2016

Gimme Shelter: Homeless Services Providers' Assessments of the Effectiveness of Housing First Programs in Portland, Maine

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Sociology

A Thesis Submitted to Fulfill the Requirements of the Honors Program at Assumption College

Assumption College Honors Program

December 2015

ABSTRACT

This thesis focuses on the Housing First model of addressing chronic homelessness in the state of Maine, primarily in the city of Portland. Preble Street, an organization based in Portland, operates a Housing First program called Logan Place, which houses 30 chronically homeless adults. I interviewed eight members of the staff at Preble Street using a semi-structured interview style: three caseworkers, three administrators, and two administrators with casework responsibilities. The major themes that were revealed from the interviews are the successes of the program, the ongoing challenges of securing funding to continue the program's successes, the role of public perception of the homeless, and how the political climate in Maine affects the ability of Preble Street to fulfill its mission.

INTRODUCTION

John Doe wakes up on a four-inch mat, six inches from his neighbor. That neighbor smells of urine because the line for the bathroom the previous night was 19 people deep. John rolls over and sees a woman breast feeding her child because this was the most private time of day, when most of the men were asleep. He closes his eyes again.

It is now 7 a.m. and John is being ushered from the overnight shelter. It could be raining, snowing, sleeting, or hailing, but when 7 a.m. arrives these men women and children are ushered back onto the streets because the shelter is underfunded and cannot stay open any longer. On this particular day, there is a clear autumn sky. It is slightly colder than he would have liked. He hopes that the day shelter will finally have fall clothes. The day shelter only has enough storage for one season at a time.

John waits in line at the bus stop so he can get to the soup kitchen when it opens at 8 a.m. When he arrives at the soup kitchen he waits in line there in order to eat. He waits for 30 minutes by the time he gets to the front of the line, and he asks for the scrambled eggs and a slice of reheated lasagna from last night's dinner. Today is a good day; they have rye bread. John waits

in line for milk and coffee, and by the time he sits down he has 20 minutes to eat. He is once again ushered back onto the street.

John opens his plastic bag, containing all of his worldly possessions, and pulls out a white button-up shirt. He spreads it on a park bench and attempts to loosen all of the wrinkles. He knows that he smells, not because he can smell himself. He is immune to it now, but because of the looks he receives from other people walking to their jobs.

John walks to the park where he knows of some drinking fountains. He pools the water in his hands and splashes it on his face and runs it through his hair. This will have to suffice for a shower today. He takes off the dirty shirt and pulls on the button-up shirt. He walks to the bushes and changes his pants and underwear. He may be homeless but he still has dignity, no matter what others may think. John now looks as presentable as he can possibly be.

He walks to the bus stop where he once again waits. He climbs on the bus and takes it downtown, where he gets off near the grocery store. He has an interview for a bagging position that was recently opened up. John used to be a supervisor at the local factory until the business fell on hard times and he was laid off; that was nearly 2 years ago. He would have been fine but at that same point his son was diagnosed with leukemia, and without health insurance, which was provided by the factory, John and his wife, Mary, had to pay out of pocket. The stress of a sick child and a rapidly-depleting savings account put stress on the relationship. John's son lost his battle six months later, and Mary, distraught with grief, divorced him. John was without a house, without money, without a son, without a wife, and without hope. To ease his pain, he turned to alcohol.

John has been sober five months now and is back in the job market. The interviewer sees a 45-year-old alcoholic homeless man in a wrinkled shirt who smells like sweat. The interviewer sees a lost cause, a bum. John is rejected, as in every single one of his other interviews. John is able to stay positive; he has another interview in two days for a fast-food line cook.

John leaves the store and waits for the bus; he has missed the lunch hour at the soup kitchen so he will have to do without food until dinner. John has a meeting with his caseworker at 2 p.m.; they are trying to find him an apartment. There are very few affordable apartments in Portland, Maine and the landlords try to avoid homeless persons anyway. He leaves the appointment with hope: there has been an opening at Logan Place. Logan Place offers housing for the chronically homeless, those who have been homeless for over a year or who have had multiple stints of homelessness within a year. John fulfills that requirement, so he is able to apply for housing.

After his appointment John needs to find a place to go until dinner back at the soup kitchen. He, like most chronically homeless persons, tries to find someplace to stay inconspicuously. There is a common perception that all homeless persons panhandle, but this is in fact incorrect. Some homeless do ask for money, but many are intimidated by the people and the cars and instead find places to hide, like in local parks. This is where John goes for the rest of the afternoon. He does not have any money to buy the newspaper and does not have access to the internet, so in order to look for a job John has to dig around in the trashcans for old newspapers that have been thrown out.

John flips through the job section of the paper in order to find jobs that he would be able to apply for. In order to obtain the applications John will have to find money to get transportation to the stores to pick up a paper application. Once he has it, he has no permanent address and no

permanent phone number to put on the application. He uses the local shelter's address and phone number and hopes that the employer does not prejudge him based on this information.

John now begins the walk back to the soup kitchen where he will again wait in lines until he is served his dinner. He will have a limited amount of time to eat before he is back out on the streets, where he will have to walk to the shelter because he has exhausted his bus fare. He will have to wait in lines there too. Luckily, there is enough room for him today: others were not so fortunate. Those who arrived too late have to walk to the next shelter, which could be miles away. But tonight, John does not have to worry about that. Tonight, John focuses on getting some rest on his four-inch mat, six inches from his neighbor.

This is the day-to-day life of a person suffering from homelessness. It is a chronicle of the everyday struggles that could afflict any individual. The downward spiral is often quick and unpredictable. The upward climb is much more strenuous. It takes hard work, perseverance, and patience. There are organizations to aid these persons, like Preble Street, located in Portland, Maine.

In the case of John, Preble Street sees a man with potential, with a great work ethic and perseverance to rival the best. This is a man who has survived brutal trauma but who still has the courage to get up, day in and day out, to face the long lines and the judgmental people. Preble Street offers citizens like John a home, through a program called Logan Place.

Logan Place is an example of a Housing First (HF) initiative. The HF model is meant to address the chronically homeless by providing barrier-free housing. Past methods, such as the Continuum of Care (CoC) program, focus on "housing readiness," meaning that the homeless individuals have to earn housing by proving they are capable of independence through

completing substance dependency programs or career training. This is a significant barrier to housing because there are often not enough training opportunities and there is too much temptation on the street to be able to maintain sobriety. The HF model avoids barriers: persons are offered housing regardless of their "readiness" because individuals will seek treatment and have better results once they have a secure place to call home. The Preble Street website says their program is meant to: "provide people who have lived in shelters and on the streets for much of their lives with a chance for a permanent and safe living situation that will support their stability and independence and offer them a chance for a productive and fulfilling future" (Preble Street, 2014, "Logan Place provides").

There has been very little information regarding homelessness in Maine; Preble Street is a resource center for the homeless population in Portland. I examined the organization and its experience meeting the needs of the chronically homeless. In particular, through in-depth interviews I examined how those who deal with the homeless in this area assess the effectiveness of the HF model as well as the perceptions of the community at-large.

LITERATURE REVIEW

In the United States there are more homeless persons in the country than the entire population of Vermont, 633,782 persons in 2012 (National Alliance to End Homelessness, 2013). Just under 16% of these homeless individuals are considered chronically homeless. This means that they have been homeless for a year or more, or they have been homeless multiple times within one year (United States of America, 2007). This particular subset of the homeless population exhausts most of the resources available to the homeless population. This means that they are particularly expensive to have on the streets. Homelessness is a problem that has affected many people; approximately 7.4% of all adult Americans, 13.5 million people, have

been homeless at some point in their lives. While homelessness exploded to the surface in the 1980s, and has received more attention since then, it had been a hidden issue for a long time.

HOMELESSNESS, A HISTORY

It seems clear that the issue of homelessness is heavily linked to the presence of affordable housing. Affordable housing is housing that is not priced out of range of those living close to or below the poverty line. However, there is generally a shortage of affordable housing. An article from the CQ researcher reported: “Scarce resources, in fact, are the core problem, experts agree. ‘We still don't have enough affordable housing,’ says Eric Tars, senior attorney at the National Law Center on Homelessness & Poverty, an advocacy and research organization in Washington” (Katel, 2014, 844). This quote illustrates how one of the major problems regarding homelessness is the lack of affordable housing. According to a summary of a report:

> HUD recently released a report entitled ‘Affordable Housing Needs: A Report to Congress on the Significant Need for Housing,’ which is HUD's annual compilation of a worst case housing needs survey. The study found that 5.18 million very-low- income households in 2003 had "worst case needs," defined as unassisted renters making below 50 percent of area median income who live in severely substandard housing or who pay more than half their income for housing. Most worst case needs households surveyed suffered from severe rent burden rather than severely inadequate housing (Affordable Housing Needs Report Released, 2006, “affordable housing”).

There are major structural problems that contribute to the issue of homelessness. Regardless of individual decisions, the major problem appears to be structural. This is illustrated by the massive price of housing, not necessarily the choice of the housing. This literature reveals that there are structural issues in homelessness. However, the complex issue cannot be solely attributed to one factor.

Homelessness and alcohol abuse are inextricably linked; there are two major reasons for this according to Johnson, Freels, Parsons and Vangeest (1997). They argued that substance abuse is caused by both social selection, in which the client is plagued by substance dependency that eventually leads to homelessness, and social adaptation, in which substance abuse is a byproduct of homelessness due to a socialization effect in the homeless community in addition to being a self-medication technique. Thus, alcohol is an inherent part of homelessness, either as a cause of homelessness itself or as a consequence of homelessness. This relationship leads to legal trouble for the homeless population.

The issues revolving around legality were emphasized during the 1950s due to the policies at the time. The beginning responses to the homeless problem were draconian at best: the local police picked up any individual viewed as a public nuisance and brought them to jail. The charges were most often public intoxication. This rudimentary response was based on the public perception at the time that the best form of "treatment" was an iron fist approach. It was believed that if one were punished, either by harsh monetary fines or incarceration, then one would see the error in his or her ways and change (Pittman & Gordon, 1958). The results proved this attitude to be inaccurate and not supported by empirical research. For example, one study, conducted throughout the early 1950s by David Pittman and C. Wayne Gordon, sampled 1,357 people who were arrested on public intoxication charges. Only five of those sampled had never been previously arrested on this or any related charges. However, 455 had been arrested between two and ten times; 801 persons from 10 to 25 times; 96 persons had been arrested more than 25 times; and one person as many as 110 times (Pittman & Gordon 1958). The fact these people had all been arrested multiple times indicates that the approach that the community felt so strongly about clearly did not work. It takes more than an iron fist to cure alcoholism, and even more to

cure homelessness. This study correctly predicted the next step in the process of homeless services: rehabilitation rather than punitive action.

The “padded” revolving door model improved the situation slightly (Kertesz, Crouch, Milby, Cusimano, & Schumacher 2009). Instead of the drunk tanks of the 1950s, the 1960s spawned government-funded detoxification programs. Because alcoholism and homelessness often go hand in hand, as noted above, there will always be special attention paid to substance dependency when speaking of the homeless. While dependency is common amongst the homeless population, it cannot be generalized to plague the entire population. Moreover, the rehabilitation method of the 1960s simply “padded” the already existing system (Kertesz, et.al, 2009). Jails are cold, hard, and unforgiving; but, this “padded” system funded detoxification programs which were often thought to be less harsh than the previous jailing method. There is very little statistical data that proves that this system works any better than the earlier models at reforming the existing homeless population. However, it did treat the people better than the strictly punitive system. But, the same people were filtered in and out of rehabilitation programs rather than prison.

The 1960s also posed another problem for homelessness: deinstitutionalization. There was a stigma attached to mental health hospitals, otherwise known as insane asylums. They were dirty, poorly managed, and not beneficial to their patients. Due to the state of the asylums, President Kennedy signed the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, which, it was hoped by mental health practitioners, would create a network of smaller local treatment facilities rather than the large, centralized hospitals. This had an adverse effect on the patients of these hospitals, however. The treatment centers had limited openings, and when they were full the patients were forced onto the streets (Katel, 2014).

Before he lost the election in 1980, President Carter attempted to reverse some of the disadvantages caused by the previous act by proposing the Mental Health Systems Act, which would enable more treatment centers to open.

NEGATIVE EFFECTS ON THE HOMELESS DURING THE REAGAN ADMINISTRATION

In 1980, Ronald Reagan was elected president and he repealed this legislation in order to use the federal funds for block grants[1] given to the states (Katel, 2014). The funds for the homeless and for the mentally ill, which used to be separated into distinct categories, were merged into one fund. The administration reduced the amount of aid given to this new fund and used the money saved from the merger elsewhere. The Reagan administration erected barriers to receiving aid due to its feelings that personal choice trumped economic circumstance as the main reason someone became homeless (Katel, 2014). The administration further restricted upward mobility for the homeless by cutting federal housing programs, deducting funds from vouchers and public housing programs, shifting focus away from housing development projects, and focusing the attention instead on "tax-credit" programs (Markee, 2009). The Reagan administration claimed that the tax-credit programs would help the homeless when, in reality, the programs hindered their ability to obtain housing. They are based on the principle that housing should not be subsidized, rather price should be determined by the market. As a result of the Reagan administration's actions, the homeless population was rising significantly throughout the 1980s. Prior to the Reagan administration, homelessness was relatively small; the problem did not arise until deinstitutionalization. Toward the end of Reagan's second term, over 600,000 were homeless every night, and 1.2 million were homeless at some point during a year (Dreier,

[1] Block grants are bulk sums of money from the federal government to states to allocate to programs the states deem most necessary. This often leads to reductions in funds for social services, as block grant monies are devoted to infrastructure improvements designed to attract more business.

2004). Moreover, approximately 5.7 million were homeless between the years of 1985 and 1990, a time span that coincided with the second term of Reagan and the first two years of the George H.W. Bush presidency (Rosenheck, 1994). The impact of the Reagan administration's policies on the homeless population was clearly detrimental. However, there was a slight glimmer of hope during the late 1980s that came with the passage of the McKinney-Vento Homeless Assistance Act in 1987.

The McKinney-Vento Homeless Assistance Act offered 15 programs to the homeless population, ranging from emergency shelter to educational opportunities (McKinney, 2006). The Act focused mostly on providing access to education for homeless students by providing transportation, food programs, housing, and health care (Hendricks & Barkley, 2012). However, as Hendricks and Barkley discovered during their research, while the act helped to draw attention to the issue of homelessness, it was ultimately unsuccessful at improving the academic performance of the homeless students (Hendricks & Barkley, 2012). The researchers argue that the reason for the lack of academic success is the lack of resources available to teachers, counselors, and caseworkers. Homeless students are not individually accommodated, meaning that the specific needs of this subset of the student population are not properly addressed (Hendricks & Barkley, 2012).

The McKinney-Vento Act is an example in the shift of mentality during the late 1980s. It is indicative of the scope of the issue at hand, as it revealed how complex homelessness is and how one simple act of well-intentioned legislation may not have the predicted results. This phenomenon is exemplified by the McKinney-Vento Act because it did not effect real change. Its true importance was that government legislation attempted to help fund assistance for the

homeless. This would eventually lead to the traditional, linear model of treatment for chronic homelessness, which became most prevalent during the 1990s.

THE LINEAR TREATMENT MODEL

The basic philosophy of the linear model is determined by "housing readiness." It follows a staircase model in which the client progresses through treatment by earning the next step along the path to recovery. The more commonly known Continuum of Care initiative is the linear treatment model and it runs on the incentive system. This system has worked in terms of getting the homeless off the streets and funneling them toward independent living by following a series of steps. The homeless persons who were exceptionally open to treatment found the best results (Johnsen & Teixeira, 2010). This model became the standard for treating homelessness. The traditional model, which is synonymous with the "housing ready" or linear approach, is grounded in individual accountability, The model is well-intentioned, attempting to achieve sobriety in its clients and helping to supply the tools necessary for independent living. However, the linear models had major gaps.

The major flaws revolved around the lack of program retention; many homeless persons cannot maintain sobriety. These people either left the program on their own accord or were dropped due to lack of compliance, meaning that the clients succumbed to the pressures of maintaining sobriety (Johnsen & Teixeira, 2010; Tsemberis, 1999). Another major criticism is that there must be fluidity between steps. This means that the client must be able to take a step backwards in order to take two steps forward because relapse is inherent in the nature of rehabilitation and substance dependency (Johnsen & Teixeira, 2010). Another issue with the rigidity of the linear model is that the lack of choice may not provide structure; rather it might result in resistance from the homeless community due to a lack of independence (Tsemberis,

1999). Lastly, according to Tsemberis (1999), there is little proof of relevance of one step in the model to the next. The skills obtained in one setting may not transfer to the next. For instance, one housing option may require that the clients learn how to use therapy in a one-on-one setting, but when the clients progress to the next step they must be able to function in a group therapy setting. The skills learned during the previous step do not aid in attaining success in the next. All of these reasons lead to the ineffectiveness of the traditional model.

However, the traditional approach, first established by the Reagan administration, had been standard practice since the 1980s (Markee & Ratner, 2009). However, the traditional program, which was based on the ideology of personal accountability, was not successful, and during the late 1990s another approach was created. It is called permanent supportive housing (PSH), otherwise known as Housing First (HF). Sam Tsemberis, arguably the father of the HF approach, started the initiative in New York through a program called Pathways in the late 1990s, which produced the first comprehensive report of the success of this particular approach in 1997.

HOUSING FIRST

Housing First is based on the principle that housing is a fundamental right of all humans, no matter their mental stability or their dependency on any substances. Rather than needing to be "housing ready," the homeless are seen as best served by being provided with "housing first." Then assistance programs, dealing with substance abuse or job preparation, can be implemented. The HF model is based on acceptance and freedom. Its underlying philosophy is one that stresses autonomy and empowerment; that is, if the clients are given the freedom to choose their life direction, it is believed that they will be more likely to make good decisions. Another major principle is that housing must be the first step to treatment, and once clients feel safe and secure,

they will seek treatment on their own accord. Treatment must always be available under the HF model, but it is never mandatory, for that would undermine the principle of choice and independence.

There are two types of HF models, the scattered-site model, and the single-site model. The scattered-site model is the original HF model. Tsemberis' Pathways program, which used the scattered-site approach, established apartments throughout New York, and the program never rented more than 10% of any one building (Tsemberis, 1999). This simulates complete and total independence because the homeless are not all centralized in one area. Under this model, services are provided by other agencies and are available 24 hours a day. Placing services throughout the community provides a normalizing character in which the clients maintain a stable life, further preparing them for post-program life.

The other model, the single-site model, differs because all of the housing and services are available at one central location. While living in the apartment building, the homeless receive services that are centrally delivered; however, case-management is not necessary to maintain residency (Collins, Malone, & Clifasefi, 2013). Case-management involves an agency assigned caseworker with whom you receive services such as employment and housing assistance, recommendations for rehabilitation programs, or even help completing forms necessary for welfare. Having centralized services removes barriers for the clients because everything is nearby and easily accessible. It is different from the scattered-site because transportation is not necessary, and therefore the clients can afford to seek services because they are not restricted by transportation expenses.

HOUSING RETENTION

Both forms of the HF model find particular success, especially regarding housing retention. One study by Palepu, Patterson, Moniruzzam, Frankish, and Somers (2013) showed that housing retention vastly improved with the HF interventions, whether the clients were dependent on substances or not, and this was true of both the single-site and scattered-site models. The researchers looked at housing retention rates, first amongst those who were substance dependent. Of those, 72% found stable residency in the HF program compared to 19% who did not follow the HF initiative. The clients who were not substance dependent had similar results: 71% found stable residency in the HF program compared with 20% who were not in the HF program (Palepu, et. al., 2013). When proper freedom and support is present, housing stability can be maintained with more ease (McNaughton Nicholls & Atherton, 2011). Housing retention is the major success story of the HF model. This is corroborated by Frisman, Thomson-Philbrook, Mpa, and Lee (2012), in their study which showed that 83.5% of the sample group of homeless persons experienced housing stability or retention within the first year of the HF program while only 30% of those who did not go through the HF program found housing in one year. This kind of success is replicated in many other studies, as Danielle Groton (2013) found in her meta-analysis of data from seven different studies. Five of the studies showed significantly higher rates of housing retention amongst clients in the HF programs compared with the clients who entered other programs. The other two studies focused on drug use; they did not explore housing retention (Groton, 2013). Thus, in all of the studies in which housing was the focal point, the HF model consistently provided more housing to more people for longer periods of time than any other model.

COST EFFECTIVENESS

Not only is the HF approach successful in terms of housing retention, it is also considered cost effective compared to the other treatment models. The United States Interagency Council on Homelessness states that one homeless individual will cost the government, and by extension the people, $30,000 to $50,000 a year (United States Interagency Council on Homelessness, 2013). When this is multiplied by the number of homeless in the country on any one day, the country is spending billions of dollars to maintain care for the homeless population. The majority of these costs come from health care provision to the homeless population (United States Interagency Council, 2013). The homeless are exposed to the elements as well as dangerous circumstances, which increase the need for healthcare. The general public picks up the tab for their healthcare needs, which are usually met through emergency-room visits, through taxes. In summary, the HF approach utilizes affordable housing, getting people off of the streets, providing centralized services, and allowing responses tailored to a client's needs; therefore, it reduces the need for emergency services and decreases public expense (United States Interagency Council, 2013)

DRAWBACKS

However, the HF model has many holes which, some scholars think, plague the entire model. One of the flaws is the lack of substance recovery. While the HF model shows exemplary housing retention rates, the rates of alcohol and drug dependency shows no signs of improvement. The linear models prove to treat substance dependency better than the HF model (Kertesz et.al, 2009). This is because most HF programs do not require the client to seek help. Another flaw is that there is too much focus on one subset of the homeless population. According to Violet Law, a journalist specializing in reporting on affordable housing, the chronically homeless make up approximately 15% of the homeless population (Law, 2007). However, permanent supportive housing for the homeless who have substance abuse problems

currently receives the majority of federal funding. This means that money is not going to the construction of affordable housing for other, non-chronically homeless citizens; instead, the money is going to HF programs. Law (2007) reports that fewer than one in every five dollars goes to affordable housing usable for the other populations of homeless citizens. According to these critics, the HF model is not worth sacrificing funding for the majority of the homeless population to benefit the most vulnerable population.

MAINE AND HOUSING FIRST

With this overview of homelessness and the HF method as a foundation, I analyzed HF programs specifically in Maine, and even more specifically in the Portland-based service organization, Preble Street. Preble Street funds a program called Logan Place, the goal of which is to provide permanent housing for the homeless population in Portland, which has been steadily increasing for the past 20 years. The Oxford Street Shelter, one of the largest emergency shelters in Portland, had been over capacity 70% of the time during the year prior to Logan Place's opening (Logan Place, 2014). Logan Place was opened on March 24, 2005, and this day was the first time Oxford Street was not overpopulated. Logan Place is an example of a single-site HF initiative because there are services provided within the one apartment building. There are Preble Street staff and caseworkers located in Logan Place 24 hours a day, 7 days a week.

Housing First is a relatively new concept to Maine, since it has only been implemented for approximately a decade. There are some statistics, as mentioned above, stating the effectiveness of the program so far; however, there is very limited qualitative data. Qualitative data can provide an in-depth analysis of how the administrators, caseworkers, and clients view the HF program's benefits and drawbacks that goes beyond less detailed survey data. Therefore, I conducted interviews with people involved with Logan Place and the Preble Street HF program

using a semi-structured interview procedure, which I describe in the next section. By collecting qualitative data, I hope to provide a unique insight into the success of the program compared to previous programs utilized in Maine. With this study, I will seek to examine the misconceptions about HF and how to resolve those issues while also showing how it has developed over time, and how it is advantageous and disadvantageous.

METHODOLOGY

I addressed my thesis question by performing research into the problem of homelessness, specifically in Maine. I sought permission to examine the files at the agency with which I worked, Preble Street. In these files, I found quantitative data regarding the homeless population in Portland throughout the past decade. Preble Street serves the homeless throughout the state of Maine, but the Housing First programs are located in the Portland metropolitan area. This quantitative information allowed me to further my knowledge of the field and thereby develop relevant interview questions.

Qualitative data is important to the field of sociology because it allows the researcher to analyze in depth the perceptions that interviewees have of the issue in a way that goes beyond questions typically asked in a survey. In contemporary times, a lot of data suggest that economic hard times and lack of affordable housing results in an increasing homeless population. Unfortunately, homelessness is perceived as a personal struggle, a tale of bad decisions and laziness. I asked the interviewees in-depth questions about clients' personal struggles, the effectiveness of the Housing First model, and general conversational questions involving homelessness in the area and their programs. A qualitative research design allowed me to observe interviewees' behavior and it allowed me to determine the direction of conversation rather than collecting data in predetermined areas. Qualitative research provided a forum for the

interviewees to discuss the items they wished to discuss. Qualitative data is important because it allowed me to focus on interviewees in a social context in which I could develop a more complete view of homelessness. All of these factors of qualitative research ultimately form a reflexive research design, which means that the project develops as the research is conducted (Glaser & Strauss, 1967).

In order to conduct this qualitative research project I submitted an application to the Institutional Review Board for approval. I submitted the IRB proposal in June 2015 and it underwent an expedited review. I then began my interviews during the summer of 2015.

My research was conducted using a semi-structured interviewing style. This means that there were a few basic questions on the interview schedule, but the overall format of the interview was more conversational. This allowed the interviewees to come to conclusions on the program on their own terms, with very little leading. I interviewed eight people; three full time caseworkers, three full time administrators, and two full time staff that served administrative and casework functions. (I wanted to interview clients but the agency wanted to protect their clients' privacy.)

Many of my questions came in the form of "how" questions. "Why" questions make the interviewees feel uncomfortable, as if they have to defend themselves. Instead, I made the interviewees feel more at ease with conversational questions. I avoided an inquisitional tone and allowed the interviewees to discuss freely the topics they were interested in exploring. (See the interview schedule in Appendix 1.)

I transcribed the interviews I conducted, and once all eight interviews were transcribed, I analyzed the interviews using a coding scheme. This means that I found key terms or themes that

arose during the interviews. A few topics that I explored are reported below in the Findings section. I created an Excel spreadsheet in order to track all of the data from the interviews. I also noted if an interviewee did not mention a topic at all, because this indicated a lack of importance. This coding scheme helped me to detect the most influential factors.

This research helped to explore the effectiveness of the Housing First model, as well as some of its drawbacks. It also helped to illuminate the role of public perception of homelessness, and the structural difficulties that play a role in servicing the homeless.

FINDINGS

The Benefits

All of the interviewees agreed that Housing First works. The four most commonly discussed themes of success are the improvement in substance abuse, how the programs foster a sense of community amongst the clients, the low rates of recidivism back into the homeless population, and the economic savings.

Substance Abuse

The key to HF is that clients have a choice with regard to whether or not they decide to continue using substances. The staff is there to help clients and connect them with services, but it has to be the initial choice of the individual client. This freedom is what allows the client to seek out treatment, and because it is entirely optional they are more motivated to succeed. This is because they do not feel coerced and there are no external incentives; the path to recovery is entirely internal.

However, caseworkers make it very clear that although the clients can drink, they must be responsible. The focus is on maintaining housing and teaching the clients how to behave in housing so that if they choose to move out one day then they can be a good tenant elsewhere. For

example, Interviewee 1 said, “we’ve had pretty frank and real conversations about that [drinking] and pretty much anybody will say no…So we’ll explore, what do we do when we’re intoxicated? Do we leave our house or stay home? Do we go out into the street if you want fresh air or do you sit in your private backyard a little bit?” (Interviewee 1). This is but one example of how the staff allows the tenants to live as they please but helps them gain the proper skills to maintain housing and a good environment. As another interviewee said: “It assumes you’ll be a good tenant and assumes that tenancy is the issue” (Interviewee 3). In this case, the tenancy skills they learn are due to conversations with staff members. Due to this narrow focus the caseworkers can address the issue of substance abuse through the perspective of the clients. They simply want to maintain housing and be good tenants, so they learn that that means not to drink in common areas, disturb neighbors (in LP and in the neighborhood), etc. They learn how to manage their substance dependency in such a way that it does not disturb others. LP is their home, and as in every home, the residents are able to drink. When the average person consumes substances in his or her home they do not disturb others; in this way, LP is allowing their residents to do the same.

Furthermore, caseworkers stress the principles of harm reduction. Harm reduction is defined as: “Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs” (Harm Reduction Coalition, n.d., “Principles of Harm Reduction”). In the words of a caseworker,

> Harm reduction, it’s the idea that says, “you’re drinking, okay, how do you feel? Oh my gut is really in a lot of pain. Oh what’re you drinking? You’re drinking whiskey huh you wanna drink, whiskeys hurting your gut, what would happen if you turn to beer only? So how can we, how do you reduce the harm for the behavior that you’re engaging in... What if you only drink four a day? (Interviewee 5).

Harm reduction is the idea that one can reduce the amount of harmful activity to levels that are more appropriate and functional. Harm reduction depends on the choice of the resident, but caseworkers often engage in motivational interviewing.

> When we find people who are ambivalent and who are kind of unhappy with their use we might engage in some motivational interviewing to sort of help people clarify that ambivalence and make some decisions, we are definitely on board with that but the tenant is in the lead of those conversations (Interviewee 5).

This allows the residents to come to their own conclusions regarding their dependency. This technique is gentle and non-coercive, so it is consistent with the principles of HF.

The providers have identified many stories of success with harm reduction, and although it is not required or specifically measured, they see success. This is because they try to provide opportunities and incentives without being coercive. As one interviewee said: "We have a 4 to midnight shift. When we have interesting activities happening from 4 to midnight then that gives people kind of an incentive to drink just a little bit less so that they'll be not sleeping and be able to participate in the evening" (Interviewee 5). Interviewee 6 further illustrated this theme of harm reduction, "you have to be sober to be transported in a staff person vehicle to go to Walmart, and they take it pretty seriously" (Interviewee 6). The harm reduction techniques that are used at LP are non-coercive, yet the case workers see success. This success is due to the levels of freedom and choice, not because it was mandated. The residents are able to live a more "normal" life, where they can consume in their own private space, not disturb others, and not feel the urge to binge. Instead, the residents can live a more healthy and independent lifestyle.

Community

Community is so powerful in the lives of these residents. The first instance of community is within the homeless community.

> I think some people, the first thing they need is an apartment but that doesn't mean that's the best thing for everybody, right. If you throw somebody into an apartment by themselves and they've been living in the community at the resource center, that's going to be a really hard transition. When I worked at the drop in center I always thought the end goal in my head was getting somebody housed, and we got somebody housed and within a couple of weeks they had committed suicide (Interviewee 2).

The residents rely on this sense of community because otherwise they can become isolated from society. LP focuses on community, to provide that social structure that clients had outdoors but in a healthier and more independent manner. One sign says "Logan Place is a Community Like No Other." This is both true and necessary, as the residents need to look out for one another as individuals because they care for one another due to their shared experiences. For example, "The cooks in the building see that there's a lot of food insecurity here and so they take their food stamps and see chicken is on sale and buy enough for thirty, so people collaborate because they understand the importance of food" (Interviewee 6). This shows how the community within LP is inclusive and unified.

Another example of the community feeling of LP specifically is the consideration for the other tenants as neighbors. One of the issues related to community was the visitors at LP. As one interviewee put it: "It's not to say people can't have visitors or guests or even overnight guests but if it becomes too much or too many or too long or unruly because you still have to be a good tenant… this ultimately ended up with a tenant really asking us to kind of help them say no to their friends, to be the bad guys for them" (Interviewee 7). This is a poignant example of the feeling of a tight-knit homeless community when they are living on the street. This is illustrated because the residents feel this sense of guilt for having an apartment when their friends are still living on the street. Therefore, they let them stay at their apartment even when it is not healthy for them. This sense of guilt, combined with the realization that the residents need to do what is best for themselves, leads them to ask Preble Street staff to help them. The residents understand the need to be a good

neighbor, and in this way they strengthen their own LP community by determining that visitors cannot stay long-term and they cannot have large numbers of people. The sense of community at Logan Place is focused on taking care of each other and being good neighbors to one another.

This sense of community expands beyond the building. There were many concerns amongst neighbors on Frederic Street, where LP is located. One caseworker said that:

> It was a real challenge to get to come into a neighborhood with families and houses and an established neighborhood and say we're gonna be good neighbors. When you have people with untreated mental illness who haven't had a home in many, many years…the perception was, whatever the reality was, the perception was oh definitely not I don't want this person here. We're gonna have a lot of drunk people all kinds of disturbance uh no way. And to some extent there are behaviors with folks when they have significant alcohol dependence and mental illness (Interviewee 1).

The tenants and the providers at LP wanted to establish a healthy community amongst the neighborhood, not just within the building.

> We also made sure we've been really integrated within the neighborhood. We've done annual street cleanups annual plant bulb planting we do an annual block party where we host the kids in the neighborhood and families and we have we're getting a bouncing house and kids play music….We had our first outside summer movie series movie the other night where we bought all the projector material and we got a big screen to attach to the side of the building and brought in a big popcorn machine and invited all the neighbors to watch *Tooth Fairy*, "The Rock" movie. You know a fun, family movie and tenants were sitting with kids and families in the neighborhood all together and so we really make sure we have a positive impact on our neighbors (Interviewee 1).

The block parties, the neighborhood trash pick-ups, the outdoor movie series, the bulb planting, and so many more neighborhood activities have created this sense of community within the neighborhood that has repelled all initial negative feelings. In fact, Interviewee 1 said, "I haven't had a neighbor called (sic) me in years."

Community has been established in the building, within the neighborhood, and finally, LP focuses on reestablishing connections to the community-at-large (in other words: society). The homeless community is often isolated from the greater community. One major initiative of

HF is to reintegrate the individuals into society. LP does this with programs such as the Walmart trip, “we really work on offering activities, getting folks back out into the community, participating like any of us would because that’s something that wasn’t happening when they were on the streets or they felt like they couldn’t do because they were on the street” (Interviewee 6). This allows the residents to shop and to perform “normal” errands, and the residents are able to interact with other people in the community and reestablish their own role in society. In short, as one interviewee stated, it’s “getting people back to being an active member of society” (Interviewee 6). It makes them feel more attached to society, and thus they live a less isolated and more socially connected life. Community is a major part of the HF model, establishing it amongst all of the layers of society-at-large.

Recidivism

Logan Place

According to the Merriam-Webster dictionary, recidivism is defined as: “a tendency to relapse into a previous condition or mode of behavior” (Merriam-Webster). Essentially it means the rates at which the individuals fall back into their old habits and lifestyles. In this case, that means losing housing and ending up back on the streets. In the case of Logan Place, the rates of recidivism are extremely low. This is because LP is their home. There is no deadline, people can choose to stay their whole lives or they can move out, just as “normal” people would decide in their homes. Unfortunately, the most common way in which residents leave LP is by death, as one interviewee said: “the number one reason people leave Logan Place or Florence House, by far the number 1 reason we’ve had turnovers, people have died” (Interviewee 7). This same interviewee told a story of a client:

> The man that, used to, you know, literally, MEDCU would have to pick him up every day at the Resource Center, you know, really significant alcohol dependence, and he was really felt very hopeless in his life and when he came here he vowed that he would die here. And it was a challenge for him to cut back on his alcohol consumption enough to stay housed and it was a real challenge for him and he worked really hard at it, really hard at it, and he would meet with us, he made us part of his support team, he gave us permission to enter his apartment if we didn't see him for a day because sometimes he would fall. I mean, he really he had significant alcohol dependence and really struggled with it, in and out of the hospital with major medical issues from it and…a big part of his joy in a day was the one time in the day that he would come down in the evening and play cribbage with staff and listen to Heart and sing songs and remember the good 'ol days when he was a young guy and it was a real joy for him and he said that part of his day was the only time he didn't think about drinking in his life and it meant a lot to him that he was able to do that and stay housed. And he passed away a few years ago and I was able to celebrate that he did it. And it was it was not easy for him and he didn't, it didn't always look like he was gonna be able to do it but he did... and that story makes me just as happy to know that he made his wish come true (Interviewee 1).

This man accomplished his goal to remain in housing until he died. The only way in which this man could have a comfortable death was through the HF model.

Some residents of LP do decide to leave the program and seek housing on their own. One example of this is:

> So many people tell us they just try to be clean and sober homeless, but there's just too much stress that they just do as much numbing as they can, right, so he got his apartment, he came to us healthy for the first time in years, you know, his adult life basically and he moved in with a couple beers...and he kept them in his refrigerator for one year and then at his one year anniversary he poured them out and then after the one year anniversary he started saying you know, we helped him get connected with services, he came to us in a wheelchair, he thought he was in a wheelchair because of his alcohol, he found out after being here that it was due to a degenerative brain situation that was happening and he got treatment for that. He went into PT, and started insisted on using his walker and he was, you know, so he saw significant health, significant mental health wellness and health wellness and I saw him in the community recently, oh and then he said… "I want to make room for the next person…" I recently saw him going into the Merrill auditorium with his wife that he had married, that's an amazing story, right?" (Interviewee 1).

This is just one anecdote of a resident of LP trying to "pay it forward." He gave up his apartment in LP because he realized the good that it did for him and decided that he wanted to allow this for someone else. However, it is important to stress that LP is their home. The residents are welcome to stay for their entire lives because HF thrives on permanent housing, not temporary. This sense

of permanence is what allows the residents to thrive in the LP environment. Therefore, the rate of recidivism is very low for residents of Logan Place.

Veterans Housing Services

Another Preble Street operated HF program is called Veterans Housing Services; it differs from Logan Place greatly. VHS is a scattered site model while LP is a single site model. After discussing the single site model, where all services and apartments are in one single location, it is important to examine what caseworkers of the scattered site model, where services and apartments are located across a city, think about the link between recidivism and the two models. Interviewee 4 said, “we do have a rate of recidivism. People come back sometimes. It comes in waves. That’s gonna just happen just because housing is challenging if you’ve been homeless most of your life... It’s a lower percentage. It’s not high. We are showing that this works” (Interviewee 4).

Even though there are higher rates of recidivism in the scattered site model than the single site model, it is still proving to house people. There is recidivism, as the interviewee stated: however, no interviewee expressed concern with high rates of recidivism with the HF model. The most evident example that recidivism is not a major issue is Portland’s label of “Functional Zero.” Functional zero is defined as, “having a process and the resources in place where we can immediately house a veteran” (Lawrence, 2015, “This is a tale of two cities”). This label of functional zero means that in Portland, the rate of homelessness amongst veterans is essentially zero. Interviewee 4 describes functional zero when he or she says:

> In Portland we are almost at a functional zero for veteran homelessness, which means the chronic long term stayers. We’ve almost ended veteran homelessness among those veterans. That doesn’t mean that at any given time there wouldn’t be a veteran or two staying at the shelter. But once we’ve housed the long term stayers or those who are

> chronically homeless we have an infrastructure that can actually rehouse veterans that go in and out…We are, I think, the first city in New England to possibly reach that (Interviewee 4).

This does not mean that there aren't veterans in the shelter at any one time. It means that there is an established system that houses the chronically homeless individuals, which frees up the time, energy, and resources of caseworkers to address those who are in and out of the shelter.

Economic Savings

HF has dramatic savings in six major categories: health care, mental health care, emergency room visits, ambulance services, police contacts, and shelter nights. Each one of these categories involves costs, as itemized in the chart below.

Category	Costs when homeless	Costs in 2007 when housed	Average cost savings over 7 years
Health Care	$348,699	$141,427	$1,450,899
Mental Health Care	$237,219	$129,916	$681,126
Emergency Room Visits	$85,883	$32,480	$373,819
Ambulance Services	$19,082	$6,394	$88,819
Police Contacts	$9,542	$3,257	$43,994
Shelter Nights	$102,738	$3,789	$634,447

McLaughlin & Bradley, 2007

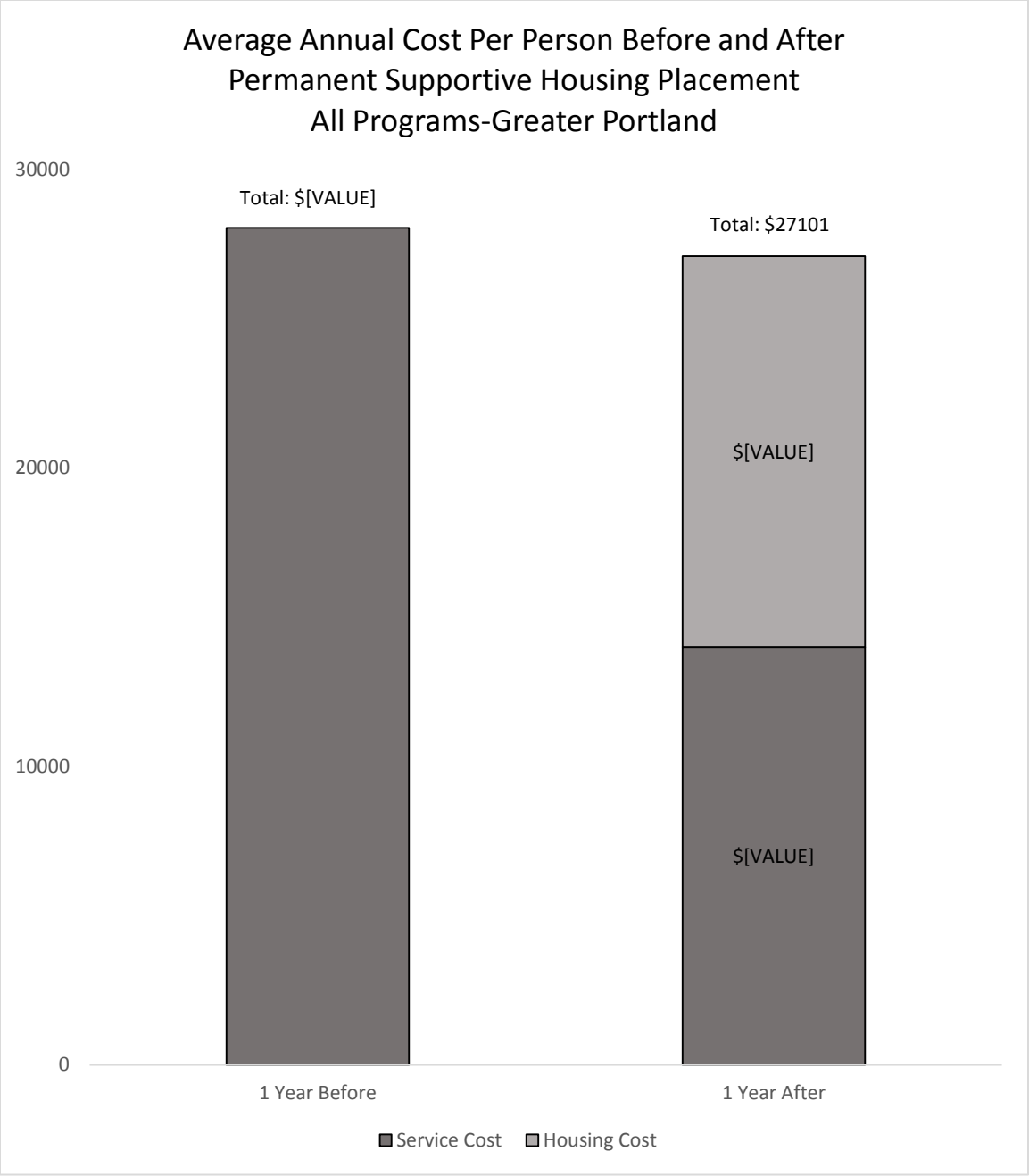
This table represents the seven year savings in these categories, according to a study performed in order to present the economic value of HF. The same study found that, "the average savings after calculating housing costs is $792, 960" (McLaughlin, 2007, "Logan Place 7 Years"). Another study found very similar results in terms of a few of these categories.

Category	Cost 1 Year Before Logan Place	Cost 1 Year After Logan Place	Reduction
Emergency Room Visits	$108,109	$27,713	74%
Ambulance Services	$36,790	$10,525	71%
Police Contacts	$11,682	$3,525	70%
Shelter Nights	$170,013	$7,900	95%
Jail Nights	$18,300	$2,183	88%

Mondello, 2007

This same study analyzed the costs of both the physical and mental health care. They found that, "once they moved into Logan Place, tenants used fewer physical health care services. They simply needed less frequent medical care" (Mondello, 2007, 6). The physical health care costs dropped from approximately $250,000 to a little over $100,000. The number of physical health care contacts dropped from approximately 600 to just under 300. Furthermore, the mental health care situation also improved, "mental health care services usage almost doubled, from 102 to 197 units of service, yet the cost of this care fell 35% (from $237,685 to $153,345). Consumers received almost twice the amount of care for far less cost" (Mondello, 2007, 6).This means that the consumers were stable enough to be able to utilize outpatient care, which is less expensive than hospitalization. This stability provided the clients the opportunity to make and maintain regular appointments and to keep a regimen for medication rather than having to rely on the emergency system. While homeless, the consumers lacked the security and simple ability to make regular appointments with doctors or therapists, thus, they had to rely on mental health care emergency services.

Furthermore, the economic value can be seen at the individual level as well. Of the 30 people living in LP, 23 participated in a study performed by McLaughlin. The study found that the annual cost per client prior to being housed is $28,045 and after housing each client costs $27,101. This means it is less expensive to house them than for them be homeless. This is represented in the bar graphs below:



McLaughlin, 2007, "Logan Place 7 Years"

This graph illustrates that the total spent on an individual in the HF permanent supportive housing is costing $944 less per year than when the residents were homeless. A different study found similar results, in that there was, "an average savings of $972 per participant during the year following entry into Logan Place" (Mondello, Gass, McLaughlin, Shore, & Bradley, 2007,

3). For this group of people it means that, “in the 12 months following tenants’ placement, the system of care spent $23,328 less than it did for the same group of people the year prior to being housed” (Mondello, 2007, 3). The economic savings of the HF program is evident when one looks at the studies performed at Preble Street. It saves money across the board and more than covers the expense of the building and program itself. Therefore, in the long term it will actually save taxpayer dollars to house the chronically homeless in HF programs. This will allow the providers to divert their attention and resources to those homeless persons who simply need a helping hand.

The Downfalls

Food Programs

Food insecurity is a constant stress for people living on the streets. However, due to the role of the soup kitchen, this stress can be alleviated. They must stand in line at the soup kitchen for quite a while, but they will be able to get three square meals a day. For these chronically homeless individuals who have been living on the streets for years at a time, they could always rely on the soup kitchen to provide them the necessary nutrients to make it through each day. As one interviewee said, “yes its independent living, but the reality is that transition from three meals a day at the soup kitchen to a place where you can cook but you don’t really have the tools, the resources, you’ve never really had that” (Interviewee 6).

However, when chronically homeless individuals are chosen to live in LP, or any HF program, it means they are provided their own kitchen. This sounds as if all their food insecurity issues are solved; unfortunately, this is not always the case. The first major issue is being properly equipped. They need pots, pans, plates, forks, and the list goes on and on. When people

are homeless they function with what they can carry on their back; kitchen equipment is not one of those necessities. Furthermore, they need to have a pantry that contains food. This means that they need to be able to get to the store and then find a way to pay for these necessities. The food is obtainable because there is the SNAP, Supplemental Nutrition Assistance Program; however, the non-food necessities can be more difficult to procure. When one is on a fixed income, one has to learn how to budget accordingly. Staff at LP help them learn how to budget, and they have a small pantry with some supplies if it's needed, "We work with our food program at Preble Street to get… our pantry stocked up, but that's definitely still an issue" (Interviewee 6). It is their apartments, so it is not always easy to tell who is eating food, let alone whether the food they are eating are healthy options. The nature of HF is that the tenant decides his or her own life, therefore, he or she needs to make the decision to ask a staff member for help. So this can be a difficulty.

Furthermore, education is often an issue when it comes to food security. Many people do not have or have lost the ability to cook. They just do not know the basic steps to prepare a healthy, balanced meal. Staff at LP host optional programs so that the tenants can learn but again the nature of the HF model is based on choice. The staff at Preble Street do attempt to mitigate the food insecurity, "we work on food education, food programming, that's one of my big agendas here. And we have some awesome volunteers that come in" (Interviewee 6). Unfortunately, food challenges are often put aside in order to address more immediate issues such as mental health, physical health, or substance abuse, "it's very challenging… and then you have mental health, addiction, you're not thinking about my three square meals a day, still, even housed" (Interviewee 6). There are a few tenants who have a knack for cooking and make group meals, "we have a couple amazing tenants that love to kinda care take and are really good at

cooking and will participate in these huge just like, oh, I wanna do a community meal tonight, and that happens like off the cuff and it's awesome, but we don't know when that's gonna happen" (Interviewee 6). But as Interviewee 6 said, this is not a reliable way to make sure that everyone is maintaining a healthy diet. The lack of food security in LP is certainly a concern for these new tenants who are not used to preparing their own meals.

Medical

Medical issues were one unforeseen issue that Preble Street had to face. The chronically homeless community is vulnerable to physical illnesses, and many have developed life-threatening issues due to their lack of housing. One person interviewed provided the example of one client and noted that, "he had been really medically compromised and spent… a month or so in the hospital before and it just so happened that he was able to come from that situation to here" (Interviewee 1). He needed to be in the hospital for an extended period of time due to his severe health concerns. Oftentimes, illnesses go untreated for too long because homeless persons lack the stability to visit the doctors while on the street. HF is beneficial to their health because they can get treatment, Interviewee 1 describes a client, "he came to us in a wheelchair, he thought he was in a wheelchair because of his alcohol, he found out after being here that it was due to a degenerative brain situation that was happening and he got treatment for that" (Interviewee 1). However, it is often too late; one interviewee said, "The number one reason people leave Logan Place or Florence House, by far the number one reason we've had turnovers, people have died" (Interviewee 7). Preble Street wants to do more.

They want to ensure that their tenants live as long and as happily as they can. To do this they are designing a new HF program that focuses on the medical issues that were an issue in LP. One interviewee described the program:

> It's gonna be chronically homeless adults, with the added target of people who are medically compromised, fragile. And that's because of our experience both with Logan Place and Florence House, but also what we are seeing on the street. It's just the homeless population is aging and is… dealing with lots and lots of medical issues… There's transitions that need to happen, and medical care that needs to happen and attention that needs to happen (Interviewee 7).

This design will have a registered medical professional who has the proper training to handle medical issues that the average caseworker is not trained or equipped to handle,

> We're not building a nursing home or a respite bed or hospice care, but we want to build in some higher level of medical support. Think of it like if you're home and you're old and you're not sick enough yet to go…into a nursing home or semi-independent living you still can live alone. But your daughter comes three times a week and cleans up, your neighbor makes sure you take the right meds every day, you have a home health nurse twice a week, you have any number of medical supports either formal or informal. Because you've got a support world…At Logan Place when that happens, someone starts to deteriorate medically it's a huge problem for us because we're not, it's not licensed as a medical place, our staff aren't trained for that (Interviewee 7).

If there is someone in the building who is medically trained, then the tenants will receive proper care. This will extend their lifespan and quality of life. The only problem is funding, as identified by Interviewee 7:

> There are three paths that have to happen... One is Avesta [nonprofit developer of affordable housing] has to find the property, the financing, all that. The second piece is Avesta and Preble Street together have to ensure that there are housing vouchers available site based and we've done that now twice and this third one is all set with Portland Housing Authority. So that's a really key piece, without the housing vouchers the rest of it falls apart. So we got the housing vouchers, looks like we're gonna have the building… The third path is the service funding. And that's the other two times and now this time proving to be the most challenging. (Interviewee 7).

Funding, as the interviewee identified, is the hardest part of any HF program.

Public Perceptions

Public perceptions of the homeless vary widely. While some people view the homeless in a negative light, seeing them as a problem population, there are many subsets of the population that view the homeless community with a sense of compassion. Many feel compelled to help the

homeless or feel a sense of empathy for these individuals. They are seen as victims of a series of unfortunate circumstances. For example, when Logan Place first moved into the neighborhood, one of the Interviewees walked the neighborhood asking what the neighbors thought. She said:

> I went around the neighborhood and asked that question and there's this little lady who lives across the street and I said "so you've been here forever, you own this house. What was it kind of [like] to watch this building get put up, you know, what was your first reaction?" And she said, "quite honestly, I was thrilled because people would use this street to access tents out over by the river and it was really painful to see people suffering and to see the street be used in unpredictable ways. With you guys here we have a sense of stability. (Interviewee 5)

People feel empathy for the population that is so vulnerable, like the "little lady" above. Due to this compassion many feel that housing first is beneficial to the community because it is helping the population that they feel compassion for. That same interviewee also said:

> People are in the medians begging for money and I think it generates different reactions from the wider community, one of the reactions being very judgmental: go get a job. The other reaction being one of compassion: why is this pregnant woman holding out a sign and have (sic) no home? So I think what a housing first model offers is a solution to those who are feeling compassionate and thinking that old men and pregnant women or anyone should [not] be out on the street having to beg for money in order to survive, so I think that there are a lot of people out there that want to know that there are solutions, there's another way, that our communities don't have to settle for people competing for the right corner to earn enough money to buy a pair of socks. (Interviewee 5)

This perception of the homeless is based in compassion and sympathy. The Housing First model clearly appeals to this group of compassionate citizens because it serves this vulnerable population. This means that, for some members of the community, the perception of the Housing First model is positive.

Unfortunately, many people view the homeless community in a negative light. All of the interviewees mentioned the struggle with perception in one form or another. For example one interviewee identified that, "the perception was, whatever the reality was, the perception was oh definitely not I don't want this person here. We're gonna have a lot of drunk people, all kinds of disturbance, uh, no way" (Interviewee 1). The interviewee is referencing when Logan Place was

first built and the initial reaction of the neighbors. As the interviewee specified, the initial response is to the stereotype of the drunk homeless person. This stereotyped person is dangerous and has no benefit: the public only sees the bad that surrounds him. One interviewee offered the following, “As a staff we are super aware of what the stigma of homelessness does to a person and it doesn’t go away for a long time, if ever” (Interviewee 1). The perception of society has damaging effects to the individual. This means that the individual homeless person suffers psychologically due to the stigma that society forces upon the members of the homeless community. The homeless individuals feel that they are not a part of society; they are outside the social world and somehow less human. The staff at Preble Street have to combat this, within the client and within the other members of society.

There is a contradiction within the idea of perception. The contradiction is that many people support the homeless theoretically, but not personally. Theoretical support means supporting the homeless with donations or programs. However, many do not want to see the effects of homelessness, be asked for money, drive past the homeless who are on medians, etc. The average person sees a homeless man and goes immediately to the worst case scenario: a dangerous drunk or lazy bum. The contradiction was identified when referencing homeless veterans. For instance:

> There’s the stigma with people experiencing homelessness in general but in my experience it tends to be that folks are much more willing to see money going towards a veteran rather than someone that they just see…But what’s intriguing about that is that someone, just anyone, that’s never done this kind of work…might drive down Portland streets, drive across from the Resource center and they might see someone standing outside and they might have their own perception or stigma about what that homeless person is, you know, whatever, what their background is, what they do, whatever, doesn’t matter. Another good example is driving by and seeing a panhandler, it’s incredible how many of those people are veterans. (Interviewee 4)

The contradiction is that people will support veterans as long as they do not have to see them. This is not a conscious decision; rather, it is a prejudice that arises due to the public perception of society. Interviewee 4 reveals that many people love to help homeless veterans, but not the person standing on the street. They like the idea of helping the homeless as a category of people in need, but they find the reality of an individual homeless person on the streets distasteful.

The harsh reality of homelessness is that the homeless need somewhere to go. This is a problem for society because people may want to help, but they do not want to be directly affected by it. This phenomenon is referred to as "Not In My Back Yard," otherwise known as NIMBY. Interviewee 6 identifies this, "I think Housing First probably gets the whole not in my backyard Nimby thing, but great idea. I think we do struggle, we struggled into neighborhoods…we are going through some challenges on a potential project, on a different street in Portland, Bishop Street" (Interviewee 6). Even those who understand the value of the HF model still find it difficult to support the program moving into their neighborhood. Logan Place has had overwhelming success, but Preble Street still struggles to place a new program. Interviewee 6 remarked, "In general, people want this but maybe not on their street" (Interviewee 6).

Housing First makes sense to average citizens and politicians alike. As Interviewee 5 identified, "Housing First is quite frankly less controversial than other projects, the numbers are so clear that it's less hard to sell I think to the city, to the city hall, to the business community…we're saving tax dollars by being present in a place like this" (Interviewee 5). Politicians like the economic savings that accompanies the Housing First model. While one might think that this type of social service would be more associated with the policies of the Democratic Party, caseworkers identified that both sides of the aisle are attracted to the Housing

First model. Interviewee 6 explicitly states this, “I think both sides, conservatives, ultra-liberals, see the benefits of Housing First… People are housed and then financially it makes so much sense” (Interviewee 6). Interviewees identified the support of the past two presidents, one Democrat, one Republican. Interviewee 4 describes the funding for the scattered site HF at Preble Street, “So the grant in itself is intended to be housing first and that’s a federal grant, so it’s a really good indication that there a lot of people doing this research and seeing that it works… It was the Obama administration that gave the funding initially and here we are, we continue to be funded every year” (Interviewee 4). Interviewee 5 also describes funding for HF programs, “I can also say that the Bush administration, George W. Bush, loved Housing First. He was a big proponent of that, his housing development staff were big proponents of that… His HUD started funding, they were proponents of that” (Interviewee 5). In short, interviewees identified that both Democrats and Republicans recognize and value the HF program.

Nationally, HF appears to have support and funding, as identified by each of the interviewees. However, locally it does not have the same support. As one interviewee pointed out:

> What is happening politically in this city and in this state is really troubling and really could really negatively affect the work that this organization and the community organizations have been doing for a really long time. I think to some degree its people having the experiences, these things happen to somebody in their family or somebody they care about I think puts that human face on it, which is unfortunate it has to happen to someone in our sphere for us to care about…when you’re using government money everybody feels like they have a say in what it looks like and not everybody. I think the people who have money would not appreciate being told what to do to the same degree that they ask our clients or people who don’t have money or power to do. (Interviewee 2).

This interviewee is referencing the current political climate of the state of Maine. This political climate is shown by the feelings of the community at-large. In the case of homelessness the

community often has a very negative attitude, even if the statistics prove the effectiveness of Housing First. For example, Interviewee 2 believes,

> The community only cares about it when it's right in front of you and it feels like they get to judge and have an opinion about it when it interacts with you, but as long as its behind closed doors nobody really cares… but the moment our taxpayer money is going to it everyone has an opinion even though they don't have any skillset, don't have any professional qualifications, don't have any experience to say what actually should work for people (Interviewee 2).

An op-ed in the Portland Press Herald stated: "The welfare programs in Maine are not out of control and are not being abused any more than any other government or private program. And yet if we repeat the mantra of welfare 'abuse' over and over again for years, it sticks and resonates with some voters. The fact that it's just not true seems to matter little" (Collins, 2015, "Reading the papers"). In response to this negativity, places such as Preble Street have to fight for every dollar, constantly defending the programs. Interviewee 2 underscores this point:

> So when the audit happened we start thinking oh gosh what if they did an audit of us, what is that gonna mean? Are we doing everything we need? Are we crossing every T, dotting every I, and that takes away all that energy, takes away from developing programs…Generally speaking our paperwork should always be a hundred percent, but we are humans and we are an agency where it's all about the clients and so it makes us look at things not from a client centered way but from a what would the general public look at and care about and that I think is distracting. I think we have also spent a ton of energy as a staff and client base and leadership doing advocacy, and we all have a finite amount of time and energy and that's what it's been. It's not been about changing things and making things better it's about keeping things status quo and so that's obviously also very negative. We always want to be moving to the future and we are just trying not to back track, so I think that that's been really hard. And I think that just feeling how racist the state is and politicians are and that when we talk about taking care of the community, we talk about taking care of a certain percentage of the community not everybody who lives in it. (Interviewee 2).

Preble Street needs to constantly work on advocacy; this means that they need to advocate for their programs to the community and political actors alike. As the interviewee stated, this takes away resources from their true purpose: getting people housed.

However, getting people housed is becoming more difficult than ever. Interviewee 4 explains:

> Portland is a difficult housing market right now just because rents have skyrocketed in the last few years so affordable rents, there are very few places that are within general assistance's guidelines to help out with rent so that's not as much of an option for people anymore as it used to be. Just because there's a set income limit of what they will pay or set rental limit of what the apartment they would assist for people that meet their general assistance requirements. It's becoming more and more difficult to find an apartment that fits within that GA [General Assistance] guideline. (Interviewee 4).

The interviewee describes the GA guidelines as becoming harder to meet. This means that fewer people are able to qualify for subsidies for rent. Furthermore, Interviewee 5 says, "Unfortunately, in this day and age, there's what, a 1% vacancy rate in the city of Portland? Rents are out of control, waitlists for vouchers are very lengthy; if you're waiting for a Section 8 voucher at this point, I think you're waiting for 5 years" (Interviewee 5). This combination of stricter GA guidelines and less affordable housing has created an environment which makes it extremely difficult to find a place to live, even when working with an organization such as Preble Street. The tenseness within the state of Maine regarding homelessness is only increasing. Despite all of the evidence that Housing First works, the perception the general public has of the homeless population is still mostly negative.

DISCUSSION

Maine, traditionally a moderate state, is beginning to lean further to the right. This is exhibited with the election of right-wing Governor Paul LePage in 2010 and his reelection in 2014. A popular political news website, POLITICO, reports:

> It's [Maine] a place whose most revered politicians in recent years have been consensus-minded, congenitally civil U.S. senators, like moderate Republicans Margaret Chase Smith, Bill Cohen, Olympia Snowe and Susan Collins; independent Angus King; and centrist Democrats Edmund Muskie and George Mitchell. Firebrands rarely win statewide office here. But from the moment he became governor three years ago, Paul

> LePage has turned those assumptions upside down. (I asked to speak with him about his effect on Maine's political landscape, but the governor rarely grants interviews, and I didn't hear back from his spokesperson.) "For decades," says state Senate president Justin Alfond, a Democrat who often tangles with the governor, Mainers have felt "pride that our politics weren't like other states. Paul LePage has changed all of this (Woodard, 2014, "What better way").

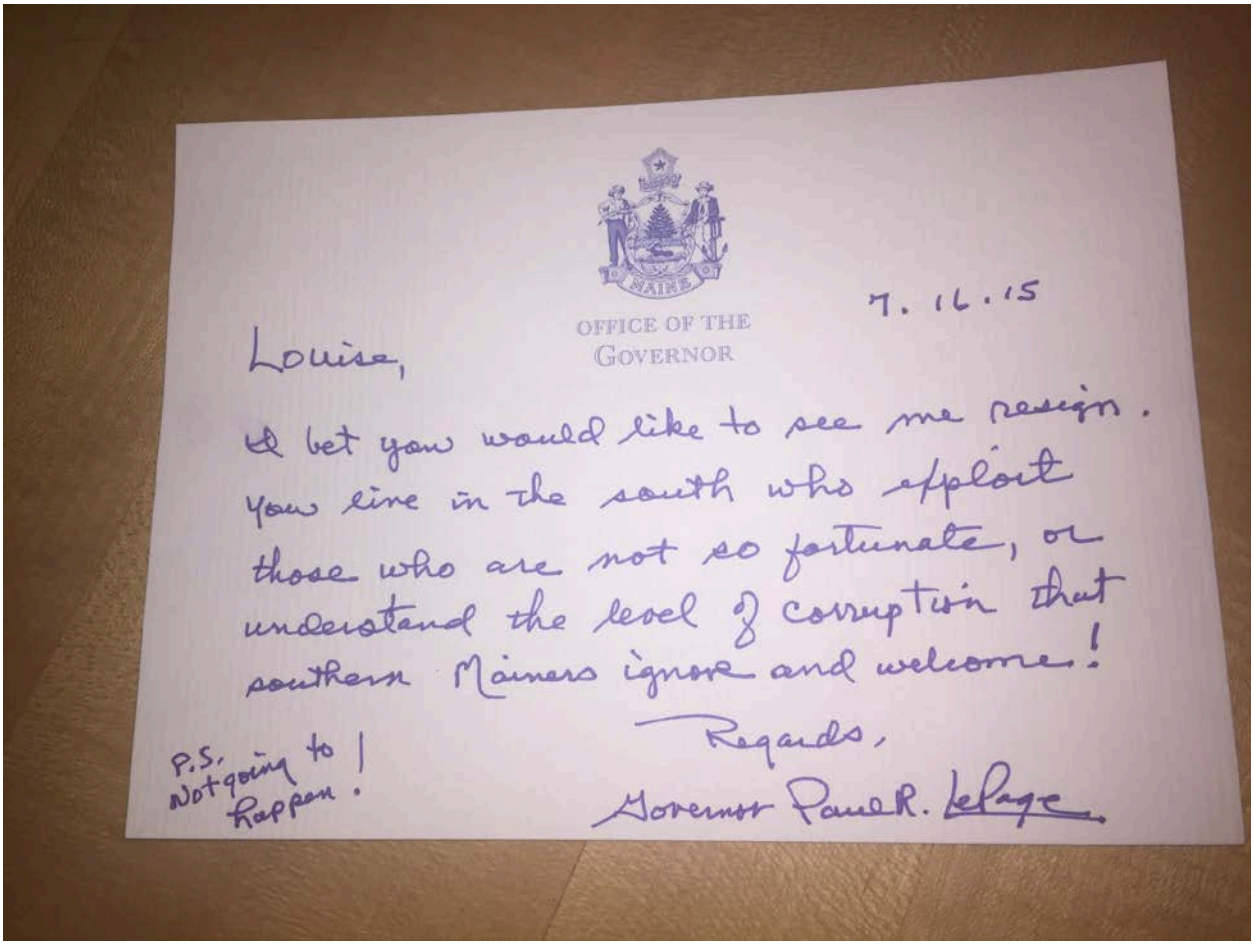
The quote illustrates the change in the culture of Maine politics. They have moved away from the centrist policies and attitudes of the past. Instead, the government is moving further to the right. The POLITICO article explains that LePage's election was due to the overly centrist attitudes of Maine politics. Maine has a strong third-party presence, "Republicans are the smallest of Maine's electoral blocks (28 percent of registered voters) after Independents (37 percent) and Democrats (32 percent). But LePage had the luxury in 2010 of running against not just one independent but three. He won the election with 38 percent of the vote" (Woodard, 2014, "What better way"). The state has a large third-party population, and no clear majority. This tends to lead toward the moderate attitude of Maine. However, with the election of far-right candidate Paul LePage, the policy agenda has shifted dramatically.

Governor LePage focuses attention on social welfare program reform, along with the reformation of other government duties:

> LePage campaigned on a promise to improve the economy by scaling back taxes, welfare and regulations—and he's accomplished much of it. In 2011, he signed a $150 million tax cut, the largest in state history, which reduced the top income tax rate and doubled the estate tax exemption from $1 million to $2 million. Under LePage, a five-year limit on welfare benefits was imposed—in order to stop Maine from being a welfare "destination state"—and laws restricting big-box stores and mining were repealed. (Woodard, 2014, "What better way").

This quote illustrates how Governor LePage has attempted to cut many government programs, especially welfare. Many social welfare programs and agencies are centered in Southern Maine. The largest city in Southern Maine is Portland, which represents the liberal center of Maine, whereas Governor LePage tends to have his major support base in the more rural areas. Due to

these geographic distinctions, LePage has focused a lot of attention on Portland. For example, when a retired librarian, Louise, wrote to the Governor asking him to resign, he responded in a handwritten note. Below is an image of the letter:



(Gov. LePage Writes off Half the State of Maine, 2015, "In a personal note")

This letter represents the Governor's hostility toward Southern Maine and the residents who reside there. Many social welfare programs are centralized in cities or towns located in Southern Maine, like Portland. Maine has always been split between what is considered Northern Maine and Southern Maine, although there are no concrete definitions of these regions. Since LePage is from the Northern region and his major support is from there, the citizens in the North tend to be

more accepting of the Governor's opinion. This means that the Governor is creating tension between Northern and Southern Maine through his hostile behavior. The Governor's supporters agree with him that the social service industry in Southern Maine is negatively impacting the state. Thus, they support his initiatives to cut social spending.

Governor LePage has influence over the public due to his role as a public figure. This means that many people begin to agree with the Governor simply due to his position of power. The executive power is able to influence both members of the government and the public in general. Due to his position, he gets to set the agenda for the state. If he focuses the attention of the government on welfare fraud, regardless of its legitimacy, he sets the tone for how the entire state addresses users of welfare. By extension, this means the disenfranchised in general: the homeless. Therefore, since the Governor has a negative opinion of the individuals who use the social services, so do the people.

The public perception is heavily reliant on the figurehead in the society. In the case of Maine, this negative perception is addressed toward the homeless population. Interviewees explained the perception of the public as being negative, regardless of the success of the model, due to the influence of the Governor. Furthermore, the model has bipartisan support, as noted by Interviewees 4, 5 and 6. This means that the public perception of the model is not based solely on one's political affiliation. This seems to complicate the matter; however, I argue that it is not the party that is influencing public perception of the homeless and the Housing First model, it is the influence of the political leadership.

The public perception, influenced by the executive power, is what causes organizations such as Preble Street to have issues funding their successful and effective programs. Politicians feel pressure from the public and from the Governor; therefore, funding is cut or not granted to

social service programs. Individually, people see the success of the HF model and often agree with it; collectively, politicians feel the pressure to not fund programs, even successful ones. This lack of funding was noted or remarked upon by the interviewees. The Preble Street administration has dealt with it when building their two current HF buildings, and they are currently dealing with this same issue to a larger extent with their new Housing First project. One of the interviewees had pointed out that they are building a third HF building and they have everything solidified except the funding.

The staff at Preble Street needs to address the perception of the public in order to gain the funding necessary to build and operate an HF program. Furthermore, the current political climate of Maine is hindering its ability to gain funding because the executive power has a great influence over politicians and public alike.

CONCLUSION

Individual perceptions and structural systems are inherently linked in the case of homelessness and the lack of affordable housing. The lack of affordable housing is a major issue in Maine today; as stated before, there is not enough housing available to those in the lower socioeconomic groups. The lack of affordable housing can be tied to the individual perceptions of the members of the public. There are a couple different classifications of people in society, they are individualists and egalitarians. J. Rosie Tighe, explains this:

> Those with individualistic ideologies tend to view socioeconomic status as justified: material success demonstrates that a person made the most of their opportunities and worked hard. They also view differences in socioeconomic status as necessary to provide incentives to ‘‘get ahead.’’ Individualists tend to view the economic system as working well and justly—they believe that business profits are distributed fairly and according to what has been justly earned. Therefore, interfering in business or industry will tend to reduce overall societal welfare (Hurwitz and Peffley 1992; G. Wilson 1996; Bobo 1991; Zucker and Weiner 1993). Egalitarians tend to view the government as responsible for

> securing the basic needs of its people, including adequate job opportunities and affordable goods. They believe everyone deserves a dignified existence, regardless of the work effort expended. They also view success as dependent on family background, networking, or nepotism rather than hard work or pulling oneself up by one's bootstraps (Berinsky 2002; Bobo 1991; Alvarez and Brehm 2002). (Tighe, 2010, 5-6).

This is a generalization of attitudes toward social services and the disenfranchised, but it can be applied to the current situation in Maine. There is a tension between individualists and egalitarians, meaning the LePage supporters and the supporters of the poor and disenfranchised such as those who work for Preble Street.

These two ideologies greatly influence the structural issue of affordable housing in Maine. The same article by Tighe states:

> When encountering opposition to affordable housing, planners should recognize how attitudes are framed by the media, how values and ideology influence policy preferences, and how stereotypes that may bear little resemblance to reality influence perceptions of target populations. Recognizing how each of these factors can shape the public's opinion toward public policies is integral to researchers and practitioners seeking to understand public attitudes toward affordable housing and is a starting point to overcoming opposition. (Tighe, 2010, 4)

This quote shows how individual factors influence the perceptions of the public toward a specific idea or group of people. In this case, the idea is affordable housing and the poor; however, it is reasonable to assume that this can be applied to Housing First and the homeless as well. These perceptions of the disenfranchised must be addressed in order to overcome any opposition, which is what Preble Street must do to secure funding in the future.

In America every citizen has the right to participate in the public sphere, meaning they have the right to voice their opinion and to vote. However, this ideology of individualism, which holds that individual persons get to vote on what is right for them, is what leads to the problem of successful programs meeting stark opposition. Tighe says, "the emphasis on public participation has given neighborhoods and communities much power over land use decisions, leading to

situations where private interests may trump public needs" (Tighe, 2010, 13). In the quote, "land use decisions" refers to the construction of affordable housing. Each member of the public votes for his or her individual good, which does not necessarily lead to supporting the good of the public as a whole. People often act out of self interest rather than the public interest. There are many factors that go into one's view of what will benefit his or her self interest, such as media, ideology, and stereotypes.

I argue that the current governor in Maine is influencing the public due to his highly public role in government. The use of media is constant for governors; they will always be in the public eye, and LePage is using this to his advantage. Furthermore, he is polarizing the ideologies in Maine: individualists versus egalitarians, Republicans versus Democrats, Northern Maine versus Southern Maine. This means that individuals view themselves in one of these groups, one of these roles, not as members of the society at-large. This leads to one supporting his or her own self interest rather than the public interest. Furthermore, Governor LePage has used stereotypes to his advantage. His characterization of welfare recipients using government money to fund their drug addictions led to his implementation of a drug test in order to receive Temporary Assistance to Needy Families (TANF) benefits. However, as the Huffington Post reports, "From April through June, the state only attempted to screen 15 out of about 5,700 Temporary Assistance for Needy Families recipients, according to an Associated Press investigation published Thursday, and just one person tested positive" (Delaney, 2015, "Early results are in"). Only 15 out of 5,700 people did not pass the questionnaire, which meant that they had to have a urinalysis, and of those 15, only one had used drugs. However, Governor LePage uses the rhetoric of a drug-using welfare recipient. This influences the public perception

of the poor and disenfranchised, further enabling the members of the public to view his or her self interest as independent of -- and often in conflict with -- the public interest.

The conflict between self interest and public interest is ever present in the fight over Housing First. It is in the public interest of the state and the community to invest in Housing First programs. They have proven to keep people housed, they save taxpayer money, they allow caseworkers to help the temporarily displaced homeless quickly and effectively, and the list goes on. But they still have trouble funding these projects. Many of the citizens of Maine are falling into the lure of self interest, prompted by many outside factors, including the Governor. The NIMBY thought process must be overcome; the public must use their voices and votes to support the public interest, rather than individual self interest. Individualism has given rise to a community that views homelessness not as a structural issue of the lack of affordable housing, rather as an individual problem. Preble Street works to overcome this individualism and allow people to see that Housing First serves the public good.

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Appendix 1

The interview schedule included, but was not limited to:

Administrators

1. How did you come into the field?
2. How do you think the public perceives the homeless population?
3. How do you think this perception has changed since you started to work with the homeless?
4. How do you think this perception can be improved, if at all?
5. How does the treatment of the Housing First model work for clients?
6. How much improvement is there with the clients?
7. Which part of the program is the most successful, in your opinion?
8. Which part of the program is the least successful, in your opinion?

Caseworkers

1. How did you come into the field?
2. How do you see clients improve in the day to day? In the long run?
3. How do you think the public perceives the homeless population?
4. How do you think this perception has changed since you started to work with the homeless?
5. How does the treatment of the Housing First model work for clients?
6. How much improvement is there with the clients?
7. Which part of the program is the most successful, in your opinion?
8. Which part of the program is the least successful, in your opinion?

Appendix 2

Interviewee and Date of Interview Completion.

Interviewee 1, June 30, 2015

Interviewee 2, July 5, 2015

Interviewee 3, June 29, 2015

Interviewee 4, August 13, 2015

Interviewee 5, August 20, 2015

Interviewee 6, August 20, 2015

Interviewee 7, July 1, 2015

Interviewee 8, July 1, 2015