

Evaluation of the Homeless Assistance Rental Program (HARP)

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**Evaluation of the Homeless Assistance Rental Program (HARP)
Final Report**

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Executive Summary

In 2009 the Salt Lake County Community Resources and Development Division (CRDD) asked the Utah Criminal Justice Center (UCJC) to conduct a follow-up study to their 2007 evaluation of the Homeless Assistance Rental Program (HARP). Specifically, CRDD was interested in finding out whether or not the assumptions from the first HARP study remained true and if HARP continued to fulfill its goals. The following research questions were the foundation of the study and were answered based on available program records and a thorough search of the literature on homelessness interventions. The current study examines all HARP clients from inception through August 1, 2009 (N = 222) and compares them to a group of homeless individuals who received a similar type of supportive housing intervention (Tenant Based Rental Assistance (TBRA) through The Road Home Shelter, N = 231).

1. Did assumptions from the first HARP study hold true?

Yes, HARP clients continued to show a dramatic decline in involvement in the criminal justice system following HARP participation. The inclusion of a comparison sample in this study (TBRA) showed that although HARP clients were significantly more involved in the criminal justice system prior to housing (e.g., 43% vs. 21% bookings in jail in the year prior to housing; 19% vs. 8% w/ new charge booking), after housing participation, jail bookings, new charge bookings, and statewide arrest rates declined so dramatically for HARP that they were not significantly different than TBRA client rates (HARP 13% new charge bookings 1 year post-exit vs. 19% TBRA; HARP 31% new statewide arrest 1 year post-exit vs. 21% TBRA).

HARP clients also showed a trend of reduced involvement with the county's criminal justice services (CJS), substance abuse (SAS), and mental health (VMH) divisions following HARP participation. In some cases this decline also reached statistical significance (e.g., one year jail bookings and mental health treatment services pre/post housing). This may suggest a reduced need for these services, as the decline coincided with housing participation and growing stability in the clients' lives. TBRA participants, on the other hand, showed a relatively steady use of these services across all time periods. Among HARP clients who remain in mental health (MH) treatment during and post-housing, the percent that successfully complete a treatment episode increases. However, among HARP clients who remain in substance abuse (SA) treatment during and post-housing, the percent that successfully complete a treatment episode decreases. This may suggest that those who remain in SA treatment have more severe addictions that are more difficult to treat.

2. Has HARP continued to fulfill its intent/goals?

HARP has continued to fulfill its intended goals, with 90% of those found in jail records (75% of HARP sample overall) having a jail booking in the three years prior to housing. HARP has also continued to divert clients from residential treatment into supportive housing, with 51% of those who received MH treatment in the two years prior to housing utilizing residential services. The percent of clients in MH treatment during HARP who received residential services dropped to 27%. Of those receiving SA treatment during each time period, those who had residential SA treatment admissions dropped from 72% in the two years prior to HARP to 15% during HARP.

HARP has also continued to provide the services that define the supportive housing model. For example, HARP case managers (CM) met with HARP clients every 13 days, on average, with 75% of HARP clients meeting with their CM every 18 days or more frequently. CM visits were more frequent in the first three months of HARP than in months 4-12; however, for those who remained in housing over 12 months, the frequency of CM contacts increased again. This may suggest that those clients who remain in housing for longer periods of time require additional support and services. A separate analysis of CM visits by how long clients had been in HARP also supported this interpretation. Clients who were in HARP for over 24

months had CM contacts much more frequently throughout their participation (every 5 days on average) than those who exited more quickly. Changes in client functioning on the self-sufficiency (SS) matrices also support this theory that clients who remain in the program for longer periods of time are those that require more resources and services.

The average length of time in HARP (for exited clients) has increased from the last report (14 months vs. 9), while the average monthly rent plus utilities contribution by HARP has increased slightly (\$487 vs. \$454). Client rent contributions have remained steady at about 25% of total cost. In spite of a higher per client average cost (\$6,672: HARP average monthly rent plus utilities contribution of \$487 multiplied by 13.7 months as the average length of HARP participation for former clients), HARP has a criminal justice cost-benefit of \$2.71 return on every dollar invested (compared to \$2.64 in the last report), primarily due to a large decrease in potential victim costs because of the large reduction in recidivism. Based on the current reduction in recidivism, per-participant victim benefits are approximately \$11,800 (from estimated reductions in future expenses and loss of assets). Although HARP operates at a cost to taxpayers, it is effective in reducing future victimization and associated costs. It is also important to remember that the cost-benefit model used in this study only includes criminal justice costs, such as those produced from law enforcement, prosecution, courts, and incarceration (jails and prisons). Other potential costs/benefits to taxpayers from human services and other areas are not included in the Utah Criminal Justice Cost-Benefit Model; therefore, the present analysis is a conservative estimate of the cost-benefits of HARP.

The successful completion rate for HARP clients has also remained relatively stable since the first evaluation, with 38% leaving on a positive exit status during the first report compared to 31% exiting successfully in this report (the following table compares some selected results from the 2007 HARP study with the current study's findings).

Comparison HARP 2007 Study to Current Study		
	2007 HARP Study	Current HARP Study (2010)
Number of Clients	102	222
Clients from inception through	11/7/2007	9/1/2009
Referral Sources		
Substance Abuse (%)	63	66
Mental Health (%)	18	17
Criminal Justice (%)	12	7
Youth Services (%)	7	11
Participation Details		
Months in Housing (Mn) (for exited clients)	9	14
Days between case manager contacts (Md)	9	13
Per participant cost (Mn)	\$4177	\$6672
Outcomes		
Recidivism Event ¹ (%)	32	36
Criminal Justice Cost-Benefit ²	\$2.64	\$2.71
Exit Status		
Positive (%)	38	31
Neutral (%)	19	26
Negative (%)	43	43

¹Recidivism in 2007 report defined as a new BCI arrest or JEMS new charge booking following housing start. 2010 measure also included new prison commitments, which only accounted for 4 of the 79 recidivists.

²Return on every \$1 invested in the program

At a year following housing start, approximately 50% of both TBRA and HARP clients remained stably housed in their respective programs. One-year stably housed rates in the literature range from 37% for a sample of homeless mentally ill receiving intensive case management (ACCESS; Mares & Rosenheck, 2004) to 62-74% of clients in community residences (Siegel et al., 2006) to over 80% of clients in supportive housing (Kasprow et al., 2000; Wong et al., 2008; Siegel et al., 2006). The HARP and TBRA stably housed rates fall within this range. In addition, a combined 12 month stably housed rate was calculated for HARP, including those who left the program positively within the first year (self-sufficient, long-term housing such as Section 8). This stable housing rate was 77%. Factors associated with successful exit from HARP were having a new child during HARP housing (only 6 clients, but 83% successfully exited) and less prior involvement with the criminal justice system. High risk/need clients (e.g., have children, female, younger, in MH treatment) have successfully exited HARP; however, they generally require a longer time in housing prior to successful exit.

3. Do self-sufficiency matrices and housing first matrices show improvements in client functioning?

Clients' ratings seemed to rise across the first year of participation, and then began to drop after that for those who remained in housing and had matrices completed after their first year. This drop was especially notable for life skills, income, and mental health. This trend could be isolating the higher need clients who remain in housing longer than a year.

4. What type of client does best in HARP?

Those with less prior involvement with the criminal justice system are more likely to successfully exit HARP and have no new criminal events. However, even among those who had a new charge booking in the three years prior to HARP, 56% have not yet had a new offense since starting housing. The overall trends for HARP clients show a high percent with involvement in the criminal justice system, CJS services, and SA and MH treatment prior to housing, but involvement with all systems decreased during and post-housing. These trends emphasize the impact a program can have when serving high risk clientele. Although high risk clients are more likely to have negative outcomes (negative exit/recidivism), because of their high use of intensive and costly services prior to housing, a more dramatic decline in system involvement can be observed.

a. Could those clients do as well in less intensive services?

Based on the mix of clients that HARP currently serves, it is not advised for the program to offer less intensive services (see "b" below).

b. Does HARP need to serve a mix of client risk/need levels in order to maintain the turnover rate?

Currently HARP serves a mix of clients that are disproportionately high risk. HARP leadership is exploring the idea of implementing a risk/needs assessment and dividing potential HARP clients into different "tracks." Based on the working information for HARP tracks, the evaluators used existing data on the HARP sample in this report to divide them into their appropriate groups. This resulted in four distinct HARP tracks:

- High-2: cases not flagged in three less-severe categories; defined by having higher range of past substance abuse treatment admissions and/or jail bookings (n = 36)
- High-1: SPMI (serious and persistent mental illness in VMH or CJS record pre/dur-housing) (n = 116)
- Medium: not flagged as "High-1," had prior successful substance abuse treatment discharge (pre-housing) and in substance abuse treatment at housing start/during housing (n = 35)
- Low: not flagged as "High-1" or "Medium," had one or no jail bookings in the three years prior to housing (n = 35)

As shown in the previous bullets, only 70 of the 222 HARP clients in this report (32%) are either medium or low risk. The Low risk group has the best outcomes (highest percent with positive exit status (43%), longest average time in housing (over 17 months), and fewest with recidivism (14%)). Outcomes are fairly similar for the Medium and High-1 groups, despite the Medium group being defined more as a substance abuse population and High-1 being defined as a mental health population. Just over one-quarter of each group successfully exited housing, while around one-third of each group recidivated. The group that really stood out from the others was the High-2 group which had recidivism rates almost double the next closest group (61%).

5. Is there an assessment for identifying appropriate clients for a program like HARP or a more short-term (2-3 months) housing program?

The literature review did not uncover any useful risk/need tools for HARP to identify clients who were appropriate for their supportive housing program vis-à-vis a more short-term (2-3 month) housing intervention. In general the literature shows that the type of housing assistance needs to be matched closely to the needs of the clients, with higher need clients requiring more intensive (and usually costly) services. As shown above, HARP serves a primarily high risk clientele and, therefore, needs to provide integrated support services. Although a ready-made assessment was not identified, the use of existing data from HARP partnering agencies shows that enough information is available to sort HARP clients into “tracks” that have distinctive profiles and success rates (see “b” above). It is recommended that HARP continue to explore the use of existing data on HARP-referred clients to use as a possible risk/need assessment.

6. What is the cost-benefit of HARP vs. “bricks & mortar” programs like Sunrise or Grace Mary Manor? Or other comparison programs (Project RIO, TBRA)?

There was not enough information locally to compare HARP cost-benefit to “bricks & mortar” style housing. In addition, a search of the literature on cost-benefit of housing interventions primarily revealed how difficult such a process is. For example, Jones and Pawson (2009) note that the simple principle of cost-effectiveness is difficult to apply, requiring the measurement of the “counterfactual” (what would have occurred for all of those affected if the policies/services had not been in place), as well as a detailed assessment of fixed and variable cost structures (that are not always readily available). The limited criminal justice cost-benefit model does show that HARP operates with an approximate \$2.71 return on every dollar invested. Some of the literature also shows some non-monetary benefits of scattered-site independent supportive housing (such as HARP) vs. single-site “bricks & mortar” housing. For example, residents in independent housing (vs. concrete settings) reported greater independence (attending to personal and household responsibilities such as cooking, cleaning, errands) and greater occupational functioning, as well as feeling a greater sense of choice (Yanos, Felton, Tsemberis, & Frye, 2007).

7. Does the model function as well as it could/should?

- a. Are varying agency goals/restrictions barriers to HARP’s goals? Would it be better to have a single organization providing CM/support services? Is CM geared more toward human service (e.g., SA or MH tx completion) and housing (make sure they are meeting HARP requirements) needs, but not enough assistance on self-sufficiency (i.e., employment, other forms of assistance to help get off of HARP)?**

Several questions were asked regarding HARP functioning and partnerships, especially concerning case management and clients’ access to wrap-around support services. The literature provides some insight into these topics, with the general recommendation that “team” approaches to service provision (such as ACT teams, with health, mental health, and case management professionals all working on a single team) and integrated service provision (e.g., multiple services provided at a single site) are preferable. However, several approaches to housing and support services have been shown to be effective in the literature.

Based on client feedback (both current and former HARP clients), it appears that clients feel that their case management and support service needs are being met with the current HARP model. Fifty-five (55) of 81 (68%) HARP current clients completed surveys. Regarding case management, most HARP current clients answered that their case managers helped them with developing/understanding a case plan, made home visits, and are responsive to requests. The areas that HARP current clients were most satisfied with their case managers were: treating the client with respect (Mn = 5.0 out of 5 point scale) and cultural sensitivity (Mn = 4.8), as well as responsiveness to requests, making home visits, and helping develop/understand case plan (all Mn = 4.8). Overall satisfaction among current HARP clients could not be higher, with respondents giving the program an average rating of 4.9 out of 5. Among former HARP clients, case management was most often cited as the most helpful part of the housing program. Very few HARP current or former clients provided suggestions on improving the program, with most stating that all of their needs have been met. Of those who provided suggestions, the most common included: jobs/employment assistance, transportation, health/dental insurance for adults, and education/training opportunities (usually to help with employment). Some other barriers (see #8) and percent of clients using various services (see “b” below) suggest additional areas for improvement.

Eight (8) HARP case managers participated in an online survey and described their role in the program. The group who responded to this survey was active in helping clients in several areas of their lives. All eight reported helping with health care, education, and transportation, while six reported helping clients obtain household items and employment. Half of the respondents also said that they help clients find child care. When asked “What were the most important things you do to help your HARP client(s)?” case managers responded as often with items related to housing success/self-sufficiency (e.g., apply for HEAT program, help with ADL’s) as they did with items related to treatment success (keep involved with treatment/relapse prevention, keep on meds).

b. Are DWS resources/referrals being used appropriately to get clients the help they need to become employed?

Results from the current client surveys suggest that DWS resources are not being used appropriately or sufficiently to address employment challenges of HARP clients. In addition to help with jobs/employment assistance being the #1 issue listed by clients for how to improve the program, only 69% of current client survey respondents said they had used DWS employment assistance and among those the average rating for satisfaction was 3.9 out of 5 (among the lowest rated services). However, it should also be noted that education/employment accomplishments were the most frequently mentioned accomplishment by current HARP clients as well.

8. How do former and current clients view their experiences with HARP? What helped them succeed? What barriers still exist?

Current and former HARP clients view their experiences with HARP as overwhelmingly positive (giving the program an average rating of 4.9 out of 5). Current clients specifically mention housing assistance and the positive impact it had on their lives (e.g., independence, safety, stability), followed by their case manager as the most helpful parts of the program. Former HARP clients were most likely to mention the case management (several mentioned their former case manager by name), followed by housing as the most helpful part of the program. The following client comments illustrate this point of view and how positively the supportive housing model (independent housing with vouchers for rent/utilities plus case management) is viewed by the clientele:

HARP Current:

- “Helping with a stable living environment while I continue to work on my recovery, mental health issues and education. I hope to become self-sufficient within a year, maybe two.”
- “Helping me with housing and with paying part of the rent so me and my kids have a home.”

- “Care, concern and support of case manager. Suggestions and referrals of case manager.”

HARP Former:

- “Having a home for myself and my children. Remaining stable to provide for myself and my kids.”
- “Home visits I loved them. Wish there would have been more one on one visits”
- “The overall program. I had a place to live; I had a case manager whom I could tell everything to. I miss this being on Section 8.”

Despite self-reported improvements in employment/education, substance use, and mental health issues, HARP current clients continue to encounter challenges to self-sufficiency and long-term stability. Employment was the most frequently mentioned challenge since entering HARP, followed by health/mental health issues. For former HARP clients, the two biggest challenges since leaving housing were employment and no longer having case management. There was a 42% reduction in employment from during housing to post-housing for this group. The primary barriers to employment post-housing were depression/overwhelmed/MH issues (58%), followed by the need for more education (33%), and the difficulty of finding a job with a criminal record (33%). More clients reported employment barriers for the post-housing period than during housing.

Overall Findings and Recommendations

The results of this study reveal that the HARP program was cost-beneficial and successfully reduced recidivism rates. Participants also showed reduced CJS involvement, substance abuse treatment, and mental health treatment. Additionally, using the HARP data, this study potentially identified groups that can be targeted for proper treatment matching (HARP “Tracks”). Because HARP targets primarily high risk clients, the program has shown more dramatic improvements in several areas than TBRA (that targets a less high-risk clientele).

HARP should consider more intense client services in **employment assistance, mental health, education, and transportation**. This is based on HARP clients’ reports on barriers to finding and keeping employment, which is vital to long term stability and self-sufficiency.

HARP should also explore the use of an **actuarial criminogenic risk/needs assessment** and partner with an agency that can **provide cognitive behavioral treatment** to address these needs. This is based on the fact that one of the major factors related to recidivism and negative program exit was the criminal history of the offender.

The HARP program should also pursue the use of the **HARP “tracks”** to identify higher-risk clients at the time of admission and match services accordingly. In addition, an overall trend that emerged across various data sources was that **clients who remain in HARP housing for longer periods of time are those that have the most difficulty managing self-sufficiency**. In addition to the use of tracks to identify and provide higher-level care to certain HARP participants, **those who have already remained in housing for over 18 months should be targeted for increased services and case plan for long-term success**.

Lastly, **for those clients who have substance abuse issues**, it is recommended that **evidence of successful treatment completion** be shown **prior to housing in HARP**. For example, those who completed SA treatment recidivated at 26% compared to 43% for those who had past treatment but no successful completions. It is not recommended that clients have entirely completed SA treatment, simply that they have shown some success in a treatment admission prior to housing in HARP.

Background and Introduction

In 2009 the Salt Lake County Community Resources and Development Division (CRDD) asked the Utah Criminal Justice Center (UCJC) to conduct a follow-up study to their 2007 evaluation of the Homeless Assistance Rental Program (HARP). Specifically, CRDD was interested in finding out whether or not the assumptions from the first HARP study remained true (e.g., reductions in jail use, increase in treatment compliance) and if HARP continued to fulfill its goals.

The 2007 HARP study examined the first 102 clients in HARP (Van Vleet, Hickert, Becker, Fowles, & Kunz, 2007). At that time most clients were referred to HARP from Substance Abuse Services (63%), had been booked into the jail in the year prior to housing (56%), and had received financial assistance from the Department of Workforce Services (DWS) in the two years prior to housing (90%). Only 13% had involvement with Valley Mental Health (VMH). HARP provided single-bedroom units to two-thirds (63%) of clients and a median rent contribution of \$454 across all clients. Median time in housing was nine (9) months for exited clients, with 36% of clients having exited the program at the time of the evaluation, and six (6) months for active clients (ranged from 1 to 22 months). Exit status was 43% negative, 19% neutral, and 38% positive. Compared to the year prior to receiving HARP housing, jail bookings dropped from 56% to 33% in the year following housing start (new charge bookings dropped from 22% to 13%). The criminal justice cost benefit indicated a \$2.64 return for every dollar invested in the program, primarily due to reduced future victimization. Recommendations included improving the administration and recording of client measures (case management, Self-Sufficiency and Housing First matrices) and continuing the process of collaborating and streamlining processes across partnering agencies.

The current study examines all HARP clients from inception through August 1, 2009 (N = 222) and compares them to a comparison group of homeless individuals who received a similar type of supportive housing intervention (Tenant Based Rental Assistance (TBRA) through The Road Home Shelter, N = 231). The addition of a comparison group provides some context for the outcomes observed for the HARP clients. In addition, this follow-up study allows for a larger sample, longer follow-up period, and more complete records.

Literature Review

What type of client does best in HARP?

As described in the literature review in the 2007 HARP study (Van Vleet et al., 2007), the type of housing assistance needs to be matched closely to the needs of the clients, with higher need clients requiring more intensive (and usually costly) services. However, the current research does not provide clear recommendations, due to the variety of housing services, types of participants, and outcomes of interest that are studied. For example, Kertesz and colleagues noted that it is difficult to compare different housing models (e.g., Supportive Housing vs. Housing First), because they often (1) target different primary problems (housing vs. health/addiction), (2) apply different methods and measures (policy interventions vs. clinical interventions), and (3) have different paradigms (policy vs. behavioral psychology) (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). Therefore, current research remains insufficient to identify an optimal housing and rehabilitation approach (Kertesz et al., 2009). Due to this ambiguity, Kertesz and colleagues recommend that future research needs to be conducted that includes both types of interventions, is randomized, and uses standardized appropriate measures for both addiction and housing outcomes. In the meantime, several studies have recently been published that help identify what additional services should be provided to help the multi-need homeless population, the cost-benefit of supportive housing and other services for the homeless, and types of housing that improve stably housed rates.

What services should HARP provide?

Several studies have examined services for homeless individuals with comorbid conditions. Typical services include housing vouchers, case management, substance abuse and mental health treatment, and medical care. Some recent studies have examined additional services that may assist these groups in becoming self-sufficient, as well as new approaches to service delivery.

A couple of studies suggest changes and additions to treatment programs to address client needs beyond simple mental health or substance abuse counseling. Stein, Dixon, and Nyamathi (2008) found that the following problems were highly correlated with homelessness: emotional distress, lower positive coping, greater alcohol use, low self-esteem, and injection drug use. They **suggest interventions such as individual counseling and life skills classes that target and reduce negative coping patterns and attitudes.** In a study of homeless with mental illness receiving integrated clinical and support services (ACCESS), women showed greater improvements in family relationships and social support than men at 18-months follow-up, but less improvement in alcohol and drug use (Cheng & Kelly, 2008). The authors suggest that a **gender-specific substance abuse treatment** intervention should be part of a comprehensive program for homeless women. The results also suggest that **men would benefit from increased services to improve family relationships and social support**, since they did not show as great of improvement.

Case manager alliance has also been examined as an important factor in providing services to homeless populations. Sosin and Durkin (2007) looked at the causal factors for client dropout from the Homeless Integration Project and found that **perceived competency of case managers and believing that services will be particularly helpful deterred dropout.** However, Cunningham, Calsyn, Burger, Morse, and Klinkenberg (2007) studied case manager alliance among ACT (Assertive Community Treatment) participants and found that there was **no significant relationship between client-case management alliance and client outcomes like**

alcohol/drug consumption or psychiatric symptoms. Therefore, although the previous study (Durkin & Sosin, 2007) found that clients' positive opinions of case managers were related to decreased dropout rates, this study (Cunningham et al., 2007) suggested that case manager alliance did not significantly improve substance abuse or psychiatric outcomes, especially among more disadvantaged clients where other factors (e.g., income, education, social support) may be more salient in improving outcomes.

The additional requirements of supportive housing (over Housing First programs) do not seem to negatively affect client satisfaction. Robbins, Callahan, and Monahan (2009) found that Housing First clients were less likely to report that adherence to mental health treatment was a requirement for obtaining or retaining housing. They also found that Housing First programs and supportive housing programs achieved similar levels of satisfaction. However, Wong and colleagues found that for half of the clients who left supportive housing, issues with sobriety requirements, support staff, or other rules were the impetus for leaving (Wong, Poulin, Lee, Davis, & Hadley, 2008). They note that these issues should be considered when comparing the merits of Housing First vs. supportive housing interventions. On the other hand, the Robbins et al. (2009) study's findings suggest that **adding treatment adherence or other requirements may increase clients' feelings of coercion; however, it does not seem to affect overall satisfaction with the housing program.**

Specific criminogenic needs should be targeted in homeless offender populations to reduce their involvement with the criminal justice system. In another study of ACT, none of the treatment interventions (ACT only, ACT with integrated treatment, or traditional treatment referrals) showed a significant relationship to criminal recidivism (Calsyn, Yonker, Lemming, Morse, & Klinkenberg, 2005). At two years following intake, 52% (all groups combined) had a new arrest, while 26% had been incarcerated. The authors suggest **the need for more specialized interventions to reduce criminal behavior** among this population of dual disorder individuals. However, the authors do maintain that ACT is an effective case management approach for addressing hospitalization, housing, mental health, and substance abuse issues. Criminal justice research consistently suggests that treatment and services designed to reduce criminal recidivism should abide by the principles of RNR: risk, need, and responsivity (Latessa, 2009). Criminal justice interventions should target the highest risk participants (risk), address their most salient criminogenic needs (need), and be responsive to their learning style, culture, and gender (responsivity). **Effective interventions to reduce criminal recidivism target offenders' antisocial personality, cognition, and associates by building problem-solving skills and reducing risky thinking and feelings** (Latessa, 2009).

A couple studies suggest the importance of a continuum of services and service integration when addressing a multi-need homeless population. A study of homeless veterans with documented mental health or substance abuse problems suggests that **clients who have more severe needs can improve to levels of functioning that are similar to less troubled clients if they receive a period of residential services prior to independent supportive housing**, rather than directly entering independent housing from homelessness (O'Connell, Kaspro, & Rosenheck, 2009). However, the study was designed as such that it was impossible to determine if these client improvements could have been achieved without the added expense of residential treatment prior to independent supportive housing. Another study, although outside of the area of services that HARP may provide, gives insight into the **importance of integrating as many services as possible** when treating a multi-need homeless population. McGuire, Gelberg, Blue-Howells, and Rosenheck (2009) compared two time periods at a Homeless Drop-In Center: 1) Pre-Integration (PRI) when clients were referred out to The Greater Los Angeles Medical Center primary care clinic

(a half mile from the Homeless Program), and 2) Post-Integration (POI) when a primary care physician and the nurse practitioners that were trained on how to engage and treat homeless populations were onsite. Researchers found that the POI group took less than a day for primary care enrollment while the PRI group took 53 days on average. They also found that the POI group used more prevention services (13% more) and fewer emergency care services than the PRI group (2.4 visits versus 4 visits). Thus, the authors conclude that the **quality of medical health care can improve with integrated medical treatment with homeless and mental health services.**

One study compared scattered-site independent housing to “concrete setting” housing (such as community residences and single room hotels) and found a few benefits for the independent housing. Residents in independent housing (vs. concrete settings) reported greater independence (attending to personal and household responsibilities such as cooking, cleaning, errands) and greater occupational functioning, as well as feeling a greater sense of choice (Yanos, Felton, Tsemberis, & Frye, 2007). However, housing type (independent vs. concrete) was not significantly related to any of the other functioning or community integration measures (such as leisure, community integration, or perceived opportunities). The study did not specify if these two groups varied on any significant measures prior to housing in the two different models. These findings suggest that **both independent apartments and concrete settings can be effective in helping homeless individuals with serious mental illness integrate into a community.** However, independent site housing does seem to be related to more self-sufficiency, which is a goal of HARP.

What is the cost-benefit of housing programs?

Evaluating the cost-benefit of supportive housing and other services for multi-need homeless populations can be quite difficult. Jones and Pawson (2009) outline some of these difficulties in their study of local housing policy innovations in England. Specifically, they note that the principle of cost-effectiveness in housing is simple: “compare the costs of providing services with the benefits in terms of housing outcomes.” However, they also note that this simple principle is difficult to apply, requiring the measurement of the “counterfactual” (what would have occurred for all of those affected if the policies/services had not been in place), as well as a detailed assessment of fixed and variable cost structures (that are not always readily available). Jones and Pawson (2009) do acknowledge that “the most cost-effective approach is not necessarily the cheapest.” In spite of these challenges, the following studies provide some insight into different costs and benefits of housing policies.

Housing First programs can significantly reduce health care and crisis costs for homeless individuals with severe alcohol problems. Median per person per month costs were reduced from \$4066 in the year prior to Housing First to \$1592 after 6 months and \$958 after 12 months (Larimer et al., 2009). The control group started with a median cost of \$3318 which dropped to \$1932 after 6 months; data after 12 months is unavailable as control group wait-list clients were housed by that point. Costs were calculated by dividing the sum of all on-site housing operating costs (maintenance, utilities, insurance, etc.) and crisis services costs (e.g., ER, sobriety center, jail) by the capacity of the project.

Housing First programs can also be more cost effective than alternative “linear” programs that require treatment completion prior to housing placement. Stefancic and Tsemberis (2007) found that Pathways to Housing (a Housing First model) as well as a consortium of Housing First providers placed a majority of their clients in independent housing. The bulk of those clients remained stably housed for more than three years. Annual per person costs were calculated, with

Pathways costing approximately \$19,000 and consortium Housing First costing \$22,000. The treatment as usual (“linear”) model had the largest percent of their clients (whose locations were known) remain in supported housing or return to shelters at a cost of \$20,000 (supported housing) and \$24,000 to \$43,000 (shelters, depending upon length of stay). Because of these differential outcomes, the authors conclude that Housing First is a less costly option for housing the chronically homeless with mental illness.

A study comparing CTI (critical time intervention: 9-month intensive case management connecting clients to systems of care among service providers, family members, and the community) to usual care (traditional case management and referral) demonstrated **the high costs associated with treating homeless persons with a severe mental illness transferring from shelters into community living** (Jones et al., 2003). The study summed the following costs over an 18-month follow-up period: CTI and usual services; acute and outpatient mental health, medical, and substance abuse services; housing and shelter services; and criminal justice costs. Total costs were slightly higher for the CTI, at an average of \$52,374, while the costs for usual care participants were \$51,649. The CTI group, however, averaged 58 more non-homeless nights than usual care participants, 508 and 450 total nights respectively. With this in mind, the authors suggest that **CTI is cost-effective relative to usual care, if decision-makers are willing to spend an additional \$152 per non-homeless night**.

In a study conducted in Los Angeles County, researchers evaluated the public costs for people in supportive housing versus homeless individuals (Flaming, Burns, & Matsunaga, 2009). The study examined costs from a variety of areas, including criminal justice, housing and general public assistance, and several areas of mental and physical health services. The study found that public costs for supportive housing were \$605 per person per month while costs for similar people that were homeless were \$2,897. Public costs for chronically homeless with disabilities decreased by 79% when those individuals were housed. Public costs decreased by 19% for individuals with serious problems (e.g. jail history and substance abuse issues) when they received temporary housing, while costs decreased by 50% for the general homeless population when they were housed. Most of these savings in public costs are from reductions in health care costs. The authors interestingly note that **for high-need individuals (mentally ill and addicted) higher levels of service (such as supportive housing vs. voucher housing) result in higher costs savings** (likely due to increased housing retention and decreased use of crisis services associated with returning to homelessness).

What types of programs are effective in maintaining housing retention?

The literature review in the previous evaluation of HARP (Van Vleet et al., 2007) included a few studies that reported stably housed rates. In addition to improved client outcomes and cost savings, more intensive housing services were found to achieve better stably housed rates than less intensive services when dealing with a more troubled clientele. Similarly, more difficult clients (e.g., dual diagnosis) had lower stably housed rates than programs that served homeless individuals with fewer problems. For example, in a study of ACT (comparing ACT only, ACT with integrated treatment, or traditional treatment referrals among homeless individuals with comorbid substance and severe psychiatric disorder), the ACT and integrated ACT were equally effective and significantly more effective than the control group on number of days stably housed. At 24 months follow-up, integrated ACT and ACT only had an average of 18 of the previous 30 days stably housed, compared to 13 of 30 for the standard care group (Morse et al., 2006). Two studies of the Critical Time Intervention (CTI) model also showed better stably housed rates for the intervention groups (CTI: received 9 months of case management with home visits to help with transitioning and

systems of support) than the usual care comparisons (prep for community placement, assistance in locating community housing, and the development of a treatment plan). Participants in both studies were homeless men with severe mental illness. In the earlier study, CTI participants had an average of 46 nights homeless per person during the 18 month follow-up period, compared to 160 for the usual care group (Jones, Colson, Valencia, & Susser, 1994). In the later study, CTI participants had significantly fewer average homeless nights than those provided with usual services (USO) at 18-month follow-up (30 average nights versus 91) (Susser et al., 1997). Furthermore, at the end of the 18-month follow-up period, 8% of the CTI men were homeless compared to 23% of the USO men.

In a similar study, the more intensive integrated housing intervention achieved higher levels of stable housing than the less intensive parallel housing intervention (McHugo et al., 2004). Integrated housing was defined as case management and housing services provided by one coordinated agency (single-site with live-in staff). Parallel housing was defined as a more traditional Supportive Housing model with case management provided by three different mobile teams (clients were not segregated from the rest of the tenants; no staff were present to supervise tenants). At 18 months 86% of integrated housing participants and 68% of parallel housing participants were living in stable housing (both groups had over 80% homeless at baseline). In a study of ACCESS (intensive case management to homeless people with mental illness), 37% of participants were stably housed 12 months after receiving intensive case management (Mares & Rosenheck, 2004). This is compared to the entry requirement that all participants be homeless 7 of the previous 14 days. Estimated housing retention at one year was 83% for a sample of seriously mentally ill homeless receiving supportive housing in Philadelphia (Wong et al., 2008). In a National Institute of Mental Health study of various types of housing support and rehabilitation services across several metropolitan areas, 78% of participants were considered stably housed (Shern et al., 1997). Participants were regarded as stably housed if they did not move from their residence before the final follow-up (time varied); all sites included some form of case management and housing types varied from independent living to Section 8 vouchers. In an additional study of Supportive Housing (Section 8 vouchers with intensive case management for homeless veterans) it was found that 12 months after receiving Section 8 vouchers, 84% of participants were housed (Kasprow, Rosenheck, Frisman, & DiLella, 2000).

Recent literature on housing interventions and stably housed rates continues these trends. For example, Kertesz and colleagues conducted a thorough review of Housing First and traditional “linear” interventions for homeless substance abusers (e.g., residential treatment followed by supportive housing) and conclude that Housing First models are superior in long-term housing retention (Kertesz et al., 2009). The review cited a study that reported that 88% of Pathways to Housing (Housing First model) tenants remained housed after 5 years, compared to 47% of those in linear residential treatment approach (Tsemberis & Eisenberg, 2000). Other “linear” retention rates reported in this review included 75% after 12 months among homeless with severe mental illness receiving various types of housing (including supportive and transitional) (Lipton, Siegel, Hannigan, Samuels, & Baker, 2000), as well as 63% after 24 months among homeless/marginally housed addicted individuals referred by the Target Cities initiative (detail on treatment and housing offered not specified; Orwin, Scott, & Arieira, 2005). Kertesz et al. (2009), as previously reported, also discussed the difficulty of comparing various housing and rehabilitative interventions due to their different goals, methods, and outcomes measured.

In a more recent study of Pathways to Housing, Stefancic and Tsemberis (2007) report that after 20 months, Pathways to Housing had placed 60 of 105 clients in independent housing (57%) with 57 clients still housed (54%), the Housing First consortium had placed 52 of 104 clients in independent housing (50%) with 46 clients still housed (44%), and the control group (permanent

housing is offered after graduating from treatment and transitional housing) had only one client out of 51 living independently (2%). The housing situation for many of the control group was unknown (n = 21; 41%), while 12 (24%) were placed in supportive housing by the Department of Mental Health (DMH) and 5 (10%) remained in shelters. Housing retention for those who were initially housed was 89% for Pathways and 79% for the consortium after 24 months. After 47 months, 78% of Pathway participants and 57% of the consortium remained housed. Authors suggest that the higher rate of retention for Pathways as compared to the consortium may be attributed to years of experience providing Housing First services. They also note that the lower rate for consortium agencies may be caused by the challenges of shifting services to Housing First. Data for retention of the control group was not tracked after 20 months. Overall results indicate that Housing First participants were placed in permanent housing at higher rates and had higher housing retention. As summarized in the “What is the cost-benefit of housing programs?” section earlier, this study also found Housing First to be a more cost effective program than the treatment as usual alternative.

A study comparing three Housing First programs (DESC, Pathways to Housing, and REACH) reported similarly high stably housed rates (Pearson, Montgomery, & Locke, 2009). Eighty (80) participants (single, homeless adults with serious mental illness and/or substance abuse disorders) were tracked. After 12 months an average of 84% remained enrolled in the program and more than half spent every night in their Housing First unit.

Lastly, Siegel et al. (2006) compared supportive housing and community residences and found high housing retention rates for formerly homeless individuals with mental illness in both groups. Supportive housing was defined as independent housing with support services (some on-site, others off-site) and cost approximately \$1200 per client per month (for housing and services). Community residences were defined as housing specifically designed for clients with mental illness (could be shared rooms or single apartments) that included mandatory treatment and highly structured daily life (cost approximately \$2400 per client per month for housing and services). Survival analyses were used to estimate the percent of clients who would remain housed in each of the two models. At 12 months, 72-87% of supportive housing clients were estimated to still be housed (rates varied based on severity of clients), compared to 62-74% of clients in community residences. The differences between supportive housing and community residences were not statistically significant. Because both types of housing had similar success rates and supportive housing costs, on average, half of what community residences cost it may be that supportive housing is the more cost-effective option. However, the authors conclude that additional costs should be considered prior to drawing a conclusion about cost-effectiveness.

Methods

Participant Selection

The HARP and the Tenant Based Rental Assistance (TBRA, through The Road Home) comparison study samples were identified from HACSL database records through 9/1/09 when HACSL moved to a new data system. Table 1 shows the total sample size of all former and current HARP and TBRA participants through August 2009.

Potential HARP and TBRA clients were first identified for the study sample by querying the old HACSL database for individuals who had either program as their housing funding stream in the status table. From that list of clients, rent review/contract histories were pulled. An examination of rent review/contracts showed that a few clients had participated in both TBRA and HARP housing, while a couple had participated in TBRA more than once. It was also discovered that a portion of clients identified through HARP and TBRA funding streams actually participated in a different short-term four month housing program ("Steadman"). These individuals were removed from the sample. The following rules were used to determine the final study groups:

- Those who were ever in HARP were selected to be in the HARP group.
- Those who participated in TBRA more than once had their first participation selected as their housing event for this study.

All cases in this final group that had missing start or end dates or extremely short or long lengths of stay were sent to HACSL for a hand check of their files. Start and end dates, time in housing, and active status as of 9/1/09 were updated in the final study sample with this information.

Table 1 Study Sample

	TBRA	HARP	Total
Year Started	2002	2006	
Sample Size (N)	231	222	453
Active in Housing 9/1/09			
N	47	98	145
%	20	44	32
Exited from Housing			
N	184	124	308
%	80	56	68

The TBRA comparison group was identified by HACSL staff as the most appropriate comparison group for HARP. Similar to HARP, TBRA is a housing assistance program where clients who need housing are referred from a partnering agency, are screened and provided with housing assistance from HACSL, and are required to pay a portion of their rent and comply with case management from the referring agency. See Table 2 for additional description of the similarities and differences between HARP and TBRA. An explanation of the differences between the client groups is explored in the Results section of this report.

Table 2 Program Descriptions

TBRA	HARP
Referred from The Road Home.	Referred from HARP partnering agencies from Salt Lake County's four divisions of the Department of Human Services: Criminal Justice, Mental Health, Substance Abuse, and Youth Services.
The Road Home provide screening for housing eligibility, clients typically find their own housing unit, The Road Home provides inspection of housing unit, and then HACSL provides rental/utilities assistance based on need.	Case managers refer clients to HACSL and complete applications with the clients, then HACSL provides screening for housing eligibility, identification and inspection of housing unit, and rental/utilities assistance based on need.
Housing is provided from existing private housing stock (scattered site) and selected by the client.	Housing is provided from existing private housing stock (scattered site) and selected by the client.
Participants are required to meet with their Road Home case manager approximately weekly in the beginning, tapering to monthly (but vary "as needed"). Nearly all visits are in the clients' home.	Participants are required to have home visits weekly with their HARP case manager during the first month of housing, then monthly thereafter. Office visits may occur in addition.
Participants do <i>not</i> receive home visits from AmeriCorp volunteers from HACSL.	Participants receive additional home visits from AmeriCorp volunteers from HACSL as needed.
Participants are required to pay \$50 per month or 30% of their monthly income toward rent (whichever is greater)	Participants are required to pay \$50 per month or 30% of their monthly income toward rent (whichever is greater)

Data Sources

In addition to providing the information that allowed for the selection of the HARP and TBRA samples, HACSL provided information on rent amounts, households, and incomes (see Appendix A for a full list of data records by sources). In addition, paper Self-Sufficiency (SS) and Housing First (HF) matrices in HACSL client files were hand entered into a database by UCJC research staff. Appendix A also lists the data provided by the three HARP partnering agencies (VMH, SAS, CJS) and two agencies that provided additional services (DWS, TRH), as well as three sources of criminal history and recidivism records (Sheriff's Office, BCI, UDC). It also describes the matching criteria employed by each agency.

Table 3 lists the sample size obtained from each agency providing data for this report. Due to the thorough search methods employed by these agencies, non-matches are considered individuals who did not have contact/receive services from these groups. For example, 82% of HARP clients were found in VMH data; therefore, the 18% that were not matched have most likely never received services from VMH. As shown in Table 3, HARP clients had significantly more contact with criminal justice, substance abuse, and mental health systems, while TBRA had significantly more contact with the shelter system.

Table 3 Sample Size Obtained by Data Source

Data Source	Sample Size Obtained			
	TBRA		HARP	
	N	% of total	N	% of total
Housing Authority (HACSL)	231	100	222	100
Valley Mental Health (VMH)*	157	68	182	82
Substance Abuse Services (SAS)*	51	22	173	78
Criminal Justice Services (CJS)*	55	24	131	59
Department of Workforce Services (DWS)	224	97	216	97
The Road Home (TRH)*	194	84	55	25
Salt Lake County Sheriff's Office *	102	44	184	83
Bureau of Criminal Identification (BCI)*	135	58	190	86
Utah Department of Corrections (UDC)*	61	26	159	72

*Group difference statistically significant at $p < .05$

Surveys

HARP and TBRA Current Client Surveys

Surveys for current HARP and TBRA clients were developed off of surveys used in the 2007 HARP report, with additional items being added to cover new areas of interest. Current client surveys were distributed through case managers with a cover sheet that explained the voluntary and confidential nature of the survey and the incentive that clients would receive for participating (\$20 Smith's gift card). Clients were advised to take the surveys home and mail them back to UCJC in the supplied business reply envelope (no postage required). UCJC mailed the \$20 Smith's gift cards directly to clients at the address they provided. Therefore, case managers did not know which clients chose to participate in the study. As shown in Table 4, response rates were fairly high, likely due to the use of a valuable incentive, and were higher for HARP participants than TBRA.

Table 4 HARP and TBRA Current Client Survey Response Rate

	TBRA Current	HARP Current
Surveys Sent (N)	35	81
Surveys Received (n)	12	55
Response Rate (%)	34	68

HARP Former Client Survey

Surveys for former HARP clients were also developed off of surveys used in the 2007 HARP report with additional items added as well. Last known addresses for former HARP clients were provided by HACSL. Twenty-five (25) clients had recent addresses in the new database (since 9/1/09), while 91 had addresses in the old system (pre 9/1/09). All of the 25 clients with addresses in the new database were included in the mailing with an additional 25 randomly selected from the old addresses. Surveys, cover letters, and business reply envelopes were mailed to the clients at these 50 addresses. The cover letter explained the purpose of the study and covered similar issues as the current client survey (participation is voluntary and confidential; participants receive a \$20 Smith's gift card). Table 5 shows the response rate for the former client survey. The participants provided an updated address and/or confirmed that the address they received the survey at was correct. Upon receiving completed surveys, UCJC mailed \$20 Smith's gift cards directly to the respondents.

Table 5 HARP Former Client Survey Response Rate

HARP Former	
Surveys Sent (N)	50
Returned Undeliverable (n)	18
Surveys Received (n)	12
Response Rate* (%)	38

*Response rate is only out of those that were sent and not returned undeliverable

HARP Case Manager Survey

A brief anonymous online survey was developed for HARP case managers that asked them about how they work with HARP clients and their suggestions for improving the program. A list of case managers was developed from HACSL records on clients by case managers (n = 13 case managers) and e-mail distributions lists to the HARP team from Kerry Steadman at CRDD (n = 11). The group from the e-mail lists excluded individuals who were known to not be case managers (e.g., agency directors); however, this list may have included additional professionals who were not HARP case managers. The invitation to participate in the HARP case manager survey was sent to this list (n = 24) and recipients were asked to forward the invitation to any of their colleagues who were HARP case managers and were not on the list. The e-mail provided the explanation of the project and a link with a username and password to access the online survey. Recipients were asked to participate within a week. Eight (8) case managers participated in the survey. A true response rate cannot be calculated since it is not known if all recipients were case managers or if the survey was forwarded on to other individuals. However, an estimated response rate is 35% (8/24), which is considered standard for mail/e-mail surveys.

Analyses

Descriptive¹ and statistical analyses were conducted using PASW 17.0®. Statistical analyses were chosen based on the level and characteristics of the data. Normally distributed data were examined using parametric tests, while nominal variables and non-normally distributed variables were examined using nonparametric tests. All statistically significant results are presented with their test statistic and p value in a footnote or table. The p value is compared to a standardized alpha (α). Statistical significance was set at $\alpha < .05$, which is standard in the social sciences. This means that the likelihood that the observed difference between groups is due to chance is less than five in 100. The criminal justice system cost-benefit analysis was conducted using (1) the average per-person cost of HARP calculated from Housing Authority rent data, (2) the effect size (the standardized measurement of differences between groups (Cohen, 1988)) from changes in new offenses pre- and post-HARP intake, and (3) the Utah Cost-Benefit Model (Fowles, Byrnes, & Hickert, 2005). The Utah model focuses on marginal benefits and costs (at a per-person level). This model used a survey of Utah law enforcement and justice agencies to estimate tax-payer costs and national estimates for victim costs. With the use of this model it is possible to calculate the victim and taxpayer effects (dollars saved/expended) and the cost-benefit ratio (for effective programs this is the dollar return on a dollar invested) from a program's effect size and per-person cost. The per-person HARP cost and recidivism analysis effect size were plugged into the model to find the effects and cost-benefit ratio.

¹ Mean (**Mn**) = arithmetic average of scores; Standard Deviation (**SD**) = measure of spread of scores, in normally distributed samples 68% of the group will fall within one SD below or above the Mean (Grimm & Yarnold, 1995); Median (**Md**) = middle score in an ordered distribution, less sensitive to outliers than mean

Results

Client Characteristics

HARP had a higher proportion of male clients and were significantly younger, on average, than TBRA. This difference was especially noted in the oldest and youngest age groups. One-quarter (25%) of TBRA clients were over 50 when they started housing (vs. 7% for HARP), while 10% of HARP clients were 21 or under when starting housing (vs. 4% for TBRA). There were no significant differences on minority or disability status. Of those with a disability, TBRA had slightly more with a physical disability (57%), while HARP had slightly more with a mental disability (60%). HARP clients were referred from SAS (63%), MH (17%), CJS (7%), and YS (11%)

In general, HARP clients had more extensive criminal justice, substance abuse, and mental health issues than TBRA clients. As shown in the Methods section of this report, significantly more HARP clients were found in records in those systems. Even among those found within each system, HARP clients tended to have a more extensive history of involvement. The only exception was that TBRA clients had significantly more previous shelter stays and both groups were equally likely to have used DWS services. Table 6 provides more detail on the demographic and diagnosis histories of the clients. The final difference is that HARP tended to serve more single adults, while TBRA included more clients with children. More detailed descriptions of the group differences are presented in the following sections that examine client changes.

Table 6 Group Differences

	TBRA	HARP
Demographics		
Male (%) [*]	39	48
Minority (%)	28	25
Age at Start (Mn (SD)) [*]	39 (12)	34 (11)
Disabled (%)	22	18
Substance Abuse and Mental Health History		
Had VMH DSM-IV Diagnosis Pre/Dur-Housing (%) ^{*1}	46	72
Of those, primary diagnosis of:		
Substance-Related Disorders (%)	29	46
Depressive Disorders (%)	38	18
Bipolar Disorder (%)	13	16
Schizophrenia/Psychotic Disorders (%)	7	13
Of those, met criteria for:		
Polydrug Use (%) [*]	8	35
Schizophrenia/Bipolar Disorders (%) [*]	25	42
Post-Traumatic Stress Disorder (PTSD) (%)	8	15
Psychotic Behavior (%)	6	6
Drug Use Disorder on DSM (%) ^{*2}	27	81
Serious and Persistent Mental Illness (SPMI) ^{*3}	29	52

^{*}Group difference statistically significant at $p < .05$

¹Percent out of total sample

²Meet criteria on DSM records pre/dur housing from SAS or VMH, percent out of total sample

³SPMI flagged in VMH records or SPMI program participation at CJS pre/dur housing, percent out of total sample

Supportive Housing Services

Time in Housing

Among clients who were active in housing on 9/1/09, TBRA participants had been in housing significantly longer than HARP. This is likely due to a greater number of HARP active participants recently starting housing. When examining exited clients only, both programs served clients for an average of approximately 14 months.

Table 7 Days Housed

	TBRA	HARP
For Active Clients*		
Mn	428	334
SD	337	259
Min	41	0
Max	1339	1219
For Exited Clients		
Mn	411	413
SD	271	281
Min	30	17
Max	1187	1187

*Group difference statistically significant at $p < .05$

Household Composition

The two programs served significantly different types of households. HARP clients were significantly more likely to be single and living in a one-bedroom unit than TBRA clients, who were more likely to have children and spouses living with them. There were no group differences on likelihood of having other adults living in the unit or having a child born during housing (9 HARP clients (4%) had a child born in their household during the program, while 15 TBRA clients (7%) did; new babies born during housing are included in the youth counts in Table 8). Most clients remained in a unit of the same size for their entire length of housing. Only 3% of TBRA ($n = 6$) and 6% of HARP ($n = 13$) changed to larger housing units while in the programs. No clients moved into smaller units. Figure 1 presents an overall depiction of household make-up, taking into account all types of household members.

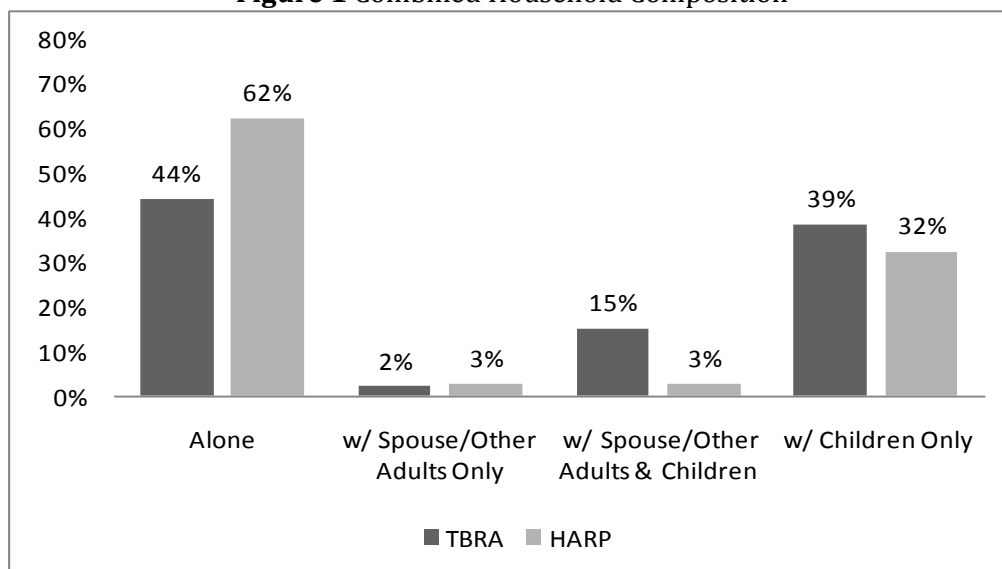
Table 8 Household Composition

	TBRA	HARP
Number of Household Members (%)*		
Only Head of Household	44	62
1 Add'l Person	19	20
2 Add'l People	14	13
3 or more People	23	5
Unit Size (%)*		
Studio	6	4
1 Bedroom	41	62
2 Bedroom	35	30
3 or more Bedrooms	18	4

	TBRA	HARP
Household Members (%)		
Includes Youth (%)*	54	35
Includes Spouse (%)*	11	1
Includes Other Adult (%)	7	4

*Group difference statistically significant at $p < .05$

Figure 1 Combined Household Composition



Income Changes

Rent contributions and income changes were recorded at each rent review (RR). Life events that precipitated RRs included changes in household size, employment status, or income. There were no set intervals for rent reviews, although annual rent reviews were usually conducted. The following table and figures present Annual Adjusted Gross Income: annual gross income minus any deductions and/or exclusions.

As shown in Table 9, both groups had similar median incomes at both intake and exit. When all clients are included (as in Table 9) with no consideration of time in housing or exit status, median incomes do not change considerably from intake to exit for either group.

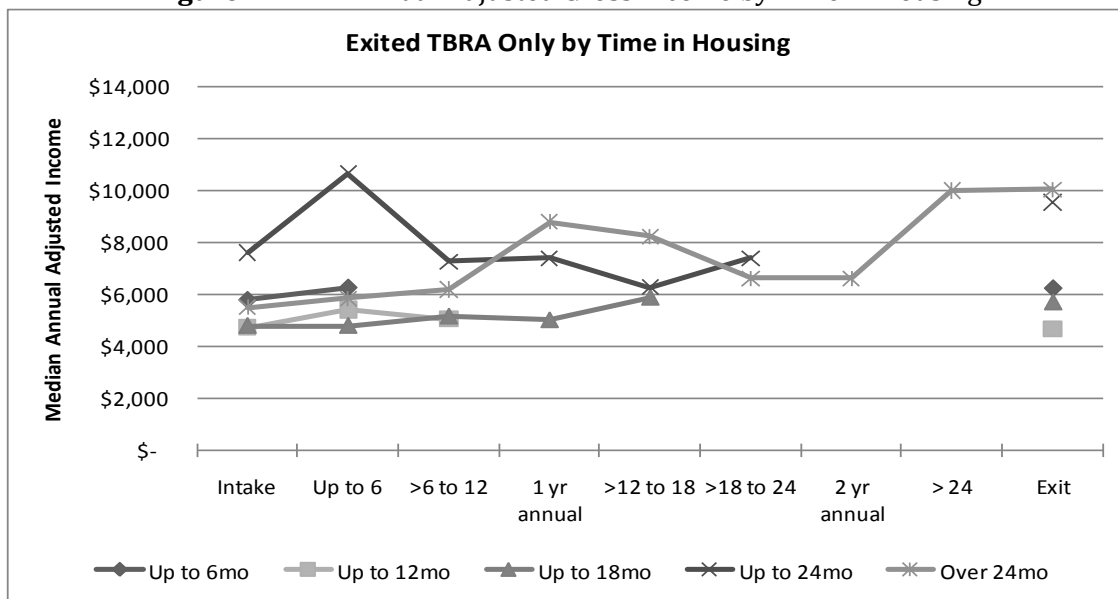
Table 9 Annual Adjusted Gross Income

	TBRA	HARP
At Intake		
Md	\$ 5,213	\$ 6,240
Mn	\$ 7,104	\$ 6,863
SD	\$ 6,318	\$ 6,554
Min	\$ 0	0
Max	\$ 29,680	\$ 28,028

	TBRA	HARP
At Exit		
Md	\$ 5,676	\$ 5,220
Mn	\$ 7,182	\$ 7,605
SD	\$ 6,894	\$ 8,285
Min	\$ 0	0
Max	\$ 28,278	\$ 38,475

When income changes are examined as a function of time in housing, it appears that TBRA clients who spend a longer amount of time in housing show the highest income at exit (see Figure 2). Income at each period is updated with new RR figures if a client had a new RR during that time period, otherwise, previous income figures were carried over.

Figure 2 TBRA Annual Adjusted Gross Income by Time in Housing



When HARP income changes are examined by length of time in housing, it appears that HARP clients who are in housing for the longest periods of time have some of the most difficulty with maintaining regular income (see \$0 values as average income for the “Over 24 months in HARP” group in Figure 3). The HARP group that starts with and ends with the highest income are those who are in the program for between 12 and 18 months. However, it should be noted that the median income for all HARP and TBRA clients is generally below the 2009 Federal poverty guideline of \$10,830 for a single-member household².

When HARP clients’ income is examined by exit status, it can be seen that those who exit HARP positively both begin and end with a higher median income than those who leave the program on neutral or negative exit statuses (see Figure 4). Incomes were only examined up to 18 months and at exit due to the small number of HARP clients in housing after 18 months.

² U.S. Department of Health and Human Services (HHS) 2009 poverty guidelines found at <http://aspe.hhs.gov/POVERTY/09poverty.shtml>

Figure 3 HARP Annual Adjusted Gross Income by Time in Housing

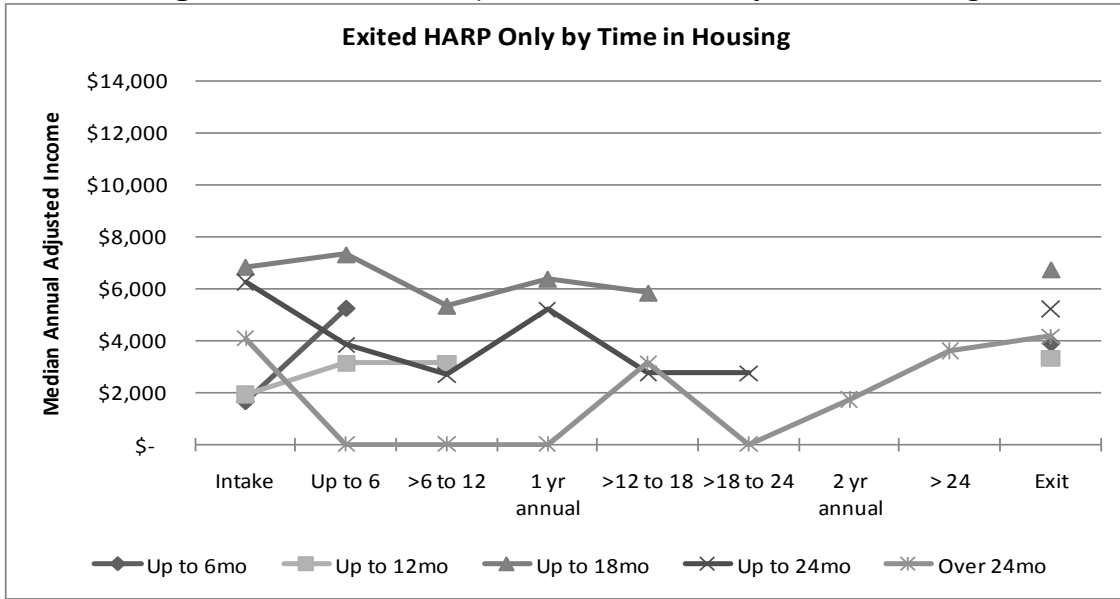
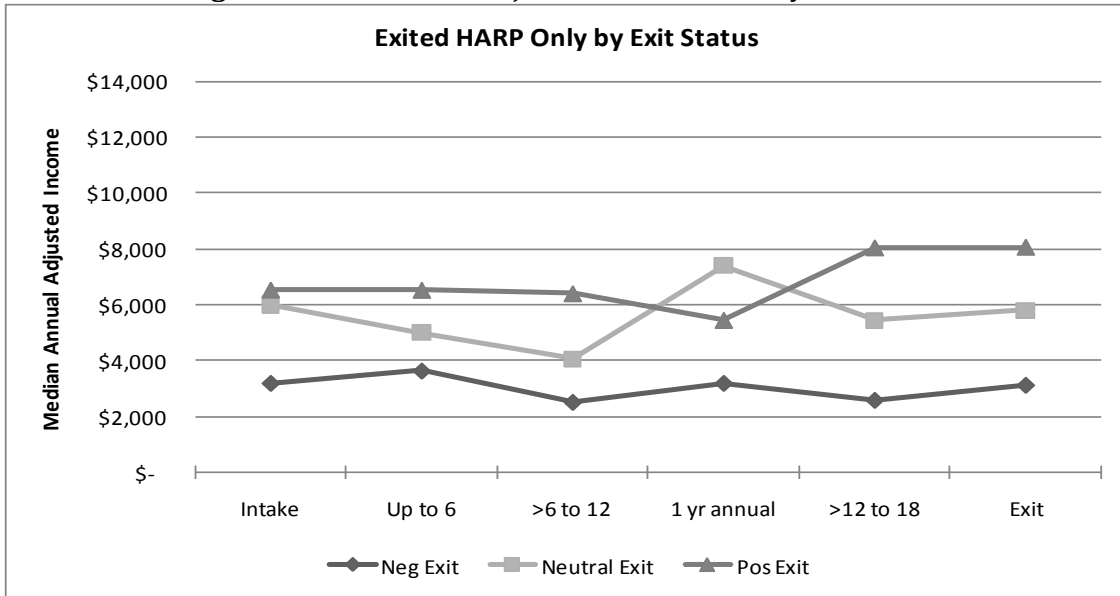


Figure 4 HARP Annual Adjusted Gross Income by Exit Status



Rent Contribution Changes

Changes in rent contributions (by clients and the HACSL) were examined in the same way as income changes: first by examining any rent review contracts that occurred during the time period, then carrying over any existing figures for those clients who did not have a new rent review during the time period. Both programs require that participants pay \$50 or 30% of their income, whichever is greater, as their monthly contribution to rent. Table 10 shows that, on average, clients met this requirement at intake and at one year after entering housing³ (for those who were still in

³ Rent contributions at exit could not be calculated due to most exit rent reviews (RRs) only listing income information.

housing at that time); however, the minimum values show that some clients were unable to make even the minimum contribution. The groups did not differ significantly on their median rent contributions at either time. TBRA did significantly increase their rent contribution from intake to their one year annual review⁴, while HARP clients' increases in contribution were not statistically significant.

Although the amount of rent paid by clients did not differ significantly by group (TBRA vs. HARP), the housing authority (HACSL) paid significantly higher monthly rent for HARP clients than TBRA at both intake⁵ and one year after starting housing⁶. The average rent paid by HACSL decreased from intake to one year after starting housing, but this decline was not statistically significant in either group.

Table 10 Rent Contributions

	TBRA		HARP	
	Client	HACSL	Client	HACSL
At Intake				
Md	\$ 131	\$ 452	\$ 156	\$ 526
Mn	\$ 185	\$ 473	\$ 185	\$ 486
SD	\$ 150	\$ 242	\$ 151	\$ 175
Min	\$ 25	\$ 6	\$ 0	\$ 22
Max	\$ 742	\$ 1316	\$ 701	\$ 954
1 Year Annual				
Md	\$ 180	\$ 436	\$ 174	\$ 500
Mn	\$ 226	\$ 437	\$ 206	\$ 480
SD	\$ 158	\$ 227	\$ 164	\$ 179
Min	\$ 25	\$ 0	\$ 50	\$ 0
Max	\$ 666	\$ 1190	\$ 773	\$ 964

On average, HARP clients' rent contributions were approximately one-quarter of their total rent expenses, while TBRA clients contributed approximately one-third of their rent due. Figure 5 shows that TBRA clients generally increased the proportion of the rent that they were paying as they were in the program for longer periods of time. HARP clients experienced a decrease in median rent contributions across the first year of participation. For those HARP clients who were in housing for more than a year, proportion of rent paid by the clients increased and remained relatively steady at about 25% of total rent due.

As shown in Figure 6, generally TBRA clients were able to cover more of their rent expenses as they were in housing for longer periods of time. Although the group who were in housing between 18 and 24 months declined in their median rent contribution across six to 18 months, their median rent contribution remained higher than the groups of TBRA clients who were in housing for less than 18 months.

⁴ Of those who had both intake and one year rent contribution figures; Wilcoxon Signed Ranks Test $Z = -2.73$, $p < .01$

⁵ Median test $\chi^2 = 6.3$, $p < .05$

⁶ Mann-Whitney U $Z = -2.01$, $p < .05$

Figure 5 Client Rent Contributions as Percent of Total

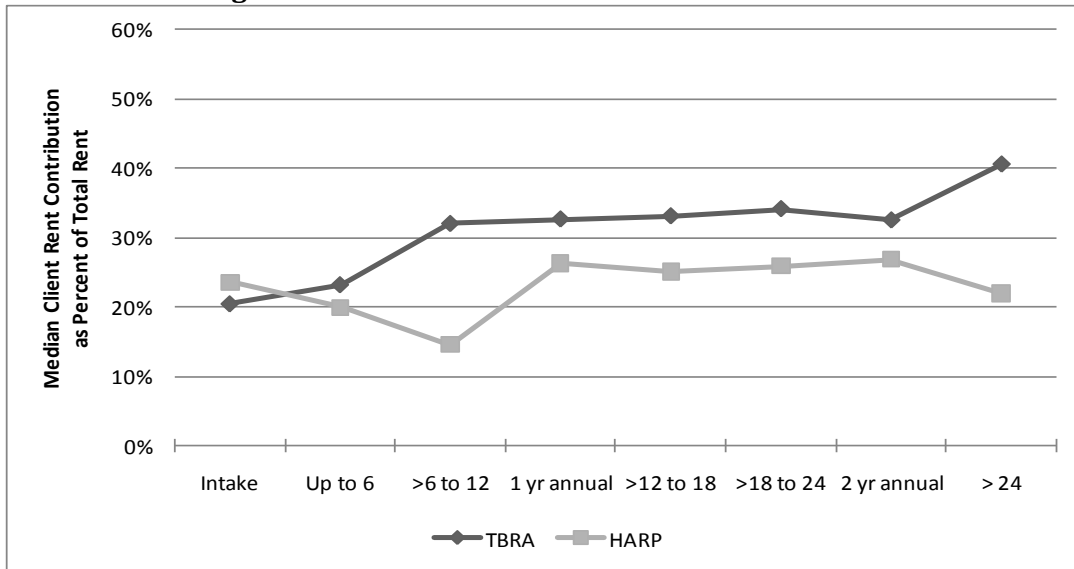
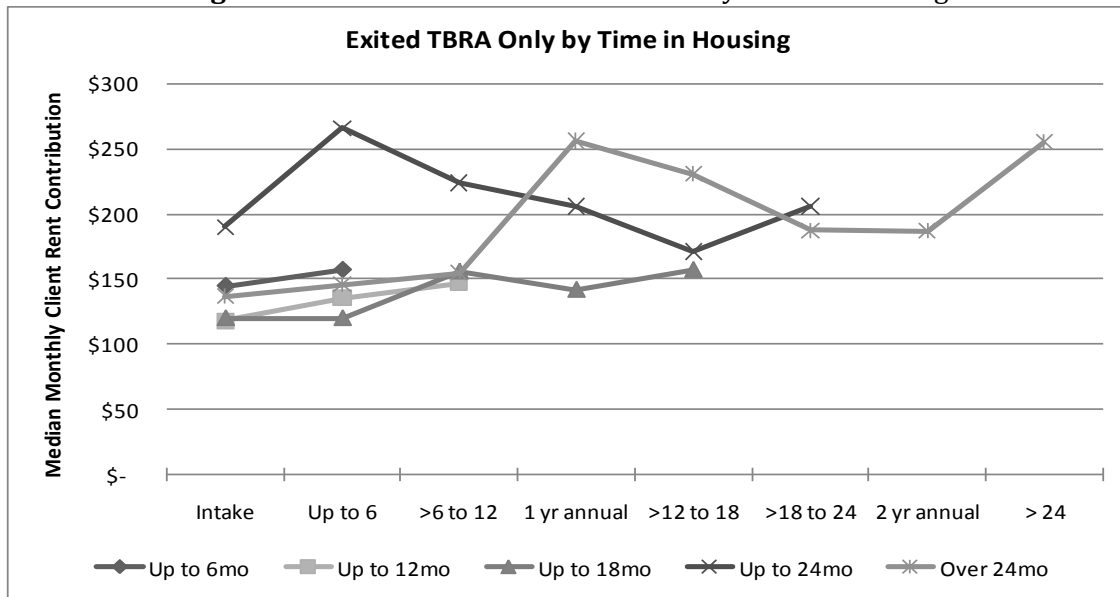


Figure 6 TBRA Client Rent Contributions by Time in Housing



Similar to data presented on income changes by time in program, clients who were in HARP over 24 months had the most difficulty in paying the minimum client rent contribution (median = \$50 at many intervals, see Figure 7). HARP clients who ultimately exited the program on a positive or neutral status were able to pay a higher amount at intake than clients who eventually exited the program on a negative status (see Figure 8). Regardless of exit status, the median client rent contribution decreased between 6 and 12 months for HARP clients.

Figure 7 HARP Client Rent Contributions by Time in Housing

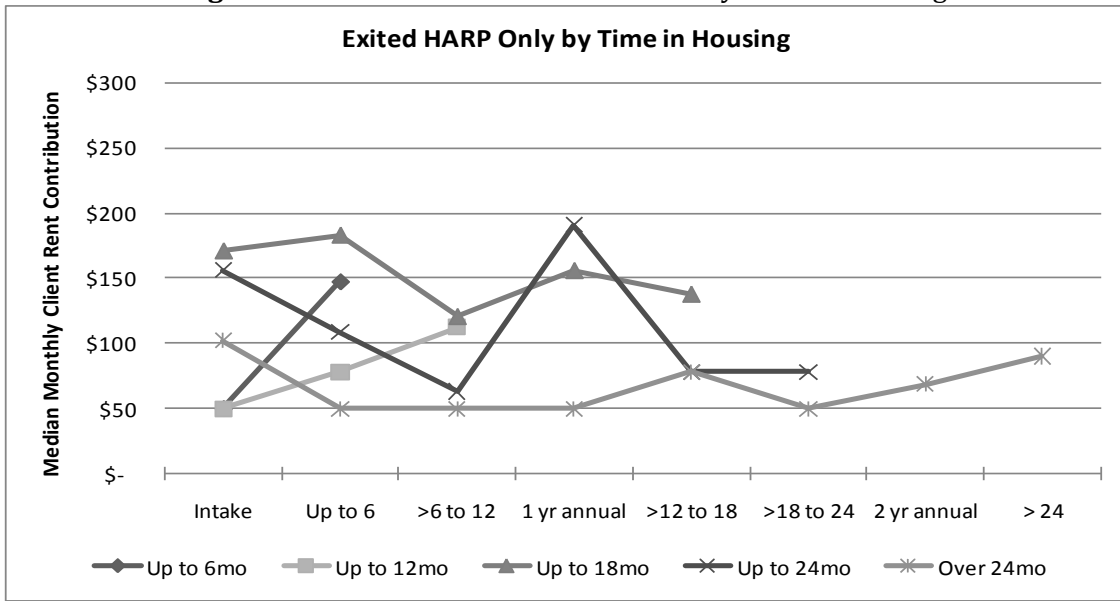
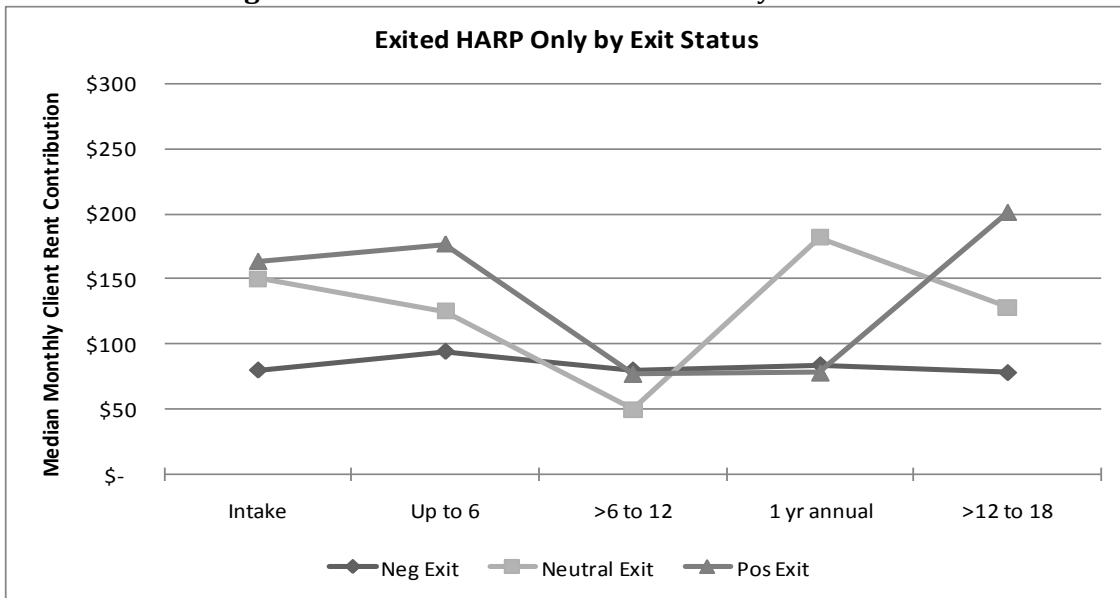


Figure 8 HARP Client Rent Contributions by Exit Status



Case Management

Case management records primarily came from Substance Abuse Services (SAS) and Valley Mental Health (VMH) billing records. Both agencies had billing records by date and activity type (in this case, case management). Criminal Justice Services (CJS) also provided some measures of case management from “notes” and “supervision” data tables.⁷ If an individual received case

⁷ CJS case management records were selected from “notes” with “type” of intake, contact, check-in, meeting, visit, and similar. This was a conservative estimate of contacts due to some note types including both contact (e.g., descriptions of calls with clients) and non-contact (e.g., reporting results of a drug test) descriptions. These

management services from more than one of these agencies during housing, all records were combined for an overall measure of case management during housing. Most individuals received case management from only one agency (e.g., SAS, but could have received services from multiple providers within SAS).

The table below (Table 11) displays time from housing start to case management start, days between case management contacts, and days from final case management contact to housing exit (for those who have exited). The “overall” rows are all HARP clients who started housing July 2007 forward – and combined their case management data from three sources: VMH, SAS, and CJS. Overall, HARP participants met with their case managers every 13 days on average (Median = 13), while 25% met with their case manager every 8 days or more often (25th Percentile in Table 11), and 75% met with their case managers every 18 days or more often (75th Percentile in Table 11). This suggests, that overall, HARP is meeting its requirements for frequent case management contacts. Although case management frequency varies slightly by agency (it appears that VMH case managed clients have contacts a bit more frequently), it does not appear to vary much by exit status (positive vs. negative). It should be noted that simply using billing records from VMH and SAS, along with electronic records of contacts from CJS, is an imperfect measure of case management. A centralized, comprehensive record of HARP case management is not available.

Table 11 HARP Case Management During Housing – Clients July 2007 Forward⁸

	25 th Percentile	Median	75 th Percentile
Days from Housing Start to 1st CM Contact			
Overall, CM Combined (n = 106)	2	6	14
VMH Only (n = 22)	2	7	12
SAS Only (n = 58)	3	7	15
Two CM Sources ¹ (n = 26)	0	3	11
By Exit Status			
Negative (n = 21)	2	7	14
Positive (n = 10)	0	4	18
Days between CM Contacts - Overall			
Overall, CM Combined	8	13	18
VMH Only	4	7	15
SAS Only	11	14	18
Two CM Sources ¹	6	11	16
By Exit Status			
Negative (n = 21)	6	12	16
Positive (n = 10)	9	13	19
By clients' length of participation			
0 to 6 months	7	12	16
>6 to 12 months	9	13	18
>12 to 18 months	10	15	19
>18 to 24 months	9	13	19

selected notes were combined with all “supervision” dates that occurred during housing for a combined measure of CJS contacts during housing.

⁸ Due to SAS case management data being limited to Fiscal Year 2008 forward (7/1/07); case management data (combined and split by source) was only computed for HARP clients who entered on or after 7/1/07 to ensure the best quality data from all sources.

	25 th Percentile	Median	75 th Percentile
>24 months	2	5	13
Days from Last CM Contact to Housing End²			
Overall, CM Combined	10	29	59
VMH Only	5	14	32
SAS Only	18	46	71
Two CM Sources ¹	2	15	41
By Exit Status			
Negative (n = 21)	8	39	63
Positive (n = 10)	13	21	70

¹Two or more CM Data sources: CJS, VMH, and/or SAS
²For those in this group who have exited housing

The following two figures present frequency of case manager contacts by length of time in HARP. As shown in Figure 9, clients case managed by VMH generally have CM contacts more often than those case managed by SAS or multiple agencies. This difference in median CM contacts may not be surprising, as VMH may have referred a higher need population to HARP than other agencies. Another interesting trend that is presented in Figure 9 is that regardless of case management agency, clients who were in HARP for longer than 12 months received more frequent CM contacts in the second year of HARP than the larger group of clients who exited housing within a year. In other words, those few clients who remain in HARP longer than a year may be higher need clients and require more frequent case management than the broader group of participants who exit within a year. As shown in Figure 10, this trend appears to hold up, regardless of exit status (negative or positive) as well. An analysis of overall case management frequency (for the entire time in housing) by how long a client participated in housing (see Table 11) also confirms this trend. Clients who were in over 24 months had very frequent case management visits across their entire length of participation (Md = every 5 days). This suggests, again, that this is a higher-need population that is being treated as such throughout their participation in the program.

Figure 9 Frequency of CM Contacts by Data Source

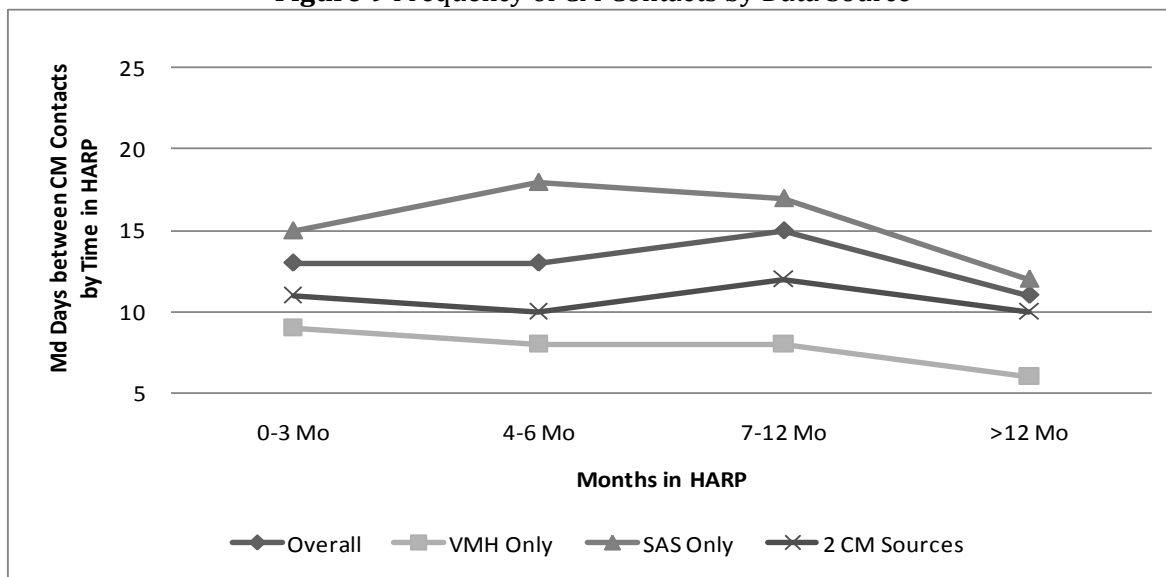
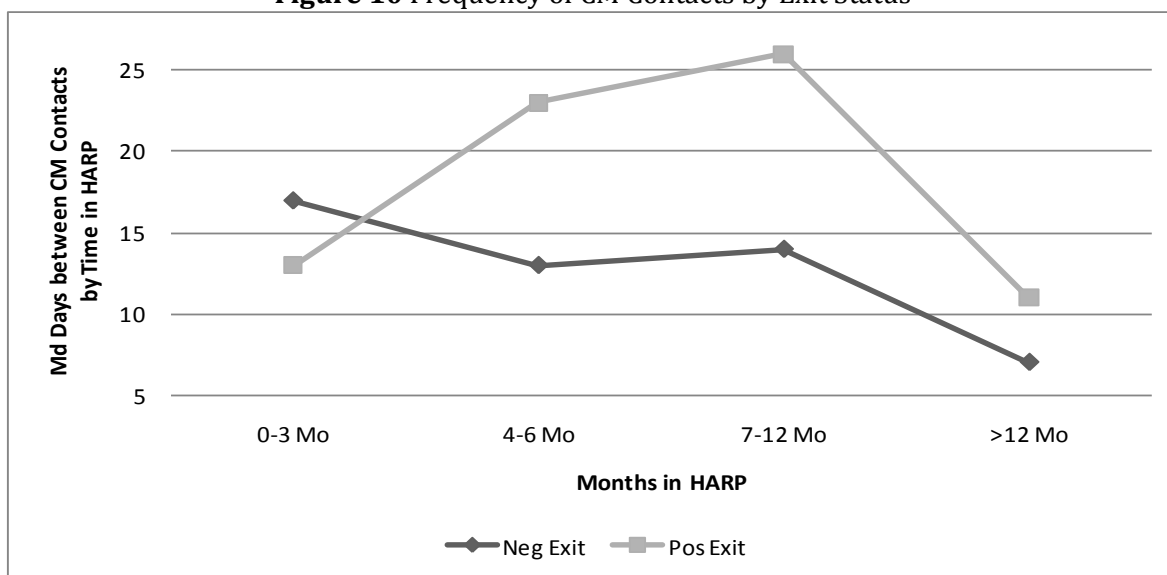


Figure 10 Frequency of CM Contacts by Exit Status



Outcomes

Housing Outcomes

Months Housed. For HARP and TBRA clients who have exited housing, most were stably housed in each program for 6 to 18 months. The average time in each program for exited participants was 14 months. By examining the percent of clients in housing in subsequent time periods in Table 12, it can be calculated that 78% of TBRA remain stably housed as 6 months (100% minus 6% and 16%), compared to 74% of HARP. At one year 50% of TBRA remain stably housed compared to 51% of HARP. When including successful exits, HARP stably housed rate at 12 months was 77%.

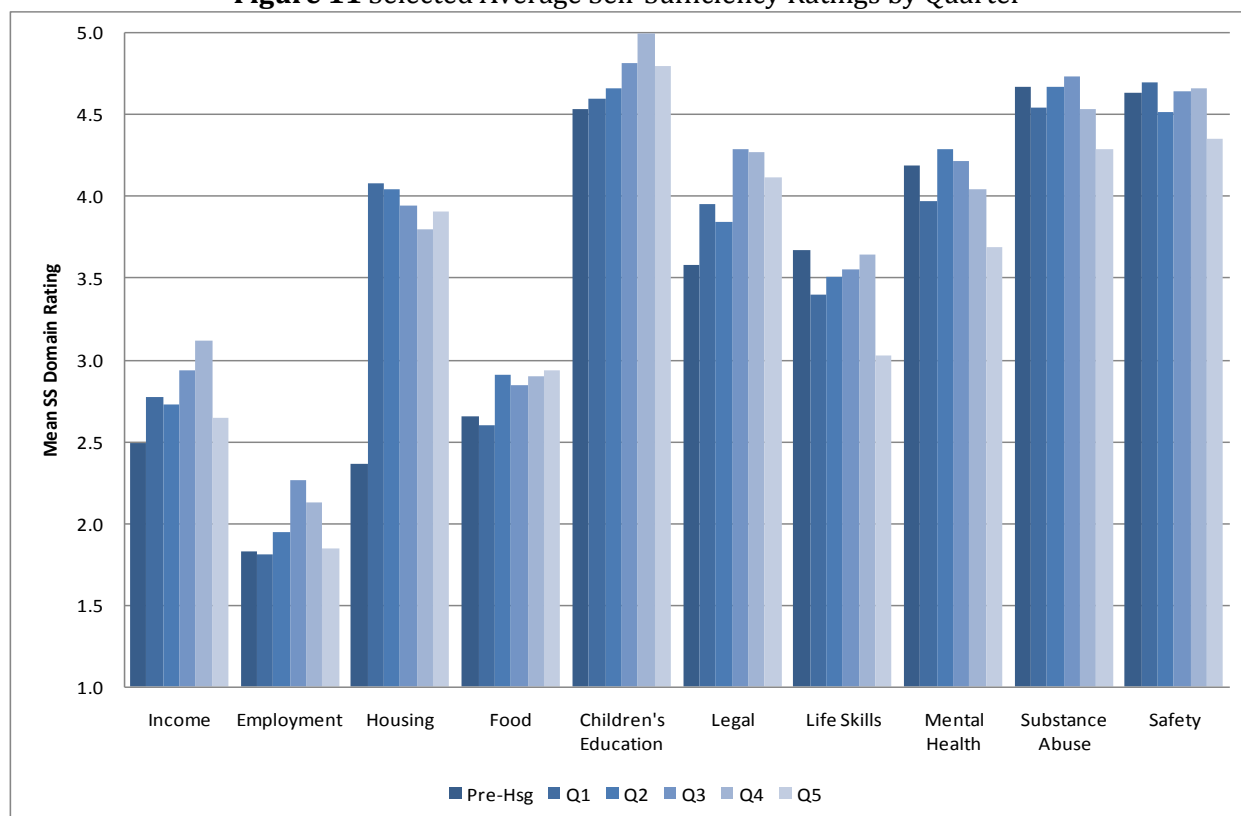
Table 12 Months Stably Housed – Exited Clients

	TBRA		HARP	
	N	% of total	N	% of total
0-3 months	11	6	7	6
> 3 to 6 months	29	16	25	20
>6 to 12 months	52	28	29	23
>12 to 18 months	36	20	30	24
>18 to 24 months	27	15	16	13
> 24 months	29	16	17	14

Self-Sufficiency and Housing Matrix Changes. Following recommendations from the first HARP evaluation, HARP practices changed to include more regular collection of Self-Sufficiency (SS) and Housing First (HF) matrices. Since that time the general guideline has been for SS matrices to be collected at least quarterly, while HF matrices are to be completed monthly during case managers' home visits. Ninety (90) HARP clients had SS matrices on file at the housing authority. Most of these clients began housing in 2008 or later and were still active as of September 1, 2009 (97%). Not all clients had a SS matrix during each quarter of housing, while some clients had more than one matrix per quarter. When a client had more than one matrix per quarter, their average score across all matrices within the quarter were calculated. Appendix B lists the sample size for each quarter along with average scores on each of the domains across the first two years of HARP (Q1-Q8).

The following figure, Figure 11, displays changes in selected SS domains across the first five quarters of housing. The three highest rated domains across all times in housing were children's education, substance abuse, and safety. The three lowest domains, regardless of time period, were employment, food, and income. Housing, not surprisingly, showed the largest jump in rating from pre-housing to the first quarter in housing. An interesting trend was noted across several domains: clients' ratings seemed to rise across the first year of participation, and then begin to drop after that (Q5) for those who remained in housing and had ratings during that time period. This drop was especially notable for life skills, income, and mental health. As noted in other sections of this report, this trend could be isolating the higher need clients who remain in housing longer than a year.

Figure 11 Selected Average Self-Sufficiency Ratings by Quarter



Ninety-five (95) HARP clients had Housing First (HF) matrices on file at the housing authority. This group had 92% overlap with those that had SS matrices. The clients who had HF matrices on file were consistently compliant with HF domains across their entire time in housing. This is not surprising, as non-compliant clients would be less likely to have home visits. As shown in Table 13, HF matrices and home visits have been conducted regularly (sample size over 30 across months 1 through 7). No real trends were observed in changing overall HF matrix scores or individual domain scores across time. As shown in Table 14, most domains had very high scores. Clients were particularly compliant on housing authority issues and not having any complaints with the manager of their housing unit. The only area that showed some room for improvement across all months in housing was housekeeping. This item was rated low if clients had difficulty keeping their housing units clean, sanitary, and safe.

Table 13 Housing First Matrix Completion and Overall Ratings

	Sample Size	Overall HF Rating
Months		
1	42	4.6
2	46	4.6
3	48	4.4
4	35	4.5
5	34	4.5
6	32	4.5
7	35	4.5
8	27	4.6
9	22	4.6
10	16	4.5
11	9	4.7
12	13	4.5
Over 12 to 18	22	4.6
Over 18	10	4.6

Table 14 Housing First Ratings by Domain

	Average HF Rating
Rent Current	4.7
Income Changes	4.7
Utilities On & Current	4.6
House Keeping	3.9
Case Manager Plan	4.4
Landlord Issues Repairs	4.6
Landlord Issues Complaints	4.8
Community Relationships, Legal System	4.5
Housing Authority Issues	4.8

Exit Status. ⁹Just under one-third of former HARP participants have exited the program successfully. The number and percent of HARP clients who have exited by exit status is presented in Table 15 on the following page. Successful program exit includes becoming self-sufficient/going to market rate or moving to another longer-term housing subsidy (e.g., Section 8). One-quarter had a neutral exit status, which included leaving at applicant request, moving in with family, returning to residential treatment, or going to jail on old charges. Slightly less than half (43%) of all exited clients¹⁰ had a negative exit status, which included those who were evicted/non-compliant and returned to jail on new charges.

⁹ Exit Status was not tracked for TBRA participants

¹⁰ 54/92 or 59% of clients exited negatively when only considering negative and positive exit statuses (exclude neutral)

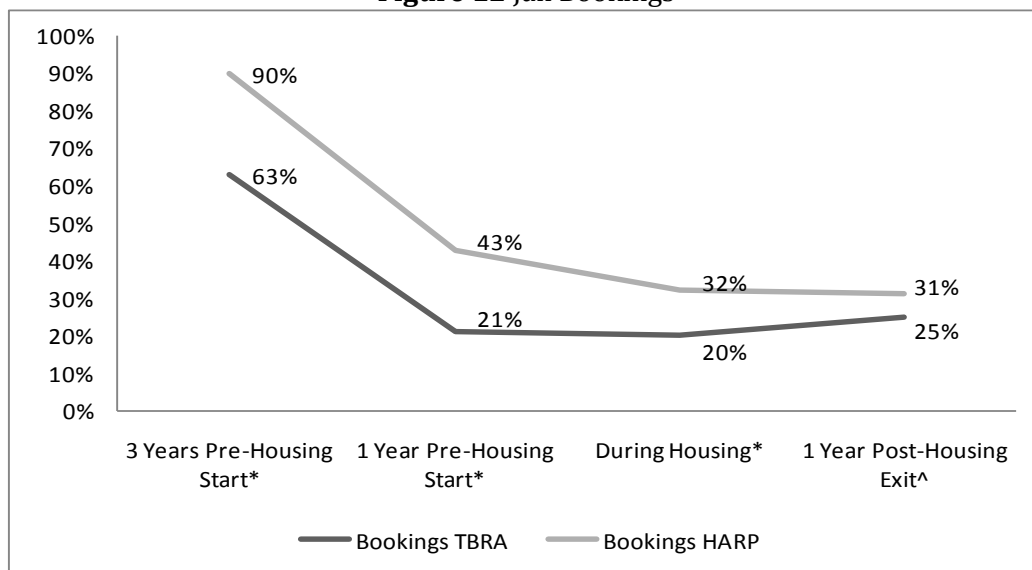
Table 15 HARP Exit Status

	HARP	
	N	%
Negative	54	43
Neutral	32	26
Positive	38	31

Criminal Justice Changes

Jail Bookings. About twice as many HARP clients (n = 184, 83%) as TBRA clients (n = 102, 44%) have been booked into the Salt Lake County jail during the last decade. Even among those who were found in jail records, HARP had significantly more jail bookings (and new charges) in the years prior to housing start (see Figures 12 and 13). However, after entering housing, jail bookings and new charges dropped so dramatically for HARP participants that their during and post-housing recidivism rates (new charges) did not differ significantly from TBRA. In addition the jail booking rate decreased significantly from one year pre-HARP to one year post-HARP.¹¹

For the few clients who had new charges in the year prior to housing, the most common type for both groups was property. Most severe degree for TBRA was a Third Degree Felony on average, compared to a Class A Misdemeanor for HARP clients. Of those with a new charge during housing, the most common charge types for TBRA were person and public order (only 5 clients each). For HARP the most common charge types during housing were property (13 clients), person (9 clients), and public order (9 clients). Following housing exit the most common charge types were public order and property for TBRA clients and property and drug for HARP.

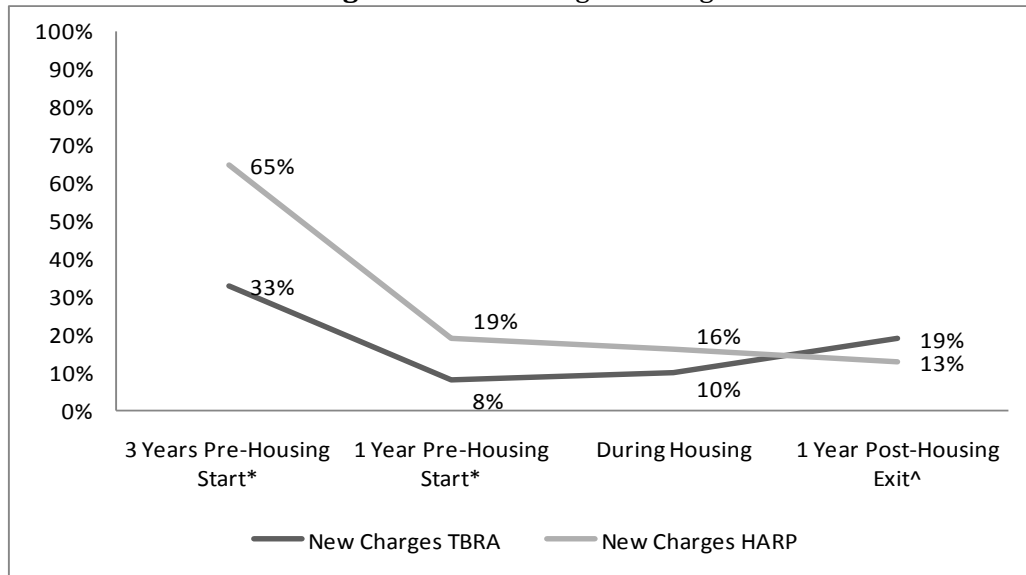
Figure 12 Jail Bookings

*TBRA vs. HARP difference statistically significant at $p < .05$

^1 Year Post-Housing Exit only calculated for those that had follow-up period

¹¹ Of those who had one year post-exit follow-up; $p < .05$

Figure 13 New Charge Bookings

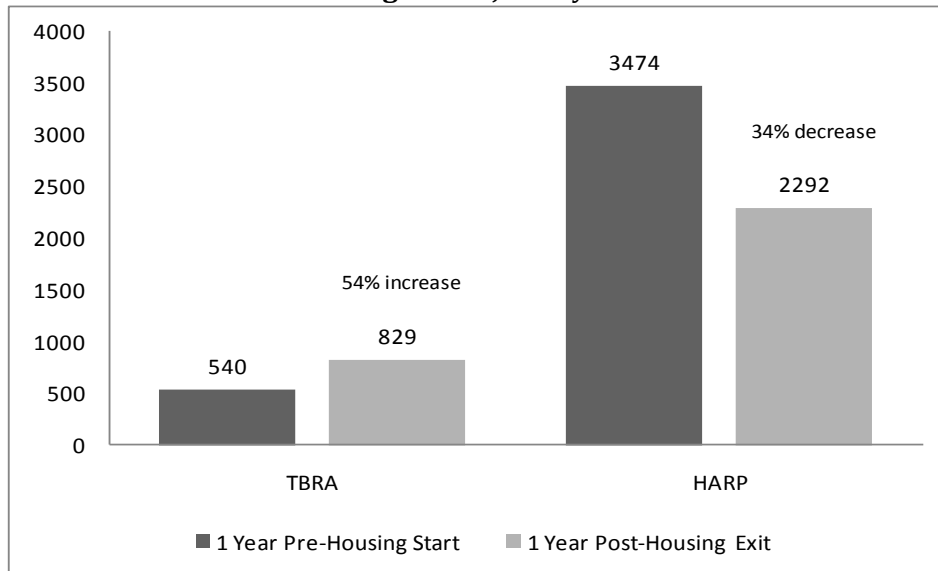


*TBRA vs. HARP difference statistically significant at $p < .05$

^1 Year Post-Housing Exit only calculated for those that had follow-up period

Number of days spent in jail also declined dramatically for HARP clients following housing participation, from a total of 3,474 days in the year prior to HARP to 2,292 in the year following exit. While a slight increase was noted for TBRA (see Figure 14).

Figure 14 Jail Days



The table on the following page provides further detail on the sum of jail days used by examining the primary reason for that jail booking. As shown in Table 16, the majority of jail days were accrued due to commitments to the jail as part of a sentence, followed by warrants for old charges and outstanding legal issues. Very few days were spent in jail due to new charges.

Table 16 Total Jail Days by Booking Type

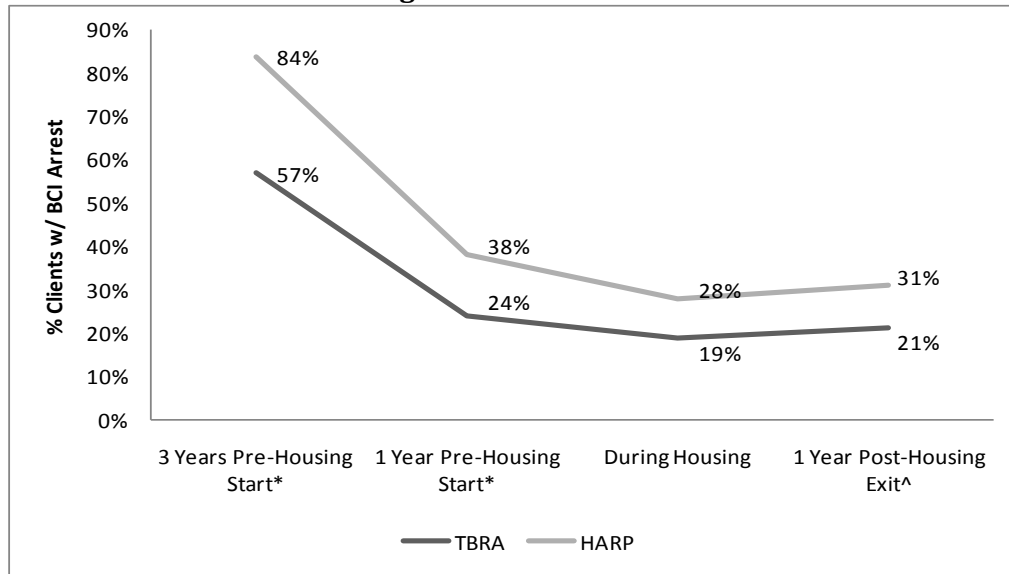
	TBRA		HARP	
	N	%	N	%
Total Jail Days 1 Year Pre-Housing	540		3474	
Commitment	280	52%	2600	75%
Charge & Warrant	40	7%	254	7%
Warrant	210	39%	579	17%
Charge	10	2%	37	1%
Other	0	0%	4	0%
Total Jail Days During Housing	281		1790	
Commitment	150	53%	1377	77%
Charge & Warrant	40	14%	79	4%
Warrant	70	25%	305	17%
Charge	16	6%	29	2%
Other	5	2%	0	0%
Total Jail Days 1 Year Post-Housing	829		2292	
Commitment	551	66%	1673	73%
Charge & Warrant	238	29%	24	1%
Warrant	26	3%	590	26%
Charge	14	2%	5	0%
Other	0	0%	0	0%

BCI Arrests. Significantly more HARP clients (86%) than TBRA clients (58%) were found in BCI statewide arrest records. Even among those, HARP clients had significantly more arrest activity than TBRA clients in the three years prior to housing (see Figure 15). During and post-housing HARP recidivism rates remained higher than TBRA, but these differences were not statistically significant.

The statewide arrest rates presented in Figure 15 are higher than the Salt Lake County new charge bookings presented earlier in Figure 13. There are a couple of explanations for these differences. One, BCI records are for statewide arrests, and, therefore, aren't limited geographically to Salt Lake County. However, another explanation is that BCI records sometimes show a supervision violation (e.g., probation violation) as a new arrest. Therefore, BCI arrest counts as captured here may inflate the actual new charge rate, particularly for those on supervision. The next section describes the clients from TBRA and HARP who were on AP&P supervision during each of these time periods.

Of those with arrests during each time period, the most frequent types were property then drug for TBRA clients across three years prior to housing, during housing, and one year post-housing exit. For HARP clients, property then drug were the most common offense types for three years pre-housing and during housing; however, following housing exit, HARP recidivists were most likely to have drug offenses followed by "other," which included public order and obstruction of justice, primarily. As shown in Table 17, for those who had offenses during each time period, HARP had a higher number of offenses on average than TBRA in the three years prior to housing; however, following housing participation, recidivists in both groups had approximately the same average number of new arrests.

Figure 15 BCI Arrests



*TBRA vs. HARP difference statistically significant at $p < .05$

^1 Year Post-Housing Exit only calculated for those that had follow-up period

Table 17 Average BCI Arrests

	TBRA		HARP	
	Mn	SD	Mn	SD
Of those w/ arrests in each time period,				
Arrests in 3 Years Prior to Housing*	3.9	3.8	6.5	7.7
Arrests in 1 Year Prior to Housing*	2.2	1.5	3.4	4.5
Arrests During Housing	2.6	2.4	3.1	2.3
Arrests in 1 Year Post-Housing Start^	3.0	2.5	3.0	2.6
Arrests in 1 Year Post-Housing Exit^	3.2	2.9	2.5	2.4

*TBRA vs. HARP difference statistically significant at $p < .05$

^Only includes those that had follow-up period

Corrections Involvement. As mentioned in the Methods section, significantly more (72%) HARP clients were found in Utah Department of Corrections (UDC) records than TBRA (26%). As such, it is not surprising that significantly more HARP clients had UDC contact pre-housing, as well as active Adult Probation and Parole (AP&P, the community corrections division of UDC) supervision at the time of housing start. Out of all clients, 46% of HARP were on some form of AP&P supervision at housing start, compared to only 9% of TBRA (see Table 18). Of those in each group who were actively on supervision when starting housing, the largest percentage exited supervision successfully (71% for TBRA, 54% HARP, see Table 18). Two TBRA clients ended supervision with a new commitment to prison (10%) compared to 15 HARP clients (15%). There were no significant differences between HARP and TBRA on AP&P supervision exit status.

Table 18 UDC Status

	TBRA	HARP
UDC Involvement Pre-Housing		
Probation (%)*	15	45
Prison (%)*	4	14
Parole (%)*	4	12
UDC Status at Housing Start		
Probation (%)*	7	38
Parole (%)*	2	8
Total on AP&P Supervision (%) *	9	46
Of those on AP&P Supervision at Housing Start		
Successful Discharge (%)	71	54
Violation/Re-Start (%)	5	1
Prison Commitment (%)	10	15
Other: Active or Negative/Neutral Discharge (%)	14	30

*TBRA vs. HARP difference statistically significant at $p < .05$

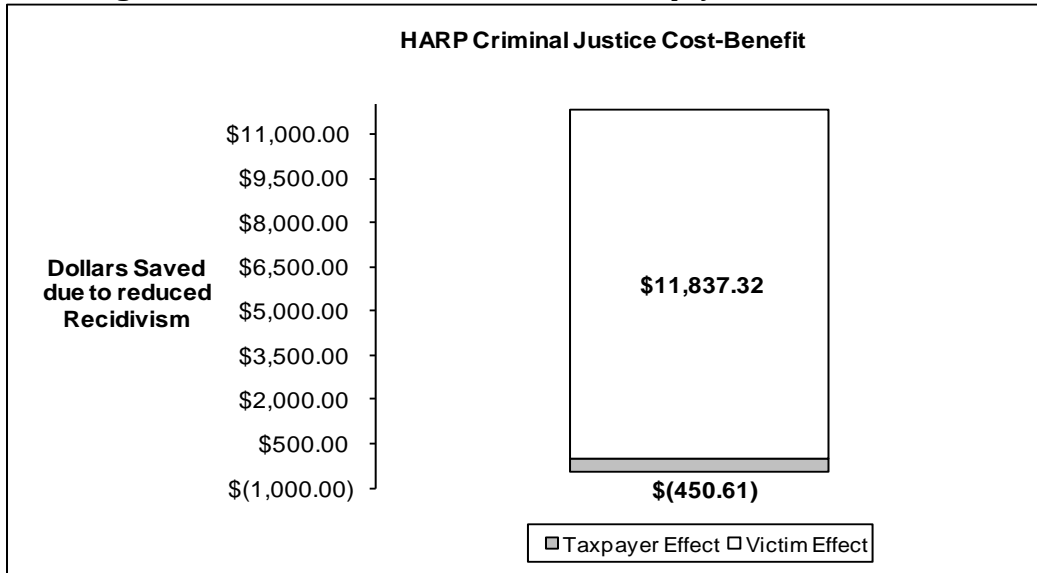
Criminal Justice Cost-Benefit. The criminal justice financial impact of HARP was calculated using the Utah Cost-Benefit model (Fowles et al., 2005). The average per-person cost of HARP was calculated by examining HACSL rent contribution data. Average per-person cost was estimated at \$6,672 (HARP average monthly rent plus utilities contribution of \$487 multiplied by 13.7 months as the average length of HARP participation for former clients). The effect size of HARP was calculated by examining the change in arrests (as recorded in BCI data) from pre-HARP to post-HARP exit. The change from 45% with an arrest in the year prior to HARP compared to 31% with an arrest in the year after exiting HARP (all calculated only for those who had at least a year follow-up post-housing exit) represented an effect size of -0.30.

When entered into the cost-benefit model, the resulting cost-benefit ratio for HARP is 2.71, indicating that for every dollar spent there is an approximately \$2.71 return on investment. This is very similar to the cost-benefit ratio from the 2007 HARP report of 2.64 (based on average per person HARP cost of \$4177 (\$454 for 9.2 months) and an effect size of -0.18). Although a larger effect size was observed in this report (greater reduction in recidivism), the per person cost of HARP has increased, due to participants staying longer in the program, on average.

The current return on investment is not evenly distributed across taxpayer and victim effects. As shown in Figure 16, victims are saved approximately \$11,800 from the reduction in future expenses that would have occurred had HARP had no effect on recidivism. The net taxpayer effect is \$-450.61, meaning that there is a loss to the taxpayers due to the high cost of the program and the size of the program's effect on recidivism (the loss calculated during the HARP 2007 report was approximately \$250). However, the victim benefit is over \$4,500 more than estimated in the last report due to the increased effect size (additional reduction in recidivism rates).

Overall, the criminal justice cost-benefit model shows that HARP is cost-beneficial, providing effective programming while reducing future victimization and associated costs. However, the program operates at a cost to taxpayers. It is important to note that the taxpayer cost/benefit only includes criminal justice costs, such as those produced from law enforcement, prosecution, courts, and incarceration (jails and prisons). Other potential costs/benefits to taxpayers from human services and other areas are not included in the Utah Criminal Justice Cost-Benefit Model; therefore, the present analysis is a conservative estimate of the cost-benefits of HARP.

Figure 16 Utah Cost-Benefit Model: HARP Taxpayer and Victim Effect



Criminal Justice Services Program Changes. As noted in the Methods section, significantly more HARP clients (n = 131, 59%) than TBRA clients (n = 55, 24%) were found in Criminal Justice Services (CJS) data records. From within this group, HARP clients were also significantly more likely to have been in CJS programming prior to housing, while there were no group differences on CJS program participating during housing, and TBRA actually had higher CJS program participation post-housing (see Figure 17). CJS programming data goes back to late 2002. Of those who participated in CJS programs, Pretrial Services was the most common program across both groups and all three time periods (see Table 19). It is important to remember that percents reported in Figure 17 and Table 19 are only out of those who were found in CJS data; therefore, only 15 TBRA and 31 HARP clients participated in CJS programming during housing. However, it is a positive trend to note that CJS program participation among HARP participants declined steadily from pre- to post-housing.

Figure 17 CJS Program Involvement

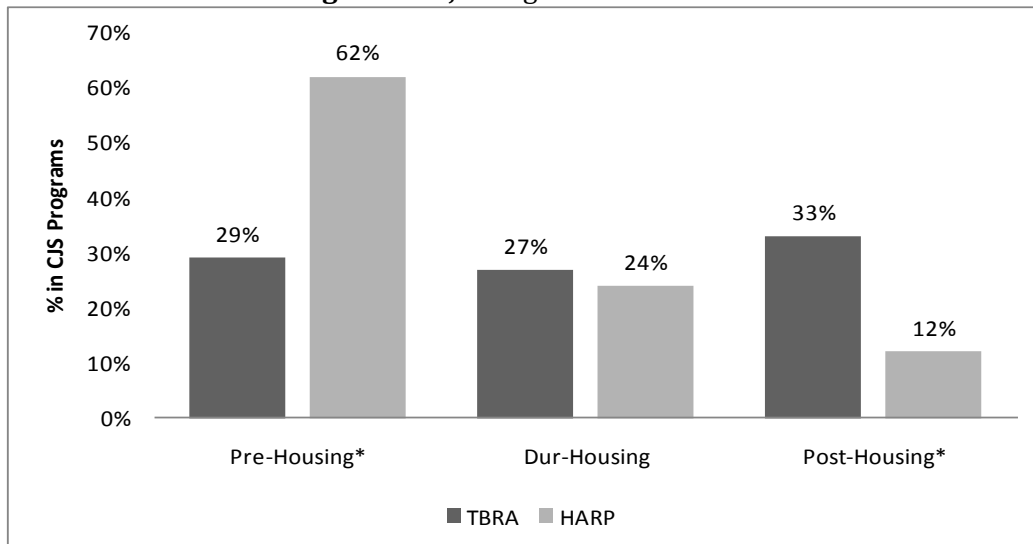


Table 19 CJS Program Involvement by Type

	TBRA	HARP
Of those in CJS Programs Pre-Housing		
Pretrial Services (%)	81	75
Probation (%)	31	32
Day Reporting Center (%)	0	11
Mental Health Court/SPMI (%)	0	3
Drug Court/FOCUS (%)	0	4
Domestic Violence (%)	0	1
Re-Entry (%)	0	0
Of those in CJS Programs During Housing		
Pretrial Services (%)	47	45
Probation (%)	20	7
Day Reporting Center (%)	13	3
Mental Health Court/SPMI (%)	7	26
Drug Court/FOCUS (%)	13	16
Domestic Violence (%)	7	7
Re-Entry (%)	0	3
Of those in CJS Programs Post-Housing		
Pretrial Services (%)	89	53
Probation (%)	22	20
Day Reporting Center (%)	6	0
Mental Health Court/SPMI (%)	0	13
Drug Court/FOCUS (%)	11	7
Domestic Violence (%)	0	0
Re-Entry (%)	0	7

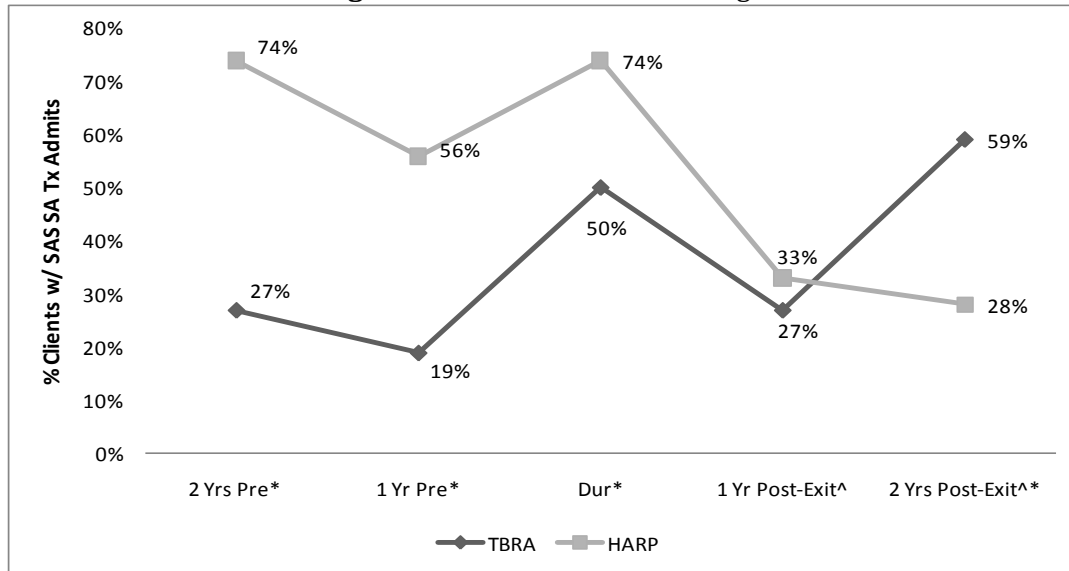
Substance Abuse/Treatment Changes

Significantly more HARP than TBRA clients had records in Substance Abuse Services (SAS) data (78% vs. 22%). Of those found in SAS records, HARP also had significantly more substance abuse (SA) treatment usage than TBRA in the two years prior to housing and during housing (see Figure 18). However, one year post-housing (of those who had follow-up), there were no differences in SA treatment usage by group. In fact, among those who had two years follow-up post-housing ($n = 52$), HARP actually used significantly less SA treatment than TBRA clients. Although progressively fewer clients have accrued follow-up periods, for these few participants it shows a downward trend in SA treatment involvement for HARP clients. In addition, of those with treatment admits during each time period, percent of HARP clients in residential treatment also declined from 72% in the two years prior to HARP, to 55% in the year prior to housing, 15% during housing, and 18% in the year after exiting housing (for those who had one year follow-up).

Among those with SA treatment admits during each time period, just over 50% of HARP clients on average had a successful discharge from treatment (defined as “completed treatment,” could include stepping down to a lower level of treatment upon completion). As shown in Figure 19, two-thirds of HARP clients had successfully completed at least one treatment admission in the two years prior to housing. Of the few TBRA clients who participated in SA treatment prior to housing, just under one-quarter successfully completed one or more treatment admissions. Percent successfully

completing treatment declined for HARP participants across time. This may be because the clients who remain in treatment are those who have not been able to successfully complete treatment in the past and are having more difficulty with their addictions.

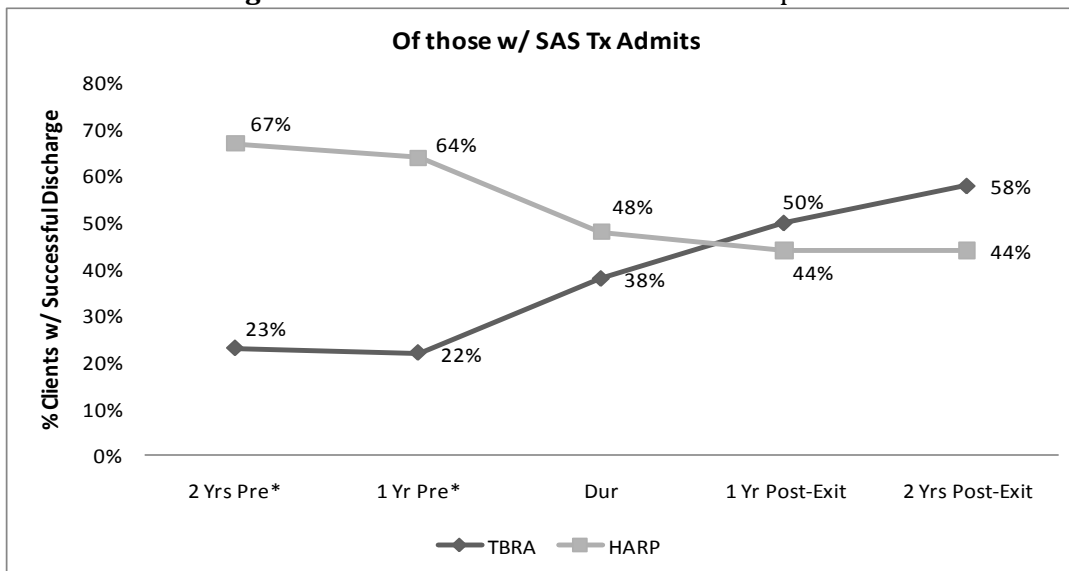
Figure 18 SAS SA Treatment Usage



*TBRA vs. HARP difference statistically significant at $p < .05$

^ Post-Housing Exit only calculated for those that had follow-up period

Figure 19 SAS SA Treatment Successful Completion



*TBRA vs. HARP difference statistically significant at $p < .05$

Substance Abuse Services (SAS) service data (treatment types and case management by date) was limited to Fiscal Year 2008 forward. Because of this, the information presented in Table 20, is only for those HARP and TBRA clients who started housing between 7/1/07 and 1/1/09. This allowed for a sample that would have the best SAS data available to describe their treatment services during housing. As shown in Table 20, HARP clients were most likely to receive group SA treatment during

housing, with treatment attendance occurring at a median of every 10 days (25% had treatment every 7 days or more often, while 75% had treatment every 17 days or more often). As shown in Table 20, very few TBRA participants had SA treatment service data during this limited time period.

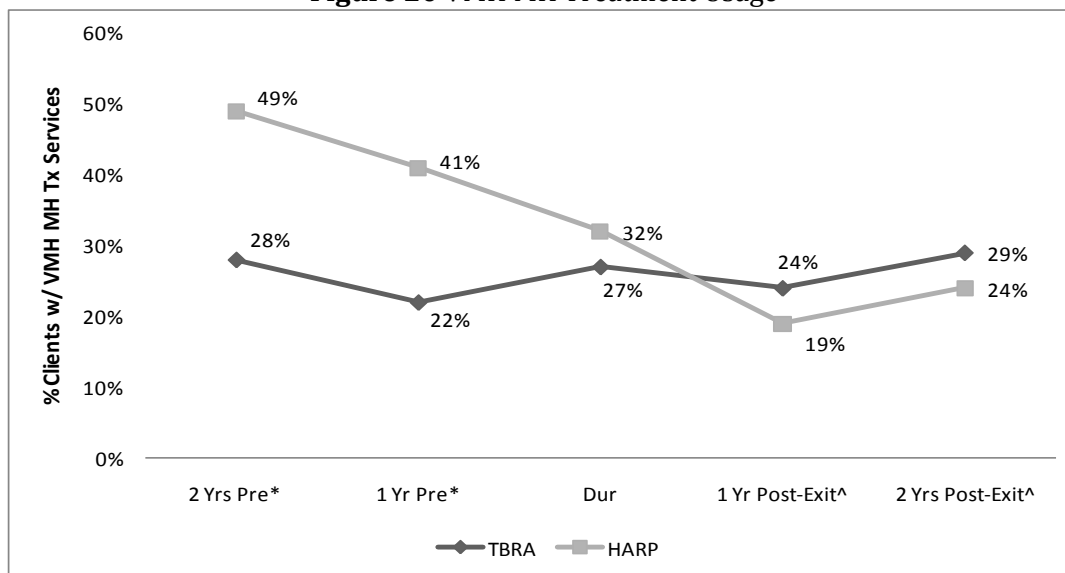
Table 20 SA Treatment Types

	TBRA	HARP
Of those in SAS Tx During Housing		
N	13	102
Individual (%)	0	16
Group (%)	0	64
Residential (%)	15	16
Skills/Education (%)	0	27
Behavioral Management (%)	0	21
Days between Tx (Md)	--	10

Mental Health/Treatment Changes

Significantly more HARP clients (82%) than TBRA clients (68%) were found in VMH records. Of those found in VMH records, HARP also had significantly more mental health (MH) treatment usage than TBRA in the two years prior to housing (see Figure 20). However, during and post-housing (of those who had follow-up periods), there were no differences in MH treatment usage by group. In fact, HARP clients show a downward trend in MH treatment usage following HARP participation, with a statistically significant reduction in MH treatment participation from one year pre-HARP to one year post-HARP exit.¹²

Figure 20 VMH MH Treatment Usage



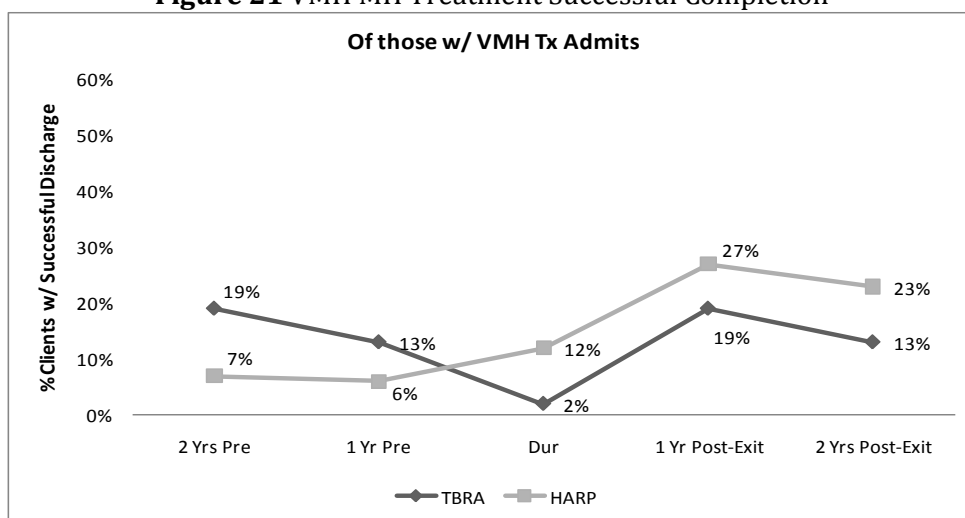
*TBRA vs. HARP difference statistically significant at $p < .05$

^ Post-Housing Exit only calculated for those that had follow-up period

¹² Of those with one year post-HARP exit follow-up; $p < .05$

Of those who had VMH treatment admissions, about 15% overall had a successful treatment discharge. Successful treatment discharges were those who had an exit status of “treatment goals met.” As shown in Figure 21, percent with successful discharge varied slightly by time period, with HARP clients showing an increasing trend in successful MH treatment completion following HARP housing. Due to the small sample size of HARP and TBRA clients who both participated in and successfully completed MH treatment by these time periods, group differences did not reach statistical significance.

Figure 21 VMH MH Treatment Successful Completion



Of those with MH treatment services, individual treatment was used by most clients both prior to and during housing, while residential treatment use declined dramatically during housing for both groups. This, obviously, is not surprising since HARP and TBRA provide housing services and those on residential treatment would not need housing assistance during that time period. Use of group treatment services also declined slightly from pre- to during-housing (See Table 21). Frequency of treatment services also declined after entering housing for both groups (see median (Md) days between treatment in Table 21). This is likely due to the decreasing percent of participants in daily residential treatment modality.

Table 21 MH Treatment Types

	TBRA	HARP
Of those in VMH MH Tx 2 Years Pre-Housing		
Individual (%)	86	87
Group (%)	66	76
Residential (%)	34	51
Days between Tx (Md)	6	4
Of those in VMH MH Tx 1 Year Pre-Housing		
Individual (%)	94	88
Group (%)	66	77
Residential (%)	29	45
Days between Tx (Md)	6	3
Of those in VMH MH Tx During Housing		
Individual (%)	98	93
Group (%)	43	63

	TBRA	HARP
Residential (%)	17	27
Days between Tx (Md)	10	7

Public Assistance/Shelter Changes

DWS Public Assistance. As noted in the Methods section, nearly every study participant was found in DWS data (97% for both TBRA and HARP). DWS data were provided de-identified; therefore, these records could not be linked to any of the other data sources or outcomes. Of those with DWS data, the percent of clients using any type of assistance did not increase from pre to during housing (see Table 22). The “pre” housing period for DWS data was limited to the 12 months just prior to housing start. Both groups were equally likely to have utilized job training during housing, while TBRA was more likely to utilize job referrals during housing. Those who received job training and job referrals during housing had significantly lower average monthly income during housing than those who did not (across both HARP and TBRA). In addition, those who received job referrals also spent a significantly longer time in housing (again, across both groups). Therefore, those who have received these additional services have a significant need for this additional form of assistance. Both groups were equally likely to have financial benefits (e.g., food stamps, financial assistance, Medicaid, state subsidized health care, child care, or unemployment insurance); however, the average monthly value was higher for TBRA – this is likely due to the fact that TBRA clients had larger household size, on average. The average value of benefits was higher during housing than in the year prior to housing start.

Table 22 DWS Assistance Use

	TBRA	HARP
Job Training (% with)		
Pre-Housing	35	30
During Housing	31	25
Job Referrals (% with)		
Pre-Housing	60	58
During Housing*	58	47
Benefits, e.g. food stamps, financial assistance (% with)		
Pre-Housing	95	94
During Housing	90	88
Of those with benefits, average monthly value¹		
Pre-Housing*	\$352	\$204
During Housing*	\$459	\$305

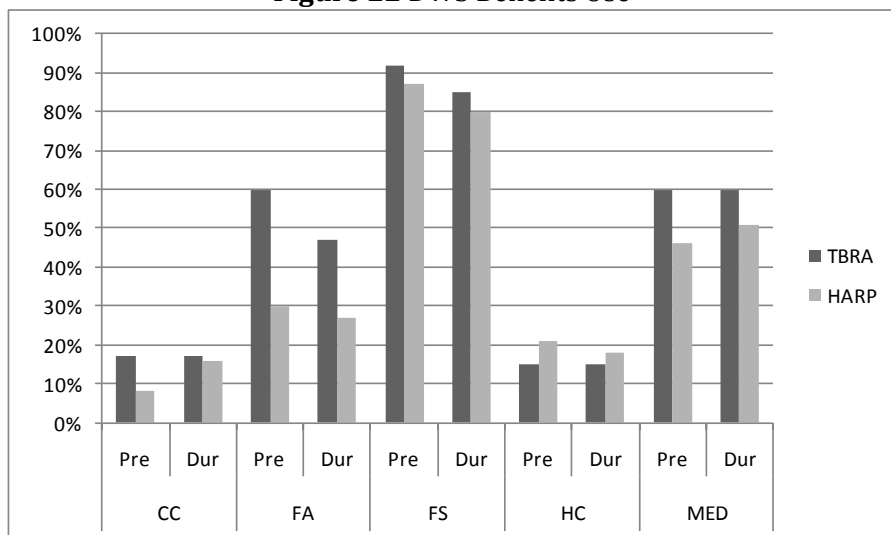
*Group difference statistically significant at $p < .05$
¹Value doesn't include Medicaid or State Health Care assistance

The most common types of financial benefits were food stamps (FS), Medicaid (MED), and financial assistance (FA; e.g., General Assistance (GA), Temporary Assistance for Needy Families (TANF)). As shown in Figure 22, the number of clients using most types of assistance decreased slightly from pre-housing to during HARP/TBRA.¹³ However, the use of child care (CC) and Medicaid assistance increased slightly for HARP participants from pre to during housing. State subsidized health care

¹³ An additional type of benefit, unemployment insurance (UI), was used by less than five percent of HARP/TBRA prior to and during housing and wasn't included in Figure 22. However, it was included in the total counts of those receiving benefits in Table 22.

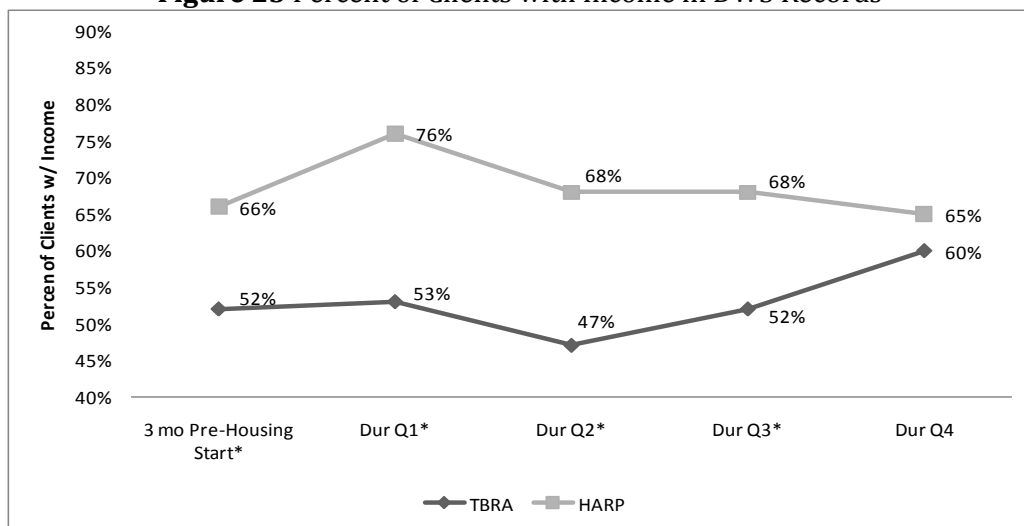
(HC) remained relatively stable across both time periods for both groups. Movement onto and off of benefits from pre to during housing was examined; however, no clear trends emerged.

Figure 22 DWS Benefits Use



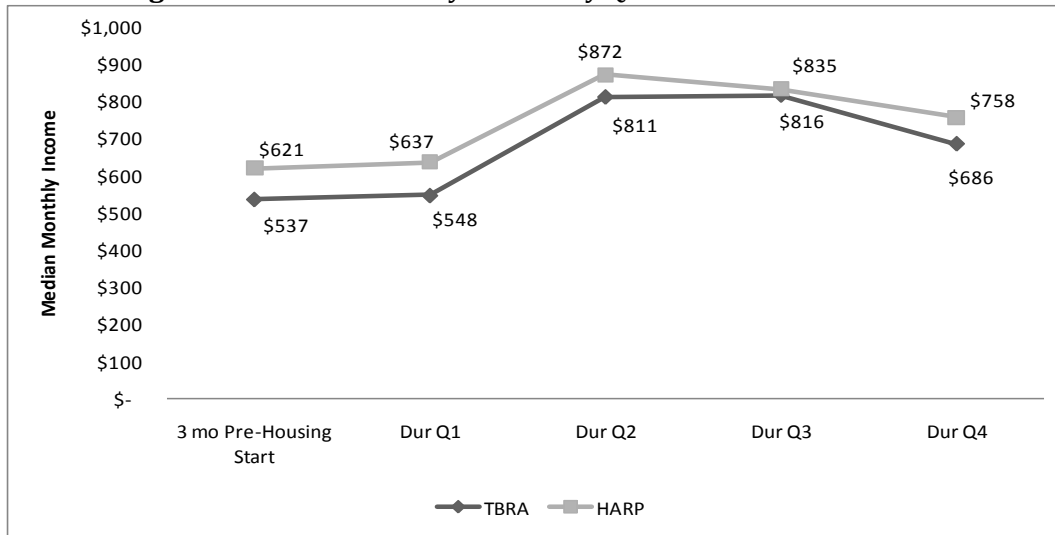
Income that was reported to DWS was examined for trends. As shown in Figure 23, the percent of clients with income jumped from pre-housing to the first quarter in housing for HARP. Percent of clients with income in each quarter is only reported out of those clients who remained in housing for those quarters. Therefore, the clients who remained in housing at the end of one year (Dur Q4) may be different than the group of clients who were included in the first quarter (Dur Q1), but had exited before the fourth quarter of that year. Median income increased for both groups from the first to second quarter in housing (see Figure 24 on the following page).

Figure 23 Percent of Clients with Income in DWS Records



*Group difference statistically significant at $p < .05$

Figure 24 Median Monthly Income by Quarter from DWS Records



Shelter Stays. Nearly three-quarters of TBRA participants had a stay in The Road Home (TRH) shelter prior to starting their housing; while only one in five HARP participants had a previous shelter stay.¹⁴ Shelter stay records went back to 1998. Not surprisingly, on nearly all measures TBRA showed more use of shelter resources than HARP participants. However, both groups showed statistically significant declines in shelter use after participating in their respective housing programs (see Table 23).

Table 23 Shelter Stays

	TBRA	HARP
Shelter Pre-Housing		
Percent w/ Shelter Stay*	70	20
Of those, average nights (SD)*	198 (175)	117 (134)
Sum of nights	32,108	5,250
Shelter Post-Housing		
Percent w/ Shelter Stay*	19	7
Of those, average nights (SD)*	162 (186)	29 (53)
Sum of nights	6,981	431
Average days from housing exit to first shelter stay (SD)	460 (495)	309 (245)

*Group difference statistically significant at $p < .05$

Client Perspectives

Survey Samples

HARP Current Client. As noted in the Methods section, fifty-five (55) current HARP clients returned surveys. This group was compared to the current clients who did not return surveys to determine if they were significantly different. There were no differences between these two groups on minority

¹⁴ Shelter stays are reported out of the entire study sample (N = 453) as The Road Home (TRH) records were hand searched for matches. It can be assumed if someone was not found in the record that they did not have a shelter stay at TRH.

status, age at start, or jail, mental health, or substance abuse histories. Both groups had been in housing for approximately 11 months. There did appear to be a difference in compliance while in HARP housing, with 15% of the non-respondent group compared to 7% of the respondent group having a new offense since starting housing; however, this difference failed to reach statistical significance. The two key differences between HARP current client respondents and those who did not participate were that the respondents included significantly more females (69% vs. 35%) and more clients with children (44% vs. 27%; although difference did not reach statistical significance).

TBRA Current Client. As noted in the Methods section, twelve (12) current TBRA clients returned completed surveys. Compared to the twenty-three (23) who did not return surveys, TBRA respondents were similar on demographics (gender, minority, age at start) and jail, mental health, and substance abuse histories. There were also no group differences on household composition, time in housing (around 13 months), or having a new offense since starting housing. Therefore, the TBRA current client respondent group is roughly equivalent to the overall TBRA current client sample.

HARP Former Client. HARP former client surveys were sent through the mail to a random sample of 50 former clients, of those 18 were returned undeliverable, while 12 of the remaining 32 were completed. These three groups (undeliverable, returned, and unreturned) were compared to determine if there were any significant differences in the group who returned the surveys and those who did not (or were returned undeliverable). The main differences were that those who returned surveys included significantly more females (75% vs. 40% unreturned and 28% undeliverable) and significantly fewer recidivists (25% vs. 35% for unreturned and 78% for undeliverable). Those who returned completed surveys had also been in housing for a slightly longer time (23 months vs. 18 for unreturned and 14 for undeliverable). Ten of the twelve (83%) had a positive exit status from HARP which is well above the successful exit rate for the entire HARP group (31%). The three groups were similar on minority status, age at start, and jail, mental health, and substance abuse histories. They were also similar on household composition. Therefore, the key difference between the HARP former client survey participants and HARP clients overall, is that the survey group was biased toward a more successful sample.

Improvements

The current client surveys covered several areas of improvement in the clients' lives since entering housing. As shown in Table 24, HARP current clients showed improvements in education, employment, substance use, and mental health from six months prior to starting housing compared to during housing. In addition, HARP clients' ratings of their physical health rose from an average of 2.9 (just below "good" on the 5-point scale) in the six months prior to HARP to an average of 3.5 (between "good" and "very good") during housing.

TBRA clients did not show any improvement in education level since entering housing, while 17% improved their employment status from six months prior to housing to during housing (see Table 24). No TBRA clients used drugs either prior to or during housing, while those who drank alcohol during both time periods did not show a decline in their use. TBRA clients reported more mental health problems since entering housing (depression, anxiety, trouble understanding, and suicidal thoughts, see Table 24). This is an area of concern. In addition, TBRA clients reported an average rating of overall physical health at 2.4 (between "fair" and "good") both prior to and during housing.

Clients were also asked about their closest sources of support. More HARP current clients answered that they had more sources of support during housing, than prior to housing (e.g., more said they

had support of their parents and children). However, slight declines were noted for other family members (decreased from 40% to 36%) and case managers (decreased from 55% to 53%). Nevertheless, case managers remained the most frequently mentioned source of support for HARP current clients, followed by friends (47%). TBRA clients' most frequent sources of support were spouses and children (42% each). Only 17% of TBRA clients mentioned their case manager as a close support.

Table 24 Client Improvements from Current Client Survey

	TBRA	HARP
Improvement in Education Level (%)	0	20
Improvement in Employment Status (%)	17	31
Decreased Substance Use (%) ¹	--	72
Decreased Alcohol Consumption (%) ²	0	46
Decrease in the % reporting the following MH Problems		
Serious depression	(17) ³	11
Serious anxiety/tension	(8)	2
Hallucinations	8	2
Trouble understanding	(8)	13
Trouble controlling violent behavior	0	4
Serious thoughts of suicide	(8)	13

¹Of those who used substances in the 6 months prior to housing, % who did not report use during housing

²Of those who reported alcohol consumption both 6 months prior to housing and during housing, % who reported decreased amounts of use

³Numbers in parenthesis are increases in the percent who reported that problem

HARP former clients had from 8 months to over two years follow-up from program exit until they received their former client survey. The median follow-up was just over 10 months. What is unique about this group is that all had used housing authority services since leaving HARP housing. Most (83%) had also used DWS financial assistance, while few had used substance abuse or mental health treatment services (33% each) or case management (17%). Some improvements that HARP former clients were able to maintain following HARP participation included their housing, with all 12 respondents indicating that they lived primarily in their own home since leaving HARP. In fact, 58% said they had moved zero times since leaving HARP, indicating that they likely stayed in their HARP unit following exit, either due to maintaining the apartment on their own or securing other long-term funding (e.g., Section 8). All seven in this group had a positive HARP exit status. Other successes that were maintained post-HARP included increased abstinence (3 of 12 respondents reported using substances during housing, while only two have reported use since leaving HARP) and a decrease in reported mental health issues (e.g., fewer reported depression, anxiety, trouble understanding, or suicidal thoughts since leaving housing than while in). Lastly, HARP former clients mentioned their children as their primary source of support (42%), followed by spouse, friends, and case manager (33% each). Of those who had children living with them, most children had health care and were enrolled in school.

Challenges

Despite improvements in several areas, current clients continue to encounter challenges to self-sufficiency and long-term stability. Clients were asked about 17 different barriers to finding and/or keeping employment; the most often mentioned reasons are listed in Table 25. The only barrier to employment that showed a large decrease from pre- to during housing for HARP current clients was “Own drinking/drug problem,” with a decrease from 15% reporting that problem in the six months prior to housing to only 2% reporting it during housing. Clients reported on seven different methods used to find employment during housing. The most commonly used methods by HARP current clients were applying online, going to places with “help wanted” signs, and asking family/friends (31% each). Almost a quarter (22%) of HARP current clients reported that their case managers were helping them find a job. All strategies for finding a job were reported by more HARP current clients during housing than in the six months prior to housing. The only exception was using DWS services, which decreased from 27% reporting using DWS in the six months prior to housing to 22% reporting using DWS during housing.

TBRA current clients’ most frequently mentioned barriers to finding and/or keeping employment were a lack of available jobs, depression/mental health issues, and ill health/disability (25% each). The only barrier that showed a decrease in percent of TBRA clients reporting it from six months pre-housing to during housing was depression/mental health issues, which declined by 8%. TBRA clients reported using six of the seven different methods used to find employment during housing, with the most frequently reported being going to places with “help wanted” signs (33%), applying online (25%), and asking family/friends (25%). No TBRA clients reported getting help from their case manager in finding employment.

Table 25 Client Challenges from Current Client Survey

	TBRA	HARP
Clients’ Health Care		
Client has Health Insurance (%)	83	59
Client received assistance w/ Insurance (%)	50	66
Of those w/ children living with them		
Children have Health Insurance (%)	83	94
Adequate Child Care (%)	50	71
Children enrolled in school (%)	80	79
Barriers to Employment (% Reporting During Housing)		
Need more education	17	38
Depressed, overwhelmed or other mental health issues	25	31
No Jobs	25	29
Criminal Record	17	29

The two primary challenges for HARP former clients were employment and health. There was a 42% reduction in employment from during housing to post-housing for this group. The primary barriers to employment post-housing were depression/overwhelmed/MH issues (58%), followed by the need for more education (33%), and the difficulty of finding a job with a criminal record (33%). More clients reported employment barriers for the post-housing period than during housing. Because more HARP former clients were unemployed after leaving housing, all types of employment search strategies were reported more often since leaving housing (except help from case manager). This group rated their health at an average of 2.1 during housing and 2.3 since

leaving housing. Both ratings are just above “fair” on the health scale. All but one reported having health insurance (while two-thirds reported receiving help obtaining health care/insurance). Two-thirds of respondents reported suffering from chronic medical conditions, ranging from mental health issues to diseases to ongoing injuries (back/knees).

Services Utilized and Satisfaction

The following table (Table 26) displays the percent of current client survey respondents who answered each item and, of those, their mean satisfaction with each agency, service, or type of case manager assistance. For example, 45% of HARP current clients responded to the item about satisfaction with Criminal Justice Services (CJS) programs; therefore, it can be assumed that approximately one-half of the survey respondents utilized this service during HARP. Of those, the average satisfaction was 3.8 on a 1-5 scale, with 5 representing very satisfied. HARP current clients were most satisfied with the housing authority (Mn = 4.7) and substance abuse treatment (Mn = 4.5). Regarding case management, most HARP current clients answered that their case managers helped them with developing/understanding a case plan, made home visits, and are responsive to requests. The areas that HARP current clients were most satisfied with their case managers were: treating the client with respect (Mn = 5.0 out of 5 point scale) and cultural sensitivity (Mn = 4.8), as well as responsiveness to requests, making home visits, and helping develop/understand case plan (all Mn = 4.8). Regarding overall satisfaction with HARP, current clients couldn’t be more satisfied, with respondents giving the program an average rating of 4.9 out of 5.

Of the services used by TBRA clients, satisfaction was highest for the housing authority (Mn = 4.2, see Table 26) and Deseret Industries vouchers (Mn = 3.5). TBRA clients were most likely to agree that their case manager explained their building rules to them (Mn = 4.7) and were sensitive to their cultural background and treated them with respect. (Mn = 4.6 on each). However, overall ratings and satisfaction were a bit higher among the HARP current clients than the TBRA.

Table 26 Current Client Satisfaction

	TBRA Current		HARP Current	
	Percent Responded	Mean Satisfaction	Percent Responded	Mean Satisfaction
Housing & Support Services				
Housing Authority	100	4.2	100	4.7
Employment Assistance (DWS)	50	2.2	69	3.9
Cash/Financial Assistance (DWS)	83	3.3	89	4.4
12-Step programs (AA/NA/CA)	8	3.0	58	4.4
Substance Abuse Tx	0	--	73	4.5
Mental Health Tx	25	3.0	64	4.4
Criminal Justice Services (CJS) programs	0	--	45	3.8
AmeriCorp Home Visits	--	--	55	3.9
Deseret Industries Vouchers	50	3.5	62	4.4
AmeriCorp home visits are helpful	--	--	53	3.6

	TBRA Current		HARP Current	
	Percent Responded	Mean Satisfaction	Percent Responded	Mean Satisfaction
Case Manager Assistance				
Explained building rules	75	4.7	91	4.7
Helped me develop & made sure I understood my case plan	100	4.4	98	4.8
Makes site visits to apartment	100	4.2	98	4.8
Is responsive to requests	100	4.3	96	4.8
Helped obtain items for home	83	4.5	73	4.4
Connect with job training/employment services	42	3.0	58	3.8
Connect with health care	50	3.8	55	3.7
Connect with child care	25	3.3	24	3.4
Connect with educational opportunities	17	3.5	55	3.9
Help with transportation needs	58	2.9	65	3.7
Treats me with respect	92	4.6	98	5.0
Is sensitive to my cultural/ethnic background	92	4.6	84	4.8
Home visits are helpful	100	3.8	100	4.4
Overall Satisfaction				
Program is helping get me back on track	100	4.4	100	4.9
Overall, happy with program	100	4.3	100	4.9

Overall satisfaction with HARP was also very high among former clients, with an average rating of 4.5 out of 5 on “Overall, happy with HARP” and “Program helped me get back on track” items. Regarding home visits, over 50% felt that case manager home visits were very helpful (5 out of 5; Mn = 3.8), while one-third of those who had AmeriCorp home visits found them to be very helpful (5 out of 5; Mn = 3).

Qualitative Feedback

When asked what **the most helpful part of their housing program** was, both HARP and TBRA current client responses most often centered around the housing assistance and the positive impact it had on their lives (e.g., independence, safety, stability), followed by their case manager. Former HARP clients were most likely to mention the case management (several mentioned their former case manager by name), followed by housing. The following are some quotes that illustrate these two major sources of satisfaction in the programs:

Housing Assistance:

HARP Current:

- “Helping me build a new life for myself by being independent in my own home.”
- “Helping with a stable living environment while I continue to work on my recovery, mental health issues and education. I hope to become self-sufficient within a year, maybe two.”

- "It's nice to have a home to come to every night and know I can enjoy a good night sleep and wake up rested and ready for the next day."
- "Helping me with housing and with paying part of the rent so me and my kids have a home."

TBRA:

- "They helped me get housing."
- "Putting a roof over my head. Provide me food."

HARP Former:

- "Having a home for myself and my children. Remaining stable to provide for myself and my kids."
- "Keeping me off the streets."

Case Manager:

HARP Current:

- "Knowing I can talk with my case manager. I don't feel alone as much."
- "Care, concern and support of case manager. Suggestions and referrals of case manager."
- "Being able to talk to them when I need help or advice."

TBRA:

- "My case manager visited every month just to see how I'm doing."
- "And case manager will visit us instead of making us go downtown."

HARP Former:

- "Home visits I loved them. Wish there would have been more one on one visits"
- "The overall program. I had a place to live; I had a case manager whom I could tell everything to. I miss this being on Section 8."
- "My case manager"

When asked **what other services their program should provide**, current and former HARP clients were most likely to respond that there was nothing additional that HARP could do and that they were very grateful for the broad services that were already offered:

HARP Current:

- "You guys do it all, Thank you."
- "I've found HARP services quite well rounded"
- Services quite sufficient/adequate for me."

HARP Former:

- "I was very happy with all the services they provided. I was lucky to have found them..."
- "Excellent program- If there is anything or programs that I could be involved in to help fellow abusers or something I would really love that!!"

Of those current HARP clients who did provide recommendations for improved services the most frequent (in order of mention) were:

- Jobs/Employment Assistance
- Transportation
- Health/Dental Insurance for adults
- Education/Training Opportunities (usually to help with employment)
- List of Resources that HARP provides

TBRA clients had only a couple recommendations for improved services:

- Transportation
- Food/Household items

Similarly, when asked whether there was **anything else their case manager could have done to help them**, most current and former HARP and TBRA clients indicated that their case managers were extremely helpful and there was nothing additional they could do to improve their services. A few suggestions that were mentioned included:

HARP:

- “Call a day before coming to visit for a reminder.”
- “Just keeping me in their thoughts so if an opportunity comes up that could benefit in some way that would be great.”
- “Just help make sure there is some financial set up before HARP is over.”

TBRA:

- Warn clients about potential violations
- Provide information about additional services (e.g., schooling, jobs)

At the end of the client surveys, respondents were asked to share their **greatest accomplishment** since entering housing, the most frequently mentioned (in order) were:

HARP Current:

- Educational/Employment
- Maintaining Housing
- Staying Sober
- Raising/Reuniting with Children

TBRA:

- Maintaining Housing
- Raising/Reuniting with Children

HARP Former:

- Staying Sober
- Maintaining Housing
- Educational/Employment
- Raising/Reuniting with Children

The following client responses illustrate many of these points:

HARP Current:

- “Obtaining and maintaining a full-time job that I love. 1 year of being on my own with my 2 kids. Coming up on 3 years of sobriety.”
- “Attending school at SLCC, my children and a relief that my future looks and is brighter because of HARP.”
- “Car, better job, closer relationship with family and son, and my own place to live.”
- “Having my own apt. Everything is mine and I really like the home visits.”

TBRA:

- “Having a place for my children to live.”

HARP Former:

- “Remaining sober, High school diploma, started college, happy home environment for myself & kids.”
- “Oh gosh so many things! I have all my kids. I have no legal problems. I am a supervisor. I have a nice car, I am getting my credit in shape, it goes on and on and gets better everyday! Sober 3 years!”

Although it was the most mentioned accomplishment for current HARP clients, employment was also the most frequently mentioned **challenge** since entering HARP (and TBRA), followed by health/mental health issues of the clients. A few current HARP participants also mentioned the challenges of caring for their children. For former HARP clients, the two biggest challenges since leaving housing were employment and no longer having case management.

Employment Challenges:

HARP Current:

- “Work. It's my first job.”
- “Keeping 40 or more hours work”
- “Finding a job so I can pay rent.”

TBRA:

- “Holding down a full time position”
- “Finding a job and transportation”

Health/Mental Health Challenges:

HARP:

- “Depression, anxiety, tension, not having medicine...”
- “With my health it makes it hard to attend as much as I would like or should. They are working with me on this. I am very thankful!”
- “Finding a job with ... needing surgery. My insurance doesn't cover surgery.”

Case Manager Perspectives

Eight case managers responded to the online case manager survey. Seven (7) of the eight had provided case management for HARP clients for over two years. On average, case managers reported meeting with HARP clients less than once a month in their office and once a month in clients' homes. However, one respondent indicated meeting in clients' homes more than once a week (and less than once a month in the office), while another indicated the opposite. Even among this small group of respondents, case management frequency varied. On average they reported completing Housing First matrices with clients every month and Self-Sufficiency matrices slightly less often.

The group who responded to this survey was active in helping clients in several areas of their lives. All eight reported helping with health care, education, and transportation, while six reported helping with obtaining household items and employment. Half the respondents also said they helped clients find child care. A couple respondents noted that this type of help was offered less often because it was not applicable for all clients.

All but one respondent “strongly agreed” that home visits are helpful, while five of eight “strongly agreed” that HARP is helping clients get their lives back on track. The perceived usefulness of the Self-Sufficiency and Housing First matrices varied greatly among this group. A couple “somewhat disagreed” that either matrix was useful in gathering information or effective as a case management tool, while a couple “strongly agreed” with both of these statements.

The case manager survey included four open ended items. All eight (8) respondents indicated that they are supportive of the HARP model. Only one respondent added a caveat, “I just wish it was working as intended and only lasting 2 years.”

When asked “What were the most important things you do to help your HARP client(s)?” case managers responded as often with items related to housing success/self-sufficiency as they did with items related to treatment success. In addition to the items listed in Table 27, case managers also mentioned “being there for them” and “providing emotional support” as the most important things they do to help clients.

Table 27 Most Important Tasks Reported by Case Managers

Housing/Self-Sufficiency Related Tasks	Treatment Related Tasks
<ul style="list-style-type: none"> • Apply for assistance programs (e.g., HEAT, housing authority) 	<ul style="list-style-type: none"> • Keep involved with treatment/relapse prevention
<ul style="list-style-type: none"> • Help w/ Activities of Daily Living (ADL's) 	<ul style="list-style-type: none"> • Keep on meds
<ul style="list-style-type: none"> • Home visits to make sure doing well in housing 	

Responses to the final two open ended items overlapped, resulting in the following recommendations for how HARP can better support case managers and/or clients and how HARP can become a sustainable program. The following recommendations are listed in order of importance based on frequency of mention in the responses:

- More Section 8 Housing: would address waiting list of clients, HARP should not be permanent housing
- More access to the following services for clients: Deseret Industries vouchers/access to household and personal care items, employment (especially for ex-offenders), financial/budgeting classes, parenting classes
- For case managers: trainings/updated information on policies, flexibility in home visits for clients who work during the day
- Educating landlords: give them information about positive impact they can have

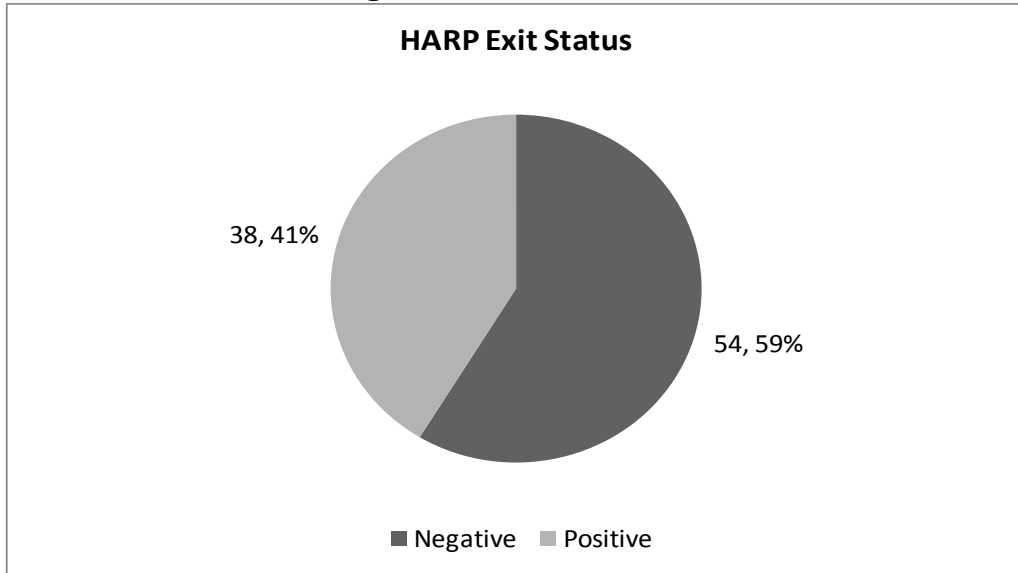
Factors Related to Success

Successful Housing Exit

When examining exited HARP participants (excluding neutral exits), just under half were successfully discharged from the program (see Figure 25 on the next page).

Several client characteristics and participation variables were examined to identify factors that were related to positive exit from HARP (see Table 28 starting on the following page). The only factor statistically significantly related to greater likelihood of successful exit was the birth of a new child while in HARP housing. Of the six (6) clients who had a new child during HARP housing and had exited, five exited successfully (83%, see Table 28). In contrast, clients who had children living with them during housing (youth household members) were slightly less likely to have a successful exit (32%) than those who did not have children living with them (42%; difference not statistically significant). Too few exited clients had a spouse (n = 2) or other adults (n = 3) living with them to examine the impact of that factor on exit status.

Figure 25 HARP Exit Status



A few factors showed trends toward increased likelihood of successfully exiting housing. Not having a BCI arrest in the three years prior to housing start and not being referred from the jail were associated with about a 10% higher successful completion rate. Those who were disabled (mental or physical from housing authority records) also had a successful completion rate about 10% higher than the overall (53% vs. 41% overall; 9 of 17 disabled clients successfully exited).

Table 28 Factors Examined in Relation to Successful HARP Exit – Part 1

	% Successfully Exiting HARP
Overall	41
Client Characteristics	
Gender	
Female	39
Male	44
Minority	
No	43
Yes	35
Disabled	
No	39
Yes	53
Referral Source	
Substance Abuse	48
Mental Health	29
Criminal Justice	38
Youth Services	13
Jail Referred	
No	50
Yes	36

	% Successfully Exiting HARP
SPMI	
No	43
Yes	40
Drug Use Disorder	
No	44
Yes	41
Criminal Justice History	
Jail Bookings 3 Yrs Pre-Housing	
No	45
Yes	40
New Charge Bookings 3 Yrs Pre-Housing	
No	43
Yes	40
BCI Arrest 3 Yrs Pre-Housing	
No	54
Yes	37
Past Prison Commitment*	
No	45
Yes	10
Treatment History	
Substance Abuse Treatment Pre-Housing	
No	48
Yes	33
Of those w/ SA Tx Pre-Housing, Had Successful Discharge	
No	31
Yes	35
Mental Health Treatment Pre-Housing	
No	41
Yes	41
During Housing Factors	
Had Children Living with them	
No	46
Yes	32
Had Child Born During Housing*	
No	38
Yes	83
AP&P Supervision During Housing	
No	47
Yes	33
Substance Abuse Treatment During Housing	

	% Successfully Exiting HARP
No	47
Yes	38
Mental Health Treatment During Housing	
No	47
Yes	42

*Group difference statistically significant at $p < .05$

The only factor statistically significantly related to decreased likelihood of successful exit was having a past prison commitment. Only ten (10) clients who had exited had been in prison in the past, but nine (9) of those negatively exited HARP. Some other factors that showed a general trend towards decreased likelihood of successful exit were having person charges in the three years prior to housing start (30% successful, not shown in Table 28), participating in substance abuse treatment in the past, but not having any successful completions (31% successful, see Table 28), and younger age at housing start (see Table 29). It also appeared that those who negatively exited had lower adjusted gross income at intake; however, the range of income was large for both groups and overlapped considerably (see Table 29).

Table 29 Factors Examined in Relation to Successful HARP Exit – Part 2

	Negative Exit	Positive Exit
Age at Start (Mn (SD)) ¹	32 (10)	37 (12)
Shelter Nights Pre-Hsg (Mn (SD))	16 (53)	39 (103)
Adjusted Gross Income at Intake (Mn (SD))	\$4900 (\$5660)	\$6980 (\$7160)
Days between CM Contacts (Mn (SD))	14 (14)	14 (6)

¹ $p < .10$, approaching statistical significance

Likelihood of successful exit from HARP was examined by length of time in HARP housing. As shown in Table 30, HARP participants who were in the program the longest were the most likely to leave on a positive exit status. Each row in Table 30 shows the percent of people who left on each exit status by time period. The majority of participants who were in the program 18-24 months and over 24 months left on a positive status. Most of those who were housed for less than 3 months left on a neutral status, while those who were in HARP from 3 to 12 months were most likely to leave on a negative status.

Table 30 HARP Exit Status by Time Housed

	Percent Negative	Percent Neutral	Percent Positive
0-3 months	29	57	14
> 3 to 6 months	64	28	8
>6 to 12 months	52	27	21
>12 to 18 months	50	30	20
>18 to 24 months	12	25	63
> 24 months	23	0	77

Of the 38 HARP clients who successfully exited, 9 exited successfully in under one year, 16 between one and two years, and 13 in over two years. Contrasts between the three groups were examined to identify key factors that may distinguish the groups. Due to the small sample size, none of the

factors could be examined for statistical significance. However, a few interesting trends were observed:

- More female participants successfully exited after a longer time in the program
- Younger participants successfully exited after a longer time in the program
- Clients with children living with them successfully exited after a longer time in the program
- Clients who had babies born while in housing successfully exited after a longer time in the program
- More clients in mental health treatment during housing successfully exited after a longer time in the program

These factors suggest that clients who are female, younger, have children (and/or new babies), and are in mental health treatment during housing can successfully exit HARP; however, they may take a longer time than those who do not share these characteristics.

Recidivism

Recidivism events were identified as the first occurrence of a new charge booking in the Salt Lake County Jail, a new arrest in BCI, or a new prison commitment following housing start. As shown in Table 31, just under one-third of TBRA and just over one-third of HARP had a recidivism event. This difference was not statistically significant. In both groups recidivism was most often a new arrest in the BCI record. HARP clients were significantly more likely than TBRA clients to have a new recidivism event while still active in housing.

Table 31 Recidivism Events

	TBRA		HARP	
	N	%	N	%
Has Recidivism Event	66	29	79	36
Event Type				
New Charge Book ¹	31	47	29	37
BCI Arrest	34	51	46	58
New Prison	1	2	4	5
Event Time*				
During Housing	23	35	59	75
Post Housing Exit	43	65	20	25

¹Could be BCI Arrest on same date

*TBRA vs. HARP difference statistically significant at $p < .05$

Factors that could be related to the likelihood of recidivating were examined for HARP clients only. Several criminal history measures were related to increased likelihood of recidivism, including being jail referred into HARP, having a jail booking (or new charge booking) in the three years prior to HARP, and having a BCI arrest in the three years prior to HARP (see Table 32). Having a prison commitment prior to HARP was not significantly related to recidivism; however, being on AP&P supervision during HARP was associated with increased likelihood of recidivism. Of those who had a new charge booking in the three years prior to HARP, there was no difference in recidivism by charge type (person, property, or drug) or charge degree (both recidivists and non-recidivists had an average of a 3rd Degree Felony prior to HARP, not shown in Table 32). Also, it is important to note that although having a criminal history increased the likelihood of recidivism, most HARP clients have not had a new recidivism event regardless of criminal history. For example, 44% of

those who had a new charge booking in the three years prior to HARP recidivated, meaning that 56% have not yet had a new offense since starting housing.

A single factor was significantly related to reduced likelihood of recidivism: completing substance abuse treatment prior to housing (of those who had substance abuse treatment prior to housing). Among this group, those who completed treatment recidivated at 26% compared to 43% for those who had past treatment but no successful completions (see Table 32). HARP clients who were identified as youth aging out of foster care (YAFC) also had a lower recidivism rate (10%, 1 out of the 10 YAFC clients recidivated) than the average, but this failed to reach statistical significance due to the small sample of YAFC clients. This was in contrast to the overall finding that recidivists are significantly younger ($Mn = 32$) than non-recidivists ($Mn = 36$) at HARP start (see Table 33). The non-significant findings for clients with SPMI and drug use disorders indicates that the HARP model works equally well for clients with or without these conditions.

Table 32 Factors Examined in Relation to HARP Client Recidivism – Part 1

	% with Recidivism Event
Overall	36
Client Characteristics	
Gender	
Female	33
Male	39
Minority	
No	34
Yes	41
Disabled	
No	37
Yes	28
Referral Source	
Substance Abuse	33
Mental Health	43
Criminal Justice	47
Youth Services	35
Youth Aging out of Foster Care	
No	37
Yes	10
Jail Referred*	
No	23
Yes	44
SPMI	
No	36
Yes	35
Drug Use Disorder	
No	33
Yes	36

	% with Recidivism Event
Criminal Justice History	
Jail Bookings 3 Yrs Pre-Housing*	
No	16
Yes	42
New Charge Bookings 3 Yrs Pre-Housing*	
No	26
Yes	44
Of those, Had Person Charge	
No	39
Yes	52
Of those, Had Property Charge	
No	38
Yes	51
Of those, Had Drug Charge	
No	48
Yes	40
BCI Arrest 3 Yrs Pre-Housing*	
No	21
Yes	41
Past Prison Commitment	
No	35
Yes	40
Treatment History	
Substance Abuse Treatment Pre-Housing	
No	41
Yes	32
Of those w/ SA Tx Pre-Housing, Had Successful Discharge*	
No	43
Yes	26
Mental Health Treatment Pre-Housing	
No	32
Yes	38
During Housing Factors	
Had Children Living with them	
No	38
Yes	32
Had Child Born During Housing	
No	35
Yes	56
AP&P Supervision During Housing*	
No	30

	% with Recidivism Event
Yes	45
Substance Abuse Treatment During Housing	
No	30
Yes	41
Mental Health Treatment During Housing	
No	33
Yes	42
Exit Status*	
Negative	74
Neutral	63
Positive	18
*Group difference statistically significant at $p < .05$	

Regarding HARP participation, there were no significant differences between those who had a recidivism event and those who did not on either income at intake or frequency of case manager contacts. Both factors showed large variability within groups (see Table 33). It does appear that recidivists have somewhat lower income at HARP start. Recidivism rates did not differ significantly between those who did not (38%) and those who did (32%) have children living with them while in HARP housing (see Table 32). Interestingly, five out of the nine (56%) participants who had children born while active in HARP had a recidivism event. Too few HARP clients lived with a spouse ($n = 3$)¹⁵ to examine its impact on recidivism.

Not surprisingly, those who positively exited had the lowest recidivism rate (18%, see Table 32). However, all three groups (negative, neutral, and positive exit) had some recidivists during and after exiting housing.

Table 33 Factors Examined in Relation to HARP Client Recidivism – Part 2

	No Recidivism	Has Recidivism Event
Age at Start (Mn (SD))*	36 (11)	32 (9)
Shelter Nights Pre-Hsg (Mn (SD))	26 (84)	19 (59)
Adjusted Gross Income at Intake (Mn (SD))	\$7410 (\$6595)	\$5850 (\$6400)
Days between CM Contacts (Mn (SD))	15 (12)	13 (13)
*Group difference statistically significant at $p < .05$		

¹⁵ 3 of 9 who lived with other adults recidivated

Proposed HARP “Tracks”

In early 2010 HARP leaders began working on some criteria to identify low, medium, and high risk HARP participants to develop “tracks” of participation that are accompanied with different levels of services and lengths of time on assistance. From the materials provided by the HARP working group, the following list was created to define the 3 HARP tracks.

Table 34 Proposed HARP Tracks

Criteria	Proposed HARP Tracks		
	Low	Medium	High
Referral Source	Youth Aging out of Foster Care (YAFC)	Jail, Substance Abuse	
Income	Yes	No	No
Jail History	No/Low	Moderate	High
Offense Detail	No drugs or "serious" person/property	May include drug, person, & property	Extensive
Substance Abuse History	No/Low	Successful Past Tx Completion	High
SA Tx Detail		Currently in Tx	
Mental Health History	No/Low	Not Specified	SPMI
Add'l Criteria	If not YAFC, then older age participants		

Data gathered for this report were used to classify the HARP clients in this report (N = 222) into the three proposed HARP tracks. However, when using all of the required criteria, very few clients were classified into each group. For example, only one client was YAFC with income at intake and one or fewer prior jail bookings, substance abuse treatment admissions, and mental health treatment admissions. An additional five (5) clients met the “Low” risk criteria (except YAFC) and were 43 years old or older at housing start.

Therefore, a new approach was taken to approximate the new HARP tracks. Each group was defined solely on their most salient characteristic, resulting in the following groups:

- High-1: SPMI (serious and persistent mental illness in VMH or CJS record pre/dur-housing) (n = 116)
- Medium: not flagged as “High-1,” had prior successful substance abuse treatment discharge (pre-housing) and in substance abuse treatment at housing start/during housing (n = 35)
- Low: not flagged as “High-1” or “Medium,” had one or no jail bookings in the three years prior to housing (n = 35)
- High-2: remaining cases not flagged in three prior categories; defined by having higher range of past substance abuse treatment admissions and/or jail bookings (n = 36)

As shown in Table 35, thus far, HARP has served an almost exclusively high risk clientele (n = 116, 52% SPMI, plus an additional n = 36, 16% high past jail or SA Tx). The Medium and High-1 groups are very similar on jail history, although one group (Medium) has more pronounced substance

abuse issues, while the other (High-1) has more pronounced mental health problems. The High-2 group has the most jail history and a fair proportion have substance abuse and mental health treatment histories.

Table 35 Description of HARP Tracks for Current Sample

	Low	Medium	High-1	High-2
Sample Size (n)	35	35	116	36
Percent Referred by				
Substance Abuse	83	100	41	94
Mental Health	0	0	33	0
Criminal Justice	3	0	10	6
Youth Services	14	0	16	0
Group Description				
Male (%)	54	60	43	44
Minority (%)	29	26	20	39
Age at Start (Mn (SD))	35 (13)	38 (9)	33 (11)	33 (9)
Has Income at Intake (%)	66	83	70	64
Of those, Mn (SD)	\$9823 (\$7652)	\$9513 (\$6261)	\$8272 (\$4800)	\$12,007 (\$6824)
Has Jail Bookings 3 Yrs Pre-Housing (%)	40	77	77	100
Of those, range in bookings	1-1	1-20	1-34	2-18
Has Person Charges 3 Yrs Pre-Housing (%)	3	11	22	33
Has Property Charges 3 Yrs Pre-Housing (%)	3	14	31	36
Has Drug Charges 3 Yrs Pre-Housing (%)	9	40	25	58
Has Prior SA Tx Admits (%)	37	100	57	50
Of those, range in admits	1-6	1-36	1-25	1-15
Has Prior Successful SA Tx Discharge (%)	26	100	34	14
Has Prior MH Tx Admits (%)	17	37	97	31
Of those, range in admits	1-1	1-3	1-10	1-2

When examining outcomes for the HARP Tracks, it is clear that the Low risk group has the best outcomes (highest percent with positive exit status (43%), longest average time in housing (over 17 months), fewest with recidivism (14%); see Table 36). Outcomes are fairly similar for the Medium and High-1 groups, despite the Medium group being defined more as a substance abuse population and High-1 being defined as a mental health population. Just over one-quarter of each

group successfully exited housing, while around one-third of each group recidivated (see Table 36). The group that really stood out from the others was the High-2 group which had recidivism rates almost double the next closest group (61%).

Table 36 Outcomes by HARP Tracks

	Low	Medium	High-1	High-2
Sample Size (n)	35	35	116	36
Outcomes				
New Charge Book	6	11	14	22
Dur-Hsg (%)				
Active 09/01/09 (%)	40	46	49	31
Of Exited:				
Months in HARP (Mn (SD))	17.6 (9.7)	12.4 (7.5)	13.3 (10.0)	12.6 (8.5)
Negative Exit (%)	24	47	46	52
Neutral Exit (%)	33	26	24	24
Positive Exit (%)	43	26	30	24
Recidivism Event (%) ¹	14	31	35	61

¹Recidivism Event includes any new charge booking, BCI arrest, or prison commitment post-housing start

Discussion and Conclusion

The literature on housing assistance has revealed a few insights to increase the likelihood of positive outcomes. The type of housing assistance needs to be matched closely to the needs of the clients, with higher need clients requiring more intensive (and usually costly) services. Specific criminogenic needs should be targeted in homeless offender populations to reduce their involvement with the criminal justice system. Multi-need homeless populations require a continuum of services and service integration.

Housing and Exit Status

The present study examined two different types of housing assistance: the Homeless Assistance Rental Program (HARP) and Tenant Based Rental Assistance (TBRA) as the comparison sample. Both programs follow a supportive housing model where clients who need housing are referred from a partnering agency, are screened and provided with housing assistance from the housing authority, and are required to pay a portion of their rent and comply with case management from the referring agencies. Included in the study were all former and current HARP and TBRA participants through August 2009 (HARP = 222; TBRA = 231). In general, HARP clients had more extensive criminal justice, substance abuse, and mental health issues than TBRA clients. HARP tended to serve more single adults, while TBRA included more clients with children.

Both HARP and TBRA served clients for an average of approximately 14 months (exited clients only). Median time in housing was nine (9) months for exited HARP clients in the 2007 study (see Table 37 for a comparison of 2007 study results to the current study's findings). Overall, HARP participants met with their case managers every 13 days on average. Clients who were in HARP for longer than 12 months received more frequent case management, suggesting that those clients may have higher needs and require more frequent assistance. Approximately 50% of TBRA and HARP clients remained stably housed at 12 months. One-year stably housed rates in the literature range from 37% for a sample of homeless mentally ill receiving intensive case management (ACCESS; Mares & Rosenheck, 2004) to 62-74% of clients in community residences (Siegel et al., 2006) to over 80% of clients in supportive housing (Kasprow et al., 2000; Wong et al., 2008; Siegel et al., 2006). The HARP and TBRA stably housed rates fall within this range. In addition, a combined 12 month stably housed rate was calculated for HARP, including those who left the program positively within the first year (self-sufficient, long-term housing such as Section 8). This stable housing rate was 77%.

Table 37 Comparison HARP 2007 Study to Current Study

	2007 HARP Study	Current HARP Study (2010)
Number of Clients	102	222
Clients from inception through	11/7/2007	9/1/2009
Referral Sources		
Substance Abuse (%)	63	66
Mental Health (%)	18	17
Criminal Justice (%)	12	7
Youth Services (%)	7	11
Participation Details		
Months in Housing (Mn) (for exited clients)	9	14
Days between case manager contacts (Md)	9	13

	2007 HARP Study	Current HARP Study (2010)
Per participant cost (Mn)	\$4177	\$6672
Outcomes		
Recidivism Event ¹ (%)	32	36
Criminal Justice Cost-Benefit ²	\$2.64	\$2.71
Exit Status		
Positive (%)	38	31
Neutral (%)	19	26
Negative (%)	43	43
¹ Recidivism in 2007 report defined as a new BCI arrest or JEMS new charge booking following housing start. 2010 measure also included new prison commitments, which only accounted for 4 of the 79 recidivists.		
² Return on every \$1 invested in the program		

Results for the study found that approximately one-third of former HARP participants have exited the program successfully (31%), one-quarter had a neutral exit status, and 43% had a negative exit status. At the time of the first HARP evaluation (2007), 43% had a negative exit, compared to 19% neutral and 38% positive.

Clients who exit HARP positively both begin and end with a higher median income than those who leave the program on neutral or negative exit statuses. The HARP group that starts with and ends with the highest income are those who are in the program for between 12 and 18 months; whereas TBRA clients who spend a longer amount of time in housing (over 18 months) show the highest income at exit. It appears that HARP clients who remain in housing over 24 months are those who have the hardest time maintaining regular income. However, it should be noted that the median income for all HARP and TBRA clients is generally below the 2009 Federal poverty guideline of \$10,830 for a single-member household.

Self-Sufficiency and Housing First Matrices

Self-sufficiency rating by clients revealed that the three highest rated domains across all times in housing were children's education, substance abuse, and safety, while the three lowest domains were employment, food, and income. No real trends were observed in changing overall Housing First matrix scores or individual domain scores across time.

Criminal Justice Outcomes

Although HARP clients had approximately twice as many jail bookings as compared to TBRA clients in the years prior to housing start (43% vs. 21%), new charges dropped so dramatically for HARP participants that at 1-year post-housing recidivism rates did not differ significantly from TBRA (13% HARP vs. 19% TBRA). Additionally, significant reductions for jail days were seen for HARP from one-year pre-housing to one-year post exit (from 3474 to 2292) while jail days increased for TBRA (from 540 to 829).

A criminal justice cost-benefit calculation also found that HARP is cost-beneficial, providing effective programming while reducing future victimization and associated costs. Specifically, for every dollar spent there is approximately a \$2.71 return on investment. This analysis did reveal

that there was a cost for taxpayers, but also showed a significantly large benefit from reducing potential victimization.

Service Involvement

HARP clients had significant reductions in CJS involvement, substance abuse treatment, and mental health treatment, as compared to TBRA. For example, in the year prior to housing 56% of HARP vs. 19% of TBRA were in substance abuse treatment. At a year following housing exit it was 33% HARP vs. 27% TBRA and the downward trend for HARP continued so that at two years following housing exit (for those who had follow-up) only 28% of HARP were in substance abuse treatment compared to 59% of TBRA. A similar trend was noted with mental health treatment with HARP participation falling consistently from one year pre-housing (41%) to during housing (32%) to one year post-housing (19%), while TBRA mental health participation rates remained in the 22% to 29% range pre, during, and post-housing. The percent of clients using any type of DWS assistance did not increase from pre to during housing in both groups. Both HARP and TBRA had significant declines in shelter use after participating in their respective housing programs.

Factors Related to Success

The only factor statistically significantly related to greater likelihood of successful exit was the birth of a new child while in HARP housing. Of the six (6) clients who had a new child during HARP housing and had exited, five exited successfully (83% compared to 41% successful exit rate overall). Other factors that showed increased likelihood of successful exit were not having a BCI arrest in the three years prior to housing start and not being referred from the jail. The only factor statistically significantly related to decreased likelihood of successful exit was having a past prison commitment. Only ten (10) clients who had exited had been in prison in the past, but nine (9) of those negatively exited HARP. An analysis of successful completers by length of time in housing showed that clients who are female, younger, have children (and/or new babies), and are in mental health treatment during housing can successfully exit HARP; however, they may take a longer time than those who do not share these characteristics.

Approximately one-third of HARP (36%) and TBRA (29%) clients had a recidivating event (new charge booking, BCI arrest, or prison commitment post-housing start). Although HARP and TBRA clients did not differ significantly on likelihood of having a recidivism event, HARP clients were more likely to have their first recidivism event occur during housing. Again, criminal history was related to negative outcomes as being jail-referred into HARP, having a jail booking in the three years prior to HARP, or having a BCI arrest in the three years prior to HARP were all associated with an increased likelihood of recidivism. Interestingly, being on AP&P supervision during HARP was also related to increased recidivism. This may be due to more intense supervision of the client thereby increasing the likelihood of detecting criminal activity. HARP clients who had completed substance abuse (SA) treatment prior to housing were less likely to recidivate than those who had past treatment but did not successfully complete treatment. Lastly, HARP clients who exited the program positively were less likely to recidivate.

In order to provide guidance for treatment matching applications, four risk-level groups (HARP “tracks”) were developed. Low level mostly consisted of clients with the least criminal history. Medium level clients were mostly a substance abuse group and High-1 level was a mental health group. High-2 level were clients who had the highest criminal history. Recidivism rates revealed that Low level had the best outcomes with Medium and High-1 with similar outcomes. High-2 risk

had the most severe outcomes: fewer positive exits, more negative exits, and the highest recidivism rates (61%).

Client Survey Results

From self-reported surveys, HARP clients reported improvements in education, employment, substance use, and physical/mental health from six months prior to starting housing compared to during housing. On the other hand, the only improvement that TBRA clients reported was in employment. TBRA clients did not find improvements in education, alcohol use, or physical health. Actually, TBRA clients reported more mental health problems during the program than in the six months prior to housing. HARP clients reported case managers as their main support while TBRA clients reported spouses and children.

Current HARP and TBRA clients continue to encounter challenges to self-sufficiency and long-term stability. Both HARP and TBRA current clients reported mental health issues and a lack of available jobs as the most prevalent reasons for not finding and keeping stable employment. Other reasons for employment problems were the need for more education and having a criminal record for HARP clients and ill health/disability for TBRA clients. The two primary challenges for HARP former clients were employment and health. Similar to current HARP clients, HARP former clients reported mental health issues and the need for more education (33%), as well as a criminal record (33%) as the main barriers to employment.

HARP current clients were extremely pleased with the program with reported satisfaction highest with the housing authority and substance abuse treatment. Clients were especially satisfied with case manager's aid with treating clients with respect, cultural sensitivity, case plans, home visits, and responsiveness to requests. TBRA current clients were most satisfied with the housing authority and Deseret Industries vouchers. Similarly, TBRA clients were satisfied with their case manager's explanations of building/housing rules, cultural sensitivity, and treating them with respect. HARP current clients reported higher overall ratings and satisfaction than TBRA clients.

Both HARP and TBRA current clients stated that housing and case managers were the most helpful part of their housing program. Generally, clients reported that the programs had a positive impact by helping them develop independent lives in stable housing. Most HARP and TBRA current clients did not report any recommendations for program improvement. For the few HARP clients that provided recommendations, topics reported were employment assistance, health assistance, education, and transportation.

Both HARP and TBRA current clients reported that their greatest accomplishments were maintaining housing and raising/reuniting with children. HARP current clients also mentioned education/employment and staying sober. The largest challenge for both HARP and TBRA current clients was employment. Mental health problems were also mentioned as a challenge for HARP current clients.

Case Manager Survey Results

HARP case managers responded to the online case manager survey and most reported that they strongly agreed that home visits were helpful and that HARP was helping clients get their lives back on track. The perceived usefulness of the Self-Sufficiency and Housing First matrices had mixed reviews from HARP case managers. Case managers responded that housing success/self-sufficiency and treatment success were the most important things you do to help your HARP clients.

Overall Findings and Recommendations

The results of this study reveal that the HARP program was cost-beneficial and successfully reduced recidivism rates. Participants also showed reduced CJS involvement, substance abuse treatment, and mental health treatment. Additionally, using the HARP data, this study potentially identified groups that can be targeted for proper treatment matching (HARP “Tracks”). Because HARP targets primarily high risk clients, the program has shown more dramatic improvements in several areas than TBRA (that targets a less high-risk clientele).

Recommendations for improvement in HARP services include higher dosage of certain services. More specifically, HARP should consider more intense client services in **employment assistance, mental health, education, and transportation**. HARP should work to build and strengthen partnerships with agencies that can assist with providing these additional services. This is based on HARP client’s reports on barriers to finding and keeping employment, which is vital to long term stability and self-sufficiency. Decisions on whether or not to increase services could be based on the assessments, as well as clients’ self-reported areas of need. It may be beneficial for HARP to include a client self-assessment/survey after participants are stabilized in housing (3-6 months post-start) so they may identify areas for improvement and develop a case plan for long-term self-sufficiency.

HARP should also explore the use of an **actuarial criminogenic risk/needs assessment**. This is based on the fact that one of the major factors related to recidivism and negative program exit was the criminal history of the offender. To reduce recidivism rates, cognitive behavioral approaches (psycho-educational or treatment services) should be used to address antisocial attitudes, behaviors, and impulse control problems. Currently HARP does not partner with any agencies to provide specific treatment to address criminogenic needs. There is a movement in the county, as well as the state, to develop and integrate cognitive behavioral and evidence-based criminal justice treatment programs throughout the justice system. As these resources are developed, HARP should work to partner with these agencies to address this additional risk factor in their clientele that is not currently being directly addressed.

The HARP program should also pursue the use of the **HARP “tracks”** process that the partnering agencies have already begun. The agency leaders could use the additional profiles identified in this study to sharpen the targeting of the tracks. For example, perhaps High-1 and Medium level should be combined to a single Medium level group, but provided with different services for their needs (substance abuse vs. mental health).

An overall trend that emerged across various data sources was that **clients who remain in HARP housing for longer periods of time are those that have the most difficulty managing self-sufficiency**. For example, clients’ Self-Sufficiency ratings seemed to rise across the first year of participation, and then began to drop after that. This drop was especially notable for life skills, income, and mental health. In another example, HARP clients who remained in housing over 24 months were those who had the lowest income at nearly every three (3) month period in housing, with a median of \$0 income for several months in housing. For those who remain in housing over a year, the frequency of case manager contacts began to increase again (after mostly decreasing steadily over the first year of participation). Of those who remain in SA treatment during and post-HARP exit, the percent who successfully complete a treatment episode decreases. All of these trends suggest that if self-sufficiency is not accomplished early-on (during the first year, or at least during the second), the clients who remain in HARP are those who have increasing difficulty with self-sufficiency and long-term stability. In addition to the use of “tracks” to identify and provide

higher-level care to certain HARP participants, **those who have already remained in housing for over 18 months should be targeted for increased services and case plan for long-term success.**

Lastly, **for those clients who have substance abuse issues**, it is recommended that **evidence of successful treatment completion be shown prior to housing in HARP**. For example, those who completed SA treatment recidivated at 26% compared to 43% for those who had past treatment but no successful completions. This successful completion could have been of one treatment level (e.g., intensive outpatient), while clients are still in another level (e.g., outpatient) or have failed other treatment settings. It is not recommended that clients have entirely completed SA treatment, simply that they have shown some success in a treatment episode prior to housing in HARP. The literature also supports this “linear” approach to housing (requiring some treatment success prior to independent housing). A study of homeless veterans with documented mental health or substance abuse problems suggested that clients who have more severe needs can improve to levels of functioning that are similar to less troubled clients if they receive a period of residential services prior to independent supportive housing, rather than directly entering independent housing from homelessness (O’Connell, Kaspro, & Rosenheck, 2009).

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Appendix A Data by Sources

Data Source	Description
Housing Authority (HACSL) Database	
Master Table	Head of Household (HOH) information, including IDs, referral source and exit status
Status Table	Housing types (e.g., HARP, TBRA) by start/end dates
Incomes & Deductions Tables	Detail on income and deductions from multiple sources by date
Rent Review/Contracts Table	Rent amount, client and HACSL contribution, total income/deductions, and number bedrooms by effective date
Members Table	Household members with IDs and demographics
Housing Authority (HACSL) Additional Records	
Self-Sufficiency Matrices (SS)	Paper records in client files detailing changes in over 20 areas (e.g., income, legal, health care, family) on a 1-5 rating scale. SS matrices were to be completed by CMs every 3 months on average for HARP clients.
Housing First Matrices (HF)	Paper records in client files detailing changes in 9 housing-related areas (e.g., rent, housekeeping, landlord) on a 1-5 scale. HF matrices were to be completed by CMs monthly for HARP clients.
Valley Mental Health (VMH)	
Admissions	VMH admission history by start/end dates and unit with discharge reason. <i>HARP/TBRA clients were identified in VMH data by SSN, with name and DOB used as verification.</i>
Diagnoses	DSM-IV diagnoses by date
Services	VMH services from 2000 through 2009 by client, date, and type (e.g., treatment, case management)
Demographics/Client Characteristics	Client characteristics by intake date, includes marital and veteran status, disabilities, number in household/dependants, education, living situation, employment, and household income.
Substance Abuse Services (SAS)	
Admits/Discharges	Treatment admission history by start/end dates (2001-2009), ASAM level of care (e.g., outpatient, residential), and discharge status. Also includes some client measures captured at intake/exit (e.g., employment, substance use). <i>HARP/TBRA clients were identified in SAS records through automated matching on 7 different combinations of matches from gender, last name, first name or initial, and DOB.</i>
Service Billing	SAS services from Fiscal Years 2008-2010 by client, date, and type (e.g., screening, treatment, case management)
Criminal Justice Services (CJS)	
Agent Table	Start and end dates for CJS program involvement (e.g., Day Reporting Center, probation). <i>HARP/TBRA clients were identified in CJS records by automated matches on name/DOB/IDs, and hand searches for name/DOB exact matches on remaining cases.</i>
Supervision/Case Notes	Dates of case manager contacts

Data Source	Description
Department of Workforce Services (DWS)	
Earnings	Earnings in dollars by quarter for the year prior to and after housing, as well as during housing. <i>HARP/TBRA clients were identified in DWS records by an exact match on SSN.</i>
Benefits	Benefits by dollar amount, type (e.g., food stamps, financial assistance, Medicaid), and months on by pre, during, and post-housing time periods.
Job Training	Y/N if received job training by pre, during, and post-housing time periods, with final exit status (completed, not) for most recent job training event.
Job Referrals	Number of job referrals by pre, during, and post-housing time periods.
The Road Home (TRH)	
Shelter Nights Used	Shelter stays by start/end date for each client. <i>HARP/TBRA clients were identified by exact name/DOB match, then exact SSN plus similar name match, and lastly hand matched on similar name/DOB.</i>
Salt Lake County Sheriff's Office	
JEMS	Jail booking history from 07/01/00 to 8/31/09, includes booking date, type, charges, and release date. Some information on release type, offender demographics, and court case numbers. <i>HARP/TBRA clients were identified in JEMS by Sheriff's Office number (SO) match if they had one, name/DOB automated matches, and hand searches for remaining cases.</i>
Bureau of Criminal Identification (BCI)	
Statewide Criminal History File	Statewide arrest history by person by arrest date, type, and degree. <i>HARP/TBRA clients were identified in BCI records by automated matches on SID (state ID), name/DOB, or name/SSN.</i>
Utah Department of Corrections (UDC)	
Legal Status	Changes in UDC Legal Status (e.g., probation, prison, parole) by start and end date and exit status (e.g., successful, revoked). <i>HARP/TBRA clients were identified in UDC records by exact automated match on SSN, SID (State ID), or Otrack# (UDC ID). Unmatched cases were then hand checked for a match on at least two identifiers (including name, DOB, and IDs).</i>

Appendix B Self-Sufficiency Matrix Results:
Average Scores by Domain by Quarter

	Pre- Housing	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Sample Size	38	38	35	29	17	18	5	7	6
Income	2.5	2.8	2.7	2.9	3.1	2.6	3.0	3.0	2.8
Employment	1.8	1.8	2.0	2.3	2.1	1.8	1.9	2.0	2.2
Housing	2.4	4.1	4.0	3.9	3.8	3.9	3.8	4.1	4.1
Food	2.7	2.6	2.9	2.8	2.9	2.9	3.0	3.2	2.4
Childcare	3.8	2.9	3.2	3.9	3.2	3.5	3.5	3.0	4.5
Children's Education	4.5	4.6	4.7	4.8	5.0	4.8	4.0		4.5
Adult Education	3.4	3.4	3.4	3.5	4.0	3.5	3.4	3.8	2.9
Legal	3.6	4.0	3.8	4.3	4.3	4.1	4.2	4.3	4.3
Health Care	3.0	3.2	3.6	3.9	3.6	3.2	3.2	2.7	3.2
Life Skills	3.7	3.4	3.5	3.6	3.6	3.0	3.6	4.0	3.3
Mental Health	4.2	4.0	4.3	4.2	4.0	3.7	4.0	4.2	4.2
Substance Abuse	4.7	4.5	4.7	4.7	4.5	4.3	3.8	4.4	4.2
Family Relations	3.8	3.7	3.7	3.9	3.7	3.2	3.8	3.8	3.5
Mobility	3.6	3.9	3.6	3.7	3.6	3.4	4.2	3.1	3.7
Community Involvement	4.2	4.0	3.6	3.9	4.4	3.4	3.8	4.5	3.8
Safety	4.6	4.7	4.5	4.6	4.7	4.4	4.2	4.4	3.9
Parenting Skills	4.2	4.5	4.0	3.9	4.9	4.2	5.0	4.3	3.8
Contact With Children	4.3	4.2	4.3	4.1	4.4	4.2	5.0	3.7	4.5
Physical Health	4.1	4.3	4.2	4.1	4.2	4.0	4.0	3.7	3.5
Support Network	3.9	3.6	3.7	3.9	4.0	3.2	3.6	3.8	3.8