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Summer 2025



QUALITATIVE RESEARCH FIELD PLACEMENT

THE INTERSECTION OF SUBSTANCE USE AND HOUSING

Waukesha County Public Health



TABLE OF CONTENTS

→ Executive Summary	Page 3
→ Introduction	Page 4
→ Project Timeline	Page 6
→ Methods	Page 7
→ Results	Page 9
→ Limitations	Page 15
→ Conclusion and Future Considerations	Page 15
→ Appendices	Page 16
→ Sources	Page 31

WHAT WE FOUND



In March 2024, Waukesha County Public Health (WCPH) presented the 2022 Community Health Assessment and the Community Health Improvement Plan (CHIP) results to community stakeholders. Substance use was identified as a focus area, and an action team representing health care, housing services, public health, social services, and the justice system chose housing as an area of concentration, specifically housing for people who use substances (PWUS) and experience chronic homelessness (WCPH, 2024). **For PWUS, housing instability delays recovery initiation, threatens sustained recovery and may lead to early death** (Prescott, S., n.d.) (Austin et al., 2021). Coupled with a lack of affordable units, the team sought to learn more about existing barriers to safe and stable placement for the target population. **Waukesha County Public Health partnered with the Medical College of Wisconsin (MCW) to design a qualitative key informant interview research project that studies access barriers, best practices, policy and funding, and future considerations.** Nine key informants were interviewed, and transcripts were coded for themes in June 2025. One hundred forty initial unique codes were assigned under seven areas: housing barriers, policy impact, best practices, harm reduction tolerance, innovations, subpopulations, and additional considerations. **Four themes emerged from the research for future consideration: support for professionals, harm reduction and Housing First education, landlord engagement, and balance of power.** Each theme has an opportunity for change at the systems-level and at the individual- or situational-level. The target population and all adjacent stakeholders would also benefit from breaking down information silos and engaging in data sharing to the best extent possible.

DEFINING THE PROJECT

In March 2024, Waukesha County Public Health (WCPH) presented the 2022 Community Health Assessment and the Community Health Improvement Plan (CHIP) results to community stakeholders, including policymakers, health care representatives, schools, and social service agencies, among others. Three strategic focus areas were presented based on the county's coalition work from 2024-2026: Healthy Aging, Mental Health, and Substance Use.

The Substance Use Action Team chose two End Results for measurement (WCPH, 2024):

1. People who use or are in recovery for opioid use in Waukesha County have access to life-saving intervention
2. Waukesha County residents who use opioids have access to stable housing

The housing subgroup objectives are informed by two indicators tracked throughout the cycle (WCPH, 2024):

1. Percentage of people in substance use treatment who have a stable place to live
2. Percentage of people who use substances and are experiencing homelessness

Background on Waukesha County:

In 2022, 22.8 percent of people who used substances in Waukesha County also experienced homelessness (WCPH, 2024). The Homeless Management Information System (HMIS), managed by Hebron Housing Services, shows a steadily increasing trend of homelessness among PWUS since 2018, the first year for which WCPH lists data (WCPH, 2024). Several contributing factors lead to housing instability for the target population, including but not limited to lack of affordable housing, history of eviction, interactions with the justice system, and shortage of treatment or medication accessibility (WCPH, 2024).



Objective

Provide community health workers with qualitative data to help drive decision-making and inform interventions.



Key Feature

Key Informant Interviews were conducted with professionals providing direct client services.



Results

Overarching themes:

- Support for professionals
- Harm reduction and Housing First education
- Landlord engagement
- Balance of power

Nearly 1 out of 5 people who used substances in Waukesha County also experienced homelessness. (WCPH, 2024)



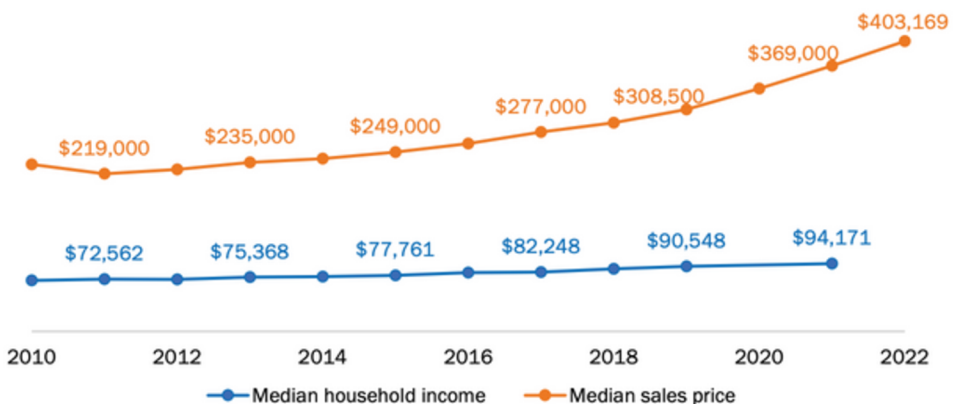
In Waukesha County, the hospitalization rate due to substance use is 314.1 per 100,000 residents, which is higher than the Wisconsin rate of 286.2 per 100,000 residents (Aurora Health Care, 2024). **Alcohol continues to be the most used substance in the county** (WCPH, 2023).



Looking at the county more broadly, Waukesha has experienced housing challenges comparable to counties of similar characteristics (demographics, socioeconomic status, etc.). For example, **7.8 percent of adults were identified as housing insecure in 2022**, indicating they had trouble paying mortgage, rent, or utility bills within the previous 12 months (PLACES, 2022). Two similar counties, Ozaukee and Washington, report similar results at 7.7 percent and 8.2 percent, respectively (PLACES, 2022). The percentage of households in Waukesha County spending more than 30% of their income on housing costs gradually decreased from 2011 to 2019 (ACS, 2023). From 2019–2023, the trend increased by 2.71 percentage points from 21.92 percent at its lowest in 2019 to 24.63 percent in 2023 (ACS, 2023). During that time, Waukesha County's housing cost burden rate increases were less sharp than Ozaukee and Washington at 5.05 percent and 3.61 percent, respectively (ACS, 2023). Waukesha's rate has remained fairly consistent with fewer fluctuations than its comparable counties. Note: the COVID-19 pandemic impacted housing stress nationwide, likely contributing to the increase, while also severely limiting data availability in 2020 (Schwartz & Wachter, 2023).

Affordable housing challenges in Waukesha County aren't new. From 2016 to 2021, median home sales prices rose 41 percent while median household income rose only 15 percent (Wisconsin Policy Forum, 2023). While many people have turned to renting instead of homeownership, the story isn't much better. **Forty-one percent of renters in 2023 were considered rent-burdened, spending more**

Median sales prices versus median household income in Waukesha County



Source: Building Blocks Report, 2023

than 30% of their income on rent, not including utilities, insurance, or building fees (Wisconsin Policy Forum, 2023). Between 2010 and 2021, the median monthly rent in Waukesha County rose by close to \$300, which exceeded the increases in other nearby counties and statewide (Wisconsin Policy Forum, 2023). High rent burden makes renters vulnerable to eviction, with the leading cause being nonpayment of rent (Smith et al., 2024). In 2024, of the 420 evictions filed by landlords in Waukesha County, 164 received judgments by the court in favor of the landlord, which is higher than the state average (9.4 percent) (Interagency Council on Homelessness, 2025). Renters with a history of evictions are severely limited in their future ability to secure housing, as landlords rely heavily on tenant screening and background searches to determine approvals or denials (University of Michigan, 2024).

→ INTRODUCTION CONT.

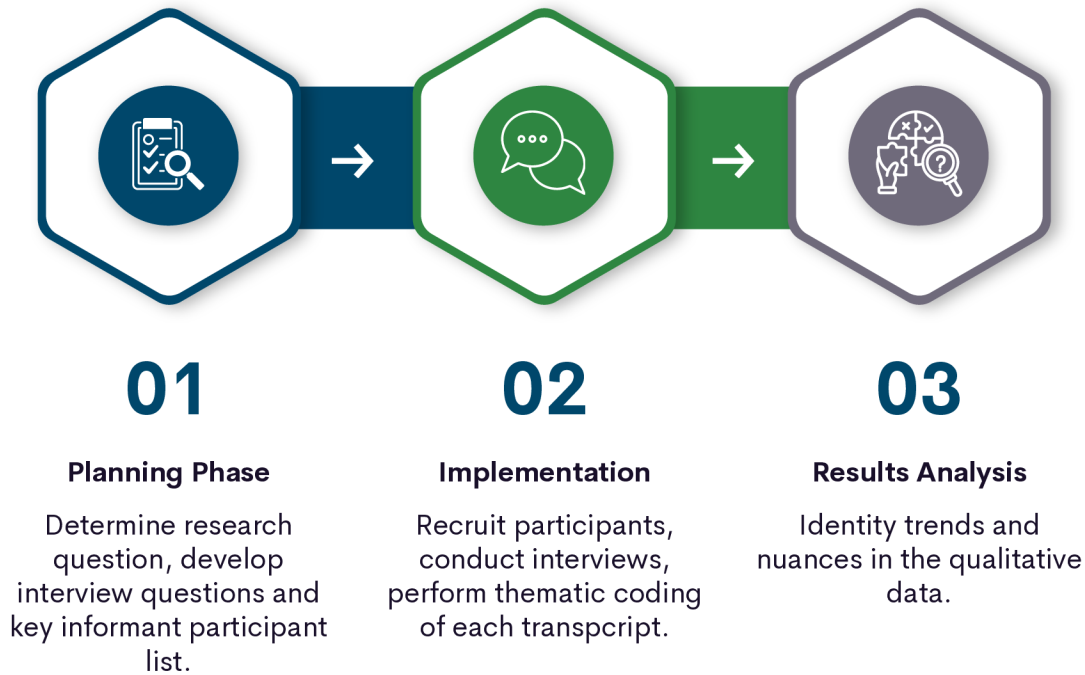
For PWUS, housing instability poses a significant barrier to recovery. The lack of housing affordability in Waukesha County is concerning, as evidenced by the previously shared data. While access to quantitative data is relatively available, the team identified a gap in qualitative data specific to the intersection of PWUS and the lack of affordable and stable housing. Qualitative data, often in the form of interviews or focus groups, helps to tell the story that supports quantitative findings. Waukesha County Public Health partnered with the Medical College of Wisconsin (MCW) to design a key informant interview research project that addresses access barriers, best practices, policy and funding, and future considerations. The intent is to use the results to help inform decisions about future group objectives, including advocacy and education for professionals working with PWUS or who serve in housing-adjacent functions. Project design occurred between March and April 2025. Key informant interviews were conducted and results analyzed in May and June.

→ PROJECT TIMELINE

TIMELINE AND MILESTONES



PROJECT DESIGN



Developing the methodology:

The initial project and methodology design began in March and concluded in April. Planning was a collaborative effort between members of the housing subgroup and Hailey Nenonen, a MCW Master of Public Health student.

Research question: What systemic and service-level gaps and nuances do professionals observe in supporting people who use substances and experience chronic homelessness?

Identifying key informants:

Often, key informant interviews (KIIs) are directed towards community leaders for their input on organizational- and systems-level issues. The team was intentional in targeting professionals who work directly with PWUS to gain their insight into the daily roadblocks and best practices that impact their clients. An initial list of 25 potential contacts was identified who could serve as key informants. The list was reviewed for a diverse range of professional characteristics that would highlight different perspectives. Fifteen (15) contacts made the final list and were contacted via email for participation. See Appendix A for the recruitment email. Ten (10) people responded, and nine (9) were interviewed. One (1) of the respondents declined to participate.

Interview question design:

Interview questions were designed to minimize bias and avoid leading questions. The design team met several times to discuss question clarity and control for bias. Additional input was sought from academic researchers with expertise in qualitative methods. Final questions, including clarifying questions, are outlined below:

1. What are the barriers to housing for individuals who use substances?
2. How do policies impact housing for people who use substances?
 - a. What policy changes address the housing needs of this population?
3. Can you share best practices for housing individuals who use substances?
 - a. Can you share a success story from existing housing programs for individuals who use substances
4. Can you describe your organization's perspective on harm reduction strategies for substance use.
 - a. How do you see these approaches aligning or conflicting with your organizational values and goals?
5. What is the next step?
 - a. What innovations in housing are needed to support individuals who use substances?
 - b. What partnerships between stakeholders could impact outcomes for people who use substances?
6. Are there specific subpopulations (mental health, physical disabilities, youth, LGBTQ+, BIPOC, etc.) within people who use substances that face unique challenges in accessing housing?
7. What else would you like us to know that we haven't covered today?

Conducting the interviews:

In March 2025, the principal researcher obtained a Certification for Human Research Subjects – Social/Behavioral Research from Collaborative Institutional Training Initiative. Scripting for informed consent was developed to ensure each participant understood their rights and had autonomy to determine whether they would like to participate. All participants were informed that their comments would remain anonymous to the extent allowed by law. See Appendix B for scripting. During the interviews, care was taken to avoid bi-directional conversation; rather, clarifying questions were asked to help the interviewer narrow down or further probe observations.

Interviews were conducted virtually between May 30 – June 13. Each interview was completed within 30 minutes. With participant consent, interviews were recorded and transcribed for accuracy and to assist with note-taking. Final results will be shared with participants so that they may view themes and future recommendations.

→ METHODS CONT.

Data Analysis and Thematic Coding:

Each transcript was read a minimum of three times: once to review the content, a second time to pull initial themes and/or quotes, and finally, a third time to pinpoint any nuances, subtleties, or outliers that were not immediately identified in the previous reviews.

Transcripts were uploaded to Dedoose, a cloud-based thematic coding software that aids researchers in developing codes, categories, and themes. Thematic coding was conducted based on three levels: Level 1 (open coding), Level 2 (axial coding), and Level 3 (selective/thematic coding). Level 1 open coding was used to classify preliminary concepts, and each question was coded separately. Following Level 1 coding, 140 unique codes were identified. See Appendix C for the code definition book. Codes were exported to Excel, where Level 2 axial coding occurred. Axial coding helps researchers to recognize relationships between codes and begin to group or cluster them. The results of Level 2 coding are shown in the Results section by each question, along with the number of applications, or frequencies, that the code was referenced during interviews. Level 3 selective coding developed consistent themes determined from the research by analyzing the clusters and participant quotes.

→ RESULTS

RESULTS ANALYSIS

Results are categorized by question into housing barriers, policy impact, best practices, harm reduction tolerance, innovations, subpopulations, and additional considerations. While the results confirm previously known themes, they do provide insight into nuances that exist for professionals working in direct client services. For example, within RQ5 Best Practices, professional burnout was referenced seven times. Burnout is not a novel finding; however, diving deeper into the participants' definition of burnout yielded more descriptive references like feelings of fighting an uphill battle and professional inadequacy. Upon further questioning, informants referenced mitigation factors 23 times. Behaviors such as trust, team or leadership support, maintaining a professional distance, and determination were at the top of the list, among others.

Teams are often reminded of the supportive role they play in their clients' journey:



"And the other thing I think we do a lot of good work helping staff kind of say, you know this is their [the clients'] roller coaster and we're not going to ride it with them. We're going to stand on the platform. And we're gonna be here when they come back around to the station."

– Interview Participant

→ RESULTS CONT.

And to celebrate “wins” of all sizes:



“It's just simple reminders like you are doing your job, reminding them they are doing those little wins.” – *Interview Participant*

Sharing this information allows teams to build intentional engagement and supportive systems to best serve clients and preserve professional well-being. Additional observations for consideration are below. Each question has between two and six clusters identified in axial coding. To review each question and associated clusters, including reference frequencies, see Appendix D.

RQ1 Housing Barriers

Six (6) clusters were associated with housing barriers: access, personal history, systems issues, socioeconomic factors, personal circumstances, and professional circumstances. Of all clusters, systems issues had the most references, with 14 codes ranging from agency silos, discrimination and racism, to restrictive requirements and landlord disengagement. The codes with the highest frequencies in systems issues were discrimination (12), lack of funding (11), lack of affordable housing (8), and restrictive requirements (7). The most cited barrier of all clusters was a personal history of criminalized acts (18). A personal history of eviction is also included in this cluster.

Discrimination came up in several interviews and was summed up by one participant's experiences:



“If you're affiliated with a caseworker or Social Service agency, especially in Waukesha County, sometimes people won't even call you back. I tried this once with a coworker when we called representing a client. The landlord said he had nothing. Then I was like, let's call again, but act as if we're finding housing for ourselves and have a steady job. So, we called. He immediately had something available and wanted to set up a showing. So that was just an example of social service representation automatically being a pitfall to searching for housing.”
– *Interview Participant*

For nearly every barrier, participants were able to name innovations or changes that would better support clients. In this case, redemptive policies and inclusive housing policies are noted in RQ5 Innovations.

Notably, professional circumstances provided interesting results. There is evidence of professional resistance to new models such as Housing First (HF) or harm reduction practices. This supports the need for professional education focusing on common definitions, HF fidelity, and harm reduction principles.

RQ2 Policy Impact

Three clusters make up the policy impact section: policy design and implementation, systemic barriers, and client vulnerabilities. Similar to professional resistance to new models identified in housing barriers, belief in treatment-first policies was cited five (5) times. This professional tendency is worth noting for future educational content development to align with topics discussed in the previous section. Another similarity to housing barriers is restrictive policies and system rigidity, which had ten (10) mentions. Unbalanced power (7) has emerged as a theme that is first referenced in policy impact and appears in subsequent sections. The disparity in power balances may take the form of discriminatory rental practices via approvals/denials, price gouging, or refusing to accept third-party payors. Several informants mentioned landlords who increase monthly rent or apply excessive security deposits for county or agency clients due to unit shortages and the general desperation to find safe placements.

RQ3 Best Practices

Five clusters emerged under best practices: services, systems, Housing First, behaviors, and professional considerations. Behaviors and professional considerations were previously addressed. Landlord connections and transparency, intensive case management, interagency partnerships, and Housing First principles serve as best practices for professionals supporting PWUS. Within HF, supporting client choice (9) and self-agency (5) occurred with the most frequency as demonstrated by this informant's comment:



"We need to meet people where they're at and empower them to meet those goals." – Interview Participant

Building landlord engagement is a common theme throughout the results analysis. It doesn't always have to be in the form of monetary incentives. Often, it's personal connections between landlords and caseworkers that make a difference for clients.



"Best practices for housing individuals who use substances, I would say, is connection with landlords. I think that was my main way of being able to support clientele is just being able to build connections with landlords, whether just going and getting coffee with them or being able to provide support as a social service agency, and also being able to sell a pitch. You could say why housing this individual is worth your while or worth your time as compared to maybe somebody else who doesn't have a record or known concerns, so just being able to really spell out the benefits for a landlord. And, be honest and up front with the landlord, what happens if somebody breaks something? What happens if a crime occurs on the property?" – Interview Participant

Landlord engagement is also about listening to their concerns and collaborating on solutions:



"It's an informal opportunity to learn about the different struggles, landlord space, and then being able to connect on that"
– Interview Participant

Building relationships and upholding transparency between all stakeholders may help alleviate some pressure that is not readily fixed through systems change.

An additional practice employed by informants is the concept of "apply for everything." Essentially, using the "throwing everything at the wall and see what sticks" mentality by applying for any program for which a client may be seemingly eligible. While the intent is good, the impact may be felt in slowing down the system via lengthy delays or wait times.

RQ4 Harm Reduction Tolerance

Adjacent to professional resistance to new models is harm reduction tolerance. Results show that participants are largely supportive by regularly recommending harm reduction practices, and view it as a bridge to Housing First models. Several felt that their organization's leadership is ahead of the curve:



"There's a real emphasis on making sure that we're doing what we can to get life-saving care available to the people who need it. And so our leaders do stand strongly behind that." – Interview Participant



"I had the fortunate experience to go to a national training on alcohol and drugs and what they were pushing as key information and key insights, and strategies, our county was already doing."
– Interview Participant

The low and neutral clusters show some uncertainty with harm reduction definitions and practices. One informant detailed the challenge in working with professionals with varying levels of support or understanding of harm reduction:



"There are pockets of support, and there are pockets of resistance, and there are pockets of indifference to care for our people who have challenges related to substance use and housing and that means that you're working within spaces of people who all embrace very different ideas, very different beliefs, and very different values around how they believe people with substance use disorder should be cared and treated for, and that can feel very disorienting." – Interview Participant

Harm reduction principles are relatively new in a world where treatment-first policies and mindsets have been the norm. Attention should be paid to common definitions and components of harm reduction and HF when developing educational content for professionals. Despite their close association with harm reduction, an opportunity exists to further educate professionals on the benefits of incorporating harm reduction and HF into their daily practice.

RQ5 Innovations

Clusters within the innovations section support previous barriers and policy impact findings. Housing solutions and infrastructure, services and support systems, funding allocation, community and social engagement, and policy and systemic change emerged as codes were grouped. While all open codes (recommendations) are worth reviewing in this section, the results reviewed here showcase the top mentions. Housing infrastructure solutions via mixed-income zoning and developments, inclusive housing policies, and community-based recovery services were mentioned a combined total of 14 times. This scope of systems-level change requires cross-industry partnerships, funding reallocation to areas such as landlord incentives, and more flexible and responsive systems to address each client's unique needs.

Centering community voices should be foundational to the goals, development and implementation, and measurement of any proposed interventions or solutions. This includes uplifting client experiences and voices, as well as other stakeholders such as case managers and landlords. One participant spoke directly to policy change:



What is heavily missing, very evidently, is that a lot of the way that these policies were written was very clearly not written by people who had lived experience." – *Interview Participant*

Redemptive policies in the form of harm reduction, HF, low-barrier housing access, eviction record sealing or expungement, and tenant screening protections offer additional opportunities that will positively impact the health and well-being of PWUS who experience chronic homelessness. Professionals in this space may benefit from an overall philosophical shift towards HF models as demonstrated in previous sections.

RQ6 Subpopulations

In general, participants did not identify any one subpopulation at most risk; rather, clusters identified were people categorized as "chronically homeless" as defined by the U.S. Department of Housing and Urban Development, protected classes, health status, and socioeconomic status. Mental health has the most mentions in this section (4), followed by chronically homeless (2) and low-income individuals and families (2). One participant mentioned that, in their experience, landlords were more willing to provide physical accommodations, like adding a wheelchair ramp, than to rent to someone with a known mental health disorder, regardless of whether they were in treatment or not.

RQ7 Additional Considerations

The overall tightening of the housing market that has been felt locally and nationally was mentioned twice by informants. As one participant put it:



"In the past, landlords would call us and say, hey, you know, I have an opening up next week, do you have anybody who needs a place to stay? And that was probably the first two or three years I was here. So, from 2014 to 2015/2016, then we saw it starting to shift, where the housing markets were getting tighter. People were able to start charging more rent. They stopped accepting vouchers. They stopped calling us to see if we had people." – Interview Participant

This shift, felt before the COVID-19 pandemic, puts additional pressure on professionals and clients to compete for fewer housing units at higher costs. Two participants also referenced the disparity in the Fair Market Rent value (\$1,056 for a one-bedroom) to the median rental rate in the county, which is \$1,149 for a similarly sized unit (US Housing Data, 2025). The difference in values puts low-income clients at a disadvantage as additional costs, including insurance, utilities, security deposits, etc. are often not included. Barriers exist for clients seeking subsidized housing without access to vouchers due to waitlists or frozen funds:



"Something we don't notice immediately about subsidized apartments is that they're not just the most affordable apartments. You have 30 percent, 40 percent, 50 percent. Most of our clients can only afford 30 percent, but the building does want to make a profit, so they have very few apartments that are available for 30 percent, which is what most of our clientele could afford. They couldn't afford anymore, so I started calling places and asking how many 30 percent units do you have? Maybe how many 40 percent units do you have? They would say four, six out of maybe 200 units, and they're like the people who live in them, being honest with you, will not leave unless they die because it's so affordable. And then I realized that's the issue. If you don't have a housing voucher. How can you get one if it's frozen or paused or wait-listed? What do you do?" – Interview Participant

While these excerpts indicate opportunities for systems-level improvements, informants also noted the importance of landlord connections that help to build relationships from the ground up while advocating for systems change. Phone calls, meet-up events, and spaces to discuss issues were offered as tactics to boost landlord engagement.

LIMITATIONS

Research limitations include the relatively small informant pool. Though affordable housing is a well-known challenge in Waukesha County, special attention was paid to avoid confirmation bias in interviewing and results interpretation. The nature of the open-ended questions was developed to allow participants to respond with their thoughts, feelings, and experiences to help identify gaps and nuances in systems and services. There is potential for recall bias when asking informants to discuss past experiences. Qualitative data in the form of key informant interviews is inherently subjective (Kibuacha, 2024). Ideally, KIIs would include multiple interviewers and research analysts to ensure objectivity. However, given the nature of this field placement project, the same person served as interviewer and analyzed the results.

CONCLUSION & FUTURE CONSIDERATIONS

Four themes emerged from the research for future consideration: support for professionals, harm reduction and Housing First education, landlord engagement, and balance of power. Each theme has an opportunity for change at the systems-level and at the individual- or situational-level. For example, inclusive housing policy (as opposed to exclusive) changes at the systems-level will put clients on fairer ground, while functional education on the benefits of harm reduction or Housing First practices helps professionals best support clients where they are at. Similarly, policies protecting tenants, like record expungement, help balance power, while professionals work to build relationships and connections with landlords at the local or individual levels. With time and the right stakeholders at the table, both are possible, accordingly to one participant:



"What we need to do is we need to invest in meeting the moment in 2025 and rebuilding systems with people who have lived experience at the center of those policies, with those policies being written to support those people from a compassionate perspective and a humanistic perspective. I think when communities face turmoil and we are in deeply troubling, problematic times, it is then that communities start to band together and find a strength in one another." – Interview Participant

The target population and all stakeholders adjacent to substance use and chronic homelessness would benefit from breaking down information silos and engaging in data sharing to the best extent possible. Bidirectional information allows professionals to seek the best care and opportunity for their clients and builds trust between agencies. The professionals supporting PWUS who experience chronic homelessness are compassionate and care deeply about their ability to positively impact the health and well-being of their clients. Investments in resources to support professionals and best practices will benefit the Waukesha County community and provide opportunities for all to thrive.

→ APPENDIX A: RECRUITMENT EMAIL

DATE

To XXXXX:

By way of introduction, I am a Master of Public Health student at the Medical College of Wisconsin (MCW). In March 2024, Waukesha County presented the 2022 Community Health Assessment and the Community Health Improvement Plan (CHIP) results. Three strategic focus areas were presented to the community to guide the county's coalition work: Healthy Aging, Mental Health, and Substance Use. The Substance Use Action Team chose two indicators for measurement:

1. People who use or are in recovery for opioid use in Waukesha County have access to life-saving interventions
2. Waukesha County residents who use opioids have access to stable housing

The housing subgroup identified a gap in the need for qualitative data specific to the intersection of stable housing and access for people who use substances. In partnership with Waukesha County Public Health, I am conducting key informant interviews to help inform and guide their future direction.

Although you will not get personal benefit from taking part in this research study, your responses will help us understand more about the barriers facing people who use substances and experience chronic homelessness.

We hope to interview 15 stakeholders, so your answers are important to us. Of course, you have a choice about whether or not to participate, but if you do participate, you are free to skip any questions or discontinue at any time. The virtual interview will take about 25 minutes to complete and will be recorded to assess for general themes. Your interview responses will be kept confidential to the extent allowed by law. When the data analysis is complete, you will not be identified, and your name will not be used in presentations or publications.

Thank you for your consideration to participate in this key informant interview study. If you are able to participate, please choose one of the interview times below and either enter your name directly into a time slot using the OneDrive spreadsheet or respond to this email with your selection. A calendar invite will be sent to you. If none of these times work for you, please let me know, and I'd be happy to find another mutual time.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have questions about your rights as a research participant or want to report any problems or complaints, you can call the Medical College of Wisconsin/Froedtert Hospital Research Subject Advocate at (414) 955-8844.

Sincerely,

Hailey Nenonen
MPH Student
Medical College of Wisconsin, Graduate School
Email: hnenonen@mcw.edu

→ APPENDIX B: INTERVIEW SCRIPTING

[Start of Interview – Virtual Setting]

Hello, and thank you for taking the time to speak with me today.

My name is Hailey, and I'm an MPH student working with Waukesha County Public Health. We're conducting a series of key informant interviews to better understand the barriers facing people who use substances and experience chronic homelessness.

You've been identified as someone with valuable insight into this topic, and we appreciate your willingness to participate as a key informant.

Before we begin, I'd like to go over a few important points related to informed consent:

- **Voluntary Participation:** Your participation in this interview is entirely voluntary. You are free to decline to answer any question, and you may stop the interview at any time without penalty.
- **Confidentiality:** Your responses will be kept confidential to the extent allowed by law. In our reporting, we will not include your name or any information that could directly identify you, unless you give us explicit permission to do so.
- **Recording:** With your permission, we'd like to audio-record this interview. The recording will help us ensure the accuracy of our notes. The recording will be stored securely and will only be accessible to the research team. It will be deleted after it is transcribed and no longer needed for analysis.
- **Duration:** The interview will take approximately 25 minutes.
- **Risks and Benefits:** There are no known risks to participating in this interview beyond those of everyday conversation. While there is no direct benefit to you, your insights will contribute to the future direction of the Waukesha County CHIP Substance Use Action Team.

Consent Questions:

Before we start, I'd like to ask for your consent:

1. Do you consent to participate in this interview?
2. Do you consent to have this interview audio-recorded?

[Pause for response. If consent is given, continue. If not, proceed accordingly (e.g., take written notes instead of recording).]

Great, thank you. Let's begin.

Citation: Open AI. (2025). ChatGPT. <https://chatgpt.com/c/6825fcac-548c-800d-acac-c4d44c738333>

→ APPENDIX C: CODE BOOK DEFINITIONS

Id	Title	Description
Additional Considerations		
1 (RQ7)		What else would you like us to know that we haven't covered today?
3	Housing market shift	In the last 10'-15 years, the housing market has become much tighter with less inventory. Landlords are less likely to rent to target population.
4	PDMP	Prescription Drug Monitoring Program
5	Privilege	Systems and services that benefit people with privilege
7 (RQ4)	Harm Reduction Tolerance	Can you describe your organization's perspective on harm reduction strategies for substance use? Including how it's used in daily practice.
8	Accountability	Accountability as a negative/low tolerance for harm reduction practices.
9	Addiction is a disease	Professionals or agency believes addiction is a disease not a "character flaw"
10	Basic needs threshold	Basic needs need to be met before harm reduction can be fully embraced.
11	Bridge to housing programs	Support of harm reduction helps to get professionals "on board" with housing programs.
Continuum of		
12	acceptance/tolerance	People fall into varying levels of acceptance or tolerance on a HR continuum
13	Definition uncertainty	Key informant who is uncertain of the definition of harm reduction or its practices.
14	Goal alignment	Harm reduction practices align with organization or agency goals/mission
15	Narcan	Carrying Narcan to administer as needed
16	Pro harm reduction	Agency or organization believes in harm reduction principles
Promote harm reduction		
17	practices	Professionals promote harm reduction practices to target population
18	Somewhat supportive	Believes harm reduction practices are "better than nothing" but not fully bought in to the strategy.
19	Housing Barriers (RQ1)	What are the barriers to housing for individuals who use substances?
20	services	Access to supportive services (not health care/treatment'-related)
21	Access to treatment	Access to appropriate levels of health care and treatment
22	Acute emergent needs	front.
23	Agency silos	Agencies and community'-based organizations operating in silos which harm partnership development and service delivery
24	Broken support systems	Target population has "burned bridges" with personal support system.
25	Clients prefer to stay local	While there may be more shelter availability in other counties, target population prefers to stay local in Waukesha County.
26	Communal living	If one client gets placement, they may, with good intentions, invite others to stay with them to help them out, but often leads to landlord grievances and placement loss.
27	Continued substance use	Substance use continues in or out of placement which may result in loss of placement or interactions with the justice system.
28	Credit history	Poor credit history leading to barriers for rental access
29	Criminal activity	record.
Cyclical nature of substance		
30	use	The cyclical nature of substance use that often leads to relapse or "starting over"
31	Differing priorities	Priority differences between governing or policy'-setting groups.
32	Discrimination	Discrimination of target population by landlords
33	Eviction history	People with evictions on their record have a harder time accessing housing with new landlords.
34	Fair market rent value	the FMR in Waukesha County is lumped into West Allis and parts of Milwaukee resulting in a lower FMR that is not reflective of Waukesha County rent prices

→ APPENDIX C: CODE BOOK DEFINITIONS

35	General Stigma	Community and interpersonal stigma around substance use and homelessness causes barriers for people who need to access housing.
36	Housing Authority	General feelings that the housing authority is not easily accessible or easy to work with
37	Lack of affordable housing	Not enough inventory
38	Lack of case management	Lack of people to help case manage individuals through all of their needs
39	Lack of employment	Lack of current employment or employment history is a barrier to accessing affordable housing.
40	Lack of funding	Lack of funding for affordable and stable housing
41	Lack of income	Lack of income prohibits access to housing due to cost.
42	Lack of insurance	Clients who lack insurance experience barriers to housing or treatment due to the high cost.
43	Lack of self-agency	Client's belief that they cannot navigate their needs.
44	Lack of stability	Substance use leading to a lack of personal, financial, or social stability in a persons life
45	Lack of time	Lack of time resources to help target population.
46	Landlord disengagement	Overtime, landlords have opted out of voucher programs, incentives, third'-'party payors, or other engagement opportunities
135	Life-skills	People experiencing chronic homelessness often lack basic life skills that we take for granted, like maintain a household, for example.
47	Mental illness	People who experience mental health disorder alongside chronic homelessness
48	Personal accountability	Target population not taking taking personal accountability to meet specific requirements (like attending meetings or appointments)
49	Personal history	Impact of personal lived history like trauma, generational poverty, etc.
50	Personal stigma	Personal stigma results in target population not feeling they are able to get help or should access services.
51	Philosophical shift backwards	Shift backwards in support for HF programs/models
52	Professional resistance to new models	Professionals showing more comfort with beliefs that treatment-first models are the gold standard for recovery
53	Racism	Discrimination through policies or practices that intentionally disenfranchise people of color
54	Restrictive requirements	Requirements for housing or shelter that place emphasis on restrictions like drug tests that show evidence for longer period of time even when use has stopped, or they're using MAT
55	Shelters closing/no availability	Shelters close thereby creating more pressure on the housing system to place individuals
56	Shelters with mixed people	Shelters that have a mix of people who may or may not be using or in sobriety. May jeopardize others' sobriety
57	Substance use relapse	Individuals placed into housing may relapse causing them to lose their placement.
58	Substandard housing	Substandard housing units offered to clients who have no where else to go. Often lack kitchen appliances, heating, or may contain allergens like mold.
59	Timing out of shelter	People who have reached their max limit on time they can stay in shelter or housing setting.
60	Wait times	Waitlist times for HUD/Section 8 or other housing placement programs is too long. Client needs are typically immediate.
61	(RQ3)	Can you share best practices for housing individuals who use substances?
62	Agency partnerships	Partnerships between agencies to help clients with things like vouchers or supportive services.
63	Apply for everything	Case managers recommend applying for any and all programs for which the client may be eligible - best chance something will come through
124	Burnout	Professionals experience burnout from hills and valleys of the work.

→ APPENDIX C: CODE BOOK DEFINITIONS

125	Caring and compassionate	Professional working with target population are caring and compassionate
2	Co-responder teams	Behavioral health therapists, social workers, or case managers that attend first responder calls.
64	Coordinated entry	HMIS that is used between agencies to help with triaging and placement of individuals and families
65	Crisis management	Crisis case management that help people meet acute basic needs first and foremost '-' precursor to intensive case management.
126	Determination	Staff working through adversity with tenacity to help their clients
127	Feelings of inadequacy	Feeling like you can only do so much or only have so much power to help people and it's not enough.
66	Housing coordinator	Use of a housing coordinator to help navigate affordable housing placement.
67	Housing First model	Non-'-punitive model that places people into housing without having to "earn" it.
68	Clients choose path	Clients choose the path that best fits their needs for housing or other.
69	Evidence-based practice	HF defined as an evidence-'-based practice with decades of research
70	Expectations re success	Research shows that while Housing First does not result in significant decreases in substance use, it does result in longer periods of clients being housed.
71	Fidelity to model	HF success relies on fidelity to the model as it is intended
72	Location matters	The geographic location matters when it comes to communities that embrace Housing First programs i.e.. Dane County
73	Motivational tactics	Professionals use motivation tactics to help clients progress on their chosen path or goals.
	No substance use restrictions	HF does not require absolute sobriety to access housing.
74	Promotes self agency	HF promotes the development of self-'-agency to make choices and make change.
6	Safety and security	Ensure the individual is safe and secure
76	Sense of community	Encouraging clients to settle into their community to build a sense of place.
77	Trust	Component of running successful housing first programs
78	Intensive case management	Clients receive intensive case management to support their needs.
79	Landlord connections	Engagement with landlords to build relationships as a best practice
80	Leadership support	Support of housing access by people with decision-making power
81	Low barriers to entry	Programs that promote low-'-barriers to entry (do not emphasize restrictions)
128	Personal connection	Connecting with the clients on a human level
129	Professional distance	Maintaining a professional distance with clients so that the case team is there to support but does not carry the weight of their challenges.
82	Reduce harm in using	Professionals help clients to use harm reduction principles if they chose to use substances.
130	Team support	Leaders and teams working together to motivate and support one another.
83	Tenant transparency	Disclosing violations or housing history to landlords upfront
131	Treat acute state	Professionals treat the acute state and then the client is gone, and then they generally don't see them again
132	Uphill battle	Supporting the target population can feel like an uphill battle.
84	Vouchers	Use of housing vouchers (section 8) to supplement rental costs
85	Working together	Community-'-based agencies and other sectors working together for the good of the target population.
86	Innovations Needed (RQ5)	What is the next step?
87	Center community voices	What innovations in housing are needed to support individuals who use substances?
88	Cross-services partnerships	Create policies, practices, and solutions that center the voices of people with lived experience
		More partnerships across service providers. Ex. substance use agencies present at HAC meetings

→ APPENDIX C: CODE BOOK DEFINITIONS

89	Flexible systems	Build systems that are able to more flexible to meet the needs of people where they are at
90	Funding	Need more funding for affordable and stable housing
91	Funds allocation	Allocating funds to meet some of the most basic needs
	Housing for mixed-income	
92	levels	Housing developments that offer options to promote various income levels residing together
93	Inclusive housing policies	Policies that center inclusive language rather than exclusive/restrictive requirements.
94	Increase access to treatment	Increase access to treatment and residential facilities
95	Increase housing inventory	More affordable housing inventory needed
	Zoning for mixed-income	
96	developments	Zoning policy that promotes mixed-income housing developments
97	Increase supportive services	Increase access and availability of supportive services (not health '-' or treatment '-' related)
	Increase transitional	
98	housing	Add more transitional housing units/availability
	Invest in building	
99	community	Reallocate funds to invest in building supportive communities instead of just program/service delivery (fix the root cause)
100	Landlord engagement	Focus on landlord engagement and relationship building
		Focus on offering incentives to landlords to accept vouchers or other third '-' party housing assistance. Help to mitigate risk.
101	Landlord incentives	
102	More professionals	Need for more professionals working in this space to provide services and support
103	More shelters	Need more shelter availability for target population.
		Push towards openly sharing data between agencies for the common good of supporting the target population with solutions
104	Open data sharing	
		Community '-' based, supportive, and sober living environment for people with substance use disorder.
105	Oxford house model	
106	Philosophical shift	Shift in how professionals view service delivery
		Ability to expunge records after a period of time, charges mitigation, rehabilitation policies all with the goal to reintegrate into society.
107	Redemption policies	
108	Technology	Invest in technology to build a comprehensive housing support network
109	Policy Impact (RQ2)	How do policies impact housing for people who use substances?
		Benefits line Medicaid insurance or SNAP food support timing out when in jail or discharging from jail.
110	Benefits timing out	
	Lack of client/tenant	
111	protection	In general, policies are not written to protect clients/target population
		Difficult to get access to benefits like Medicaid and SNAP when a client doesn't have a permanent address to list on the application
112	Lack of permanent address	
113	Medicaid restrictions	Medicaid in WI doesn't fund residential treatment room/board for substance use disorders
	Mixed-income unit	
114	availability	Landlords are only required to have 30%, 40%, or 50% FMR units available for a period of time, and then can move them up to FMR. Compliance periods differ based on the program.
115	Outdated policies	Enforcing policies created 20 years ago that do not serve people well in 2025.
116	Restrictive policies	Policies that focus on restricting people from accessing housing
117	Restrictive zoning	Zoning and regulatory barriers that prevent affordable housing or mixed '-' developments
118	System failure	Target population has been negatively impacted by the systems created to help.
		A rigid system has been created that isn't serving anybody well '-' doesn't allow to help meet people where they are at
119	System rigidity	

→ APPENDIX C: CODE BOOK DEFINITIONS

120	Treatment-first model	Belief that treatment is the preferred method to qualify someone for housing placement.
121	Unbalanced power	Landlords often hold the power in the housing relationship as inventory is limited and demand is high.
122	Increasing security deposits	Landlords accepting or requiring higher than normal security deposits to take clients
123	Professional Considerations	
133	Subpopulations (RQ6)	Are there specific subpopulations (mental health, physical disabilities, youth, LGBTQ'+, BIPOC, etc.) within people who use substances that face unique challenges in accessing housing?
134	Chronically homeless	A homeless individual with a disability as defined in section 401(9) of the McKinney'-Vento Assistance Act (42 U.S.C. 11360(9)), who: Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described. An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**;
136	LGBTQ+	subpopulation that experiences housing and substance use challenges
137	Low income individuals and families	
138	Mental health disorders	
139	People of color	People of color have a harder time accessing housing in Waukesha County versus non'-Hispanic white people.
140	Protected classes	Fair employment act: age, race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, arrest and conviction record, disability, and military service.

→ APPENDIX D: THEMATIC CODING CLUSTERS

RQ1 Housing Barriers

Applications	Cluster 1 - Access	Applications	Cluster 2 - Personal History
3	Access to supportive services	2	Broken support systems
5	Access to treatment	1	Credit history
2	Acute emergent needs	18	Criminalized acts
3	Shelters closing/no availability	4	Eviction history
3	Wait times	1	Personal history
		1	Lack of stability
		6	Mental illness
		3	Lack of self-agency
Applications	Cluster 3 - System issues	Applications	Cluster 4 - Socioeconomic factors
2	Agency silos	1	Lack of employment
3	Differing priorities	2	Lack of income
12	Discrimination	1	Lack of insurance
3	Fair market rent value		
4	General Stigma	Applications	Cluster 5 - Personal Circumstances
1	Housing Authority	2	Clients prefer to stay local
2	Racism	2	Communal living
7	Restrictive requirements	1	Continued substance use
2	Philosophical shift backwards	3	Personal stigma
4	Substandard housing	6	Substance use relapse
8	Lack of affordable housing	1	Timing out of shelter
11	Lack of funding	2	Cyclical nature of substance use
1	Shelters with mixed people	2	Life-skills
2	Landlord disengagement		
Applications	Cluster 6 - Professional Circumstances		
1	Lack of time		
2	Professional resistance to new models		
2	Personal accountability		
3	Lack of case management		

→ APPENDIX D: THEMATIC CODING CLUSTERS

RQ2 Policy Impact

Applications Cluster 1 - Policy Design & Implementation

- 5 Treatment-first model
- 1 Medicaid restrictions
- 2 Outdated policies
- 9 Restrictive policies

Applications Cluster 2 - Systemic Barriers

- 1 Restrictive zoning
- 4 System failure
- 1 System rigidity
- 7 Unbalanced power
- 2 Mixed-income unit availability
- 2 Increasing security deposits

Applications Cluster 3 - Client Vulnerabilities

- 2 Benefits timing out
- 2 Lack of client/tenant protection
- 1 Lack of permanent address

→ APPENDIX D: THEMATIC CODING CLUSTERS

RQ3 Best Practices

Applications	Cluster 1 - Services	Applications	Cluster 2 - Systems
2	Co-responder teams	3	Coordinated entry
1	Crisis management	8	Agency partnerships
1	Housing coordinator	6	Housing First model
7	Landlord connections	1	Vouchers
		9	Intensive case management
		3	Low barriers to entry
Applications	Cluster 3- Housing First	Applications	Cluster 4 - Behaviors
9	Clients choose path	3	Motivational tactics
2	Fidelity to model	4	Trust
5	Promotes self agency	6	Working together
2	No substance use restrictions	1	Reduce harm in using
1	Evidence-based practice	3	Tenant transparency
1	Location matters	3	Leadership support
		1	Expectations re success
		3	Apply for everything
		1	Safety and security
		2	Sense of community
		2	Personal connection
		1	Professional distance
		3	Caring and compassionate
		2	Determination
		5	Team support
Applications	Cluster 5 - Professional Considerations		
2	Burnout		
2	Feelings of inadequacy		
5	Uphill battle		
2	Treat acute state		

→ APPENDIX D: THEMATIC CODING CLUSTERS

RQ4 Harm Reduction Tolerance

Applications Cluster 1 - Low

- 3 Accountability
- 5 Definition uncertainty

Applications Cluster 2 - Neutral

- 3 Somewhat supportive
- 3 Continuum of acceptance/tolerance
- 1 Addiction is a disease
- 1 Basic needs threshold

Applications Cluster 3 - Supportive

- 2 Goal alignment
- 6 Narcan
- 5 Pro harm reduction
- 8 Promote harm reduction practices
- 3 Bridge to housing programs

→ APPENDIX D: THEMATIC CODING CLUSTERS

RQ5 Innovations

Applications Cluster 1 - Housing Solutions & Infrastructure

- 5 Increase housing inventory
- 2 Zoning for mixed-income developments
- 1 Housing for mixed-income levels
- 4 Inclusive housing policies
- 2 Oxford house model
- 1 Increase transitional housing
- 2 More shelters

Applications Cluster 2 - Services & Support Systems

- 2 Increase access to treatment
- 3 Increase supportive services
- 6 Cross-services partnerships
- 1 Flexible systems
- 1 More professionals
- 1 Technology

Applications Cluster 3 - Funding Allocation

- 5 Funding
- 1 Funds allocation
- 2 Landlord incentives

Applications Cluster 4 - Community & Social Engagement

- 3 Center community voices
- 2 Invest in building community
- 5 Landlord engagement

Applications Cluster 5 - Policy & Systemic Change

- 1 Open data sharing
- 4 Philosophical shift
- 2 Redemption policies

➔ APPENDIX D: THEMATIC CODING CLUSTERS

RQ6 Subpopulations

Applications	Cluster 1 - Chronically Homeless
2	Chronically homeless

Applications	Cluster 2 - Protected Classes
1	LGBTQ+
1	People of color
1	Protected classes

Applications	Cluster 3 - Health
4	Mental health disorders

Applications	Cluster 4 - Socioeconomic Status
2	Low income individuals and families

➔ APPENDIX D: THEMATIC CODING CLUSTERS

RQ7 Additional Considerations

Applications	Cluster 1 - Systems
2	Housing market shift
1	PDMP

Applications	Cluster 2 - Privilege
2	Privilege

➔ APPENDIX E: HELPFUL RESOURCES

List of resources related to housing and substance use:

Interagency Council on Homelessness: [Wisconsin Eviction Data Project](#)

[Milwaukee Housing Rental Resource Center](#)

Waukesha County Health & Human Services: [Ongoing Behavioral Health Services](#)

Waukesha County Public Health: [Community Health Assessment, 2022](#)

Wisconsin Policy Forum: [Building Blocks Report](#)

→ SOURCES

Waukesha County Public Health (March 2024). Waukesha County Community Health Improvement Plan Action Team Plan Launch 2024. Retrieved June 29, 2025, from <https://www.waukeshacounty.gov/media/jlhdk2rw/chip-launch-program-for-web-march-2024.pdf>

Waukesha County Public Health (2024). Waukesha County Clear Impact Scorecard. Retrieved July 1, 2025, from <https://embed.clearimpact.com/Measure/Embed/100261773>

Prescott, S. (n.d.). How Stable Housing Supports Recovery from Substance Use Disorders. John Hopkins Bloomberg School of Public Health. Retrieved July 13, 2025, from <https://opioidprinciples.jhsph.edu/how-stable-housing-supports-recovery-from-substance-use-disorders/>

Austin, A. E., Shiue, K. Y., Naumann, R. B., Figgatt, M. C., Gest, C., & Shanahan, M. E. (2021). Associations of housing stress with later substance use outcomes: A systematic review. *Addictive Behaviors*, 123. <https://doi.org/10.1016/j.addbeh.2021.107076>

Aurora Health Care (2024). Waukesha County Community Health Needs Assessment. Retrieved July 1, 2025, from <https://www.aurorahealthcare.org/-/media/Project/Health-System-Enterprise/AuroraHealthCareOrg/aurorahealthcare/documents/about-aurora/documents/about-aurora/2024-aurora-summit-community-health-needs-assessment.PDF?rev=c04b4269d7854f42b143221be5fd8794&hash=278237518F08CCA489072DD97B55A694>

Waukesha County Public Health (2023, April 5). 2022 Health Status Assessment & Data Report. Retrieved July 1, 2025, from <https://www.waukeshacounty.gov/media/cq5brnXP/2022-waukesha-county-health-assessment-data-rep-final-4-5-2023.pdf>

PLACES (2022). Housing Insecurity in Waukesha County. Centers for Disease Control and Prevention. Retrieved July 1, 2025, from Metopio <https://metopio.io/insights/2x83wgjr>

American Community Survey (2023). Housing Cost Burden in Waukesha County. U.S. Census Bureau. Retrieved July 1, 2025, from Metopio <https://metopio.io/insights/2x83wgjr>

Schwartz, A. E., & Wachter, S. (2023). COVID-19's Impacts on Housing Markets: Introduction. *Journal of housing economics*, 59, 101911. <https://doi.org/10.1016/j.jhe.2022.101911>

Wisconsin Policy Forum (July, 2023). Building Blocks Report. Retrieved July 1, 2025, from https://wispolicyforum.org/wp-content/uploads/2023/07/BuildingBlocks_Summary.pdf

Smith, P. D., Keene, D. E., Dilday, S., Blankenship, K. M., & Groves, A. K. (2024). Eviction from rental housing and its links to health: A scoping review. *Science Direct*, 86. <https://doi.org/10.1016/j.healthplace.2024.103182>

Interagency Council on Homelessness (2025, April 17). Wisconsin Eviction Data Project. State of Wisconsin Department of Administration. Retrieved July 1, 2025, from <https://doa.wi.gov/pages/wisconsin-eviction-data-project.aspx>

University of Michigan (2024, July 16). Research shows far-reaching costs of eviction filings to tenants – regardless of the outcome in court. *Poverty Solutions News*. Retrieved July 1, 2025, from <https://poverty.umich.edu/2024/07/16/research-shows-far-reaching-costs-of-eviction-filings-to-tenants-regardless-of-the-outcome-in-court/#:~:text=Landlords%20increasingly%20rely%20on%20tenant,applications%20rack%20up%20excess%20fees.>

Kibuacha, F. (2024, February 24). Key Informant Interviews: An In-Depth Guide for Researchers. Retrieved July 1, 2025, from <https://www.geopoll.com/blog/key-informant-interviews/>

US Housing Data (2025). Waukesha County, Wisconsin 2025 Fair Market Rents. Retrieved July 2, 2025, from <https://www.ushousingdata.com/fair-market-rents/waukesha-county-wi>

The Intersection of Housing and Substance Use Disorder in Waukesha County

