

Moving Here Saved My Life:

*The Experience of Formerly
Chronically Homeless Women and
Men in Quincy's Housing First Projects*

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Interim Report
August 2006

Prepared for Father Bill's Place

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Acknowledgements

I want to thank all interview and focus group participants for their willingness to share their experience with me. I also would like to thank Julia Tripp for conducting the focus group, and Elaine Werby for editing this draft. In addition, I would like to thank Jennifer Craven, FBP case manager, for arranging times to meet with the women, and Jill St. Martin for showing me the shelter and the residences, and organizing the focus group.

Executive Summary

Housing First is a non-linear housing and service program that attempts to move the most disabled homeless people directly to housing prior to treatment, using housing as the transforming element to support participation in treatment. This approach does not require sobriety or participation in long-term treatment programs like the traditional continuum of care approach. Promising results have been demonstrated in a number of projects using this model.

For the past ten years, **Father Bill's Place** (FBP), a homeless shelter and housing program in Quincy, Massachusetts, has moved steadily towards providing permanent housing with supportive services rather than emergency shelter as the solution to ending homelessness. In May, 2005, FBP opened the doors to its first Housing First project.

This report documents the experience of chronically homeless women and men who moved into the two Housing First projects operated by FBP: The Claremont and Winter Street residences.

Findings

- Moving into one's own room provided all formerly chronically homeless women and men with a chance to leave their homeless existence behind. No longer being regarded as a homeless person by the outside world boosted their self-esteem, and not having to adhere to strict shelter rules enhanced their sense of independence and a normal life.
- Their new home helped residents to reunite with family members; some residents, especially the group of men, created a supportive bond with other residents based on their shared homeless experience.
- Perceived health status improved for all. Not being exposed to disease in the crowded shelter environment prevented many from getting sick and spending time in the hospital. In addition, having their own room allowed the residents to attend to health care needs neglected during their shelter stay.
- After a few months in the Housing First residences, almost all had access to income, mostly in the form of disability income. Few were also employed.
- Daily activities centered on taking care of their medical and mental health issues, volunteering on the FBP work crew, and looking for other volunteer or employment opportunities. A few residents also had spells of part and fulltime employment.
- All were satisfied with their current housing situation in which they shared kitchen and bathrooms, but most were ultimately planning to move into their own apartments. Others, however, content with on-site staff support, were not planning to leave.

- Staff appeared to be much more involved with the women than the men. All men took pride in their ability to take charge of their lives and resolve issues at their new residence and relationships with each other without needing to rely on shelter staff.
- Overall quality of life improved dramatically for all after leaving the shelter. Their sense of independence, being in control over their lives, improved general health status, and satisfaction with their housing increased for all.
- Shelter staff noted the improvements in daily living activities and health status for all formerly chronically homeless individuals. While not all shelter staff were supportive of this model prior to its implementation, all thought that it worked well for participants, and that it is a model that should be replicated for more chronically homeless people.

Introduction

For the past ten years, Father Bill's Place (FBP) in Quincy, Massachusetts, has moved steadily towards providing permanent housing with supportive services rather than emergency shelter as a solution to ending homelessness. According to John Yazwinski, executive director of FBP, the vision for the future is to be able to independently house every homeless person entering FBP within a short period of time instead of "housing" people in the shelter for prolonged periods. As such, sheltering homeless people in mass emergency shelters should be a picture of the past.

Yazwinski's Housing First Model builds upon an approach of housing "chronically"¹ homeless street dwellers with psychiatric disabilities. This "Housing First" model is a non-linear housing and service program that attempts to move the most disabled homeless people directly to housing, prior to treatment, using housing as the transforming element to support participation in treatment. This approach does not require sobriety or participation in long-term treatment programs like the traditional continuum of care approach. A comparison of this low demand housing approach with the traditional treatment model revealed that 88 percent of the Housing First participants remained in housing after a five year period as compared to 47 percent of those in the traditional treatment/housing model (Tsemberis & Eisenberg, 2000). Compared to the traditional homeless Continuum of Care (CoC) approach to housing, this approach also reduced public costs at a greater rate (Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003).

In May, 2005, ten mostly chronically homeless women moved from the shelter into the first Housing First project operated by FBP, the Claremont Street Residence. Claremont Street provides 12 single room occupancy units with shared kitchen, bathroom, and laundry facilities. Claremont Street residents receive supportive services to help them live independently, including onsite staff that connect them with resources, services, and employment opportunities. In November of the same year, a group of eight men moved into the Winter Street Residence. The Winter Street Residence provides single room occupancy housing for up to 19 men (although not all are former guests of Father Bill's Place). By April, 2006, a total of 12 formerly homeless men had moved to Winter Street.² This report focuses on these formerly homeless women and men.

Data Collection

This report relies mostly on personal interviews with seven of the women who moved into the Claremont Street Residence in May, 2005, and a focus group conducted with ten of the 12 men who moved into the Winter Street Residence by April 2006. All interview

¹ The federal definition of chronic homelessness refers to "unaccompanied individuals with a disabling condition who have been homeless for over a year or have had at least four episodes of homelessness over the past three years."

² By June 2006, 16 men had moved into Winter Street. The focus group with the men took place in April 2006 when there were 12 formerly homeless men at Winter Street.

and focus group participants were given a \$ 10.00 supermarket certificate for their time. Interviews with the women took place about a month after they had moved to Claremont Street, and five of the women were re-interviewed six to nine months later.³ The focus group with men at Winter Street took place five months after the first residents moved in. Both the interviews and focus group focused mostly on the impact of leaving the shelter on the daily lives of residents, including social networks, income sources, health issues, and access to services. Participants' overall assessments of living at Claremont Street or Winter Street were also discussed. In addition to the qualitative data, quantitative data collected at baseline were available for the women at Claremont Street and are summarized below.

Interviews were also conducted with case managers of the Claremont Street Residence about four to five months after the initial move-in. Staff was asked to reflect on the first few months of experience with the women at Claremont Street, impacts of the housing model on the women's lives, and lessons learned from this model.

The Women at Claremont Street

The women who moved to the Claremont Street residence on May 1, 2005⁴ ranged in age from 32 to 59 with an average age of 49. Almost all had been homeless for more than one year, many for much longer, and two just under one year. Most struggled with physical and mental health problems, and about one-third with substance abuse problems. None of the women was working at the time of the move, but about half received public assistance income and/or food stamps, and most were enrolled in MassHealth (Medicaid). Living environments prior to entering the shelter ranged from living with friends or living on the streets to living in private housing, mostly in the Greater Boston area.

Reflecting on Life at the Shelter

Loss of employment and the resulting inability to afford the high rents in Massachusetts or escaping from domestic violence were the major reasons for homelessness among the women who agreed to be interviewed.

“I lived in a rooming house, I could not afford anything else. I had to leave because I couldn't pay the rent. I lost my job and I ended up homeless.”

“Escaping from my husband, I went to DV places for a year.”

When asked about their daily activities during their shelter stays, most spoke of their struggles spending the day outside. The library and McDonalds were noted as the chief places for the women to spend a good part of the day.

³ Two of the seven women who were interviewed right after moving to Claremont were no longer living there.

⁴ Baseline data were available for nine of the ten women.

“We had to be out of the shelter by 7:30, and we were out on the streets by 8:00. I went to the library, walking. When not feeling well, I was allowed to stay in. When it was raining or snowing, everybody was allowed to stay in. First thing, I went to McDonalds across the street for coffee. Sometimes I had to come back to the shelter for work, other days I was just out for the day. I stayed pretty much by myself, sometimes I would run into someone else. I only have one friend outside the shelter, and I would go down there once or twice a week to get my mail.”

“Basically, I went to the library when it opened at 9:00. I did a lot of reading. And went to see friends. And the emotional up and downs. I was horrified. If someone would have said that I would end up in a homeless shelter, I would have said: never in my life.”

Some had chores at the shelter, which allowed them to stay in for the day.

Life at Claremont Street

Most of the women described the move to Claremont Street and their first days there as a very emotional experience. During the initial weeks at their new residence, many were preoccupied with moving in, sorting through their belongings, and getting used to sleeping in their own room.

“When it finally happened, they brought us all here. I was extremely emotional. I cried when I left the shelter. To be able to decorate your own room, I still can’t believe that, I still haven’t settled in. Each day I feel more settled in, and I am getting more of my own stuff here. It’s just starting to feel like home.”

“The first day here I crashed and I got depressed. Because I never thought I would have my room again. So it put me into a little bit of a depression. I couldn’t believe it, I was in a shock because I have a very, very nice room.”

After settling in, most started to attend to their health care needs and mental health issues which they had neglected during their homelessness. As one of the case managers summarized,

“The women address their medical needs much more than when they were in the shelter. One of the women has skin cancer, and she ignored it for a couple of years. Now she has that treated. Another woman had surgery done. If she would be in the shelter, she would have overlooked that problem a little longer. I think because they have a place to recuperate after surgery, that that encourages them to stay on top of their health issues.”

The women also commented that in the shelter they would be exposed to germs due to living and sleeping in close proximity to other homeless people and had gotten sick often, especially in the winter. They felt that their health had much improved since they moved into their own room.

“I think my health has improved since I moved here. Unfortunately, at FBP, you have to live with a whole bunch of people, community living, and people coming in with bronchitis, a cold, any kind of thing, and I don’t mean to be nasty or anything like that, and I know FBP is air conditioned, so you can’t even open the windows to get fresh air in, to change the air. So the germs are there to stay there. It goes around and around and around, and it’s very difficult to stay healthy there.”

Many of the women had extensive work histories but mostly due to illness could no longer maintain fulltime work loads. Few had disability income when they moved into Claremont Street, but at the time of the follow-up interviews all but one were accepted for this type of income support. Some also had spells of part and fulltime employment.

As one of the staff summarized,

“When they first moved in, only three women had an income, and now all of them have an income. Four got approved for disability that had not been approved before, three of which we started the process before they moved in. So it was in the works. And the one who was not working, is now working.”

While during the first weeks at the new residence FBP delivered food to Claremont Street, soon after the women started to get their own food and cook their own meals, something none of the women had been able to do in a long time.

“The shelter brought over some food in the beginning but not any more. They want you to be independent; they don’t want you to be dependent on them. They want you to be on your own, basically. They just serve as a back-up.”

“I cook. I don’t know how to cook for one person because I am used to cooking for a family, so I am cooking too much food. I share with everyone else here, they all like my cooking so far.”

“And the opportunity to cook. I remember myself coming over and saying: Oh my god, cooking. I have to learn how to boil water again.”

Social Support

The women were asked to elaborate on the social support they receive from family, friends, staff, and partners using the Social Support Self Report (SSSR) scale. This scale first develops a list of existing relationships and then assesses the quality of communications with each of them.

Perceived support from family members, mostly siblings and cousins, ranged from no support to some support during the baseline interview, and was reported as increased at the follow-up interviews. The women felt that while they were at the shelter, their relatives were reluctant to keep in touch due to the stigma of homelessness and living in the shelter. With the move to Claremont Street, many of the women were able to build

stronger relationships with their relatives, having them come to visit or schedule regular visits with family members.

Very few of the women had partners. Those who did valued these relationships mostly in terms of talking and spending time together.

Friends were also important to the women during their stay at the shelter and after their move to Claremont Street. These friends included individuals who were never homeless as well as women who have shared the homeless experience. A strong bond between some of the women was evident, and some of the best friends for these women were among other Claremont Street residents. Some also shared their disappointment with long-time friends who did not provide support when they faced losing their home.

“Friend, we have known each other for a good many years. But I really don’t discuss a lot of things with her. When I was living with her, I found out from someone else that she wasn’t really talking a lot about her feelings, about the whole situation in general, and I prefer people to be upfront. If you hide your feelings, things can’t get resolved. Don’t go to someone else and talk when I should be the one you should be talking to. I like her but I lost some my respect for her.”

On the other hand, others thought that support from non-homeless friends and family helped during the time they spent at the shelter.

“My cousin and my girl friends have been preventing me from shooting myself – I tell you. I never thought that I would end up in a homeless shelter. I lived from pay check to pay check but after loosing one job after another I couldn’t do it anymore.”

It was evident that some of the women relied on staff to a greater extent than others; however, regardless of level of need, all spoke highly of the staff.

“They are very caring and professional people. They are comfortable with you and they work for you. But you can’t cross that line, you can’t be too friendly. I talked to them about my problems. They tell you if I go about something the wrong way. They try to steer you in the right direction.”

“This is coming out badly: I don’t really need them, I would be fine never seeing them. I like to chat with them, and I can talk to them about stuff that has nothing to do with living here. It’s good to see them, some of them I am very fond of.”

Overall Quality of Life

General quality of life, a concept that includes satisfaction with health, social support, daily activities, sense of independence, housing and quality of their neighborhood, was expected to increase for the women at Claremont Street. As summarized above, the women’s assessment of their health points to better health after leaving shelter. Self-

assessed social support had also increased slightly between the two interviews and had more significantly improved since leaving the shelter. The most significant change could be observed in the level of independence experienced by all the women.

“You don’t have to wait in line for food anymore. You can sleep as long as you wish. You can go to bed any time. Basically, you don’t have the dependency you have at the shelter. I love living here. It’s not like a shelter but you have to abide by the rules otherwise it would be too crazy. They make it so you can get your independence, get ready for a job or apartment, that’s what this is all about. This is a step towards getting more independent. It’s good. I like it here because we can cook our meals, we can get up when we want. It’s not like living in the shelter, but if you need the shelter, they are there for you. This is a stepping stone to independent living.”

Dissatisfaction was mostly related to the other housemates. Living with up to 11 women in the same house provided ample potential for conflict. Some of the women were close friends and supported each other; but others didn’t interact much with their fellow housemates.

“There are so many different personalities here, some have total lack of manners. Some are schizophrenic, and this is hard. Calling the cops at one in the morning when she was seeing things. Sometimes she is way out there, and sometimes she can be pretty down to earth. But my son would never bring his kids here because of the housemates.”

“I have not much contact with other residents at the house, I say hi, that’s all.”

During the follow-up interviews, the women were asked to assess their level of satisfaction with the different dimensions of quality of life, as summarized above. Level of independence received the highest ratings, followed by assessment of the neighborhood, health, and amount of time spent with other people. Ratings were lowest for housemates, and ratings of social support and availability of housing staff varied.

Satisfaction with their current housing also varied. The general consensus was that living at Claremont Street is a big improvement over living in the shelter. However, many of the women would prefer to live in their own apartment.

“Housing is not bad but it is really not what I would like. I would like a one bed room apartment with a little kitchen and a little living room, just a place to put me and my junk. I am on the housing list in Boston but I probably die on the housing list in Boston, and I was sent away recently because Braintree is not even taking applications except they just started to take them again for disability. I don’t care about getting rich but I would like my own apartment.”

During the follow-up interviews, the women were also asked about their sense of their neighborhood. Most of them feel very comfortable in the neighborhood; however, the

women also reported that they were not very connected with people in their neighborhood, reporting that they know or had limited interactions with one or two neighbors.

It was not surprising to learn during the follow-up interviews that the women listed having their own apartments as their most important long-term goal. Some also talked about education and part-time work while others were looking forward to retirement.

“I love living here. But my long-term plan is to apply for subsidized housing, a studio type apartment. I like to stay in the Quincy area and I need to be close to public transportation because I don’t drive. That’s the long-term goal. And I work with the case manager here on this goal. I know that many of us want to move into affordable housing as a long term goal. Get a job or look for other things to do. But the major goal is affordable housing. It’s a shame that there is not more of it in the area.”

Even though having their own apartment is important to most, all are grateful for the opportunity to live at Claremont.

“Moving here saved my life. It really did. I never ever thought that I would be homeless ever in my life. I walked around all night in Boston because I was too afraid to sleep. On weekends, I stayed with my mother. It’s tough to be homeless, so much violence, so I tried to stay away from other homeless people.”

Staff Reflection on the Claremont Street Residence

Staffing at Claremont Street consists of a case manager who is at the house Monday through Friday for a good part of each day. She meets with the women about once a week or on an as needed basis. A substantial portion of the meeting time is spent on talking about issues at the house, budgeting, as well as short and long-term goals. In addition, the women can call the shelter should there be any problems, during the weekends staff drops by to check in, and medical appointments at the residence are available once a week.

Most staff were excited when planning for the Housing First residences as the projects provide an alternative to shelter life.

“I thought it was a great idea right away. Definitely a new approach that obviously hasn’t been tried before. Housing these women first helps with their self-esteem issues, and they feel better and more confident about going out to work or pursue other types of income. It definitely helps them get ready.”

Some, however, were worried about moving the chronically homeless.

“I thought that their choice of choosing the ones who have been homeless the longest were first priority, and the ones who have been homeless the longest are those with pretty severe substance abuse and mental illness, and I did not think that it would work. I thought it would end up a house of ill retreat. That the substance abusers would continue to use and bring it into the house. And the people with mental illness would get worse without some real structure, go off on their medication. I thought it would be total chaos.”

After four to five months at Claremont Street, staff noted that most of the women had adjusted well to living at the residence.

“They have only been there since May, and they are doing great. They have become much more independent and self-sufficient. All have an income. They all pay rent with the exception of one ... We have one seriously mentally ill client who has been with DMH for years, and DMH reported that this is the most stable that she has been in all the 15 years. She is doing excellent.”

“No one is more shocked than I am to see how successful the model has been. When we had a meeting before I was pessimistic, thought from a medical standpoint that this is not going to work. We are going to have the ambulance over there every day, a lot of drama, and that hasn't happened. I think I am the most surprised. The women are doing incredibly well.”

When asked what the women engage in during the day, staff listed a number of activities, including attending day programs for addressing mental health problems, volunteering on the work crew at the shelter, or working in the community. Most, however, were attending to their health needs. One staff also alluded to the importance of being engaged during the day.

“If they are not working, in a day program, or volunteering, they tend to their medical issues. Initially it was probably the biggest challenge the women had, they didn't all have things going on. They were spending a lot of time at the house together, and that's when all the little nitpicking, fighting over the phone, arguing over the cleaning, arguing over who is making the cup of coffee when. Now all the women are very active and there is not too much arguing. ... They are more active during the day and more productive than when they were staying at the shelter.”

Staff also noted an increase in the use of medical services and thought that the women had become more responsible in keeping their medical and mental health appointments and following through with their medication.

“I think that they are all pretty good attending appointments. There are still a few who need reminders for their appointments.”

“The chronically mentally ill and how they been able to follow through, get their medication and how they take care of it, it would have never happened in the shelter, and certainly not on the street.”

At the house, the cleaning of shared spaces has not been a problem to date.

“Surprisingly that has not been a major issue. We haven’t had to put up a chore list yet. We talked about it and mentioned it but the women seem to be pulling in their weight as far as the cleaning goes, and everyone is chipping in.”

Staff also elaborated on how they need to support the women for getting along with each other and to intervene at times to promote better relationships.

“We are working with them on respecting one another and understanding that even in an apartment building you will hear your neighbor vacuuming. That’s just the way it is. Getting them to work out their issues and help them understand that in community living these things happen.”

As some of the female residents pointed out, staff also recognized the impact of women with severe mental illness on the other residents.

“Some of the women are more mentally ill than others. And the ones who are less mentally ill are definitely struggling, dealing with someone else’s mental health. So that can be very stressful and adds tension. Overall they are doing really well. The majority of the problems that are coming up are very petty, interpersonal stuff. Other than that, they pull together pretty good. They usually communicate well with each other ... and are very supportive of each other.”

Staff dealt with the issues stemming from this situation in a variety of ways.

“One woman in particular is un-medicated, she is very delusional. The other woman just, she’ll come down, there will be a few women eating, and would start talking about something really just off the wall. The women kind of just engage with her. They don’t say you are crazy, that’s not possible. They ask me: Should I tell her that’s not realistic. Should I tell her: Maybe you should seek help? So I just tell them: Listen patiently, if you are comfortable. If you are not comfortable, you can excuse yourself politely and walk away. Definitely, if you are comfortable, ask questions. Not necessarily about her mental illness but to understand where she is coming from.”

When asked about challenges observed at Claremont Street, staff alluded to difficulties transitioning from a very controlled environment at the shelter to more independent living.

“The other challenge is probably just – so many challenges in the beginning- it was for them to get used to their new environment. They were just so used to the

structure here that weren't used to it over there. That was a challenge, getting them adjusted to the new environment over there. And it was an adjustment of the staff as well. Because the staff was so used to such black and white rules here [at the shelter], and then go over there [to Claremont Street] and see there are different things the women could do – that was a challenge. “

The major two challenges from the staff perspective though were the initial refusal of the one of the women to move to Claremont, and the eviction of another.

“The biggest challenge was when [one of the women] resisted to move in. We had to say that she was ineligible for services from the shelter in order for us to prevent her from staying here. That was a big challenge for a lot of the staff here because we have such a long history with [her]. And to have to turn her away and the whole tough love motto is very challenging.”

“The eviction was definitely a challenge. Again, we are not in the business of making people homeless, and that was difficult because someone was not doing the right thing and she was making very poor choices. And she didn't come back; the case manager and I had to pack her stuff, that was very difficult. She is back in the shelter now. ... That was a big challenge for the staff to say that this isn't working and that she can't stay there.”

“The one who was evicted, I gave her one day, 24 hrs. I thought she would be out there running, have the freedom to get the drugs and use them. But she lasted longer, almost a month, that's phenomenal. I think she really tried.”

In addition to the eviction, another women from the initial group of ten left Claremont Street. According to staff,

“She is mentally retarded, she has a very difficult time even now, she does not want to stay at one place too long. She is very transient, she likes to go out and move. ... It's just her nature. If someone is tight with her, she takes it to heart, and she won't forget and she will be unhappy for a long time in that environment.”

When asked about the relationship to the neighbors, staff thought that overall the Claremont Street women were welcomed to the neighborhood. The previous history of the house as a place for dealing drugs helped promote this positive attitude by the neighbors.

“They were very happy that we bought the house because the house was very unsafe before. They were excited about the women coming. There are a lot of neighbors who say hi. Of course, there are also some problems. One the mentally ill women were in the yard provocatively, so we received complains the next day. One is on the porch and screams profanities. So the neighbors have struggled, but

overall they have been happy with us. ... The neighbors know if there is a conflict with a client, to call the shelter.”

In their assessment of this Housing First model, all staff pointed to the positive transitions of the women who moved in.

“I think this model has been a learning experience as much for the staff and as for the clients. You can really see that this model works. They are able to put their life in order, their quality of life improved immensely because they have a place they can call home. ... For some this is a stepping-stone, for others, this will be it. They probably finish their life here. And that’s ok.”

“I think it was beneficial for all the women that moved. Even the one woman who was using drugs and ended up not staying, it was still beneficial for her because she saw what she could have if she would stabilize a little more. I think for everybody it was an excellent experience, how good they can have it. Accomplish things in their lives that they thought they would never be able to accomplish before, they thought they never could have.”

“This model can work for everyone with the right supports in place, like the house manager and other case manager, making sure they are not falling through, that they are getting to appointments. That’s key.”

When asked what they would do differently and whether FBP should open another house like Claremont Street, one issue related to individuals with substance abuse problems was discussed:

“In the case of those with substance abuse, I would like for them to sign a contract that they would check in with case manger, that they would be attending AA or NA meetings, trying the best that they could. Give them more support, more so than the other ones. I think they need more structure, especially when they are trying to stop.”

Another issue that was discussed related to keeping rooms with wheelchair accessibility for those who need such access and not rent such a room to someone who doesn’t have to rely on a wheelchair. Staff consensus was that all, staff and residents alike, learned and continue to learn from this housing model.

The Men at Winter Street

The following information was shared by 10 men who had moved into the Winter Street residence between November, 2005 and March, 2006. The information was collected in a focus group in April, 2006⁵ at a time when some of the men had lived at Winter Street for about five months while others had just recently moved in. The men were asked questions about their homeless history, life at the shelter, major changes after moving into Winter Street, and their future plans.

Reflections on Life at the Shelter

Except for one, all the men participating in the focus group were born and raised in the Greater Boston area. Reasons for their homelessness ranged from medical problems, losing employment, losing housing due to rising rents, and substance abuse.

“I medically retired from Medfield state hospital when I had a massive stroke. I had 27 years in the system and became homeless when the retirement ran out.”

“Car accident, then rehab in Randolph, then shared apartment, then lived with daughter, then FBP.”

“Drinking out of control after I got out of services, sold family house after mom passed away, so I had no place to stay.”

While at the shelter, these men’s lives were dominated by spending the day out in the streets, on odd jobs, or on the shelter’s work crew. As with the women, the library was a refuge for many.

“I read all the books in library I could. Then I started to work on work crew at Father Bill’s where I did sheet rocking and carpentry.”

“I spent a lot of time at library – only place you can really hang out.”

Having to carry their belongings and being identified as a homeless person made it difficult for them to find employment. In addition, the stigma of being homeless and staying at FBP impacted relationships with co-workers.

“I left in the morning. In the summer I had to take my bags. It’s hard to get a job with your bags. When you carry your bags around Quincy, everybody knows you’re homeless. I tried to catch different jobs when I could.”

“Last job I worked at I told my boss why I was here; I was up front with him and he was ok with that, he didn’t tell anybody; but one of the

⁵ Quantitative information for the men was still being collected at the time this report was written.

guys at work found out and it went from 'I was getting a ride home' to when he found that I was here; he wouldn't give me a ride. Now that I'm at Winter Street, I can tell anybody where I'm at."

Two men also talked about what it meant for their futures to learn about life as a homeless person and despair.

"Never homeless before – this is a zoo. It's a serious learning experience."

"I thought I was going to die on the street. I living with AIDS, so I got used to living on the streets – the best it was going to get for me was living on the streets. That's why I lasted so long out there."

Life at Winter Street

The most noticeable change for these men after moving to Winter Street was their regained control over their lives. Many shared examples of how their lives were controlled by rules when living in the shelter, and how they appreciate being able to lead an adult life now that they live in their own rooms.

"FBP had a lot of control over us, when to eat, when to shower, I lived at this place for exactly one year. You resent the control, you are 51, and these kids tell you what to do ... I am grateful but I want my freedom, my life again. Now – I have peace and quiet, a lot more peace, have TV, come around when ever I want, not have to answer when you are late. ... Getting my life back was a big thing; don't have to answer to 'why you were late.' Don't have to stand in line."

"Freedom, is number one. There's no standing in line; if I have a church meeting late at night, there's no running around to find my case manager to make sure I can have my bed when coming home late at night; I have keys in my pocket that opens a door; no walking around in the cold, no walking around with the bag."

The newly gained freedom to travel and stay away overnight without needing to ask for permission from shelter staff was also a relief for many and a step toward more normalcy in their lives.

"Now I can go to New Bedford or Boston, I can go there – stay three or four days; don't have to worry about coming back here and standing in line, waiting; and since I don't have to carry my bag. I had to carry my bag for two or three days. It was a lot. Now I can go and see my grandchildren and stay there."

"Same thing for me. When I was here at Shelter I would say to my case worker; I'd say I need three days out. And he'd say 'well, I can give you two.' I can go for a week now."

The men identified other positive practical aspects of living at Winter Street, including learning to handle problems among themselves and being responsible for taking care of their new home. Having an address and phone made it possible for the men to be reached by family and friends, and looking for work or accessing services became easier using the new Winter Street address.

“Structure your own environment – cleaning is a big thing. That bothers me. Have to remind the guys no one will come in to clean the table or sweep the floor. We are all in this together. There’s a lot of respect up here. Nice group together, if there is a problem, we can usually handle it ourselves. Have to remind ourselves – We’re not at FBP’s no more. We can walk up to each other and say: “You left a mess in there.” We are men. We don’t need a ‘big daddy.’ We can be the angel to care of ourselves.”

“People can call me. People can find me now. There’s no excuse now – If something happens - they can call me. Like I lost three people in my family, including my grandmother, and no one could call me; they couldn’t tell me that she was dead. They said they didn’t know how to get a hold of me. Now they know where I am. I’m not wandering around where they can’t find me.”

“The community doesn’t know what Winter Street is; if I put FBP on resume, they knew at once that this is a shelter. ... Or trying to get my driver’s license – they know Father Bill’s. ... Or like at Quincy Hospital, they automatically think you’re a drug addict or alcoholic whether you are or not.”

The psychological impact of no longer living at the shelter was summarized by two men in saying:

“You’re more open; more alive; now, more social....when your homeless, it’s different. ... My self esteem has gone way up.”

“I don’t feel like a degenerate carrying things on my back, and people don’t throw me out of store because my self confidence, I feel like a different person. I don’t have that suspicious thing in my brain – I don’t think suspicious; everybody’s out to get me. I don’t have that paranoid feeling anymore.”

In contrast to the strict shelter rules, which many described as producing a “lot of control,” the rules and regulations at Winter Street were summarized simply as:

“They want me to stay sober and see my doctor; no smoking policy, and a male guest is ok for overnight. Women have to leave by nine o’clock. Not much enforced though.”

Health Status

As did the women, the men also reported getting sick while at the shelter due to crowded living conditions. One man explained,

“When you are sick now [living at Winter Street], you have a better chance of getting better.”

Two of the men reported continued use of the hospital emergency room, but to a lesser extent. However, unlike the women, the men did not report using more primary care or other medical services since moving.

“I have a lot of medical issues. Used emergency room a lot before. Since coming here, there have been times I’ve had to access the emergency room also.”

Other health related services accessed by the men included regular meetings with mental health providers, neurological testing, and complying with psychiatric medication.

Income and Benefits

Similar to the women, most of the men relied on disability income, which most had before moving to Winter Street. One man relies on a small pension income.

“I’m on disability and will be on for a long time; right now I don’t think the doctor would let me go back to work.”

“I’ve been on SSI since ‘96; I also work a little bit under the table, with guys I know in construction business.”

“I worked for a small computer company before I came here and have a small pension from the computer company. That hasn’t changed since I moved from the shelter to Winter Street.”

Those with no income try to engage in day labor. One man enrolled in a computer training program to enhance his work skills.

All men agreed that applying for food stamps is not worth the effort when the average payment amounts to only \$10.00 a month. However, having to rely mostly on SSI/SSDI or day labor for income, most of the men struggled with expenses for food, and all but one used food pantries. Some also went to the shelter for lunch and dinner but others commented on how difficult it is for them emotionally to return to the shelter, even just for meals.

“I go to food pantries. When I get my check the first of the month I buy food. I don’t even bother to get food stamps. I would get \$10 per month for

food stamps and I find food is the biggest expense. You can only eat so many cans of soup a week. You need variety.”

The close friendships among the men were evident in the focus group and in such comments as:

“We had a pretty close knit group ... the guys are like my brothers, I have a lot fun with them at Winter Street.”

As with the women, the move into the Housing First residence allowed the men to renew their family ties, citing the loss of stigma, family not being ashamed of them, and feeling more comfortable with siblings and adult children.

Overall, the quality of life changed dramatically for all men. They were content with their current living situation but most were also looking toward obtaining their own apartment “down the road.” For some, the goal was going back to work.

“My situation has changed; it’s much better – I feel that every person deserve what I have now. Only thing is; I’m still the same; I have not changed. But having this place has given me some good opportunities.”

“I don’t want just a room for the rest of my life. I want to use it as a stepping stone, I want to get to the next level and eventually into my apartment.”

“I want to go back to work. I am looking at another place. I want to be out of Winter Street by the middle of summer. I do not want to be on disability for rest of my life either. Since moving my progress has been astronomical.”

Learning from the First Year of Housing First in Quincy

According to the logic model for the Quincy Housing First projects (see Appendix A), the expected short-term outcomes included successful transition into housing, increased satisfaction with housing, increased overall quality of life. Transitions to Housing First were mostly successful as a majority of the men and women transitioned successfully into their new residence and adjusted to a different life from the shelter. When compared to shelter life, all felt positively about their new living environment that allowed them to be in charge of their daily activities. Quality of life also improved for all participants, when compared to shelter life, especially the sense of independence and satisfaction with their new housing.

More time needs to pass to assess all projected long-term outcomes. However, there is evidence that residents are in the process of achieving the long-term goals as stated in the logic model. Most of the residents have been steadily housed, and most of the residents had gained access to public benefits or were expecting to be granted access soon. The men appeared to be more in charge of their lives and being more self-sufficient than the women, who relied more on staff. This could be due to having a case manager placed on site at Claremont Street while at Winter Street, only a former FBP client checks up on the residents.

There are indications that the overall health and mental health status of the residents improved. Those with substance abuse problems struggled more, with one of the women having been evicted, and one of the men returning to the shelter due to substance abuse while his room was kept for him. However, in both cases, staff assessed the length of stay of both at the residences as a positive sign on the road towards recovery, which is expected to include relapses at times.

An increase in daily living skills, including food shopping, cooking, doing laundry, cleaning, and budgeting was noticed for all, especially when compared to their lives at the shelter, where they could not use many of these skills.

As some of the men reported, their self-esteem increased dramatically when they were no longer viewed as homeless, and they became more open socially as well. The interviewer noticed more openness and willingness to share experiences in her interviews with the women when she met with them the second time.

There is also evidence from these self-reported data that visits to the hospital emergency room decreased. On the other hand, access to health services and regular attendance at mental health services increased. Many of the women scheduled health procedures, such as surgeries, that they were not able to have while in the shelter for lack of recuperation space. In addition, the women also were more likely than the men to engage in regular primary care check-ups. As such, while there may not be an overall decrease in health-related service costs, there was likely a reduction in emergency health care costs.

This report summarizes the experience of Housing First residents and their staff during the first year this new housing model in Quincy. In sum, Housing First provided an enormous opportunity for now (by July 2006) 28 formerly chronically homeless people to regain control of their lives and start planning for their future. Both Housing First residents and staff consistently provided positive assessments of this housing model and its positive impact on the lives its residents, including extending social networks, general quality of life, improved health and mental health status, and daily living skills.

Plan for Year Two of the evaluation includes continuation of the interview/focus groups with the women at Claremont Street and the men at Winter Street and their case managers, a case notes review on access to public emergency services before and after moving, and a comparison to a matched group of individuals still residing in the shelter.

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APPENDIX: LOGIC MODEL EVALUATION FRAMEWORK

