Evaluation of the Housing Support and Stability (HSSP) Project

Bi-annual Report
October 2016

THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

COLLEGE OF SOCIAL WORK
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
UTAH COMMISSION ON CRIMINAL AND JUVENILE JUSTICE
S.J. QUINNEY COLLEGE OF LAW

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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. In 2012, United States Department of Housing and Urban Development (HUD) estimated that 16% of the U. S. homeless population could be classified as chronically homeless (HUD, 2013). The 2013 Utah Homeless Point-In-Time Count identified 495 chronically homeless persons, comprising three percent of the total homeless population in the state (Wrathall, Day, Ferguson, Hernandez, Ainscough, Steadman, et al., 2013). When compared to the general homeless population, the chronic population is characterized by a higher prevalence of mental illness, substance abuse, complex medical programs and service resistance (Rickards, McGraw, Araki, Casey, High, Hombs, et al., 2010).

The Housing Support and Stability Project (HSSP) targets chronically homeless persons in Salt Lake County, Utah, and builds on lessons learned during the evaluation of The Road Home's Chronic Homeless Services and Support Project (CHSH), which was a 3-year project started in 2011 (Sarver, Prince, Worwood, & Butters, 2014). In that project, clients received long-term, supported housing, including behavioral health treatment. In order to pay for treatment services, however, clients had to be enrolled in Medicaid. Over the course of the project, more than half of individuals referred to the program were ineligible for Medicaid because their primary diagnosis was a substance use disorder. This left a gap in services for those with an exclusive or primary diagnosis of a substance use disorder; this left a notable gap in services 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 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 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, 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 23 months of HSSP (October 1, 2014 through September 1, 2016). During the period covered in this report, the HSSP program enrolled 50[1] clients.

Client Characteristics

Demographics. Client demographics, collected on GPRA forms at Intake, are shown in Table 2. Just over half of clients were male (51%), ranging in age from 24 to 71 years (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[1]

Total Sample (N)	*47*
Male (%)	51
Age (Mn)	47
Latino/Latina (%, n)	19
Race (%)	
White	67
Black/African American	15
Asian	0
American Indian/ Alaska Native	22
Native Hawaiian/Pacific Islander	0
Veteran/ Served in Military (n)	0
Percent with children (%)	75
Number of children (Mn)	3

[1] As reported on GPRA forms

Education and employment. Education and employment data were collected on GPRA forms at Intake. Approximately one-third (36%) of clients had a high school diploma (or the equivalent); a similar percent (34%) had attended some college (see Table 3, p. 5). Several clients (9%) were employed at Intake; all of those were employed part-time. Of those who were not employed, the majority reported that they were not working due to a disability (47%).

[1] Data for the current report were pulled on September 1, 2016. Due to delays in entering data, information was not available for all 50 clients. Also, because of the heterogeneous databases used to compile this report, 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)	*47*
Education	
Enrolled in School or Job Training Program (%)	
Full-time	0
Part-time	2
Education Level (%)	
Less than High School	30
High School/Equivalent	36
Some College	34
Employment	
Employed (%)	9
Unemployed (%)	91
Looking for work	*26*
Disabled	*47*
Retired	*2*
Not looking for work	*26*

[1] As reported on GPRA forms

Homelessness and housing. Based on TRH shelter records[2], the vast majority (91%) of HSSP clients had stayed at The Road Home's Emergency Shelter for at least one night (see Table 4). In total, clients averaged 404 nights in the shelter since 1998[3], although that figure ranged from 1 to more than 1,000 nights. When looking at shelter use in the 12 months prior to HSSP enrollment, 72% of clients (n=33) had stayed in the shelter for at least one night (not in table). Within that timeframe, those clients averaged 82 shelter nights (number of nights ranged from 1 to 337). 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-fourth reported that the current episode was their only episode of homelessness in the past three years.

Table 4 History of Homelessness and Shelter Use

Total Sample (N)	*46*
Homeless Shelter Use Since 1998	
Stayed in the shelter at least one night (%)	91[1]
Total # of nights	16984
Min, Max	1, 1428
Average # of nights per client (Mn)	404
# Times Homeless in the Past 3 Years (%)	
4+ times	48
2-3 times	22
Current episode is the only one	26[2]

[2] Shelter records were available for 46 clients.

[3] While there is no way to determine how many clients have lived in Utah since 1998, half of HSSP clients with any shelter night (n=23) had stayed in the shelter for at least one night prior to June 30, 2011.

Total Sample (N)	*46*
More than 1 year continuously homeless in past 3 years (%)	70
Min, Max	2, 96

[1] Data were only available for nights spent in TRH shelter. Nights spent in other shelters or living on the street were not available.
[2] Number does not add to 100% due to missing data.

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 placement. Data collected on GPRA Intake forms shows that 21% of clients had lived primarily in a non-permanent situation (emergency shelter, street, or institution) in the month prior to Intake, while the remaining clients (79%) were living in a housing placement during that same time period (see Table 5). During the 6-month GPRA interview[4], relatively more clients reported being housed in the past 30 days (87%).

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

	Intake	*6-month*
Total Sample (N)	*47*	*31*
Living Situation		
Primary living situation during the past 30 days: (%)		
Shelter	13	0
Street/Outdoors	6	6
Institution	2	6
Housed	79	87
If housed, what type of housing: (%)		
Own/Rent apartment, room, or house	94[2]	96[2]
Someone else's apartment, room, or house	2	0
Other[3]	2	4

[1] Data taken from GPRA forms. At the end of the reporting period, 32 clients had completed a 6-month follow-up GPRA; however, one client refused to answer any questions.
[2] Figures calculated from the 37 clients who were housed on the Intake GPRA and 27 housed on 6-month GPRA.
[3] Includes transitional housing and residential treatment facility

Data recorded in TRH databases shows that, as of September 1, 2016, nearly all clients (98%)[5] had lived in a housing placement at some point during HSSP enrollment. Even with program support, however, clients' residential status can become unstable. When looking

[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 46 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.

at the housing enrollment closest to HSSP enrollment, 9% of clients exited the placement and returned to homelessness. Eleven percent (11%) exited the placement into a different housing program. When looking at a snapshot of clients' housing status as of September 1, 2016, a minority (13%; n=6) were identified in program data as not being housed.

Income. At Intake, one-fourth of HSSP clients (26%) reported no income, during the GPRA interview, within the past 30 days (Table 6). Of those with an income, the average monthly amount from all sources was $459. Despite that nearly three-fourths of clients reported some income within the preceding month, a substantial portion of HSSP clients had no regular source of income. Of clients reporting any income, just over half (60%) 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 $628 (not in table). Nearly half of clients with some recent income (44%) 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 $161 (not in table).

At the 6-month follow-up, 68% of clients reported some form of income in the previous month, with an average amount of $424. Almost three-fourths (71%) of those with any source of recent income reported at least one stable source; those clients' average monthly income was $534 (not in table). In contrast, clients with no source of stable income at the 6-month GPRA (29%) had an average monthly income of $102 (not in table).

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

Total Sample (N)	47	31
	Intake	6-months
Monthly Income		
Disability (%)	23	23
Amt (Mn[2])	$760	$748
Family/Friends (%)	11	17
Amt (Mn[2])	$204	$70
Non-legal (%)	21	17
Amt (Mn[2])	$126	$88
Public Assistance (%)	13	17
Amt (Mn[2])	$268	$249
Retirement (%)	2	3
Amt (Mn[2])	--	--
Other[3] (%)	11	7
Amt (Mn[2])	$115	$55
Wages (%)	11	10
Amt (Mn[2])	$497	$247
Any Income (%)	**74**	**68**
Amt (Mn[2])	**$459**	**$424**

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to any of the questions.

[2] The average monthly amount, of those who had 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 (96%) had been identified on the GPRA Intake assessment as having co-occurring mental health and substance use disorders. When looking at specific diagnoses (per the International Classification of Diseases (ICD)), 72% of clients had at least one substance-related diagnosis recorded in program data (Table 7). Of those, 71% were identified as having a drug-related diagnosis and 38% had an alcohol-related diagnosis (6% of clients had both drug and alcohol related diagnoses).

Among clients with a specific mental health diagnosis that was recorded in program data (40%), the most common diagnoses were mood disorders.

Table 7 ICD Diagnoses

Total Sample (N)	*47*
Mental Health Diagnosis (%)[1,2]	40
Anxiety Disorder[3]	21
Mood Disorder	63
Other	21
Any SUD Diagnosis (%)[1,2]	72
Alcohol Use Disorder[4]	38
Drug Use Disorder[4]	71

[1] Only includes diagnoses recorded in HSSP program data; clients likely have additional diagnoses that were not recorded in the current data set.

[2] Based on ICD-9 criteria, as recorded in HSSP program treatment data.

[3] Of those with a mental health diagnosis; total exceeds 100% because clients could have multiple diagnoses

[4] Of those with a substance use diagnosis; total exceeds 100% because clients could have multiple diagnoses

In addition to the ICD-9, 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 3 or more is considered positive; for men, a score of 4 or more is considered positive. At the time of the current report, 41 clients had completed the Audit-C, with more than half (63%) 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, 41 clients had been assessed using the DAST-10, with 71% 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

	Mn Score	*% Identified*[1]
Screening Tool		
AUDIT-C		
Male (n=24)	5	63
Female (n=17)	4	65
DAST-10		
Male (n=24)	5	63
Female (n=17)	5	82

[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.

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, 84% 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 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

Total Sample (N)	*42*[1]		
Risk Level	*% Low*	*% Med*	*% High*
ASAM Dimension			
Acute Intoxication and/or withdrawal potential	62	31	7
Biomedical conditions and complications	57	33	10
Emotional, behavioral or cognitive conditions and complications	24	62	14
Readiness to change	36	33	31
Relapse, continued use, or continued problem potential	19	43	38
Recovery environment	43	33	24

[1] Forty (42) clients had an ASAM assessment on file.

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). Of the 38 clients who had completed the LEC, 91% reported that

they had personally experienced at least one traumatic event (Mn=8; ranging from 0 to 14; not in table).

Clients were also screened for a history of trauma and ongoing psychological impact on the GPRA forms. At Intake, 87% 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 impact from that event.

With respect to recent victimization, 24% 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, 35% of clients reported at least one recent episode of physical violence.

Table 10 Impact of Violence and Trauma[1]

Total Sample (N)	*46*	*31*
Experienced violence or trauma in any setting (%)	87	77
As a result of that experience have you[2] (%)		
Had nightmares/intrusive thoughts	73	88
Tried hard to avoid thinking about it	83	83
Felt constantly on guard or watchful	85	79
Felt numb/detached from surroundings	75	92

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the questions.
[2] Only for those who answered yes to experience of violence or trauma (n=40 at Intake; n=24 at 6-month)

Recent alcohol and drug use. The majority of clients (77%) reported using drugs or alcohol within 30 days prior to program enrollment, which was expected given the program's target population. Information collected on GPRA forms showed that more than half (53%) 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 (61%), most commonly methamphetamine (35% of all clients) and marijuana (24% of all clients). GPRA substance use figures are largely replicated in program data, wherein 81% of clients indicated using substances at least 1-3 times during the last 30 days. In the program data, clients most commonly indicated that they were currently, or had formerly, abused alcohol (49%), methamphetamine (38%), heroin (17%), and marijuana (15%).

At the 6-month GPRA, 72% of clients indicated recent substance use (drug or alcohol). The most commonly reported drugs used were once again marijuana (29%) and meth (29%).

Table 11 Recent Alcohol and Drug Use[1]

	Intake	*6-month*
Total Sample (N)	*47*	*31*
During the past 30 days, have you used:		
Any alcohol (%)	53	61
Number of times (Mn)[1]	14	12
Alcohol to intoxication (5+ drinks in one sitting) (%)	40	32
Number of times (Mn)[1]	13	14
Alcohol to intoxication (4 or fewer drinks in one sitting, felt high) (%)	9	19
Number of times (Mn)[1]	5	4
Both alcohol and drugs (on the same day) (%)	28	32
Number of times (Mn)[1]	8	4
Any Illegal drugs (%)	62	52
Number of times (Mn)[1]	15	12
Injected drugs during the past 30 days (%)	13	16

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the questions.
[2] Of those reporting any use

At Intake, more than half of clients (58%) reported during the GPRA assessment that they had experienced extreme or considerable stress due to alcohol or drug use (Table 12). Almost half (43%) 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 (48%) or emotional problems (38%) due to drug or alcohol use.

Table 12 Emotional Impact of Alcohol and Drug Use[1, 2]

	Not at All	*Somewhat*	*Considerably*	*Extremely*
During the past 30 days (%)				
How stressful have things been for you because of your use of alcohol or other drugs?				
At Intake	11	32	24	34
At 6-month follow-up	24	28	28	20
Has your use of alcohol or drugs caused you to reduce or give up important activities?				
At Intake	49	27	16	8
At 6- month follow-up	36	44	16	4
Has your use of alcohol or other drugs caused you to have emotional problems?				
At Intake	30	27	24	19
At 6-month follow-up	29	33	21	17

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the questions.
[2] Percentages calculated from the clients who had consumed alcohol or drugs in the preceding 30 days (9 were N/A at Intake; 7 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). Approximately half (51%) 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

(68%). Almost half (46%) of clients relied on family or friends for assistance during a crisis, although one-third of clients reported having no one to rely on, in both the Intake (33%) and 6-month GPRA interviews (30%).

Table 13 Support Systems of HSSP Clients[1]

	Intake	*6-month*
Total Sample (N)	*47*	*31*
During the past 30 days have you (%)		
Attended any voluntary self-help groups (e.g., AA, NA)	11	16
Attended any religious/faith affiliated recovery self-help groups	9	10
Attended any other meetings that support recovery	6	10
Had interaction(s) with family/friends that are supportive of recovery	51	68
To whom do you turn when having trouble (%)		
No one	33	30
Family Member	22	30
Friends	24	23
Social Services Staff	20	17

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the questions.

Use of medical services. The most common type of medical treatment accessed by HSSP clients during the month prior to Intake was outpatient services (Table 14; 38% had received some treatment in the 30 days prior to Intake). Despite the fact that all clients had co-occurring diagnoses, relatively few had recently accessed any type of substance abuse or mental health treatment. In addition to behavioral health needs, TRH records show that 68% of clients self-reported having other chronic health conditions (including 28% with a physical disability and 34% with a developmental disability; not in table). Despite such complex medical needs, 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; not in table). 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 Services[1]

	Intake	*6-month*
Total Sample (N)	*47*	*31*[2]
Inpatient Treatment (%)		
For any reason	17	10
Physical complaint	9	3
Mental or emotional difficulties	2	0
Alcohol or substance abuse	9	10

	Intake	*6-month*
Total Sample (N)	*47*	*31*[2]
Outpatient Treatment		
For any reason	38	65
Physical complaint	23	26
Mental or emotional difficulties	21	55
Alcohol or substance abuse	4	42
Emergency Room (ER) Treatment		
For any reason	21	23
Physical complaint	17	19
Mental or emotional difficulties	0	0
Alcohol or substance abuse	6	3

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the 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, 9% of clients reported being arrested during the month prior to Intake. Sixty-two percent (62%) of clients admitted that they committed a crime, including self-reported illegal drug use, during the month prior to Intake; some reported committing multiple crimes (Mn=10). At the 6-month follow-up, a similar percentage of clients had been arrested in the previous month while 53% had committed a crime, including self-reported illegal drug use.

Table 15 Self-Reported Criminal Justice Involvement

	Intake	*6-month*
Total Sample (N)	*47*	*31*
During the past 30 days have you		
Been arrested for any reason (%)	9	10
# times arrested (Mn)	1	1
Spent at least one night in jail or prison (%)	4	10
# nights spent in jail or prison (Mn)	2	17
Been arrested for drug-related offense(s) (%)	2	0
# times arrested for drug-related offenses (Mn)	--	--
Committed a crime (%)	62	53
# times committed a crime (Mn)	10	6
Are you		
Currently awaiting charges, trial, or sentencing (%)	30	26
Currently on parole or probation (%)	11	23

[1] As reported on GPRA forms; 32 individuals had 6-month GPRAs but 1 refused to answer any of the 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[6]. Just over two-thirds of clients (31 of 46, 67%) 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 31 HSSP clients accounted for 95 jail bookings and 2,739 nights spent in jail during this two-year period prior to intake. The majority of new charges were misdemeanors (90% of all charges) and the most common pre-intake charge type was public order offenses (46% 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 = 466, SD = 163) 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 29 jail bookings and 792 nights spent in jail. Over one-quarter (28%) of clients had a new charge post-start and 80% of these new charges were misdemeanors. Similar to the pre-intake period, public order offenses were the most common post-program start (51%).

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

Total Sample (N)	*46*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
At least one jail booking for (% (n)):		
Any reason[3]	67 (31)[4]	35 (16)
New charge(s)	54 (25)	28 (13)
Warrant(s)	65 (30)	33 (15)
Commitment(s)	37 (17)	15 (7)
Of those with Any[3] booking(s):		
Min, Max number of bookings *per client*	1, 24	1, 15
Number of bookings *per client* (Mn (SD))	5 (5)	3 (4)
Number of bookings for *entire sample* (sum)	160	55
Nights spent in jail *per booking* (Mn (SD))	17 (40)	14 (26)
Nights spent in jail *per client* (Mn (SD))	88 (105)	50 (68)
Nights spent in jail for *entire sample* (sum)	2,739	792
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))	6 (7)	3 (2)
Number of NC bookings for *entire sample* (sum)	95	29
Number of charges for entire sample (sum)	160	39
Charge Severity/Degree (n):		
1st Degree Felony	1	0
2nd Degree Felony	4	2

[6] Jail data were available through September 30, 2016; all other data used in report were pulled through September 1, 2016.

Total Sample (N)	*46*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
3rd Degree Felony	11	6
Class A Misdemeanor	19	3
Class B Misdemeanor	53	10
Class C Misdemeanor	72	18
Charge Type (n):		
Person	10	2
Property	32	5
Drug	30	8
Public Order	74	20
Open Container[5]	*3*	*0*
Public Intoxication[5]	*44*	*5*
Commercial Sex	1	0
Traffic	2	0
Obstruction	11	4
Other	0	0

[1] Jail data was available through 9/30/16

[2] Follow-up timeframes for post-start jail bookings vary by client, ranging from 14 to 492 days (Mn = 466, SD = 163, Min = 205, Max = 675)

[3] Does not include holds

[4] 31 of 46 clients (67%) had jail events during the two-year time period relevant to this table; 44 of 46 clients (96%) 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. HSSP records show that staff had weekly contact with clients (average of 8 days between contacts; see Table 17); however, almost one-third of case notes (30%) 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 6 days. Between November 2014 (when the first client was enrolled) and September 1, 2016, staff spent 223 hours, collectively, in unsuccessful attempts to provide services to clients[7]. 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 specific effort in order to develop and maintain clients' engagement in treatment. When looking only at contacts where staff was able to meet with clients, interactions lasted 28 minutes on average[8][9].

[7] Amount of time spent trying to contact client was available for 74% of attempted contacts.

[8] Amount of time spent with client was available for 83% of actual contacts.

[9] Of note, the amount of time spent in actual contact (vs attempted contact) was 88% of time.

Table 17 HSSP Contacts

Total Sample (N)	*47*
	Mn
Days enrolled in HSSP as of 9/11/2016[1]	369
(Min, Max)	(29, 646)
Average number of contacts per client:[2]	71
(Min, Max)	(3, 283)
Average minutes per contact:[3]	28
Days between contacts:	
Actual contact	8
Contact or attempt	6

[1] Three clients had no recorded enrollment date; date of first contact was used to calculate length of enrollment for those clients.
[2] Excludes times when staff attempted to make contact but could not locate client (called "no shows"). On average, 46 HSSP clients had 20 "no shows" each (ranging from 1 to 78 per client).
[3] 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 need, service 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 3,000 case notes created since the inception of HSSP[10].

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)).

[10] 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.

Program Activity and Description
Medical
Activities related to diagnosing, managing, and treating clients' mental health medical needs. This includes assessment, providing prescriptions, psycho-education, and helping clients fulfill prescriptions and organize medications. This also includes facilitating and assisting clients' ability to access treatment for other medical needs, such as: scheduling appointments, providing transportation, and sitting in on appointments to help clients interpret information.
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 72% of contacts (including attempted contacts). Table 19 shows the types of services clients received from HSSP. In keeping with program goals, nearly all clients (96%) had 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 (57% 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. Nearly all clients (98%) had regular contact with the PSS and one-quarter (30%) participated in support groups facilitated by the PSS. HSSP staff worked conjointly with housing case managers in 9% of client contacts (not in table).

As noted in the previous report (from April 2016), the HSSP project's APRN position has been vacant for more than one year, 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 are tended to by staff from The Fourth Street Clinic.

While these 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

Total Sample (N)		*47*
	% of clients	# of services
		Mn (Min, Max)
Topic Addressed		
Assessment	85	3 (1, 9)
Basic needs	68	6 (1,16)
Case management	91	13 (1, 49)
Criminal justice	49	8 (1, 61)
Medical	87	7 (1, 24)
Peer support	98	13 (1, 53)
Group support	30	3 (1, 10)
Therapy	96	24 (1, 86)
Individual[1]	*100*	*20 (1, 68)*
Crisis	*57*	*7 (1, 29)*
Transportation	66	6 (1, 24)

[1] Among those who received any therapy

Other services. As noted earlier, HSSP clients were concurrently enrolled in supported housing programs for chronically homeless persons, at least for some portion of their HSSP enrollment. Clients were, therefore, receiving case management and support services from at least two programs. While enrolled in HSSP, all 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. One-third of clients (30%) spent at least one night in the TRH shelter while enrolled in HSSP (ranging from one to 71 nights, with an average of 17 nights).

Table 20 Other Services Provided by TRH[1]

Total Sample (N)	47	
	% of clients	# of services
		Mn (Min, Max)
Topic Addressed		
Basic needs	63	9 (1, 39)
Case management	100	66 (1, 206)
Crisis management	37	2 (1, 6)
Emergency Shelter	30	7 (1, 28)
Housing	24	2 (4, 21)
Transportation	76	13 (1, 47)

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

Benefits Enrollment

Table 21 presents a snapshot view of clients' change in benefits status as of September 1, 2016. Approximately half of clients (54%) 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 does work 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

Total Sample (N)				*47*
	Intake[1]	*Active*[2]	*Applied*[3]	*Denied*
Mainstream Benefit Type (%)				
Medical[4]	22	54	0	26
SSI/SSDI	20	30	20	37
Food Stamps	52	72	2	0
General Assistance	13	11	0	0

[1] Enrolled in benefits at HSSP Intake, as recorded in TRH records
[2] Enrolled in benefits on September 1, 2016
[3] Client has an open application, including an appeal subsequent to a denial
[4] Client has medical insurance, whether Medicaid, Medicare, or other

Discussion

Progress on Project Goals

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

Housing placement. As of September 1, 2016, 45 HSSP clients[11] had been housed, which is 75% 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 (9%, as noted on page 6), 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 45 clients to date, which is three-fourths of the program goal for the second year. 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 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.

[11] As noted earlier, 50 clients were actually enrolled as of this date; however, information on housing enrollments was not available for all clients at the time of the data pull.

References

Gaetz, S. (2012). *Substance use and addiction: Harm reduction*. Washington, DC: Substance Abuse and Mental Health Services Administration (SAMHSA).

Alvaro, C., Henry, M., de la Cruz, R. J., & Brown, S. (2012). *Volume 1 of the 2012 annual homeless assessment report to Congress*. Washington, DC: Abt Associates and the U. S. Department of Housing and Urban Development.

Miller, W. R., Meyers, R. J., & Tonigan, J. S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members. *Journal of Consulting Clinical Psychology, 67,* 688-697.

Morrissey, J. P., & Ellis, A. R. (2005). Outcomes for women with co-occurring disorders and trauma: Program and person-level effects. *Journal of Substance Abuse Treatment, 28*(2), 121-133.

Rickards, L. D., McGraw, S. A., Araki, L., Casey, R. J., High, C. W., Hombs, M., et al. (2010). Collaborative initiative to help end chronic homelessness: Introduction. *Journal of Behavioral Health Services & Research, 37*(2), 149-166.

Sarver, C. M., Prince, K. P., Worwood, E. B., & Butters, R. P. (2014). *Evaluation of the Chronic Homeless Services and Housing Project: Final report*. Salt Lake City, UT: Utah Criminal Justice Center, University of Utah.

Stefancic, A., & Tsemberis, S. (2007). Housing first for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. *Journal of Primary Prevention, 28,* 265-279.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 4,* 651-656.

Wrathall, J., Day, J., Ferguson, M., Hernandez, A., Ainscough, A., Steadman, K., et al. (2013). *Comprehensive report on homelessness*. Salt Lake City, UT: Utah Housing and Community Development Division, State Community Services Office.