Fixing a Problem; Serving a Solution

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Fixing a Problem; Serving a Solution

Spring 2017
Senior Capstone Research Essay
Dr. Debian Marty

Di Anna Alvarez
Human Communication Major
Peace Studies Concentration
This research essay is dedicated to my friends. To those who have known the struggle of homelessness and to those who still do. Your strength is my inspiration and your friendship is my proof; life can be cruel and unexpected, but a great soul will see the best in even the worst of days. I would like to give a very special thank you to my dear friend Jessika Arielle Booker, who is a living testimony, that strength, independence, and perseverance will get you through the most difficult times. Thank you, all, for blessing me with our memories together, you have introduced me to another world and forever changed my life.

Much love,

Di Anna

“Di Anna and Arielle at Fisherman’s Wharf in Monterey, CA”
Image courtesy of Jessika Arielle Booker
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Senior Project Proposal

1. **Provide your name and identify your area of concentration**
   My name is Di Anna Alvarez and my concentration is Peace Studies.

2. **Focus:**
   The question my capstone will address is “Is supportive housing an effective approach to decreasing homelessness?” I will be analyzing two forms of supportive housing: “Rapid Re-Housing” and “Housing First” because there are a lot of scholarly and peer-reviewed articles on the matter in Google Scholar, and they are specific approaches that claim to prevent and decrease the rate of homelessness.

3. **Alignment with Common Theme:**
   The theme of our section is Leadership; I feel my question aligns with the theme because I am investigating some kind of leadership and community building. As part of my research process, I will be taking leadership by conducting formal interviews with people who work with these approaches and using my power as an undergraduate student with scholarly resources to conduct full and extensive research.

4. **Purpose:**
   The purpose of this paper is to critically analyze approaches and inform others about their effectiveness. I hope to bring attention to what is, or is not, working as a solution to decreasing and preventing homelessness in the California bay area. I hope that my research can influence others into contributing resources to approaches that do work effectively, or to stand up against approaches that may not be as effective.

5. **Capstone Title:**
   The title of my essay is “Supportive Housing: A Call to Effective Rescue?” pending the conclusion of my research and establishment of what framework these approaches actually fit into.

6. **Working Summary:**
   I am going to interview people who have first-hand knowledge on the approach and incorporate their information with research I have gathered through scholarly and peer-reviewed articles. I will also be using other primary sources, such as conversations I have had in the past with friends who are, or have, experienced homelessness. I also plan to look to other websites for information and documentaries. I want to apply Remen’s, “Helping, Fixing, Serving, and Rescuing” as my theoretical framework. I am going to analyze the approaches and prove them to be either helping, fixing, serving, or rescuing and then establish if that framework is effective. My purpose is not to say, “We should do this,” but
to answer, “Does this work?” and, if not, make my audience think, “what can we do instead and why?”

7. **Sources:**
   As mentioned before, I am going to need personal interviews with professional staff. I might need to network a bit more and make connections to make that happen I will need access to certain documentaries and I will need access to certain articles that can be reached through sage pub. I would like to use oral histories, scholarly peer-reviewed articles, government statistics, and other websites as my sources as well.

8. **Next Steps:**
   I need to do extensive research and establish my exact sources. Figuring this out, I can then start creating relative questions, and begin conducting interviews.

9. **Timeline:**
   I plan to complete at least four pages of my first draft a week beginning next week. I will start my research this weekend and begin conducting interviews in 2 to 3 weeks. I should have my first draft done a week before its due date, if I am successful at sticking to the schedule.
Introduction

I serve currently at the Women Alive! Shelter in Chinatown, Salinas. During my time here, I learned that many women work, either part- or full-time. Since they were employed I wondered why they were homeless. As it turns out, their experience is all too typical. In 2016, in Monterey County, the average employed homeless resident made approximately $450-$749 a month. Yet the lowest monthly rent for a studio apartment in the county was $666 a month (“Monterey County 2016 Income & Rental Limits”). The gap between average earnings and average rents means that employed adults living in Monterey County struggle to afford housing, let alone to put food on the table.

Fortunately, government programs exist to support those struggling in today’s job and housing market. The Housing of Urban Development (HUD) agency offers housing programs set to “create strong, sustainable, inclusive communities and quality affordable homes for all.” Two local programs are “Rapid Re-Housing” and “Housing First.” Rapid Re-Housing selects candidates based on needs and provides limited assistance to help clientele transition into permanent housing. Housing First provides a diverse clientele with housing, then offers voluntary participation in different rehabilitation and support programs.

In this essay, I examine both programs and evaluate their effectiveness. Applying Remen's helping, fixing, serving theory, I learned “fixing” and “serving” approaches are both useful at declining homeless populations, however serving reaps a higher and longer-lasting success rate. Rapid Re-housing, a fixing method, is successful at keeping a large portion of participants stably housed after exiting the program, yet a small percentage of participants still report use of emergency shelters after program exit. Although Housing First, a serving method, does not completely eliminate substance abuse, it successfully supports clientele at a higher rate.
Each program operates systematically and methodologically differently, which directly correlates to the differing success rates.

**Rapid Re-Housing: How does it work?**

Rapid Re-housing is a methodological approach of decreasing homelessness. According to Nicholas Please, it is a variation of Pathways Housing First (PHF) and is actually considered a contribution to Housing First limits and failure risks. Please believes rapid re-housing, as a variation of PHF, does not hold true to the original core values of PHF, causing difficulty tracking its success due to the differing values. Although Rapid Re-housing was inspired by Housing First, it is not considered a PHF or Housing First program. Rapid Re-housing holds a similar goal of housing chronically homeless people, however Rapid Re-housing requires the use of services- straying from original PHF values of choice and self-determination (Please 113-127.)

Rapid Re-housing is referred to as an intervention model because it requires the use of “tailor package assistance.” With a goal of reducing the amount of time a person is homeless, rapid re-housing helps homeless individuals and families address immediate challenges in obtaining permanent housing through their packaged assistance. Rapid Re-housing assistance packages are based off the following ideas: addressing housing barriers in order to help return homeless people to permanent housing, identifying and building upon strengths of families to maintain their own housing, households should be assisted to exit homelessness and obtain permanent housing as soon as possible, and household should receive “just enough” assistance to leave homelessness and avoid homeless-return (Rapid Re-Housing: What is Rapid Re-Housing.)

While Housing First seeks to serve the chronically homeless, service is not refused to anyone. Rapid Re-housing, on the other hand, only provides its use of service to homeless people
with excruciating circumstances, requiring immediate housing assistance. Rapid Re-housing programs will turn away homeless individuals and families if they are deemed in need of other services such as permanent supportive housing (such as Housing First), addiction recovery, or a therapeutical residential environment (Rapid Re-Housing: What is Rapid Re-Housing.)

Rapid Re-housing is different from permanent supportive housing and transitional housing, because it assesses a household’s needs, then provides them with connections to housing and other community resources that will help solve previous housing issues and obstacles. There are three components prevalent in the core of all Rapid Re-housing programs, each program must offer the three components if a client needs all three forms of assistance, however the clients do not have to utilize all three. The three components of assistance are housing identification, rent and move-in assistance, and case management services (Rapid Re-Housing: What is Rapid Re-Housing.)

Housing identification helps households find appropriate rental housing, and assists households with housing application completion, and interview preparation with potential landlords. Rent and move-in assistance offers financial assistance for move-in costs, security deposits, and utility bills; this assistance does not extend beyond six months. Rapid re-housing case management and services assist households with connecting to resources that help them achieve their long-term housing goals.

Rapid Re-Housing: Flaws

Rapid Re-Housing sounds sensible and thoughtful, however the rental history, criminal record, and credit history of clientele acts as barriers to the success of Rapid Re-Housing (Davis 10.) Typically, families with a good rental history are more prone to successfully stable housing after leaving a Rapid Re-Housing program. Unfortunately, those who have difficulty maintaining
housing are individuals and families with limited rental history, or past evictions, according to a study on Rapid Re-Housing participants in Massachusetts. The study also finds families that have someone in the household with a criminal record have difficulty securing long-term and permanent housing after leaving the program. Even more so, poor credit history contributes to unsuccessful long-term housing rates because property owners do not want to rent to families or individuals with rates below fair (Davis 10.)

In a 2012 study, it was found that of 1,459 families that participated in the Rapid Re-Housing program, approximately 6% returned to an emergency shelter, or transitional housing, within twelve months of exiting the program (Spellman 8-10.) The study found that of those who returned to shelters and transitional housing shared main three characteristics: 1) they received a partial subsidy, while those who did not re-enter homelessness received a full subsidy 2) families were living in an area with low vacancy rates, meaning affordable housing was slim 3) the head of the household was usually between the ages of 18 and 24 (Spellman 10-11.) The study concludes that “Rapid re-housing, however, at least as it is currently designed, should not be expected to result in long-term housing stability, increased family income, or other desirable family outcomes” (Spellman 16.)

The primary driver of homelessness is a lack of affordable housing. For every 100 extremely low-income households, there are only 29 affordable and available rental-units (Rapid Re-Housing: What is Rapid Re-Housing 4.) Those statistics do not disappear after program exit, and those findings were not conclusive to a specific area. Nationally, affordable housing is subpar based on population need. Within two years after exiting their local Rapid Re-Housing program, approximately 15.5% of family veteran participants, as well as 26.6% of single veteran participants, re-entered homelessness (Byrne 10.)
Additionally, veteran families and individual veteran participants reported 6.5% and 10.3% experienced an episode of homelessness within one year of leaving the Rapid Re-housing program (Byrne 10.) The main component shared among those who returned to homelessness, is living in an area with limited vacancy rates and minimal support that was not sufficient to sustain stable housing after program exit.

Many Rapid Re-housing participants attribute the immediate re-entry into homelessness, to the minimal assistance they receive through the program. In an interview among participants, one stated limited time of assistance is “counteractive” (Fisher.) While the Rapid-Re Housing approach is meant to last up to 18 months, most programs strive to keep assistance between a 3 to 9 month process. In a 2009 study, approximately 60 percent of family participants received less than nine months of assistance, while 61% of the total population received graduated rental assistance, meaning the amount of assistance they received was periodically reduced throughout their stay with the program. (Evaluation of the Rapid Re-housing for Homeless Families Demonstration (RRHD) Program 8.) The limited assistance poses as an issue as well because there is a job requirement in order to obtain any assistance at all.

In order to be eligible for Rapid Re-Housing, you must have proof of an income, so many prospective participants apply for any jobs and will take whatever they are hired for. While it is great that the initiative to work becomes prevalent, it opens the door for a variety of issues. For instance, the more “decent” a job is, the less assistance you receive. However, if you do obtain a not-so-great job, it becomes difficult to find the time to apply for better paying jobs, or ones that allow for advancement. The pressure to find a job creates a limit of success for most Rapid Re-Housing participants as the acquired jobs cannot typically sustain the individuals and families once assistance ends (Fisher.)
In a study on the Rapid Re-Housing programs of Massachusetts, family participants needed a significant income increase in order to afford market-rate rent at the end of their rental assistance subsidy. Many entered the program with low incomes, probably from rushing to obtain whatever job they could get, and a significant gap between their incomes and need for local fair market rent in Massachusetts. Of the studied participants, less than a quarter of them had “wage-income” at the start of their entry. The majority received their income through other assistance programs such as welfare, SSI, SSDI, or child support (Davis 2, 8.) Of the participants, many also lacked an education beyond high school and the head of households were mainly young women who did not have adequate childcare, which made finding a job and raising a family difficult. (Davis 2.)

According to the study, 24% of the “head of households” did not complete high school, which put them at a greater risk of unemployment or difficulty obtaining a job. In 2011, 53% of the unemployed participants did not have an education beyond high school, and those with lower education who did work, also received a lower pay, the wage gap becomes even more significant between less educated men and women. Those statistics are most alarming because women account for the majority of the “head of household.”(9.) To further prove the discussion that lack of education is a common factor that can lead to homelessness, or homelessness re-entry, it was found that 73% of participants with an increased income also had a high school diploma or higher (16.)

All of the factors and characteristics found in the Massachusetts study draws a connection to the flaws within the Rapid Re-Housing system, because the pressure and urgency to obtain a job in order to receive assistance, keeps many participants, mainly women, from successfully exiting the program and living without assistance. Recalling the study in Massachusetts, the
average total income of participants at entry was $8,727 annually, while in 2010, the eligibility requirement was an annual income between $16,756 and $21,057. The gap between the needed eligibility ($16,756 and $21,057) and the exit income to maintain their rental housing usually fell between $2,425 and $3,647 (Davis 7.) These numbers in Massachusetts are not far off from the numbers found nationally.

In 2009, during an evaluation of all, then, 23 Rapid Re-Housing programs, it was concluded 76% of households had moved at least once within 12 months of program exit. Unfortunately, these moves were not because they found better housing elsewhere, they were often due to income instability and challenges maintaining rent without the assistance. (Evaluation of the Rapid Re-housing for Homeless Families Demonstration (RRHD) Program 2.) It was also found participants who moved most often moved into other areas because the original area of residency had little vacancy rates, which made obtaining housing particularly challenging. (10.)

Mirroring this common issue among participants, later research has also found that residential instability is still high after program exit. Upon exit, only 25% of families remained housed in their same unit, while 75% had moved within a year. For those who did not re-enter homeless situations, as well as those were able to stay in their same unit, faced other family challenges. 70% of participants reported that they were worried about food security, 57% struggled to pay for rent, 14% had a child suspended or expelled from school after exiting, and 17% reported deteriorating health (Cunningham 14.) All of these characteristics are issues that limit success after program exit, as many of these situations cause stress and anxiety, not allowing for upward mobility, and sometimes pushing others back into homeless situations.

**Rapid Re-Housing: Success**
Although Rapid Re-Housing does have flaws within its approach, it cannot be argued that it is completely ineffective. In 2009, only 10% of family participants returned to shelters upon program exit, which is a relatively small percentage (Evaluation of the Rapid Re-housing for Homeless Families Demonstration (RRHD) Of 1, 459 families, only 88 returned to a shelter-45% of them immediately. (3) Of all Rapid Re-Housing family participants, 83% of families exited to rental housing and 70% of them did so without a subsidy or any other rental assistance from any other outside program (9.) These findings were consistent with a later study conducted in 2012 on veteran individuals and veteran families. While 16% of veterans experienced an episode of homelessness after exiting the Rapid Re-Housing program, the large majority of veterans remained stably housed within a year after program exit (Byrne 10.)

It is also important to acknowledge that the Rapid Re-Housing method has low barriers of entry. While typically 10% of families screened for program entry do not get accepted, Rapid Re-Housing has a higher acceptance rate than transitional housing, which typically turns away approximately 17% of its applicants. Rapid Re-Housing also has a greater factor of interest for homeless individuals. Only 32% of screened, and approved, families chose not to enter the program, which is a significantly smaller percentage than the 50% of transitional housing applicants who choose not to participate in the program after acceptance. (Cunningham 13.)

Recalling the Massachusetts study, while there were quite a few families who re-entered homelessness after program exit, there was reported housing stability among those still using other housing subsidies, as well as housing stability among those who were paying market rents without assistance. It was also reported in 2011, nationally, 87.7% of Rapid Re-Housing participants with, or without, a subsidy remained stably housed at the time of their exit (Davis 7.)

Rapid Re-Housing: Applying Theory
Applying Rachel Naomi Remen’s theory of helping, fixing, serving, I conclude that Rapid Re-Housing is a form of “fixing” a problem. According to Remen, experts “fix” something that [they] deem as broken, and fixers “trust their own expertise, but may not see the wholeness in another person or trust the integrity of the life of them” (Remen, 1999, p. 2.) This is appropriate to the Rapid Re-Housing approach as it does not value or understand the wholeness of its clients.

True, they have been successful at assisting others into housing, and the vast majority of the clientele are still stably housed within a year after program exit, but there is not enough longitudinal study to support that Rapid Re-Housing has the effect to keep people out of shelters beyond a two-year time span. It is also clear that this method is not 100% successful participants have re-entered emergency shelters immediately upon program exit.

The Rapid Re-Housing approach screens applicants and then addresses what each individual’s, or family’s, housing barriers are, and then creates a “tailored package” of assistance that the program administrator (using their own expertise) feels the applicant most needs. Rapid Re-Housing is fixing the problem of homelessness by creating an agenda that they feel the client would benefit most from, rather than simply asking the client what they feel they need assistance with personally. If this approach valued the wholeness of its clients, then it would trust them when they establish that 9 months of assistance will not be enough, or that gradually reduced assistance is not enough.

Another reason why this approach falls under the “fixing” aspect of Remen’s theory is because the ideological Rapid Re-Housing approach claims to provide “just enough assistance” to their clients in order to keep them off of the streets and emergency services. It has been proven that they are not even meeting their own criteria, since there are people who are immediately
entering homeless shelters upon the program exit. Again, who is deciding exactly how much is “too much” and how much is “just enough?” If this were an approach that sought to serve its clients, then it would want to be sure that it was efficient at not only providing housing, but ensuring that housing will be stable and maintained years after program exit. Participants have stated it themselves, the limited assistance they receive, the “just enough” assistance, is very counterproductive. While many are still stably housed within a year of program exit, what happens after, why is long-term data nearly impossible to find? Rapid Re-Housing is a “Band-Aid” approach. It fixes the problem by providing short-term assistance, literally, since it does not exceed 18 months, if participants are even lucky to receive that length of assistance. Rapid Re-Housing does not “solve” the issue of homelessness, and it surely does not “serve” its clientele since it seeks to only provide the minimal support.

**Housing First: How does it work?**

Housing First is a methodological approach to decreasing homelessness. Apparent in its name, the first priority for this approach is to provide housing to people experiencing homelessness. According to the National Alliance to End Homelessness, the approach is guided by the belief that people need basic necessities, such as food and shelter, before attending to anything less critical. This philosophy is similar to Maslow’s hierarchy of needs, where food and shelter are among the most basic physiological needs that have to be met in order to achieve employment, intimacy, confidence, and possibly self-actualization (Maslow’s Hierarchy of needs.) The Housing First approach differs from a strictly Maslow theory, however, because it is also based on the theory that giving clients the choice to select housing and participate in supportive housing services are key components to ensuring successful long-term housing and
overall life improvement (T.sembersis 488.) Housing First differs from most other supportive housing approaches because it does not follow the same linear approach.

Unlike facilities that use other approaches, Housing First facilities are wet facilities, meaning their clients can still be a current drug user while obtaining services. While most approaches require clients to participate in therapy or rehabilitation for substance abuse and other behavioral health problems prior to receiving housing, Housing First provides housing and then offers rehabilitation and other services, but they are not required. As a matter of fact, this approach has a very particular set of principles that go as follows: Homelessness can be addressed through safe and affordable housing, all people experiencing homelessness can achieve housing stability in permanent housing, everyone is “housing ready,” quality of life can be improved due to achieving housing, people experiencing homelessness have the right to self-determination, and the exact housing and services depends on the needs of the population (Housing First in Permanent Supportive Housing 1.)

**Housing First: Flaws**

While Housing First seems to be a successful approach, it has received some criticism. For instance, Nicholas Pleace published an article through the University of York, which discusses limitations and risks posed by Housing First. Pleace explains that “Housing First” originated from Pathways Housing First (PHF) whose original model has been recreated through many variations across the United States and Europe. While many core values remain the same, such as housing is a human right, clients should be treated with respect and dignity, and consumers have the right to choice and self-determination, the multitude of variations poses an issue because it becomes difficult to assess what variants are successful at reducing housing and
what are not. In light of the variation to the original model, all models that do not exactly follow the Pathways Housing First model, are then referred to as simply “Housing First” (Pleace 113.)

He then argues that Pathways Housing First and all other Housing First approaches, while successful, do not entirely stop drug usage or counteract the inability to maintain a job, and he also makes clear the points that although PHF is less expensive than other housing models, it is still very expensive for a program that he feels does not generate sufficient evidence of success. Pleace concludes his findings stating that PHF and other Housing First services are not intended to address the bulk of homelessness, rather the most difficult aspects of homelessness (Pleace 115.)

**Housing First: Success**

Similar to Pleace’s idea of Housing First’s risk of failure, Westermyer and Lee published a study on the first eight Housing First users of Minneapolis in 2013. Their study showed less than successful results; seven of the eight clients lost their housing and four had new drug addictions. The study argued that Housing First is an unsuccessful approach that leads to more addictions, as it cannot help people with substance disorders (Kertesz 561.) A commentary on the study found there is more empirical data proving the success of Housing First approaches, rather than proving it is unsuccessful. During the time of the original study, there is no data to prove the eight subjects were introduced to Housing First methods instead of using other housing approaches that could have been linear. The commentary also explains that substance abuse has no effect on housing success, based on HUD-VASH data that shows 29, 143 clients found housing while using substances (Kertesz 560.)

The totality of the commentary sums up to the idea that substance abuse will not keep a committed client from permanent housing, and substance disorder does not disappear after
attaining housing, therefore it is important to understand there is- of course- always a risk of failure. Reflecting on comments of Pleace, there is no significant data that proves Housing First decreases substance use, however results tend to vary based on sub-cultural groups. A 2014 study found that African American veterans in Housing First had larger reductions of severity in drug problems than Caucasian veterans, it also found that homeless clients in a Seattle Housing First program saw a steady decrease in daily alcohol usage and days of intoxication (Kirst 24.)

The study also finds that Housing First users have a significant reduction of alcohol problems than participants of “treatment-first” facilities (required rehabilitation and substance abuse therapy prior to receiving housing.) They concluded substance users who participate in Housing First can attain long-term housing stability whether or not they are active substance users (Kirst 24-26.)

A study published in 2009 found of 26 Housing First participants, 84% remained housed after a twelve-month period; the remainder 16% either left the program or died (Pearson, 407-411.) The data was conclusive to a Housing First study conducted in 2007. In the study, 67 participants were placed into independent living at a rate of approximately 3 people a month. At the end of the 20 months, 57 participants remained stably housed. According to the study, after 47 months of program inception, 68% of participants remained housed without having to satisfy sobriety or treatment requirements (Stefancic 271-273.) Housing First has also been seeing high rates of success in recent years, as well. In 2015, Utah’s chronically homeless dropped down by 91% due to its Housing First programs (McEvers.) In 2016, 97% of Hawaii’s homeless were successfully and stably housed through Housing First (Russell.) The study also found that Housing First is more cost effective than shelters, where the annual cost for a Housing First
client is $18,850, and the annual cost for the typical shelter client ranges between $24,269-
43,530 (Stefancic 273-274.)

**Housing First: Applying Theory**

Applying Rachel Naomi Remen’s “helping, fixing, serving” theory to the Housing First approach, I have concluded that Housing First applies the serving method. According to Remen, “service is a relationship between equals” and “service is renewing.” Housing First does not have pre-requisites to its program, as Rapid Re-Housing does. It does not require participants to be sober, nor does it require a certain amount of income in order to obtain housing. By removing these barriers, this approach takes away the assumption that those who struggle with addictions should not receive assistance, or are “undeserving,” as Rapid Re-Housing usually does since those are factors that limit an applicant's eligibility into their program.

Housing First is also clearly a serving approach because it firmly believes in the importance of “respect” and “choice.” This approach is based off of the idea that anyone is deserving, and can obtain, permanent housing. They serve the homeless community by providing just that: housing. Of course, there are other supportive services available, such as rehabilitation, for voluntary participation, but they are not required. By allowing their clientele to choose whether to participate in extra services, they are recognizing the wholeness of their clientele and allowing them to choose to strengthen it.

This program does not rely on its own “expertise” in order to provide for its clientele, it really emphasizes the practice of dignity and respect for others, and in turn, the two learn from one another. Housing First benefits from its approach because the program administrators get to learn more about their clientele, like that services they enjoy using and they feel are necessary; the clientele benefits from Housing First because they receive housing on their own terms, they
aren’t succumbed to rules set in place by others who may feel they know what is “best” for them or in their best interest.

**Final Thoughts**

After re-reading Remen’s “Helping, Fixing, Serving,” Housing First immediately reminded me of what Remen describes as a “service,” but Rapid Re-Housing did have me confused at first. I initially thought it was more of a “helping” program, then realized it “fixes” because it relies on the idea of “personal expertise” rather than letting the clientele have the freedom and power of choice. Although there is a moral flaw within removing the power of choice, Rapid Re-Housing still accumulates a strong success rate, as does Housing First. With the information provided, I have concluded that both government-funded programs- although flawed- are successful at taking preventative measure to decrease the rate of homelessness, and re-entry into homelessness. Housing First shows higher success because it is service, rather than “assistance,” and if more approaches worked as a service (recognizing the wholeness of others) then it is possible that the barriers that many homeless individuals and families face, could be alleviated.
Works Cited


