

## **Housing First in Colorado Markets**

Prepared for Housing Colorado

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## Executive Summary

This study seeks to facilitate increased implementation of housing first models (HFM) by identifying current HFM best practices and implementation challenges in Colorado to provide an educational tool for Housing Colorado (HC) members to utilize when advocating for solutions to homelessness in members' local communities. To accomplish this goal, this study aims to address the following research questions:

1. What are the primary components of Housing First models within Colorado?
2. What challenges will administrators face in implementing Housing First models within Colorado's competitive housing markets?

By thoroughly reviewing HFM literature and conducting interviews with eight subject matter experts, this study addresses the research questions and provides insight to HFM best practices. Findings identified areas for HC membership to focus their efforts to further facilitate the prevalence and efficiency of HFM program implementation. First, housing industry experts must prioritize educational efforts around HFM components and efficiencies to dispel myths about what HFM requires of housing and support service providers. Next, modifications to best practices exist and can be helpful or detrimental. Housing providers and funders must be flexible and cooperative to assess the permissibility of certain modifications under set circumstances. Last, advocacy efforts for increased policy incentives and budgetary resources are essential to assist more clients in need of HFM, resulting in further cost avoidances to the judicial and health industries. By prioritizing HFM, housing experts can influence a shift in public policy and budget allocations by showing the avoided costs of homelessness on other public systems.

## The Organization and its Problem

Housing First models (HFM) present cost effective policy solutions to ending homelessness by increasing housing satisfaction and quality of life not only for the most vulnerable homeless populations but also for the community at large. Unlike traditional housing programs, HFM provide low barrier housing options to promote stability and self-sufficiency. HFM provide treatment and case management services to their residents similar to traditional housing programs; however, only in HFM is the housing benefit not contingent upon participation in support services or treatment plans. Addressing homelessness is not simply a question of morality but also one of economic efficiency, community development, and sustainability. As public sector leaders and housing investors continue to grapple with housing society's most vulnerable citizens, experts must look to HFM as a means of maximizing public utility and social well-being for the community at large while addressing the challenges posed by tight governmental budgets and competitive housing markets.

(HC) represents a statewide, multi-sector membership association for affordable housing professionals, recognized as a valuable resource providing information, education, advocacy, and networking services to professionals across all sectors, industries, and branches of the government ("About Housing Colorado", n.d.). HC's ability to remain nonpartisan enables their diverse membership to influence the drafting and passage of logical legislative solutions to further housing interests and incentivize development of housing accessible to Coloradans of all income levels. With membership interests representing government agencies, nonprofit organizations, and private businesses, HC holds the unique position of bringing together housing industry experts from all backgrounds to develop comprehensive, cost effective solutions to

homelessness across the state to create healthy and sustainable communities that benefit Coloradans at all stages of life.

HC seeks a capstone project showcasing HFM best practices and challenges to maximizing cost avoidance within competitive housing markets. HFM ability to minimize the costs of homelessness on public budgets including health, human, and judicial services more so than traditional homelessness programs shifts focus to HFM as the most effective means of addressing homelessness. To maximize cost avoidance, HFM requires the separation of housing and support services, a harm reduction approach, and consumer choice in support services (Greenwood, Stegancic, Tsemberis, Bushch-Geertsema, 2013). Due of this emphasis, the first research question seeks to understand the key features of Colorado HFM and their adherence to best practices by asking “what are the primary components of HFM within Colorado?”

Despite their documented success, HFM remain underutilized with increasing challenges in implementation stemming from Colorado’s aggressive housing market. While Colorado has many economic reports on HFM cost avoidances, a comprehensive study of HFM practices across Colorado is necessary to better understand local contexts to more effectively advocate for HFM policies and program implementation. With housing costs and population gains compounding the risk of homelessness in Colorado, this study aims to understand the obstacles local housing markets impose on experts’ abilities to implement HFM and how barriers hinder the cost avoidances of the HFM. To explore this concern, research question 2 asks “what challenges will administrators face in implementing HFM within Colorado’s competitive housing markets?” By addressing these research questions, this study aims to identify HFM best practices as well as crucial challenges to implementation in order to build bipartisan, multi-

industry support around an efficient and effective solution to homelessness at the local and state level.

Members of HC will find value in this project's ability to bring competing perspectives together behind one program with an economic and community development lens, facilitating cross-sector collaboration to address a social issue that, when alleviated, results in exponential economic gains and increased public good. This study will act as an informational tool for members to reference during the development, financing, and implementation of HFM as well as to facilitate increase educational and advocacy efforts surrounding HFM implementation. This study has multiple sections including a review of the academic literature, research questions, methodology, results, discussions and conclusions. The first section contains academic literature regarding the cost avoidances of HFM and the associated challenges in maximizing cost avoidances. Next, the study outlines the development of the research questions and moves to the methodology for addressing them. Then, the study outlines the process for selecting interviewees and developing interview questions before moving to the results of the interviews. The final section focuses on implications to the housing community and recommendations to further facilitate HFM best practices and advocate for HFM support. By focusing on cost avoidance and overall community development, HC seeks to facilitate the development of HFM with more frequency and bipartisan support to better serve homeless populations with the potential to more efficiently allocate scarce public resources.

### Literature Review

By pursuing HFM, public administrators maximize social well-being through more efficient uses of taxpayer and donor monies. This literature review outlines the need for HFM in Colorado, and then moves into the benefits and the challenges associated with developing,

financing, and implementing HFM in Colorado's housing markets. By focusing on cost avoidance and community development, HFM alleviate the social and fiscal burdens of homelessness while improving housing satisfaction and quality of life for Colorado residents.

### The Need - Homelessness in Colorado

Homelessness in Colorado reflects a complex social issue compounded by rising housing costs, low vacancy rates, and rapid population gains. The Colorado Department of Labor reported an average vacancy rate of 6.1 percent and an average rent of \$1281 across the state in the fourth quarter of 2016 ("Vacancy & Rent", n.d.). At the same time, unemployment rates in Colorado dropped below the national average of 4.7 percent to a low of 3.0 percent, contributing to further housing demand, low vacancies, and increasing rents and mortgages as workforce employees seek affordable housing (Colorado Employment", 2017). From 2011 to 2016, average rents increased over 40 percent while average pay increases hovered around only 3 percent ("Vacancy & Rent", n.d.; Svaldi, 2016). One in four Colorado renters spend over 50 percent of their income on housing needs making a large portion of the population at risk of homelessness ("Home Economics", 2015). At these rates, rents in Colorado require a minimum wage worker to work 100 hours a week to afford a two bedroom apartment ("LiveAffordablyColorado", n.d.).

In addition to rents, Colorado's median home price also surpasses the \$223,000 national standard with Fort Collins averaging 42 percent higher, Denver 48 percent higher and Boulder 88 percent higher (Stromberg, 2016). Zillow reports the statewide median home price in Colorado was \$369,000 in January 2017, compared to only \$199,000 in January 2012, a whopping 85 percent increase in only 5 years ("Colorado Home", n.d.). These affordability challenges contribute to the nearly 10,000 reported homeless individuals within the state in 2015 with over 60 percent located in the greater metro Denver area (Adcock et al.). According to



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Denver Road Home's 10 year Annual Report, over 3700 individuals in the metro Denver area experience homelessness on a given night, with nearly 31 percent female, 23 percent employed, and 12 percent chronically homeless (City and County of Denver [CCD], 2015). Chronic homelessness refers to individuals or households who are either homeless for 12 consecutive months or four or more times totaling 12 months over three years ("Flowchart", n.d.). Nearly 1,200 are homeless veterans and over 650 are homeless youth (Homeless Budget, n.d.). These individuals cannot be expected to make the transition to stable housing on their own when housing accessibility is out of reach in Colorado's markets. With population gains expected to hit 100,000 additional residents a year, development of affordable housing remains inadequate as housing costs continue to rise as vacancy rates and employee wages remain low (ACLU, n.d.).

### The Solution – Key Components of Housing First Models

The success of HFM lies in the ability of community stakeholders to create a robust network of services between government and nonprofit organizations to provide holistic treatment to residents through a separation of housing and support services paired with a harm reduction approach. Two types of HFM consume much of the literature to date, outlining the components of HFM and support services. First, single site models provide participants with individual units within a larger housing project dedicated solely to HFM recipients and accompanied by onsite supportive services. Second, scattered site models provide HFM recipients with an individual housing unit within the community at large providing greater independence and perceived consumer choice (Stahl, Collins, Clifasefi, Hagopian, 2016). Both models require the use of a coordinated entry process, such as the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPIDAT), to ensure equal access to housing assistance based on standard criteria used to assess the needs of homeless individuals. Once

placed, residents are treated as tenants, expected to pay 30 percent of their income towards rent, most often through the form of benefits enrollment, and required to adhere to general rules of leases such as timely payments, lack of disturbances, or legal violations (Stefancic and Tsemberis, 2007). By utilizing these coordinated entry systems to track applicant eligibility and vulnerability scores, HFM providers can easily identify qualified applicants without bias influencing the prioritization and subsequent treatment of candidates.

Regardless of HFM type, the primary goals of the programs are to provide housing recipients with a wide array of support services through a continuum of care (CoC) and a harm reduction approach. A CoC is designed to facilitate the use of communitywide resources to address homelessness by providing funding, education, and assistance to organizations promoting increased access to community resources in order to improve self-sufficiency among those experiencing homelessness (“Continuum of Care”, n.d.). The CoCs assist HFM providers throughout Colorado in identifying and placing eligible HFM clients in the most efficient, bias free manner possible with the goal of housing society’s most vulnerable homeless residents, decreasing their costs to health and judicial systems. The community resources provided through HFM include benefits enrollment in health and human services, community integration support including peer support and familial reunions, and connection to education and employment opportunities to further self-sufficiency (Aubry, Nelson, Tsemberis, 2015). CoCs can utilize different treatment models including assertive community treatment (ACT) models based on team-like support groups to build personal connections within the or through intensive case management (ICM) models with individualized support services to address the varying degrees of program participants’ needs (Macnaughton et al, 2015). CoC best practices call for a 1:10 staff to client ratio to ensure successful integration of HFM recipients into available services (Pearson,

Locke, Montgomery, Buron, 2007). These CoC practices adhere to the harm reduction framework, which recognizes “a ‘risk environment’ framework” that “envisages drug harms as a product of the social situations and environments in which individuals participate. It shifts the responsibility for drug harm and the focus of harm reducing actions, from individuals alone to include the social and political institutions which have a role in harm reduction” (Rhodes, 2009). By removing the most vulnerable citizens from risk environments, HFM minimizes the risks of drug use while providing a safe and secure environment for recovery and rehabilitation (Bernadette, Reist, Belle-Isle, Schactman, 2013). While these services are available to all HFM clients, no client is required to participate in any support services as a condition of remaining placed in permanent housing. HFM ability to accommodate varying residential needs through all phases of achieving housing stability with no prerequisites or preferential treatment for any one case drives the success of HFM in permanently housing clients.

By detaching housing conditions from treatment options and following a harm reduction approach, HFM increases housing satisfaction and subsequent HFM success by creating a sense of community, stability, and control for the residents, allowing previously homeless individuals to thrive on the path to housing satisfaction and retention while increasing the quality of life for the homeless community as well as the community at large. A study in 2016 used semi-structured interviews to understand HFM recipients’ perspectives on why HFM successfully addressed their needs when traditional programs failed to do so in the past (Stahl, Collins, Clifasefi, Hagopian, 2016). Residents pointed to the increased sense of community with fellow residents and staff as a primary component of HFM ability to continually evolve to serve the ever-changing needs of residents. Residents recalled healing one another through the roughest of times whether by sharing alcohol to ward off fatal withdrawals, picking up groceries for sick or

disabled neighbors, or providing the comfort of watching over someone's family members or belongings. Residents even conveyed the importance of positive organizational culture and personality mesh between residents and staff to facilitate trust and effective support networks (Macnaughton et al, 2015). Furthermore, the stability of knowing their home is permanent allows residents to invest personal time, energy, and money into their new homes. HFM provides residents the independence and autonomy to set their own goals and work towards hitting achievement on their own timeline, giving residents a restored sense of dignity, respect, and empowerment. The newfound sense of freedom restores residents' will to succeed and provide valuable contributions to their community including helping others who have experienced the same struggles. The increased housing satisfaction from the sense of community, stability and control allows HFM participants to transition to independent housing more quickly as they face fewer obstacles in their path to self-sufficiency and are motivated to succeed in their own terms. This success stems from HFM ability to accommodate a wide variety of homeless individuals' needs every step of the way to self-sufficiency.

### The Benefits – To the Homeless Community and Community At Large

HFM predominantly focus on housing the chronically homeless, those without a permanent home or shelter for long or repeating periods of time, due to the disproportionate cost burden chronically homeless individuals place on public budgets (CCD, 2015). Chronically homeless individuals cycle in and out of shelters, hospitals, jails, and detox facilities, costing Colorado taxpayers \$666 in a psychiatric hospital, \$56 in a correctional facility, and \$175 in a detox, jail or emergency room on any given day ("Homeless Budget", n.d.). HFM are more cost efficient than reactive approaches to homelessness because they effectively reduce demand for these temporary housing mechanisms and other associated services by 73 percent by providing

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permanent housing to clients most in need. After serving over 400 individuals in their HFM, CCH witnessed a 96 percent housing retention rate, indicating HFM more effectively accommodate the vast needs of homeless individuals than traditional programs (“Housing First”, 2012). After one year of housing, a HFM resident will see an 80 percent reduction in demand on detox services, 50 percent reduction in jail costs, and a 40 percent reduction in healthcare costs (“Homeless Budget”, n.d.). By investing in HFM models, taxpayers will see a cost avoidance of more than \$30,000 per homeless individual per year, indicating an opportunity for dramatically increasing the efficient use and subsequent impact of public dollars (Perlman & Parvensky, 2006). At these rates, housing 500 chronically homeless individuals results in a cost avoidance exceeding \$15 million per year in government budgets.

Chronically homeless populations disproportionately expend public services due to higher rates of mental health, substance abuse and healthcare complications that contribute to increased utilization of public services (Stahl, Collins, Clifasefi, Hagopian, 2016). After beginning their HFM program in 2003, The Colorado Coalition for the Homeless (CCH) found that housing 150 participants saved \$4.7million dollars in shelter costs alone. In those two years, inpatient medical costs decreased 66 percent, ER costs reduced 34 percent, and incarceration costs reduced 76 percent. Meanwhile 50 percent of patients saw improved health, 43 percent experienced improved mental health, 15 percent saw decreased substance abuse, and 64 percent reported an overall increase in quality of life. Furthermore, 34 percent enrolled in benefits including funds from supplemental security income (SSI), social security disability income (SSDI), veteran affairs (VA), or old age pension (OAP) (“Colorado Coalition”, n.d.). The average income of residents, whether through employment or benefits enrollment, increased from \$185 a month to \$431 (Perlman & Polvensky, 2006). Housing these chronically homeless

individuals alleviates budget constraints by reducing dependence on healthcare and judicial services, thus lowering the per person treatment cost of homelessness while simultaneously creating newly empowered members of the community who provide local investment income via employment, rent, and tax revenues, as well as the purchasing of local goods and services.

HFM ability to decrease dependence on alcohol and reduce psychiatric symptoms largely contributes to the decreased treatment costs per case (Tsemberis, Kent, Respress, 2012; Stefancic & Tsemberis, 2007). These costs are avoided via decreased time spent in detox, emergency rooms, inpatient/outpatient care, and jails/prisons (“Housing First”, 2012). Randomized control trials (RCTs) on HFM confirm correlations between the risk of housing disruption and dependence on drugs or alcohol and increased mental illness, making HFM particularly useful in treating these vulnerable populations (Stahl, Collins, Clifasefi, Hagopian, 2016). One of the largest RCTs to date compared the outcomes of 1158 HFM recipients to 990 recipients of standard housing programs across 5 Canadian cities between 2009 and 2013, all of whom spent an average 5 years’ time being homeless (Aubry, Nelson, Tsemberis, 2015). The study found HFM participants consistently yielded superior outcomes in terms of housing stability, community integration, social development, and clinical outcomes due to decreased use of emergency and judicial services paired with increased access to treatment opportunities and public benefits. Furthermore, evidence emerged indicating HFM programs become more reliable with time as staff expertise, leadership development, service partnerships, community relationships, and organizational culture improved, maintaining better adherence to HFM goals and priorities that maximize model fidelity and subsequent cost avoidances (Macnaughton et al, 2015). HFM ability to improve the mental health and drug dependence of homeless populations

requires the promotion of housing stability, satisfaction, and quality of life for HFM clients, benefitting entire communities through maximized public utility and community development.

### The Challenges – Model Fidelity, Affordability, and Housing Disruption

Perhaps the biggest challenge to implementing successful HFM is ensuring model fidelity to maximize the avoided costs to other public systems. Model fidelity refers to the “adherence, integrity, and quality of implementation...to which the delivery of an intervention adheres to the protocol or program model as intended by the developers” (“James Bell Associates”, 2009).

Model fidelity aims to not only identify HFM positive outcomes but also the best practices that produce those outcomes to maximize program effectiveness and subsequent cost avoidance. A big challenge to maintaining HFM model fidelity is keeping the housing and support services truly separate. A systematic review of 25 HFM found that only 64 percent met original model criteria requiring the separation of housing and support services and an absence of requirements to housing access (Tabol, Drebing, Rosenheck, 2010). Keeping staff focused on HFM best practices represents another big challenge that often results in program drift as staff return to old habits of traditional, less impactful support services. One study of staff with past experiences in abstinence based programs found modifications to program implementation that weakened program efficacy particularly around the concept of harm reduction (George et al., 2008).

Research on model fidelity exposes numerous positive benefits of proper implementation of HFM best practices including: increased model fidelity over time as expertise and relationships develop, operating pressures ease as best practices are refined, and priorities shift to meet the changing needs of clients (Stergiopoulous, et al, 2015). Adherence to model fidelity requires frequent staff trainings and strategic planning to ensure best practices are well known and

modified to fit within the organizational and societal contexts of a community with opportunity to evolve with time as processes, goals, and priorities shift.

Another big challenge that undermines HFM fidelity in Colorado is the lack of affordable and available housing units causing increased housing delays and disruption. One study identified two primary causes of housing disruption, compounded by affordability and vacancy issues and contributing to further housing placement delays and transfers: recipient preferences and prioritization of consumer choice of immediate housing access (Zerger, et al., 2016).

Affordability challenges hinder HFM success by focusing housing providers' attention and resources on rehousing efforts rather than initial housing of new participants, causing increased instability for current residents and delays for perspective residents (Stergiopoulous et al., 2015). In addition, the complications of evictions or background check blemishes further restrict housing availability. The affordability challenges to HFM implementation undermine the cost avoidances of HFM by forcing cuts to treatment or housing services, creating further housing disruption and resident instability, undermining program outcomes. HFM face inevitable housing discontinuity that threatens the stability of HFM residents, thus, providers must ensure potential housing disruptions are avoided at all costs to minimize the number of occurrences residents face (Stahl, Collins, Clifasefi, Hagopian, 2016). Lack of affordable and available housing units paired with HFM budget constraints should not add to the obstacles HFM residents already face in securing and maintaining stable housing.

### Research Questions and Methodology

This project aims to highlight HFM best practices, identifying challenges the competitive housing market creates for maximizing cost avoidances. By focusing on the specific practices of local HFM, this study intends to appeal to housing professionals from all sectors and political



backgrounds to inspire collaborative support behind an economically sound policy for addressing homelessness. The researcher anticipates the discovery of HFM modifications that are both intentional and unintentional, created as a result of either necessity due to lack of necessary resources or strategy due to a desire to further improve efficiency. By showcasing the practical implementation of HFM across Colorado, and considering limited and competing resources, this study aims to highlight areas of best practices that can be mimicked where possible as well as areas of best practices that are being threatened due to lack of adequate resources to maintain model fidelity. By highlighting these practices and consequences, whether positive or negative, Colorado housing practitioners can turn to this study to improve their HFM program as well as advocate for increase support and resources for HFM implementation.

This study aims to address the following research questions to fulfill HC's goals:

1. What are the primary components of Housing First models within Colorado?
2. What challenges will administrators face in implementing Housing First models within Colorado's competitive housing markets?

To evaluate the key research questions, the researcher conducted a qualitative analysis using interviews to gather industry experts' input on Colorado HFM components and challenges hindering cost avoidance in competitive markets. The researcher conducted eight semi-structured interviews with purposefully chosen housing industry experts from the public sector within Colorado to gather a representative sample from industry experts currently involved in the development and implementation of HFM, with snowball sampling occurring as interviewees referred additional experts to be evaluated. For the purpose of this study, to qualify as an HFM, programs must utilize a CoC with a coordinated entry process used to determine applicant eligibility. The programs must separate housing and support services so that while support

services are readily available and encouraged, no HFM client is required to utilize any support service as a precondition to remaining housed. All support service providers must utilize a harm reduction approach to provide a safe environment for at risk clients without requiring abstinence.

The final number of interviews held was restricted by interviewee availability within the data collection time frame of March 20<sup>th</sup> to March 30<sup>th</sup> of 2017 to adequately allow for the process of collecting, organizing, and summarizing the qualitative data. The interview questions and associated probes arose as the researcher evaluated the literature, identifying gaps necessary to address the research questions. The semi-structured interview contains open ended questions and supplemental probes to ensure that each interviewee addresses the primary subjects necessary to answer the research questions. Interviews were recorded and transcribed for more accurate analysis and the opportunity to utilize expert testimonials. Transcribed interviews were analyzed using preset coding schemes developed deductively including components of HFM such as CoCs, coordinated entry, time limitations, site type, separation of services, and harm reduction components, and affordability challenges. Further coding schemes were developed inductively after gathering initial data and include HFM modifications, obstacles, housing satisfaction, housing retention, collaboration, and resource management. These coding markers were used to categorize interview content into results and recommendations. The goal of the qualitative interview process is to identify commonalities between Colorado HFM and pinpoint techniques for overcoming challenges to implementation that HC share with stakeholders and practitioners to better advocate for HFM across the state.

### Results

The researcher interviewed eight industry experts from seven agencies currently working on the development, implementation, and preservation of HFM across the state of Colorado as

shown in Table 1 of Appendix A. Seven of the eight subjects work specifically within the housing industry, representing the Boulder Housing Partners (BHP), Boulder Shelter for the Homeless (BSH), Colorado Coalition for the Homeless (CCH), the Colorado Division of Housing (DOH), the Empowerment Program (EP), and Homeward Pikes Peak (HPP). Four of the seven agencies work as direct housing providers of HFM: BSH, CCH EP, and HPP. The final three of the seven are housing facilitators including one subject from a local housing authority (BHP) and two subjects from the state DOH. These final three play roles in funding and facilitating HFM but not in directly implementing or managing projects. The final subject of the eight interviewed works for the Harm Reduction Action Center (HRAC), providing a glimpse at HFM practices and challenges from the support service provider perspective. All interviews lasted between 30 minutes and one hour and were all conducted via telephone between March 20<sup>th</sup> and March 30<sup>th</sup> of 2017.

What are the primary components of Housing First models within Colorado?

*“Our goal is to make sure that every Coloradan has a safe and stable place to live.”* (K. Toombs, Personal Communication, March 30, 2017). Of all programs the interviewees represented, all confirmed their projects’ adhere to the basic criteria of best practices set forth by HUD and existing literature to qualify as a HFM: all utilize a CoC with a coordinated entry process to place eligible candidates into none-time restricted housing units; all are comprised of either single site, scattered site, or a combination of both project types; all confirmed a separation of housing and support services with no conditions to attend support services in order to maintain housed within the HFM; and all adhere to a harm reduction support services approach. All respondents referred to the importance of being as low barrier as possible in order to house society’s most vulnerable homeless individuals and the necessity of creating an inclusive and

accessible community of support services to empower HFM recipients to achieve independence and self-sufficiency.

### Engaging HFM Residents to Increase Satisfaction and Retention

Beyond maintaining these HFM components mandated by HUD, HFM success depends on the program's ability to respond to vast and diverse resident needs, creating a sense of community, stability and control to increase housing satisfaction and retention amongst residents. *"It's not for us to run a program, it's for the clients to tell us what they want, so we can model the program after their needs."* (H. Ryan Figueroa, personal conversation, March 28, 2017). Many practitioners reflected on community engagement activities that go beyond traditional support services to engage clients on an informal basis. These activities can be monthly or quarterly, both within the project site or offsite. Practitioners referenced pizza and bowling parties, cooking and art classes, and volunteering excursions, yet the common theme was the necessity of recognizing the different needs of different clients and making programs available to engage them. For instance, engaging residents in a single site is easier than a scattered site program, because the residents are already consolidated under one roof and often have social interactions in public spaces. On the other hand, practitioners point to the need to balance engagement activities like these for scattered site recipients due to their innate nature to be less social and prefer their privacy. Housing providers should make a point to ensure these community engagement activities are available to scattered site HFM recipients, so they have the choice to participate or not. Regardless of site type, HFM practitioners must seek to accommodate the varying needs of residents to adequately engage them within the community.

### Ensuring HFM Implementation Adheres to Best Practices

Though HFM are growing in popularity, interviewees urged fellow practitioners to educate stakeholders on the true meaning and practical implications of HFM in Colorado communities. Many interviewees pointed out that the primary components of HFM are still misunderstood by housing practitioners with a common theme being that HFM means to simply put someone in a housing unit and leave them alone. Cross collaboration, knowledge and data sharing are necessary to clarify the components of HFM and dispel any misconceptions using evidence based data to reinforce success and advocate best practices. HFM practitioners work tirelessly to educate others through opportunities to engage with fellow community advocates, sharing data and ideas through both informal and formal communications. Interviewees reiterated the need for a shared vision and strategic plan to effectively work together across industries to maximize use of human, financial, and technical resources.

Practitioners pointed to a variety of educational tools and resources available to maintain best practices including researching policy and best practices both in the U.S. and internationally, attending trainings, webinars, and conferences to stay informed on progress within the industry, and subscribing to email alerts from housing advocacy groups sharing critical updates. While conferences are great opportunities to learn more, one interview subject took the educational opportunity one step further by finding contact information for speakers, then calling to engage in a conversation tailored to local needs. Navigating the ample resources available to facilitate knowledge sharing and being proactive in identifying HFM best practices provides the opportunity to improve both as an individual HFM provider and as an HFM advocate.

When discussing best practices, a common theme emerged indicating that many HFM best practices are imposed upon housing and service providers via funding restrictions and project deliverables from housing facilitators. The role of housing facilitators such as

government agencies or housing authorities goes beyond providing financial resources, and includes the responsibility to be a convener of ideas and people and a provider of tools and technical assistance, helping localities identify the issues at hand, pinpoint the most appropriate solutions, and then implement and effectively maintain project sites. For example, to receive federal HUD funds, an HFM provider must utilize a continuum of care with a coordinated entry system to identify eligible clients who meet HUD criteria for HFM. Furthermore, housing funders often have project deliverables requiring the use of monitoring practices, reporting mechanisms, and contract review periods as a means of ensuring adherence to best practices to maximize cost avoidances. This formal process triggers an open dialogue between all stakeholders where constant communication further strengthens HFM implementation and maintenance of best practices.

### Modifications to Best Practices

Analyzing Colorado HFM projects revealed that some modifications to HFM best practices are necessary to accommodate cultural, social, or political contexts. Perhaps the biggest cause for modifications to HFM is the need to make the solution appealing to the local community that will house the HFM in order to overcome potential backlash and not-in-my-backyard (NIMBY) attitudes that hinder the ability to place HFM recipients within the larger community. Sometimes HFM must start in pilot mode to mitigate potential NIMBY attitudes, because communities are more likely to test the concept with only a few community stakeholders and a certain homeless population because it is overwhelming to address all aspects of homelessness at once. Boulder County took this approach by placing additional criteria on their HFM, requiring that individuals approved for housing assets within Boulder have ties to the Boulder community, accommodating the desire of Boulder residents to see their tax dollars used

to help Boulder locals in need. HPP in Colorado Springs took the same approach by focusing their HFM on serving the homeless veteran population, leveraging ties to the local military community to build partnerships and support. When turning to the resort communities in West Colorado, the conversations tend to focus on workforce housing shortages rather than housing the chronically homeless, yet a HFM may be the solution for providing affordable workforce housing to resort communities dependent on the service labor. When determining the most effective solutions, housing experts must consider their local context and identify potential best practices modifications and whether those changes will have positive or negative impacts on HFM efficiency and the ability to maximize cost avoidance.

What challenges will administrators face in implementing Housing First models within Colorado's competitive housing markets?

With low vacancies and rising housing costs making Colorado's market more difficult to navigate for nonprofit and government housing providers, HFM seek to modify practices to streamline HFM efficiency, making sure no housing asset goes underutilized while individuals in need continue to live on the streets. Some interviewees indicated that although useful for identifying qualified HFM participants, the coordinated entry process can cause delays to housing placement. *They all (VISPIDAT candidates) qualify, so it's a question of who can we get into a unit most efficiently.*" (G. Harms, personal conversation, March 22, 2017). Most CoCs using the VI-SPIDAT produce one name at a time, the next eligible applicant with the highest vulnerability score, causing delays ranging from two weeks to two months as the housing provider locates the approved individual and gets them document ready, such as getting a birth certificate or state identification.

To avoid this delay, HFM practitioners identified two steps to be proactive in anticipating opportunities for placement. First, HFM practitioners can implement a process for case managers to identify potential HFM clients with high vulnerability through their day to day interactions with the general homeless population, allowing case managers the opportunity to get potential HFM clients document ready before receiving confirmation of eligibility through the VI-SPIDAT. Second, housing providers can modify their VI-SPIDAT to produce multiple names at once to decrease placement time. In doing so, they can more quickly place eligible candidates by determining who on the list is most easily accessible and most document ready. In a competitive housing market like Colorado's, where HFM units rarely come available, having a unit sit vacant for an entire month is unacceptable considering a qualified HFM recipient could have been off the streets and potentially saved from life threatening exposure during that time.

Compounding the issue of low vacancies is the issue of lack of housing choice paired with a lack of funds for project development, making HFM providers dependent on private housing managers to agree to work with HFM clients. In some areas, individual property management groups may control the majority of rental properties on the market, thus the decision of one owner not to work with a HFM can restrict access to most available units, leaving the program to be creative in finding alternative housing options. This is particularly challenging for those HFM who predominately operate scattered site units and lack single site housing assets or the funds to develop them. Of the four direct housing providers interviewed, three rely on scattered site with one having no single site option to counter the lack of scattered site vacancies. In other situations, Colorado's competitive housing market may force Coloradans to relocate through no fault of their own, causing just enough application, deposit, and moving costs to accumulate to put a person out on the streets. This issue not only affects every day



Coloradans, but it also disrupts the stability of already placed HFM clients. Those placed through scattered site options may live in a unit integrated into the community for years. When the apartment complex changes ownership, new owners may decide not to work with the HFM providers, or they may decide to displace all residents to conduct renovations, reopening the complex above FMR and out of reach of most previous tenants. This displacement of already housed HFM clients creates further challenges for housing providers who feel they must help in relocating the client, but stipulations to HUD funding limits deposit or application assistance to one time per client, requiring HFM providers use alternative revenue sources to cover such costs.

The issue of housing choice is further compounded by limitations to housing choice for nontraditional consumers. Hesitation from landlords to provide housing to ex-offenders or those with past evictions makes it even more difficult for housing providers to place HFM residents if no single site options are available. Landlords must be willing to work with housing providers to accommodate residents with background blemishes, but without legislative or financial incentives, landlords are unwilling to work with housing providers seeking to house those with unstable histories. This indicates a priority area for increased education and advocacy efforts to inform landlords of the true implications of working with HFM providers in order to overcome barriers to housing access and choice. *“We are meeting with landlords on a person to person basis...reaching out to landlords to see if they will work with us, and describing the services that we provide to ensure that our clients, if there’s ever an issue, we will jump on the ready to make sure the issue is taken care of”* (H. Ryan Figueroa, Personal Conversation, March 28, 2017). Additional efforts include pilot programs that house difficult to place individuals, showcasing achievements to make recommendations to the legislature to fund additional programs and legislate additional incentives to house those individuals based upon cost avoidance estimations.

Further modifications to HFM best practices may be driven by limited and competing human and financial resources compounded by stipulations to funds, hindering the ability of HFM providers to respond to local needs and undermining HFM success. Providers stated that funding limitations make adherence to the ACT ratio of 10 clients per case manager or health provider ratio of 100 clients per clinical team nearly impossible because salary costs are unsustainable given the limited resources. In addition, workforce housing shortages create staffing shortages that further undermine the projects' ability to maintain best practice provider ratios. This lack of financial resources forces practitioners to weigh decisions between what the biggest priorities are for their particular project, the clients they serve, and the stakeholders supporting the model. *"We never have enough and so what I try to do is ensure we are managing those (resources) as efficiently and effectively as possible, targeting them to the people who need it the most, and making sure it's the right intervention for the right need."* (K. Toombs, Personal Communication, March 30, 2017).

### Discussion and Conclusion

Interviews revealed that while the prevalent HFM components in Colorado adhere to HFM best practices required by funding criteria, modifications emerged for a variety of reasons with both positive and negative results due to the challenges within Colorado's housing market. These findings suggest an increased need for HC to promote and facilitate: 1) increased educational opportunities to engage stakeholders and build support; 2) increased flexibility and collaboration between practitioners to streamline efficiencies while accommodating local needs; and 3) increased advocacy efforts by leveraging existing data and knowledge sharing. First, increased educational opportunities are needed amongst housing and homelessness experts to provide consistent, reliable evidence of HFM best practices. By increasing education and

awareness of HFM components, HFM advocates can reduce misconceptions surrounding HFM, building community support and understanding around the goals and implications of HFM implementation to solve community needs. Second, increased flexibility and collaboration between funders, developers, and housing providers is necessary in order to accommodate local contexts, sustaining an open dialogue to further facilitate knowledge sharing opportunities.

Through increased flexibility and cooperation amongst vested parties, HFM funders, providers, and community stakeholders can better accommodate necessary modifications or improvements to their program while avoiding detrimental modifications that undermine HFM housing retention and cost avoidance success. Last, these efforts allow HFM supporters to better advocate for increased policy incentives and budget allocations to mitigate the challenges HFM practitioners face in implementing projects with limited funding sources, scarce unit availability, and unaffordable housing costs.

### Increased Educational Opportunities - Engaging Stakeholders and Building Support

In order to better facilitate the implementation of HFM best practices, housing experts must prioritize educational and knowledge sharing opportunities to highlight HFM components and associated challenges in order to dispel myths about HFM and reinforce standards for best practices. This increased awareness is necessary for both the housing industry and the general public to convey the success of HFM and articulate its usefulness in addressing the vast array of homelessness challenges within varying social, political and cultural contexts. In addition, the educational efforts should reinforce current HFM practitioner's understanding of HFM best practices to improve adherence to model fidelity over time as HFM expertise and networks grow. HC's unique role as a membership organization focused on education, advocacy and networking improves their ability to assist in clarifying HFM practices and implications, rallying additional

support around the implementation of HFM across the state. Through increased knowledge of the local contexts that shape HFM practices in Colorado, HC members can better advocate for the support of HFM as well as facilitate increased opportunities for HFM practitioners to collaborate via conferences, workshops, and webinars.

### Promote Flexibility and Collaboration between Practitioners

To further facilitate these educational efforts and flexibility amongst practitioners, increased collaboration between stakeholders is needed to sustain an open dialogue and better advocate for HFM support. While CoCs often coordinate shareholder meetings on a regular basis, a variety of meetings should occur at all levels, involving all organizations, and across all regions to facilitate open dialogue between stakeholders from all industries. Because HFM success depends on services spanning multiple sectors and organizations, it is crucial stakeholders meet on a regular basis to ensure all invested parties agree on the primary components of HFM, the role of each vested party in supporting the HFM, and the necessary actions to execute a shared vision for a community free of homelessness. Practitioners should gather input from as many vested parties as possible to create strategic plans, identifying common goals and overlapping efforts to better facilitate best practices by streamlining services across multiple agencies and sectors. In doing so, practitioners should consider pilot programs that appeal to the particular community in need as well as the stakeholders involved in the implementation process, allowing HFM practitioners to connect local values to the goals and priorities of the project. The responsibility lies on local communities to work together with stakeholders and housing experts to identify problems within their community and determine the most suitable solutions, leveraging available financial, human, and technical resources while

keeping in mind how the culture, political, or social contexts of the area may hinder the ability to implement a particular solution, prompting modifications that appeal to the larger community.

With many HFM best practices driven by funding stipulations, it is crucial that the tools and funding stipulations required by both federal and state funders provide flexibility for modifications to encompass cultural, social or political contexts to better meet the needs of the community. HFM facilitators and funders must balance the necessary oversight and project deliverable expectations that come with funding HFM with the understanding that local contexts often require modifications that hinder a projects' ability to meet certain deliverables through no fault of their own, making them vulnerable to lost funding streams essential to their daily operations. Simultaneously, HFM practitioners must lobby governments and financiers to be more aware of the various factors that impact a project's ability to meet certain standards. Increased dialogue and open communications are necessary on both sides to educate HFM stakeholders on the realistic implications of HFM implementation within Colorado housing markets. While consistently agreed upon practices such as utilization of a coordinated entry system and a CoC remain universal practices for all HFM, unavoidable modifications and subsequent costs must be accommodated without threat of reduced or eliminated funding in order to facilitate productive knowledge sharing opportunities highlighting reasons for HFM modifications and ways to overcome implementation challenges that hinder program success.

Advocacy – Leveraging data and knowledge sharing

To overcome restricted housing choice and lack of funding for HFM development and implementation, HFM advocates must lobby representatives to create policy changes that incentivize further support of HFM projects. Legislative incentives can exist in a variety of forms, whether it's increased budget allocations for HFM implementation, tax incentives for

development of HFM sites, or housing funds to mitigate risks of private involvement, encouraging increased collaboration across sectors. With an abundance of educational tools available, housing practitioners must remain proactive in navigating relevant information to identify new practices and techniques appropriate to local contexts, sharing knowledge, data, and techniques to further dispel HFM misconceptions and build support across all industries and sectors. Housing facilitators often provide additional support through lobbying and advocacy efforts due to mandated monitoring and reporting mechanisms already in place, giving them access to compelling data and evidence to advocate for HFM success. In addition, these housing facilitators often fund pilot programs across the state that would otherwise not exist, allowing for increased flexibility and educational opportunities to determine the most appropriate implementation methods given local contexts. HFM advocates must leverage the role of housing facilitators and existing data and information to effectively advocate for additional funding to support increased funding and legislation opportunities to benefit HFM providers.

### Limitations of the study

Although confident in these conclusions, the researcher recognizes unavoidable limitations to the study. First, the size of the population interviewed as well as the purposeful method of selecting interview subjects limits the validity of the researcher's conclusions and the ability to apply results to a larger population of HFM practitioners across the state. Further research should expand the perspectives of interview subjects, drawing on experiences from more support service providers and project funders and developers to better understand the collaborative efforts necessary to successfully create a cost efficient HFM network. Future research should also incorporate the perspectives of HFM recipients, highlighting which components of HFM are most effective, resulting in increased housing retention and client

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success. Future research should also seek to gather more rural perspectives across Colorado, as the majority of this study's interview subjects work predominately within the metropolitan areas along the Front Range. Further research can utilize a mixed methodology to compare the quantitative data of each housing provider with the qualitative data found through this study in order to identify whether any modifications to best practices impacted HFM housing retention or cost avoidance rates.

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**Appendix A**

Table 1

*Components of Housing First Models*

	Interviewee	Org.	Provider Type	Coordinated Entry System	Continuum of Care Provider	Time limited	Scatter Site	Single Site	Separation of Housing & Support Services	Harm Reduction Approach
1	P. Hannegan	BHP	Housing Facilitator	VI-SPIDAT	MDHI	N	Y	Y	Y	Y
2	G. Harms	BSH	Housing Provider	VI-SPIDAT	MDHI	N	Y	Y	Y	Y
3	L. Thompson	CCH	Housing Provider	VI-SPIDAT	MDHI	N	Y	Y	Y	Y
4	A. George	DOH	Housing Facilitator	Required for funding recipients	Required for funding recipients	N	Y	Y	Y	Y
5	K. Toombs	DOH	Housing Facilitator	Required for funding recipients	Required for funding recipients	N	Y	Y	Y	Y
6	L. Thayer	EP	Housing Provider	VI-SPIDAT	MDHI	N	N	Y	Y	Y
7	H. Ryan Figueroa	HPP	Housing Provider	VI-SPIDAT	Pikes Peak	N	Y	N	Y	Y
8	R. Kanaster	HRAC	Support Services Provider	n/a	n/a	n/a	n/a	n/a	n/a	Y

Table 1 Key:

1. Boulder Housing Partners (BHP)
2. Boulder Shelter for the Homeless (BSH)
3. Colorado Coalition for the Homeless (CCH)
4. Colorado Department of Local Affairs - Division of Housing (DOH)
5. The Empowerment Program (EP)
6. Homeward Pikes Peak (HPP)
7. Harm Reduction Action Center (HRAC)
8. Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPIDAT)
9. Metro Denver Homeless Initiative (MDHI)

**Appendix B**

Interviewees

1. Alison George – Director of the Colorado Department of Local Affairs, Division of Housing
2. Greg Harms – Executive Director of the Boulder Shelter for the Homeless
3. Heather Ryan-Figueroa – Housing Director at Homeward Pikes Peak
4. Kristin Toombs – Homeless Programs Manager of the Colorado Department of Local Affairs, Division of Housing Homeless Programs Initiative
5. Lisa Thompson – Housing First Director of the Colorado Coalition for the Homeless
6. Lynn Thayer – Housing Services Program Manager at The Empowerment Program
7. Penny Hannegan – Director of Organizational Excellence & Human Resources at Boulder Housing Partners (Housing Authority)
8. Ruth Kanaster – Syringe Access Director & Senior Health Educator at the Harm Reduction Action Center

Appendix C

Interview Questionnaire

**RQ1: “What are the primary components of Housing First models within Colorado?”**

1. How is applicant eligibility determined?
  - a. How long does it typically take to place an eligible applicant in housing once approved?
  - b. Is the length of stay for a resident time limited?
2. What are the primary components and/or priorities of your community’s housing first model?
  - a. Do your HF models adhere to common HF components including single and scattered site option, separation of housing and support services, and harm reduction approach?
  - b. How does your program’s model ensure increased housing satisfaction accommodating a variety of resident needs at different stages of recovery?
  - c. In particular, what program practices create a sense of community, stability, and control for residents?
  - d. How do these characteristics play into the increased housing retention of HF recipients?
3. What role does cross sector collaboration play in providing a successful HF model?
  - a. How do you incentivize experts spanning multiple industries from health and human services to courts and incarcerations to dedicate both human and financial resources to the implementation of HF programs, particularly when they are benefitting financially from HF implementation?
4. What are the unconventional benefits of separating the housing and support services aspects of HF models.
  - a. What about the benefits of the harm reduction approach?
5. Which of these HFM components and associated benefits create the greatest cost savings?
  - a. Does your organization see the cost savings or are the cost savings born by other entities such as health, judicial, and human services?
  - b. How are these cost savings being utilized?
  - c. Can cost savings be reinvested to benefit the community at large?

**RQ2: What challenges will administrators face in implementing Housing First models within Colorado’s competitive housing markets?**

6. How do you overcome restrictions on housing availability, affordability, and choice for HF recipients?
  - a. What does the process of funding, building, and implementing a single site HF project entail?
  - b. How can private developers or private businesses in general be incentivized to invest in HF development?

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7. With limited resources, what does the process look like when determining how to allocate housing revenues for HF models, transitional models, and emergency models?
8. How do you ensure your HF program maximizes cost efficiencies through best practices?
  - a. Are there areas in which you have to modify HF best practices to accommodate diverse political, social, or cultural contexts of your community?
  - b. What steps do you take to ensure best practices do not weaken and fail over time due to staff modifications of program practices?
9. With such great statistics supporting the effectiveness of HF models, why are they not more prevalent across the state?