Dynamic Case Management and Grassroots Service Coordination:
A Program Evaluation Report for Artists Helping the Homeless

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EXECUTIVE SUMMARY

1) This report presents the results of an ethnographic study of Artists Helping the Homeless (AHH), a Kansas City non-profit organization that provides intensive case management to homeless individuals and serves as a catalyst for connecting them with an array of services.

2) AHH provides dynamic case management that takes individuals, rather than institutions, as its starting point. Because of this, it avoids the alienating rigidity of many service agencies, but also functions to coordinate many existing services, bolstering their efficacy.

3) *Strengths:* The current strengths of AHH center on its ability to fill gaps in the network of service providers and develop longitudinal and trust-based relationship with clients its clients. These are made possible because AHH is organized around a pedagogy that permits creative, dynamic, and individual collaboration with clients and does not presuppose appropriate goals or processes for working with them.

4) *Weaknesses:* Among the weaknesses of the AHH program, the small and overworked staff certainly is the most obvious. Related to this are issues of stress and self-care among the AHH staff, and particularly Woo. Additionally, AHH may risk enabling problematic behaviors because it does not necessarily invoke rigid bottom lines (though it clearly does set limits), and because it evaluates client needs on an individual basis. However, it is worth noting that more bureaucratic systems of service provision can be taken advantage of for precisely the opposite reason.

5) *Opportunities:* Most concrete among opportunities would be expansion of its existing services to include formal partnerships with other area hospitals (even though it likely already services them, *pro bono*) and into other areas where diversion might yield cost savings. A more diffuse, but perhaps no less important opportunity is that AHH can raise important, critical questions about the nature of service provision and its hallowed "best practices."

6) *Threats:* Evaluation of AHH will likely continue to focus on latent outcomes such as cost savings and eventually may cause irreconcilable conflicts with other agencies or even benefactors. Also, where AHH operates on an artistic model, it nonetheless relies on market forces for survival. Balancing the artistic ethos and the material realities will continue to be a challenge.

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INTRODUCTION

This report presents the results of an ethnographic study of Artists Helping the Homeless (AHH), a Kansas City non-profit organization that provides intensive case management to homeless individuals and serves as a catalyst for connecting them with an array of services. Our interest in this organization was stimulated by previous ethnographic work on the street homeless in Birmingham, Alabama, along with identification of core structural problems embedded in the delivery of services, particularly where they medicalize homelessness (Wasserman and Clair 2010; 2011a, 2011b, 2013). After becoming introduced to AHH and its director, Kar Woo, we decided the organization may represent a manifestation of an alternative service model, structured around an artistic logic of justification, in contrast to the pervasive market and industrial logics at the heart of other service models (Boltanski and Thevenot 2006; Wasserman 2013).

Homeless service institutions historically have done little to impact rates of homelessness in the United States, which are predicated by macro influences such as wages and unemployment, rather than by the quality or coordination of services. Still, insofar as people are continuing to become homeless, they experience all of the associated cofactors that require the immediate attention of service agencies. These include the inability to find stable employment, stress and resulting mental illness (or the exacerbation of existing mental illness), physical strain and illness exposure, and increased exposure to substance use (exacerbating addiction or matriculating non-addicts into it). Service agencies typically utilize a programmatic model that often prefabricate service protocols, rather than developing them in response to the individuals that present to their institutions. To the extent that case management and service coordination can be individualized, but still function within this network of programs, it is a step in the right direction. AHH appears to be an organization that operates in this way. This also, somewhat ironically, can improve existing service organizations and the coordination between them. These are especially important considerations as municipalities, federal and state agencies, charitable organizations, and individuals underwrite the costs of providing homeless services in a strained economy.

AHH provides dynamic case management that takes individuals, rather than institutions, as its starting point. Because of this, it avoids the alienating rigidity of many service agencies, but also functions to coordinate many existing services, bolstering their efficacy. AHH began as a hospital diversion program, where a small staff would work collaboratively with homeless patients who were being discharged. Staff social workers, at these hospitals had limited ability to work in an in-depth and longitudinal way with these patients.

Hospitals are required to have discharge plans for homeless patients. Where these were insufficient, or altogether absent, there rested not only an ethical problem, but also a

financial one. Research suggests that homeless people discharged to stable housing situations have far better health outcomes and lower recidivism, lower health utilization costs (see for example, Kertesz and Weiner 2009). AHH not only provides transport, but also works with individuals to develop longitudinal plans. For example, AHH will not only transport someone to a temporary shelter, but will arrange each subsequent step of a process determined in collaboration with the individual. The key to its success lies in the fact that AHH does not establish pre-existing service pathways, but either connects individuals with an appropriate individualized collection of service options, or works creatively to create those opportunities for people where they do not already exist.

In what follows, we provide some background on hospital usage among the homeless, problems with the dominant models of homeless service provision and a brief overview of AHH itself. We then describe the ethnographic data collection process and grounded theory method used to arrive at the themes reported in the next section. While this study began as purely academic inquiry, it also effectively constituted a program evaluation. We thus conclude this report by discussing our themes in the context of SWOT (strengths, weaknesses, opportunities, and threats) analysis. In particular, we highlight the core differences between AHH and dominant models of homeless service, reflected in the former's structure and operation, which can be instructive for rectifying many of the insufficiencies with the latter.

BACKGROUND AND PREVIOUS RESEARCH

Homelessness is not a new problem, but it certainly has taken on new forms in the wake of larger social changes. The criminalization of poverty can be traced back to the Middle Ages, signaling some of the same social conflicts that persist today between the housed and the homeless (Axelson and Dail 1988). However, the history of modern homelessness has more direct roots in the growth and later decline of industrial economies. In the United States in the late 1800s, formerly transient workers from the railroad and lumber industries settled into American cities as those labor sectors shrank. Still, the number of homeless people, particularly those living on the street, remained relatively low until the mid-1970's when inflation rose, real-dollar-wages began to decline, and manufacturing jobs disappeared at an alarming rate (see Bahr 1967 for a discussion of postwar rates of homelessness; see Arnold 2004; Gibson 2004; Mathieu 1993, and Mossman 1997 for discussion of post-1970 structural transitions). The problem was exacerbated in the 1980's when federal funding cuts for low-income housing caused a decline in single-room occupancies and forced thousands into the streets. Despite a strong association with social structural factors, the general public as well as governments spanning the local, state, and federal levels still tend to conceptualize homelessness as a function of individual deviance, particularly addiction and mental illness (Hopper 2003; Lyon-Callo 2000; Mathieu 1993; Mossman 1997; Snow, Baker, Anderson, and Martin 1986).

The organization and operation of homeless service institutions also has changed. Shelters initially focused on emergency services. Nicknamed the "three hots and a cot" model, these service programs essentially responded to the immediate survival needs of food and shelter. On the idea that fundamental reasons for homelessness were not fully addressed, a continuum-of-care service model emerged in an effort, not just to sustain lives, but to get people back into work and housing. While well intentioned, continuum of care shelter programs also tend to institutionalize the mental illness and addiction conception of homelessness to the exclusion of social structural factors (Lyon-Callo 2000; Mathieu 1993; Mossman 1997; Snow et al. 1986; Wasserman and Clair 2011a). The primary types of help available at homeless shelters today are treatment for addiction and mental illness, and while other services such as job placement and legal assistance often are available, accessing them usually first requires enrollment in a treatment program.

More recently, there has been a movement toward a housing first model of services, where stable supported housing is provided with relatively few restrictions related to issues such as sobriety status. While some manifestations of this model are articulated from a pure social justice framework, where housing is seen simply as a right, increasingly housing first justifications center on its strategic advantage for providing the same kinds of services that formerly were a precondition of housing. Under the Obama administration, HUD funding increasingly has been dedicated to organizations employing some form of a housing first model. At the same time, housing first discourse seems decreasingly to reflect notions of housing as an inalienable right and increasingly postured as a better strategy for delivering services. The latter includes many of the

presumptions embedded in the medicalization of homelessness (i.e. that it is a function of addiction or mental illness; Wasserman and Clair 2011b).

Despite the goal of providing a continuum of care or "wrap-around" services, homeless shelters and other service programs have varying but often-limited degrees of integration. Homeless service agencies often operate in silos, or collaborate only with a limited pipeline of other agencies. For example, a homeless shelter may matriculate individuals to certain substance abuse facilities as part of a treatment program, but this does not mean they utilize the larger network of resources to confront the milieu of problems often faced by homeless individuals.

Hospital usage by the homeless, particularly those living on the street represents a complex and expensive problem. For one, homeless individuals, especially those living on the street, are exposed to weather, physically demanding and dangerous working conditions, and violent crime (Wasserman and Clair 2010). Housing status, victimization, mental illness, and substance abuse are all factors that predispose the homeless to greater hospital use (Kushel et al. 2002). Additionally, homeless individuals often utilize emergency departments as service agencies, i.e. places to access food, shelter, and even clothing. Because of regulations, such as mandatory observation requirements for individuals reporting chest pain or suicidal ideation, hospitals often have no choice but to absorb costs associated with the utilization of EDs as service agencies for the homeless. At the same time, accessing hospitals for basic services is, among the homeless, often a matter of necessity rather than preference. Accessing homeless services often presents a variety of limitations that are difficult for the homeless individual to navigate. Homeless shelters are resource-strained and not legally obligated to provide services. They also may be located at substantially greater distances from the person in need, or that person may have a history with local agencies that impedes their access to available services.

There are enormous costs to hospitals and taxpayers associated with use of EDs for homeless services. Data from 1992 suggests that, even adjusted for substance use, homeless individuals stayed in the hospital 36% longer per admission than other patients (Salit et al. 1998). "The costs of the additional days per discharge averaged $4,094 for psychiatric patients, $3,370 for patients with AIDS, and $2414 for all types of patients" (Salit et al. 1998:1734). Data from 2006 suggests that each ED visit costs $688, while the cost of overnight admittance is $3320 (meps.ahrq.gov). One might easily argue that hospitals are the most cost *ineffective* place to deliver homeless services.

While homeless individuals certainly face more health risks than the general population, there is clear overutilization of EDs for basic services like food and shelter. The overall structure of homeless services in urban areas partly drives this problem. For one, while the gentrification of urban centers exacerbates homelessness itself, homeless services agencies also tend to experience pressures to relocate further away from gentrifying areas. This often leaves homeless individuals living in certain areas of the city with limited access to existing services. Additionally, rules governing various service agencies, such as limitations on the number of stays per month, mean that on any given night, even "available" services might not be accessible to a particular individual. Lottery systems for shelter entry also mean that one could possibly trek across the city

only to be turned away. In contrast, EDs are always open and mandated by law to admit patients under certain conditions.

There have been a number of attempts at cost control for the disproportionate utilization of EDs by homeless individuals. Housing first proposals are often leveraged on community-wide cost savings, but there are reported savings for hospitals as well. Insofar as housing first plans result in fewer homeless individuals on the streets, health risks are mitigated. Less exposure to the elements and violent crime results in better health, but also eliminate the need to seek basic shelter from the hospital. Stable housing also provides a more consistent locus for the delivery of others services, which mitigates the need to seek other essentials such as food and clothing by going to the ED. As a result, estimates for cost savings on yearly medical expenditures resulting from Housing First programs, "range from $12,000 to $16,000 per year" (Kertesz and Weiner 2009:1823; see also Sadowski et al. 2009).

Despite cost savings associated with Housing First models, individual hospitals are not positioned to provide stable housing to the homeless and many local service agency networks have been slow to adopt the idea. The result is that EDs continue to serve a role in providing homeless services.

The often-fractured network of homeless services and the various ways in which access to them is limited contribute to the utilization of EDs for homeless services. Solutions, however, require engagement with a multilayered problem. The most immediate issue concerns improved transportation, which bolsters access to services for homeless individuals or those at risk for becoming homeless. However this does little to correct the limited range of services available or promote a deeper, more personal engagement with each homeless client (see Wasserman and Clair 2010, 2011b). That is, heavily bureaucratized services often tend to look for clients who fit their program, rather than fitting their services to clients (Rowe 1999). The resulting alienation of many homeless individuals from the existing service structure cannot be rectified with a focus on transportation only. While transportation and physical barriers to accessing services is important, equally important is the creation of new forms of engagement for those who are homeless, i.e. new protocols for social work delivery, that correct the rigidity of modern institutionalized models (Wasserman and Clair 2010, 2013).

More individualized case management indeed shows promise not only for engaging those who are homeless, but specifically for correcting the latent effect of service alienation that manifests in EDs. In particular, a pilot study offering more intensive case management of homeless patients pre- and post-discharge showed a $16,383 yearly drop in Medicaid reimbursement for a group of 19 males in New York City (Raven et al. 2011). While this group was relatively small, alleviating the logistic demands that partly drive the development of bureaucratic models, the potential efficacy of more dynamic and intensive collaborative engagement with homeless "clients" deserves further exploration. AHH represents one organization in which this exploration can occur.

In previous work Wasserman and Clair made calls for more collaborative, de-institutionalized models of engagement with the homeless, citing the specific example of

Food not Bombs. What remained largely theoretical in that work, however, was a clear vision of exactly how those types of organizations and interactional engagements could be developed. Upon learning about AHH, the authors of this report felt that it could represent a model for how, in a practical sense, a collaborative, dynamic engagement with the homeless could be structured without being bureaucratized. We therefore conducted an ethnographic program evaluation in an attempt to understand the logics on which AHH was founded and operated, and the ways in which they appeared to stand apart from more typical models of homeless service.

METHODS

Data were collected primarily by the principal investigator and two additional researchers. The researchers' field notes and interview transcripts formed the main body of narrative data used in the analysis, but monthly and yearly reports generated by AHH for granting agencies and other supporters were used in a supplementary fashion.

Preparatory meetings and training on ethnographic data collection method preceded entry into the field. Two meetings with the director of AHH were held to discuss the plans, access and consent protocols, and the like. The director agreed to give us carte blanche access to his organization and staff, as well as referring us to local agencies with whom he works. From there, we organized the data collection process into two phases.

The first was a participatory observation phase that included riding along with AHH as they conducted their business and carried out their services. This allowed us to observe not only their main functions of transportation and case management, but also to meet with other homeless service providers, local agencies, etc. Additionally, we spent time at the AHH building, where between 6 and 12 young adults are housed. In order to make sure that we observed the functioning of the organization at all time intervals during which they operate, we created a grid and logged our field hours not only by total, but also by the day of the week and the time of day. This allowed us to see if there were significant time frames that we had not observed. This system was critical to avoiding gaps in our observation period, where, for example, an important function may have been carried out at a particular time, that we would have missed. In total, we logged approximately 150 field hours with only a few, negligible gaps. Observational data was recorded in field notes written immediately after leaving the field (or sometimes the following day if the researcher was in the field later into the evening). Researchers were trained to write comprehensive factual accounts, but also to pay close attention to content that often is excluded from narrative data, including things such as body language, emotions, sensed tension. Researcher interpretations of observations were encouraged, though specified as such to maintain partitions to whatever extent possible between factual and interpretive accounts in the analytic process.

After the initial field work was complete, we began a second phase of data collection by interviewing individuals who were variously associated with AHH or, in general, with homelessness in Kansas City. The logic of the data collection protocol was simply to allow us to form our own impressions first, and then to collect the impression of other key informants who were differently positioned around the agency. Twelve interviews lasting approximately between 30 minutes and an hour were conducted with other service providers, the local homeless services coalition director, social workers from agencies and hospitals, an urban redevelopment security firm director, AHH's accountant, one former client, and two current clients of AHH. Additionally, we spoke with and observed many others in the field, but those did not constitute formal, transcribed interviews. Interview transcripts and field notes combined totaled 182 single-spaced pages of coded narrative data.

Analysis

In keeping with the basic techniques of grounded theory, we coded the data described above and grouped like codes into conceptual categories (Charmaz 2006; Glaser and Strauss 1967). The linkages between these conceptual categories formed the themes that are the theoretical insights of the project. We eschewed, to whatever degree possible, any additional engagement of the literature or application of theories, until after themes had emerged from our own analysis. This is important because it is generally held that, unlike hypothesis testing, the data-driven process of grounded theory ought not be constrained by a priori theoretical suppositions, at least to what- ever extent it is possible to avoid them. Of course, this entire project emerged from Wasserman's previous experience and research with the street homeless and homeless service agencies. However, specific literatures on ED usage, other diversion and cost reduction programs such as those described above, and the like, were examined only after the analysis was complete.

Throughout the process, the three researchers kept in contact about their observations in various ways. Data were entered and coded by each researcher on a site to which they all had access. Each researcher was instructed to review the others' field notes and codes, adding codes if appropriate. A memo document was kept in the same fashion, with all researchers having editorial access to it. Finally, we had several meetings to discuss emerging themes. At these meetings, the memos were reviewed and discussed. Each emerging issue was presented by a researcher with supporting observational evidence. Other researchers were then asked, in turn, for their impressions and for complementary or contradicting evidence. Emerging themes developed in this fashion, where the impressions of each researcher were synthesized with the others.

RESULTS

Description of Organization

AHH emerged as a service organization in quite an unusual way. Its founder and director owned a business on the edge of a park in a retail district in Kansas City. The park and surrounding areas tend to have high concentrations of homeless people and Woo, as everyone calls him, got to know many of them. Store-owners and homeless individuals typically have adversarial relationships ranging from annoyance and disregard to outright conflict (Wasserman and Clair 2010, 2011a). In many cases business owners have been a driving force behind the reemergence of vagrancy legislation in many urban centers. So for a business owner to not only develop friendships with the areas homeless, but to counsel them, provide them food, and the like, is atypical to say the least. One hospital executive who helped get AHH started recounted that Woo used to hold money in safekeeping for some of the homeless people in the area. This clearly exemplifies the level of rapport and trust he was able to establish, even when not in the primary role of a homeless service provider. More importantly, stories such as this illuminate the ethos around which AHH, as an official homeless service organization, would later be built.

AHH was a collaborative endeavor between St. Luke's hospital situated in the same area as Woo's store. A large number of homeless individuals frequented the hospital's ED, often without genuine medical need. The executive in charge of the charity fund heard that Woo had begun to feed the homeless people in the adjacent park on Sundays and went to meet him. Subsequent discussions and planning sessions with other local homeless service agencies led to the identification of transportation as a key need in Kansas City. Indeed, the nearest homeless shelter to St. Luke's was approximately three miles away. In partnership with Woo, St. Luke's applied for and received a grant to purchase vehicles and begin the operation. The initial vision centered on hospital diversion, where Woo would respond to calls at area hospitals connecting individuals with appropriate services and programs in the city. AHH would thereby reduce both immediate costs of hospital visits, but more importantly, high levels of recidivism. However, the parameters of AHH soon expanded in a number of ways. They now receive calls from businesses, homeless service agencies, the police and courts, and from the homeless themselves. In addition to hospital diversion, they provide jail diversion, intensive case management to roughly 90 clients at any given time, service coordination between area agencies, and provide comprehensive services including shelter for roughly 10 young adults at any give time. AHH's expansion has followed in the footsteps of its beginnings. That is, Woo has opened up new areas of service through an organic process of identifying needs and trying to respond to them. Investment in services for young adults through their "Aged-out Youth Program" is illustrative of this dynamic way of operating. Woo and his small fulltime staff noticed that there was a stable group of homeless people ages 18-24 that were difficult to connect to services because they had aged-out of youth shelters, but who did not fit the programmatic models and methods of adult shelters.

The practical successes of AHH are well documented, including through their own reports that are disseminated to stakeholders. Out of 9,271 in 2011 total trips the nature of the rides included 66% follow-up, 15% meetings, 16% standard rides, and 1% either no-show or cancelation. Compared to 2010, there was a 98% increase in client follow up meetings, a 114.6% increase in brokerage nights of shelter, and a 140% increase in direct nights of shelter. Out of 7,33 total rides the top destinations were for an overnight shelter (1800), a direct shelter (1195) and for medical purposes. Other destinations included purchasing food and groceries, treatment or detox, and a camp or friend's house.

The top referral sites for rides included Synergy (2132 rides) with peak months in November and March, Homeless Services Hotline (1384 rides) with peak months in August and September, and Saint Luke's (752 rides) that remained steady throughout the year. Interestingly, both Homeless Services Hotline and Saint Luke's had the highest number of individuals referred to AHH, but when compared to Synergy they had a lower number of rides resulting from the referral. Other referral sites including Hope House, Truman, Homeless Outreach, North Kansas City ranged between 629 rides and 449 rides. These organizations as well had higher numbers of individuals referred to AHH when compared to Synergy.

Riders were mostly white (745), followed by African American (453), and Hispanic (62). The educational attainment showed that 384 riders had less than a high school diploma, with 568 receiving either a high school diploma or a GED equivalent. Out of the total number of riders, only 8% were veterans, but 15% of riders that were referred from a hospital were veterans.

For the year 2011 AHH saved the community almost 2 million dollars through its interventions that keep riders out of the hospital entirely, with an additional $245,700 savings by shortening hospital stays and $158,200 savings by providing services that would have otherwise required an ambulance.

While the outcome data are impressive, AHH is not simply a story of a transportation and case management program with successful outcomes. Rather, the thematic analysis of our qualitative evaluation below demonstrates the salience of AHH for thinking about the fundamental modular design of homeless services and case management processes. Indeed it embodies answers raised about the institutionalization of homelessness in the United States and how services can be built on different epistemic foundations. More specifically, it answers questions raised in previous work about how homeless services can avoid the systematic gaps created by the utilization of market and industrial ways of thinking by drawing on inspired or artistic logics (Wasserman and Clair 2013). Emergent themes from our data give a cogent account of a homeless service organization that is organized fundamentally around those different, non-institutional ways of thinking. But these findings also lay bare the challenges for organizations seeking to avoid those problematic institutional strictures, challenges that manifest both in engaging the homeless and fitting into a service network and local political-economy that is reliant on modernist logics of the market and industry.

Emergent Themes

The six emergent themes presented here generally speak to AHH's structure and function. The former concerns the logics on which it is grounded and operates. The latter concerns its impact and relationships both with "clients" and with other institutions, namely hospitals and other homeless service agencies. Each theme emerged from the grounded coding process described above, and is presented with representative data excerpts. The first three themes center on the successes of AHH, while the final three tend to focus on the challenges it faces navigating the environment of homelessness, hospitals, and homeless service provision.

Theme 1: AHH operates from an artistic sensibility that avoids the systematic alienation of certain groups of homeless people.

For anyone familiar with more institutionalized models of homeless service provision, conversations with the director of AHH immediately illuminate differences. Even the name, "Artists Helping the Homeless," suggests differences between how the organization is structured and operates relative to more traditional agencies. The first image one gets from the name is of a program that exposes the homeless to the arts, perhaps utilizing arts-based therapeutic approach. But while art works are used to raise funds and awareness, along with being stationed around the AHH building, such a perception would miss the deeper implications of the connection between the arts and the organization's services. Rather, the name centrally implies that it is an organization founded by people who are artists. As such, it is grounded on an artistic way of thinking and engaging subject matter. The consciousness about this difference for the director and others varies, and the implications of utilizing artistic logics for structuring a service organization are not always explicit in their own language. Nonetheless, use of ways of thinking that diverge from the market and industrial logics central to many other service institutions (Boltanski and Thevenot 2006; Wasserman and Clair 2013) clearly emerged from our data.

Focus on *quid pro quo* arrangements between clients and providers (market logic) and on efficiency and measurable outcomes (industrial logic) create systematic gaps in the scope of services (Wasserman and Clair 2013). In contrast, artistic logics utilize intuitive forms of thinking that engage empirical phenomenon in a creative process—whether those are a thought or feeling one wishes to convey on canvas or a plan one wishes to cultivate in collaboration with a homeless client. The strictures of many homeless institutions produce systematic exclusion of various groups. The *modus operandi* of AHH avoids this by beginning with the individual and working creatively toward a solution, without prefabricated goals, strategies, endpoints, or measurements of success for any specific person. Rather, those are determined in collaboration with the individual client and little, if anything, is "off the table."

The application of an artistic sensibility to nonprofit management can be seen when the director talked about his art itself:

> [Woo said], "Because I am Asian, my art is very rigid, yet free flowing." (It is, he works mainly in metal (rigid) but fabricates it into smooth, flowing lines). "Think about calligraphy, for example. It is very disciplined, and yet very free flowing." I noted that that description really helped clarify

> for me the connection between his art and his social service work and non-profit management. That is, he is clearly very disciplined and keeps an incredible schedule, but at the same time, his agency is very free flowing in that they will help anyone do just about anything. He basically works his non-profit just as he does his art. He is very rigid and disciplined with himself, but he works organically in a free flowing way to fill whatever needs he sees. (Excerpt from field notes)

A certain intuition about the relationship between structure and design permeates the relationship between AHH and other agencies. The staff works both with and against the shelter and homeless service system, cultivating relationships with them, but avoiding the programmatic strictures in their own service model, even where they are criticized for lacking structure.

The director of AHH's previous art endeavors reflected similar tensions between art and business, and appear to have cultivated a unique skill set for navigating dynamic, person-centered services and the demands of evaluation and programmatic structure in the context of AHH. For example:

> I asked [Woo] about his process for creating art and he said that he spends a lot of time on the concept. He noted that he only does commissioned art because prospective stuff was so risky financially. However he also said that he tries to retain some of his own creative ideas and concepts in commissioned pieces. This is the first thing that I think connects his non-profit to his artistic endeavors, in that he was essentially commissioned to do this by the hospitals, but he clearly retains a creative ownership in the process. (Excerpt from field notes)

The tension between economic concerns and the satisfaction of a consumer's interest on one hand, and the creative, organic investment in a work of art, on the other, parallel demands and challenges of the way AHH provides homeless services. To provide dynamic and organic services with few prefabricated goals or processes, while at the same time satisfying the standards of institutionalized models of service—including particular ideologies of dominant theories of substance abuse and mental health treatment—not to mention the financial concerns of underwriting agencies. This requires a sense of how to build dynamic services, but articulate them in ways that satisfy those who require discrete and measurable outcomes (a tension further discussed below).

While the measurable outcomes described above are used to demonstrate efficacy of services, particularly in contexts where these kinds of outcomes are salient, our qualitative inquiry showed other kinds of impacts that are likely more directly connected to the artistic logic underpinning the delivery of services. For one, many of the people we spoke with, both clients of AHH and other service agency workers, noted that the relationship that AHH has with those they serve is exceptionally good. Some individuals who felt alienated from every other service in the city nonetheless reached out to AHH:

> After we left the restaurant we went to pick up some food and deliver it to a client of Kar's that had just gotten out of jail the day before. Kar said that he's difficult to work with and very angry, but that he trusts Kar. Driving past a shallow pond near this apartment building on Swope Pkwy, Kar pointed out that the day he first met this [the man], he pulled him out of that pond. "For some reason he trusted me." I never saw [the man]. We bought him some water and fried chicken from a gas station and [AHH staff] walked it across the street to him. (Excerpt from field notes)

Often, individuals from marginalized groups and especially those on the street maintain high levels of distrust of agents from any number of institutions, even those whose primary focus is helping the homeless (see Wasserman and Clair 2010).

It was common to hear from AHH clients that, "The difference between what [Woo] does and the others is that he's out here with us. He's not sitting in some office somewhere." This was also reiterated by a social worker from an area hospital:

> I was excited to have someone who would be able to do more within the community and be a case management, just specifically. I mean we…have a case management program, homeless program, but they got to go to them, they're not out in the community.

Trust and rapport appear to be genuinely built through AHH's process of working with clients. This process begins by responding to virtually any call from any person or entity, assessing both the objective problems the person has, but also their subjective needs and goals, and then formulating a plan to help accomplish those. Throughout the evaluation process clients are repeatedly asked to confirm that the impressions of AHH are true to their own perspective. The outcome of services can range from help getting into detox and treatment, including longitudinal contact and transportation access, or job placement help, help getting basic necessities, reconnecting with family, etc. While many service agencies do some of these things, the centrality of treatment for substance abuse creates a hierarchical set of efforts that preclude those who do not need or want treatment from accessing a number of other services. By meeting clients where they are, both figuratively and literally, AHH is able to develop significant credibility among a generally distrustful population.

The connection between the structure and function of AHH and an artistic logic does not only underlie its pedagogical approach to working with clients. A more literal connection can be seen in at the AHH building itself, which houses a number of young adults. The artworks, many with inspirational meanings, are stationed around the building and living areas. One young man noted:

> I like the fact that there is artwork in places. There isn't just open walls. It kind of reminds me that hey I am not in some lock up facility and I am around and in a nice place. Because the artwork is here is shows it's more than just a lockup place but a home. I try not to call it home but it makes it more like home.

While this may seem superficial, AHH intentionally tries to maintain a warm, compassionate, and engaging environment. This is not only manifest in the décor of the building, but where they also tend to forgive rule violations and behavioral problems that would find most agencies ejecting their clients. While they maintain limits and impose consequences, problems are handed less with operational mechanisms and non-negotiable, algorithmic outcomes, but through narrative discourse, where rule violations and behavioral problems are treated as opportunities for discussion and guidance. As noted below, this represents a challenge and sometimes a problem for AHH. With respect to this theme, it also reflects the artistic logics of AHH, where there are not necessarily set programmatic rules and immutable procedures, but rather where relationships are navigated organically. This is a key departure from other institutional

process of service delivery and the group of young adults that AHH houses usually represent those who have been unsuccessful in the more typical models.

> [He tries] to get them help with various substance abuse and legal problems, and then matriculate them into work and housing, but he doesn't seem to have a set schedule for this. He is very delicate when approaching them. [One client] for example has been with him for 2 months, but Kar is only now beginning to start insinuating that he should think about how to get back into working. (Excerpt from field notes)

> Kar feels like the kids that live at AHH are basically rejected by the other shelters. This makes his work with them more difficult. He was of the opinion that the other shelters select the easiest clients to work with leaving those with more difficult situations or personalities out. He ends up with many that would not be accepted by the others. (Excerpt from field notes)

Central to the artistic process is an intuitive way of approaching the world. Throughout our research, we constantly pressed for an explanation as to what motivated Woo to give up a successful career and to take on AHH, and along with it a stupefying workload (see Theme 4 below). However, he consistently replied with some variant of, "I don't know. *That's the beauty of it* I just do not know. I have never really truly thought about that." It is critical to note that not only did Woo have difficulty articulating his inspiration in concrete terms, but he seemed really to have little interest in rationalizing his own artistic inspiration.

Theme 2: AHH can organically fill gaps left by other agencies utilizing a social program model.

Another manifestation of the interface between an artistic way of thinking and the structure and function of AHH's program has to do with the fluidity with which they deliver services. While Theme 2 deals fundamentally with how AHH is able to fill gaps in the service network left by other agencies, the ability of the AHH director to reinvent himself both across his own life, and then for AHH to reinvent itself, suggests it retains a very organic sense of its own identity and structure. As AHH's accountant noted:

> Woo has always been able to adapt what he is doing. When he was in the store… he reinvented it several times. It's very casual, but he kept up with the various changes that were taking place in the market…He has always been sensitive to what's happening. And so, Artists Helping the Homeless is that way… I like to say that Woo never lets reality interfere with his dreams…As he's found needs, he has filled them. It's real important for him not to duplicate what other people are doing, but to fill the gaps and connect. And so…it started out as a meal program and then it sort of evolved and pretty soon he had homeless drop-in center, right next to things that had commas in their price tag [at his store].

AHH first provided transportation and hospital diversion, but as they witnessed first hand a variety of needs among the homeless in the city, they have been able to expand their scope of service. Their ability to do this is significantly bolstered by the fact that there are few constraints on what sorts of services they can deliver. While they receive funding from several organizations, including hospitals, AHH has been given an unusual amount of "artistic license."

> … he's truly meeting the needs of individuals that really need it in that moment, if someone else is not able to respond. That's definitely a pro in my eyes. The pro is that…he doesn't always have to play by the same rules as everyone else does either…He's not necessarily bound by some of the other licensing and regulatory entities that exist for instance for our shelter and maybe our street outreach program, that's attached to federal funds through the state and local level. (Social worker from program that works with AHH)

This freedom may have emerged from a particularly unique source of appreciation in the hospital mentioned earlier that first helped to underwrite AHH. As the hospital executive that works closely with AHH noted, when asked how she justified giving money to AHH without imposing a lot of strings, she replied:

> …you've seen his reports, they're so detailed, that from the beginning of his program he reported so well and we saw such huge reduction in our emergency room that we knew this was a success. And so you don't want to ever… control, you just want to oversee…And if its going well, why try and control it? If he's doing a great job, there's no need other than he made us shine and he reduced our charity care, which is my responsibility in the system to control. And so I do what I can to help him. Now it's kind of turned around I try and help support him for what he's doing rather than him trying to prove to me of his success... we know his success, its proven, now its just trying to move it forward.

This quote also shows the uncomfortable, and perhaps delicate, balance that AHH is able to strike between working in an intuitive and artistic way and the logics of contemporary institutions that validate efforts on more standard outcome metrics. That is, AHH clearly must meet certain measurable standards to achieve the criteria of success, but at the same time there seems internally to be a clear sense that the value of the program lies in the various ways in which it fundamentally differs from bureaucratic, institutionalized forms of service. At the same time, if AHH's truly client-centered approach continues to demonstrate effectiveness, the fact that it diverges from traditional models of service delivery will be inconsequential to those with a focus on the bottom line. The AHH accountant notes:

> … taking a client up approach, it makes sense. It makes the system work more efficiently, by filling the gaps, by catching people and helping to make those bridges. It avoids the readmission. its just common sense. I think a lot of what they are doing makes good sense and it's going to be important [for] funding, state funding and hospital funding.

Theme 3: There is a large cost savings for area hospitals.

As noted, there is tremendous cost savings for area hospitals that utilize AHH to divert clients solely in need of basic homeless services. While the quantitative data is presented above, this savings was a consistent theme articulated by a range of participants in our study. Additionally, quantitative outcomes such as dollars saved form a double-edged sword in terms of validating AHH as an organization. It currently appears primarily to be a latent outcome of an artistic process of collaborating with clients. However, if the dynamic, client-centered processes that are central to AHH were to fail to also produce measurable impact, in terms of dollars saved, rides given, etc., they may not be evaluated so favorably. This creates something of an interesting paradox, where AHH's funding sources and the positive evaluations of its partners are centered on areas that are tangential to its own ethos and concerns. At the same time, this is highly

instructive for other agencies caught in crosshairs of similarly disparate logics, where their values and goals for engagement with the issue of homelessness may not be aligned, though are not necessarily opposed in their effects, to those of other social institutions, perhaps even the ones who fund their efforts.

The costliness of utilizing ED's for homeless services is well known, both in the research literature above and by those on the front lines of emergency medicine and hospital social work. One social worker described her impressions:

> I could probably give you numbers, but everyday there's at least a minimum of five patients that I've seen at least every day for the last several months, years…With me working in the community for as long as I have, I know many of them from other programs, and so…they come here just to see me because they're familiar with me…I would say some people come in every day, two or three times a day, I've got one guy that off the top of my head, we've probably spent a couple million dollars of being here everyday.

Impact on institutions can be measured most clearly in dollars. The estimated hospital total cost savings for 2011 directly resulting from AHH services was nearly 2.5 million dollars. This figure does not factor in long-term cost savings over the years for those who successfully matriculate off the streets as a result of the intensive case management provided by AHH. More practically, the way in which AHH works with clients fills gaps left in other organizations that produce inefficiency in the system as a whole. As the hospital executive explained:

> A patient will go into any emergency room and they are... you can just see that they need behavioral health... you know that they need immediate mental health needs, they need to be put somewhere. And you call over to the place and they go, "Oh we don't have a bed until day after tomorrow." So we back to that patient, this is in the past, give them a little sheet of paper and, "Okay now, day after tomorrow, such and such says that they can get you in. You have to make sure you get there. Do you need a bus token?" Well, they're going to walk out and go get their alcohol and their not going to go. When they walk in and you know they need to be put somewhere immediately, Kar Woo comes, picks them up and if truly he can't get them in until a day after tomorrow, he puts them in a hotel and he has one of his staff sit with them. If you don't, you're going to lose them.

The disconnection between services is ironic since they rely on each other programmatically. For example, in the still dominant continuum of care model individuals are ideally routed from emergency shelter, to detox, to in-patient rehabilitation, and then to transitional housing. But these various services are often run in relative isolation, or at least poorly coordinated. This produces gaps in the continuum that individuals often fall through. AHH acts as a liaison through the entire process, sealing the gaps. As one of the research team members observed, "He's like the hemoglobin in the blood, making sure oxygen gets where it needs to go. Without it, the whole (organ) system would just die."

Clearly cost savings also extend beyond the charity budgets of area hospitals. After all those costs are eventually shifted somewhere else, be it charges for other services or tax dollars. While the general public often is fixated on the direct costs of supporting social services, rarely are the financial impacts of those services so discrete that the favorable cost-benefit ratio is easy to see. In this case, the cost savings associated with AHH make it clearer:

> If we don't help them and assist them, not necessarily do it for them, but work with them to help build some skills, that they will become, they already are, but they will continue to become our neighborhood, our community issue for some time. And I know Kar helped frame for people [information] about the what the costs are for individuals that are homeless or in the ER room, you know the cost savings, people raise eyebrows a little bit more when people find out what it would potentially cost them or their company or their community. Versus just saying we've handed out another set of referrals to homeless individual. People don't really get that. (hospital social worker)

Also, noteworthy here is the tacit suggestion that when the onus of responsibility for connecting various service programs together in a continuum is placed on the homeless individual themselves (which is the implication of "handing out referrals"), the system becomes more costly and inefficient.

Beyond the cost savings for area service agencies and hospitals there is a cost to an inefficient system that is experienced by the homeless individuals seeking services. In particular, when a service continuum contains significant gaps in either scope or process, individuals fall in and out of services. The intensive collaboration afforded to individuals seeking services by AHH appears to improve their likelihood of success. While this is difficult to portray given a lack of hard data and target values for comparison, the success stories articulated by partnering organizations and former clients are noteworthy. One former client, for example, who now does the intake for a sober living facility, noted:

> I'd say social workers is probably about like 75 to 80 percent no shows. And Kar Woo's would be pretty much the complete opposite. And then usually if they're not a show, he usually calls and says, "Oh I got them into this place."

In fact, the hospital who originally helped underwrite AHH approached Woo initially, not only because he had developed relationships with homeless individuals in the area, but also from a sense that the traditional models of social work and homeless service provision had resulted in programs and services being carried out in silos. This impacts efficiency because continuum models, in light of the specialization that each individual agency undertakes, mandate coordination between services. But clients become lost in the gaps between services, which are not well coordinated, and, in turn, much of service effort invested in that person becomes lost as well. Thus, while the dynamic and longitudinal structure of AHH's approach are clearly labor intensive, more of its energies are likely to stay in the system because there are fewer gaps through which clients can fall through.

Theme 4: Individually navigating rules and expectations for people can be exhausting (both in terms of personal and material resources).

While the AHH model certainly closes many of the gaps that contribute to failure of a continuum of care model, there is no question that dynamic, longitudinal case management requires an intensive amount of effort. This is not to say that many of the strains experienced by AHH are not caused by resource shortages that place excessive demands on the director and staff, but the *modus operandi* of the organization itself arguably requires more energy than other models, even if one held resource challenges constant. In particular, while creating and providing longitudinal assistance for the goals and plans of individual clients may avoid the objectification of other programmatic

models and systemic gaps of the overall continuum, the effort required to work in this way can be exhausting, both to personal and material resources.

Personal resources include both physical and emotional stamina. Both of these can be drained by the unpredictable nature of the work done by AHH. While Woo is sensitive to the needs of his staff to have personal time, he does not often afford himself the same concern. This was evident early in our research:

> Kar works nearly every waking moment of the day. He logs his hours and activities and told me that in the last 2 years, he's averaged 95 hours per week and that he has not taken a single day off since he started…He has a small staff that helps him… but the workload I observed even on this relatively slow Saturday was incredible. I am still trying to get my head around how he manages all the information and tasks… As we talked to the four clients at the detox facility, for example, each one required multiple tasks on Kar's part. He had to make multiple phone calls to courts, rehab facilities, other shelters and programs, etc. for each of them. He keeps notes on an iPad and told me that he spends time every morning just going back through the previous day's notes and making phone calls (sometimes up to four hours-worth a day).

While Woo clearly finds the work meaningful, this is a double-edged sword, making it at the same time satisfying and relentlessly demanding. That is, while the work of AHH clearly has personal and social significance, this also makes it harder to say no to demands. Moreover, managing approximately 80 to 90 clients at a time, along with a dozen or so fulltime young adult residents, particularly where care plans are highly individualized requires a much greater investment of energy. Nearly every request requires some degree of active problem solving, and there are few standardized protocols to which AHH staff can fall back on unreflexively.

Various other people worried about the effect of the intensive amount and nature of the work and the toll it might take on Woo. One of his clients who had become a part-time driver put it simply, "Woo's the man. He works too hard. He doesn't get enough sleep." The hospital executive elaborated:

> No, I truly don't think [the way in which and amount he works is] sustainable. No one should have to work 60 to 80 hours a week for nothing. That's why we've got to get some support for him so he can get a little bit more staff to help relieve him of his responsibilities to get him a little time off. I would like to see in 3 to 5 years enough funding to where he would oversee the organization, he would be able to be the man behind it all, that's making sure its being run smoothly, he could be... which he is now, the executive director of this homeless program but to actually be it. That would be my dream.

All of these stressors clearly take their toll. The effects of stress on health are well documented in the literature. Manifestations of these effects are visible in micro-behaviors:

> On the way back to the building around 2:30, Kar talked about AHH. He noted how some nursing students had done a class project on studying AHH and him and noted that he was going to suffer from extreme stress and fatigue and probably depression. He pointed out that he already has to use a mouth guard at night because he grinds his teeth from the stress. I noted that he needs to take care of himself, and he clearly subverts his own health and well being to this job. (Excerpt from field notes)

Moreover, the demands of the work result in problematic health lifestyles, particularly in terms of diet and sleeping patterns:

> I noticed that Kar chews on his fingers (or possibly just his fingernails) quite a bit. I believe it has to do with anxiety possibly from dealing with a high stress environment. He also informed me a while back that he forgets to eat much of the time. He and Nate (AHH staff) told me that he mostly subsists on coffee, which is definitely not healthy. (Excerpt from field notes)

The solution to this problem requires negotiating a difficult balance. Indeed more resources and staff would alleviate some of the workload that directly burdens the AHH staff. At the same time, growth often correlates with a kind of systematization that stands in contrast with the ethos of AHH. Perhaps dedication to the artistic pedagogy partly holds Woo captive. That is, because it requires intimate attention and engagement across a long time period, it is difficult to outsource. The standard protocols inherent to a bureaucracy enable individual workers to be substituted for one another. Artistic work—both art proper and other forms of work carried out with artistic methodology—is more difficult to give over to another, because it is intimately connected not only externally to the client, but also to one's self:

> Emergency situations present themselves quite often, but he does what he can to accommodate anyone. Dave didn't qualify for detox, because he wasn't under the influence, but Kar couldn't get him into a transitional living place yet, so he was trying to figure out what to do with him. As he was trying to accommodate Dave, he discussed with me privately that he didn't know him and that he was skeptical of letting him stay at his establishment with his kids. He said that because he is so self-governed, he has to read people and follow his intuition. He is a trusting individual, and he is willing to overextend himself and his resources in order to help someone, but he realizes he has to draw the line somewhere. (Excerpt from field notes)

Thus, a future challenge for AHH will be how to organize a larger staff around its pedagogical process. This will be no small task, as examples of large artistic organizations that do not yield to probelematic forms of bureaucratization are limited. Additionally, the portability of this model to other areas of service or other service institutions may be weakened to the extent that the pedagogical approach is not articulated or made ostensible. However, the type of formalization that normally attends those sorts of codifications risks rigidity. This is a delicate balance that will have to be negotiated by AHH.

The fluid nature of the work can also place a burden on the material resources of AHH. The Aged-out Youth Program is perhaps the best example of this. While it was initiated organically, in response to a need that was not being filled, it also consumes a disproportionate amount of AHH resources. On the one hand this is the natural result of the fact that it operates as a full-time service facility, rather than just providing case management for clients primarily utilizing other facilities. However, there is an additional cost burden that emerges from the nature of the AHH model when 1) there is no capitation of expenditures for a given client because there is no systematic protocol that would enable such, and 2) the welcoming environment stands in sharp contrast to the streets and other facilities possibly promoting a degree of complacency. The latter can be combated with various bottom-lines, but working individually with clients, particularly those who are young adults, can make determining where to place those boundaries a difficult task.

Theme 5: The AHH model risks being taken advantage of by clients.

Most homeless service agencies struggle with the boundary between providing for clients and enabling them. However, most service agencies create the boundaries that they see appropriate primarily through institutional policy. While there are always individual decisions to make, more bureaucratized service agencies make decisions about what kinds of services are appropriate and which are not for the entirety of their clients. In contrast, AHH has few sweeping policies. The individualized plans created for clients emerge in a very open-ended manner. As a result, the line between helping and enabling an AHH client is also fluid and may differ from client to client. Situations like the one describe below were common:

> Kar asked Micah (pseudonym) if he had started the summer employment program Kar had set up for him and Micah replied that no one woke him up and that he got up at 8:30, but Nate (AHH Staff) had come by at 7:30 to pick the boys up. Frustrated, Kar answered that he doesn't provide "room service" and that Micah needs to quit "sidestepping" his responsibilities as an adult. Micah was also frustrated, but said he wasn't sidestepping and that he knows what he needs to do to get out of his situation. Motivation can be lacking in Kar's "kids," especially after they become quite comfortable at AHH. Kar struggles between being positive and reinforcing, which may enable such behavior, and being more authoritative and strict, which may compel the kids to act out through destructive behaviors. (Excerpt from field notes)

The constant negotiation that accompanies these organic plans of action also place AHH in the position of being taken advantage of more frequently than other shelters. One case worker from an established shelter noted:

> [Lack of structure] would be my concern. Without that background, going in blind, and without talking to people dong similar things and picking their brains. there is always a way to take someone's best practices and combine them. You know, this works for these people and this works for these people. But without doing that it's kind of, not to be judgmental, but kind of naive. It's not as easy as it sounds and it will be a challenge. You have to be prepared that part of the survival strategies for these people is manipulation.

Of note is that integral to the notion of best practices in the above quote is a type of programming around kinds of clients, not individual clients. This demonstrates a potential disconnect between AHH, which develops individualized service plans, and the structure and function of most service institutions. However, Woo also was aware of the difficulty inherent in working individually with each client. As the social worker from a partnering organization described:

> I think Kar has shared some of his frustration from time to time with us about that... you know I can remember some conversations about some particular individuals that we also worked with that we kind of had to draw the line and Kar was there to support them. Which, on the one hand, they wouldn't have had anyone else to turn to, they would have been on the street. But at the same time, I think that young people also know who they can continue to go back to and maybe take advantage of... unfortunately, to Kar's... because he doesn't see that. He truly believes in him, that's one of the great things about him. At the same time I think some people have taken advantage of him because of that.

A former AHH client agreed that people sometimes took advantage of AHH, but suggested also that a certain degree of enabling, at least when it came to keeping

individual clients comfortable and connected, may be part of the AHH strategy, along with noting that Woo definitely has a limit to the extent which he will do this:

> I would say [some people] kinda took advantage of it, that oh I'm gonna leave tonight out of detox unless you bring me some Mountain Dew and a carton of cigarettes kinda thing. But, he kinda showed up with no questions… he enables to a degree to keep them where they need to be…and then I've seen him also have to back off and say that, "your extending my resources beyond what I have the capacity to deal with."

Woo also conceives of the extent to which he caters to many of his clients as part of his overall strategy. We recorded in our field notes:

> [We went] to Costco to shop for groceries for the "kids." He also ordered pizza for them. He is so generous that he cannot stay mad at them for long. He said that they know he will crack at some point. (Excerpt from field notes)

While this strategy runs somewhat counter to popular wisdom about "enabling" and invoking stringent "bottom lines" in order to promote behavior modification, it appears to achieve some success that would be unlikely in a more rigid framework. That is, by AHH believes that by demonstrating compassion in combination with using client's mistakes to help them learn and guide their future collaborations with the organization, they are able to help individuals who would be rejected by other systems. The Aged-out Youth program is a good example of this. For one, the youth in this program have typically not been successful in other institutions. But AHH has demonstrated success working with them. At the time of this writing, of eight aged-out youth four have been enrolled in college, one re-entered high school, another is working full-time and another working part-time. Using more rigid approaches did not, and likely would not, produce such results for these clients.

Another AHH client who noted that he had been in a host of different programs in the city, pointed out that with more rules, "People that do not belong here can get kicked out way faster. [Rules would be] a solution. [They would] save time that someone else could be using." But this client made an interesting observation when asked whether AHH gets taken advantage of:

> Sometimes. You know, every program gets taken advantage of sooner or later. That's inevitable. There is not golden way to do something to help everybody. Some people aren't just ready yet. That's why we mature. We were not born mature.

There were varying opinions on how well AHH navigated the fine line between helping and enabling. Those from more bureaucratized organizations seemed to have more negative opinions. Service providers accused Wasserman and Clair (2010) of enabling the homeless participants in their research because they provided them with food, clothes, and toiletries. At the same time, city residents who resented the proximity of shelters to their homes often accused those very same service organizations of enabling the homeless (Wasserman and Clair 2010). This betrays the political tint that attends the enabling critique. That is, it seems less a verifiable criticism of how a particular kind of service negatively impacts the homeless, than a judgment that some services are not appropriate because they are not the same as anothers. Thus, where this criticism was

levied at AHH, it may be a result of its disconnect between the institutional standards of some service providers.

Theme 6: It can be difficult to interface with other institutions when logics are not aligned.

By far the most positive assessments of AHH made by other service providers and institutions, centered on tangible, discrete outcomes. These included primarily the transportation function of AHH and the cost savings to area hospitals. The former, of course, supplements existing services in a way that conforms to the logic of the continuum of care model. The latter represents the *sin qua non* of industrial justifications: measured efficiency. Neither of these evaluations is inherently problematic. At the same time, they represent only two ways to evaluate service provision. These goals for homeless services are, "not inherently problematic, as much as [they] betray how particular conceptions of homelessness itself, or the right model of homeless services, can be institutionalized" (Wasserman and Clair 2013). That is, the value of AHH can certainly be measured by the number of rides provided, clients placed, or dollars saved, but other ways of evaluating its success may be better aligned with its core ideology and mission. As long as it achieves success on the metrics valued by its stakeholders and other agencies, it will be valued. But where those are a latent byproduct of its deeper mission, there is a risk of a future value conflict between the program and its underwriters and supporters.

The industrial logic utilized by other service providers was evident in their evaluations of AHH. One service agency representative noted:

> Their original program…they have a van, beautifully painted that says Artists Helping the Homeless, and they provide transportationm which is incredibly important. That aspect of what they do is great. I wish that they had bought 4 more vans and done it more intensely because we have lousy public transportation in this community.

What may present some concern is that transportation and healthcare savings are not core objectives of AHH, but ancillary products. They are value, to be sure, but they are latent benefits of a core process that does not intentionally aim to produce them. That is, the artistic, organic process of engaging clients does not presuppose the need of transportation (or any other) and the open-ended nature of the each client's plan are not regulated, ideologically, by cost-benefit analysis.

The evaluation of AHH on outcomes that stand at the periphery of its own core logic can make it difficult to interface with other agencies, seek funding, and achieve standing in the network of service providers. Criticisms of AHH centered on areas of the program that were less comprehensible in terms of discrete outcomes. That is, where the benefits of transportation were clear and measurable, they were valued. But where the benefits of a new kind of shelter/service program were ambiguous, diffuse, and not necessarily representative of standard practice, they were seen variously as naïve, foolish, or dangerous. The service provider representative quoted above went on to say:

> I have to tell you that his approach to providing a group home is really dangerous. He has no professional staff... he does not want professional staff. He wants to have a loving environment where anyone can come and stay and he has no background in mental health nor is he interested in

> a background in mental health. He comes from that outside perspective where he thinks that caring about people deeply and just providing a nice place will make them able to take advantage of that nice place and it can't and it won't. And the group home that they are proposing and I don't know how far along they are with it is a really dangerous idea. There's going to be no supervision, no separation, it's volunteers. And it's really terrifying to me…

Not all of the perceptions above, particularly about the AHH plan to expand services, are accurate. In point of fact, AHH works with numerous credentialed professionals and consults with the school of social work at a local university. Moreover, Woo has repeatedly stated a desire to hire professionals, but AHH simply does not have the money. Nonetheless, this quote illustrates a theme we saw repeated in the data, which seems to betray larger issues about professional terrain and the politicization of particular models of service. That is, where some professionals valued their (own) expertise and way of providing services, they conversely were judgmental of the ideas about services from "non-professionals." Of course, across its three years of full operation, not to mention Woo's preceding engagement with the city's homeless, AHH has gained a significant amount of experience in the field. Moreover, many of its operating procedures and protocols were developed in consult with professional social workers. In other words, "professional" seemed to have less to do with credentials and experience and more to do with the extent to which someone agreed with AHH's model.

The community liaison for a downtown economic development corporation, demonstrated a similar tension between positive evaluation of the more clearly defined elements of AHH's operation and the lack of structure (though the latter arguably is critical to the artistic *modus operandi* of the organization). He noted:

> So when officers are called for a certain situation to the emergency rooms, maybe they just needed to go to a certain shelter or something. This is what Woo does right now. We call him and meet up and talk to people to try to get connected with services. I think ultimately with Woo's model, it provides something more substantial that is a buy in for the community because it is more structured etc. Woo's success has been to me in Main Street and Midtown very good. I think his built relationships give him credibility.

The diversion program, particularly where it saves time and money that could be better spent elsewhere—which is the clearest, most discrete, and most measurable outcome is evaluated positively, and it is even judged to be sufficiently structured. But this person went on to say:

> And, I think Woo has great ideas about helping people. I've tried to [steer] more people in his direction as well as work with the grant stuff and things. Because, not having that structure also allows issues to create within his own program that could be detrimental to us. I think that structure and having the do's and don'ts is really what's important for long-term effectiveness. You need guidelines to go by. If there was a way to integrate what Woo does to a more structures environment. I don't know if there would be a more effective program in connecting people to services.

The lack of structure likely refers to the areas of planned programmatic expansion. This could be conceived as an innocuous criticism, since structure is not necessarily a bad thing. However, given that the "lack of structure" (or at least the particular, familiar kinds of structure) is inherent to a service model that is individualized, dynamic, and

organic, this criticism represents a deeper disconnect between institutionalized service programs and AHH. This disconnect could become more problematic.

At the same time, not all of the professional service providers we spoke with shared these negative judgments of AHH. One social worker from another local organization discussed this mismatch of logics in generational terms:

> Well I think that the money that we all want to do this community based service is usually attached some sort of output of some kind…like I was saying the measureables…It really has to be a fundamental mindset shift. And I think it is going to happen. I think that this generation is very thoughtful. The whole evidence based…they are still using grandpa's evidence which is still numbers. I don't think we should measure it that way. I think it is life impact. That is something that you can measure. At least it is very difficult. But I don't know if we have found a way to measure that.

This social worker noted later, "The [social work] talent is going to come here (to AHH or similar organizations)." In the end, there are a lot of ways to theorize about the disconnect between an artistic model like that utilized by AHH and other forms of service provision that are underpinned by outcome justifications that rely on measurable, discrete evidence (e.g. cost savings). Perhaps society generally and the landscape of service provision in particular are in a transformative period where new forms of organization and institutional structure will be carried forward by new stakeholders with different ideas. What seems clear at present is that the divergent ways of thinking about service and evaluating success create a potentially tenuous relationship between new kinds of organizations and old ones, even when the latter operate as stakeholders in the former.

CONCLUSIONS

As this study was partly a program evaluation, it is useful to organize findings above into a SWOT analysis. This provides a targeted assessment for AHH itself, and for other nascent service agencies and providers seeking to avoid some of the trappings of institutionalized models of service delivery.

Strengths

The current strengths of AHH center on its ability to fill gaps in the network of service providers. This is well recognized, particularly where transportation has been a glaring need for some time. But it is important also to recognize that the ability of AHH to fill gaps in the institutionalized system of service provision is a direct product of its fundamentally different way of thinking about its own organization and goals. That is, without an overabundance of preconceived notions about the kinds of service it ought to provide or criteria for clients with whom it will work, AHH is able to remain fluid enough to "seep" into those gaps. Formalizing its practices in the wrong way may impact its ability to be organically responsive in that way.

Additionally, AHH clearly works well with the clients it serves. Not only does it develop a more longitudinal and trust-based relationship with clients, but also this appears to bolster its efficacy and efficiency, where, for example, clients are less likely to fall through gaps in the continuum of care because AHH provides consistency throughout those steps. AHH also provides resources and services to those systematically excluded from other service agencies. This is both because they organically respond to need rather than prefabricating ideas about target populations and because they retain a very positive reputation among the most alienated groups of homeless individuals.

Weaknesses

Among the weaknesses of the AHH program, the small and overworked staff certainly is the most obvious. However, this is not only a product of limited resources. It is additionally exacerbated by the fundamentals of the AHH model itself, which necessitate a greater intensity of effort in the case management process, along with negotiating individual decisions rather than routinely falling back on policy or historical practice. The latter can be especially psychologically exhausting because it requires constant collaboration with clients and other partners, rather than relying on the machinations that ease this burden in more bureaucratic systems.

Related to this are issues of stress and self-care among the AHH staff, and particularly Woo. While the sheer volume of work relative to personnel certainly contribute to this problem, this too may be significantly rooted in the foundations of the AHH itself. That is, to the extent that each client is engaged on individually and little is precluded in terms of the kinds of help AHH is willing to extend, it becomes more difficult for the staff, i.e. the individuals who are the counterparts to the clients, to partition the work from themselves. Put another way, compartmentalizing one's work

and private life may be increasingly difficult when one carries out their work in a very personal way, even though that may be fundamental to the identity of AHH.

Finally, AHH may risk enabling problematic behaviors because it does not necessarily invoke rigid bottom lines (though it clearly does set limits), and because it evaluates client needs on an individual basis. This may open up AHH to manipulations by some clients. However, it is worth noting that more bureaucratic systems of service provision can be taken advantage of for precisely the opposite reason. In Wasserman and Clair (2010), they describe being instructed on how to take advantage of loopholes in the shelter system in order to secure a bed. Moreover, allowing themselves to be taken advantage of to some degree (though not completely or in perpetuity) appears to be part of the strategy AHH uses to develop deeper collaborative partnerships with clients over longer periods of time, rather than stopping relationships with every misstep and starting them over after a hiatus (the typical process for violating rules of the shelter system). This is illuminated by the fact that at present, of the eight aged-out youth working with AHH, four have been enrolled in college, one re-entered high school, another is working full-time and another working part-time. Without an individualized approach that took missteps as teachable moments rather than failure points, these results would not likely have materialized.

Opportunities

There are a number of potential opportunities for AHH. Most concrete among these would be expansion of its existing services to include formal partnerships with other area hospitals (even though it likely already services them, *pro bono*) and into other areas where diversion might yield cost savings. AHH has already been working with the police and courts in what might be construed as a jail diversion component of its operation. The needed component of this expansion concerns less what AHH can do, since it already provides an array of services that benefit the city and its institutions, but whether it can develop formal partnerships with these various entities, including cultivating them as revenue streams, particularly in light of the cost savings AHH brings to the partnership. That is, where AHH successfully diverts a client from the criminal justice system, there is a measurable cost savings to taxpayers. Cultivating a process whereby AHH is financially compensated for doing so is important.

A more diffuse, but perhaps no less important opportunity is that AHH can raise important, critical questions about the nature of service provision and its hallowed "best practices." Because it generates observable success, but does so by drawing on a different way of thinking about and working with clients than are utilized in most institutions, AHH can continue to be a voice of attenuation for instrumental rationality that currently, and rather thoroughly, conditions the service provision industry (see Wasserman and Clair 2013). The ability to articulate its underlying pedagogy for working with clients will be a definitive feature of both its ability to promote new kinds of services in the community, and for the replication of similarly organized models of service around other social issues or in other cities.

Threats

Evaluation of AHH will likely continue to focus on latent outcomes such as cost savings. This may eventually cause irreconcilable conflicts, with other agencies, and even with benefactors. For example, because the cost-benefit ratio of investment in clients is not central to the evaluation criteria of AHH, they may invest resources disproportionately into areas with measurably low rates of return. While this is a judgment that relies on applying logic that is foreign to AHH's core agenda, it may eventually be a point of conflict with stakeholders who utilize investment/return models of evaluation.

Related to this, where AHH operates on an artistic model, it nonetheless relies on market forces for survival. While efficiency of resource distribution may not be central, such that it needs to be a constant focus or area of constant improvement, use of AHH resources in too inefficient a way may cause problems. That is, despite the desire to keep artistic logics central, considerations of efficiency (reflecting an industrial logic) will continue to matter. Balancing the artistic ethos and the material realities will continue to be a challenge.

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