Evaluation of the Housing Support and Stability (HSSP) Project

Bi-annual Report
April 2015

THE UNIVERSITY OF UTAH

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COLLEGE OF SOCIAL WORK
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Background and Introduction

Chronically homeless persons are those individuals who have a disabling condition and have been continuously homeless for more than one year or have at least four episodes of homelessness in the last three years. In 2012, United States Department of Housing and Urban Development (HUD) estimated that 16% of the U. S. homeless population could be classified as chronically homeless (HUD, 2013). The 2013 Utah Homeless Point-In-Time Count identified 495 chronically homeless persons, comprising three percent of the total homeless population in the state (Wrathall, Day, Ferguson, Hernandez, Ainscough, Steadman, et al., 2013). When compared to the general homeless population, the chronic population is characterized by a higher prevalence of mental illness, substance abuse, complex medical programs and service resistance (Rickards, McGraw, Araki, Casey, High, Hombs, et al., 2010).

The Housing Support and Stability Project (HSSP) targets chronically homeless persons in Salt Lake County, Utah, and builds on lessons learned during the evaluation of The Road Home's Chronic Homeless Services and Support Project (CHSH), which was a 3-year project started in 2011 (Sarver, Prince, Worwood, & Butters, 2014). In that project, clients received long-term, supported housing, including behavioral health treatment. In order to pay for treatment services, however, clients had to be enrolled in Medicaid. Over the course of the project, more than half of individuals referred to the program were ineligible for Medicaid because their primary diagnosis was a substance use disorder. This left a gap in services for those with an exclusive or primary substance use disorder. The HSSP project aims to close this gap by increasing the availability of treatment services, including those for individuals who may have been screened out of enrollment in the previous project, who have been denied Medicaid, or whose mental health symptoms are a barrier to completing an application to Medicaid.

Chronically homeless clients with untreated substance use disorders are often resistant to services, including housing, and are, therefore, more vulnerable with respect to health and mental health than other clients (Sarver et al., 2014). Even when receiving case management services within the context of a housing placement, many chronically homeless persons do not receive adequate substance abuse treatment, which threatens their housing placement (Sarver et al., 2014). HSSP is designed to address this need by providing behavioral health treatment, regardless of the client's access to Medicaid or other health insurance, using Motivational Interviewing, Trauma-Informed Care, and Harm Reduction interventions. HSSP provides services in settings most appropriate for each participant's level of engagement.

The interventions were chosen specifically because of their appropriateness for this group of service-resistant clients. Motivational interviewing and harm reduction techniques are associated with better substance use outcomes for persons who are resistant to treatment (Gaetz, 2012; Miller, Meyers, & Tonigan, 1999). Trauma-informed care interventions have demonstrated success with improving behavioral health outcomes for persons experiencing chronic homelessness (Morrissey & Ellis, 2005). In addition to behavioral

health services, HSSP clients will receive housing and case management, through The Road Home or other community agencies, in the form of a Housing First intervention. Housing First programs have demonstrated success in improving housing outcomes for chronically homeless persons with a history of housing failures (Stefancic & Tsemberis, 2007). In particular, harm reduction models incorporated into Housing First programs show improved housing and health outcomes for service resistant homeless clients (Tsemberis, Gulcur, & Nakae, 2004).

The Road Home (TRH) has requested that the Utah Criminal Justice Center (UCJC) evaluate HSSP, including tracking program activities and characterizing client outcomes. With access to HSSP, clients would be expected to demonstrate increased housing stability, increased participation in mental health treatment, and increased quality of life. In order to evaluate the impact of HSSP, the final report will also include a comparison of outcomes between HSSP clients and participants in The Road Home's other chronic homeless programs.

Study Procedures

The HSSP evaluation will involve tracking client characteristics, interventions, and outcomes and will answer the following research questions in bi-annual reports:

1. Who does the program serve? (Profile of clients, including demographics, homelessness, criminal history, substance abuse (SA), mental health (MH), and treatment, etc.)
2. What services are HSSP clients receiving? (Profile of services utilized during HSSP participation, including housing, case management, behavioral health treatment, medical, and support services).
3. Is HSSP meeting its goals and objectives? (Measures include the number of clients: enrolled in benefits/health insurance, receiving behavioral health treatment, and housed)
4. What differences exist with respect to accessibility and service-use among vulnerable subpopulations? (Tracking differences in type and amount of services received according to race, ethnicity, gender, and sexual identity).

This report will address the first three research questions listed above. Due to the infancy of the program at the time of this report, the fourth question will be addressed in future reports.

Table 1, on the following page, lists the primary data sources and measures used in this report.

Table 1 Data Sources for Client Characteristics and Services Received[1]

Data Source	Description
The Road Home/HSSP	
Intake assessments and history of shelter use for all clients enrolled in HSSP since October, 2014. Data is self-report and includes: demographics; benefits enrollment; current homeless status; and mental health, substance abuse, and medical concerns.	
Utah Behavioral Health Services, Salt Lake County/UWITS	
HSSP staff record services provided to clients in the Utah Web Infrastructure for Treatment Services (UWITS). Data include: length and frequency of contact, services and interventions, diagnoses, and assessments.	
Salt Lake County Sheriff's Office (OMS)	
Jail booking history at Salt Lake County Adult Detention Center for two years prior to first HSSP contact and while receiving services through HSSP. Data includes: booking date, offense/booking type (e.g., new charge, warrant of arrest, bench warrant, hold), charge type and severity, release date and type, offender demographics, and court case numbers (when available).	

[1] Future reports will also report on data collected with SAMHSA's Data Collection Instrument (DCI), which is collected at Intake, 6 months, Exit and/or End of program. Available measures include: demographics, education, employment, income, family, living conditions, drug use, alcohol use, crime and criminal justice, mental health, physical health, treatment/recovery, military service, violence/trauma, and social connectedness. Due to problems with the new Common Data Platform, DCI data was not available for the current report.

In addition to the questions covered in the bi-annual reports, the final report will also answer the following questions:

1. Who has the best outcomes in HSSP? (Analysis of client characteristics by program outcomes: housing placements and retention, benefits/health insurance enrollment and retention, behavioral health treatment admission and completion).
2. What program components and services lead to the best outcomes? (Appropriate bi-variate analyses will be conducted to determine the relationship between interventions and outcome measures).
3. What barriers are most prevalent when clients do not reach desired outcomes? (Analysis of barrier variables by outcome).

While the emphasis of the evaluation will be on HSSP participants, the final report will also examine The Road Home's (TRH) current or formerly chronic homeless population as a whole (~600-800 individuals). HSSP participants comprise a subset of this population; however, they have been identified by TRH staff as needing behavioral health treatment in a more flexible setting. As such, it is important to examine this larger group to see if HSSP clients differ from the chronic homeless population and to examine differences in services provided by HSSP. In addition to examining data on this larger chronically homeless group, the research team will conduct focus groups with clients from both the HSSP project and this larger group. This focus group will solicit client perspectives on: the impact of programs, barriers to participating in programs, and ongoing or unmet service needs.

Results

The current report describes the first six months of HSSP (October 2014 through March 20, 2015). During the first three months of the grant, activities were primarily comprised of: hiring staff (program coordinator, nurse practitioner, behavioral health specialist, and two peer support specialists); training staff (motivational interviewing, trauma-informed care, assessment and intake); and data collection (case management and evaluation). The first client was enrolled in November, 2014. During the period covered in this report the HSSP program enrolled 13 clients.

Client Characteristics

Demographics. Client demographics at intake are shown in Table 2. A majority of clients were female (77%) with an average age of 44 years. The majority of clients were white (85%) and nearly one-third was Latino/Latina (31%).

Table 2 Demographics at Intake

Total Sample (N)	*13*
Male (n)	3
Age (Mn)	44
Latino/Latina (n)	4
Race (n)	
White	11
Black/African American	1
Asian	0
American Indian/ Alaska Native	0
Native Hawaiian/Pacific Islander	0
Unknown/Missing Data	1
Veteran/ Served in Military (n)	0

Homelessness and housing. Based on official shelter records, all HSSP clients have stayed at The Road Home's Emergency Shelter for at least one night (see Table 3). In total, clients averaged 345 nights in the shelter since 2011, although that figure ranged from one to more than 1,000 nights. Variation in clients' experience of homelessness is evident in the fact that nearly half reported being homeless four or more times during the past three years; those clients reported being homeless for an average of 28 months (ranging from 3 to 96 months) in the current episode. For six of the clients, the current episode was their only episode of homelessness in the past three years; those individuals averaged 57 months (ranging from 24 to 96 months) homeless in the current episode.

Table 3 History of Homelessness and Shelter Use

Total Sample (N)	13
Homeless Shelter Use Since 2011	
Stayed in the Shelter at least one night (n)	13
Total # of nights	4485
Min, Max	1, 1084
Average # of nights per client (Mn)	345
# Times Homeless in the Past 3 Years (n)	
4+ times	6
2x	1
Current episode is the only one	6
Months continuously homeless (Mn)	40
Min, Max	3, 96

HSSP clients are recruited from the community's chronic homeless programs (CHP); as such, all are receiving concurrent housing case management services—provided by a variety of agencies—in addition to HSSP. The services are intended to be integrated, meaning that HSSP involvement is part of the housing process, with the hope of increasing clients' success in their housing placement. On average, clients had been housed for 44 days at intake into HSSP (ranging from 3 to 119 days). As shown in Table 4, four clients were staying at the shelter prior to HSSP involvement and three were living in a place not meant for habitation (e.g., street). All of these clients reported these living situations (i.e., staying at the shelter or on the streets) for at least one year. Such figures demonstrate the "stability" of clients' homelessness. Three HSSP clients were identified as being housed at intake (permanent supportive housing or a temporary rental with an ongoing rental subsidy); while these clients were recently housed, housing staff had determined that untreated substance abuse and mental illness was a threat to that placement and subsequently made a referral to the HSSP program.

Table 4 Living Situation at Enrollment

Total Sample (N)	*13*
Living Situation at Intake to CHP	
Primary Living Situation the Night Before Enrollment: (n)	
Emergency Shelter	4
Staying with family	2
Place not meant for habitation (streets, etc.)	3
Rental by client	3
How long had you been staying there? (n)	
<1 week	1
<1 month	2
1-3 months	2
3-12 months	2
+1 year	6

Monthly income. One-third of HSSP clients (38%) reported no monthly income at intake (Table 5). Of those with an income, the average monthly amount ranged from $157 to $917. The most common source of income was food stamps (Supplemental Nutrition

Assistance Program (SNAP)). By far the biggest source of regular income came in the form of disability payments (Social Security Disability (SSDI) and Supplemental Security Income (SSI)). No clients reported full-time employment as a source of income.

Table 5 Income at Intake

Total Sample (N)	*13*	
	n	Amt (Min, Max[1])
Monthly Income:		
GA	1	$287
SNAP	4	$20, $200
SSA/Retirement	0	--
SSI/SSDI	3	$713, $733
Wages	2	$157, $500
Other	2	$27, $126
Any Income	**8**	**$157, $917**

[1] The lowest and highest monthly amount, of those who had income from this source

Mental health and substance abuse. At intake, all clients were diagnosed by HSSP staff, using the International Classification of Diseases (ICD-9), as having co-occurring mental health and substance use disorders (Table 6). The most common mental health diagnoses were mood and anxiety disorders. Almost half of clients (n=5) were diagnosed with alcohol use disorder and nearly all (n=12) were diagnosed with other types of substance use disorders.

Table 6 Mental Health at Intake

Total Sample (N)	*13*
Mental Health Diagnosis (n)[1]	
Anxiety Disorder	4
Mood Disorder	8
Schizophrenia	3
Other	3
Any mental health diagnosis (n)	13
SUD Diagnosis	
Alcohol Use Disorder (n)	5
Substance Use Disorder	12
Both Alcohol and Substance Use Disorder	4
Co-occurring MHD/SUD (n)	13

[1] Based on ICD-9 criteria; clients may have multiple disorders.

In addition to the ICD-9, staff screens clients for program eligibility using the following instruments: Drug Use Questionnaire (DAST-10); AUDIT-C; and the Life Events Checklist (LEC). Initial identification of treatment needs, and ongoing evaluation, is assessed using the American Society of Addiction Medicine (ASAM criteria). At the time of the current report, nine clients had completed the Audit-C, with more than half identified as engaging in hazardous drinking or having active alcohol use disorders. Nine clients had also completed the DAST-10, with most identified as having a drug problem, ranging from

intermediate to severe. All clients had completed the ASAM criteria, which provide an assessment of risk on each of the following six dimensions: withdrawal potential, biomedical complications, emotional or behavioral complications, readiness to change, relapse potential, and recovery environment. HSSP clients were most at-risk in the last two dimensions, suggesting that recovery is dependent upon the presence and development of: appropriate social support, a stable living environment, relapse prevention skills, and symptom management.

The Life Events Checklist (LEC) screens for clients' history of exposure to traumatic events (in particular those that are associated with subsequent development of psychological symptoms, including post-traumatic stress disorder). Of note, the LEC is a screening tool and not a diagnostic assessment. The LEC asks clients if they have been exposed to any of 17 different traumatic events (either personally, by witnessing, or hearing about the event). The six clients who completed the LEC reported experiencing a mean of 9 (ranging from 7 to 11) traumatic events, suggesting that treatment services will have to be adapted to avoid re-traumatizing clients.

Criminal justice involvement. Jail (Salt Lake County Adult Detention Center (ADC)) records were examined for the two years prior to intake for all clients. More than half of clients (62%) were booked into the ADC at least once during the previous two years, most commonly for new charges or outstanding warrants (see Table 7). When looking only at those clients with at least one booking (n=8), HSSP clients account for 38 jail bookings and 769 nights spent in jail during this two-year period. The majority of new charges were misdemeanors (80% of all charges) and the most common charge types were for public order (29% of all charges) and drug offenses (24% of all charges).

These numbers suggest that a small majority of clients were repeatedly involved in the criminal justice system, most commonly for non-violent minor offenses. Even though these individuals appear to be of low risk to public safety, the high jail bookings associated with this small group suggests that incarceration may function, at least in part, as a *de facto* response to untreated symptoms of mental illness and substance abuse.

Table 7 Criminal Involvement—Jail Bookings 2 Years Prior

	HSSP Clients
Total Sample (N)	*13*
Two Years Pre-HSSP Intake	
At least one jail booking for (n):	
Any reason	8
New charge(s)	6
Warrant(s)	7
Commitment(s)	3
Of those with Any booking(s):	
Min, Max number of bookings *per client*	1, 13
Number of bookings *per client* (Mn (SD))	5 (5)
Number of bookings for *entire sample* (sum)	38
Nights spent in jail *per booking* (Mn (SD))	20 (25)

	HSSP Clients
Total Sample (N)	*13*
Two Years Pre-HSSP Intake	
Nights spent in jail *per client* (Mn (SD))	96 (136)
Nights spent in jail for *entire sample* (sum)	769
Of those with New Charge (NC) booking(s):[2]	
Min, Max number of NC bookings *per client*	1, 10
Number of NC bookings *per client* (Mn (SD))	3 (3)
Number of NC bookings for *entire sample* (sum)	19
Number of charges for entire sample (sum)	41
Charge Severity/Degree (n):	
1st Degree Felony	1
2nd Degree Felony	2
3rd Degree Felony	5
Class A Misdemeanor	6
Class B Misdemeanor	16
Class C Misdemeanor	11
Charge Type (n):	
Person	5
Property	6
Drug	10
Public Order	12
Obstruct Law Enforcement	4
Other	4

HSSP Services

Client contacts. On average, staff had three contacts with clients, over a two-week period, prior to HSSP enrollment (Table 8). During this time, staff was typically coordinating with the client's housing case manager to introduce HSSP and assess whether or not the client was interested in participating. On average, staff met with clients every six days once they were enrolled in the program. Of note, however, almost half of case notes (41%) documented that staff was unable to locate the client and therefore unable to provide services (this figure includes both scheduled appointments at which the client was not present and unscheduled attempts by staff to locate client at home). When looking at the number of days between any attempt to meet with client (successful or not), staff was reaching out, on average, every three days. Between November 2014 (when the first client was enrolled) through March 2015, staff spent 50 hours, collectively, in unsuccessful attempts to provide services to clients. Such numbers demonstrate the centrality of assertive outreach when serving this service-resistant group: even when services are provided in flexible settings, staff must extend specific effort in order to develop and maintain clients' engagement in treatment.

Client services were intensive: both in terms of frequency, as described above, and length: when looking only at contacts where staff was able to meet with clients and provide services, interactions lasted 58 minutes on average (Mn, not shown in table). As noted

previously, HSSP is organized to provide mobile interventions provided in flexible settings: only 15% of work with clients took place in the HSSP office; the majority of interactions (including attempted interactions) happened at the clients' apartment (66%) or other social service agency (14%). Services were also interdisciplinary: on average, at least two HSSP staff was involved in one-fourth (25%) of client contacts (two or more staff was present for 28% of attempted contacts). Other social service providers were present for 16% of completed contacts; most commonly these were housing case managers who collaborated with HSSP on establishing and maintaining relationships with clients.

Table 8 HSSP Contacts

Total Sample (N)	13
	Mn (Min, Max)
Number of days:	
Between first contact and enrollment	15 (0, 32)
Enrolled in HSSP as of 3/20/2015	76 (8, 115)
Number of contacts:[1]	
Prior to enrollment	3 (1, 5)
After enrollment	16 (3, 34)
Total minutes spent with each client:[2]	
Prior to enrollment	113 (30, 255)
During enrollment	997 (165, 2535)
Days between actual contacts:	
Prior to enrollment	8 (2, 20)
During enrollment	6 (3, 15)
Days between contact or attempt:	
Prior to enrollment	4 (1, 10)
During enrollment	3 (2, 8)

[1] Excludes times when staff attempted to make contact but could not locate client (called "no shows"). On average, clients had 12 "no shows" each (ranging from 1 to 29 "no shows").
[2] Excludes time spent attempt to find client or provide services when client could not be located. In total, staff spent 50 hours attempting to locate/provide services to clients.

Types of services. All staff interaction with clients is documented in case notes, which provide a summary of client need, service provided, and future plans. In order to characterize the types of services clients were receiving, the research staff coded case notes according to program activities. Table 9 details the qualitative codes used to analyze the nearly 500 case notes created since the inception of HSSP[1].

Table 9 Service Codes

[1] Other categories will be added, in upcoming reports, as necessary. Currently, some coded categories are not presented in Table 9 because they occurred with relative infrequency. This will likely change as more clients are enrolled in the program.

Program Activity and Description
Administrative Activities
Activities related to managing and documenting program activities, including: administering SAMHSA DCI forms, documenting discharges, and terminations.
Assessment
Conducting assessments related to mental health, substance abuse, and medical diagnoses. The primary mental health assessments used by the program are: AUDIT-C, DAST-10, ASAM, LEC, and the ICD-9. Included in this category are assessments conducted or arranged by staff in support of client applications to Medicaid, SSI/SSDI, or other public benefit programs.
Basic Needs
Activities required to meet clients' basic needs, such as the provision of food or clothing.
Case Management
General program activities including: phone contacts, residence visits, weekly check-ins, appointment scheduling and reminders, making arrangements with other providers, and other activities related to helping clients achieve goals and maintain stability.
Criminal Justice
Activities related to clients' encounters with the criminal justice system, including: visiting clients in jail, facilitating community service hours, and advocating for clients in court or with probation supervision agencies (e.g., County Probation, Adult Probation and Parole (AP&P)).
Crisis
Activities related to resolving crisis, defined as any event that: 1) threatens client's immediate health and well-being; or, 2) causes such distress or distraction that the client is unable to engage in treatment and other services.
Medical
Activities related to diagnosing, managing, and treating clients' mental health medical needs. This includes assessment, providing prescriptions, psycho-education, and helping clients fulfill prescriptions and organize medications. This also includes facilitating and assisting clients' ability to access treatment for other medical needs, such as: scheduling appointments, providing transportation, and sitting in on appointments to help clients interpret information.
Therapy
Therapeutic interventions provided by licensed mental health clinicians. To the degree possible, this excludes non-therapeutic activities provided by licensed mental health staff.
Transportation
Transportation provided by HSSP staff to clients

HSSP is intended to provide enhanced clinical treatment that will complement case management services provided by housing case managers. At least one licensed mental health clinician was involved in 68% of completed contacts (59% of no shows); at least one peer support specialist was involved in 34% of completed contacts (39% of no shows); and the nurse practitioner was involved in 21% of completed contacts (24% of no shows). While those figures are evidence of the clinical focus of the HSSP program, the actual services provided (Table 10) demonstrate the complex and ongoing needs of the target population. In addition to therapy, the majority of clients received services related to: transportation, basic needs, and resolving crisis situations. In particular, crises—including medical problems, relationship issues, and criminal justice contact—often supplanted planned therapeutic sessions. Clients were simply unable to participate in therapy unless

and until those collateral needs were addressed; as such, even clinical and medical staff provides a range of services to clients. In addition, clients' ongoing mental health and substance use concerns can be a barrier to receiving HSSP services: missed and canceled appointments, reluctance to participate in assessments, and refusal to engage with staff serve as barriers to staff's attempts to provide therapy, peer support, and psychiatric nursing care.

Table 10 Type of Service

Topic Addressed	# of clients	# of services
	n	Mn (Min, Max)
Assessment	10	3 (1, 7)
Case management	13	10 (1, 19)
Criminal justice	3	5 (2, 11)
Crisis	8	3 (1, 5)
Basic needs	9	3 (1, 7)
Medical	5	4 (1, 9)
Therapy	10	3 (1, 8)
Transportation	9	4 (1, 14)

[1] Additional services identified in notes, but not presented in table due to small sample sizes, include: assistance with applying for benefits; administrative tasks; and introductions.

Benefits Enrollment

Table 11 presents a snapshot view of clients' mainstream benefits status as of March 20, 2015. Currently, the majority of clients has medical insurance and is receiving food stamps. Maintaining clients' enrollment in these programs is an ongoing process, as even clients who are eligible have difficulty completing applications, maintaining eligibility, and filing appeals if their application is denied. In some cases, clients who previously had benefits have their cases closed due to missing mandatory reviews. In the case of SSI/SSDI, Medicaid, and General Assistance (a short-term, state-funded program), clients' eligibility is intertwined: loss of enrollment in one can jeopardize enrollment in the others. While HSSP is not primarily tasked with completing benefits applications, staff does work closely with housing case managers to complete and submit applications and appeals and to ensure that clients are current with program reviews.

Table 11 Mainstream Benefits for Enrolled Clients

Mainstream Benefit Type (n)	Intake[1]	Active[2]	Denied[3]	Appeal Filed
Medical[4]	2	7	1	0
SSI/SSDI	3	2	2	2
Food Stamps	4	9	2	0
General Assistance	1	0	7	2

[1] Enrolled in benefits at HSSP intake
[2] Enrolled in benefits on March 20, 2015
[3] Client submitted an application and was found ineligible
[4] Client has medical insurance, whether Medicaid, Medicare, or other

Discussion

Progress on Project Goals

HSSP's primary goal is to increase clients' housing stability, in particular by providing clinical interventions to stabilize clients' substance abuse and mental health needs. The program also intends, through collaboration with chronic housing programs, to find suitable housing placements and increase access to resources through enrollment in mainstream benefit programs. Progress on each of these goals is described below.

Housing placement. As of March 20, 2015, 13 HSSP clients were placed in permanent supportive housing, which is nearly half the first year goal of 30 clients. As evidenced by clients' history of homelessness, substance abuse, and mental illness, the program has succeeded in targeting the most vulnerable of the chronic homeless population. HSSP clients have lengthy and repeated episodes of homelessness and multiple barriers that threaten the stability of any housing placement.

Behavioral health treatment. HSSP staff provided therapeutic interventions to ten of 13 clients to date, which is one-third of the program goal for the first year. Of note, some clients had been enrolled in the program for less than one week at the time data was pulled. As intended, these services were provided in flexible settings: in client's homes, in jail, and during transport to other service providers. Staff was both mindful of clients' treatment goals and assertive in engaging clients in treatment, as demonstrated by the range of treatment settings and topics and the amount of time spent finding clients and rescheduling appointments. In addition, all but one client received peer support services, which included transporting clients to recovery support groups.

Benefits enrollment. The majority of clients were enrolled in health insurance and food stamps at the end of the current reporting period. In keeping with the first year goal, all clients received assistance in exploring possible benefit options. Case notes document staff's collaboration with housing case managers to complete applications, obtain and prepare necessary documentation, and maintain enrollment status.

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