

Evaluation of the Housing Support and Stability (HSSP) Project

**Bi-annual Report
April 2016**



THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

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, the 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 and substance abuse 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 other programs serving chronically homeless persons.

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)

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 Received¹

Data Source
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.
Government Performance and Results Act (GPRA) Surveys Self-reported data collected at Intake, 6 months, and Exit from program covering: 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. This report provides Intake and 6-month GPRA results.
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. 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).
2. 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).
3. 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).
4. 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 18 months of HSSP (October, 2014 through March, 2016). During the period covered in this report the HSSP program enrolled 38 clients.

Client Characteristics

Demographics. Client demographics at intake are shown in Table 2. Just over half of clients were male (55%) and they ranged in age from 24 to 71 years old (not in table). The majority of clients identified as white (76%); one-quarter identified as American Indian (24%). None of the clients were veterans, although 16% had at least one family member who had served in the military (not in table).

Table 2 Demographics at Intake

<i>Total Sample (N)</i>	38
Male (%)	55
Age (Mn)	48
Latino/Latina (%)	16
Race (%)	
White	71
Black/African American	11
Asian	0
American Indian/ Alaska Native	24
Native Hawaiian/Pacific Islander	0
Veteran/ Served in Military (n)	0
Percent with children (%)	76
Number of children (Mn)	3

Education and employment. Education and employment data was collected on GPRA forms at Intake. Approximately one-third (34%) of clients had a high school diploma (or the equivalent) and the same percent (34%) had attended some college (see Table 3). Three clients (8%) were employed part-time at Intake; half of the remaining clients reported that they were unemployed due to a disability (49%).

Table 3 Education and Employment

<i>Total Sample (N)</i>	38
Education	
Enrolled in School or Job Training Program (%)	
Full-time	0
Part-time	8
Education Level (%)	
Less than High School	32
High School/Equivalent	34
Some College	34
Employment	
Employed ¹ (%)	8
Unemployed (%)	
Looking for work	23
Disabled	49
Retired	3
Not looking for work	26
¹ Three clients reported that they had part-time employment.	

Homelessness and housing. Based on official shelter records, the vast majority of HSSP clients had stayed at The Road Home’s Emergency Shelter for at least one night (see Table 4). In total, clients averaged 317 nights in the shelter since 1998, although that figure ranged from one to more than 1,000 nights. When looking at shelter use in the year prior to HSSP enrollment, 68% of clients (n=26) had stayed in the shelter for at least one night (not in table). Within the year prior to enrollment, those clients averaged 62 shelter nights (number of nights ranged from 1 to 214). 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 while one-third reported that the current episode was their only episode of homelessness in the past three years.

Table 4 History of Homelessness and Shelter Use

<i>Total Sample (N)</i>	38
Homeless Shelter Use Since 1998	
Stayed in the shelter at least one night (%)	89
Total # of nights (sum)	10733
Min, Max	1, 1007
Average # of nights per client (Mn)	317
# Times Homeless in the Past 3 Years (%)	
4+ times	47
2-3 times	24
Current episode is the only one	29
More than one year continuously homeless in past 3 years (%)	82

HSSP clients were recruited from the community’s chronic homeless programs (CHP); as such, all were 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 the housing placement. As shown in Table 5, 21% of clients were living in a non-permanent situation (i.e., emergency shelter, street, or institution) at Intake, while the remaining clients (79%) were housed. Nearly all HSSP clients (97%) lived in a permanent housing placement at some point during enrollment in HSSP (not in table). When looking at the housing enrollment that was closest to their HSSP enrollment, 38% of clients had a subsequent exit from the placement. On average, those terminated placements lasted 223 days (ranging from 98 to 500 days) and only 3 (21%) of those terminations resulted in the client returning to homelessness (the rest moved to a different placement). As of March 31, 2016, the majority of HSSP clients (88%) were housed.

Table 5 Living Situation at Intake and 6-month Follow-up¹

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	38	16
Living Situation		
Primary living situation during the past 30 days: (%)		
Shelter	13	0
Street/Outdoors	5	6
Institution	3	6
Housed	79	88
If housed, what type of housing: (%)		
Own/Rent apartment, room, or house	93 ²	88
Someone else’s apartment, room, or house	7 ^{2,3}	0
Other ⁴	0	12

¹ Data taken from GPRA forms. At the end of the reporting period, 18 clients had completed a 6-month follow-up GPRA; however, two clients had missing data for these questions.
² Percent based on sample of 30 clients who indicated that they were housed at the time of the Intake GPRA.
³ Includes 1 person living in transitional housing
⁴ One person living on the streets and 1 person living in an institution

Income. At Intake, one-fourth of HSSP clients (24%) reported no income within the past 30 days (Table 6). Of those with an income, the total monthly amount from all sources ranged from \$20 to \$925 (average amount among clients with any income was \$390). Despite the relatively high number of clients reporting some income within the preceding month, a substantial portion of HSSP clients have no regular source of income. Of clients reporting any income, just over half (55%; n=16) reported at least one source of regular income (in the form of wages, public assistance, retirement, or disability benefits). Clients with at least one source of stable income reported an average monthly income of \$572. Nearly half of clients with some recent income (45%; n=13) reported no sources that would be characterized as stable (non-legal sources, family and friends, and other); those clients had an average monthly income of \$166.

At the 6-month follow-up, 13% (data was available for 16 clients) of clients reported some income from wages in the past month (not in table). Only 7% reported income from public assistance during that timeframe and 31% reported some form of disability income. When

compared to Intake, a relatively larger proportion of clients (31%) had no income in the preceding month. Among those with at least one form of income (69%), the amount of income ranged from \$40 to \$996, with an average amount of \$556.

Table 6 Income at Intake

<i>Total Sample (N)</i>	38	
	%	Amt (Min, Max ¹)
Monthly Income:		
Disability	21	\$385, \$733
Family/Friends	10	\$20, \$800
Non-legal	24	\$20, \$250
Public Assistance	13	\$287, \$441
Retirement	3	\$0, \$754
Other ²	13	\$27, \$260
Wages	8	\$80, \$646
Any Income	76	\$20, \$925

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

² Other income sources include plasma donation, child support, and “found the money”

Mental health and substance abuse. At the time of the current report, the majority of HSSP clients (79%) had been diagnosed with co-occurring mental health and substance use disorders (Table 7). Among clients with a mental health diagnosis, the most common diagnoses were mood disorders; almost half (43%, not in table) had at least two mental health diagnoses. Among clients with substance abuse diagnosis (97%), 39% had multiple substance abuse diagnoses (not in table). Almost half of all clients (47%) were diagnosed with alcohol use disorder and three-quarters (71%) were diagnosed with other substance use disorders. One-fifth (21%, not in table) were diagnosed with both alcohol and drug use disorders.

Table 7 Mental Health

<i>Total Sample (N)</i>	38
Mental Health Diagnosis (%) ¹	79
Anxiety Disorder	37
Mood Disorder	69
Schizophrenia	11
Other	11
Any SUD Diagnosis (%)	97
Alcohol Use Disorder	47
Substance Use Disorder	71
Co-occurring MHD/SUD (%)	79

¹ Based on ICD-9 criteria; diagnoses were identified from multiple sources.

In addition to the ICD-9, HSSP clients were screened using the Drug Use Questionnaire (DAST-10) and the AUDIT-C. The AUDIT-C is a 3-item screening tool that identifies persons who are currently consuming alcohol at hazardous levels. Total scores range from 0-12, with higher scores indicating that the individual’s alcohol consumption constitutes a relatively greater risk to his or her safety. For women, a score of 3 or more is considered

positive; for men, a score of 4 or more is considered positive. At the time of the current report, 35 clients had completed the Audit-C, with more than half (60%) identified as engaging in hazardous drinking or having active alcohol use disorders. Mean scores, as well as the percent of clients identified as having an alcohol-related substance abuse problem, are presented in Table 8.

The Drug Abuse Screening Tool (DAST-10) is a 10-item tool that assesses clients' drug use in the past 12 months. Scores range from 0-10, with higher scores indicating greater treatment needs related to drug abuse. A score that falls between 3 and 5 indicates a need for intensive outpatient treatment; a score of 6-10 indicates a need for intensive treatment (ASAM level II, III, or IV). At the time of the current report, 35 clients had been assessed using the DAST-10, with 74% identified as having a drug problem, ranging from intermediate to severe. Mean scores, as well as the percent of clients identified as having a drug-related substance abuse problem, are presented in Table 8.

Table 8 Substance Abuse Screening Tools

<i>Total Sample (N)</i>		<i>38¹</i>	
<i>Tool</i>	<i>Mn Score</i>	<i>% Identified²</i>	
AUDIT-C			
Male	5	55	
Female	4	67	
DAST-10			
Male	10	60	
Female	10	80	

¹ 20 men and 15 women had completed both screening tools.
² Percent of clients who were identified as having an alcohol or drug problem according to the screening tool

Initial identification of treatment needs, and ongoing evaluation, is further assessed using the American Society of Addiction Medicine (ASAM criteria). As of the current report, 92% of clients had been assessed using the ASAM criteria, which provides a multidimensional overview of risk with respect to an individual's substance use and treatment planning. Table 9 shows that HSSP clients were most at-risk in the domains of behavioral health concerns and relapse potential, suggesting that recovery is dependent upon the presence and development of: coordinated care for co-occurring mental health diagnoses, relapse prevention skills, and ongoing recovery support.

Table 9 ASAM Levels at Intake

<i>Total Sample (N)</i>		<i>35</i>		
<i>Risk Level</i>	<i>% Low</i>	<i>% Med</i>	<i>% High</i>	
ASAM Dimension				
Acute Intoxication and/or withdrawal potential	54	37	9	
Biomedical conditions and complications	54	34	11	
Emotional, behavioral or cognitive conditions and complications	20	69	11	
Readiness to change	34	34	31	

<i>Total Sample (N)</i>	35		
<i>Risk Level</i>	<i>% Low</i>	<i>% Med</i>	<i>% High</i>
Relapse, continued use, or continued problem potential	17	43	40
Recovery environment	40	37	23

Trauma. The Life Events Checklist (LEC) was used to screen for clients’ history of exposure to traumatic events (in particular those 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 35 clients who had completed the LEC reported that they had personally experienced an average of eight traumatic events (ranging from 0 to 14).

Clients were also screened for a history of trauma and ongoing psychological impacts on the GPRA forms. At Intake, 84% of clients indicated a lifetime history of violence or trauma (Table 10). Of those, the majority reported experiencing ongoing symptoms from the trauma. With respect to recent victimization, 26% of clients reported being the victim of a violent attack in the 30 days prior to Intake (not in table). At the 6-month follow-up, 47% of clients reported at least one recent episode of physical violence.

Table 10 Impact of Violence and Trauma

<i>Total Sample (N)</i>	38
Experienced violence or trauma in any setting (%)	84
As a result of that experience have you: (%) ¹	
Had nightmares/intrusive thoughts	69
Tried hard to avoid thinking about it	78
Felt constantly on guard or watchful	81
Felt numb/detached from surroundings	81

¹ Only for those who answered yes to experience violence or trauma, n=32

Recent alcohol and drug use. The majority of clients (82%) reported drug or alcohol use within the 30 days prior to program enrollment, which was expected given the program’s target population. Information collected on GPRA forms showed that 58% of clients reported using alcohol at least once in the month prior to Intake (see Table 11). A larger percentage of clients reported recent drug use at Intake (63%), most commonly methamphetamine (39% of all clients) and marijuana (26% of all clients). Clients reported using alcohol and illegal drugs with similar frequency: for both, the average number of days of use in the past month was 13. At the 6-month GPRA, 75% of HSSP clients indicated recent substance use, most commonly marijuana (38%) and meth (38%). Of note, it is unknown if the relatively higher rates of substance use in the follow-up interview reflects increased use or is due to an increased willingness on the part of the client to be forthcoming about substance use; presumably, this increased honesty would stem from the establishment of a therapeutic relationship between staff and clients.

Table 11 Recent Alcohol and Drug Use

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	38	16
During the past 30 days, have you used:		
Any alcohol (%)	58	56
Number of times (Mn) ¹	15	14
Alcohol to intoxication (5+ drinks in one sitting) (%)	45	31
Number of times (Mn) ¹	13	16
Alcohol to intoxication (4 or fewer drinks in one sitting, felt high) (%)	11	25
Number of times (Mn) ¹	5	5
Both alcohol and drugs (on the same day) (%)	29	50
Number of times (Mn) ¹	9	6
Any Illegal drugs (%)	63	75
Number of times (Mn) ¹	16	15
Injected drugs during the past 30 days (%)	16	25

¹ Of those reporting any use

At Intake, more than half of clients (63%) reported extreme or considerable stress due to alcohol or drug use (Table 12). Almost half (44%) reported that recent alcohol or drug use had caused considerable or extreme emotional problems. At the 6-month follow-up, a smaller percentage of clients reported extreme or considerable stress (50%), although the same number reported emotional problems due to drug or alcohol use (43%).

Table 12 Emotional Impact of Alcohol and Drug Use¹

	<i>Not at All</i>	<i>Somewhat</i>	<i>Considerably</i>	<i>Extremely</i>
During the past 30 days: (%)				
How stressful have things been for you because of your use of alcohol or other drugs?				
At Intake	9	28	25	38
At 6-month follow-up	29	21	21	29
Has your use of alcohol or drugs caused you to reduce or give up important activities?				
At Intake	47	28	16	9
At 6-month follow-up	29	36	29	7
Has your use of alcohol or other drugs caused you to have emotional problems?				
At Intake	31	25	25	19
At 6-month follow-up	36	14	29	14

¹ Percentages calculated from the clients who had consumed alcohol or drugs in the preceding 30 days (6 were N/A at Intake; 2 were N/A at the 6-month follow-up).

Social connectedness. Very few clients had recently attended any type of recovery support group in the 30 days prior to Intake (Table 13). More than half (55%) noted that they had recently interacted with family and/or friends that were supportive of their recovery. Approximately half of clients relied on family or friends for assistance during a crisis, although 30% of clients reported having no one to turn to when they are having trouble.

Table 13 Support Systems of HSSP Clients

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	<i>38</i>	<i>16</i>
During the past 30 days:		
Attended any voluntary self-help groups (e.g., AA, NA) (%)	11	19
Attended any religious/faith affiliated recovery self-help groups (%)	8	13
Attended any other meetings that support recovery (%)	0	6
Had interaction(s) with family/friends that are supportive of recovery (%)	55	75
Person they turn to when having trouble: (%)		
No one	30	19
Family Member	24	25
Friends	24	25
Social Services Staff	19	19

Use of medical services. The most common type of recent medical treatment accessed by HSSP clients was outpatient services (Table 14; 37% had received some treatment in the 30 days prior to Intake). Despite the fact that all clients had mental health and substance abuse diagnoses, relatively few had recently accessed any type of treatment related to those needs. In addition to behavioral health needs, almost three-quarters of HSSP clients (71%) were identified as having additional chronic health conditions, such as diabetes, epilepsy, and Hepatitis C (not in table); however, only one-quarter of clients had received recent outpatient treatment for physical health conditions (11% had been hospitalized and 18% had visited an emergency room for physical health needs). While barriers to accessing treatment were not available in the current data, the figures in Table 14 confirm that HSSP clients, on the whole, were not receiving medical services at Intake, despite identified needs. In contrast, a relatively larger proportion of clients were receiving outpatient medical services for all types of concerns at the 6-month follow-up.

Table 14 Recent Use of Medical Services¹

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	<i>38</i>	<i>16²</i>
Inpatient Treatment (%)		
For any reason	13	6
Physical complaint	11	0
Mental or emotional difficulties	0	0
Alcohol or substance abuse	5	6
Outpatient Treatment		
For any reason	37	75
Physical complaint	26	25
Mental or emotional difficulties	16	69
Alcohol or substance abuse	3	44
Emergency Room (ER) Treatment		
For any reason	21	25
Physical complaint	18	25
Mental or emotional difficulties	0	0

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	38	16 ²
Alcohol or substance abuse	5	0

Criminal justice involvement. One measure of criminal justice involvement was provided through self-reported data collected from clients during the GPRA interviews. These numbers document clients' criminal justice involvement with reference to the 30 days prior to their Intake interviews (see Table 15). According to this data, 10% of clients reported being arrested during the month prior to Intake. Nearly half (44%) of clients admitted that they committed a crime, including self-reported illegal drug use, during the month prior to Intake, and many reported committing multiple crimes (Mn=15). At the 6-month follow-up GPRA, only one client reported being arrested in the previous month while 73% had committed a crime, including self-reported illegal drug use.

Table 15 Self-Reported Criminal Justice Involvement

	<i>Intake</i>	<i>6-month</i>
<i>Total Sample (N)</i>	38	16
During the past 30 days:		
Arrested for any reason (%)	10	6
# times arrested (Mn)	1	--
Spent at least one night in jail or prison (%)	4	6
# nights spent in jail or prison (Mn)	--	20
Arrested for drug-related offense(s) (%)	4	0
# times arrested for drug-related offenses (Mn)	--	--
Committed a crime (%)	44	73
# times committed a crime (Mn)	15	15
Currently awaiting charges, trial, or sentencing (%)	34	31
Currently on parole or probation (%)	8	19

Jail bookings. In addition to self-reported criminal involvement, jail (Salt Lake County Adult Detention Center (ADC)) records were examined for the two years prior to Intake and post-program start. Nearly three-quarters of clients (27, 71%) were booked into the ADC at least once during the two years prior to Intake; most commonly for new charges or warrants/summons (see Table 16). These 27 HSSP clients accounted for 143 jail bookings and 2,563 nights spent in jail during this two-year period. The majority of new charges were misdemeanors (89% of all charges) and the most common charge types were for public order offenses (48% of all charges). These numbers suggest that, prior to starting the HSSP program, a majority of clients were repeatedly involved in the criminal justice system, most commonly for non-violent minor offenses.

Jail bookings occurring post-program start were also examined for all HSSP clients. Because post-start periods are based on each client's Intake date, the length of follow-up varies widely by client (Mn = 283, SD = 158) and is not equivalent to the two year pre-Intake period. During the post-start period, clients accounted for a total of 31 jail bookings and 525 nights spent in jail. One-quarter (26%) of clients had a new charge post-start and nearly two-thirds (72%) of new charges were misdemeanors.

Table 16 Criminal Involvement—Jail Bookings 2 Years Prior to and After Program Start ¹

<i>Total Sample (N)</i>	<i>38</i>	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start ²
At least one jail booking for (% (n)):		
Any reason ³	71 (27) ⁴	(37) 14
New charge(s)	58 (22)	(26) 10
Warrant(s)	68 (26)	(32) 12
Commitment(s)	39 (15)	(11) 4
Of those with <u>Any</u> ³ booking(s):		
Min, Max number of bookings <i>per client</i>	1, 24	1, 9
Number of bookings <i>per client</i> (Mn (SD))	5 (5)	2 (2)
Number of bookings for <i>entire sample</i> (sum)	143	31
Nights spent in jail <i>per booking</i> (Mn (SD))	18 (41)	17 (27)
Nights spent in jail <i>per client</i> (Mn (SD))	95 (111)	38 (59)
Nights spent in jail for <i>entire sample</i> (sum)	2,563	525
Of those with <u>New Charge</u> (NC) booking(s):		
Min, Max number of NC bookings <i>per client</i>	1, 17	1, 3
Number of NC bookings <i>per client</i> (Mn (SD))	4 (4)	1 (1)
Number of NC bookings for <i>entire sample</i> (sum)	89	14
Number of charges for <i>entire sample</i> (sum)	152	18
Charge Severity/Degree (n):		
1 st Degree Felony	1	0
2 nd Degree Felony	4	1
3 rd Degree Felony	11	4
Class A Misdemeanor	17	3
Class B Misdemeanor	47	5
Class C Misdemeanor	72	5
Charge Type (n):		
Person	10	1
Property	28	3
Drug	27	6
Public Order	73	6
<i>Open Container</i> ⁵	3	0
<i>Public Intoxication</i> ⁵	49	5
Commercial Sex	1	0
Traffic	2	0
Obstruction	11	2
Other	0	0

¹ Jail data was available through 3/31/16² Follow-up timeframes for post-start jail bookings vary by client, ranging from 14 to 492 days (Mn = 283, SD = 158)³ Does not include holds⁴ 27 of 38 clients (71%) had jail events during the two year time period relevant to this table; 36 of 38 clients (95%) had jail events since 2009 (data not shown in table)⁵ Indicates charge is a subset of Public Order offenses; these offenses partially duplicate those under public order

Services Provided by HSSP

Client contacts. On average, staff had contact with clients every 12 days; however, more than one-fourth of case notes (27%) documented that staff was unable to locate the client and therefore unable to provide services (this figure included both scheduled appointments at which the client was not present and unscheduled attempts by staff to locate clients 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 eight days. Between November 2014 (when the first client was enrolled) and March 31, 2016, staff spent 144 hours, collectively, in unsuccessful attempts to provide services to clients. Such numbers demonstrate the importance of assertive outreach when serving this service-resistant group: even when services are provided in flexible settings, staff must extend substantial effort in order to develop and maintain clients' engagement in treatment. Client services were intensive in terms of frequency, as described above, and length: when looking only at contacts where staff was able to meet with clients, interactions lasted 55 minutes on average.

Table 17 HSSP Contacts

<i>Total Sample (N)</i>	38
Days enrolled in HSSP as of 3/31/2016 (Mn)	276
(Min, Max)	(14, 492)
Average number of contacts per client: (Mn) ¹	41
(Min, Max)	(1, 127)
Average minutes per contact: (Mn) ²	55
Days between contacts: (Mn)	
Actual contact	12
Contact or attempt	8
¹ Excludes times when staff attempted to make contact but could not locate client (called "no shows"). On average, 36 HSSP clients had 16 "no shows" each (ranging from 1 to 72 per client).	
² Excludes time spent attempting to find client or provide services when client could not be located.	

Type of service provided. All staff interaction with clients was documented in case notes, which provide a summary of client needs, services provided, and future plans. In order to characterize the types of services clients received, the research staff coded case notes according to program activities. Table 18 details the qualitative codes used to analyze the more than 2, 000 case notes created since the inception of HSSP¹.

¹ Other categories will be added, in upcoming reports, as necessary. Currently, some coded categories are not presented in Table 18 because they occurred with relative infrequency. This will likely change as more clients are enrolled in the program.

Table 18 Service Codes

Program Activity and Description
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)).
Medical
Activities related to diagnosing, managing, and treating clients' mental health and medical needs. This includes assessment, providing prescriptions, psycho-education, and helping clients fill 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. Therapy contacts were further divided into the following categories: individual, group, and crisis.
Transportation
Transportation provided by HSSP staff to clients

HSSP was intended to provide enhanced clinical treatment that complemented case management services provided by housing case managers. To that end, at least one licensed mental health clinician was involved in 69% of contacts (including attempted contacts). Table 19 shows the types of services clients received from HSSP. In keeping with program goals, nearly all clients were receiving therapeutic interventions, most commonly in the form of individual therapy (97% of clients who received any therapy) and brief interventions to respond to crises (69% of clients who received any therapy). In addition to increasing access to clinical interventions, HSSP relied on Certified Peer Support Specialists (PSS) to assist clients with setting and maintaining recovery goals. The majority of clients (89%) had regular contact with the PSS and one-quarter (26%) participated in support groups facilitated by the PSS. HSSP staff worked conjointly with housing case managers in 6% of client contacts.

Of note, the HSSP project’s APRN position has been unfilled since before the last report (October, 2015), despite ongoing attempts to recruit and fill the position. As such, the medical services documented in Table 19 include those provided by the HSSP APRN when the position was filled as well as medical advocacy (arranging appointments, communicating with medical staff, transporting clients to appointments) conducted by members of the HSSP team. In the interim, clients’ psychiatric medical needs have been tended to by staff from The Fourth Street Clinic. Between October 1, 2015 and March 31, 2016, 26% of clients visited the clinic for psychiatric services, including medication management and behavioral therapy.

While the figures presented in Table 19 document the clinical focus of the HSSP program, the actual services provided demonstrate the complex and ongoing needs of the target population. In addition to therapy and peer support, the majority of clients received regular case management contacts; these services were provided in addition to case management provided through their housing placement (see Table 20 for more detail).

Table 19 Type of Service-HSSP

<i>Total Sample (N)</i>		38	
Topic Addressed	% of clients	# of services	
		<i>Mn</i>	<i>Min, Max</i>
Assessment	66	3	1, 8
Basic needs	61	5	1,16
Case management	84	13	1, 37
Criminal justice	34	6	1, 35
Medical	63	6	1, 21
Peer support	89	14	1, 46
Group support	26	3	1, 4
Therapy	92	20	2, 66
<i>Individual</i> ¹	97	16	2, 48
<i>Crisis</i>	69	7	1, 29
Transportation	61	6	1, 19

¹ Among those who received any therapy

Other services. As noted earlier, 97% of HSSP clients were concurrently enrolled in supported housing programs for chronically homeless persons for at least some portion of their HSSP enrollment. Clients were, therefore, receiving services from at least two programs. While enrolled in HSSP, 84% of clients received supplemental services through The Road Home (recall that HSSP is a TRH program as well). Table 20 provides an overview of non-HSSP services provided to clients, through TRH, while they were enrolled in HSSP. The majority of clients received assistance in the form of case management, transportation, and basic needs from both TRH and HSSP. Of note, only 16% of clients returned to emergency shelter while enrolled in HSSP.

Table 20 Other Services Provided by TRH During HSSP¹

<i>Total Sample (N)</i>		38	
Topic Addressed	% of clients	# of services	
		<i>Mn</i>	<i>Min, Max</i>
Assessment	16	3	1, 8
Case management	82	52	1, 141
Crisis	18	2	1, 6
Basic needs	61	7	1, 24
Emergency shelter	16	11	1, 28
Transportation	66	9	1, 35

¹ Clients may also have received services from other social service providers, but data on the number and type of service was not available.

Benefits Enrollment

Table 21 presents a snapshot view of clients' mainstream benefits status as of March 31, 2016. Approximately half of clients (58%) were actively enrolled in a medical insurance program (including Medicaid, Medicare, and the state-run Primary Care Network). As noted earlier, one of HSSP's goals is the provision of behavioral health services to individuals with chronic substance abuse disorders who do not qualify for Medicaid; as such, the fact that almost half of clients were not enrolled in a health insurance program was expected. Maintaining clients' enrollment in benefits programs was an ongoing process, as even clients who were eligible had difficulty completing applications, maintaining eligibility, and filing appeals if their application was denied. In some cases, clients who previously had benefits had their enrollment closed due to missing mandatory reviews. In the case of SSI/SSDI, Medicaid, and General Assistance (a short-term, state-funded program), clients' eligibility was intertwined: loss of enrollment in one can jeopardize enrollment in the others. While HSSP is not primarily tasked with completing benefits applications, staff worked closely with housing case managers to complete and submit applications and appeals and to ensure that clients were current with program reviews. The efficacy of those efforts is demonstrated by the relative increase in clients' enrollment into public benefit programs after Intake.

Table 21 Mainstream Benefits for Enrolled Clients

<i>Total Sample (N)</i>	38			
Mainstream Benefit Type (%)	<i>Intake</i> ¹	<i>Active</i> ²	<i>Applied</i> ³	<i>Denied</i>
Medical ⁴	24	58	0	29
SSI/SSDI	18	23	24	42
Food Stamps	50	82	3	0
General Assistance	16	18	0	0

¹ Enrolled in benefits at HSSP Intake

² Enrolled in benefits on March 31, 2016

³ Client submitted a new application or an appeal after a denial

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 31, 2016, 37 HSSP clients had been placed into permanent supportive housing, which is 62% of the second year goal of housing 60 clients. HSSP clients can be characterized by a history of lengthy and repeated episodes of homelessness, as well as having multiple barriers that threaten the stability of any housing placement. As such, the relatively low rate at which clients have returned to homelessness, even when a placement failed, is evidence of the program's ability to help stabilize clients in housing.

Behavioral health treatment. HSSP staff provided therapeutic interventions to 37 of 38 clients to date, which is two-thirds of the program goal for the second year. Of note, some clients had been enrolled in the program for less than two weeks 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, the majority of clients 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 second year goal, all clients (N=38) 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. Of note, in many cases where a client's SSI/SSDI applications was denied, the cause was listed as a failure to complete the application in the required 90 day window. Many of those clients had started the application prior to HSSP enrollment, which further demonstrates the importance of ongoing case management and treatment services for these chronically homeless individuals.

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