Evaluation of the Housing Support and Stability (HSSP) Project

Bi-annual Report
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Christian M. Sarver, M.S.W.
Kort C. Prince, Ph.D.
Robert P. Butters, Ph.D.

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Utah Criminal Justice Center, University of Utah

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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[1]. 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 2016 Utah Homeless Point-In-Time Count identified 168 chronically homeless persons in the state, down from 495 in 2013 (Hartvigsen, Frost, Coulam, Agardy, Tolman, Gray, et al., 2016). 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) (for more information on this project, see 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 diagnosis of a 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 can threaten their housing placement (Sarver et al., 2014). HSSP was 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

[1] The United States Department of Housing and Urban Development (HUD) current definition of chronic homelessness can be viewed here: https://www.gpo.gov/fdsys/pkg/FR-2015-12-04/pdf/2015-30473.pdf.

demonstrated success with improving behavioral health outcomes for persons experiencing chronic homelessness (Morrissey & Ellis, 2005). In addition to behavioral health services, HSSP clients 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

This HSSP evaluation involved tracking client characteristics, interventions, and outcomes and answers the following research questions:

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)

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

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.	
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 includes: 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, and release date and type.	

In addition to the questions addressed in these 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 bivariate 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 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 biannual report describes the first 29 months of HSSP (October 1, 2014 through March 7, 2017). During the period covered in this report, the HSSP program enrolled 60[2] clients.

Client Characteristics

Demographics. Client demographics, collected on GPRA forms at Intake, are presented in Table 2. Just over half of clients were male (53%), ranging in age from 24 to 71 years (not in table). When looking at clients' age by gender, males were older than women on average (Mn=49 years for males; Mn=43 years for females). The majority of clients identified as White (67%); one-fifth identified as American Indian (20%). None of the clients were veterans, although 22% had at least one family member who had served in the military (not in table).

Table 2 Demographics at Intake[1]

Total Sample (N)	*60*
Male (% (n))	53 (32)
Age (Mn)	46
Latino/Latina (% (n))	15 (9)
Race (% (n))	
White	67 (40)
Black/African American	12 (7)
Asian	0 (0)
American Indian/ Alaska Native	20 (12)
Native Hawaiian/Pacific Islander	0 (0)
Veteran/Served in Military (% (n))	0 (0)
Have children (% (n))	73 (44)
Number of children (Mn)	3

[1] Data taken from GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

Education and employment. Education and employment data were collected on GPRA forms at Intake. Approximately one-third (35%) of clients had a high school diploma (or the equivalent); a similar percent (33%) had attended some college (see Table 3, p. 5). There were some differences in education level by gender; relatively more females had a high school diploma (46% compared to 35% of males) while relatively more males had some post-high school education (35% compared to 25% of females; not in table). The vast majority of clients were not employed, most commonly due to a disability (44%).

[2] Data for the current report were pulled on March 7, 2017. Because data were queried from multiple sources, clients may have information recorded on some items but not others; as such, the sample size varies across tables.

Table 3 Education and Employment[1]

Total Sample (N)	*60*
Education	
Enrolled in School or Job Training Program (% (n))	
Full-time	0 (0)
Part-time	3 (2)
Education Level (% (n))	
Less than High School	32 (19)
High School/Equivalent	35 (21)
Some College	33 (20)
Employment	
Employed (% (n))	10 (6)
Unemployed (% (n))	90 (54)
Looking for work	*24 (13)*
Disabled	*44 (24)*
Retired	*2 (1)*
Not looking for work	*30 (16)*

[1] Data taken from GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

Homelessness and housing. Based on The Road Home's (TRH) records[3], the vast majority (89%) of HSSP clients had stayed at TRH's Emergency Shelter for at least one night since 1998 (see Table 4). In total, clients averaged 220 nights in the shelter, although that figure ranged from one to almost 1,000 nights. When looking at shelter use in the 12 months prior to HSSP enrollment, 68% of clients (n=39) had stayed in the shelter for at least one night (not in table). The chronicity of clients' homelessness is evident in the fact that nearly half (47%; n=27) had a recorded shelter stay that occurred between 1998 and 2011. Those clients averaged 356 shelter nights during that 13-year period, ranging from four to 918 nights (not in table).

Table 4 History of Homelessness and Shelter Use

Total Sample (N)	*57*
Homeless Shelter Use Since 1998	
Stayed in the shelter at least one night (% (n))	89 (51)[1]
Total # of nights	11,206
Min, Max	1, 919
Average # of nights per client (Mn)	220

[1] Data were only available for nights spent in TRH shelter. Nights spent in other shelters or living on the street were not available.

Current living situation. HSSP clients were recruited from the community's chronic homeless programs (CHP); enrollment into HSSP typically occurs at the same time as placement into a permanent supported housing setting. Data collected on GPRA Intake forms shows that the majority of clients (83%) were living in a housing placement in the month prior to HSSP enrollment (see Table 5). The remaining clients (17%) had lived

[3] Shelter records were available for 57 clients.

primarily in a non-permanent situation (i.e., emergency shelter, on the street, or in an institution) in the month prior to HSSP enrollment. Even with concurrent HSSP and housing case management services, clients sometimes lost a housing placement, due to eviction or other causes. This lack of stability is reflected in the fact that 17% of clients were not housed during the 30 days prior to the 6-month GPRA[4], the same percentage of clients that were not housed at Intake. When looking at clients' history of housing throughout the project (rather than the previous month), data recorded in TRH databases shows that nearly all clients (96%; n=55)[5] had been housed at some point during HSSP enrollment and majority of those (87%; n=48) were housed as of March 7, 2017[6]. In between, one-quarter of clients (25%; n=14) exited a housing placement and became homeless[7] at some point; however, the majority of those (71%; n=10) were housed in a new placement as of March 7, 2017.

Table 5 Living Situation at Intake and 6-month Follow-up[1]

	Intake	*6-month*
Total Sample (N)	*60*	*40*
Living Situation		
Primary living situation during the past 30 days: (% (n))		
Shelter	10 (2)	0 (0)
Street/Outdoors	5 (3)	5 (2)
Institution	2 (1)	8 (3)
Housed	83 (50)	83 (33)
If housed, what type of housing: (% (n))		
Own/Rent apartment, room, or house	96 (48)[2]	97 (32)[2]
Someone else's apartment, room, or house	2 (1)	0 (0)
Other[3]	2 (1)	3 (1)

[1] Data taken from GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.
[2] Figures calculated from the 50 clients who reported living in a house on the Intake GPRA and 33 living in a house at the 6-month GPRA.
[3] Includes transitional housing and residential treatment facility

Income. At Intake, almost one-fourth of HSSP clients (22%) reported no income within the past 30 days (Table 6). Of those with an income, the average monthly amount was $475. Of clients reporting any income, more than half (66%) identified at least one source of stable 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 $644 (not in table). One-third (34%) of clients with some recent income

[4] It is important to note that Intake and 6-month GPRA results are provided for informational purposes and cannot be directly compared in order to characterize client change or program impact. The program is continuously enrolling new clients; as such, the Intake and 6-month figures provide a snapshot of two different groups of HSSP clients at two different points in time.
[5] Of the 57 clients with at least one record in TRH database. Figures differ from GPRA assessment because they reflect housing any time during HSSP enrollment while GPRA refers specifically to the 30 days prior to Intake.
[6] These figures include two clients who died with an open housing enrollment as well as three clients who graduated from the program into a permanent living situation.
[7] This figure includes emergency shelter, motel paid for by the shelter, and place not meant for human habitation.

reported no sources that would be characterized as stable (e.g., non-legal sources, family and friends, and other); those clients had an average monthly income of $149 (not in table).

At the 6-month follow-up, 65% of clients reported some form of income in the previous month, with an average amount of $441. More than two-thirds (69%) of those with any recent income reported at least one stable source; those clients' average monthly income was $580 (not in table). In contrast, clients whose only income was from unstable sources (31%) had an average monthly income of $129 (not in table).

Table 6 Income at Intake and 6-month Follow-up [1]

Total Sample (N)	60	40
	Intake	6-month
Monthly Income		
Disability (% (n))	25 (15)	23 (9)
Mean[2] (Min, Max)	$788 (385, 1400)	$709 (385, 996)
Family/Friends (% (n))	10 (6)	13 (5)
Mean[2] (Min, Max)	$190 (20, 800)	$70 (20, 100)
Non-legal (% (n))	17 (10)	18 (7)
Amt (Mn, Range)[2]	$126 (20, 250)	$123 (20, 300)
Public Assistance (% (n))	18 (11)	12 (5)
Mean[2] (Min, Max)	$238 (20, 441)	$249 (190, 287)
Retirement (% (n))	2 (1)	3 (1)
Mean[2] (Min, Max)	--	--
Other[3] (% (n))	10 (6)	5 (2)
Mean[2] (Min, Max)	$96 (1, 260)	$55 (40, 70)
Wages (% (n))	12 (7)	10 (4)
Mean[2] (Min, Max)	$598 (80, 1400)	$435 (140, 1000)
Any Income (% (n))	**78 (47)**	**65 (26)**
Mean[2] (Min, Max)	**$475 (1, 1400)**	**$441 (40, 1000)**

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.
[2] Average monthly income from this source. Figures based on respondents who reported at least some income from this source.
[3] 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 vast majority of HSSP clients (90%) had been identified on GPRA Intake assessments as having co-occurring mental health and substance use disorders. Three-fourths of clients (77%) also had a mental health assessment recorded in program data; of those, almost half (43%) were identified with a specific mental health diagnosis, most commonly a mood disorder (70%). In addition, 80% of clients with an assessment had at least one substance-related diagnosis (Table 7). Of those, 76% were identified as having a drug-related diagnosis, 38% had an alcohol-related diagnosis, and 8% had both drug and alcohol diagnoses (not in table). More than one-third (37%) of clients with an assessment had both mental health and substance abuse diagnoses (not in table).

Table 7 ICD-10 Diagnoses

Total Sample (N)	*46*[1]
Mental Health Diagnosis (% (n))[1,2]	43 (20)
Anxiety Disorder[3]	25 (5)
Mood Disorder	70 (14)
Other	30 (6)
Any SUD Diagnosis (% (n))[1,2]	80 (37)
Alcohol Use Disorder[4]	38 (14)
Drug Use Disorder[4]	76 (28)

[1] 46 clients had mental health/substance abuse assessments recorded in program data.

[2] Based on International Classification of Diseases (ICD-10) criteria, as recorded in HSSP program treatment data.

[3] Of those with a mental health diagnosis; clients could have multiple diagnoses

[4] Of those with a substance use diagnosis; clients could have multiple diagnoses

In addition to the ICD-10, HSSP clients were screened using the Drug Abuse Screening Test (DAST-10) and the Alcohol Use Disorders Identification Test (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 three or more is considered positive; for men, a score of four or more is considered positive. At the time of the current report, 54 clients had completed the Audit-C, with more than half (61%) 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 on the following page.

The Drug Abuse Screening Tool (DAST-10) is a 10-item tool that screens clients for 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 three and five 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, 53 clients had completed the DAST-10, with 70% 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.

Client were screened again, using the same instruments, after six months in HSSP. At that time, fewer clients were identified as having active substance use problems; additionally, mean scores were lower for both males and females on both screening tools.

Table 8 Substance Abuse Screening Tools

	Female		*Male*	
	Mn Score	*% Identified*[1]	*Mn Score*	*% Identified*[1]
Screening Tool				
AUDIT-C[2]				
Intake	3.8	67	5.2	63
Follow-up	2.3	44	4.4	50
DAST-10[3]				
Intake	5.0	83	4.1	60
Follow-up	3.9	50	3.8	41

[1] Percent of clients who were identified as having an alcohol or drug problem according to the screening tool. For AUDIT-C that is a score of 3 or more for women and 4 or more for men. For DAST-10 that is a score of 3 or more for both men and women.
[2] 24 females had an AUDIT-C assessment at Intake; 16 had a follow-up assessment. 30 males had an AUDIT-C assessment at Intake; 22 had a follow-up.
[3] 23 females had a DAST-10 assessment at Intake; 16 had a follow-up assessment. 30 males had a DAST-10 assessment at Intake; 22 had a follow-up.

Initial identification of substance abuse treatment needs was further assessed using the American Society of Addiction Medicine (ASAM) criteria. As of the current report, 73% of clients had been assessed using the ASAM criteria, which provide 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 (scored medium or high on the ASAM) in the domains of behavioral health and relapse potential. Clinician comments on the assessment indicated that 70% (n=31) of clients with an ASAM were identified as having mental health symptoms that actively contributed to their substance use, including psychosis. Within the relapse potential domain, comments showed that 30% of clients (n=13) had a history of relapse after treatment or a sustained period of sobriety. Within the recovery environment domain, comments indicated that 73% of clients (n=32) were assessed as being at-risk, most commonly related to a lack of positive social support or a housing placement that was not perceived as supportive of sobriety (due to neighbors' use or proximity to areas where drugs were sold).

Table 9 ASAM Levels at Intake

Total Sample (N)	*44*[1]		
Risk Level	*% Low*	*% Med*	*% High*
ASAM Dimension			
Acute Intoxication and/or withdrawal potential	64	29	7
Biomedical conditions and complications	57	34	9
Emotional, behavioral or cognitive conditions and complications	23	63	14
Readiness to change	36	34	30
Relapse, continued use, or continued problem potential	18	43	39
Recovery environment	43	34	23

[1] Forty-four (44) clients had an ASAM assessment in program records.

Recent alcohol and drug use. The majority of clients (70%) reported using drugs or alcohol within 30 days prior to program enrollment, which was not surprising, given the program's target population. Information collected on GPRA forms showed that half (50%) 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 (58%), most commonly methamphetamine (32% of all clients) and marijuana (22% of all clients). GPRA substance use figures were replicated in program data, wherein 76% of clients indicated using substances at least 1-3 times during the previous 30 days, most commonly alcohol and methamphetamine. At the 6-month GPRA, 68% of clients indicated recent substance use (drug or alcohol). The most commonly reported drugs used were once again marijuana (23%) and meth (23%).

Table 11 Recent Alcohol and Drug Use[1]

	Intake	*6-month*
Total Sample (N)	*60*	*40*
During the past 30 days, have you used:		
Any alcohol (% (n))	50 (30)	58 (23)
Number of times (Mn)[2]	15	13
Alcohol to intoxication (5+ drinks in one sitting) (% (n))	38 (23)	35 (14)
Number of times (Mn)[2]	15	16
Alcohol to intoxication (4 or fewer drinks in one sitting, felt high) (% (n))	7 (4)	18 (7)
Number of times (Mn)[2]	5	4
Both alcohol and drugs (on the same day) (% (n))	23 (14)	33 (13)
Number of times (Mn)[2]	9	5
Any Illegal drugs (% (n))	55 (33)	48 (19)
Number of times (Mn)[2]	14	13
Injected drugs during the past 30 days (% (n))	10 (6)	18 (7)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.
[2] Of those reporting any use of drugs or alcohol

When looking at substance use by gender, relatively more males than females had recently consumed alcohol at both Intake (60% of males and 39% of females; not in table) and follow-up (75% of males and 40% of females; not in table). Males and females had similar rates for recent consumption of illegal drugs at Intake (53% of males and 54% of females; not in table), although males rates were consistent at follow-up (55%) while females rates were lower (40%). Among the small percentage of clients who had recently used illegal drugs and alcohol on the same day (25% of males and 21% of females), those rates were larger at the follow-up interview (35% of males and 30% of females).

Impact of substance use. At Intake, almost half of clients (45%) reported that they had experienced extreme or considerable stress due to alcohol or drug use (Table 12). More than one-third (35%) 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 (38%) or emotional problems (30%) due to drug or alcohol use.

Table 12 Emotional Impact of Alcohol and Drug Use[1]

	Not at All	*Somewhat*	*Considerably*	*Extremely*
During the past 30 days (%(n))				
How stressful have things been for you because of your use of alcohol or other drugs?				
Intake	10 (6)	22 (13)	18 (11)	27 (16)
6-month	15 (6)	25 (10)	23 (9)	15 (6)
Has your use of alcohol or drugs caused you to reduce or give up important activities?				
Intake	33 (20)	20 (12)	10 (6)	10 (6)
6- month	23 (9)	35 (14)	15 (6)	3 (1)
Has your use of alcohol or other drugs caused you to have emotional problems?				
Intake	22 (13)	17 (10)	17 (10)	18 (11)
6-month	20 (8)	25 (10)	20 (8)	10 (4)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

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 if clients have been exposed to any of 17 traumatic events (either personally, by witnessing, or hearing about the event). Of the 49 clients who had completed the LEC, 94% reported that they had personally experienced at least one traumatic event (Mn=7; ranging from 0 to 14; not in table).

Clients were also screened for a history of trauma and ongoing psychological impact on GPRA forms. At Intake, 83% of clients indicated that they had a lifetime history of violence or trauma (Table 10). Of those, the majority reported experiencing ongoing symptoms from the trauma. At the 6-month follow-up, clients with a history of trauma continued to report ongoing psychological impacts from those events. With respect to recent victimization, 23% 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, 33% of clients reported at least one recent episode of physical violence.

Table 10 Impact of Violence and Trauma[1]

Total Sample (N)	*60*	*40*
	Intake	6-month
Experienced violence or trauma in any setting (% (n))	83 (50)	78 (31)
As a result of that experience have you[2] (% (n))		
Had nightmares/intrusive thoughts	76 (38)	87 (27)
Tried hard to avoid thinking about it	86 (43)	77 (24)
Felt constantly on guard or watchful	86 (43)	81 (25)
Felt numb/detached from surroundings	76 (37)	81 (25)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

[2] Only for those who answered yes to experience of violence or trauma.

Social connectedness. Very few clients had attended any type of recovery support group in the 30 days prior to Intake (Table 13). Approximately half (58%) noted that they

had recently interacted with family and/or friends that were supportive of their recovery; this figure was higher for clients who had been in the program for six months (65%). Almost half (43%) of clients relied on family or friends for assistance during a crisis, although one-third of clients reported having no one to rely on at the Intake GPRA (32%); that figure was lower (25%) at the 6-month GPRA interview.

Table 13 Support Systems of HSSP Clients[1]

	Intake	*6-month*
Total Sample (N)	*60*	*40*
During the past 30 days have you (% (n))		
Attended any voluntary self-help groups (e.g., AA, NA)	13 (8)	15 (6)
Attended any religious/faith affiliated recovery self-help groups	8 (5)	8 (3)
Attended any other meetings that support recovery	8 (5)	8 (3)
Had interaction(s) with family/friends that are supportive of recovery	58 (35)	65 (26)
To whom do you turn when having trouble (% (n))		
No one	32 (19)	25 (10)
Family Member	25 (15)	25 (10)
Friends	18 (11)	25 (10)
Social Services Staff	20 (12)	15 (6)
Other	3 (2)	5 (2)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

Medical services. The most common type of medical treatment accessed by HSSP clients during the month prior to Intake was outpatient services (Table 14; 35% had received some treatment in the 30 days prior to Intake). Despite the fact that all clients had mental health or substance abuse diagnoses, relatively few had recently accessed any type of substance abuse or mental health treatment. In addition to these behavioral health needs, TRH records showed that 77% of clients self-reported having other chronic health conditions (not in table). Despite such complex medical needs, only 22% of clients had received recent outpatient treatment for physical health conditions at Intake (8% had been hospitalized and 17% 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. At the 6-month follow-up, half of clients had received recent outpatient medical services, most commonly for mental or emotional difficulties (43%) or alcohol or substance abuse (33%).

Table 14 Recent Use of Medical Services[1]

	Intake	*6-month*
Total Sample (N)	*60*	*40*[2]
Inpatient Treatment (% (n))		
For any reason	18 (11)	8 (3)
Physical complaint	8 (5)	3 (1)
Mental or emotional difficulties	2 (1)	0 (0)
Alcohol or substance abuse	8 (5)	8 (3)

	Intake	*6-month*
Total Sample (N)	*60*	*40*[2]
Outpatient Treatment (% (n))		
For any reason	35 (21)	50 (20)
Physical complaint	22 (13)	20 (8)
Mental or emotional difficulties	18 (11)	43 (17)
Alcohol or substance abuse	5 (3)	33 (13)
Emergency Room (ER) Treatment (% (n))		
For any reason	20 (12)	20 (8)
Physical complaint	17 (10)	18 (7)
Mental or emotional difficulties	0 (0)	0 (0)
Alcohol or substance abuse	5 (3)	3 (1)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

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' self-reported criminal justice involvement with reference to the 30 days prior to their Intake interviews (see Table 15). According to these data, 10% of clients reported at least one arrest in the month prior to Intake. More than half (55%) of clients admitted to committing a crime, including self-reported illegal drug use, during the month prior to Intake; some reported committing multiple crimes (Mn=15). At the 6-month follow-up, a similar percentage (8%) of clients had been arrested in the previous month while 48% had committed a crime, including self-reported illegal drug use.

Table 15 Self-Reported Criminal Justice Involvement

	Intake	*6-month*
Total Sample (N)	*60*	*40*
During the past 30 days have you:		
Been arrested for any reason (% (n))	10 (6)	8 (3)
# times arrested (Mn)	1	1
Spent at least one night in jail or prison (% (n))	5 (3)	10 (4)
# nights spent in jail or prison (Mn)	2	20
Been arrested for drug-related offense(s) (% (n))	2 (1)	0 (0)
# times arrested for drug-related offenses (Mn)	--	--
Committed a crime (% (n))	55 (33)	48 (19)
# times committed a crime (Mn)	15	12
Are you currently:		
Awaiting charges, trial, or sentencing (% (n))	28 (17)	28 (11)
On parole or probation (% (n))	18 (8)	18 (7)

[1] As reported on GPRA forms. Percentage may not add up to 100% due to missing data, including clients' refusal to answer some questions.

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. ADC data were only available through December 31, 2016; clients enrolled in HSSP after this date were excluded from this analysis (n=6).

Almost two-thirds of the remaining clients (34 of 54, 63%) 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 34 HSSP clients accounted for 193 jail bookings and 2,750 nights in jail during this two-year period. The majority of new charges were misdemeanors (92% of all charges) and the most common pre-intake charge type was public order offenses (50% 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 = 442, SD = 229) and is not equivalent to the two-year pre-intake period (which was fixed per client). During the post-start period, clients accounted for a total of 66 jail bookings and 923 nights in jail. Nearly one-third (30%) of clients had a new charge post-start and 80% of these new charges were misdemeanors or infractions. Similar to the pre-intake period, public order offenses were the most common post-program start (42%).

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

Total Sample (N)	*54*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
At least one jail booking for (% (n)):		
Any reason[3]	63 (34)[4]	35 (19)
New charge(s)	52 (28)	30 (16)
Warrant(s)	61 (33)	31 (17)
Commitment(s)	33 (18)	17 (9)
Of those with Any[3] booking(s):		
Min, Max number of bookings *per client*	1, 24	1, 17
Number of bookings *per client* (Mn (SD))	6 (5)	3 (4)
Number of bookings for *entire sample* (sum)	193	66
Nights spent in jail *per booking* (Mn (SD))	14 (36)	14 (24)
Nights spent in jail *per client* (Mn (SD))	81 (103)	49 (70)
Nights spent in jail for *entire sample* (sum)	2750	923
Of those with New Charge (NC) booking(s):		
Min, Max number of NC bookings *per client*	1, 23	1, 8
Number of NC bookings *per client* (Mn (SD))	7 (7)	3 (3)
Number of NC bookings for *entire sample* (sum)	122	35
Number of charges for entire sample (sum)	207	50
Charge Severity/Degree (n):		
1st Degree Felony	1	0
2nd Degree Felony	4	2

Total Sample (N)	*54*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
3rd Degree Felony	11	8
Class A Misdemeanor	21	4
Class B Misdemeanor	63	14
Class C Misdemeanor	107	21
Infraction	0	1
Charge Type (n):		
Person	13	3
Property	44	7
Drug	30	10
Public Order	103	21
Open Container[5]	*7*	*0*
Public Intoxication[5]	*55*	*5*
Commercial Sex	1	0
Traffic	3	2
Obstruction	12	6
Other	1	0

[1] Jail data was available through 12/31/16

[2] Follow-up timeframes for post-start jail bookings vary by client, ranging from 23 to 767 days (Mn = 442, SD = 229); because of this variation, the two columns are not comparable.

[3] Does not include holds

[4] 34 of 54 clients (67%) had jail events during the two-year time period relevant to this table; 48 of 54 clients (89%) 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

Because the pre and post periods in the table above are not equivalent, it is difficult to determine whether incidents of criminal behavior declined after intake, or, alternatively, whether criminal activity only appeared to decrease due to shorter follow up periods post-intake. Another set of analyses were conducted to examine whether, over equivalent periods pre and post, new charge bookings, crime severity, and days in jail changed from pre- to post-intake.

To examine these outcomes, the amount of follow-up time post-intake was calculated for each client. An equivalent period was then established in the pre-intake period, such that each pre-post period was both equivalent and person-specific. For example, if client 'A' had 150 days of follow up time post-intake, an equivalent period of time was set for pre-intake comparison. For person 'A', criminal justice records were then queried and compared across these equivalent timespans (i.e., 150 days pre and post). Pre-post timespans varied greatly across persons as described in Table 16 above, but were equivalent within-person.

The three figures that follow provide visual summaries of significance tests that were conducted for each outcome using distributions appropriate for count data (e.g., Poisson, negative binomial type I or II, Poisson inverse Gaussian). The appropriate distribution for each outcome was selected using model fit criteria. For simplicity, details of the model

building process and parameter estimates are omitted. Instead, figures provide a visual density plot showing the probability of each outcome by period (i.e., pre- and post-intake). The density plots have the following properties:

- The x-axis (horizontal axis) provides the range and values of the outcome.
- The y-axis (vertical axis) provides the percentage of clients with the specific value of the outcome shown on the x-axis.
- Densities represent proportions; as such, each plot shows the percentage of clients, by pre and post, who scored within a particular value of the outcome.
- Vertical lines in the figures denote the means for the two time periods
- An annotation within the figures provides the p-value, or significance of the difference between periods.

Consider Figure 1, on the following page, as an illustration of the above features. Figure 1 provides results for the analysis of number of new charge bookings per client. The number (and range) of new charges is provided on the horizontal, x-axis, while the proportion of clients with each value of a new charge is provided on the vertical, y-axis. Looking at the post-test, we see that the vast majority of clients had zero new charge bookings. At pre-test, this was also the case, but fewer clients had zero charges relative to post-test; accordingly, we see greater densities of higher counts of new charges under the pre-test distribution.

The figure, with corresponding vertical lines, also shows that the mean post-intake is significantly less than pre-intake (p=.000), indicating clients had fewer new charge bookings post-intake relative to pre-intake. Although alternative explanations for the difference (e.g., regression to the mean) cannot be ruled out in this observational design, the analysis of equivalent time periods does indicate fewer new charge bookings post-intake, which *may* be attributable to program effects (among other possible explanations).

Figure 1

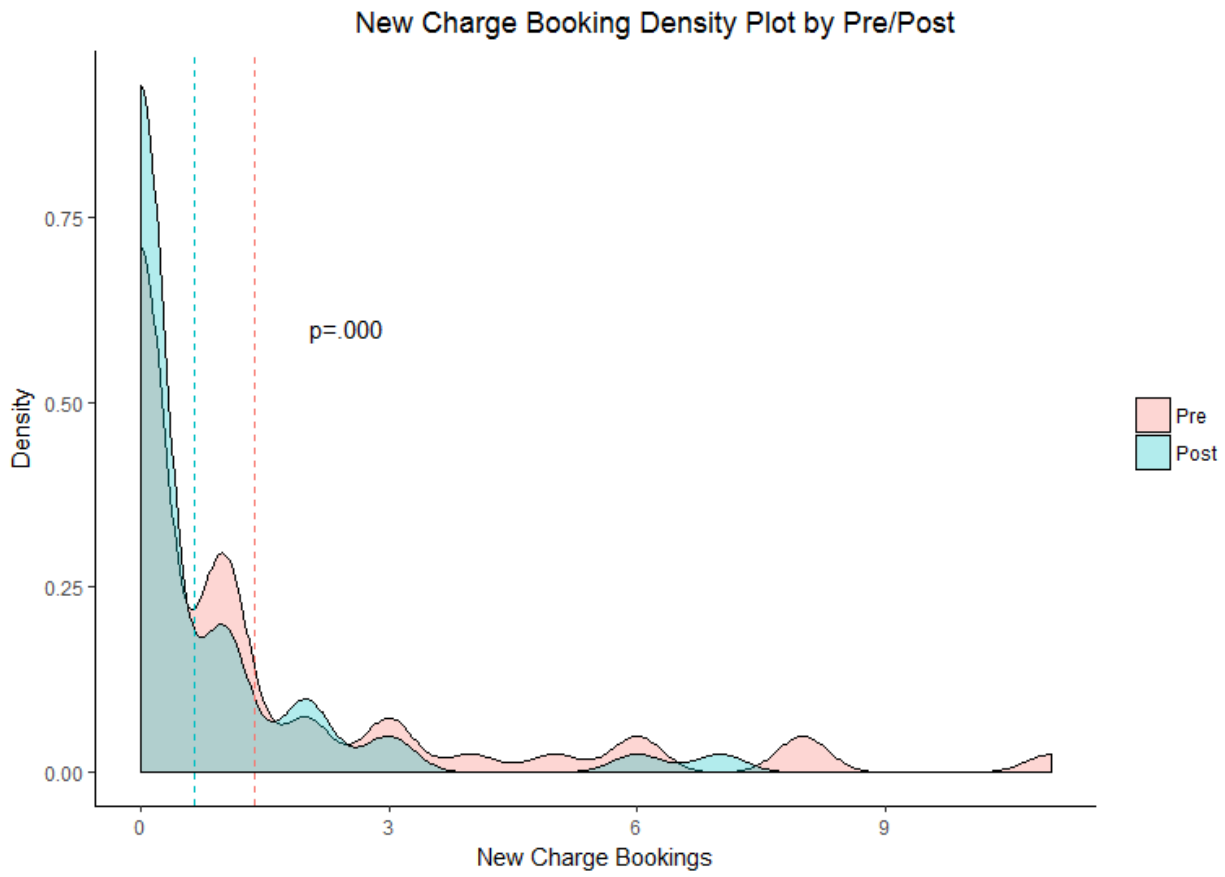
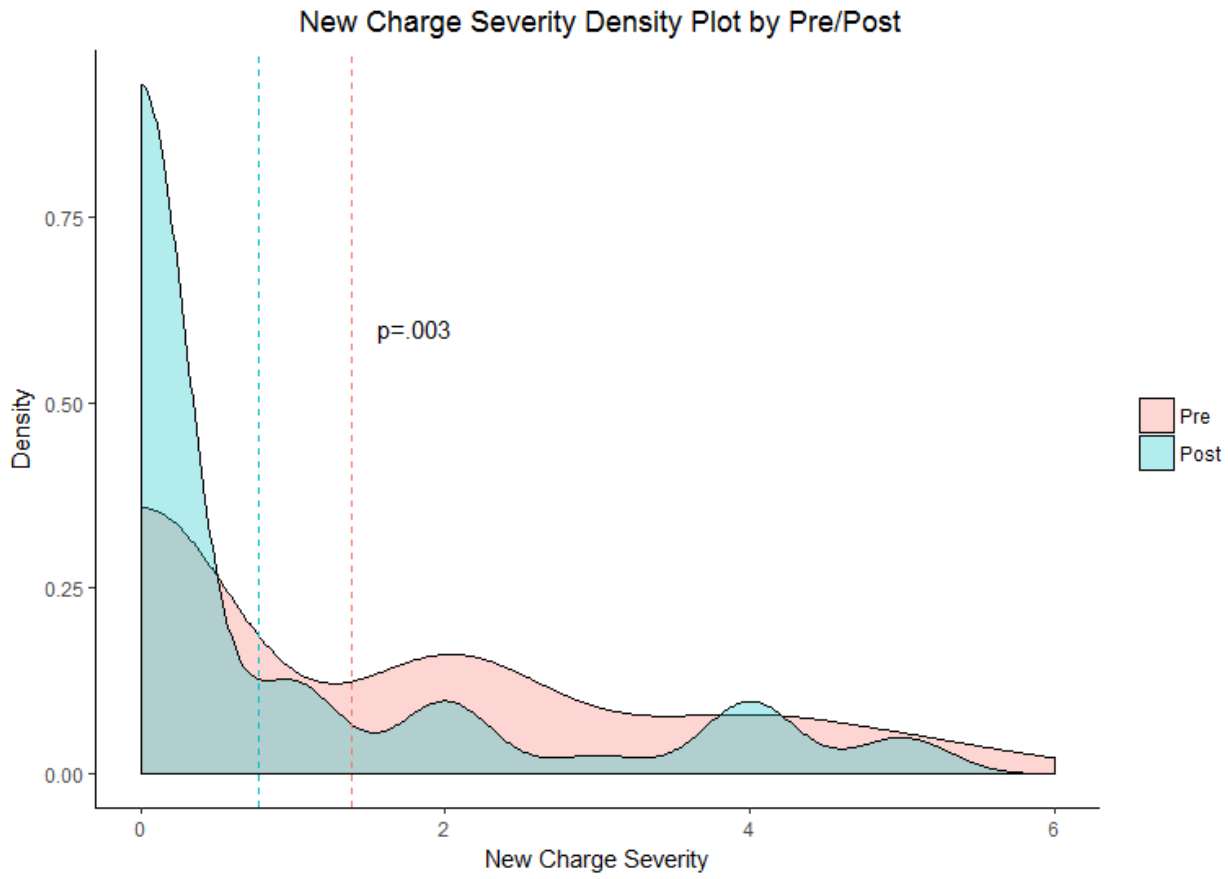


Figure 2, on the following page, provides results for the analysis of the maximum severity of offenses by time-period. Note that, though not technically a count variable, crime severity can be reasonably modeled as a count variable, given its distributional form (though the outcome is admittedly not represented by interval data). Crime severity ranges on a continuum from 0 (no crime) to 7 (first degree felony). Therefore, higher means are less desirable on the outcome.

The figure, with corresponding vertical lines, shows that the mean post-intake is significantly less than pre-intake (p=.003), which *may*, again, be attributable to program effects (among other possible explanations). It is important to note, from visual inspection of the density plot, higher-severity crimes such as felonies were not notably less likely in the post-intake period. Instead, it appears that misdemeanor crimes were reduced, as several people who committed misdemeanor offenses in the pre-intake period committed no new misdemeanor crimes in the post-intake period. In this sense, a categorical, frequency based analysis may be more appropriate for this outcome, but the analysis of the means is still informative when coupled with the density plot.

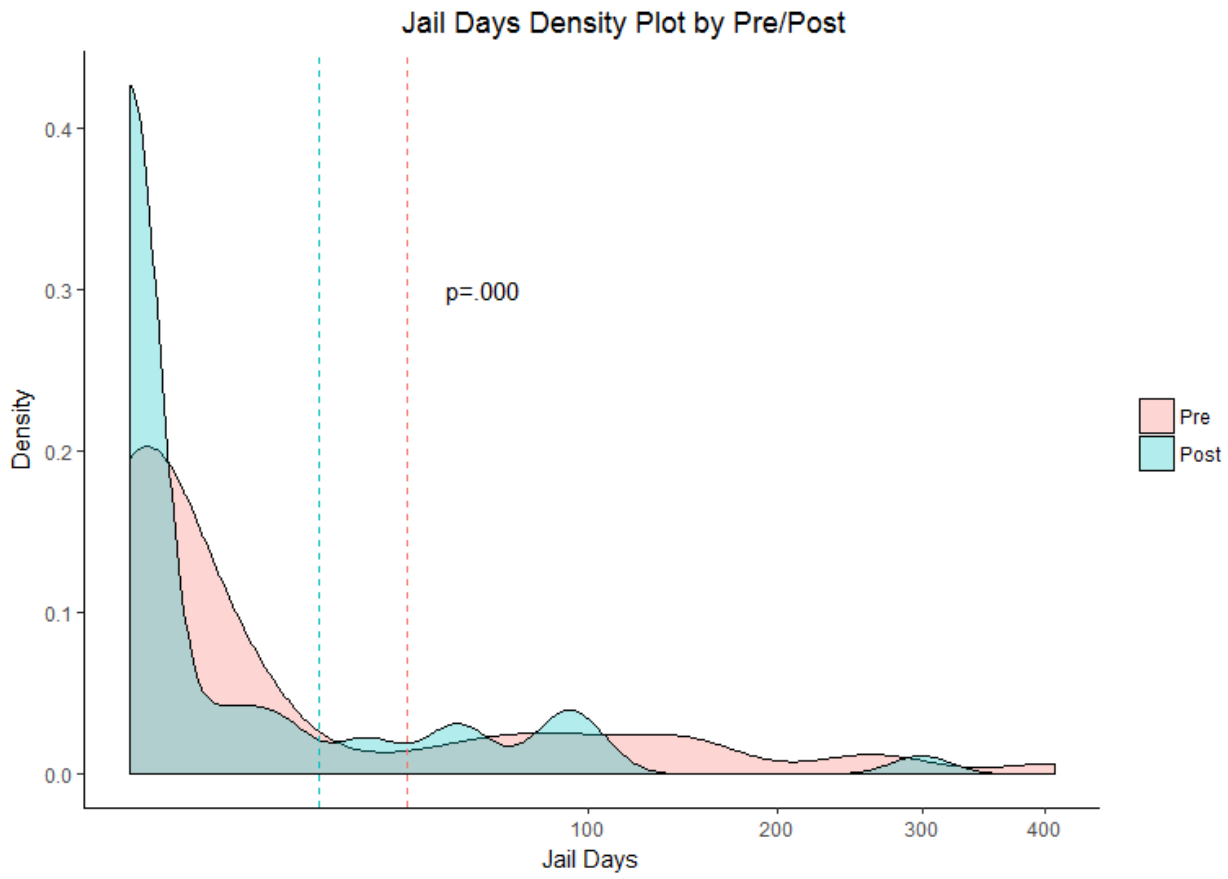
Notably, there are no sevens (first degree felonies) represented in the figure. This indicates that, in contrast to Table 16 above, when equal intervals of time were considered pre- and post-intake, no first degree felonies occurred in the sample.

Figure 2



Finally, Figure 3 provides results for the analysis of the number of jail days by time-period. For ease of visual interpretation, the figure's x-axis has been rescaled using a square root transformation, which compresses the x-axis and reduces skew. The figure shows that the mean number of jail days post-intake is significantly less than pre-intake (p=.000), which *may*, again, be attributable to program effects (among other possible explanations).

Figure 3



Services Provided by HSSP

Client contacts. HSSP records showed that staff had monthly contact with clients (with an average of 24 days between contacts; see Table 17). More than one-fourth of case notes (28%) 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 <u>any</u> attempt to meet with client (successful or not), staff was attempting contact, on average, every 18 days. Between November 2014 (when the first client was enrolled) and March 7, 2017, staff spent at least 238 hours, collectively, in unsuccessful attempts to provide services to clients[8]. Such numbers demonstrate the importance of assertive outreach when working with this service-resistant group: even though treatment was provided in the client's residence, staff extended specific effort in order to develop and maintain clients' engagement in treatment. When looking only at contacts where staff actually met with clients, interactions lasted 43 minutes on average[9] [10]

[8] Amount of time spent trying to contact client was available for 71% of attempted contacts.

[9] Amount of time spent with client was available for 77% of actual contacts.

[10] Of note, the amount of time spent in actual contact (vs attempted contact) was 89% of time.

Table 17 HSSP Contacts

Total Sample (N)	*59*
Days enrolled in HSSP as of 3/7/2017[1] (Mn)	482
(Min, Max)	(26, 833)
Average number of contacts per client[2] (Mn)	44
(Min, Max)	(2, 180)
Average minutes per contact[3] (Mn)	43
Days between contacts (Mn):	
Actual contact	24
Contact or attempt	18

[1] Date of first contact was used to calculate length of enrollment for 3 clients with no recorded enrollment date.
[2] Excludes times when staff attempted to make contact but could not locate client (called "no shows"). On average, 57 HSSP clients had 18 "no shows" each (ranging from 1 to 78 per client). Two clients had no recorded contacts as of the day the data were pulled.
[3] Excludes time spent attempting to find client or provide services when client could not be located.

Types of services provided. All staff interaction with clients was documented in case notes, which provided a summary of client need. 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 3,500 case notes created since the inception of HSSP[11].

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 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

[11] Currently, some coded categories are not presented in Table 18 because they occurred with relative infrequency.

Program Activity and Description
access treatment for other medical needs, such as: scheduling appointments, providing transportation, and sitting in on appointments to help clients interpret information.
Peer Support
Services provided by Peer Support Specialists, which includes activities related to: setting and maintaining treatment goals; running household errands; developing social connections and participating in leisure activities; providing peer support; and running peer support groups.
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 and crisis.
Transportation
Transportation provided by HSSP staff to clients

HSSP was designed 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 73% of contacts (including attempted contacts). Table 19 shows the types of services clients received from HSSP. In keeping with program goals, the majority of clients (90%) received therapeutic interventions, most commonly in the form of individual therapy (100% of clients who received any therapy) and brief interventions to respond to crises (54% 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. Three-fourths of clients (79%) had contact with PSS. HSSP staff worked conjointly with housing case managers in 10% of client contacts (not in table).

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 services related to case management, transportation, and basic needs; these services were in addition to case management provided through their housing placement (see Table 20 for more detail).

Table 19 Type of Service--HSSP

Total Sample (N)		*59*
	% (n) of clients	# of services[1]
		Mn (Min, Max)
Topic Addressed		
Assessment	77 (44)	3 (1, 9)
Basic needs	77 (44)	5 (1,18)
Case management	95 (54)	14 (1, 49)
Criminal justice	44 (25)	8 (1, 71)
Medical	79 (45)	9 (1, 33)
Peer support	79 (45)	16 (1, 60)
Group support	17 (10)	4 (1, 10)

Total Sample (N)		*59*
	% (n) of clients	# of services[1]
Therapy	90 (51)	25 (1, 88)
Individual[1]	*100 (51)*	*21 (1, 70)*
Crisis	*54 (32)*	*6 (1, 29)*
Transportation	60 (34)	7 (1, 24)

[1] Among those who received at least one service

Other services. Table 20 provides an overview of services provided to HSSP clients by The Road Home (TRH), both prior to and after HSSP enrollment. Clients' history of homelessness is evident in the fact that most (90%; n=55) had received services from TRH in the year prior to HSSP enrollment. The most frequently provided pre-HSSP services clients received were case management, transportation, emergency shelter, and resources to meet basic needs. On average, clients received 79 TRH services each in the year prior to HSSP enrollment (not in table; figure based on average service use among clients who received at least one service).

As noted earlier, HSSP clients were concurrently enrolled in supported housing programs for chronically homeless persons, as a prerequisite to HSSP enrollment. As such, HSSP clients were receiving case management and support services from at least two programs. While enrolled in HSSP, nearly all clients (89%; n=54) received supplemental services through TRH (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 continued to receive case management, transportation, and assistance with basic needs from TRH; however, the number of services accessed increased by twofold when comparing pre- to post-HSSP. The number of clients accessing services related to crisis management doubled, when comparing pre- to post-HSSP enrollment, while the number using emergency shelter was cut in half during that same time. Of note, very few clients accessed services related to employment, health care, or street outreach in either time period.

Table 20 Other Services Provided by TRH[1]

Total Sample (N)				57
	% (n) of clients	# of services	% (n) of clients	# of services
		Mn (Min, Max)		Mn (Min, Max)
Service Type	*Year Prior to Enrollment*		*During Enrollment*	
Basic needs	65 (37)	5 (1, 24)	72 (41)	10 (1, 55)
Case management	96 (55)	41 (2, 159)	93 (53)	85 (1, 278)
Crisis management	26 (15)	3 (1, 8)	51 (29)	3 (1, 8)
Emergency Shelter	68 (39)	30 (1, 328)	35 (20)	19 (1, 216)
Employment Services	5 (3)	1 (1, 1)	3 (2)	1 (1, 1)
Health Services	7 (4)	4 (1, 10)	11 (6)	2 (1, 3)
Housing	47 (27)	4 (1, 16)	39 (22)	7 (1, 49)
Street Outreach	12 (7)	3 (1, 8)	9 (5)	3 (1, 9)
Transportation	75 (43)	5 (1, 19)	74 (42)	16 (1, 86)

[1] Clients may also have received services from other social service providers, but data were not available.

Benefits Enrollment. Table 21 presents a snapshot view of changes in clients' benefits status between program enrollment and March 7, 2017. Almost half of clients (48%) were actively enrolled in a medical insurance program (including Medicaid, Medicare, and the state-run Primary Care Network), which represents an increase from Intake (32% enrolled). 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 half of clients were not enrolled in a health insurance program was not unexpected.

Case notes document that clients' enrollment in benefits programs was an ongoing process; even clients who were eligible had difficulty completing applications, maintaining eligibility, and filing appeals if their application was denied. In some cases, clients with benefits had their enrollment closed due to missing a mandatory review. 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 jeopardized enrollment in the others. While HSSP is not primarily tasked with completing benefits applications, staff work closely with housing case managers to complete and submit applications, file appeals, and ensure 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

Total Sample (N)			*57*[1]	
	Intake[2]	*Active*[3]	*Applied*[4]	*Denied*[5]
Mainstream Benefit Type %(n)				
Medical[6]	32(18)	48(27)	14(8)	30(17)
SSI/SSDI	25(14)	36(20)	14(8)	23(13)
Food Stamps	56(32)	71(40)	5(3)	7(4)
General Assistance[7]	12(7)	14(8)	2(1)	5(3)
Other[8]	11(6)	2(1)	0	0

[1] 57 of 60 clients had records in TRH database
[2] Enrolled in benefits at HSSP Intake, as recorded in TRH records.
[3] Enrolled in benefits as of March 17, 2017, as recorded in HSSP records.
[4] Client has applied for benefit recently; includes open applications, an appeal subsequent to a denial, or a recent denial (90 days).
[5] Client was denied eligibility during application process OR lost eligibility after enrollment, often due to a missed review.
[6] Client has medical insurance, including Medicaid, Medicare, or other public program
[7] 23% of clients (n=13) had exceeded the lifetime General Assistance benefit (12 months).
[8] Includes child support, rental assistance, Social Security Retirement, and TANF

Discussion

Progress on Project Goals

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

Housing placement. As of March 7, 2017, 96% (n=55) of HSSP clients[12] had been housed, which is 69% of the project's three-year goal of housing 80 clients. TRH records demonstrated that HSSP clients had a history of lengthy and repeated episodes of homelessness; in addition, clients had behavioral health and resource barriers that threatened the stability of any housing placement. Those barriers to housing stability were evident in the fact that one-quarter of clients returned to homelessness while enrolled in HSSP. The project's success is evident in the fact that nearly all of those individuals were housed again, in a placement they continued to occupy as of March 7, 2017.

Behavioral health treatment. As intended, the HSSP program targets clients with chronic substance abuse; on the ASAM, nearly all clients were assessed as needing an intensive outpatient or residential inpatient level of care. The majority had mental health diagnoses that complicated recovery, as well as limited resources in terms of positive social support. Despite these complications, HSSP staff provided therapeutic interventions to 51 clients to date. When considering all forms of recovery support, staff provided resources to 59 clients, which is 66% of the three-year goal. 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 food stamps at the end of the current reporting period and nearly half were enrolled in some public health insurance program. In keeping with the three-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. Of note, in many cases where a client's SSI/SSDI application 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.

[12] Although 60 clients were enrolled as of this date, housing enrollment data was only available for 57 clients.

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