



Provider perspectives of housing programs for young adults experiencing homelessness



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ABSTRACT

Objective: Qualitative methods were used to investigate the perspectives of service providers working in Permanent Supportive Housing, Transitional Living Programs, and Rapid Rehousing for young adults who have experienced homelessness. The primary aim was to explore how housing models were designed, implemented, and the extent to which there is variability in how providers approach their work with young adults.

Methods: Data come from 26 housing service providers purposively sampled from supportive housing providers across the United States between October 2017 and July 2018. Interview transcripts were analyzed using a comparative case summary approach, grouped by program model.

Results: Three themes emerged from the qualitative analysis related to how specific housing models were developed (*Stranded between systems: “No model to follow”*), the strategies that providers took to support residents toward independence and self-sufficiency (*Working toward independence and self-sufficiency: “No one-sized approach”*), and the various roles that individual providers discussed fulfilling in their work with young adults (*Shifting roles: “Whatever type of figure is needed”*).

Discussion: While the overarching goals of supportive housing span across housing models, the methods and philosophies of service delivery differ, mirroring the programmatic structure of the model. Results point to a competing philosophies approach to housing as it delivers different philosophically oriented programming models for similar youth through Transitional Living Programs, Permanent Supportive Housing, and Rapid Rehousing models.

1. Introduction

Young adult homelessness has become a national crisis, with recent estimates suggesting that as many as one in ten 18–25-year-olds experience homelessness annually in the United States (Morton et al., 2018). Despite these numbers, it was not until recent years that youth and young adult homelessness began to receive specific attention. In 2010, the United States Interagency Council on Homelessness (USICH) presented “Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness,” identifying youth as one of the four special populations deserving of attention. More details were provided in 2012 with an amendment to the Opening Doors Strategic Plan that included a framework to end youth homelessness which included assessing, developing, and implementing interventions specific to young people who have experienced homelessness, with housing interventions at the top of the list (USICH, 2012). As a result of allocating specific funding to solve young adult homelessness, in 2017 the USICH noted an

“unprecedented increase in collaboration” among federal agencies and local government to combat youth and young adult homelessness (USICH, 2017). Within this context, communities across the country have worked to expand housing programs to meet the specific and often diverse needs of unstably housed young adults during the critical developmental period of emerging adulthood (Arnett, 2000). Although many of these programs are considered to be supportive housing, this has become an umbrella term that refers to multiple housing models, including Permanent Supportive Housing (PSH), or time-unlimited housing with comprehensive wrap-around services (Gilmer, 2016); Transitional Living Programs (TLPs), which is explicitly time limited and may or may not come with comprehensive wrap-around services (Pierce, Grady, & Holtzen, 2018); and Rapid Rehousing (RRH), which typically provides time-limited housing supports in community-based settings with access to fewer supportive services (Di Felice, 2014). Whether one or more of these models is a better or worse fit for young adults who have experienced homelessness has not been well

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investigated (Tabol, Drebing, & Rosenheck, 2010).

In addition to the immediate need for shelter, young adults who experience homelessness face multiple challenges. Saperstein, Lee, Ronan, Seeman, & Medalia (2014) found that 83.6% of a young adult homeless sample met criteria for a DSM-IV Axis I disorder, the most prevalent of which were anxiety, substance use, and mood disorders. Thus it is not surprising that high rates of neurocognitive impairments and decremented educational and vocational achievements are common among homeless young adults, relative to their age-matched peers (Medalia, Saperstein, Huang, Lee, & Ronan, 2017). Contributing to these factors are significant adverse childhood events including parental rejection and abuse, particularly among LGBTQ youth experiencing homelessness (Choi, Wilson, Shelton, & Gates, 2015; Maccio & Ferguson, 2016; Norman-Major, 2017; Pearson, Thrane, & Wilkinson, 2017; Shelton, 2015, 2018).

To date, a large proportion of research investigating services for this population has examined shelter or drop-in use (Barker, Kerr, Nguyen, Wood, & DeBeck, 2015; Berdahl, Hoyt, & Whitbeck, 2005; Carlson, Sugano, Millstein, & Auerswald, 2006; Ensign & Santelli, 1998; Pedersen, Tucker, & Kovalchik, 2016; Thompson, Bender, Windsor, Cook, & Williams, 2010; Tyler, Akinyemi, & Kort-Butler, 2012), but relatively few studies have focused on housing interventions. Of those that have, some explored the perspectives of young adults residents regarding supportive housing, suggesting that young adult preferences for housing and services are divergent from the homeless adult population (Bergman, Courtney, Stefancic, & Pope, 2019; Henwood, Redline, & Rice, 2018). A large part of the difference between homeless adult populations and younger people experiencing homelessness stems from the unique developmental stage of the young adulthood where structure may be helpful, but independence is valued. Young adults experiencing homelessness have previously expressed the desire for individualized support within housing contexts (Henwood, Redline, & Rice, 2018), while acknowledging a tension related to the programmatic structure of housing programs when independence is desired (Bergman et al., 2019; Curry & Petering, 2017; Munson, Stanhope, Small, & Atterbury, 2016) as they consider “what’s next” (Henwood, Redline, Semborski, et al., 2018). Furthermore, research regarding outcomes for young adults in supportive housing has found decreases in inpatient stays (Gilmer, 2016), increased achievement of education and employment (Pierce et al., 2018), and the increased potential for independent living (Di Felice, 2014; Kroner & Mares, 2009) with longer tenure in supportive housing. Despite this work, the extent to which housing programs provide services designed specifically for young adults has not been fully investigated. At present, only one known study has investigated the perspectives of service providers, which examined the system of care for homeless youth and young adults broadly, but it did not specifically focus on housing (Brooks, Milburn, Jane Rotheram-Borus, & Witkin, 2004).

However, despite the existence of multiple housing models for young adults, including TLP, PSH, and RRH, we remain unclear on how these programs were designed and the amount of variability within and between different program models in how providers approach their work with young adults. In order to begin to fill this gap, we recruited service providers from TLP, PSH, and RRH models and interviewed them based on the following guiding questions:

- (1) How were housing models for young adults developed?
- (2) What specific strategies do providers use to serve young adults within and between different housing models?
- (3) In working with young adults, what role(s) do providers see themselves fulfilling within and between different housing models?

2. Methods

2.1. Participants and data collection

Between October 2017 and July 2018, 26 housing program employees across the United States were purposively sampled to represent a variety of positions (i.e., frontline providers, managers, directors) and experiences working in PSH, TLP, and RRH program models for young adults (18–25 years old). We also sought to recruit from programs in various geographic locations that resulted in participants coming from 18 organizations across eight states, including Washington, Oregon, California, Texas, Michigan, Maryland, Pennsylvania, and New York, with representation across housing models and position. Semi-structured interviews were conducted in English by two interviewers trained in qualitative methods. Interviews were audio-recorded and were conducted in-person ($n = 3$) or over the phone ($n = 23$) and lasted approximately 30 min. Qualitative interviews asked participants to describe the characteristics of their housing program(s), the process through which the programs were designed and implemented, and how they approach their role in working with young adults. Interviewers debriefed with the larger investigative team at regularly scheduled meetings to review the content of each interview and identify any additional areas of inquiry to explore in future interviews and to determine when saturation of content had been met. Prior to recording, minimal demographic information was collected and entered into a secure database. All interviews were transcribed verbatim. ATLAS.ti software was used for data management and analysis. All study protocols were reviewed by the authors’ IRB and written consent for participation was waived. Providers received \$30 for their participation.

2.2. Analysis

Interview transcripts were analyzed using a comparative case summary approach. This involved reading and re-reading transcripts and then having investigators independently generate case summaries. Final case summaries were determined using a consensus-driven approach (i.e., multiple people reviewed transcripts and case summaries and came to an agreement on salient content). Case summaries were then organized within an Excel spreadsheet for participants who worked exclusively in one housing program model ($n = 18$). Cases were grouped by program type (TLP, PSH, RRH) and provider type (frontline, manager, director) to facilitate comparative analysis across cases in key domains including staffing, building type, services offered and required, and time limits (Miles, Huberman, & Saldana, 2014), guided by the three initial study questions. Themes were then generated that highlighted similarities and differences between housing models. Providers who identified as working for an agency that implemented multiple housing models ($n = 8$) that were not entered into the case summary matrix were then reviewed as part of a negative case analysis to establish completeness of findings (Padgett, 2008). Finally, to ensure the generalizability and soundness of findings, member checking was done with four providers, two coming from agencies included in this analysis and two others working in other housing programs for young adults not captured in this study.

3. Results

The majority of participants were female (65%), white (50%), and held director-level positions in their organizations (38.5%). The average age was 42.6 years ($SD = 11.5$). From TLPs, one participant held a frontline position, two were managers, and three were directors. Within the PSH model, four participants were frontline providers and two were directors. Finally, within the RRH model, participants identified as managers ($n = 2$), directors ($n = 3$), and executives ($n = 2$). Full participant characteristics are displayed in Table 1 and descriptive characteristics of each individual housing model, as described by

Table 1
Sample demographics (n = 26).

	n -or- x	% -or- sd
Age	42.6	11.5
Sex (Male ref)		
Female	17	65.4
Race		
White	13	50.0
Black	7	26.9
Latinx	4	15.4
Native American	1	3.9
Asian	1	3.9
Position		
Executive	4	15.4
Director	10	38.5
Manager/Supervisor	7	26.9
Frontline	5	19.2
Roles*		
CoC/CES	16	61.5
Grant Writing	11	42.3
Administration	20	76.9
Staff Supervision	20	76.9
Program Design	22	84.6
Direct Service	13	50.0
Number of roles per provider	3.9	1.3
Program Type		
TLP	6	23.1
PSH	6	23.1
RRH	6	23.1
Multiple models	8	30.7

* May perform multiple roles.

participants, are shown in Table 2. Participants described Permanent Supportive Housing (PSH) as being time-unlimited with greater programmatic structure than the other two models, offering comprehensive services coordinated by an on-site case manager. Most commonly, Transitional Housing Programs (TLPs) were characterized by time-limits between 12 and 14 months and a focus on life skill development, such as education and employment. Finally, participants described Rapid Re-Housing (RRH) as rental subsidy for an agreed upon amount of time, with longer or shorter periods determined by client need. Three themes emerged from our initial study questions related to how specific housing models were developed (*Stranded between systems: "No model to follow"*), the strategies that providers took to support residents (*Working toward independence and self-sufficiency: "No one-sized approach"*), and the various roles that individual providers discussed as a part of their work with formerly homeless young adults (*Shifting roles: "Whatever type of figure is needed"*).

3.1. Theme 1 – Stranded between systems: "No model to follow"

Participants involved in the process of program development described the difficulties of serving a population of young people that "had no place to go" (SP 03), while having to do so with "no model to follow" (SP 15). Several participants described the young adults they serve as being stranded between the child welfare and adult homeless service systems, each system with individual practices of meeting the unique needs of their population. Those involved in developing their housing programs were largely at the supervisor level or higher in their organization. Many interviewees described the origins of their program as a response to the need for age-appropriate solutions to young adult homelessness, and the impetus occurred in an absence of evidence-based guidelines for formerly homeless young adults. For example, participant (SP) 15, who reported their agency offers a variety of young adult housing models, stated: "not everything that we worked on had a model to follow, so we had to develop our own steps to having a program be thought out thoroughly." Furthermore, how participants described their approach to filling the housing gap for young adults differed depending on which side of the gap (child welfare or adult homeless services) the

providers were starting from. Many agencies looked to modify models that had been used with other young adult or homeless populations to fit the needs of young adults experiencing homelessness within their communities.

Several interviewees from the TLP model described the earliest efforts to provide age-appropriate housing for young adults as originating in the child welfare system. For example, SP 08, who works in a TLP, described how their agency first expanded foster care services to individuals over the age of 18 in conjunction with congregate-site housing placements. Services included independent living skills workshops for 18–21-year-olds and other expansions based on observed need, such as including mental health services. Over time the agency found greater success by switching to a scattered-site model (i.e., apartments located throughout the community rather than together in one building). Finally, after 17 years, this agency expanded to non-foster youth who were homeless or at risk of homelessness up to age 25.

In addition to expanding on child welfare system models, two of the six TLP-only providers that we interviewed described structuring their program after college dormitories. As described by SP 03 (TLP):

"I opened the original transitional living program here ... And it was based on the needs of the young people coming out of shelters. There was no place for them to go, and so this was a way to use an age appropriate model of housing and congregate living where we would focus on the same thing that you'd learn within a dorm. How to be on your own, how to get a job, go to school, and focus on the independence living aspects of being a young adult. So that was kind of the model."

While not an evidence-based practice for homeless young adults, college dorms represented a commonly accepted approach for housing young adults in general, and thus an apt starting point to develop independent, age-appropriate housing for young adults exiting homelessness.

In contrast, many homeless services agencies that had long been serving adults only recently received funding specifically designated for young adults. This funding developed as HUD embraced PSH as an evidence-based solution for young adult homelessness and aimed to help young people aging out of the already established transitional housing programs, falling back into homelessness. For example, SP 13 discussed the development of their PSH program was in response to youth aging out of the child welfare system. Furthermore, the beginning of age-specific housing within the PSH model began out of collaboration. All participants coming from the PSH model spoke of the importance of partnering with existing young adult providers in their communities. Participant 22 described leading their staff learn to work with the new population of young adults:

"They basically worked with us for about 18 months to help us learn some different ways of working with young adults because [our agency] typically worked with adults and didn't have the knowledge and background in what works with young adults and doesn't."

Finally, the most recently developed housing model for young adults is Rapid Rehousing (RRH), which, like PSH, was first used to address adult homelessness. SP 07 reported working for an agency that was among the first in the country to offer RRH for young adults by partnering with other local youth providers and getting support from national initiatives to start the new model. Likewise, SP 06 started offering RRH to young adults by adapting an existing model for families with minor children to fit the needs of their young adults. SP 33, who also offers RRH, also noted it's necessary to "be flexible with trial and error, especially when implementing a new program."

Trial-and-error was a common approach of youth providers not only from RRH, but from PSH and TLP as well. Although providers across the country are implementing housing programs for young adults experiencing homeless, these housing models seem to constantly evolve over time. All providers we interviewed discussed aspects of their model that seem to be working well, but also noted room for improvement. SP 31,

Table 2
Affiliated agency/program characteristics by housing model.

Participant ID	Housing Model	Location (State)	Staffing	Building	Services offered	Required services	Time limits
SP 04	PSH	California	On-site case manager	20 units, congregate style	Case manager provides comprehensive care coordination	Case management	For 18–24-year-olds; start making transition plan prior to turning 24, but “don’t necessarily ask them to vacate the unit”
SP 13	PSH	California	Two on-site case managers and one property manager	26 units, congregate style	Case management and therapy provided on-site, with other need services coordinated off-site	Case management	Once beyond the transition age, residents have the option to stay in their apartment and pay market rate or move on
SP 14	PSH	California	One on-site, live-in case manager	26 units, congregate style	On-site case management, off-site therapy, life skills	Weekly contact with case manager	No time limits
SP 22	PSH	Pennsylvania	One on-site case manager (residential services coordinator)	Congregate style, mixed age (not all are young adults).	Case management, life skills, mental health services, employment support	Weekly case management, life skills, unit inspections; must be compliant with program requirements to renew lease	No time limits, but meant for young adults to move on (out) when they are ready
SP 29	PSH	California	One on-site case manager	25 units, congregate style	Life skill development	Weekly case management to access needed services, like life skills	No time limits
SP 30	PSH	California	One on-site case manager	20 units, congregate style	Case manager focuses on community integration (i.e., connecting to services within community)	Case management	No time limits
SP 03	TLP	Washington	Off-site care coordination	Congregate living	Housing support provided by case managers	Case management	Ages 22–24
SP 10	TLP	Oregon	24/7 staffing on-site	Seven rooms in one house	Case management	Case management	Maximum stay of 12 months
SP 12	TLP	Oregon	Live-in case manager	Congregate living	Mentorship, parenting support, education and employment support	Case management	Maximum stay of 24 months
SP 20	TLP	Pennsylvania	Off-site case manager	Scattered site (i.e., individual apartments located throughout the community), roommate style	Life skill development	Case management	Focus is 17–21-year olds transitioning from foster care
SP 23	TLP	Washington	One on-site case manager and five live-in case managers	20-bed congregate style and five single homes (scattered-site) throughout the community	Care coordination via case management	Case management	Up to 2 years or the age of 24
SP 27	TLP	California	24/7 staffing on-site; 12 residents per case manager	24, roommate style units in congregate building	On-site therapy, off-site mentoring	Case management and positive productive activity (i.e., in school or working)	Maximum of 18 months
SP 06	RRH	Texas	Housing navigators with caseloads of 15–18 young adults	Residents hold their own leases throughout the community	Rental subsidy; case management and therapeutic services available through partner organizations	None	Rental subsidy provided until no longer needed
SP 07	RRH	Michigan	Housing resource specialist	Residents hold their own leases throughout the community	Rental subsidy; agency does not offer direct services beyond connecting to housing, but will connect to other resources, such as case management, as needed	None	Timeline for rental subsidy is based on stated need
SP 09	RRH	Michigan	Housing resource specialist	Residents hold their own leases throughout the community	Rental subsidy	None	Provides rental subsidy up to one year with the opportunity for the resident to take over lease after the subsidy period ends
SP 24	RRH	Michigan	Housing resource specialist	Residents hold their own leases throughout the community	Rental subsidy	None	Length and timeline of program depends on what the resident states is needed; tenant has option to remain in the apartment without support from the rental subsidy once the assistance period ends
SP 32	RRH	New York	Two off-site case managers and a housing support specialist	Residents hold their own leases throughout the community	Rental subsidy and other services as needed (connected via case manager)	None	Maximum of 24 months

(continued on next page)

Table 2 (continued)

Participant ID	Housing Model	Location (State)	Staffing	Building	Services offered	Required services	Time limits
SP 33	RRH	Maryland	Case manager and housing specialist	Residents hold their own leases throughout the community	Rental subsidy and case management (supports in life skills and service coordination externally)	None	Timeline depends on resident's stated need

Note: PSH = Permanent Supportive Housing; TLP = Transitional Housing Program; RRH = Rapid Re-Housing.

who provides more than one type of model of supportive housing to young adults, comments that “[service delivery] is a fluid process that continues to improve throughout the years ... we're reviewing outcomes and then we integrate some kind of improvement plan.”

Part of this improvement plan seemed to include what participants gather from their young adult residents. Across all models, youth input, often referred to as youth voice, was mentioned as an important part of the program design and modification process. This often requires providers to be open and flexible to the youth with whom they are working, with the aim of developing the program according to youth needs and experiences. A participant who runs multiple different models of housing for young adults stated, “[It is important] to really listen to the youth, because we really ask our youth for a lot of feedback, and we use it. And they really are experts, and they bring a good perspective. We're able to hire one of our youths as they've gotten older to be in a mentor position, and I think that that has been fantastic.”

In some agencies, hiring or creating specific places for young adult residents on agency guidance committees is expected. The ability to “stay connected to feedback from the youth,” as SP 19, who offers multiple forms of supportive housing noted, is a crucial piece of the supportive housing puzzle. Another RRH provider put it simply:

SP 06: “It's not rocket science, but it is really challenging to get youth providers to encourage and allow youth involvement and youth choice and youth-directed programming. But in all the years that we haven't done it like that, we've only been able to serve such a narrow slice of the young people who need an intervention and so I think you have to. You have to do what the youth say they want or you're not ever going to help them. Even if it fails, you're never going to help them, because they'll never come to you for what you think they want.”

3.2. Theme 2 – Working toward independence and self-sufficiency: “No one-sized approach”

The goals of supportive housing described across TLP, PSH, and RRH models centered on supporting young residents to gain self-sufficiency skills that support independence. Across all housing models, participants expressed a common goal of supporting young adult residents to become independent and self-sufficient, focused on the future, and moving towards what is next. However, half of the participants in this study noted this idea of there being “no one-sized approach” to young adult homelessness. Study participants differed in how they supported young adult residents in achieving independence, with more similar approaches described by participants within each housing model type than between them. How participants described the structure of TLP, PSH, and RRH seemed to reflect divergent approaches toward the overarching goal of independence. Namely, there was a lack of consensus on the amount of support and intervention needed for young adults to become independent enough to remain stably housed beyond participating in a housing program.

However, despite coming from different housing models and discussing what works about their program's specific approach to housing young adults, at least one interviewee per housing model type acknowledged that multiple simultaneous housing approaches are needed to address young adult homelessness. As described by SP23, who works in a TLP, “There's no such things as a one-size fits all model and you can't just say, 'Okay, transitional housing doesn't work,' or, 'that doesn't work,' or, 'This doesn't work.' They all work, and they all work for a certain individual.” Likewise, SP 31, who offers multiple models of young adult housing, echoed this sentiment in relation to client acuity: “There's not a sort of one-size-fits-all, so it just depends on that person's level of need.”

As a part of the process for residents to gain independence, participants from TLPs spoke of goal setting with a special focus on employment, education, and life-skills. SP 20, a TLP provider, discussed how setting goals with young adult residents is core to their role as a housing service provider:

“We have very specific goals ... what comes next, like education and employment, is always one of those goals. We also try to be open to new goals so that young people can determine what that is for themselves. We are always focusing on helping people move towards self-sufficiency. Two years sounds like a long time, but for people who have experienced high levels of trauma, it’s seriously not that long.”

The time-limited nature of TLP is the most distinct characteristic of this model. Typically, residents are eligible for housing and supportive services offered through TLP for a maximum of 12–24 months when, ideally, discharge to another, more permanent living situation would occur. During the 12–24-month time period in TLP, providers work individually with each resident depending on their level of need, as described by SP 23:

“The youth when they come in all have roommates ... common areas, so like living room, dining room, kitchen, it’s all like one big shared space. Each young person is assigned a case manager to help them with their service planning and goals ... making the most appropriate referrals or whatever they need. They are also assigned a residential advocate who helps them with the actions of those goals ... daily skill building that can look really different for different people. Some people it might be, I want to find a job, and so then we might help them with resumes and interview skills and searching for jobs and all that good stuff. For other people who haven’t had a roof over their head their entire life, their skill building could be as simple as learning how to do laundry or clean the bathroom, that’s not a skill they’ve developed. So, it depends on the person.”

SP 10 described their TLP’s approach to individualizing structure by starting all residence with high-intensity supports at move-in, and then decreasing intensity over the course of the program based on observations of “how they are living” and “how often they sleep there” to allow for flexibility in the program. Providers from TLPs also discussed relying on program requirements to provide structure to residents’ lives and to push residents to engage in services and progress in the program. This took many forms, including having assigned case managers (SPs 03, 10, 12, 20, 23, and 27) and requiring a certain number of productive hours (i.e., school or work) per week (SP 27).

Likewise, goal planning was frequently discussed in interviews with PSH providers. For example, SP 13 discussed how goal planning supports young adult residents in making incremental changes that promote independence to get to what is next:

“The goal is for our young people to be in a low-income housing, so they can afford to hopefully go on to school, get employment, and then at some point they don’t need the assistance ... to get them to a place where they’re able to go out independently.”

SP 14, another PSH provider, specifically noted how they must constantly reinforce that their housing is not time-limited, unlike TLP, and neither are the services attached to the housing. The constant reminder that supportive resources are available is in hopes of supporting residents in accessing the services available to them:

“I just really want to see them take advantage of the service that is offered. For the most part they do, but then it’s like they forget, you know, and it’s just having to repeat the same thing over and over and then they do it for a while it’s just staying consistent with them and letting them know that these services will always be offered”

Moving toward independence is the goal, but interviewees working in PSH model maintain that the transition to independence requires intensive supportive services. For example, SP 04 discussed the need for constant support in terms of how services are delivered: *“We provide comprehensive services here on site ... We provide supportive services to the tenants, as far as hand-holding all the way through the process.”*

Despite the distinction regarding time-limits between PSH and TLP, there is agreement among PSH and TLP participants on decreasing service intensity over time. Similar to SP 10, a TLP provider, SP 22, a

PSH provider, discussed the role of “structure” within their programming:

“I know the youth try to shy away from structure, but they need structure. As much as they may resist it, but I think it’s good to have a structure in place upfront. Then, as they’re here to grow, loosen it at that point, but definitely important to have structure coming in.”

Participants offering Rapid Re-Housing also echoed the importance of fostering independence and self-sufficiency among their residents, but through a markedly different approach than TLP and PSH programs took. As described by SP 33, the RRH model is *“led by a youth action plan for each individual youth based on their need and goals ... a youth-directed timeline with how long they want to be in program.”* The primary focus of RRH is on obtaining housing, and the model promotes the idea that young people know best what supports they need to keep it. As described by SP 24,

From the moment they walk in our door or get referred to us, our goal is to get them housed ... we link them with the private rental market, maybe through private landlords, or property management companies, or apartment complexes giving them housing choice as much as possible, and then once they’re housed, linking them to the services that might help them to maintain that housing long term.

Rental assistance was the primary service that all participants from RRH agencies discussed offering to young adult residents. However, should RRH residents be interested in services beyond rental assistance, all RRH providers stated they offer connection to external supports within the community. Unlike TLP and PSH, the amount and duration of rental assistance (i.e., program time limit), is a discussion between the housing provider and resident. Participants coming from the RRH model often said residents typically did not max out their time limit, and therefore, participants were able to encourage young residents to set their own timeline depending on their need. Every RRH provider we interviewed noted that while their agency does have a time limit on the amount of time a resident can receive rental assistance, usually due to funding restrictions, there is often flexibility in time limits for each individual resident. Because of this, many of the RRH providers that we interviewed stated that their young adult residents often need less rental assistance than the time limit dictated by funding. Overall, RRH providers seemed to approach the timeline of financial support from a person-center framework. SP 09 elaborates on this:

We do it a little different ... we work with them on when they want to exit, not just offering an amount [of financial support]. We did that previously in transitional housing programs. We said you’d get six months of assistance and people would take that six months, but when we started ... asking what they think they need, you know maybe it’s just security deposit and first month’s rent. Maybe after that first month rent and security deposit, they might think I really need one more month. We were able to take that amount ... I think we were supposed to serve 40 households, I think last year we served 70 some, or close to 80. We were able to do that because we didn’t just say, “Here’s your assistance.” We were able to say, “What do you think you need to be in?” And they kind of hold their own accountability.

3.3. Theme 3 – Shifting roles: “Whatever type of figure is needed”

Similar to how housing models differ in terms of the amount of support and intervention needed to aid young adults in gaining independence, how providers understand their supportive role(s) also appeared to take different forms between participants from different housing model types. Partly stemming from programmatic structure, providers from TLP and PSH models seemed more similar in terms of their roles than those working in RRH. Again, the services offered via the housing program seemed to be dictated by the structure of the program (i.e., housing model type), which for some providers caused a

sense of inner conflict regarding the role(s) they hold in relationship to young adult residents.

Half of the participants from TLPs reported experiencing a conflict between what is best for the young person and funding requirements (i.e., obtaining and maintaining funding). This topic, on two occasions, brought up an issue of performance-based contracts (i.e., written agreements between young adult resident and housing provider focused on improving resident behavioral outcomes). SP 23, a TLP provider, discussed this tension and how it affects their work as a provider and their expected outcomes, specifically when the program time-limit is up but the young adult would still benefit from lower-level supports to stay housed:

“There are some things when we look at outcomes for permanent housing folks and you know kind of some performance-based contract type stuff that they’re moving to that worries me a little bit ... Two years is not necessarily enough time to get people at a situation to where they can live without subsidy, and often people who are coming out of transitional housing, there’s not a lot of resources for them to access. It’s very hard to get these outcomes and to do these things when the system doesn’t necessarily seem to be built to support people who are not at their most vulnerable point in their life, but still need some help to get over the hump.”

As with TLP, Permanent Supportive Housing for young adults requires participation in case management services (SPs 04, 13, 14, 22, 29, and 30), with other services being largely optional. To support youth, the majority of PSH providers interviewed reported acting in several roles to support clients. For example, Participant 22 felt wary to not cross the “fine line” between their role as a service provider versus the role that a parent or family member might play:

SP 22, PSH: *“... like a teacher, mother, parental whatever type of figure is needed, without crossing that boundary. They definitely need constant teaching and guidance around ... I have two kids, so I feel like it’s just an extension of my kids ... It’s hard for me not to treat them like I’m their mom, but you don’t want to do it to that extent because you get pushback. It’s a fine line, but they definitely need that teaching and parental guidance to develop.”*

This “fine line” may produce role strain, as evidenced by SP 29’s description of their role as a PSH provider:

“The clients actually depend on me on just about everything ... I teach them life skills when they first come here, how to clean up the house. I give them life skills as far as cooking and safety ... you know you gotta teach them everything ... I teach them how to budget, because they’ve been in the system just about all their life, so you gotta teach them how to, the majority when they first come here they don’t know how to pay their rent ... So basically, you’re teaching them stuff that they haven’t been taught, ‘cause they haven’t had no family.”

In contrast with TLP and PSH, the Rapid Rehousing philosophy was described as different from other housing models, causing the provider role to look different as well:

I think that probably everyone’s first instinct, particularly with the youth population, is to be very paternalistic and oh, they couldn’t possibly do anything ... they couldn’t possibly make their own choices or know what they need and I think out of that we nationally came up with a very heavily-weighted, highly programmatic housing programs ... the adults sat around and said, “Oh, you know young people. It’s just we can’t let them have their own houses and their own apartments and what if they fail?” And we were like, “Well, when they fail and we try to soften the landing and reduce the risk and go back to the drawing board, but we learn from our failures and mistakes. (SP06, RRH)

RRH’s approach to supportive housing is notably different from TLP and PSH models. It seems to push back against the tendency to be paternalistic toward young adults who have experienced homelessness,

manifested through universal program requirements in other models. SP 09, a RRH provider, reflected this sentiment in describing how RRH evolved from other supportive housing models for young adults:

“I feel like the social work housing agency has definitely changed from that old style of come in here, do the assessment, and they tell you yes or no ... I just feel like it used to be more forced than like a willingness.”

4. Discussion

Our study’s findings illuminate the challenges faced by providers in this field, specifically the lack of an evidence-based model to follow, the diverse needs of their residents, and the many hats providers may wear daily. The work to understand service provision in homeless services continues to remain an area where more research is needed. Evident from Theme 1 is the extent to which funding dictates how specific housing models function. We found that funding, in part, set the tone for the start of TLP, PSH, and RRH. Pulling results across themes, we have learned that without a clear model to follow, many current providers have looked to homeless services for adults, other housing models for young adults (e.g., college dorms) (Theme 1), and/or have relied on other skills they have in working with young people, such as skills they have learned from parenting (Theme 3). While adapting services based on evidence from service delivery can improve the fit between the needs of the target population and the programs designed to address those needs (Aarons et al., 2012; Lee, Altschul, & Mowbray, 2008), having more robust evidence about the effectiveness of these models will reduce the practice of “trial and error” in the future.

Despite not having evidence-based guidelines, providers were clear on the goal of helping residents become self-sufficient and gaining independence. This goal fits a natural developmental stage as young adult residents consider “what’s next” for themselves (Henwood, Redline, Semborski, et al., 2018). Yet to support this goal, providers frequently discussed the many roles they must fulfill when working with their young adult residents. Specifically, providers working within TLP and PSH frameworks discussed holding a greater number of supportive roles (i.e., case manager but also at times a parental figure) compared to providers working within RRH, who mainly spoke of their role as housing navigators/resource specialists. In this, there seems to be a distinction between task-oriented provider roles and supportive provider roles, as housing navigators and resource specialists are generally concerned with getting young people housed and referring out for additional support (e.g., counseling or therapy), while case managers from TLP and PSH often may be both task-oriented and fill another, traditionally more supportive role. This finding seems to align with the structure of the housing model in that the models that rely on more intense programmatic structure to accomplish their goals tend to have providers that report taking on multiple, shifting roles. Whether or not these multiple roles are beneficial to the provider-client relationship is currently not well understood, indicating a need for further inquiry.

Along with feeling the need to fulfill multiple roles, several participants acknowledged a need for multiple approaches to housing for young adults with homelessness experience. Though the specifics of these multiple approaches were not discussed in fine detail, providers noted that multiple approaches are necessary to deliver housing and services to young adults with varying needs and individual levels of functioning. Previous work highlights that young adults who have experienced homelessness are a heterogeneous group that benefit from a wide range of services (Brooks et al., 2004), and thus the requirement of multiple approaches seems appropriate. The lack of clarity around different housing models for this population occurs, in part, because there are no real fidelity standards. This seems to follow in the footsteps of supportive housing for adults, which has also struggled to articulate clear fidelity standards, unsure of how much support “supportive” housing ought to offer (Gilmer, Stefancic, Sklar, & Tsemberis, 2013; Stefancic, Tsemberis, Messeri, Drake, & Goering, 2013; Tabol et al.,

2010; Watson, Orwat, Wagner, Shuman, & Tolliver, 2013). The empirical evidence of what works or why in terms of young adult housing remains relatively sparse. Therefore, providers feel there is both no clear model to follow and a lack of evidence on model effectiveness. This finding also speaks to the fact that overall, supportive housing programs for this population are more similar than different; these programs share the same overarching goals, but the method to achieve the goal is different across housing models, pointing to a competing philosophies approach to young adult housing. The competing philosophies approach to housing for young adults seems to stem largely from a disagreement on how much support young adults need to become stably housed.

However, communities have begun to tackle the challenge of providing a best fit approach (i.e., serving different youth with different program models). This requires offering different levels of care delivered through use of a prioritization tool that places young adults in housing based on acuity (Azizi, Vayanos, Wilder, Rice, & Tambe, 2018; Chan et al., 2019; Rice et al., 2018). Debate remains regarding the specifics of acuity-based prioritization (Rice et al., 2018), and it is unclear the degree to which the perspectives of young adults themselves factor into placement decisions (Henwood, Redline, & Rice, 2018), but typically young adults requiring the highest intensity services are prioritized for permanent supportive housing, those with the lowest acuity receive rapid rehousing, and moderate acuity youth are placed in transitional housing programs (Hsu et al., 2019). However, without clearly articulated fidelity standards, as is the case for PSH for chronically homeless adults (Gilmer et al., 2013; Stefancic et al., 2013; Watson et al., 2013), differentiating between program models and investigating their comparative effectiveness may not be straightforward. Therefore, our findings reinforce the need for tools like these to offer an approach to young adult homelessness that is not singularly sized for all. However, these results also echo the debate surrounding prioritization-based housing (Rice et al., 2018) in that there seems to not be a clear solution of what would work in terms of supportive housing and specifically for whom. More work is needed to understand how to maximize the use of prioritization and on what grounds young adults ought to be prioritized.

Another major finding this study brings into focus is that providers working in young adult housing programs do not feel that they have a clear vision of what is proven to work for young adult residents who have experienced homelessness. Previous work that examined perceptions of young adults in supportive housing points to the ramifications of a confusing housing environment where young adult residents felt they received mixed messaging from their housing programs (Munson et al., 2016). While there is a recognition in the literature that evidence-based practices need to be adapted to meet local context (Harrison, Légaré, Graham, & Fervers, 2010), the fact that there is no clear basis to begin with makes service provision in this area increasingly challenging. This study suggests there are real differences between the models that future work should clearly articulate. This could include the type of housing offered to young adults, the rules and regulations of that housing, time limits to the housing, services offered and required, and more.

4.1. Strengths and limitations

This study employed multiple strategies of rigor in qualitative methods (Padgett, 2008), including data immersion, consensus driven findings, debriefing among the investigative team, and negative case analysis. Furthermore, member checking was done with a group of providers working in housing programs for formerly homeless young adults. To gauge generalizability member checking was done with several ($n = 2$) other individuals working at agencies included in these analyses, while others were working in other young adult supportive housing agencies not included in this study ($n = 2$). However, the fact that study participants were only interviewed once and there was not

an attempt to independently verify provider perspectives with actual program implementation may be a limitation. In addition, only some of the providers had insight into more than one housing model and therefore were unable to speak directly to differences across models. Likewise, the option to include participants in different positions within supportive housing was first thought of as a strength, but poses complication in analysis as we are unable to isolate the source of the opinion (i.e., is it largely due to the specifics of the housing model or position (frontline, manager, director, or executive)). Furthermore, participants largely resided in large urban areas, with the majority coming from the west coast. Thus, findings may not resonate with those located in more rural areas or areas of the United States that are not represented.

4.2. Conclusion

It seems that supportive housing for young adults continues to evolve into an intervention that will be better suited to meet the needs of homeless young adults tomorrow compared to today. Despite this, it is evident that housing providers believe in the work they are doing, including a belief that the housing model from which they are operating can be used to serve most young people who have experienced homelessness. While there is a certain amount of tailoring of services for specific sub-populations (e.g., LGBTQ young adults and former foster youth), it seems that supportive housing for young adults, broadly, offers a competing philosophies approach to housing, in that it delivers different philosophically oriented programming models for similar youth through Transitional Living Programs, Permanent Supportive Housing, and Rapid Rehousing.

Compliance with ethical standards

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Ethical approval

The study was approved by the affiliated university's institutional review board. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

CRedit authorship contribution statement

Sara Semborski: Conceptualization, Methodology, Data curation, Investigation, Formal analysis, Visualization. **Brian Redline:** Conceptualization, Methodology, Resources, Project administration. **Harmony Rhoades:** Supervision. **Benjamin Henwood:** Conceptualization, Methodology, Supervision, Funding acquisition.

Declaration of Competing Interest

The authors declared that there is no conflict of interest.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.childyouth.2020.104898>.

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