

COMPONENT 3: INTERVIEWS WITH PROFESSIONAL SUPPORT STAFF
(Individual interview guidelines can be found in Appendix C)

Before delving into the specifics of this portion of my methodology, it is important to note that this component was developed about an entire month and a half after Occidental College's IRB approved my research original project proposal that requested to only interview formerly chronically homeless residents. In case I would not be able to gather data from this vulnerable population, I decided to readjust and expand on the interview component of my original mixed-method to design a component focusing on a different sample population – the professional support staffers who have these residents as in their clientele.

Thus, both Component Two and Component Three solely follow a qualitative method where interviews are recorded, transcribed and analyzed. In order to avoid taking valuable time out of their daily routine of assisting their clients, I decided to conduct interviews with the professional support staff at a location and time of their convenience. The staffers tend to be more flexible during their lunchtime or sometime during the late morning as opposed to the busier final hours before the staff clock out at 5PM. The interview questions are semi-structured which allows me to ask additional related questions that I find appropriate during the interview. Like Component Two, these interviews will be recorded as long as the staffers consent to it, and the transcriptions will be coded for further analysis.

The professional support staff will be given the choice of being named or unnamed in my research in an attempt to create more organic and honest responses. Also, all responses will remain confidential. Unlike the formerly homeless residents, the professional support staffers are part of a public supportive services program, so some subjects might be willing to be named.

Because both Star and Abbey Apartments are buildings run by Skid Row Housing Trust (SRHT), I plan to contact the head of services at both apartment complexes. And after receiving

site consent for both sites, I will begin scheduling time slots at both buildings when I can come in, pass out surveys as well as interview and talk to residents and staff.

FINDINGS & ANALYSIS

From the second week of January to mid-spring, I embarked in a three-month-long mission to gather data that either succeeds or fails to show that the HFH program improves the accessibility to health care resources, improve the perceived physical conditions and reduce the mental and emotional symptoms endured by these formerly chronically homeless residents. When interacting with both sample populations (the residents and professional support staff), I, some of which I was well aware of before going into the field to collect data and others that were more unexpected.

After navigating through the large staff-base at Skid Row Housing Trust (SRHT) for a couple months, I finally got in contact with Robert Mitchell, the Data Analyst at Skid Row Housing Trust (SRHT). Communicating via email and phone, he assisted me in contacting the Joey Aguilar, the Manager of the Resident Services Coordinators (RSCs) at Star and Abbey Apartments to visit the two sites' March Community Meetings held on March 22nd (Star) and 29th (Abbey). Scheduled and planned on a monthly basis, community meetings are normally two-hour-long community engagement events where the RSCs make important announcements and reminders, prepare an organic lunch, celebrate the residents and staff with birthdays that month and facilitate some interactive games.

After collecting the completed surveys and marking the participants who were willing to take part in a follow-up interview, I contacted the residents via phone to schedule a later time when they are available to participate in my interview. The process of receiving site approval and

actually collecting the data took much longer than I expected, and I will further highlight the challenges I encountered in the Data Limitations section of this report.

PERCEIVED HEALTH OF STAR & ABBEY RESIDENTS

In the survey, I asked a couple questions that addressed how the participant felt physically, mentally and emotionally. Figure 5 shows how the survey participants from both Star and Abbey responded when asked how they currently felt. This shows that even within the small sample size of 30 formerly chronically homeless residents (14 Star and 16 Abbey), a wide range of perceived health was represented.

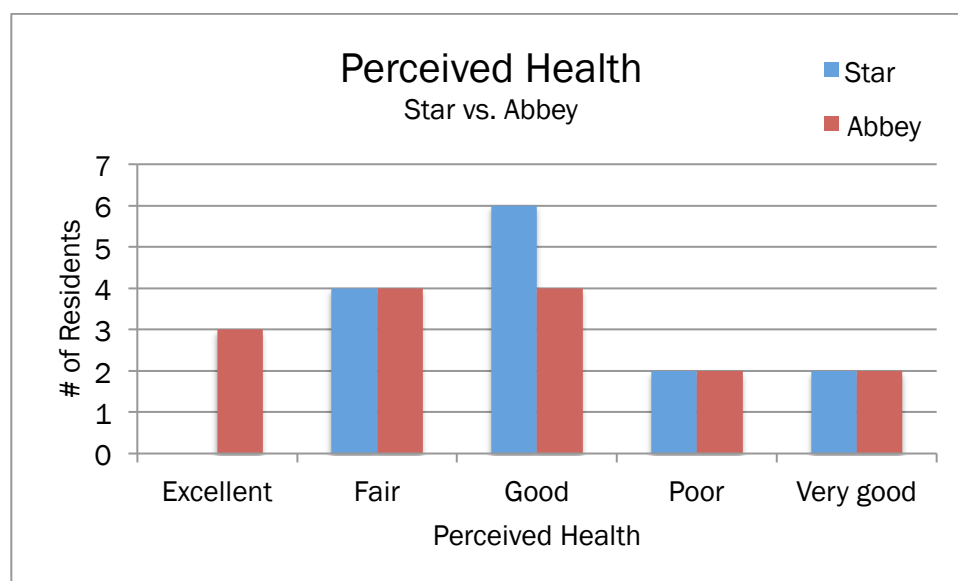


FIGURE 5: This illustrates all the responses to Question 1 on the Housing For Health Survey (HFHS) in Appendix A.

A more direct question I asked was if they felt that their current living situation had a positive affect on their over all health. 11 out of the 14 Star residents (about 79 percent) and 15 out of the 16 residents (about 94 percent) responded yes that a positive affect exists. Hence, the majority of both Star and Abbey residents feel that since they are housed, there are experiencing improvements in their perceived health.

But when I started asking the residents to rate their physical and emotional health in comparison to a year ago, the results were not as black and white. Figure 6 shows the participants' responses when asked compared to one year ago, how they rate their physical health in general. And Figure 7 shows the responses the 30 respondents gave when asked to compare their current emotional health to their emotional health a year ago.

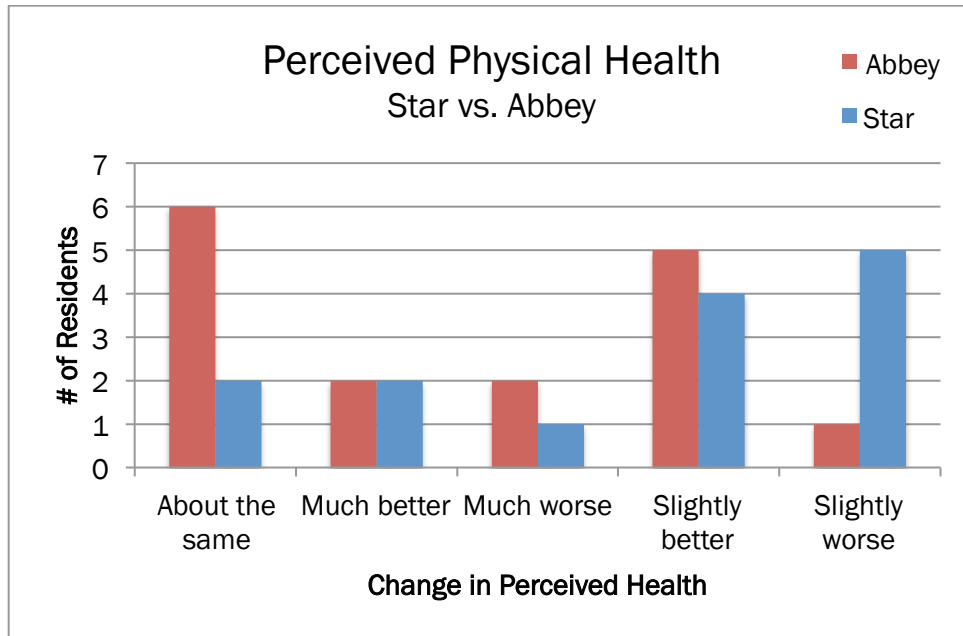


FIGURE 6: This shows all the responses to Question 2 on the HFHS in Appendix A.

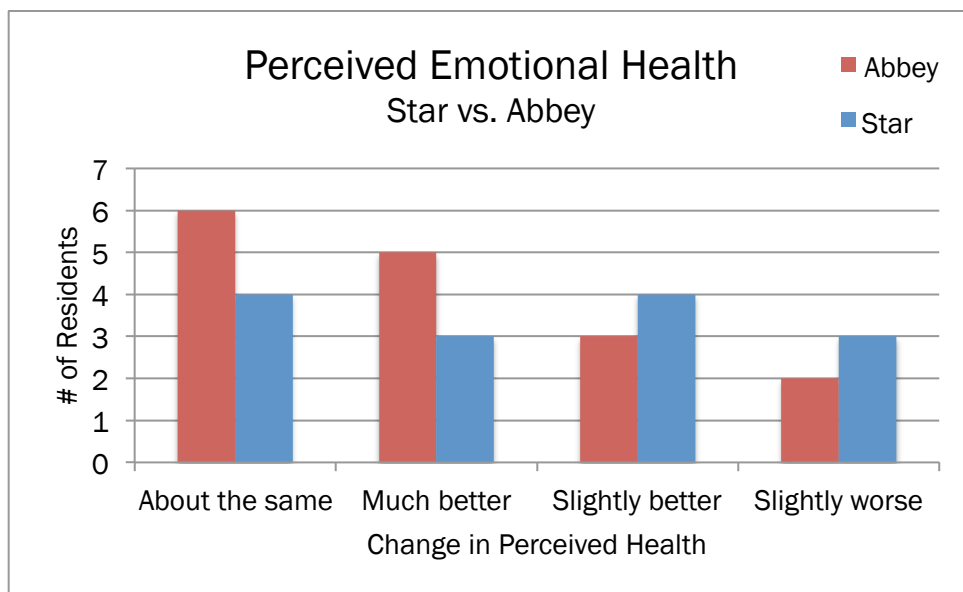


FIGURE 7: This maps all the responses to Question 3 on the HFHS in Appendix A.

Because the residents' responded in various ways when asked how their perceived physical and emotional health changed over the past year, I decided to analyze *who* these residents were and how accessible the health care services are at both sites. In addition to the quantitative data I gathered from the surveys, I decided to further examine the qualitative data from my interviews with residents and professional support staff as well as from my interactions with the survey respondents. The following section of this report will deeply explore the sample population – formerly chronically homeless individuals residing in either Star or Abbey Apartments.

FURTHER ANALYSIS OF STAR RESIDENTS

With the surveys and interviews as well as my mental notes of my experience as a student researcher in Star Apartments, I accumulated knowledge about not just the effectiveness of the Housing for Health Program but also a quick look into the everyday lives of both the residents and staff living and working in this building. Unfortunately because of the limited time and lack of planning/scheduling meetings with a group of residents at a time, I was unable to facilitate any focus groups. The focus group component was an alternative method to following up with survey participants.

WHO ARE THE STAR RESIDENTS?

THE DEMOGRAPHICS

Because my primary point-person to SRHT was the Data Analyst, I was fortunate to be given assistance in gathering the most recent demographic statistics at both Star and Abbey Apartments. Because the data collection process resulted in a smaller survey pool of only 14, about half of what I hoped to gather, I was concerned that the residents participating in the

surveys would not represent the overall race, gender and age of the Star residents. Fortunately of the 14 surveys participants, 8 were male and 6 were female. Figure 8 below shows the gender breakdown of the Star residents as a whole, and it was a relief that a substantial number of not just males but also females completed the survey to guarantee representation.

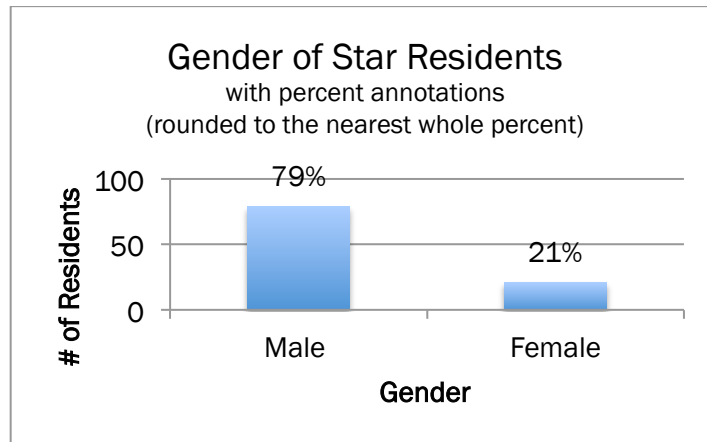


FIGURE 8

The racial make-up of the 14 Star residents surveyed was pretty representative of the racial breakdown of the Star residents as a whole. For direct comparison, the race breakdown of the surveyed Star residents can be seen in Figure 9 and Figure 10 shows the race breakdown for all residents. One thing to note is that no Native Americans participated in my survey.

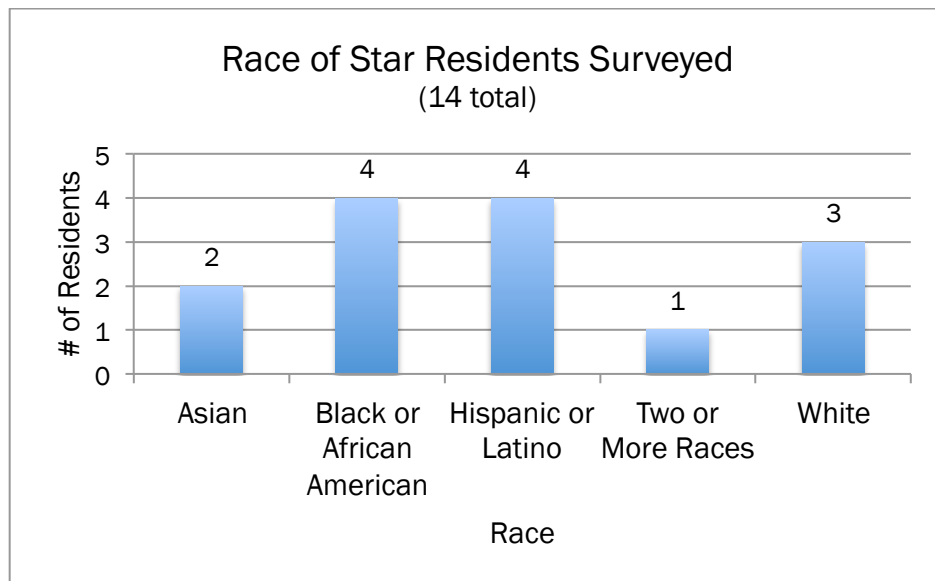


FIGURE 9

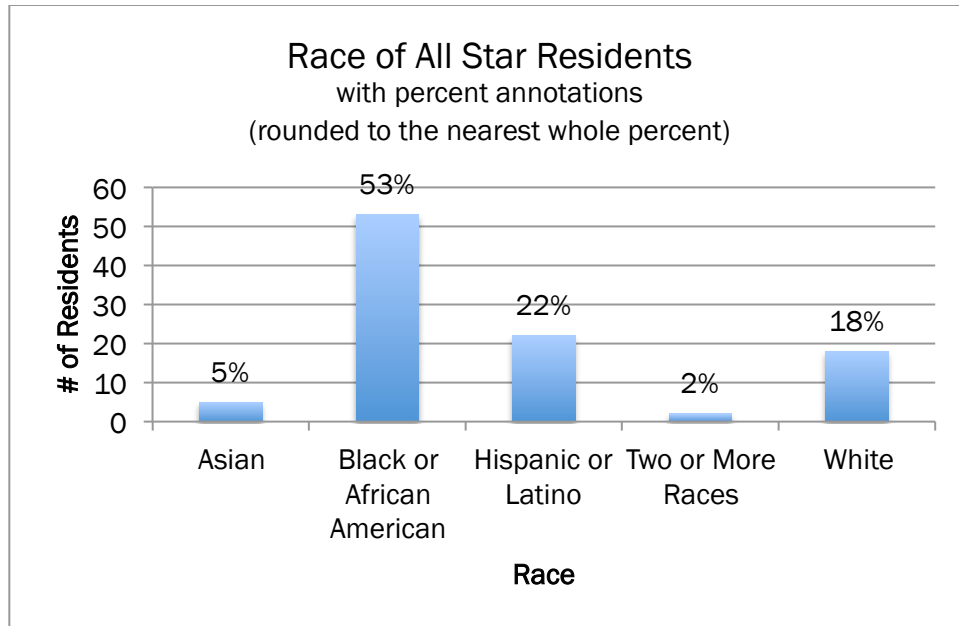


FIGURE 10

In addition to race and gender, residents who participated in the surveys also represented the general age demographic of Star Apartments. Because I received the data showing the ages of all Star residents several months after designing the age breakdown of the residents in my HFH survey, the age brackets on the x-axis are different for Figures 11 and 12.

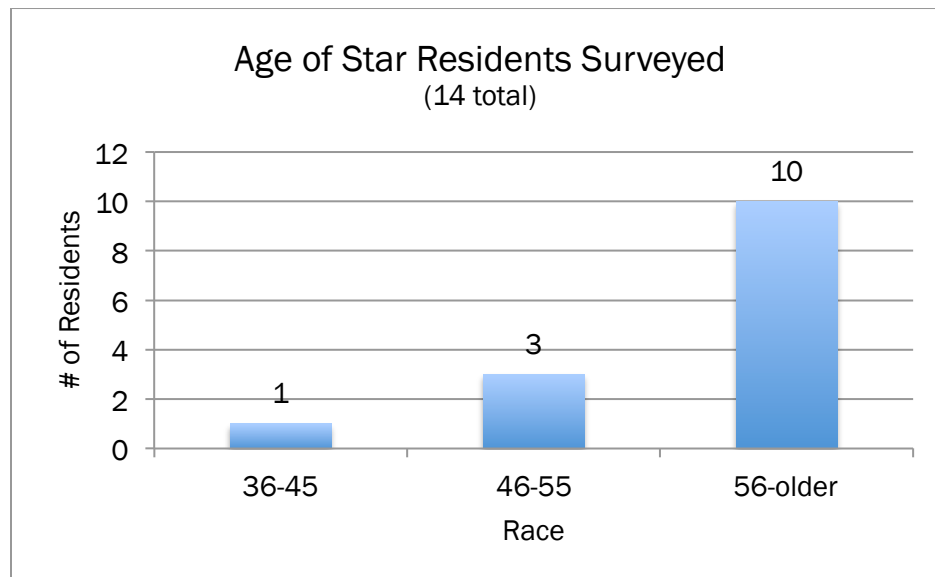


FIGURE 11: This illustrates the age breakdown of the 14 surveys gathered at Star Apartments.

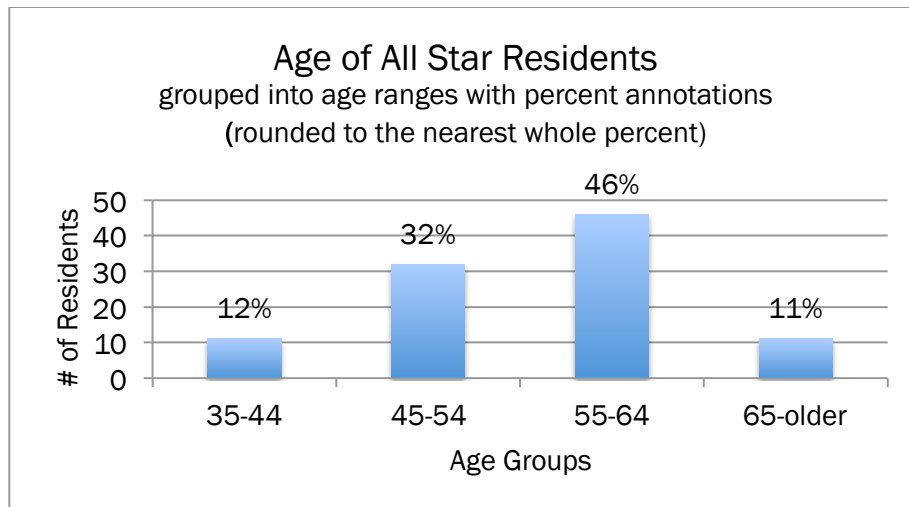


FIGURE 12: The age breakdown of all Star residents can be seen here. The percent annotations are rounded to the nearest whole percent.

THE HEALTH ISSUES

Just like every building managed and owned by SRHT, Star Apartment followed a specific criteria when admitting the residents into its permanent supportive housing program. According to the one Resident Services Coordinator (RSC S) I interviewed, the Star residents needed to fill out a disability form that marks an individual's frequency in the ER and overall medical condition. Figure 13 lists the health issues that the 14 survey participants are dealing with. When looking at this chart, it is important to realize that the 14 respondents are likely coping with more than the health issues listed below. This is because the residents might not have felt comfortable sharing all their ailments, or they might not have remembered all their health issues when answering the question. The residents also might simply be unaware of all of their issues.

Type of Health Issue	# of Residents
Hypertension	7
Diabetes	5
Asthma	3
Heart disease	4
Congestive heart failure	1
Cancer	2
Hepatitis	3
Bipolar disease	2
Post Traumatic Stress Disorder (PTSD)	3
Arthritis	2
High blood pressure	1
Depression	2
Dissociative Identity Disorder (DID)	1
Gastroesophageal Reflux Disease (GERD)	1
Raynaud's Phenomenon	1
Schizophrenia	1

FIGURE 13

THE STAR METHOD: SECTION 8 MOD REHAB SRO

Another important detail about the residents of Star Apartments is that they are part of the Section 8 Moderate Rehabilitation Single Room Occupancy program more commonly known as “Mod Rehab”. This program is designed to assist “very low-income, single, homeless individuals in obtaining decent, safe, and sanitary housing in privately owned, rehabilitated buildings” (United States Department of Housing and Urban Development 2016). Unlike the typical Section 8 voucher that is attached to the tenant, the Section 8 Moderate Rehabilitation voucher is linked to the unit. Hence, Star residents cannot go to the Housing Authority and apply for a voucher that allows them to freely move wherever they please. Figure 14 below shows the income ranges that Star residents fall under. Clearly, the incomes of the Star residents are incredibly low even once housed.

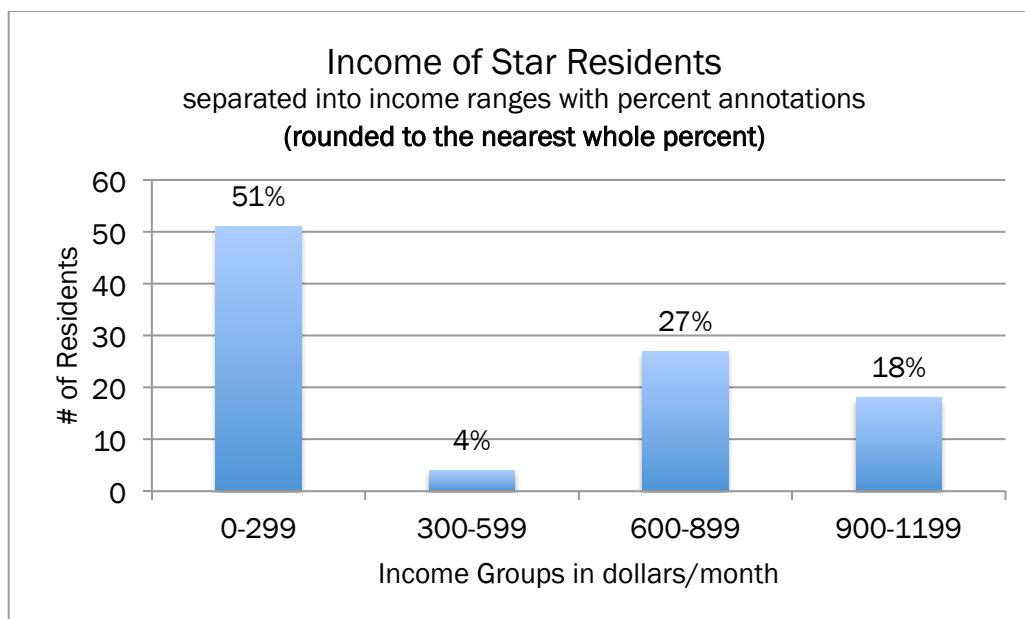


FIGURE 14

According to SRHT's Data Analyst Robert Mitchell, the x-axis binds the income into groups that denotes the income received on a monthly basis. 0-299 on the x-axis represents the residents currently receiving General Assistance, commonly known as GR. About 51 percent of residents in Star Apartments receive this assistance, and according to Data Analyst Robert they receive an average of \$221 per month. Robert pointed out that for some of the residents in a SRHT residential site like Star Apartments, GR is received only distributed only 10 out of the 12 months in the year. This is problematic for this sample population that tend to completely rely on GR. Not only that, but once a person receiving GR becomes eligible for Supplemental Security Income (SSI), Social Security Disability Income (SSDI) or Social Security Retirement, the entire amount of GR received must be paid back. Thus the money received from GR is similar to a loan, and the majority of GR users are unaware of this aspect of the program.

The residents who fall under the 300-599 income group represents individuals are somewhat reliant on the money from GR. The 600-899 income group account for the residents with SSI or SSDI that usually receive around \$850.

Another alternative program that the 600-899 income group receiving GR can utilize for financial assistance is the CalFresh program that provides money for food in the form of Electronic Benefit Transfer (EBT). Enrolling into this program will normally result in money between \$16-\$200, where participants in the program receive an average of \$147 per month. Unlike GR, money from CalFresh is documented as income and not as a loan, which is one benefit. Unfortunately, individuals are ineligible if they are recorded as a 'fleeing felon' or convicted for manufacturing and selling illegal drugs. A 'fleeing felon' is someone who flees to (1) avoid custody after conviction for an offense, (2) avoid prosecution for an offense, or (3) violates a condition of probation or parole imposed under Federal or State law. All three of these cases are felonies. Given that a good majority of the residents at Star Apartments suffer from drug addiction and carry a history of felonies, this program is not an alternative.

Finally, 900-1199 income group can be an overall combination of retirement, SSI/SSDI, earned income, CalFresh, or/and other entitlements or benefits. All these programs listed are part of the "mainstream benefits" that SRHT tries to link their residents to in order to improve the residents' overall well-being. SRHT's goal is to make these programs that are funded by grants from the government or private foundations accessible to any qualifying citizen. Robert noted that many homeless individuals and now-housed residents to this day are completely unaware of the various benefits (military benefit, retirement income, SSI/SSDI, etc.) available and waiting to be utilized. Hence, this data shows that the residents are receiving "mainstream benefits" to assist them with their living expenses like food and rent.

Because this particular population is vulnerable and in need to assistance, a highly responsive permanent supportive housing program like this one requires an effective collaboration between the on-site health care and support providers and its property managers. This relationship was made evident when I communicated with Joey, the Manager of Resident Services. A busy man, Joey is the point person to make sure all the Resident Services

Coordinators (RSCs) are kept accountable for their clients and he is the person to make sure the on-site health care and support services are consistent and effective.

LIFE ON THE STREETS

After speaking to the two resident interviewees, other residents at the March Community Meeting and RSC S, I noticed that a majority of them jumped from one institution to another, whether it be shelters, prison, temporary housing, extremely overcrowded clinics, or addiction recovery centers. According the personal stories of the residents and the accounts of RSC S, these institutions are surviving on an extremely low budget which makes it difficult for them to serve the homeless effectively. 65-year-old Frank Guamos is a Star resident who's been living here almost ever since the building opened. He bashfully shared,

“I came down and just started to patronize the shelters here and it became a routine of for two years. I would bounce from shelter to shelter to shelter and there was no work and I got into a routine of survival down here... and it seemed like I was depending more on food stamps and the GR program than I was searching for work.” (Guamos 2016)

And if a homeless individual is unable to find an institution of some sort, the street was the only option – whether it be sharing a tent with a buddy on the street, an small section of a dark alleyway or on the steps of building. 59-year-old Star resident Evelyn Hilliard explained that before she moved into Star Apartments,

“[I] spent many nights on the streets in shooting galleries...where you can pay them 20 dollars....I ended up on Skid Row sleeping where I could in some people's tents and in shelters.” (Hilliard 2016)

“Shooting galleries” are where drug addicts use crack, heroin and other drugs, and the people running the galleries know how to avoid getting caught by the police. Hence, the people living in Star definitely endured a challenging, dangerous and spontaneous lifestyle on the streets before finding Star, their newfound safe haven.

RESIDENT SERVICES COORDINATORS (RSCs) AT STAR

Resident Services Coordinators (RSCs), more commonly known as case managers, are hired at all 26 buildings managed by Skid Row Housing Trust (SRHT). Particularly for Star Apartments, the RSCs follow the Intensive Case Management (ICM) approach. This is a team-based approach that supports their clients in (1) maintaining their housing and (2) achieving the best quality of life by addressing health and mental needs, enhancing life skills and building social and community relations. According to the one Resident Service Coordinator (RSC S) I interviewed, she explained that it was all about “doing everything, going above and beyond for the residents, for their well-being. To maintain them in their housing and also help them with whatever issues – medical or mental – and getting them connected to whatever resources” (RSC S 2016).

A seasoned RSC serving Skid Row Housing Trust for almost 6 years, RSC S was a part of the original ICM team since the leasing process for Star Apartments began back in 2010. After overcoming a trying transitional period when her caseload was nearly 35 residents, RSC S now proudly shared that they are now a full team so the caseload narrowed down to 25 residents per RSC. With a smaller caseload, RSC S is allowed to have time to meet with every resident– as much as three or four times a week (i.e. if the residents are listed on suicide walk or experience extreme mental or medical relapse) or as little as once a month for more stable and independent clients.

In collaboration with the professional doctors, nurses, psychiatrists, therapists and other professionals at Star Clinic, RSC S explained that she has close professional relationships with all the other professionals. Even on the day I interviewed her, RSC S received a call from one of the nurses at Star Clinic to receive confirmation that one of their mutual clients is using her medications properly and not along with other harmful drugs (RSC S 2016). More aware of the psychological status of that particular client, RSC S was able to provide a confident yes that their mutual client was not in danger of harming herself.

In efforts to transition people from chronic homelessness to a more stable housing situation, a collaboration between nonprofits specializing in permanent supportive housing and professionals running shelters, clinics, and addiction recover centers seem to have been the key formula when listening to the life stories of the two Star interviewees: 65-year-old Frank Guamos and 59-year-old Evelyn Hilliard. One similarity between these two residents is a single life-changing interaction with a professional-turned-friend.

Frank explained that a young man named Conner Johnson was “almost his savior”. Mr. Johnson worked at St. Vincent Cardinal Manning Center where he allowed Frank to enter a program where he could live for a year until another housing option opened up. With the construction of Star Apartments and some communication between the authorities in charge of the Star tenant waiting list, Mr. Johnson told Frank that he was going to be resident at the new Star Apartments. With almost years in his eyes as when recalling that moment, Frank shared,

“...I was so elated. I thought it was Christmas ten times over. I wanted to kiss him. I was so happy. I wanted to cry I was so happy.” (Guamos 2016)

Similarly, Evelyn was luckily directed to Star Clinic for a follow up after an ER visit, and there she met a nurse named Linda Stack who tended to a major swelling in Evelyn’s legs. Ms.

Stack directed Evelyn to SRHT and within a couple of months of minor paperwork and some waiting, she was directed to the Housing for Health program. To this day, Ms. Stack is Evelyn's nurse and the only person she trusts at Star Clinic. And Evelyn knew fully well that she was blessed to have a nurse who worked literally right down the stairs from where she lived. She knew it could not get better than that.

People like Mr. Johnson and Ms. Stack allowed Frank and Evelyn to trust in the supportive services provided at SRHT. Additionally, professional staff like Mr. Johnson who worked for the DMH at some point and nurses like Ms. Stack were fully aware of these individual's lived experiences on the streets and in clinics, shelters, prison, temporary housing, etc. Hence, they followed the "trauma-informed design" which follows the "trauma-informed care" medical approach that considers a person's experiences when providing specific services for that particular client (Kilston 2014). Luckily, this seems to be the model followed by most if not all buildings owned and managed by SRHT.

STAR CLINIC: IS IT REALLY CONVENIENT?

A pioneering design in the development realm of permanent supportive services, Star Apartment also conveniently houses Star Clinic, the new primary care clinic run by the Department of Health Services (DHS). The Board of Supervisors of the Los Angeles County provided the funding for this clinic.

The convenience of having a primary care clinic not even 20 steps away from Star's entrance has not only provided the ultimate accessibility to the Star residents but also minimized the residents' ER usage. Additionally, in order to provide the smoothest transition to regular supportive services, RSC S explained that Star Clinic received most of its referrals from the ER frequent users who are now residents at Star. Because of this convenience, "some of them don't go to the ER anymore because they are seeing their doctor regularly which is literally

next door” (RSC S). Additionally, if residents were seeing specialists connect to any of the DHS hospitals (which covers a wide range of hospitals and clinics in the LA area), they could continue to see that particular specialist because Star Clinic is a DHS clinic. For example, if residents were already seeing a specialist at LAC or USC prior to moving into Star, they can continue to see them and sometimes even conveniently meet them downstairs at the Star Clinic by appointment. Thus, Star Clinic is an instrument of easy accessibility to supportive services and according to 65-year-old resident Frank Guamos who’s resided in Star for a couple years now, “people here go there and man they have nothing but high regards for the people there which is great” (Guamos 2016).

But after surveying and interviewing Star residents, I came across an interesting discovery: not as many residents utilize the services downstairs at Star Clinic. All the respondents I spoke to were aware of Star Clinic’s existence so the lack of PR was not the reason. In fact, both residents I interviewed felt more comfortable finding their own professional health care provider when it comes to addressing their mental and physical health. After speaking to RSC S, I was told that the two residents I interviewed were also considered two of the more independent residents compared to the rest of the individuals residing in Star Apartments. Hence, both Evelyn and Frank have enough stability to take initiative and seek their own help to improve physically and mentally.

But for residents comfortable with interacting with the Star ICM staff and professionals at Star Clinic, these services can be an incredible asset to his/her/their well-being. Evelyn shared that “the people within each department from the first floor, second floor, the clinic, if you are ready for help, it’s there for you” (Hilliard 2016). In Evelyn’s case, she was not pleased with the psychiatrist at Star Clinic. Rather than leaving her alone as she searches for a different professional, her then RSC diligently assisted her in finding the best-match psychiatrist in the

Downtown Los Angeles area. Because she had that strong relationship with her then RSC, a collaboration between the resident and professional support staff was formed.

One common drawback became increasingly apparent while interacting with some of the Star residents and speaking to RSC S: Star Clinic is not only for Star residents. Because the residents were constantly told that the Star Clinic are located right below them, RSC S explained that the “people (residents) felt entitled, like ‘you need to see me know’ or ‘I have an emergency’ “ (RSC S 2016). RSC S explained that many of the residents were initially quite spoiled and assumed they were entitled to the best quality assistance. For example, Star resident Frank shared one instance when he expected to be able to get simply walk into Star Clinic and get his blood pressure checked. To his surprise, they refused to help him because he was not a patient of Star Clinic and did not carry an insurance that is covered at the clinic. Although he was initially confused and a little taken aback, he explained that in retrospect, he understood why he was declined any immediate support. . About 5 years ago, RSC S explained she could easily schedule appointments for the next day. Today, RSC S explained that the Star Clinic has become exponentially busier, very much like other neighboring clinics where appointments run a week or two out. Hence, this explains that with more clinics with a fast-growing clientele, the increases of health care services in the Skid Row are absolutely vital.

HOUSING FIRST = QUALITY REFLECTION TIME

One assumption many people passing through Skid Row make is that the homeless are lazy and unmotivated. In fact, this widespread belief is quite inaccurate as several thoughts run through the heads of the chronically homeless. The reason why numerous homeless people like Frank and Evelyn continue to struggle with stress, anxiety and depression even after becoming housed is that a life with not hope can result in physical, mental and emotional damage to any human being. Life-changing events like job loss, eviction, rape or the loss of a loved one can

have a huge impact on any individual. Hence, housing programs that require a homeless person to become clean from all drugs and healed from all ailments before even applying for housing is a completely unrealistic program. The first step for nonprofit organizations like SRHT is to house the homeless, meet them where they are at, and give them room to rest and reflect. Then sobriety and improvement in physical, emotional and medical health is possible. Evelyn emotionally explained,

“...being here...has helped me realize that I was able to be still. That is not something when you are homeless or unemployed, something you can do with a resting mind. Because your body can sit down but it don't mean it's resting...[Being here] has given me the opportunity to sit back and go over some stuff and not be taking every day worrying where am I going to sleep...[it's about] resting your mind and start working on you and ask why was I homeless?” (Hilliard 2016)

Just like how people journal about their day, practice yoga in the morning or just nap with a clear head, these formerly chronically homeless individuals need a time and place to rest and reflect. With this new found time to reflect, meditate and, like Evelyn mentioned, ask “why was I homeless”, numerous Star residents begin participating in community events like Garden & Music and the most popular weekly Bingo sessions. During the March Community Meeting, residents would ask what vegetable the Garden class was going to plant the next day and which staff would be leading the next Bingo session. Clearly, these extracurricular activities have made the residents feel alive and part of a community again.

CHALLENGES: LACK OF TRUST & GRIT BUT TOO MUCH COMPLACENCY

Because they are transitioning from a survival-mentality lifestyle on the streets to an environment where health care services and community events are made available to them on a regular basis, many formerly homeless individuals feel overwhelmed and even a bit defensive. Hence, one characteristic that seems lacking in many of the residents I interviewed and interacted with is the lack of trust in the professional support staff and the HFH program as a whole. On top of that, for residents like Evelyn who are diagnosed with a series of mental illnesses – dissociative disorder, depression, PTSD, and OCD – trusting any form of institution will take a slower process. Evelyn recalled,

“It took me from June [of last year] to maybe a month ago for me to really get in with the people. I now know the design, I know the cleanliness, I know the people who are all there (on the first two floors) like a net. Just in case. I know, I still didn’t trust anybody.”
(Hilliard 2016)

And for residents like Evelyn who moved into Star less than a year ago, it can be difficult to re-enter settings with inevitable social interactions. For many residents, it is their first time being around people again, and that can be a huge challenge. But the more they involve themselves with the other residents and staff in Star Apartments and other outside community, the Star residents tend to slowly break their defensive walls.

In addition to lack of trust, another characteristic that the Star residents have is the lack of grit. According to Angela Lee Duckworth’s popular Ted Talk in 2013,

“grit is passion and perseverance for very long-term goals. Grit is having stamina. Grit is sticking with your future, day in, day out, not just for the week, not just for the month, but

for years, and working really hard to make that future a reality. Grit is living life like it's a marathon, not a sprint." (Duckworth 2013)

It is true that grit is something that even college students like me have a difficulty grasping and practicing in our own lives, but a certain form of grit is absolutely vital to successfully breaking from the daunting cycle of chronic homelessness and entering the competitive working realm in an urban city like Los Angeles. The accessibility to programs like cooking class, acupuncture, bingo, Peer 4 Peer, one-on-one substance abuse therapy and community meetings provides countless opportunities for Star residents to get involved. And even though these formerly chronically homeless individuals may not participate in the programs, they still know that the programs are still there and will not leave. That awareness creates a sense of peace and comfort.

Unfortunately in permanent supportive housing sites like Star, it is one thing to provide the resources to the residents and an entirely different process for them to actually utilize the resources. A form of grit, a persevering mentality where an individual slowly begins to map out his/her/their future, is necessary for an individual to take control of their lives, use the amenities provided to them to hopefully transition to a new place to call their own. Because this particular population is unfamiliar with mapping out even their daily schedule and more familiar with the moment-to-moment survival mentality, achieving grit has not an easy formula. Every person has to figure out his/her/their own unique method to reaching a lifestyle where they train to run that marathon and slowly think about weekly, month and even yearly goals.

Frank and Evelyn are special cases because they are slowly training to run that marathon to independence. For Frank who struggles with prioritizing his health, he shared one of his many frustrating moments as he shook his head and admitted,

“I don’t want to spend the money (copay for doctor appointments) on myself even if it is preventative medicine. What’s up with that? Part of my brain is locked. But I am doing better.” (Guamos 2016)

Today, Frank is recovering from a relapse in his health after he resorted back to unhealthy eating habits and thus created a window for diabetes to re-enter his life. Frank bashfully confessed,

“I started eating everything. It was what they called a “see food diet.” I see food and I’d eat it. I put myself (my diabetes) back up there. Talk about dumb. But now we are slowly coming back down to that” (Guamos 2016).

Analyzing his reflective tone as he recalls all these moments, I confirmed that Frank experienced a moment of clarity when he starts to strive for something more because he knows how it feels to be at rock bottom. Frank solemnly shared,

“...looking at the people down here (Skid Row) and seeing that, I don’t wanna end up like that. There are people that love me that I love. ...I know a lot of people here that have addictions. They are good people and they are super intelligent and I admire them for their talents and intelligence but they are so destructive to themselves, I feel bad. I don’t know, I think that’s what keeps me straight” (Guamos 2016)

Like Frank, Evelyn reached that ah-ha moment of clarity and she is at a place where she finds herself providing advice for her fellow residents. She proudly recalled a moment where she went to a Peer 4 Peer and,

“...I said something, and they (a fellow resident) said that my words really helped. That’s all you really have to do to help others, just don’t be afraid to tell your stuff and then you’ll find out someone else had that stuff as well that they didn’t want to talk about.”
(Hilliard 2016)

Because of this interaction, Evelyn is considering pursuing a career to become a certified life coach. When I asked her what she can see herself doing and being in a year or so, she shared that if her health is better and if she reaches that profession, then she can move out of here and move up in life. According to her, it all depends on what happens in 2016.

When asked what she would advise to a fellow resident who is considering a more proactive lifestyle leading to more trust and grit, she replied,

“...If you are tired of being fed and you wanna learn how to fish.... this is the system that I believe will enable you to if you’re ready. And if you’re not, they’re here for you until you can. That’s what I would say to them.” (Hilliard 2016)

In this beautiful analogy Evelyn made, the concept of fishing is to live a life of grit and striving to move up in society and become independent. The goal of the Housing for Health program that led people like Evelyn to where she is now is for them to come to that realization that life can get better. With the help of grit, an internal push, and a consistent use of the health care services and amenities at Star, a new beginning and a new life is very much possible.

Unfortunately, one characteristic that often time disables the resident from improving one’s health – medically and/or mentally – is the over-complacency of the resident. After speaking to RSC S and a couple residents who are eligible or almost eligible for Section 8

vouchers and live on their own, it became clear that the real reason for this complacency is fear.

RSC S explained,

“I know one resident...he got his voucher, but he put it on hold because he doesn't feel like he's ready to move out and go out to the real world...And I just sat with a client yesterday saying that I complain about living here because I am not used to this atmosphere and I am not used to being around people like this and I never thought I would end up in Skid Row. But now that I can possibly get my voucher, I feel like....am I ready for the real world? I have so much access to services here and even then I sometimes feel bored that if I were to be out there, then I would really have to put an effort and I would have to be the one going out there to do something with my normal routine rather than having services just handed to me.” (RSC S 2016)

This client that RSC S was referring is one of a handful of residents who will be eligible within the next year for a Section 8 voucher. Hence, one of the main challenges Star Apartment has is assisting the residents in overcoming that fear and replacing it with excitement and grit to enter into a new chapter in their lives.

SENSE OF COMMUNITY?

Although some of the residents who were surveyed and interviewed displayed fear, lack of trust and grit, resident-to-resident interactions and a sense of community was sometimes evident. Yes, it is true that every resident is on their own pace to familiarizing themselves to a new home. Some residents like Evelyn spend their first year analyzing their surrounding environment and hesitate from heavily involving in community activities. Rarely would this sample population jump in and participate in activities unless forced to do so.

Depending on how much of an introvert and extrovert one is, residents tend to have positive or negative experiences when in larger group settings. Frank did not find much enjoyment in participating in the Peer 4 Peer program, a program led by Peer Advocates where participants gather weekly to share their feelings and receive advice from one another in a safe environment. Peer Advocates are a small handful of residents or ex-residents who mentor and support those living at the SRHT sites. Frank admitted,

“I think what turns me off is listening to other people that have stuff like that. I would have to bite my lip to express my thought of what their problem was...I don't wanna get personal.” (Guamos 2016)

Thankfully, Frank finds more comfort participating in one-on-one settings with his personal RSC to open up about his feelings. Frank went on to elaborate that,

“...sometimes I can be a big mouth. I think I've gained a little more control especially if you haven't seen anyone in a while and you want to tell them all your problems and stuff. They have programs for that. If you want to get things off your chest which is great.” (Guamos 2016)

Frank's comment shed some light on one commonality amongst residents at Star Apartments: although they might claim they are overwhelmed with all the person-to-person interaction, they genuinely appreciate it because human interaction, no matter how shy or closed-off one is, is desired by most average human being.

And with more person-to-person interaction comes more organic and precious moments between residents. The residents might initially feel that no one could relate to them at a deeper

level, but they soon come to realize that their fellow residents and peers are the most relatable, understanding, and empathetic people. According to the residents I spoke with and RSC S, Peer 4 Peer is one of the most popular community groups at Star Apartments. Even reluctant Evelyn attended a Peer 4 Peer earlier this year and she recalled that,

“Everyone spoke of what made them happy. And then you get clues and think, oh well maybe I’ll take that and see what it does for me....So what I’ve gathered and from others is that when people go, they seem to enjoy what the feedback or else why would they keep going? Cuz if not, it would be just donuts and coffee.” (Hilliard 2016)

Evelyn found enough value in the words of her fellow peers to try using the coping methods they use to deal with mental issues like depression. She did admit that she did not really initially feel comfortable getting “butt naked” sharing her feelings and issues to other seemingly strangers. But she explained that she came to realization that these spaces are a little more intimate, and all the attendees have an unsaid respect for one another to keep whatever is said in the meetings in that room. They respect the privacy of the other peers in the room because they trust that the others in the room will do the same. Therefore, depending on the personality of the resident, a sense of community and resident-to-resident interaction can be achievable at an institution like Star Apartments. It really depends on the openness and willingness of the resident to utilize the programs organized and led by the professional support staff and some Peer Advocates.

FURTHER ANALYSIS OF ABBEY RESIDENTS

I completed my final visit to Abbey Apartments on April 1st to invite residents to complete my quick survey. One important reality I failed to notice was the extremely madness on the first day of the month was it was payday. This explained the fast-paced Friday atmosphere in the lobby of Abbey Apartments. Thankfully, even with my poor judgment to choose such a busy day to look for volunteers for my survey, I still managed to sit down with 16 residents to complete my short survey. Therefore, similar to my data collection over at Star Apartments, I managed to gather mental notes, survey responses and interviews from residents and professional support staff to analyze the effectiveness of the supportive services program in Abbey Apartments. Similar to the situation at Star Apartments, I was unable to conduct any focus groups because I had a very limited time to collect data. Hence, the focus groups component of my original mixed methods was never achieved.

WHO ARE THE ABBEY RESIDENTS?

THE DEMOGRAPHICS

Similar to the survey turnout at Star Apartments, I was only able to collect 16 completed surveys, again half of the ideal 30 surveys I hoped to collect. But like the respondents gathered at Star Apartments, these 16 surveys did represent the overall gender, race and age breakdown of the Abbey residents as whole. Of the 16 completed surveys, 12 were males and 4 were females, which thankfully allowed for female representation in this set of completed surveys as well. Figure 15 shows the current collective breakdown of all the Abbey residents in percent annotations. Note that the percentages were rounded to the nearest whole percent.

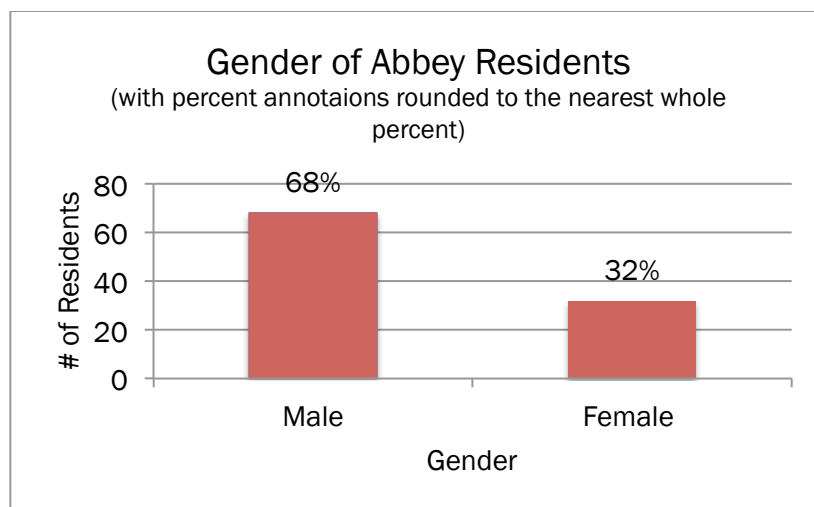


FIGURE 15

Likewise, the racial make-up of the 16 Abbey residents surveyed were relatively representative of the overall racial breakdown of Abbey residents. Figure 16 shows that at least all the racial groups were represented in the survey turnout. Figure 17 shows the accumulative racial breakdown of Abbey residents. Both Abbey and Star residents have over 50 percent Black or African American and this aligns with the reality that Skid Row has a huge population of this particular racial group.

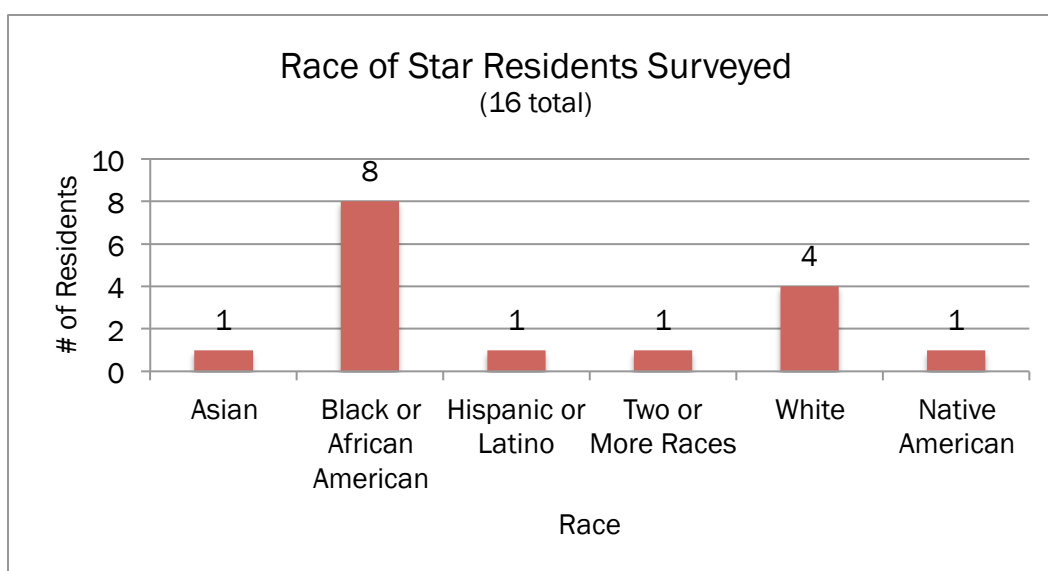


FIGURE 16

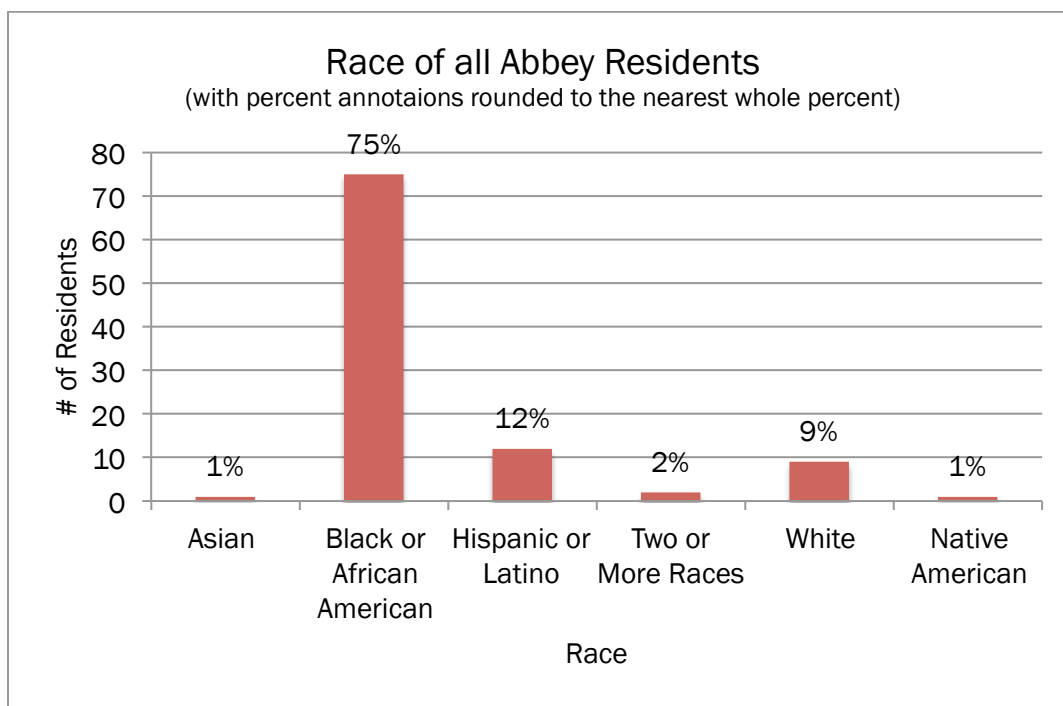


FIGURE 17

On top of gathering statistics on the race and gender of the residents, I also collected data on the age breakdown of Abbey residents. Again, because I received the data of age of all Abbey residents several months after designing the age breakdown for my HFH survey, the age brackets on the x-axis are different for the following two figures. Figure 18 illustrates the number of survey respondents that fall under each age group, and Figure 19 shows the overall age breakdown of all current Abbey residents in percent annotations. Again, the data on this figure is rounded to the nearest whole percent.

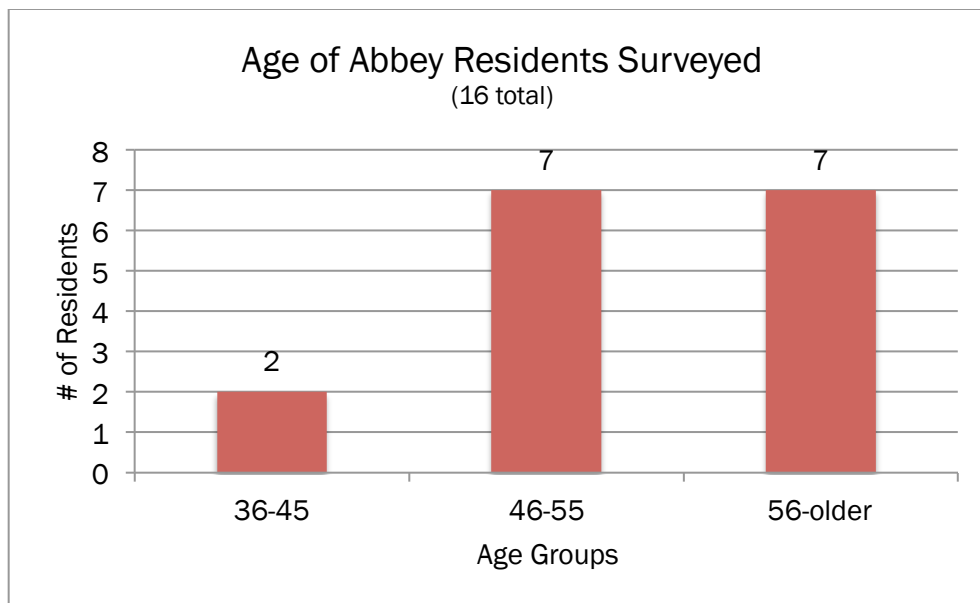


FIGURE 18

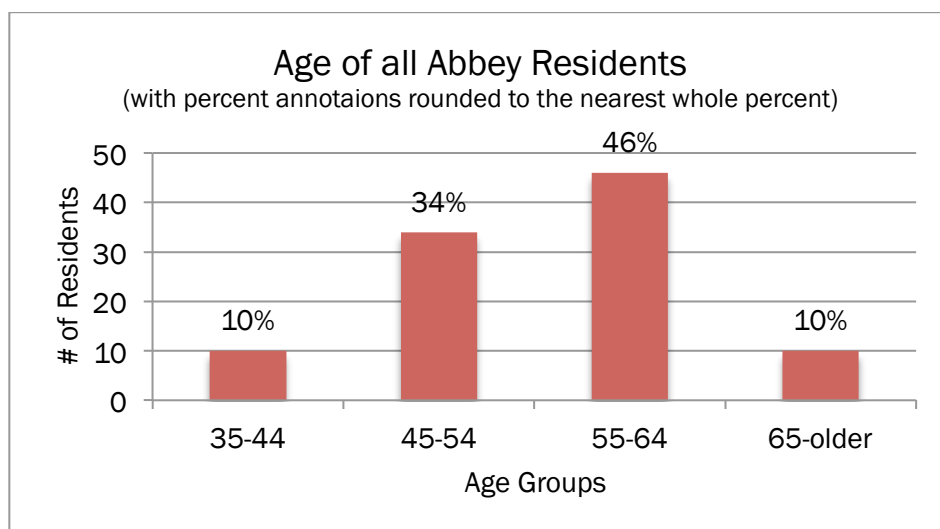


FIGURE 19

Through these illustrations of the Abbey residents' demographics (gender, race, age), I was able to have a better understanding of control Group B residing in Abbey Apartments.

THE HEALTH ISSUES

Like how Star residents had to be frequent ER users and coping with health issues to be eligible to live in Star Apartments, Abbey Apartments also followed its own particular criteria when selecting the residents into its permanent supportive housing program. Figure 20 lists the various health issues the 16 survey participants are dealing with. Just like Figure 13 that lists the health issues found in the Star residents, it is vital to understand that this chart as well can be incomplete, as the residents might not have responded thoroughly responded for various reasons.

Type of Health Issue	# of Residents
Hypertension	8
Diabetes	3
Asthma	2
Heart disease	1
HIV/AIDS	2
Hepatitis	1
Bipolar disease	6
Post Traumatic Stress Disorder (PTSD)	3
Arthritis	4
High blood pressure	2
Epilepsy	1

FIGURE 20

Figure 21 displays the collective health issues found in residents from both Star and Abbey apartments. Even within 30 surveys completed at both sites, 18 different ailments exist. This provides another sense of urgency for the professionals in the health care services realm at Abbey and Star. One similarity between all professional staff at both sites is the common mission first to house the homeless, and then assist the tenants to acknowledge and cope with their health issues.

Type of Health Issue	# of Residents
Hypertension	15
Diabetes	8
Asthma	5
Heart disease	5
Congestive heart failure	1
Cancer	2
HIV/AIDS	2
Hepatitis	4
Bipolar disease	8
Post Traumatic Stress Disorder (PTSD)	6
Arthritis	6
High blood pressure	3
Depression	2
Dissociative Identity Disorder (DID)	1
Gastroesophageal Reflux Disease (GERD)	1
Raynaud's Phenomenon	1
Epilepsy	1
Schizophrenia	1

FIGURE 21

THE ABBEY METHOD: SHELTER PLUS CARE (S+C)


While Star Apartments follows the Section 8 Mod Rehab SRO program, the majority of the units Abbey Apartments are part of the Shelter Plus Care (S+C) Program that is part of a grant program called the Continuum of Care (CoC) Program. This program strives to assist the hard to serve individuals with disabilities as well as their families. These particular residents often times are coping with serious mental illness, chronic problems with alcohol and/or drugs and HIV/AIDS or related diseases (HUD Exchange 2014). In terms of rent, the S+C program provides some rental assistance for a variety of permanent housing choices and it offers a range of supportive services funded through other sources. The rest of the units have regular market rate, which according to RSC A, is about \$480/month for a little studio. Out of its 113 units, 100 are set aside to house the chronically homeless individuals with disabilities and 89 of these units are allotted to individuals coping with mental illness.

The S+C program also includes an extensive collaboration between the RSCs as evident in Intensive Case Management (ICS) implemented at Star Apartments. But one particular element that differentiates the case management structure at Abbey is the tracking system for the residents. Every month, the residents are required to track their activities in a sheet shown in Figure 22. This is one effective way RSCs can keep track of how responsible and consistent the residents in keeping their doctors appointments and participating in community activities on a regular basis. RSC S from Star Apartments admitted that at times, the lack of a track sheet sometimes forces the RSCs to trust the word of the residents when tracking their consistency. This can be problematic.

RECORD OF SERVICE SHEET - SRHT

Name: _____ Contract #: _____

Building: _____ Unit #: _____



A-N & line item # <i>(RSC only)</i>	Name of Agency (abbreviation ok)	Service Provided	Date Of Service	Amount of Time w/Client	Confirmed By: Signature AND Stamp
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					
SRHT NOTES:					

RSC Signature: _____ RSC Date Reviewed: _____

RSC Name: _____

FIGURE 22

Figure 23 breaks down the income of Abbey residents into six income groups. Like Star Apartments, 81 percent (a combination of the 0-199 and 600-899 income groups) of the residents receive GR or currently obtain an SSI/SSDI. The 16 percent of residents earning in the

900-1199 bracket are likely a result of higher income from a combination of personal earned income, SSI/SSDI, retirement, CalFresh and other benefits. The 3 percent of the residents earning within the 1200-1999 range represent the small percentage of tenants living in unsubsidized units. These units, while still considered low-income, cost more money on a monthly basis and tend to house residents that are less vulnerable. Hence, this explains the sudden jump in the income range for these three ladder income groups. Resident Services Coordinator Corrina mentioned that these “less vulnerable” residents, although not part of SPC Program, still participate in the community activities and receive assistance from the professional health support staff on the ground floor of Abbey Apartments. Hence, Abbey has a wider variety of individuals living in its complex. These community activities designed and led by the Abbey RSCs have a high attendance rate from tenants from the unsubsidized units as well, and this proves that the strategies to aid this more specific vulnerable population are successful.

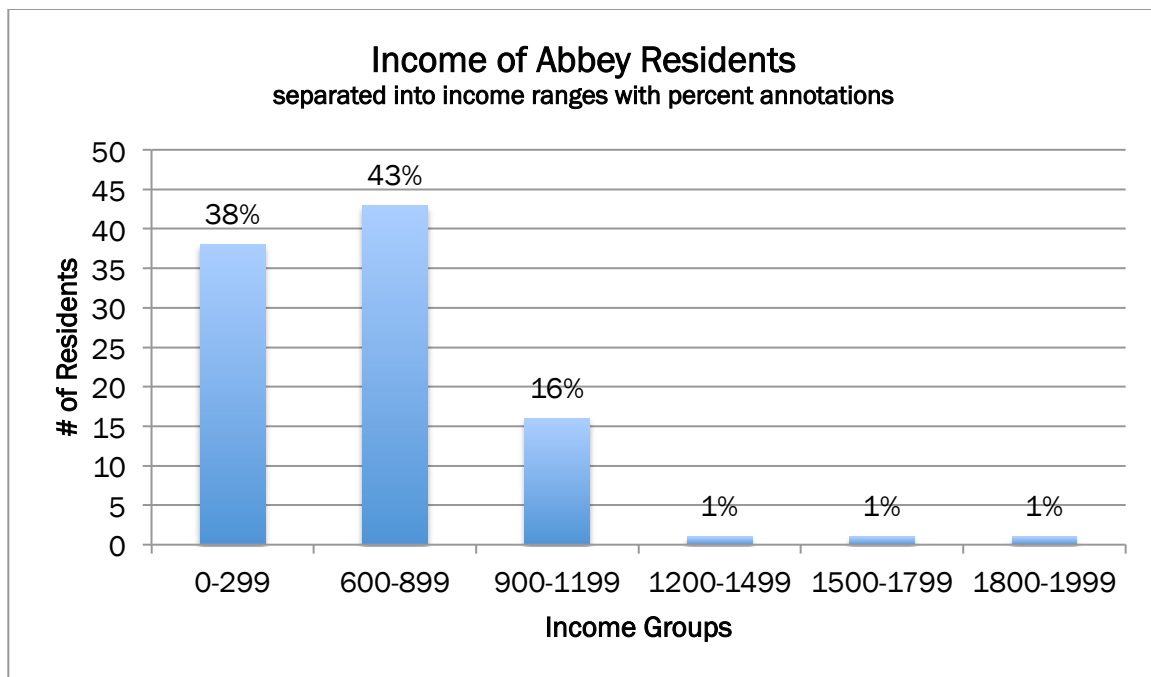


FIGURE 23

RESIDENT SERVICE COORDINATORS (RSCs) AT ABBEY

On March 18th, I was given the opportunity to interview two Resident Services Coordinators (RSCs) who currently serving the Abbey residents. Even between these two professionals with the same job title, both bring completely different backgrounds and skillsets that equipped them to be the middleman and middle-woman between the residents and the medical/mental support staff employed by the Department of Mental Health.

Corrina Gonzalez, a Residential Services Coordinator who joined the Abbey staff July of last year, is certified to work closely with individuals coping with issues of domestic violence and substance abuse. A professional who has had clients who are recent victims of domestic violence and substance users as well as clients who are further down the road where their mental illness is really affecting them, RSC Corrina understands that a priority of all her clients is addressing and improving their mental health. She is happy with SRHT's recent shift to focus heavily on providing more services specifically designed to aid a resident cope with their mental health.

RSC Corrina elaborates and shares that the background of every RSC is different. While she specializes in domestic violence substance abuse, others have Masters degrees in social services and others have over 10 years of experience working with the homeless population specifically pertaining to Skid Row that help make a more well-rounded team amongst the professional support staff. There are so many avenues that lead to a job working for one of Skid Row Housing Trust's 26 sites. Because there is no magical solution that aids every resident in an effective matter, the diverse skillset of every RSCs allows for this team of professionals to approach every resident from different angles.

CHARACTERISTICS OF RESIDENTS AND THE EFFECTIVENESS OF HOUSING FIRST MODEL

According to a Resident Services Coordinator (RSC A) who has worked with chronically homeless individuals for over 10 years, the demographics of the people on the streets of Skid Row has changed. About 10 years ago, the people on the streets were mainly folks in their mid-30s and up. Now, a younger demographic has appeared onto the streets, as young as 18-years-old, who often times come in couples. RSC A reasoned that these young adults come to Abbey Apartments knowing that it is a safe haven for drugs and housing. This illustrates the reality on the streets of Skid Row that the Housing First model hopes to address. RSC A shared,

“Housing First has its own motto. Get them housed. If they have drug problems, if they have legal issues, we don’t care. We take them, we don’t turn them away. Get them housed then take care of their issues.” (RSC A 2016)

When asked, RSC Corrina also agrees that Housing First is the perfect model for the demographic of the people down here in Skid Row. In addition to being a RSC during the weekdays at Abbey Apartments, RSC Corrina also serves as an instructor at a DUI school that follows a total abstinence philosophy where participants must be 100 percent clean from drugs and alcohol before applying to the school. She admitted,

“If it were total abstinence here (at Abbey), we would have no people living here. That is the reality of it. You can’t force anyone to make change unless they want it. We meet you where you’re at, helping you move forward. And harm reduction does not mean that total abstinence is not an option. It is. It’s there for those who want it and it is my job to get people there. We also offer AA meetings in the Abbey site on Mondays.” (Gonzalez Interview 2016)

An interesting and common mentality that most residents at Abbey have is that they do not believe they have a mental illness. It is one thing to admit to a physical condition because it is visible and very apparent whereas a mental issue can appear to be more subtle and easier to deny. Just like how a person tends to avoid pinpointing all of his/her bad qualities as it often times lowers one's self-esteem, these residents find it difficult to wrap their heads around the idea that they also should seek psychological support. For two of her clients, RSC Corrina explained they are "adamant about not getting help for mental disability because they [believe they] are not sick in the head. So you just have to help with the medical and if and when it (medical condition) surfaces help connect them to mental support" (Gonzalez 2016). Hence, this is one more example of the professional staff meeting the client at their level and from there on, going step by step to improvement.

And once a person recognizes and accepts his/her/their medical or mental conditions, it is an entirely different story if they are complying with their prescribed medications. Very rarely do patients take their medical prescriptions as prescribed. And if they are taking the medications prescribed, many of them are mixing their medication with alcohol. And some of them not only take medication, but they also take their own medications as they refer to it – which is street drugs. So they are self-medicating on top of their prescribed medication by their psychiatrist. And all this creates a "nasty cocktail" that is lethal and hurting the client. Hence, it is the job of the medical specialist and the RSC to catch these "red flag" activities that can further hurt a patient from improving and reaching a stable mental, physical and emotional state to apply for Section 8 housing.

Overall, the RSC's goal is to create an environment for the client that avoids any criminalizing atmosphere or sense of punishment when the client slips and relapses into an addiction. Like RSC Corrina passionately stated,

“It’s about how do you learn from your own mistakes and not keep repeating them so that you can be independent and survive – you know I don’t like the word survive because that’s what they do on the streets. They do much more than that here and they start to build their self-esteem and feel like they’re worthy. And they start to care about living and they want to live longer and therefore they [eventually] seek medical and mental support.” (Gonzalez 2016)

NEGLECT OF HEALTH & LIVING IN THE NOW

Just like how Alcohol Anonymous famously states that the first step to recovery is admitting the existence of the problem, the stage where the residents acknowledge his/her/their mental or medical status is always one of the trickiest barriers to tackle. RSC A explained that for these individuals, many priorities do not exist.

“...[the residents] tend to neglect their health. They are so caught up in their addiction that they neglect a lot of personal care...but medical is a big one because they are experiencing malnutrition because they would rather have a beer or you know alcohol or smoke dope.” (RSC A 2016)

RSC Corrina elaborated stating that,

“...clients come and a lot of them are only dealing with their health issues when it’s an emergency in the ER...when you are homeless, that is like the least of your worries. So now that the are not homeless, it’s time to refocus on what is available.” (Gonzalez 2016)

In other words, the overall mental state of a person un-housed and housed are so different. They are still living the survival-of-the-fittest mentality where they are only concerned about the immediate, not about the future. Another interesting realization I came across while talking to SRHT's Data Analyst Robert Mitchell and the RSCs is that rarely do these residents think far into the future, even the next day. Because they are so used to living on a day-to-day, hour-by-hour basis, the mere concept of planning ahead and keeping appointments are often times a foreign technique to them. Even when I was editing my survey, Robert warned me that the questions that asked the participant to recall the last 30 days would be a difficult and confusing process for them. Sure enough, those questions were the more challenging ones where the respondents would ask me to elaborate or reword the question into simpler terms.

Because the formerly chronically homeless are accustomed to living in the now, they are easily irritated and impatient when they have to wait for any services. Patience, willingness and grit are vital if residents want to improve their mental, emotional and physical health. It is one thing for the supportive services to be there. These programs are useless if the residents do not utilize it.

CONVENIENCE OF THE SERVICES

Although Abbey lacks a Star Clinic on the ground floor of its building, this apartment complex still has supportive services on the ground floor with medical examination rooms as well as offices for the professional support staff. Thus, the amenities and resources are there for the residents' disposal. RSC A stated that,

“...is definitely helpful to have on-site medical access and mental health support. We are dealing with a population that can easily give up on themselves. Because if they think the

medical services requires them to hop on a bus, they will say it's too far and say f*ck it. It's too far, too frustrating for them. It's too much for them to handle." (RSC A 2016)

On the other hand, the trip downstairs to the health care and support services is as easy a commute can get to receive professional support for mental or medical assistance. Additionally, RSC Corrina applauded the very smooth transition a resident can have when changing health insurance providers to join the clientele of the medical/mental support services provided downstairs in Abbey. Courtesy visits are offered for any Abbey tenant. These are visits that a resident can have with the on-site medical specialist, psychiatrist or therapist for immediate support even when he/she/they are not part of this professional service provider's clientele. Courtesy visits can occur as quick as a walk-in-process where RSC Corrina tells the Liz, the on-site nurse, that a resident is not feeling good, and Liz will bring the resident to her examination room. RSC Corrina will then print out the resident's insurance and he/she/they can switch the insurance over to the site doctor on the spot as long as the resident (the insurance owner) is present. Working as a middle-woman, RSC Corrina's role in the supportive services program is to bring the health care and support services to the forefront so the clients can use it to their disposal. And if the resident needs someone to walk through the services, RSC Corrina is there as a case manager to walk her clients through the appointments and stay updated on every one of her clients. Because the middleperson like a RSC is available to link the resident to the services, the number of ER visits at Abbey decrease as well once the formerly homeless individuals is housed in a program that has specific supportive services offered to them.

Even though Abbey lacks a clinic like Star Clinic on the ground floor, the responses from the surveys at both apartments reveal that residents at Abbey are just as, if not more, consistent with their visits to the doctor as shown in Figure 24. One important detail to notice is that 5 survey participants refrained from marking how often they visit the doctor, and 3 out of those 5

marked that they did not have a doctor. Also, it was extremely interesting that a handful of survey participants at Abbey and Star clarified that they did see a doctor, but it was a doctor not on-site but at a different nearby clinic or hospital. As several of the survey participants read Question 9 stating “Do you have an on-site doctor in your apartment?”, they acknowledged that an on-site doctor comes to Abbey a few times a week but they in particular felt more comfortable going to a different doctor they already have a relationship with. This trend is found at both Abbey and Star Apartments.

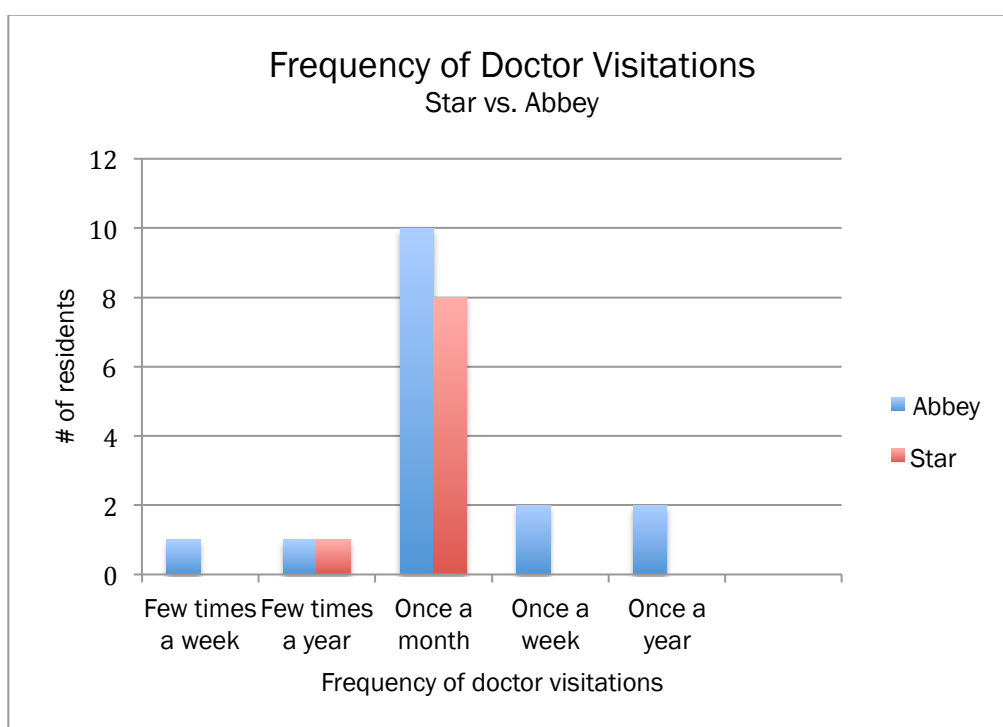


FIGURE 24

At Abbey, one doctor, one psychiatrist and one psychologist come to the Abbey site about three times a week. And like the Abbey RSCs, these professionals also practice an open-door policy to maximize their availability with the clients living in the apartment structure. In this policy, if a professional staff is in their office, then any client is allowed to go in and receive immediate care on the spot. 53-year-old Abbey resident Theresa Winkler explained that she is a client of both Dr. Jimenez and Ms. Kara, the psychiatrist and psychologists who regularly visit

Abbey three times a week and they both follow the open-door policy. Theresa shared that this is extremely helpful especially when Theresa has moments when she panics and thinks, oh my god I think I'm going crazy, who do I talk to? I know I can come in, sit with [Ms. Kara], come up with a solution. And okay. Everything is all fine" (Winkler 2016). Theresa's primary care giver is off-site, but she is a client. Very much like Star residents Evelyn and several Star residents, Abbey resident Theresa and other Abbey surveyed residents seem to use some but not all the professional mental and medical support available on-site.

MENTAL HABITS DEVELOPED FROM THE HOMELESS LIFESTYLE

But even with a smooth process to join the clientele of the support staff that visits regularly to Abbey, the majority of the residents still must overcome a huge mental battle to agree to a consultation with a professional support specialist (psychiatrist, therapist, doctor, etc.). RSC Corrina explained there are various mental conditions that cause residents to avoid any form of mental treatment. The common conditions include paranoia, suspicion, distrust and denial. All these factors combined discourage the resident to seek any support. They would ask why the professional support specialist are asking certain questions and wonder if the staff is part of a conspiracy. Additionally, the residents dread seeing the medical expert to find that they indeed have a high level of substance abuse that can lead to negative effects. Hence, the denial component kicks in. Because the residents are unstable mentally on top of some physical issues, it is absolutely vital for the RSCs to build rapport and continue to engage in motivational interviews to earn their client's trust. For the professional support team, it is about finding their aspirations and goals and then helping them work towards it. RSC Corrina shared that even during her 8-months of serving at Abbey, she's seen a handful of her residents showcase a complete turnaround where they enjoy her company and even freely visit her office and engage in conversation with her about all sorts of things.

Because the process of breaking from the cycle of chronic homeless can take months and even years for some residents, the professional support staff must continue to diligently support their clients. For the average formerly homeless resident, spells of relapse and old habits continue to resurface and haunt them on a regular basis. RSC A mentioned that some residents are able to break the cycle of chronic homelessness, but many residents will choose to sleep on the floor and take their blankets from their rooms in Abbey and sleep on the streets. And then they would come back to their room during the day to take a shower and change and go back to the streets.

CHALLENGES & NEXT STEPS TO INDEPENDENT LIFESTYLE

As already stated, a medical specialist, therapist and psychiatrist all visit Abbey three times a week during set times to facilitate appointments with their clients. Even once a resident slowly begins to think and even plan for the future, this formerly chronically homeless individual is not used to keeping appointments and having set activities during the week that reminders are necessary. To help residents keep their appointments, RSC Corrina always sends out reminders in the form of flyers and in conversation with them. Clients know when and where the health care support staffers are in their office in Abbey. And therapist will give reminder sheets to RSCs like Corrina to hand to the clients days prior. And if the resident is not present as the RSC goes through her reminder rounds, the RSC will usually tape the reminder on the inside of the resident's door to keep the notice private. Because of these small but powerful actions to keep the clients in check, the residents notice the level of extreme diligence and desire to walk with their client through the rehabilitations process. Abbey resident Theresa shared, “

“I would go in and I see [her RSC] every week. I would go okay, what is it you want? And she looked at me one day and she put her hands on mine and said, ‘do you think I drive

2 hours and drive home 2 hours to sit here and look at you and not try to help?' And I had to think about that. When people are taking time out of their life to come down here to help me, maybe I need to grab hold of that. And then I started opening up and realizing there are avenues but it takes a lot to get passed those barriers." (Winkler 2016)

The more the RSCs provides a listening ear to the resident, the more willing the resident will be in listening to the suggestions and support coming from the professional support team. That relationship between the professional support staff and resident are what strengthens the physical, then mental health of a resident.

A PERSONAL ACCOUNT OF THERESA WINKLER -
THE ROAD TO BECOMING AN SRHT AMBASSADOR / ADVOCATE

With portraits of George Washington and Benjamin Franklin to her left and right, 53-year-old Theresa Winkler finds herself in front of the Senate Committee of the United States of America. After a few seconds, it finally dawns on her where she is, and tears started trickling at first and then showering down her face. One of the confused committee members asks, "why are you crying?" Theresa emotionally responds, "Sir, if you told me seven years ago that I would be doing this, I would have asked you for some of that dope you were smoking!" The committee member starts laughing, and he says, "Miss Winkler, I'll never forget you." (Winkler 2016)

This illustrates the moment on interaction between Theresa, a SRHT Ambassador/Advocate, and a powerful member of the Senate Committee of the United States America. A couple of years before this interaction, she was chosen to represent the formerly chronically homeless community in Los Angeles' Skid Row to request more funding for affordable housing and support to assist the mentally ill.

Fast forward to earlier this year, and Theresa is speaking about mental illness and how housing can help a person's mental illness at a speaking engagement at the Star Apartments where Senator de León is in attendance. Three days later, she receives an invitation over the phone to attend the Democratic Convention in San Jose, and Theresa is at a loss for words when the person on the phone explained the Mr. de León wanted to invite her to this huge event. Sitting in front of me during our one-on-one interview, Theresa wears a huge smile on her face as she sifts through her photos in her phone and stops at one image. She turns the phone to my direction and I see Theresa in a bright tie-dye shirt smiling right next to Senator de León. As I look at the photo, Theresa shares,

“...to be able to acquire that relationship with society again and be a productive member is really awesome. Especially when you felt that you weren't worth anything, you know.”

(Winkler 2016)

Although she is now an ambassador and advocate for SRHT, Theresa was not always the model resident at Abbey Apartments. Initially a troublemaker, she was not used to the set bed times, weekly programs and periodic check-ins with her RSCs and mental/medical health specialists. And most of all, she felt very uncomfortable with the sudden over-friendliness of not just the professional support staff but also her fellow residents. On the first weekend after she got housed at Abbey through SRHT about seven years ago, she was invited to join some residents and staff on a spontaneous trip to Las Vegas. Theresa was incredible excited, but because of her epilepsy, she experienced a minor seizure on the bus ride on the way there. She recalled that she was stable and functioning properly once she arrived to Las Vegas, but the only thing that bothered her was that everyone kept asking her “Are you okay? Are you okay? Are you okay?” Unfamiliar with receiving love and care from other people, she was confused and slightly

irritated Theresa asked them to leave her alone so she could “gamble her pennies away”. In retrospect, Theresa explained that at that time, that feeling of having people genuinely concerned for her was a new concept. And now, seven years later, Theresa confidently declares, “to me SRHT represents a family setting” (Winkler 2016).

Because SRHT helped her slowly realize that she can improve her physical, emotional and psychological health with the help of her RSC and other specialists, Theresa began to truly believe in the system. Theresa sharply claimed,

“Because I wasn’t going to trust nobody. Because ‘Skid Row Housing Trust’ - the word ‘Trust’ I didn’t believe in. But yeah I think I changed.” (Winkler 2016)

When asked she now serves SRHT, she explained that the very least she can do is be a voice for the organization that helped her change her life path. Currently, she serves as an advocate for affordable housing and for the continual emphasis on assisting the mentally ill. Most of all, she hopes to use this platform to reach the young women on the streets. She understands that it is like to sleep in the tents and wake up next to an unfamiliar man. Theresa passionate declared,

“...I have a passion for young women. I don’t want to see young women on the streets. I started on the street young and I don’t want to see other women. That’s why I do what I do.” (Winkler 2016)

WHAT ALL THE FINDINGS SAY

After analyzing all the quantitative and qualitative data, it is evident that the Housing for Health (HFH) Program does somewhat improve the perceived health and well-being of the formerly chronically homeless who are residing at Star. But the health care and supportive services at Abbey Apartments also address the perceived health and overall health of this

population to a certain degree. Hence, the HFH program alone is not the most effective method when assisting this particular group of people – the formerly chronically homeless individuals. At both sites, some residents rely heavily on the services offered by Star Clinic while other residents find other professional health care services off-site. Most Star residents and some Abbey residents are given the leisure time to reflect on their lives and start to think about the future, something that is hard to do when surviving on the streets. Star residents tend to have too much complacency and not enough trust and grit to move forward in their lives. In addition to those qualities, Abbey residents also tend to neglect their own health and have a harder time permanently staying away from drugs and alcohol. Formerly chronically homeless individuals at both sites agree that a sense of community does exist, although Abbey Apartments seems to provide a tighter knit community, or family as Theresa defines it. After analyzing the surveys, interviews and mental notes I took when visiting both sites, I as the student investigator have gotten a clearer idea of why or why not certain residents experience an improvement in their perceived health and easier access to health care resources.

DATA LIMITATIONS

BIASED RESPONSES WHEN INTERVIEWING EMPLOYEES

With the qualitative data I gathered from Abbey Apartments, I came across a few data limitations that must be mentioned and discussed to better understand the data. One limitation to the data I expected to find in some of my interviews is a bias in the interviewees' responses in favor of the supportive services program at the site they live or work in. Hence, I designed my interview questions and overall tone of the interview process to have a comfortable and positive atmosphere. I failed as an interviewer if the interviewee ever feels attacked by the questions. Yes, some questions might be a bit uncomfortable, but the critical question I plan to ask is to

explain any challenges the person has when working with these clients and if there are any improvements that the professional sees in the program.

Another thing to take into account is that this urge to paint the supportive services in only a positive light might not be as extreme as I expect. Because the professionals working in these public supportive services programs are always seeking progressive and new methods to improve the program to better assist clients, the professional support staff I interviewed were frank and honest. And in the end, the participating professional support staff had every right to abstain from answering from question or discontinuing the interview entirely.

RESEARCHING VULNERABLE SUBJECTS

I was aware of but not completely prepared to face the various challenges that came with using a vulnerable population as my sample population. At first, Occidental College's Institutional Review Board (IRB) was not in favor of passing my project proposal because the board was considering the safety of not just the formerly homeless residents but also my own safety as an undergraduate female student investigator. Because I was surveying, discussing and interviewing a population that can often times be deemed as unstable, unhealthy and not the most intellectual group of individuals, my project proposal underwent another obstacle before receiving conditional approval.

Consequently, I embarked on nearly a two-month-long process of several back and forth emails between me and Occidental College's Human Subjects Research Review Committee (HSRRC). Some aspects of the IRB that I had to adjust included clarifications regarding where I would hold individual interviews to guarantee my safety, the omission of certain survey questions that were deemed too personal to ask to this population and detailed explanations to how I was going to receive site approval to interview this vulnerable population. Occidental College's HSRRC required my research project proposal to be "Full_Committee Reviewed" by the

HSRRC, a monthly process where projects with vulnerable populations and other high risk factors are reviewed. Although I now understand more why so many precautions were made for my particular project proposal, it is evident that even within an academic institution, inaccurate and unfair assumptions were placed on the formerly chronically homeless.

CHALLENGES IN FINDING THE RIGHT CONNECTION IN A LARGE ORGANIZATION

An additional data challenge was the time I began my data collection and slower-pace of busy nonprofit organizations like Skid Row Housing Trust (SRHT). I began contacting immediately after my project proposal received conditional approval from Occidental College's IRB which was during the winter holiday season. And especially at a non-project organization that manages several residential buildings in a metropolitan city like Los Angeles, the months of December, January and even February marked some of the busiest months of the year for the entire organization.

Because the residents of both Star and Abbey Apartments are a vulnerable population that must be monitored by supportive staff as much as they can, SRHT also has its own review board that reviews and interviews the various prospective research projects that seek to conduct experiments or gather data with workers and residents of SRHT's buildings. Hence, this led to the excruciating two months of patiently waiting for SRHT to sign the consent form. One other factor that contributed to the long wait was that in such a big organization like SRHT with over 80 employees, an investigator must take into account the long process it takes to connect with the right person that has the power and network to get the request done. In my case, I was first referred Brad Robinson, the Head of Corporate Relations and Events Manager, by a manager at Abbey Apartments because he was believed to be the point-person to help organize a meeting to gather formerly homeless residents at both apartments to pass out my survey. After three weeks, my project proposal was passed to the Manager of Resident Services Joey Aguilar

who was extremely swamped with two other internal projects around the same time Brad transferred my research proposal and documents over. And after a little over a month to keeping me updated with any comments from the review board on SRHT's side, Joey finally updated me on Monday, February 29th, that Robert Mitchell, SRHT's Data Analyst, will be contacting me soon regarding my research project proposal.

Hence, before even passing out surveys and performing focus groups and individual interviews, these various obstacles educated me on how to navigate through a large nonprofit organization and how to speak to staff at large organizations like this in person or via phone or email to get the most information or support in a given situation. Overall, the extremely long process of getting my research proposal approved is a testament to how the professional supportive housing and health services programs function in a big city like Los Angeles.

DATA FATIGUE AT BOTH SITES

Before entering the Star Apartments, I was particularly nervous because Robert warned me that Star as well as Abbey both had survey fatigue. Robert stated that graduate students from local universities and colleges have conducted research at the Abbey and another university conducted an in-depth qualitative baseline and follow-ups at Star within the last few months. In addition, Skid Row Housing Trust is undergoing a transition in gathering an entirely new set of data to redo nearly all the data of their residents at its 26 residential sites. The data will be gathered from a baseline that will take around an hour to complete with the follow-up closer to 20 minutes every 6 months. This new data system will replace the "clunky" database that the RSCs have to navigate through every time to report updates on their clients.

In fact, on the day I visited Star Apartments' Community Meeting, the RSCs announced a reminder to the residents to complete the survey that was passed out the week earlier and reiterating the compensation for completing the survey. Because both the SRHT staff and other

graduate students are passing out surveys and conducting interviews to gather their own data for their own research, I was told that it would be difficult to secure interviewees. Hence, Robert suggested that I bring a small incentive (candy and snacks or more practical items like small packets of detergent) for the participants. That way, the residents feel like they are receiving something in return for doing this favor. I took his advice and brought snacks for all survey and interview participants. These small incentives definitely helped lure in some residents at both Star and Abbey to take my survey.

POSITIONALITY OF THE STUDENT INVESTIGATOR

After enduring three month of little to no response from the two apartments, I did endure a short phase where I wondered if I was not taken seriously as an Asian female undergraduate student. Was the organization not taking me seriously because I had no degree? Was it because I was this small Asian girl trying to enter the services realm down here in Skid Row where it was rare to see many of “my people”? But the moment I stepped foot into Abbey on March 18th to pass out my first set of surveys, all those doubts disappeared as I was treated with respect and kindness from the professional support staff and residents. The moment I said I was a graduating senior at Occidental College, a Star resident I conversed with mentioned, “Hey, that’s where Obama went right?” The openness and welcoming environment of Star was so refreshing and heartwarming. That friendly environment was also apparent at every one of my visits to Abbey Apartments.

Because these residents and professional support staff shared their honest and frank thoughts with me, I developed this strong desire to try my absolute hardest to share their stories with the rest of the world. Several times during my data collection process I was reminded of my societal position in comparison to theirs. I was an undergraduate student at a recognized small liberal arts college and I had a roof over my head and food to eat. The very fact that I am in the

position to receive a quality education is a huge privilege and blessing that I sometimes take for granted.

Also, I had this desire to provide a platform for this particular group of individuals with such dynamic life experiences and so many more years of experience than me. But I also kept in mind that because I was the person accounting for their stories and experiences, I still held that advantage and power over them. Hence, this entire research process allowed me to “check my privilege” and know where my position is on this issue of chronic homelessness in Los Angeles’ Skid Row. I noticed that some of them saw me as this intruder into their safe space, and that reaction is completely valid given what I was doing – performing research on their community without of spending weeks and months of building that rapport like what the RSCs do on a daily basis.

STRATEGIES & RECOMMENDATIONS FOR POSITIVE CHANGE

STRONGER PRESENCE OF SUPPORT STAFF ON STREETS

The road to acknowledging that one has a medical or mental issue is a long and slow process for most individuals who have a history of surviving on the streets. RSC A mentioned that at Abbey, they are trying to take a slower approach with the residents. Be relatable, and be willing to visit the “stomping grounds” of the resident. The “stomping grounds” are the spots on the streets where resident felt safe when he/she/they were living on the streets. Building that relationship with the residents could be as easy as drinking a cup of coffee at their tent or in their safe spot. And the beauty of *leaving* the apartment facilities and entering the street community is that the homeless people will notice this. They will see that the staff at Abbey and Star Apartments really care for their clients and are interested in getting to know his/her/their story.

This is a form of PR that can reach the people on the streets. Not everyone is close to their neighbors on the streets, but it is inevitable that they hear about neighbors moving into buildings like Star and Abbey Apartments. And the moment they hear news of some of their neighbors who used to sleep right next to them on 6th street and San Pedro are now receiving a Section 8 voucher and pursuing a career as a chef, sports editor or some other profession, this will spark some interest.

BRAINSTORMING & DESIGNING INDEPENDENT LIFE SKILLS PROGRAMS

RSCs at both Star and Abbey Apartments agreed that the supportive services do for the most part successfully assist the residents in improving their health and overall well-being. But many residents avoid addressing their future as they are so often living not even in the day-to-day basis but rather in a moment-to-moment basis where the programs and resources at the apartments define their regular routine. RSC S at Star Apartments explained,

“they don’t know what to do with themselves. So having these [on-site programs] provided to them or just having case management services is something to give them a routine rather than if they were to move out to a regular apartment they won’t have those services.” (RSC S 2016)

This complacency and lack of grit present in significant degrees at both Star and Abbey are most definitely things the professional support services teams at both sites should address. When asked if more independent life skills sessions or classes are offered for residents eligible and considering applying for Section 8 vouchers, veteran RSC S at Star Apartments admitted that this theme might be a good idea to brainstorm for a future program. Because both buildings have experienced only a couple residents move out, there never was an immediate need to

focus on designing programs for the more independent and capable residents in the building. But with a larger influx of residents currently applying for Section 8 vouchers that are expected to be approved within the next couple years, the urgency to cater to this transitioning group of people is vital. With more programs that encourage people to consider preparing for life out of the SRHT apartments, out of Skid Row, and into a new community, the fear factor of facing reality can hopefully decrease as their grit factor increases. And with this, hopefully the residents can build not only trust in the programs, but in their own selves to pursue something more in their lives – whether it be re-entering school, starting their own business or pursuing an entirely new and exciting life path. For many residents this idea of stepping out of ones' comfort zone might be a little daunting, but a person must start somewhere to start a new chapter in their lives and challenge their supposed limits and push their dreams and aspirations.

MORE THERESAS, MORE RESIDENT AMBASSADORS/ADVOCATES

After speaking to Theresa and hearing and seeing what she does, I wanted to know how many other residents like Theresa speak on behalf of SRHT. The words of an actual resident with lived experiences on the streets and in houses advocating for affordable housing and more supportive services is so much more powerful than the words from any politician or public spokesperson. When I asked Theresa who can become an active advocate like her, she smiled and replied,

“...what it takes is one person who has dealt in the situation, been in the situation and knows what they are talking about. Not someone from Simi Valley with the alligator purse and crocodile boots. No, but someone who has worn torn tennis shoes and has known what it's like to go through the war of life. Because it takes a lot to be a soldier.” (Winkler 2016)

Theresa knew that those homeless in Skid Row will be more receptive to the voices of a fellow former chronically homeless individual than someone who has never lived inside a tent on the streets, ran from the police, and fought every day as it is their last. Hence, it is absolutely vital to have more people like Theresa speaking for the homeless people in Los Angeles. That way, the formerly chronically homeless individuals can have agency and speak on behalf of their own community. With more people like Theresa making lasting impressions on the Senate Committee and government officials like Senator de León, the fight to end homelessness can be more than just wishful thinking but a soon-to-be reality.

PEER ADVOCATES: THE ANSWER TO TRANSITIONING RESIDENTS INTO SECTION 8 HOUSING

For formerly chronically homeless individuals, it can be difficult to relate to the professional support staffers (RSCs, therapists, doctors, etc.) who did not share the same life experiences. Hence, the staff can be seen as distant and clueless in the eyes of the residents. Because some residents lack a relationship with their RSCs, some experience a fall out in the form of risk of losing their housing or a relapse in their health. In times like this, a Peer Advocate from the Peer Advocate Program is incredibly valuable.

What makes a Peer Advocate different from the other professional staff is that they experienced first-hand the life on the streets and the struggles that come with it. In 2011, Skid Row Housing Trust (SRHT) launched the Peer Advocate Program to specifically help new residents at SRHT's 26 sites during the extremely critical 90 days of transitioning from being homeless to being housed. As of today, SRHT has provided housing units for nearly 1,800 individuals in downtown Los Angeles. Like the current residents, peer advocates endured their share of homelessness, substance use disorders, mental illness and chronic health conditions (Kuehn 2016).

Jason Michael, the Manager spearheading the Peer Advocate Program, explained that the resident is able to share and express feelings to the peer advocate that he was not comfortable talking to with his case manager. Onto its fifth year, the Peer Advocate Program is continuing to match residents with Peer Advocates with common backgrounds to allow for deeper relationships and mentorship to occur. With the peer advocate acting as the middle-person between the resident and professional support staff, the resident is then able to overcome cultural barriers that might exist between his/her/their staff. One strong recommendation would be to increase the funding and support for the Peer Advocate Program as it has shown great results in its first 5 years. One of the goals this program hopes to achieve is to develop advocates that will specialize in health and wellness, support for veterans, community outreach, women's health and other specific areas that will benefit residents (Keuhn 2015).

Hence more support for this program would be beneficial in assisting residents into developing a stronger sense of independence. The goal also is for this program to build a strong network where residents transition into Peer Advocates in the future years to help the next generation of formerly homeless individuals entering one of the 26 housing sites managed by SRHT.

CONCLUSION

It is no secret that the issue of chronic homelessness is prevalent in Los Angeles' Skid Row. Numerous studies, articles, and conferences highlight the significance of this unfortunate reality, and this report attempts to find out why this is the case. The quantitative data proves that the Housing for Health (HFH) Program somewhat improves the health care resources and perceived health outcomes of the formerly chronically homeless population. In an attempt to learn more of *why* not all the residents felt that their perceived overall health is improving with the assistance of the supportive services component, more qualitative data was gathered in the form of interviews with residents and professional support staff members. This additional qualitative data proves that the support services are available to the residents at Star and Abbey Apartments, but many barriers – primarily mental barriers – deter them from utilizing the resources effectively. Over-complacency, lack of trust in the professional supportive staff, lack of grit, negligence of health, and the prevalence of the survival mentality found in many formerly chronically homeless individuals list some of the many obstacles that residents face every day. More efforts to assist these residents in maximizing their benefits from these amenities is essential. The Housing First model has allowed both sites to design a community that meets the residents at their level and work with them through the rehabilitation process. The Peer Advocate Program proves to strongly complement the Housing for Health (HFH) and Shelter Plus Care (S+C) programs at Star and Abbey Apartments to further aid the residents into developing a healthy, independent lifestyle. At the end of the day, the HFH program and S+C program both have their own strength as well as aspects they can improve on. Additionally, more financial support for the Peer Advocate Program is necessary to hire more specialists who can educate and equip more perspective peer advocates into becoming the bridge between the residents and professional support staffers.

This report has shown that the issue of ending chronic homelessness is a long and strenuous process where residents can easily return to the streets if not monitored regularly. Hence, the professional support staff working at permanent supportive programs – whether it be the HFH or S+C – must continue to collaborate and work as a team. With the RSC (or case manager), therapist, psychiatrist, medical specialist, nurse, and peer advocate all coming together to coordinate methods to assist every single resident deal his/her/their specific medical or mental issues, these programs hopes to help the resident reach the end goal – a Section 8 voucher and the start of a new independent life.

The Skid Row Housing Trust (SRHT) must continue to collaborate with other nonprofits to allow for a smoother transition from permanent supportive housing programs to a more independent lifestyle. In order to assist and house the near 13,000 homeless individuals in the Downtown Los Angeles region, not only do more units for permanent supportive housing have to be built, but the professional support staff must also continue to build a rapport with this vulnerable community. As this report only scratches the surface of tackling the issue of chronic homelessness, it is going to take additional years of collaboration between the health and housing sectors to find the most effective method, or methods, to successfully assist the formerly chronically homeless residents of Los Angeles' Skid Row.

APPENDICES

APPENDIX A
Housing For Health Survey (HFHS)

This survey asks about you, your health, and overall well-being. Answer each question, thinking about *yourself*. Please take the time to complete the survey as your answers are very important to me.

Getting to know you:

What apartment structure are you currently living in?

- 1 Star Apartments
2 Abbey Apartments

I've been living at Star/Abbey Apartments for:

- 1 3-5 months
2 6-8 months
3 9-12 months
4 more than 12 months (1 year)

Age:

- 1 18-25
2 26-35
3 36-45
4 46-55
5 56+

Sex:

- 1 Male
2 Female
3 Other: _____

Please choose the race/ethnicity that you most identify as:

- 1 White
2 Hispanic or Latino
3 Black or African American
4 Asian
5 Native Hawaiian/Pacific Islander
6 Two or More Races

Is English your native language?

- 1 Yes
2 No

What is your current marital status?

- 1 Single, never married
2 Married
3 Divorced
4 Separated
5 Widowed

What is your highest grade or level of school that you have completed?

- 1 8th grade or less
2 Some high school, but not graduate
3 Some high school graduate or GED
4 Some college or 2 year degree
5 4 year college graduate
6 More than a 4 year college degree

The following questions ask about how you currently feel:

1. In general, my health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Now, I would like to ask you some questions about how your health may have changed over this past year.

2. Compared to one year ago, how would you rate your physical health in general now?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

3. Compared to one year ago, how would you rate your emotional health in general now (i.e. feeling depressed, anxious, or irritated in any way)?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

3. Because of a physical or health problem, do you have any difficulty doing any of the following activities with the assistance from another person or from special equipment?

a. Dressing

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

c. Using the toilet

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

b. Bathing

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

d. Eating

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this act

4. Because of any mental, physical or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office, shopping, or taking out the trash?

- 1 Yes
- 2 No

5. Has your doctor or health provider told you that you have (please mark all that apply):

- 1 Hypertension
- 2 Diabetes
- 3 Asthma
- 4 Heart disease
- 5 Congestive heart failure
- 6 Cancer (Specify what type: _____)
- 7 HIV/AIDS
- 8 Hepatitis
- 9 Bipolar disorder
- 10 PTSD (Post-traumatic stress disorder)
- 11 Other: _____.

The following questions ask about the health supports that you are provided:

6. Are there on-site nursing services in your apartment?

- 1 Yes -> Continue to Question 7
- 2 No -> Skip to Question 8

7. Has your nurse assisted you in any of these activities when you asked for assistance?

- 1 Going to the restroom
- 2 Bringing medication
- 3 Taking medication
- 4 Delivering you food
- 5 Eating your food
- 6 Other: _____.

8. Do you have an on-site doctor in your apartment?

- 1 Yes -> Continue to Question 9
- 2 No -> Skip to Question 10

9. How often do you see your doctor/health provider?

- 1 Everyday
- 2 Few times a week
- 3 Once a week
- 4 One a month
- 5 Few times a year
- 5 Once a year

10. Do you have an on-site case manager in your apartment complex?

1 Yes -> Continue to Question 11

2 No -> Skip to Question 13

11. How many case managers have you worked with while living at Star Apartments or Abbey Apartments?

1 One

2 Two

3 Three

4 More than 3

12. Please mark all counseling programs you participated in with the guidance of the case manager:

1 one-on-one substance use counseling

2 group substance use counseling

3 one-on-one mental health counseling

4 life skills counseling

5 family counseling

6 Other: _____.

13. Please mark all treatment programs you participated in with the help of the doctor or health specialist.

1 mental illness treatment

2 substance abuse treatment

3 Other: _____.

The following questions ask about your physical as well as mental health during the past 30 days.

14. Keeping in mind your physical health (including physical illness and injury) for how many days during the past 30 days was your physical health not good?

Please enter a number between 0 and 30. If no days, please enter 0 days. An estimate is fine.

days

15. Next, considering your mental health (including stress, depressions, problems with emotions), for how many days during the past 30 days was your mental health not good?

Please enter a number between 0 and 30. If no days, please enter 0 days. An estimate is fine.

days

16. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, recreation, or other work?

Please enter a number between 0 and 30. If no days, please enter 0 days. An estimate is fine.

days

17. Do you feel that your living situation have positive affect on your overall health?

1 Yes -> Skip to Question 19

2 No -> Continue to Question 18

18. What barriers are in the way for you to improve your overall health?

1 Difficulty making an appointment with a doctor or health provider

2 Difficulty getting to a case manager's office

3 Difficult receiving prescription

4 Difficulty getting to a doctor or health provider's office

5 Difficulty getting to a case manager's office

6 Other: _____.

19. I would like to participate in a focus group or interview to further share and discuss my experience living at the Star/Abbey Apartments.

1 Yes: Please select the setting you prefer:

focus group (participate in a group setting of 8 people discussing topics related to this survey)

interview (one-on-one setting with just the student investigator for a more private conversation)

focus group or interview works for me

2 No

APPENDIX B

Interview Questions for Residents

(General script to inform the participants before passing out the survey)

Hello, my name is Audrey Hahn and I am a current senior at Occidental College in Eagle Rock. I am conducting a study that explores the Housing for Health program and analyzes whether the program improves the residents' access to health care resources and their perceived health outcomes.

This focus group/individual interview will be recorded for note-taking purposes later, and only my faculty supervisor and myself will have access to the content to the focus group / individual interview for further analysis. Your name will remain confidential but you can disclose your name if you would like.

I would like to remind you that this focus group/individual interview is completely voluntary on your part. You may withdraw your consent and discontinue participation at any time. Whatever decision you make, you will not have any penalty. You may refuse to answer any questions or refrain from commenting on specific discussion topics and still remain in the study.

Right now I am passing out a consent form that gives a detailed outline of the procedures and details of this survey. Once you finish reading and agree with all the terms, please sign at the bottom of the form.

Thank you again for volunteering to participate on my Final Senior Composition.

Questions for Interviews with Residents:

- How is your experience at Star Apartments / Abbey Apartments thus far?
- Do you feel that your living situation has a positive or negative affect on your overall health? Explain.
- Do you feel that you are mentally and physically doing better as opposed to your condition last year?
- Explain the last time you got sick or was in a poor condition and explain how you coped with the situation (the role of the doctor/health provider, case manager, etc.)
- Has your doctor or health provider assisted you in providing medication or assistance that has improved your overall health?
- Explain your commute to see the doctor/health provider.
- How often do you see your doctor/health provider?
Are there ways your apartment can assist you better in getting the health support you need to recover?

APPENDIX C

Interview Questions for Professional Support Staff

(General script to inform the participants before passing out the consent form)

Hello, my name is Audrey Hahn and I am a current senior at Occidental College in Eagle Rock. I am conducting a study that explores the Housing for Health program as well as other residential supportive services. I hope to analyze whether the program improves the residents' access to health care resources and their perceived health outcomes.

This individual interview will be recorded for note-taking purposes later, and only my faculty supervisor and myself will have access to the content to the individual interview for further analysis. Your name will remain confidential but you can disclose your name if you would like.

I would like to remind you that this interview is completely voluntary on your part. You may withdraw your consent and discontinue participation at any time. Whatever decision you make, you will not have any penalty. You may refuse to answer any questions or refrain from commenting on specific discussion topics and still remain in the study.

Right now I am passing out a consent form that gives a detailed outline of the procedures and details of this study. Once you finish reading and agree with all the terms, please sign at the bottom of the form.

Thank you again for volunteering to participate on my Final Senior Composition.

Questions for Interviews with Professional Support Staff:

- Tell me about the program you are a part of (Housing for Health or another residential supportive services program).
 - How many years have you been working here?
- At Abbey/Star Apartments, what do you do (job description)?
- What are some of the challenges you face in your job?
- Tell me about the clients you serve.
 - What are the (mental, physical, emotional) health challenges your clients face?
- What does the organization do to meet those mental, physical and emotional health needs of the clients? (i.e. case management)
- What are the challenges the organization face when trying to improve the well-being of these clients? (i.e. understaffing, underfunding, inexperienced)

APPENDICES D-F:
TRANSCRIBED INTERVIEWS WITH RESIDENTS

APPENDIX D - EVELYN HILLIARD
APPENDIX E - FRANK GUAMOS
APPENDIX F - THERESA WINKLER

APPENDIX D

Evelyn Hilliard Personal Interview - April 4, 2016 - 1:45PM

A: How did you come to know SRHT?

E: I will say of my experiences of being homeless and my mental health background. Once my children were gone, I experienced the empty nest syndrome. And what I realized what that my mental health had to do with having them as a single parent. So you have this drive, unspeakable, just do it. At the time that I had this mental health problem so I had become unemployed. I have spent many nights on the streets in shooting galleries. Those are people where people do interkinesis drugs where you can pay then 20 dollars. What you are trying to do is get out between the hours of the police. Then I ended up on Skid Row sleeping where I could in some people's tents and in shelters also. And then I had gotten ill, and I went to the ER. And the social worker there had directed me to the Star. This is where they you have to you your follow up. And met someone you, oh my gosh, Linda Stack downstairs. And what she saw, something like a swelling, like a homeless disease. Where you are not ever really elevating your leg because you are either standing or moving around. And if you do get to sleep and lay down, I think psychologically, you are not resting so perhaps your mind is not doing something to your body. So that's what it seems like to me. At the time, Linda saw an issue and recommended me to SRHT. At that time I was homeless right there in the corner and I got into the Weignart and had a program through Housing and Health. I guess I was in there for a couple of months then I ended up here. Being here has helped me what I realized was that I was able to be still. That is not something when you are homeless or unemployed, something you can do with a resting mind. Because your body can sit down but it don't mean it's resting. And here, even though you may not participate in the programs, you still know they are there. And that's a difference of not being there. You can decide to go to class and it's THERE, and how can you not love all of THIS no matter how well you are feeling. You can come out here and feel something. Look at how many flowers are down there period. So we are very blessed to have this building and we can come here even for just like 5 minutes. Just come out and see it because visual has so much to do with your health. I don't know why they come up with this project unless they know people to know that you need a place to rest, rest your mind and start working on you. And why was I homeless? It has given me the opportunity to sit back and go over some stuff and not be taking every day worrying where am I going to sleep. All the things are you are taking for granted when you are working and when you are taking care of your family and then it's all you. I know that some people that have drug and different addiction but to me they're all the same. Because anytime you don't know what's going on with you, there's an issue. I am diagnosed with paranoid schizophrenia, and I have dissociative disorder, depression, PTSD and a little bit of OCD. It took me from June to maybe a month for me to really get in with the people - I now know the design, I know the cleanliness, I know the people who are all there like a net. Just in case. I know, I still didn't trust anybody. This was my first time in a while being around people, and it's been a challenge, but I think because of the atmosphere I think it helped. The people within each department from the first floor, second floor, the clinic, if you are ready for help, it's there for you. If you're not, it's not going to do any good. And that's with anything - with smoking cigarettes, anything.

But I do want you to know you will see people where it doesn't seem like it's working for them. I've seen 15 people to only 1 seems to be getting it. I think anyone's lucky if you

find one person that's...benefitting. So I could say to tell people to don't get upset the many that you don't help, think about that one that you taught how to fish. Instead of giving them fish all the time, if one is taught how to fish, that should be efficient because the odds are odds no matter what it is.

A: How many years would you consider yourself homeless before coming in here?

Before here, I would say 5-6 years. July 29th of last year.

A: Do you personally have a case manager here?

E: Tessa. Henry...He did assist me with finding a psychiatrist. I was looking for a psychiatrist because I wasn't pleased with the one that he had but he stayed on it. It is not really him recommending but me finding one. I would say for anything that I needed, I never waited long. Never had to search for help, I could just go knock knock.

I have gained. I was one of the ones that got a laptop and these (glasses). Nothing but helped me in every area to help myself. To teach me to learn how to fish. I don't know what tomorrow is going to bring. Because of my mental illness, I can't always say I can do this or that. I would like to go to school to perhaps to be perhaps a certified life coach. See this I never thought about that I can help somebody. But seeing how you can be helped. I could help somebody because I went to a Peer 4 Peer. And I said something, and they said that really helped. That's all you really have to do, just don't be afraid to tell your stuff and then you'll find out someone else had that stuff that you don't wanna talk about and so it was like okay. So if it's that's as easy as it is, I think I'm gonna do that!

E: I'm not a joiner, I'm not a participant. Only if one of my other personalities then maybe...And I am making sure I did this for you because I understand it's hard to get people to talk about themselves because they think your looking at them and criticizing something. Until you get to that point where they didn't care what people think, they you can tell them about yourself...

A: When you attended Peer 4 Peer, what was your experience?

E: Oh I enjoyed it. I was very glad I went. What they do is they are not really understanding how to get people out of subject...I've been to bingo. I am not a joiner. I go depending on who's running the vessel that day. So they get a subject, the particular subject: it was what makes you happy. I was able to express things that I found while living here. And I thought to myself, what does make me happy. So when you walk into my place, there's Christmas, there's a symbols of birthdays because...I wake up and if I wanna see Christmas, then it goes there and makes it alright. Everyone spoke of what made them happy. And then you get clues and think, oh well maybe I'll take that and see what it does for me. Or you hear from another that maybe what you say can make them happy. And so it was a good experience. So what I've gathered and from others is that when people go, they seem to enjoy what the feedback or else why would they keep going? Cuz if not, it would be just donuts and coffee. For this you gotta get butt naked. It's one thing when people go into their own private rooms. But you see here you see those people in the elevator. So that's why I think it's a little easier for you because you

realize it's a little more intimate. And they don't want their stuff out as you do. So there is an unwritten thing where it's like shhhh we leave this here.

A: Is this person in Star Apartments?

E: I have an appreciate Star for my medical but I would never do a psychiatrist or medical doctor in the same company or corporation. I think they would get prejudice with some information they already have.

A: How far is your psychiatrist? How often do you see them?

E: Let's say on the train it's about 20 minutes, and once a month because I am not in crisis.

A: And for your medical doctor, how often do you see them?

E: I see them as needed.

A: Have you had a good/bad experience with them?

E: Excellent.

A: Is there a certain doctor that you talk to?

E: Linda. When I was referred here for my follow up, she was the one that I was assigned to. It was a blessing. And then it makes it good that it's right downstairs. And it can't get any better than that.

A: Where do you see yourself for maybe a year or now?

E: I'm giving some thought to being a certified life coach.

A: Do you still see yourself staying at Star or finding your own place?

E: That's unknown at this time. Because there are so many factors to staying here. Oh my god, how much closer can you be to your transportation? And then the utilities come with the place. There are so many bonuses...so really if my health is okay, then I would probably give it another year but I wouldn't see myself longer than that because if I get the profession, truly I would be moving up. It all depends on what happens in 2016.

I would have to say what I said before: if you are tired of being fed and you wanna learn how to fish, this is the place to go. This is the system that I believe will enable you to you that if you're ready. And if you're not, they're here for you until you can. That's what I would say to them.

E: So many people have so many skeletons they wanna hide. Things they haven't faced yet. People get misquoted and you never know what that's gonna do down the line. That's why because where I am in life when these opportunities come up and I know you are doing this for a reason, you're trying to help. So that's my part of helping. Because I know that if I help you, you can help someone else. And some people don't do it not because they don't think you. It's because they're afraid. You'll be surprised by what people are afraid of. That little bitty kid things that's been with them all these years. Even if you tell anonymous, you know how many times people have been lied to about this. So much distrust to get people to participate...I know it's that one.

A: Do you see anything that Star can work on?

E: Nothing is ever going to make everybody happy. That is something that someone has to realize...If you got a problem, you take it to the person you have a problem with...Of course here are probably some things that need to be fixed or bugged in...

E: Maybe if we had more acknowledgement when people are coming in here. There was an incident it was a Saturday. Well when you come in here you have to let us know because I'm paranoid...My complaint is not knowing when someone is coming into the building. We don't count for courteousness or need to know. We forget about those little courtesies, how to treat because of this or that. We are still humans that deserve courtesies. Each thing, from the top on down, well let's have some consideration trickled down to and not just numbers, not just statistics. These are human beings, whether we are good, bad or indifferent.

APPENDIX E

Frank Guamos Personal Interview - April 11, 2016 - 1:00PM

A: How did you come across SRHT?

F: How I got here was...I'm trying to think of dates. I think it was around 2012. I was still working but I started to experience physical disabilities as far as working. Literally holding tools, concentration and I was diagnosed as being diabetic! High blood pressure, Thyroid problems. Just the works from all the good eating that I had done from all the years. That's what it really came down to. And it just happened to be 9/11, in that period the whole economy seemed to be dropped out. And I was in the office furniture business as an installer and the business suffered because there was no business. I had moved around to different companies but I was working continuously and it seemed like I was always at the bottom of the totem pole as far as being given work on a daily basis. I wasn't getting my 40 hours which I survived on. It seemed like it got less and less and less. Within that year, I was working for like 5 companies and depending on who was calling or who would answer the call. And at this time I think all the stress thinking about the rent, food and everything else it took a toll mentally. I was exhausted mentally. And the physical part took a real toll. And it got so bad I started drinking more and started to use drugs. I kind of really physically beat myself up with the abuse and I ended up being evicted from my apartment and moving to a small apartment which had no kitchen and I was there for 6 months. And my sister called and said would you like to move because my son is moving out and so I lived with her for 2 years.

And it seems like things have gotten better physically and then I wanted to my doctor I was taking medication but I still had these physical limitations of doing things. And of course going to a company and being at the bottom of the totem pole I wasn't get a lot of work. And I discovered unemployment as far as drawing unemployment and also food stamps and GR which are free money, free food. So I ended up getting on that and it seemed like I was depending more on food stands and the GR program than I was searching for work. I wasn't abusing as much, but it seemed like my physical capabilities were limited. And then my sister moved and then I ended up in Bell Gardens with a former friend and I couldn't pay the rent so he asked me in a roundabout way, to give up the room that I was renting. And I think what happened then was like I was out on the cold. I was ashamed of myself so much that I didn't ask my family for help. And I think it was shame and pride that I ended up knowing about SR and how they can house you and feed you here. And I came down and just started to patronize the shelters here and it became a routine for two years. I would bounce from shelter to shelter to shelter and there was no work and I got into a routine of survival down here and I did pretty well. I stayed out of trouble, I didn't do drugs, I quite drinking.

I would frequent a place called St. Vincent's Carnal manning over here on Winston and I met some really nice people who were working there. And they that's when the housing program here in Los Angeles I could say that it grew when there were building places like this. I will credit this one young man who was almost my savior. His name was Conner Johnson and he accepted me in the program there where I can live there for a year until something opened up where I would have housing and I was there and doing volunteer work and just kind of like basically going to the library a lot and reading and then I would

visit my family and again I wouldn't; tell them my situation. And then this place as being constructed and I would admire from the street and I would go, Wow, look that that design, that's crazy. And someone goes, you know I'm on the list. For Housing. Oh, I didn't know they're on the list...So I looked into it and Mr. Johnson said that you know they don't have any record of you as far as applying for housing. And I was like Oh my God. I worried about it a little bit and I said well I'm in this shelter and I can probably stay until I get housing so I didn't feel so bad. But then he said that I have good news for you. You are on the list. Not only that, but you are going to be housed here at the Star and he told me about all the amenities. And I was so elated. I thought it was Christmas ten times over. I wanted to kiss him. I was so happy. I wanted to cry I was so happy. And it took a few months to get in here and I came in with a group and they picked a couple of apartments and they gave me a choice of two and I picked one on the 6th floor and I was just elated. And financially, I was still on GR. But the rent was so cheap. Dirty cheap. So just the stretch on the money and food, I was dependent on St. Vincent for feeding me three times a day but now I have to feed myself. And luckily there was food banks that you can take advantage of and stuff like that. I wanted to live another normal life add just be a good resident. And I think I have. It is really nice and everything but the neighborhood being what it is--every time I walk out that door, it's a shape every time I have to watch my back. The violence down here. It kind of like made me want to move. And so what I did was I looked into Section 8. And when that comes up and if I qualify I would like to move out of skid row and pursue a normal life outside of here. I met some really nice people here. A lot of employees or I should say volunteers, you know, I'm gonna miss them. But we are doing alright. I enjoy it here and it is a little loud at night...And some people, they abuse and that's a shame because they can stop anytime. And I thank God for the strength that installed in me that made me choose not to abuse. And you know reconnecting visitations with my family and taking and stuff for the last few years, it's great. I tend to beat myself up for not being more receptive to conversation. I was always afraid of them asking where do you live. I live here but before I lived here I was ashamed, I would lied about where I was at. But this is great. Personally I think this is the best place in Skid Row. And A lot of people envy me. And they say, you're lucky. And I say I have no luck. I've been blessed by God. He allowed me to come here so I'm gonna make the best of it. So that's it.

As far my as my story. Just I go to senior center and participate in programs there. Dancing, shooting pool, they got a computer lab, they got guitar lessons. And all this had been there available that I've been here until a homeless person that was still homeless invited me to shoot pool and that's how I discovered this place. Sometimes I feel that I don't want to go there too much because I don't know, I see other people there that are unruly and make noise. I've always been afraid of being guilty by association.....they have dancing like 4 times a week. Different ethnicities. You have Korean, Filipinos, Chinese, Latinos..they all seem to dance to the same music. And it's great to just watch these people elderly and not so elderly just have a great time. I feel good, I feel good going there. It turned out to be a blessing to discover this place.

A: Thank you so much.

F: You know, I don't know sometimes I can be a big mouth. I think I've gained a little more control especially if you haven't seen anyone in a while and you want to tell them

all your problems and stuff. They have programs for that. If you just want to get things off your chest which is great. But living here it's the best.

I get out and I come home when I want to. No set hours. Though I am not really a nighttime person. But in the summertime here we have a lot of free concert that are all over the city so I would travel to these venues to hear music and see people and it's great. Just to get out. Sleep better.

A: Do you have a case manager here?

F: Yes.

A: Who's your case manager?

F: Levi Otis. He is so cool. He should be on TV or something because of his personality. He could do commercials. Some people just explode with their personality and I admire that. I think it's from being withdrawn for such a long time, I feel shy but over shy.

A: Do you the medical services that they have at the bottom floor of Star Apartments?

F: No, no. I used to have LA Care. And then I might have made a mistake because I thought I would go to Kaiser but I found that they have copay. And being on a budget, that doesn't really work too well. So I talk to my regular doctor and he's like, no that's a good hospital. But they are just a little bit expensive as far as I'm concerned. If you finances are stable or set ,a little more than I am getting, it would be a good place. I think what I am going to do is finish off this year with them and then move back to LA Care.

A: Okay, so you used LA Care and Kaiser, but you never used the Star services here?

F: I went down there one time and I was having blood pressure issues and I have a meter and it was an electronic meter. I was like whoa, let's go down to the clinic and ask if they can check my blood pressure. So I got around there and they refused me. You had to be a patient there for have their insurance that covers that. I felt like wow..I understand that. So I was kind of like a negative thing for me. I'm not saying they don't help people there. But I've never used it. There's some people here go there and man they have nothing but high regards for the people there which is great.

A: And is your doctor close to here for you to go on a regular basis?

F: No. I have to make an appointment to see him. Which is coming up pretty soon. There are a few things I need to do which he requested. That would be FREE with LA Care but they are going to charge.

So I am reluctant to make these appointments. I don't want to spend the money on myself even if it is preventative medicine. What's up with that? Part of my brain is locked. But I am doing better. I like going to Kaiser. Usually, when I get in a certain time, I get on time and everything seems for be working pretty good.

I was always going to the County Hospital. Of course, I personally think they have some of the best doctors in Southern California. But the wait time is pretty long. I am a pretty

patient person. So it was a change going to a clinic I used to go to and go to Kaiser. And it's just getting used to something...it worked out alright.

A: Would you say ever since you came to Star, your overall health has gotten better?

F: Yes. I had some issues that I no longer have. I was diabetic and I ended up not being diabetic. My AC1 when from I don't even know how high it was down to 6-1 and he took me off quite a few pills. But that was a mistake because I want hog-while. I started eating everything. It was what they called a "see food diet". I see food and I'd eat it. I put myself back up there. Talk about dumb. But now we are slowly coming back down but anyway we are gonna try to get back down to that. I take like about 7 pills everyday. I was taking 12 or something like two years ago. And then some of the milligrams were cut in half. We are still a lot overweight. What I try to do, we have a track here. I don't even use it. When we first used in, everyone was crying about exercising. But nobody uses it. I saw one guy in there one time, and he was texting. But for me someone like me.

I think I get too comfortable upstairs and I tend to sleep late more than a normal person. When I was in the shelters, 4 o'clock time was get up and get out. But when I first moved in here, I was up at 4 automatic but what are we gonna do. I had no TV I had no amenities. So I would go to the shelters and return to the shelters. And I got a TV and I became a homebody which is a blessing. In order to get your own kitchen and your own restroom. I told someone that I would rather have my own restroom than my own kitchen because of my conditions. I've been blessed for getting in here.

F: This doctor I'm seeing now. He's new so I've only been there for 6 months. And plus he's an older doctor. I trust older doctors being an older person....along the lines of they didn't seem to know. This guy at Kaiser was an older man. I tend to elaborate a lot as far as my conditions. I'm sure he's seen it all before and heard it all before so it works out okay.

A: Do you attend any support groups for mental health? Does Levi help you get connected with other programs here?

F: I've never dealt with mental health. When I first got in here, I wasn't really a participant of any group program. I was when I was at the shelter, it was mandatory to participate in groups over there so I would. But when I came here, I felt very uncomfortable. They would just like me just ramble on something that got nothing to do with it. It irritated me, and I was very impatient. But for some reason, I don't know I would do the fun things like bingo. Prizes. I would do stuff like that. I think that's what turns me off is listening to other people that have stuff like that. I would have to bite my lip to express my thought of what their problem was. I thought, you are not the one to elaborate with that. I don't wanna get personal. I'm like, stupid stop drinking!

A: I know different people have that ah-hah moment when they realize they should stop using.

F: The moment of clarity..I can't tell you when it happen, but it happened. And looking at the people down here and seeing that, I don't wanna end up like that. There are people that love me that I love. God loves me and I wanna do well. I know a lot of people here

that have addictions. They are good people and they are super intelligent and I admire them for their talents and intelligence but they are so destructive to themselves, I feel bad. I don't know, I think that's what keeps me straight.

A: What kind of things can SRHT do to convince these people on the streets to get housed and really go on a better path?

F: I think that friend I have, I've known him going on 6 years or more. And he's still homeless. He explained to me his situation. But I never really felt to ask him why he doesn't get housing. And I invited him over. I had him over for Sunday morning breakfast. And in the back of my head, maybe if he sees what he can have, he can get the same thing. But I don't know, there's a few people that I associate with and they are still out in the streets so I try to invite them in to do a little something different. But they have their own agenda. I notice the people I associate with, they do things. I don't sit on the corner, they do things. That makes me happy.

A: So many other housing facilities are really trying to fight for funding for housing. But will the people really want it though, will they use the services and amenities?

F: Yeah, I'm not trying to point a finger at people or be judgmental, but I've noticed that the tent city has grown incredibly, so much. I think what happens, just like me, I got comfortable going from shelter to shelter to shelter. Thank God they accommodated me. If I win the lotto, I would give them a nice healthy donation in return of everything they did.. That kind of stuff.

A: It is so much harder for even a doctor of a college student like me, it is hard to relate. It is about helping people realize that housing can be one less thing to worry every night, where to sleep and things like that.

F: If I remember right, I refused the first time you asked. Then I was like you need to help and help someone else.
Can I ask you something? What made you to decide to go into this field?

A: I served at Love LA through church - food banks that work here on Sundays -- burgers
Even after a month passing, I would see so intrigued by their stories. How rich their stories are, where they come from, all the experience they have. And because of one misstep can cause a completely lifestyle. And I was thinking, why do we only come to serve a few hours one day of the week.
Ever since then in Skid Row, I've seen how it's affected people from the outside. I wanted to hear people's stories and create a platform as little as an undergraduate student. Maybe spark more of an interest from other peers to invest in serving this community and finding a job here.

F: He went to UCLA to do that. He came to work for SRHT and the ball kept rolling and he ended up with the county. He said for homeless planning.

A: help people get better mentally and physically. Doing everything possible to make sure that route is as smooth as possible. We already know that there are so many boulders,

roadblocks your way, that as one community, as LA as a whole, it is our duty to help make that transition smoother.

F: On the corner of 7th and Wall, they are going to have another complex. I'm glad that it will be a regular building. The only sad part, one of the best eateries will be removed. The food is good and a good price.

APPENDIX F

Theresa Winkler Personal Interview - March 29, 2016 - 3:30PM

While I was quickly opening my notebook to take notes of the interview, Theresa sifts through her photos on the phone to find a particular photo.

T: We were a couple hours before Kevin Deleon's office, the Senator. I speak for mental illness and housing and work with downtown mental health. Because when I first got housing, I didn't think anything was wrong with me. You couldn't tell me that, okay. And when I got my housing, it was getting me seeing doctors and that was when I found my problem.

A: How long have you been living in Abbey Apartments?

T: I've been living here maybe 4 years? But I lived in one of their other sites for 2. So I've been in SRHT for almost 5-6 years, something like that.

A: Do you mind sharing the process of finding SRHT? And how you initially got housed?

T: When I found my housing, when I had been in jail came out of jail and had decided when I was in jail I needed to change my life. When I came downtown I came to the Union Rescue Mission, I didn't expect for authority or rules. And the lady was like it was time to go to bed. And I was like who are you talking to, and I was determined to stay clean and sober so I went to the VOA. Volunteers of America and everyday until I learned some kind of respect for other people's houses, let's put it like that. They would pull me into the case management office. And they told me one that that I could go down to SRHT. So I came to one of the office and an old friend of mine was working in the office and she was like you better be in here every week and sign up. And I was like sure okay. So I was still living in the floor in the VOA and then they called me and they say we have a place for you. And I was like, so excited, you know. And I went to the apartment and interviewed me and they were like you can move in today! And I was like right one! I was so excited. And they told me about the meetings and the groups and how they ran together and everything and the next day I came downstairs. And the lobby was filled with all the residents, I was like oh my god, did I miss something. I was in panic mode and the property management was like no, we're just going to Las Vegas. I was like what the hell! Cuz I've never done anything like that in many years because of my drug addiction. And I got on the bus and I suffered from epilepsy, and the way up it was a turnaround trip. On the way up there I got a seizure on the bus. And I was okay because the only thing that bothered me was that when we got there everyone kept bothering me. Are you okay? Are you okay? Are you okay? I was like leave me alone I wanna gamble my pennies you know. Because it was new to me. I had never been around a setting more of a family like setting. And to me SRHT represents a family setting. And I met my husband at my very first writing group I went to. He was a resident there and he was the leader of the meeting. And I just said I was going to marry you and he said I was crazy and I said maybe so but we are going to be married. And a couple years later, we got married. The best thing I ever did. I still live here, he has his residence is somewhere else. But we basically go back and forth, here and there. Sometimes here more than there. But we stay together basically. He is behind me with everything I do. Supports everything I do. I

haven't got back to school because of my own insecurities. Right now what I am doing as far as speaking up and speaking about homeless advocate is important because if a person like you isn't going to understand what it's like being a woman to sleep in the tents and wake up with a man you've never seen before...And the public needs to understand women, especially women, I have a passion for young women. I don't want to see young women on the street. I started on the street young and I don't want to see other women. That's why I do what I do.

T: I will show you when I do that. Um, cu I work with SRHT, CSA, RUN which is Residents United Network. When my 7th year of recovery came up, the day after that I was in Washington D.C. in the Senate committee. And I had George Washington over here and Benjamin Franklin over there and the senate committee in my face. And I was sitting there crying my eyes out. And the man was like why are you crying? I'm like sir, if you told me 7 years ago that I would be doing this, I would have asked you for some of that dope you were smoking! And he started laughing, and he said Miss Winkler, I'll never forget you. And I said that much I hope so. And it is awesome, I kick myself a lot but I always have to remember how far I've come around. So yeah and it's really nice to show pictures and show pictures. When we did a speaking engagement at the Star Apartments, with Senator de León a couple months ago and that was so awesome because I got up there and I was speaking for...That was at the democratic convention up in San Jose. And he was down here at the Star Apartments and I was speaking about mental illness and how housing can help a person's mental illness. Three days later, I got a phone call with an invitation to San Jose. And I was like who's inviting me to San Jose, and it was Mr. de León. And to be able to acquire that relationship with society again and be a productive member is really awesome. Especially when you felt that you weren't worth anything, you know.

A: Are there case managers at Abbey Apartments or medical doctors.

T: Yeah! Our doctor is right downstairs for our mental health. We have Dr. Jimenez..we have a psychiatrist and psychologist on site. It's not everyday but a couple days a week. But and between those two, those two were able to pull in all the flaming arrows. And my primary care giver is somewhere else.

A: Do you feel like you have the accessibility and getting the support getting there (the doctors, support wherever it is)?

T: Oh yeah.

A: Do you think SRHT in general - with Housing for Health and Shelter Plus Care - do you think they do a good job at providing the resources to get to these places.

T: Oh yeah. Very good.

A: That's (Star Apartments) become more support from staff as they have a really good program here. Do you think that's a good track for SRHT?

T: I think that a lot of older buildings need to be refurbished and renovated but you can only start at the ground and it takes a lot of money. And where is the money coming

from. That's where I enjoy talking to people. Can you guys stop buying \$10 cup of coffee and start donating of that money into this fund for this purpose. That's where we have to go where we are going to go with it. SRHT has been doing awesome. With the Persian up on Main Street. It was an old hotel and they had renovated it to it's glory days today, it's wonderful. But I am not going to say if all the buildings can all the buildings have on-site medical. I'd say it'd be ideal but it's unrealistic. We have 27 or 29 buildings. We are not going to have staff at all buildings. We have staff 15 buildings. I think that's a realistic number. 15-17.

A: Staff come here 2-3 times a week and they go to other sites. And that's really helpful -

T: Yeah! Yeah!

A: How often do you see your psychiatrist/psychologist/health provider?

T: I see my mental health providers. Ms. Kara, my psychologist, I see her whenever I am going through something. If she is sitting in her office, she has an open door policy. Because it's like oh my gosh I think I'm going crazy, who do I talk to? I know I can come in, sit with her, come up with a solution. And okay. Everything is all fine. Dr. Jimenez, I see him once a month.

A: Do you feel like, other than money, there are other challenges that SRHT and Abbey Apartments has in this shift to mental health? Do you feel like there are any challenges to continue these programs other than financial? Do you think it's on a good track?

T: I think it's on a positive track as long as we if we can keep pulling the people off the street and ending what I am looking at across the street. If we can get more of these people into these apartments, now we are not going to guarantee that those people will stay in the apartments, but they will get housed. And that's where the new act of Housing First (HF) comes in. HF comes and it's an important rule because if you have HF, just because of that housing doesn't mean I'm gonna stop using drugs. Cuz some people don't wanna stop. So we have to take all those things into consideration and let those people find their own ground. So I feel that we go with the HF, get people off the streets, let them find their own footing and then move from there cu you can't take a horse to water but you can't get them to drink. You can give someone housing, but that don't mean they gotta live there. Or their gonna pay the rent or they're going to comply by the rules. Because some people will not comply because for some people, their mental illness is long gone. Some because they just don't believe in the system anymore. It took me a long time, when I first moved in there. I had an awesome case manager. I would go in and I see her every week. I would go okay, what is it you want? And she looked at me one day and she put her hands on mine and said, do you think I drive 2 hours and drive home 2 hours to sit her and look at you and not try to help. And I had to think about that. When people are taking time out of their life to come down here to help me, maybe I need to grab hold of that. And then I started opening up and realizing there are avenues but it takes a lot to get passed those barriers. Because I wasn't going to trust nobody. Because 'Skid Row Housing Trust' - the word 'Trust' I didn't believe in. But yeah I think I changed. You just gotta get passed the barriers. And what it takes is one person who has dealt in the situation, bin in the situation and knows what they are talking about/ Not somebody from Simi Valley with their alligator purse and crocodile boots. No, but

someone who has worn torn tennis shoes and has known what it's like to go through the war of life. Because it takes a lot to be a soldier.

A: What is your title when you go to speak on behalf of SRHT?

T: SRHT ambassador/advocate.

A: For the last 5 years, it has really shifted to focus on the mental health aspect of it. And do you feel like what is the most efficient way, one their housed, to get them to use the on-site services.

T: That's where advocates and peers would be helpful. In the office downstairs where they bring in new people and they, okay let me introduce you to our staff. This is an advocate and she's a resident and she's here when you need her. I don't want to talk to you. Okay, anytime you need to talk or need to know where you need to know just let me know. And they can come knock at your door and find out what avenue they need to reach out at. Why don't you go try this? Why don't you go try that? Because when they don't have the avenues, people start to through their hands up and go I don't wanna look no more. People get disgusted and get impatient if they can't find the juice right there, I don't wanna look. If you ever had a boyfriend, honey, where is that.. and he looks in the cabinet. And he looked in the cabinet and not there honey. Well maybe if you move things around, you mind find them. Sometimes we need to move things around to help them to look for it.

A: Do you think the case managers and all the support team here are doing a good job assisting?

T: I think they're doing an awesome job.

T: All I can do is speak about myself. To know who I was, where I was, what I was and where I am today. Are like two sides of a coin and to be proud to say that if it wasn't for - and I give credit where it's due. If I hadn't gone to the union, I wouldn't have put my feet in the pool. VOA, then I started doggy paddling and then when I got by my apartment, I started swimming and ever since then, I'm going to keep swimming. And I'm not gonna stop swimming. And there are so many outreaches here downtown...Right now I am in the middle of getting my dental work from one of the offices down here. And it's so easy. And all you have to do is have patience. And you have to have the willingness. Do you want to change and better yourself or do you want to stay where you are. And that was by biggest thing: did I really want to change? And I am thankful that SRHT has helped me change.

A: Thank you so much. And it's awesome to see how you are helping SRHT too. So it's a cycle.

T: I hope so.

A: It means so much when a person says it, when the person who lived it says it. It then is more than a number.

T: Numbers don't mean anything to a person who doesn't understand what those numbers represent. When I see the number 10,000, and I'm looking at just 10,000 homeless in downtown Skid Row area - lot of people. And there has to be a solution. And a lot them have suffered from mental illnesses and a lot of them don't know they have it. Like I said, I didn't until my doctor told me, what are you talking about? You're crazy! I'm not crazy!

**APPENDICES G-I:
TRANSCRIBED INTERVIEWS
WITH PROFESSIONAL SUPPORT STAFF**

**APPENDIX G - RSC S
(RESIDENT SERVICES COORDINATOR AT STAR APARTMENTS)**

APPENDIX H - RSC CORRINA GONZALEZ

**APPENDIX I - RSC A
(RESIDENT SERVICES COORDINATOR AT ABBEY APARTMENTS)**

APPENDIX G

RSC S Personal Interview - April 1, 2016 - 10:30AM

A: What you do and how long you've been working with SRHT?

RSC S: I am a RSC. I've been working here for 5.5 years going onto 6th on August 30th.

A: Did you start at Star Apartments?

RSC S: Actually, no I started at the old Pershing. When I first started working here, I had four buildings. So a caseload of 40...around 42-43 people. I was there for 4 months then something happened with another RSC where they needed to make a quick change or decision for their own safety. So then they moved me to the Rainbow on San Pedro. From the Rainbow, I was there for I wanna say 2.5 years. Then I took over a program called On The Move Program which is a Health and Wellness Program that the Downtown Women's Center was in collaboration with SRHT. It was for 2 years. I was only there for 6 months because the person who started it was moved to another building so he was unable to continue the program. So I finished that for 6 months and I was placed in one of our oldest buildings which is the Saint Mark's Crescent which is on 5th and between Crocker. I was there from mid-January of 2013 until Aug-September. And then we started the whole process of the leasing of the Star. I am one of the only original case managers since we started the lease up. I helped with the entire lease up of the Star when they moved in and I am the only one who remained. Because everyone either moved away or got another job. I saw it from the ground up.

A: With the Star Clinic located right here and having the residents living here. Can you talk about the pros and cons? And how it feels to have the services right here, present?

RSC S: It is a really big benefit because our population is either really sick or they just find it hard to just get to the doctor. And at the Star Apartments, most of our residents were frequent users of the ER so we are trying to minimize that. That's why they started Star Apartments. That's why they got most of their referrals from those users that were in the hospitals for so long or so frequently. That some of them don't go to the ER anymore because they are seeing their doctor regularly which is literally next door, y'know. But then the cons are that, because they were next door, people felt entitled like "you need to see me right away" or "I have an emergency" when the clinic is not just for the Star. It's for outside, y'know. So now it's getting more busy. Before I could just schedule an appointment and it's I'll see you tomorrow. Now it's starting to get, like in the other clinics, a week or two out. So residents were very spoiled I guess in the beginning and now some of them are like "well, I don't wanna go here anymore" but some of them are very pleased with just having their doctor there.

The pro about it is that if people have been seeing specialists or any special doctors for certain things about their own health or medical issues, that were connected with DHS hospitals or stuff like that, they can continue to see those doctors because they are connected with Star Clinic. So for people that were seeing the specialist at LAC or USC, they can continue to see them because they are connected to the Star Clinic.

A: I was reading how this program with the case managers and specialists, I read that you guys have a wrap around concept where you guys all talk together to speak about a specific patient and his/her situation. Do you have a relationship with the specialists at the Star Clinic?

RSC S: We do have a close relationship. Just today, I had one of the doctors or nurses call me because one of the residents needed another refill of her meds when she is very manipulating and she is in an addiction where she is using her meds for that. So they can't staff split. They are not going to get the meds from me, but they want to get the real story behind whatever they are going through. So like if they came and told me hey, I lost my wallet. I was able to validate that for her. But there is a close relationships where we can communicate where we try to work as a team with DHS, Star Clinic and us as case managers. Because our motto is intense case management. Doing everything, going above and beyond for the residents, for their well-being. To maintain them in their housing and also help them with whatever issues - medical or mental - and getting them connected to whatever resources.

A: Was Rainbow under Shelter Plus Care? What is Star under?

RSC S: This is Section 8 Mod Rehab. It is project-based voucher. This one is a little different because it's new, one. And two, it is under DHS, even though it's Section 8, people get confused. Well, it's my Section 8, why can't I love and go somewhere else with this Section 8? It is not a Section 8 where it is attached to the resident. It's attached to the unit. So it's not like they have their voucher and they can go move wherever they want. It's when, if they plan or decide on moving out of Star Apartments, they are no longer have Section 8. So it's not attached to them. So it's not like when they go to the Housing Authority and apply for a voucher, and they give them a voucher, they can move wherever they qualify for.

Shelter Plus Care is a program. It's not Section 8 or anything. It's a program and they have to meet the requirements of whatever the grant is asking for. The DHS is a little more intense. Certain Section 8's, like the old Section 8 don't require them to meet with their case manager. They are only there if they only need any assistance or if they want to have a case manager. Here, it's not required of them but through DHS, it is sort of required, and they do have to meet with us, and we do have to see them, and we do have to follow up with them. It's very intense where we do have to send in a weekly report of all the things we've done. If we followed up with them, if we've been meeting with them, if we haven't seen this person in a week or two, how come we haven't reached out to them or checked in with them just to make sure they're okay. And that's how Shelter Plus Care is, and they are required to meet with you, they are required to track their activities. They have a tracking sheet where if they go to the doctor, the doctor needs to fill out and that gives the case manager has proof that hey, John Doe has been going to psychiatry. He has been going to an AA meeting or going to SRHT groups. And then I have to bill for that.

Here, the only way we can see is through the sign in sheets. But if they can tell me, hey I went to my doctor, maybe the only way I can see is if they did or not is if I see their prescription or their medications being updated because if I see up to date meds and not like two year old meds. It's kind of, a little bit hard because we do have to kind of go

based on their word. Because we don't have paperwork indicating that they went to the doctor unless we know that they are seeing the doctors here then we can just get in contact with them. And we can go like hey, is she really going to see you? And they're like yes.

A: For the residents here, do a lot of them hope to move out and have housing? What is their mindset coming into this?

RSC S: It varies. Some of them are really sick and now they're just trying to get back on their feet. They are applying for their voucher and they don't like the area and they do plan on moving out of here. Some people have been homeless. They don't have no family, no friends, no nothing. So this is home to them. They don't intend on moving anywhere. They just want to live a better life than when they were living in the streets. Some of them did end up becoming homeless due to drug addiction or mental illness so they just want to get stable on that and get the help they need on that and then move out. I know one resident...he got his voucher, but he put it on hold because he doesn't feel like he's ready to move out and go out to the real world. Because some of these people, all they've done is work they're whole lives. They don't know what to do with themselves. So having these groups being provided to them or just having case management services is something to give them to do like a routine rather than if they were to move out to a regular apartment they won't have those services. And I just sat with a client yesterday saying that I complain about living here because I am not used to this atmosphere and I am not used to being around people like this and I never thought I would end up in Skid Row. But now that I can possibly get my voucher, I feel like I've been complaining about this, but am I ready for the real world? I have so much access to services here and even then I sometimes I feel bored that if I were to be out there, then I would really have to put an effort and I would have to be the one going out there to do something with my normal routine rather than having services just handed to me. So she's scared.

A: Are there any life skill programs or groups the help them prepare to be more independent?

RSC S: No. The thing is that we haven't brainstormed because we've only had a couple residents move out, maybe 2 or 3. That might be a good idea to brainstorm because I know that a lot of them did apply for vouchers so they might be coming up and they might be moving out. The thing is that we were without case managers for a couple months.

So now we are a full team and they're all new so they are barely brainstorming on what groups they want to start up and running for the residents.

A: During your time here, have you seen patients benefiting from the services? Have they been improving a lot?

RSC S: It's like a 50/50. When we first opened, I know we had like 6 or 7 deaths because of how sick they were. They deteriorated. Even though they took care of themselves, it was almost like it was their time. The only positive thing we can look at is

that they didn't die in the streets. They died in their home. And somebody was aware. We usually have a small memorial services in their memory to just celebrate their life.

Other people that were doing okay have gotten worse. Because other people that are using, they fall into that pool as well where they start using as well. So they stop taking care of their medical and mental needs so it just varies. And SRHT is harm reduction. We can't force anybody to go to treatment or stop using or the use services. All we can do is encourage and keep encouraging them and following up with them and keep referring them and talk to them. But we can't force them to do anything. Some people they get to the point where they will lose their housing, so then they'll try to do something about it. But if not, no.

A: I know there is this thing positive pressure. Has there been that happening here amongst residents?

RSC S: Yeah! Right now we are going to start this new program called Libertana which is going to be the first on site service for 24 hours. They are going to be here the full 24 hours. It's kind of like an in-home supportive service like an IHSS but a little bit more intense where they are here for all hours of the day they are here. They need to be assessed and qualified for the service. And they are going to be here on the second floor...The Star Clinic is only opened 8-4. And they are going to be here. They will help them with cleaning, grocery shopping, taking them to medical appointments if they are not here. And if they are here, they are just making sure they are taking their medication on time or daily and that they are not skipping days. I think it's going to prevent people going to the ER or calling 911 because something is going on with them.

A lot of people tell each other about the groups as well. Peer 4 Peer.

A: What is the program?

RSC S: I know that it is conducted by other residents that live in our Trust buildings so they can relate. And I've asked a couple residents if it is more comfortable to talk to people who have gone through similar situations and that they can have faith and hope and get better and be in a better place. They are now working with the Trust. (they are the peer advocates)

A: So when is the Star Clinic opened?

RSC S: 8-4:30 M-F.

A: What is the difference between Star Clinic and DHS?

RSC S: Star Clinic, I'm assuming, by the DHS. But no resident ever goes to DHS. They are the ones getting grants or money to start up new buildings or new housings. They have their own projects. This is their project. Star is their project.

A: In terms of challenges, have you experienced other challenges when working here. Do you feel like the number of case managers to residents is enough right now?

RSC S: It's enough! When they first opened the Star....I had 34. But since it's intense case management and they want us to be really hands on, DHS opened up a new spot in order for us to all individually have 25 each and that is like a reasonable amount.

You have to meet each of them at least once a month and some of them 3 or 4 times a week. Or they are falling off the wagon and you need to follow up on them, checking on them making sure they are okay. They might be on suicide walk or relapse. Or maybe they're really sick and there is no one to check in on them.

A: Ethnically, what is the general ethnic race here?

RSC S: African American.

A: In terms of physical health issues, what are the main issues the clients have?

RSC S: A lot of them came in with a lot of diabetes, high blood pressure, some of them mental. Usually when they get housed...they need to meet a certain requirements and we get a disability form. Which is what makes them qualified for this housing...Each building has different qualifications to live in that building. Here they were mainly identified for being frequent users of the ER and having a medical condition. The Star is the biggest building, the most popular building where people have been...and they've had commercials or programs like on TV - for different things for living in this kind of building. They've been interviewed and they already know what they are going to be asked.

APPENDIX E

Corrina Gonzalez Personal Interview - March 18, 2016 - 11:30AM

A: How did you get to Abbey Apartments and how long you've worked here?

C: I've been working for SRHT since July of last year. Basically, I've worked in domestic violence and substance abuse. I currently still have a job working at a DUI school on Saturdays. So I've worked with people that have been homeless but never the chronically homeless. Domestic violence causes homeless and substance abuse causes that as well. I have never worked with the chronically homeless in the permanent housing setting.

A: What would you say are the differences between the those who you've worked in the past enduring domestic violence and substance abuse as opposed to people who are further down the line and chronically homeless?

C: The whole mindset is different. In domestic v, they are fleeing for their life. So they are newly homeless. The fact that they will become homeless is what leads them back. They encounter so much violence in the streets. So domestic violence comes up here, substance violence comes up here and mental health shows up as well.

A: Were you first station for Abbey?

C: No, I was first stationed at the Weldon. Over there, they do not have the services that Star have. I really like this component. It seems like they are more connected with their self and their body, but also with staff because it's comprehensive.

A: Based on what you know about this comprehensive method with other people supporting, can you give more details on how the residents are involved with the program?

C: Yeah! You know clients come and a lot of them are only dealing with their health issues when it's an emergency in the ER. So over here they are encouraged to be proactive and start taking control of their diabetes and whatever they are dealing with. And when you are homeless, that is like the least of your worries. So now that they are not homeless, it's time to refocus on what is available. So a lot of the clients do come here. And it's convenient because they are upstairs and the know the doctors are down here. We have some clients that are sick and their doctors are somewhere else, they will do a courtesy visit for them here and they can help them switch over. So I see a lot of them take initiative and become more involved in their life and take care of their health.

A: For the courtesy visits, is it the support staff or your job as a case manager to contact the doctor and schedule a visit?

C: Yeah! It is as simple as talking to them in the hallway. I would just talk to Liz, the doctor, and tell them that hey, this person isn't feeling good. And she'll say bring them down, she'll even print out their insurance and what they have. And the doctor's have had me call and switch their insurance over, and have them stay with the doctor. You

have to have that person present with you which is usually the case. So everyone is helping one another.

A: And do the clients have to pay for that support?

C: No. And most of the clients have Medical. I don't know any client that doesn't have Medical.

A: When it comes to this DMH program that is going on, what would you say is your role in it?

C: It's just to bring the situation to the forefront so the clients can use it as a priority. Because their health affects the quality of their life. So to talk about it, ask them if they are connected, if not. Ask them why they aren't connect. How is that going to impact their life. Get on the phone with them, get on a computer with them, even join them on a visitation. Walk them down here and go and get them for an appointment.

A: What would you say is one of the biggest challenges with gaining their trust to come to a health/support related case meeting?

C: It's just about trying to build rapport with them so they can trust you. And then it's about motivational interviewing. Meeting them where they are at, helping them move forward. So if they are avoiding the doctor, you can meet with them with the doctor firsthand to kind of alleviate some the fears. And once they meet them, have a courtesy visit, like them - they switch over. My goal is not to have them switch over, it's my goal to have them connected whatever that may be. Wherever that may be. It's more convenient to have them though to have them here.

A: So what is the process to switch them over?

C: You have to call medical and medical will put them on an HMO. So you call them and you switch your provider.

A: The first thing is the have the program and it's useless if no one uses it. Is there any part of the program that you feel like could be changed or improved?

C: You know. I actually have been impressed with what I have seen. I'm new so if I don't know how to do it, the therapist will step in, or the doctor will step in. We've gone about different wants about helping the client through each individual person. It seems that people that work in this field are very invested in this field. They are very sensitive to the needs.

A: What are the health, mental, emotional issues that you've commonly seen

C: A common one that I've seen that affects their health is paranoia, suspicion, not trusting that a lot of mental illness brings about so it interferes with our interactions with them. With them not trusting with the doctor. So they would ask why we are asking these questions with the thoughts of conspiracy comes up. So you have to be stable, build rapport, earn their trust. And show them that you are not here to hurt, you are here to help.

A: Are there certain protocol that you personally use to help build that relationship?

C: Again, it goes back to motivational interviewing. You know what issues that particular client is dealing with. And so you are sensitive to that when you are speaking to them. But then you find out what their goals and just help them work towards that. I've seen a turnaround where they all of a sudden trust you and come down to speak to you about all sorts of things. It's a matter of time and being there.

What I've encountered is that most of them are already connect. So there are a few with the mental health connection but not the medical help. There are two clients I have, because of a physical disability, they are adamant about not getting help for mental disability because they are not sick in the head. So you just have to help with the medical and if and when it comes up help connect them to mental support. But generally, they are connected to both medical and medical.

We have the therapist, psychiatrist and medical doctor.

A: Are these people on site everyday?

C: They are on site three days a week.

A: And do they come on a set time during the week so the clients know exactly when they are in the office?

C: The clients know when they are here, the days and times. And also they get put reminders on the door. The therapist will give me the little reminder sheets and knock on their door or tape it in the inside so that it's private.

A: Wow! And do the clients find this helpful?

C: Yes! It's helpful because it helps them remember. And second of all, it shows that we are supporting them in all they are doing so they don't feel that they are alone.

A: Do you know the actual hours of the therapist/psychiatrist/medical doctor?

C: You know what, I think I have them written down somewhere. I can go get it for you later.

A: Wonderful! Thank you!

They feel the support. Don't get me wrong, they still miss appointments. But the fact that we are still diligent and still there are them, hearing why they could not make it, understanding and rescheduling, they've come to be more responsible it seems.

A: Do you think this new program under DMH helped the clientele here at Abbey Apartments?

C: I firmly agree that.

A: Do you feel like this is a program that can be implemented in the other housing support buildings (older and new) in Skid Row?

C: Yeah I think it's working. You see it. It's almost like a microcosm of community. You have your case manager, your doctor, psychiatrist, therapist, nurse - all right here where you live. It's so easy to access it and you have so many people supporting it. And not only that, then going out to do dental, going out to do optometry. They want to extend their life.

There are a few clients that have had a few bad experiences with doctors with all that suspicion, but I guess in seeing other people accessing it and hearing what they are doing, they kind of want to be a part of it as well. So that peer pressure could be in a positive manner as well.

A: Do you think they see the change in the clients?

C: I've actually seen that happen with a couple of clients. They've been here, they are employed, they are accessing all the services. The supportive services play their part in that and then they are ready to fly and go on their own.

A: And that is exactly why you do what you do. Just that one person out of several is why you do it.

C: And that one person influences other people to improve as well. And I don't know if this is what you are researching on but permanent supportive housing. Section 8 housing to move out of the area and go on your own. And part of it is taking care of your medical and mental health. So that is an incentive. Being able to take care of not only your rent, but your medical and mental health. The responsibility level, they need to rise to that and get to the next level and be on their own. I think it's the wish of probably 90% here to get a Section 8 voucher and move out of Skid Row.

A: Are there special meetings with residents or clients to get assistance on paying bills, life skills? Is it one-on-one?

C: It's all one-on-one, individual basis. If it is budgeting, I will call someone and sit with them. If it is medication related, I will contact Liz and figure it out together.

A: And since you shared a little bit about your background. So you've seen people currently or recent victims of domestic violence and users of substance abuse when the feelings, consequences are fresh and then you are now working with people further down the line where it is affecting them even more. Do you feel that this program is helping the chronically homeless population to leave that cyclical state and be chronically home per say?

C: I do believe that. This is the time and place where they self-evaluate and work on issues. And a lot of the time your medical health affects whether you go on the next level to work on what's going on in the head. And then they can transition into something more.

A: Permanent vs. Supportive Housing. You are there and then have to leave in X amount of months.

C: Everyone has their own level, degree of mental and medical illness. We work on everyone on an individual basis. Which is good. I appreciate that. We use a holistic approach. We offer yoga class, self-defense/fit class, gardening. We offer all these things because it is a holistic approach. Mental, medical, physical. We know that balancing these things will bring about a healthier, more independent individual.

They have trips out of museums, hiking trips, math and reading class, coloring class where they are getting in touch with their creative side. I teach a reflection class, all about self-evaluation. All the basic steps of self-care. Going to DPSS

Identifying what triggers them to not want to do, trying to enable them to do it, and I can work on them on an individual basis - it's such a comprehensive way of working with them.

There is a big avoidance because the substance abuse rate is really high so people don't want to know - it's that denial component. Once they start have things going for them - getting them into permanent housing - they start to feel safe, they want to go on the next level. They don't want to just survive, they want to thrive.

A: Could you say the idea of Housing First in comparison to other options?

C: I work on Saturdays on a DUI school and it's total abstinence, it's not harm reduction like here. If it were total abstinence here, we would have no people living here. That is the reality of it. You can't force anyone to make change unless they want it. We meet you where you're at, helping you move forward. Harm reduction does not mean that total abstinence is not an option. It is. It's there for those who want it and it help people get it. We offer AA meetings here on Mondays.

The backgrounds of the RSCs are different. I am certified with domestic violence and substance abuse. There are other people that have a masters degree with something connected to that. Other people have worked with homeless. There are so many avenues. So when one approach does not work for a patient, we take another one. But the Housing First is always in the forefront in your mind .It is not about punishing you for making mistakes. It's about how do you learn from our mistakes and not keep repeating them so that we can be independent and survive -- you know I don't like the word survive because that's what they do on the streets. They do much more than that here and they start to build their self-esteem and feel like they're worthy. And they start to care about living and they want to live longer and therefore they seek medical and mental health.

A: The word chronically homeless is scary.

C: Until they address the mental health issues, it's hard to change. I think the two components are making a big difference, huge difference.

A: Do you have any next steps of Abbey? Goals for Abbey?

C: I just want to see the increase of the involvement and I think since I've been here, I've been seen that. Everyone's outreach effort and the cohesiveness of it all, they feel like they are supported and we are like one big family.

APPENDIX I

RSC A Personal Interview - March 18, 2016 - 10:40AM

A: How you came about this profession, what you do, your name and how long you served here

RSC A : I started off working off in group homes for developmentally disabled individuals and I got a job in a group home in the City of Montebello. And from there on, I've just continued to apply for different jobs that had better pay and I've been in this particular agency for 5 years.

A: Is there a particular reason you chose Abbey Apts?

RSC A: I was assigned to this building. And I've signed for the RSC position. It is the same thing as a case manager to generalize it. What I've found is that different agencies label this profession with different titles.

A: Is there a particular clientele you work

RSC A: I originally worked with developmentally disabled. Then it shifted into working with runaway youth. I realized that most of the services for runaway youth are in Hollywood. I refer them to this end of the town because they are 18.

And then I had a passion to help people and the homeless in particular.

A: How many years have you been serving in this area?

RSC A: 15 years.

A: Wow. In terms of homeless population or formerly homeless, do you mind sharing the common health challenges that you've seen?

RSC A: They tend to neglect their health. They are so caught up on their addiction that they neglect a lot of personal care. Bathing. But medical is a big one because they are malnutrition because they were or are homeless. They would rather have a beer or you know alcohol or smoke dope. You know.

Some other health challenges I see a lot of them have. I would say in the last 12 years ... or maybe even 15 years ... I've noticed homeless people being obese. Which is interesting. Because if they do not have access to food how are they overweight and obese? What I've found out is a lot of the missions down here and places that come out and give out food, they give food loaded with carbohydrates and little protein cuz it's cheaper. And most of the health problems \ are diabetes and lot of them have heart problems. A lot of them have lung or upper respiratory medical health issues. You know all that smoking of cocaine and other drugs and over time depending on their age.

A: What is the general demographic of the people you work with here?

RSC A: You know primarily when I first started, it was primarily African American males, second was Caucasian males. But what came in third were women of minorities that became more prevalent down here. Then shortly after we noticed a lot of single ladies with children. There were no services for the homeless women with their children even like 12-13 years ago. In terms of the demographic age breakdown,

The age I would say...the majority of folks down here. It's changed. When I first became familiar with this population. It was mainly folks in mid 30s and up. Now, there is a younger demographic I've noticed. When I say young, I mean folks...males and females that tend to come in couples and they are 18..19..20. They come here because this is a haven place or drugs and it is also an acceptable in this environment to you know do drugs without anyone really frowning at you. However that has changed as well.

When I first came down here, number 1 was crack, number 2 was heroin and number 3 would be marijuana. Yes, they still sell crack here but methamphetamine is number 1, crack/cocaine is number 2 and now number 3 is marijuana but now they have this thing called spice, it's synthetic marijuana. If you type "spice" it up online on YouTube, the consequences are horrendous.

The dope dealers are selling it here for 5 dollars a blunt. So "spice" is really bad and it's changed the game down here

A: So in terms of Abbey Apartments, the residents are allowed to obtain and use drugs in Abbey Apartments --

RSC A: So Housing First is own motto. Get them housed first. If they have drug problems, if they have legal issues, we don't care. We take them we don't turn them away. Get them housed first then take care of their issues. However it's an upward battle because it takes month if not years to get them to be at an acceptable stable status if you will. But a lot of them come with GR and we are encouraged to encouraged to apply for SSI so they can have higher income.

A: Is there a particular program/protocol process to help them get over their addiction/issues?

RSC A: Housing first. The first thing we address is their substance abuse issues. We offer in house substance abuse counseling, recovery groups, we encourage risk harm reduction. SO we have to work at their level and whatever level they are at is where we meet them. IF we feel them that they need more support then we pay them to inpatient treatment and the housing authority must approve them to enter treatment at the hospital. And so they reserve their room here so that when they come back from treatment, they have a place to return to.

A: Are there cases when nurses and doctors come into Abbey Apartment?

RSC A: We don't have nurses or doctors that come into Abbey Apartments. We have recovery specialists that come in to assist them with any outpatient services. And we really encourage the outpatient services. The outpatient goes to group everyday. They go to a facility outside I think it's like 46 hours a day and then they go home. However on

this campus, we have a psychiatric to assist them with their substance abuse issues and we also have an MFT or therapist that will see them work out the substance abuse issues.

A: And to meet with these people, is there a walk in policy or set issues?

RSC A: If they want to see the therapist, they are put on this schedule. So it is on appointment basis. So once they have their initial intake, to get a better understanding of where one is standing. Then they will make an appointment to see the psychiatrist, therapist and continue on with their appointments.

A: So for this particular site, is there only one therapist and psychiatrist?

RSC A: So we contract with JWCH which is one of the largest medical providers here and we contract with them to provide services for the residents. SO the psych and therapist are at different scattered sites within our agency. For the most parts, they cycle around other buildings. For the most part, we try to have assigned psychiatrists and therapists at the site because that is the model we are going by now - DMH. Department of Mental Health. Everything is shifting towards that. Let's approach things through a mental health aspect.

A: Since it is kind of like a new shift, do you have any first thoughts?

RSC A: I think FINALLY? They are really looking into the deep root issues. Because all this homelessness stuff stems from trauma, lack of support that they've had from their family or direct mother or father. I think it's great. It's much needed and I wish that a lot of the residents will participate with the program. Some of the participants, it is incredible hard for them to engage because they would come to the first two appointments without reminder and they start to miss and they are required to have reminders. Some need reminders and some require assistance to get to their offices for their appointment. You might think that is a little bit excessive. Yes it is, but it is necessary. Because of they are really bad, they (the service providers) need to hear and see directly from the resident.

A: If they need the extra help to get to the office, there is support?

RSC A: So the idea to have people on campus is the convenience of the residents. So all they have to do is come downstairs. And sometimes that's even harder for them. Because they are so caught up in their trauma, depression, their addiction that they start to fall apart in the seems little by little. But we know the red flags and the signs. So when they start missing their appointments, we know that we should keep an even closer eye on them and realize that something came up. But a lot of them do not keep their appointments. They do not follow through. And so we as case managers encourage, suggest, recommend and talk about keeping their appointments. That's really important to keep their appointments.

Another issue is medical compliance. Are they taking their medical prescriptions as prescribed? And if they are taking medications prescribed, a lot of them are mixing their medication with alcohol. And some of them not only take medication, but they also take their own medication as they refer to it - which street drugs. So they are self-medication

on top of their prescribed medication by their psychiatric which is a nasty cocktail that's dangerous.

A: Are there any consequences if they are seen doing that, or is there a policy?

RSC A: Our policy is that we don't really discriminate. We discourage them from using drugs. We can walk the building and sometimes we can smell marijuana or smell the chemical which is the drug. And we don't go knocking on doors. They are individuals and this is independent living. Although it is illegal, we just overlook it. But we keep a mental note that hey, this person his/her rent but yet the apartment smells like marijuana so where is the money going?

A: Do you feel like if there were on-site doctors, nurses and are also part of JWCH and part of this new transition into DMH, do you feel like maybe having that accessibility would be helpful?

RSC A: Yeah! That is definitely helpful to have on-site medical access and mental health support access. We are dealing with a population that can easily give up on themselves. Because if they think the medical requires them to hop on a bus, they will just say it's too far and "f*ck it". That is what they say. It's too far. Too frustrating for them. It's too much for them to handle. So having it on campus - definitely a plus.

A: And how long has this new transition been going for the DMH?

RSC A: Last 5 years. And it's really catching on the last two years. We have recently partnered with DMH. The Star building, a block up, they have DMH downstairs and DMH approach. And a lot of their clients are DMH.

A: Are there any DMH patients here?

RSC A: Not in this particular building. Every building has a different contract and we don't fall under that contract.

It's Shelter Plus Care is what we have here. And then we have regular market rate. Which is I think \$480/month. It is a little mini studio.

A: Has there been any particular clients that showed signs of improvement.

RSC A: You know I don't know much about the clients but work too much with it. But one thing I have noticed is the wrap-around approach. It is a team approach. You have the therapist, psychiatric, medical doctor, case manager, advocate. They all meet and have case conference as a team on behalf of the team and answer any unanswered questions and have a team approach on how to help this particular resident.

A: Do you think this approach is effective?

RSC A: I think it doesn't hurt. I do think it's helpful. That's where all the money is going. Mental Health. So Skid Row Housing Trust has jumped on that bandwagon and they don't want to be left behind. Because funding shifts as our population changes and they

see this is not working, let's try this. Mental health is going. And I am told it's cheaper to house them then leave them homeless on the street.

A: And because so much of the money is going to the mental health sector, has other sectors been negatively affected in any way in Abbey Apartments?

RSC A: I don't think it's hurting us. I think it is making us a more diverse agency that gives different options for care for the resident.

R: So you see now there are so many people are in the streets in their tents. And 4 years ago, they weren't allowed to do that. Then they got sued by one the groups down here - LA CAN - and they won because they were saying homeless people's constitutional rights were being violated and personal property was being thrown away. So as a result of that, they came up with a sleeping time and a zone where they can sleep on the streets and not be bothered or harassed by police. There are certain parameters and parameters of the time frame. Over time, homeless people pushed it to the limit where they are going over the time. And the geographical routes, they pass those boundaries. There is nothing we can really do. The city is tied with that the police cannot do anything. I personally think it's not right. I think there should be a time frame. I think there should be parameters where they should be. Only because I've been here so long, I can tell you the majority of the people in the tents, they are not homeless. They are dope dealers, they are loan sharks and they are involved in human trafficking and prostitution. It's sad to say, but the majority of the tents are not homeless and they take shifts. They have gangs here and they conduct business - drug sales and prostitutions.

A: Because all of this is happening on the streets, is there a way to convince young people or the population to try to pursue housing in one of these buildings.

RSC A: Not everyone want to be housed. Not everyone is depressed because they are homeless. There are people that are legitimately that want to stay homeless. They are the one severely ill because they are paranoid that they will be spied on, it is conspiracy of the government and so on. It is all part of cycle. We do have some people that are able to break the cycle but when they come in here, some of them will choose to sleep on the floor and some will choose to take their blankets from here and choose to sleep on the streets and then come back in here during the day to take a shower and change and go back to the streets.

A: There are activities for the residents...

RSC A: These the different activities. Life groups. Bingo. We take them to the zoo and part of these are made to teach them social skills out in the community.

A: And are these voluntary?

RSC A: And there are all voluntary. A lot of them are built under the goal of health and wellness.

R: It take a lot of work. A lot of it is the way I approach it...the thing is that these people quality for the support with flying colors but they don't want it. A lot of it is to outreach

with them, building a rapport. They have to trust you first before they can do anything. Once they trust you, they latch onto you. Which is not bad. It is work in progress for them. It may take weeks, it might take months. We take a slow approach with them. It could be as simple as drinking a cup of coffee at their tent or at their "spot". Everyone that is homeless has a particular area as they claim as their "spot". So I would always ask, where were you "stomping grounds" as they would call it. And that would be 6th and San Pedro -- wherever they feel safe. That is where they stay close to. We have no problem getting into our program. But we really look for chronically homeless people. To really reach out to them first.

Two things we are running into down here: 1. Geriatrics and homeless population which is really growing down here. But the other population that is really growing down here that we see are young people, foster care. A lot of them are formerly foster care people. And they are coming down here and we are seeing more younger and younger people. And the people who have been down here for a while - the pimps and drug dealers. They will put these young people to make money -- for drugs or sex.

A: do you know how many people Abbey Apartments serve for this population or SRHT in general?

RSC A: I think it's like 1,800 people in the whole SRHT. SRHT has 23 buildings. The new ones that are coming out now come with it's own mini kitchenette. Because the older buildings are just a room. The shower and bathroom was all a hallway. Now how the funding is now, it is all independent.

A: What is the breakdown in this particular building?

RSC A: majority of them are Shelter Plus Care and the rest are market rate.

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