

HOUSING FOR HEALTH

A PARADIGM SHIFT IN LOS ANGELES' SKID ROW



Audrey Hahn
April 18, 2016
Professor Virginia Parks
Occidental College
Urban and Environmental Policy

EXECUTIVE SUMMARY

The following report focuses on the effectiveness of supportive services – specifically the Housing for Health (HFH) Program – on improving the health care resources and perceived health of the formerly chronically homeless community currently residing in Star and Abbey Apartments. The report first presents an in-depth analysis of the history of Los Angeles’ Skid Row and goes on to illustrate how nonprofits like Skid Row Housing Trust (SRHT) have advocated for the widespread implementation of the Housing First method. To analyze the effectiveness of the HFH program in comparison to an older supportive services program, this report does a comprehensive case study on Star Apartments that follows the HFH program and Abbey Apartments that utilizes the Shelter Plus Care Program, an older supportive services model. Through a series of mixed-methods comprised of surveys and then interviews with both formerly chronically homeless residents as well as professional support staff, the report highlights the residents’ psychological and physical trauma, lack of trust in the professional support staff, use and lack of use of the support services and the struggles of relapse to the homeless lifestyle. Finally, the report explores the Peer Advocate Program that hopes to connect peer advocates with struggling residents of the 26 permanent supportive housing sites managed by SRHT to create a smoother transition back into the competitive workforce and out of the streets of Los Angeles’ Skid Row.

TABLE OF CONTENTS

Acknowledgements

Table of Relevant Figures

Introduction	1
Background.....	2
Los Angeles' Skid Row	2
Chronic Homelessness in Skid Row	3
Literature Review	7
Permanent Supportive Housing (PSH) in Skid Row	7
The Birth of the Housing First Method	9
How Health Care Came Into the Picture in Skid Row	10
What Kind of Issues is Housing?	13
The New Design: Housing For Health (HFH)	16
Case Studies	17
Star Apartments	17
Abbey Apartments	19
Methodology	21
Hybrid Methodology: A Breakdown	22
Component 1: Surveys	23
Component 2: Interview with Residents	24
Component 3: Interview with Professional Support Staff	25
Findings & Analysis	26
Perceived Health of Star & Abbey Residents	27
Further Analysis of Star Residents	29
Who are the Star Residents?	29
The Demographics	29
The Health Issues	32
The Star Method: Section 8 Mod Rehab SRO	33
Life on the Streets	36
Resident Service Coordinators (RSCs) at Star	37
Star Clinic: Is it REALLY Convenient	39
Housing First = Quality Reflection Time	41
Challenges: Lack of Trust & Grit But Too Much Complacency	43
Sense of Community?	47

Further Analysis of Abbey Residents	50
Who are the Abbey Residents?	50
The Demographics	50
The Health Issues	54
The Abbey Method: Shelter Plus Care (S+C)	55
Residential Service Coordinators (RSCs) at Abbey	58
Characteristics of Residents and the Effectiveness of the Housing First Model....	59
Neglect of Health & Living in the Now	61
Convenience of the Services	62
Mental Habits Developed from the Homeless Lifestyle	65
Challenges & Next Steps to Independent Lifestyle	66
Personal Account of Theresa Winkler	67
What ALL the Findings Say	69
Data Limitations	70
Biased Responses when Interviewing Employees	70
Researching Vulnerable Subjects	71
Challenges in Finding the Right Connection in a Large Organization	72
Data Fatigue at Both Sites	73
Positionality of the Student Investigator	74
Strategies & Recommendations for Positive Change	75
Stronger Presence of Support Staff on Streets	75
Brainstorming & Designing Independent Life Skills Programs	76
More Therasas, More Resident Ambassadors/Advocates	77
Peer Advocates: The Answer to Transitioning Residents into Section 8 Housing...	78
Conclusion	80
Appendices	82
Appendix A	83
Appendix B	88
Appendix C	89
Appendices D-F	90-103
Appendices G-I	104-120
Bibliography	121

ACKNOWLEDGMENTS

This paper is what it is today thanks to the wonderful support of so many people.

First, thank you to my parents for encouraging me to volunteer at my church's Love LA program to visit the streets of Skid Row and interact and listen to the stories of the homeless people. Thank you Mom for showing me tough love while I was painfully waiting to collect data for over three months, and reminding me that a senior comps project is not designed to be easy. Thank you Dad for constantly giving me words of encouragement via text, phone and in person as I struggle through the different steps of my paper. Thank you to the both of you for trusting me as I changed my major three times before stumbling on the wonderful and unique UEP program here at Occidental College. Thank you so much for believing me in and periodically calling me to make sure I was alive during this entire research process.

Thank you Professor Virginia Parks for truly believing in me as I ventured off to the deep end to tackle a project of such complexity, walking me through the various barriers I came across to get my project proposal passed, and sharing the same burning passion to provide a voice for a vulnerable population like the formerly chronically homeless. Thank you Professor Dreier for sparking my initial interest in pursuing a topic that addresses housing in Los Angeles. Thank you to all the Urban and Environmental Policy professors who have trained and prepared me to complete this work. And thank you Sylvia Chico for being like a second mom always checking in on how my project is going or not going whether I bump into you off campus or at your desk on the first floor of the UEPI.

Thank you to Skid Row Housing Trust (SRHT) for providing so much support and assistance to an undergraduate with an ambitious research project. Thank you for all that you do for the community of Skid Row here in Los Angeles. Because of you, 1,800 people are housed in permanent supportive housing and because of your advocacy, the Housing First model has come to the forefront of nearly all decision-making conversations regarding the chronically homeless community.

Thank you to all the professional support staff (residential services coordinators, data analysts and head supervisors) who shared your experiences working in the field of support services in such a challenging yet rewarding community like Skid Row.

Thank you to all the residents - Evelyn, Frank and Theresa - who bravely shared your stories and dreams with me. Your voices will be what I remember the most about this entire experience.

Finally, I would like to thank my fellow UEP peers for giving wonderful words of encouragement during the excruciating three month wait for site approval to start my data collection. Thank you Shilpa, Caitlin and Soumya for just being there whenever I felt like I won't have anything to turn in by April. Thank you for listening to me stress about my project on a daily basis and making sure I take care of myself throughout this year-long ordeal.

TABLE OF RELEVANT FIGURES

FIGURE 1: Photo of Star Apartments from the outside
FIGURE 2: Image of residential and supportive services sectors at Star
FIGURE 3: Photo of Abbey Apartments from the outside
FIGURE 4: Image of residential and supportive services sectors at Abbey
FIGURE 5: Perceived health of Star and Abbey residents
FIGURE 6: Perceived physical health of Star and Abbey residents
FIGURE 7: Perceived emotional health of Star and Abbey residents

FIGURE 8: Gender breakdown of Star residents
FIGURE 9: Racial breakdown of Star residents surveyed
FIGURE 10: Racial breakdown of all Star residents
FIGURE 11: Age breakdown of Star residents surveyed
FIGURE 12: Age breakdown of all Star residents
FIGURE 13: List of all types of health issues found in Star residents
FIGURE 14: Income of Star residents

FIGURE 15: Gender breakdown of Abbey residents
FIGURE 16: Racial breakdown of Abbey residents surveyed
FIGURE 17: Racial breakdown of all Abbey residents
FIGURE 18: Age breakdown of Abbey residents surveyed
FIGURE 19: Age breakdown of all Abbey residents
FIGURE 20: List of all types of health issues found in Abbey residents
FIGURE 21: List of all types of health issues found in both Star and Abbey
FIGURE 22: Photo of tracking sheet used by Abbey residents
FIGURE 23: Income of Abbey residents
FIGURE 24: Frequency of doctor visitations of all surveyed Star and Abbey residents

INTRODUCTION

Affordable housing providers. Supportive service specialists. Case managers. Nurse practitioners. Health care providers. Physicians. These professionals agree that a more reliable funding stream to support affordable housing and health care is necessary to decrease the number of chronically homeless individuals residing in Los Angeles. But very few studies have succeeded in truly answering *how* to address the issue of chronic homelessness. As of November 19, 2015, *Los Angeles Times* reported that the Los Angeles County's chronically homeless population count is up to 12,536, a 55 percent jump since 2013 (Holland 2015). This striking number accounts for one-third of the chronically homeless population nationwide. In America, Los Angeles now has the most chronically homeless people where the streets have unfortunately become their new home (HUD Exchange 2015).

This reality was made very clear to me when I first visited Skid Row in 2007 to volunteer for a free lunch service program called Love LA hosted by my home church. As I handed out the freshly grilled burgers to the homeless families and individuals sitting on the streets of Los Angeles' Skid Row, I was in shock by how fast the burgers ran out and I immediately felt guilty for not preparing more burgers in the morning to provide for more people. On that first day on Skid Row, I had the honor and pleasure of speaking to Mr. Daniels, a 63-year-old Vietnam War veteran, who was currently struggling from severe arthritis, post-traumatic stress disorder, and "some kind of cancer" according to his doctor. While listening to his story of how he tried multiple times to leave the streets, it was evident that while coping with these serious mental

and physical conditions, it was difficult finding, applying and qualifying for housing in Los Angeles. Five years later in 2012, I still saw Mr. Daniels coming on Sundays to grab a sandwich with a tired grin. During the five years volunteering every Sunday, I did not witness any decrease in the number of people living in the streets or any clear efforts to fight against this unfortunate issue for hundreds of Angelinos. Thus, this reality angered me.

When the Los Angeles County Department of Health Services announced the creation and implementation of the Housing for Health (HFH) Program that would address this urgent need to support Los Angeles' huge chronically homeless population in Skid Row, I was ecstatic. Led by Chief Executive Marc Trotz, a pioneering expert in the field of health care and housing when tackling chronic homelessness in San Francisco, the HFH program spearheads a paradigm shift that combines people and place-based strategies to design affordable housing complexes with a supportive resources and health care services component.

BACKGROUND

LOS ANGELES' SKID ROW

This fifty-square-block region east of Downtown Los Angeles' financial district is home to the notorious Skid Row of Los Angeles. Ever since the early 1900s, renowned scholars characterized this region as the land of social misfits, hobos and degenerates (Burt and Anderson 2007), a description that implies a negative stereotype for this particular social group. Every night to this day, the unkempt streets and sidewalks continue to serve as the cold and unwelcoming beds of the homeless population, with only a few lucky individuals given the privilege to a shelter bed for the night (Burt and Anderson 2007). In fact, this pocket of space constitutes the largest concentration of chronically homeless people living on public sidewalks in the nation (Holland 2015). Many people have heard of Skid Row, but few know the exact

location of this notorious region or how it came to be. In order to recognize the significance of the direction of the revolutionary Housing for Health (HFH) Program in this longstanding battle to end chronic homelessness, it is imperative to know exactly how Skid Row came to be.

CHRONIC HOMELESSNESS IN SKID ROW

As early as the mid-1800s, the term “skid row” originated from the Pacific Northwest logging camps where skid roads were defined as the wood-based paths used to drag or skid cut timber. This term soon transformed into a slang for the geographical location where recently fired workers gathered, symbolizing that they too have been cut from use in the society. With the influx of brothels and saloons surrounding the logging camps, “skid row” was coined to be a rundown and neglected region (Kilston 2014).

By the early 1900s, both policy makers and elected officials of the surrounding districts of Skid Row expressed fear of any affiliation to this unattractive region that scholars portrayed as the land of the demoralized and destitute (Stuart 2012). Although some studies of this period included statistics showing an increase in the intake of alcohol by the Skid Row residents, prominent scholars published research solely on alcohol-related problems pertaining to this region. Consequently during the first half of the 20th century, the popular media exaggerated the negative perceptions found in these scholarly papers to illustrate a new, dramatized and deviant version of a helpless Skid Row. This spurred demoralization amongst the homeless residents and an excuse for surrounding neighboring cities to consider this pocket of land as a lost cause (Thomas 2014).

In efforts to stunt the seemingly growing number of dangerous “hobos” in Los Angeles’ Skid Row, the Federal Housing Act of 1949 issued for the collaboration of federal funds with local power of eminent domain. This allowed development agencies and local business elites of the neighboring districts to plan a complete clearance of the area (Stuart 2012). Hence, the

number of single-room units decreased from 4,529 in 1960 to 672 in 1980, solidifying the loss of a total of 855 private low-income housing in the region (Stuart 2012). In general, the number of semi-permanent housing including single-room occupancy (SRO) hotels, residential hotels and apartment buildings dropped across the nation. Consequently, thousands of residents of Los Angeles' Skid Row experienced displacement and many of these individuals and families resorted to living on the streets. Thus by the mid-1900s, the chronically homeless population grew in exponential numbers.

In addition to the displacement of residents, Los Angeles' Skid Row followed the nationwide trend of redesigning and reconstructing poverty stricken, heavily populated urban areas. With the abolishment of the height restrictions on buildings in 1959, downtown Los Angeles entered the era of accelerated reinvestment where, in a mere ten years, the region transformed into one the top corporate headquarter cities (Haas and Heskin 1981). In order to eliminate the "slums" of Skid Row responsible for lowering the market value of the neighboring rising financial district, financial and corporate interests joined forces to form the Central City Association (CCA). This group aggressively pushed for the eventual makeover of Skid Row to enhance the surrounding neighborhood's built environment to be more marketable and attractive to the national and global audience. The CCA successfully lobbied to demolish Skid Row buildings for violating the regional seismic code and to shut down the most notorious bars in the area (Haas and Heskin 1981). Then the CCA continued to strategize and design a planning document known as "The Silverbook Plan" that called for the complete demolition of Skid Row and the birth of the new "Central City East" in its place (Stuart 2012). Spearheaded by the Community Redevelopment Agency (CRA), this plan included "a new regional university center, a central library and metropolitan police station, massive parking garage..." (Los Angeles Community Redevelopment Agency 1975). The CCA strategized to allocate a large portion of the city's tax revenue to fully fund this program (Stuart 2012).

While the SRO districts in the nation were experiencing complete demolition in the latter half of the 1900s, Los Angeles' Skid Row avoided complete demolition as a result of a community-based coalition that strengthened and solidified Skid Row as the true "home" for its residents (Haas and Heskin 1981). This coalition's progressive tactics as a unified coalition created a new identity that challenged the corporate forces that hoped to reconstruct the entire region. Hence, the era of containment was born where Skid Row experienced protection rather than complete redevelopment from interests of the nearby financial district and wealthy neighborhoods. In this period of Skid Row's history, this coalition devised a plan to make a compromise with the nearby financial and corporate communities to give this pocket of land a chance to get up from its "destitute" state and help residents leave the streets and transition into housing.

The coalition that led this era of containment was founded and led by the Los Angeles Catholic Worker who discovered the contents of "The Silverbook Plan" (Haas and Heskin 1981). Because this plan declared a complete shut down of the Los Angeles Catholic Worker's soup kitchen (also known as "Hippie Kitchen") and an eventual displacement of the current residents of Skid Row, this small but passionate community organized to fight against the authorization and implementation of this plan (Stuart 2012). This organization joined forces with other local groups who all agreed that the rightful residents of this Los Angeles' Skid Row also include those living on the streets, specifically the chronic homeless population. This coalition hoped to equip this population to escape the cycle of chronic homelessness by receiving permanent supportive housing and supportive services. Participants of the coalition included:

- Los Angeles Catholic Worker spearheading the team
- Lawyers from the Legal Aid Foundation of Los Angeles (LAFLA), a group of professions that provide civil legal services to low-income citizens

- Urban planners from the Los Angeles Community Design Center (LACDC), a creative incubator that strive to develop, design and preserve affordable housing
- Supportive leaders in government including CRA Chair James M. Wood
- Passionate businessmen including Executive Frank Rice of Bullock's department store

In order to convince the corporate leaders to reevaluate and propose an alternative plan to the "The Silverbook Plan", the coalition devised a unique plan to stabilize affordable housing, social services and health services in the area. Instead of trying to change the already negative perception of Skid Row, the coalition decided to embrace this mentality and use it to its favor. It utilized the scary and unappealing image of Skid Row to convince developers and other corporate leaders to follow the NIMBY (Not In My Backyard) mentality and avoid any interaction with Skid Row (Stuart 2012). The coalition's argument warned that if "The Silverbook Plan" became implemented with a complete physical clearance of Hippie Kitchen and other popular supportive services, this dangerous and dirty homeless population will follow wherever the Hippie Kitchen relocates. If Hippie Kitchen moves to one of the surrounding well-to-do districts that countless businessmen and congressmen lobbied to keep away from Skid Row, then these precious communities will transform into the new Skid Rows of Los Angeles (Haas and Heskin. 1981).

This unconventional strategy proved to work as Mayor Tom Bradley eagerly appointed a committee called the Blue Ribbon Citizens' Advisory Committee that is responsible for incorporating the proposed ideas of Los Angeles Catholic Workers when revising and recreating a new plan for Skid Row (Stuart 2012). Thus, the 1976 Containment Plan, a new plan that satisfied all the participating parties, called for the city to concentrate on improving low-income housing within the boundaries of the newly defined Skid Row of Los Angeles – "between Third and Seventh Streets, bounded by Main Street on the west and Central Street on the east" (Stuart 2012). Additionally, the plan issued for the creation and maintenance of social services,

with included shelters, soup kitchens, rescue and public amenities like restrooms, parks and benches within the boundaries of Skid Row. No longer was Skid Row a geographically blurred, destitute region somewhere in downtown Los Angeles. It was maturing into a place for growth and potential change that can one day experience a renaissance period where all residents can afford to live in their hometown of Los Angeles.

LITERATURE REVIEW

PERMANENT SUPPORTIVE HOUSING (PSH) IN SKID ROW

The Los Angeles Catholic Worker took a step further to expand the neighborhood's housing stock and residential resources to shape Skid Row into an effective residential community. Consequently, Los Angeles Catholic Worker gave birth to one corporation and two housing development organizations:

- Skid Row Development Corporation (SRDC) in 1978:
- Single Room Occupancy Housing Corporation (SRO Housing Corporation) in 1984
- Skid Row Housing Trust (SRHT) in 1989

SRDC is a nonprofit corporation designated as Skid Row's professional "developer-protector", those in the development field who protect and advocate for the residents of the neighborhood, who are solely funded by the CRA. Under the direction of the Catholic Worker, SRDC received \$3 million in local and federal grants to design and construct new affordable housing for the low-income residents of the region (Haas and Heskin 1981).

Following the foundation of SRDC, the CRA continued this momentum and created SRO Housing Corporation and SRHT that both focused solely on rehabilitating the deteriorating flop houses and apartments into good quality permanent supportive housing. Permanent supportive housing is "decent, safe, and affordable housing linked to support services that provide

homeless people with housing stability, improved health status, and greater independence and economic security” (Sharp 2012). Ten years after the issuing of the Containment Strategy and three years after the establishment of SRO Housing Corporation, the CRA already invested \$58 million to help redevelop and redesign the streets of Los Angeles’ Skid Row.

With the influx of funds coming in, starting in 2000 SRHT spearheaded the affordable housing development realm to begin experimenting with various housing development strategies to maximize the number of residential homes providing permanent supportive housing for the enormous homeless population in Skid Row.

In 2006, Martinez and Burt published a study that introduced a promising concept that provided more permanent supportive housing while decreasing the public costs of homeless individuals coping with mental, physical and psychological conditions. This specific scholarly publication assessed the impact of supportive housing on the use of emergency room services at a large urban public hospital by formerly homeless individuals who specifically had a diagnosis of mental and substance use disorders. In doing so, this study utilized a low-demand treatment, a system where “it does not *require* participation in treatment services or abstinence from drug or alcohol use as a condition of residency” (Martinez and Burt 2006). This was different from the traditional “no tolerance” policies found in various other subsidized housing developments where both sobriety and complete mental stability are required before even applying to one of these supportive housing structures. Today, this particular form of treatment is more commonly known as the “harm reduction model” where no coercion or force takes place. Enabling residents to freely make their own decisions provides agency and “a sense of being able to guide their own destiny” according to Mike Alvidrez, the Executive Director for SRHT (Kilston 2014).

Martinez and Burt hypothesized that the receipt of supportive housing is strongly tied to the residential stability as well as the reduced use of both inpatient hospital services and

emergency department services (Martinez and Burt 2006). This study's sample population included 236 formerly homeless, disabled single adults with disabilities, from substance use disorders, mental illness and HIV/AIDS, who received supportive housing between October 10, 1994 and June 20, 1994 (Martinez and Burt 2006). One significant and expected finding showed that supportive housing reduced the probability of hospitalization, more specifically emergency department visits, for the sample population as a whole. Additionally, a multivariate analysis revealed that members of the participating sample population demonstrated an increase in emergency department visits once exiting supportive housing (Martinez and Burt 2006). A multivariate analysis explores the association between a dependent variable and one or more independent variables. This specific finding suggested that service use reductions are directly linked to staying in supportive housing. In other words, as the individuals of this sample population exits supportive housing, he/she/they will very likely re-enter the chronically homeless lifestyle on the streets. For this reason, Martinez and Burt's Psychiatric Services article proved that *permanent* supportive housing is a key component to ending homelessness by providing a stable residential setting for formerly homeless individuals. Additionally, this will also benefit the city by reducing both the inpatient hospital and emergency department costs that specifically went towards tending to this formerly homeless population who struggle with substance disorder and mental illness.

THE BIRTH OF THE HOUSING FIRST METHOD

Developed by Pathways to Housing, the Housing First model is based on the fundamental belief that housing is a basic human right, and it recognizes the significance of the client's choice and the power of psychiatric rehabilitation (Tsemberis et al. 2003). Pathways to Housing is a not-for-profit organization founded in 1992 by Dr. and CEO Sam Tsemberis to transform the

lives of individuals by providing support for the homeless and eventually ending homelessness (Pathways to Housing 2015).

Tsemberis' 2009 study from Psychiatric Services defines the Housing First model as a philosophy that takes a step beyond the "no coerced treatment" model. It does not require applicants for supportive housing to be completely "clean" from drugs or alcohol before applying for a housing program (Robbins et al. 2009). Instead of following the traditional approach that required homeless individuals to "prove themselves" first to merely qualify for supportive housing (Tsemberis et al. 2004), this new evidence-based model considered the significant barriers – trauma, mental illness, chronic conditions, and extreme financial constraints – that chronically homeless individuals of all ages cope with on a daily basis.

Robbins' study analyzed both the potential likelihood of residents still engaging in substance abuse once they begin the program and the overall effectiveness of the then-innovative Housing First program (Robbins et al. 2009). Results showed that this new model achieved a higher level of client satisfaction as the program met the residents "where there are" at the moment and assisted every client in becoming "clean" at their own pace. Hence, the Housing First design proved to be a new and innovative strategy that addressed one potential solution to ending the cyclical and problematic relationship between serious mental illness, substance abuse and chronic homelessness.

HOW HEALTH CARE CAME INTO THE PICTURE IN SKID ROW

Evidence shows that within the chronically homeless population nationwide, 40 percent suffer from substance abuse problems, 25 percent from disabling physical health problems, and 20 percent from serious mental health problems (Culhane et al. 2002). In other words, any substance abuse or mental health problems make up 60 percent of the homeless population across the nation. Poor health and lack of housing have a cyclic relationship in that "poor health

is a major cause of homelessness, and homelessness itself leads to poor health” (Los Angeles Department of Public Health 2015). Because Los Angeles’ Skid Row housed one of the largest populations of the chronically homeless in the nation since the mid-1950s, the city participated in several collaborations and pilot-projects that attempted to provide the chronically homeless with specifically health-related support programs.

In 2003, the Federal Interagency Council created a national pilot program called the Collaborative Initiative to Health End Chronic Homelessness (CICH) (Mares and Rosenheck 2011). The CICH was primarily developed to take aggressive action in reaching the goal of eliminating chronic homelessness. Also, this collaboration is the first attempt to prompt more teamwork amongst the local public agencies to avoid another two decades of seemingly useless federal and statewide planning (Mares and Rosenheck 2011). This initiative chose Los Angeles’ Skid Row along with ten other communities to receive funds to provide permanent supportive housing to the chronic homeless population. For the first time, the U.S. Department of Housing and Urban Development (HUD), Veterans Affairs (VA) and the Health and Human Services (DHHS) came together to provide funding for “permanent housing, intensive health services to chronically homeless adults...” (Rickards et al. 2010). The CICH program attempted to address the looming question if federally funded services provided and administered by numerous collaborating agencies can improve the lives of individuals who experience chronic homelessness. CICH was a unique study because it was one of the first federally funded and locally administered projects of this scale that successfully avoided the usual deception used in research. Instead, the study utilized random assignment, extensively selected and trained personnel and abided by specified treatment procedures (Mares and Rosenheck 2011).

As a result, Mares and Rosenheck’s study showed that the CICH clients received more support in housing, primary healthcare services pertaining to substance abuse treatment services and mental health when compared to the control group clients. But compared to

obvious improvements seen in terms of permanent supportive housing outcomes for both the CICH clients and the comparison control group clients, physical health, mental health and substance outcomes failed to show noticeable improvement (Mares and Rosenheck 2011). Hence, this study succeeded in housing the formerly homeless population, but failed to provide physical, mental and emotional support and an overall health services system for this vulnerable population to recover and become more independent.

While the nationwide CICH results failed to show much improvement in the physical, mental and health conditions of the CICH clients, Martha R. Burt's analysis of the collaboration in Los Angeles' Skid Row also known as The Skid Row Collaborative explored more on *why* the program was not as successful as the collaborative had hoped. The collaborative failed to work as a team because many organizations from the health sector refused to be more trusting of professionals of other service sectors. This led to a continual argument of who was "right" and who was "wrong" leading to an unending "battle of the perceptions" (Burt and Anderson 2007). In particular, The Los Angeles Department of Mental Health and the county's Alcohol and Drug Programs Administration remained the hardest sector to convince to join this collective effort.

But as a result of The Skid Row Collaborative's revolutionary move, Los Angeles' Skid Row is on a slow upward track to support the chronically homeless population as this marks the first time Skid Row agencies finally agreed to unite, plan and act towards a common goal (Burt and Anderson 2007). More specifically, this movement marked the first time groups from different service types and public-private lines decided to at least sit in the same room together and have conversation on how to tackle the issue of chronic homelessness to the best of their capacity. Now that this study was done, the health sector realized that any form of distrust was unnecessary because this collective team genuinely had the same vision in mind for the chronically homeless.

Following The Skid Row Collaborative, the Economic Roundtable released some shocking statistics in 2009 in the 10th Decile Project that used the 10th Decile triage tool to formulate another collaboration between hospitals, health centers, homeless centers and case management specialists. This project brought together healthy homes for intensive case management/case coordination, permanent supportive housing for housing navigation and retention and intensive case management to glue all three proponents together (Lee 2013). This Economic Roundtable study compared the public cost of 10th Decile individuals when they are house and not housed. “The 10th Decile population are people experiencing homelessness who are the top 10 percent highest-cost, highest-need individuals in Los Angeles County” (Frequently User Initiative Profile Booklet 10th Decile Project Final 2013). In the data gathered from April 2011 to May 2013, the total annual average public and hospital costs per person declined from \$63,808 when homeless and \$16,913 when housed (disregarding housing subsidy costs). Additionally, all health care costs – everything from mental health care to jail medical – were estimated to have decreased about 72 percent from \$58,962 to \$16,474 per person (Flaming et al. 2013). Hence, this study showed that homeless individuals with a professional diagnosis of concurrent and chronic mental, physical and substance-use clearly have more frequent visits to the impatient hospital service and emergency department.

WHAT KIND OF ISSUE IS HOUSING?

Housing is regarded as one of the key elements interrelated to public health. But up until recently, scholars especially in Western countries and the United Kingdom almost always addressed housing, health and the environment separately as complete unrelated disciplines (Kuznetsova 2012). Hence, Director of Housing for Health Marc Trotz introduced a new program that spearheads a paradigm shift of focus to promote this collaboration between the health and housing realm. Trotz claims that “housing is a health care issue and (that) supportive housing

environments are necessary to make meaningful and lasting improvements in the lives of chronically homeless clients” (Sharp 2013). He believed this seemingly unusual alliance between the health care sector and the housing sector was key to assisting the chronically homeless population in the United States. He agreed with the famous Florence Nightingale when she claimed, “the connection between health and the dwelling of the population is one of the most important that exists” (Fan et al. 2014, 15).

With over twenty-five years of experience in health care and housing, Trotz is a leading innovator of this field. Trotz designed and implemented the San Francisco Department of Public Health’s (SFDPH) Direct Access to Housing (DAH) Program that “provides permanent supportive housing with on-site services for 1,200 formerly homeless adults, most of whom have concurrent mental health, substance use and chronic medical conditions” (CSH 2003). More specifically, DAH is recognized as a “low threshold, housing first” program that specifically target single adults to move into permanent housing directly from the streets, acute care hospitals, shelters or long-term care facilities (CSH 2003). This program gained national acclaim for pursuing this pioneering approach to improving both the health and housing realm simultaneously for these individuals who have endured chronic homelessness along with complex medical and behavioral health issues (Sharp 2013).

The results of this program showed promising signs of a potential formula that brought the right organizations together to effectively decrease the number of homeless individuals on the streets of San Francisco. The 1,100 clients who served on a monthly basis by the DAH Program experienced a wide array of health improvements including “glucose control among diabetics, adherence to antiretroviral and antipsychotic medication, and lipid panels among people taking psycho-active medications” (CSH 2003). Ever since the first DAH site opened in 1998, nearly two-thirds of the residents successfully remained housed. The other one-third of the residents in the program transitioned out of the program. Of this percentage, only 6 percent

experienced eviction from the housing facilities. Because a significant amount of DAH patients suffered from severe medical illness, 5 percent of the residents who left the permanent supportive housing passed away since 1998. Overall, the greater majority of clients succeeded in maintaining their supportive housing, and they are now living independent lives even after the study.

The DAH document that outlines the results of this program also brought to light changes in terms of health care and emergency department utilization. Because this recently homeless population was provided on-site health services, the health care costs dropped in the participating apartments. For example, in a study of the Plaza Apartments in San Francisco, this 106-unit supportive housing structure that houses DAH residents, the total annual health care costs for all clients dropped from \$3 million the year before the clients entered housing to \$1 million after housing. Additionally, the study showed that on-site case managers encouraged residents to maintain primary care appointments to encourage an upward recovery track. Hence, the case managers played a crucial role in maintaining the high numbers of clinical and supportive visits as well as increasing the overall well-being of the clients.

Additionally, the emergency department witnessed a 58 percent reduction of clients going into the department (DAH 2004). This showed that the support services provided by on-site case managers, physicians and counselors stabilized the patients so that fewer visits to the emergency room were necessary. In other words, instead of spending \$1,500 to \$3,000 per day in the emergency room or in the hospital ward per client, the San Francisco Department of Health Services could instead spend \$40 a day per client in supportive housing with significantly better health outcomes (Sharp 2013). This study shows a program that succeeded in finding an effective collaboration between the health care and housing sectors.

THE NEW DESIGN: HOUSING FOR HEALTH (HFH)

Following the success of DAH in San Francisco, Marc Trotz continued his journey to encourage more collaborations between the health care and affordable housing sectors and moved to Los Angeles to design and build the Housing for Health (HFH) Program in 2012. Very much like the DAH program in San Francisco but adjusted to fit the social scape of Los Angeles' Skid Row, HFH hopes to provide permanent supportive housing for the formerly homeless. As already stated before, permanent supportive housing is “decent, safe, and affordable housing linked to support services that provide homeless people with housing stability, improved health status, and greater independence and economic security” (Sharp 2013). In this system, health providers are responsible for referring their clients to the HFH program because the professionals in the emergency rooms (ERs) and general hospital system are most equipped to discern which clients are in most need of a program like this one. Altogether, the objective of the HFH program is to provide formerly homeless individuals with a smoother transition into the work climate of this urban Angelino region. Some goals of this program includes creating 10,000 units of housing, ending homelessness in LA County, reducing inappropriate use of expensive health care resources, and improving health outcomes for vulnerable populations.

This program makes a huge turning point for the affordable housing community in Los Angeles' Skid Row – the focus is now heavily put on improving the mental health of the chronically homeless. And now about four years since this shift, many neighboring affordable housing development programs in the Southern California region are seeking to also reformat their supportive service models to address and improve the mental health aspects of its residents. Currently, SRHT is in the process of slowly modeling all its permanent supportive housing structures to model after the HFH program at Star Apartments. Hence, this research attempts to gather data and analyze participants of the HFH program and see if they too are receiving the benefits of this program like how the clients of DAH did. This study hopes to gather

specific research that examines how individuals experience the transition from chronic homelessness to permanent supportive housing and also record what conditions these residents perceive as a successful transition into a more stable lifestyle (Henwood et al. 2013). In the end, this study hopes to provide rigorous research to fill the gap in the housing and health literature **by** attempting to answer the question: Has Housing for Health (HFH) improved the accessibility to health care resources and perceived health outcomes of the formerly chronically homeless population of Los Angeles' Skid Row? In other words, does this particular program improve the physical conditions and reduce the mental and emotional symptoms that chronically homeless individuals endure (Hwang et al. 2011)?

CASE STUDIES

The research is designed in a quasi-experimental manner; more specifically, the researcher is using the Non-Equivalent Control-Group Design to compare the Star Apartments using the HFH program to the Abbey Apartments following a different supportive services program. Both housing structures contain over 100 efficiency apartments, and both apartments house the same vulnerable population: formerly chronically homeless individuals with medical and mental needs. An efficiency apartment is an apartment with a kitchen, bathroom, living, and sleeping quarter all in one room.

STAR APARTMENTS (opened in 2014)

Star Apartments is housing experimental Group A which are the formally chronically homeless individuals currently receiving the treatment from professionals working under the HFH program. Developed by Skid Row Housing Trust and designed by the famed architect Michael Maltzan, this \$40-million structure has received international acclaim ever since its

opening in 2014 for not only its multi-use but also its striking aesthetics (Holland 2014). Created from prefabricated modules stacked up symmetrically like children's Lego toys, this building not only has 100-units, but also has a large community garden on its second floor, a running track around the building, tennis courts, exercise rooms, art studios and even a library. This 6-story building has one of the best 360 views of bustling and lively Downtown Los Angeles, and experimental Group A residents are able to call this place home. Figure 1 captures how Star Apartments looks like from a pedestrian's perspective.



FIGURE 1: Image Courtesy of Michael Maltzan Architecture, Inc.

On top of that, the Department of Health Services' Health and Housing division headquarters occupies the ground floor. The Department decided to relocate as close as they could to the heart of the homelessness issue – the streets of Skid Row. On this ground floor, the Star Clinic medical facility has five exam rooms made from translucent acrylic panels in a bubble pattern, allowing privacy for its patients and providing natural light to brighten the rooms. Additionally, Maltzan added an open mezzanine near the health workers and Residential Service Coordinators' offices to allow for sensitive medical discussions to take place – encouraging a strong collaborative environment. Marc Trotz refers to the office on the ground floor of Star Apartments as a “supportive housing lab” that “will draw the people it serves and