Ungoverned and Out of Sight: Urban Politics and America's Homeless Crisis

by

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Dedication

To the people living on the margins. And to my dad, David Paul Willison.

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Abstract

Chronic homelessness has severe implications for health disparities. Black Americans are four times as likely and Hispanic Americans are two times more likely to experience homelessness compared to white Americans (Fusaro, Levy, and Shaefer 2018). Homelessness contributes to high rates of chronic disease, adverse behavioral health outcomes, increased mortality, and lower rates of educational and job attainment over the life course (Fazel, Geddes, and Kushel 2014). Longer durations of homelessness are associated with high mortality rates, adverse behavioral health outcomes and chronic medical conditions; moreover, persons experiencing chronic homelessness are more likely to remain homeless as length of homelessness increases (Henwood, Byrne, and Scriber 2015; S. Kertesz et al. 2016). Homelessness and chronic-homelessness hit large metropolitan areas especially hard over the past two decades (Bishop et al. 2017a). Unsheltered homelessness, which is primarily long-term homelessness, is increasing again for the first time in ten years (Bishop et al. 2017a).

Most research on homelessness focuses on empirical research identifying best practices for solutions to chronic homelessness. However, there is a wide gap in the literature investigating the political processes shaping the processes leading to the development of these best practices. This dissertation seeks to understand the political decision-making processes influencing adoption of best-practice solutions to reduce chronic homelessness.

Homelessness is a unique case of a health issue that is governed by an almost entirely decentralized system – both historically and today (Jarpe, Mosley, and Smith 2018). The history of devolution and decentralization in homelessness governance makes it a unique policy space

where various actors work in different ways to establish different types of policies that all attempt to manage homelessness to different ends.

This dissertation argues that homelessness policy, specifically policies seeking solutions to long-term or chronic homelessness, are governed in four separate and distinct policy arenas: the state, local government, economic elites, and homeless service providers. The separation and conflict between these structural interests in policy goals and policy processes result in increased challenges to establishing and implementing effective solutions to end chronic homelessness. Challenges include limited state-level support such as financial resources and/or administrative burdens due to misaligned policy goals; inequity in political participation that may exclude at-risk populations; and, finally, limited involvement by municipal governments in many cases, which may constrain homeless programming by limiting resources and policymaking authority.

This research finds that structural changes incentivizing re-centralization of homelessness governance in conjunction with increased municipal policy capacity may be required to promote coordination across the different policy spaces to overcome collective action problems and develop effective solutions to long-term homelessness.

Chapter 1: America's Homelessness Crisis

Homelessness is a Public Health Problem

Homelessness is a public health problem. From rising housing costs, to discriminatory lending and leasing, natural disasters and mental illness, homelessness has many different causes and many similar effects: serious adverse consequences for physical and mental health, quality of life and educational and work attainment. In the public health and medical communities, there is a resounding call to promote a culture of health across communities and 'health in all' policies. Yet, the national conversation around health reform centers around healthcare, including health insurance and medical care. Often conspicuously absent from these debates are factors influencing population health across the life course.

Homelessness, at its core, is a threat to population health and health equity. Nearly a decade after the great recession, homelessness rates are once again increasing across the United States (Bishop et al. 2017a). Homelessness affects over 3.5 million young Americans annually (Chapin Hall University of Chicago 2018), of which 1.3 million are children (United States Interagency Council on Homelessness 2018). This is more than the number of Americans who suffer annually from opioid related substance use disorders (National Institute on Drug Abuse 2018), and more than the number of Americans who die in car accidents annually (Insurance Institute for Highway Safety and Highway Loss Data Institute 2018). Black Americans are 4 times as likely and Hispanic Americans are 2 times more likely to experience homelessness compared to white Americans (Grant et al. 2013). Among children, homelessness contributes to

higher rates developmental, academic, and behavioral problems (United States Interagency Council on Homelessness 2018). Downstream across the life course, homelessness contributes to high rates of chronic disease, adverse behavioral health outcomes, increased mortality, lower rates of educational and job attainment (Fusaro, Levy, and Shaefer 2018). Ultimately, homelessness worsens health disparities for already vulnerable low-income and minority populations. If health policy truly seeks to improve population health and reduce health disparities, addressing homelessness must be a priority.

Cities are the face of the homeless epidemic. If you have traveled to San Francisco, Los Angeles, Washington D.C., or almost any major metropolitan area in the U.S. in recent years, you almost certainly encountered homelessness. With increasing visibility, homelessness paints a stark image of inequality in modern America. In Los Angeles, over 35,000 individuals are experiencing homelessness (Cowan 2019). Rates of unsheltered homelessness, or long-term homelessness, increased by over 40 percent in recent years in Los Angeles alone (Cowan 2019). Simultaneously, mortality rates of individuals experiencing long-term homelessness in cities across the U.S. are increasing dramatically (Gorman and Rowan 2019). What are municipalities doing to respond to this crisis? This book seeks to measure and explain *local responses* to homelessness or local homeless policy decision-making, as the main outcome of interest, focusing on municipal management of long-term or chronic homelessness.

Homeless Policy Governance in the U.S.

There are many different approaches to managing public health crises. The most common approach leverages governmental intervention. Anyone who works in public health will tell you that county level public health departments are a critical part of public health infrastructure for both prevention and disaster response. In the context of disasters themselves, natural or health,

disaster governance protocol, stemming from federated of powers outlined in Article 10 of the constitution, emphasizes the role of local governments as first responders in such crisis followed by support from states and the federal government (Federal Emergency Management Agency (FEMA) n.d.).

Yet in homeless policy, the systems governing homelessness and designing and delivering homeless policy in the United States typically do not include local governments (Jarpe, Mosely, and Smith 2018). The majority of homeless governance systems in the United States are overseen and directed by nonprofit organizations. Previous research has shown that only forty percent of homeless governance systems in the U.S. are a part of municipal government (Jarpe, Mosely, and Smith 2018). The primarily non-profit, non-governmental systems governing homelessness in the United States are known as Continuums of Care (CoC). The Department of Housing and Urban Development (HUD) definition of the Continuum of Care (CoC) is: "*Continuum of Care and Continuum* means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate"(Housing and Urban Development 2017). More generally, the CoC, or the national system for preventing and addressing homelessness in the United States is a network of mainly non-governmental community organizations, organized at the municipal

level that distribute funding and oversee local and regional homeless policy programming and service distribution.

Goals of this Dissertation

This dissertation seeks to explain local homeless policy decision-making as the main outcome of interest. Within this decision-making, why is local government generally absent from homeless policy? When considering local responses to homelessness, this dissertation seeks to understand the types of municipalities that may establish formal involvement in homeless governance and overall *when* and *why* municipal governments may or may not choose to become formally involved in homeless policy governance. The historic and contemporary absence of municipal government in homeless policy governance may have implications for homeless policy decision-making and implementation by virtue of the power of local governments to levy both financial, institutional and human resources to accomplish policy tasks. The choice to fully decentralize homeless policy governance in many cases begs the question of the effect of this decentralization on the outcome of interest, homeless policy decision-making, or successful responses to managing homelessness and chronic homelessness.

There are many reasons why municipal governments may choose to engage in homeless policy governance or not. Homeless policy decision-making is a policy space that has been shaped substantially by the ways persons experiencing homelessness and chronic homelessness have been socially constructed by political decision-makers. The ways that persons experiencing chronic homelessness are perceived may interact with the dynamics of political privilege stemming from variation in economic power across stakeholder groups. The variation in economic power may also include policy capacity stemming from resources available to effectively inform and implement supportive housing policy. This interaction may further inform

the types of policies pursued by different groups, including more or less participation by local governments in response to perceptions about the causes of chronic homelessness, and local government's ability to act based on policy capacity available and ability to integrate that policy capacity into local decision-making structures as a product of political, participatory ability.

Thus, the independent variables of interest I am examining to understand their influence on adoption of local supportive housing policies or local homeless policy decision-making are: factors related to the social construction of homelessness (including race/ethnicity, religiosity, and immigration policy); and the role of political institutions and economic factors (including degrees of local government fragmentation, municipal GDP, and the organization and wealth of stakeholder interests associated with homeless policy and programming such as nonprofit health organizations and revenue per-capita, and local tourism revenue). I argue that homeless policy politics has important theoretical implications for our contemporary understandings of decentralization in public health governance and the politics of historically marginalized populations. This dissertation investigates the influence of social construction and the political economy on the mechanisms of homeless policy decision-making in the context of decentralization and local governance in cities across the United States.

To measure local involvement in homeless governance, this research focuses on the adoption of supportive housing policies by municipalities across the United States as the dependent variable. Nearly four decades of research has demonstrated that permanent supportive housing, specifically Housing First which provides housing without behavioral prerequisites to housing access, is the most effective way to successfully end chronic homelessness, permanently (M. M. Brown et al. 2016; Evans, Collins, and Anderson 2016; Greenwood, Stefancic, and Tsemberis 2013; Henwood, Byrne, and Scriber 2015; Kirst et al. 2014; Stanhope and Dunn

2011). Permanent supportive housing provides simultaneous access to both housing and supportive medical and behavioral health services for persons experiencing chronic homelessness. Providing housing allows individuals to feel safe, and access basic needs like sleep, food and water, promoting an environment where individuals can subsequently, successfully address chronic medical and behavioral health conditions (S. G. Kertesz et al. 2016). Housing first has been the only approach to chronic homelessness that has led to successful, long-term housing stability (M. M. Brown et al. 2016; Leff et al. 2009; Palepu et al. 2013).

Since 2015, the CoCs have been required to move towards adopting supportive housing with a housing first approach as their primary means to addressing homelessness (Goodloe 2015). At the same time, the CoCs are also now required to take steps to reduce criminalization of, or punitive law enforcement responses to, individuals experiencing chronic homelessness (Tars 2015). Both regulatory changes involve primary components of urban governance, including policing and incarceration, and zoning and building permitting (for permanent supportive housing units as well as transitional shelter facilities in the interim of PSH). To facilitate coordination and success of these and other CoC policies, the U.S. Department of Housing and Urban Development has begun encouraging coordination between CoCs and municipal governments, although this process is still voluntary (U.S. Department of Housing and Urban Development Office of Policy Development and Research 2018). Thus, measuring municipal governmental involvement in supportive housing policy provides an indication of the relative coordination between municipal governments and CoCs in CoC designated tasks.

The limitations of CoC authority compared to municipal government and efforts by HUD to encourage coordination between CoCs and local governments in homeless policy would seem

to presume that municipal governance of homeless policy would therefore lead to more successful policy design and implementation, or more successful homeless policy governance overall. This is the final goal of this research. In a policy space that has historically and contemporarily remains fully decentralized in most cases, does recentralization with a formal role for local government lead to policy success? Or are there other factors that may interfere with effective homeless policy governance, beyond challenges associated with delegation?

The History of U.S. Homeless Policy

In order to understand the current state of homeless policy in the U.S., and why the majority of Continuums of Care (CoCs) are not a part of local government, we must examine the history of U.S. homeless policy. Homelessness policy in the United States is an amalgamation of governmental decentralization and community choices. Homelessness has always been a problem, but a problem that was never really addressed by government until the mid-late 20th century (Grob 1994). It was, instead, a history of familial responsibility and community-based organizations seeking to manage an undesirable issue (Grob 1994; Jones 2015; National Coalition for the Homeless 2006). The current policy space reflects this history.

There is one federal policy that specifically addresses homelessness. This is the McKinney Vento Act, now known as the HEARTH Act, as amended in 2009 (United States Department of Housing and Urban Development n.d.). McKinney was passed in 1987 under the Reagan Administration. The legislation was purposefully structured to prioritize municipal or community authority in allocating federal funding, as a way to diminish federal involvement in homelessness and reduce governmental authority (Jones 2015).

The McKinney Act established the main network of service provision and funding distribution for homeless policies. This network is known as the Continuum of Care (CoC). The

CoC is a national network of historically non-governmental community organizations that distribute funding and oversee local and regional homeless policy programming and service distribution. Not all homeless service providers belong to the CoCs, but the CoCs receive and manage federal homeless funding to distribute to local actors. Today, the CoCs, in conjunction with municipal governments, develop and implement homeless policies. In 2015 the Obama Administration announced a new requirement for the Department of Housing and Urban Development (HUD) funding for homeless services. All entities receiving funding for homelessness programs must apply evidence-based practices including permanent-supportive housing emphasizing Housing First for chronically-homeless persons (Goodloe 2015). Entities must also move away from punitive or criminalization approaches or face a financial penalty (Bauman et al. 2017). These policy changes did not come into effect until the 2016 funding applications. Thus, there is not yet enough data to empirically measure the effect of the 2015 federal regulatory change on municipal policy outcomes.

This 2015 change attempts to increase federal oversight of this historically and strategically decentralized process. The institutional relationships governing homelessness that developed since the 1980's enshrine decentralized authority and non-governmental partnerships. This path dependence in homeless policy service provision is critical to understanding homeless policy governance and evaluating the key political and intergovernmental factors that may shape municipal policy choices.

Methodological Approach

To understand why municipalities may choose such different approaches to address homelessness, this dissertation uses a mixed-methods approach. I started by creating a novel, national dataset measuring the homeless policies adopted by municipalities and other factors

known to affect municipal policy outcomes such as GDP, the size of the homeless population, and municipal ideology. To document the policy outcomes, I reviewed 473 city and county websites and 243 municipal policies. I subsequently analyzed trends among the cities in policy adoption, and factors associated with differential policy adoption. In order to further understand city policy choices, I strategically selected municipalities most representative of the types of cities that commonly adopt different policies. These cities included San Francisco California, Atlanta Georgia, and Shreveport Louisiana. In these cities I conducted in-depth case studies to explain policy decision-making. In total, I conducted 49 in-depth interviews, and analyzed over 200 primary policy documents across the three cities to understand the decision-making processes and factors influencing those processes in each case.

Explaining municipal policy outcomes is a relatively overlooked area in political science and public health policy analysis. Most often, researchers focus on state-level policy analysis, or the effects of federal decision-making on state-level choices. As a result, there is very limited data on municipal policy outcomes, particularly in research focusing on social services policy or welfare. Homelessness falls into this category. I applied a mixed methods explanatory sequential design utilizing novel data to define the scope of the problem and subsequently interrogate explanations of divergent policy approaches.

I am focusing on examining the effects of intergovernmental relations and social construction on these policy outcomes. Mixed-methods research adapts to data-constrained scenarios, providing researchers multiple avenues to examine a research question, gather data and apply inference strategies. In the case of a mixed-methods explanatory sequential design, this strategy begins with a quantitative approach, and ends with a qualitative approach that is informed by the findings from the quantitative analysis. The key aspect of this design is that it is

meant to be used in scenarios with data constraints or little previously existing research. To adapt to these limitations, the approach uses an initial *exploratory* quantitative component to gain critical information about the scope of the issue, and relevant trends in the data. These descriptive data and predictive trends may shed light on the explanatory mechanisms later on when a causal inference strategy can be applied or may at least inform next steps and future research. This approach may be especially relevant in policy analysis, where the dependent variable or outcomes of interest present more measurement challenges, and natural experiments may not readily exist to control for policy adoption.

The next phase in the MMESD approach addresses these issues. The quantitative stage is followed by *explanatory* qualitative analysis. Qualitative analysis allows researchers to gain more depth in their analyses, to more completely understand the explanatory mechanisms at work, compared to variable-based approaches which may over-simplify some mechanisms. Qualitative analysis is also particularly effective in policy and politics research, where causal mechanisms are very complex and interwoven, and quantitative analysis may face data limitations or be too reductionist to outline a complete picture of the causal processes at work.

Summary of the Findings

This dissertation argues that homelessness policy, specifically policies seeking solutions is a very fragmented and disjointed policy space as a result of decades of decentralization. Chronic-homelessness is governed in four separate and distinct policy spaces, or structural interests (Alford 1975): the state, local government, elites, and homeless service providers or the Continuum of Care. The separation and conflict between these governing approaches result in increased challenges to establishing and implementing effective policy solutions to end chronic homelessness. Challenges include limited state-level support including financial resources and/or

administrative burdens stemming from misaligned policy goals between state policies and CoC programming or the needs of persons experiencing homelessness on the ground; inequity in political participation that may exclude at-risk populations or bias participation in favor of economic elites; and, finally, limited involvement by municipal governments in many cases. When municipal governments remain absent from homeless governance, CoCs may be limited in their ability to carry-out policies and programming as a result of constraints on funding, coordination with local government to coordinate other necessary services such as behavioral healthcare, Medicaid administration, policing and incarceration, and actually zoning for or constructing supportive housing units themselves.

This research finds that structural changes incentivizing re-centralization of homelessness governance may be required to promote interaction and coordination across the independent policy approaches to overcome collective action problems and develop and implement effective solutions to long-term homelessness. However, a persistent problem that may require solutions beyond integration of the CoC and municipal government are protections of minority group and policy target populations in homeless policy debates. Across all cases in the research, homeless policy decision-making typically excludes persons who are at-risk of, currently, or formerly homeless. This bias in policy decision-making may promote implementation challenges by skewing processes in favor of elite preferences who generally oppose permanent supportive housing and may lead to policy adoption that does not successfully address the causes of chronic homelessness.

After reviewing the existing policy landscape and explaining policy variation, this dissertation recommends actionable steps for stakeholders and governments to improve policy decision-making and design to promote adoption of evidence-based policies across sectors.

These recommendations include directly incentivizing coordination between local governments and CoCs; allow Medicaid to pay for housing and utilize Medicaid 1115 waivers to increase direct coordination between state policies and local homeless policy governance; and finally, increase oversight in CoC planning processes in order to facilitate equitable participation in homeless policy debates across all demographics and including individuals who will be affected by homeless policies.

Plan for the Dissertation

This section summarizes each chapter, and then reviews the history of homeless policy in the United States to provide relevant background on the questions at hand.

Chapter 2 reviews the theories related to homeless policy decision making. Homeless policy has a long history of expanded governing authority for local governments and communities in homeless policy. In order to understand policy outcomes in homelessness governance, we must draw from the theories of urban politics and intergovernmental relations that have been developed to explain social policy. Within these theories I highlight components that are useful in explaining local decision-making in homelessness policy. This chapter also explores theories of social construction and the political economy to further inform our understanding of the mechanisms influencing homeless policy decision-making in the context of decentralization and local governance. This chapter argues that homelessness politics have important theoretical considerations for our contemporary understandings of decentralization in public health governance and the politics of historically marginalized populations.

Chapter 3 uses a unique national dataset to examine national variation in municipal responses to chronic homelessness. The goals of this chapter are to 1. identify the prevalence of municipal-level supportive housing policies among municipalities affected by homelessness in

the United States, and 2. identify and examine the factors associated with the presence of a municipal-level supportive housing policy. The results demonstrate that most municipalities facing homelessness challenges do not have municipal-level supportive housing policies. Only forty-percent of the municipalities surveyed had a municipal-level policy. The municipalities with supportive housing policies tend to be more liberal, have fewer but better funded nonprofit health organizations, lower rates of municipal governmental fragmentation, and are located in states without Medicaid Expansion. Overall, the results demonstrate relatively limited involvement by municipal governments in supportive housing policy efforts. This takeaway is very important, because limited coordination between municipalities and the CoC perpetuate service gaps, and may lead to ineffective policy development and implementation (Jarpe, Mosley, and Smith 2018).

Chapter 4 outlines the case selection from the national data set and analyses in Chapter 3, to choose municipal cases most representative of the different types of cities associated with each outcome of interest – the presence of a municipal level supportive housing policy or not. There was more heterogeneity in the types of cities that may have a municipal level supportive housing policy. To represent this heterogeneity, two city-cases were chosen for in-depth case study analysis. These cases are San Francisco and Atlanta. Atlanta has the same characteristics as San Francisco, controlling for all independent variables except three - Medicaid expansion, municipal fragmentation, and percent black. Controlling for the majority of conditions while stratifying across a few enhances our ability to select on independent variables of interest and compare the effects of this stratification between cases on municipal supportive housing policy development. Shreveport, Louisiana was chosen as the case most representative of municipalities without a municipal level supportive housing policy. The cities without a municipal supportive

housing policy are more homogenous. With less variation, only one case was selected. Shreveport was selected because it aligned with nearly all of the city-types present in the outcome set, representing nearly 60% of the sample in the most common city-type.

Chapter 4 then discusses the qualitative methods employed across the case studies. Qualitative case studies are a useful approach to enhance understanding of policy decision-making processes because they provide inherent flexibility to use all relevant data and present it in a variety of ways (Anckar 2008). Applying rigorously selected cases and in-depth qualitative analyses enhance quantitative findings by further examining the complex relationships and temporality of multiple factors affecting policy decision-making (Anckar 2008). In each case, I collected two types of qualitative data: interviews, and textual document data. Interviews and document analysis add contextual grounding of the complicated relationships between the multiple factors at work and help tease a part political decision-making processes leading to the outcome with a greater level of detail (Collier 2011).

Chapter 5 presents the case study results from Atlanta. Atlanta is a municipality with a supportive housing policy at the local government level. Chapter 5 focuses on explaining why Atlanta adopted a municipal level supportive housing policy, and also considers the influence of other factors, including the political economy, social construction, and intergovernmental relations on the success of supportive housing policy in Atlanta. The results demonstrate that Atlanta's adoption of a municipal supportive housing policy stemmed from sufficient investment in policy capacity, political mobilization, and ultimately institutional restructuring by the CoC that pushed Atlanta to move from investment in supportive housing for establishing a formal, governmental role for the CoC and supportive housing policy. Atlanta has also made strides towards not only addressing supportive housing, but directly addressing punitive responses to

homelessness, and the cyclical relationship between chronic homelessness and incarceration. In 2017 Atlanta established a Pre-Arrest Diversion pilot project to reduce quality of life arrests (QOL), by diverting any arrest for quality of life reasons (e.g. sleeping outside, eating outside, urinating in public) out of jail, and into social services (as the primary group affected by QOL arrests are people experiencing chronic homelessness [2].

Despite this success, homeless policy in Atlanta still faces significant challenges in policy implementation and decision-making. These challenges primarily include: 1. Jurisdictional boundaries affecting service delivery and responsibility; 2. Economic elites and policing; and 3. Funding, and ongoing relationships between state and federal entities. These ongoing challenges threaten effective policy implementation and may have the unintended effect of policy feedbacks that prevent supportive housing policy of working effectively to its intended goals [3].

Chapter 6 presents the case study results from Shreveport. Shreveport is a case where the Continuum of Care (CoC) remains very separate from municipal government. In homeless policy decision-making and in practice, Shreveport's local government and the CoC are very separate, especially when compared to the integration seen in Atlanta and San Francisco. This separation, in policy design and practice, was the most prominent theme in the qualitative analyses. The CoC in Shreveport has strong policy capacity and despite of limited municipal involvement has made great strides in reducing homelessness in Shreveport. Yet in the face of this success, the lack of local government involvement presents barriers to supportive housing policy design and implementation for the CoC by limiting their authority and the resources available to pursue and execute homeless policy. Shreveport also experiences strong, and separate informal policy efforts from elites that engender barriers to supportive housing policy. Elite efforts exist outside of local government decision-making and CoC activity, unofficially governing the activity of

individuals experiencing chronic homelessness through policing. This alternative policy space conflicts with supportive housing policy goals and exemplifies coordination challenges for the CoC as a result of decentralization. Finally, misalignment between local needs and state level policies promote more implementation challenges stemming from administrative burdens and funding constraints.

Chapter 7 presents the case study results from San Francisco. San Francisco is an exemplar of the importance of stakeholder compositions, the political economy, and recognizing and addressing implementation problems in public health policy. San Francisco's CoC is integrated into municipal government, and the city had a housing first policy since the mid-1990s (Department of Homelessness and Supportive Housing and City and County of San Francisco 2019). San Francisco has an impressive amount of policy capacity expertise, municipal fiscal resources and intergovernmental support to address homelessness that should have positioned it at the forefront of the supportive housing movement in the United States. Yet substantial changes to San Francisco's political economy paired with the policy histories of limited governmental involvement in homeless policy in the United States (Jones 2015) created the perfect storm of implementation problems. San Francisco relies primarily (San Francisco Budget and Legislative Analyst's Office 2016, 17) on municipal funding for homelessness programming with limited state level support and exists in a political economy where elites dominate decision-making and stagnate municipal programming efforts. As a result, San Francisco has now become known for its devastating, and public, homelessness crisis. San Francisco is a case that may increasingly apply to other major cities in the U.S. facing housing crises.

Chapter 2: Homeless Politics in the United States: Theories of the Ungoverned and Unwanted

Public health as a discipline studies issues influenced by local politics and policies that are primarily implemented, and in many cases governed, by county level public health departments. Yet the world of public health policy tends to focus on the politics and policies at the state and federal level. Obscuring the role of local politics and in designing and implementing public health policies inaccurately portrays the functioning of public health systems and can lead to incorrect or incomplete assumptions about the effects of health politics on public health outcomes. Homelessness is no exception. Homelessness is a policy space with a long history of expanded governing authority for local governments and communities. In order to understand policy outcomes in homelessness governance, we must draw from the theories of urban politics and intergovernmental relations that have been developed to explain social policy. Within these theories I highlight components that are useful in explaining local decision-making in homelessness policy.

Homeless policy decision-making is a policy space that has also been shaped by social constructions of persons experiencing homelessness and the dynamics of political privilege stemming from variation in economic power across stakeholder groups. I explore the theories of social construction and the political economy to further inform our understanding of the mechanisms influencing homeless policy decision-making in the context of decentralization and local governance. Overall, I argue that homelessness politics has important theoretical

considerations for our contemporary understandings of decentralization in public health governance and the politics of historically marginalized populations.

2. Intergovernmental Relations and Local Politics in Public Health and Homeless Policy

Most public health literature does not examine the role of local governments. The literature is mainly restricted to discussions of community health. The political structure, and foremost the importance of local governments in designing and implementing many public health services is almost entirely absent from public health rhetoric. Discussions are usually directed to the relationship between local and state public health agencies, with local public health agencies seen as responsive to state wishes. In reality, a large division of public health depends on local decision-making. And in the case of chronic homelessness, states are typically bypassed, and most decision-making governing the direction of homeless governance takes place directly between cities and the federal government.

Constitutionality and Intergovernmental Relations

Most public health and political science literature exploring public policy decision-making concerns state and federal units. There is limited academic work on federal-local relations (Davidson 2007). This is perhaps because cities are not recognized as legitimate, independent entities under the constitution (Bowers 2015, 11). The Constitution describes only two levels of government: the federal government and the states (Ross and Levine 2001a). The Constitution prescribes any governmental authority given to cities must be conferred to the local government by the state (Ross and Levine 2001a). An Iowa Supreme Court ruling in 1868 preserved the dependent status of cities (J. F. Dillon 1911). The ruling, known as Dillon's Rule, labeled cities as 'creatures of the state', possessing only those powers delegated to them by the states. The presiding judge, Judge Dillon, described cities as 'municipal corporations', whose

governance powers may be brought forth, amended, or destroyed by state government as it sees fit (J. F. Dillon 1911). Dillon's rule also established the concept of preemption. Preemption is the rule denoting state precedence over local governments in policymaking (Berman 1997). States can supersede local actions and deny local government authority. In public health policy, preemption has played an important role in shaping state public health policy, from gun control to tobacco control (Berman 1997). Today, Dillon's rule remains the dominant doctrine of municipal law, shaping authority granted to cities and the way that cities' roles are perceived in intergovernmental relations (Ross and Levine 2001a).

Yet, this narrow conception of federalism obscures a key piece of public-policy decision-making relations. Cities play a large role in establishing and implementing public policies that substantially effect local economics and population health (Davidson 2007, 960; Sellers 2002). Furthermore, federal-local relations have played a significant role in establishing municipal priorities, policies, and initiatives (Davidson 2007; Elazar n.d.). In many policy cases cities are not dependent on states, and often have more power as political actors and strong relationships with the federal government (Davidson 2007; Miller 2002; Shipan n.d.). The federalism literature and history describes the current state of intergovernmental relations as much more of an amalgamation of authority, rather than a clear-cut hierarchy determining roles and responsibilities (Ross and Levine 2001b). As interpretations and statutes of federalism evolved, cities preserved and acquired a great deal of discretion to determine the shape and effects of federal programs in their jurisdiction (Ross and Levine 2001b).

Cooperative federalism, or 'marble cake' federalism, first emerged under Roosevelt during the Great Depression and the New Deal, establishing cooperation between national and subnational governments to deal with domestic policy problems (Glendening and Reeves 1984).

Local agencies and officials, as opposed to states, were charged with implementing the new federally funded social programs (Ross and Levine 2001b). This was a sharp contrast from 'old-style' federalism, or the Constitutional interpretation as discussed above that focused on Supreme Court interpretations of the Constitution regarding which powers belong to which level of government, focusing on the relationship between the states and the federal government (Ross and Levine 2001b; D. Wright 2001). The role of cities in implementing federal policy initiatives grew from the New Deal, and expanded under World War II through the 1960's under Lyndon Johnson's Great Society (Ross and Levine 2001b). The programs fostered strong federal-city connections, increasing the prominence of cities in the intergovernmental system (Walker 1995). These relationships resulted in *direct federalism*, a system based on federal-city relationships that circumvented states (Ross and Levine 2001b; Walker 1995). Direct federalism and strong city prominence continued through the 1970's. This relationship changed in the 1980's, when funding for federal social programs was cut substantially (Bluestone 1982; Johnson 1991; Weicher 1984). The federal government devolved authority and responsibility for social programs to cities, and markedly limited federal financial support (Conlan 1998). Despite this shift the long precedence through the twentieth century for direct federalism, during which many core U.S. health policies and programs were established, highlights the importance of evaluating the effects of intergovernmental relations on public health policy outcomes, as opposed to focusing solely on Constitutional federalism (Glendening and Reeves 1984; Walker 1995).

Neoliberalism and the Submerged State

Neoliberalism was a political platform pushed most notably in the 1980's by Reagan in the U.S. and Thatcher in the U.K which forever shaped the U.S. welfare state (Cole 2006; K. Jacobs and Manzi 2013; Johnson 1991; C. M. Lamb and Twombly 1993). Neoliberalism is

defined by a platform of governmental decentralization coupled with promoting private business partnerships with local governments as a means of further decentralizing responsibility (K. Jacobs and Manzi 2013).

The decentralization of responsibility to non-governmental actors in the 1980s was a strategic move by conservative actors. There were two primary goals of decentralization. The first, was to align with traditional conservative notions of government by reducing the size of government and therefore leaving more room for private business growth.(Soss, Fording, and Schram 2011) Yet the second goal, less often discussed, was the primary impetus for decentralization and specifically the growth of the delegated state. That was the goal to undercut and demobilize liberal stakeholder coalitions that arose from the social rights movements – women's rights, racial/ethnic minority rights, healthcare, the elderly, disability rights. The social rights movements had successfully coalesced around these issues to establish major legislation and expansion of government services and programming, including Medicare and Medicaid, the Voting Rights Act, Roe v. Wade, etc. Conservatives were increasingly threatened. In response to major liberal successes, conservative actors found a way to demobilize liberal actors by cutting social service programming and therefore shifting interest group coalitions away from activism to into direct service providers roles in order to fill the social service gap.(Soss, Fording, and Schram 2011) As a result, conservative actors were able to diminish liberal activist coalitions, maintain some sort of private social service provision, while promoting the illusion that the government is not involved.(Diiulio 2012; Soss, Fording, and Schram 2011)

The decentralization of responsibility and the increasing absence of federal funding for social services under Reagan, led to the development of the 'submerged' or 'delegated' state as a primary mechanism for delivering housing and supportive medical and behavioral health

services for the homeless, and many other welfare programs (Dreier 2007; K. Jacobs and Manzi 2013; C. M. Lamb and Twombly 1993). The emerging delegated state marked an important change in intergovernmental relations, where cities – and not just city governments but specifically local non-governmental actors – came to play vital roles in designing and delivering social policy, including homelessness policy and programming.(Diiulio 2012; Skocpol et al. 2000)

The delegated state is defined as a set of 'invisible', or indirect mechanisms guiding governmental activities and programs for the public through non-governmental organizations, such as private for profit and non-profit organizations (Hackett 2016). These invisible mechanisms include governments incentivizing private activity or delivery of certain social services by giving subsidies or benefits to the private organizations via tax subsidies, rebates and credits (Hackett 2016; Mettler 2016; Zelinsky 1993). An example of the submerged state at work is providing private companies with tax-breaks and subsidies to provide low-income housing(Hackett 2016; Willison 2017a). Governments are then indirectly paying for public programs, without actually delivering the programs themselves.

This strategic federal decentralization enshrined the precedence for cities, specifically cities as *communities* in their partnerships with local private organizations, as the primary entities responsible for designing and delivering housing and supportive behavioral and health services to the homeless (Johnson 1991). In homelessness policy, this took the form of establishing designated federal funding for homelessness to be awarded to municipally concentrated groups of non-governmental actors, or the Continuum of Care.

One challenge with incentivizing submerged state activity is that it unintentionally created a new constituency of stakeholders. This new constituency takes the form of persons who

receive services from delegated state actors and persons who are employed in the delegated state as community-based organization, workers. This makes reining in submerged state spending *or* re-centralization very challenging, as this new host of constituents rely on the submerged state for social service delivery, and delegated state actors rely on its existence for their livelihoods. Therefore, the growth of the submerged state, while promoting the importance of cities as key decision-makers, is described as actually undermining local *governmental* authority for delivering these services, due to this new policy conflict between local governments and competing private sector interests (Cole 2006; Kemp 2007, 113; Letelier S. 2005; D. S. Reed 2014; Thompson and Elling 1999).

In effect, the policy histories of delegating responsibility for homelessness to locally organized non-governmental actors created strong incentives to limit municipal governmental involvement. Non-governmental organizations have been providing services to mitigate homelessness since the 1980's, formally organized as the Continuums of Care since the 1990's.(US Department of Housing and Urban Development 2012) These organizations have a desire to persist to serve their communities and remain as employers for many social service providers.(Diiulio 2012) With well-organized stakeholder coalitions and service provider networks for homelessness programming, local governments face limited incentives to step into homelessness governance. To date, local governments are only involved in about 40% of the CoCs across the United States.(Jarpe, Mosely, and Smith 2018) Many local governments face revenue constraints and budget shortfalls that further disincentivize participation in additional governing activities. Overall, neoliberalism and the resulting decentralization of homelessness governance has led to a persistent separation between municipal governments and the Continuums of Care.

Neoliberalism and the Political Economy

This section considers how increased policy conflict resulting from neoliberalism and submerged state growth brought new challenges for local homelessness policy design and implementation. This literature provides insight into understanding persisting local authority in the case of homeless policy by examining what actors have authority, how that authority is distributed affects decision-making by determining who can and cannot participate in policy-making and how economic interests interact with authority and plurality in participation.

Although the growth of the delegated state increased the separation of municipal government and delegated state authority in U.S. homeless policy, there are other instances where the growth of the delegated state may alleviate intergovernmental conflict. In cases where there are high levels of policy conflict between levels of government, or within one level of government, the submerged state can and historically has filled important service gaps. Submerged state actors, for example non-profit organizations delivering medical services, housing and other basic needs services, are critical participants in homeless programming and may fill these service needs during times of government conflict or service reduction.(Willison 2017a) As discussed, the entire federal system governing homeless service delivery relies on participation from submerged state actors. The paradox of these submerged state actors is that their services are voluntary. Providing programming and service delivery is not mandated, although actors receive federal funding and incentives for doing the work.

Starting in 1995, if local actors want to receive federal funding to address homelessness, they must have established a Continuum of Care (as the organization that will receive federal funding, design programming and distribute the funding to other local actors to deliver services).(US Department of Housing and Urban Development 2012) Yet, local action to

mitigate homelessness is not mandated by the federal government. This is completely voluntary. Further, although the federal government has established more rules governing how federal funding must be used by CoCs, the CoCs have primary authority to decide how they use funding, what to prioritize, and how to implement homelessness programming.(Jarpe, Mosely, and Smith 2018) This strong deference to the delegated state in homelessness policy is a benefit when governments may otherwise be absent, but a cost when the voluntary nature of homeless policy may lead to effective or ineffective heterogeneity in design and delivery of services.

Beyond local variation in the establishment and delivery of services, the deference to the delegated state becomes voluntary by means of authority. Complete delegation of homelessness governance to non-governmental actors generates a policy space where regulations governing the CoC may not implemented as a result of the limited to no authority CoC actors have over any municipal services, or other private or nongovernmental actors, in order to effectively coordinate policy implementation. CoCs in this space can only ask and hope for buy-in from critical actors. In cases where actors governing housing resources, zoning and building permitting, police activity and even county or parish level health insurance enrollment choose not to participate, homelessness policy and programming may fail or stagnate with serious consequences for persons experiencing homelessness and local economies.(Willison 2017b) Without any real governing authority for the majority of CoCs in the U.S., homelessness policy under the delegated state remains voluntary. In public health, a similar scenario would be delegating vaccine policy to locally organized groups of community-based organizations.

How decision-making authority is dispersed between governmental and non-governmental actors also has to do a lot with the need for policy capacity and the potential for policy conflict. Policy capacity is the part of government that turns ideas into workable, well

designed policies able to succeed in their designated context (S. Greer et al. 2016; Page 2006). Policy capacity relies on governments consulting or positioning policy experts to design policies tailored to work in the designated context and for desired outcome(s). Naturally, many of these actors are members of the delegated state. Policy capacity matters in homeless policy because public authorities may not understand all of the consequences of various homelessness strategies, and therefore be unable to make policy decisions that deliver the intended policy goals (Lieberherr, Maarse, and Jeurissen 2016). However, for policies to be successful and achieve to the desired goals, the policy must also be aligned with available resources(S. Greer et al. 2016, 39–40). Aligning policies with available resources becomes increasingly challenging in complex and contentious political environments. Decentralization may make resource allocation among non-governmental actors more challenging, as delegated state actors may have more difficulty acquiring and retaining funding than governmental actors.(Mettler 2016; Weir and Schirmer 2018)

However, policy capacity may also conflict with political interests. Policy makers rely on external expertise to design policy, and regulatory expertise is strongly correlated with adopting evidence-based policies (S. Greer et al. 2016, 40) (Bruff 2010; Fischer 2009). Yet, increasing policy capacity does not guarantee improved policy design or implementation, due to potential conflict in policy preferences between embedded experts, politicians and other stakeholders (Gailmard and Patty 2007). This may lead to two outcomes. Politicians may recognize expertise, especially if it aligns with their own policy preferences, but may face opposition from other constituent groups.(Huber and Shipan 2002) If politicians do not agree with expertise and/or are not aligned with their policy preferences, they may seek to reduce, or decentralize policy capacity or delay policy implementation. In homeless policy today, this conflict is very apparent.

Local governments in many cases have adopted both punitive policing strategies and evidence-based supportive housing policies, (Nacgourney 2016; Smith 2016) in response to competing interests. Policy conflict stemming from policy capacity may result in a further separation of municipal government and the Continuums of Care. If the CoCs have relatively strong policy capacity but no role in municipal government and elected officials' preferences conflict with CoC initiatives, municipalities may be further disincentivized to participate in homeless policy and may be directly incentivized to utilize competing policies in the form of policing.

Fragmentation is a unique issue that may unintentionally introduce more policy conflict into municipal policy debates. Municipal fragmentation affects the ability of different stakeholders to participate in political decision-making, and also affects the ability for actors to successfully coordinate policy approaches or even develop coordinated approaches in the first place. Fragmentation refers to the number of municipal governments in a county area.(Berry 2009; Goodman n.d.) Municipal incorporation was a popular phenomenon in the 20th century, where pockets of economic elites would establish their own local governments in an attempt to evade city property taxes and have more concentrated control over public goods like schools and libraries.(Hogen-Esch 2011) However, such incorporation often maintained relationships with the primary municipality for services such as water, garbage disposal, and police and fire services.(Hogen-Esch 2011; Peterson 1981; Ross and Levine 2001b) The results of fragmentation were an increasing and further disjuncture of centralized municipal services and decision-making. In the case of homeless policies, which are often intergovernmental policies pursued by city and county governments and require buy in and action from multiple departments across municipal services, increased municipal fragmentation may act as a barrier to

establishing supportive housing policy approaches by preventing necessary policy coordination and concentrating relevant stakeholder power in certain jurisdictions over others.

Finally, actors' ability to participate in political debates and decision-making is affected by the political institutional structures in place. Whether or not local stakeholders participate in politics matters because their participation affects the policy decision-making process, which affects the outcome of interest – what homeless policies cities pursue.(Lillvis and Greer 2016) Elite stakeholders' political participation may be restricted or enhanced depending on electoral system rules.(R. Mickey 2008, 11) Even economic elites, such as real estate companies, may not necessarily be able to translate their economic power into political power depending on the political institutional structures that allow for greater or less public participation.(R. W. Mickey 2008) This works both ways – either pushing towards supportive housing or away depending on the preferences of the participating actors. However, in more pluralistic electoral systems, economic power generally translates into political influence.(Einstein, Palmer, and Glick 2018; R. Mickey 2015; Trounstine 2008) In homeless policy, elites are typically opposed to supportive housing initiatives, regardless of ideology.(Kim 2000; Piat 2000) Therefore, degrees of plurality in debates over homeless policy may matter significantly for homeless policy outcomes. For example, in municipalities with more pluralistic systems, economic elites may obscure minority groups' preferences including persons at-risk of, formerly, or who are currently homeless, the majority of whom are racial/ethnic minorities. Thus, the preferences of political-economic elites matter greatly in these systems in terms of the outcomes for city decision-making.

3. Social Construction – When Punitive Responses Conflict with Public Health

Extensive research has examined the effects of criminalization on health outcomes, economic outcomes and political indicators, and other research has documented, described and

defined criminalization of ethnic minority groups in other policy areas. There is little research considering the politics of criminalization or the political challenges associated with reforming ineffective criminalization policies. Furthermore, there is even less research analyzing effects of the political institutional relationship and the federated division of authority on local political decision-making related to criminalization of at-risk groups. There is also a greater need for understanding and grounding of how social constructions of target populations, play into the greater political decision-making environment and intergovernmental relations. This research will expand this literature by exploring the political processes involved in criminalization, the relationship between social construction and criminalization, and the effects of historically institutionalized criminalization on current political decision-making to better understand municipal homeless policy outcomes.

The social construction of a target population refers to, "the recognition of the shared characteristics that distinguish a target population as socially meaningful, and the attribution of specific, valence-oriented values, symbols, and images to the characteristics" (Schneider and Ingram 1993a). Social constructions are stereotypes of certain populations of people created by socialization, politics, culture, history, etc. Social construction can be positive, or negative. Positive constructions include impressions such as "deserving," "well-meaning," "intelligent", etc. Negative constructions often include "violent", "undeserving", "criminal" and "lazy" (Schneider and Ingram 1993a).

Schneider and Ingram's theory of the social construction of target populations contends that social constructions influence policy agenda setting, selection of policy tools, and the rationales that legitimize policy choices (Schneider and Ingram 1993a). Schneider and Ingram see social construction as implicit biases that become engrained in policy by affecting the way

certain policy-makers and constituents are oriented to different groups. The theory made a great contribution to political science because it offered an additional explanation for why some groups are prioritized more than others in social policy. Thus, this theory proposes that in such contexts in this case, at-risk populations may be criminalized based on stereotypes and misconceptions, as a means of solving a problem in the eyes of wider society (Clifford and Piston 2016; Perez, Leifman, and Estrada 2003; Sisco 2016). However, much of this literature lacks an overarching or synthesized explanation of how social constructions work in conjunction with other political structures, incentives, and tools, to explain policy decision-making more completely. This work seeks to integrate these ideas to generate a more complete theory about the interaction between social construction and existing political structures.

History of Criminalization

Criminalization as a social policy approach occurred across various contexts throughout the history of the U.S. and continues today. People who are chronically homeless, individuals who are significantly more likely to be homeless as a result of an untreated mental health or substance use disorder, have historically been associated with criminal deviancy, derangement, and violence.(Brescia 2015; Cooper 2013; Mulvey and White 2013; Perez, Leifman, and Estrada 2003; Saks 2013) The first waves of homeless persons in the U.S. were primarily single men, known colloquially as ‘tramps’ and ‘thieves’ in the late 19th century.(Grob 1994) The connection to mental health was not suggested until the growth of psychiatry in the turn of the century, though the etiology of psychosis was not understood for much longer.(Grob 1994) Such conceptions of derangement erupted in the early 20th century with the rise of psychiatry, the growth of psychiatric institutions or ‘insane asylums’, and insanity in media.(Eisenberg 1988) These notions persisted after deinstitutionalization in the 1960’s as myths ascended asserting the

majority of the homeless as psychotic, or deranged alcoholics and drug abusers.(Grob 1994; Jones 2015)

Most of the literature evaluating criminalization focuses on two aspects. First, criminalization came to social policy through social construction and stigmatization. Here, a moral weight is associated with certain perceived individual or group characteristics, which serve to rationalize punitive responses to such characteristics. Second, criminalization is often utilized as a purposeful political or economic tool. Criminalization here leverages social constructions of targeted populations to achieve desired economic or political ends.

Moral Criminalization – Deviancy and Disenfranchisement

Empirical evidence shows homelessness results from structural problems at a societal level. This includes insufficient income and lack of affordable housing, domestic violence, unemployment, poverty, mental illness and the lack of critical services, and substance abuse and the lack of needed services.(National Law Center on Homelessness and Poverty 2015; United States Interagency Council on Homelessness 2015, n.d.) These factors include the converging relationship between individual and structural factors. Despite this knowledge, social policy debates persist about the roots of homelessness as a consequence of socially constructed notions of individual failures and choices.(Cronley 2010)

In the U.S., two main paradigms shape the debate about the causes of homelessness. The two main interpretations of the causes of homelessness are 1) individual and 2) structural interpretations. Individual interpretations suggest homelessness is a product of personal deficits, such as substance abuse, lack of personal motivation, and social isolation. Structural interpretations uphold that homelessness results from systemic factors including lack of affordable housing, employment opportunities, and lack of necessary medical and behavioral

health services, aligning with empirical evidence outlining the primary causes of homelessness.(Cronley 2010) Political science research has found that elected policy makers more often attribute causes of homelessness to the individual paradigm.(Clifford and Piston 2016; J. D. Wright, Rubin, and Devine 1998) Elected policy-makers may be more likely to adhere to this paradigm as a result of the interaction between social construction and limited policy area expertise, as well as pressure from private industries and coalitions of elites who most often oppose structural solutions to homelessness. Elected officials' limited policy area expertise may be worse in the majority of cases with no municipal government involvement in CoC activity. This offers a partial explanation for criminalization policy choices.

This literature leaves open the possibility that city choices to criminalize may be the first choice of many municipalities. Criminalizing homelessness may be perfectly rational in individual city contexts because people experiencing homelessness are perceived as criminal, deviant, or a nuisance, as a result of norms and social construction. Therefore, criminalization becomes the natural choice, and the alternative option to provide housing and supportive health services seems irrational.

Criminalization as a Political or Economic Tool

We now turn to an alternative literature about the use of social constructions. These theories examine how policy-makers and economic elites leverage negative social constructions of target populations to achieve a desired political or economic end. These theories face explanatory gaps in that they do not offer an explanation for the origin of the negative social construction. Rather, they focus on the downstream effects of elites' use of the negative social construction, explaining why elites leveraged these stereotypes, and the effects of this [use] on targeted populations and the proliferation of such constructions. In comparison to Schneider and

Ingram, social construction in policy decision-making here explicitly shapes decision-making, rather than implicitly. This literature is also particularly useful because it focuses on the purposeful interactions of social construction and the political economy, as social construction became a successful tool for elites to achieve their goals.

One prominent case in this literature is the preservation of segregation and restriction of civil rights for Black Americans in southern democratic states through the 1960's. These authoritarian enclaves, as political scientist Robert Mickey refers to the states, leveraged constructions of Black Americans as, 'separate but equal', as the desired southern American ideal (R. Mickey 2015). The construction became more than just a stereotype about the deservedness of Black Americans. 'Separate but equal' became the platform from which southern democrats argued to preserve unfree and unequal conditions for people of color in an effort to protect white elites' own political capital.(R. Mickey 2008, 11) The constructions, in conjunction with contextually specific political institutional arrangements and elite economic control, protected and extended the desired segregated civic arrangements and in turn the political power of the authoritarian enclaves until the 1970's.(Lublin 2004; R. Mickey 2008; R. W. Mickey 2008)

A second, commonly studied phenomenon of the interaction between social construction and political economies is the varied utilization of social constructions by urban regimes during the early and mid 20th century in American cities.(Bridges 1999; Trounstine 2008) Urban political monopolies, including machines and reform movements, subjugated the available political resources of different groups in order to maintain political and economic power in cities. Such political resources included economic resources and social capital in the form of mobilized voters. Urban reform movements explicitly utilized social constructions of immigrants, poor, and

minority populations to justify political decision-making in order to concentrate political and economic power and resources, with wealthy party elites (Trounstine 2008). Informed by the eugenics movement in early 20th century, reform movements in the American Southwest justified limiting the political and civil rights of poor, ethnic minority groups (Bridges 1999, 8). The reforms framed their decisions to restrict civil rights as the best choice for society, describing ethnic immigrant constituents as 'inhuman', and that restricting who may participate in civil society would help establish 'efficient government' (Bridges 1999). The economic and political benefits reaped by the monopolies were the distributed to the core supporting contingencies, white middle and upper class voters (Trounstine 2008, 60). The reform movements directly enlisted social constructions as a platform to legitimize their decision-making.

Urban machines, as opposed to reform movements, concentrated their efforts to preserve the monopoly on further incentivizing support from their core voting contingent, white, wealthy elites (Bridges 1999; Trounstine 2008). Machines used less direct social constructionism, merely favoring one group over another rather than explicitly legitimizing this choice with social construction. This indirect constructionism affecting policy outcomes supports Schneider and Ingram's theory that the way social construction affects policy-making may be more implicit. This literature expands on and progresses the theories of social construction to examine different ways that it may be used, both directly and indirectly, to affect local policies.

As discussed above, elected officials may be more likely to adhere to negative social constructions or the individual paradigm as an explanation for homelessness as a result of pressure from elites who typically oppose structural solutions to homelessness and therefore buy-into negative social constructions of homelessness. As a result, municipal elected officials today

may strategically employ negative social constructions of homelessness to disincentivize supportive housing efforts and retain political support from elite coalitions.

4. Fragmented and Competing Policy Processes

The literatures on intergovernmental relations, the political economy, and social construction are useful in explaining local decision-making in homelessness policy. What these theories tell us, overall, are: 1) There is a long history of municipal governance in social policy in the U.S.; 2) Homeless policy has remained separate from this history of municipal governance and has instead had a long history of governance through fully delegated systems to non-governmental actors which may inhibit policy implementation; 3) The political power of economic elites may obscure minority group or at-risk target population preferences in highly pluralistic municipal systems; 4) Negative social constructions of homelessness are often enlisted by elites and elected officials as a rationale for continued delegation of homeless governance and to justify acute, punitive responses to homelessness compared to long-term solutions addressing the causes of homelessness.

In summary, municipalities and the governing system for homelessness remain very separate. Within these structures, there are additional, separations of preferences for governing homelessness between elites and elected officials, and the bureaucrats or non-governmental experts in the CoC. The former, prefer punitive responses they are able to implement via policing, and the latter may be unable to successfully implement their preferences for permanent structural solutions depending on degrees of decentralization and subsequently municipal authority. Preferences for permanent solutions to homelessness may be further obscured depending on elite political privilege and municipal system plurality.

Based on these theoretical implications, I propose a theory of fragmented and competing policy processes in U.S. homelessness governance. The result of this crowded and uncoordinated

policy space are direct challenges to developing and implementing supportive housing policies. Supportive housing policies with a housing first approach have shown to be the most successful approach to ending chronic homelessness without relapse.(S. G. Kertesz et al. 2016; Kirst et al. 2015; Stanhope and Dunn 2011) If municipalities are unable to successfully implement supportive housing as a result of these governance challenges, they may continue to face increasing rates of chronic homelessness, in what is becoming a crisis in many major metropolitan areas across the United States.

Competing Policy Processes and Structural Interests

I argue that there are four competing approaches to chronic homelessness existing in the form of four competing structural interests (Alford 1975) and play out in the form of very divergent policy mechanisms: both decision-making and implementation. I define these according to Alford's definition as identifiable and independent stakeholder compositions each with their own independent and in many ways competing political processes including: decision-making processes, policy goals, and implementation strategies. Each policy process differs across each characteristic from stakeholder compositions to implementation strategies. Yet, each interest lives and enacts policy within the same municipal environment, simultaneously attempting to address the same policy problem: chronic homelessness. Each policy approach is characterized as not just independent political actors but independent political actors all with their own, different policy decision-making mechanisms producing different policy goals and outcomes (as a result of similarly diverging policy implementation). I argue that in homelessness politics the policy space is so crowded and fragmented as a result of a historic default to 'submerged state' or 'delegated state' actors, that there are multiple separate and concurrent approaches to homelessness, or very distinct and separate mechanisms of homeless governance

organized at the local level. This research identifies four types of concurrent homeless policy approaches: 1) the Continuums of Care (CoC); 2) municipal government; 3) elites; and 4) the state.

CoC governance typically exists as a structure of locally organized non-governmental, community-based organizations.(Jarpe, Mosely, and Smith 2018) As outlined in federal legislation, the CoC is the formal governing structure for homelessness in the United States. The CoCs compete for federal funding to address homelessness in their local area. Actors within each CoC are responsible for designing and delivering homelessness services. Most CoCs do so by holding regular meetings to coordinate with other health and social service providers in their local area in order to coordinate resources, prioritize needs, and implement programming across the various providers, many of whom are also non-governmental organizations.

In order to receive federal funding, the CoCs must comply with federal regulatory guidelines as their policy goals. Most recently, CoCs must address chronic homelessness by adopting evidence-based strategies including permanent supportive housing (PSH) and ultimately housing first,(Shantae Goodloe 2016) along with taking strides to reduce punitive responses to homelessness and chronic homelessness.(Tars 2015) CoC's are also required to move towards implementing a system of 'coordinated entry', where persons who are experiencing homelessness in the CoC's local area must be ranked according to a vulnerability index, prioritizing access to housing for individuals who are typically chronically homeless and have been on the streets for many years, with many co-occurring health problems.(U.S. Department of Housing and Urban Development n.d.) Finally, the CoCs are required to begin establishing a Homelessness Management Information System (HMIS). HMIS is meant to be utilized by all service providers within the CoC network, in order to create accessible lists of

persons experiencing homelessness, and track service utilization and available resources to assist with coordinated entry.(U.S. Department of Housing and Urban Development n.d.) As described, CoC governance may face inherent challenges to successfully establishing its policy goals as a result of typically limited to no local governmental authority. If the CoC does have municipal governmental authority, it may still face barriers as a result of direct conflict with other governance approaches.

Municipal government as a homeless governance approach historically has no designated role in homelessness policy. As mentioned this is still true today, with over 60% of CoCs working without involvement from municipal government.(Jarpe, Mosely, and Smith 2018) Municipal government's role in homeless governance is stratified across various outcomes. 1) Limited to no role in homelessness policy decision-making and implementation[i] with no formal policy goals; 2) Direct role in homeless policy decision-making and implementation typically in the form of a municipal regulatory role where policy goals align with the CoC (as a result of federal funding requirements); 3) Indirect and informal policy involvement through policing in response to elite requests to address homeless behaviors and visibility. The three types of governance pursued by municipal governments in homeless policy directly affect CoC policy goals and policy effectiveness by controlling municipal resources, governing authority, and coordination across related government departments and services.

Elite approaches to homelessness are characterized by informal strategies of homelessness governance. Mentioned above, elite efforts intersect with the municipal initiatives by virtue of its implementation strategies. The informal strategies utilized by elites are most

[i] In many cases municipalities may have one 'representative' from municipal government that attends CoC meetings but does not establish a formal role for municipal government in homeless policy in terms of local government resources or responsibilities.

often enacted through pressure on elected officials, or municipal law enforcement. As the literature describes, elite strategies generally align with the individual paradigm of causes of homelessness, where elites attempt to pursue acute solutions to undesirable behaviors associated with homelessness or the visibility of homelessness in desirable areas. Strategies requested by elites are often implemented by law enforcement, who respond to these requests by relocating individuals experiencing chronic homelessness, remove or destroy belongings and/or encampments, issue citations, or arrest individuals. If a municipality has a designated role for the CoC or formal approach to homelessness, elites may pressure elected officials to move away from long-term, permanent supportive housing efforts and prioritize shorter-term solutions. Elites, through informal means of governance, deliver acute responses to homelessness that directly conflict with the concurrent mechanisms and goals of supportive housing policy.

The final process speaks to the role of state governments in shaping local policy outcomes. As the literature discussed, local governments have historically had a direct relationship with the federal government for the design and provision of many social services. With respect to homeless policy, both local and state governments were omitted, with the federal government strategically decentralizing homeless policy governance to non-governmental actors. Despite this strong decentralization and historic absence of state governments in this policy space, state governments administer many related resources that may influence local decision-making in homeless policy. The primary case of related resources is Medicaid and Medicaid expansion, which offers substantial funding for supportive medical services that are necessary for supportive housing implementation. However, Medicaid is administered in different ways, through either states or county level health departments. In this vein, degrees of alignment

between state level Medicaid policy goals and administrative procedures, and local supportive housing policy implementation, may affect local policy outcomes.

The three cases that are examined in this dissertation are stratified across the various governing approaches as shown below.

Table 1: Homeless Policy Governing Approaches

Municipality	State	CoC	Municipality	Elites
San Francisco, California	Dedicated medical and behavioral health resources including Medicaid Expansion	Integrated into San Francisco city and county government	CoC integrated into San Francisco city and county government, municipal level supportive housing policy	Wealthy residents and businesses request punitive responses through policing, elected officials, and municipal bureaucracy
Shreveport, Louisiana	Medicaid Expansion	CoC fully delegated to non-governmental actors	Municipal government not involved in homeless governance	Wealthy residents and businesses request punitive responses through policing and elected officials
Atlanta, Georgia	Some behavioral health resources, no Medicaid Expansion	Integrated into Atlanta city government	CoC integrated into Atlanta city government, municipal level supportive housing policy	Businesses request punitive responses through policing and elected officials

The existence of four, competing policy approaches to homelessness in communities across the U.S. creates a fragmented and crowded policy space that promotes collective action problems and may promote barriers to permanent supportive housing solutions and ending chronic homelessness. This outcome is not desirable for any group. This dissertation will empirically examine the implications of these separate policy approaches in order to enhance

explanations of decision-making in local homeless policy. Homelessness politics has important theoretical considerations for our understandings of decentralization in public health governance and the politics of historically marginalized populations. Empirically evaluating homeless policy outcomes across these distinct and concurrent governing approaches will enhance the existing literature by promoting our understanding of the mechanisms and effects of completely delegating a social policy space to non-governmental actors.

Chapter 3: Measuring Municipal Participation in Homeless Governance: A National Perspective

This chapter examines the national variation in municipal responses to chronic homelessness. Specifically, the goals of this chapter are to 1. identify the prevalence of municipal-level supportive housing policies among municipalities affected by homelessness in the United States, and 2. identify and examine the factors associated with the presence of a municipal-level supportive housing policy.

These goals are critical for a number of reasons. First, the existence of a municipal level supportive housing policy presents evidence of coordination between the Continuum of Care and the municipal governments in supportive housing policy processes/efforts. The Continuum of Care (CoC), the national system for preventing and addressing homelessness, is a network of mainly non-governmental community organizations, organized at the municipal level that distribute funding and oversee local and regional homeless policy programming and service distribution (Jarpe, Mosley, and Smith 2018). Previous research has shown that most CoC's tend not to coordinate with municipal level governments (Jarpe, Mosley, and Smith 2018), which creates gaps in service delivery, and implementation challenges. In response, the U.S. Department of Housing and Urban Development (HUD) has incentivized coordination across the CoCs and municipal governments, arguing that to deliver effective programming, there needs to be buy-in across these two sectors (U.S. Department of Housing and Urban Development Office of Policy Development and Research 2018). From a public health perspective, the presence of

municipal-level supportive housing policies is also an indication of evidence-based policy adoption to effectively address chronic homelessness in urban areas.

Second, most research on chronic homelessness focuses on identifying strategies that most effectively reduce chronic homelessness and improve health outcomes. This is very important research. However, to date, there has been almost no research on the political predictors (or other social or economic predictors) of the adoption of these evidence-based policies. Research has shown that the number of supportive housing units is not correlated with homelessness prevalence (T. Byrne et al. 2014). This would suggest that other factors, such as political predictors of policy adoption and implementation, might be affecting supportive housing policy. This research intends to fill that gap. This is the first research evaluating the association between political and social factors, and supportive housing policy in municipalities. Due to data limitations, this research does not evaluate temporality. However, identifying the factors associated with supportive housing policy presence in municipalities is a first step in understanding why supportive housing policies may or may not get implemented, as well as the types of places that may be more or less likely to adopt supportive housing policy approaches.

Our results showed that most municipalities facing homelessness challenges do not have supportive housing policies. Of the municipalities in the dataset, only forty-percent had a municipal-level supportive housing policy. These municipalities tend to be more liberal, have fewer but better funded nonprofit health organizations, lower rates of municipal governmental fragmentation, and are located in states without Medicaid Expansion, in short in (relatively) liberal municipalities in Republican states.

This research has important policy implications. The Trump administration enacted cuts to Community Development Block Grant funding, which is often used to fund municipal

homeless programming, as well as cuts to federal rental assistance for low-income families.(Dewey, Jan, and Stein 2018; Mazzara 2018) This reduction in policy capacity decreases municipal capacity to address and prevent homelessness. Cuts to federal rental assistance present an imminent risk of increased homelessness among families and children.(Mazzara 2018) However, preserving funding for Medicaid Expansion and increasing rates of Medicaid Expansion may provide more resources for supportive housing services and healthcare among homeless persons, even without municipal adoption of supportive housing policy. Maintaining federal funding for supportive housing and evidence-based programming is critical for protecting existing programming and may encourage municipalities to overcome coordination barriers or at least support the efforts of nongovernmental actors. Overall, this research finds that the low-rate of supportive housing policies among municipalities overall may lead to a lack of preparedness among municipal governments to address homelessness, in general. Addressing the homelessness crisis and the threat of rising rates of homelessness thus fall on the CoC, i.e. primarily nongovernmental actors.

Data and Methods

To conduct this research, a novel and comprehensive cross-sectional dataset was developed to document and measure municipal supportive housing policy choices and key political factors associated with these choices. Before discussing the dataset, it is important to define 'municipality' as measured, here. Municipalities, broadly, refer to units of local government including cities and or counties based on the use of the definition. This research purposefully does not choose between cities and counties in this quantitative analysis, but instead identifies the unit of analysis as local government jurisdictions existing within the local CoC. Thus, the majority of cities in the United States also align with a county government. So, a CoC

located in one major U.S. city may be aligned with the city and/or county government (e.g. Los Angeles City and Los Angeles County). Since no data currently exists on CoC governance structures, and since CoCs are an amalgamation of various health delivery systems and actors in a metropolitan area, we cannot delineate between city or county governments as the main governmental partner for CoCs. Thus, as will be discussed more below, this research assumes that either cities or counties or both may participate in CoC governance (if municipal government does participate in CoC governance), and therefore supportive housing policy data is collected from cities and counties organized around the local CoC (e.g. Los Angeles City and Los Angeles County).

The dataset is comprised of 232 municipalities of 354 municipal CoCs from the HUD 2016 CoC database in order to control for cities directly receiving federal homeless funding. Municipal-level supportive housing policies were then retrieved from Municode, and city and county websites. To collect municipal homeless policy outcomes, a total of 464 city and county websites were reviewed (the total number of governmental websites for all cities and counties associated with the 232 CoCs in the dataset), with 243 municipal policies identified. Political and economic factors and control data were primarily collected from HUD Point in Time counts, HUD Housing Inventory Counts, and US Census data. The dataset is described in more detail below.

Sample Selection

This research is interested in municipal-level policy change since municipalities play a key role in developing, funding and implementing CoC policies and programming. Municipalities were chosen based on their inclusion in the HUD 2016 Point in Time (PIT) count survey, therefore selecting municipalities with a CoC that are receiving federal funding for

homelessness solutions.(United States Department of Housing and Urban Development 2017) To receive federal funding, CoCs are required to use language describing their commitment to promoting evidence-based policies, which may or may not reflect actual change on the ground. Therefore, measuring CoC "policy" change may be less valid and may not reflect true policy change or implementation. Further, to design and implement supportive housing policies, municipalities have more political leverage, and potentially more resources available to them compared to the CoCs. From zoning to building permitting for shelters or housing units, to coordinating police responses to homelessness, county-level health and behavioral health programming, to public works for city street clean-up programs (which engage directly with homeless encampments), municipalities hold very high stakes in and control resources and implementation in homelessness policy and programming. As such, measuring municipal policy may more accurately capture street-level policy, as well as leverage for policy change.

Finally, using municipal policy as the outcome illustrates the role municipal governments play in homeless policy compared to the non-governmental organizations as designed in the CoC structure. HUD has recently advocated for greater participation by municipalities in CoC activities, to deliver more effective homeless policy and reduce homelessness (U.S. Department of Housing and Urban Development n.d.; U.S. Department of Housing and Urban Development Office of Policy Development and Research 2018). Other research has shown that municipal governments tend to be absent from CoC governance (Jarpe, Mosley, and Smith 2018). Research from 2018 by Jarpe and colleagues measured coordination between CoCs and municipal governments by surveying the CoCs. This dissertation will build on this work and measure the relative integration, or lack thereof, between the CoCs and municipal governments, by measuring participation in supportive-housing policy from the municipal government side.

In total, there were 402 COC's in the U.S. in 2016. This dataset includes all major city CoC's (48) and 60% of all other CoCs, including small city and county CoCs. Forty-eight regional, state and U.S. territory CoC's were dropped, because these CoCs are not aligned with specific municipalities and therefore cannot be used to evaluate municipal policy preferences. Additionally, 124 small city and county CoCs were dropped due to a lack of municipal level data, including fiscal, population demographics, and political institutions. 208 CoCs in the dataset are contiguous with single county borders. For 24 CoCs covering *more than one county*, the largest county and aligning city was used as the unit of analysis. The final dataset includes 232 municipal Continuums of Care, or 66 percent of all CoCs in the United States.

Outcome Variable: Supportive Housing Policy

Municipal supportive housing policies were collected from a search of city and county government websites, and Municode. A municipal policy was coded as 'supportive housing' if a locality has one or more of the following: municipal plan(s), guidelines, regulations and or statutes establishing supportive housing, permanent supportive housing, and or Housing-First as a main component of the local government's homelessness response.

Independent Variables

There were three categories of independent variables: political institutions, social construction, and control variables. Political institutions include who may participate, and the way actors coordinate with each other and participate in political decision-making processes influencing municipal adoption of supportive housing policy. These comprise measures of municipal fragmentation, municipal governmental structure (mayor vs. mayor-council), ideology, and various interest group presence such as non-profit healthcare providers, and tourism. Political institutions matter in understanding what factors may influence decision-

making towards or away from municipal participation in supportive housing policy. Social construction variables are related to perceptions of the target population (chronically homeless persons), which may shape what policies actors pursue and therefore promote or dissuade preferences towards supportive housing policy. These include population measures of race/ethnicity, former confederacy, sanctuary city status, and religiosity. Control variables pertain to infrastructure, existing resources and need, and include measures of the homeless population, municipal financial indicators, weather, and a dummy variable included for state effects.

The complete list of variables and their source is shown in Table 2 and described in detail below. This first part of the analysis uses a larger number of variables to gain a picture of which combinations of factors are most strongly associated with municipal-level supportive housing policy, and which of these combinations is also the most representative, i.e. occurs most often, across the sample. This step is important because this is pioneering research. To begin mapping this understudied policy landscape, this minimization (C. C. Ragin 2014) method allows us to identify which factors are predictive of the policy outcome. Building on the combinations of variables that are most predictive and most representative across the sample, a secondary analysis will further test the strength of the associations of the identified variables with the outcome of interest, municipal-level supportive housing policy. This process will be discussed more in Methods below and in the Appendix.

Table 2: Independent Variables

Political Institutions	**Social Construction**	**Controls**
Total Municipal Fragmentation	Percent White	Municipal Statistical Area (MSA) GDP
Municipal Institutional Structure	Percent Black	MSA Population
Medicaid Expansion	Percent Latino	Total Unsheltered Chronically Homeless

State Level Supportive Housing Policy	Sanctuary City Status	Total Chronically Homeless
City Policy Conservatism	Former Confederacy	Total Year-Round Permanent Supportive Housing Beds
Number of Nonprofit Health Organizations	Southern City	CoC Type – State/Regional Level
Nonprofit Health Organization Revenue	Religiosity (Church Going Population)	CoC Type – City Level
Percentage of Prisoners in Private Prisons		State-level Dummy Variable
Tourism		

Institutions

As discussed in the Chapter 2, municipal governmental fragmentation may affect policy outcomes by hindering policy coordination or action across multiple governments. The measure of the total number of governments per county area was collected from the 2010 U.S. Census data, the most recent data (United States Census Bureau 2012a, 2012b). However, it is not expected that more county governments have been added since 2010, as most county governmental fragmentation occurred in the 20th century and has not expanded recently (Berry 2009; Goodman n.d.; Hogen-Esch 2011).

Municipal governmental structure may affect policy outcomes by influencing which actors may participate in political decision-making and how (R. W. Mickey 2008). This measure is broken into types of municipal governments moving from more unilateral governance structures to more pluralistic structures (Mayor-Council, Council-Manager, Commission, Town Meeting, Representative Town Meeting). This measure is collected from the International City/County Management Association (International City/County Management Association 2011). Currently, the data for municipal government structure is incomplete, with about 60% of the sample covered. However, including this important measure of political participation will still indicate how political institutions may influence policy outcomes.

Ideology is known to be a strong factor in predicting and explaining social policy choices, where increased conservatism is associated with lower provision of social services (Grogan, Jones, and Pacheco 2017; Grossman and Hopkins 2016; Soss, Fording, and Schram 2011; Tausanovitch and Warshaw 2014; Warshaw and Tausanovitch 2015). This research uses Warshaw and Tausanovitch's measure of city policy conservatism, estimating the public's policy conservatism by surveying policy ideal points (Warshaw and Tausanovitch 2015).

Because of the history of decentralization in homeless policy, measures of the level of non-governmental activity (or here the CoC) is a critical component to understanding factors associated with homeless policy outcomes. A greater number of non-governmental actors in the policy space may reflect lower governmental involvement in homeless policy or greater decentralization. To assess how the size of the CoC is associated with homeless policy choices, a measure of the average number of non-profit healthcare providers per 10,000 people by municipal statistical area (MSA) was collected from the Urban Institute (National Center for Charitable Statistics 2018). The degree to which these non-governmental actors are financed may also affect policy outcomes. If non-profits are better resourced, they may be more effective in shifting policy capacity to support evidence-based municipal policy adoption, and alternatively, better financed actors may indicate greater municipal support for local policy capacity. Thus, a measure of the non-profit organizations per capita revenue by municipal statistical area was also included (National Center for Charitable Statistics 2018).

Although the history of U.S. homeless policy focuses on local-federal relationships, municipalities are creatures of the state (Ross and Levine 2001b), and states have a long history of coordinating health policy. The existence of a state-level supportive housing policy may indicate better intergovernmental coordination across multiple levels of government to support

municipal level strategies (Lee and McGuire 2017). State-level supportive housing policies were collected from a review of state government websites and Lexis-Nexis. States were coded using a binary measure of having a supportive housing policy or not, 1/0, coded as having a supportive-housing policy if the state had either a state plan, guideline, regulation or statute establishing permanent supportive housing or Housing-First as a main component of the state government's response to homelessness (Lee and McGuire 2017).

We hypothesized that the Medicaid expansion would be a key independent variable because it may provide greater state-level resources to support local-level homelessness programming. The Medicaid expansion improved access to healthcare services for single adults, the primary population comprising chronically homeless persons (Cassidy 2016). Medicaid dollars can also be used to pay for supportive housing services, although Medicaid itself cannot pay for housing or rent (Cassidy 2016; HHS 2014). The presence of state Medicaid Expansion was collected from the National Conference of State Legislatures (National Conference of State Legislatures 2018). A binary measure for Medicaid Expansion was used, 1/0 if a state expanded or did not expand Medicaid.

Two additional variables may be particularly relevant to supportive housing policy. Entrenched interests or interest groups, based on their degrees of organization, participatory networks, and wealth, are able to influence political decision-making to their intended ends or preferences (Heaney 2006; Strach 2015). First, there is a direct relationship between chronic homelessness and incarceration, which means that the private carceral state has an incentive to retain and re-incarcerate inmates (Greenberg and Rosenheck 2008; Hawthorne et al. 2012; H. R. Lamb and Weinberger 2005; Segal, Frasso, and Sisti 2018). Thus, the percentage of prisoners in private prisons can act as a proxy for the presence a lobbying interest in supporting policies in

conflict with supportive housing, or punitive policies. This data comes from the U.S. Department of Justice and is used in lieu of recent data on private jails, which is not available (United States Department of Justice. Office of Justice Programs 2011).

Second is tourism. Tourism may be especially relevant as an entrenched interest when it comes to policies targeting chronically homeless persons because homelessness rates are high in areas with large tourism economies. Due to conflicting policy goals – e.g. addressing homeless behaviors or quickly managing homelessness compared to addressing causes of long-term homelessness – tourism industries may support punitive policies over supportive housing (Nacgourney 2016). This data comes from the Bureau of Economic Analysis, using measures of GDP by MSA for "Arts, entertainment, recreation, accommodation and food services" as a measure of tourism revenue by MSA (Bureau of Economic Analysis 2017).

Social Construction Variables

Social construction of homelessness and homelessness among ethnic minorities may bias residents against homeless persons, potentially reducing support for policies seeking to provide services for persons experiencing homelessness. However, demographic information about this population is difficult to access. The U.S. Department of Housing and Urban Development collects demographic data during point in time (PIT) homeless counts conducted by the CoCs (Bishop et al. 2017b). This includes racial and ethnic data, as reported in the Annual Homeless Assessment Report to Congress. Currently, however, racial and ethnic demographic data is not available in the publicly available HUD PIT datasets, although other demographic information is publicized such as age categories. As an alternative, municipal population demographics from U.S. Census estimates are used as a proxy for the demographics of the municipal homeless population (United States Census Bureau 2017). However, using municipal demographic

statistics may actually underestimate the effects of race on city policy choices, as ethnic minorities face greater risks of homelessness than whites as a product of historic wealth distributions and racial resentment (Bishop et al. 2017a; Henwood et al. 2013).

Sanctuary City status is used as another indicator of social construction towards ethnic minority group members. For instance, Sanctuary City status may be protective to minority group members, signaling more support for policies that protect racial/ethnic minority group members. Although Sanctuary Cities refer specifically to immigration status, the high rates of homelessness among minority groups, and the overlap in social service needs among persons experiencing homelessness and other low-income groups may increase policy support for supportive housing in a case of support for a tangential policy, such as Sanctuary City status. Sanctuary City status is collected from the U.S. Immigrations and Custom Enforcement (U.S. Immigrations and Customs Enforcement 2017), and measured as a binary indicator, yes/no, for 2017 Sanctuary City status.

There are two state-level indicators that may have important implications for at-risk or historically marginalized populations, which comprise the majority of individuals experiencing homelessness and chronic homelessness. These two indicators are whether a state is a former part of the confederacy (The Editors of Encyclopaedia Britannica 2019), and whether or not a state is "southern" (U.S. Department of Commerce Economics and Statistics Administration 2010). Given the policy histories of racial/ethnic marginalization, exploitation and criminalization[ii] of racial/ethnic minority group members and black Americans in particular, in

[ii] Criminalization of minority group members may also be related to supportive housing policy decision-making. As discussed in chapters 1 and 2, there is a long policy history of the criminalization of homelessness, which continues today, in part due to the social construction of persons experiencing chronic homelessness. While municipalities are incentivized to pursue supportive housing through federal regulation, they are also incentivized to move away from the default of criminalization. Therefore, cities with stronger histories of criminalization of out-group members may opt-away from supportive housing in favor of the status quo of criminalization, as a product of path dependence and social construction of out-group members.

former confederate and southern states (Acharya et al. 2015; R. W. Mickey 2008), it is reasonable to assume that these histories may play a role in shaping policies addressing chronic homelessness given the higher risk of homelessness faced by racial/ethnic minority group members. For example, southern or former confederate cities may purposefully opt away from supportive housing policies in line with policy histories of marginalization of impoverished, racial/ethnic minority groups.

Finally, religiosity intersects with ideology, as well as notions of race/ethnicity, and deservedness (Weir and Schirmer 2018). Therefore, religiosity, as measured by the rate of the churchgoing population, of a municipal population may be indicative of support towards, or away from municipal supportive housing policy, based on the degree to which religiosity is associated with conservative ideology or animus towards outgroup members, or not. As with the other social construction variables, religiosity is important here because of the ways in which it may guide political support for or participation in municipal supportive housing debates. Religiosity is measured MSA and is collected from the Association of Religion Data Archives (Association of Religion Data Archives 2010).

Control Variables

Control variables include municipal GDP, population, and population demographics, and homeless statistics. Municipal wealth is associated with greater provision of social services (De Benedictis-Kessner and Warshaw 2015; Peterson 1981), which is in part related to its population, affecting the potential tax base. But population may also affect the degree of public participation. Larger cities may inherently have more public participation, which may lead to greater policy conflict or pressure against evidence-based policies due to NIMBYISM or other stakeholder preferences (Kim 2000; Kraft and Clary 1991; Rydin and Pennington 2010). MSA population

and GDP were collected from U.S. Census data estimates (Bureau of Economic Analysis 2017; United States Census Bureau 2017).

Homeless statistics include the total number of chronically homeless individuals in a county and the total number of supportive housing beds in a county area. Numbers of chronically homeless persons by municipality, the most visible homeless population, are included from HUD Point In Time data (United States Department of Housing and Urban Development 2017). Higher numbers of visibly homeless persons may require cities to be more responsive to homelessness. The total number of supportive housing beds by MSA from HUD Housing Inventory Count data is also included as a proxy measure for supportive housing implementation (United States Department of Housing and Urban Development 2017). Total number of supportive housing beds may or may not be associated with supportive housing policy presence because of the many barriers that exist in allocating space for supportive housing or building new construction beyond municipal support.

Finally, the places with the highest rates of homelessness are concentrated along the coasts. Many of these places are in warmer latitudes. This analysis includes mean winter temperature to control for potential geographic variation in rates of homelessness. Mean winter temperature by state is drawn from the National Oceanographic and Atmospheric Association (National Centers for Environmental Information and National Oceanographic and Atmospheric Administration 2017).

A state level dummy variable was included to control for differences across the states and to account for omitted variables.

Operationalization

This study applies two approaches to estimate political predictors of municipal supportive housing policy. The first is a set-theoretic approach using Fuzzy-set Qualitative Comparative Analysis (FsQCA) (C. C. Ragin, Drass, and Davey 2006), to understand the *types* of cities, or characteristics of cities that are most commonly associated with supportive housing policy. FsQCA measures the representation of the common types of cities across the dataset; if certain types of cities are more associated with a supportive housing policy, how common is this kind of city within the dataset? For example, are city characteristics that are associated with supportive housing very uncommon? Or are some groupings of characteristics that are associated with supportive housing *more common*? FsQCA also estimates the strength of the association of types of cities with the outcome of interest (C. C. Ragin 2014). Measuring the strength of the association is important because it allows us to identify city types that are *very* predictive of supportive housing policy (rather than less predictive) and to also understand how common these types of cities actually are. Overall, FsQCA adds value by looking at how different variables are associated in a particular type of city-case rather than measuring average effects across all city cases in the dataset.

These procedures conducted by FsQCA imitate case-oriented comparative methods but allow for multiple comparisons of groupings through computer algorithms, i.e. a form of minimization. The end-goal of systematic minimization is to represent the different combinations of conditions that produce a specific outcome (C. C. Ragin 2014). Compared to logistic regression, which prioritizes average effects or associations across a sample, FsQCA allows researchers to examine the heterogeneity within cases that all have the same outcome. Looking at this heterogeneity is useful, if researchers want to understand different types of cases that may end up with a certain outcome. Another way of thinking about this is that it is useful to

understand not only what cases have in common, but how they are different. Understanding this heterogeneity allows for more nuanced understanding of the different relationships between factors associated a certain outcome. Focusing on mean effects alone may obscure this heterogeneity, and therefore ignore important mechanisms or characteristics influencing an outcome.

With a binary outcome variable, logistic regression is then used as the second approach to understand the association of key *individual* variables with the outcomes.(Hosmer and Lemeshow 2004) Logistic regression analysis is useful in this context, because instead of highlighting heterogeneity among the sample and the associations with the outcome of interest, logistic regression analyzes *mean* associations of variables across the sample with the outcome of interest. Using logistic regression in tandem with FSQCA allows researchers to obtain a broad, and narrow, view of the factors associated with an outcome of interest. Thus, comparing the results of the two approaches enhances the validity and reliability of the findings.

Descriptive Results

Table 3: Descriptive Results – Municipal Homeless Policies

***N* Cases**	**Dependent Variable**	**Description**
94	Supportive Housing	Supportive housing addresses chronic homelessness by treating socioeconomic *and* physiological causes of homelessness by simultaneously providing housing and medical services. Includes Housing First, but not exclusively.
138	No Supportive Housing	Municipalities found not to have some form of a supportive housing policy.
232	Total	All municipalities in the sample

Shown in Table 3, 94 municipalities within the sample had a supportive housing policy in 2017, which is 40%. Regarding municipalities without supportive housing policies, this finding indicates that the responsibility for homeless programming may fall primarily on the CoC, or

non-governmental actors. This finding aligns with previous research, showing that 38% of CoCs in 2014 had a relationship with municipal actors. This finding supports previous work demonstrating the separate nature of the CoCs and municipal governments.

Table 4: Characteristics of Municipalities *Without* Municipal Supportive Housing Policy

Model 1: High concentration of nonprofit health organizations; low rate of chronic homelessness, large municipal population, low rate of persons identifying as black or Latino; high rate of municipal fragmentation; high city policy conservatism; not a sanctuary city (.35, .97)
Parsimonious Solution: High concentration of nonprofit health organizations; high rate of municipal fragmentation; high city policy conservatism (.43, .95)
Model 2: Low rate of chronic homelessness; large municipal population; low rate of persons identifying as black or Latino; high rate of municipal fragmentation; high city policy conservatism; low winter temperature; low rate of prisoners in private prisons (.46, .95)
Parsimonious Solution: High rate of municipal fragmentation; high city policy conservatism; low winter temperature (.48, .94)
Model 3: Low concentration of nonprofit health organizations; low rate of chronic homelessness; large municipal population; low rate of persons identifying as black or Latino; high rate of municipal fragmentation; high city policy conservatism; (.59, .90)

Table 5: Characteristics of Municipalities *With* Municipal Supportive Housing Policy

Model 1: Low concentration of nonprofit health organizations; low nonprofit health organization revenue; high rate of chronic homelessness; large municipal population; low rate of persons identifying as black or Latino; low city policy conservatism; high winter temperature; located in a state with Medicaid Expansion (.28, .98)
Model 2: Low concentration of nonprofit health organizations; high rate of chronic homelessness; large municipal population; low rate of persons identifying as black or Latino; high rate of municipal fragmentation; low city policy conservatism; high winter temperature; located in a state with Medicaid Expansion (.26, .99)
Model 3: Large municipal population; low rate of persons identifying as black or Latino; low rate of municipal fragmentation; low city policy conservatism; low winter temperature; low rate of prisoners in private prisons (.31, .99)
Parsimonious Solution 1: High rate of persons identifying as black; low rate of municipal fragmentation; low city policy conservatism (.27, .92) Parsimonious Solution 2: Low rate of municipal fragmentation; low city policy conservatism; low winter temperature (.36, .91)

Model 4: High rate of chronic homelessness; large municipal population; low rate of persons identifying as black or Latino; low rate of municipal fragmentation; low city policy conservatism; high winter temperature; located in a state with Medicaid Expansion; low rate of prisoners in private prisons (.27, .99)

Notes: The first numeric measure *A*, of (A, B), represents coverage, or the proportion of cases within the outcome set (outcome here is municipal supportive housing policy or not) that fits the listed grouping of characteristics. Proportion measured on a 0-1 scale, with cut-off threshold for high or low levels of .5. Second value *B*, represents consistency, or how consistently the grouping of characteristics listed predicts the outcome, across the entire sample. B measured on 0-1 scale. Both outcome sets predictive by >=.9, FSQCA selection cut-off set to .9. The results above are the most predictive and most common, combinations of variables identified through the minimization procedure for the outcome sets. Based on the minimization method, variables that reduced consistency and/or coverage were dropped from the models.

The results from the set-theoretic analysis are shown in Tables 3 and 4. The set theoretic approach sorts through combinations of the selected variables to show us results revealing the different types of cities *within* the outcome set (supportive housing policy, or not) that both occur most frequently in the outcome set *and* accurately predict the outcome. Tables 3 and 4 report the top outcomes (most common and most predictive) that were deduced from the minimization procedure. Parsimonious solutions are also included. These are further minimizations within city-types that may be more predictive of the larger combination of characteristics, as a result of the inherent tradeoff between: coverage and consistency, and the number of parameters.

There are a few important findings from this analysis. First, for understanding municipalities with supportive housing policy, the types of municipalities that are *most common* and *most predictive* of supportive housing policy represent at least one quarter of the municipalities in the outcome set. For set-theoretic analyses this proportion is reasonable given the heterogeneity among municipalities. However, the type representation among municipalities *without* supportive housing policy is over one half of the outcome set (across all of the most common and most predictive models). This disparity suggests that there may be more heterogeneity among cities that adopt supportive housing policies, or that the analysis could be

strengthened by including other variables to account for currently unobserved heterogeneity among these municipalities.

Overall, the set theory results tell an important story about the types of municipalities that employ a supportive housing policy compared to those that do not. Municipalities with a supportive housing policy are more likely to be in states with Medicaid Expansion, have high rates of chronic homelessness, a large municipal population, lower rates of nonprofit health organizations, yet higher revenue for existing nonprofit health organizations, and higher mean winter temperatures. These municipalities are more likely to have lower populations of Black and Latino residents, lower city conservatism, less municipal governmental fragmentation, and lower rates of nonprofit healthcare organizations. For municipalities *without* supportive housing policies, the majority are places with high rates of municipal governmental fragmentation, higher city conservatism, and large population sizes. Most municipalities without supportive housing have fewer chronically homeless persons, and like municipalities with supportive housing, also have lower rates of ethnic minorities, and fewer nonprofit health organizations.

Cities without Supportive Housing

Based on these results, the most consistent city-types with the highest coverage in the outcome set do not present an unexpected picture. Regarding political institutions, cities without supportive housing are more likely to be cities with greater municipal fragmentation. Municipal fragmentation is particularly predictive of cities without supportive housing in the presence of greater conservatism and a higher rate of non-profit healthcare providers, (shown in Model 1, and Model 1 Parsimonious). A higher proportion of non-profit healthcare providers and conservative ideology fits with conceptions of neoliberalism, and the traditional mechanisms for providing homeless services which were historically based on neoliberal principles and a

devolution to non-governmental actors. Thus, more conservative cities may be more likely to adhere to neoliberal principles, retaining high levels of non-profit service delivery. Municipal fragmentation may interact with this, making any interest in moving towards a municipal supportive housing policy less likely due to decentralized policy promulgation processes.

Alternatively, as shown in Model 3, there may be an overall lack of investment in social services by conservative municipalities, leading to an overall lower concentration of non-profit healthcare organizations among cities without supportive housing. Further, lower rates of chronic-homelessness paired with conservative ideology, may promote limited investment in social services when the salience of homelessness aligns with conservative ideals of welfare systems. An absence of existing networks of social service organizations may also have the inverse effect on the adoption of supportive housing policies, if the absence of such a network prevents coalition building by groups that might have a greater interest in promoting supportive housing solutions.

Cities with Supportive Housing Policies

Supportive Housing policy presence is most associated with large MSAs, with lower municipal government fragmentation, lower rates of city policy conservatism (more liberal), higher rates of chronic homelessness and overall homelessness, Medicaid expansion, lower rates of nonprofit health organizations with higher revenue for existing nonprofit health organizations, Sanctuary City status, lower rates of prisoners in private prisons, and generally lower percentage of the population identifying as Black or Latino; however, some cities may have a higher percentage of persons identifying as Black.

Overall, these trends may not be surprising. Regarding institutional resources, Medicaid expansion was predictive of supportive housing policy presence across most city-types. States

may make more resources available if there are a high number of cities in need, and policy preferences align.

The low concentration of nonprofit health organizations shown in Models 1 and 2, as a measure of decentralization or of the CoC, does align theoretically. If cities are engaged in supportive housing policy, this may translate into greater centralization, or coordination of services through municipal government compared to non-governmental community actors. Therefore, we may see lower rates of nonprofit health organizations overall in cities with these policies. We may also potentially see lower non-profit revenue as an effect of greater centralization in cities with supportive housing policy.

Not surprisingly, liberal cities are more predictive of supportive housing policy. Regarding institutional structures, lower municipal government fragmentation is commonly predictive of supportive housing policies. Lower municipal fragmentation may work in similar ways as cities *without* supportive housing, where more streamlined governmental structures might make policy adoption easier. This may be indicative of greater ability to coordinate between CoCs and local government, in order to establish a municipal-level supportive housing policy. Lower fragmentation appears to be predictive conditional on low city policy conservatism, as shown in Model 3, Parsimonious 1 and 2. This also aligns with traditional ideological notions of centralization or decentralization of welfare state activities (Pierson 1995).

Higher percentage of persons identifying as Black, and low winter temperature also seem to work (separately) in conjunction with low municipal fragmentation and low city policy conservatism to be predictive of supportive housing policy (Model 3, Parsimonious 1 and 2). This may be a product of lower municipal fragmentation and liberal ideology across *most* cases, here highlighting heterogeneity across some cases with divergent characteristics of colder winter

temperatures or cities with higher rates of minority group members, that also adopt supportive housing policies (in cities that are both liberal and less fragmented).

The percentage of prisoners in private prisons acts as a proxy for the presence of private prisons as a lobbying interest in favor of other competing policies (such as punitive policies). Lower rates of private prisons shown here in Model 3 and 4 may work in the favor of supportive housing policy; however, as this study is cross-sectional, this hypothesis could not be tested.

The overall lower rates of minority populations in the most commonly predictive city-types may not be an accurate reflection of the relative percentage of people in racial minority groups in these cities compared to other cities. Cities with supportive housing tend to be more diverse on average, but that average diversity is around twenty percent Black or Latino. Twenty percent, though on average a higher percentage of ethnic minority group members, would still be coded as an overall 'lower' rate of ethnic minority group members based on set-membership. Although the role of race/ethnicity may not be accurately captured in the pathway analysis, the effects of race/ethnicity will be evaluated in the qualitative phase of the study.

Logistic Regression Results – Average Trends

The results from the logistic regression appear in Table 6. This model measures the associations of the independent variables of interest with the outcome, the presence of a municipal supportive housing policy. The logistic regression model includes the control variables[iii], a state-level dummy variable to control for state-level effects, plus the variables from the main-city types in the set-theoretic analysis that had the highest representation in the city-types across the outcome set: Medicaid expansion, total municipal fragmentation, number of nonprofit health organizations, nonprofit health organization revenue, percent of private

[iii] All control variables were included except for total number of unsheltered chronically homeless (overlap with total chronically homeless) and CoC type (overlap with MSA size/population) in order to account for power.

prisoners, city policy conservatism, winter temperature, municipal GDP, population, percent black, percent Latino, sanctuary city status, total permanent supportive housing beds, and total chronically homeless.

For sensitivity analysis, the variables that fell out of the set-theoretic analyses were also run individually along with the main logit model (state level supportive housing policy, tourism, CoC types, etc). These variables were not significant. Total Permanent Supportive Housing beds was also included in the regression even though it was not predictive in the set-theoretic analysis, as an important, alternative measure of supportive housing policy support.

Table 6: Logistic Regression Results on Supportive Housing Policy Presence

Independent Variable	Coefficient	Odds Ratio
Medicaid Expansion*	-1.093	.335
Total Municipal Fragmentation	-0.009	
Number of Nonprofit Health Organizations	-0.331*	.718
Nonprofit Health Organization Revenue	0.007*	1.007
Percent Private Prisoners	6.085	
City Policy Conservatism	-4.071***	.017
Winter Temperature	0.982	
GDP	-0.001	
Population	-0.005	
Percent Black	-0.017	
Percent Latino	0.035*	

Sanctuary City	2.189***	8.928
Total Permanent Supportive Housing Beds	-0.000	
Total Chronically Homeless	0.003	

Odds Ratios only show for statistically significant results. *p < .05. **p < .01. ***p < .001. Pseudo R2 >= .3154

The results of the logistic regression mostly align with the results from the set-theory analysis in terms of the associations between intergovernmental relations and municipal policy outcomes. Total municipal governmental fragmentation is negatively associated with municipal supportive housing policy. This follows the expected direction– a greater number of municipal governments may make coordination of services difficult, acting as a barrier to supportive housing adoption. This result also aligns with the set-theory analysis, where municipalities *without* supportive housing policies are more likely to have higher municipal governmental fragmentation. However, the negative association in the logit analysis is small and not statistically significant. Although the analyses are cross-sectional, we can assume that the directionality holds for this result, since most governmental fragmentation occurred in the mid-20th century, and supportive housing policies did not take off until the late 20th Century and early 21st century.

The measures of nonprofit activity also align with the set-theoretic results for supportive housing. The number of nonprofit health organizations within a municipality is negatively and significantly associated with municipal supportive housing policy. Theoretically, this aligns with notions of coordination and neoliberalism; greater numbers of nonprofits may create coordination challenges, while greater nonprofit presence aligns with the historic conservative effort to decentralize homeless policy, which may subvert local government efforts. It is

important to note that causality may be bidirectional. A greater number of nonprofits could be indicative of conservative trends pushing more resources away from centralized municipal efforts. Alternatively, a greater number of nonprofits may be a historic effect that subsequently creates challenges to generating a municipal response. Thus, the relationship between nonprofit revenue and supportive housing offers different insights. Although nonprofit revenue fell out as a predictor among the ideal types, nonprofit health organization revenue is positively and statistically significantly associated with municipal supportive housing policy. This result suggests greater community or municipal support for nonprofits, which could be indicative of an overall greater municipal role in homeless policy. This effect too, however, may also be bidirectional. Greater nonprofit revenue may signal a stronger stakeholder response by nonprofits, generating support for municipal supportive housing, as opposed to governmental initiation.

The city-types analysis differs from the logit in state-level policy and in the relationships with the control variables. Regarding state-level policy, Medicaid expansion runs in the opposite direction from the set-theory analysis, showing a negative and significant relationship with municipal supportive housing policy. This result is not entirely surprising. The set-theoretic or analysis shows the most common type of case across the sample in the outcome set. The ideal-type of case for supportive housing policy adoption represented just over one quarter of the cases in the outcome set. As discussed, this may indicate greater heterogeneity among municipalities adopting supportive housing policy. The rest of the sample in the outcome set may be in states without Medicaid expansion and with greater heterogeneity among the municipal characteristics they share. For example, this may be capturing divergence between state and municipal politics, where large cities, in conservative states that oppose Medicaid Expansion, may trend more

liberal and be more likely to adopt supportive housing policies (Miami, Austin, Nashville, Atlanta…). The association shown here between Medicaid and municipal supportive housing policy is important because it also indicates that Medicaid Expansion is not a necessary condition for municipal supportive housing adoption, even though it may increase resources to fund supportive housing. State-level supportive housing policy, although dropped from the main model, was included in a specificity test and was not statistically significantly associated with supportive housing policy, although it did show a positive association.

There are somewhat, mixed results in relation to control variables, where two results differ between the set-theory analysis and the logit. Municipal population shows a slightly negative but statistically significant association with supportive housing policy. This result may be affected by slightly greater heterogeneity in size of municipalities adopting supportive housing compared to municipalities that do not. The other result which differs between the two analyses is the percent of the population identifying as Latino. Having a higher percentage of Latino residents is positively and statistically significantly associated with municipal supportive housing policy. This association may be accounting for unobserved heterogeneity. There may be a diffusion effect of supportive housing policies across southwest states where there are a higher proportion of Latino residents. There may also be an effect here of homeless rates correlating with percent Latino, since Latino residents face a greater risk of homelessness compared to white counterparts.

Finally, two variables are strongly, significantly associated with municipal supportive housing policy. Both of these results also align with the set-theory results. First, city policy conservatism is strongly, negatively and statistically significantly associated with municipal supportive housing policy. This result is not surprising. Causality here, too, most-likely runs in

both directions. Conservative ideology may foster less support for supportive housing policy. Alternatively, conservative preferences fostering institutional barriers to supportive housing – such as municipal fragmentation and decentralization – may make any reduced ideological opposition to supportive housing, specifically, insufficient to overcome entrenched historical challenges.

Second, Sanctuary Cities have a positive, and significant association with municipal supportive housing policy. Sanctuary city status is employed as a proxy measure of the city's perspective of ethnic minority persons as deserving or undeserving of governmental resources and protections, which may factor into or align with city policy preferences for chronically homeless persons, the majority of whom are ethnic minorities (Bishop et al. 2017b; Fusaro, Levy, and Shaefer 2018). Thus, the predictive nature of sanctuary city status in conjunction with high rates of homelessness for supportive housing is not surprising. This is also not surprising, given the trend in liberal cities adopting Sanctuary City status (Bishop et al. 2017b), and the association between liberal ideology and supportive housing policy adoption, as stated.

What is surprising, is that Sanctuary City status is much more predictive of municipal level supportive housing policy than city policy conservatism. Cities that are more ideologically conservative are 83% more less likely to have a municipal level supportive housing policy. Comparatively, Sanctuary Cities are 8.9 times the odds as likely to have a municipal supportive housing policy. The stark difference in these odds ratio findings suggests that there is something very different, beyond ideology, that is related to Sanctuary City status that may strongly promote municipal level supportive housing policy.

The relationship between Sanctuary City status and supportive housing policy may be bidirectional and may be related to local safety nets. Both municipal level supportive housing

policy and Sanctuary City status require by in and resources, at least to some degree, from local government actors. Both policies, in effect, may therefore engender greater municipal involvement in local safety net resources – whether through coordination, policy expertise, and or funding. Therefore, any expansion or relative strength of the existing safety net as signaled by either policy may create opportunities for other social welfare policies, relying on similar safety net services, to emerge. Alternatively, Sanctuary City status may be a more accurate measure of municipal ideology compared to the current measure, potentially capturing important ideological heterogeneity possibly related to race or other issues that may not be fully captured in the existing measure.

Summary and Policy Implications

The results demonstrate that most municipalities facing homelessness challenges do not have municipal-level supportive housing policies. Only forty-percent of the municipalities in the dataset had a municipal-level policy. The municipalities with supportive housing policies tend to be more liberal, have fewer but better funded nonprofit health organizations, lower rates of municipal governmental fragmentation, and are located in states without Medicaid Expansion. Overall, the results demonstrate relatively limited involvement by municipal governments in supportive housing policy efforts. This takeaway is very important, because limited coordination between municipalities and the CoC perpetuate service gaps, and may lead to ineffective policy development and implementation (Jarpe, Mosley, and Smith 2018).

This research has important policy implications and raises important questions about the relative separation of municipal governmental responses to chronic homelessness compared to the decentralized history of homelessness policy and programming in the United States. The most important take-aways are that many foundations of public health and health policy that are

touted in other areas of health policy research are not currently applicable in approaches to chronic homelessness. This includes state level activities such as Medicaid Expansion, and the role of local governments in terms of County Governments as the primary arbiters of public health promotion, programming and governance. Medicaid Expansion is negatively associated with supportive housing policy, and only arose in two main city-types, with relatively limited sample coverage (less than one third of the cities with supportive housing policy). Therefore, policy makers urging state-level coordination to address municipal homelessness or advocating for Medicaid Expansion resources as a game changer for supportive housing efforts, should consider the reality that municipalities may be moving ahead without Medicaid Expansion or that Medicaid resources may not be effectively coordinated to spur more municipal policy movement. The results across the two analyses demonstrating positive relationships between measures of centralization (or a smaller CoC nonprofit base) and municipal supportive housing policy, despite low rates of municipal involvement overall, invite a discussion about the role of municipal public health, or municipal governments generally in addressing chronic homelessness. As it currently stands, managing homelessness, and threats of rising rates of homelessness fall primarily to nongovernmental actors.

Chapter 4: Seeking Deeper Explanations: Case Selection and Qualitative Analysis

The results from the national data of municipalities receiving federal funding to address homelessness in Chapter 3 demonstrated that the majority of cities do not have a municipal level supportive housing policy. This finding aligns with previous literature that indicates that local governments are most often not a part of the primary system responsible for governing homeless in the United States, the Continuum of Care. The CoC is an organizing structure developed by the federal government that consists of locally[iv] organized groups of primarily non-governmental organizations who compete for federal funding to address homelessness and subsequently design and deliver homeless policy and programming.(US Department of Housing and Urban Development 2012) I use the existence of a municipal supportive housing policy as a proxy for greater municipal participation in responses to chronic homelessness, or as an indicator of re-centralization, where municipalities have more of a role in homeless governance than the historical and contemporary alternative of complete delegation to non-governmental actors.

Yet, within these broader findings heterogeneity exists within the types of municipalities that engage in supportive housing policy compared to those that do not[v]. Some municipalities with supportive housing policies tend to be in states with Medicaid expansion, have high rates of chronic homelessness, a large municipal population, lower rates of nonprofit health

[iv] The majority of CoCs are locally organized (342 out of 402) although there are some 'statewide' and 'regional' CoCs that are typically used to provide services to less dense or less urban areas.
[v] See FsQCA results in chapter 3.

organizations, yet higher revenue for existing nonprofit health organizations, and higher mean winter temperatures. However, the FsQCA analysis exemplified heterogeneity in Medicaid expansion, and percent of residents identifying as black, where one of the most common groupings of factors in the sample of cities with a municipal supportive housing policy excluded Medicaid expansion but included a majority black population.

For municipalities *without* supportive housing policies, the most common groupings of characteristics illustrate municipalities with high rates of municipal governmental fragmentation, higher city conservatism, large population sizes, and low rates of chronic homelessness. The analysis demonstrates heterogeneity in the rates of non-profit health organizations per capita. The most common groupings of characteristics across municipalities without supportive housing policy are consistent across factors listed above with the exception of rates of non-profit health organizations, where the cases in the outcome set seem to vary across this characteristic, in particular.

Identifying this variation is important, because it demonstrates that local governments may arrive at the same outcome as a result of different factors and processes. It is important to identify major trends that may apply to the majority of cases, through the use of average effects. Yet, it is equally as important to identify heterogeneity that may help us more completely understand the different processes involved in designing and delivering successful municipal approaches to homelessness.

I can leverage this heterogeneity to create a comparative case study design. Through this research design I am able to control for characteristics multiple across cases while also selecting on or stratifying by some independent variables in order to study the effects of these divergent political processes on local homeless policy outcomes. This method allows us to select cases that

maximize the variation in the combination of conditions related to policy-choices. For example, a liberal city, in a liberal state that has enacted a punitive approach to homelessness could be one case compared with a republican city in a republican state that is working to de-criminalize homelessness and enact an inclusive supportive housing policy.

The comparative case study methodology is an ideal approach for understanding policy decision-making because it is imbued with inherent flexibility to use all relevant data and present it in a variety of ways. Not only can I select cases that are representative of the existing heterogeneity from the national sample to improve generalizability, but I then conduct in-depth analyses of the processes at work in each city case, to gain more nuanced understandings of the complex processes at work affecting municipal choices to engage in homeless governance at all, and subsequently whether or not to establish a municipal level supportive housing policy to address chronic homelessness.

As discussed in Chapter 3, the fsQCA software (C. C. Ragin, Drass, and Davey 2006) traced the combinations of conditions associated with municipal homeless policy outcomes in the larger *n* sample – the presence of municipal level supportive housing policy, or not. This first step informs more precise case selection by maximizing variation across cases based on the groupings of variables associated with each case from the quantitative analysis, to identify the 'diversity of factors' stratified across cases within an outcome of interest (C. C. Ragin 2014; C. C. Ragin, Drass, and Davey 2006). From there, I am able to control for multiple characteristics compared to typical case selection methodologies (Plümper, Troeger, and Neumayer n.d.). I am also able to select on both independent variables of interest as well as existing outcomes or dependent variables, based on heterogeneity in the sample.

Case Selection

FsQCA software identified municipalities that were most representative of the common groupings of variables across the outcomes of interest, to facilitate municipal case selection.[vi] FsQCA uses a set-theoretic approach (C. Ragin 2015) to identify cases most representative of each outcome type – municipalities with a municipal level homeless policy, or not – based on the cases in each outcome set within the sample. The most representative cases can then be further stratified by independent variables of interest, to *control* for factors across cities within an outcome set but also *select* upon independent variables of interest. Overall, one case was selected for municipalities without a municipal supportive housing policy, as there was less heterogeneity in this outcome set. Two cases were selected for municipalities with, a supportive housing policy, in order to select to examine the effects of this heterogeneity on policy decision-making and implementation in municipalities with the same outcome.

Shreveport Louisiana was most representative of municipalities without a municipal level homeless policy, but with Medicaid expansion (representing thirty percent of cases *without* a municipal homeless policy). San Francisco was most representative of municipalities in the sample *with* a municipal homeless policy, and with Medicaid Expansion (representing twenty five percent of cases with a municipal homeless policy). Atlanta acts as the control case to examine the variation in service access and policy conflict in a large municipality with a municipal homeless policy, in a state without Medicaid Expansion (representing just over twenty five percent of cases with a municipal homeless policy, but without Medicaid Expansion).

[vi] Set membership to select most representative cases, is determined by minimums. Determining membership across two variables takes the minimum of the two scores. Consistency is the sum of the minimum of the membership scores for x and y, over the sum of the minimum membership scores for x. Coverage is determined by the sum of the minimum of the membership scores for x and y, over the sum of the membership scores for y.

Table 7: Case Characteristics

Case	*Municipal Level Homeless Policy*	*Municipal Ideology*	*Municipality Size*	*Population Demographics*	*Municipal Fragmentation*	*Non-profit Health Organization Concentration*	*Winter Temperature*	*Rates of Chronic Homelessness*	*Medicaid Expansion*
Shreveport LA	No	Conservative	Medium	Majority Black	Low	Low	High	Low	Yes
San Francisco CA	Yes	Not Conservative	Large	Minority Black	Low	Low	High	High	Yes
Atlanta, GA	Yes	Not Conservative	Large	Majority Black	Medium*	Low	High	High	No

*Atlanta is categorized as having low municipal fragmentation in fsQCA analysis, as a result of having a comparatively low number of municipal governments within Fulton County, the county Atlanta primarily resides in. I am classifying Atlanta in the case selection as having 'medium' fragmentation as a result of the multiple, overlapping counties and subsequent municipal governments that make up the metropolitan statistical area of Atlanta, but are not counted in the census definition of municipal fragmentation.

Cases Without Municipal Level Supportive Housing Policy

Three municipalities were consistently present in the major city-types in the proportion of the sample absent supportive housing. These cases are Lafayette, Louisiana; Shreveport, Louisiana; and Anchorage, Alaska. Lafayette is very close to New Orleans. New Orleans may have an undetermined effect on Lafayette decision-making due to homeless policies designed after Hurricane Katrina, which may make Lafayette more of an outlying case. Anchorage may similarly face unobserved heterogeneity due to the large population of indigenous peoples in Alaska and Anchorage. Therefore, Shreveport, Louisiana was selected as the representative case for cities without municipal level supportive housing policy.

Cases With Municipal Supportive Housing Policy

There were many cases most-consistently representative of the most common city-types within the outcome set of municipalities that have a supportive housing policy. Yet, of all of the

cases listed, San Francisco occurred in all most representative variations with the exception of two. Since San Francisco consistently has a high representation for nearly every variation of the common groupings of variables, I selected San Francisco as the most representative case for cities with a municipal level supportive housing policy.

Due to higher rates of heterogeneity in cases with municipal supportive housing policy, I am also selecting a second case. Atlanta has the same characteristics as San Francisco, controlling for all independent variables except three - Medicaid expansion, municipal fragmentation, and percent black. This enhances my ability to select on independent variables of interest and compare the effects of this stratification between cases on municipal supportive housing policy development. Additionally, Atlanta adopted its supportive housing policy in 2017. The federal government began mandating CoCs move towards adopting supportive housing approaches in 2015 in order to receive federal funding. Selecting a case where a supportive housing policy has been adopted after the federal initiative will help to further address current limitations of the cross-sectional dataset and examine the effects of federal policy on local decision-making in the case analyses.

Qualitative Analytic Strategy for Comparative Case Studies

Qualitative case studies are a useful approach to enhance understanding of policy decision-making processes because they provide inherent flexibility to use all relevant data and present it in a variety of ways (Anckar 2008). Applying rigorously selected cases and in-depth qualitative analyses enhance quantitative findings by further examining the complex relationships and temporality of multiple factors affecting policy decision-making (Anckar 2008). In each case, I collected two types of qualitative data: interviews, and textual document data. Interviews and document analysis add contextual grounding of the complicated

relationships between the multiple factors at work and help tease a part political decision-making processes leading to the outcome with a greater level of detail (Collier 2011).

Interviews

I recruited a stratified sample of political actors involved in the policy decision-making process in each municipal case. I conducted a total of 49 in-depth interviews across the three cases. Appendix C shows the stratification of interviewees by each municipal case. Interviewee recruitment focused on the municipal level, with some inclusion of state level bureaucrats who were involved in local level initiatives. At the municipal level, there were five main categories of interviewees across the three cases: Municipal bureaucrats, community based organizations (CBOs) (which includes formal CoC governing organizations when the CoC is fully decentralized), elected municipal officials, law enforcement/public safety (includes local police, jail, and courts), and healthcare providers.

The categories of interviewees were identified by outlining the system of actors involved in local homeless and supportive housing policy decision-making through relevant municipal policy documents. With this information I developed and applied a stratified sampling approach to select interviewees in order to reach each category of actors involved in the political processes affecting homeless policy outcomes. Interviews were conducted until I established saturation – no new additional information was being obtained – in order to enhance reliability (Fusch and Ness 2015). A stratified sampling approach with the goal of saturation is much more effective in improving reliability by generating consistency in emergent themes across each group of actors (Rubin and Rubin 2011) compared to other approaches. Other methodologies, such as snow-ball sampling, risk inconsistency in actor groups, a lack of representation in the interview sample, as

well as the rise of narrow explanatory pathways that may not apply to trends of collective decision-making.

A note should be made about recruiting interviewees. I encountered unanticipated challenges to recruiting interviewees. Response rates from prospective interviewees was below 25% across the cases. Many prospective interviewees expressed interest, but ultimately declined the request as a result of time constraints. All of the individuals interviewed emphasized substantial time constraints overall. Ten interviewees had to leave during the interview for another meeting or phone call. The majority of interviewees are both practitioners and policy decision-makers. It seems that this dual role may have created time constraints that inhibited participation and led to recruitment challenges.

I conducted interviews in a semi-structured format. A semi-structured format lets the researcher explore new ideas during the interview, which can allow the interviewee to be more responsive and/or prompt a more genuine dialogue (Frechtling 2002; Rubin and Rubin 2011). The semi-structured interview format still utilizes a set of pre-determined themes based on the research questions and factors of interest (Rubin and Rubin 2011).[vii] I queried political actors with a series of open-ended questions to engage them in sharing their experiences and perspectives on the policy decision-making process including challenges and strategies employed or encountered, in the context of the city's approach to chronic homelessness. To improve validity, the interviews were triangulated with official data from policy documents, such as floor debate transcripts, or City Council meeting transcripts.

Text Data

[vii] The instrument was approved by the University of Michigan Health Sciences IRB. Interviews were not recorded, but typed notes were taken during the interviews to record responses. Due to the sensitive nature of interviewing political actors, no identifiable information was disseminated, and all interviews were de-identified.

I collected archival documents from multiple sources at the state, local, and federal level to provide institutional and social context, and intent behind decision-making. The body of text includes work at the state level on relevant policies such as Medicaid expansion and behavioral health services. The body of text included over 200 primary policy documents, with at least 50 policy documents per case. At the federal level, I used the publicly available from the U.S. Department of Housing and Urban Development to collect Annual Action Plans from the Continuums of Care in each municipal case (U.S. Department of Housing and Urban Development 2019). The majority of texts are local level documents related to local homeless policy decision-making, with a focus on addressing chronic homelessness as this is the focus of this research. Such documents include mayoral briefs or news releases, city council meeting minutes, notices of public comment, municipal supportive housing policies and accompanying local regulatory briefs, research, and reports, and finally any available documents from local law enforcement related to homelessness and chronic homelessness. In each city case, the documents collected range over many years in order to effectively trace the policy histories and debates in each case, to understand the factors affecting formal municipal involvement in homeless policy and the decision to establish a municipal level supportive housing policy.

Analytic Approach

I used process tracing as the primary analytic approach. Process tracing is a systematic review of evidence across time, allowing for an analysis of the sequence of events and retrieval of key contextual information to divulge a causal mechanism (Bennett 2010). Process tracing seeks a historical explanation for the individual case in question. The goal is to document whether or not the sequence of events within the case fits those predicted by alternative explanations of the case (Bennett 2010). The historical explanation allows for a deeper an

understanding of the mechanism involved in the individual case, which helps develop larger theories about macrophenomena (Bennett 2009).

The document coding and interview coding occurred in an iterative process. An initial coding protocol in Appendix E was developed based on the quantitative results and the literature. I conducted open coding to allow for other, non-pre-determined themes to arise from the data. The coding protocol was then updated iteratively in response to themes derived from the process tracing analytic approach. I enlisted a secondary coder to for consensus and to enhance the validity of the measurements. Dedoose software was used to organize, code, map decision-making processes and establish inter-coder consensus for all interviews and textual sources. I triangulated between the archival documents and the interviews to effectively establish the sequence of events and actors involved in political decision-making, validate the mechanisms and themes associated with the outcomes of interest.

Cross Case Analysis

By teasing out the complex processes involved in policy development, process tracing also helps examine the main factors at work and extract themes in order to compare the findings across individual cases. Comparing results across variant cases allows researchers to understand and theorize how political decision-making is influenced by contextual arrangements in each case – such as institutional structures, ideological, economic and social factors, and existing lateral policies – in order to better explain and theorize about the relationship between context and divergent policy outcomes. Pairing process tracing with the quantitative approach evaluating the national scope of municipal involvement in supportive housing policy lets us gain a deeper understanding of the mechanisms at work across outcomes and case type in order to better understand homeless policy outcomes and the developments leading up to these decisions.

Chapter 5: San Francisco: Municipal Governance, Administrative Burdens and State Failures, and the Strength of Elites

1. What's happening in San Francisco?

San Francisco is an exemplar of the importance of the role of stakeholder compositions, the political economy, and the importance of recognizing and addressing implementation problems in public health policy. San Francisco stands as a case where the unified City and County have made significant contributions to addressing chronic homelessness. San Francisco's Continuum of Care (CoC), the governing structures designated by the federal government to design and implement homelessness policy, is integrated into municipal government, and the city had a housing first policy since the mid-1990s (Department of Homelessness and Supportive Housing and City and County of San Francisco 2019). San Francisco has an impressive amount of policy capacity expertise, municipal fiscal resources and intergovernmental support to address homelessness that should have positioned it at the forefront of the supportive housing movement in the United States.

And for a time, it was. Yet substantial changes to San Francisco's political economy paired with the policy histories of limited governmental involvement in homeless policy in the United States (Jones 2015) created the perfect storm of implementation problems. San Francisco relies primarily (San Francisco Budget and Legislative Analyst's Office 2016, 17) on municipal funding for homelessness programming with limited state level support and exists in a political economy where wealthy residents dominate decision-making and stagnate municipal

programming efforts. As a result, San Francisco has now become known for its devastating, and public, homelessness crisis.

Today, San Francisco's homelessness rate and chronic homelessness rate are increasing. The city faces serious shortages of any affordable housing let alone supportive housing (San Francisco Budget and Legislative Analyst's Office 2016). San Francisco is a case study in political participation and implementation. Even when you have the perfect set up, things may not go as planned. In San Francisco's case, continued separation of the state and economic elite policy mechanisms and efforts has contributed to the deep implementation challenges by generating perpetual policy conflict between these structural interests' preferences, mechanisms and intended policy goals and outcomes. San Francisco is a case that may increasingly apply to other major cities in the U.S. facing housing crises.

1a. *Multiple, Competing Approaches to Homelessness in San Francisco*

As mentioned, San Francisco has integrated the Continuum of Care into municipal government. This is the same model as Atlanta and is the opposite case of Shreveport. Here, the CoC is now a part of San Francisco's municipal bureaucracy. This has given the CoC greater participatory equity in municipal policy debates, ability to coordinate CoC policy activities with other city policies and departments related to homelessness such as policing, and the ability for the CoC to lobby for and leverage municipal funding resources.

Despite this integration, the other two policy interests – the state and economic elites – remain separate and create tension for the municipal and CoC initiatives as a result of directly conflicting or misaligned policy goals. The state of California is identified as separate because it designs and delivers policies affecting supportive housing initiatives through different processes and to different ends. The state level policy mechanisms are organized primarily around state and

federal actors for decision-making purposes, although implementation is beginning to involve more local actors (San Francisco Department of Public Health 2017). The state level policy goals remain misaligned from local homeless and supportive housing policy goals as the state goals focus mostly on medical needs as opposed to pairing housing with medical needs. This leads to programming that does not work with or adequately address the reality of chronic homelessness. Future integration of the state and local policy decision-making and implementation through Medicaid Innovation Waivers[viii] may help to align the policy mechanisms and goals (San Francisco Department of Public Health 2017).

As the next two case studies will detail, in San Francisco, 'organized elites' are notably different from organized, economic elites in Atlanta and Shreveport. In San Francisco, compared to Atlanta and Shreveport, is that elite interests appear to be comprised of wealthy individuals, or independent citizens as opposed corporate interests. Where this description would typically seem to include 'citizens' as the general public, and perhaps not a minority group of wealthy individuals with a concentrated amount of power, San Francisco, as an urban area, stands in contrast.

The definition of 'elite' in social sciences is widely used term to describe the rule of a minority over the majority of the population (Zannoni 1978). The second distinction of 'elite' is the existence of criteria to separate the minority from the majority (Zannoni 1978). In San Francisco's case, this distinction is income. As will be discussed in the coming sections, the city and county of San Francisco, rather than the Bay area, is an increasingly, economically

[viii] Whole Person Care is an existing Medicaid Waiver pursued by the city and county of San Francisco to specifically target chronic homelessness. WPC seeks to align state and local programming to improve coordination and delivery of services to individuals experiencing chronic homelessness. At the time of this research WPC was not implemented, so interviewees could not speak to the effects of WPC on the delivery of services to persons experiencing chronic homelessness and improved policy alignment of state and local efforts to address chronic homelessness.

homogenous city concentrated by wealthy individuals. In the city of San Francisco moderate-income households (80-120% Area Median Income (AMI)) have declined at double the rate of the Bay Area (San Francisco Department of Planning 2018, 30). Simultaneously, since 2000, the population of San Francisco residents with income over 200% of the (AMI) has increased by nearly 250% (San Francisco Department of Planning 2018, 30). 47% of San Francisco residents as of 2015 now earn 120% of AMI or more, with 30% earning over 200% AMI. 60% of homeowners in the city of San Francisco are residents earning over 120% AMI. In effect, wealthy individuals who comprise a minority of Americans, and a minority of earned incomes in San Francisco (Rahaim et al. 2018, 32), now comprise the majority of landowners in San Francisco. Therefore, the high concentration of economic power among San Francisco property owners distinguishes them as economic elites. This definition matters because of the subsequent amount of political power stemming from wealthy property owners in San Francisco.

Economic elites' interests directly conflict with the local policy efforts. Elites also exert the most tension on local policies to stray from their intended goals. Further, elites place pressure on the integration between municipal actors and the CoC. Elites move their influence through informal policy processes that direct elite preferences through police activity and elected officials. This policy process is very different from both the state and integrated local government/CoC policy processes. The goals elites seek are also very different. Elites seek to address undesirable behaviors and visibility associated with homelessness as opposed to designing evidence-based approaches to address the causes of homelessness and chronic homelessness. This direct policy conflict between the structural interests creates a fracturing in the policy spaces, where the municipal CoC is attempting to coordinate long term solutions to homelessness across city services including policing, and elite preferences often stymy these

solutions by demanding short term solutions to behaviors associated with chronic homelessness and interfering with existing regulatory policy.

This chapter will review the history of the change in policy capacity and intergovernmental relations in San Francisco. These reforms led to the merging of the CoC and local government (and therefore their policy decision-making and implementation mechanisms) and ultimately the adoption of a municipal level supportive housing policy that remains as the city's strong bureaucratic response to address chronic homelessness. The chapter will then examine the lingering policy conflicts between the city, elites, and the state of California that build barriers to implementing supportive housing policy in San Francisco and mitigating the city's homelessness crisis.

2. How did San Francisco get a Supportive Housing Policy? Shifting Intergovernmental Relations and Historic Policy Capacity

This research finds that political mobilization or policy capacity for homelessness and supportive housing is necessary, but not sufficient for adopting a municipal level supportive housing policy. Institutional changes may also be required in order to shift perceived responsibility for a historically decentralized policy area or incentivize municipal actors to participate in a policy space they have historically had no role in. In San Francisco, despite substantial growth in municipal investment in housing and supportive services during the HIV/AIDS crisis, the city did not establish a formal municipal role governing homelessness services until after the state of California mandated reorganization of behavioral health services to be governed by counties as opposed to community based, non-governmental actors (San Francisco Budget and Legislative Analyst's Office 2016, 4). San Francisco acts as an example of the important role political institutions play in shaping policy decision-making and policy

change. It may not be enough to have motivated political actors, knowledgeable bureaucrats and strong funding sources in order to implement a policy. If structural responsibility for certain policy programming exists outside of the role of government, or is designated to other actors, government may be less incentivized to play a direct role even in cases where policy salience is high, the problem stream is strong, and all other resources align (Kingdon 1990).

In San Francisco, archival and interview analyses identified two main factors influencing San Francisco's to buy in to participate in supportive housing and homelessness policy and formally align with the CoC: 1) political mobilization spurring policy capacity development during the HIV/AIDS crisis, and 2) institutional restructuring when the state of California restructured the organizational responsibility for behavioral health care from local nongovernmental actors to counties. Overall, the relationship between the development of strong policy capacity paired with structural realignment led to the development of San Francisco's municipal CoC and municipal level supportive housing policy.

2a. *Political mobilization and policy capacity*

Nearly all interviewees, along with archival analyses and extant literature documented strong policy capacity and political mobilization around issues related to homelessness in San Francisco in the early 1990's. Understanding the political mobilization related to homelessness in San Francisco in the 1980's through the early 1990's is important because it documents the progress of the relationship between increasing salience of homelessness with simultaneous policy capacity development or San Francisco's increasing role in homelessness responses. This research argues that San Francisco's policy capacity surrounding homelessness was a necessary condition for municipal policy adoption, and that ultimately the interaction between strong policy capacity and the institutional restructuring allowed for San Francisco to develop a

municipal supportive housing policy. Without developing strong policy expertise, restructuring the responsibility for behavioral healthcare may not have been a strong enough incentive for San Francisco to develop a municipal response to homelessness.

Interviewees stated that San Francisco one of the first cities to establish supportive housing as a priority in the 1990's. "*So the city* [San Francisco] *was relatively early with Philly and NYC very early out of the gate to do harm reduction or HF* [housing first] *model, jump started in late 1990s*."[ix] As a progressive city with a wealthy tax base and a homelessness problem, San Francisco was early out of the gate and very active in addressing homelessness and adopting evidence-based strategies to do so (McGarry 2008). San Francisco's engagement in homelessness was related to local ideology and local political capacity surrounding homelessness. The political capacity stemmed from a strong advocacy network and strong service provider network that put the city in a clear position to address homelessness through a social services framework (Blair 2016). Many of these strong provider networks and advocacy groups related to healthcare stemmed from development and mobilization during the AIDS outbreak in the 1980's.

San Francisco was at the epicenter of the AIDS outbreak in the 1980s (H. Byrne 2018). San Francisco's small geographic footprint paired with the strong gay community made the epidemic very salient in the community (H. Byrne 2018, Episode 3). As a liberal city that had been in the forefront of the civil rights movement, Vietnam protests, and gay rights movement, San Francisco was ideologically positioned to tackle the outbreak (Luce 2013). Politicians from the 1980s through the 1990s including Mayors Art Agnos and Frank Jordan, were heavily involved in mobilizing funding to address the needs of persons affected by the outbreak (Luce

[ix] Interviewee 1.8 Academic Expert/Healthcare Practitioner

2013). Further, as a city with a hub of healthcare organizations and academic healthcare research institutions including San Francisco General Hospital and University of California San Francisco Hospital (UCSF), the city was also well positioned to generate more policy capacity in issues related to health and health services (H. Byrne 2018, Episode 6; Cisneros 2011; Luce 2013).

What the AIDS outbreak laid the groundwork for in homelessness policy was the development of a strong network of advocacy organizations, municipal public health infrastructure, and health clinics to treat displaced persons in need of medical care (Luce 2013, 146; San Francisco History Center 1982). Nearly 40% of persons with HIV/AIDS in San Francisco in the late 1980's were in need of housing (Mor et al. 1993). In response to the AIDS outbreak in the 1980s, the number of health clinics and advocacy organizations grew (P S Arno 1986; Blair 2016; Luce 2013). The City of San Francisco also increased the number of contracts with community organizations to provide services related to the AIDS outbreak (Peter S. Arno and Hughes 1989; San Francisco History Center 1982). UCSF and San Francisco General received increased federal funding from the Ryan White Care Act, the Centers for Disease Control and Prevention, and the City of San Francisco to invest in the outbreak response and also invest in new homeless shelter construction, hospital beds, and behavioral health services (Peter S. Arno and Hughes 1989; Blair 2016; Cisneros 2011; Luce 2013; San Francisco History Center 1982). The Mayor during most of the outbreak, Art Agnos, ushered in a lot of municipal investment in homeless shelters intended to transition to permanent housing for displaced and chronically homeless individuals (Fagan 2016).

The city of San Francisco established a municipal level AIDS Office within the San Francisco Department of Public Health (San Francisco History Center 1982). Additionally, Department of Public Health increased funding to specifically provide services to individuals

with HIV or those at risk of AIDS, with specific activities targeted to individuals in this group with co-occurring substance use disorders and a focused response targeting the psychiatric needs of HIV/AIDS patients (Blair 2016). This led to a direct municipal investment in behavioral health services for marginalized individuals with HIV/AIDS (San Francisco History Center 1982, 3). "*So, it* [who started homeless policy efforts] *was the Department of Public Health – it was the behavioral health providers, and the emergency system providers – so we operate the Sanctuary shelter that had been a bath house it opened post AIDS epidemic and the community is still thinking that this would be a long term problem*."[x]

The archival records and extant literature demonstrate that the AIDs crisis, in particular, may have been the critical juncture by which San Francisco established vital policy capacity to respond to health crises for highly vulnerable groups. This influx of investment in healthcare, social services and behavioral healthcare across the non-profit sector, municipal government and healthcare organizations gave San Francisco the ability to address chronic illness when it arose as a salient policy issue beyond the HIV/AIDS epidemic. By 1990, (year of Realignment) the substantial growth in local policy capacity to respond to the needs of vulnerable populations placed San Francisco in a position to respond to other similar issues, such as chronic homelessness, and transition to a greater municipal role when the opportunity arose.

2b. *Realignment*

While San Francisco was adapting to a communicable disease crisis and mobilizing to establish sufficient medical and social service capacity to address the epidemic, the state of California was moving in a different direction on another very closely related issue: behavioral health.

[x] Interviewee 1.3 CBO Actor/Homeless Services

There is a historical relationship between behavioral health and homelessness policy in the United States, aside from the relationship between severe mental illness and long-term homelessness. When homelessness first arose as a national public policy topic in the 1980's, most researchers and policymakers saw rising rates of homelessness as directly related to deinstitutionalization in the 1960's, or the closing of federal psychiatric institutions by the federal Community Mental Health Act (Prioleau 2013).

Media debates and federal bureaucratic debates (WHSOF Box 3 and Crippen 1987, 4; WHSOF Davis n.d., 2) assert that deinstitutionalization was the cause of the 1980's homelessness crisis in cities across the United States (Goldman and Morrissey 1985; Morrissey and Goldman 1984; Zlotnick, Zerger, and Wolfe 2013). In response, federal actors in the 1980's frequently highlighted deinstitutionalization as a rationale for *or* against decentralization of behavioral health services and homelessness programming, based on how actors attributed blame for the effects of deinstitutionalization (or its perceived relationship to rising rates of homelessness). E.g., Republicans cited the failures of communities to effectively respond to deinstitutionalization by not creating community coordinated care and therefore promoting the homelessness of formerly institutionalized patients (WHORM File and Box 43 1987). Democrats, on the other hand, cited the failure of the federal government to not fully implement/allocate funds to communities from the Community Mental Health Act (Box 69 1986), therefore stifling programming and requiring a centralized, federal response to the homelessness crisis that they said resulted from deinstitutionalization.

Resulting from this debate, was the first and only federal law governing homelessness policy and programming. This law, the McKinney Vento Act (now the Hearth Act) (United States Department of Housing and Urban Development n.d.), compromised between the two

sides of the deinstitutionalization debate by establishing a federal law and federal regulations for homelessness funding and programming, but also established a decentralized network of 'community' homelessness programming and decision-making, known as the federal Continuum of Care (CoC) (Davis and Box 3 1987). McKinney Vento set aside funds for homelessness programming but ultimately required cities to come together under the designated CoC structure, to apply for federal funding to be used in homelessness programming (Jarpe, Mosely, and Smith 2018). This process is completely voluntary[xi], and relies entirely on the CoCs to outline their individual needs and priorities, apply for funding, and organize and implement homelessness programming, typically without local governmental support (Jarpe, Mosley, and Smith 2018).

California's entrance into the U.S. debate over the responsibility for persons affected by deinstitutionalization, or persons with severe mental illness (independent of homelessness), spoke directly to the cleavage between decentralized delivery of behavioral health policy and programming or 'community care', compared to recentralization or greater governmental participation, even if it wasn't the federal government itself taking responsibility (Snowden, Scheffler, and Zhang 2002). Until 1990, California followed federal policy, decentralizing responsibility of behavioral health services, policy and programming to nongovernmental actors, or 'regional community networks of care'(Vanneman and Snowden 2015). California had followed federal policy based on the notion that community care was the most appropriate approach to mental illness, and in the face of persistent concerns over the history of federal psychiatric care (Vanneman and Snowden 2015). This decentralized model established entrenched groups of non-governmental actors with substantial expertise and capacity to deliver

[xi] Voluntary in that communities do not have to establish a CoC yet must establish a CoC in order to receive federal funding to address homelessness (Housing and Urban Development 2017).

behavioral health services and programming (County Behavioral Health Director's Association n.d.; Snowden, Scheffler, and Zhang 2002).

Yet in 1990, the state of California made the choice to move away from this decentralized governance model. Instead of retaining the 'regional community networks of care', California reallocated authority from the networks of non-governmental actors to counties (County Behavioral Health Director's Association n.d.). This policy change was known as Realignment. This shift occurred at the same time that the federal policy was enshrining the model of homelessness governance rooted in decentralization and community-based, voluntary programming. California chose to shift responsibility for behavioral health services back to the county governments in order to improve tax and funding streams and better coordinate and standardize care (University of California Los Angeles n.d.).

For San Francisco and municipalities across California, Realignment meant more responsibility for social and medical services serving persons with severe mental illness would shift back to municipalities, as opposed to non-governmental actors . As mentioned, in the federal debate and as we known today for persons experiencing chronic homelessness, there is high overlap in populations targeted for behavioral health services for persons with severe mental illness and homelessness programming for persons experiencing chronic homelessness. At the time in San Francisco, much of this population included individuals experiencing housing insecurity or homelessness after being diagnosed with HIV/AIDS (P S Arno 1986, 1326; City of San Francisco Department of Public Health 2000; Mor et al. 1993).

The governance shift induced by Realignment occurred right after San Francisco had already invested heavily in behavioral health infrastructure and policy capacity in response to the HIV/AIDS crisis (Blair 2016; Mor et al. 1993). In effect, Realignment was not as challenging for

San Francisco as it was for other municipalities across California who faced policy capacity and resource constraints, along with pushback from community-based organizations (CBOs) who had historically been delivering these services (Mor et al. 1993). San Francisco did receive pushback from the CBO community, but experienced a more natural transition as a result of the strong political mobilization and investment in behavioral health at the municipal level during the AIDS crisis (Blair 2016). "…*now the County is the main hub [for behavioral health services]; focusing on local system of care rather than decentralized; we have to maintain those relationships, we can't get rid of* [the] *CBO's; it's a partnership...We always have to fashion these policies and procedures in conversation with providers*."[xii]

As discussed in the previous section, investment in health and social services during the AIDS outbreak included strong investment in housing, homeless shelters and behavioral health services. Many persons with HIV/AIDS needed housing and supportive services as a result of displacement and trauma (Mor et al. 1993). Simultaneously, rates of homelessness were increasing in San Francisco as a result of the economic crisis (Fagan 2016). Realignment's shift to delegating full responsibility for behavioral health service governance to San Francisco city and county at the peak of the homeless crisis and in the midst of the HIV/AIDS crisis, along with the high overlap of needs across the populations (Mor et al. 1993, 197), raised questions about a similar, centralized municipal role to directly address homelessness (San Francisco Department of Public Health 2006; Vanneman and Snowden 2015).

2c. *Realignment and Political Mobilization – San Francisco's Supportive Housing Policy*

After Realignment and following the AIDS outbreak, San Francisco continued to increase municipal level investments in homelessness and supportive housing, aimed at Housing First

[xii] Interviewee 1.2 City of San Francisco Bureaucrat/Healthcare Practitioner

(San Francisco Department of Public Health 2006). Interviewees emphasized Gavin Newsom's role during this time period, as a Mayor who supported municipal investment in homelessness initiatives and Housing First. "*Gavin Newsom was very impactful, he actually began walking the tenderloin with Department officials…So, he was the one who started Project Homeless Connect – that was when the Public Health Director instructed me to transform…* [behavioral health dual-diagnosis procedures] *she said convert that into a homeless outreach team based on Mayor's dictates … then more aggressive housing development started*."[xiii] Beyond Newsom, other actors including T.J Anthony and Mayor Frank Jordan, among others, who introduced legislation related to homelessness, furthering political mobilization around the issue.

By 1996, San Francisco had reconfigured its Continuum of Care, to establish a municipally governed coordinating board for the CoC (Department of Homelessness and Supportive Housing and City and County of San Francisco 2019). Interviewees stated that Realignment was an important part of developing San Francisco's municipal approach to chronic homelessness. Starting with behavioral health, the city gradually increased investment and recentralized responsibility to more effectively coordinate and fund the delivery of behavioral health services and supportive housing, along with other social services, to address chronic homelessness in the Bay area (San Francisco Budget and Legislative Analyst's Office 2016). "…[In the '90s the Department of Public Health] *DPH said well we have lots of people who are severely disabled, many* [mental health] *challenges and need lots of help…housing is healthcare, DPH needs to be in the housing business, this was embraced very much the era of Housing First, embraced by DPH … we will go into housing development, the supportive housing business*".[xiv] Today, San Francisco has a new municipal Department of Housing and Supportive Services

[xiii] Interviewee 1.2 City of San Francisco Bureaucrat/Healthcare Practitioner
[xiv] Interviewee 1.11 City of San Francisco Bureaucrat/Healthcare Practitioner

explicitly tasked with ending homelessness in the city. The Department is organized around and delivers services through a permanent supportive housing and housing first approach (San Francisco Budget and Legislative Analyst's Office 2016).

3. San Francisco's Changing Political Economy

Now that we know why San Francisco has a supportive housing policy, we must investigate why San Francisco has a serious homelessness crisis, despite successful establishment of this municipal level supportive housing policy? Interview and archival results demonstrate that San Francisco currently suffers from an implementation crisis stemming from competing policy approaches that often directly contradict local regulatory policies. This implementation crisis and competing policy approaches stem in part from increasing participatory inequity at the local level as a result of changing local demographics, fueling power of elite preferences over other, marginalized groups and policy target populations.

One of the key takeaways from the research is who participates in San Francisco homeless politics matters for policy outcomes. And the who, has changed significantly over the past two decades. Most of the research participants reflected on this change, and what this change in participation has meant for supportive housing policy and addressing chronic homelessness in San Francisco. The next section will discuss the influence of changing demographics in San Francisco for homeless and supportive housing policymaking, and participatory equity in San Francisco's political economy. Overall, the increasing homogeneity of San Francisco's population towards wealthy, white elites constrained political participation among racial/ethnic minority groups, low income individuals, and individuals who are currently homeless, formerly homeless and or at-risk of homelessness. In effect, persons who are most

affected by San Francisco's homeless policies are not involved in policy decision-making processes.

To start, this section considers the ways that San Francisco's population demographics have changed in recent decades to create this new political economy within the city. The majority of interviewees discussed the shifting population demographics as a cause for concern that they felt introduced majority biases in local decision-making while ultimately catalyzing the housing and homelessness crisis, itself. Archival analyses and extant literature support these results.

3a. *Exodus of Racial and Ethnic Minority Groups*

One of the most common themes across all interviews was the influence of changing demographics within San Francisco on policy preferences about homelessness, and ultimately policy outcomes. The majority of interviewees, many of whom have worked in San Francisco homeless policy or practice for many years, described the simultaneous influx of wealthy, primarily white elites, with the exodus of many racial or ethnic minority groups from the city, as a key factor shaping rates of homelessness and homelessness debates. "[The] *new population of people that have moved into San Francisco…a very large portion of people, have... first of all the black community left about 10 years ago, when rent went up, now rent has almost tripled almost ten-times the amount it was, now it's a bunch of people from other states that have never experienced this type of mental illness or drug addiction or homelessness are up in arms that their 5 million dollar house has a homeless person in the eaves-way so you know our new San Franciscans are a big problem for our work*."[xv]

[xv] Interviewee 1.7 CBO Actor/Homeless Services

Until the 2000s, San Francisco was home to the Harlem of the West, known for strong icons and landmarks of black culture (Fuller 2016). Yet, this has changed dramatically over time. Whereas in 1976 one in seven San Francisco residents was black, today it is one in twenty (Fuller 2016; San Francisco Department of Planning 2018). Further, the majority of current black San Francisco residents are middle or low-income, many living in public housing (City and County of San Francisco n.d., n.d., n.d.; Fuller 2016). Directly associated with the shifting economy towards tech, increasing housing and real estate prices drove out black communities and businesses, while also losing demand for their businesses in the changing San Francisco culture (Hwang 2015). Today, black residents still living in San Francisco struggle to protect their livelihoods and communities from tech developers and elite investors following the ongoing socioeconomic shift (Kwak 2018). The continually increasing cost of living threatens black residents' quality of life. Many residents face food and housing insecurity and question their ability to remain in the city (Whittle et al. 2015). 21% of black residents in San Francisco in 2018 had been threatened with eviction within the past five years (San Francisco Department of Planning 2018, 54).

Latino families are facing a similar trend as black Americans in San Francisco. From the late nineties through the present San Francisco's Mission District, a historically Hispanic neighborhood, has been heavily gentrified (Mirabal 2009). As a result of increased housing prices, tech boom development and limited protections for low or middle-income families in local housing policies, many Latinos were forced out of the Mission District and San Francisco overall (Mirabal 2009). From 2000 to 2005, ten percent of San Francisco's Latino population moved out of the city in response to rising housing prices (Mirabal 2009). In 2018, 24% of Latinos living in San Francisco had been threatened with eviction during the past five years (San

Francisco Department of Planning 2018, 54).Today, many Latinos are remaining in the Bay area but moving into surrounding counties or lower-income neighborhoods (Bowe 2015).

3b. *The Tech Boom – Influx of Wealthy, Highly Educated Elites*

The increasing housing instability black and Latino residents face is being driven by the influx of wealthy elites moving to San Francisco, many to work in the tech industry. San Francisco is now home to more billionaires per capita than any region on earth (Heller 2019a). Since 2000, the population of San Francisco residents with income over 200% of the Area Median Income (AMI) has increased by nearly 250% (San Francisco Department of Planning 2018, 30). Subsequently, the percentage of residents with over 200% of the AMI now accounts for nearly 30% of San Francisco's population, compared to only nine percent in 1990 (San Francisco Department of Planning 2018, 30).This influx of elites in response to the tech demand, has led to an increase in the overall socioeconomic status of San Francisco, as well as an increase in the economic homogeneity of the city (Heller 2019b). However, this economic homogeneity has perpetuated socioeconomic disparities between elites and other, low income groups (San Francisco Department of Planning 2018, 54). Higher incomes over the AMI are disproportionately white, whereas low-income groups are majority people of color (San Francisco Department of Planning 2018, 50). The accumulating wealth of one primary population demographic influences local political dynamics including competition over resources, political participation and lobbying influence. These relationships will be evaluated in greater depth in the following section.

The majority of interviewees discussed the migration of wealthy individuals to San Francisco as a key factor in both political processes shaping supportive housing and homeless

policy outcomes. Additionally, interviewees discussed other, acute and long-term effects of wealth influx on the housing market and ultimately rates of homelessness.

Multiple interviewees discussed the relationship between Single Resident Occupancy (SRO) housing units and tech entrepreneurs. Since the 1950's in San Francisco, SROs have been primarily allocated as low-income rental units (McGarry 2008). These units have provided housing for many low-income single adults and elderly occupants (San Francisco Department of Public Health 2006). Recently, in the wake of the tech boom, many single adults working in tech have opted to rent SROs as a quick fix for cheaper housing, offering more money to landlords and pricing out current renters. As a result, many previous renters end up on the streets. "…*other big trend is the loss of affordable housing … 5-6 years ago,* [was] *when we first started hearing about Twitter employees renting out rooms in these SROs, basically saying folks were coming and saying all I need is a bed, $1000 room*."[xvi]

Downstream, the concentrated influx of wealthy elites has led to a steep increase in housing prices (as discussed above). Over the past decade housing prices in San Francisco have grown over 400% (Rahaim et al. 2018, 26). Ultimately, this demographic shift has driven the exodus of less wealthy racial or ethnic minority groups out of San Francisco and promoted housing insecurity and homelessness within the city (Policy Link, Program for Environmental and Regional Equity, and University of Southern California 2015; San Francisco Department of Planning 2018).

3c. *Summary*

San Francisco is now dominated by wealthy elites. The influx of elites has had the effect of increasing housing prices, and pricing out low-income groups, and many racial and ethnic

[xvi] Interviewee 1.12 City of San Francisco Bureaucrat/Healthcare Practitioner

minority groups, and most recently the elderly, as a result of rising housing prices. Homeless rates across adults and the elderly, have all increased over the last half-decade, in response to rising housing prices and a stagnation of growth in low-income and supportive housing units (Applied Survey Research 2017; City and County of San Francisco n.d.; San Francisco Department of Planning 2018).

The growing homogeneity of San Francisco's political economy may not seem to be a problem at face value. Democracies are based in majority opinion. However, democracies, as the next section discusses, are rooted in protecting political participation for minority group members so that all groups are able to participate in political processes and do not face tyranny of the majority where majority opinion obscures minority preferences and voices (G. W. Brown, McLean, and McMillan 2018). The next section will evaluate how the increasing homogeneity of San Francisco's political economy is stagnating minority group political participation, and in particular, participation by target populations in supportive housing policy, homeless policies overall, and homelessness prevention efforts. Obscuring minority group and target population participation from supportive housing policy debates creates inherent challenges for supportive housing efforts by increasing the probability of creating policies that may not work to their intended goals due to information asymmetries about policy workability on the ground, stemming from participatory inequity (Lillvis and Greer 2016; Willison 2017a).

4. Participatory Inequity and the Competing Preferences Between Economic Elites and Bureaucrats

This section focuses on the dynamics of political participation in San Francisco's political economy of homeless politics - or debates over policies affecting people experiencing chronic homelessness. This section in particular emphasizes the mechanisms of elite participation and

what this means for overall participation by actors in decision-making to address chronic homelessness. The political economy evaluates the degrees to which certain actors are constrained, while others may have greater ability to participate in political decision-making, emphasizing the role of financial capital as a means to sway power dynamics and engender political privilege (Elkin 2008). The research identified two main types of political participation in homeless policy debates: informal and formal processes. This section evaluates how economic elites participate in local politics surrounding homelessness, and what that means for participation overall, in terms of constraints on certain groups or more power for others across these two types of political participation processes.

The influence of the dynamics and composition of the political economy matters for participatory equity in democracies, or the variable plurality of political participation. Do all actors have comparable ability to participate in debates? If such debates or spheres of participation are dominated by one group or another, this affects overall policy outcomes and may bias policy outcomes in favor of one group over another. When thinking about health equity or civic engagement, this relationship is particularly important for marginalized communities who inherently have less political capital and have been historically, purposefully excluded from policy debates (Bridges 1999; R. Mickey 2015; Trounstine 2008). Thus, minority group absence from political debates or constraints against minority group participation shifts dynamics in decision-making towards other actors or elites in particular. Finally, there is a history of exclusion of target populations from public health policy debates, or the absence of input from groups who are specifically affected by public health policies (Einstein, Palmer, and Glick 2018; Lillvis and Greer 2016).

This research finds that economic elites dominate debates over approaches or solutions to chronic homelessness in San Francisco across informal and formal types of political participation. This result may not be particularly surprising given San Francisco's demography. It is surprising, given the HUD mandate to increase community participation (U.S. Department of Housing and Urban Development 2014), and the implications of a lack of participatory equity for health policy outcomes. The absence of minority group preferences in San Francisco homeless policy debates directly interferes with regulatory supportive housing policy by prioritizing elite preferences and obscuring the needs of low-income groups and persons experiencing or at risk of homelessness who are most affected by the policies in question.

4a. *Informal Political Engagement*

This first section describes 'informal' means of political participation by different groups in the political economy, and the overall degrees of participatory equity in the political economy as expressed by actors in the field. Informal means of participation is defined here as impromptu engagement with policy makers or service providers about homelessness policy and programming, outside of scheduled policy debates or votes. This definition does include formal *channels* of engagement – such as calling or writing to a municipal Supervisor about concerns or policy opinions or calling or submitting requests through 311. 311 is San Francisco's local hotline, and now local website and phone application that allows residents to get information and submit complaints, concerns, or service requests to the City.

The other main mechanism of informal participation as discussed by policy actors is police engagement. Residents frequently call the San Francisco Police Department to report concerns about homelessness or make policy or service requests. Police officers interact with persons experiencing homelessness regularly, and they themselves are now policy implementers,

across different types of homelessness policies. Police interactions affect service delivery and service delivery strategies. Therefore, police officers often become the first point of engagement or first mode of participation over homeless programming preferences by San Francisco residents.

Interviewees expressed frequent public, informal engagement through these different types of channels to express concerns about homelessness in the City. All interviewees who discussed informal channels of policy participation only discussed participation by wealthy residents. The residents described were typically residents living in desirable neighborhoods, who participate through informal channels in order to issue complaints or concerns about homelessness. The primary goal of these complaints, as described by interviewees, is to request the removal of individuals experiencing homelessness from an area, generally related to the visibility of homelessness and the desire for it to not be visible in a resident's area. Although the goal of participation is the same across these channels, both types of participation end in different results for local supportive housing policy, planning, and implementation. Informal, elite engagement through the police leads to direct, often acute police responses to homelessness that interrupt access to services for persons experiencing homelessness. Informal, elite engagement with elected officials interferes with regulators' duties to implement supportive housing policies, as elected officials directly pressure bureaucrats in response to elite requests to address homeless behaviors as opposed to long-term solutions to chronic homelessness. Often times, this interference in bureaucratic duties takes the form of direct orders to pursue other activities not aligned with existing regulation.

4a1. *Informal Elite Engagement and Policing*

All interviewees described frequent interactions between police and individuals experiencing homelessness, primarily individuals experiencing chronic homelessness. Compared to Atlanta and Shreveport, police engagement with individuals experiencing homelessness in San Francisco works very differently. In this regard, police in San Francisco are specifically trained to engage with individuals experiencing homelessness through a harm reduction approach. This means that police first respond by redirecting individuals to social services before responding with a criminal approach (Commander David Lazar 2017, 14). San Francisco also has a designated policing unit, the HOT team, or Homeless Outreach Team, that exists to address calls related to homelessness (Commander David Lazar 2017). This training and expert response infrastructure is a result of San Francisco's integrated municipal approach to chronic homelessness. The CoC has been managed through the municipal government since 1996 and has subsequently been able to coordinate and develop policies across municipal spaces through that authority (Department of Homelessness and Supportive Housing and City and County of San Francisco 2019).

Despite this strong institutional policy capacity to develop appropriate responses to chronic homelessness through policing, tension still exists between elite preferences, the reality of chronic homelessness and municipal, regulatory policy goals. This tension arises as a result of rising rates of chronic homelessness, increased visibility of homelessness as a result, and strong elite preferences that are further magnified through San Francisco's increasingly, socioeconomically homogenous population. "*I think from the point of view of an average SF person, which is an extremely affluent city, the problem of homelessness is they don't like seeing people who look homeless, people who are racial minorities, people who are behaving in ways*

that are unconventional, nonconformist, or just people who are hanging around outdoors."[xvii] This tension comes to light when wealthy residents issue informal complaints, requests, concerns, or otherwise about individuals experiencing chronic homelessness through the San Francisco Police Department (SFPD).

The majority of interviewees, and all interviewees who responded to prompts about policing and homelessness, stated that citizens request most police responses to homelessness in San Francisco. Interviewees also stated that complaints primarily arise from residents living in desirable or wealthy neighborhoods. "*People are very into their neighborhoods, quaint place with Victorian houses, density of houses is very difficult to build on 49 square miles, still single-family homes, no density …* [opposition] *Is liberal, wealthy, etc, don't want poor people living in their neighborhoods*."[xviii] "*…here they are trying to fix a … great deal of frustration by SF residents, by what they term as 'street behaviors', and something else, forgetting the term,… so you have many highly visible people, some having bad street behaviors that are distressing to citizens of SF, who then call police or call 311*."[xix]

Municipal policing records were not available to measure the presence of citizen requests. However, publicly available 311 data was used to measure the frequency of requests (some 311 data includes police responses) (City and County of San Francisco 2019). The 311 data concords with the interviewee results, demonstrating the very high frequency of 311 requests made about homelessness, especially behaviors associated with chronic homelessness. Homeless encampment cleanup was the third most common type of request made through 311

[xvii] [xvii] Interviewee 1.11 City of San Francisco Bureaucrat/Healthcare Practitioner
[xviii] Interviewee 1.8 Academic Expert/Healthcare Practitioner
[xix] Interviewee 1.11 City of San Francisco Bureaucrat/Healthcare Practitioner

from 2008-2019, with 172,483 calls[xx] or nearly fifty calls per day regarding encampments alone (not including other calls related to other behaviors associated with chronic homelessness) (City and County of San Francisco 2019). Overall, informal channels of homeless policy engagement through policing are primarily occupied by wealthy residents.

Some interviewees emphasized that not all requests for police responses to homelessness are negative. Interviewees stated that many are made out of genuine concern for individuals in this circumstance. The main theme interviewees reiterated was that regardless of the reason for requests for police responses, these responses often end in outcomes that directly contradict municipal, regulatory policy initiatives seeking to end chronic homelessness.

Resident, in particular economic elite engagement through policing has a very direct and acute influence on local supportive housing policy and homeless policy outcomes overall. Interview results and 311 data demonstrate that when residents reach out to police regarding behaviors associated with homelessness, the responses often end in outcomes that conflict with supportive housing and housing first policy goals. Despite HOT team protocol and training, individuals experiencing chronic homelessness are often arrested, removed from an area, and or homeless encampments and possessions are removed and destroyed. In 2016, 70% of a survey of nearly 400 persons experiencing homelessness in San Francisco were forced from an area (University of California Berkeley School of Law Human Rights Center 2017). 69% received citations, and 22% received more than 5 citations (University of California Berkeley School of Law Human Rights Center 2017). While these actions certainly align with preferences about the desirability of homelessness, and possibly even public health concerns over sanitation and waste, redirecting individuals experiencing chronic homelessness into jail or away from certain areas

[xx] The 311 data continuously updates. This total is the number of calls regarding encampments up until August 5, 2019.

creates barriers to supportive housing policy implementation by interfering with service engagement opportunities.

Just as in Atlanta and Shreveport, when individuals experiencing chronic homelessness are incarcerated, they are directed away from supportive housing prioritization efforts. Upon reentry from jail, individuals are often not directed to social services (Hawthorne et al. 2012; Segal, Frasso, and Sisti 2018). As a result of this service gap many individuals remain homeless upon reentry and face challenges being redirected to points of service to mitigate homelessness and address behavioral and physical health issues (U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation and Office of Disability 2018). Relocating individuals experiencing chronic homelessness to different neighborhoods and or destroying encampments has a similar outcome. Individuals are often moved to districts with fewer resources and or that may be further away from areas with social service points. In response, providers may have a harder time locating individuals and continuing outreach efforts "*…right now there is a big effort to clean up the streets, get people living in tents off the streets,* [they use the] *sweeping the streets approach, they come and throw* [homeless people's] *stuff away to get them to move on, in theory they are supposed to have people linking them to services, but there aren't enough beds and no housing, so a lot of those people* [homeless] *are ending up in jail because of warrants or whatever*."[xxi] Overall, police responses to homeless behavior as a result of elite and citizen requests do not solve chronic homelessness and have the effect of continuously creating barriers to supportive housing policy implementation by restricting service access and engagement efforts.

4a2. *Informal Elite Engagement and Elected Officials*

[xxi] Interviewee 1.15 *Municipal Service Provider/Public Safety*

Beyond policing as an informal space for policy engagement, elected officials also receive informal feedback from San Francisco residents about homeless policy efforts. The majority of interviewees described frequent communication between residents and elected city Supervisors[xxii], about homelessness and chronic homelessness in San Francisco. Interviewees, similar to policing engagement discussions, described that primarily wealthy residents comprise the majority of informal lobbying efforts – emails, phone calls, – to municipal Supervisors about homelessness.[xxiii] This included all interviewees working in the municipal bureaucracy, and interviewees engaged as stakeholders in policy spaces and debates.

The informal policy engagement, interviewees described works in similar ways as the engagement through policing but to a different end. Ultimately, informal, elite engagement with elected officials puts pressure on municipal bureaucrats, both indirectly and directly, to change supportive housing policy goals and implementation.

This section demonstrates the tension and divergence between municipal regulatory decision-making and elite preferences in San Francisco homeless policy, or policy conflict due to the separation of these two interests in their divergent policy processes: the integrated municipal and CoC policy efforts, and local economic elites. Overall, this research finds that regulatory decision-making is influenced by informal pressure from elected officials, and elected officials' behavior is shaped by economic elites. Suffice to say, San Francisco's responses to chronic homelessness from a regulatory perspective are swayed by typically short-term preferences of wealthy residents.

A main theme that arose from interviews with municipal bureaucrats is the degree to which pressures from political actors stemming from economic elites, impedes bureaucrats'

[xxii] San Francisco's Board of Supervisors is San Francisco's city council
[xxiii] There is no available archival documentation of these engagement efforts.

ability to do their tasked work to their intended policy goals. Here, I define pressure on the bureaucracy as both direct pressure from elected officials on bureaucrats, as well as public pressure on elected officials that translates into action directed to, or pressure on bureaucrats. The challenge arises here, as much of political science finds, in that regulators are supposed to carry out purposes of legislation, or promulgate rules based on existing legislation, based on their expertise. If legislators are directly influencing bureaucrat's ability to carry out rules, policies may not work well to their intended goals, or may not function well due to a lack of expertise to which the bureaucracy is central (S. L. Greer, Wismar, and Figueras 2016; Huber and Shipan 2002).

For public health, this tension or influence matters if elected officials' preferences conflict with evidence-based practices, or cause harm by limiting regulators' ability to implement such practices or policies. In interviews municipal bureaucrats identified three main ways that elected officials responding to elite requests impeded pre-existing supportive housing policy goals: 1) Pressure to act faster, or at a pace that does not align with effective supportive housing policy implementation; 2) Pressure to address homeless behaviors as opposed to identifying effective solutions to chronic homelessness; 3) Pressure against building new housing infrastructure for permanent supportive housing, or low-income housing, generally.

The first theme discussed by interviewees working in the municipal bureaucracy was the conflict between the pace or timing of supportive housing policy. Different notions about the desired pace of homeless solutions was a source of pressure for bureaucrats that manifested as a direct challenge to implementing intended policy goals.

Overall, regulators stated that effective implementation of supportive housing policy required a careful, long-term approach in order to house individuals long-term, and end

homelessness (San Francisco Budget and Legislative Analyst's Office 2016). Elites desire a short-term approach that typically does not align with evidence-based methods and prefer an end to homelessness as soon as possible. Interviewees emphasized that this latter preference is incompatible with the mechanisms required to implement permanent, supportive housing. "*The speed which certain things are done in the community and what is prioritized on a week by week basis may also be motivated by how the others in the neighborhood are experiencing people who are homeless in the neighborhood and encampments and encampment resolution team.*"[xxiv] All in all, elite informal engagement with local elected officials initiates informal policy processes that directly interfere with the regulatory goals of ongoing municipal supportive housing policy. In some instances, bureaucrats actually described their policy implementation processes and goals being changed immediately upon request or order from elected officials. "*There is a lot of … political power to clean things up quickly…It looks like a mandate to take anyone from the San Francisco Police Department, who is using any substance on the street to take people off the street and bring them in, and it's over capacity to* [our public clinic]*, there is no protocol to handle a totally different clinical protocol* [e.g. different diagnoses]…[there is] *opposition from our* [clinicians] *that there was a mandate that started yesterday, and we don't have the resources to do this, but opposition is not that they* [clinicians] *don't want to, but that we don't have the resources to do it. There is no name of the* [new] *mandate, you're probably gauging how I feel...*"[xxv]

A secondary theme discussed by interviewees in the municipal bureaucracy was pressure on bureaucrats from elected officials, stemming from elite requests to address homeless behaviors as opposed to identifying and implementing solutions to chronic homelessness which

[xxiv] Interviewee 1.3 CBO Actor/Homeless Services
[xxv] Interviewee 1.16 Municipal Service Provider/Healthcare Practitioner

is the intended goal of supportive housing policy. The context of this informal engagement is similar to the elite informal engagement with SFPD through requests to respond to behaviors associated with chronic homelessness. Here, interviewees stated that requests to address homeless behaviors were often made in response to public complaints about the visibility of persons experiencing chronic homelessness in their neighborhoods (of work or residence). "…*we had the homeless response coordinated more around city districts, so each district would have a response team that knew homelessness in terms of relationships…so they knew the people to engage them in care. This was hard because even if that's your core job, you would still end of getting phone calls from constituents about specific homeless people, the Supervisor or Mayor would call and demand action, made it hard to be responsive in a meaningful way*."[xxvi] Visibility of chronic homelessness may include simple prominence – persons experiencing chronic homelessness sitting, sleeping, etc. on sidewalks or walkways in neighborhoods or outside of offices. Visibility also includes the conspicuousness of injection drug use, public intoxication, and or behaviors associated with mental illness or psychosis all in public areas.[xxvii]

The main outcome interviewees described from this pressure on elected officials and then to bureaucrats is to institute a competing policy goal for regulators: addressing behaviors associated with chronic homelessness as opposed to addressing the causes of chronic homelessness. The effect at the municipal level creates further fracturing within the municipal government that generates challenges for implementing effective, coordinated supportive housing policy. "…*And mainly it's* [cleaning up the streets approach] *reactive to complaints by citizens – but in the process, it's not just a clear out of here approach, coupled with offering*

[xxvi] Interviewee 1.13 Municipal Service Provider/Healthcare Practitioner

[xxvii] The majority of persons experiencing chronic homelessness have co-occurring mental health or substance use disorders.

services; complicated because you move them [homeless] *from one are, and they move to another. Mayors are definitely under pressure; city is under pressure for people who can't conceivably understand why the city is allowing these things* [homeless behaviors] *to happen*."[xxviii] Interviewees gave multiple examples where elite pressure has led to regulatory changes or even additional homelessness programming that competes with or detracts from housing first efforts.

The primary example cited by the interviewees involved is the recent development of 'Navigation Centers'. Navigation Centers are 'low-threshold, high-service residential programs for adults experiencing homelessness in San Francisco' (Department of Homelessness and Supportive Housing 2019). Navigation Centers were introduced in 2015 in response to growing rates of chronic homelessness and are meant to increase shelter space while individuals, transition to permanent housing options (Department of Homelessness and Supportive Housing 2019). Many interviewees were frustrated by the Navigation Center initiatives because they do not address the causes of chronic homelessness. "*The city then turned towards emergency responses as opposed to prevention, the number of emergency shelter beds is very low in San Francisco, that's where they are focusing right now, this is inadequate because it reduces tension in the city to solve the problem. And all of these Navigation Centers are just shelters. Nothing special*."[xxix] Navigation shelters are time-limited shelter space to give individuals a place to stay and get them off the streets until they can access permanent housing (Department of Homelessness and Supportive Housing 2019). Interviewees emphasized that while the Navigation Centers are not harmful, they take away resources that could be used for supportive

[xxviii] Interviewee 1.2 City of San Francisco Bureaucrat/Healthcare Practitioner

[xxix] Interviewee 1.10 Academic Expert/Healthcare Practitioner/CBO Actor

housing and permanent supportive housing construction, and ultimately focus more on reducing the visibility of homelessness in the short term without offering long-term solutions.

The new Incidence Command Structure (ICS), the system typically relegated to disaster responses in San Francisco has now been relegated to manage homelessness (Fracassa 2018). This change was another common example cited by interviewees, where elected officials introduced a change to regulatory approaches by treating chronic homelessness as an acute emergency response rather than a crisis necessitating long-term solutions. "…*you would activate* [ICS] *in case of a disaster or catastrophe, earthquake, epidemic of something, … a sudden acute problem …activating this* [ICS] *for the problem of most chronic homeless in San Francisco, is at best somewhat perplexing, and reflects them reading into it, well what are, when you're going to fix homeless problem, what are you saying you're going to fix, here they are trying to fix a great deal of frustration by the police, and great deal of frustration by SF residents*."[xxx] Interviewees felt that pressure from residents to reduce the visibility of chronic homelessness was leading to a fracturing in the bureaucratic responses to homelessness in San Francisco by prioritizing shorter-term solutions that do not effectively end chronic homelessness (Eskenazi 2019). Recent Data from the Navigation Center outcomes to date show that the majority of clients in the Navigation Centers are discharged without permanent housing options (Department of Homelessness and Supportive Housing n.d.).

The final theme that municipal bureaucrats discussed as pressure from elected officials comes in the form of a direct implementation challenge. Municipal bureaucrats are tasked with ending chronic homelessness – which requires housing individuals who are experiencing chronic homelessness and therefore requires housing infrastructure. However, municipal bureaucrats face

[xxx] Interviewee 1.11 City of San Francisco Bureaucrat/Healthcare Practitioner

constant backlash against new housing infrastructure. This includes pressure from the public/elected officials, cuts to plans or funding for new housing stock, or pushback against plans for additional housing stock. Even the Navigation Centers, although they are not housing, received significant public pushback despite their inception stemming from elite requests against homeless visibility (Fracassa 2019a).

The heavy pressure against building any type of new, low-income housing is a constant source of pressure for bureaucrats because it inhibits them from solving the ultimate cause of homelessness – housing insecurity/access to affordable housing – as well as ending chronic homelessness, which requires access to permanent supportive housing units. Municipal bureaucrats described pressure against low-income housing as a constant challenge that has increased in recent years and inhibits implementing supportive housing policy goals. Ultimately, bureaucrats frequently stated that they are limited in their ability to act, since shortage of low-income housing affects the ability to move forward with housing people overall and ending chronic homelessness. "*San Francisco's goal is Housing First, but I think it's hard to achieve in a city where housing stock is so low…people are making a lot of efforts to get people treated… you know we can refer people to residential treatment, but we don't have any ability to get people into housing, and I think that's a very permanent experience that is very challenging for our patients*."[xxxi]

4b. *Formal Engagement*

This second form of political participation in homelessness politics in San Francisco is formal political participation. This includes participation that is scheduled specifically to initiate participation by different groups of actors. As opposed to the first type of participation, which

[xxxi] Interviewee 1.15 Municipal Service Provider/Public Safety

requires initiative by public actors, this type of participation happens when policy makers schedule opportunities for the public to participate in policy debates in a formal setting or respond to proposed policies. This type of participation includes community meetings about homeless policy or development and solicited community input from the Continuum of Care in their Annual Action Plan, planning. Federal HUD funding for the CoC since 2016 has required 'community input' from the CoC during their planning processes in order to improve equity in the planning processes (U.S. Department of Housing and Urban Development 2014).

The interviews and archival analyses demonstrate that as with the informal forms of political participation, formal participation is overwhelmingly concentrated by elites. This is in part due to the increasing homogeneity of San Francisco's demographics (influx of wealthy elites leading to rising housing prices and an exodus of lower income and minority communities) as previously discussed. This is also in part due to accessibility issues inherently facing low-income communities and at-risk populations. Individuals with lower income may have less time off from work to attend formal community meetings, face transportation challenges, etc. (Lucas 2012). Individuals experiencing homelessness or formerly homeless are often not represented at meetings for many reasons, including the reality that individuals at-risk of or experiencing homelessness face greater, acute needs compared to formal political engagement. "…*a challenge in policy promulgation is who's in the room from the community to give input – African American led CBOs have trouble – another challenge is folks with lived experience being in the room sometimes difficult with how they are facilitated to give your input, lots of barriers to participating*."[xxxii]

[xxxii] Interviewee 1.3 CBO Actor/Homeless Services

The majority of interviewees described high participation in formal community meetings from wealthy residents on homeless policy and programming. Further, interviewees stated that the majority of the discussions or preferences cited at these meetings were related to complaints about the visibility of homelessness, behaviors associated with homelessness and severe mental illness, and ultimately 'not in my backyard' preferences where wealthy residents emphasized that regardless of the solutions on the table, the solution should not happen near their place of work or residence. "*There is a lot of* [economic] *change in the city – different stakeholder groups and different residents that have very different opinions – public safety meetings – people who come and have a bone to pick – crazy ideas about how homeless people are bringing crime – the public seems to be very split – often split along class lines*….[people say] '*We just need law and order, put them in jail, criminalize them for continuing to show up in front of my house.* "[xxxiii] The majority of interviewees described that individuals at risk of homelessness, formerly homeless or currently homeless almost never attend community meetings and or have opportunities to speak if they do attend. "*… community input has been quite weak,* [the] *voice of people experiencing homelessness has been exceptionally weak in that* [CoC implementation] *process, it definitely feels like a sort of …yea… we have to do this that gets us* [federal] *funding, but it's not where the policy making action is, it's not where the activity is*."[xxxiv]

The majority of interviewees described that this pressure from wealthy residents in formal community debates is one of the greatest barriers to supportive housing policy implementation. The most common barrier cited aligns with the discussion in the previous section regarding implementation. Many of the community meetings pertain to new constructions for low-income housing, permanent supportive housing, or shelter space (San

[xxxiii] Interviewee 1.6 CBO Actor/Homeless Services
[xxxiv] Interviewee 1.11, City of San Francisco Bureaucrat/Healthcare Practitioner

Francisco Board of Supervisors 2019). Interviewees emphasized strong opposition to new housing construction. Interviewees elucidated that this direct barrier to housing construction directly inhibits the goals of supportive housing policy implementation. Even though San Francisco approaches chronic homelessness through a housing first approach, it becomes ineffective unless there are housing units available to provide to clients. "*NIMBYISM is incredible, no one can build but no one wants it… that population with severe meth psychosis are really struggling; then people are aging, more disabilities, and then they become homeless and they have a disability and there is no place to go…*"[xxxv]

The existing state of formal political engagement and the existing barriers for minority and target population participation in formal debates promotes participatory inequity in San Francisco's political economy. It might seem reasonable to say that participatory inequity doesn't matter if the existing political participation is representative of the current municipal demographics. However, San Francisco's changing political economy was instigated through the housing crisis. Today San Francisco's demographics are not totally homogenous, and political participation should include and protect minority group participation. Further, San Francisco's homeless population is growing. 2018 estimates counted 7,500 individuals experiencing homelessness in the City of San Francisco (San Francisco Department of Planning 2018). The risk of perpetuating participatory inequity in San Francisco's political economy is to obscure minority populations' voices and preferences, as well as obscure the preferences and voices of individuals who are targeted by the policies under debate: policies affecting individuals experiencing or at risk of homelessness and chronic homelessness. Eliminating political participation by affected or targeted populations may undermine policy effectiveness (Lillvis and

[xxxv] Interviewee 1.8 Academic Expert/Healthcare Practitioner

Greer 2016). In time, the continued inequity in San Francisco's political economy may actually perpetuate the homelessness crisis by eliminating input from affected populations and tailoring policy solutions to elite preferences aiming at homeless behaviors instead of long-term solutions to homelessness. This outcome is not preferred by any group.

4c. *Summary*

This section shows that participatory constraints on pluralistic, democratic participation may be inhibiting the elite and the integrated CoC and municipal government from aligning and coordinating across policy spaces. San Francisco's political economy is one where economic, elites dominate public debates over housing policy, with the absence of marginalized populations and groups directly affected or targeted by these policies: persons experiencing homelessness or formerly homeless, and persons at risk of homeless. These divergent policy processes with competing policy goals reinforce participatory inequity by offering multiple, concurrent channels of participation dominated by elites while also generating regulatory hurdles and implementation challenges for local supportive housing efforts.

Without improving participatory equity, the outcome for homeless policies may remain skewed towards policies favoring economic elites and which do not directly address homelessness, perpetuating policies that are in direct conflict with policies pursued by the city of San Francisco that seek to address the causes of homelessness. This participatory equity also bleeds into the influence of elected officials on the bureaucracy. Elected officials create tension and conflict for pre-existing policies seeking to mitigate chronic homelessness, by constantly attempting to re-structure policies and shift them from their intended goals (Hacker et al. 2004), creating barriers and challenges to service delivery and implementation.

5. Bringing the State Back In

The state of California acts as another, perhaps unexpected, conflicting actor or source of competing policies with divergent goals, design and implementation mechanisms compared to the policies targeting homelessness on the ground in San Francisco through the municipal CoC. The state level policies seek to address homelessness in different ways compared to municipal approaches, and coordination with municipal approaches is limited. The competing policies and politics stemming from California's state level policies acts as a direct and indirect barrier to municipal supportive housing policy design and implementation in San Francisco by generating administrative barriers and funding constraints that constrain local supportive housing efforts.

As reflected in the interviews, the state of California exists as a primarily separate governance structure with independent decision-making and implementation processes. California has many policies with the potential to assist supportive housing efforts and reduce chronic homelessness. However, the majority of existing state level policies have not been fully implemented leading to resource constraints; or the policies work across different assumptions about population needs creating administrative barriers for local policy efforts. All in all, these state policies fall short for homeless providers and individuals experiencing chronic homelessness in San Francisco as a result of divergent policy goals and policy processes. Responding to the existing challenges with state level policies, the majority of interviewees said that the state isn't doing much and could be doing more.

Interviewees and archival analyses identified two main policies encompassing the state policies affecting or intended to manage homelessness in California. These policies are 1) Medicaid and 2) The Millionaires Tax. A third policy space was mentioned tangentially, the California Interagency Council on Homelessness (CICH). The majority of interviewees did not

mention the CICH, and the minority of interviewees who did only mentioned it to say that they were not aware of anything that the agency had done. Therefore, the CICH was omitted from the results due to limited salience among local policymakers. Additionally, there are other policies that address other issues associated with homelessness that did not arise as primary concerns for interviewees. These and other policies (such as Conservatorships, Community Development Block Grant (CBDG) and Supplemental Nutrition Assistance Program (SNAP) funding) may be a part of the existing state policy space but are not reviewed here due to their limited salience among policymakers at the local level.

Interviewees and archival analyses revealed two primary challenges stemming from the state level policy space that conflict with or directly impede local level supportive housing policy making and policy implementation: 1) conflicting policy goals; 2) Implementation challenges – defined here as administrative burdens and funding challenges. Based on the results, implementation challenges appear to come from conflicting policy goals.

5a. *Medicaid and conflicting policy realities*

As discussed, the health effects of homelessness are immense, significantly increasing mortality, rates of chronic and communicable diseases, and adverse behavioral health outcomes including severe mental illness and substance use disorders (Fazel, Geddes, and Kushel 2014; Maqbool, Viveiros, and Ault 2015; Stringfellow et al. 2016; Young and Manion 2017). The acute and long-term health consequences of homelessness most often require access to health services as well as housing (Department of Housing and Urban Development 2016; S. G. Kertesz et al. 2016). This dual approach has been shown to lessen homelessness, reduce morbidity and mortality, and improve quality of life (Doran, Misa, and Shah 2013; HHS 2014; Larimer et al. 2009). Before the Affordable Care Act (ACA), many homeless adults, primarily single men, did

not have health insurance coverage. Lack of health insurance limited the scope of services and programming that could be offered to address homelessness and improve health outcomes. In the wake of the ACA, many practitioners and advocates hoped that Medicaid Expansion would substantially improve access to necessary supportive medical services to more effectively address the complex medical conditions many homeless patients face (Tsai et al. 2013).

Interview results demonstrate that Medicaid Expansion did not significantly affect municipal homelessness policy functioning due to divergent policy goals between state and local policy, resulting in two types of implementation challenges – 1) administrative burdens and 2) funding limitations. A lack of an influence of Medicaid Expansion on San Francisco's municipal homeless policy is surprising, because many policymakers viewed Medicaid Expansion as a kind silver bullet, anticipated to greatly improve access to healthcare for persons experiencing all types of homelessness, in particular individuals experiencing chronic homelessness.

5a1. *Divergent Policy Goals*

The divergent goals between municipal regulatory supportive housing policy and California's Medicaid Expansion are not difficult to see. San Francisco's supportive housing policy is targeted directly towards individuals experiencing chronic homelessness and focuses on addressing the causes of homelessness through access to housing, medical/behavioral, and social services. Medicaid Expansion was never a policy intended to specifically target individuals experiencing homelessness. Medicaid as a policy focuses solely on providing healthcare insurance coverage to low-income individuals and low-income persons with disabilities. There is a clear overlap in populations served by the two policies. However, the goals of the policies are so different that the population of interest – in this case persons experiencing chronic

homelessness – interacts with two very separate policies, in very different ways and to different ends.

Supportive housing policy is designed to explicitly address the needs of this high-risk population. Medicaid expansion, serves a large and relatively diverse population and therefore does not have population specific policy goals or implementation mechanisms (beyond retaining categories of able bodied/not) (Grogan, Singer, and Jones n.d.). At face value, this may not seem to be a challenge, and is perhaps a virtue of Medicaid by not differentiating coverage across social categories. Yet, where the policy goals engender policy conflict, is in the fact that homelessness programming relies on and in many cases requires Medicaid as a major payer of medical services that are used in homelessness programming and supportive housing (Cassidy 2016). Therefore, if Medicaid policy works on different priors of access and eligibility that do not align with needs specific to persons experiencing homelessness or long-term homelessness, it creates unintentional barriers to accessing Medicaid, and challenges for homelessness policy and programming implementation.

5a2. *Implementation Challenges – Administrative Burden and Funding*

Medicaid's goal to expand insurance access for recipients is vital for supportive housing policy. This focus on coverage access is also where the Medicaid policy processes begins to diverge from homelessness politics and the San Francisco local policy efforts by generating administrative burdens the inhibit access to Medicaid for individuals experiencing homelessness and in particular chronic homelessness.

The traditional methods of distributing access to Medicaid does not translate directly to persons experiencing homelessness. In California, different from Louisiana, the state is the main administering entity for Medicaid and sets policies for eligibility and enrollment (Department of

Health Care Services State of California n.d.). Yet despite state administration, California faces similar challenges to Louisiana stemming from enrollment processes. Even under state administration, many eligibility determinations and program implementation is designated to local county welfare offices (Department of Health Care Services State of California 2011, n.d.).

Interviewees described that county level administration increases administrative burden on enrollees who are homeless by requiring residency in the county of enrollment and tying enrollment to residency. Most persons experiencing homelessness, particularly chronic homelessness, do not have an address by virtue of being homeless. Individuals who are chronically homeless often move in and out of county-lines for service utilization (Degeorge 2010; Gray et al. 2011; Metraux, Treglia, and O'Toole 2016). Both of these factors increase dis-enrollment, or enrollment churning, for persons experiencing homelessness (Sommers et al. 2016; U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation and Office of Disability 2018). Interviewees discussed the challenges associated with Medicaid enrollment, and how it has not worked as well as anticipated for retaining healthcare coverage and improving access to necessary health services as a result of administrative burdens. "*Oh yes – Medicaid expansion means that most of the homeless people are basically eligible for Medicaid, our biggest issue is Medicaid retention – terminating enrollment is a huge issue – the homeless people don't fill out the paper work and get kicked off … a few people move out of County – all of Medicaid in California is county based – which doesn't make sense with cities – homeless people travel around the state and hop around – your Medicaid benefits are tied to the county you live in, so when you show up, if you're trying to get them into the behavioral health*

system, you have to track down what their residence is, or the county pays for it out of their budget."[xxxvi]

Medicaid implementation challenges resulting from administrative burdens also intersect with the existing challenges stemming from the crowded policy space surrounding chronic homelessness. High rates of incarceration among individuals experiencing chronic homelessness (Hawthorne et al. 2012; Tsai and Rosenheck 2012; Volk et al. 2016), as a product of punitive policies most often pushed by economic elites to address homeless behaviors, create inherent challenges for Medicaid eligibility. Individuals previously enrolled in Medicaid are dis-enrolled when incarcerated and face re-enrollment barriers after being discharged (U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation and Office of Disability 2018). Re-enrollment barriers stem from a lack of alignment with Medicaid administration and the carceral state. Many individuals who experienced homelessness prior to incarceration face a dearth of services and limited connections to services after re-entry, upon which many are released to homelessness (Snyder 2016a). Very similar to results in Shreveport, the majority of interviewees in San Francisco cited that a lack of coordination between state Medicaid programming, local carceral policy and municipal regulators in the CoC promotes gaps in services upon re-entry and facilitates cycling of incarceration for individuals experiencing chronic homelessness. "…*the problem is once you go into jail, this is all general funded no Medicaid in jail – so we can't afford certain things without grant funded programs. At the same time, the people are here, they are at risk when they get released from jail*."[xxxvii]

The misalignment of policy goals across state and local policies and policy processes further intensifies the administrative burden on individuals seeking services by placing

[xxxvi] Interviewee 1.12 City of San Francisco Bureaucrat/Healthcare Practitioner
[xxxvii] Interviewee 1.12 City of San Francisco Bureaucrat/Healthcare Practitioner

enrollment responsibility on at-risk individuals, rather than having supported enrollment relying on systems to catch vulnerable individuals. For persons experiencing chronic homelessness, who face higher rates of chronic medical conditions, disability and rates of severe mental illness stable access to medical services through continuous health insurance enrollment is crucial for supportive housing policy success and ending homelessness. "…*the mental health system and substance use disorders system is episodic, you leave or get thrown out, discharged, and there are no services that are lifetime… when they* [homeless] *are discharged, there are no CBOs that are in charge of following a person through the process. That is what we* [new Whole Person Care Medicaid Waiver Program[xxxviii]] *are trying to address. There is no such service* [for coordination]. …*and you don't transition from one place to the next*…"[xxxix]

Funding is the second means by which Medicaid goals are not aligned with supportive housing policy efforts, creating conflict and tension between the two policy initiatives. Funding challenges stem directly from policy conflict resulting from divergent policy goals. Medicaid funding statutorily cannot pay for housing (rent, housing construction, housing subsidies etc.) (Paradise and Cohen Ross 2017). This may not seem to be a direct policy conflict, at first look. However as mentioned Medicaid is the primary payer for wrap around supportive medical services for individuals experiencing chronic homelessness (Cassidy 2016). When Medicaid funds a large part of supportive housing policy implementation but not the majority, it not only creates funding challenges by creating complicated funding streams for supportive housing policies it also begs the question of what role Medicaid should have in supportive housing and

[xxxviii] Whole Person Care is an existing Medicaid Waiver pursued by the city and county of San Francisco to specifically target chronic homelessness. WPC seeks to align state and local programming to improve coordination and delivery of services to individuals experiencing chronic homelessness. At the time of this research WPC was not implemented, so interviewees could not speak to the effects of WPC on the delivery of services to persons experiencing chronic homelessness and improved policy alignment of state and local efforts to address chronic homelessness.

[xxxix] Interviewee 1.14 State of California Bureaucrat/City of San Francisco Bureaucrat/Healthcare Practitioner

homeless policy. "*Medicaid through series of waivers in CA have allowed Medicaid to be used for wrap around funding – more savvy players are trying to use Medicaid to fund services delivery part of SH, but it can't pay for brick and mortar, maybe in assisted living,* [it] *mostly its payed for wrap around services*."[xl] The majority of interviewees cited Medicaid funding as a barrier to supportive housing implementation.

This funding challenge acts as a persistent barrier to policy coordination across Medicaid and homelessness policy due to divergent policy goals. Interviewees stated that they face constant challenges as a result of policy complexity and funding gaps. HUD funding has not kept up with inflation and low-income housing needs over the past ten years, and has recently faced more cuts to low-income housing assistance (Mazzara 2018; Urban Institute and Kingsley 2017). Medicaid funding has increased and offers more opportunities for supportive medical services. Therefore, interviewees cited that local providers and policy makers face a tradeoff where they may be able to provide medical services but have substantial gaps in funding to pay for housing. Medical services without permanent housing do not solve chronic homelessness and have been shown to be ineffective in ending homelessness alone. Both housing and medical care are required in tandem to end chronic homelessness (Leff et al. 2009).

In the end interviewees detailed that they either: face funding gaps, are unable to fully implement policies by prioritizing wrap around services without housing, and or pursue multiple funding streams and face further administrative barriers when attempting to enact and implement policies that are funded through different pots of money and different funding requirements. "…[we work] *to create the political role to create this* [SH policy] *change, and to have the resources to do this… that the San Francisco Board of Supervisors understands … the funding*

[xl] Interviewee 1.8 Academic Expert/Healthcare Practitioner

we need at a local and state level to meet our goals. …the biggest challenge is having the funding in order to execute the plan. And we're not going to get it from the feds."[xli]

5b. *California's Mental Health Services Act, policy misalignment and stagnation*

The second policy area most often referenced in interviewees and archival analyses and highlighted by the majority of interviewees as a policy space that created simultaneous hope for local policy initiatives and direct barriers to local supportive housing policy implementation, is the California Mental Health Services Act (MHSA). MHSA was originally passed in November of 2004. Alternatively known as the 'Millionaires' Tax', MHSA was intended to impose a 1% income tax on personal income in excess of $1 million, in order to generate funding specifically designated for county level behavioral health services (Department of Health Care Services State of California n.d.).

Since its inception, MHSA has suffered from both inconsistent policy goals and implementation problems. Though originally intended to support behavioral health service efforts at the county level, the policy was reconceptualized and monies were promised to instead fund permanent supportive housing efforts. In both cases, the policies were never fully implemented, and funding has not been distributed as intended. Ultimately, MHSA has generated direct barriers to supportive housing policy implementation in San Francisco and across California by stagnating funding for permanent supportive housing construction originally intended to address high rates of chronic homelessness (The Editorial Board 2018).

5b1. *MHSA's evolution towards new policy goals and implementation failures*

Interviewees stated and archival research demonstrate that MHSA evolved over time, shifting from the original policy and original policy goals. The original MHSA taxed millionaires

[xli] Interviewee 1.1 City of San Francisco Bureaucrat/CoC Actor/Homeless Services

to gain revenue for behavioral health services at the county level, including but not limited to prevention services and community services and supports (Scheffler and Adams 2005). MHSA has been collecting revenue since 2005, accumulating a total of 14.6 billion dollars to date (California Mental Health Services Oversight and Accountability Commission 2019). Since then, MHSA has provided significant revenue to county level behavioral health agencies, providing on average about one fourth of funding for county level behavioral health services across California (County Behavioral Health Director's Association n.d.). In 2011, the focus on MHSA changed from targeting behavioral health services broadly across populations to focus specifically on severe mental illness (SMI) (County Behavioral Health Director's Association n.d.). This shift to focus solely on SMI was hailed by stakeholders in homelessness programming and policy due to increases in chronic homelessness and unaddressed SMI needs for this population (San Francisco Department of Public Health 2019, 7).

The major policy shift happened in 2016 when then Governor Jerry Brown instituted No Place Like Home (NPLH) (California Department of Housing and Community Development 2019). NPLH was established in order to use MHSA money to specifically create new permanent supportive housing beds. NPLH would provide state level bonds to providers to construct new permanent supportive housing (PSH) units. The bonds would be repaid through the MHSA tax (California Department of Housing and Community Development 2019). While Continuum of Care providers across California, and the municipal CoC in San Francisco were happy about this redirection of MHSA funding, many behavioral health providers were not. Some California providers felt that this funding should remain targeted at behavioral health services, especially in lieu of a severe psychiatric bed shortage across the state (White 2018; Witkin and Huang 2018).

This policy shift created a fragmentation across the two stakeholder coalitions and pushback against supportive housing efforts stemming from MHSA.

The pushback from behavioral health coalitions was compounded by opposition from elites who strongly opposed, and as discussed continue to oppose, PSH construction (Fracassa 2019b; Monkkonen and Livesley-O'Neill 2017; Waxmann 2019). Lobbying efforts from elites and behavioral health providers led to stagnated implementation of No Place Like Home (NPLH) (Witkin and Huang 2018). Interviewees emphasized that they have not received any support from the state from NPLH, and this revenue loss has been a barrier to local supportive housing efforts in San Francisco. "*No Place Like Home … it's a state program that's meant to give counties funding for housing for homelessness. It's not established, maybe not even implemented*."[xlii]

Similar to the absence of Medicaid dollars for PSH, the retraction of promised NPLH funding for PSH has led local providers to not trust state level supportive housing efforts and rely almost entirely on local funding initiatives. While San Francisco is able to leverage local funding, many localities do not have a sufficient, resources. In these cases, state level policy failures may have a much more dramatic impact on local level supportive housing and homeless policy efforts. Additionally, the absence of state funding further constrains local funding initiatives in an already limited local resource environment with severe policy capacity needs to address the homeless epidemic (San Francisco Budget and Legislative Analyst's Office 2016). By 2019, NPLH had not provided any monies for PSH construction as a result of implementation challenges (L. Dillon 2018).[xliii]

[xlii] Interviewee 1.12, City of San Francisco Bureaucrat/Healthcare Practitioner

[xliii] Funding announcements were just listed in January 2019 after CA voters passed Proposition 63 to allow for MHSA funds to be used for PSH. CA announced funding calls in March but has not yet distributed monies. The funding competition will continue through summer 2019 for the first and second rounds.

MHSA is different from Medicaid politics because it is an example where the conflict between policy goals has led to policy implementation stagnation, and eventually an inability of the state to fulfill its intended policy goals. The way that the policy goals and intentions changed over time created challenges for supportive housing policy by agreeing to secure very different policy outcomes and producing neither – first behavioral health then supportive housing. Each original policy goal spoke to different stakeholder communities. The shifting policy trajectories generated animosity among both stakeholder groups by not delivering the intended policy products.

Simultaneously, each policy trajectory also drew contingents of detractors – primarily from wealthy elites (Scheffler and Adams 2005). The shifting trajectories compounded with the failed implementation of state level funding initiatives for PSH under MSHA furthered animosity among detractors by providing rationales to repeal MHSA (Enos 2018). Overall, the modified policy trajectories ending in unattained policy goals created additional barriers to supportive housing policy efforts by strengthening coalitions of elites who oppose supportive housing efforts and the original taxation, while also generating conflict and fragmentation among coalitions of behavioral health stakeholders and supportive housing stakeholders due to the failed implementation of both intended policy outcomes (Graves 2018; White 2018).

5c. *Summary*

The results of this section demonstrate the existence of separate policy processes between state and local policy regarding the goals policies seek to accomplish and or the needs of targeted populations, and the processes used to accomplish these goals. This separation primarily arises from conflicting goals between local policymakers in the San Francisco CoC or municipal bureaucracy, and the state of California. Democratic conflict is crucial to the success of

democracies. Challenges arise and policies stagnate when conflict never subsides to overcome collective action problems and leads to policy fragmentation affecting successful implementation. Here, the deep rift or divergence between local and state regulators is generating direct barriers for local supportive housing policy implementation. Ultimately, these policy misalignments not only influence the success of both state and local policy efforts, but negatively influence the health and wellbeing of individuals experiencing chronic homelessness by restricting access to critical medical services and supportive housing efforts.

6. Summary

San Francisco is an example of the significance of policy implementation as a critical process that cannot be overlooked when examining the success of policy initiatives. At first glance, San Francisco should be very well positioned to successfully tackle chronic homelessness compared to other cities across the United States. San Francisco has a strong municipal tax base that allows for local investments in social services that other municipalities are not able to provide. The liberal ideology of San Francisco has historically placed San Francisco on the forefront of innovatively tackling social problems related to chronic homelessness including HIV/AIDS and county level behavioral health services. Finally, San Francisco has a municipally governed Continuum of Care that is supported by other strong, local social service and health programs including the Department of Public Health and the Human Services Agency. This position in local government allowed San Francisco's CoC to have improved ability to participate in municipal decision-making related to homelessness and provide the CoC with authority to successfully design and carryout local policies related to homelessness. This is an advantage compared to other decentralized counterparts across the U.S. that have little to no governing authority and are limited in their ability to coordinate with police,

county public health agencies, elected officials and have a voice regarding municipal funding, zoning, or budget priorities.

Yet, despite all of these facets that would appear to place San Francisco at the pinnacle of success for supportive housing policy implementation, many of the CoC's efforts have been stagnated at the implementation phase as a result of elite interference, and state level administrative and funding constraints. Elites dominate San Francisco policy debates related to chronic homelessness, both formally and informally. In formal participation, elites overshadow municipal debates and individuals affected by the policies in question are rarely present. The strength of elite preferences is magnified through multiple, available informal channels of participation where elites assert their preferences through alternative policy mechanisms including policing and pressure on elected officials to intervene in undesirable regulatory policies, supportive housing policy. The Department of Housing and Urban Development requires community participation in CoC planning processes. Yet as this research has demonstrated, these processes are not equitable, and majority elite opinion overshadows the preferences of minority groups and individuals directly affected by homelessness programming and supportive housing policy.

The state of California's remains relatively separate from municipal activity attempting to mitigate chronic homelessness. State level goals, including Medicaid and the Mental Health Services Act, are not aligned with local supportive housing goals and are not tailored to address the needs of persons experiencing or at risk of homelessness and chronic homelessness. As a result, both state level policies generate barriers for supportive housing implementation by establishing administrative burdens to accessing health services for individuals experiencing

chronic homelessness and restricting valuable funding streams to finance local supportive housing initiatives.

San Francisco is a city with a very visible homelessness epidemic. The problem will not be solved until implementation problems can be overcome by improving participatory equity in political decision-making to include minorities and at-risk groups, limiting elected officials' ability to interfere with bureaucrats' duties to carryout supportive housing regulation, and improving state level coordination with municipal goals to reduce administrative burdens and potentially align funding mechanisms.

Chapter 6: Atlanta: Municipal Governance, Fragmentation and Elite Influence

1. What's Happening in Atlanta?

Like San Francisco, Atlanta is a case where the Continuum of Care has been integrated into Atlanta municipal government, in order to more effectively coordinate supportive housing policy efforts. Atlanta, too, also came to have a municipal supportive housing policy by way of institutional restructuring. Unlike San Francisco, Atlanta's change occurred relatively recently, when the Continuum of Care restructured, moving from a tri-jurisdictional arrangement to separate city and county CoCs. The restructuring was prefaced by an investment in homelessness and chronic homelessness prevention and services in Atlanta by the city. Since Atlanta has restructured, the city adopted a supportive housing policy, and made the choice to oversee the new city of Atlanta Continuum of Care, therefore officially merging the CoC into a part of the City of Atlanta local government.

Since the restructuring, Atlanta has also made strides towards not only addressing supportive housing, but directly addressing punitive responses to homelessness, and the cyclical relationship between chronic homelessness and incarceration. Nationally, over twenty percent of incarcerated individuals with severe mental illness were homeless in the months before their incarceration (Parker and Griffin 2017). In this vein, Atlanta, in 2017, established a Pre-Arrest Diversion pilot project to reduce quality of life arrests (QOL), by diverting any arrest for quality of life reasons (e.g. sleeping outside, eating outside, urinating in public) out of jail, and into social services (as

the primary group affected by QOL arrests are people experiencing chronic homelessness (Macias 2017).

These developments have been rapid and quite substantial. Despite these developments and direct policy movement to adopt and begin implementing a supportive housing approach in Atlanta, the city still faces significant challenges in policy implementation and decision-making. These challenges primarily include: 1. Jurisdictional boundaries affecting service delivery and responsibility; 2. Economic elites and policing; and 3. Funding, and ongoing relationships between state and federal entities. These ongoing challenges threaten effective policy implementation and may have the unintended effect of policy feedbacks that prevent supportive housing policy of working effectively to its intended goals (S. Greer et al. 2016).

All in all, the structural organization of the Atlanta metropolitan area, as a product of the segregated south, has a direct and negative affect on the ability of overlapping jurisdictions to coordinate and organize over an overlapping problem and the same target population. In addition, despite strategic efforts by the City to move away from ineffective, punitive responses (Pre-Arrest Diversion Design Team 2017; Torres and Garland 2018), there still exists strong, separate policy mechanisms mobilizing police services to coordinate an indirect and informal policy space of moving groups of persons experiencing homelessness to other jurisdictions or away from desirable areas based on the desires of economic elites. Finally, Atlanta faces ongoing funding challenges related to the jurisdictional organizations, the CoC history and restructuring, and a historic absence from the state of Georgia. The state and economic elites' policy responses remain separate from the local government/CoC policy initiatives, constraining local supportive housing decision-making and policy implementation as a result, while the institutional

arrangements of Atlanta as a metropolitan area have direct, negative effects on all policy efforts, and any policy coordination overall.

2. How did Atlanta get a Supportive Housing Policy? Shifting Intergovernmental Relations and Policy Capacity

Atlanta's movement to a municipal level supportive housing policy occurred with the intersection of policy capacity and institutional restructuring. Unlike San Francisco, Atlanta began building policy capacity around homelessness specifically, instead of a tangential social service or health area that opened the gates to focus on homelessness as an addition. Once Atlanta had established sufficient policy capacity, in terms of funding, expertise, and awareness of homelessness as a municipal priority, the tri-jurisdictional Continuum of Care across the City of Atlanta, Fulton County, and DeKalb county, made the decision to split in 2013, just 3 years after direct city investment, and move on as separate Continuums of Care in an attempt to receive more federal dollars as separate entities than as a singular organization. During this restructuring, the City Atlanta, given their recent prioritization of homelessness and chronic homelessness as a policy issue, and investment by the city in resources to address homelessness, realized they had the opportunity to house the CoC as a governmental entity, within the City of Atlanta, or keep it as a decentralized, non-governmental entity as CoCs have historically been organized. The choice to merge the CoC and municipal government policy efforts, ultimately cementing a municipal governing role in homeless policy, coalesced around local and national salience and trends in supportive housing, pushing the city of Atlanta to adopt a supportive housing policy at the time when the city had to define the local government's approach. The City formally adopted a supportive housing policy, just a few years after cementing a municipal governance structure for homelessness and after years of exponential growth in policy capacity.

This chapter argues that both policy capacity and institutional restructuring – or an alignment of the CoC and municipal policy efforts by integrating the CoC into Altanta city government – were required for Atlanta to establish a municipal supportive housing policy.

Developing Policy Capacity

Atlanta began building policy capacity to address homelessness at the turn of the 21st century, with the election of Mayor Shirley Franklin. The previous Mayor, Bill Campbell, had initially started an emphasis on housing in the 1990's. The effort, however, ended in failure when it turned out that the programming was not only not successful but rife with corruption and direct interference from Mayor Campbell (Georgia Public Policy Foundation 1997; Sherman 2000). The election of Mayor Shirley Franklin proved to grow a tangible interest and effort in addressing homelessness and chronic homelessness in the city of Atlanta.

The majority of Mayor Franklin's efforts prioritized municipal and philanthropic investment in supporting and growing community organizations' efforts to address and prevent chronic homelessness (Mayor Shirley Franklin 2002). The effect that this had on Atlanta's policy capacity around homelessness as well as on policy mobilization was substantial. The Franklin administration's initiatives effectively developed Atlanta's current structure of community-based organizations that work together to manage homelessness in the metropolitan area.

Mayor Franklin initiated and leveraged partnership through the United Way of Metropolitan Atlanta to review current practices used to address homelessness in Atlanta (Deloitte Consulting 2003; Gateway Center's Commitment n.d.; Tatum 2013). This review ultimately culminated in the recommendation to create a 'Regional Authority on Homelessness' to promote coordination across decentralized bodies of community-based organizations (Deloitte Consulting 2003, 1) "*We found a huge number of people living in shelters for more than a year… our* [previous]

Mayor Franklin was approached by the faith-based community, she asked the United Way to come up with a strategic plan because they work with corporations [to coordinate funding]"[xliv]. The Authority was eventually incorporated by the United Way (now the Regional Commission on Homelessness), which now acts as a de-facto and parallel governing body for metropolitan area homelessness planning and service delivery, assisting with coordination across CoC and metropolitan area jurisdictions (Gateway Center's Commitment n.d.; Tatum 2013; United Way Atlanta 2017). Thus, the Franklin administration's efforts drove direct movement towards a coordinated systems approach to managing homelessness in Atlanta.

Although institutional efforts were primarily very decentralized, the administration made strides towards formalizing municipal tax structures as funding mechanisms to reduce homelessness by developing Homelessness Opportunity Bonds through a rental car tax (though now defunct) (Atlanta Development Authority 2008, 8, 2009). The majority of interviewees also emphasized that Mayor Franklin's work affected political interests by successfully coordinating alliances across stakeholder groups to prioritize homelessness as an issue of interest among both elected officials and bureaucrats in Atlanta for the eight years she was in office (Vogelsang-Coombs 2007).

By the time Mayor Kasim Reed was elected in 2010, Atlanta had a restructured, and expanded network of non-governmental organizations or CBOs focused explicitly on addressing homelessness. "*Mayor Reed saw homelessness was an issue, he was very active with influential people throughout the country … he didn't just talk to people here, he reached out, that's why we got the Bloomberg grant,* [it] *funded other projects too, the 311 system, that was part of it, that really helped guide us to looking at it, as to how it* [homelessness] *can be fixed, we have this*

[xliv] Interviewee 3.17 CBO Actor

Bloomberg grant, let's get experts who know what to do."[xlv] The expansion of the CBO space had the dual effect of also creating a new base of organizations with explicit interest in homelessness. CBOs were interested in homelessness by virtue of their existence and mission, as well as the fact that the expansion of nongovernmental actors had a vested interest in their own organizational success and commitment as employers. As a result, the CBO space became an increasingly active voice in homelessness policy and programming in Atlanta (Holland 2009). This activity almost certainly increased salience of the issue, acting as a policy feedback to promote homelessness as a persistent political issue in Atlanta.

Following Mayor Franklin's work, Mayor Reed worked to prioritize chronic homelessness as a political issue in Atlanta. In 2011, Mayor Reed specifically sought out philanthropic financial assistance to address chronic homelessness in Atlanta in order to further build policy capacity, address the city's financial limitations to address chronic homelessness itself, and work to coordinate across the decentralized policy space (City of Atlanta 2011; Mayor's Innovation Delivery Team Atlanta Georgia 2014).

Mayor Reed began prioritizing solutions to chronic homelessness by enlisting consultation and financial support through a Bloomberg Philanthropies grant (City of Atlanta 2011; S. Jacobs and Torres 2013; Saporta 2011). The aim of the grant was to specifically initiate coordination between Atlanta's municipal government and community organizations to address and reduce chronic homelessness and veteran chronic homelessness (City of Atlanta 2011; Mayor's Innovation Delivery Team Atlanta Georgia 2014; K. Reed 2014; Saporta 2011). This effort resulted in a significant growth in policy capacity, training over a hundred providers in evidence-based, supportive housing and vulnerability prioritization practices (S. Jacobs and Torres 2013;

[xlv] Interviewee 3.4 City of Atlanta Bureaucrat, Government Operations

Mayor's Innovation Delivery Team Atlanta Georgia 2014). The investigation into and focus on chronic homelessness and systems coordination in Atlanta also led to a discussion about the governing structures. The Bloomberg Innovations project ultimately proposed a change to the CoC structure, generating momentum for reform and laying the groundwork for a greater municipal role (Pendered 2013). The proposed governing structure in 2013 included the creation of a separate governing council composed of local government and other stakeholders, that would direct policy and set priorities separate from but in coordination with the non-governmental, implementation bodies (City of Atlanta Innovation Delivery Team 2014; Governing Council of Continuum of Care 2017).

By 2013, when the CoC was actively restructuring, Atlanta had a substantially expanded policy space working directly on chronic homelessness and homelessness overall (Governing Council of Continuum of Care 2017). The policy space had expanded in terms of funding opportunities; efforts to recentralize or coordinate existing policy structures and programming; a significant expansion of policy capacity in the way of expertise based in CBOs and nongovernmental organizations dedicated to addressing different types of homelessness in Atlanta; and an overall growing political mobilization around the issue that had persisted since Mayor Franklin's election in 2000. The result of this continued mobilization and expanded policy capacity regarding homelessness and chronic homelessness in Atlanta was increased salience and attention on the part of municipal government and non-governmental actors.

Continuum of Care Restructuring and Shifting IGR

Following a decade of increasing levels of salience and political mobilization around homelessness in Atlanta, opportunities for structural realignment began to appear. As mentioned, examination into the Atlanta's homeless policy and programming by Mayor Reed, led to an

examination of the existing CoC structures (City of Atlanta 2011). This inquiry called for a greater role by municipal government in CoC governance in order to respond to needs for effective policy and program coordination across sectors (Governing Council of Continuum of Care 2017).

The opportunity for restructuring, however, did not become attainable until the Tri-j CoCs themselves began having discussions about their own funding and structural organization (Sheperd 2013) "*Well* [a nonprofit was] *created by the city about three years ago* [to be the CoC governing entity], *but it was created in the midst of the breakup of a prior CoC which was a tri-jurisdictional CoC, which was Atlanta and two of our counties, so now all three municipal counties operate their own municipal CoCs, so… prior to that, it was a much different governance structure, the city was always supportive, but the city operated in a different way, so for last three or four years, the city has been very supportive of the CoC and helped to establish it*."[xlvi] The development of a formal role for Atlanta municipal government in homelessness policy governance culminated in a structural realignment of the Continuum of Care. The Tri-jurisdictional CoC would break up, so the City of Atlanta would have its own CoC (City of Atlanta Continuum of Care 2015). This decision forced municipal actors to choose between a direct municipal role, or continued decentralization. The years of increasing interest by municipal actors in homelessness policy and programming, paired with increasing centralization across multiple spheres, allowed Atlanta to step into a direct municipal role when the opportunity arose. Overall, increased salience, substantial growth in homeless policy capacity and movement towards centralization paired with structural realignment by intergovernmental partnerships incentivizing centralization, allowed Atlanta to establish a formal municipal role.

[xlvi] Interviewee 3.2 City of Atlanta Bureaucrat/CoC Actor

All of the interviewees that were familiar with Atlanta's policy explicitly discussed the restructuring of the Continuum of Care as a critical factor in the municipal policy development. Both in terms of establishing a formal role for the city of Atlanta, as well as subsequently developing and establishing Atlanta's current supportive housing policy approach. The previous CoC, known as the Tri-J or tri-jurisdictional Continuum of Care, decided to restructure as a result of a shared funding stream that the Tri-J ultimately decided resulted in lower amounts of federal funding, compared to each independent jurisdiction applying for and receiving its own separate amount of federal funding (City of Atlanta Continuum of Care 2015; Partners for Home 2017). As mentioned, when discussions about CoC restructuring began in 2013, Atlanta had already heavily invested in homelessness policy and programming (Pendered 2013). The Tri-J restructuring decision, too, followed just two years after Mayor Reed had proposed a plan to formalize the city of Atlanta's role in CoC governance (City of Atlanta 2011).

The restructuring ultimately aligned CoC governance with Atlanta's interest in and movement towards centralizing by locating an independent CoC in the city of Atlanta's jurisdiction, as opposed to the previous shared model. Locating an independent CoC within the city of Atlanta itself came with inherent questions about what authority would run the CoC. Initial discussion prior to the 2013 decision suggested that the CoC would be overseen by an independent nonprofit.[xlvii] However, the change that ultimately occurred, was to designate the CoC as a governmental entity, or a part of Atlanta's municipal bureaucracy, as opposed to a completely decentralized, nongovernmental entity (City of Atlanta Continuum of Care 2015, 152; Partners for Home 2017; Pendered 2013). This decision was made based on existing interest in coordinating homelessness policy in Atlanta, as a result of the growth in policy capacity and

[xlvii] Interviewee 3.2 City of Atlanta Bureaucrat/CoC Actor

expertise to evaluate and improve homelessness systems, policy and programming in the metro area (Governing Council of Continuum of Care 2017; Partners for Home 2017). Shifting authority to the city of Atlanta, as a result of the restructuring, inherently opened an opportunity for Atlanta to establish a municipal level policy on homelessness and chronic homelessness. "*2013 is when they* [Tri-j CoC] *broke up, I don't know when the conversations actually started, but it was 2013 when the city of Atlanta formed Partners* [new CoC governing organization]. *So that would have been when Mayor Reed was already mayor. And, shortly* [after]… *they carried out, in 2013, as part of Unsheltered No More, a homeless registry, the first comprehensive registry to count people and count unsheltered, that is the pilot for coordinated entry*…"[xlviii]

After establishing a formal municipal role, the movement to supportive housing policy was relatively fast. As of 2015, CoCs are required by the federal government to apply a Housing First approach (Goodloe 2015). This federal policy change aligned with many of the policy goals and initiatives established by Mayor Reed, all following in a trauma informed, supportive housing approach to specifically address Atlanta's high rate of chronic homelessness (Governing Council of Continuum of Care 2017; Partners for Home 2017). Ultimately, Atlanta's strong foundation in policy capacity, the establishment of a specific governance role for the city of Atlanta following institutional restructuring, as well as national policy change governing the CoCs themselves, all acted together to push Atlanta towards a municipal level supportive housing policy in 2017 (Governing Council of Continuum of Care 2017; Torres and Garland 2017).

Without the previous development in municipal level policy capacity, including funding and expertise, Atlanta may not have felt prepared as a municipality to step into a formal governance role when the CoC restructuring occurred. Similarly, without the CoC restructuring, it is not

[xlviii] Interviewee 3.16 Academic Expert/City of Atlanta Bureaucrat

clear that the City of Atlanta would have taken steps to formalize a municipal role and ultimately a municipal level supportive housing policy, due to the strong history of decentralization both in Atlanta and in homeless policy and programming, nationally. Most likely, we can assume that Atlanta may have eventually formalized a more indirect municipal role, as was originally laid out in Mayor Reed's original plan for a municipal seat in the governing board overseeing the CoC, but not towards seating the CoC within Atlanta city government itself. This case, as in San Francisco, posits the necessity of both policy capacity and institutional, intergovernmental arrangements, as critical factors in promoting, or disincentivizing, municipal level homelessness policies.

3. Jurisdictional Boundaries and the Histories of Race and Racism

Now that Atlanta has a formal municipal level supportive housing policy and the CoC is integrated into local government in order to coordinate these policy efforts, one of the City's primary challenges to policy implementation, decision-making and any service coordination are the existing municipal jurisdictional boundaries. These jurisdictional boundaries exist as a product of the histories of race and racism in the segregated south (Bayor 1988; R D Bullard, Johnson, and Torres 1999; Robert D. Bullard, Johnson, and Torres 2000; Jackson 2009; Kruse 2005). The interviews and archival analyses all demonstrated that coordinating policy and service distribution across multiple, overlapping municipal jurisdictions results in: collective action problems, questions of authority and responsibility, coordination challenges, and deliberate gatekeeping mechanisms. As a result of the challenges posed by the jurisdictional boundaries, supportive housing policy implementation is stagnated, and policies do not currently, and face the prospect of not in the future, working to their intended ends.

Why Does Atlanta Have Multiple Overlapping Jurisdictional Boundaries?

Atlanta is a city that exists within five separate incorporated counties – Fulton, DeKalb, Gwinnett, Cobb and Clayton. This arrangement is not typical. Most cities exist within one county, or sometimes two overlapping counties. Atlanta's arrangement is a product of direct segregation efforts, to establish areas outside of the city that were (and are) primarily inhabited by white, wealthy elites, separated from and outside of the black, poor, metropolitan downtown city (Bayor 1988; Kruse 2005). Atlanta's white flight is not unusual. Cities across the south and the United States, including Detroit, Cleveland, Queens, New Orleans, experienced great migrations of white, wealthy elites out of metropolitan areas during the mid-late 20th century, as a result of increased racial animus by whites during the civil rights movement and white responses to direct efforts to reduce segregation. In effect, whites responded to growing economic mobility by blacks and increased de-segregation efforts, with further segregationist efforts including flights to the suburbs where they could insulate themselves through Federal Housing Administration (FHA) FHA redlining and racially discriminatory private business practices (Biles 2011; Frey 2019; Kruse 2005, 169).

Atlanta substantially grew and established the perimeters of its protected, white suburbs out of reach of black America in the 1960's and 70's (Bayor 1988; R D Bullard, Johnson, and Torres 1999; Kruse 2005). With this, came the establishment of new governments (school boards), and separate governance and decision-making structures, all run by this new, separate groups of wealthy whites (Frey 2019; R. Mickey 2015). The effect of expanding existing and creating new, separate governing entities that overlapped jurisdictionally with the City of Atlanta was not only to perpetuate racial animus and segregation in the American south, but to also engender further fragmentation of political decision-making, and inherent challenges for governance of collective problems within the Atlanta metropolitan area (Robert D. Bullard, Johnson, and Torres 2000).

A. Collective action problems and policy coordination

The first challenge observed as a product of multiple, overlapping municipal jurisdictions in supportive housing policy implementation is an inherent collective action problem. The collective action problem arises because, although the City of Atlanta is a separate entity from the other municipal jurisdictions, three of the municipal jurisdictions serve the same, or strongly overlapping, population. These jurisdictions are the City of Atlanta, Fulton County, and DeKalb county (which were formerly combined as the Atlanta Tri-jurisdictional Continuum of Care). This is because persons experiencing homelessness, and chronic homelessness in particular, may be mobile or migratory around metropolitan areas for a variety of reasons (Gray et al. 2011; Metraux, Treglia, and O'Toole 2016). These reasons include: forced mobilization by municipal authorities to dissuade individuals from entering certain areas or clustering (Mcnamara, Crawford, and Burns 2013); mobilization caused as an after effect of incarceration; necessity to access services that are located in different municipal areas (e.g. city vs. county administrative processes required to obtain social services); among others (Gray et al. 2011). As a result of this mobilization, the closely overlapping jurisdictions within the larger metropolitan areas, serve very similar or overlapping groups of persons requiring/seeking services.

When working to address one, collective issue, or a problem that simultaneously affects all overlapping jurisdictions, buy-in or some type of participation is required by all affected areas in order to sufficiently address the problem and resolve the collective-issue. This is particularly true in the case of chronic homelessness, which requires (and now is required by federal regulatory bodies) to implement coordinated entry and assessment, along with an integrated and coordinated Homelessness Management Information System (HMIS) (Department of Housing and Urban Development 2017; U.S. Department of Housing and Urban Development n.d.).

These systems work to effectively identify coordinate the flow of information across organizations to clients' needs, identify clients with the highest needs to prioritize service access based on risk, and follow clients throughout the systems to make sure that individuals who are seeking help are able to receive aid and do not fall outside of the systems (Department of Housing and Urban Development 2017; U.S. Department of Housing and Urban Development n.d.). Therefore, participation and buy-in from all jurisdictions within the metropolitan area is required to implement effective programming that can successfully execute supportive housing protocol and place individuals into supportive housing as well as other services.

A clear example of the collective action problems facing supportive housing policy implementation is the use of the HMIS across jurisdictions. Stakeholders discussed that some individuals who have been in existing supportive housing units for extended periods of time are stable and ready to transition out of these units, into other supportive but less intensive environments. This transition would then free up more supportive housing units for currently, chronically homeless individuals. However, the lack of coordination across the jurisdictions has resulted in a fragmented HMIS network, where providers are unable to track unit availability, to help clients access services through the system. "…[chronically homeless] *people sit on the que for over a year sometimes, and if no one has made contact with them in 90 days, they are bumped off the que, that doesn't really make sense, and they are using it off of our* [Atlanta CoC] *HMIS, but not everyone uses that, so that person could have been touched by an agency but maybe that person didn't get into the system because that agency didn't use HMIS...*"[xlix] "*They will have like five beds over here, and 7 beds from another county,* [but they] *can only fill beds for people living in certain county. It's weird how they decide*."[l]

[xlix] Interviewee 3.18 City of Atlanta Bureaucrat/Homeless Services Practitioner
[l] Interviewee 3.7 Academic Expert/CBO Actor Homeless Services

As it currently stands, the historic separation of the multiple jurisdictions within Atlanta's metro area acts as a barrier to collective action around homelessness. All interviewees stated that not all jurisdictions participate in homelessness programming and implementation, and if they do, not all jurisdictions participate to the same degree. For example, Fulton was reported as typically less participatory or more absent from most decision-making and programming meetings. Fulton County is the jurisdiction with the most overlap with the City of Atlanta. Further, Fulton County is the primary arbiter of public health services in the Atlanta metropolitan area, following traditional city/county arrangements of public health service delivery. Lack of participation by Fulton County acts as a direct barrier to policy decision-making and implementation, as Fulton is not only a jurisdiction governing a core portion of the primary population but also as a service provider. Therefore, limited participation by Fulton effectively constrains access to resources and governance structures necessary to implement supportive housing policy and homelessness services in the metropolitan area for the shared, targeted population. "*Now a lot of the difficulty is we have two CoCs* [Atlanta and Dekalb] *that are very active and participatory, and* [homeless services] *providers whether they like them are not are in communication with them, but then you have Fulton County that is in and out at best*."[li]

Overall, lack of participation, or comparably less participation, by any of the individual jurisdictions constrains action and effective governance on the part of the other participating jurisdictions due to the overlapping target population and the policy goals requiring coordination across systems to monitor service access and client needs. Multiple overlapping jurisdictions serving the same client population need to all buy-in to decision-making and implementation or the system cannot successfully deliver policies and track client needs.

[li] Interviewee 3.6 Academic Expert/CBO Actor Homeless Services

B. Questions of authority, responsibility and gatekeeping

Beyond the inherent collective action problem, the multiple jurisdictions also create inherent questions of authority and responsibility that follow-from or may perpetuate collective action problems. Interviewees frequently discussed challenges in determining which jurisdiction is responsible for which population, and how the reorganization of the Continuum of Care exacerbated some of these issues. Specifically, the re-organization moved from a singular system, into a system that still serves an overlapping population and therefore requires coordination but is governed through three separate entities. In this way, the restructuring may have had a double-effect: allowing the City of Atlanta to formally establish a municipal level policy and formal governing role for the city yet fracturing a system that already faces jurisdictional challenges.

The questions of designated authority or responsibility for a shared, target population primarily affect policy implementation in one critical way, as highlighted in the interviews. The effect is delineating boundaries of responsibility within each jurisdiction, where the lines dividing jurisdictions become gray zones of service gaps as well as reduced visibility for individuals experiencing homelessness and chronic homelessness. These service gap zones, or zones where individuals experiencing homelessness effectively lose visibility or homelessness becomes less salient, may also be used as a deliberate, gatekeeping mechanisms to shift visible homelessness into less desirable areas. Deliberate gatekeeping will be discussed more in the next section, as well.

The question of authority or responsibility pertaining to service gaps works in two ways. The first, are presumptively non-deliberate service gaps. Non-deliberate service gaps are a result of the jurisdictional boundaries, where services levels are inherently lower at the boundaries

between jurisdictions compared to the center. As mentioned, there are many different reasons why individuals experiencing chronic homelessness may end up on the fringe of jurisdictional boundaries. The result, however, is that without an effective coordinated approach across jurisdictional boundaries, individuals living on the boundaries of the jurisdictions receive less services and are often harder to track. Besides structural service density, individuals living on the boundaries may also face service gaps due to the second type of mechanism behind service gaps.

The second are deliberate service gaps, where different jurisdictions may or may not be responsible, or perceive responsibility, for different tasks in implementing supportive housing or an overall coordinated approach. The effect from deliberate service gaps on individuals living on the boundaries is a lack of certainty regarding which municipal jurisdiction is responsible for that population. Often, the lack of certainty, according to interviewees, results in inaction, compounding the lack of service access and ineffective policy implementation specifically for individuals living in the boundaries between municipal jurisdictions. This ultimately perpetuates the collective action problem facing supportive housing policy implementation.

Finally, the deliberate service gaps may also be a product of or be directly related to deliberate gatekeeping mechanisms. Deliberate gatekeeping mechanisms will be discussed more completely in the context of the local political economy. However, the ability of these gatekeeping mechanisms to exist is directly related to the municipal jurisdictions. All of the interviewees discussed the use of some deliberate gatekeeping mechanisms by jurisdictions in the context of keeping people experiencing chronic homelessness out of less desirable areas. Specifically, interviewees discussed that individuals who live between jurisdictions have less visibility which may be more desirable to some stakeholders or jurisdictions, overall. In effect, these results query the relationship between deliberate service gaps between jurisdictions and

elite stakeholder preferences. "…*the homeless congregate in the boundaries, e.g. north Cobb people congregate in this boundary between north Cobb and Cherokee…both sides want people to go on one side or the other, or across ends of a parking lot. Policing stays away from the edge. You can tell, you drive through the city and you can see that. You can see there will be a bulk of homeless people, those people probably aren't being served if they aren't in the city of Atlanta, agencies congregate in city of Atlanta, a lot of them* [homeless] *are on the boundaries*."[lii]

4. Economic Elites and Policing – Participatory Equity

The presence of a municipal supportive housing policy in Atlanta, as well as the presence of specific efforts to decriminalize homelessness and chronic homelessness, have not yet translated into successful policy implementation. Perhaps (ironically), the existence of direct municipal decriminalization efforts, in particular, has not ceased one of the largest challenges facing supportive housing and decriminalization implementation – which is the relationship between policing and homelessness in the Atlanta metropolitan area. The relationship between policing and homelessness in Atlanta cannot be separated from the relationship between wealth and policing. Similar to San Francisco, this research finds that the processes surrounding informal policing of persons experiencing homelessness (outside the decriminalization initiatives) are a product of the police responding to or carrying out preferences of wealthy stakeholders in the metropolitan area. Regarding policy implementation, the interviews and archival analyses all demonstrated that policing efforts as directed by wealthy stakeholders result in direct 1) barriers to service access and homelessness programming roll-out and, 2) growing participatory inequity in the Atlanta political economy. As a product of the challenges posed by policing and elite preferences, supportive housing policy implementation has stagnated, and policies do not work

[lii] Interviewee 3.7 Academic Expert/CBO Actor Homeless Services

to their intended ends. The resulting participatory inequities threaten growing inequity in decision-making that may prioritize wealthy stakeholders over the targeted population, or at-risk or vulnerable groups, generally.

Currently, in Atlanta, the relationship between policing and homelessness occurs on two axes. The first are efforts to decriminalize quality of life crimes, of which persons experiencing chronic homelessness are typically cited for. In Atlanta specifically, one out of every ten chronically homeless individuals was housed in jail on any given night (Fulton County 2012, 13). Quality of life crimes include behaviors resulting from behavioral health disorders, sleeping in public, eating in public, etc., or all crimes that are a direct result of being homeless, and are not in and of themselves a product of criminal behavior or intentions (Macias 2017). Atlanta has started a pilot program that re-directs persons who have been charged with a quality of life crime out of jail, and into social services to address the causes of the quality of life crimes in the first place (Macias 2017). Atlanta has also eliminated bail for quality of life crimes, so individuals experiencing chronic homelessness (or poverty) are not held in jail simply because they are unable to pay bail for a misdemeanor (Torres and Garland 2018). Finally, the Atlanta Police Department has a HOPE team (Homelessness Outreach Proactive Engagement) as a means of training police officers with crisis intervention, to delineate between crisis behavior and criminal behavior, and also as a means to connect individuals experiencing chronic homelessness and other types of homelessness with social services, as police are often the first point of contact for individuals experiencing homelessness.

Despite these notable efforts, stakeholders in Atlanta consistently reported an alternate relationship between policing and homelessness. This secondary relationship is one that is responsive to the interests of wealthy or influential members of the public or constituencies

within Atlanta, and act as a means of addressing the visibility of homelessness, as opposed to connecting individuals with services, or addressing the causes of chronic homelessness (in order to ameliorate homelessness). The interviewees emphasized that although new efforts exist to shift towards a compassionate approach, the limited resources available to sufficiently address the causes of homelessness paired with efforts to purposefully redirect individuals experiencing homelessness out of visible areas, they do not make up for or override the substantial implementation challenges borne out of the reactive relationship between policing and homelessness.

Barriers to service access and programming

The reactive relationship between policing and homelessness in Atlanta mirrors that of San Francisco. Police officers react to calls or complaints about homelessness from actors, notably wealthy or influential actors, and in response enact protocol to respond to that complaint, which typically takes the form of moving encampments out of desirable areas, into less desirable areas of the city. What is notably different in Atlanta compared to San Francisco, is that elite interests appear to be comprised of corporate interests, as opposed to wealthy individuals, or independent citizens. This process between elite stakeholders and police officers creates independent policy mechanisms – both decision-making and implementation – where elite preferences guide a direct response to homelessness that addresses homeless visibility or homeless behaviors as opposed to the causes of homelessness. This policy goal directly contradicts the goals of supportive housing policy, while also working through very different decision-making mechanisms and implementation processes. The result is a process that creates inherent barriers to implementation by pushing individuals experiencing homelessness out of areas where they are able to access

services, ultimately perpetuating homelessness as opposed to resolving it by addressing the causes of homelessness.

All interviewees discussed three main ways that elite actors typically commence this alternative policy process and response. These are 1) external corporate interests (movies and sporting events); 2) municipal downtown development (housing and other); and 3) the history of wealth and racial segregation. The preferences of these wealthy elite/structural interests are realized with structural limited options for other actors to participate or share their preferences, while creating inherent barriers to coordinating services for individuals experiencing chronic homelessness and effectively implementing supportive housing policy.

External, organized corporate entertainment interests are a growing presence in Atlanta (Kahn 2019). What delineates these interests from downtown development, is that these structural interests (Alford 1975) are typically external actors, who do not reside in Atlanta but have a vested economic interest in Atlanta for an acute period of time. From the interviews, the two most commonly cited types of these structural interests are movie productions, and national sporting events. While the introduction of these structural interests into Atlanta's economy is arguably a good thing for many reasons, these interests are one mechanism for catalyzing the separate elite policy efforts and causing direct policy conflict with supportive housing policy implementation and efforts to address chronic homelessness, overall. "*…police are running the streets, when things happen, when a convention happens, when Super Bowl… like we just did, we know, as we did from the Olympics, the community doesn't want to show its negative side, so they sweep the problems away*."[liii]

[liii] Interviewee 3.17 CBO Actor Homeless Services

The majority of interviewees were not aware of the mechanisms by which police responses were activated – e.g. if the City of Atlanta calls police on behalf of these external interests, or, if these interests alert the police of their preferences. Regardless, interviewees all stated that prior to the arrival of these interests – notably film crews, the Olympics, the Super Bowl (Gustafson 2013; Smothers 1996; Stokes 2019) – individuals experiencing chronic homelessness, or visible homelessness (e.g. living and sleeping on downtown streets individually or in encampments) are removed from these areas (or areas that will be utilized by external interests) as are their belongings. "…*officers use* [quality of life ordinances] *to sweep them* [homeless] *off the streets, almost all of them were put in place in order to sweep the streets for the Olympics*."[liv] The areas that are typically affected are downtown areas, areas where homelessness services and programming are primarily located. Many interviewees stated explicitly that their clients are not returned to the downtown, or original locations after the exit of these external interests. The result is a direct inability to locate clients, impeded access for clients to homelessness services and programming by redirecting individuals away from downtown areas, and an overall barrier to implementing supportive housing policy by limiting providers' ability to reach out to clients and coordinate service access. These findings align with previous research on the interactions between policing and chronic homelessness in municipalities across the U.S. (Mcnamara, Crawford, and Burns 2013).

Downtown municipal development is the second structural interest that interviewees cited as a primary catalyst for reactive police responses to chronic homelessness, or a second driver of the elite policy initiatives. Downtown municipal development refers to the growth of new, generally more costly infrastructure, typically owned by large corporations or entities, in the city

[liv] Interviewee 3.19 City of Atlanta Bureaucrat/Homeless Services Practitioner

of Atlanta itself. This includes new residential property, as well expansions for other uses developed by existing downtown entities such as Georgia State University. These interests differ from the former as they are entities that reside in Atlanta and have long-term developmental interests and relationships in the city.

Downtown development, too, is growing in Atlanta and is also arguably good for Atlanta's economic growth, in many ways. However, the introduction of new, wealthy, political actors into Atlanta's downtown political economy, who are leveraging an informal network of political participation through policing that does not allow for input by other individuals or the targeted population, also contributes to direct barriers to supportive housing policy goals and implementation. Interviewees cited efforts by both new residential properties and Georgia State to remove individuals experiencing homelessness from or near their properties to the same effects as the external actors: displacing individuals into areas with low access to homelessness services and programming, effectively restricting policy ability to reach clients and coordinate access to supportive housing and other services to ameliorate homelessness.

Finally, the history of wealth and segregation in Atlanta further compounds the effects of the mechanisms of the elite policy efforts on homelessness policy and programing in Atlanta. Atlanta, as discussed in the previous chapter, has a very long history of racial and economic segregation, by which and for why the municipality's overlapping jurisdictions developed (Kruse 2005). Interviewees stated that when these structural interests – both internal and external – enact policing procedures to remove individuals experiencing chronic homelessness, such individuals are typically moved to certain parts of the metro area. These areas are historically segregated, low-income and low-service areas. Interviewees stated that this is generally south Atlanta, past highways 75 and 80. "*So, we don't actually move them around, if you drive under 75/80 right*

now, there are encampments there. Somebody calls and complains, if the right person sees it, we have to go, we let them [homeless] *know you have 24 hours to move your stuff, in 24 hours we come and get rid of things, it's really whoever calls and complains. It's a really reactive profession [policing], so the proactive part of that is really non-existent*."[lv]

Moving individuals experiencing chronic homelessness to racially and economically segregated and overall disadvantaged areas of Atlanta stagnates supportive housing policy implementation by moving individuals further away from outreach and service efforts, but also inhibits actions by individual's experiencing homelessness ability to return to serviceable areas themselves, by effectively cutting individuals off from any other services including transit, food systems, and medical care. Thus, the history of and structural arrangements of wealth and race in Atlanta, in conjunction with the elite policy mechanisms, protect elite preferences while insulating at-risk population's preferences from the larger political economy while simultaneously inhibiting supportive housing policy implementation. "[The public transit system] *is segregated by race and by class, people who use public transport are more at-risk of homelessness than people who don't. There is direct opposition on extending the subway system, into different more suburban neighborhoods, in places where they were concerned about bringing more poverty in [to their neighborhoods]…being a behavioral health provider, it's a huge issue a lot of patients are trying to use public transit and they can't get to their appointments on time*."[lvi]

Growing Inequity in Atlanta Political Economy

Atlanta's political economy has always been inequitable due to the history of slavery and segregation in the south (R D Bullard, Johnson, and Torres 1999; Robert D. Bullard, Johnson,

[lv] Interviewee 3.13 Municipal Service Provider - Public Safety
[lvi] Interviewee 3.12 Academic Expert/Healthcare Practitioner

and Torres 2000; Kruse 2005; R. Mickey 2015). This section highlights the role of the history of inequity and segregation in Atlanta, compounded by a new, changing political economy in the downtown city of Atlanta. Ultimately, the research finds that increasing income inequality is exacerbating inequity in political participation by structurally limiting homeless, racial minorities, and low-income groups' access to wealthy or gentrifying areas in the Atlanta metropolitan area. The increasing practice of engendering inequality through structural arrangements in Atlanta may perpetuate the threats to successful implementation of supportive housing policy, and further fragment the existing and conflicting policy approaches.

As a product of historic segregation, the city of Atlanta is surrounded by wealthy primarily white suburbs (Kruse 2005). All interviewees, overwhelmingly, insisted that there is no direct opposition by any entity to supportive housing policy or homelessness services and programming, generally. What interviewees did state, however, is the history of segregation in the Atlanta metropolitan area has engendered strong feelings of protectionism among wealthy, suburban areas. As a result, instead of direct opposition to homelessness, or supportive housing development, as seen in San Francisco, Atlanta experiences opposition to development that would further economic integration or allow more mobility of residents experiencing homelessness and low-income residents into wealthy neighborhoods. This typically comes in the form of strong opposition to subway expansion, or expansion of the transit systems, in general (Rankin et al. 2015). "*Expansion of MARTA discussions have been ongoing. This is the bus service and train …it's really limited, bus service is really slow, it takes a long time, Atlanta is very segregated economically, those [segregated/wealthy] populations voted down expanding*

MARTA, lots of really racist arguments were made against expanding MARTA…it's a really frustrating thing because it could help Atlanta become a lot more integrated economically."[lvii]

As a result of this historic segregation, and protectionism or NIMBYISM among suburban elites, most low-income individuals, and individuals experiencing homelessness and chronic homelessness, reside in the downtown city of Atlanta (R D Bullard, Johnson, and Torres 1999; City of Atlanta Continuum of Care 2015; Holt and Lo 2008; Pearce et al. 2016). What this research finds are increasing concerns among stakeholders about growing inequality in downtown Atlanta, that threatens pushing low-income, at-risk, and homeless or chronically homeless individuals out of downtown, further out of Atlanta jurisdictions, and risking greater housing insecurity. Interviewees working in homeless policy and programming in Atlanta stated that they anticipate rates of homelessness in Atlanta to rise, due to the changing economy in downtown Atlanta, in the coming years.

The compounding effects of historic segregation and increasing gentrification in Atlanta may have an effect similar to that in San Francisco. The result may be an exodus of marginalized communities out of metro Atlanta, and out of the political economy. These two parallel forces work to increase inequity in Atlanta's political economy by effectively constraining ability of marginalized communities to participate by removing them from the metropolitan area. This trend is not uncommon and was used very intentionally in major metropolitan areas during the mid-twentieth century as a way to decrease political participation by less-desirable, out-group members (Bridges 1999; Galster 2012; Sugrue 2014; Trounstine 2008). Political debates, thus, become inherently inequitable or biased towards the dominant group if another group is ousted or has constrained access to political debates. Regarding supportive housing efforts in the City of

[lvii] Interviewee 3.15 Healthcare Practitioner

Atlanta, a restructuring of the political economy to a more homogenous group of wealthy individuals may leave less support for supportive housing by removing buy-in from groups that would benefit from supportive housing efforts.

Summary

The existence of these two-separate policy processes in decision-making and implementation – elite and municipal – with fundamentally separate policy goals leads to further stagnation of efforts to address homelessness by crowding the policy space with multiple, competing policies and actors that all directly contradict each other's efforts. These policy processes, similar but a bit different from San Francisco, also structurally engenders inequality. The mechanism by which these processes occur – request by one individual (or single entity) through informal channels for action regarding chronic homelessness – allows no time for input or political participation from other entities or actors. It simultaneously creates a siloed and one-sided, policy response to chronic homelessness that also substantially affects other actors' goals and abilities.

5. Barriers to Policy Implementation: Brining the State Back in and Improving Municipal Accountability

The presence of a municipal supportive housing policy in Atlanta, as well as the presence of specific efforts to decriminalize homelessness and chronic homelessness, have not yet translated into successful policy implementation. A primary challenge restricting policy implementation in Atlanta is a lack of funding, as well as challenges pertaining to the utilization of existing funding. The main funding challenges exist in two domains: 1) the lack of state participation, 2) the local government's use of funds, generally, and local funding initiatives.

This research finds that Atlanta sits in a circumstance where the state of Georgia is relatively absent. As of 2017, Georgia was entirely absent on the front of legislation or funding directly targeting homelessness. This limited participation by the state of Georgia is exacerbated by the fact that the City of Atlanta itself relies on little to no municipal resources for homelessness programming. Finally, even further constraining these limited municipal resources is the reality that Atlanta has a history of corruption and limited transparency around the use of federal dollars for supportive housing and other efforts in the City of Atlanta CoC (Deere 2018, 2019). Therefore, much of the funding that has been leveraged to fill the gaps in municipal and state funding has come under scrutiny due to questionable uses or a limited return on investment (Deere 2018). Overall, the challenges posed by funding constraints at the state and local level have created barriers to supportive housing policy implementation and efficacy. This section argues that solutions to these challenges may come in the form of merging the state and elite policy processes with the municipal/CoC efforts, in order to more effectively align policy goals, reduce participatory inequity and establish systems of accountability.

Bringing the State Back In

All interviewees stated that Georgia, as a state, is relatively absent from municipal level homeless policy concerns. One interviewee succinctly stated that Atlanta is a system that has so few municipal and state level resources that they rely very heavily on private funds. "…*the corporations of Atlanta… Georgia isn't known for its state funding or county or city government for this issue. So, we raised lots of private money with the agreement that we wouldn't take away from the HUD money. Mostly private money here*."[lviii] The reliance on private donations allows Atlanta to be more innovative, yet the tradeoff that arises is a lack of sustainability and

[lviii] Interviewee 3.17 CBO Actor Homeless Services

consistency to effectively achieve policy goals over a long period of time. Interviewees emphasized that more resources from the state would be greatly appreciated by municipal actors.

As of 2017, Georgia had no state level policies addressing homelessness or chronic homelessness. Georgia has also not expanded Medicaid and does not have any existing Medicaid Waivers to be used as funding or pilot funding for supportive services or issues tangential to homelessness and chronic homelessness such as low-income risk pools (Centers for Medicare and Medicaid Services 2019). In San Francisco and Shreveport, interviewees highlighted Medicaid funding as a major asset for supportive housing policy development and implementation. In Atlanta, the majority of interviewees illustrated the lack of state funding overall, as a barrier to supportive housing policy development and implementation. Municipal level actors and providers also emphasized the absence of Medicaid Expansion as a missed opportunity for additional state level funding to facilitate supportive housing implementation. "*We haven't expanded Medicaid, so paying for the services is really challenging. We are thinking through a sustainability plan for 550 units of PSH … we are developing right now... Oh, and beyond the Medicaid, sustainability in terms of other public resources to homelessness, we have no dedicated state or local dollars for investments in homelessness*."[lix]

Despite these drawbacks, this research found policy mobilization among municipal level actors that was unique to the case of Atlanta. This policy mobilization is specific engagement by local level actors, both political and bureaucratic, to seek out and advocate for state level resources to assist in homelessness and supportive housing policy and programming. These interviewees emphasized that their efforts to seek out state level resources were motivated by a lack of municipal governmental funding, as well historically limited federal funds for the Atlanta

[lix] Interviewee 3.2 City of Atlanta Bureaucrat/CoC Actor

Continuums of Care (CoC), which will be discussed more in the next section. Interviewees felt that some state level resources could be made available that would help support their efforts in the absence of or constrained municipal and federal funding. "…*the state their Department of Community Affairs funds some programs through passthrough CDBG grants, behavioral health and disabilities, provider vouchers for people with MH...There has been now more a concerted effort* [from the state] *to partner with Partners for Home* [new Atlanta CoC]*...they fund physicians to fund PATH* [Projects for Assistance in Transition from Homelessness] *outreach teams*…"[lx]

These municipally driven efforts to seek out state funding have proven fruitful so far. As mentioned above, local actors have been able to leverage additional support for behavioral health services. Local actors stated that the relationships with state level bureaucrats in these agencies are growing, and they are hopefully that these relationships will continue to increase state investment to support local initiatives in to fill in funding gaps. Local actors in Atlanta may have been more willing to seek out state level funding compared to San Francisco and Shreveport due to the highly constrained funding environment at the municipal and federal levels.

Georgia, as one of the states that strongly contributed to the development of the new Republic Party is a historically conservative state (R. Mickey 2015). This history of policy conservatism makes future participation in welfare or social service funding unlikely. However, in recent years, state level representation and public opinion has been changing. Aside from potential swings in public and representative ideology, policy diffusion from other conservative states regarding Medicaid Expansion utilizing waivers may increase the likelihood of Georgia taking interest in Medicaid Expansion options. Atlanta's CoC has also taken an active role in

[lx] Interviewee 3.5 CBO Actor Homeless Services

lobbying Georgia for the benefits of Medicaid Expansion (Partners for Home 2017). The changing political environment, paired with an increasing relationship between municipal and state actors, may ultimately move the policies towards greater alignment and may help Atlanta's municipal level supportive housing efforts work better to their intended ends (Lillvis and Greer 2016).

Municipal Accountability and Funding

In this section, there are two distinct barriers to supportive housing policy that stem from Atlanta's funding for homelessness programming and Atlanta's use of funding for homelessness programming. The first refers to two issues: Atlanta's history of a low-level of federal Continuum of Care funding, and a history of very limited or no municipal level funding for homelessness programming and policy (e.g. taxation, bonds, etc). The second refers specifically to Atlanta's murky relationship with federal funding as a product of the limited transparency around federal funding and a history of corruption.

When the Continuum of Care funding streams were formalized by the federal government in 1995, local communities were required to identify a 'CoC' in order to submit a single application for federal funding (US Department of Housing and Urban Development 2012). Since the passage of the McKinney Vento Act in 1987, most communities already had some type of organization among community groups overseeing homelessness programming, and therefore the formal transition to a CoC was less challenging. Atlanta, however, was late to the game. Although there is limited documentation and literature on this topic, interviewees emphasized that Atlanta's slow decision to establish a CoC substantially reduced the metropolitan area's baseline amount of funding, as the initial amount was tied to formally establishing a CoC. The downstream effects of this choice constrain Atlanta's resources for homelessness programming,

requiring the municipality to look elsewhere for funding sources. "*From what I understand, when the CoC funds first came out in the '80s, Atlanta didn't go after the money initially, they were slow to apply, that made a big difference … just from day one essentially, if you didn't apply in the beginning, you had a lower dollar amount at a later date, we started out at a disadvantage, you can only increase in bonus dollars, … CoCs can only grow in small increments every year*."[lxi]

Despite the reality of limited federal funding, the City of Atlanta has a history of no to very limited municipal governmental efforts to levy funds to address homelessness. There has been opposition to taxation, in particular, as a funding source.[lxii] Other municipal funding Atlanta has been limited to public-private partnerships, with the majority of municipal funding coming from philanthropic or corporate investments (Atlanta Development Authority 2009; Torres and Garland 2017). The United Way has been one of the largest sources of funding, acting as both a partner providing match funding for municipal investments, as well as a source of staffing for municipal bureaucracy dedicated to homelessness programming and the CoC itself. "[With the CoC restructuring] …*until the dollars were available for that* [the United Way] *funded it and staffed it until the resources were coming in in a more sustainable way*, [the United Way] *funded it for a year or two, providing staffing still now, but not to the same degree.*"[lxiii] This limited governmental funding is surprising, especially on the part of the municipal government giving the constrained federal funding opportunities. However, this hampered arrangement makes the growth of a submerged state role as a primary funder less surprising (Weir and Schirmer 2018). Overall, all interviewees emphasized that the reliance on non-governmental sources of funding

[lxi] Interviewee 3.2 City of Atlanta Bureaucrat/CoC Actor
[lxii] Interview 3.16 Academic Expert/City of Atlanta Bureaucrat
[lxiii] Interviewee 3.3 CBO Actor Homeless Services

acts as a serious barrier to supportive housing implementation, because funding sources are not sustainable. Therefore, much programming goes un-funded, or not implemented, especially in the way of building more supportive and/or affordable housing units.

In this inhibited funding environment, there are two additional barriers that directly affect supportive housing policy implementation. These two constraints may be directly related to the history of a limited governmental role, or the major role that private or non-governmental actors play as funders and contractors in Atlanta's homelessness policy and programming. These additional barriers are a history of corruption, and reduced transparency around governing efforts and use of funding. In a strongly delegated state, even with a newly established role for municipal government that pulls agents towards greater potential oversight and centralization, delegated, private actors have their own interests that may contradict policy goals and may be easier to conceal in a delegated state with limited transparency and oversight (Hackett 2016; Mettler 2016; Weir and Schirmer 2018).

The majority of interviewees, unprompted, directly cited corruption and or misuse of appropriated public or (private funds for public use) by public officials as a major challenge to homeless and supportive housing programming and policy in the city of Atlanta. In Atlanta, decades of corruption in housing and homelessness policy and programming, specifically, ruled the city in the 1990s (Deere, Trubey, and Klepal 2018; Jarvie 2006). Since then, rumors of corruption in the Franklin Administration, Reed Administration, and new charges of corruption among the current Bottoms Administration are an undercurrent continually tying elected officials to staffing bribery schemes and unauthorized uses of municipal funds (Cardinale 2014; Deere 2019). Most recently, the Bottoms Administration had 2017 Continuum of Care funding withdrawn as a result of misuse of federal funds (Deere 2018).

The environment of limited governmental funding, and a strong reliance on non-governmental actors not only as service providers but as funders themselves, engenders a state of limited transparency and oversight of public investments. The continued reliance on private dollars, as a result of a strong delegated state and a history of limited governmental investment, presents serious barriers to supportive housing policy implementation. Despite Atlanta's significant efforts to establish both municipal level supportive housing policy and de-criminalization legislation, the lack of transparency and accountability create threats that must be addressed in order for policies to function effectively.

6. Summary

Atlanta is a case where the Continuum of Care has become integrated into municipal government and homeless policy processes. Atlanta, too, also came to have a municipal supportive housing policy by way of institutional restructuring. Atlanta's reform occurred when the Continuum of Care restructured, moving from a tri-jurisdictional arrangement to separate city and county CoCs. The restructuring was prefaced by an investment in homelessness and chronic homelessness prevention and services in Atlanta by the city. Since then, the city adopted a supportive housing policy, and made the choice to oversee the new city of Atlanta Continuum of Care, therefore officially integrating these policy processes.

Despite these policy changes Atlanta still suffers from serious barriers to policy implementation resulting from the histories of race and segregation, entrenched elite preferences, and limited state involvement. There still exists a strong, separate policy effort mobilizing police services to coordinate an indirect and informal policy space of moving groups of persons experiencing homelessness to other jurisdictions or away from desirable areas based on the desires of economic elites. Finally, Atlanta faces significant funding challenges related to the

history of Atlanta's CoC, limited governmental funding, and a reliance on nongovernmental actors as both providers and funders. The state and economic elite policy initiatives remain separate and constrain decision-making and policy implementation as a result, while the institutional arrangements of Atlanta as a metropolitan area have direct, negative effects on all policy efforts, and any policy coordination overall.

Chapter 7: Shreveport: No Municipal Governance, Administrative Burdens and Elite Influence

1. What's Happening in Shreveport?

Unlike San Francisco and Atlanta, Shreveport, Louisiana serves as the representative case for municipalities without a municipal government level supportive housing policy. Thirty percent of the cities in our national dataset without a supportive housing policy matched the same criteria (variables) as Shreveport. Shreveport is a case where the Continuum of Care (CoC) and the local government remain very separate. In homeless policy decision-making and in practice, Shreveport's local government and the CoC are very separate, especially when compared to the integration seen in Atlanta and San Francisco. This separation, in policy design and practice, was the most prominent theme among interviewees. The CoC in Shreveport has strong policy capacity and despite of limited municipal involvement has made great strides in reducing homelessness in Shreveport. Yet in the face of this success, the lack of local government involvement presents continuous barriers to supportive housing policy design and implementation for the CoC by limiting their authority and the resources available to the CoC to pursue and execute homeless policy.

Beyond the separation of municipal government and the CoC, Shreveport also experiences a strong, and independent influence from economic elites that engenders further barriers to supportive housing policy similar to San Francisco and Atlanta. Orgnaized economic elites acts as an informal, policy mechanisms outside of local government decision-making and CoC activity to unofficially govern the activity of individuals experiencing homelessness through elite

requests for police department action to manage homelessness. Most of this police activity is punitive and contradicts CoC policy and evidence-based homelessness reduction programs (cite). As discussed previously, although police departments are a part of local government infrastructure, this action by elites is classified as a separate policy process because the policy mechanisms function in a different manner compared to all other types of local government policy making (legislation, ballot initiatives, and regulation). The CoC in Shreveport has taken steps to curb such police activity, but these efforts are not formal policy and have not been widely effective due to the limited participatory ability of the CoC as nongovernmental actors.

Finally, the state of Louisiana also remains separate from local homeless policy decision-making. [as is the case in San Francisco and Atlanta]. Shreveport sees more direct state level policies that offer to provide tangential support for homelessness policy and programming, especially chronic homelessness. Yet, severe resource constraints facing Louisiana overall negatively affect many state level efforts, perpetuating misalignment between state and local initiatives and act as further barriers to local supportive housing policy efforts.

This chapter will focus on explaining why, as compared to San Francisco and Atlanta, Shreveport experiences little to no municipal governmental involvement in homelessness policy and programming or supportive housing policy, and outlining the barriers to 1) municipal governmental involvement and 2) the influences of the barriers resulting from the lack of a municipal role on the current supportive housing efforts put forth by the CoC.

Overall, Shreveport presents a case of a strong delegated state with few incentives for municipal governmental participation. An absence of incentives for municipal involvement are exacerbated by participatory inequity in local governmental decision-making; racial tensions and racism; and limited state involvement that fails in implementation.

2. Formalizing the Role of the Delegated State

Shreveport is a case of nearly full delegation of homelessness policy and programming to non-governmental actors. The City of Shreveport, based on archival results and interviews, does not participate in homeless policy implementation and has very limited involvement in decision-making. The Continuum of Care acts as the primary governing entity for homeless policy and programming in Shreveport and the regional area (City of Shreveport Louisiana 2016). The designation of the CoC as the main governing entity means that the CoC designs policy priorities regarding responses to homelessness, decides how federal CoC dollars will be used and works with other local non-profit organizations that are a part of or work with the CoC to implement homeless policies such as coordinated entry, permanent supportive housing units, etc.

The primary role of the City of Shreveport, from 2002[lxiv] onward has been to act as a passthrough organization to distribute federal funding for the CoC. This federal funding includes Community Development Block Grant (CDBG) funds, Housing Opportunities for Persons with AIDS (HOPWA) and CoC Emergency Solutions Grants (ESG) (City of Shreveport Louisiana 2016). "*The city itself does very little…* [the] *Department of Community Development has passthrough money through ESG funds, so we can access that funding, but the Department of Community Development doesn't have a clear understanding of how that funding needs to be used*."[lxv] Beyond allocating federal funding, there have been fewer than ten instances between 2002 and 2019 of City Council or Mayoral deliberations or decisions pertaining to homelessness in the city of Shreveport (City of Shreveport Louisiana 2019).

[lxiv] 2002 is the limit of Shreveport's archival database and in person records I was able to access. Interviewees recollection dates back to early 2000's, with more established timelines from 2008 onward.
[lxv] Nonprofit/CoC Stakeholder Interviewee 2.2

The first instance was a long deliberation over nearly two years from 2014 through 2015 debating whether or not to allow the CoC to use public land to build a new homeless shelter. Interviewees emphasized that this was one of the few times that the city was involved in homeless policy decision-making. Interviewees also cited that the CoC received strong pushback when trying to receive permission to build the new shelter despite serious capacity constraints at the original shelter location. Ultimately, in 2014, the City Council agreed to authorize the Mayor to execute a cooperative agreement for the CoC, HOPE[lxvi] for the Homeless, to utilize a public lot in Shreveport to construct the new shelter (City of Shreveport Louisiana 2014).

The second major instance was in 2012 when the City Council agreed to reallocate 79,000 from the Farmers Market fund to the CoC for homeless services programming (City of Shreveport Louisiana 2016). Other instances include a few deliberations over constructing low income housing developments, the development of a ten year plan for homelessness in 2005 (which there is limited archival documentation at the municipal level on whether or not this was completed and what actions may have stemmed from this), and two debates over declaring November as homelessness awareness month (Everson 2014).

The near complete absence of policy debates regarding homelessness at the City level validates interviewees statements that the City of Shreveport is in practice essentially uninvolved in local homeless policy. The City is more involved in tangential policy spaces including affordable housing through the Shreveport Housing Authority, regarding distribution of federal affordable housing funding, and parish level Medicaid administration via Medicaid expansion enrollment efforts. Yet, overall, the results demonstrate that Shreveport stands as a direct comparison to the policy models in Atlanta and San Francisco where there has been deliberate

[lxvi] Acronym not defined. Organization name written in all capital lettering for 'hope'.

and purposeful integration of municipal government and the Continuum of Care to oversee and implement local homeless policy and programming.

This research was not able to find a record of a statutory designation of authority for homeless policy and programming to the CoC by the City of Shreveport or Bossier Parish. In addition, this research was also unable to find records of the historical development of Shreveport's CoC. Based on the extant literature, Shreveport's informal delegation of authority to the CoC would align with federal homeless policy and the history of decentralization and neoliberalism in U.S. homeless policy overall (Moser Jones 2015). Prior to the McKinney Vento Act in 1987, most municipalities did not formally address homelessness (Grob 1994). Culturally, homelessness was thought to be the responsibility of families or community organizations. The development of the CoC's was argued to be a natural extension of the existing community or non-governmental structures that had been historically responding to homelessness (Grob 1994; Moser Jones 2015). Therefore, in many municipalities across the U.S., cities' roles in addressing homelessness may not come out as a question, due to the institutionalization of the CoCs as the main arbiters of homeless programming and the policy histories of limited role for municipalities in many parts of the U.S (Jarpe, Mosley, and Smith 2018).

In summary, this research finds that across the past twenty years to the present Shreveport has retained very separate municipal government and Continuum of Care in homeless policy processes. The ways that this separation plays out in practice, regarding political decision-making and policy implementation, has notable implications for homeless policy governance. These implications shape who decides, what policy options are available, and how homeless policies are implemented and overseen. The bifurcation also ultimately influences the success of

various homeless policy goals, such as effectively introducing and implementing coordinated entry, supportive housing or housing first.

3. The Voluntary Welfare State: Participatory Inequity in Local Decision-Making and the Functioning of Complete Delegation

The results of the interviews and archival analyses reiterate that Shreveport is a case of complete delegation of homelessness policy and programming to nongovernmental actors. As discussed above, this delegation may not be entirely surprising given the history of homelessness policy in the United States and the alignment with conservative ideals of welfare state governance (Soss, Fording, and Schram 2011; United States Department of Housing and Urban Development n.d.). What this section discusses, following from Shreveport's history of delegated authority to nongovernmental actors, is how this delegation affects policymaking in decision-making and implementation. This section also evaluates Shreveport as a case of the implications of complete policy delegation for homelessness policy outcomes. To date, most of the research on delegated authority to nongovernmental actors in different welfare policy spaces has focused on identifying and measuring degrees of delegation, which actors comprise the delegated state, and processes leading up to the choice to delegate away from government. This section also adds to the literature on the delegated or submerged state by providing empirical evidence of the *mechanisms* of the delegated state at work in active policy processes.

The most striking result from the case analyses was that nongovernmental or CoC interviewees stressed their absence from most local policy decision-making. Interviewees expressed that this absence was not desired on their part as stakeholders in homelessness policy but a reality in Shreveport due to the overall absence of any local government authority in homelessness policy decision-making or programming. Beyond a general absence, interviewees

also emphasized their difficulty accomplishing tasks directly related to homelessness policy or programming as a result of limited to no access to local governmental processes or decision-making. In effect, constrained political participation and reduced political leverage across Continuum of Care actors introduced to barriers to homelessness policy and supportive housing implementation in Shreveport.

The majority of interviewees cited local government's general absence in homelessness governance and programming. The absence, interviewees stated, and archival analysis reflects, comes in the form of: staffing or monetary resources, bureaucratic expertise and formal opportunities for political participation. The City of Shreveport provides no municipal level monetary resources for homelessness policy or programming (City of Shreveport Louisiana 2016). Staffing is explicitly directed to the Continuum of Care. Bureaucratic expertise or policy capacity for homeless programming is also delegated to the CoC (HOPE Connections 2019b; Shreveport Downtown Development Authority 2019).

In practice, the CoC does attempt to coordinate with the city regarding Community Development Block Grant (CBDG) funding and for housing vouchers through the Community Development Department. However, the CoC does not directly receive CBDG funding. Further, the CoC relies heavily on private donations to fill in gaps in federal support and due to the lack of local or state funding. "*We can't do it without the federal funding, but sometimes there is a disconnect with boots on the ground…One of our largest funders is the Community Foundation* [private funding entity]."[lxvii]

Regarding bureaucratic policy capacity and staffing, the CoC remains relatively separate from the city regarding meeting attendance and homelessness policy governance. The majority

[lxvii] Interviewee 2.5 CBO Actor/Homeless Services

of decision-makers and attendees at CoC monthly meetings who provide essential policy capacity to support federal designated goals come from nongovernmental actors in the local area (HOPE Connections 2019b).

Considering formal opportunities for political participation, the majority of interviewees stated that they as CoC member organizations or stakeholders had never been invited to a municipal governmental meeting. Interviewees also emphasized that the bulk of instances where local government does reach out to the CoC is not about homeless policy or planning but in response to elite complaints about the presence of individuals experiencing homelessness in downtown business districts. "*The only time I've ever been called to a meeting with the city council to talk about issues of homelessness, I was like sweet maybe the city will start doing something, awesome, and they called us in and they said that they had complaints about people pooping in the doorway of the Courthouse, and I was like that's all you want to talk about, and so we were like we could really use money for a low-barrier shelter, and nothing ever came of that*."[lxviii] This prioritization of very different interests reiterates the separation of the CoC and city government, where the CoC prioritizes evidence-based homeless reduction initiatives and the city's limited participation prioritizes policy discussions focused on addressing undesirable behaviors associated with homelessness.

Following from reduced opportunities to participate in political decision-making, most interviewees described participatory inequity for the CoC compared to municipal actors in policy spaces necessitating participation in order for the CoC to successfully carryout homeless programming. In effect, CoC actors have very limited opportunity to participate in municipal policy debates. Yet, CoC actors require municipal resources and access to municipal decision-

[lxviii] Interviewee 2.7 CBO Actor Low-income Services

making in order to implement homeless policy and programming. Such municipal resources include debates on building permitting or zoning ordinances for construction of CoC space and affordable housing, local funding initiatives and policing. Overall, the participatory challenges CoC actors face to enter municipal policy spaces present ongoing barriers to any homeless policy implementation, let alone supportive housing policy.

The most frequently cited example of participatory inequity interviewees discussed was the case of building the new Shreveport CoC shelter. Prior to 2015, Shreveport did not have a singular homeless shelter that had the ability to offer and coordinate food services, social services, medical and housing needs (Brumble 2013; Durden 2015). The CoC at the time was working towards adopting a coordinated entry system for homelessness management (City of Shreveport Louisiana 2016). The CoC decided that in order to begin moving towards a coordinated entry approach they needed a shelter that provided a 'one stop shop' for individuals experiencing homelessness. This one stop shop would allow individuals experiencing homelessness to register for social services, register with the CoC and begin receiving medical aid and other vital services without having to travel to multiple locations across the city. A centralized registration process would also allow the CoC to track clients and prioritize their needs based on federal vulnerability scales in order to implement coordinated entry and begin moving towards supportive housing or housing first programs.

When the CoC began working through the permit approval process, they faced substantial pushback from City Council members, the Community Development Department and the private Shreveport Downtown Development Authority (DDA). Overall the discussions from the interviews demonstrated that a lack of participation or a seat at the table in municipal policy debates inhibited the CoC's ability to lobby for their case to construct the shelter. The strong

economic alliances between the private business community and City Council further exacerbated existing participation disparities facing the CoC.

The original challenge the CoC faced in this process regarded the location of the shelter. The CoC wanted to build the shelter downtown, to promote ease of access to services for individuals experiencing homelessness. Interviewees described that ultimately strong pushback from the DDA and limited input from the CoC resulted in the CoC changing their request for permitting downtown to different location. "*I don't know if you're familiar with how Shreveport is. The city wanted to revitalize the downtown, but at the same time other people wanted a lot of homeless out of downtown – fund the day shelter that is like 5 miles away. It's always very political*."[lxix] The new location was over one mile away from downtown and proved difficult to access for low-income or homeless individuals facing transportation constraints. The shelter was built in 2015 year, after delays related to permitting and due to funding shortages (City of Shreveport Louisiana 2014, 2015). The political participation constraints facing the CoC directly conflicted with CoC policy goals to promote coordinated entry, and federally mandated goals to provide coordinated entry and work towards housing first, by inhibiting policy implementation and creating new barriers related to transportation and access.

The second, most prominent theme interviewees cited as a constant policy barrier directly related to participatory inequity or limited CoC authority are police relations. Currently, under federal regulation, CoCs must be working to reduce criminalization of homelessness in order to continue to receive federal funding (Tars 2015). In practice, the absence of any municipal governmental role for the CoC makes this mandate not feasible. The majority of interviewees cited continual challenges between Shreveport and Bossier parish police officers regarding

[lxix] Interviewee 2.4 CBO Actor

punitive responses to homelessness, management of homelessness, and barriers to implementing CoC coordinated entry practices. Punitive responses include: jailing or citing individuals for quality of life crimes or behaviors related to mental illness; management of homelessness including relocating individuals to less desirable or less accessible areas; and coordinated entry barriers including attempts to work with police officers to redirect individuals experiencing homelessness to the CoC instead of jail or hospital emergency departments. Overall, interviewees described requests for police reform through primarily educational outreach but an absence of any firm policy. "*So that has been a continual challenge and I'm sure it is elsewhere. We have tried to work with community police, we've done education with them, and we try, we have a program where they have community liaison officers, that individual really tries to integrate into a certain part of the city and learn who the individuals are who are homeless, as you know it becomes a revolving door because they don't want to arrest them because they have to house them and [there are] no options when they get released [from jail]. It is very difficult…but you get a new officer who tries to jump to that arrest vs. looking at options that are available*."[lxx]

CoC actors without municipal authority cannot require police officers to make any policy or practice changes regarding homelessness. Interviewees stated that the CoC continually offers trainings for officers on engagement practices, quality of life crimes, and responding to mental health crises or behaviors. Interviewees stated that while they have had luck with some individual officers, they face uncertainty regarding the police department as a whole and ongoing challenges in educating new recruits or transfers. The lack of any authority or greater political participatory equity places CoC policy in a voluntary state. CoC actors may be required to

[lxx] Interviewee 2.8 Healthcare Practitioner/Academic Expert/CBO Actor

promote or work towards certain policies and practices, but in cases of primary policy delegation, participation from municipal actors who are vital to the implementation process remains voluntary.

The absence of any local government participation in homelessness policy, paired with severe constraints on political participation for CoC members ends in the reality of a voluntary policy space. Complete delegation of homelessness governance translates into a policy space where regulations governing the CoC cannot be translated into practice as a direct result of the limited to no authority CoC actors have over any municipal services, or other private or nongovernmental actors, in order to effectively coordinate policy implementation. CoCs in this space can only ask and hope for buy-in from critical actors. In cases where actors governing housing resources, zoning and building permitting, police activity and even county or parish level health insurance enrollment choose not to participate, homelessness policy and programming may fail or stagnate with serious consequences for persons experiencing homelessness and local economies (Willison 2017b). Without any real CoC governing authority, homelessness policy under the delegated state remains voluntary.

The voluntary status of the current delegated state of homeless policy in Shreveport and many municipalities across the U.S. assumes adequate levels of policy capacity and action by the local CoC. Shreveport is a case where the CoC is very strong and has been able to make strides in homelessness reduction due to their adoption of a coordinated entry model of service delivery (prioritizing the most vulnerable first) (HOPE Connections 2019a). Even with this strong CoC model seen in Shreveport, as outlined in this chapter the CoC faced very substantial challenges to implementing these policies, reducing punitive responses to homelessness and building more housing infrastructure. Other literature has demonstrated notable heterogeneity in CoC service

capacity and gaps in service delivery, nationally (Jarpe, Mosley, and Smith 2018). In municipalities with the same characteristics as Shreveport, where the municipality is not involved, but the CoC does not have strong policy capacity, the effects of delegation and a limited municipal role may pose greater challenges to homeless policy implementation and have stronger implications for the health and wellbeing of individuals experiencing homelessness and at risk of homelessness.

4. Policing, Economic Elites, and Race

The previous section outlined Shreveport's history of delegation of homelessness governance to nongovernmental actors and the practical implications of this delegation to the functions of homelessness policy. This section will consider the role of elites in further fragmenting the decentralized policy space and exacerbating implementation challenges for the Continuum of Care. In Shreveport, organized elites as a structural interest function very similarly as in Atlanta and San Francisco. Wealthy elites and business owners make formal or informal complaints with police officers, who respond by reacting to homeless behaviors either through statutory functions or informal activities like removing persons experiencing homelessness from desirable areas or business districts.

What is very different in Shreveport compared to San Francisco and Atlanta, is that without a formal governing mechanism for the CoC through the local government, the CoC as stated has no authority or leverage over police activity and cannot review current practices or make any time of acute or long-term reforms. The absence of formal CoC roles and constrained political participation for the CoC has led to a challenging relationship between police officers and the CoC. The entirely voluntary reform efforts on the part of the police department regarding policing and punitive responses to homelessness also developed from this institutional

relationship. The police department, or municipal corrections, are not discussed as community partners in any of the CoC's recent Annual Action plans to HUD (City of Shreveport Louisiana 2016, 2017). Similarly, with little to no oversight of police activity and limited viable mechanisms for reform, Shreveport interviewees discussed issues of racism and/or bias against individuals with severe mental illness. Both of these issues have serious consequences for the treatment of individuals experiencing chronic homelessness, while also creating substantial barriers to implementing homelessness policy and programming and or best practices including supportive housing and coordinated entry.

As mentioned, policing homelessness in Shreveport works through very similar mechanisms as in San Francisco and Atlanta. The primary mechanism interviewees discussed is wealthy elites and business owners issuing complaints to police officers. Interviewees outlined that the complaints usually pertain to the presence of persons experiencing homelessness in the downtown district. Business owners are typically the most common complainers, because they have concerns that the presence of homelessness dissuades patrons from entering their businesses. Many people experiencing homelessness spend time downtown because of access to services and transportation. Organized business also issues complaints about homelessness in the downtown district. This refers to the Downtown Development Authority (DDA) which will both submit complaints to City Council to encourage greater police responses to homelessness, as well as direct requests to police officers to increase enforcement in the downtown core. " [The] *DDA is very vocal against homeless people in Shreveport, as far as taking away benches downtown so there's no place to sit, that was the City Council, the DDA had pressure on the*

Council to do that, you know you've hear about all of the weird anti-homeless city ordinances, you can't do whatever, I know our folks get harassed a decent amount."[lxxi]

The second type of interactions police officers have with persons experiencing homelessness is through patrols. In the instance of patrolling, interviewees described police interaction being initiated as a result of behavioral health symptoms including substance use disorders and or severe mental illness. Patrolling may also initiate responses based on police judgement of misdemeanor infractions which usually pertains to loitering. Interviewees emphasized that loitering citations are usually issued specifically for their homeless clients, who have nowhere else to go beyond outdoor, public locations. "*A lot of repeat arrests… it may be getting arrested for loitering, and if you're out on parole, then you get thrown back in jail, very minor like that, sleeping on a park bench*."[lxxii]

As touched upon previously, police officers respond to these complaints in a number of ways. The different responses have varied effects on individuals experiencing homelessness. Loitering is the most common citation interviewees highlighted that their clients experience as a result of police interaction. Many interviewees discussed the burden of these minor citations, where homeless clients typically end up with multiple loitering tickets because they have no other place to go, are waiting for social services, the bus, etc., and may be subsequently incarcerated for failing to pay the tickets as a result of income constraints. "*I can tell you what we experience with our patient population, if they got a transportation problem, if there is someone who has been incarcerated before, they have to pay a monthly fee they have to pay, then they will arrest them again. I wish I could give you the right terminology, if they are released early, but there is the monthly fee they have to pay, I don't know if it's the Parole*

[lxxi] Interviewee 2.7 CBO Actor/Low-income Services
[lxxii] Interviewee 2.4 CBO Actor/Healthcare Services

Board, fifty, thirty bucks a month, if they can't pay that fee they get picked up again. I've seen that someone was supposed to be at clinic, but they've been re-arrested."[lxxiii]

After loitering, there are a number of police responses in Shreveport that vary in severity. As in San Francisco and Atlanta, police will remove individuals experiencing homelessness from Downtown Shreveport to less desirable and accessible parts of the city, in response to elite requests. Removing individuals from downtown reduces their access to services and public transportation. This removal requires individuals experiencing homelessness to travel further to receive services, and or for health and social service outreach teams to travel further to establish interactions. Even if outreach teams reach these individuals, accessing services remains challenging for individuals if they remain in these out of reach areas as it is harder for them to travel from the local to various service area locations. This removal also has the additional, unintended consequence of deterring some individuals from receiving services at all. Interviewees cited that some persons experiencing homelessness become so disenchanted with police interactions that they retreat to other, highly inaccessible locations such as wooded areas, preferring to live off the grid than face consistent pushback against their attempts at accessing housing and medical services.

Beyond removal, individuals experiencing chronic homelessness may also be jailed for a variety of quality of life infractions, including sleeping in public, eating in public, urinating in public, etc. Jail creates even greater barriers for individuals experiencing homelessness and homelessness policy overall as a result of repeating cycles of incarceration and re-entry, where persons are disconnected from services upon re-entry and not appropriately reconnected with services or the CoC system after discharge from jail. The lack of appropriate re-entry service

[lxxiii] Interviewee 2.4 CBO Actor/Healthcare Services

coordination often leads individuals to be re-incarcerated for failure to treat behavioral health symptoms or address homelessness (Parker and Griffin 2017). Interviewees emphasized that individuals experiencing homelessness and severe mental illness are disproportionately incarcerated in Shreveport and Bossier (HOPE Connections 2003). "…*of course, people with mental illness, that is criminalization of mental health issues, … but if we had hospitals like we needed, that would cut down a lot. There are a lot of people who cycle between jail and homelessness – it's about 60% of our clients, it may be higher, 60% at least –* [we] *see our clients in and out of jail all the time – especially at the behavioral health unit… and it's nothing more than mental health – they get stabilized, get out and end up right back in* [jail]."[lxxiv] Interviewees also discussed the same result for people of color, explicitly citing segregation and racism as influential factors. The wealth disparities that exist in Shreveport exacerbate this, where low-income individuals in Shreveport are disproportionately Black, and low-income and Black individuals face higher rates of homelessness.

The final type of interaction between police and people experiencing homelessness are shootings. San Francisco and Atlanta did not discuss police violence. The majority of interviewees in Shreveport discussed negative or inappropriate responses to persons experiencing homelessness by police, with a few discussing explicit, violent responses to persons experiencing chronic homelessness. Interviewees cited police shootings as a response to persons who are homeless and suffering from severe mental illness. A commonly cited incident was a recent incident where a long-term client of the Shreveport CoC was shot in a casino after being released from jail. The client was schizophrenic and was not currently on appropriate medication after re-entry. When the police responded, the individual was not able to cooperate with orders as a result

[lxxiv] Interviewee 2.6 CBO Actor Homeless Services

of his schizophrenia. Police officers perceived this to be a threat and shot and killed the client. "*We had a client that had been in and out of our system for about a year, schizophrenic, had delusions, he was involved in criminal justice system… I guess it's been about a year ago now, he was at a local casino, he was banned but they called the police, he was delusional, our client went for officer's gun, and he was shot and killed. We had … tried to have him involuntarily committed, about two weeks before, it's just, our system is so broken, when it comes to people with high mental health needs, it's sad that his life ended that way...*"[lxxv]

Interviewees used this as an example of the lack of awareness and training among Shreveport police officers on appropriate responses to behavioral health crises. Interviewees outlined that a lack of initiative among police, and the lack of authority for the Shreveport CoC[lxxvi] to institute any trainings or reforms, as primary reasons for inappropriate or violent police interactions with persons experiencing homelessness and SMI.

These interactions between police and individuals experiencing homelessness, paired with the engagement constraints CoC actors face in coordinating with local police, present adverse consequences for chronically, homeless individuals as well as direct barriers to homeless policy implementation. Direct effects on individuals include barriers to accessing services resulting from removal from economic zones or incarceration, while also facing direct threats to mortality in the cases of shootings of persons suffering from severe mental illness. The effects on individuals are directly related to the effects on homeless policy implementation. The CoC's limited authority restricts their ability to review police interactions and initiate efforts to

[lxxv] Interviewee 2.6 CBO Actor/Healthcare and Homeless Services

[lxxvi] The defined lack of authority by interviewees and archival documents was most often described as 'requests' or 'asks' for reform or participation by police in trainings and the absence of any 'mandate' or 'requirement', paired with the described separation of the Continuum of Care from local government.

implement federal regulations aimed at reducing punitive responses to homelessness and promoting supportive housing.

5. Medicaid Expansion Realities and Implementation Challenges

Like San Francisco and unlike Atlanta, Shreveport is a case where the state of Louisiana policies exist and run parallel to the Continuum of Care policies. What this means, is that Louisiana has policies in place that are related to or provide support for individuals suffering from severe mental illness and/or homelessness; or resources and funding to support health services and behavioral health programming related to homelessness and severe mental illness. These policies center around include Medicaid expansion and alternative Medicaid waivers. These are not all of the policies that may be related to supportive housing policy and programming however, these are the two policies that stakeholder interviewees specifically identified and emphasized the influence of these policies on local level policy decision-making and implementation.

The existence of these policies is an important first step, and one that offers alternative resources and funding opportunities for CoCs and communities looking to address homelessness in Louisiana. However, even though the state level policies target homeless populations and supportive medical services related to supportive housing policies, in practice the state level policies have different goals and work through different mechanisms to design and implement policy compared to the CoC in Shreveport. For example, Medicaid policy is developed through regulatory mechanisms at the state level with federal oversight through the Centers for Medicare and Medicaid Services. Medicaid policy is implemented through local county (of here parish) public health offices. Medicaid goals are centered around behavioral health interventions and healthcare coverage. These mechanisms and goals are very different compared to CoC

governance structures and policy goals. This divergence creates 1) administrative barriers and 2) funding constraints that effectively engender implementation challenges for CoC actors working towards supportive housing policy.

Without working to align policy goals and processes between state and local initiatives, supportive housing programming and policy in Shreveport will continue to face implementation challenges. This effect is compounded by an overall absent municipal government where state level funding and programming could fill this gap. Simultaneously, misalignment of these intergovernmental policies may further disincentivize municipal level actors from becoming more engaged in homelessness policy and programming by offering limited rationale and no downward pressure for policy engagement in terms of resources, requirements, or oversight.

5A. Administrative Burden

The policy space that the majority of interviewees cited as having the greatest influence on local homelessness policy and practice is Louisiana's Medicaid expansion. Most interviewees emphasized that Medicaid expansion, overall, was beneficial for the state and provided access to new resources for persons experiencing homelessness, and in particular chronic homelessness. The reality of these new resources, though, is not ease of access to resources that sufficiently support local homelessness policy efforts. Nearly half of interviewees described challenges stemming from Medicaid expansion administration that simultaneously improve access to resources and services while also engendering new policy implementation barriers and short-lived benefits for individuals. Archival documentation illustrated similar challenges related to Medicaid expansion implementation and homelessness. All in all, the evidence outlined challenges presented for supportive housing policy by Medicaid expansion as a product of state-level policy design that did not adjust or work with local level implementation practices and

were not designed to adapt to inherent challenges posed by homelessness. Most of the design adaptation problems were associated with administrative features that 1) do not align with local level needs or practices and 2) directly contradict or create implementation challenges for homelessness specifically.

Half of interviewees and all provider interviewees emphasized the challenges inherent to the discrepancies between local systems implementation and/or capacity and state level Medicaid requirements for implementation. This administrative misalignment ends in administrative burdens on local entities attempting to manage Medicaid billing and services in order to fund homelessness policy and programming and provide clients access to services. Or, billing challenges resulting from state level administrative burdens that do not align with local implementation practices.

For example, the majority of the agencies that provide homelessness services and programming in Shreveport are very small, non-profit and non-governmental organizations. Interviewees detailed the challenges that these organizations face in working to actually bill Medicaid, due to the high administrative requirements to file and contest Medicaid reimbursements for different services. Many of these organizations face challenges related to sustaining Medicaid as a payer due to their inability to afford, as an organization, the infrastructure and resources to actually bill and manage Medicaid claims. This is exacerbated in certain types of claim circumstances. For example, interviewees outlined that case management services tend to be more challenging to bill for Medicaid compared to traditional medical services, often facing multiple claim rejections that require a higher administrative infrastructure to dispute the rejections. "*The* [case management] *billing has proven difficult, in fact the, LA put our some housing that used Medicaid case management as 'match', two main agencies, our*

providers of that have had a very difficult time keeping it a float, it's very expensive to do Medicaid billing, to get reimbursements, so your agency's too small, we almost have to have a third party billing company to bill Medicaid, yea it's really complicated, they [Medicaid] *will reject anything if they can*."[lxxvii] Case management services are a vital part of supportive housing and housing first. This administrative barrier presents a direct challenge to supportive housing policy by placing high barriers to retaining critical services.

Beyond direct billing, Medicaid networks present a similar challenge for local community organizations working to address homelessness and chronic homelessness. Despite Medicaid Expansion, interviewees cited challenges finding providers who accept Medicaid, especially in the realm of primary care. This challenge compounds the effects of an environment already rife with implementation barriers. The compounding effect happens by constricting service access for at-risk clients who require medical interventions and coordinated primary care to manage and ameliorate homelessness (Stergiopoulos et al. 2015). Interviewees cited the limited Medicaid provider networks to be products of the challenging funding environment, where providers may be dis-incentivized from accepting Medicaid as a payer due to administrative reimbursement challenges and low-reimbursement rates. Ultimately, the misalignment between state level administrative requirements governing billing practices and shaping provider networks create additional administrative burdens for practitioners on the ground. These administrative burdens ultimately influence practitioners' ability to adequately implement supportive housing policy and programming and homelessness services overall.

Secondly, interviewees described administrative, implementation barriers arising from policy misalignment over issues inherent to homelessness. Interviewees described challenges

[lxxvii] Interviewee 2.2 CoC Actor

illustrating a lack of alignment between Medicaid policy procedures and Medicaid's ability to work with and address the needs of persons experiencing homelessness, despite the high target population overlap between Medicaid recipients and homeless and chronically homeless individuals. The two most common examples of this type of policy misalignment interviewees cited are the relationship between homelessness and incarceration, and the administrative burden of Medicaid enrollment for individuals experiencing homelessness.

The policy implementation challenges stemming from the interactions of incarceration, homelessness, and Medicaid, are very similar to the challenges facing San Francisco. Because of the strong relationship between incarceration and homelessness (Parker and Griffin 2017), individuals experiencing chronic homelessness tend to cycle in and out of jail. This cycling often leads to gaps in services for individuals released from incarceration, and is associated with higher rates of homelessness upon reentry, especially for individuals who were homeless prior to incarceration (McNiel, Binder, and Robinson 2005; Parker and Griffin 2017). In Shreveport specifically, interviewees stated that over half of incarcerated individuals in local jails are formerly homeless or cycling in and out of jail and homelessness (HOPE Connections 2003; Hope for the Homeless 2014). Local data was not available to verify these estimates, but a point in time count from Louisiana in 2013 showed 40 percent of homeless individuals surveyed had been recently incarcerated (Matheny et al. 2013). Medicaid enrollment does not work well in practice to address the persistent relationship between homelessness and incarceration (Snyder 2016b; U.S. House of Representatives 2019). Therefore, when individuals experiencing homelessness who are enrolled in Medicaid are incarcerated, they lose Medicaid (Louisiana Department of Health 2017b, 4), and are often not re-enrolled upon re-entry (Medicaid and CHIP Payment and Access Commission 2018, 5; The Council of State Governments 2013). The

Louisiana Department of Health is working to address this policy misalignment, which may in the future reduce coverage gaps and enrollment challenges (Louisiana Department of Health 2017a).

This persistent service gap further perpetuates homelessness after re-entry by not promoting access to crucial services that can help reduce homelessness and manage chronic medical and behavioral health conditions (Greenberg and Rosenheck 2008; Hawthorne et al. 2012). The policy misalignment between Medicaid enrollment and outreach in Louisiana, and the lived experience of individuals experiencing chronic homelessness in Shreveport, create inherent barriers to effective supportive housing and homeless policy implementation by perpetuating gaps in access to necessary services (U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation and Office of Disability 2018). "*I have been to several meetings with the Louisiana LaPre program, which is a special pilot program for post incarceration. I have tried to stress the importance of providing RX & patient info about the person being released so they can provide that info to us when they return to the community. Unfortunately, we still have folks show up at [our clinic], with a 5 days of meds [that are put in a brown paper envelope] and they have no written medical or RX documentation. That is how they are released. It makes more difficult for us to continue with care*."[lxxviii]

Enrollment procedures and eligibility requirements also create inherent barriers to supportive housing and homelessness policy and programming overall by not tailoring policy approaches to population specific needs. Interviewees discussed two main administrative barriers related to Medicaid enrollment and eligibility. As discussed in San Francisco, prior to Medicaid Expansion the majority of chronically homeless individuals were not eligible for Medicaid (Warfield,

[lxxviii] Interviewee 2.1 Healthcare Practitioner

DiPietro, and Artiga 2016). This new eligibility has been a big benefit to individuals experiencing homelessness in Shreveport. What has been a challenge is the administrative process of enrolling individuals experiencing homelessness in Medicaid, as well as the eligibility requirements outlined by Medicaid that do not align with needs or reality of homelessness.

Interviewees cited enrollment procedures as a common administrative barrier that created policy implementation conflict as a result of direct discord from issues inherent to homelessness. These enrollment procedures are common among federal medical and social service benefit programs. However, these requirements create policy tradeoffs for actors in the policy space as a result of the benefit inaccessibility for their targeted population.

In Shreveport, interviewees cited basic enrollment procedures including having a form of identification as barriers to Medicaid enrollment for persons experiencing long-term homelessness. Often, such individuals have been without formal identification or any kind of identification for a very long period of time. Thus, requiring formal identification may create a barrier due to lack of trust among this vulnerable population, as well as through the processes required to obtain formal identification itself. As a result, provider organizations both in the Continuum of Care and external to the CoC face a choice of either providing in-house identification and enrollment processes, or not offering or relying on Medicaid resources due to these multiple levels of enrollment barriers persons experiencing chronic homelessness and severe poverty endure. "*For homeless folks, getting ID's and paperwork to enroll in Medicaid can be a challenge at times. Some of the homeless providers, who say they help with ID's don't provide a good service all the time*."[lxxix] *"…before* [Medicaid expansion] *we had charity hospitals, there was no need for any documentation of any kind, that is… it was easier for super*

[lxxix] Interviewee 2.1 Healthcare Provider

poor people, for working poor or people like that [to get care]...[lxxx]" The reality of this tradeoff exemplifies the misalignment between local and state level policy mechanisms in design and implementation, that ultimately influence policy decision-making and implementation *outcomes* which shape access to services for individuals experiencing chronic homelessness.

The disconnect between the reality of homelessness and Medicaid eligibility also generates more challenges for homeless policy and programming in Shreveport. Shreveport is a municipality that exists thirty minutes outside of the Texas border. As mentioned in Atlanta and San Francisco, persons experiencing homelessness, especially chronic homelessness, are often mobile within or between metropolitan areas (Gray et al. 2011). Due to the proximity with Texas, many persons experiencing homelessness in Shreveport have often moved from Texas or move between Texas and Louisiana. This mobility creates fundamental challenges for Medicaid eligibility based since eligibility is tied directly to an individual's place of residence, specifically parish (county) and state (State Health Access Data Assistance Center, Division of Health Policy and Management, and University of Minnesota School of Public Health 2018).

Since persons experiencing homelessness do not have a place of residence, this policy misalignment between Medicaid and homeless needs creates consistent barriers to policy implementation. The barriers to policy implementation are generated by reducing accessibility to medical and other supportive services necessary to address the causes of chronic homelessness. In effect, when persons move to Shreveport from Texas and are on Texas Medicaid, they cannot receive services, and either must go back to Texas or must re-enroll in Louisiana Medicaid. "*People will be coming in from Texas and Arkansas, they get on the bus, they have Texas Medicaid, but they can't get their Medication filled, we get them enrolled in Louisiana Medicaid*

[lxxx] Interviewee 2.3 Local Elected Official

until they complete that process, or they can leave again."[lxxxi] Similarly, when persons live across parish lines in off-grid areas, residency is difficult to determine. Or, if individuals move between parishes as a result of police responses or service needs, they may not be able to access services outside of their parish network based on their Medicaid eligibility network.

5B. Funding Constraints

Funding was the second major concern or barrier interviewees discussed in reference to the role of state policies in shaping local homelessness policy and programming. Interviewees broadly emphasized that the state of Louisiana was not involved or was involved to a lesser degree compared to local and federal counterparts. Medicaid was the policy referenced most often by interviewees as a source of funding with constraints. However, interviewees reiterated an overall concern for the lack of state involvement or funding for behavioral health services and supportive services for homelessness programming generally from any state entity. Effectively, the interviews demonstrated a state policy space that both 1) runs parallel to local interests but due to misaligned interests or funding constraints is not able to interact effectively with local priorities, while simultaneously illustrating a state level policy space that is 2) otherwise absent due to greater economic constraints on the state of Louisiana.

When thinking about local level incentives for supportive housing policy, actors consistently referenced state level policies that exist that could be leveraged for supportive housing policy but are either unable to due to state and local policy misalignment or overall funding constraints within these state level policies. Considering the first issue of policy misalignment, the majority of actors in Shreveport expressed concerns similar to those in San Francisco. This is the fact that Medicaid policy is a great resource for health services but has significant funding limitations for

[lxxxi] Interviewee 2.4; Healthcare Provider

anything beyond the scope of traditional health services. This illustrates a fundamental policy misalignment. Medicaid is increasingly advertised as a policy space amenable to homelessness programming, specifically in the context of supportive housing policy. However, Medicaid does not currently pay for housing itself (Paradise and Cohen Ross 2017).

Further, local actors face many barriers to leveraging Medicaid resources for other supportive services beyond housing, too. The supportive services that nearly all interviewees mentioned as outside of current state policy resources are long-term behavioral health services. All health providers interviewed independently cited limited funding for long-term behavioral health services, even with Medicaid expansion. "*No one is taking homeless people who are mentally ill. Nowhere for them to go. I deal with this weekly. Twice a month, I get a call from a parent, 20 years old, schizophrenic, homeless, nowhere to go. No funding for long term care*."[lxxxii]

Louisiana currently has multiple Medicaid 1915c Waivers to be used for long-term behavioral health services through Permanent Supportive Housing among various at-risk populations (Centers for Medicare and Medicaid Services 2019; Wagner 2017). However, in 2017 Louisiana only had just over 2,000 PSH units available for the entire state (Wagner 2017). Further, state level policy documents outline presumed coordination between state level Medicaid policy and the Louisiana Housing Authority in order to develop and implement PSH among chronically homeless populations (State of Louisiana n.d.; Wagner 2017). The lack of knowledge among interviewees of state level PSH activity for long-term behavioral health services paired with state acknowledgement of limited capacity and coordination challenges suggests that findings of policy misalignment between state and local government may be occurring at the implementation phase. The misalignment may be a product of the fact that

[lxxxii] Interviewee 2.1, Healthcare Practitioner

Louisiana's efforts to target long-term behavioral health among this population are relatively new, as well as the fact that coordination challenges between traditional 'health services' Medicaid policy and housing policy may further compound effects of misalignment by attempting to merge two programs with very different goals and administrative mechanisms.

The recent efforts by Louisiana to merge the state policy administrative entities coordinating housing and supportive services for persons experiencing chronic homelessness may signal downstream policy change that would increase alignment of policy goals across the state and local policy efforts to eventually improve supportive housing policy implementation (State of Louisiana n.d.; Wagner 2017). However, an ongoing concern that may threaten these efforts is the limited capacity in terms of funding and housing output (units) for supportive housing development, even with ongoing state efforts (State of Louisiana n.d.). Interviewees additionally discussed the presence of the Louisiana Housing Corporation as a great coordinator of federal funding, but with limited funding opportunities overall (Louisiana Housing Corporation 2016, 3).

Concerns about funding limitations in general, beyond issues of policy misalignment, take us to the second major finding regarding state involvement and funding. Interviewees discussed the increasingly uncertain economic circumstances facing Louisiana as a state. Interviewees often connected notions about state economic disadvantage to limited or absent state funding overall, as well as a reliance among policy makers and providers in the homeless policy space on federal funding and nonprofit donations over state resources as a whole. "*You have to understand our state is a very depressed condition right now economically, facing really challenging financial cuts last few years, that has severely limited what the state can do… I don't think they have the*

resources or finances to really do what would be ideal. I just don't think the state can become the player it could be or should be just because of those constraints."[lxxxiii]

The majority of interviewees stressed Louisiana's dire economic situation in the context of any state involvement in homelessness policy or programming or tangential policies. Interviewees, including all state employees who were interviewed, felt that Louisiana's economic circumstances constrained state level grants or investments in this policy space as well as others. Interviewees felt that these limitations constrained Louisiana to the degree that even without any political constraints the state could not become more involved in homelessness policy due to economic concerns. These concerns reiterate the potential for capacity constraints to limit state involvement in homelessness policy and programing even in the face of policy alignment efforts.

6. Summary

Unlike San Francisco and Atlanta, Shreveport serves as the representative case for municipalities without a local government level supportive housing policy. Shreveport, Louisiana, is a case where the Continuum of Care (CoC) and municipal policy goals, decision-making and implementation remain very separate. The separation is evident in policy decision-making and implementation, where the municipality has little to no involvement in homeless policy aside from coordinating passthrough federal funding. The CoC operates independently, debating homeless policy choices and implementing policies without aid from and little to no input from the local government. The lack of involvement by Shreveport's municipal government presents direct barriers to supportive housing policy design and implementation in

[lxxxiii] Interviewee 2.8 CBO Actor/Healthcare Practitioner

Shreveport, by restricting the authority and the resources available to the CoC to coordinate policy activities.

Unlike Atlanta and San Francisco, where the local government and the CoC have merged to jointly govern homeless policy, the Shreveport CoC remains independent, and in this independence effectively constrained in their ability to design and implement some policy changes. As discussed in the chapter, policing remains a persistent challenge in interactions with persons experiencing chronic homelessness, as well as a challenge for federal requirements to move away from punitive responses to homelessness and chronic homelessness. Since the CoC has no municipal authority, they are greatly limited in their ability to coordinate with the Shreveport Police Department, to require trainings on best practices or responses to individuals experiencing chronic homelessness and severe mental illness, or support coordinated entry practices with the assistance of police officers. Zoning remains another challenge. With limited ability to participate in municipal debates, the CoC is often disadvantaged in debates over new shelter or low-income housing constructions and often overshadowed by economic elites in the Downtown Development Authority. This is a stark comparison to San Francisco, and even Atlanta, where CoC actors are a part of the municipal bureaucracy, are heavily involved in policy design with city officials, and are able to coordinate with and facilitate design and implementation of policing interventions, supportive housing policy design and development, and municipal level funding initiatives.

The Continuum of Care in Shreveport is a very strong organization with actors who have strong policy expertise and have been able to design a coordinated entry approach that embraces housing first. The CoC has been able to develop these activities due to strong buy in from the local CoC stakeholder network, even in the face of limited municipal support. If the CoC did

have a formal municipal role, their existing policy capacity would place them in a strong position to lobby for policing and reentry interventions, more supportive housing units and shelter development, and possibly municipal revenue sources to fill in existing resource gaps. Without a formal role for CoC actors, most of these activities may remain voluntary – hinging on the interest from other actors with few incentives to participate – for Shreveport and other city cases of strong homeless policy devolution and decentralization.

Chapter 8: Discussion and Conclusion

1. Summary of Findings

Chronic homelessness has severe implications for health disparities. Black Americans are four times as likely and Hispanic Americans are two times more likely to experience homelessness compared to white Americans (Fusaro, Levy, and Shaefer 2018). Homelessness contributes to high rates of chronic disease, adverse behavioral health outcomes, increased mortality, and lower rates of educational and job attainment over the life course (United States Interagency Council on Homelessness 2015). Longer durations of homelessness are associated with high mortality rates, adverse behavioral health outcomes and chronic medical conditions; moreover, persons experiencing chronic homelessness are more likely to remain homeless as length of homelessness increases (Stafford and Wood 2017). Homelessness and chronic-homelessness hit large metropolitan areas especially hard over the past two decades (U.S. Department of Housing and Urban Development 2018). Unsheltered homelessness, which is primarily long-term homelessness, is increasing again for the first time in ten years. What are municipalities doing to address this public health crisis?

Homelessness is a surprising case of a public health issue that is governed by a primarily decentralized system of non-governmental actors – both historically and today. The history of devolution and decentralization in homelessness governance makes it a unique policy arena where various actors compete and implement very different types of policies, all attempting to manage homelessness and long-term homelessness to different ends. The Department of Housing

and Urban Development has recently been encouraging partnerships between non-governmental actors and local governments in homeless policy governance to help improve policy coordination and implementation. This dissertation specifically investigates why municipal governments may choose to formally engage in responses to chronic homelessness, or not.

Most research on homelessness focuses on empirical research identifying best practices for solutions to chronic or long-term homelessness. However, there is a wide gap in the literature investigating the political processes shaping the reality of establishing or implementing these best practices. As a secondary goal, this dissertation also seeks to understand the political processes influencing adoption by municipalities of best-practice solutions to reduce chronic homelessness, or the adoption of permanent supportive housing solutions.

This dissertation argues that homelessness policy is a very fragmented and disjointed policy space as a result of decades of decentralization. Responses to chronic homelessness are governed in four separate and distinct policy arenas: the state, local government, elites, and homeless service providers or the Continuum of Care.[lxxxiv] The separation and conflict between these governing approaches result in increased challenges to establishing and implementing effective policy solutions to end chronic homelessness. Challenges include relatively limited state-level support such as financial resources and/or administrative burdens stemming from misaligned policy goals between state policies and CoC programming or the needs of persons experiencing homelessness on the ground; inequity in political participation that may exclude at-risk populations or bias participation in favor of economic elites; and, finally, limited

[lxxxiv] "***Continuum of Care and Continuum*** means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate."(Housing and Urban Development 2017)

involvement by municipal governments in many cases. When municipal governments remain absent from homeless governance, CoCs may be constrained in their ability to carry-out policies and programming as a result of insufficient funding, coordination with local government to coordinate other necessary services such as behavioral healthcare, Medicaid administration, policing and incarceration, and zoning for or constructing supportive housing units themselves.

This research finds that growth in policy capacity paired with structural changes incentivizing re-centralization of homelessness governance may be required to promote interaction and coordination across the policy approaches to overcome collective action problems and develop and implement effective solutions to long-term homelessness. However, a persistent problem that may require solutions beyond integration of the CoC and municipal government are protections of minority group and policy target populations in homeless policy debates. Across all cases in the research, homeless policy decision-making typically excludes persons who are at-risk of, currently, or formerly homeless. This bias in policy decision-making may promote implementation challenges by skewing processes in favor of elite preferences who generally oppose permanent supportive housing and may lead to policy adoption that does not successfully address the causes of chronic homelessness. This chapter reviews the primary findings from the results of the quantitative and qualitative analysis, and subsequently provide recommendations for policy makers to improve homeless policy governance systems to design and deliver policies that successfully ameliorate chronic homelessness.

2. Findings from the Three City-Cases

The three city cases were selected using a deductive technique with FsQCA software to identify municipalities that were most representative of the common combinations of variables

(from the national dataset of city homeless policy outcomes) across the outcomes of interest.[lxxxv] I identified cases most representative of each outcome type – municipalities with a municipal level homeless policy, or not – based on the cases in each outcome set within the sample. The most representative city cases were then further stratified by independent variables of interest in order to *control* for factors across cities within an outcome set but also *select* upon independent variables of interest. One case – Shreveport Louisiana – was selected for municipalities without a municipal supportive housing policy, as there was less heterogeneity in this outcome set. Shreveport, Louisiana, also represented the most common grouping of independent variables across cities in that outcome set. Two cases – Atlanta Georgia and San Francisco California – were selected for municipalities with, a supportive housing policy, in order to select to examine the effects of this heterogeneity on policy decision-making and implementation in municipalities with the same outcome (see Table 7).

Findings from Atlanta

The case of Atlanta represents large, liberal cities with a majority racial/ethnic minority population, high rates of chronic homelessness, located in conservative states that have not expanded Medicaid, that *have* a municipal level supportive housing policy. The lessons from Atlanta may translate into other major metropolitan areas in the southern U.S. working to address an urban homeless epidemic.

What explains Atlanta's adoption of this municipal level supportive housing policy? Atlanta ended up with a municipal homeless policy as a result of 1) institutional centralization and 2)

[lxxxv] Set membership to select most representative cases, is determined by minimums. Determining membership across two variables takes the minimum of the two scores. Consistency is the sum of the minimum of the membership scores for x and y, over the sum of the minimum membership scores for x. Coverage is determined by the sum of the minimum of the membership scores for x and y, over the sum of the membership scores for y.

strong policy capacity and political mobilization around homelessness. Atlanta, as a city, experienced a decade of political mobilization and subsequent municipal investment in policy capacity – resources and staffing – to address the chronic homelessness crisis in the city of Atlanta. Following these years of direct investment in homelessness policy by the city of Atlanta, the former Atlanta metropolitan area Tri-jurisdictional Continuum of Care (CoC) decided to separate into individual entities within their respective municipal jurisdiction or centralize towards these jurisdictional arrangements. This meant that the city of Atlanta would now have its own, individual CoC rather than a shared regional entity of non-profits. This institutional restructuring, independent from city of Atlanta homeless policy decision-making, led the city of Atlanta to a new policy choice: how to organize this new, Atlanta based CoC. As a result of the strong degree of investment in both policy capacity and political mobilization around homelessness that Atlanta had experienced for the last decade, the city of Atlanta decided to strategically develop the new Atlanta CoC as a part of the Atlanta municipal bureaucracy, rather than a separate non-governmental entity, in order to improve the coordination of services.

Almost immediately following the institutional restructuring bringing the CoC into Atlanta city government, in 2017 the new Atlanta CoC established their municipal level supportive housing policy as a primary part of the city of Atlanta's plan to address chronic homelessness. Yet, Atlanta took this opportunity to move a step further, working to not only address homelessness through supportive housing policy efforts but also integrating formal, criminalization reform to address the cyclical relationship between chronic homelessness and incarceration and thus improve supportive housing service coordination (Pre-Arrest Diversion Design Team 2017; Torres and Garland 2018). In 2017, Atlanta established a Pre-Arrest Diversion pilot project to reduce quality of life arrests (QOL), by diverting any arrest for quality

of life reasons (e.g. sleeping outside, eating outside, urinating in public) out of jail, and into social services (as the primary group affected by QOL arrests are people experiencing chronic homelessness) (Robinson 2019; Roy et al. 2016).

Yet, though the city of Atlanta has many lessons to share about processes and factors that may shape the development of and investment in municipal supportive housing policy efforts, there are many concurrent challenges facing Atlanta that also translate into important lessons for comparable cities. Atlanta still faces significant challenges in both policy implementation and decision-making related to supportive housing *and* punitive responses to homelessness. These challenges primarily include: 1. Jurisdictional boundaries affecting service delivery and responsibility; 2. Economic elites and policing; and 3. Funding, and ongoing relationships between state and federal entities. These ongoing challenges threaten effective policy implementation and may have the unintended effect of policy feedbacks that prevent supportive housing policy of working effectively to its intended goals.

The structural organization of the jurisdictional boundaries of the Atlanta metropolitan area, as a product of the segregated south, has a direct and negative influence on the ability of overlapping jurisdictions to coordinate and organize over an overlapping problem and the same target population. In addition, despite strategic efforts by the City to move away from ineffective, punitive responses (Pre-Arrest Diversion Design Team 2017; Torres and Garland 2018), there still exists strong, separate policy processes mobilizing police services to coordinate an indirect and informal policy response to homelessness in the form of moving groups of persons experiencing homelessness to other jurisdictions or away from desirable areas based on the desires of economic elites. Finally, Atlanta faces ongoing funding challenges related to the jurisdictional organizations, the CoC history and restructuring, and generally limited

involvement from the state of Georgia. The state efforts and economic elites' policy responses remain separate from the local government/CoC policy initiatives. Overall, this separation and the concurrent, conflicting policy responses from elites results in constraints on local supportive housing decision-making and policy implementation. Atlanta's metropolitan, jurisdictional arrangements have direct, negative effects on all policy efforts, and any policy coordination overall.

Findings from San Francisco

The case of San Francisco represents large, liberal cities with a *minority* racial/ethnic minority population, high rates of chronic homelessness, located in liberal states that have expanded Medicaid, as cities that *have* a municipal level supportive housing policy. The lessons from San Francisco may translate into other major metropolitan areas in the coastal U.S. working to address the homeless epidemic and housing crisis.

The lessons from San Francisco tell us the importance of the role of stakeholder compositions, the political economy, and recognizing and addressing *implementation problems* in developing municipal responses to chronic homelessness. San Francisco stands as a case where the unified City and County have done a lot to try and address chronic homelessness in San Francisco. San Francisco's Continuum of Care (CoC), is integrated into municipal government, and the city had a housing first policy since the mid-1990s (Department of Homelessness and Supportive Housing and City and County of San Francisco 2019). San Francisco has an impressive amount of policy capacity expertise, municipal fiscal resources and intergovernmental support to address homelessness that should have positioned the city at the forefront of the supportive housing movement in the United States.

However, substantial changes to San Francisco's political economy paired with the policy histories of delegation of homelessness policy and programming to non-governmental actors in the United States created the perfect storm of implementation problems. As a city, San Francisco relies heavily (San Francisco Budget and Legislative Analyst's Office 2016) on municipal funding for homelessness programming with limited state level support. San Francisco also exists in a political economy where economic elites dominate decision-making and stagnate municipal programming efforts on the front of both supportive housing implementation and homelessness de-criminalization efforts. As a result, San Francisco now known for its devastating and very public, homelessness crisis.

Today, San Francisco's homelessness rate and chronic homelessness rate are increasing (City and County of San Francisco Department of Homelessness and Supportive Housing 2017). The city faces serious shortages of any affordable housing let alone supportive housing (Rahaim et al. 2018). The lessons from San Francisco demonstrate the importance of political participation and policy implementation for cities seeking to address chronic homelessness and develop supportive housing responses. In the case of San Francisco's, the lack of coordination and continued separation of the state and economic elite policy responses to homelessness has generated perpetual policy conflict between the policies pursued by, the processes by which these policies are pursued, and the goals of the policies pursued by the state of California, economic elites in San Francisco, and the city/county of San Francisco (here the governmental CoC). This persistent policy conflict has contributed to deep implementation challenges San Francisco faces and has yet to overcome, including an inability to build new housing infrastructure, a continuation of punitive responses to chronic homelessness, and misaligned state and local policy efforts from Medicaid to supportive housing funding.

Findings from Shreveport

Unlike San Francisco and Atlanta, Shreveport, Louisiana serves as the representative case for municipalities without a municipal, governmental supportive housing policy. Thirty percent of the cities in the national dataset without a supportive housing policy matched the same criteria (variables) as Shreveport. The lessons from Shreveport may translate most to smaller, conservative cities, with a majority racial/ethnic minority population, low rates of chronic homelessness, in states that have expanded Medicaid.

Shreveport is a case where the Continuum of Care (CoC) and the local government remain very separate in homeless policy decision-making and in practice. This separation is very apparent when compared to the integration seen in Atlanta and San Francisco. The independence of these two structures, in policy design and practice, was the most prominent theme among interviewees. Despite the overall lack of support from local government, Shreveport's CoC has made substantial strides in establishing policy capacity and reducing homelessness. Whereas Shreveport may deliver positive lessons for CoCs with very limited support from local governments, this lack of governmental support still translates into persistent challenges for supportive housing policy design and implementation for the CoC. These barriers arise by inherently limiting the CoC's authority and the resources available to pursue and execute homeless policy, as a result of being non-governmental actors.

Beyond the challenges stemming from the relative absence of municipal government from homeless policy decision-making and implementation in Shreveport, Shreveport as a case faces additional barriers to supportive housing policy design and implementation as a result of the strong, separately coordinated response from economic elites. Organized economic elites work through informal policy mechanisms outside of local government decision-making and CoC

activity to unofficially govern behaviors associated with homelessness. Economic elites do so through direct requests to the police department to manage homelessness. Most of this police activity is punitive – including repeated incarceration, fines and removal of persons experiencing homelessness from desirable areas – and contradicts CoC efforts and evidence-based homelessness policy (Greenberg and Rosenheck 2008; Hawthorne et al. 2012; McNiel, Binder, and Robinson 2005). Shreveport's CoC has taken steps to reduce such police activity. However, due to the limited participatory ability of the CoC as nongovernmental actors these efforts are not formal policy and have not been widely effective.

Similar to the actions by economic elites, the state of Louisiana also remains separate from local homeless policy decision-making. Interviewees described some direct state level policies offering to provide tangential support for homelessness policy and programming, especially chronic homelessness. However, most interviewees were concerned with Louisiana's economic fragility overall, negatively affecting many state level efforts. Shreveport as a case demonstrated the delicate relationship between state and local policies, where Louisiana's current economic climate may indirectly perpetuate misalignment between state and local policies as a result of the limited capacity of Louisiana to provide resources or support to local policy efforts.

The case of Shreveport is a case of a strong delegated state with limited incentives for municipal governmental participation. The lack of incentives for involvement by municipal governmental actors is exacerbated by no external pressures for centralization of the CoC; the strong organization by economic elites promoting continued delegation and decentralization of homeless policy activity through opposition to supportive housing and decriminalization policy efforts; and absent state resources that might otherwise act as an intergovernmental resource to incentivize formal, municipal supportive housing policy efforts.

Findings Across Cases

The results of the process tracing analyses in each city case can be compared across each other to draw lessons between the cities and understand factors affecting municipal homeless policy decision-making across the cases. The findings from the cases produce comparable trends across all cases, and between the outcome sets (municipalities with a local governmental supportive housing policy and those without). The main findings comparable across cases include the role of centralizing force(s) and policy capacity in developing municipal level supportive housing policy; the role of Medicaid expansion in supportive housing policy decision-making and implementation; and finally, the role of policing and elites.

The main outcome of interest for this research is municipal homeless policy decision-making – why municipalities respond to homelessness in different ways, and specifically, what factors may influence or explain municipal choices to establish a local, governmental supportive housing policy. A striking theme across all three cases is the presence or absence of two factors: first, the role of institutional restructuring as a centralizing force in the political, institutional organization of supportive housing policy actors; and second, the role of policy capacity existence or development and political mobilization around issues of homelessness in building or shaping local responses to homelessness. These two factors work together. Based on the case analysis, it seems both developing sufficient policy capacity to respond to or address chronic homelessness (typically through or concurrent to political mobilization around homelessness) and institutional restructuring incentivizing centralization of local supportive housing policy programming/actors in their political/institutional organization; may be necessary conditions for developing and establishing a municipal level supportive housing policy.

As discussed above, both Atlanta and San Francisco experienced years of policy capacity development concurrent to and partially driven by political mobilization around homelessness. This substantial growth in policy capacity to respond to chronic homelessness in both cities preceded the adoption of a municipal level supportive housing policy. For this reason, it may seem that political mobilization and policy capacity development was the tipping point to push both cities towards adopting a municipal supportive housing policy. Yet, the process tracing results demonstrate that policy discussions surrounding homeless governance in both cases, after significant policy capacity growth, remained relegated to continued municipal investment in policy capacity and resources to support delegated homeless governance systems, or non-governmental organizations. In both cases the process tracing results demonstrate that the second factor, institutional restructuring, was also a necessary condition which may be required to incentivize direct, municipal participation in local homeless policy promulgation.

In both San Francisco and Atlanta, the long investment (nearly a decade in both cases) in local policy capacity to address homelessness was proceeded by an external, institutional restructuring of political institutions tangential to municipal governmental entities yet directly involved in local homeless policy efforts. The restructuring took the form of centralizing historically decentralized, non-governmental structures involved in homeless policy governance either closer to or within the organizing structures of municipal government. In Atlanta, as described above, the governing structure for homelessness in the regional, metropolitan area was a regional, non-profit entity that split to reorganize within each separate municipal jurisdiction, one of which being the city of Atlanta. In San Francisco, the state of California promulgated a new rule re-centralizing behavioral healthcare from municipally organized non-profit entities, to county jurisdiction.

This restructuring, in both cases, shortly preceded the development of a municipal level supportive housing policy. In Atlanta, the strong push to grow policy capacity had already developed interest in streamlining coordination between the city of Atlanta and the regional CoC. The restructuring now offered a choice to the city of Atlanta – how to organize the new Atlanta based CoC? As a result of the lingering interest in improving policy coordination stemming from decades of political mobilization and policy capacity development, Atlanta opted to formally centralize the CoC, structuring the new CoC within the municipal bureaucracy. Atlanta subsequently established a municipal level supportive housing policy as a result of the policy capacity development and the CoC's organization within the city of Atlanta bureaucracy, where they were able to directly lobby for the development of a city-wide, housing first approach to chronic homelessness. In San Francisco, the city had already been investing heavily in responses to homelessness and behavioral health primarily as a result of responses to the AIDS epidemic in the 1980's. When behavioral health was restructured under municipal jurisdiction, transitioning homeless policy and programming to the San Francisco city and county Department of Public Health was a natural choice in order to continue improving the coordination and delivery of services affecting persons experiencing homelessness. Shortly after, San Francisco began a city-wide effort in housing first, both as a municipal wide policy approach and in building new permanent supportive housing units.

The important role of both policy capacity development and investment in Atlanta and San Francisco, followed by an institutional restructuring posits that formal municipal level involvement in homeless policy may require institutional changes in addition to with policy capacity investment as a result of the historic delegation to non-governmental entities in homeless policy governance overall. The case of Shreveport is an important comparison, here.

Shreveport's CoC experienced much growth in policy capacity, as a result of CoC leadership and CoC partnership with the federal United States Interagency Council on Homelessness. Yet, political mobilization around evidence-based approaches to chronic homelessness in Shreveport has been very limited. Additionally, Shreveport has not experienced any external institutional restructuring related to any entities providing homeless governance services. The lack of political mobilization around responses to homelessness in Shreveport posit that even if institutional restructuring occurred, there may not be enough political interest *or* local governmental capacity to take on a formal municipal role in homelessness governance. Alternatively, even if Shreveport did experience greater political mobilization around homelessness and subsequently grew local governmental policy capacity to response to homelessness, the absence of formal institutional restructuring may continue Shreveport on the path of delegating and providing resources to non-governmental actors as opposed to creating an entirely new governance system in the absence of direct incentives to do so.

The role of Medicaid expansion as an important factor in both supportive housing policy decision-making and implementation was a surprising and salient theme across San Francisco and Shreveport – cases with divergent municipal policy outcomes or responses to chronic homelessness. Medicaid expansion has long been championed as a great opportunity to improve access to medical services for indigent individuals. In this case, Medicaid expansion was sought after for persons experiencing chronic homelessness, who are primarily single men (U.S. Department of Housing and Urban Development 2018) and were previously ineligible for Medicaid (Dipietro, Artiga, and Gates 2014). Yet, the results of the process tracing analysis suggest that while Medicaid expansion has certainly provided benefits and has increased eligibility and therefore access to medical services for this population, it is not without

significant implementation challenges. The main themes that arose from the analysis in the cases with Medicaid expansion – San Francisco and Shreveport – were that Medicaid expansion implementation has proved challenging as a result of 1) administrative burdens for persons experiencing homelessness due to policy misalignment between local implementation and state policy (including frequent disenrollment and re-enrollment as a result of homeless individuals moving between counties and states, or in and out of jail); and 2) challenges for local supportive housing policy decision-making due to policy misalignment in Medicaid's limited ability to finance supportive housing efforts.

3. City lessons to National Dataset Findings

The results from the quantitative analysis of a national sample of cities receiving federal funding to address homelessness demonstrate that most municipalities facing homelessness challenges do not have municipal-level supportive housing policies. Only forty-one percent of the municipalities in the dataset had a municipal-level policy. The results of the logit and FsQCA analyses demonstrate that municipalities with supportive housing policies tend to be more liberal, have fewer but better funded nonprofit health organizations, lower rates of municipal governmental fragmentation, and are located in states without Medicaid Expansion. The results of this analysis demonstrate overall limited involvement by municipal governments in supportive housing policy efforts. Limited coordination by municipal involvements in supportive housing policy, as demonstrated in the case analysis, matters because limited coordination between municipalities and the CoC may perpetuate service gaps and may lead to ineffective policy design and implementation (Jarpe, Mosley, and Smith 2018).

These results from the quantitative analyses provide a foundation for the case analyses, where the findings from the city cases not only reflect the findings from the quantitative

analyses, but the city-cases help offer possible explanations behind the findings from the quantitative analysis, as is intended in an explanatory sequential research design. The current data limitations restricted causal quantitative analysis. However, leveraging comparative case studies selected from the national sample of cities receiving federal funding for homeless policy let me look into factors identified in the quantitative analysis as associated with municipal supportive housing development, and analyze the processes involved and the temporality of the relationships between the factors (different political institutional arrangements, social construction, and policy capacity measures) and the outcome of interest, municipal supportive housing policy decision-making. I recommend these lessons be explored in future research, by further leveraging the explanatory sequential design and testing these translational findings from the case study analyses against a national sample of municipalities in order to effectively test the generalizability of the findings and further examine the validity of the mechanisms in a broader context.

There are three main lessons that can be extrapolated from the city cases to help explain or begin identifying mechanisms involved in municipal homeless policy decision-making. These three main lessons are: 1) limited involvement by municipal governments in supportive housing policy; 2) the role of state governments in shaping municipal homeless policy decision-making (including Medicaid expansion); and 3) the role of stakeholder groups, in particular non-profit health organizations, as sources of policy capacity to influence municipal homeless policy decision-making and implementation. This section discusses the integration of the findings from both the quantitative and qualitative analyses to examine the findings across the methods and illustrate the lessons.

The main finding from the quantitative analysis, as stated above, is the overall limited participation in homeless policy governance (as measured by the presence of municipal level supportive housing policy(s)) by municipal governments (cities and or counties). Forty-one percent of municipalities in the dataset with a supportive housing policy may seem like a substantial amount of municipal level participation. Yet, compared to the key role local government public health departments play in most other aspects of population health and health prevention efforts, the fact that less than half of municipalities (representing 60% of the national system for governing efforts to address homelessness) in this analysis have a municipal level supportive housing policy is very surprising, and runs counter to assumptions made by public health practitioners about local government's role in the majority of aspects related to health prevention and promotion. The results of the city case studies find great variation in the amount of participation by local governments in municipal homeless policy decision-making. These results enhance this main finding from the quantitative analysis and offer possible explanations for why municipalities may *not* be involved in homeless policy decision-making, as well as the influence of limited participation by local governments on homeless policy implementation.

Across the cases, this research finds that there is great variation in the degree to which municipal governments participate in homeless policy decision-making, including the types of municipal government that participate. The most consistent finding across the cases is that while city and county governments may often be absent from homeless policy decision-making, in the form of elected officials or the bureaucracy, policing and corrections is persistently involved, regardless of formal policy participation by the local governments overseeing police activity. For example, in Shreveport, the city government is not and has historically not been involved in homeless policy decision-making or implementation. The county (here, parish) government was

not discussed by any interviewees as an actor in the homeless governance systems. Yet, policing by the city of Shreveport is constantly involved in responses to homelessness in an informal capacity that nonetheless influences the ways that homeless policy decision-makers in Shreveport – the CoC – design and deliver policy and programming affecting persons experiencing chronic homelessness. For example, clients experiencing chronic homelessness consistently police regarding behaviors associated with homelessness, and are subsequently removed from areas, issued citations, or jailed, all of which interrupts service delivery.

In Atlanta, police have long been informally involved in responses to chronic homelessness, before the city of Atlanta was formally involved in homeless policy decision-making. A frequently cited example discussed by interviewees was strategic use of the city of Atlanta jail as a location to house persons experiencing chronic homelessness before the 1996 Olympics (Smothers 1996). Police conducted systematic sweeps of the city, in addition to busing efforts, in order to remove chronically homeless persons from downtown Atlanta (Gustafson 2013). Interviewees stated that many persons who were displaced during this effort were never located, displacing them from homeless services systems altogether. Today, the city of Atlanta is formally involved in homeless governance efforts, and is also taking strides to reduce punitive policing responses to chronic homelessness (Pre-Arrest Diversion Design Team 2017). However, implementation is a work in progress, and the case study results demonstrate the persistent of informal, punitive police responses to chronic homelessness even with the presence of formal, city government involvement in supportive housing policy governance.

Finally, the same trends regarding policing and chronic homelessness are see in the city of San Francisco. San Francisco city and county government has been formally involved in local homeless policy governance longer than both Atlanta and Shreveport. However, policing and

corrections within the city and county of San Francisco have also been informally involved in responding to chronic homelessness for at least as long. Interviewees discussed that despite efforts by San Francisco government to reduce punitive responses to homelessness , persons experiencing chronic homelessness are consistently moving in and out of jail, receive citations for behaviors associated with chronic homelessness, and are frequently relocated by police to different parts of the city. Across all three cases, police activity was driven by requests by economic elites – corporations, the movie industry, downtown development associations, and wealthy homeowners – to remove persons experiencing chronic homelessness from desirable areas of the cities.

Policing and corrections are the only part of municipal government that were found to be consistently – across cases and historically – involved in responses to chronic homelessness. The city cases demonstrate much more heterogeneity in the types of other levels of municipal governmental organization and institutions that participate in homeless policy governance or supportive housing policy decision-making. When I say levels of municipal governmental organization, I am referring to jurisdictional components – cities versus counties. Institutions refers to intragovernmental organizations, such as city level bureaucrats compared to elected officials[lxxxvi].

Regarding municipal governmental organization, there is a lot of variation across the cases in which level of local government may be involved in homeless policy governance, if local government is participating. For example, in Atlanta, the city of Atlanta has now

[lxxxvi] It could be argued that elected officials are also a persistent part of municipal governmental involvement in responses to chronic homelessness, because of the relationship between requests by economic elites and policing, which often goes through elected officials. However, this is not categorized as such because of the heterogeneity in the mechanisms by which police are delegated to respond to chronic homelessness. Sometimes elected officials make requests in response to elite preferences, other times economic elites make requests directly through policing.

incorporated the CoC into the municipal bureaucracy and is therefore directly participating in local homeless policy governance. However, interviewees described far less participation by Fulton County, the main county that the city of Atlanta resides in, in homeless policy and programming efforts within the Atlanta metropolitan area or regionally. By contrast, San Francisco has unified city and county government. The unified local government is heavily involved in homeless policy governance and supportive housing policy design and implementation and has been since the mid 1990s. Other, surrounding counties such as Oakland, were not discussed at all as a part of local homeless policy and planning efforts. In Shreveport, although local government actors do not directly participate in homeless policy decision-making or governance, the actors governing homeless policy efforts – the CoC – only discussed the *city* of Shreveport's role as a potential actor or as an actor, governing police responses to homelessness. The surrounding county Shreveport resides in, Bossier Parish, was not discussed at all as a potential actor. Only the city of Bossier was mentioned in a couple of instances regarding police responses to homelessness in the metropolitan area. This heterogeneity in the levels of municipal government organization that may or may not participate in local homeless or supportive housing policy efforts does not align with public health policy and practice understandings of the organization and delivery of health and social services, suggesting that public health and health policy as a discipline should re-consider conceptualizations of the ways in which health promotion and population health efforts are thought to be designed and delivered.

One finding that does align with current notions of public health delivery systems is the intragovernmental, institutional participation in the city cases. In the city cases, when local government does participate, in the greatest amount of participation is by local bureaucrats

mainly in the public health delivery system. In San Francisco this includes the San Francisco City and County Department of Public Health, and now also the San Francisco City and County Department of Homelessness and Supportive Housing. In Atlanta, this includes the city of Atlanta Office of Human Services. Interviewees in San Francisco and Atlanta discussed how coordination by the local governments through these agencies enhanced the ability to coordinate local supportive housing policy and programming, while also improving the policy capacity (staffing and resources) available to design and delivery effective policy.

The second main lesson extending the findings from the quantitative analysis through the qualitative case studies is the role of state governments in shaping municipal homeless policy decision-making. In the regression analysis, Medicaid expansion was negatively associated with the presence of municipal level supportive housing policy. In FsQCA analysis, state level supportive housing policy was not associated with municipal supportive housing policy presence. In sensitivity analyses conducted in logit examining this relationship, there was also no association.

The case study results reflect and exemplify this perhaps surprising relationship between two state level policies that would seem to be associated with municipal level supportive housing policies. Overall, these findings do not suggest that state policies do not play a role. Rather, the findings from the qualitative analysis, extending from the quantitative findings, suggest that the relationship is complicated, and there may be tradeoffs and or negative consequences with such state level policies that are presumed to directly benefit local supportive housing policy efforts.

Regarding Medicaid expansion, the cases of Atlanta and Shreveport offer potential explanations for the negative association with Medicaid expansion and municipal level supportive housing policy. As discussed in Chapter 3, the negative relationship between

municipal level supportive housing policy and Medicaid expansion may be a product of the geographic concentration of homelessness and chronic homelessness in the United States. The majority of homelessness in the U.S. is concentrated in the southern united states and the coasts, including many conservative states like Texas, Georgia, and Florida that have not expanded Medicaid. Thus, liberal, major metropolitan areas in conservative states seeking solutions to chronic homelessness may move forward with supportive housing policy in lieu of available state level resources. Atlanta as a case demonstrated this tradeoff that local policy makers faced. The majority of interviewees discussed how beneficial Medicaid expansion would be, but that they had little to no hope that Georgia would move forward with Medicaid expansion, leaving policymakers in Atlanta to move forward with supportive housing policy by seeking out other resources.

By contrast, Shreveport exemplifies a potential, alternative explanation, or alternative case to explain the strong, negative association between Medicaid expansion and municipal supportive housing policy. Smaller, conservative cities, like Shreveport, may face a different calculus. While interviewees described that Medicaid expansion in Louisiana did offer many supports to practitioners by expanding eligibility to single adults (the primary demographic of persons experiencing chronic homelessness), the overall nature of homeless policy governance in Shreveport – defined by no participation from local government and strong opposition to homelessness in general and with non-punitive policy options – made any incentives or resources stemming from Medicaid expansion insufficient to sway local policy decision-making in any substantial way. Future research examining the use of Medicaid waivers may provide more insight into the degree to which Medicaid programming may prove to be a valuable tool in policy decision-making that may specifically incentivize municipal supportive housing policy

development. In particular, Medicaid waivers targeting specific municipalities may prove to be a more successful policy tool.

Finally, the last primary lesson extending the findings from the quantitative analysis through the qualitative case studies is the role of stakeholder groups, in particular non-profit health organizations, as sources of policy capacity to influence municipal homeless policy decision-making and implementation. The results across the regression and FsQCA analyses demonstrate positive relationships between measures of centralization (or a smaller CoC nonprofit base) and municipal supportive housing policy. In the logistic regression, municipalities with a higher concentration of nonprofit health organizations are nearly 30 percent less likely to have a municipal supportive housing policy. This suggests support for the notion that when municipalities participate in supportive housing policy, there is less decentralization of policy capacity in nongovernmental systems, or possibly that there is a greater centralization of policy capacity within municipal government, as opposed to the nongovernmental organizations.

The case study results expand on this notion. San Francisco and Atlanta both experienced very substantial municipal governmental investments in policy capacity to address chronic homelessness in the lead up to establishing a municipal level supportive housing policy. Thus, the trends seen in the quantitative analysis may be a snapshot measure of the divergence or tradeoff between municipal level resources compared to delegation and decentralization of policy capacity and homeless policy governance. This is an opportunity where the results from the case study analysis could be further explored in quantitative analyses through alternative measures of municipal policy capacity in order to more concisely pin down the divergence between municipal investment and delegation. For example, future analyses could include other, alternative measures of policy capacity at the municipal level, such as bureaucratic staffing, and

staff education. Similar measures could also be included for the nonprofit sector, in order to gain a more complete picture of the shifts in policy capacity between municipal governance of homeless policy compared to delegation to nongovernmental entities.

4. Theoretical and Policy Contributions

Overall, three main themes arise from this research. 1) The implications of delegating a public health policy space to the submerged state and how it works in practice; 2) the growth of policy capacity as an important step in building a municipal, governmental response to homelessness beyond solely delegated state actors; and finally 3) Medicaid expansions complex reality and implementation challenges in supportive housing policy. This section discusses the theoretical and policy implications of the three main findings.

First, this research is a case study of the functioning of the delegated state as a main public health policy delivery system. Previous research on the delegated state has focused on defining and describing the submerged state, how it has changed over time, and its development. There are few studies of the implications of the submerged state as a policy mechanism in practice. This research helps to fill that gap. The literature that does exist on the functioning and consequences of the submerged or delegated state discusses the implications of delegation for democracy (Mettler 2011). The findings in my research illustrate a similar, overall relationship. In the case studies, delegated state actors who are not integrated into formal municipal decision-making processes, face participatory challenges (such as not being invited to municipal governmental meetings), relegating them to their own, very separate, decision-making apparatus relying on inconsistent funding structures (grants and donations) and limited authority to implement policies they have designed (no authority over other governmental institutions that may be crucial to supportive housing policy implementation such as policing and zoning). The

delegated state was strategically designed to reduce the influence of the activist state (Soss, Fording, and Schram 2011). Theoretically, these findings suggest that this may be true. In cases of complete delegation of social or healthcare services governance to nongovernmental actors, as shown in the case of Shreveport, nongovernmental actors face constrained decision-making and implementation processes that limit the overall success of these policies.

The second main finding is the important role of policy capacity as a step in establishing a formal, municipal supportive housing policy. If the delegated state faces substantial constraints in policy decision-making and implementation as a result of their institutional organization, how do we move towards formal, municipal involvement in supportive housing policy? Atlanta and San Francisco suggest that municipal level investment in policy capacity – systems and/or resources sufficient to respond to chronic homelessness and associated problems – may be a crucial part of the process moving of establishing a formal municipal governmental supportive housing policy by *generating capacity* of municipal governments to be able to respond to and effectively participate in supportive housing policy. Historically, and in contemporary cases such as Shreveport relying on complete delegation, policy capacity to address chronic homelessness and homelessness overall resided with the CoCs, or this system of nongovernmental actors, primarily nonprofit organizations. If the entire system is decentralized and authority is delegated to this decentralized system, it may be unlikely that cities or counties may have sufficient resources to be able to adequately participate in homeless policy governance without establishing some kind of policy capacity of their own.

Atlanta and San Francisco both document a very long build-up over years of municipal investment in resources – staffing and funding – to address chronic homelessness and problems related to chronic homelessness (e.g. HIV/AIDS and behavioral health) prior to discussions

about a formal, municipal governmental role in addressing homelessness and chronic homelessness. As discussed, the city of Shreveport did not make similar investments of any kind. Theoretically, it makes sense that recentralization of homelessness governance would possibly necessitate this resource investment, otherwise municipalities face a tradeoff between insufficient means to govern homelessness and continued delegation to the existing systems where policy capacity lies – the delegated state, or the CoC. It is also important to note, though, that, as discussed above, political mobilization and institutional restructuring are two other aspects surrounding policy capacity that may also be required to fully incentivize municipal participation in homeless policy. Atlanta and San Francisco's municipal policy capacity investments stemmed from strong political mobilization around the issue. Atlanta and San Francisco also experienced institutional restructuring that repositioned key components of homeless services into municipal jurisdiction – after years of heavy policy capacity development. Further research is needed to understand the relationships between these factors, and their temporality, as incentives towards municipal homeless policy governance.

Lastly, is the theme of Medicaid expansion and its complex relationship to supportive housing policy. Health policy has often championed Medicaid expansion as a silver bullet policy, solving problems of access to healthcare for low-income persons. And this research does show that Medicaid expansion has certainly benefited persons experiencing chronic homelessness by expanding eligibility levels to include single adults. However, this research demonstrates the practical realities of Medicaid expansion implementation for this at-risk population. Shreveport and San Francisco both illustrate enrollment challenges associated with Medicaid administrative procedures. As a border city in Louisiana, Shreveport receives many persons experiencing homelessness from Texas. When persons arrive from Texas in Louisiana, they must be re-

enrolled in Louisiana Medicaid before they can receive care. In California, county level administration of Medicaid has caused challenges for enrollment and care access in San Francisco. Individuals experiencing chronic homelessness move within municipal jurisdictions in the Bay area. When individuals move between counties, such as Oakland and San Francisco, providers have to identify county residence, and often re-enroll persons based on the county they are currently seeking care in. Medicaid administration does not align with the reality of the transient nature of chronic homelessness and creates challenges for care access and care coordination. Similar problems arise related to the strong relationship between incarceration and chronic homelessness. In both Shreveport and San Francisco, providers face continual disenrollment challenges as a result of incarceration. Often times, persons are not reconnected with services or re-enrolled in Medicaid after re-entry. This is another example of how the practical application of Medicaid expansion is more complex and may not work well for certain, highly vulnerable populations. Greater alignment between Medicaid administration and local, population specific needs may help alleviate some of these implementation challenges.

American federalism as a field has been historically and theoretically separate from urban politics and intergovernmental relations. In the field of health policy in particular, there is an emphasis on state and federal relations as the primary players involved in health services governance. Yet, direct local-federal relations have played a key role in the development and delivery of today's welfare state, from the New Deal, to the McKinney Act, to the Family Smoking and Tobacco Control Act. This research demonstrates the importance of expanding traditional notions of health systems governance and to encompass a broader definition of intergovernmental relations, acknowledging the important role local governments play – with or

without support from states – in carrying out federal legislation and designing and delivering public health policy.

Urban politics, as a field, tends to focus on the study of local government institutions. Yet the field of urban politics may be incomplete without acknowledging and defining the crucial role of non-governmental actors, in particular 'delegated' or 'submerged' state actors as an entire apparatus directly involved in the design and delivery of local policy and programming. Certainly, the delegated state is not involved in all areas of local policy. Yet, the significant role that delegated actors play in many areas of health and social services as demonstrated by this research posits that the influence of delegated state actors on local policy decision-making and implementation – beyond the role of interest group or stakeholder coalition influence – may translate to other aspects of local policymaking and delivery. Local government, in terms of who is involved in policy decision-making, is more than formal city and county institutions.

References

Acharya, Avidit et al. 2015. *A Culture of Disenfranchisement: How American Slavery Continues to Affect Voting Behavior* *. http://scholar. (March 19, 2019).

Alford, Robert. 1975. *Health Care Politics: Ideological and Interest Group Barriers to Reform*. Chicago and London: University of Chicago Press.

Anckar, Carsten. 2008. "On the Applicability of the Most Similar Systems Design and the Most Different Systems Design in Comparative Research." *International Journal of Social Research Methodology* 11(5): 389–401. http://www.tandfonline.com/doi/abs/10.1080/13645570701401552 (February 13, 2018).

Applied Survey Research. 2017. *San Francisco Homeless Count & Survey 2017: Comprehensive Report*. www.appliedsurveyresearch.org.

Arno, P S. 1986. "The Nonprofit Sector's Response to the AIDS Epidemic: Community-Based Services in San Francisco." *American journal of public health* 76(11): 1325–30. http://www.ncbi.nlm.nih.gov/pubmed/3766829 (May 27, 2019).

Arno, Peter S., and Robert G. Hughes. 1989. "Local Policy Responses to the AIDS Epidemic: New York and San Francisco." In *Acquired Immunodeficiency Syndrome*, Boston, MA: Springer US, 11–19. http://link.springer.com/10.1007/978-1-4613-0807-2_3 (May 27, 2019).

Association of Religion Data Archives. 2010. "U.S. Religion Census: Religious Congregations and Membership Study, 2010 (Metro Area File)." *U.S. Church Membership Data - County Level*. http://www.thearda.com/Archive/Files/Downloads/RCMSMT10_DL2.asp (May 8, 2017).

Atlanta Development Authority. 2008. *2008 ADA Annual Report*. Atlanta Georgia. http://lehd.did.census. (April 4, 2019).

———. 2009. *2009 ADA Annual Report*. Atlanta Georgia. https://www.investatlanta.com/assets/2009_invest_atlanta_annual_report_xD2qEPk.pdf (April 4, 2019).

Bauman, Tristia et al. 2017. National Law Center on Homelessness and Poverty *Housing Not Handcuffs: Ending the Criminalization of Homelessness in U.S. Cities*. Washington DC.

Bayor, Ronald H. 1988. "Roads to Racial Segregation: Atlanta in the Twentieth Century." *Journal of Urban HIstory* 15(1): 3–21. https://journals-sagepub-com.proxy.lib.umich.edu/doi/pdf/10.1177/009614428801500101 (March 30, 2019).

De Benedictis-Kessner, Justin, and Christopher Warshaw. 2015. "Mayoral Partisanship and the Size of Municipal Government." http://cwarshaw.scripts.mit.edu/papers/CitiesMayors150830.pdf (May 23, 2017).

Bennett, Andrew. 2009. "Process Tracing: A Bayesian Perspective." In *The Oxford Handbook of Political Methodology*, eds. Janet Box-Steffensmeier, Henry E Brady, and David Collier. Oxford University Press.

———. 2010. "Process Tracing and Causal Inference."

Berman, P. 1997. “State-Local Relations: Authority, Finance, and Regional Cooperation.” In *The Municipal Year Book*, Washington DC: International City/County Management Association, 66.
Berry, Christopher. 2009. *Imperfect Union: Representation and Taxation in Multilevel Governments*. New York: Cambridge University Press.
Biles, Roger. 2011. *The Fate of Cities: Urban America and the Federal Government, 1945-2000*. University Press of Kansas.
Bishop, Korrin et al. 2017a. “The 2017 Annual Homeless Assessment Report (AHAR) to Congress.” https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf (May 7, 2018).
———. 2017b. *The 2017 Annual Homeless Assessment Report (AHAR) to Congress*. Washington DC. https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf (April 16, 2018).
Blair, Thomas R. 2016. “Plague Doctors in the HIV/AIDS Epidemic: Mental Health Professionals and the ‘San Francisco Model,’ 1981–1990.” *Bulletin of the History of Medicine* 90(2): 279–311.
Bluestone, Barry. 1982. *The Deindustrialization of America: Plant Closings, Community Abandonment, and the Dismantling of Basic Industry*. New York: Basic Books.
Bowe, Rebecca. 2015. “S.F. Study Documents Sharp Decline in Mission’s Latino Population.” *KQED*. https://www.kqed.org/news/10736143/s-f-study-documents-sharp-decline-in-missions-latino-population (May 27, 2019).
Bowers, Melanie. 2015. *Local Policymaking in an Age of Federalism: The Role of Federal Incentives in Municipal Homelessness Policy*. Proquest.
Box 69. 1986. “National Homeless Awareness Week.” *Reagan Presidential Library: National Archives and Records Administration*.
Brescia, Raymond. 2015. “The Criminalization of Mental Illness.” *Albany Government Law Review* 8.
Bridges, Amy. 1999. *Morning Glories : Municipal Reform in the Southwest*. Princeton University Press.
Brown, Garrett W, Iain McLean, and Alistair McMillan. 2018. “Tyranny of the Majority.” In *A Concise Oxford Dictionary of Politics and International Relations*, Oxford University Press.
Brown, Molly M. et al. 2016. “Housing First as an Effective Model for Community Stabilization among Vulnerable Individuals with Chronic and Nonchronic Homelessness Histories.” *Journal of Community Psychology* 44(3).
Bruff, Harold H. 2010. “Presidential Power Meets Bureaucratic Expertise.” *Journal of Constitutional Law* 12(2).
Brumble, Melody. 2013. “Help for the Homeless.” *The Shreveport Times*. http://proxy.lib.umich.edu/login?url=https://search-proquest-com.proxy.lib.umich.edu/docview/1426037379?accountid=14667.
Bullard, R D, G S Johnson, and A Torres. 1999. “Atlanta Megasprawl.” *Forum for Applied Research and Public Policy* 14(3): 17–23.
Bullard, Robert D., Glenn S. Johnson, and Angel O. Torres, eds. 2000. *Sprawl City : Race, Politics, and Planning in Atlanta*. Washington, D.C. : Island Press.
Bureau of Economic Analysis. 2017. “Regional Data GDP and Personal Income.” *Interactive Data Tables*. https://apps.bea.gov/iTable/iTable.cfm?acrdn=3&isuri=1&reqid=70&step=1#reqid=70&ste

p=10&isuri=1&7003=200&7035=-1&7004=naics&7005=1&7006=xx&7036=-1&7001=2200&7002=2&7090=70&7007=2015&7093=levels (August 17, 2018).
Byrne, Hannah. 2018. “The Berkeley Remix, Season Three: First Response—Aids and Community in San Francisco.” In *Oral History Review*, Oral History Association, 332–34. http://muse.jhu.edu.proxy.lib.umich.edu/article/702810 (May 27, 2019).
Byrne, Thomas et al. 2014. “The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness.” *Social Service Review*. https://www.jstor.org/stable/pdf/10.1086/676142.pdf?refreqid=excelsior%3Ac3a2bf4081d965852da04f7a0eff4252 (November 19, 2018).
California Department of Housing and Community Development. 2019. “No Place Like Home Program.” *Programs*. http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml (May 28, 2019).
California Mental Health Services Oversight and Accountability Commission. 2019. “Proposition 63 History.” *History*. https://www.mhsoac.ca.gov/history (May 28, 2019).
Cardinale, Matthew Charles. 2014. “Possible Bribery of Atlanta Official Seen in Special Mater’s Ruling in Task Force Lawsuit.” *Atlanta Progressive News*. http://atlantaprogressivenews.com/2014/04/12/possible-bribery-of-atlanta-official-seen-in-special-masters-ruling-in-task-force-lawsuit/.
Cassidy, Amanda. 2016. “Medicaid and Permanent Supportive Housing. Medicaid Offers Opportunities to Address Supportive Housing Needs, but Challenges Remain.” *Health Affairs* Health Pol(October). https://www.healthaffairs.org/do/10.1377/hpb20161014.734003/full/healthpolicybrief_164.pdf (December 24, 2017).
Centers for Medicare and Medicaid Services. 2019. “State Waivers List.” *Medaid.gov*. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html (August 3, 2019).
Chapin Hall University of Chicago. 2018. *Voices Missed Opportunities: Youth Homelessness in America National Estimates*. http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf (December 7, 2018).
Cisneros, Lisa. 2011. “Thirty Years of AIDS: A Timeline of the Epidemic.” *University of California San Francisco*. https://www.ucsf.edu/news/2011/06/9971/thirty-years-aids-timeline-epidemic (May 27, 2019).
City and County of San Francisco. 2019. “311 Cases.” *DataSF*. https://data.sfgov.org/City-Infrastructure/311-Cases/vw6y-z8j6 (August 5, 2019).
———. “Poverty in San Francisco: Blacks & African American Residents Experience Poverty at 3x the Average Rate.” https://sfgov.org/scorecards/safety-net/poverty-san-francisco.
———. “Poverty in San Francisco: Older Residence Are More Likely to Experience Poverty than Younger Groups.” https://sfgov.org/scorecards/safety-net/poverty-san-francisco.
———. “San Francisco City and County: Decennial Census Data - 2000-2010.” http://www.bayareacensus.ca.gov/counties/SanFranciscoCounty.htm.
———. “SF Housing Data Hub: Housing Overview.” https://housing.datasf.org/overview/.
City and County of San Francisco Department of Homelessness and Supportive Housing. 2017. “Five Year Strategic Framework.” http://hsh.sfgov.org/wp-content/uploads/2017/10/HSH-Strategic-Framework-Full.pdf (December 6, 2017).
City of Atlanta. 2011. “Atlanta, GA : News List : City of Atlanta Awarded $3.3 Million from

Bloomberg Philanthropies." *Press Releases*. https://www.atlantaga.gov/Home/Components/News/News/854/ (April 3, 2019).
City of Atlanta Continuum of Care. 2015. HUD Exchange: CPD Consolidated Plans, Annual Action Plans, and CAPERs *Atlanta Consolidated Plan*. Atlanta. https://www.hudexchange.info/programs/consolidated-plan/con-plans-aaps-capers/.
City of Atlanta Innovation Delivery Team. 2014. "Reducing Street Homelessness in Atlanta." *Impact Report*. https://issuu.com/idtatl/docs/atlanta_idt_impact_report_-_reducin (April 2, 2019).
City of San Francisco Department of Public Health. 2000. *HIV/AIDS Epidemiology Annual Report: Department of Public Health HIV Seroepidemiology and AIDS Surveillance Section*. www.dph.sf.ca.us/PHP/AIDSSurvUnit.htm (May 27, 2019).
City of Shreveport Louisiana. 2014. City of Shreveport City Council *Fact Sheet: An Ordinance Declaring the City's Interest in Certain Vacant Property*.
———. 2015. *Notice of Public Meeting: July 13, 2015*.
———. 2016. *HUD Annual Action Plan Funding Year 2015*. Shreveport LA.
———. 2017. 0117 *Annual Action Plan*.
———. 2019. "Agendas and Minutes." *Shreveport LA - Official Website*. https://www.shreveportla.gov/AgendaCenter/Search/?term=homeless&CIDs=1,&startDate=&endDate=&dateRange=&dateSelector= (May 9, 2019).
Clifford, Scott, and Spencer Piston. 2016. "Explaining Public Support for Counterproductive Homelessness Policy: The Role of Disgust." *Political Behavior* (October).
Cole, Ian. 2006. "Hidden from History? Housing Studies, the Perpetual Present and the Case of Social Housing in Britain." *Housing Studies* 21(2): 283–95. http://www.tandfonline.com/doi/full/10.1080/02673030500484893 (October 26, 2016).
Collier, David. 2011. "Understanding Process Tracing." *Political Science and Politics* 4: 823–30. http://polisci.berkeley.edu/sites/default/files/people/u3827/Understanding Process Tracing.pdf (January 18, 2017).
Commander David Lazar. 2017. *SFPD Homeless Outreach*. San Francisco. https://www.sanfranciscopolice.org/sites/default/files/Documents/PoliceCommission/PoliceCommission120617- Homeless 120617.pdf (May 28, 2019).
Conlan, Timothy. 1998. *From New Federalism to Devolution: Twenty –Five Years of Intergovernmental Reform*. Washington, D.C.: Brookings Institution Press.
Cooper, Anastasia. 2013. "The Ongoing Correctional Chaos in Criminalizing Mental Illness: The Realignment' s Effects on California Jails." *Hastings Women's Law Journal* 24(339). http://repository.uchastings.edu/hwlj (October 26, 2016).
County Behavioral Health Director's Association. *Mental Health Services Act: History and Orientation*. https://www.cibhs.org/sites/main/files/file-attachments/mon_915_innes_gomberg_history_evolution_of_mhsa.pdf (May 27, 2019).
Cowan, Jill. 2019. "Homeless Populations Are Surging in Los Angeles. Here's Why." *The New York Times*. https://www.nytimes.com/2019/06/05/us/los-angeles-homeless-population.html.
Cronley, Courtney. 2010. "Unraveling the Social Construction of Homelessness." *Journal of Human Behavior in the Social Environment* 20(2). http://www.tandfonline.com/action/journalInformation?journalCode=whum20 (January 11, 2017).
Davidson, Nestor. 2007. "Cooperative Localism: Federal-Local Collaboration in an Era of State

Sovereignty on JSTOR." *Virginia Law Review* 93(4): 959–1034. http://www.jstor.org.proxy.lib.umich.edu/stable/25050370?seq=1#page_scan_tab_contents.
Davis, and Box 3. 1987. "Hunger/Homeless (6)." *OA15701. Reagan Presidential Library: National Archives and Records Administration*.
Deere, Stephen. 2018. "Atlanta Loses $1 Million Federal Grant for Affordable Housing." *The Atlanta Journal-Constitution*. https://www.ajc.com/news/local-govt--politics/atlanta-loses-million-federal-grant-for-affordable-housing/pMSQ9Ug6oIbC8zstdIttxM/.
———. 2019. "Atlanta Council, Mayor at Odds over Plan to Stem Corruption." *The Atlanta Journal-Constitution*. https://www.ajc.com/news/local-govt--politics/atlanta-council-mayor-odds-over-plan-stem-corruption/RU0uww7u8ojyuv6W9TWhwK/.
Deere, Stephen, J. Scott Trubey, and Dan Klepal. 2018. "Bribery Charges Expose Depth of Corruption Facing Atlanta's New Mayor." *The Atlanta Journal-Constitution*. https://www.ajc.com/news/local-govt--politics/bribery-charges-expose-depth-corruption-facing-atlanta-new-mayor/tX8TTszRApqTbor7uTTB2K/.
Degeorge, Betsy. 2010. "Migration Patterns of the Homeless Population." *Rescue Magazine*.
Deloitte Consulting. 2003. *Blueprint to End Homelessness in Atlanta in Ten Years*. Atlanta. http://www.hmissummit.net/coc/10 Year Plans/AtlantaGA.pdf (April 3, 2019).
Department of Health Care Services State of California. 2011. "Description of Staff Performing Eligiblity Determinations." https://www.dhcs.ca.gov/formsandpubs/laws/Documents/Attachment 1.2-D.pdf.
———. "All County Welfare Director's Letters and Medi-Cal Eligibility Division Information Letters." https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx.
———. "Mental Health Services Act." https://www.dhcs.ca.gov/services/mh/Pages/MH_Prop63.aspx.
———. *Section 1 - Single State Agency*. https://www.dhcs.ca.gov/formsandpubs/laws/Pages/StatePlanDocuments2.aspx.
Department of Homelessness and Supportive Housing. 2019. "San Francisco Navigation Centers and SAFE Navigation." *Navigation Centers*. http://hsh.sfgov.org/services/emergencyshelter/navigation-centers/ (May 28, 2019).
———. *Navigation Centers Presentation*. http://hsh.sfgov.org.
Department of Homelessness and Supportive Housing, and City and County of San Francisco. 2019. "Local Homeless Coordinating Board." *About Us*. http://hsh.sfgov.org/lhcb/local-homeless-coordinating-board-about-us/ (May 27, 2019).
Department of Housing and Urban Development. 2016. *Housing First in Permanent Supportive Housing*. Washington DC. https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf (March 6, 2017).
———. 2017. "HUD Publishes Coordinated Entry Requirements and Checklist of Essential Elements - HUD Exchange." *HUD Exchange*. https://www.hudexchange.info/news/hud-publishes-coordinated-entry-requirements-and-checklist-of-essential-elements/ (October 25, 2018).
Dewey, Caitlin, Tracey Jan, and Jeff Stein. 2018. "Trump's Budget Hits Poor Americans the Hardest." *The Washington Post*. https://www.washingtonpost.com/news/wonk/wp/2018/02/12/trumps-budget-hits-poor-americans-the-hardest/?utm_term=.dc0bab1cd67e (March 7, 2018).
Diiulio, John J. 2012. "Facing Up to Big Government." *National Affairs* Spring.
Dillon, John F. 1911. *Commentary on the Law of Municipal Corporations*. 5th ed. Boston: Little,

Brown.
Dillon, Liam. 2018. “$2 Billion to Help House California’s Homeless Isn’t Being Spent — and No One Knows When It Will Be.” *Los Angeles Times2*.
Dipietro, Barbara, Samantha Artiga, and Alexandra Gates. 2014. *Early Impacts of the Medicaid Expansion for the Homeless Population*. http://files.kff.org/attachment/early-impacts-of-the-medicaid-expansion-for-the-homeless-population-issue-brief (August 29, 2017).
Doran, Kelly M., Elizabeth J. Misa, and Nirav R. Shah. 2013. “Housing as Health Care — New York’s Boundary-Crossing Experiment.” *New England Journal of Medicine* 369(25): 2374–77. http://www.nejm.org/doi/10.1056/NEJMp1310121 (August 29, 2017).
Dreier, Peter. 2007. “The New Politics of Housing: How to Rebuild the Constituency for a Progressive Federal Housing Policy.” *Journal of the American Planning Association* 63(1): 5–27.
Durden, Jada. 2015. “HOPE Expanding Services to Better Help the Homeless.” *The Shreveport Times*. https://www.shreveporttimes.com/story/life/community/2015/04/14/hope-expanding-services-better-help-homeless/25727585/ (August 3, 2019).
Einstein, Katherine Levine, Maxwell Palmer, and David Glick. 2018. *Racial Disparities in Housing Politics: Evidence from Administrative Data*. file:///Users/Charley.Willison/Downloads/EinsteinPalmerGlick_Zoning (1).pdf (May 27, 2019).
Eisenberg, L. 1988. “The Social Construction of Mental Illness.” *Psychological Medicine* 18: 1–9.
Elazar, Daniel. “Cooperative Federalism.” In *Competition Among States and Local Governments: Efficiency and Equity In*, , 65. https://books.google.com/books?hl=en&lr=&id=BAJxPuhOSd4C&oi=fnd&pg=PR15&dq=competition+among+state+and+local+governments&ots=1jzwPCmR2o&sig=jiIO_cRiywhin0WgvjZhewDnKc0#v=onepage&q=elazar&f=false.
Elkin, Stephen L. 2008. “Political Theory and Political Economy.” In *The Oxford Handbook of Political Theory*, Oxford University Press.
Enos, Gary. 2018. “California Voters Will Have Their Say on Stalled Housing Effort for Homeless.” *Mental Health Weekly* 28(27): 1–3. http://doi.wiley.com/10.1002/mhw.31515 (May 28, 2019).
Eskenazi, Joe. 2019. “San Francisco Needs to Build More Navigation Centers — and Also Needs to Stop Monomaniacally Focusing on Navigation Centers.” *Mission Local*. https://missionlocal.org/2019/04/san-francisco-needs-to-build-more-navigation-centers-san-francisco-also-needs-to-stop-monomanically-focusing-on-navigation-centers/.
Evans, Joshua, Damian Collins, and Jalene Anderson. 2016. “Homelessness, Bedspace and the Case for Housing First in Canada.” *Social Science and Medicine* 168.
Everson, Jeff. 2014. “City Council Agenda - 11/11/2014.” *City of Shreveport Notice of Public Meeting*. https://www.shreveportla.gov/AgendaCenter/ViewFile/Agenda/_11112014-462?html=true (May 9, 2019).
Fagan, Kevin. 2016. “Homelessness Looks the Same as It Did 20 Years Ago.” *The San Francisco Chronicle*. https://projects.sfchronicle.com/sf-homeless/overview/ (May 27, 2019).
Fazel, Seena, John R Geddes, and Margot Kushel. 2014. “The Health of Homeless People in High-Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy Recommendations.” *Lancet (London, England)* 384(9953): 1529–40.

http://www.ncbi.nlm.nih.gov/pubmed/25390578 (April 4, 2018).
Federal Emergency Management Agency (FEMA). "State Disaster Management Course: Unit 3 Disaster Sequence of Events." *FEMA Training Guide*. https://training.fema.gov/emiweb/downloads/is208sdmunit3.pdf.
Fischer, Frank. 2009. *Democracy and Expertise: Reorienting Policy Inquiry*. Oxford: Oxford University Press.
Fracassa, Dominic. 2018. "New Command Center Strives to Tackle Homeless Issues More Quickly in SF." *San Francisco Chronicle*. https://www.sfchronicle.com/bayarea/article/New-command-center-strives-to-tackle-homeless-12623740.php?psid=78O9g.
———. 2019a. "Heated Crowds Pack 2 Meetings about Proposed Navigation Center for the Homeless." *San Francisco Chronicle*. https://www.sfchronicle.com/bayarea/article/Crowded-meetings-on-new-SF-Navigation-Center-13684149.php.
———. 2019b. "SF Supervisors Oppose Wiener's New Housing-near-Transit Bill, but There's Wiggle Room." *San Francisco Chronicle*. https://www.sfchronicle.com/bayarea/article/SF-supervisors-oppose-Wiener-s-new-13743143.php.
Frechtling, Joy. 2002. "An Overview of Quantitative and Qualitative Data Collection Methods." *The 2002 User-Friendly Handbook for Project Evaluation*: 43–62. http://www.nsf.gov/pubs/2002/nsf02057/nsf02057.pdf.
Frey, William H. 2019. "Central City White Flight : Racial and Nonracial Causes Author (s): William H . Frey Source : American Sociological Review , Vol . 44 , No . 3 (Jun ., 1979), Pp . 425-448 Published by : American Sociological Association Stable URL : Https://Www.Jstor." 44(3): 425–48.
Fuller, Thomas. 2016. "The Loneliness of Being Black in San Francisco." *The New York Times*. https://www.nytimes.com/2016/07/21/us/black-exodus-from-san-francisco.html.
Fulton County. 2012. *Fulton County Court Improvement Task Force Final Report and Recommendations*. www.georgiacourts.gov (April 6, 2019).
Fusaro, Vincent A, Helen G Levy, and & H Luke Shaefer. 2018. "Racial and Ethnic Disparities in the Lifetime Prevalence of Homelessness in the United States." *Demography* 55: 2119–28. https://doi.org/10.1007/s13524-018-0717-0 (January 17, 2019).
Fusch, Patricia I, and Lawrence R Ness. 2015. "Are We There Yet? Data Saturation in Qualitative Research." *The Qualitative Report How To Article* 20(1): 1408–16. http://www.nova.edu/ssss/QR/QR20/9/fusch1.pdf (March 12, 2017).
Gailmard, Sean, and John W Patty. 2007. "Slackers and Zealots: Civil Service, Policy Discretion, and Bureaucratic Expertise." *Source: American Journal of Political Science* 51(4): 873–89. http://www.jstor.org/stable/4620105 (December 22, 2016).
Galster, George. 2012. *Driving Detroit: The Quest for Respect in the Motor City*. University of Pennsylvania Press.
Gateway Center's Commitment. "About Us." *Gateway Center: Who We Are*. https://www.gatewayctr.org/about/ (April 3, 2019).
Georgia Public Policy Foundation. 1997. "Atlanta's $250 Million Empowerment Zone Mess: Big Promises Produce Few Results." https://www.georgiapolicy.org/1997/08/atlantas-250-million-empowerment-zone-mess-big-promises-produce-few-results/ (April 3, 2019).
Glendening, Parris N, and Mavis Mann Reeves. 1984. *Pragmatic Federalism: An Intergovernmental View of American Government*. 2nd ed. Pacific Palisades, CA: Palisades

Publishers.
Goldman, H H, and J P Morrissey. 1985. “The Alchemy of Mental Health Policy: Homelessness and the Fourth Cycle of Reform.” *American journal of public health* 75(7): 727–31. http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1646312&tool=pmcentrez&rendertype=abstract (December 5, 2015).
Goodloe, Shantae. 2015. “HUD Makes 1.9 Billion Dollars in Grants Available for Homeless Programs.” *HUD Archives: News Releases: Department of Housing and Urban Development Office of Public Affairs*. https://archives.hud.gov/news/2015/pr15-116.cfm (December 14, 2017).
Goodman, Christopher B. “Local Government Fragmentation and the Local Public Sector: A Panel Data Analysis.” http://ssrn.com/abstract=2170783 (June 23, 2017).
Gorman, Anna, and Harriet Blair Rowan. 2019. “The Homeless Are Dying In Record Numbers On The Streets Of L.A.” *Kaiser Health News*. https://khn.org/news/the-homeless-are-dying-in-record-numbers-on-the-streets-of-l-a/.
Governing Council of Continuum of Care. 2017. *ClearPath: Atlanta’s Five-Year Pan to Make Homelessness Race, Brief, and Non-Recurring*. http://www.gatewayctr.org/wp-content/uploads/2017/10/20170607Partners-for-HOME-Strategic-Plan-Brochure_FINAL.pdf (December 27, 2017).
Grant, Roy et al. 2013. “Twenty-Five Years of Child and Family Homelessness: Where Are We Now?” *American Journal of Public Health* 103(Suppl 2): e1. http://www.ncbi.nlm.nih.gov/pubmed/24148055 (May 8, 2019).
Graves, Scott. 2018. California Budget & Policy Center *Proposition 2: Should California Sell Bonds Backed by County Mental Health Funds to Develop Supportive Housing for Homeless Residents With Mental Illness?* https://calbudgetcenter.org/blog/proposition-2-should-california-sell-bonds-backed-by-county-mental-health-funds-to-develop-supportive-housing-for-homeless-residents-with-mental-illness/.
Gray, Diane, Shirley Chau, Tim Huerta, and Jim Frankish. 2011. “Journal of Social Distress and the Homeless Urban-Rural Migration and Health and Quality of Life in Homeless People Urban-Rural Migration and Health and Quality of Life in Homeless People.” *Journal of Social Distress and the Homeless* XX(2). https://www.tandfonline.com/action/journalInformation?journalCode=ysdh20 (March 30, 2019).
Greenberg, Greg A., and Robert A. Rosenheck. 2008. “Jail Incarceration, Homelessness, and Mental Health: A National Study.” *Psychiatric Services* 59(2): 170–77. http://psychiatryonline.org/doi/abs/10.1176/ps.2008.59.2.170 (August 16, 2017).
Greenwood, Ronni Michelle, Ana Stefancic, and Sam Tsemberis. 2013. “Pathways Housing First for Homeless Persons with Psychiatric Disabilities: Program Innovation, Research, and Advocacy.” *Journal of Social Issues* 69(4).
Greer, Scott L, Matthias Wismar, and Josep Figueras. 2016. *Strengthening Health System Governance: Better Policies, Stronger Performance*. Open University Press.
Greer, Scott, Matthias Wismar, Josep Figueras, and Charlotte McKee. 2016. “Governance: A Framework.” In *Strengthening Health System Governance: Better Policies, Stronger Performance*, European Observatory on Health Systems and Policies.
Grob, Gerald. 1994. *Mad Among Us*. Simon and Schuster.
Grogan, Colleen M, David K Jones, and Julianna Pacheco. 2017. “Diffusion of ACA Policies across the American States.” *Journal of Health Politics Policy and Law* 42(2).

http://jhppl.dukejournals.org.proxy.lib.umich.edu/content/42/2/205.full.pdf (April 13, 2017).
Grogan, Colleen M, Phillip M Singer, and David K Jones. "Rhetoric and Reform in Waiver States." http://jhppl.dukejournals.org.proxy.lib.umich.edu/content/42/2/247.full.pdf (April 13, 2017).
Grossman, Matt, and David A Hopkins. 2016. *Asymmetric Politics: Ideological Republicans and Group Interest Democrats - Matt Grossmann, David A. Hopkins - Google Books*. Oxford Press.
Gustafson, Seth. 2013. "Displacement and the Racial State in Olympic Atlanta 1990–1996." *Southeastern Geographer* 53(2): 198–213. http://muse.jhu.edu/content/crossref/journals/southeastern_geographer/v053/53.2.gustafson.html (August 4, 2019).
Hacker, Jacob S et al. 2004. "Privatizing Risk without Privatizing the Welfare State: The Hidden Politics of Social Policy Retrenchment in the United States." *American Political Science Review* 98(2). https://web.stanford.edu/group/scspi/_media/pdf/Reference Media/Hacker_2004_Politics and Political Economy.pdf (December 11, 2017).
Hackett, Ursula. 2016. "Theorizing the Submerged State: The Politics of Private Schools in the United States." *The Policy Studies Journal* 00(00).
Hawthorne, William B. et al. 2012. "Incarceration Among Adults Who Are in the Public Mental Health System: Rates, Risk Factors, and Short-Term Outcomes." *Psychiatric Services* 63(1): 26–32. http://psychiatryonline.org/doi/abs/10.1176/appi.ps.201000505.
Heaney, Michael T. 2006. "Brokering Health Policy: Coalitions, Parties, and Interest Group Influence." *Journal of health politics, policy and law* 31(5): 887–944. http://www.ncbi.nlm.nih.gov/pubmed/17102139 (December 1, 2014).
Heller, Karen. 2019a. "How San Francisco Broke America's Heart." *The Washington Post*. https://www.washingtonpost.com/lifestyle/style/how-san-francisco-broke-americas-heart/2019/05/21/ef9a0ac0-70ea-11e9-9eb4-0828f5389013_story.html?noredirect=on&utm_term=.85b267c3d444.
———. 2019b. "How San Francisco Broke America's Heart -." *The Washington Post*. https://www.washingtonpost.com/lifestyle/style/how-san-francisco-broke-americas-heart/2019/05/21/ef9a0ac0-70ea-11e9-9eb4-0828f5389013_story.html?noredirect=on&utm_term=.102b0a6e62bc (May 28, 2019).
Henwood, Benjamin F., Leopoldo J. Cabassa, Catherine M. Craig, and Deborah K. Padgett. 2013. "Permanent Supportive Housing: Addressing Homelessness and Health Disparities?" *American Journal of Public Health* 103(SUPPL. 2).
Henwood, Benjamin F, Thomas Byrne, and Brynn Scriber. 2015. "Examining Mortality among Formerly Homeless Adults Enrolled in Housing First: An Observational Study." *BMC public health* 15(1).
HHS. 2014. "Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals." (212). http://aspe.hhs.gov/daltcp/reports/2014/EmergPrac.pdf.
Hogen-Esch, Tom. 2011. "Fragmentation, Fiscal Federalism, and the Ghost of Dillon's Rule: Municipal Incorporation in Southern California, 1950–2010." *The California Journal of Politics & Policy Southern California* 3(1): 1950–2010. https://www.csun.edu/sites/default/files/The_Ghost_of_Dillons_Rule.pdf (March 19, 2018).
Holland, William Wyatt. 2009. *Who Is My Neighbor?: Framing Atlanta's Movement to End Homelessness, 1900-2005*. https://scholarworks.gsu.edu/sociology_diss (April 3, 2019).

Holt, James B, and C P Lo. 2008. "The Geography of Mortality in the Atlanta Metropolitan Area." *Computers, Environment and Urban Systems* 32: 149–64. www.elsevier.com/locate/compenvurbsys (April 2, 2019).
HOPE Connections. 2003. *Hope for the Homeless Plan to End Homelessness in Northwest Louisiana*. Shreveport, LA. http://www.hmissummit.net/coc/10 Year Plans/ShreveportLA.pdf (May 9, 2019).
———. 2019a. "Statistics/Resources." *Northwest Louisiana HOPE Connections*. http://www.nwlahope.org/statistics-resources.html (May 7, 2019).
———. 2019b. "Who Are We?" *Northwest Louisiana HOPE Connections*. http://www.nwlahope.org/who-are-we-.html (May 7, 2019).
Hope for the Homeless. 2014. *Hope for the Homeless Plan to End Homelessness in Northwest Louisiana*. http://www.hmissummit.net/coc/10 Year Plans/ShreveportLA.pdf (August 3, 2019).
Hosmer, David W, and Stanley Lemeshow. 2004. *Applied Logistic Regression*. New York: Wiley-Interscience. file:///Users/Charley.Willison/Downloads/Applied_Logistic_Regression.pdf (August 17, 2018).
Housing and Urban Development. 2017. "Part 578 — Continuum Of Care Program." *Code of Federal Regulations*. https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml.
Huber, John D., and Charles R Shipan. 2002. *Deliberate Discretion?: The Institutional Foundations of Bureaucratic Autonomy*. Cambridge University Press.
Hwang, Jackelyn. 2015. "Pioneers of Gentrification: Transformation in Global Neighborhoods in Urban America in the Late Twentieth Century." *Demography* 53: 189–213. https://link-springer-com.proxy.lib.umich.edu/content/pdf/10.1007%2Fs13524-015-0448-4.pdf (May 19, 2019).
Insurance Institute for Highway Safety, and Highway Loss Data Institute. 2018. "Fatality Facts." *General Statistics*. http://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview (August 20, 2018).
International City/County Management Association. 2011. *Municipal Form of Government, 2011 Trends in Structure, Responsibility, and Composition*. https://quod.lib.umich.edu/e/errwpc/umauthen/1/4/1/14197405.2011.survey_instrument.pdf.
Jackson, Kenneth T. 2009. "A Nation of Cities: The Federal Government and the Shape of the American Metropolis." *Annals of the American Academy of Political & Social Science* 626: 11–20. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=21h&AN=44905076&site=ehost-live&scope=site.
Jacobs, Keith, and Tony Manzi. 2013. "New Localism, Old Retrenchment: The 'Big Society', Housing Policy and the Politics of Welfare Reform." *Housing, Theory and Society* 30(1): 29–45. http://www.tandfonline.com/doi/abs/10.1080/14036096.2012.683293 (October 26, 2016).
Jacobs, Sonji, and Anna Torres. 2013. "Atlanta, GA : News List : Mayor Kasim Reed Announces Milestone in 100,000 Homes Campaign 2013 100-Day Challenge." *Press Releases*. https://www.atlantaga.gov/Home/Components/News/News/2154/ (April 3, 2019).
Jarpe, Meghan, Jennifer E. Mosely, and Tran Smith. 2018. "Understanding the Collaborative Planning Process in Homeless Services: Networking, Advocacy, and Local Government

Support May Reduce Service Gaps." *Journal of Public Health Management and Practice* 00(00). file:///Users/Charley.Willison/Documents/PhD/Dissertation Work/Prospectus/Relevant Work/Theory/CoCSurveyUchicago2018.pdf (January 17, 2019).
Jarpe, Meghan, Jennifer E. Mosley, and Bikki Tran Smith. 2018. "Understanding the Collaborative Planning Process in Homeless Services." *Journal of Public Health Management and Practice* 00(00): 1. http://insights.ovid.com/crossref?an=00124784-900000000-99477.
Jarvie, Jenny. 2006. "Scandal Stirs Issues of Race in Atlanta." *LA Times*. https://www.latimes.com/archives/la-xpm-2006-jan-23-na-atlanta23-story.html.
Johnson, William G. 1991. "Housing Policy Under the Reagan Presidency: The Demise of an Iron-Triangle." *Policy Studies Review* 10(4): 69–87. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=21h&AN=11531644&site=ehost-live&scope=site.
Jones, Marian Mosher. 2015. "Creating a Science of Homelessness During the Reagan Era." *Milbank Quarterly* 93(1): 139–78. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=her&AN=102210334&site=ehost-live&scope=site.
Kahn, Michael. 2019. "Mapping Downtown Atlanta's Present and Planned Developments." *Curbed: Atlanta*. https://atlanta.curbed.com/maps/downtown-atlanta-developments-map-2018 (April 2, 2019).
Kemp, Donna. 2007. *Mental Health in America: A Reference Handbook - Donna R. Kemp - Google Books*. Santa Barbara, California. https://books.google.com/books?hl=en&lr=&id=R5IYt40pdhIC&oi=fnd&pg=PP2&dq=Mental+Health+in+America:+A+Reference+Handbook&ots=h9SMHe9Ukk&sig=9cciSseCvHcH942qZBP0kZsF-E4#v=onepage&q=decentralization&f=false.
Kertesz, Stefan et al. 2016. "Permanent Supportive Housing for Homeless People — Reframing the Debate." *New England Journal of Medicine* 375(22): 2113–15. http://www.nejm.org/doi/10.1056/NEJMp1609535 (December 1, 2016).
Kertesz, Stefan G. et al. 2016. "Permanent Supportive Housing for Homeless People — Reframing the Debate." *New England Journal of Medicine* 375(22): 2115–17. http://www.nejm.org/doi/10.1056/NEJMp1608326 (March 6, 2017).
Kim, Dong Soo. 2000. "Another Look at the NIMBY Phenomenon." *Health & Social Work* 25(2): 146. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=her&AN=3151399&site=ehost-live&scope=site.
Kingdon, John. 1990. *Agendas, Alternatives and Public Policies*. New York: Harper Collins.
Kirst, Maritt et al. 2014. "The Promise of Recovery: Narratives of Hope among Homeless Individuals with Mental Illness Participating in a Housing First Randomised Controlled Trial in Toronto, Canada: Table 1." *BMJ Open* 4(3).
———. 2015. "The Impact of a Housing First Randomized Controlled Trial on Substance Use Problems among Homeless Individuals with Mental Illness." *Drug and Alcohol Dependence* 146(1).
Kraft, M. E., and B. B. Clary. 1991. "Citizen Participation and the Nimby Syndrome: Public Response to Radioactive Waste Disposal." *Political Research Quarterly* 44(2): 299–328. http://prq.sagepub.com/cgi/doi/10.1177/106591299104400204 (August 17, 2018).
Kruse, Kevin. 2005. *White Flight: Atlanta and the Making of Modern Conservatism*. Politics a.

Princeton University Press.
Kwak, Nancy H. 2018. “Anti-Gentrification Campaigns and the Fight for Local Control in California Cities.” *New Global Studies* 12(1). file:///Users/Charley.Willison/Downloads/Anti-gentrification_Campaigns_.pdf (May 19, 2019).
Lamb, Charles M, and Jim Twombly. 1993. “Taking the Local: The Reagan Administration, New Federalism, and Fair Housing Implementation.” *Policy Studies Journal* 21(3): 589. http://10.0.4.87/1541-0072.ep9410121502.
Lamb, H Richard, and Linda E Weinberger. 2005. “The Shift of Psychiatric Inpatient Care From Hospitals to Jails and Prisons.” *The Journal of the American Academy of Psychiatry and the Law* 33(4). http://jaapl.org/content/jaapl/33/4/529.full.pdf (November 9, 2018).
Larimer, Mary E et al. 2009. “Health Care and Public Service Use and Costs before and after Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems.” *JAMA* 301(13): 1349–57. http://dx.doi.org/10.1001/jama.2009.414 (October 28, 2015).
Lee, David, and Michael McGuire. 2017. “Intergovernmental Alignment, Program Effectiveness, and U.S. Homelessness Policy.” *Publius: The Journal of Federalism*. https://watermark.silverchair.com/pjx044.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAcEwggG9BgkqhkiG9w0BBwagggGuMIIBqgIBADCCAaMGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMqYq5qlsaUqUAKxdqAgEQgIIBdF5tUCPGBtefT4y90aX-4uMiwtqaLjkg__xfznfZp5wdIfwb (August 14, 2018).
Leff, H Stephen et al. 2009. “Does One Size Fit All? What We Can and Can’t Learn from a Meta-Analysis of Housing Models for Persons with Mental Illness.” *Psychiatric services (Washington, D.C.)* 60(4): 473–82.
Letelier S., Leonardo. 2005. “Explaining Fiscal Decentralization.” *Public Finance Review* 33(2): 155–83. http://10.0.4.153/1091142104270910.
Lieberherr, Eva, Hans Maarse, and Patrick Jeurissen. 2016. “The Governance of Public-Private Partnerships: Lessons from the United Kingdom and Germany.” In *Strengthening Health System Governance: Better Policies, Stronger Performance*, Berkshire: European Observatory on Health Systems and Policies.
Lillvis, Denise F., and Scott L Greer. 2016. “Strategies for Policy Success: Achieving ‘good’ Governance.” In *Strengthening Health System Governance: Better Policies, Stronger Performance*, Berkshire: European Observatory on Health Systems and Policies.
Louisiana Department of Health. 2017a. “Department of Health and Department of Corrections Team up to Provide Health Care Coverage for Newly Released Offenders.” *Healthy Louisiana*. http://ldh.la.gov/index.cfm/newsroom/detail/4170 (August 3, 2019).
———. 2017b. *Justice-Involved Pre-Release Enrollment Program Manual: Healthy Louisiana*. http://ldh.la.gov/assets/medicaid/DOC/JIPEPmanual.pdf (August 3, 2019).
Louisiana Housing Corporation. 2016. *Louisiana Housing Corporation Annual Report*. https://cdn2.hubspot.net/hubfs/4280063/Document Libraries/Public Comments and Notices/Annual Reports/LouisianaHousingCorporation_FY2016_Annual_Report_reduced.pdf (August 3, 2019).
Lublin, David. 2004. *The Republican South: Democratization and Partisan Change.* Princeton: Princeton University Press. http://press.princeton.edu/chapters/s7759.html (January 13, 2017).
Lucas, Karen. 2012. “Transport and Social Exclusion: Where Are We Now?” *Transport Policy*

20: 105–13. https://www.sciencedirect.com/science/article/pii/S0967070X12000145 (May 28, 2019).
Luce, John M. 2013. “A Strange New Disease in San Francisco: A Brief History of the City and Its Response to the HIV/AIDS Epidemic.” *Annals of the American Thoracic Society* 10(2): 143–47.
Macias, Moki. 2017. *Atlanta/Fulton County Pre-Arrest Diversion Initiative Program Evaluation Request for Proposals*. http://rjactioncenter.org/sites/default/files/files/Eval-RFP-Update3-23.pdf (April 3, 2019).
Maqbool, Nabihah, Janet Viveiros, and Mindy Ault. 2015. *The Impacts of Affordable Housing on Health: A Research Summary*.
Matheny, Erin et al. 2013. *A Single Night Counts: Homelessness in Louisiana*. https://static1.squarespace.com/static/53332a2de4b025b2a3c554ca/t/53ecdccde4b04a8ebc02f220/1408031949831/2013+LA+State+Homeless+Census+Report.pdf (August 3, 2019).
Mayor’s Innovation Delivery Team Atlanta Georgia. 2014. *Unsheltered No More Initiative*. Atlanta. https://www.csh.org/wp-content/uploads/2014/04/Session3D_Atlanta.pdf (April 3, 2019).
Mayor Shirley Franklin. 2002. *A Vision for Housing in Atlanta: Great Housing in Great Neighborhoods STRATEGIC*. Atlanta. https://www.atlantaga.gov/home/showdocument?id=631 (April 3, 2019).
Mazzara, Alicia. 2018. “Trump Plan to Raise Minimum Rents Would Put Nearly a Million Children at Risk of Homelessness.” *Center on Budget and Policy Priorities*. https://www.cbpp.org/blog/trump-plan-to-raise-minimum-rents-would-put-nearly-a-million-children-at-risk-of-homelessness-0 (August 17, 2018).
McGarry, Daniel Tafner. 2008. Proquest Dissertations “The Politics of Homelessness in San Francisco 1988-2002.” Stanford.
Mcnamara, Robert Hartmann, Charles Crawford, and Ronald Burns. 2013. “Policing the Homeless: Policy, Practice, and Perceptions.” *Policing: An International Journal of Police Strategies & Management* 36(2): 136. https://www-emeraldinsight-com.proxy.lib.umich.edu/doi/pdfplus/10.1108/13639511311329741 (March 30, 2019).
McNiel, Dale E., Renée L. Binder, and Jo C. Robinson. 2005. “Incarceration Associated With Homelessness, Mental Disorder, and Co-Occurring Substance Abuse.” *Psychiatric Services* 56(7): 840–46. http://psychiatryonline.org/doi/abs/10.1176/appi.ps.56.7.840 (October 25, 2016).
Medicaid and CHIP Payment and Access Commission. 2018. *Medicaid and the Criminal Justice System*. https://www.macpac.gov/wp-content/uploads/2018/07/Medicaid-and-the-Criminal-Justice-System.pdf (August 3, 2019).
Metraux, Stephen, Dan Treglia, and Thomas P. O’Toole. 2016. “Migration by Veterans Who Received Homeless Services From the Department of Veterans Affairs.” *Military Medicine* 181(10): 1212–17. https://academic.oup.com/milmed/article/181/10/1212-1217/4159722 (March 30, 2019).
Mettler, Suzanne. 2011. *The Submerged State: How Invisible Government Policies Undermine American Democracy*. Chicago and London: The University of Chicago Press.
———. 2016. “The Policyscape and the Challenges of Contemporary Politics to Policy Maintenance.” *Perspectives on Politics* 14(02): 369–90. http://www.journals.cambridge.org/abstract_S1537592716000074.
Mickey, Robert. 2008. “Southern Political Development in Comparative Perspective.” In *Paths*

Out of Dixie, Princeton: Princeton University Press.
———. 2015. *Paths Out of Dixie: The Democratization of Authoritarian Enclaves in America's Deep South, 1944-1972*. Princeton University Press.
Mickey, Robert W. 2008. "The Beginning of the End for Authoritarian Rule in America: Smith v. Allwright and the Abolition of the White Primary in the Deep South, 1944–1948." *Studies in American Political Development* 22: 143–82.
Miller, David Young. 2002. *The Regional Governing of Metropolitan America*. Westview Press.
Mirabal, Nancy Raquel. 2009. "Geographies of Displacement: Latina/Os, Oral History, and The Politics of Gentrification in San Francisco's Mission District." *Source: The Public Historian* 31(2): 7–31. https://www-jstor-org.proxy.lib.umich.edu/stable/pdf/10.1525/tph.2009.31.2.7.pdf?refreqid=excelsior%3A1ac1e9adbf10f6018335012f3e6b2384 (May 19, 2019).
Monkkonen, Paavo, and Will Livesley-O'Neill. 2017. "Overcoming Opposition to New Housing." *UCLA Lewis Center for Regional Policy Studies*. https://www.lewis.ucla.edu/opposition-to-new-housing/.
Mor, Vincent, John A Fleishman, John D Piette, and Susan M Allen. 1993. "Developing AIDS Community Service Consortia." *Health Affairs* Grantwatch(Spring). https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.12.1.186 (May 26, 2019).
Morrissey, JP, and HH Goldman. 1984. "Cycles of Reform in the Care of the Chronically Mentally Ill." *Hospital Community Psychiatry* 35: 785–93.
Moser Jones, Marian. 2015. "Creating a Science of Homelessness During the Reagan Era." *Source: The Milbank Quarterly* 93(1): 139–78. http://www.jstor.org/stable/24369873 (May 9, 2017).
Mulvey, Philip, and Michael White. 2013. "The Potential for Violence in Arrests of Persons with Mental Illness." *Policing: An International Journal of Police Strategies & Management* 37(2): 404–19.
Nacgourney, Adam. 2016. "Aloha and Welcome to Paradise. Unless You're Homeless." *New York Times*. http://www.nytimes.com/2016/06/04/us/hawaii-homeless-criminal-law-sitting-ban.html?smprod=nytcore-iphone&smid=nytcore-iphone-share&_r=0.
National Center for Charitable Statistics. 2018. "US Nonprofit Sector Publications, Reports and Statistics." *Urban Institute*. https://nccs.urban.org/data-statistics/us-nonprofit-sector-publications-reports-and-statistics (August 21, 2018).
National Centers for Environmental Information, and National Oceanographic and Atmospheric Administration. 2017. "Climate at a Glance." *Statewide Temperature Mapping*. https://www.ncdc.noaa.gov/cag/statewide/mapping/110/tavg/201701/1/value (August 17, 2018).
National Coalition for the Homeless. 2006. "NCH Fact Sheet #18." : 1–5. http://www.nationalhomeless.org/publications/facts/McKinney.pdf (December 1, 2015).
National Conference of State Legislatures. 2018. "Affordable Care Act Medicaid Expansion." *Medicaid*. http://www.ncsl.org/research/health/affordable-care-act-expansion.aspx (August 21, 2018).
National Institute on Drug Abuse. 2018. "Opioid Overdose Crisis." *Opioids*. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis#five (August 8, 2018).
National Law Center on Homelessness and Poverty. 2015. *Homelessness in America: Overview of Data and Causes*.

Page, Edward C. 2006. “The Origins of Policy.” In *The Oxford Handbook of Public Policy*, Oxford: Oxford University Press, 207–26.
Palepu, Anita et al. 2013. “Housing First Improves Residential Stability in Homeless Adults with Concurrent Substance Dependence and Mental Disorders.” *American Journal of Public Health* 103(SUPPL. 2).
Paradise, Julia, and Donna Cohen Ross. 2017. Kaiser Family Foundation Issue Brief *Linking Medicaid and Supportive Housing: Opportunities and On-the-Ground Examples*. Washington D.C. http://files.kff.org/attachment/Issue-Brief-Linking-Medicaid-and-Supportive-Housing-Opportunities-and-On-the-Ground-Examples (March 7, 2018).
Parker, Travis, and Patricia A Griffin. 2017. *Sequential Intercept Model Mapping Report for Fulton County, GA*. https://www.fultonstepsup.org/sites/default/files/fulton_county_ga_sim_report-_final_with_appendices.pdf (April 6, 2019).
Partners for Home. 2017. *Creating a ClearPath for Atlanta’s Homeless*. Atlanta. http://www.senate.ga.gov/committees/Documents/Cathryn_Marchman-Partners_for_HOME.pdf (April 3, 2019).
Pearce, John L. et al. 2016. “Characterizing the Spatial Distribution of Multiple Pollutants and Populations at Risk in Atlanta, Georgia.” *Spatial and Spatio-temporal Epidemiology* 18: 13–23. http://dx.doi.org/10.1016/j.sste.2016.02.002.
Pendered, David. 2013. “Atlanta’s New Answer to Reducing Homelessness: Create a Non-Profit Organization under Mayor’s Control.” *Saporta Report*. https://saportareport.com/atlantas-new-answer-to-homelessness-create-a-non-profit-under-mayors-control/ (April 3, 2019).
Perez, Alina, Steven Leifman, and Ana Estrada. 2003. “Reversing the Criminalization of Mental Illness.” *Crime and Deliquency* 49(1).
Peterson, Paul E. 1981. *City Limits*. Chicago: University of Chicago Press.
Piat, Myra. 2000. “THE NIMBY PHENOMENON: Community Residents’ Concerns about Housing for Deinstitutionalized People.” *Health & Social Work* 25(2): 127. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=her&AN=3151397&site=ehost-live&scope=site.
Pierson, Paul. 1995. “Fragmented Welfare States: Federal Institutions and the Development of Social Policy.” *Governance* 8(4): 449–78.
Plümper, Thomas, Vera E Troeger, and Eric Neumayer. “Case Selection and Causal Inference in Qualitative Research.” https://www2.warwick.ac.uk/fac/soc/economics/staff/vetroeger/publications/bjps_pluemper_troeger_neumayer.pdf (July 21, 2017).
Policy Link, Program for Environmental and Regional Equity, and University of Southern California. 2015. *San Francisco Bay Area Region*. https://www.policylink.org/sites/default/files/documents/bay-area-profile/BayAreaProfile_21April2015_Final.pdf (May 27, 2019).
Pre-Arrest Diversion Design Team. 2017. *Atlanta/Fulton County Pre-Arrest Diversion Initiative*. http://citycouncil.atlantaga.gov/Home/ShowDocument?id=210 (April 3, 2019).
Prioleau, Brian. 2013. “JFK’s Legacy of Community-Based Care.” *Substance Abuse and Mental Health Services Administration*. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/jfk’s-legacy-community-based-care (May 27, 2019).
Ragin, Charles. 2015. “Fuzzy Set/Qualitative Comparative Analysis.” *fsQCA Introduction*. http://www.u.arizona.edu/~cragin/fsQCA/ (May 10, 2017).

Ragin, Charles C. 2014. *The Comparative Method: Moving beyond Qualitative and Quantitative Strategies*. University of California Press.
Ragin, Charles C, Kriss A Drass, and Sean Davey. 2006. "Fuzzy-Set/Qualitative Comparative Analysis 2.0." *Tucson, Arizona: Department of Sociology, University of Arizona.*
Rahaim, John et al. 2018. *San Francisco Housing Needs and Trends Report Planning Department*. www.sfplanning.org.
Rankin, Nicolas R et al. 2015. "Marta Service Cuts in Hotlanta: Using the Regime Theory and the Environmental Justice Framework To Analyze Transportation Racism in Hotlanta." *Race, Gender & Class* 22(3/4): 55–82. https://search.proquest.com/docview/1842827806?accountid=26662%0Ahttp://link.periodicos.capes.gov.br/sfxlcl41?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&genre=article&sid=ProQ:ProQ%3Asocabs&atitle=MARTA+SERVICE+CUTS+IN+HOTLANTA%3A+USING+.
Reed, Douglas S. 2014. *Building the Federal Schoolhouse : Localism and the American Education State*. Oxford University Press.
Reed, Kasim. 2014. "Atlanta Reduces Homeless Population (and Saves Money in the Process)." *CNN Business*. https://money.cnn.com/2014/12/11/news/economy/atlanta-kasim-reed-innovation/index.html (April 3, 2019).
Robinson, Tony. 2019. "No Right to Rest: Police Enforcement Patterns and Quality of Life Consequences of the Criminalization of Homelessness." *Urban Affairs Review* 55(1): 41–73. https://doi.org/10.1177/1078087417690833 (April 25, 2019).
Ross, Bernhard H., and Myron A. Levine. 2001a. "Formal Structure and Leadership Style." In *Urban Politics: Power in Metropolitan America*, Itasca, Illinois: F.E. Peacock Publishers, 93.
Ross, Bernhard H, and Myron A Levine. 2001b. "Intergovernmental Relations." In *Urban Politics: Power in Metropolitan America*, Itasca, Illinois: F.E. Peacock Publishers.
Roy, Laurence et al. 2016. "Predictors of Criminal Justice System Trajectories of Homeless Adults Living with Mental Illness." *International Journal of Law and Psychiatry*.
Rubin, Herbert J, and Irene S Rubin. 2011. *Qualitative Interviewing: The Art of Hearing Data*. Sage.
Rydin, Yvonne, and Mark Pennington. 2010. "Public Participation and Local Environmental Planning: The Collective Action Problem and the Potential of Social Capital." http://www.tandfonline.com/action/journalInformation?journalCode=cloe20 (August 17, 2018).
Saks, Elyn R. 2013. "The Status of Status Offenses: Helping Reverse the Criminalization of Mental Illness." *Southern California Review of Law and Social Justice* 23. http://heinonline.org/HOL/Page?handle=hein.journals/scws23&id=419&div=17&collection=journals (October 26, 2016).
San Francisco Board of Supervisors. 2019. "Public Notices - 2019 | Board of Supervisors." *City and County of San Francisco* . https://sfbos.org/public-notices-2019 (May 28, 2019).
San Francisco Budget and Legislative Analyst's Office. 2016. *Performance Audit of Homeless Services in San Francisco*. San Francisco CA. http://hsh.sfgov.org/wp-content/uploads/2016/06/Homeless-Services-in-SF-BLA-Report-June-13-2016.pdf (May 27, 2019).
San Francisco Department of Planning. 2018. *San Francisco Housing Needs and Trends Report Planning Department*. www.sfplanning.org (May 27, 2019).

San Francisco Department of Public Health. 2006. *Housing Needs and Current Housing Resources Allocation*. https://www.sfdph.org/dph/files/mtgsGrps/HIVAIDSHousingGrp/files/HousingNeedsyAllocation10032006SL.pdf (May 27, 2019).
———. 2017. *Whole Person Care California Medi-Cal 2020 Waiver*. https://www.sfdph.org/dph/hc/HCAgen/HCAgen2017/April 18/2017AprilWPCOverviewISCv041017handoutofpresentation.pdf (October 1, 2018).
———. 2019. *San Francisco Mental Health Services Act (MHSA) 2018-19 Annual Report*. San Francisco. https://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2018-2019MHSA-Annual-Update.pdf (May 27, 2019).
San Francisco History Center. 1982. *Finding Aid to the San Francisco Department of Public Health AIDS Office Records*. San Francisco. http://oac.cdlib.org/findaid/ark:/13030/c8833r08NoonlineitemsURL:http://www.sfpl.org/sfhistory (May 27, 2019).
Saporta, Maria. 2011. "Atlanta Mayor Kasim Reed Establishes 'Innovation Delivery Team' with Bloomberg Funds." *Saporta Report*. https://saportareport.com/atlanta-mayor-kasim-reed-establishes-innovation-delivery-team-with-bloomberg-funds/ (April 3, 2019).
Scheffler, Richard M., and Neal Adams. 2005. "Millionaires And Mental Health: Proposition 63 In California." *Health Affairs* 24(Suppl1): W5-W5-212-W5-W5-224. http://www.healthaffairs.org/doi/10.1377/hlthaff.W5.212 (May 28, 2019).
Schlesinger, Traci. 2012. "Race, Class and Criminal Law." In *The Social History of Crime and Punishment in America: An Encyclopedia.*,.
Schneider, Anne, and Helen Ingram. 1993a. "Social Construction of Target Populations: Implications for Politics and Policy." *The American Political Science Review1* 87(2): 334–47.
———. 1993b. "Social Construction of Target Populations: Implications for Politics and Policy." *Source: The American Political Science Review American Political Science Review* 87(2): 334–47. http://www.jstor.org/stable/2939044 (January 13, 2017).
Segal, Andrea G, Rosemary Frasso, and Dominic A Sisti. 2018. "County Jail or Psychiatric Hospital? Ethical Challenges in Correctional Mental Health Care." *Qualitative Health Research* 28(6). https://doi.org/10.1177/1049732318762370 (November 8, 2018).
Sellers, Jeffrey M. 2002. *Governing from Below: Urban Regions and the Global Economy*. Cambridge University Press.
Shantae Goodloe. 2016. "HUD AWARDS $355 MILLION FOR LOCAL HOMELESS PROGRAMS." *HUD Press Releases*. http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2016/HUDNo_16-063.
Sheperd, Joyce. 2013. *13-R-3111*. Atlanta, Georgia: City Council. https://45tkhs2ch4042kf51f1akcju-wpengine.netdna-ssl.com/wp-content/uploads/2013/05/13-R-3111.pdf (April 3, 2019).
Sherman, John. 2000. "Empowerment Zone: Boondoggle or Aid to Poor?" *Atlanta Business Chronicle*. https://www.bizjournals.com/atlanta/stories/2000/11/06/editorial5.html (April 3, 2019).
Shipan, Charles R. "Bottom-Up Federalism: The Diffusion of Antismoking Policies from U.S. Cities to States."
Shreveport Downtown Development Authority. 2019. "Hope For The Homeless - Downtown

Development Authority." *Downtown Shreveport*. https://downtownshreveport.com/projects-and-initiatives/hope-for-the-homeless/ (May 9, 2019).
Sisco, Tauna. 2016. "Gender and Policy Implementation: Analyzing and Predicting the Progress of Congressional Bills Targeting Homeless Women." *Journal of Women, Politics, and Policy* (September). http://www.tandfonline.com/action/journalInformation?journalCode=wwap20 (January 12, 2017).
Skocpol, Theda et al. 2000. "A Nation of Organizers: The Institutional Origins of Civic Voluntarism in the United States." *American Political Science Review* 94(3).
Smith, Doug. 2016. "Anti-Homeless Laws Proliferate - Documents - Los Angeles Times." *LA Times*. http://documents.latimes.com/study-california-anti-homeless-laws/.
Smothers, Ronald. 1996. "As Olympics Approach, Homeless Are Not Feeling at Home in Atlanta." *The New York Times*. https://www.nytimes.com/1996/07/01/us/as-olympics-approach-homeless-are-not-feeling-at-home-in-atlanta.html (March 30, 2019).
Snowden, Lonnie, Richard Scheffler, and Amy Zhang. 2002. 29 Administration and Policy in Mental Health *The Impact of Realignment on the Client Population in California's Public Mental Health System*. https://link-springer-com.proxy.lib.umich.edu/content/pdf/10.1023%2FA%3A1015191425834.pdf (May 27, 2019).
Snyder, Elizabeth. 2016a. "Medicaid and Prisoner Reentry: Suspension Is the New Black." *Journal of Law and Public Policy* 84. file:///Users/Charley.Willison/Downloads/ElizabethSnyderMedicaidan (1).pdf (May 9, 2019).
———. 2016b. "Medicaid and Prisoner Reentry: Suspension Is the New Black." *Journal of Law and Public Policy* 84.
Sommers, B. D. et al. 2016. "Insurance Churning Rates For Low-Income Adults Under Health Reform: Lower Than Expected But Still Harmful For Many." *Health Affairs* 35(10): 1816–24. http://content.healthaffairs.org/cgi/doi/10.1377/hlthaff.2016.0455 (April 16, 2018).
Soss, Joe, Richard C. Fording, and Sanford. Schram. 2011. *Disciplining the Poor : Neoliberal Paternalism and the Persistent Power of Race*. University of Chicago Press.
Stafford, Amanda, and Lisa Wood. 2017. "Tackling Health Disparities for People Who Are Homeless? Start with Social Determinants." *International Journal of Environmental Research and Public Health* 14(12).
Stanhope, Victoria, and Kerry Dunn. 2011. "The Curious Case of Housing First: The Limits of Evidence Based Policy." *International journal of law and psychiatry* 34(4): 275–82. http://www.ncbi.nlm.nih.gov/pubmed/21807412 (December 4, 2015).
State Health Access Data Assistance Center, Division of Health Policy and Management, and University of Minnesota School of Public Health. 2018. *Assessment and Synthesis of Selected Medicaid Eligibility, Enrollment, and Renewal Processes and Systems in Six States Medicaid and CHIP Payment and Access Commission (MACPAC)*. https://www.macpac.gov/wp-content/uploads/2018/11/Assessment-and-Synthesis-of-Selected-Medicaid-Eligibility-Enrollment-and-Renewal-Processes-and-Systems-in-Six-States.pdf (May 9, 2019).
State of Louisiana. "Permanent Supportive Housing (PSH) | Department of Health | State of Louisiana." http://www.dhh.louisiana.gov/index.cfm/page/1732 (September 12, 2017).
Stergiopoulos, Vicky et al. 2015. "Effectiveness of Housing First with Intensive Case

Management in an Ethnically Diverse Sample of Homeless Adults with Mental Illness: A Randomized Controlled Trial." *PLoS ONE* 10(7).
Stokes, Stephannie. 2019. "Super Bowl: Atlanta's Pledge To Clear Homeless Camps Fuels Anxiety." *National Public Radio*. https://www.npr.org/2019/01/31/690514220/atlantas-pledge-to-clear-homeless-camps-fuels-anxiety-ahead-of-super-bowl (March 30, 2019).
Strach, Patricia. 2015. *Hiding Politics in Plain Sight: Cause Marketing, Corporate Influence, and Breast Cancer Policymaking.* New York: Oxford University Press.
Stringfellow, Erin J. et al. 2016. "Substance Use among Persons with Homeless Experience in Primary Care." *Substance Abuse* 37(4): 534–41. https://www.tandfonline.com/doi/full/10.1080/08897077.2016.1145616 (March 7, 2018).
Sugrue, Thomas J. 2014. *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit*. Princeton University Press.
Tars, Eric. 2015. *The Cost of Criminalizing Homelessness Just Went Up by $1.9 Billion HUD Funding Requirement Building on Department of Justice Enforcement*. Washington DC. https://www.nlchp.org/press_releases/2015.09.18_HUD_NOFA_criminalization (August 5, 2016).
Tatum, Jason. 2013. "Partner Spotlight: Regional Commission on Homelessness." *Gateway Center*. https://www.gatewayctr.org/2013/07/partner-spotlight-regional-commission-on-homelessness/ (April 3, 2019).
Tausanovitch, Chris, and Christopher Warshaw. 2014. "Representation in Municipal Government." *American Political Science Review* 108(3). file:///Users/Charley.Willison/Downloads/out (4).pdf (June 14, 2017).
The Council of State Governments. 2013. *Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System*. Washington D.C. https://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf (May 9, 2019).
The Editorial Board. 2018. "California's Mental Health Services Act a Good Idea Poorly Executed." *Orange County Register*. https://www.ocregister.com/2018/03/09/californias-mental-health-services-act-a-good-idea-poorly-executed/ (May 28, 2019).
The Editors of Encyclopaedia Britannica. 2019. "Confederate States of America." *Britannica*. https://www.britannica.com/topic/Confederate-States-of-America (August 1, 2019).
Thompson, Lyke, and Richard Elling. 1999. "Let Them Eat Marblecake: The Preferences of Michigan Citizens for Devolution And..." *Publius: The Journal of Federalism* 29(1): 139. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=21h&AN=2785510&site=ehost-live&scope=site.
Torres, Anne, and Jenna Garland. 2017. "Atlanta, GA : News List : Mayor Kasim Reed Announces $50 Million Homeless Opportunity Bond to Move Forward." *Press Releases*. https://www.atlantaga.gov/Home/Components/News/News/6042/1338?backlist=%2F (April 3, 2019).
———. 2018. "Atlanta, GA: News List: Mayor Keisha Lance Bottoms Signs Cash Bond Ordinance into Law." *Press Releases*. https://www.atlantaga.gov/Home/Components/News/News/11448/1338?backlist=%2525252F (April 3, 2019).
Trounstine, Jessica. 2008. *Political Monopolies in American Cities. The Rise and Fall of Bosses and Reformers*. Chicago: University of Chicago Press.
Tsai, Jack, and Robert A. Rosenheck. 2012. "Incarceration Among Chronically Homeless

Adults: Clinical Correlates and Outcomes." *Journal of Forensic Psychology Practice* 12(4): 307–24.
Tsai, Jack, Robert A Rosenheck, Dennis P Culhane, and Samantha Artiga. 2013. "Medicaid Expansion: Chronically Homeless Adults Will Need Targeted Enrollment And Access To A Broad Range Of Services." *Health Affairs* 32(9): 1552–59. http://content.healthaffairs.org/content/32/9/1552 (August 29, 2017).
U.S. Department of Commerce Economics and Statistics Administration. 2010. "Census Regions and Divisions of the United States." https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf.
U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation, and Aging and Long-Term Care Policy Office of Disability. 2018. *Aging, Reentry, and Health Coverage: Barriers to Medicare and Medicaid for Older Reentrants*. Washington D.C. https://aspe.hhs.gov/office-disability-aging- (May 10, 2019).
U.S. Department of Housing and Urban Development. 2014. *Citizen Participation and Consultation Toolkit*. Washington D.C. https://www.hudexchange.info/onecpd/assets/File/eCon-Planning-Suite-Citizen-Participation-Toolkit.pdf (May 28, 2019).
———. 2018. *The 2018 Annual Homeless Assessment Report to Congress Part 1: Point-In-Time Estimates of Homelessness*. https://www.hudexchange.info/resources/documents/2012-AHAR-Volume-2-Section-3.pdf.
———. 2019. "CPD Consolidated Plans, Annual Action Plans, and CAPERs - HUD Exchange." *HUD Exchange*. https://www.hudexchange.info/programs/consolidated-plan/con-plans-aaps-capers/ (August 5, 2019).
———. *Coordinated Entry Policy Brief*. https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf.
———. "HMIS Regulations and Notices." *HUD Exchange*. https://www.hudexchange.info/programs/hmis/hmis-regulations-and-notices/ (February 4, 2019b).
U.S. Department of Housing and Urban Development Office of Policy Development and Research. 2018. *Coordinating Community Planning*. https://www.hudexchange.info/resources/documents/CoordinatingCommPlanning_Presentation.pdf.
U.S. House of Representatives. 2019. *H.R. 1329 Medicaid Reentry Act*. Washington D.C. https://www.congress.gov/116/bills/hr1329/BILLS-116hr1329ih.pdf (May 9, 2019).
U.S. Immigrations and Customs Enforcement. 2017. *Enforcement and Removal Operations: Weekly Declined Detainer Outcome Report For Recorded Declined Detainer Outcome Report*. https://www.ice.gov/doclib/ddor/ddor2017_02-11to02-17.pdf (March 19, 2019).
United States Census Bureau. 2012a. "2012 Census of Governments – Organization." *Data*. https://www.census.gov/data/tables/2012/econ/gus/2012-governments.html (August 21, 2018).
———. 2012b. "Local Governments in Individual County-Type Areas." *American FactFinder* . https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (August 21, 2018).
———. 2017. "Population Estimates." *U.S. Census Quick Facts*.
United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." *HUD Exchange*. https://www.hudexchange.info/resource/3031/pit-and-hic-data-

since-2007/ (December 30, 2017).
———. "The McKinney-Vento Homeless Assistance Act As Amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009." https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf (November 16, 2017).
United States Department of Justice. Office of Justice Programs. 2011. "Bureau of Justice Statistics: National Prisoner Statistics, 1978-2011." *Inter-university Consortium for Political and Social Research*. https://doi.org/10.3886/ICPSR34540.v1.
United States Interagency Council on Homelessness. 2015. Federal Strategic Plan to Prevent and End Homelessness *Opening Doors*.
———. 2018. *Homelessness in America: Focus on Families with Children*. https://www.usich.gov/resources/uploads/asset_library/Homeslessness_in_America_Families_with_Children.pdf (September 24, 2018).
———. "Substance Abuse." http://usich.gov/issue/substance_abuse.
United Way Atlanta. 2017. *Mission United*. https://www.unitedwayatlanta.org/program/mission-united/pdf/ (April 3, 2019).
University of California Berkeley School of Law Human Rights Center. 2017. *Punishing the Poor: How San Francisco's Criminalization of Homelessness Perpetuates Poverty*. San Francisco CA. https://www.sanfranciscopolice.org/sites/default/files/Documents/PoliceCommission/PoliceCommission120617- Homeless 120617.pdf.
University of California Los Angeles. *Funding Public Mental Health in California*. http://histpubmh.semel.ucla.edu/sites/default/files/story-flipbooks/funding_publicmental_health/files/dmh_funding.pdf (May 27, 2019).
Urban Institute, and Thomas G. Kingsley. 2017. *Trends in Housing Problems and Federal Housing Assistance*. Washington D.C. https://www.urban.org/sites/default/files/publication/94146/trends-in-housing-problems-and-federal-housing-assistance.pdf (May 28, 2019).
US Department of Housing and Urban Development. 2012. *Introductory Guide to the Continuum of Care (CoC) Program*. https://www.hudexchange.info/resources/documents/CoCProgramIntroductoryGuide.pdf (April 6, 2019).
Vanneman, Megan E, and Lonnie R Snowden. 2015. "Linking the Legislative Process to the Consequences of Realigning California's Public Mental Health System." *Administration and Policy in Mental Health and Mental Health Services Research* 42: 593–605. file:///Users/Charley.Willison/Downloads/Linking_the_Legislative_Proces.pdf (May 27, 2019).
Vogelsang-Coombs, Vera. 2007. "Mayoral Leadership and Facilitative Governance." http://arp.sagepub.com (April 4, 2019).
Volk, Jennifer S. et al. 2016. "Tenants with Additional Needs: When Housing First Does Not Solve Homelessness." *Journal of Mental Health* 25(2).
Wagner, Robin. 2017. "Louisiana Permanent Supportive Housing." In *NASHP Annual Conference 2017*, https://nashp.org/wp-content/uploads/2017/06/R-Wagner-19.pdf (May 10, 2019).
Walker, David B. 1995. *The Rebirth of Federalism: Slouching Towards Washington*. New York: Chatham House Publishers.

Warfield, Matt, Barbara DiPietro, and Samantha Artiga. 2016. *How Has the ACA Medicaid Expansion Affected Providers Serving the Homeless Population: Analysis of Coverage, Revenues, and Costs | The Henry J. Kaiser Family Foundation*. http://www.kff.org/medicaid/issue-brief/how-has-the-aca-medicaid-expansion-affected-providers-serving-the-homeless-population-analysis-of-coverage-revenues-and-costs/ (August 29, 2017).

Warshaw, Chris, and Chris Tausanovitch. 2015. "Replication Data for: Representation in Municipal Government." https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/AXVEXM (September 24, 2017).

Waxmann, Laura. 2019. "Wiener's Housing Density Legislation Faces Hometown Opposition." *San Francisco Examiner*. https://www.sfexaminer.com/news/wieners-housing-density-legislation-faces-hometown-opposition/.

Weicher, J C. 1984. "Maintaining the Safety Net: Income Redistribution Programs in the Reagan Administration." *Poverty Studies* 2. http://proxy.lib.umich.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=21h&AN=33593497&site=ehost-live&scope=site.

Weir, Margaret, and Jessica Schirmer. 2018. *America's Two Worlds of Welfare: Subnational Institutions and Social Assistance in Metropolitan America*. https://www.cambridge.org/core/terms. (August 14, 2018).

White, Randol. 2018. "Proposition 2: At Issue Is Housing For 20,000 Mentally Ill Homeless People in California -." *Sacramento State Capital Public Radio*. http://www.capradio.org/articles/2018/10/18/proposition-2-at-issue-is-housing-for-20000-mentally-ill-homeless-people-in-california/ (May 28, 2019).

Whittle, Henry J et al. 2015. "Food Insecurity, Chronic Illness, and Gentrification in the San Francisco Bay Area: An Example of Structural Violence in United States Public Policy." *Social Science & Medicine* 143: 154–61. http://dx.doi.org/10.1016/j.socscimed.2015.08.027 (May 19, 2019).

WHORM File, and Box 43. 1987. "FITH." *Reagan Presidential Library: National Archives and Records Administration*.

WHSOF Box 3, and Dan Crippen. 1987. "Memorandum to Domestic Policy Council." *Reagan Presidential Library: National Archives and Records Administration*.

WHSOF Davis. "House Committee Summary of Findings." *Box 5. Reagan Presidential Library: National Archives and Records Administration*: Box 5.

Willison, Charley. 2017a. "Shelter from the Storm: Roles, Responsibilities, and Challenges in United States Housing Policy Governance." *Health Policy* 121: 1113–23. https://ac.els-cdn.com/S0168851017302026/1-s2.0-S0168851017302026-main.pdf?_tid=0d2cab16-c3e9-11e7-95f8-00000aab0f6b&acdnat=1510079317_37a81c2b2f66eae8c5de9ecacd7bf7fe (November 7, 2017).

———. 2017b. "Shelter from the Storm: Roles, Responsibilities, and Challenges in United States Housing Policy Governance." *Health Policy* 121(11): 1113–23. http://dx.doi.org/10.1016/j.healthpol.2017.08.002.

Witkin, David, and Kaylin Huang. 2018. 2018 California Initiative Review (CIR) *Proposition 2: Use Millionaire's Tax Revenue for Homelessness Prevention Housing Bonds Measure*. https://scholarlycommons.pacific.edu/cgi/viewcontent.cgi?article=1041&context=california-initiative-review (May 28, 2019).

Wright, Deil. 2001. “Public Administration and Models of Governance: Federalism, Intergovernmental Relations and Intergovernmental Management in the United Staets of America.” In *First International Congress of Political Science and Public Administration*, Pachua, Hidalgo, Mexico.

Wright, James D, Beth A Rubin, and Joel A Devine. 1998. *Beside the Golden Door: Policy, Politics, and the Homeless*. New York: Aldine De Gruyter.

Young, Michael G., and Kathleen Manion. 2017. “Harm Reduction through Housing First: An Assessment of the Emergency Warming Centre in Inuvik, Canada.” *Harm Reduction Journal* 14(1): 8. http://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-016-0128-8 (November 1, 2018).

Zannoni, Paolo. 1978. “The Concept of Elite*.” *European Journal of Political Research* 6: 1–30.

Zelinsky, Edward A. 1993. “James Madison and Public Choice at Gucci Gulch: A Procedural Defense of Tax Expenditures and Tax Institutions.” *The Yale Law Journal* 102.

Zlotnick, Cheryl, Suzanne Zerger, and Phyllis B Wolfe. 2013. “Health Care for the Homeless: What We Have Learned in the Past 30 Years and What’s Next.” *American Journal of Public Health* 103(S2): S199–205. 10. 2105/AJPH.2013.301586.

APPENDICES

APPENDIX A: Codebook FSQCA Conversion Process for Quantitative Variables

Table 8: FSQCA Conversion Process for Dependent Variable

Dependent Variable	FSQCA Conversion	Data Source
Local Governmental Level of Supportive Housing Policy	(1/0 for SH policy Yes/No)	Municipal supportive housing policies were collected from a search of city and county government websites, and Municode. A municipal policy was coded as 'supportive housing' if a locality has one or more of the following: municipal plan(s), guidelines, regulations and or statutes establishing supportive housing, permanent supportive housing, and or Housing-First as a main component of the local government's homelessness response.

Table 9: FSQCA Conversion Process for Independent Variables

Independent Variable	FSQCA Conversion (0-1)	Data Source
CoC Type (Municipal Organization)	Major City COC (1) Smaller City, Counties (0)	United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." HUD Exchange. https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ (December 30, 2017).
State or Regional CoC	Statewide COC Y/N ; Regional (.5)	United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." HUD Exchange. https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ (December 30, 2017).
Total Homeless	(1=10,000+, .8=5,000-10k, .6=1k-5k, .4=500-1k, .2=500>)	United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." HUD Exchange. https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ (December 30, 2017).
Total Chronically Homeless	(1K+=1, 500-1K=.75, 250-500=.5, 1-250=.25)	United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." HUD Exchange. https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ (December 30, 2017).
Total UnSheltered Chronically Homeless	% (decimal notation)	United States Department of Housing and Urban Development. 2017. "PIT and HIC Data Since 2007." HUD Exchange. https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ (December 30, 2017).
MSA Population	1M+=1, 250k-1M=.75, 100k-250k=.5, 100k or less=.25) (Census Designation)	United States Census Bureau. 2017. "Population Estimates." U.S. Census Quick Facts.
GDP (In Current Dollars) by MSA	(50k>=.25, 50-100k=.5, 100-200k=.75, 200k+=1)	Bureau of Economic Analysis. 2017. "Regional Data GDP and Personal Income." Interactive Data Tables. https://apps.bea.gov/iTable/iTable.cfm?acrdn=3&isuri=1&reqid=70&step=1#reqid=70&step=10&isuri=1&7003=200&7035=-1&7004=naics&7005=1&7006=xx&7036=-1&7001=2200&7002=2&7090=70&7007=2015&7093=levels (August 17, 2018).
Warm Winter Temperature	Used NOAA four color categories of cold-warm; .25=least warm winter temperature; 1.0=warmest winter temperature	National Centers for Environmental Information, and National Oceanographic and Atmospheric Administration. 2017. "Climate at a Glance." Statewide Temperature Mapping. https://www.ncdc.noaa.gov/cag/statewide/mapping/110/tavg/201701/1/value (August 17, 2018).

Church Going Population (Public) - All denominations/groups	(0-1, 1 = High); (Rates of Adherence per 1000 persons: 200-300 = .25; 300-400=.35…; 800 + = 1)	2010; Rates of adherence per 1,000 population; Association of Religion Data Archives. 2010. "Download | U.S. Religion Census: Religious Congregations and Membership Study, 2010 (Metro Area File) | Data Archive | The Association of Religion Data Archives." U.S. Church Membership Data - County Level. http://www.thearda.com/Archive/Files/Downloads/RCMSMT10_DL2.asp (May 8, 2017).
Southern Region of the United States	(0/1, No/Yes)	U.S. Department of Commerce Economics and Statistics Administration. 2010. "Census Regions and Divisions of the United States." https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
Former Confederacy	((0/1) No/Yes)	The Editors of Encyclopaedia Britannica. 2019. "Confederate States of America." Britannica. https://www.britannica.com/topic/Confederate-States-of-America (August 1, 2019).
Sanctuary City Federal ICE Definition	(Declined Detainer) (0/1) No/Yes	U.S. Immigrations and Customs Enforcement. 2017. Enforcement and Removal Operations: Weekly Declined Detainer Outcome Report For Recorded Declined Detainer Outcome Report. https://www.ice.gov/doclib/ddor/ddor2017_02-11to02-17.pdf (March 19, 2019).
% White	(decimal notation)	United States Census Bureau. 2017. "Population Estimates." U.S. Census Quick Facts.
% African American	(decimal notation)	United States Census Bureau. 2017. "Population Estimates." U.S. Census Quick Facts.
% Latino	(decimal notation)	United States Census Bureau. 2017. "Population Estimates." U.S. Census Quick Facts.
Total Fragmentation -	(0-5 = .2, 6-15, 15-30…46+ = 1)	The total number of local governments in a county area; 2012b. "Local Governments in Individual County-Type Areas." American FactFinder . https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (August 21, 2018).
State Medicaid Expansion	(1= Expand, 0=No)	National Conference of State Legislatures. 2018. "Affordable Care Act Medicaid Expansion." Medicaid. http://www.ncsl.org/research/health/affordable-care-act-expansion.aspx (August 21, 2018).
State Level Supportive Housing Law or Regulation	1 = Y, 0 = N	State-level supportive housing policies were collected from a review of state government websites and Lexis-Nexis. States were coded using a binary measure of having a supportive housing policy or not, 1/0, coded as having a supportive-housing policy if the state had either a state plan, guideline, regulation or statute establishing permanent supportive housing or Housing-First as a main component of the state government's response to homelessness
Municipal Instiutional Structure	(ICMA Municipal Form of Government, 2011 Data and Definitions); (Plurality; 1=most pluralistic form of government, 0=least pluralistic; Mayor Council = .2 (least pluralistic); Council-Manager = .4; Commission = .6; Town Meeting = .8; Representative Town Meeting = .1))	International City/County Management Association. 2011. Municipal Form of Government, 2011 Trends in Structure, Responsibility, and Composition. https://quod.lib.umich.edu/e/errwpc/umauthen/1/4/1/14197405.2011.survey_instrument.pdf
MRP City Policy Conservatism (Municipal Ideology) -	(-1 to -.4=.25, -.4 to 0=.5, 0-.2=.75, .2+=1) 1=most conservative	(UCLA), Warshaw, Chris (MIT); Tausanovitch, Chris. 2015. "Replication Data for: Representation in Municipal Government." https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/AXVEXM (September 24, 2017).
Concentration of Non-profit Health Organizations Per Capita	(0-1= low (.1), 1-2 (.2), 2-4 (.35), 4-6 (.55), 6-7 (.75), 7 and above=1 (high))	per 10,000 ppl; National Center for Charitable Statistics. 2018. "US Nonprofit Sector Publications, Reports and Statistics." Urban Institute. https://nccs.urban.org/data-statistics/us-nonprofit-sector-publications-reports-and-statistics (August 21, 2018).
Non-profit Health Organizations Per Capita Revenue	Maximum = 142,963.00, Minmum = 0; (0=0, .1=0-1,000; 1000-2000=.15; 2000-3000=.25...10,000+=1 (high))	National Center for Charitable Statistics. 2018. "US Nonprofit Sector Publications, Reports and Statistics." Urban Institute. https://nccs.urban.org/data-statistics/us-nonprofit-sector-publications-reports-and-statistics (August 21, 2018).

Private Prisons % Prisoners in Private Prisons	(>10% =.25, 10%<=.75, 0 = 0, 20%<=1)	United States Department of Justice. Office of Justice Programs. 2011. "Bureau of Justice Statistics: National Prisoner Statistics, 1978-2011." Inter-university Consortium for Political and Social Research. https://doi.org/10.3886/ICPSR34540.v1.
Tourism	(0=0, 0-1,000=.1; 1000-2000=.15; 2000-3000=.25...10,000+=1 (high))	(Millions of Dollars (Arts, entertainment, recreation, accommodation, and food services), by FIPS MSA); Bureau of Economic Analysis. 2017. "Regional Data GDP and Personal Income." Interactive Data Tables. https://apps.bea.gov/iTable/iTable.cfm?acrdn=3&isuri=1&reqid=70&step=1#reqid=70&step=10&isuri=1&7003=200&7035=-1&7004=naics&7005=1&7006=xx&7036=-1&7001=2200&7002=2&7090=70&7007=2015&7093=levels (August 17, 2018)

APPENDIX B: FSQCA Deduction Procedure

A. *Baseline Assumptions and Hypotheses for Pathways in Each Outcome*:

I describe here the baseline assumptions and theoretically informed hypotheses for each outcome, stratified by the three main research questions. I outline my assumptions here in detail because they inform my approach to running the FSQCA analysis by determining my starting pathways from which I implement the minimization procedure.

A.1. Institutional Resources:

For cities *that do not have a municipal level supportive housing policy*, I assumed that limited institutional resources could constrain ability to adopt supportive housing policies. Institutional resources include level of existing infrastructure and financial resources. For example, if a city has low financial resources to support supportive housing sites and services – e.g. not expanded Medicaid, low GDP, no state level supportive housing law – the city may not have the fiscal ability to move forward on a supportive housing policy and may default to no action.(Grob 1994) Municipalities may perceive start-up costs to supportive housing as prohibitively expensive or may perceive inaction on supportive housing and other acute alternatives such as punitive responses as more cost-effective when considering other municipal goals (Nacgourney 2016), adding to perceived cost-effectiveness compared to supportive housing.

Assumptions informing FsQCA procedure:

1. Non-supportive housing municipalities are less likely to reside in Medicaid Expansion states and states with a Supportive Housing policy.
2. Non-supportive housing municipalities is associated with lower GDP compared to municipalities with supportive housing policies.

A.2. Political Institutions:

In *non-supportive housing municipalities*, I assumed that governmental fragmentation may impede supportive housing policy adoption. For example, if a city is highly decentralized, or very fragmented – with multiple competing municipal jurisdictions – it may be more difficult for actors to engage in local policy processes, and to coordinate action. Fragmentation may act as an impediment in this way to adopting supportive housing initiatives. Further, supportive housing actions may be curbed within government itself, if offices and service delivery is decentralized to the degree that it affects intragovernmental coordination. In the same vein, the plurality of municipal governments also affects the ability of constituents to participate in processes.(R. Mickey 2015) Municipal government design interacts with ideology, thus in more conservative municipal governments, more unilateral systems may close out minority voices arguing for supportive housing policies. Therefore, I assume that municipalities without a supportive housing policy, which are comparatively more conservative, are more likely to have less pluralistic municipal governmental structures. Finally, consistent with the institutional resources assumption, I assumed that municipalities without a supportive housing policy may have fewer delegated state actors providing services, and subsequently lobbying for supportive housing policies as interest group members, as another challenge for adopting supportive housing policies.

Assumptions informing FsQCA procedure:

1. Municipalities without a supportive housing policy are associated with higher levels of municipal governmental fragmentation compared to cities adopting supportive housing.
2. Supportive-housing is associated with higher levels of non-profit healthcare providers compared to cities adopting criminalization only.

3. Municipalities without a supportive housing policy are associated with more unilateral municipal government design in conjunction with more conservative ideology.[lxxxvii]

A.3. Social Construction:

Lastly, the way that policy beneficiaries are perceived affects political deliberations over the policies in question.(Schneider and Ingram 1993b) As proxies for social construction, I assume that more-conservative cities with higher percentages of minority groups – Latino and black – are more likely to not have a municipal level supportive housing policy. The assumption I base this on is the historical literature on vagrancy, deviance, race and mental illness.(Grob 1994; Schlesinger 2012) Chronically homeless persons are primarily single men of color. Therefore, municipalities may opt-away from welfare policies targeting this population in favor of inaction or other competing policies (such as punitive responses to homelessness). The long history of criminalization of single men of color in the United States, particularly in former confederate states, gives evidence for this assumption. Following from this, I also assume that criminalization-only cities are not likely to be Sanctuary cities, as a proxy for immigration sentiment.

Assumptions informing FsQCA procedure:

1. Municipalities without a supportive housing policy are less-likely to be sanctuary cities, compared to cities adopting supportive housing policies.
2. Cities with higher city-policy conservatism, that are not Sanctuary cities, and have a higher percentage of minority populations are more likely to be municipalities without a local supportive housing policy.

B. *Selecting Pathways*:

Grappling with inherent heterogeneity across cases means that researchers have a tradeoff to make. FSQCA measures pathways based on *coverage*, and *consistency*. Coverage is proportion of the sample in the outcome set that adheres to the tested pathway. When evaluating the value of a pathway, coverage matters. Coverage matters because a pathway could exist in five percent of cases, or in fifty percent of cases. The lower the coverage means that the pathway is more of an outlier, reducing the generalizability. The ideal pathway is one that holds predictive value across many or most cases. However, this is where the tradeoff arises. Consistency, as opposed to coverage, measures the degree to which a causal combination leads to an outcome. Within the sample, this means the proportion of cases with the given predictive combination that are also in the outcome set.[lxxxviii] Due to heterogeneity across individual cases, the greater coverage of a pathway, the lower the consistency and vice versa – the higher the consistency, the lower the coverage. Having high consistency is a necessity, because we are assuming that the combination leads to the outcome in question. Low consistency violates that assumption and reduces or removes any explanatory power from the pathway. Therefore, depending on the number of variables input into the pathway, and the inherent heterogeneity of the sample, researchers must weigh varying degrees of consistency and coverage to reach a predictive and generalizable pathway.

To begin the analysis, you must input combinations of independent variables to test their collective association with the outcome of interest. With a high number of independent variables, it is impossible to test all possible combinations of conditions. To overcome this limitation, the initial combinations are selected based on the theoretical and empirical literature regarding municipal politics, health policy decision-making, and current municipal homeless policy choices.

For each outcome, I begin with the combination of independent variables most supported by the literature [as stated above in my baseline assumptions]. Based on the results, I systematically add or subtract variables from the baseline pathway, to improve consistency and coverage. Adding or removing individual variables can notably affect the consistency and coverage of a pathway. Therefore, when initially testing a pathway embedded in the

[lxxxvii] I am currently unable to test municipal government design due to an incomplete dataset. This will be further tested going forward after completing the dataset.

[lxxxviii] Set membership is determined by minimums. Determining membership across two variables takes the minimum of the two scores. Consistency is the sum of the minimum of the membership scores for x and y, over the sum of the minimum membership scores for x. Coverage is determined by the sum of the minimum of the membership scores for x and y, over the sum of the membership scores for y.

literature, I add or remove single variables at a time, to test the overall effect on the pathway. I continue until I reach a threshold for both indicators – unable to further improve coverage and consistency.

APPENDIX C: Interviewee Demographics by Case

Table 10: Interviewee Demographics by Cases

San Francisco		Shreveport		Atlanta	
Interviewee ID	**Interviewee Occupation**	**Interviewee ID**	**Interviewee Occupation**	**Interviewee ID**	**Interviewee Occupation**
1.1	City of San Francisco Bureaucrat/CoC Actor/Homeless Services	2.1	Healthcare Practitioner	3.1	Municipal Service Provider/ Public Safety
1.2	City of San Francisco Bureaucrat/ Healthcare Practitioner	2.2	CoC Actor	3.2	City of Atlanta Bureaucrat/CoC Actor
1.3	CBO Actor/ Homeless Services	2.3	Local Elected Official	3.3	CBO Actor Homeless Services
1.4	City of San Francisco Bureaucrat/ Government Services	2.4	CBO Actor/ Healthcare Services	3.4	City of Atlanta Bureaucrat/ Government Operations
1.5	City of San Francisco Bureaucrat/ Healthcare Practitioner	2.5	CBO Actor/ Homeless Services	3.5	CBO Actor Homeless Services
1.6	CBO Actor/ Homeless Services	2.6	CBO Actor/ Healthcare and Homeless Services	3.6	Academic Expert/CBO Actor Homeless Services
1.7	CBO Actor/ Homeless Services	2.7	CBO Actor/Low-income Services	3.7	Academic Expert/CBO Actor Homeless Services
1.8	Academic Expert/ Healthcare Practitioner	2.8	Healthcare Practitioner/ Academic Expert/ CBO Actor	3.8	Academic Expert/ Healthcare Practitioner
1.9	Municipal Service Provider/ Public Safety	2.9	CBO Actor/Low-income Services	3.9	Academic Expert/ Healthcare Practitioner
1.10	Academic Expert/ Healthcare Practitioner/ CBO Actor	2.10	Service Provider/ Homeless Veterans Services	3.10	CBO Actor Homeless Services
1.11	City of San Francisco Bureaucrat/ Healthcare Practitioner	2.11	CBO Actor/Low-income Services	3.11	City of Atlanta Bureaucrat/ Government Operations
1.12	City of San Francisco Bureaucrat/ Healthcare Practitioner	2.12	Federal Actor/ Inter-government Support	3.12	Academic Expert/ Healthcare Practitioner
1.13	Municipal Service Provider/ Healthcare Practitioner	2.13	CBO Actor	3.13	Municipal Service Provider /Public Safety
1.14	State of California Bureaucrat/City of San Francisco Bureaucrat/ Healthcare Practitioner			3.14	Healthcare Practitioner
1.15	Municipal Service Provider/Public Safety			3.15	Healthcare Practitioner
1.16	Municipal Service Provider/ Healthcare Practitioner			3.16	Academic Expert/City of Atlanta Bureaucrat
1.17	Business Sector San Francisco			3.17	CBO Actor Homeless Services
				3.18	City of Atlanta Bureaucrat/ Homeless Services Practitioner
				3.19	City of Atlanta Bureaucrat/ Homeless Services Practitioner

APPENDIX D: Interview Protocol Forms

Qualitative Interview Consent Protocol

Hello, I am a doctoral candidate at the University of Michigan's School of Public Health, in the Department of Health Management and Policy. I am working on my dissertation looking at variation in homeless policy decision-making across the U.S.

Thank you for taking time to speak with me.

Before we begin, I wat to let you know that this interview is anonymous. All of your identifiable, information will be kept anonymous – for example your name, the names of your department/organization. Only a generic, broad descriptor of your role will be included to identify the sector that you represent – for example, "healthcare practitioner" or "municipal bureaucracy". Only myself and my academic advisors will have access to your identifiable information. This research has been approved by the University Health Sciences Institutional Review Board, and my academic advisors are on the IRB approval along with myself. This interview is not recorded, but I will be taking typed notes. Finally, the interview should take about thirty minutes, but may be shorter or longer depending on your responses. Please let me know if you have any questions or concerns.

Qualitative Interview Questionnaire

1. Could you give me an overview of your role?

2. Please describe the city's current approach to chronic homelessness:

3. Why has the city decided to take this approach?

A. When was this approach first considered?

B. Who was involved?

4. From your role, can you provide an overview of how this approach came to be adopted by the city?

A. What was your role [your department/organization]?

B. Were there any challenges?

C. Was there opposition to this policy?

I. What was the opposition?

II. Why?

5. Could you speak to the Federal government's position on [city's policy approach]?

A. Could you discuss the Federal government's role in homelessness/criminalization policy? [e.g. HUD federal incentives to reduce punitive responses to homelessness]

I. Why?

B. How has your organization responded to the Federal government's role, how have others in [city] responded?

I. Why?

II. Was this approach and position considered when deciding the city's approach? Could you describe the federal government's role (if not already discussed)?

C. What about the position of the state?

6. Is there any other information that you would like to share?

APPENDIX E: Interview and Text Document Coding Protocol

Codebook for Qualitative Interviews and Archival Documents

1. Actor [I may need to add more categories as we go along]:
    a. Municipal bureaucrat
    b. Law enforcement
    c. CBO (Community Based Organization/nonprofit) staff
    d. Elected Official
    e. Healthcare Professional
    f. Place of Worship
    g. Private/for Profit Organization
    h. Tech Company
2. City's Approach
    a. Defined Approach [perceived as having]
    b. Not defined [city perceived to not have a defined approach]
    c. Evidence-based/Helpful Approached [city perceived to have this]
    d. Non-evidence-based/Harmful/less helpful Approach [city perceived to have this]
    e. Why Approach Selected [may be overlap with Process codes, actor's perception of why city adopted x policy]
    f. Homelessness Prioritized [yes/if not don't apply code]
3. Process
    a. Year Started
        i. Day/Month [for archival documents]
    b. Political Will [towards or against supportive housing/addressing homelessness]
        i. Positive [mobilization towards]
    c. Initiating Actor
    d. Actors involved overall
        i. Actors not involved [purposefully, or due to institutional barriers/other barriers]
        ii. Participation challenges [inability to participate, limited participation in debates, decision-making]
    e. Process ongoing
        i. Still trying to initiate policy change
        ii. Implementation ongoing (I'm not measuring implementation, but people talk about it, so including here just in case!)
    f. Funding [money to support process/city approach]
        i. City

        ii. State
        iii. Federal
        iv. CBO
        v. Tech/Private Money
4. Challenges
    a. Coordination Challenges
    b. Limited Funding
    c. Political pressure on bureaucracy [elected officials pressuring regulators]
    d. Authority/Responsibility [This changed, or there is uncertainty about who is responsible]
    e. Stigma
    f. Racial Issues
    g. Administrative Burden [shift to making it more burdensome for individual to receive government benefits]
    h. Different Approaches [different ideas about best approach]
        i. Conflicting approaches/conflicting policies
        ii. Pace [conflicts about pace/timing of policies; conflicting notions of how quick an issue can and should be managed]
        iii. Addressing causes of homelessness vs. Homeless behaviors [conflict described between these approaches]
    i. Omitted/Under-addressed Problems
        i. Food Insecurity
        ii. Mental Health
        iii. Long-term Mental Health Services
        iv. Housing
5. Opposition
    a. Public/Citizens
        i. NIMBY
        ii. Gentrification Policing
    b. Police/Law Enforcement
    c. Business/Private interests
    d. Other
    e. Elected Officials [different ideas/conflicting ideas between elected officials and other groups; pressure, if not direct opposition]
6. Federal Involvement [if unsure/not answered leave blank]
    a. Yes
        i. Effective
        ii. Ineffective
        iii. Future Concerns
    b. No
    c. Future Concerns [Funding/Programming/Partisanship]
7. Criminalization [law enforcement involvement]
    a. Federal Gov and Local Crim Approach
    b. Local Law Enforcement Response
    c. Law Enforcement as Service Providers
8. State Involvement
    a. State Involved
    b. State Not Involved
    c. State Funding
        i. Medicaid Expansion Funding
    d. Medicaid Expansion Involved
    e. Medicaid Expansion Not Involved
    f. Challenges with Medicaid Expansion Implementation

g. Implementation challenges with State laws [new]