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Promoting resident well-being in permanent supportive housing: insights from community-driven indicators

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ABSTRACT

Introduction: Processes for integrating the perspectives of people with lived experiences of homelessness into the evaluation of permanent supportive housing (PSH) remain underdeveloped. This study pilots the Firsthand Framework for Policy Innovation (FFPI), a participatory measurement approach that generates resident-defined indicators of well-being directly from residents' own language.

Methods: Partnering with five Bay Area PSH properties, we conducted ten focus groups (n = 98) where residents discussed how they know when things are – or are not – going well in their buildings. This process yielded 646 resident-generated "Firsthand Indicators," which were thematically coded into five domains. In a second stage, residents at three properties (n = 66) voted on the indicators they believed best captured community well-being.

Results: FFPI proved to be an effective and accessible method for eliciting resident priorities, surfacing themes that both converge with and extend existing qualitative research on PSH residents' experiences. FFPI's outputs translated directly into a measurement tool now being piloted by PSH operators.

Conclusion: This pilot demonstrates that FFPI offers PSH operators a systematic, resident-centered approach to evaluation – one that moves from qualitative narrative to actionable, deployable measures – helping providers allocate scarce resources strategically toward the factors residents themselves identify as most critical to their well-being.

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Introduction

Scholars and practitioners are increasingly arguing for integrating the insights of people with lived experiences of homelessness (PLEH) into policy and practice (Malik & Nurunnabi, 2024; Norman & Pauly, 2013). However, the literature is largely silent on how to specifically integrate the experiences of PLEH into ongoing program implementation and improvement. The need for strategies to integrate PLEH insights is particularly salient for housing programs designed to address chronic homelessness: research has demonstrated divergent outcomes for people in permanent supportive housing, suggesting that implementation and resident experiences have significant implications for housing stability and resident well-being.

In this paper, we present a methodology for soliciting input from PLEH living in permanent supportive housing (PSH) and show how this approach can provide a framework and process for measuring and integrating the factors shaping resident well-being. Known as the Firsthand Framework for Policy Innovation (FFPI), this methodology develops community-driven indicators that reflect the dimensions that matter to people who are the target of policies and programs. These indicators can then be used to evaluate the effectiveness of interventions and improve implementation from the beneficiaries' perspective, rather than relying on a top-down framework determined by the program administrator or evaluator. FFPI is strongly aligned with current efforts to engage PLEH in policy design at all levels (Smith et al., 2021). However, the methodology has not been previously applied to interventions aiming to address homelessness; until this project, its use has been limited to related issues of health and public safety (e.g. Levy et al., 2024, 2024; Vera-Adrianzén et al., 2024).

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To address this gap and assess what can be learned from applying FFPI in the homelessness context, we piloted FFPI with five PSH developers in Northern California. Between 2014 and 2022, California added over 26,500 PSH beds, a 60 percent increase in the total number of beds in just 8 years. Much of this new supply was developed using the Low-Income Housing Tax Credit (LIHTC) program, which provides funding for affordable housing construction. However, using LIHTC to build PSH units has also posed problems for PSH providers, including insufficient funding to provide the needed "supportive services" in the PSH model (Reid, 2023). The FFPI pilot came out of a request from developers to better assess the well-being of residents living in PSH units at their properties.

We find that FFPI is a valuable approach to collecting input from PSH residents about how they experience well-being, one that is accessible to people with mental or physical health challenges and that can be easily replicated at other housing sites. Analyzing the data collected through the FFPI pilot, we find that residents prioritize property management, the physical environment in which they live (including safety), and the quality and consistency of resident services. The analysis also suggests that these dimensions of PSH implementation may contribute to stronger social cohesion and community at these properties. We demonstrate how this process can move beyond generating thematic insights to producing a deployable measurement tool, one that PSH operators are now using to track resident well-being and inform resource allocation at their properties. In doing so, this study offers researchers and practitioners a replicable model for translating resident voice into actionable evaluation metrics, addressing a persistent gap between participatory research methods and the practical demands of program evaluation in PSH.

The remainder of this article proceeds as follows. We first review the literature on community-engaged research and trauma-informed practice, and describe how FFPI draws on and converges with both traditions. We then detail the FFPI methodology as applied in this pilot study, including our two-stage focus group and indicator-prioritization process. Next, we present findings from the pilot, organized around the five thematic domains that emerged from resident input. We conclude by discussing the limitations of this study and implications of FFPI for PSH evaluation and operations.

Literature review

Expanding the supply of permanent supportive housing (PSH) is a critical step toward addressing the country's homelessness crisis. PSH refers to housing designated for people experiencing chronic homelessness, often with a disability (US Department of Housing and Urban Development, 2026). There is substantial variation in how PSH is delivered. In scattered-site, tenant-based models, residents may use a voucher to rent units in the private market, with case management delivered off-site; in single-site, project-based models, an entire building could be dedicated to PSH with co-located services (NASEM, 2018). Models can also vary in the intensity of provided services (Dickson-Gomez et al., 2021). In this paper, we focus on project-based PSH, in which residents are provided their own, subsidized unit in a LIHTC property and are offered supportive services, such as case management, life skills training, mental health or substance use treatment, and/or job search assistance (National Academies of Sciences, Engineering, and Medicine, 2018). In California, PSH operates largely under a Housing First model, which does not require sobriety prior to obtaining housing; it also seeks to respect the autonomy of the individual, making services voluntary (Padgett et al., 2016). Evaluations have found that this model helps reduce chronic homelessness and promote housing stability even among people facing significant barriers to housing, and may also help reduce the public costs associated with homelessness (Dennis et al., 2007; Leff et al., 2009; Mares & Rosenheck, 2011; Stergiopoulos et al., 2019; Tsemberis et al., 2004).

However, research has also shown that PSH models can vary dramatically, and that there is little fidelity in how the "supportive services" component of PSH is provided (Gilmer et al., 2014; National Academies of Sciences, Engineering, and Medicine, 2018; Rog et al., 2014). Research has also found that variation across PSH properties and service models shapes outcomes, including variation in factors such as location, building design (including common areas), staffing models, and the delivery of culturally competent services (Armoon & Fleury, 2024; Bollo & Donofrio, 2022; Huffman, 2018; Milburn et al., 2021).

A growing body of qualitative and mixed-methods research has sought to center the perspectives of people living in supportive or supported housing (e.g. Adame et al., 2020; Fleury et al., 2026; Kirk et al., 2023; for review articles, see: Hammervold et al., 2024; Watson et al., 2019). These studies have highlighted

some consistent themes: the security associated with having affordable and stable housing, the relationship between housing and physical health, the importance of social connections, and a strong emphasis placed on choice and independence in daily life. These studies have also found that the building design, staffing, and composition of the resident population shape the extent to which the benefits associated with PSH are realized, and that people living in PSH can still experience marginalization, isolation, and a lack of support (Bassi et al., 2020; Livingstone, 2026; Pilla & Park-Taylor, 2021). Negative resident experiences can undermine the success of the PSH model. For example, in Los Angeles, research found that Black residents were more likely to return to homelessness after moving into PSH, due in part to insufficient case management and lack of culturally competent services (Milburn et al., 2021).

Much of this literature, however, focuses on understanding specific outcomes (e.g. housing stability, health) or the experiences of sub-populations (e.g. veterans, transitional age youth). As we describe below, the Firsthand Framework for Policy Innovation (FFPI) employed in this study is a bottom-up methodology adapted from the Everyday Peace Indicators approach (Firchow & Mac Ginty, 2017). It generates resident-defined indicators of well-being without imposing an external thematic structure or specific outcome of interest in advance. It is also designed to generate indicators relevant to all of the residents within a PSH property, without focusing on the unique experiences and/or needs of certain groups.

As such, FFPI is designed to elicit actionable metrics for program improvement, providing an approach for integrating the insights of PLEH into policy and practice (Malik & Nurunnabi, 2024; Norman & Pauly, 2013). Although the existing literature speaks to the utility of this kind of expertise, the extent to which it is included within research and policy formulation and evaluation relating to homelessness is understudied (Nelson, 2020; Phillips & Kuyini, 2018; Phipps et al., 2021). Nor do we have clear and replicable models for how to systematically incorporate lived experience into design and evaluation processes.

In particular, while there are some toolkits that provide recommendations for how to promote meaningful involvement of people experiencing homelessness into research studies (e.g. Norman & Pauly, 2013), there are limited resources to guide how housing developers, homelessness program implementers, and other policy professionals can gather feedback from the populations they are serving. Successfully engaging PLEH in this way requires an approach that can "meet them where they're at" (Gruenewald et al., 2018; Magwood et al., 2019) and that recognizes the trauma and violations of trust many within this population have experienced. Homelessness is also often associated with tri-morbidity, in which physical health challenges are compounded by the co-occurrence of mental health and substance use disorders (Hewett et al., 2012). These conditions can complicate participating in traditional evaluations or otherwise providing feedback, suggesting the need for approaches that can glean insights using participatory methods that are accessible to all.

Aims of the study

The aim of this study was two-fold: first, to test the FFPI methodology within permanent supportive housing properties in order to assess whether the approach would be an effective way to engage with PLEH in the context of a structured data collection project, and second to better understand the factors that reflect well-being in PSH buildings from the perspectives of residents themselves.

A framework for participatory evaluation

The Firsthand Framework for Policy Innovation draws on the principles of both community-engaged research and trauma-informed practice. These principles helped guide the application of this participatory research framework specifically with people who have experienced homelessness in the Bay Area.

Broadly speaking, community-engaged research (CeR) seeks to transform traditional forms of scholarly inquiry by drawing on the expertise of communities themselves, so that the typical "subjects" of study become co-participants in research design and implementation (Mikesell et al., 2013). Through CeR, researchers work together with community members as partners to understand social problems and seek promising solutions that draw directly on their lived experiences. Ultimately, the goal of CeR is to incorporate high-quality data from the community into policy design, implementation, evaluation, and change,

Table 1. Basic principles of community-engaged research.

Focus on local relevance
Acknowledge the community
Disseminate findings and knowledge gained to all partners
Seek and use the input of community partners
Involve a cyclical and iterative process in pursuit of objectives
Foster co-learning, capacity building, and co-benefit for all partners
Build on strengths and resources within the community
Facilitate collaborative, equitable partnerships
Integrate and achieve a balance of all partners
Involve all partners in the dissemination process
Plan for a long-term process and commitments

Source: (Goodman et al., 2017).

driving evidence-based practices that can improve outcomes for the community and its members (Bodison et al., 2015; Joosten et al., 2018; Mikesell et al., 2013).

The basic principles of community-engaged research (see Table 1) are focused on addressing traditional power dynamics, establishing culturally appropriate and transparent communication, and empowering community voices in all stages of an ongoing and iterative research process (Bodison et al., 2015; Joosten et al., 2018; Michener et al., 2012; Wallerstein et al., 2020).

Addressing power dynamics between researchers and community members starts with acknowledging the implicit or explicit assumptions in many traditional research processes that position researchers as the "experts" due to their formal educational background and affiliation with respected intellectual institutions. In contrast, the CeR model explicitly recognizes – and relies on – the idea that community partners' lived experiences are critical to expanding the knowledge that researchers cannot have as "outsiders" to the local context. By virtue of their firsthand perspectives and expertise, they are also positioned to shed unique insights into what their communities need (Bodison et al., 2015; Joosten et al., 2018; Wallerstein et al., 2020).

When researchers directly acknowledge this history of power disparities, which has long privileged their particular forms of expertise and authority over other sources of knowledge and ways of knowing, community members may feel more open to engagement and knowledge sharing (Anderson et al., 2012; Bodison et al., 2015; Joosten et al., 2018). Empowering community voices encourages members to recognize the value of their knowledge sharing and communicates that this value is shared by the research team. This can be accomplished through respectful dialogue and consistent acknowledgement of their contributions, but also through practical efforts, such as by enabling flexible scheduling and attendance, providing childcare and food, and ensuring appropriate compensation and reimbursement for travel and other expenses (Anderson et al., 2012; Bodison et al., 2015; Jumarali et al., 2021; Michener et al., 2012).

Attention to research recruitment is important in this regard (Anderson et al., 2012). Research recruitment can be difficult if the researcher does not have established relationships in the community (Joosten et al., 2018), especially in communities where trust in formal authorities is low. It can therefore be useful for researchers to partner with local organizations that have already built trust and to rely on snowball sampling–where engaged study participants refer other community members for inclusion (Anderson et al., 2012; Pahwa et al., 2023).

At the same time, communities have varying needs, resources, and backgrounds that necessitate the development of culturally appropriate communications. Understanding different language needs and literacy levels, for example, as well as attending to the accessibility of and familiarity with different modes of communication, can further facilitate community member engagement (Michener et al., 2012; Wallerstein et al., 2020). And even within communities, needs and experiences can vary widely. This can lead to potential tensions that are best addressed through careful facilitation. When lived experiences and interpretations of community needs are divergent, discussions among community members can easily be derailed by heightened emotions. Here, researchers can play a critical facilitating role by respectfully acknowledging varying opinions, helping to place individual perspectives within the broader systemic context, and redirecting the conversation when needed (Jumarali et al., 2021).

These issues can be especially important in cases where community participants have experienced personal and/or collective trauma, making it important to translate the principles of trauma-informed approaches into community engagement practices (Dawson et al., 2021; Macedo et al., 2022). Depending

on the specific community needs and the types of trauma that have been experienced, the participatory framework needs to be specifically tailored (Kataoka et al., 2018; Michener et al., 2012; Voith et al., 2020). Broadly speaking, however, CeR and trauma-informed approaches are mutually reinforcing. CeR's central commitment – that community members' lived experience constitutes knowledge as legitimate as that of researchers – presupposes that participants feel safe enough to share that knowledge candidly. For individuals with histories of trauma, such as many PLEH, that safety cannot be assumed; trauma-informed principles supply the groundwork that makes it possible (SAMHSA, 2014).

The Firsthand Framework for Policy Innovation draws on and converges with both CeR and trauma-informed practices in significant respects, while diverging in others. FFPI is a research methodology designed to systematically capture, refine, and apply community-driven indicators to inform policy and/or program design and implementation. This approach to generating "bottom-up" indicators focuses on ensuring that evaluation measures reflect lived experiences and community-level priorities of what matters, and incorporates the principles of both CeR and trauma-informed engagement described above.

Like CeR, FFPI proceeds from the assertion that the communities most affected by social problems are not simply objects of scholarly inquiry but are also active knowledge producers, whose experiential expertise is indispensable to rigorous and relevant research (Israel et al., 1998; Wallerstein et al., 2020). FFPI shares this foundational commitment – it refuses the extractive model of research, in which communities supply the data for researchers to interpret and transmit to policy audiences. Like CeR, FFPI treats the knowledge held by PLEH as substantively irreplaceable; lived experience is not merely a source of illustrative quotations to accompany researcher-generated findings, but the primary epistemic resource from which the framework's indicators are constructed.

Further, FFPI's procedural commitments to relational trust-building, culturally responsive engagement, and the recognition and remuneration of participants as expert contributors reflect the core principles of CeR (Israel et al., 1998; Wallerstein et al., 2020). This convergence is particularly salient given the documented failures of conventional research approaches to incorporate lived experience in homelessness policy contexts. Homelessness research has found that PLEH are routinely involved as research subjects rather than as co-producers of knowledge, and that replicable models for incorporating lived expertise into policy design and evaluation remain largely absent (Malik & Nurunnabi, 2024; Nelson, 2020; Phillips & Kuyini, 2018).

Despite these substantive convergences, FFPI diverges from CeR at a critical juncture: the question of what the research is ultimately for and what it is designed to produce. Community-engaged research treats capacity-building, relational trust-building, and sustained partnerships generated through equitable collaboration not merely as means to a research end but as key benefits in their own right (Wallerstein et al., 2020). This orientation means that CeR's outputs are characteristically diverse – advocacy, knowledge, policy change, academic publications, and strengthened relationships between researchers and communities may all be the intended products of a CeR project (Luger et al., 2020; Wallerstein et al., 2020).

FFPI does not share this primary process-orientation. Rather, the Firsthand Framework engages PLEH not because the relational process is an end in and of itself, but because genuine partnership is the epistemological condition under which valid, community-grounded indicators can be produced. This is a subtle but consequential inversion of the CeR logic. Where CeR asks, in effect, "*How can research be conducted in partnership with communities?*", FFPI asks, "H*ow can community knowledge be systematically converted into structured, generalizable, policy-applicable metrics or indicators?*".

At its core, the Firsthand Framework offers a way to translate lived experience into forms of evidence that can be meaningfully used as part of institutional decision-making – it is a framework *for policy innovation*. The Firsthand Framework operationalizes this experiential knowledge through focus group discussions that aim to identify how people themselves define and assess the conditions of their everyday lives. Unlike traditional measurement approaches, which rely on scholarly expertise to determine how concepts of interest can be gauged, the Firsthand Framework uses focus group discussions to invite research subjects into the conceptualization process itself.

In FFPI focus groups, we work together with participants to arrive at collective understandings of their individual experiences of the concept of interest. We then structure those insights into concise, experience-based statements that can later serve as either qualitative or quantitative indicators. These indicators can be systematically analyzed and adapted for a range of uses, such as program evaluation or longitudinal

tracking. The focus group methodology is crucial to this process, as individual interviews would not allow participants to build on each other's perspectives. Where interviews excel at eliciting individual opinions, focus groups are necessary when the goal of research is to co-create meaning through interaction (Kitzinger & Barbour, 1999).

The FFPI methodology reflects the underlying principle that the people most directly affected by social challenges are also best placed to inform our understanding of how those challenges take shape in practice and, importantly, what meaningful change might look like. Therefore, FFPI draws on the central methodological principle of grounded theory – that conceptual categories should emerge inductively from empirical data rather than being imposed by pre-existing theoretical frameworks (Charmaz, 2006). Both approaches share an orientation of epistemological humility – a recognition that researchers do not know in advance which dimensions of experience will prove most analytically generative, and that premature establishment of conceptual categories risks exclusion of the insights that a genuinely inductive process would reveal (Charmaz, 2006).

Again however, grounded theory and FFPI are also fundamentally different in their outputs. Grounded theory is a methodology whose endpoint is a conceptual account of a social process, relationship, or phenomenon that is systematically grounded in data and capable of explaining variation across cases (Glaser & Strauss, 1967; Charmaz, 2006; Aslipour & Zargar, 2022). At its conclusion, a grounded theory study of PSH residents' experiences would produce a conceptual framework or a set of analytically ordered categories and their relationships, capable of illuminating how well-being is experienced, structured, and negotiated within PSH contexts. FFPI, on the other hand, is a community-informed measurement process with a focus on informing policy change. It produces a set of discrete, actionable indicators that practitioners and policymakers can deploy to assess whether conditions in a PSH property have improved or diminished, to compare outcomes across buildings, or to evaluate the effects of specific service interventions. These outputs are distinct in their function – conceptual categories illuminate how or why things work, whereas firsthand indicators measure whether, and to what extent, they are working. Ultimately, FFPI serves as a precursor to ongoing program evaluation and implementation monitoring, rather than for generating explanatory accounts of lived experience.

Methods

In this project, we used the FFPI methodology to develop community-level indicators of well-being in Low-Income Housing Tax Credit(LIHTC)-funded affordable housing developments that included permanent supportive housing units. LIHTC is the primary public funding source for new affordable housing, and is typically used to build units for low-income families or seniors. In the last 10 years, however, the state of California has been prioritizing units for people experiencing homelessness in its LIHTC awards (Reid, 2023). The share of PSH units within a LIHTC building can vary (usually comprising 50–100 percent of all units), and units can be further targeted to specific populations experiencing homelessness, including military veterans, transitional age youth, or people with severe mental illness.[1] PSH residents are referred to these properties through the local Coordinated Entry system; residents who score higher on vulnerability assessment tools (e.g. VI-SPDAT) are prioritized for units at these sites. Supportive services can be provided in-house (e.g. some LIHTC developers will hire their own case managers or clinicians to provide on-site support), or by a third-party provider like the county, the local Veterans Affairs (VA) office, or a nonprofit specializing in homeless services.

Working in partnership with the owners and operators of project-based PSH properties in the San Francisco Bay Area, we selected five properties that represent different building types and population characteristics. Three of the buildings were in urban settings, while two were in suburban locations. Buildings ranged in size from 66 to 153 units. One building was entirely single-room occupancy with all units targeted for PSH; two buildings housed a mix of low-income Cantonese-speaking seniors and people who had experienced chronic homelessness, including veterans; and two buildings had a combination of family-occupied units (both low-income and PSH eligible) and veterans who had experienced homelessness. All properties were managed by mission-driven nonprofits and had been in operation for at least three years at the time of data collection. The properties also reflected variation in their service models, not only across sites, but also among residents in the same building. For example, residents living in

units funded by a Veterans Affairs Supportive Housing voucher would receive services from a VA case manager, while those living in a unit funded by the state's No Place Like Home program would receive services through an organization with a county contract.

In each of the selected buildings, we held two focus groups that followed the principles of CeR to emphasize the value of participants' firsthand lived expertise (Bodison et al., 2015; Jumarali et al., 2021) and drew on a trauma-informed approach to ensure inclusion and care for participants. We ensured that participants' time and effort were valued by attending to practical concerns, such as scheduling the groups at convenient times and locations, providing food and drink, and compensating participants for their time with grocery store gift cards (Anderson et al., 2012; Michener et al., 2012). In the two buildings with Cantonese speakers, we held separate, language-based groups. At the other properties, residents could select the focus group that worked best for their schedules.

When obtaining informed consent, we ensured that all participants understood that neither their housing nor the services they received would be affected by their decision about participation. To facilitate this, we did not share names of participants with those outside the research team and we asked building staff not to be in the room during the focus groups. At the mixed-population properties, focus groups included both formerly unhoused individuals as well as residents living in non-PSH affordable units, since we aimed to develop community-level indicators that would be relevant to any resident of the building. The focus groups that included a mix of residents also surfaced important issues related to community building dynamics between different groups of residents. Focus groups ranged in size from 6 to 15 participants, for a total of 98 participants. Each focus group lasted about 90 minutes, was recorded (with the exception of one in which a participant did not give consent), and had at least two notetakers.

Facilitators sought to draw out the signs and signals – or "indicators" – that residents are already using to assess community well-being in their building. Before beginning the discussion, the facilitator explained what was meant by a firsthand indicator. Using the example of a social gathering, the facilitator noted that people use all sorts of signs and signals to determine if a party is going well, then solicited examples from the group of these signs, such as whether people are smiling, laughing, eating the food, and enjoying the music. The facilitator also pointed out that some of these signs will likely matter more to some people than others; while one person might care more about the music, another might care more about the food.

The goal of these introductory discussions was to emphasize that there are many different ways of assessing or evaluating something, and that we were interested in understanding how each participant made sense of their experiences. We then explained that the goal of the discussion was to work together to develop firsthand indicators of well-being in the building, and that we were going to ask them to come up with the signs that they use in their daily lives to tell how well or poorly things are going in the building where they live.

In the next phase of the discussion, the facilitator asked participants to introduce themselves, share how long they had lived in the building, and also say a few words about what well-being means to them. The facilitator then returned to each of the themes raised in the initial round. For example, if someone mentioned that well-being meant feeling safe, the facilitator would ask others to comment on how that resonated with them, how they can tell that they feel safe, or what signs show them that they do not feel safe. Facilitators asked questions like, "How can you tell?" and "What signs show you that this is happening?" (See Appendix A for focus group prompts.) We then probed further to assess the extent to which other focus group participants shared the same perspectives on the factors that were important to their community's well-being.

Analysis

Following completion of the focus groups, the research team transcribed focus group notes and audio recordings. We used these data to identify 646 distinct "Firsthand Indicators" of community well-being that had been articulated by focus group participants. The indicator compilation process distills the focus group transcripts into a list of concise, experience-based statements. This initial list of indicators is best thought of as partially reduced data, which is further reduced in later steps of the analysis. In this initial list of indicators, there is considerable variability in the quality of the indicators as potential metrics, with some being considerably more specific, observable, and measurable than others.

In compiling the initial list of indicators, we aimed to capture participants' specific and varied ways of knowing. For example, in one group, a participant discussing the community room said, "They say that if they open the room, they gotta have supervision down here. I'm 57 years old, others are 70 years old. Others are 40 years old. Come on, really. … It's like, you know, they're managing a bunch of children." From this comment, we compiled two indicators of community well-being: "*We aren't allowed to hang out in the community room*" and "*The management treats us like we're children who need supervision*." This example demonstrates our efforts to reflect both the participants' language and their intent as drawn from the context of our focus group conversations.

Some comments made during focus groups were too specific to serve directly as indicators. In such cases, we transformed them into more general statements in the indicator compilation process. For example, one participant complained about property management not fixing their apartment door: "My door literally from the bottom to about a foot and a half, this right here is not flush. There is literally a gap of about half an inch … I asked the man. He said, 'I'll fix them' and he never came back." We generalized this sentiment into the indicator "*Broken things don't get fixed*."

Since the indicator compilation process entails subjective interpretation, each focus group's indicator list was drafted by one member of the research team, then carefully reviewed and refined by a second team member. The list of indicators was then discussed and finalized by the whole research team. We also assigned each indicator a valence, depending on whether it signified the presence or the absence of well-being. For example, "*You have peace of mind*" was assigned a positive valence, while "*You have no sense of security*" was assigned a negative valence.

We coded the original list of 646 indicators by theme. We developed the codebook using both inductive and deductive approaches, drawing on observed trends in the indicators and insights from existing literature. Regarding the latter, we reviewed academic and gray literature that discussed residents' experiences living in affordable, mixed-income, or PSH properties, identifying more than 35 relevant sources (e.g. Palimaru et al., 2023; Pilla & Park-Taylor, 2021). Additionally, the codebook drew on learnings from interviews with PSH staff that a research team member had conducted as part of a previous study (Reid, 2023).

Following the initial coding of indicators, we met as a team to review, identify gaps and imprecisions in the codebook, and discuss emergent themes, which led to the refinement of the coding scheme. We also kept an audit trail to document the steps from compiling, condensing, and coding the indicators to the final rounds of data analysis.

In the next step of the analysis process, we reduced the long list of 646 indicators into a shorter list of 52 indicators. To do this, we evaluated thematic groups of indicators and selected representative indicators for each theme. In selecting representative indicators for the short list, we prioritized the most measurable indicators. This reflects the specific end-goal of the FFPI process, which is focused on metrics that can be practically utilized by policymakers and other stakeholders. For example, we selected "*You see signs of wear and tear in the building*" over "*The condition of the building brings you down*" and "*The building doesn't have the same services and maintenance as it did in the beginning*."

We then brought these 52 indicators back to a broader group of residents, including many who had not participated in the initial focus groups, through a set of community meetings. We briefly explained the first stage of the research for newcomers, then presented the indicators on large posters and asked participants to vote for those they felt were the best measures of community well-being; each resident received 15 stickers to place next to their selections. Research team members were available to assist as needed, and handouts in English, Spanish, and Cantonese supported participation for residents with language or literacy barriers. We clarified that we were not asking whether an indicator was currently "true" in their building, but whether it would be a good way for management to assess how things were going. A total of 66 residents participated in these prioritization sessions.

In the final step of the process, we refined the indicator list into a proposed survey instrument, based on those that received the highest number of votes from residents, while at the same time ensuring that the survey covered all the main themes observed in the data.

Findings

FFPI proved to be an effective and accessible method for soliciting PSH residents' perspectives. The ability to hold sessions within properties' common areas made it easy for residents to attend, including residents who had mobility or other health barriers to participating. More importantly, by focusing data collection on a very open-ended question that speaks directly to their firsthand experience, we were able to develop community-sourced indicators that did not presuppose the dimensions of PSH implementation that matter to residents. Ultimately, the FFPI methodology enabled PSH providers to learn more about the perspectives of building residents than could be obtained through their standard resident satisfaction surveys.

By coding indicators by theme and analyzing the frequency at which themes appeared in the data, we were able to reveal how LIHTC residents experience community well-being in properties that include PSH. The emergent themes include: Staff and Management; Physical Environment; Safety and Security; Resident Services; and Community (Table 2).

We found that residents most commonly mentioned experiences related to building staff and management, comprising 264 out of 646 total indicators. This highlights the centrality of staff and management to residents' experiences in the building. Residents generally shared positively framed indicators about case managers and resident services coordinators, as evidenced by indicators such as "*The service coordinator goes out of their way to meet residents' needs.*" By contrast, a large number of the indicators related to interactions with property management staff referenced an absence of well-being, for example, "*Management doesn't listen when you bring concerns to them.*" Indicators such as "*Rules and regulations don't feel fair*" highlighted residents' negative perceptions of rules handed down by management in their buildings.

Closely related to property management were indicators about the physical conditions of the property, including residents' units, common areas, and the surrounding neighborhood. Although most focus group participants expressed gratitude for having a place to live, this was tempered in some cases by a perceived

Table 2. Distribution of indicators across five dimensions.

Code	Indicators
Staff and Management Dimension	264
Staff interactions	181
Staff challenges	48
Rules	35
Community Dimension	191
Resident interactions	94
Norms	25
Gatherings	21
Outside community	19
Noise	15
Language	10
Community	7
Physical Environment Dimension	138
Maintenance	69
Common spaces	28
Building	19
Surrounding area	12
Unit	10
Safety and Security Dimension	127
Sense of safety	51
Building security	43
Deviant behavior	33
Resident Services Dimension	109
Activities	25
Communication	22
Case management	20
Food	15
Utilities	11
Resident Services	10
Transportation	6

Note: The numbers within each of the themes add up to more than 646 because we allowed each indicator to receive up to two codes, since concepts were not mutually exclusive. For example, the indicator "*Management keeps communal spaces locked up*" was coded as both Common Spaces, which is in the Physical Environment dimension, and Rules, which is in the Staff and Management dimension.

lack of continued investment in the building itself, sharing negative indicators like "*The building is degraded*." Similarly, indicators about residential units were mostly negative, such as "*The room doesn't have enough spaces to store things*" and "*Apartments get too hot and have no A/C.*"

Within the safety and security dimension, over 50 indicators captured residents' general sense of safety in the building, including their sense of privacy and their perceived need for self-protection. Several indicators in this category linked safety to the broader context of community well-being and social cohesion, such as "*People are afraid to interact with each other*." Many safety indicators had a negative valence, such as "*Non-residents still get into the building even though they're not allowed*." Residents also raised safety concerns about the behaviors of other building residents or that of their guests, such as selling drugs or stealing. The majority of these indicators were negatively framed, for example, "*People buy, sell or do drugs in the building*."

The 109 indicators in the resident services theme made evident that having trauma-informed staff on-site was critical to residents' sense of well-being. Most of the negatively framed indicators captured the lack of availability or accessibility of case managers or other supportive services staff, such as "*You don't even know who your case manager is*." Residents also highlighted the important role of social events, classes, and other group activities that are meant to bring together residents.

The community dimension includes 191 indicators related to interactions and social dynamics among residents in the building. Resident interactions emerged as a factor critical to residents' well-being, as exemplified by the indicators "*Neighbors from different races or ethnicities get along well with each other*" and "*You can work out your problems with others in the building by talking to them*." Residents also valued efforts towards mutual support and acts of kindness, for example, "*People cook for you or get things for you when you're sick or in the hospital.*"

A significant benefit of the FFPI framework is that it allows researchers and service providers to understand where residents have nuanced or varying beliefs about the same issue. For example, rather than having a broad, common impression of all building staff, residents have clearly differentiated feelings about individuals in different roles. Similarly, we found that residents have mixed opinions about building safety and security. These divergent experiences and perspectives reveal that the issue of security is more complicated than developers think. We see this in the way that indicators about the same topic were presented from different points of view. For example, the indicator "*There are security cameras to keep residents secure*," which highlights a perceived benefit of having security cameras, was framed by other residents as infringing on their privacy such as in the indicator "*Management only uses security cameras to catch residents in minor infractions instead of for catching thieves and vandals.*"

The FFPI approach highlighted residents' negative perceptions of management's rules. In particular, several indicators described residents feeling that their agency was constrained by building rules, for example, "*You're not allowed to clean up the building yourself even if you're willing to help out*" and "*They don't let you solve problems with the building or your apartment by yourself*." Property managers likely have legitimate reasons for such rules, such as concerns about liability, but the indicators reveal that when residents are not aware of the management's motivations, they can perceive policies as a barrier to their personal progress, as evidenced in the indicator, "*Management doesn't want people doing things for themselves, seems like they want you to be dependent forever*."

In employing FFPI, we were also able to demonstrate how the financial challenges faced by management affect residents' experiences of living in the building. Negative indicators such as "*Building staff move on to better paying jobs*" and "*Building employees are overworked and overwhelmed*" point to the ways in which management's financial strain directly affects the continuity of service experienced by residents. Similarly, the indicator "*They change who your caseworker is*" draws a link between staff turnover and the predictability of case management, which in turn may influence trust and quality of care. And the indicator "*They cut back on janitorial staff*" suggests that resource and staff shortages can noticeably affect the cleanliness of the building.

The indicators also reveal how the constraints of PSH financing models that prioritize the building of new units over ensuring funding for the long-term sustainability of existing developments are felt by residents. For example, indicators such as, "*The building had a lot of events when it first opened but not so many anymore*," "*Services that the building used to have are cancelled*," and "*Original tenants were given fully furnished units, but newer tenants don't get as much support*" point to the ways in which tenants are cognizant of

dwindling resources. Similarly, the indicator, "*The building owner acts like it doesn't have any money for repairs or improvements*" reveals resident frustration with the financial strain felt by PSH developers.

Finally, the FFPI approach revealed a link between the accessibility of buildings' common spaces and residents' ability to build and sustain a sense of community. This is demonstrated by indicators such as, "*Instead of providing access to the community room to some, they close it to all*" and "*There's no place to sit and watch TV with other residents*." While management might choose to limit access to a common space in order to limit their liability for damages or injuries, these indicators reveal how opening up such spaces could strengthen the sense of community in the building. The FFPI approach affords a window into the link between residents' desire to access common spaces and their interest in forging relationships. Indeed, we found that even in properties with very different sub-populations, there is a desire for agency and community building that has not always been addressed by the developers.

Conclusion

Expanding the supply of PSH is a critical step toward addressing homelessness. Evaluations of PSH have found that the model helps to promote housing stability and reduce the costs associated with hospital and institutional care (e.g. Leff et al., 2009; Mares & Rosenheck, 2011; Tsemberis et al., 2004). However, as PSH properties face increasing pressures related to cuts in funding and rising operating costs, it becomes even more important for developers to understand what elements of the model are most important for residents.

We find that the FFPI methodology can illuminate themes similar to those elicited through other qualitative research approaches. Indeed, our findings substantially converge with existing qualitative research on PSH residents' experiences (Hammervold et al., 2024; Watson et al., 2019). Residents' emphasis on relationships with case managers and resident services coordinators (e.g. Clifasefi et al., 2016; Dickard & Townley, 2025), the role of shared spaces and group activities in fostering community (e.g. Rollings & Bollo, 2021), and residents' divided views of building security measures – valued as protective by some, experienced as a tool of surveillance and control by others – echo previous qualitative studies (e.g. Livingstone, 2026; Parsell, 2016). Residents' frustration with rules that constrain their ability to act independently similarly aligns with the broader literature's emphasis on choice and independence as core determinants of residents' well-being (e.g. Burgess et al., 2023).

At the same time, FFPI also elicited new findings on how residents experience the upstream financial and operational pressures facing PSH developments – staff turnover, declining programming over time, and deferred maintenance – and that residents directly link these structural pressures to their day-to-day experiences of stability, trust, and care. This suggests that resident-defined indicators of well-being are sensitive not only to interpersonal dynamics and physical housing conditions, but also to the financing and sustainability pressures facing PSH providers more broadly, a dimension that has received comparatively limited attention in the existing qualitative literature on PSH.

While the thematic content FFPI surfaced converges in important ways with existing qualitative research on PSH residents' experiences, FFPI's distinct contribution lies in its intent: the methodology is designed to move from qualitative narrative to discrete, deployable measures that PSH operators can use to evaluate and improve their own properties. Working with some of the same developers, we selected a subset of the indicators and converted them into Likert-type survey questions, which are now being incorporated into these properties' resident surveys. The developers are planning to use this tool to track community well-being at their properties over time. In this way, indicators that originated in residents' own language – rather than researcher-imposed categories – will now directly inform how PSH operators evaluate and adjust their operations.

In addition to informing these surveys, this pilot demonstrated several strengths of the FFPI approach. A unique feature of this methodology is the "strategic naivete" it employs. By asking participants to explain how they know how things are going in their building, it invites them into the conceptualization process in a way that is accessible to them and explicitly recognizes their expertise. Moreover, it allows participants to speak about their experiences in a way that does not re-traumatize them. Indeed, the FFPI process allowed residents to talk about difficult topics, such as substance use, violence and death, racism, and the balance between safety and surveillance, but did so through a relatively impersonalized lens of

understanding general patterns. Finally, by bringing the indicators back to the residents during the community meetings – even including individuals who were not in the original focus groups – we are able to involve residents themselves in the indicator validation and prioritization process. This ensured that the final set of indicators accurately reflects community perspectives.

We believe that this pilot offers important insights into how a process like FFPI can be employed to ensure that evaluations of PSH are rooted in the factors that matter to PSH residents.

However, this pilot does not provide evidence for whether the FFPI process could support efforts to develop more fidelity in PSH housing and supportive service models. We did not specify the elements that constitute PSH as an intervention, and indeed, the variation in both building type and supportive service models among the properties in our sample suggest that the common set of indicators that emerged were agnostic to the models themselves. Instead, we believe FFPI's contribution is to implementation monitoring – surfacing what residents identify as mattering at a given site and providing a mechanism for assessing whether implementation is responsive to those priorities. Whether indicators generated through this bottom-up process might converge across sites and populations in ways that could inform the development of a fidelity-assessable model of PSH implementation is a question for future work, distinct from the present study's aims.

In addition, there are other limitations to this pilot worth noting. First, it was conducted at five project-based PSH properties in the San Francisco Bay Area, all operated by mission-driven nonprofits. It is unclear whether FFPI would work as effectively in a scattered-site PSH model, or in properties run by for-profit entities. Second, participation in both the initial focus groups and the subsequent prioritization sessions was voluntary, and residents who chose to participate may differ systematically from those who did not – for instance, in their willingness to discuss difficult experiences in a group setting. Third, while FFPI's focus-group format allowed for collective sense-making, it may also have constrained the kinds of disclosures some residents were willing to make in front of neighbors, particularly regarding sensitive topics; individual interviews or anonymous methods might surface additional or different priorities. Finally, as discussed above, this pilot demonstrates that FFPI can generate resident-defined indicators and translate them into a deployable survey tool, but it does not yet establish whether those indicators predict meaningful operational or well-being outcomes over time.

Even so, the need for tools like FFPI is pressing now, given the environment in which PSH operators currently make resource decisions. PSH operators face a persistently constrained fiscal environment: financing models frequently lack reliable, long-term funding for operations and supportive services, and rising costs related to insurance, maintenance, and personnel have outpaced stagnant subsidy levels, leaving many developments with operating shortfalls (Boyle & Kim, 2025; Knowlton & Cordero, 2025; Reid, 2023). Within this environment, operators must routinely prioritize among competing needs, and resource allocation decisions can have a direct impact on properties and residents. FFPI offers developers a systematic way to make those decisions strategically, by identifying which gaps residents themselves experience as most consequential to their well-being. Embedding frameworks like FFPI within PSH evaluation and program design offers one concrete way to ensure that it provides housing in which residents and communities can thrive.

Note

1. The mix of PSH units in a building is largely determined by gap funding availability and regulatory requirements. LIHTC subsidies are not sufficient on their own to build PSH, so developers layer in other sources of funding dedicated to addressing specific homeless population needs. For example, see https://www.ncsha.org/wp-content/uploads/2018/05/CalHFAEntry-SpNdsHsng-TheRoadtoRecoveryLeadsHomeDESC.pdf and https://www.hcd.ca.gov/funding/vhhp.

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Appendix A

1. Introduction

1.1 Thank you for taking the time to speak with us today. We would like to talk to you about what well-being means to you as residents of this building. Specifically, we'd like to talk about the specific *signs* or *indicators* of well-being that you see right here in this building in your daily lives. The discussion should last about 90 min.

2. Well-being

2.1 Thinking about *this building*, what does well-being mean to you?

2.2 Thinking about the answers people just gave, we'd like to talk about some of the more specific *signs* or *indicators* of well-being in this building. Thinking about regular, daily life, how do you know you or the community here is doing well? How do you know you're *not* doing well?

Potential Probes

- *When* do you notice more or less well-being in this building?
- *Where* do you notice more or less well-being in this building?
- *Who* makes the building more or less well?
- *What* are the aspects of this building that make it more or less well?