a long-term process. Important factors supporting client self-sufficiency according to case manager interviews and progress note data included clients being coached on social and

communication skills, especially how to navigate the social service system and landlord relationships. Factors impeding clients' self-sufficiency and threatening stability included having large families, poor quality housing (which led to housing crises), moving, having little to no income and few skills with which to maintain housing over the long term. It may also be that clients with complex needs and frequent crises progress in a circular and/or iterative, rather than linear, fashion. Specifically, the impact of housing and other crises as identified in the progress notes, and staffing inconsistency, as identified in the interviews, could set clients back.

While our analysis of progress notes and administrative data documented high initial engagement with clients that decreased over time as our case managers anticipated, we cannot claim that the program caused the decreases. It could be that service fatigue, lack of engagement or client dissatisfaction with services were reasons for such a decrease, however we have no evidence for the latter conclusion based on the qualitative data collected.

Past research supports our findings about the challenges with regard to staffing and thus clients being able to access high quality services. Low pay, difficult work, and stigma associated with homelessness and poverty are important factors affecting service delivery and potentially policy responses. Lynn-Callo (2004) found that people tend to believe homelessness results from individual characteristics, including being lazy, mentally ill, and/or having a substance use disorder, and Desmond (2016) highlighted the ways in which landlords exploit and discriminate against the poor. One staff member's questioning of the term "self-sufficiency" as being too high of a standard for clients with challenging problems is consistent with past literature suggesting the term is laden with negative connotations about worthiness and suggests clients must become less "needy and dependent" (Connolly, 2000, p. 165). The finding that potential staff themselves struggle with issues of prejudice and fear of working with the populations and

difficulty of find compassionate and skilled staff serves as another barrier.

Our findings are consistent with other studies on homelessness in families. The challenges the clients face in improving their situations are immense and not easily solved. They include mental health problems, stigma (Gelberg, Browner, Lejano, & Arangua, 2004; Ha et al., 2015; Padgett, Hawkins, Abrams, & Davis, 2006), limitations in getting and maintaining employment (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Lynn-Callo, 2004; Whitley & Henwood, 2014), and difficulty finding and maintaining stable social supports. The crises that occur, time spent on housing issues, and time needed to fully develop independent living skills could contribute to these various difficulties Additional challenges such as limitations in clients' abilities to work (due to disabilities and/or having additional children) also made employment challenging. However, connecting clients with compassionate case managers and systems who are skilled in a number of areas, including working with clients' mental health problems, teaching clients parenting skills, understanding children's needs, and appropriately referring clients to various community resources is critical to help begin the process of becoming self-sufficient. Our findings indicate that "progress" for these client groups with complex needs may evolve in a circular and/or iterative, rather than linear fashion. It is important to consider that, given homeless families and young adults' complex material and other needs, adding mental health and/or substance abuse issues amplifies the needs and extends the period necessary for addressing those needs.

Integrating our quantitative and qualitative findings suggests that providing housing is a crucial intervention which provides an important foundation for families and young adults with complex challenges to begin to stabilize, but the intensive case management can help them make those changes long-term and sustainable. While it is tempting to suggest these findings are due

to the program alone, our design's lack of a control group does not allow us to draw such conclusions. Instead, the findings should be viewed within a larger context of learning about the experiences of one program, various data sources that can be used in examining program outcomes, and the potential issues involved in adapting Housing First for young adults and families.

4.3 Limitations

This study has a number of limitations. First, the sample size is small and limited to not only one geographic location, but one specific agency in that location. Second, the data were retrospective and examined findings from the program after it had already been underway for nearly two years; evaluation was neither planned for nor included in the program design, and no control group was included. Third, although we investigated the possibility of gathering a comparison group of young adults and families in the HMIS database who had similar histories to those in our sample, we were unable to identify an appropriate comparison group. From our exploration of the data, we observed that eligible homeless young adults and families appeared to be well-captured by the program; very few homeless families meeting the eligibility requirements were not enrolled, thus there was not a large enough comparison sample. Reasons for this are unclear; it may be that such clients were living on the street or doubled up and not involved in the shelter system, or they could have left the geographic area and become involved in the homeless system elsewhere.

Another limitation is the data analyzed in this paper were collected for administrative and clinical, not research purposes. We discovered by talking with program supervisors that there were times in which progress note data were not recorded, for example, when staffing levels were particularly low. Other gaps in progress notes occurred while clients were staying in

shelter, however, the reasons for those gaps were not systematically documented. Thus, we can be sure neither of the reason(s) for observed gaps nor the precise numbers that are missing. However, we do know that note missingness was not the norm; regardless of how long they had been in the program, for three-quarters of clients, the most common gap between notes was only between zero and six days. Additionally, because data on client moves were recorded only when case managers mentioned them in their progress notes, those data might be incomplete and may not fully capture the range of variability in the data. Having additional, and more systematic data on client moves, evictions, and employment would have given us more information about the program's contributions to clients' housing and overall stability.

Another limitation is that the data were collected from a limited group of service providers. Although some clients interacted with many service organizations, our data do not reflect that, and also represent only the perspectives of case managers at that one organization and are biased in favor of their perspectives. Counselors, employment specialists, housing specialists and two of the case managers at the program organization did not participate in the study. These individuals might have provided alternative insights into client progress and challenges. Additionally, client perspectives are absent here. While we were able to interview a few clients, the sample was too small and not representative of the client population to be included here. Client perspectives would add a richness to these data that is lacking. Because of all of the limitations listed, we can only frame the findings with regard to overall patterns observed and can only speculate about the outcomes we have observed and cannot draw inferences regarding causation.

4.4 Implications

4.4a. Practice Implications. Programs that are attempting to adapt a Housing First

approach for single adults to serve families and young adults must be aware of important differences between the populations, and single homeless adults. For example, the sheer number of people in families, along with their differing developmental needs, can bring challenges to the practice context. Finding and maintaining housing large enough for multiple people in larger families can be more expensive and especially difficult to find. Case managers with experience in serving homeless single adults may lack knowledge of how to help their clients with parenting challenges. Because young adults bring their own challenges, service providers expanding an existing Housing First program to this population should be aware of young adults' developmental needs and emphasis should be placed on strong service provider engagement and careful tailoring to their needs (Padgett et al., 2016). More research is also needed to better understand typical or ideal service duration, frequency, and topics covered in case management.

One evidence-based case management approach, Critical Time Intervention (CTI) has been paired with PSH to support clients during the time period immediately after they leave emergency shelter or other institutional system and provide the foundation for long-term sustainability of self-sufficiency by promoting skills for independent living and creating ongoing community support networks (Herman, Conover, Nakagawa, Felix, & Mills, 2007). CTI involves moving progressively through a series of phases, beginning with intensive case worker/client interaction to put resources in place, working with the client to increase confidence and work toward self-sufficiency, and gradually, the caseworker reduces his or her role in service delivery (Herman et al., 2007). Because PSH and CTI have demonstrated promising results for homeless single adults (Padgett et al., 2016), it may be useful for programs to adopt such approaches for their homeless family and young adult populations (Bassuk et al., 2014; Lenz-Rashid, 2017; Padgett, Henwood, & Tsemberis, 2015).

Additionally, ensuring providers are trained, flexible, compassionate, and consistent may be important elements in providing high quality services for clients. Ensuring these workers' resilience is appropriately supported and recognizing the high stress nature of the work should also be priorities. One important suggestion is that a housing specialist should be provided in similar programs as this one. This job should not be left to case managers. A housing specialist locates and deals with the many housing-related tasks freeing up critical case manager time for client-specific work, especially building independent living skills. Finally, with regard to issues of prejudice and bias in service providers' attitudes, there is potential for positive change when programs are aware of these issues and train and educate their staff about them.

4.4b. Policy Implications. While housing vouchers have long been identified as one of the most promising approaches to tackling homelessness, the limitations of housing vouchers must also be acknowledged. Our findings on the frequency of housing crises suggest that providing housing vouchers for low-quality housing that put families in unsafe and/or unsanitary conditions will only continue to threaten their stability and ultimately lead them back to shelter. Additionally, landlords who accept vouchers should receive information and/or training about the issues that might arise, and should be held accountable when they take advantage of vulnerable clients, including losing their ability to accept housing vouchers. Desmond (2016) argues that long-term, affordable sustainable housing situations will be the best policy strategy seeking to keep families stable, not just out of shelter. Research has argued that because families' needs are unique and complex, more attention should be paid to modifying policy and system responses to meet their specific needs, particularly with regard to child care affordability, income supports, job training, and transportation (Tobin & Murphy, 2013). Thus, Housing First is a critical first step, but substantial additional supports are needed for these populations.

4.4c. Research Implications. This study adds to a burgeoning literature on young adult and family homelessness, however, further research should continue to explore outcomes of using a Housing First approach with these population to develop effective systems that can tailor to these groups' specific needs. While our research yields some insight, a stronger research design with a control group could enable the drawing of conclusions about the extent to which the model is a causal mechanism in the positive changes observed here. More research is also necessary to further probe the specific challenges young adults in particular face in maintaining stability and self-sufficiency in the long term (Burt et al, 2007). Additionally, given that the separation of family members is a common feature in homeless families, future research could also explore child welfare data by examining families who were separated at the time of program entry and the extent to which reunification occurs as a potential program impact. There were only two families in that situation in this study, so a larger sample size would be needed. Reunification of homeless families whose children are in foster care is an outcome is currently being studied at a county level using the social impact bond model (Cuyahoga County Partnering for Family Success Program, 2017)**.**

While this study has highlighted some of the ways case management progress notes can be used to both qualitatively and quantitatively explore service usage, progress note data could be used in a number of other ways as well. For example, a detailed examination of cases that achieved housing stability as compared with cases that returned to homelessness could allow us to specify and identify variables identified in case management that are associated with homelessness and thereby develop appropriate interventions earlier. Identifying important issues, both qualitative and quantitative (e.g., focus of case management services alongside data on time spent in contacts) by case management phase would be ideal and would further develop

the evidence base with regard to families and young adults and inform best practice with these populations.

5. Conclusion

The findings from this study describe outcomes associated with applying a Housing First philosophy to addressing the needs of homeless families and young adults with mental health and/or substance use disorders. Integrating qualitative and quantitative data from a variety of sources, we found that providing subsidized housing along with intensive case management is associated with generally positive patterns, including clients' enrolling in public assistance benefits, decreasing involvement in the child welfare system, and few returning to homelessness. Progress note and interview data highlighted case workers' efforts in their contacts which were aimed toward assisting clients in establishing independent living skills intended to help them stabilize over the long term. Important threats to clients' stability in addition to their material needs and lack of skills included experiencing housing crises, and potentially inconsistent case management due to staff turnover. The importance of monitoring the quality and adequacy of housing was highlighted; inadequate, unsafe, and otherwise low-quality housing contributes to continued housing and overall instability, and over the long term, are likely to result in negative outcomes for highly at-risk families and young adults. Flexible, competent, compassionate, and consistent case managers are likely to be an important part of helping client break through various barriers. Overall, this work helps build our understanding of the outcomes associated with applying Housing First to families and young adults with complex challenges.

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