

representatives of the agencies that serve them” (Holland 2014). A large sign behind the front desk reads: “this office is dedicated to ending homelessness in Los Angeles”, the collective goal of the health providers, Resident Services Coordinators (RSCs), psychiatrists and residents working and residing in the building.



Figure 2: This photo shows the stairs that connect the offices of the professional support staff (1<sup>st</sup> floor) to the residential floors (2<sup>nd</sup>-6<sup>th</sup> floors).

#### ABBEY APARTMENTS (opened in 2009)

By contrast, Abbey Apartments houses control Group B. Although this 113-unit building does not have the Housing for Health program implemented, it still has a supportive services where Resident Services Coordinators (RSCs) work with a psychiatrist, medical doctor and therapist who come three times a week to conduct appointments and periodic check-ins with residents who sign up for the service. Opened to the public in 2009, Abbey Apartments is one of SRHT’s first organizations to combine permanent housing with on-site social services – hence making it one of the first buildings that takes SRHT’s holistic approach to solving the daunting issue of homelessness in Los Angeles’ Skid Row.



FIGURE 3: Image Courtesy of Skid Row Housing Trust (SRHT). The door behind the silver car is Abbey's main entrance. The red and white building is Rainbow Apartments.

Located right next to Michael Maltzan's award-winning Rainbow Apartments, an older affordable housing project, and San Pedro House, a smaller building housing specifically for HIV positive resident, Abbey Apartments is part of a tight community where the RSCs work together to host events for its residents. Nicknamed SPAR (San Pedro House, Abbey, Rainbow), all monthly community meetings, recreational events (including cooking class, garden group and yoga class) and Peer Advocate-led life skills groups are open to residents at all three sites.

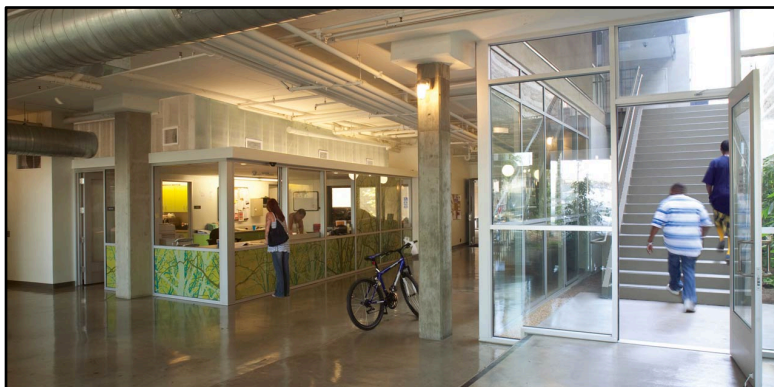


FIGURE 4: This image shows where Abbey is divided – the 1<sup>st</sup> floor is for the main office and offices for the professional support staff and the floors above are residential floors.

## METHODOLOGY

Tackling the issue of chronic homelessness in a region like Los Angeles' Skid Row is like entering a hectic battlefield. In order to interact and familiarize with the formerly chronically homeless, I first identified and defined this sample population. I expect to analyze the formerly chronically homeless individuals who are currently residents at Star or Abbey Apartments. A good majority of these individuals are coping with emotional, mental, and/or physical conditions. The official term chronic homelessness is "an individual...with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years" (HUD Exchange 2014).

To complement the formerly chronically homeless population, I will also be interviewing professional support staff – in particular Resident Services Coordinators (RSCs) more commonly known as case managers – who often times works hand in hand with the nurses, social workers, psychiatrists, therapists and medical specialists that visit or work at the apartment structures. This expansion in my sample population is an attempt to gather more data that further examines the perceived health conditions of the formerly chronically homeless residents at the two sites. Because the professional support staff see these residents as their clientele, it is their job to periodically check in with the residents, build a rapport with every client and be the first to catch any symptoms that can negatively impact the clients' physical, mental and/or emotional condition. In fact, the support staffs can be the more accurate source to measure the health conditions of the residents because they are certified professionals who keep detailed records of the progress of their clients.

Both the formerly chronically homeless residents and professional support staff are the two major players of the Housing for Health (HFH) Program. Hence, surveying and conducting

individual interviews with both of these sample populations can provide first-hand and second-hand insight on whether this program reaches its primary mission.

In my particular study, I hope to gather both qualitative and quantitative data to measure how the frequency and accessibility of healthcare services affects the health outcomes and overall well-being of the formerly chronically homeless population in Los Angeles' Skid Row. While gathering and examining the data collecting, I will examine whether the HFH program makes it easier for residents to receive enough assistance to independently re-enter the work force. And if so, is this program designed in a way to implement in all affordable housing structures in the Downtown Los Angeles area to improve the overall health and well-being of the homeless individuals surviving in the streets of Skid Row community?

#### HYBRID METHODOLOGY: A BREAKDOWN

As a student investigator, I conducted an in-depth analysis of the formerly chronically homeless population living in either apartments in Skid Row through a comprehensive survey first that will be passed out to experimental Group A and control Group B. Then, I facilitated individual interviews with voluntary participants in order to gather more insight and explanations to the data collected from the surveys. This analysis primarily focus on perceived health outcomes first, and then tackle whether or not these support programs provides access to health care resources and allows for improvement in the resident's overall well-being. For this report, I define health outcomes as the ability of residents to perform basic functions of daily life. It is important to note that this research is not focused on medically calibrated information.

Designed to gather data providing an insider's perspective of the HFH program (in terms of Star Apartments) and a different supportive services program (in terms of Abbey Apartments), this mixed-method approach hopes to provide a platform for both populations – residents and professional support staff –to share their thoughts on this shift to focus on mental health when

tackling the issues of chronic homelessness. The next section of the report provides an overview of all three elements of this hybrid method. Component One must be done first but Component Two and Three do not need to be done in chronological order.

COMPONENT ONE: SURVEYS  
(Survey questions can be found in Appendix A)

I will be developing and administering my own survey called the Housing for Health Survey (HFHS), and I will be distributing the surveys in hard-copy form. I did consider using an electronic survey that can easily be transferred to a data analysis program, but I decided to provide hard-copies for my subjects. Because both sites have a limited amount of public computers, the lack of easy access to a computer acts as a huge barrier to my data collection process. Also, according to the Robert Mitchell, SRHT's Data Analyst, the majority of the residents at all of SRHT's sites are not familiar with using the computer, so the hard copy survey method is preferred by the residents. Once I receive completed surveys from the subjects, I will manually insert the responses into Excel for further analysis, and I will also import the data into SPSS if I need to interpret the data further.

The respondents will remain unnamed during my research in order to produce more honest responses. Because I do not have any previous relationship with this population of residents in Skid Row, I will ask for permission and assistance from Joey Aguilar, the Manager of Resident Services at both Star and Abbey apartments, before I begin distributing my surveys. In order to speak to as many residents and pass out as many surveys as possible, I plan on attending a monthly resident meeting at both apartments after receiving permission to do so by Joey as this meeting tends to have the biggest turnout of all public meetings. There, I will introduce myself, explain the HFHS, and pass out the survey to any residents who agree to participate. I will emphasize that the survey will not take more than 15 minutes as Robert

warned that the longer the survey, the less the resident will want to participate in a voluntary survey with little incentive. Also, it is important for me to keep in mind that these residents are currently coping with mental, emotional and/or physical conditions. To ensure that only formerly chronically homeless individuals with health conditions take the survey, I inserted a general question that asks the respondent to identify when he/she started living in the apartment. The ideal sample size is 30 completed surveys from both sites – Star Apartments and Abbey Apartments – for a total of 60 total surveys, and hopefully all surveys will be successfully entered into Excel manually and ready for analysis. The final question on the survey asks the participant if he/she/they would like to participate in a follow-up interview, which is the second component of this hybrid methodology.

#### COMPONENT TWO: INTERVIEWS WITH RESIDENTS

(Interview with resident guidelines can be in found in Appendix B)

Residents who participated in the survey have the option to take part in a one-on-one interview with just me, the student investigator in a public space at either site. The interviews will be semi-structured to allow for a more organic conversation. In Star Apartments, the interviews will likely take place in the outdoor garden space or kitchen area both located on the 2<sup>nd</sup> floor. In Abbey Apartments, it will be in a Day Room, which is one of a few community spaces where recreational activities and classes usually take place. These interviews should take between 30-60 minutes depending on how engaged the interviewee is with the topics discussed and how much they are willing to share. The interviews will be recorded only if the subject agrees to be recorded, and the interviews in order to find patterns and trends within the responses that will support my research topic.