

This First Year Report of the LaGrave on First, Permanent Supportive / Housing First program documents its general successes including the enhanced well-being of residents, and challenges. The report provides an overarching discussion of homelessness—nationally and in North Dakota—but largely consists of the views of residents (and guests) and other community stakeholders.

A Study on Homelessness and Evaluation of Outcomes of a Single-Site Housing First Program First Year Report

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Table of Contents

Contents

Abstract	4
Executive Summary	5
Introduction/Overview	7
Background and Brief Literature Review	7
Permanent Supportive Housing/Housing First.	8
Single- and Scattered-/Multi-site	8
Methods, Study Sample, and Data Collection and Analysis	8
Sample.	9
Data Collection.	9
Data Analysis.	10
Findings	10
RESIDENTS AND GUESTS PERSPECTIVES	11
Precipitating Factors and Triggers	11
Adverse Life Experiences.	11
Foster Care and Juvenile Justice.	12
Stagnating Factors for Homelessness	14
Living While Homeless	15
Contact and Interactions with Law Enforcement	16
Living at LaGrave on First	17
Housing, Adjustment, and Rules	17
Benefits of Living at LaGrave on First	21
Challenges of Living at LaGrave on First (Negative Views)	22
SURVEYS	25
ACES - Adverse Childhood Experiences	25
Household Challenges, Abuse and Neglect	25
Summary:	27
UNCOPE - Used, Neglected, Cut Down, Objected Preoccupied, Emotional Discomfort	28
Summary:	30
HES - Housing Environment Survey	30
Summary:	33
OTHER COMMUNITY STAKEHOLDER PERSPECTIVES	34
Profile of People Experiencing Chronic Homelessness	34
Living While Homeless	35
Contact and Interactions with Law Enforcement	35

Living at LaGrave	37
Benefits of Living at LaGrave on First	38
Challenges of Living at LaGrave on First (Negative Views)	41
Discussion	44
Addressing Homelessness	45
Living at LaGrave and Related Benefits	47
Recommendations	49
Conclusion	49
Next Steps	50
References	52

Tables and Figures

Table 1: Number of ACES.....	25
Table 2: Age-based Pathways to Homelessness.....	46
Figure 1: Gender	9
Figure 2: Race/Ethnicity	9
Figure 3: ACES - Household Challenges	26
Figure 4: ACES - Abuse.....	26
Figure 5: ACES - Neglect.....	27
Figure 6: Frequency of Drinking Alcohol	28
Figure 7: Alcoholic Drinks per Occasion	28
Figure 8: Prescription Medication and Other Substance Use	29
Figure 9: Alcohol and Drug Use to Deal with Emotional Challenges.....	29
Figure 10: Concerns about Drinking or Drug Use	30
Figure 11: Knowledge of Neighbors	31
Figure 12: Frequency of In-Person Interactions.....	31
Figure 13: Counting on Neighbors	32
Figure 14: Relationship with Neighbors	32
Figure 15: Safety in Neighborhood	33
Figure 16: Treatment by Police.....	33
Figure 17: Maslow's Hierarchy of Needs and Alderfer's ERG Theory	47
Figure 18: Dimensions of Wellness (Hettler 1974).....	48

Abstract

This First Year Report of the LaGrave on First, Permanent Supportive Housing/Housing First program documents ongoing challenges as well as the program's general successes including the enhanced well-being of residents. The report provides an overarching background discussion of homelessness—nationally and in North Dakota—followed by the views of residents, their guests, and other community stakeholders. Those perspectives are represented by quotes taken from interviews and descriptive analysis of surveys. The findings reveal a diverse set of causes leading to homelessness—distinct from common stereotypes—and useful insights into the joys and challenges that occur during the transition from long-term, chronic homelessness to being housed. While there is some discussion of the benefits and impact on law enforcement and health care systems, this report provides a largely qualitative summary. The need for a broader temporal context led to the decision to hold off on deeper analysis of the financial and quantitative data at this time. Accordingly, direct, tangible monetary savings to the community will be addressed in future reports from this five-year, longitudinal study. In the meanwhile, this First Year Report describes the enhanced humanity and well-being among residents, service providers, and the larger community.

Executive Summary

This First Year Report of LaGrave on First, a single-site, permanent supportive housing/housing first program, documents the program's general successes. LaGrave on First provided multiple individual and community benefits by improving the lives of the residents and addressing homeless issues in Grand Forks, North Dakota. Other benefits include enhancing the work of law enforcement.

The report begins with a literature review documenting national and statewide trends in homelessness, including some of the major causes and impacts. Despite recent national improvements in the overall numbers, there is an ongoing problem with significantly high rates of homelessness and special concerns among key groups in North Dakota. The report then provides an overview of permanent supportive housing programs and a description of this study's methods, data collection, and analytical approach. To date, the study has primarily been informed by personal interviews among residents/guests of LaGrave on First and other stakeholders (including members of the broader Grand Forks community), and the triangulation with survey instruments. The data points to benefits from Grand Forks' collaborative and cooperative relationships between local law enforcement, health care providers, and the Grand Forks Housing Authority (GFHA).

Largely presented in direct statements from the residents/guests and other stakeholders, the Findings section provides an inside view into the diverse roots and causes of homelessness including both precipitating factors and those that contribute to chronic homelessness. There are revealing quotes about the special relationship between the homeless population and law enforcement that go beyond stereotypical assumptions.

Broadly, the report is cast in two frames in its examination of homelessness and the impact of LaGrave on First: 1) From the perspective of residents/guests and 2) From the perspective of other community stakeholders. These two frames provide a context for meaningful interpretation of the data. The section "Living at LaGrave" details the resident/guest perspectives and describes the joys and challenges of the transition from long-term homelessness to enjoying housing--in many cases, for the first time in years and even decades. The qualitative data contrasts with many of the stereotypes commonly held about homelessness and the men and women experiencing it. Additionally, the report provides a glimpse into the sometimes contradictory opinions and recommendations from the residents/guests and other stakeholders about what LaGrave on First does well and what could be improved.

As the study is ongoing, and there were multiple challenges due to confidentiality, the crisscross of organizations involved and their distinct operating systems, data collections, and protocols, this initial (first year) report does not focus on specific financial reporting. Instead, it describes the strong anecdotal evidence that the lives of the homeless—especially those now residing at LaGrave on First, but also other homeless individuals in the Grand Forks community—have greatly improved in terms of personal security, health outcomes, and general physical, social, and mental well-being. In turn, LaGrave on First has enhanced the ability of law enforcement and health care providers to support this population in more cost-effective ways and in terms of producing better outcomes. Finally, up to this point, there has been no indication of any detrimental impacts to the larger community. Rather, the use of federal and state dollars

supporting the program, and the benefit for public and human service providers, must count alongside the overarching benefit to the humanity of the community. Grand Forks is a better place because of LaGrave on First.

The final pages of the report provide a discussion of the findings, recommendations, a conclusion (for this period of the study), and indications for next steps in this five-year, longitudinal study. The report closes with relevant bibliography and related references.

Introduction/Overview

This annual report covers the first year of a five-year longitudinal evaluation of Grand Forks' permanent supportive housing program (LaGrave on First) titled, *A Study on Homelessness and Evaluation of Outcomes of a Single-Site Housing First Program* (also referred to as the *LaGrave Project* or the *LaGrave on First Study*).

Following the establishment of Grand Forks' Permanent Supportive Housing/Housing First program (LaGrave on First) by the Grand Forks Housing Authority, an evaluation of the program is warranted to examine its outcomes, and identify elements accounting for success as well as areas needing improvement or change.

More specifically, the study seeks to:

- Understand the nature of homelessness with a primary focus on Grand Forks County.
- Understand key components in the implementation of the permanent supportive housing program (LaGrave on First)
- Examine the impact of LaGrave on First from the perspective of people experiencing homelessness/formerly homeless individuals¹
- Examine the impact of LaGrave on First from the perspective of other community stakeholders

This report provides a background and brief literature review of homelessness, the methods employed in this study, the key findings and related discussion. The report also outlines the intended steps and focus for the second year of the study.

Background and Brief Literature Review

This section begins with an examination of national trends and then moves to a focus on homelessness in North Dakota. It closes with a brief overview of what Housing First and Permanent Supportive Housing programs mean and intend, especially in relation to single-site programs.

Reports indicate a cumulative decline of nearly 11% in homelessness between 2010 and 2019. Further, within that same timeframe, the nation achieved significant reductions in homelessness among targeted populations such as veterans (50%), families with children (27%), and chronically homeless individuals (20%). However, such cumulative and aggregated snapshots, unfortunately, obscure the depth and possible resurgence of homelessness in more recent years.¹

Between 2018 and 2019, the number of homeless people increased by 2.7% (14,885).¹ This marks a concerning spike in the prevalence of homelessness considering that between 2017 and 2018, homelessness increased marginally by 0.3% (1,834 people).²

In North Dakota, while absolute figures for homelessness seem small in comparison to other states across the nation, the percentages and rates of increase are concerning. The U.S.

¹ The term formerly homeless is used to show that they are no longer homeless and reflects their current housing status as residents of LaGrave on First.

Department of Housing and Urban Development's 2017 point-in-time estimates revealed that between 2016 and 2017, the homeless population in North Dakota was 1,089 comprised of 832 individuals and 257 people in families with children. North Dakota had the largest percentage increase (26%) in the number of individuals experiencing homelessness. North Dakota also had the highest rate (58%) of unsheltered people in families with children.²

Overall, the 2020 point-in-time estimates show some positive trends in North Dakota. The state has the second largest percentage decline (19%) in the number of homeless individuals. However, North Dakota also experienced the largest percentage increase (140%) in homelessness among people in families with children.¹

Homelessness remains a significant social problem nationally, and at the state and regional levels. These trends show the intractable nature of homelessness, and underscore the need for more viable prevention and remedial efforts. Due to the complexity of homelessness and the heterogeneity of the population of homeless people, new models and frameworks such as permanent supportive housing have been developed to provide targeted supports and interventions.^{3,4}

Permanent Supportive Housing/Housing First. Permanent supportive housing is a direct intervention for addressing chronic homelessness premised on the provision of housing and supportive services without any preconditions for sobriety or coercion into treatment for individuals experiencing homelessness who also have substance use and mental health challenges.⁵ Individuals experiencing chronic homelessness often present with severe substance use/abuse and mental health challenges which are associated with high rates of costly acute care service utilization and public costs incurred through contact with the criminal justice system and other public systems. Permanent supportive housing programs demonstrate cost-saving interventions yielding significant reductions in hospitalizations and homelessness, and positive effects on substance use and mental health for chronically homeless individuals.^{3,4} Housing first is an integrative principle of permanent supportive housing and reflects the emphasis on housing as the fundamental resource for addressing homelessness and the key ingredient for helping people improve the quality of their life.⁶

Single- and Scattered-/Multi-site. Permanent supportive housing/housing first programs are typically implemented in two modes – 1) single-site and 2) scattered/multi-site. The single-site mode entails the provision of housing and supportive services in congregate housing settings. Most of the services are centrally located or provided to participants on site. For scattered/multi-site, participants receive rental assistance to get individual housing units at locations of their choice. They also elect to receive services which they may have to access offsite or receive at their residence.⁷ LaGrave on First is being implemented in the single-site mode. The beginning of any program can be challenging. Evaluation provides an opportunity for understanding key components in the implementation and operation of a program. This is essential in identifying opportunities for operational optimization.

Methods, Study Sample, and Data Collection and Analysis

The study utilizes a mixed-method design (QUAL-quant) with multiple data sources allowing for a comprehensive examination of the nature of homelessness and the impact of LaGrave on First

on residents and the Grand Forks community.⁸ Having multiple data sources allows for triangulation and increases the validity of the study's findings.⁹

Sample. The report is based on a sample of 62 participants comprising 47² residents and guests of LaGrave on First (ages ranged from 20 – 70; predominately males - 75% (see Figure 1); Race: White – 46%, Native American/Indian – 42%, Black/African-American – 8%, Latino – 4%) (see Figure 2), and 15 other community stakeholders (includes human/social service, health and law enforcement professionals, volunteers, and LaGrave on First staff). Purposive and snowball sampling techniques were applied. Cultural brokers aided in the recruitment of residents and guests.⁹

Figure 1: Gender

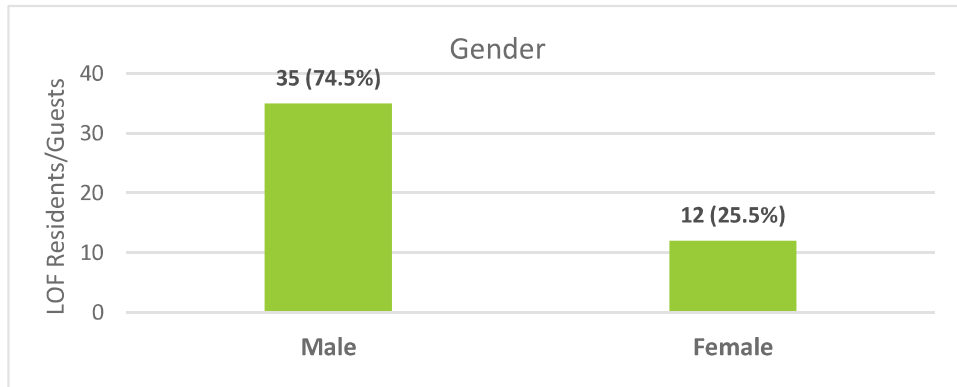
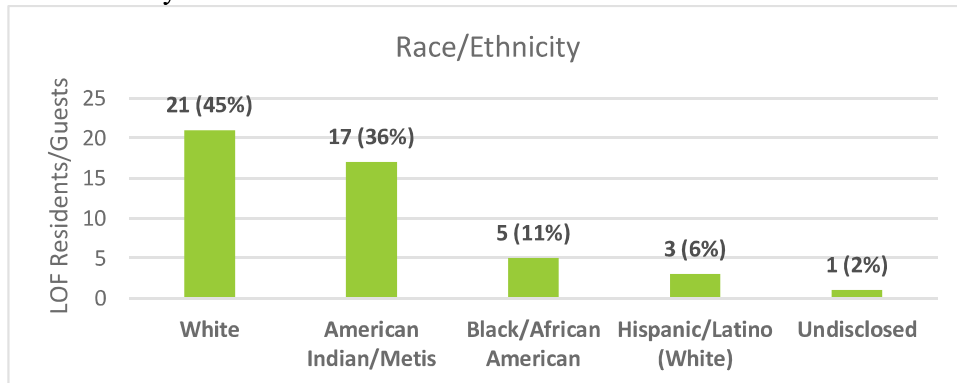


Figure 2: Race/Ethnicity



Data Collection. There are two broad strands of data collection involving:

- 1) For residents and guests³ of LaGrave on First - a series of surveys and semi-structured interviews (including one focus group discussion) Specifically, the surveys were - Housing Environment Survey (HES)¹⁰, UNCOPE (Used, Neglected, Cut Down, Objected Preoccupied, Emotional Discomfort)¹¹ and Adverse Childhood Experiences (ACES)¹².

² This number includes both past and current residents who participated in the study as well as guests. At full capacity, LaGrave on First houses 44 residents.

³ At the time of the interview, the guests were still homeless but were temporarily staying with someone at LaGrave on First.

- 2) Semi-structured interviews (both individual and group interviews) with past and current staff of LaGrave on First, social and community service providers, law enforcement/criminal justice personnel, hospital/medical personnel, business representatives, volunteers, etc. This second component captures a variety of perspectives from people who directly engage with the residents (and guests) at LaGrave on First as well as broader community perspectives.

In this report, the participants in the second strand are categorized as “Other Community Stakeholders” to note the difference between them and the residents and guests. The participants’ perspectives were sometimes confirmatory or offered a helpful contrast relative to those shared by the residents and guests. The multiple perspectives helped provide a context for meaningful interpretation of the findings.

Some of the interviews were conducted in person while others were conducted virtually through Zoom. The average duration of interviews ranged from 35 - 45 minutes. The interviews were recorded and transcribed verbatim.

Data Analysis. The three surveys were analyzed descriptively using SPSS v. 26. The interviews and focus group discussion were analyzed thematically using a semantic (descriptive) and latent (critically interpretive) lens^{13, 14}. Nvivo, the qualitative data analysis software, was used for coding and thematic organization of the data. Additionally, we drew on elements of meta-ethnography--namely, reciprocal translational analysis and refutational synthesis.^{15, 16} The research team utilized peer debriefing and supports in reviewing information shared in interviews as well as thoughts about coding and emerging themes. These measures contrasted viewpoints and negative case analysis to establish balanced and valid conclusions rather than a one-sided view.⁹

Findings

The following pages capture the unique perspectives and voices of the residents and other community stakeholders about the benefits and challenges related to the transition from homelessness to residency at LaGrave on First. This section also describes the extent of the diverse causes and experiences around homelessness, revealing the precarity of many in our society. These insights sometimes confirm, but also bump up against and even startle many of the stereotypes largely held about long-term homelessness. Additionally, the data provides an overarching view of the opinions and recommendations from the study participants about what LaGrave on First does well and what could be improved.

RESIDENTS AND GUESTS PERSPECTIVES

Profile of People Experiencing Homelessness

The analysis revealed that homelessness is not a unitary concept. People experience homelessness differently. While the lack of stable housing was a common underlying factor in the narratives of the several residents and guests there were variations in the contributing factors and experiences leading to their homelessness. For most of those participants, their homelessness was linked to several rather than a single factor revealing that homelessness is usually the culmination of multiple incidents over time. People experiencing homelessness are heterogeneous, with diverse experiences, and they do not share or have the same profile. Some experiences and factors linked to homelessness are shared below.

Precipitating Factors and Triggers

Adverse Life Experiences. Residents and guests shared adverse life experiences and events linked to their homelessness. These experiences and events can be viewed as precipitating factors and triggers. The frequency, magnitude or severity, duration and interval of those experiences appear to be key factors in the incidence of homelessness.

The precipitating factors include bereavement. When people lose loved ones, the burden of grief and the related mental health challenges can be disruptive to their daily/normal routines and possible loss of significant social support the findings also suggest that the process of loss, especially if marked by chronic illness, may have resulted in the depletion of financial resources. In addition to the financial strain, the mental and psychological toll may trigger other physical morbidities.

A participant shared that their **homelessness started about 10 years previous, and was linked to the deteriorating health and eventual passing of their spouse:**

...her contracting cancer...and then she had COPD in addition to that, and I [was] just hopeless because I didn't have the insurance or the ability to provide better care for her. And then you know, nobody wants to live in a van when you have a sick person, that's not the optimum thing for them. Right? ...Then after my wife passed away...I really went downhill.

So it really hurt me a lot. I believe that I've kind of lost my mind a little bit, in terms of that, and it's really affected my ability to function, through depression and anxiety and all that. They're trying to treat me but it doesn't seem to work very well so in that regard, and I never used to have that problem. I used to be such a strong man, you know? And uh, never have problems going to work, or I can't sleep anymore, my health is really poor. So I kind of, I still live somewhat of a hell on Earth because, I don't know, the depression seems to be getting worse and uh almost out of control, to tell you the truth.

Another participant who was previously working shared the following:

[How did you lose the job...?] Well it started with my ex-wife dying. Then a week later my wife passed away. Then a week and a half after that my aunt passed away. So three

deaths in a row just kinda... Well I couldn't travel [due to legal concerns] for the funeral for my late wife... And I couldn't come up with money to go to [a State] for my aunt's funeral so I was [depressed] for a while, yeah. Because with the ex-wife, the wife, and the aunt all passing away within 4 weeks of each other... Right now, I'm, I've accepted my wife and them passing away.

Another participant also shared:

I had anxiety when my father died when I was 22. He was the only person that ever supported me, you know? It was like my mom didn't really want me because I was a girl. She had boys and she favored them over me. My dad favored me. When he died, I just, I don't know, I kind of gave up, you know? I had no one.

I met my husband and we got married. That's all I know. He was abusive, he wouldn't let me leave the house...I was married 17 years and my first husband was very, very abusive. He put me in ICU a couple times, you know, I didn't know, I was scared to leave him because he always threatened to hurt me and he tried.

...I didn't grieve the way I should have [Interviewer: For your dad? Your father?] Yeah. I just let it go and it built up. Then I started drinking really heavily. I lost my job because I started drinking very heavily. My anxiety was bad. I just couldn't deal with it anymore and I was getting evicted. I wasn't going to work.

This last participant's experience reveals an **intersection between bereavement and unsupportive, abusive and toxic relationships**. Further, this links the dynamics of relationships and living arrangements to homelessness. More participants also shared experiences of domestic violence and abuse. One of those participants indicated that their first experience with homelessness was about 30 years ago:

I was like 18 years old...at that time, I wasn't a heavy drinker. I wasn't a drug user. I was just a young mama [with] a new husband and it got to be where it was physical and violent and I left. I left and the first night we spent in my pickup truck. So it was very scary because it wasn't only me then, it was her too.

...when I decided to be homeless this last time was...to walk away from another relationship...I knew it was not going anywhere and it was just escalating to not being good real quick.

Another participant shared an early experience with homelessness connected to the abuse their mother had experienced. This participant explained that, “*when we were 9 years, our mom had gotten into another relationship which was quite often, it was quite abusive because of her mental illness. I can remember sleeping outside...*”

Foster Care and Juvenile Justice. In addition to abuse at home, being in the foster care or juvenile justice systems are noted risk factors for homelessness.¹⁷

Some participants shared experiences relating to neglect, abandonment and “forced” emancipation. For young people who do not possess the skills for adulthood, sustenance and self-sufficiency, abandonment can prove disastrous.

A participant shared the following about their home environment as a child and experiencing homelessness as a young person:

My first experience being homeless ... I was probably about 6 years old. My mom had [us] living in the car... We checked into the YW for women for about like two weeks to stay... We lived in our car for about like, oh all summer. Until we got a place. But for me being on my own, the first time I was like 14 when I left home.

There was a lot of drinking, a lot of sexual abuse. A lot of physical and mental abuse going on in my family. When I got old enough where I knew I could survive on my own, I left. I left home. I couldn't be around her [mother] anymore.

A participant [the same person who first experienced homelessness as a 9 year old] also shared that:

Up until the age of about 12, my home life was very sporadic and very abusive. Very abusive. I more or less didn't have the structure, I more or less had to raise myself, on the streets... by age 15 I was on my own. Then of course, I got to hanging around the wrong people. And I got put in what's called the [State's] Youth Commission until the age of 18... that was for teenagers that commit felonies, you know, kinda like a prison for teenagers.

Another participant revealed they “*came from a pretty chaotic family*” and spent time in treatment centers, juvenile detention, and foster care until they were legally emancipated at the age of 17. They believed that their mother emancipated them on purpose to set them free because of a “*stepdad who was very, very abusive*” and to save them from a “*return to foster care or return to the system or anything like that.*” This participant added that, “*I've been homeless off and on for the last [20 years or so] since I was 17.*” They also believed, “*drug abuse had a large role in it [their homelessness]. It got to the point where everything was so chaotic, I didn't even realize I was homeless for that many years. It just became part of who I was, like part of my identity.*”

A participant also revealed that they had been kicked out of home after two suicide attempts linked to sexual abuse by a relative and not being believed when they reported the abuse as well as not receiving adequate support. They reported the abuse about two years after it happened. The participant revealed how their homelessness started saying:

Well it was after my mom [adopted] had kicked me out, after my second suicide attempt. Yeah she couldn't deal with it anymore and so I was sent, after the hospital, I was sent to Center. And from Center, then after that I went to Job Corps for a little bit.

This participant [adopted as a child by close kin] also explained that they began drinking at an early age to cope with the abuse:

It [drinking] would just numb everything for a while. Push it down because [in] my family, you don't get angry or sad or they're going to do something about it. if you cry, they're going to give you something to cry about. If you get mad, they're going to start screaming at you too.

Other experiences do not conform to the categories above. For some participants, even though their circumstances resulted in their homelessness, they appear to imply that homelessness is an escape, even if a challenging one. A participant illustrated the burden of family expectations and pressures. They noted that:

My family were bloodsucking hounds for money. Everybody always wanted something. I wanted to see who was truly there for me and none of them were ...It was the biggest day of my life because I felt more free. Under the stars. I was free. I didn't have to worry about rent, people bugging me, none of that. I was free. I still liked being, I'm homeless right now.

Despite the common thread of suboptimal family dynamics and experiences, it is obvious that the experiences of the participants are qualitatively different. The experiences with family vary in terms of nature, duration, and severity, and the stage in the person's life at which the incident occurred.

Stagnating Factors for Homelessness

In addition to precipitating factors for homelessness, the findings revealed stagnating factors. The two factors were not always discrete. For instance, although the loss of a job was sometimes a precipitating factor, prolonged unemployment or inability to work implies that a person is likely to stay homeless for a while. Similarly, physical and mental health challenges, as well as substance use problems make people prime candidates for homelessness. These challenges affect people's functional capacity and could therefore prolong their homelessness.

Some participants shared that that though they had worked for years, they currently had physical health issues and had to be on disability assistance. One participant explained:

I was working as a dishwasher and my back had always bothered me, and then ... my legs started going numb, real bad. I had...a doctor for probably 5, 6 years. He always just treated me as okay, you know, your back hurts, he would give me my pain meds. When I told him...I want to see about going on disability. He said, 'no, you can still keep working, you can still keep working'. I kept working and then finally I went into this doctor here at Spectra. They said, 'no your back is bad. We need to get you out of there'.

In addition to underlying health conditions and trauma, others shared that there were structural issues at play that constituted a disincentive for working. One participant explained that they had no intention to obtain a job because they "just got on disability" and if they did [get a job], "it would reduce my benefits and I would end up owing more money. So financially and realistically it's been not to try to obtain it [a job] since I just got on disability."

A participant was of the view that there were people at LaGrave on First bilking the system because they were too young to be on disability. This participant believed that:

...people in here [LaGrave on First] use excuses to not go to work. I mean, social security disability – how...do you get social security disability when you're 20 years old? You know, I'm not saying there's anybody in here that does that but I know that there are. What do you, is there criteria that you need to meet, do I need to go to a doctor and say...He can't go to work? I don't want to do that. I would like to, I would like to work but I... I've put my time in. I put my time in, 25 years of working, you know? I worked a paper company for 16 years. 12 hours days. I put my time in. Half of these [people] never knew a fucking job in their life, you know?

Examining the causes of homelessness **revealed further pull and push factors**. This was evident in **patterns of migration** with participants who shared that they had relocated to Grand Forks from other parts of North Dakota. A participant shared that after moving to Grand Forks, they returned to their town/city of origin but “*there's just nothing there, too much drinking. So I came back here [Grand Forks]*”. Taking this into consideration, a question emerges about the social and economic conditions in towns/cities across the state that may make life there less habitable.

Living While Homeless

Several of the residents and guests shared their experiences of living as a homeless person. They presented **accounts of the adaptations they had to make as a result of being homeless**. These adaptations included forming social networks and support groups, being careful about one’s dress sense and appearance, and adopting certain migratory patterns. The accounts show those adaptations were actually strategies for survival.

A participant [a guest at LaGrave on First] discussed **their experience with homelessness as something that evolved to become a person’s typical way of living**. They shared that:

...after a while it [homelessness] becomes your lifestyle. It's what you do every day. You do it. Most of that time you drink that alcohol to suppress a whole lot of feelings you just don't want to deal with. You know? Like nobody wants to talk about the sexual abuse that they've suffered or anything like that. They just want to forget about it.

The account suggests that homelessness could be temporary and episodic but could eventually become a way of life, as in their case, if that experience is chronic. Their account also hints at the complexity of homelessness in that it entails much more than just the absence of housing.

Living while homeless also meant having an alternate and seasonal lifestyle. According to one participant, “*a lot of times I would stay outside in the summer time. Or if I was down South, outside in a tent or under a tarp and hide my stuff.*”

Living while homeless, for several participants, meant forming bonds with other individuals experiencing homelessness. Some participants had known each other for over a decade and indicated that they constituted “*a small community, we all know each other. We’re here for each other too.*” A participant shared that while living outside or on the streets, “*we had*

a good little crew that all watched out for each other...there's a bunch, there was about fifteen of us.” They also considered themselves to be a family and used phrases like, “I got family that ain’t blood and I got blood that ain’t family.”

For others, living homeless meant a reliance on friends for some daily necessities. A participant shared:

I just bounced around. And then I'll have friends that let me, like in the last year and a half, before I came here [LaGrave on First], they'd let me come take a shower. Have a hot meal. You know? Maybe hang out for the evening and then I'd be gone again.

Other participants revealed that they also utilized or received supports from people they were not previously acquainted with. This shows other ways in which people experiencing homelessness could inadvertently expose themselves to harm. A participant tacitly acknowledged the potential for harm from such people and how safety and security were some of their foremost concerns. They linked their concern about safety to their substance use. They explained their meth use while homeless in the following terms, “...you don't want to be at someone's house and some weirdo, and like fall asleep and something happens, so you like gotta stay up”

Still on safety and security concerns, a participant shared that they chose or selected certain spots like sleeping in their car at a Wal-Mart or tent by the river because “*at least I knew I was away from the elements...because I didn't feel safe laying down by the bridge or even parking my car. One night I parked my car just in the Mission parking lot? And people were out there at 3 o'clock in the morning walking up and checking doors.*”

Some residents and guests shared that **being homeless meant being careful about one’s appearance**. A participant explained that, “*I mean you just don't want to bring attention to yourself, especially if you're a woman. Like you don't want to be like all dressed up fancy and stuff like that, attracting male attention. It just brings unwanted attention.*”

Another participant indicated that “*we couldn't wear our new clothes because who's going to give somebody money [while] ‘signing’ if you got all new clothes on?*”

Contact and Interactions with Law Enforcement

The findings reveal both positive and negative interactions with law enforcement officers. Though the findings show an association between homelessness and arrests, that connection with homelessness seemed to be quite complex and largely indirect.

Some participants were jailed or otherwise ran afoul of the law for reasons only directly related to being homeless. Such offenses ranged from “*shoplifting [for food] and things...like female stuff and clothes*” to warrants for unpaid fines and possession of drugs or drug paraphernalia, etc. A participant revealed that they had been arrested because, “*...I was getting pounds of weed sent in the mail up here because it's way cheaper than buying weed out here [LaGrave on First]. Yeah I got arrested again for having molly, ecstasy.*” For this participant, their interactions with law enforcement through these arrests have had implications for their stay at LaGrave on First. Specifically, they received “*a lease violation*” because they “*got arrested and...had drugs on the property.*”

Another participant recounted the following:

When I was already hooked on meth, so I kept going and seeing the other guy to get my fix and one of the days I was up, we went to the football field in Minnesota, right across the bridge over there and we got caught and I went to jail.

Though their homelessness may have been a circumstantial factor in their drug use, the direct or specific reason for which they were arrested was the drug use and not being homeless. Despite these experiences, other offenses seem to be more directly linked to being homeless and lacking accommodation. For instance, one participant, “...got two years in prison for criminal trespassing [for] sleeping in an abandoned building.”

An indirect link between homelessness and contact with police officers also emerged at points where people were seeking services and support. Some participants revealed that in the process of being reviewed for accommodation at the Mission, outstanding warrants were identified and the police were alerted. One participant stated:

And so I up and packed my bags which I literally had two bags and I walked to the Mission. I tried checking in and they went through their little protocol. It was dinnertime so I went up and I ate. They said we'll contact you. We'll get back with you. I'd never been through a Mission before. All of a sudden, "[Participant] to the front desk" I'm like, "Oh my god, I just got done eating" you know? I walked down. There's two po-po [police officers] sitting there. I had a warrant out for unpaid fines.

Other participants shared positive experiences and interactions with the police. Several participants mentioned an officer who watched out for them and contributed to their safety out on the streets. One of these participants stated that they would share information about their sleeping locations with him “so he'd come look, check on us. He'd tell us, "I work until this time. I'll check on you and after this, I'll have another officer keep driving by and make sure you guys are safe.”

Living at LaGrave on First

The participants' accounts showed that experiences living at LaGrave on First were also complex and heterogeneous. Several participants acknowledged the benefits of being housed and having supporting services available or being able to access services. However, challenges were also identified. Some participants expressed concerns about organizational practices and policies. In general, the accounts showed that the transition to LaGrave on First was a process involving much more than housing.

Housing, Adjustment, and Rules

Becoming a resident at LaGrave on First marked a transition from living on the streets or “out there”. For most residents, being housed at LaGrave on First marked their first stable housing in several years. According to one participant:

This is the first time since me and him [ex-husband] split up, which has been 13 years that I've had a stable environment, where I've had a home where I don't have to worry about where I'm going to sleep at night.

For some participants, **the transition to LaGrave on First was not a smooth process** and appears to have been characterized by some form of disorientation and being introduced to a way of living to which they were unfamiliar. A participant shared that moving into LaGrave on First, *“there was kind of a little rough adjusting...it was a little overwhelming. It was kind of like culture shock in a way.”*

It appears that the time being homeless impacted the psyche and disposition of individuals. A participant shared that, *“being on the street [being homeless], to me that was just second nature. It still is. I mean I had this place [apartment at LaGrave on First] for two weeks before I even slept in here.”* Some participants also shared the following about a fellow resident with whom they had a close bond who moved into LaGrave before they did:

Even though he had his apartment...I think three days after he got the apartment, he spent three days out there with us, and he finally went to his apartment but we caught him sleeping on his floor. I said, “Are you sleeping on the floor? You have a comfortable bed!” He goes, “Ah it's not so comfortable.”

Participants also had to **adapt to the rules and expectations at LaGrave on First**. Besides not being aware of what the rules and expectations were, some participants acknowledged that experience of homelessness and living on the streets had a negative impact on their transition to LaGrave on First. A participant shared that:

I think that the people that have been out there, living on the streets, longest are having the most difficulty acclimating themselves to being in an apartment, to having a home, to having rules. That was a big one.” This particular participant who was one of the first people to move in also added that they had accumulated “incident reports about a half inch thick in my record [and] a lot of it was just not knowing the rules yet.

Quite frequently, some residents expressed **unfavorable views of the rules** particularly noting that they were restrictive and a source of consternation. One resident noted that despite the excitement of being at LaGrave, and having their first apartment in over a decade, the rules made staying there a challenge. They shared, *“I've never had an apartment, honestly in like over ten years. So, it's nice and it's new but I just can't see myself wanting to stay here with all the regulations and stuff like that. It's kind of hard to deal with.”*

Some participants specifically referenced the guest policy. A participant stated that, *“I don't like that we have to walk our guests down...”* This participant indicated that *“that's the only rule that I would change probably”* but then also added the following, *“and that our guests can't eat because sometimes our guests are homeless as well and they're hungry too.”* A participant also stated that they've had a guest kicked out and placed on the ‘No Visitor’s List’ because they [i.e., the participant] went down and checked their mail while the guest remained in their apartment.

In a related fashion, participants expressed concerns about the lease, the length of stay for guests, and the overnight stays. For one participant, the cap for guest-stays *“30 days out of 365 is not very much.”* In addition, this participant and some others found the process for lease approvals and authorization for guests to stay challenging. A variety of experiences were shared. For

example, one participant indicated having completed a lease approval for a guest after they had been directed to one staff member. However, they subsequently faced lease violation. This participant voiced their frustration saying they had been directed to one staff member initially and, apparently after several days, they were now being directed to two different staff members. The following experiences are examples of frustrations expressed by residents:

Example 1:

Now that you guys tell me that [the guest is] not on my lease yet, which is [expletive] because you guys said I had to talk to [this staff]. I talked to [that staff]. Now I've got to talk to [another staff], [another staff], and [expletive] [another staff]? Like why don't you guys just tell me this from the beginning?

Example 2:

Well at first you had to, you couldn't have a guest that stayed overnight without prior approval. Well sometimes somebody has an emergency out there that might need to stay and then, "Oh they can't stay" because you can't get approval. Nobody's around to approve it.

Other participants maintained a bifurcated view of the rules noting that they could be distressing but then they also served a functional purpose. For example:

Those of us who were out there, we have our own rules, okay? There's different rules out on the streets than LaGrave's rules. LaGrave's rules are put into place for our comfort, for our safety, for you know, lots of different reasons. Some of us are having an okay time with that, like I personally feel safe that there's rules. That they know who's in this building at all times. That makes me feel safe. Because out on the streets, I mean you're sleeping with one eye open, you know? There has been times when there's been people terrorizing, I've been terrorized even here at LaGrave. Those people were taken care of immediately, either the police were called. You know, each situation that's come up, LaGrave has handled it.

Others perceived some of the policies to be overbearing and even infantilizing. Some participants appeared to be reluctant about voicing their opinions and seemed guarded in expressing their dissatisfaction. The following remarks convey these points:

Some of their policies are, to me, because I guess I just wouldn't disrespect the rules part but it, some of them are a little immature for the age of us. So that kind of ruffled my feathers the wrong way. But I mean I still respected it and they're changing them...I think the guest thing was just, yeah.

And we're all grown here so it [guest policy and 'curfews'] makes us feel this big [makes a tiny gap/space with thumb and forefinger].

In sharing these concerns, these participants also noted **desired changes and the harbingers of positive change**. For example:

I think they should give us more lenience on curfew time and having our people [guests] over like you get 30 days of sleep overs...you only can have a certain amount of sleep overs and I think that should be changed, you know, our curfew came to midnight...We can have guests, all the way up until midnight, which is better than what it was, it was 1030[pm].

The current policies were also seen to be reflective of the state of the program and the short period of its existence. The hope was expressed that policies could change as it became more evident as to what was working and what was not working. There was also a dualistic view that residents need to make certain adaptations and the program also needed to review and modify its structures:

But it's a new program. It's a new effort on their part so it's like, not only am I having to make changes because of the lifestyle that I've always known... I don't want that so I'm having to adapt and make changes too. It's just kind of like the program that they're doing. They've got to learn as they go, kind of thing. It's like, okay, that's not going to work too well, let's try this. Or that's working great, let's keep that. Yeah, you know? So I don't have a problem with the policies. I think they're getting better. Especially about the guests.

While there were these concerns about guest policies, **some residents expressed the need for additional policies or measures to address substance use within the facility.**

Several participants admitted that they continued to use substances while living at LaGrave on First. A participant noted that, “*the only thing I see is just the effect of alcohol on a lot of these residents*”. Another participant, regarding his own use of substances, remarked that:

If I'm going to be 100 percent, which nobody is, so I'm going to go out on a limb here and be 100 percent honest, it's probably going to be impossible for you guys to get me to stop smoking weed ever. I'll just be flat out honest and say it but at least I'm not trying to be 'BSing' nobody.

The concerns about substance use, particularly alcohol consumption, pertained more to the social harms and the disruption of the atmosphere and harmony at LaGrave on First. In relation to this, some participants indicated that staff were sometimes verbally abused by residents and argued that not enough had been done to address that. Therefore, a participant commented that:

If people are drinking here [LaGrave on First], stay upstairs. We don't have to stay downstairs and listen to this crap, you know? Them hollering, them cussing...People are here, cussing out the staff...I am so mad about that. That's just called disrespectful...This is what the rules should be: go for a walk. Or go upstairs and stay upstairs with your bottle or go to jail. That's the rule that should be here but it don't. They come down here drunk and they raise hell with us.

Harm reduction is a hallmark of housing first models. In as much as harm reduction offers people with substance use challenges multiple opportunities for growth and better outcomes, it

also means substance use could be prolonged. The immediate comment above reflects a call for detrimental behaviors linked to substance use to be controlled for the harmony of residents and the facility. As such, and despite the above listed concerns, LaGrave on First's harm reduction philosophy also appeared to be a benefit marking a difference in staying housed and not being homeless. A participant indicated that if they were not allowed to drink at LaGrave on First, they would not be there.

Benefits of Living at LaGrave on First

Participants discussed the benefits of LaGrave on First which encompassed **the provision of shelter, safety and security, access to social and health services, dignity** and an opportunity for “*a second chance*” and an opportunity for people to better themselves. In discussing the benefits of LaGrave on First, a participant remarked that:

...It keeps people off the street. You know, 44 people are kept off the street” and also added that, “...in those 10 years [of being homeless], I can't tell you how many SPDATs I filled out and how many promises there was to get off the street and this was the first time, THE first time in 10 years, that anybody ever helped. So I'm very grateful for that.

Another participant stated that LaGrave on First was providing the consistency and stability they lacked and that they had “*...never lived in a place longer than 17 months before [they] moved here [LaGrave on First].*”

Another participant also shared that their life had been better being at LaGrave because, “*...I don't have to worry about eating. I don't have to worry about not showering. I don't have to worry about clean clothes...I don't have to worry about, you know, staying up all night watching, you know, to make sure nobody's going to attack.*”

Similar to this, a participant mentioned that, “*like I have a place I can go. I can hold my head up high. Have I made the best decisions? Not all the time. But, you know, I still have, I still have shelter. I still have food. I still have all the basics...it definitely makes you feel better.*”

For others, through LaGrave on First, they could establish a “*character reference*”. Another prominent belief regarding the impact of living at LaGrave on First (and by inference having housing) **captured what they believed to be the community's perception of the residents** and also the implications for employment. One participant expressed the following view:

I feel like I have more of a chance to be successful in the eyes of the community rather than when I'm out there. There's no, if you don't have an address to put on a job application, nobody's going to hire you.

LaGrave on First was also seen to be part of a broader systemic and structural initiative towards giving people a second chance:

A lot of these companies even, today, have a second chance program where they'll hire a felon, they'll hire someone that hasn't been employed in five years and train them...

Others noted the **services and supports available to them at LaGrave on First** especially those resulting from interactions with staff. Others admitted to the difficulty in keeping up with appointments but also indicated that they have found interactions with the nurse helpful:

If I need help for like a medical condition or something, it's here. If I wanted help for a chemical dependency, it's here. I think that they accept people. They don't stereotype anybody. So therefore it's not mandatory, if I, I can be myself and express myself that I'm getting through this and this is how I'm doing it. Yeah, so it's been very supportive.

Another participant indicated that:

And I've come a long ways. I have now become comfortable asking or seeking help with certain things and that's just because of the patience of the staff.

An examination of the benefits of LaGrave on First also revealed that there are people experiencing homelessness with serious health conditions who are not receiving the needed care and support. Prior to LaGrave on First, some residents just “*neglected*” their health. However, LaGrave on First now affords them an opportunity to receive diagnosis and treatment, and the opportunity for better and less costly outcomes. **The use of social services while homeless tends to be erratic but having shelter enhances access to services and their utilization.** Some participants shared the following about their health:

I'm trying to get a job but the doctors don't want me to work because I drank so much that I got chronic liver disease and I'm on my third stage of chronic liver disease. I've had it for probably two years now. I got it actually when I was out on the streets. I just, I didn't take care of it.

I didn't know I was a diabetic until I come in here...I got a little doctor that comes [that's been a good thing] she helped me with my diabetes and all that.

It is worth mentioning that **the benefits derived from LaGrave on First differed from one participant to another.** For example, despite stereotypes and common misconceptions that suggest that homelessness is linked to substance use and addiction, some participants did not fit that profile. Conceivably, residents who do not use substances or have addiction problems may not view the harm reduction policy the same way as those residents dealing with substance use and addiction problems. Further, residents who indicated that their “*health is usually pretty good for the most part*” may not view the health supports available through LaGrave on First the same way as those needing those services. Therefore, in the discussion of benefits, participants stressed the aspects of LaGrave on First they benefitted from and directly derived support.

Challenges of Living at LaGrave on First (Negative Views)

Several participants discussed the challenges of living at LaGrave on First. These views about the challenges are embedded in several of the points previously presented such as residents “*cussing out the staff*” and the limitations imposed by the guest policy, which according to a resident, “*...drives me up the [expletive] wall...*”

For some residents, the challenge of living at LaGrave on First stemmed from **perceived inconsistencies and partiality in the application of policies**. One resident shared:

I just had it out with...the housing manager or whatever. I don't know but I mean, you're upping my rent but you've got [expletive] people laying the [expletive] around on sofas out here, all the time. I'm like, that's just crazy.

Other residents noted **the need for more standardized communication/information channels**. A resident shared the following experience related to the guest and lease policy:

The only person that I left in my apartment is the one person that could possibly have been on my lease. You don't think that that's like an honest mistake at all? Like you can't see what happened? Like obviously I thought [the guest] was on my lease." So I left [the guest] up there... Now that you guys tell me that [the guest is] not on my lease yet, which is [expletive] because you guys said I had to talk to [this staff]. I talked to [that staff]. Now I've got to talk to [another staff], [another staff], and [expletive] [another staff]? Like why don't you guys just tell me this from the beginning?

Other residents opined that **additional policies were needed and modifications to some existing policies were necessary** to address some of the challenges at LaGrave on First. Others recognized limitations as to what could be done in addressing challenges with one participant stating that, “*I don't think you can do anything about the drama or the divas here*”. In critiquing certain practices or policies at LaGrave on First, some participants did so against a backdrop of highlighting benefits they derived from LaGrave. However, a few participants stressed the challenges or deficits of LaGrave as they perceived them. A participant shared that they felt “*healthier*” when they lived outside than being at LaGrave on First. Another shared that being at LaGrave, had not been helpful:

I was drunk every day because I had to put up with this place. I'd look up and look across and there was the police station, I looked down there and there was a bunch of clowns, the staff here bugging me...But I hate this place. That's all I got to say...This ain't all glory, all flowers, and everything else. It seemed like the perfect place. As time went on, it just horrible. You have no privacy. You can't even leave your apartment. Then when you do got appointments, you've got that kid downstairs a hundred times ringing your bell, reminding you. It's like, I know! You don't have to keep, I just didn't make it there. It's, and you can't even get into your own apartment. You've got to have somebody else that don't even live here buzz you in. Then you got write-ups. I mean I got so many of the dumbest write-ups.

Though this immediate point ostensibly appears to be a complaint, it could also be highlighting the burden of care or receiving help. It is important to recognize that not every resident may be ready or even be able to receive or utilize supports at LaGrave on First in the same manner. That notwithstanding, in general, the points above suggest that aspects of LaGrave on First’s operations make residents’ living situations challenging. Further, the close bonds or connections that exist among certain residents offer an important context for some of the submissions made. Some residents or participants, for that matter, were aggrieved based on the experiences of

people in their social network at LaGrave on First. In that vein, it is worth noting that people view LaGrave on First's impact not only through the individualized lens of their own experiences but also the experiences of others.

SURVEYS

Three surveys – the Housing Environment Survey (HES), UNCOPE plus (Used, Neglected, Cut Down, Objected Preoccupied, Emotional Discomfort)¹¹, and ¹⁰Adverse childhood experiences (ACES)¹² were administered to participants to capture additional perspectives about their lives, and experiences living at LaGrave on First. The survey data were analyzed descriptively and the results are presented below.

ACES - Adverse Childhood Experiences

These descriptive findings regarding participants' experiences of childhood adversity offer critical insight into their experiences of trauma. ACEs are broadly categorized into three parts – 1) Household Challenges, 2) Abuse and 3) Neglect. Research suggests that the experience of adversity early in life can persist over the course of a person's life. There is a strong correlation between childhood adversity and trauma in adulthood.^{18, 19, 20} An increase in ACEs increases the risks of negative outcomes for health and well-being. This is particularly concerning for persons with four or more ACEs. Additionally, the intersection of ACEs further heightens people's risks for negative health outcomes and poor life quality.^{12, 20} Chronic homelessness is also linked to ACEs.²⁰

Over 88% of the respondents reported at least one ACE. Sixty percent of the respondents had four or more ACEs (Table 1). For all respondents (N = 45), the mean number of ACEs was 4.5 (SD = 2.95). However, broken down by gender, females (M = 6.18, SD: 2.9), averagely, had higher ACEs scores compared to male participants (M = 4; SD = 2.8).

Table 1: Number of ACEs

Number of ACEs	N (%)
0	5 (11.1)
1	4 (8.9)
2	4 (8.9)
3	5 (11.1)
4	4 (8.9)
5	5 (11.1)
6	3 (6.7)
7	8 (17.8)
8	3 (6.7)
9	2 (4.4)
10	2 (4.4)

Household Challenges, Abuse and Neglect

Over 52% of the participants had a household member who was mentally ill or had attempted suicide. Over 64% of the participants reported experiencing substance use problems in their households as children. This was the most prevalent form of ACEs followed by

separation/divorce (reported by 60.5% of respondents) (see Figures 3 – 5).

Figure 3: ACES - Household Challenges

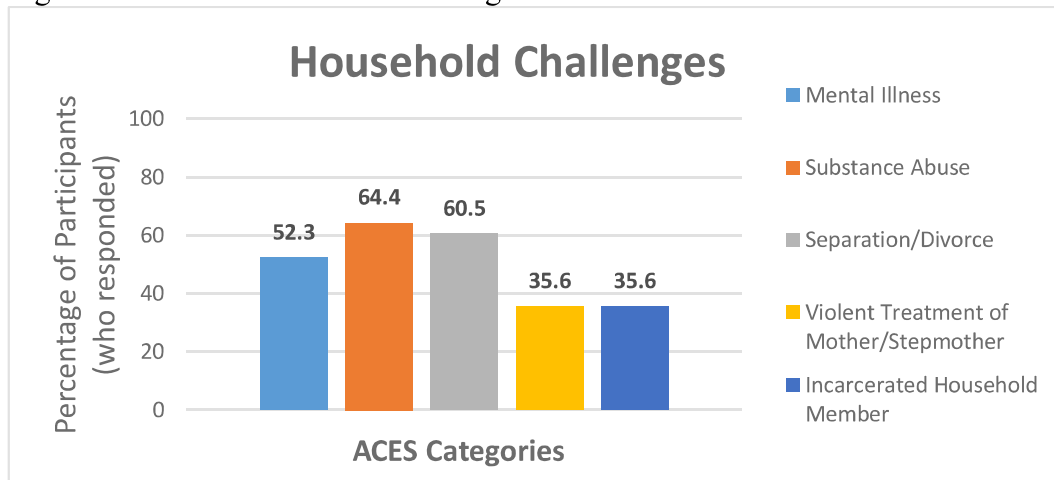


Figure 4: ACES - Abuse

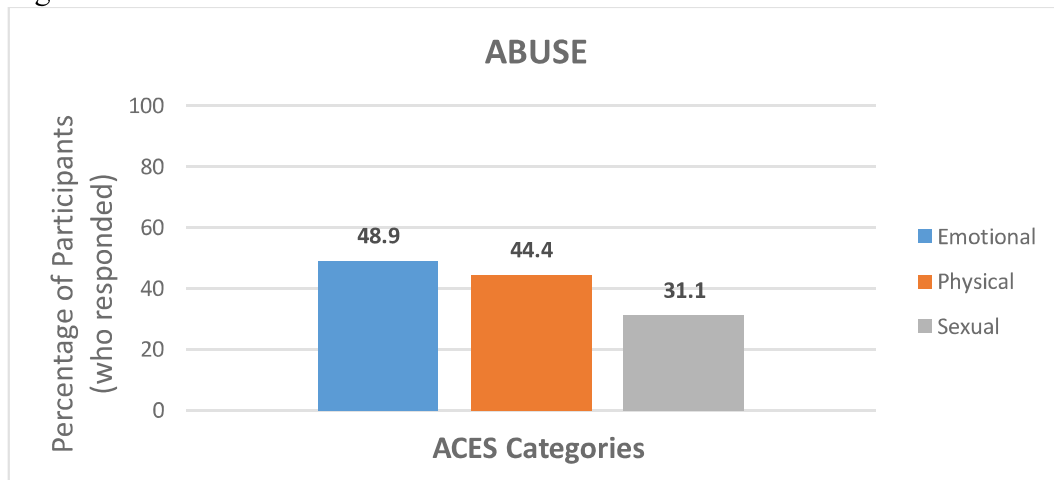
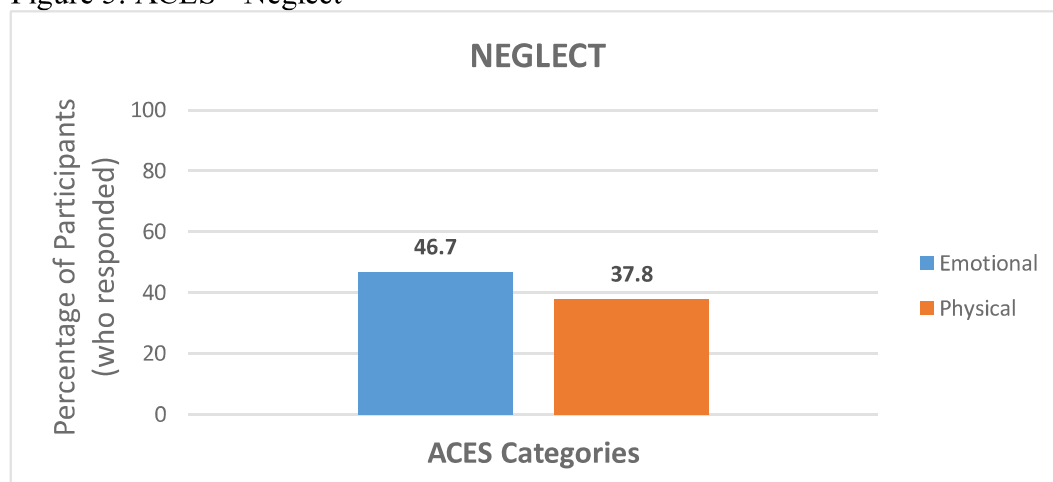


Figure 5: ACES - Neglect

**Summary:**

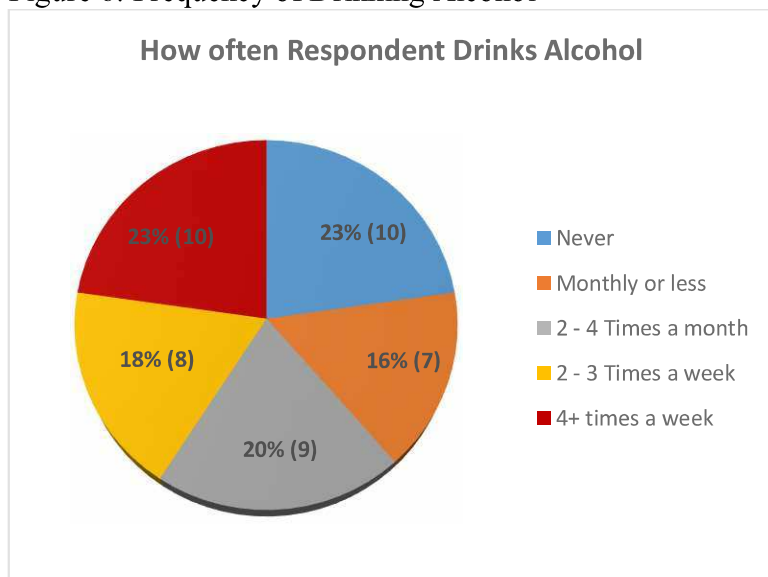
The connection between ACEs and homelessness is complex. There is a two-way or possibly multi-way relationship between ACEs and homelessness. A significant number of adults experiencing homelessness have histories of incarceration. Childhood homelessness is highly associated with parental incarceration. Children involved in such situations are often exposed to other adverse experiences such as parental substance use and are often victims of abuse themselves.^{18, 19}

In a study of 64 homeless youth in Salt Lake City, 84% of the sample had a history of abuse, 63% lived with a caregiver with alcoholism and 72% had a caregiver with mental illness. It is noteworthy that 15.6% of the sample did not report a history of abuse. Further, the female participants were more likely to have a history of abuse compared to the males.¹⁹ The findings of these studies are consistent with the ACEs results of the current study.

UNCOPE - Used, Neglected, Cut Down, Objected Preoccupied, Emotional Discomfort

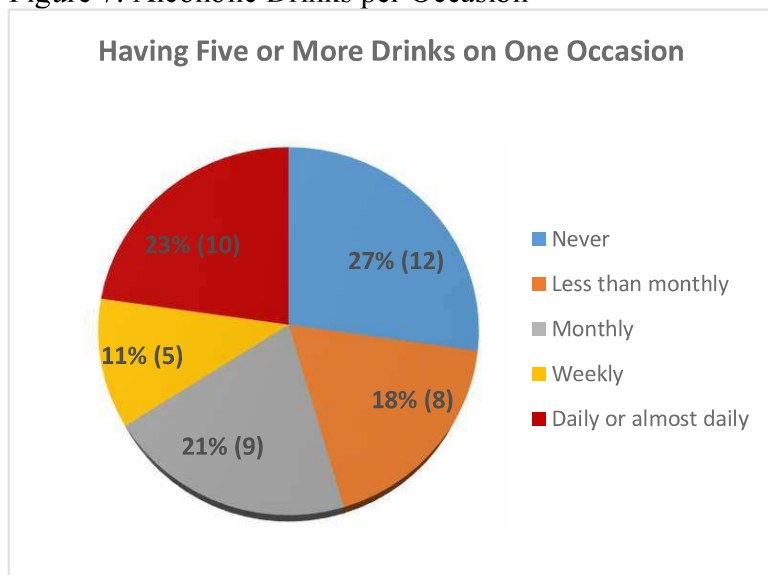
The UNCOPE survey (Hoffmann, n.d.) examined alcohol and drug use patterns. About 77% of the respondents used alcohol though the frequency of use varied. Approximately 23% did not use alcohol (see Figure 6).

Figure 6: Frequency of Drinking Alcohol



In response to the question, “How often do you have five or more drinks on one occasion?”, about 23% indicated that happened daily while 27.3% indicated they never had five or more drinks on one occasion. Based on the standard definition for alcoholism, less than a quarter of the respondents will be classified as people dealing with alcoholism (see Figure 7).

Figure 7: Alcoholic Drinks per Occasion



Close to 58% of the respondents indicated using prescription drugs and other substances to get high while forty-two percent had never done so. In response to the question, “Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?” close to 82% of the respondents stated “Yes” (see Figures 8 and 9).

Figure 8: Prescription Medication and Other Substance Use

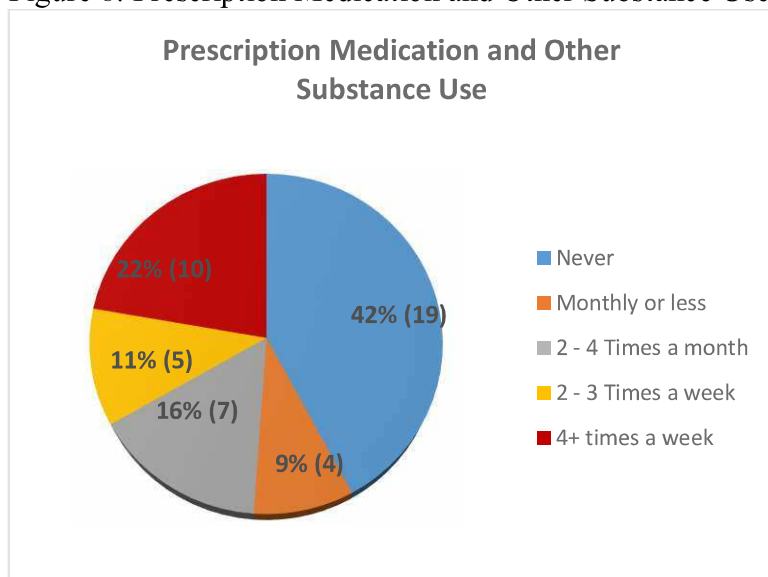
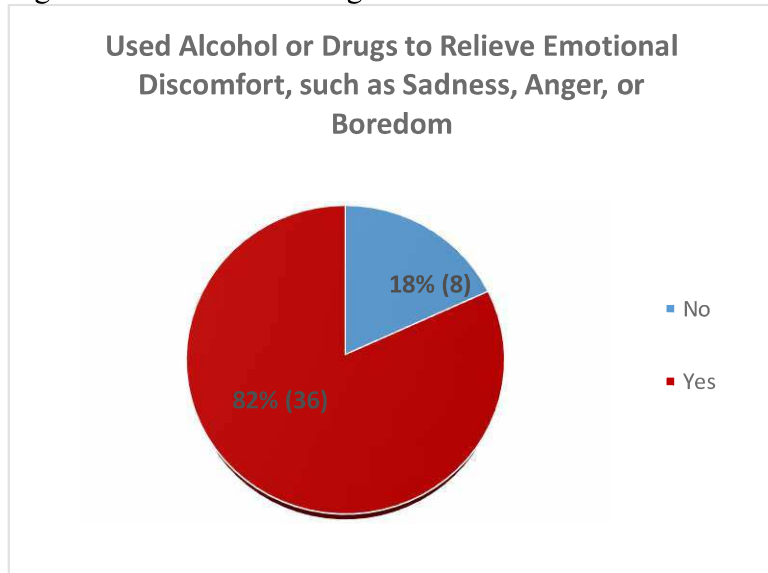
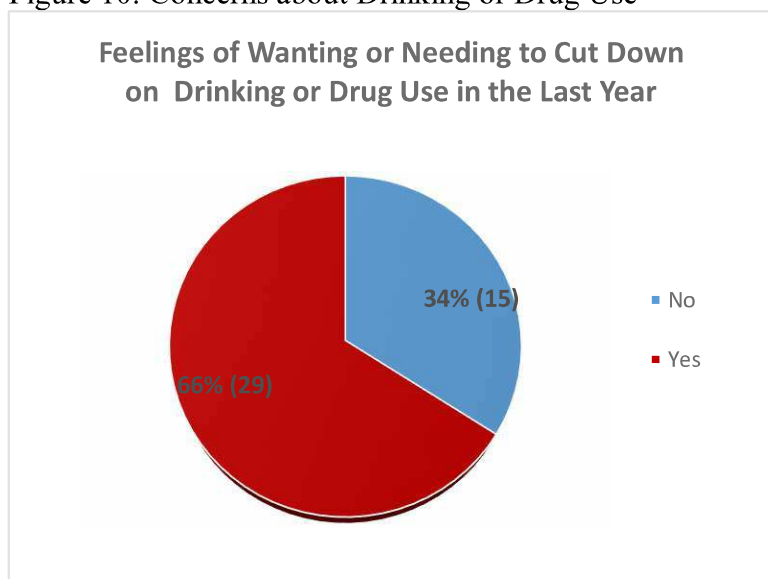


Figure 9: Alcohol and Drug Use to Deal with Emotional Challenges



In response to the question, “Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?”, close to 66% of the respondents stated “Yes” (see Figure 10).

Figure 10: Concerns about Drinking or Drug Use

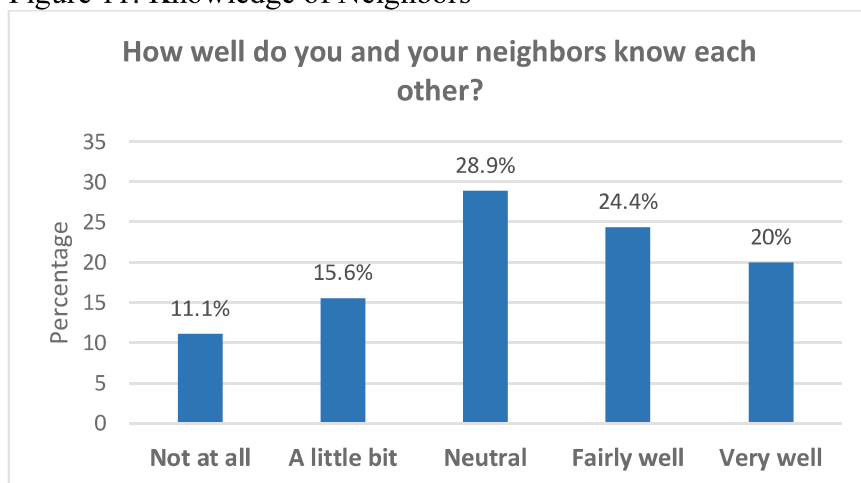
**Summary:**

Consistent with other studies²⁰, these descriptive statistics point to a high rate of substance use. However, the findings also suggest a relatively small sample may be using substances or drinking in a protracted manner. Contrary to some of the common tropes, it was also clear that not everyone with a history of chronic homelessness is involved in substance use. Part of the rationale for substance use was also made evident – i.e. using substances to deal with boredom, sadness, etc –which can offer clues in designing interventions.

HES - Housing Environment Survey

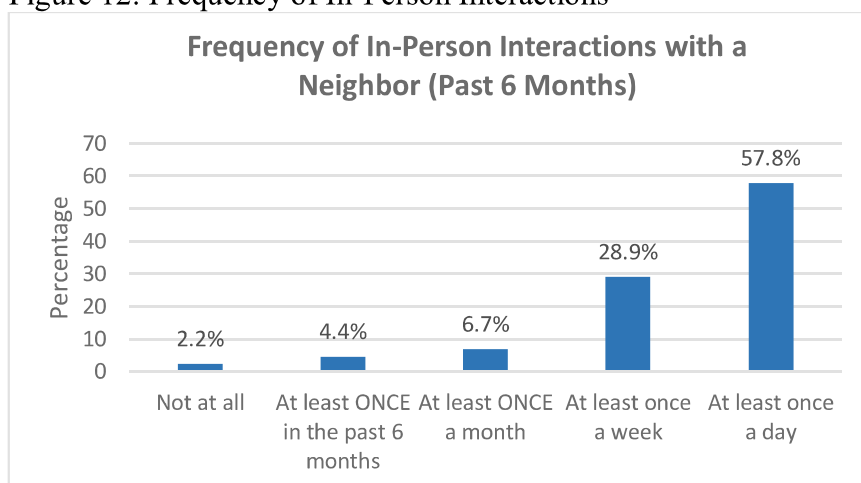
The Housing Environment Survey results shed some light on patterns of interactions and community relations within LaGrave on First and the immediate neighborhood. About 44% of respondents indicated they and their neighbors knew each other well (fairly well to very well). Eleven percent indicated they did not know each other at all and close to 16% indicated they knew each other a little bit (see Figure 11).

Figure 11: Knowledge of Neighbors



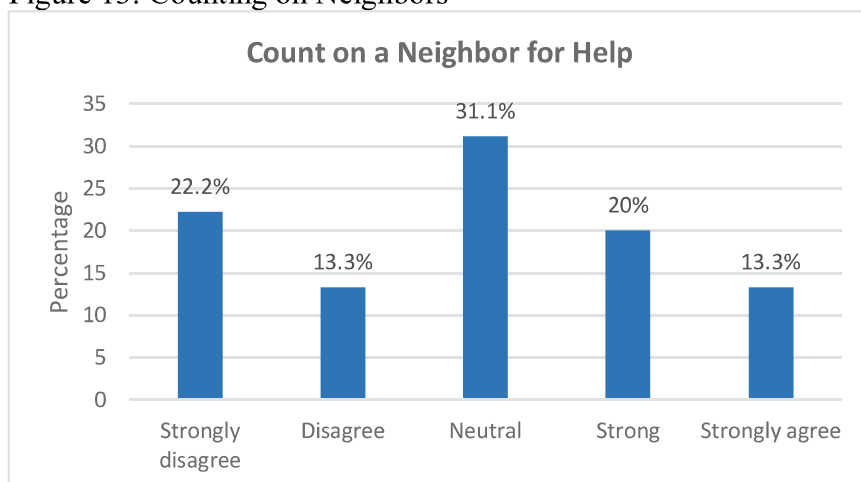
In response to the question, “Over the last six months (or since you have moved into this apartment), how often have you talked in person with a neighbor?”, close to 58% of the respondents indicated they did so on a daily basis (at least once a day) while close to 29% stated they did so at least once a week. One respondent stated “not at all” (see Figure 12).

Figure 12: Frequency of In-Person Interactions



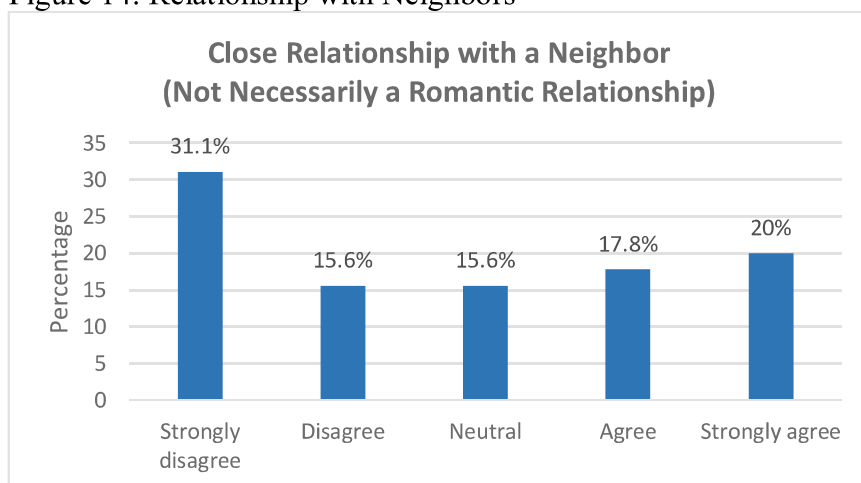
In response to the statement, “I can count on a neighbor for help when I need it”, 33.3% indicated agreement (agree to strongly agree). A little over 35% indicated disagreement (disagree to strongly disagree) while 31% selected the “neutral” option (see Figure 13).

Figure 13: Counting on Neighbors



About 38% of the participants indicated they have a close relationship (not necessarily romantic) with a neighbor. Close to 47% indicated they did not have a close relationship with a neighbor (see Figure 14).

Figure 14: Relationship with Neighbors



About 62% of the respondents indicated they felt safe in the neighborhood. Most of the respondents, about 64% suggested police did not discriminate in their treatment of people on the basis of skin color. Twenty percent however perceived differential treatment by police on the basis of skin color (see Figures 15 and 16).

Figure 15: Safety in Neighborhood

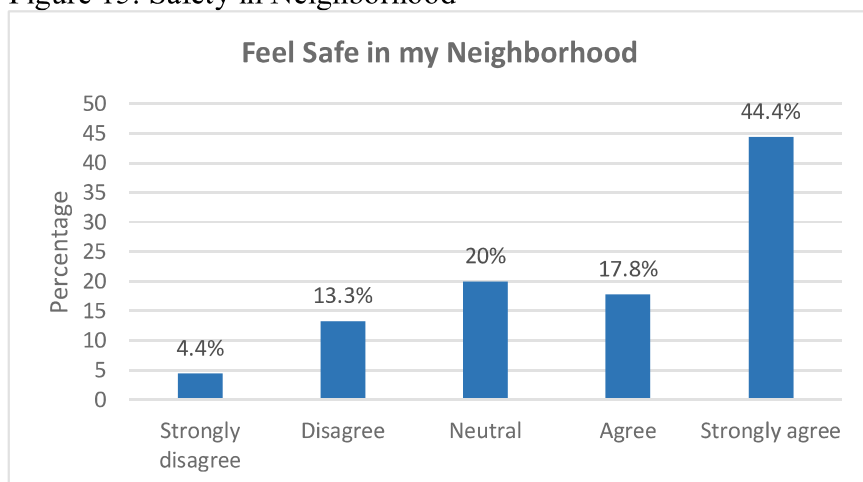
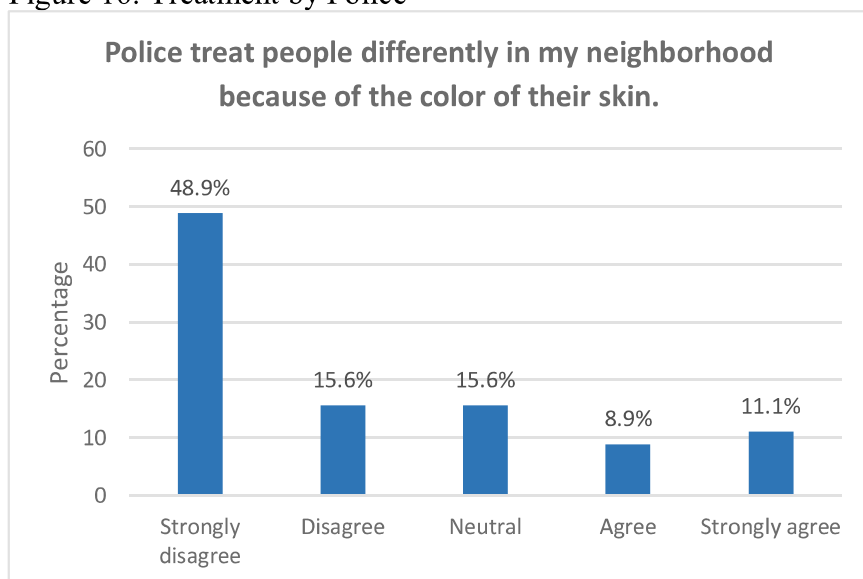


Figure 16: Treatment by Police



Summary:

The HES findings support the general perception of safety residents expressed. It affirms the wide-spread positive view of LaGrave and the willingness of most residents to stay and leverage resources at LaGrave to improve their lives. However, the nature and patterns of interactions among residents is complex. The degree or frequency of interactions among residents should not be considered as a measure of closeness in their relations with each other. The perception of differential treatment by police on the basis of skin color by 20% of the respondents (about 8 individuals) will be helpful to further examine. The concept of disproportionate minority contact shows the overrepresentation of certain populations in negative police interactions often due to stereotypes and prejudice.²¹ In the context of this study, interactions with police could be more nuanced and complex.

OTHER COMMUNITY STAKEHOLDER PERSPECTIVES

Profile of People Experiencing Chronic Homelessness

The other community stakeholders asserted that, *“there's a lot of different types of people that are homeless and every case is different. Everyone has their own story to tell.”* They confirmed some of the experiences LaGrave residents/guests shared. Based on their work and interactions with these residents, the other community stakeholders noted that *“a lot of them [residents of LaGrave on First] have experienced such immense amount of trauma.”* Additionally, they noted that there were residents with challenging family dynamics which in some cases appeared to persist even after gaining residency at LaGrave on First. The following was shared:

We had to watch a lot for suicidal tendencies. If they had any, any like arguments or any falling out with their family, it was not a good time. Same with [another resident]. They had a lot of family struggles too.

The other community stakeholders identified *“chemical dependency and some form of mental illness”* to be common characteristics of the homeless population. The view was expressed that, *“most of these people are chronic addicts, they're alcoholics. A lot of them use this to cope with their own, you know, troubles in life.”* This view confirmed several of the accounts provided by the residents and guests. For instance, one resident/guest had noted that, *“most of that time you drink that alcohol to suppress a whole lot of feelings you just don't want to deal with.”*

Substance use and the related disruptive behaviors were cited as the primary triggers of law enforcement interactions at LaGrave on First. However, contrary to the perception that this pertained to all residents, it was noted that *“about 90% of law enforcement incidents have to do with about five to 10 residents and the rest go pretty much without incident in that regard.”*

Therefore, **it is informative to note that there were residents and guests who were not chemically dependent** and actually expressed concerns about the drinking at LaGrave on First. The other community stakeholders confirmed those concerns stating that, *“there was a lot of folks, you know, [venting] their frustrations with things going on in the apartment or the drinking that was going on.”* One of the residents, based on their experience, had stated that, *“LaGrave is a little out of control a lot of times too, since I've been here. One guy, you know, was [evicted] – it usually has to do with alcohol.”* The foregrounding of *“one guy”* appears to corroborate the other community stakeholders' assertion that most of the law enforcement incidents have been limited to a few of the residents.

Some distinctions were made with regard to the substance use patterns among the residents:

I do believe that the older people were more prone to be drinkers and the younger people are more substance use...they would all drink...they would all use drugs at some point. But with older population it was primarily alcohol use. Younger, I mean they all used drugs. They weren't really too big on drinking.

This quote, in essence, reveals that substance use remains a significant problem among the residents. Though they may now be referred to as the *“formerly homeless”*, **it is apparent that**

some of them, if not most, still have substance use challenges and therefore need support. Speaking in general terms about the homeless population, the other community stakeholders noted that, “*the majority of homeless people, in the country, have substance abuse problems. And some researchers say it's in the neighborhood of 80 percent...Some others are saying it's more like 50 percent.*” Transitioning from being homeless to being housed does not mean all the challenges an individual is dealing with suddenly disappear.

Living While Homeless

The other community stakeholders revealed that being homeless did not always mean an absolute lack of accommodation. There were people who as a result of their homelessness were couch surfing or doubling up. However, people with that status did not meet HUD’s criteria of homelessness. It was shared that “*Unfortunately, a lot of people do get disqualified because their status was doubled up. Even though that, to you and I, that [will] probably be considered homeless, unfortunately, according to HUD that is not considered homeless if they’re couch surfing.*” Therefore, by implication, how one lived while homeless could result in their ineligibility for homelessness services. Further, this has implications for general counts and understanding of the prevalence of homelessness.

Contact and Interactions with Law Enforcement

Some of the other community stakeholders discussed **the triangle of interactions between LaGrave on First residents, the immediate environment/community around LaGrave on First, and the police.** The context for these interactions was during the early period of LaGrave on First’s opening:

It was very commonplace when we [LaGrave on First] first opened for there to be police, fire trucks, ambulances coming on a day to day basis. So neighbors around the area were very concerned about that and we were concerned about that. And that was part of, I think, the adjustment period as well. We were noticing more issues with intoxication when we first opened. Part of it might have been, also, the weather. So people were sitting out in the parking lot and had been drinking all day and then they'd be passing out. So then we're calling an ambulance, things like that. And at first that caused a little discord with the public and a little bit with law enforcement. But over time, those issues kind of slowed down and, I don't know, it just didn't seem so much like an issue.

Again, this quote shows the substance use problems to be a primary trigger of encounters with law enforcement and first responders. **It appears LaGrave on First may have initially increased the public visibility of the homeless population and foregrounded certain behaviors and episodes to which the general public may have previously only had limited direct exposure.** With the housing first model, substance use is not prohibited. Therefore, to the extent that people continue to drink and become socially or publicly disruptive, pose a threat to others or remain at risk of self-harm, some services are going to be needed. Nonetheless, LaGrave on First accords residents a status as people with challenges and in need of assistance which brings them into contact with various public agencies in a manner that may have previously not been possible. In essence, LaGrave on First validates their challenges and legitimizes their need or calls for support.

The quote shared above also reveals **the intersection between social welfare and public disorder**. A number of things are noteworthy: **1)** frequent calls to law enforcement and other agencies for social welfare interventions can be burdensome – financially for the agencies, and socio-emotionally for the responding officers **2)** the frequency of intoxication and other derivative behaviors and the presence of law enforcement negatively impact the ambience of the environment.

On law enforcement interactions, one of the other community stakeholders noted that, *“from a law enforcement perspective, the first and biggest thing would be officer safety when you're talking about interacting with this population.”* This statement suggests **there may be risks involved in interacting with the population of chronically homeless people**. Though we use terms like formerly homeless individuals and tenants/residents of LaGrave on First to avoid being pejorative it is quite apparent those terms do not necessarily have positive connotations for everybody. Either from direct personal experience, empirical evidence or anecdotes, people may hold certain views about the LaGrave on First residents (and guests) which shape their interactions with the population. The statement also reveals how people’s histories may continually impact them. For the population at LaGrave on First, their history of chronic homelessness may mean that they could be persistently linked with attributes, perceived or real, that come with being chronically homeless including substance use, violent and disruptive conduct. In that regard, reports of discord and frustration from law enforcement therefore seem logical.

Some of the other community stakeholders recorded that, *“initially they [law enforcement] were pretty frustrated with having to make frequent visits”* for issues that bordered on disorderly conduct and were non-criminal in nature. They also revealed that, in other instances, some law enforcement officers appeared not to understand the goal of LaGrave on First and how it was intended to operate. Of these law enforcement officers, it was said that:

[They] were not so understanding to the housing first philosophy [and so] we'd get a few that would come in and make kind of negative comments like, 'I don't want to tell you. I want to tell you how to do your job. But,' and then they proceeded to tell you how to do your job or say, I don't think this [housing first model] works and whatever.

In contrast, these other community stakeholders acknowledged that there were *“a lot of really great law enforcement officers that really wanted to work with us and really wanted to make this work and really loved what we were doing and supported us.”*

Another community stakeholder noted **variations in how some officers presented themselves at LaGrave on First**. It was noted that there is the:

I'm-here-to-make-things-right kind of cop with your chest out...Tenants don't respond good to that because they've been so vulnerable for so long and they don't have good... and I can't speak for them but I can imagine they don't have good experiences with cops like that.

Compared to that, there is one who *“comes in and he's just like any other guy. He's like any other person going there. He doesn't need a badge. He isn't a badge when he comes in there.”*

Some of the other community stakeholders acknowledged that the initial spike in calls to law enforcement stemmed from their own limited knowledge of and experience working with chronically homeless persons a considerable number of whom had substance use challenges as well as working in a permanent supportive housing/housing first program. Therefore, staff at LaGrave on First had to go through a period of adjustment in increasing their comfort with tense situations among residents and learning how to de-escalate those situations. Initially, the staff seemed to have been more primed towards addressing situations quickly and resorted to calling on law enforcement. It was revealed that some residents also called on law enforcement for similar reasons. These community stakeholders reported a positive change with time. They stated that:

[The frequency of calls] subsided too because we learned when to call. I think staff got a little more acclimated to the environment. Tenants also got more acclimated to living in an apartment and things like that.

The reduction in calls and law enforcement presence was also linked to, *“less chaos and people are getting more services and things like that.”*

Living at LaGrave

The community stakeholders confirmed several adjustments took place across the board involving residents and staff when LaGrave on First opened. Part of the adjustment involved *“some learning when it comes to boundaries between the tenants and the staff and that goes both ways, not just from staff to tenant, but from tenant to staff.”* They also shared that even after receiving apartments at LaGrave on First, some residents spent some time still sleeping outside. In addition, there were challenges with rules about what one could or could not do in their apartments. One community stakeholder recounted the following observation:

I think there was the initial shock of “I'm in an apartment” for, like, maybe the first 24 to 48 hours and then we started seeing the behaviors, the drinking, smoke... especially I know an issue with smoking in apartments, because I think probably the last time a lot of, a lot of the tenants were in apartments, you could smoke in your apartment. And so that's, you know, especially knowing that along with the fact that they just probably don't quite understand that you shouldn't be smoking in your apartment. There was, there was a lot of issues with that. I remember one of the one of the tenants that we moved in within the first week...The first week that he was a resident of LaGrave on First, he still slept outside.

This community stakeholder stated that attempts to get the resident to stop sleeping outside proved difficult as he insisted *“his family's out there”*. The family they referenced consisted of a community of homeless persons he belonged to. The thought of receiving help while others suffered seemed to be a barrier to accepting help and also posed a challenge to many residents. It seems a case of survivor's guilt may have occurred. In their bid to assist *“family”* they often ended up with lease violations and breaching other rules at LaGrave on First.

References were also made to the medical and health challenges of residents. Some of the residents were described as being “*medically frail*.” For the resident referenced previously who continued to sleep outside when LaGrave on First first opened, that person “*had significant back problems [and]...he was getting to the point where he needed to probably be in a wheelchair, because he could hardly walk without being in intense pain*.” Another community stakeholder mentioned that some residents had passed on, and explained that they “*already had medical conditions before they moved in, you know, some of them were already very sick. One [person]...already had cirrhosis. [And] was already in their passing phases*.”

These quotes about residents’ health and medical conditions corroborate what some residents had revealed about their health status particularly, the lack of adequate care during their period of homelessness.

Benefits of Living at LaGrave on First

The other community stakeholders frequently referenced multiple benefits of LaGrave on First. **A primary benefit was the impact on the prevalence of explicit and chronic homelessness in Grand Forks.** Participants perceived the prevalence of homelessness in Grand Forks differently. Some community stakeholders expressed the view that, in absolute terms, they did not think the homeless/homelessness comprised “*a large population or percentage*.” However, **homelessness was “the squeakiest wheel in town”** because of the more visible presence of the homeless population in public spaces especially around Downtown. Others argued that “*homelessness is high and it all depends on how you define it. It is bigger than we think it is*.” Breaking things down by subpopulations, a participant shared that homelessness was increasing among children in the school system as well as unaccompanied youth.

Against this backdrop, it was noted that, “***LaGrave on First has addressed a good majority of people who have experienced chronic homelessness in our community***.” Others attempted to quantify how LaGrave on First had impacted the prevalence of homelessness in Grand Forks. According to one community stakeholder:

[Prior to LaGrave on First, Grand Forks] used to have anywhere from 50 to 60 people sometimes floating around Downtown Town Square. Now there's maybe a couple that might stay, you know, the night on the stage...Probably between four and maybe 10 that are out and about.

Another person noted that **excluding people living at LaGrave on First, there were between 15 to 30 people who were still homeless**. This person clarified that these numbers (i.e., 15 to 30) were based on an informal count conducted by *Homeless Helpers*, an organization whose membership consists of formerly homeless persons living at LaGrave on First and some community members. With the transient nature of the homeless population/population experiencing homelessness, having exact numbers can be challenging. Nonetheless, it is quite evident LaGrave on First is helping address the magnitude of chronic homelessness in Grand Forks.

The other community stakeholders stated how **LaGrave on First addressed fundamental and basic needs such as shelter, security, and health for residents**. With some references to Maslow's Hierarchy of Needs, a participant explained the key role shelter plays in people's lives stating that:

[Shelter is needed for one] to progress in society [and that] it's pretty hard to get a job when you don't have a physical address. It's pretty hard to actually be accepted in the society when you are thought of as somebody who sleeps on the street.

Another benefit they identified was that LaGrave on First may be helping “*deal with the perceptions in our community about those who are homeless.*” These points allude to the stigma of homelessness and how people experiencing homelessness may be maligned and ostracized.

Another participant explained **the key role LaGrave on First plays in reintegrating homeless people into the community**. Their submission conveyed the notion that homelessness can make people non-entities as they become invisible and remain on the periphery of society. Through LaGrave on First, they perceived a restoration of the individual was made possible:

When you get invisible as a homeless person it is kind of hard to turn around and become social and join social groups, and rejoin society. Housing first does a real service to homeless people by allowing them to live in a community situation where they can once again just join in the community and be part of it. So it's really a very important thing.

Participants also noted benefits such as the rehabilitative goal of LaGrave on First through the provision of voluntary and onsite wraparound services. Provision of onsite services increased accessibility for most residents. There were other social services in close proximity:

And I know they're always bringing in people from Northeast and addiction counselors and anyone that can get their hands on. Altru has a doctor that comes a few days a week. They've got a nurse in there. And they're trying their best to try to bring these people's lives back into a manageable state, one where they can enjoy their life again.

It is important to note that **LaGrave on First provides multiple dimensions of care and safety**. The safety of law enforcement officers and first responders is better preserved with LaGrave on First. A participant presented the following scenario - an example of situations law enforcement and first responders have dealt with in the past:

Let's say it's January, icy, it's not very well lit. We've got a fight that broke out. There's no witnesses, everyone's intoxicated. We can't tell who the victim, who the suspect is. We have people surrounding us all over the place. There's no cameras no light, no nothing. And we're sitting there trying to solve a puzzle with someone who's bleeding out on the ground. Now it's in the summer or on the Greenway, something happens down in the brush and we have to call for help, we, we don't know where we are. I'm you know 40 yards south of the bridge. Like, who knows where you're at. So from a safety point, not only for officers, but also for the population, you know, getting an ambulance getting whatever, LaGrave has 100% reduced that. Well, I shouldn't say a hundred, 98%.

In addition to that, LaGrave on First reduced the potential or probability of some traumatic experiences for law enforcement officers and by extension other first responders as “*officers are not worried about finding a dead body constantly out in Town Square or on the Greenway because they know these people are housed.*” The experiences and challenges of LaGrave on First staff, law enforcement, first responders, health and social services personnel require further examination.

LaGrave on First has extensive benefits for residents, and the Grand Forks community as a whole. For formerly homeless individuals, LaGrave on First is helping build a culture of care, and provides a system for improving the quality of their lives. With LaGrave on First, residents have increased agency and are receiving support in navigating the health and social services system in Grand Forks. Additionally, measures have been instituted such as having onsite services and the adoption of an express clinic model to reorient residents about the use of medical services and supports:

They've used the ER for so long and not just homeless population, but a lot of the population uses the ER so regularly that that's a learned behavior now, or it's a behavior. And so now it's trying to get people to think ahead that, "maybe I should go see [the nurse] about this red spot on my hand before it's oozing green stuff and I feel like I'm gonna lose my finger," you know? So planning ahead or why don't we, you know, take some rest because we have a fever instead of waiting until we can't breathe because we had pneumonia and that's why we have fever...So the express clinic has been really nice because it's a way to say, "But hey this is appropriate for the express clinic. So we can get you to see a doctor. We can get you some meds on board and we don't need to end up with a kidney infection and end up in the ER or admitted.

In addition to these benefits and the physical or physiological improvement in their well-being, some residents get the time and space to review and plan their lives. A community stakeholder observed that:

You can see that they have some time to consider life without crisis and that's pretty powerful to see. That they can start to talk about things that were never even on the table before because it was constantly just a crisis, you had to manage your day to day, minute to minute really, so to talk about things like getting your GED or going back to school or, you know, 'maybe I'd like to be a social worker someday and help people' or 'be a part of a group that intentionally helps people who are currently experiencing homelessness, because I know what that's like.' That's just phenomenal. To see that growth, even a year for some of these folks that have been living on the streets for years and years. It's a whole different adjustment to not living in crisis, minute to minute.

This quote illustrates the transformational impact of LaGrave on First in helping people get their lives back together and working towards their aspirations. Further, the quote shows LaGrave on First's impact is quite comprehensive or holistic in nature, and LaGrave can be a catalyst for greater good.

Challenges of Living at LaGrave on First (Negative Views)

The other community stakeholders identified some challenges about life at LaGrave on First for residents. A notable challenge was with communication for which they highlighted the need for more standardized communication and consistency in the provision of support:

Because if I go to [Person A], and I get this answer and I go to [Person B] and I get that answer. And I'm like today, I really need a ride and so [Person A's] not here and he's usually the one that gives me a ride. What am I going to do? Because I'm going to go to [Person B, who is] going to tell me No and we don't do that. That's anxiety producing. So, um, it's important for staff to be consistent for the health of the tenants here and for their own health and safety. The health and safety of the tenants, I should say, and the health and safety of the staff. And so that has to come down from leadership. And I think that good consistency comes from good communication so we're all on the same page. We all know [Person A] we don't give rides, so please don't be giving rides because me and [Person B] are telling them, no, we can't do that.

This point highlights **situations that can contribute to confusion, dissatisfaction and tensions at LaGrave on First**. Such situations, reasonably, may have contributed to residents' perceptions of partiality in how policies were applied at LaGrave on First.

Regarding residents' adjustments to being housed, particularly within the housing first model, some of the other community stakeholders recognized the changes residents may be going through. A participant endeavored to view some of the adjustments through the lens of residents:

And so I suppose like, again, you wrap your head around this - There was not people under bridges and following you around wherever you slept at night offering help. There wasn't a whole lot of help to be offered. So one, they probably have a lack of trust of help and two they just, it's not on the forefront of their thinking because it wasn't there for them before. I think they're also overwhelmed by help because you come to me. I help you, but I also say, well, we gotta fill out this form, and we gotta and that's overwhelming, especially when it's not something you've done a lot of.

They lived kind of a, as much as it was stressful and that, it was pretty free if you will. They didn't answer to a lot of people - themselves, their group and the police, at times, right? So to answer to, and be responsible for, all that I think can be overwhelming. And so they sometimes avoid us service providers because...I'm going to have them fill out this form or they're going to have to come up with an excuse of why they didn't go to their appointment last week... It's a good intention from our end like and, but for them it, it could be intrusive.

These points suggest **being at LaGrave on First represents an attempt to engage with people in a way that was previously non-existent or very limited**. For that reason, and rightly so, residents may have some apprehensions about the motivations behind the help and support they may be receiving now. The quotes above also highlight **the paradox and burden of help and support**. To receive support or utilize services, the residents need to complete paperwork and some form of onboarding needs to be done as well. There is an indication that some residents

may find these formal processes burdensome. They may also find it “intrusive” since they may probably have to share some personal details or experiences. Therefore, the expectation or requirement that they complete paperwork may not be perceived positively. In that sense, what should typically be viewed as helpful and supportive is easily misconstrued and assumes a negative character.

Participants also noted that **some residents were less receptive to receiving help and the services provided or recommended through LaGrave on First**. The stated reasons included a lack of trust of service providers (and by extension systems) and people in general. It was also noted that there was little or no motivation to change because for years they had developed their own survival skills which had apparently proven to be effective:

Because they are, a lot of the people that we do work with were difficult to create relationships with because they don't have a lot of trust in service providers, they don't have a lot of trust in people in general. So then, a lot of times if you recommend services, they're reluctant to reach out for those because they don't believe that it's worth it. And they don't see why they should listen to you, or why they should consider it. Because what they've been doing for the last, you know, three to five years for most of them, - a lot of them for their entire lifetime - has just been to survive. And they've gotten, you know, 40, 50, 60 years. Some of them were 65/70 [years old] coming into LaGrave on First and, you know, they, they were relatively okay, like they were alive. They may not have had good health. They may not, you know, have been sober, or had a vehicle, or had good housing history, or ideal housing history, but they're alive.

Another participant placed these issues within the broader context of residents having to make adjustments and needing to get oriented to a ‘new’ system, noting that:

So for a lot of people just the novelty of everything was really stressful and we also had, okay, all these services and resources on site, which was amazing, but also stressful for people because some of these folks hadn't gone to a doctor, other than maybe the emergency room, just for a checkup or to check in on their health in decades.

The other community stakeholders highlighted other challenges associated with the transition from being homeless to being housed especially in a permanent supportive housing context. The core fact was the distinction between how some of these residents had lived on the streets and how they now had to live at LaGrave. **They “learned how to master living on the streets” but LaGrave on First demanded a new or modified set of skills**. Some community stakeholders made the following observations about some residents:

[First]:

One thing that I think, I find really fascinating is [this resident's] role when she entered LaGrave on First, because even out on the streets, I think she was pretty much like the alpha when it comes to the group of people that she would hang around with and it would be interesting to see her orchestrate a lot of the chaos that would happen. Um, and I think like it was very frustrating, but at the time, like I said, really fascinating because I think that is how she's gotten by for all these years, is doing the things that she does and

being manipulative and not at all in a negative way because she was doing what she needed to do to survive. So that's, that's all she knows and I, I did see that a lot.

[Second]:

And so the one particular gentleman...he also grew up in a boarding school. And so he thought, he kind of related the streets and the boarding schools, where if someone says something to you, negative about you, You can't just brush it away and walk away because then you're seen as weak and you can be targeted in the future. You have to stand your ground and stand up for yourself. And so while that may have been an adaptive strategy for him back then, in the apartment, it wasn't, it was getting him into a lot of trouble, he was going to get evicted. It was causing him a lot of stress and sometimes it was like, it might cost you a little, you might be a little less stressed, if you just walked away. And one time he walked away. He goes, 'you know what? that actually was a little easier.'

Wide-ranging views were shared about **LaGrave on First's effectiveness or failings**. A community stakeholder considered the evictions of residents to be a failure of LaGrave on First. The participant noted that *"there's some people who LaGrave on First failed...They were all evicted."* In contrast, a resident had expressed the view that the eviction of another resident was long overdue. Another community stakeholder also shared that the evictions of certain residents was necessary:

I think that would be very unfair to say, but there were a few what we'll call "problem children" that were living there that had to be evicted. And it was interesting that when these very specific people were removed from the group, things improved immensely and immediately. Problems just ended.

Participants also provided insight on the considerations that went into decision and policymaking at LaGrave:

I mean, one of the greatest qualities of a lot of the folks that live on LaGrave on First is they want to help out everyone and their street family is their family and then they, a lot of them have really big extended families as well. So they want to help everyone out. They want to let everyone stay with them and a lot of people get in trouble for that in the Grand Forks Housing Authority buildings for having people that aren't on their lease, are not supposed to be there, there and they get evicted.

So we kind of set out at the beginning, knowing that we were going to maybe have a little bit more structure going into it because we didn't know what to expect and if we realize, oh, some of these rules are ridiculous. We don't need them. We could always take away rules and people are always really happy when you give them more freedom. They're not happy when you start to give them less. So we thought that might be a better way to go about it. And we did, over time, have more flexibility on a lot of those rules.

This quote illustrates an important aspect of policy and decision making at LaGrave on First. Certain policies have been enacted proactively in anticipation of certain behaviors from the

residents. As shared above, knowledge and experience of how other tenants have behaved in Grand Forks Housing Authority buildings have informed some of the decision making and policies. As much as it shows policymaking at LaGrave may be top-down, it also shows the mediation between experimentation and pragmatism. In this regard, policies were going to be enacted to prevent the exploitation and abuse of the LaGrave system. However, if those policies were deemed to be too restrictive or of marginal utility then modifications would be made accordingly.

Discussion

This study examined the experiences of residents and guests of the permanent supportive housing program, LaGrave on First. The findings highlight variations in the experience of homelessness, the challenges in transitioning from homelessness and lack of stable housing, and the benefits of LaGrave on First. Again, the findings enhance the understanding of the nature of homelessness in a rural as well as mostly urban context. The mixed findings may be due to the study setting - the city of Grand Forks, which is the county seat of Grand Forks County, one of 11 counties in North Dakota considered mostly urban. The demographic characteristics of the participants represent a mix of what other studies have found about rural and urban homelessness.

Some reports suggest individuals experiencing homelessness in rural areas are likely to be white single women or mothers with children. These reports also indicate that rural individuals who experience homelessness may be doing so for the first time and the episode of homelessness tends to be shorter.²² In contrast, other studies on rural homelessness have found that over 70% of the population of homeless individuals are men and most likely to be white.^{23, 24} Consistent with studies in the latter group, this study's sample was predominantly male (74.5%). Most of the participants were also white (48.9%). However, the next dominant racial group was Native American/American Indian (35.6%), then Black/African American (13.3%) and Latino (2.2%). The racial distribution may be reflective of the overall demographic structure of North Dakota where 87% of the population is white, 5.6 % is American Indian and Alaska Native, 3.4% is Black/African American.²⁵ Also, based off the demographic breakdown, American Indians are overrepresented in the sample. This finding is consistent with studies that show that people of color make up a large proportion of the homeless population relative to their overall number in the general population of the nation.²⁶

The average age of participants in this study was about 45 years, suggesting that the individuals in this study were generally older. Though this finding is not directly consistent with other studies that suggest the rural homeless population tends to be younger,^{22, 23} together with other findings presented in this report, it is important to note the unique context of LaGrave on First as a permanent supportive housing program and a service hub.

Though all residents had to have experienced chronic homelessness in order to qualify for housing at LaGrave on First, the findings reveal variations in the nature and experience of chronic homelessness. Homelessness in rural areas is perceived to be characterized by couch-surfing, motel stays, campers, sleeping in garages and abandoned tenements, etc.^{26, 23, 24} The findings of this study were quite similar in that regard. However, some participants also indicated

that they were literally homeless on the streets and out in the elements, something often associated with urban homelessness.^{26, 27}

The findings of this study show that the nature and experience of homelessness in Grand Forks does not align with a single typology or classification – i.e., just rural or urban homelessness. The findings suggest a fluidity in people’s experiences of homelessness and hence a fluidity in typologies and even a hybridization of typologies. The commonly identified or broad categories of homelessness are not necessarily discrete.²⁸

Therefore, overemphasizing broad categories such as rural and urban homelessness which are based on geographical and socio-economic indicators or those that are temporal or time-based such as the duration or period of homelessness (e.g. recently dislocated and prolonged homelessness)²⁸ may be detrimental to the effective provision of services and supports. The findings provide insight for revising how typologies of homelessness are conceptualized. Besides the broad categories, a more individualized approach of first developing a profile of people based on the aggregation of past and present experiences linked to their homelessness may be helpful. At LaGrave on First, the VISPDAT, is an essential tool for profile development not only for determining eligibility for housing but also for service provision.

Addressing Homelessness

Consistent with other studies, in examining the factors associated with homelessness, adverse and traumatic experiences such as unemployment, mental illness and physical maladies, family abandonment, and abuse and exploitation featured widely in the narratives of most participants. There were participants with protracted experiences of trauma and adversity in some cases dating back to childhood.^{29, 30} Duncan et al. state that “individual factors related to homelessness reflect a long-term trajectory of adversity and hardship that interact and accumulate over time.”^{30 (p. 46)} In the current study, there were participants’ who shared experiences of bereavement. It is worth noting that the loss of a partner or relative may not only result in the loss of one’s social support but also negatively affect a person’s mental and emotional conditioning especially in the absence of effective support for grieving.³¹

There were factors linked to the experience of homelessness that have been labeled as precipitating and stagnating factors. These labels only denote the distinction between the initial causal factors and the factors that prolong the incidence of homelessness. Drawing on the pathways to homelessness concept in examining the findings of the current study, one can appreciate that homelessness is not always due to one-off incidents or abrupt triggers. Rather, homelessness is often the culmination of a complex process that may include the interaction and accumulation of multiple precipitating factors.^{32, 33} Anderson³² identifies three age-based pathways into homelessness highlighting some of the commonly cited causal factors (see Table 2).

Table 2: Age-based Pathways to Homelessness

Age-based Pathways to Homelessness	Causal Factors/Links
Youth (15-24 years)	<ul style="list-style-type: none"> • Severe family problems and difficult childhoods. <ul style="list-style-type: none"> ○ Includes experiences of abuse (physical, sexual, etc). • Includes time in voluntary or statutorily provided accommodation – shelters, rehabilitation centers, etc. May also include time in jail/prison.
Adult (20-50 years)	<ul style="list-style-type: none"> • Marital/relationship breakdowns with or without violence. • Loss of home or rented accommodation.
Later life (50+ years)	<ul style="list-style-type: none"> • Retirement or laying-off. • Widowhood. Marital/relationship breakdown (may be linked to domestic violence or mental health challenges). • Loss of support/care for chronically ill or special needs individuals who have always required parental or caregiver support.

The concept of pathways to homelessness is essential in understanding how even the same or similar risk factors and triggers uniquely affect the different subgroups of the homeless population. However, such categorizations can be quite problematic in that they may not accurately reflect the experiences of different age groups. Further, they also appear to only note the “entry” points into homelessness and may not adequately capture experiences over a person’s life span. As was the case in this study, there were participants who appeared to have been unstably housed with extended periods of homelessness since they were youth. In that regard, the life course or biographical approach of examining people’s experiences of homelessness can allow for a review of the individual and structural factors that have resulted in their current plight.^{33,34} Also, taking into account the precipitating and stagnating factors, the life course or biographical approach may be instructive for policy and actions aimed at addressing homelessness.

In exploring ways to address homelessness or provide remediation, a targeted prevention and remedial framework is ideal, and also aligns well with the biographical approach. The prevention framework can draw on the multi-level strategies mainly used in public health. There is an initial stage termed primary prevention which focuses on corrective and preventive measures for high risk individuals or groups.³⁵⁻³⁷ This implies that in knowing the factors and characteristics associated with homelessness, strategies can be employed to prevent people from reaching the point of homelessness.^{35,36} Secondary and tertiary prevention measures are also needed. In relation to diseases, the ailment may not be in a form that is readily or easily observed.³⁸ Therefore, for homelessness, secondary prevention focuses on measures aimed at addressing

early episodes or manifestations which may often be inapparent.^{35, 36} Tertiary prevention is aimed at “full-blown” cases. For homelessness, tertiary prevention measures are ameliorative. They help people manage their condition with the aim of achieving housing stability.^{35, 36} Again, programs should be delivered in a universal, selective and indicated manner.^{37, 39} Universal prevention measures are aimed at the general population. This means messages about homelessness and homelessness prevention will go out to the broader community. Selective prevention focuses on specific subgroups within the larger population with high exposure to the risk factors which means they likelihood of becoming homeless is higher than average. Indicated prevention is quite similar to secondary prevention. The focus is on persons experiencing what may be considered less severe forms of homelessness or housing instability.³⁹

Living at LaGrave and Related Benefits

Frameworks for identifying human needs such as the dimensions of wellness, Maslow’s Hierarchy of Needs and Alderfer’s Existence, Relatedness and Growth (ERG) theory provide an important lens for understanding the benefits of LaGrave on First.⁴⁰⁻⁴⁴

Figure 17: Maslow’s Hierarchy of Needs⁴⁴ and Alderfer’s Existence, Relatedness and Growth (ERG) Theory⁴⁰

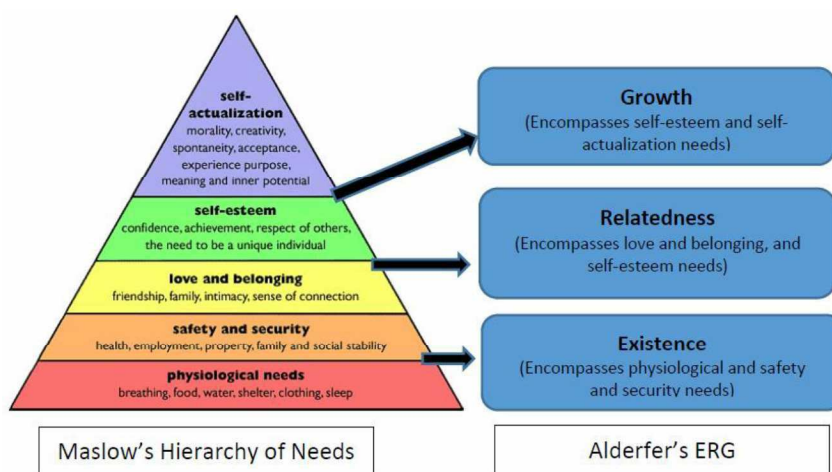


Figure 18: Dimensions of Wellness⁴¹

LaGrave on First serves as a hub for the integration and balance of factors necessary for holistic well-being. The findings show that through the provision of physiological, safety, love and belongingness, self-esteem and self-actualization needs, various dimensions of wellness are either being addressed or the conditions have been established for them to be addressed - intellectual, emotional, physical, social, occupational, spiritual, and financial. It is important to note that this has not necessarily occurred in a linear or hierarchical order. A need and corresponding dimension of wellness that was mostly emphasized was the provision of housing. This seems to suggest that stable housing is foundational for complete well-being. Some participants linked the provision of housing to feelings of safety and security. Others linked the provision of housing to dignity, and others noted that it offered an opportunity to better themselves by attending to health and substance use issues and working on life aspirations. In a general sense meeting the basic or lower-level needs is a precondition for higher level or sophisticated needs. Moreover, it is important to also recognize that some needs appear to be fused within others.^{42, 43} In the absence of housing, the very existence of these people is threatened. As noted by other researchers, the lack of permanent or stable housing makes living precarious and nearly impossible. The findings revealed that with the loss of housing, people sometimes experienced a deterioration in their health. Again, lacking housing, some people tended to neglect their health as the priority often appeared to be finding safe and secure shelter.⁴⁵

However, the findings reveal individual differences among residents with respect to their experiences as well as differences in their aspirations. Therefore, the progression towards addressing “higher level” needs is not the same for all residents. There are immediate contextual cues and moderating individual differences that impact the progress people make in improving their life conditions after receiving housing. For example, there are residents with limited training or job skills which affects their employability. There are also residents with underlying health (including mental health) conditions which also affects their employability. This implies that besides receiving housing some residents may have limited capacity to do other things. This builds a case for differentiated care and support systems which is most feasible under the PSH model given its flexibility and relaxed protocols.⁴⁶

The findings revealed that within the housing first model, there were policies and practices which appeared to be seemingly routine yet could be disempowering and detrimental to the well-

being of formerly homeless people. Some of the concerns expressed about LaGrave on First suggest that provision of support and services is premised on definitions that are more in alignment with the perspectives and interests of the managers and administrators. Clapham,³³ similarly, asserts that the provision of services to the homeless population can sometimes be based on need as perceived by professionals without adequate representation of the views of the intended recipients.

RECOMMENDATIONS

Another way to view the impact of LaGrave on First is through an aggregated, differentiated (disaggregated) or cumulative framework. The aggregated level will focus on looking at LaGrave on First as a whole and the overall impact. The differentiated (disaggregated) level will focus on looking at individual residents of LaGrave on First. This may be helpful in identifying and better addressing the unique needs of each resident.

The cumulative level will focus on the sequential and incremental impact of LaGrave on First. The cumulative approach may be helpful in identifying the impact of sustained services and care for residents over a period of time. In the provision of services and treatment, it is quite common for people to receive multiple services and interventions, sometimes, in a staggered manner.⁴⁷

The frequency of police presence at LaGrave on First was largely linked to calls from staff about the “intoxication” and publicly disruptive behaviors of some residents especially in the early period of LaGrave’s opening. The calls to the police were also tied to staff’s lack of familiarity working with people with recent histories of chronic homelessness and substance use challenges. It may be helpful for LaGrave on First to review the training and orientation given to staff. The frequency of calls was viewed to be a source frustration for some police officers. LaGrave on First can enhance it’s partnership with the Grand Forks Police Department to promote a better understanding and appreciation of the permanent supportive housing/housing first model and help officers have a better context for engaging with the residents (and guests) at LaGrave on First.

Based on the HES (Housing Environment Survey), some respondents (residents and guests) perceived racial bias in treatment from the police. However, police harassment was not a major or pervasive theme. The interviews with both residents and guests and the other community stakeholders suggest there multiple factors may be shaping interactions with the police. Some studies indicate that perceptions of violence and other anti-social and risky behaviors such as substance use make chronically homeless persons prime targets of police surveillance and, unfortunately, harassment.⁴⁸ Again, law enforcement may be informed by historical antecedents, as well as stereotypes including racial bias linked to particular populations in their policing.²¹

Conclusion

The extent of homelessness in Grand Forks appears to be underestimated and is likely a more pervasive issue than it is currently perceived to be. Further, the findings suggest that homelessness is not simply an economic problem, or even just about the lack of housing. For that reason, the provision of stable housing alone, though essential, is not enough to address or prevent homelessness. Homelessness is the result of a complex confluence of factors, and it is

rarely the result of a single factor. An aggregated mass of factors should therefore be considered in examining homelessness. In that case, solutions and interventions should be multi-pronged and aimed at addressing homelessness comprehensively. LaGrave on First has worked to do exactly that, and it has been successful in a variety of ways.

The findings also support the view that homelessness is neither a unitary concept nor a primarily urban problem. Though rural homelessness is a known type of homelessness, it still remains under-researched.^{22, 24, 27, 49} Indeed, the first year of observations suggest that the causes of homelessness exist across a matrix of major causes, both in terms of problems that create homelessness and others that result in long-term, chronic homelessness. Further, urban communities serving as regional centers for rural regions appear to experience unique forms of homelessness that are underrepresented in the larger literature on the subject.

Next Steps

This is a five-year, longitudinal study meant to explore the longer-term impacts of a single-site, permanent supportive housing/housing first approach to homelessness. The intention during the second year is to continue to engage both new interviews and follow-up interviews, ongoing surveys, and the collection of fiscal and other quantitative data. The second year report will also include a broad description of the impacts of, and responses to, COVID-19. Already, some data has been collected in this regard, but it did not fit with the timeframe, purpose, or intent of the first year report.

Institutional Review Board Processes. This work will require the ongoing engagement with the Institutional Review Board processes at UND and Altru. While those two systems have a history of collaboration, it has generally focused on more specific health care and medical science research. This project requires those institutional partners to more fully engage the unique research needs and approaches of human service needs. This has resulted in a learning curve for UND, Altru, and the research team.

Financial and Other Benefits. Of particular intent, the study will seek to better understand the direct financial and other benefits to law enforcement, health care, and human service systems. The hope is to begin to provide more clearly articulated answers to questions about overall cost savings to the community.

Emergent Typology of Homelessness. Additionally, the study will continue to develop and refine an emergent typology of homelessness. As is clearly indicated in the first year report, homelessness is not limited to single causation or stereotypes. Instead, it appears that a typology best described by a matrix of interdependent factors across age, mental health, race, physical and mental ability, family background, and a host of economic and environmental factors all play into the first instances of homelessness and the circumstances that lead to increasingly entrenched, chronic homelessness. It will likely take the full five years to provide a clear articulation of those causes, but the second year report is likely to provide an important next step in that emergent understanding.

Grant Application. Beyond these various methodological and descriptive intentions, the researchers will continue to pursue outside funding including a grant application to the Robert

Wood Johnson Foundation's Culture of Health Initiatives. That work, and applications to other possible funding sources, are likely to impact the research focus, methods, and opportunities of this five-year study.

Dissemination of Findings. In addition to the report format (including preliminary and interim reports), the researchers will explore the dissemination of the findings through journal articles and conference/seminar presentations as applicable.

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