City & County of Honolulu's Housing First Program Year 3 Evaluation Report

Report prepared for the Institute of Human Services, Inc.

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Executive Summary

Major Findings

239 people have received HF services since 2014.

After 3 years, 86% of clients have not returned to homelessness. This rate is slightly higher than previous national studies that found Housing First retention to be around 85%.[i]

Few clients exited voluntarily (n=4), suggesting that clients do not want to return to the streets.

- The majority of exited clients are male (51%) & Native Hawaiian/Pacific Islander (52%), with a median age of 43. A slightly larger percentage was single (48%).

The majority of clients reported low to moderate stress, and on average are hopeful for the future on most days.

Over half of clients reported never drinking alcohol, & 73% reported no illegal drug use in the previous month.

- 81% increase in times clients have participated in an AA or support group meeting in the previous month.

ER use declined 65% since the start of the program. Inpatient hospital stays declined by 52% in Year 2 & by 40% since the start of the program.

The average number of days incarcerated declined by 52%, & the total number of arrests declined by 61%.

The majority (59%) of clients reported visiting at least one community of faith within previous month.

The program creatively adapted the model to the community, systemic, & cultural contexts, which proved necessary for ensuring program success.

Purpose

This evaluation examines Housing First program process & outcomes. Particularly, it assesses client impacts, examines fidelity to the model, and documents program implementation.

Data

Data consists of client responses to monthly surveys, fieldnotes from participant observations of program components, qualitative interviews with staff & clients, and archival/program data.

Methods

This mixed-methods evaluation used thematic coding of qualitative interviews & fieldnotes, Photovoice methodology, and latent class analysis & growth analysis of client survey data.

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Housing First Clients resting on the beach, Housing First Retreat, Camp Mokule'ia, July 2017

Background

Program Background

The Housing First Model

Housing First (HF) is a community intervention that provides permanent, affordable housing for individuals and families experiencing homelessness.[ii] 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.[iii]

Housing First Retreat, Camp Mokuleʻia, July 2017

Housing First on Oʻahu

In August 2014, the City and County of Honolulu responded to Oʻahu'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.[iv] In July 2016, funding was extended through December 2018.

Year 3 Program Components. In year 3, the program expanded social opportunities for clients. In July 2017, Chaplain/Community Liaison Irene Hassan led 13 clients on a weekend retreat at Camp Mokuleʻia, focusing on spirituality, goal setting, and self-reflection. Additionally, the program and the HF Community Group held a Christmas party, attended by approximately 60 staff and clients. The party included games, food, and raffle prizes. The program also continued to offer weekly Community Group meetings (see page 4).

Year 3 Personnel Changes. The program had several staff changes in Year 3, including the hiring of a new Chaplain/Community Liaison, Irene Willis Hassan, and a new case manager, Eleanor Vaimanino. Additionally, case manager, Jason Pang, took over as Program Coordinator.

Who's Who

Year 3 Staff

Clinical Director
Jerry Coffee

Program Coordinator
Jason Pang

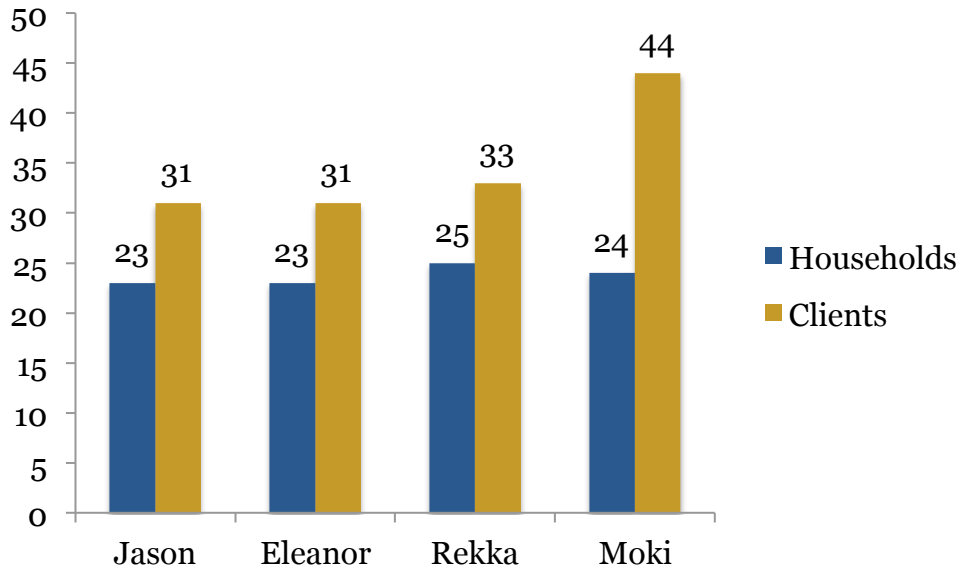
Chaplain/Community Liaison
Irene Willis Hassan

**Left during Year 3*

Case Managers
Moki Daniel (Town Side)
Eleanor Vaimanino (Town Side)
Rekka Sataraka (West Side)
**Jean Mooney (Town Side)*

Housing Specialists
Kainoa Talamoa-Elderts
**Fionnah Alo*

Year 3 Caseloads. Caseloads are distributed among the 3 case managers and the program coordinator. The number of households are evenly distributed, with each case manager having 23-25 households on their caseload.[1] The number of clients is also evenly distributed, with the exception of West Side Case Manager, Moki Daniel, who has more clients due to the larger households on her caseload. Larger households are characteristic of West Side clients (see p. 15).



[1] Missing case management data on 37 clients. Therefore, caseloads are likely larger.

Evaluation Background

The initial funding contract included a budget item for a program evaluation to examine program outcomes and fidelity to the HF model. This report is the third installment of this ongoing evaluation and examines the first 3 years of the program, highlighting the third year. Since 2014, the evaluation has attempted to: understand HF process & implementation; examine adherence to HF fidelity; detect outcomes & impacts; and assess achievement of goals & objectives. Specific evaluation activities by year include:

Year 1

- Developed a **Theory of Change** based on available literature (see page 10)
- Assessed program implementation and fidelity through staff & client interviews and archival/program data
- Assessed client wellbeing using client interviews and the Housing First Assessment Tool (HFAT) (See App. C)

Year 2

- Continued assessing client outcomes using HFAT data
- Expanded evaluation methods to include
  - GIS mapping
  - Photovoice
  - Participant observations of HF Community Group
- Engaged HF Community Group as co-researchers (see page 4)
- Began assessing long-term goals and community impacts:
  - Examined impact on criminal justice system using arrest records
  - Began attempts to access state AMHD and Medicaid data to examine impacts on medical system
  - Conducted cost-benefit analysis using available data

Year 3

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

Dissemination & Education

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

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

Housing First Community Group

Since October 2015, the program has offered a weekly HF Community Group (CG). Led by the Chaplain/Community Liaison, 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. In Year 3, 25 clients attended at least one meeting, with 10 clients attending over 15 meetings.[2]

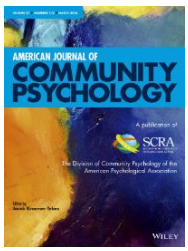
> *"The HF program and this group is very influential for me. Because in the back of my mind, I think about the key people. My case manager is one of them. The chaplain is one of them. The researchers, and other case managers, and each member that's a positive voice."*
>
> *- Client Author, 2017 (Pruitt et al., 2018, p. 112)*

Evaluator fieldnotes from Years 2 & 3 revealed that clients who attended CG consistently believed it was essential to their personal recovery. The CG also encouraged clients to engage with the larger community. Held at St. Mary's of Mōiliʻili, the CG gave members the opportunity to engage in other community activities (e.g., yoga and Tai Chi) held at the church. Many members also volunteered for other community organizations, and the CG is currently planning a volunteer project in which members reach out to persons still experiencing homelessness to provide food and advice for getting off the streets.

"I like having a place to go. I like having a meeting to go to… even when I'm not here, the fact that I think I should be here means a lot to me… I guess this would be my family."

- Client interviewee on what he likes most about Housing First, October 2017

In 2016, the CG became involved in the program evaluation through a Photovoice project, detailed in the Year 2 report.[v] 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 fall 2017, CG clients decided to conduct a follow-up Photovoice study and were awarded a grant from the Society for Community Research & Action to do so. The project begins August 2018.



In December 2016, the CG began the yearlong process of co-authoring an academic article for the *American Journal of Community Psychology*. The article was one of only 12 articles selected for publication in a 2018 special issue on community mental health. The article is the first of its kind in that, as the journal editors noted, it "engaged Housing First tenants in the entire research process, from study design to analysis, and particularly in the dissemination of findings, as numerous project participants were involved as co-authors on this article."[vi] Article available at: https://onlinelibrary.wiley.com/doi/full/10.1002/ajcp.12226

[2] Missing attendance for 13 of 41 meetings. Thus, it is likely more clients attended more meetings.

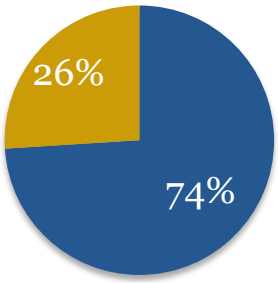
Findings

Program Participation & Retention

Since December 2, 2014, 239 people have received HF services, including 188 adults and 51 children.

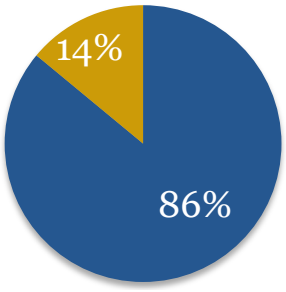
63 people have exited the program,[3] including 48 adults and 15 children.

Currently, 176 people are receiving services, including 140 adults and 36 children.



74% of clients remain in the program & have been housed for an average of 2.4 years.

Of the 63 people who have exited, twenty-three (23) have presumably returned to homelessness, and ten (10) are incarcerated, leaving 206 people who remain housed (either in HF or other housing).



86% of clients have not returned to homelessness.

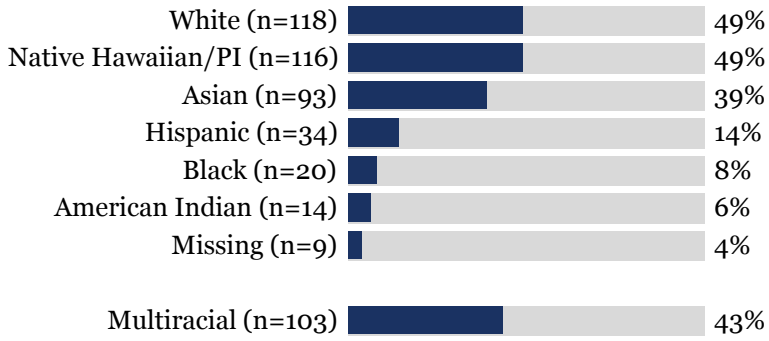
[3] Sixty-eight (68) clients exited with 5 clients readmitted. This report focuses on the 63 clients who were exited permanently.

Client Demographics

Total Clients, Year 1-Year 3

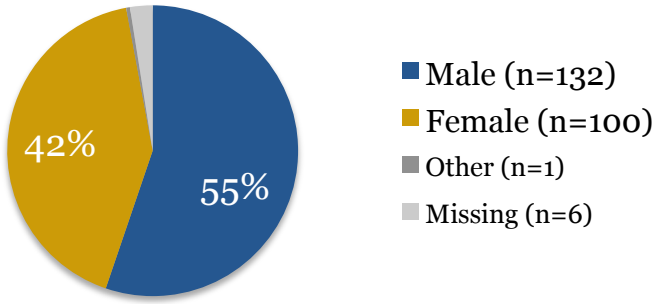
The majority of program participants have been male (55%), single (53%), and white (49%), Native Hawaiian or Pacific Islander (49%), or Asian (39%),[4] with a median age of 51. Forty-three percent (43%) identified as multiracial.

Client Racial Percentages (n=239)



Client racial percentages somewhat reflect the larger homeless population on O'ahu. The 2017 Point-in-Time Count estimated that O'ahu homeless also tend to be predominantly Native Hawaiian/Pacific Islander (49%), White (19%), & Asian (14%), with 24% identifying as multiracial.[5,vii]

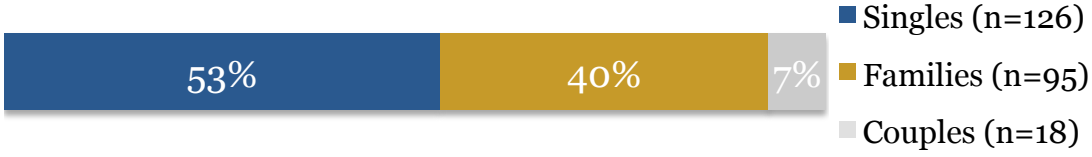
Client Gender (n=239)



Median Age

51[6]

Percent of Total Clients Single, in Couples, or in Families (n=239)

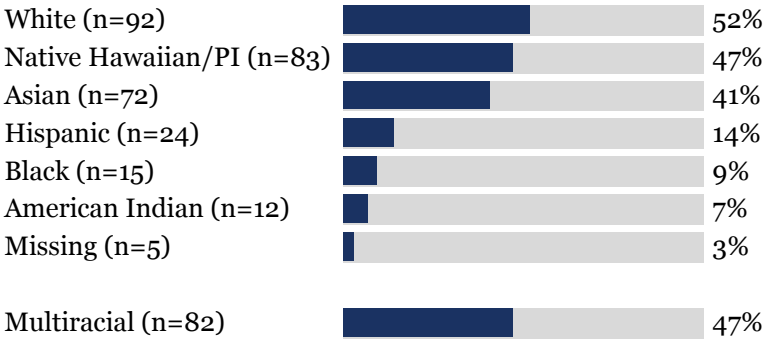


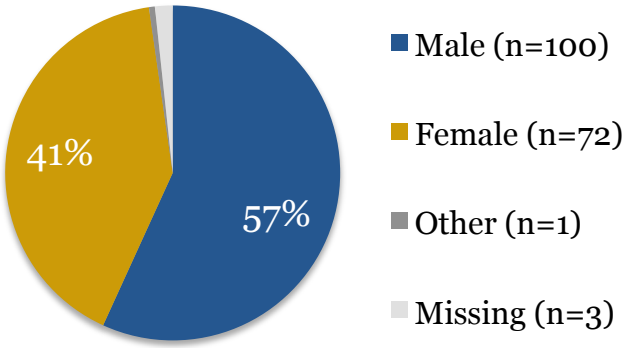
[4] Percentages do not equal 100% because clients could choose multiple races and ethnicities.
[5] Numbers may have been more comparable had respondents been able to identify more than one racial category in the Point-in-Time Count (2017).
[6] Missing data on 10 clients.

Current Clients, Year 3

The majority of current clients are single (55%), male (57%), & white (52%), with 47% Native Hawaiian/Pacific Islander, 41% Asian, and 47% multiracial. Currently, the program serves 97 single people, 12 people in 6 couples, and 67 people in 17 families. Current clients have been housed for an average of 2.4 years.

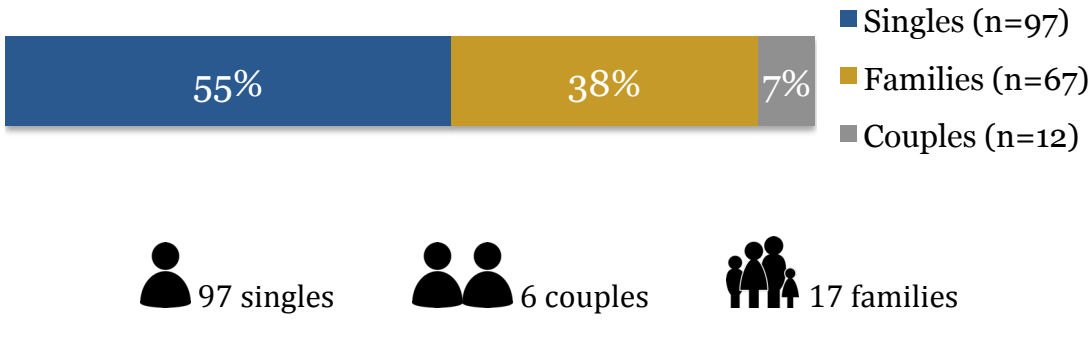
Current Clients Racial Percentages (n=176)





Median Age 51[7]

Percent of Current Clients Single, in Couples, or in Families (n=176)

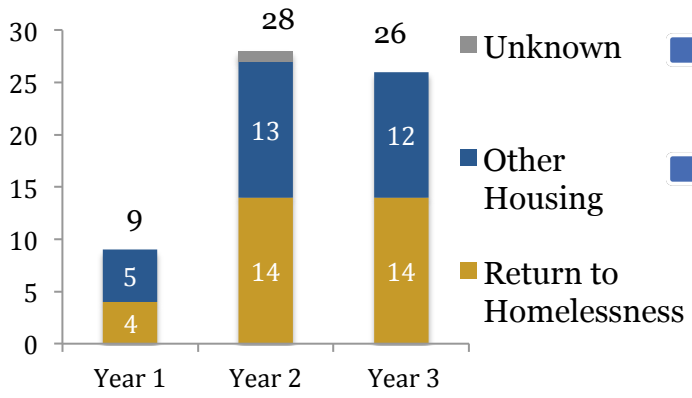


[7] Missing data on 5 clients.

Exited Clients

The majority of the 63 exited clients (86%) exited in Years 2 & 3 after an average of 1.3 years in housing due to either noncompliance with program rules (n=14) or incarceration (n=9). About half of these exited clients transitioned to other forms of housing (n=30).

When?

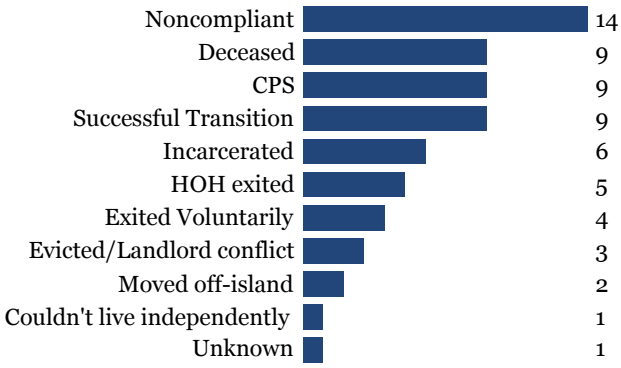


- Most exited clients exited in Years 2 and 3 (86%).
- Average time in program for exited clients was 1.3 years.[8]

Why?

- The most common reason for client exit included "noncompliance with program rules" (n=14) followed by client incarceration for an extended period of time (n=9).
- Few clients exited voluntarily (n=4).
- Of 63 exited clients, 23 presumably returned to homelessness & 9 were incarcerated, while 13 have successfully transitioned into other housing, 9 are in child protective services, & 9 are deceased.

Reasons for Client Exits (n=63)



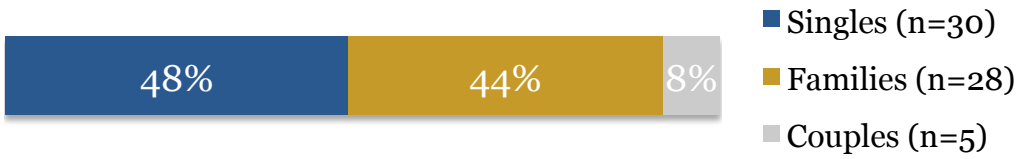
Therefore, 85% of clients have not returned to homelessness (n=204).

[8] Missing data on 2 clients & excludes 1 client whose exit date was listed as prior to housing date.

Who?

Thirty (30) singles, 2 couples (5 people)[9] and 5 families (28 people) have exited. A slightly larger percentage of exited clients were singles (48%) than in families (44%) or in couples (8%).

Percent of Exited Clients Single, in Couples, or in Families (n=67)

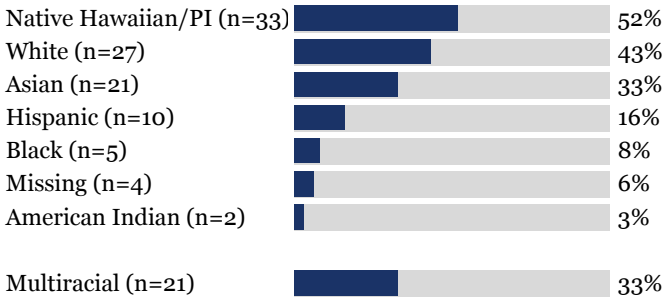


A larger percentage of the total number of people in families (29%) and in couples (28%) exited than total number of singles (24%).

Percent of People in Each Group Exited

The majority of exited clients were Native Hawaiian/Pacific Islander (52%), male (51%), with a median age of 43.

Exited Clients Racial Percentages (n=63)



Median Age 43[10]

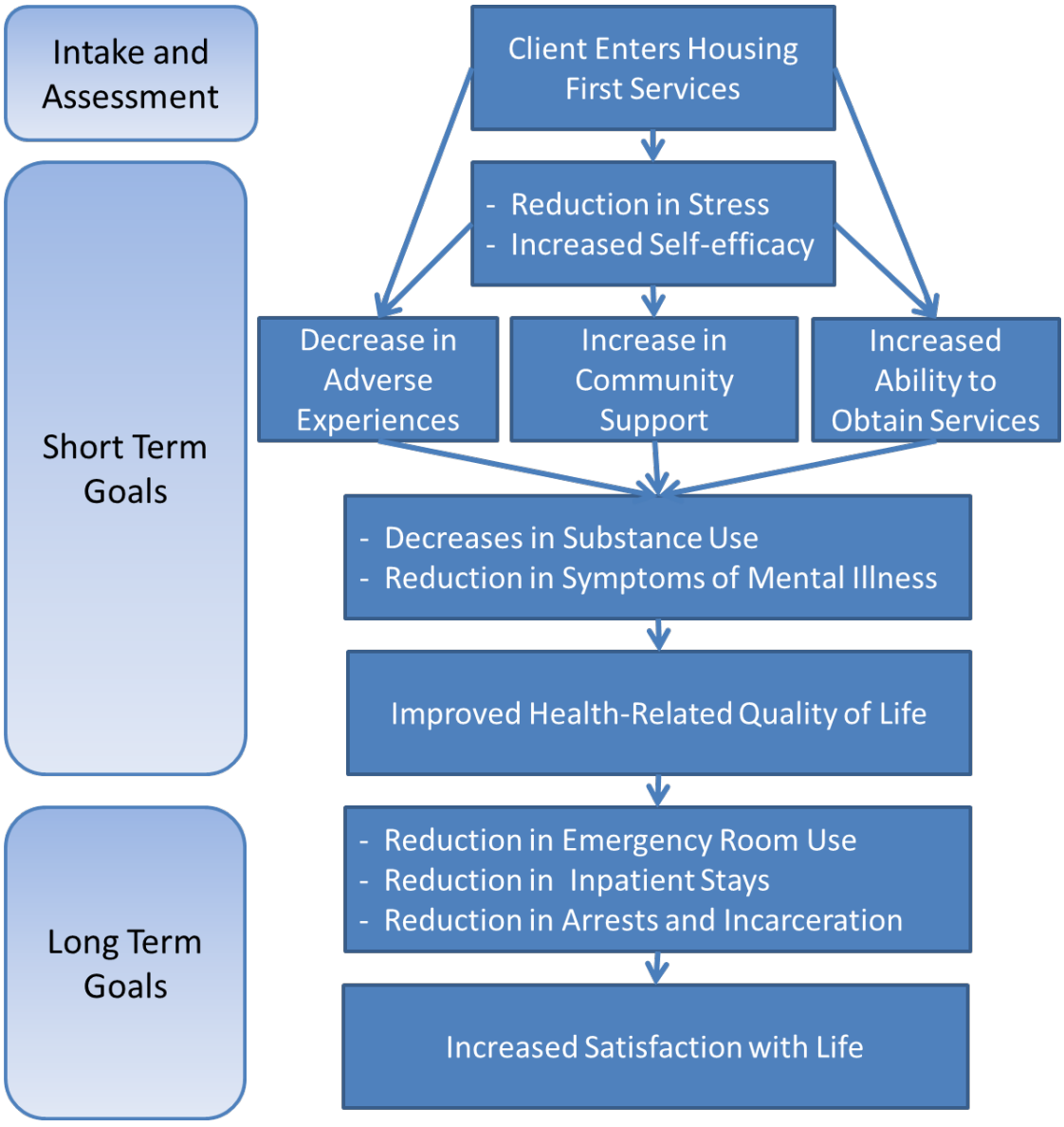
While the majority of exited clients were singles, families and couples were slightly more likely to exit than single clients.

[9] 1 client in a couple was exited.
[10] Missing data on 5 clients.

Progress Towards Objectives

The following section highlights HF client outcomes based on short-term and long-term goals. Short-term goals are focused on physical aspects of clients' daily lives. HF short-term goals include decreasing substance use, decreasing the perception & feelings of stress, increasing mental & physical health, increasing social & community connections, and providing increased access to healthcare & other services. Long-term goals focus on stability and include overall satisfaction and enjoyment in life, decreased time spent in hospitals and jail, and increasing rates of employment. These goals are organized into a Theory of Change Model that details the expected progression of HF clients:

The Housing First Theory of Change Model



The Theory of Change Model represents the potential for transformation of individuals' social & behavioral health throughout their participation in the HF program. After two-years of housing, HF Clients experienced a number of changes, detailed below.

Short-term Goals

- Stress levels have fluctuated throughout the program, but the vast majority of clients have reported low to moderate stress.
- Clients, on average, state that are hopeful for the future on most days.
- The number of adverse experiences reported by clients has remained relatively flat with the vast majority (86%) of clients reporting "never" or "almost never" experiencing forms of violence in the previous month.
- Over half of the clients report never drinking alcohol, and another 32% report only drinking once a week or once every couple weeks in the previous month. Additionally, 73% report not using any illegal drugs in the previous month.
- The majority (59%) of clients reported visiting at least one community of faith within the previous month and there has been an 81% increase (including over half the clients) in the times that clients have participated in an AA or support group meeting in the previous month.

Long-term Goals

- Emergency room (ER) visits by clients has declined substantially since the start of the program. ER use declined by 50% in the second year and 65% since the start of the program.
- Inpatient hospital stays by clients have declined substantially since the start of the program. Inpatient hospital stays declined by 52% in the second year and 40% overall.
- The number of days clients were incarcerated has declined substantially since the start of the program. The average number of days a client was incarcerated declined by 52% since starting the program; and the total number of arrests has declined by 61%.
- The majority of program clients (52%) report that they are "satisfied" or "very satisfied" with their life.

Program Fidelity – Contextual Barriers

The HF model prioritizes clients' needs and personal goals, all of which are impacted by the local context.[viii] The HF model is amenable to adaptation and encourages a flexible approach combined with adherence to key principles.[ix] HF can be effective in multiple cultural contexts, including the U.S., Europe, Australia, and Canada,[x] and it can be even more affective for certain groups when combined with appropriate adaptations[xi]

Year 1 data revealed that the HF program on O'ahu responded creatively to numerous barriers to program fidelity (See Appendix H). Since year one, the program has continued to respond flexibly while maintaining adherence to program principles. Our analysis revealed that many barriers to fidelity were contextual and that the program responded to barriers in one of three ways:

- Adapted the program components
- Attempted to change the context
- Capitalized on strengths of the context

The following section represents our assessment of program fidelity from Year 1 – 3 based on:

- Archival/program data
- Field notes from weekly participant observations of client-case manager group meetings in Years 2 & 3.
- Semi-structured interviews with 8 staff members in Years 1, 2, & 3; and 5 clients in Years 1 and 3.

Analysis revealed that barriers related to community, systemic, and cultural factors interacted to impact ability to adhere to certain model components, particularly the following:

Model Component	Explanation
Consumer Choice in Housing	Program works with clients to find desirable housing
Fast Housing Placement	Program places clients into housing in one week
Flexible Alcohol/Drug Use	Does not restrict illicit drug/alcohol use in units
Scattered-site Housing	Housing is scattered-site in buildings operated by private landlords
Small Caseloads	Case managers' caseloads have 10 or fewer clients
Regular In-person Case Management Meetings	Clients meet with case managers 2-3 x a month (more frequently in first 6 months)

(Based on Watson et al., 2013)

The program responded creatively by making appropriate adaptations that maintained adherence to the HF model and values.

Community-level Barriers

Community barriers such as landlord stigma and lack of appropriate & affordable housing made it difficult to house people quickly in housing of the clients' choice in Year 1. Other housing programs competing for the same types of housing further reduced the available housing stock and restricted the ability to provide scattered-site housing. Additionally, some landlords had clauses that restricted alcohol/drug use. Evaluator field notes revealed that some clients continued to experience stigma from landlords and community members, even after being housed for more than a year.

The program responded to these challenges by adapting the program model to secure securing housing units as they came available and *then* giving clients choice of available secured units. Perhaps the most significant adaptation was the creation of the housing specialist position that served as a liaison between client and landlord. Housing specialists handled housing-related case management and focused on relationship building with landlords. They were thus, able to help match clients and landlords. Housing specialists helped prevent eviction and resulted in faster placement (and replacement when necessary). To address stigma, the program worked with clients to hold a community exhibit to educate community members on homelessness and housing options.

Barriers	**Program Response**	
	Adaptation	*Contextual Change*
Landlord & Community Stigma Landlord clauses Lack of Affordable Housing Units Lack of Appropriate Housing Units (pets, handicap accessible) Competition from other programs	Developed Housing Specialist position Secured housing units as they came available Gave option of 3 housing choices Matched clients and landlords	Held Photovoice exhibit at Honolulu Hale to educate the community on housing & homelessness to combat stigma

"Our biggest challenge was finding housing for these clients because a lot of the landlords, they don't want to deal with this population. 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 [the clients], letting the landlords know that, trying to convince them to coming on our side. That was one of the biggest challenges." – Housing Specialist

System-level Barriers

Systemic barriers included discriminatory housing practices and a tight housing market combined with a dense population. The high demand for housing and low available housing stock coupled with the fact that landlords are able to openly discriminate against individuals with vouchers made finding affordable and appropriate housing difficult. Additionally, laws criminalizing homelessness and system-level narratives that emphasized homeless persons as threats to health and safety compounded the problem.

Barriers	Program Response	
	Adaptation	*Contextual Change*
Discriminatory housing practices (e.g., NIMBYism & "No Section 8") Tight housing market & dense population Individual deficit narrative Punitive laws	Through housing specialists, the program built personal relationships with landlords	Held Honolulu Hale exhibit to reach community & policymakers Began community education to change the narrative on homelessness

While the program could do little to change the housing market, it responded to these issues by building relationships with landlords through housing specialists, which increased the likelihood of securing affordable housing. To combat stigma & harmful depictions of homelessness, the program began community education through the Photovoice exhibit & by outreach through local media.

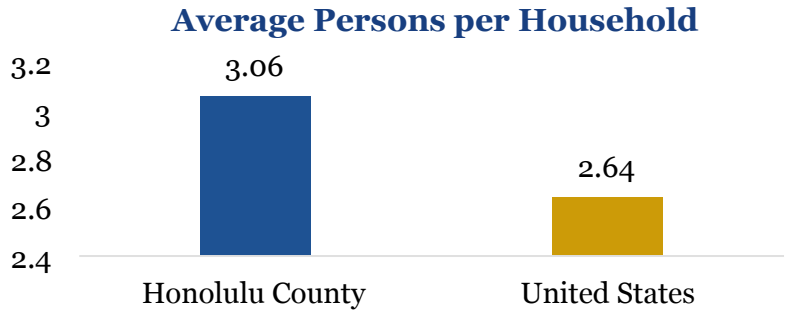
"Because we converse for a long time, they open up so much units for us. So then we have that relationship with them because we deal with them all the time. They realize the kind of clients that are coming in. We even have landlords that will come and have lunch with us downstairs. So, we build that relationship with them."
– Housing Specialist

Photovoice Exhibit Opening Honolulu Hale, July 2016

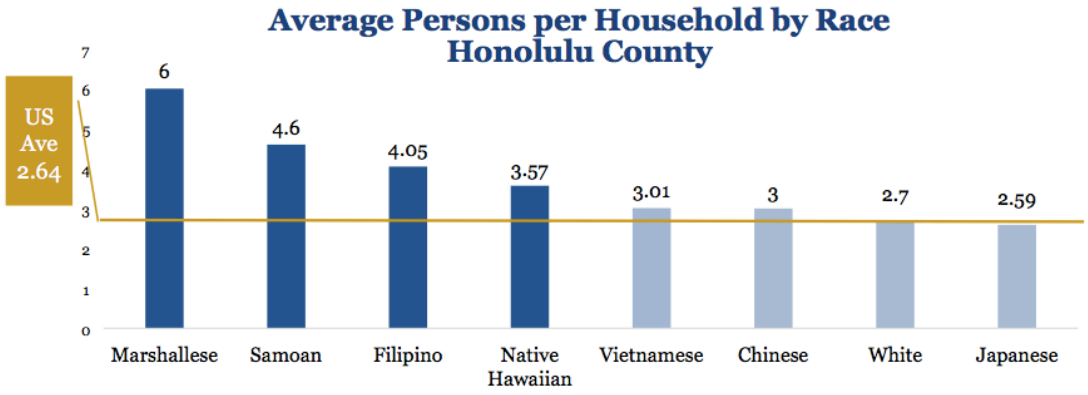
Cultural Factors

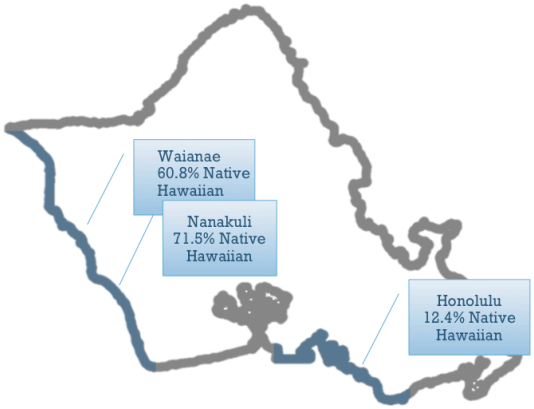
Certain cultural traditions, such as valuing large families, made it a challenge to adhere to certain HF model stipulations. For example, larger households combined with the lack of affordable housing made large families more difficult to house, to house quickly, and to keep housed. Additionally, case management for large families can be difficult due to the number of people and their diverse needs. The HF model often assumes singles or nuclear families and has not until recently been implemented in this context.

Hawai‘i has the 2nd highest average persons per household at 3.02 persons compared to a 2.64 national average. Honolulu County is even higher at 3.06 persons per household.[xii]



Native Hawaiian/Pacific Islanders (NHPIs) are even more likely to have larger households, in part, because of the high prevalence of multigenerational families and cultural values, like hanai. NHPIs make up almost half of HF clients (49%).





Cultural factors may explain differences between Honolulu & Wai‘anae in terms of number of clients. While the majority of clients are singles & housed in town, clients on the Wai‘anae Coast, while fewer in number, typically have larger households.

Due to the diversity of spiritual and cultural beliefs in Hawai'i, reconnecting clients with their cultural and spiritual communities and values also proved difficult.

The program responded to these challenges by taking in less households and larger families in Wai'anae in order to provide more intensive case management to these families and by extending the notion of "family" to include members outside the immediate family. Additionally, the program created the Chaplain/Community Liaison position to assist case managers in addressing clients' emerging spiritual and emotional needs and connecting them with their respective cultural and religious communities.

Barriers	Program Response	
	Adaptation	*Contextual Change*
Need to accommodate large families Diverse spiritual needs of clients Differences between Honolulu and Waianae	Take in larger families and less people in Waianae Extended notion of "family" Chaplain/community liaison role	

Contextual Strengths

Despite these barriers, the context O'ahu has many cultural & contextual strengths unique to Hawai'i, including a sincere desire in the community to solve the homelessness issue. Local policymakers and politicians are committed to appropriating funds and resources to addressing homelessness. Local values result in a general agreement that the *community* is responsible for solving homelessness. Importantly, modern homelessness is directly opposed to Native Hawaiian cultural values, which emphasize the importance of taking care of each other. For example, from **Kanu o ka 'Āina Learning 'Ohana (KALO)[xiii]:**

Aloha kekahi i kekahi	Love for one another
Mālama i kou kuleana	Taking care of your responsibilities at the individual, family, community, national, and international levels.
Kuleana	Responsibility to transform things that are not pono at the appropriate time in an appropriate manner.
Kōkua aku, kōkua mai, pēlā ihola ka nohona 'ohana	Give help, receive help, that is the way of family

The Māmalahoe Kānāwai/Law of the Splintered Paddle[xiv]:

E hele ka ʻelemakule
Ka luahine, a me ke kama
A moe i ke ala
Aʻohe mea nana e hoʻopilikia

See to it that our aged,
Our women, and our children
Lie down to sleep by the roadside
Without fear of harm.

Level	Strengths	Program Response
Community	Desire to solve the problem Agreement that the community is in part responsible for solving the problem.	Community education Encouraged community involvement
Systems	High powered stakeholders willing to commit $ & resources to solving problem	Appealed to stakeholders with evidence tailored to their interests
Culture	Homelessness directly opposed to Native Hawaiian Culture	Engaged in advocacy appealing to these values

The program capitalized on these contextual strengths by encouraging community involvement and investment in the program by appealing to these interests and values, particularly through community education efforts.

Fidelity Conclusions

Having continued to monitor and analyze fidelity and adaptations, we found that:

- Housing First with appropriate adaptations proves effective for implementation within a multicultural and predominantly Asian and Native Hawaiian/Pacific Islander populations.
    - This particular program serves as a useful model for other housing programs with similar populations.
- Barriers to program fidelity were similar to those faced by other HF programs in other contexts (stigma, housing availability), while others were unique to the context (family size; diverse needs).
- Certain contextual aspects proved particularly advantageous for the program, & program staff capitalized on them (desire to address the problem, cultural values of aloha and kuleana) in order to improve program implementation and impact.

Recommendations

Based on these findings we make the following recommendations for the program:

- Provide additional wrap-around services to higher functioning clients.

- Continue to provide opportunities for increasing social support and community integration.

- Consider incorporating additional cultural components that work to connect clients with their cultural practices and values (e.g., lau hala weaving, artistic expressions, etc.).

- Continue offering the HF Community Group and consider expanding the group to other areas of the island so that more clients may have access to community and social support.

For Funders:

- Consider appropriating more funds to hire additional case managers and housing specialists for assisting with large families, particularly on the Waiʻanae Coast.

Photovoice group analysis, April 2016

Next Steps

Over the next year, the evaluation team will:

- Assist with client-led follow-up Photovoice project in August 2018.
- Interview clients that have had a range of experiences in the Housing First Program to determine what challenges they experience, what aspects of the program have been beneficial, and what they need to continue in their recovery process.
- Continue to pursue access to AMHD and Medicaid data as well as obtaining medical records directly from clients' insurance carriers.
- Continue to obtain and analyze survey data from program participants on monthly basis.

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Appendices