Evaluation of the Housing Support and Stability (HSSP) Project

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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[2]:

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

[2] The project was granted a no cost extension; as such, the final report will be issued in April, 2018.

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 35 months of HSSP (October 1, 2014 through September 7, 2017). During the period covered in this report, the HSSP program enrolled 76[3] clients.

Client Characteristics

Demographics. Client demographics, collected on GPRA forms at Intake, are presented in Table 2. Half of HSSP clients were male (51%), ranging in age from 20 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=42 years for females). The majority of clients identified as White (72%); one-fifth identified as American Indian (19%). None of the clients were veterans, although 27% had at least one family member who had served in the military (not in table). Comparatively more females (86%) than males (63%) had children; females also had more children on average (Mn=3.9 for females and Mn=2.5 for males).

Table 2 Demographics at Intake[1]

Total Sample (N)	*74*[2]
Male (%)	51
Age (Mn)	46
Latino/Latina (%)	15
Race (%)	
White	72
Black/African American	10
Asian	0
American Indian/ Alaska Native	19
Native Hawaiian/Pacific Islander	0
Veteran/Served in Military (%)	0
Have children (%)	74
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.
[2] Two additional clients were enrolled in HSSP as of the date the data was pulled; however, they had not completed the GPRA interview at the time of the data pull.

Education and employment. Education and employment data were collected on GPRA forms at Intake. Approximately one-third (37%) 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 (42% compared to 32% of males) while relatively more males had

[3] Data for the current report were pulled on September 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.

some post-high school education (34% compared to 25% of females; not in table). The vast majority of clients (92%) were not employed, most commonly due to a disability (46%).

Table 3 Education and Employment[1]

Total Sample (N)	*74*
Education	
Enrolled in School or Job Training Program (%)	
Full-time	1
Part-time	4
Education Level (%)	
Less than High School	33
High School/Equivalent	37
Some College	12
College degree	18
Employment	
Employed (%)	8
Unemployed (% (n))	92
Looking for work	*22*
Disabled	*46*
Retired	*1*
Not looking for work	*29*

[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[4], the majority (87%) of HSSP clients had stayed at TRH's Emergency Shelter for at least one night since 1998 (see Table 4). In total, those clients averaged 431 nights in the shelter, although that figure ranged from one to 1,428 nights. When looking at shelter use in the 12 months prior to HSSP enrollment, 64% of clients 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%) had a recorded shelter stay that occurred between 1998 and 2011. Those clients averaged 333 shelter nights during that 13-year period, ranging from four to 1,045 nights (not in table).

Table 4 History of Homelessness and Shelter Use

Total Sample (N)	*75*
Homeless Shelter Use Since 1998	
Stayed in the shelter at least one night (%)	87[1]
Total # of nights	28,426
Min, Max	1, 1428
Average # of nights per client (Mn)	431[2]

[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] Mean number of shelter nights for the 65 clients who had stayed at least one night.

[4] Shelter records were available for 75 clients.

Current living situation. HSSP clients were recruited from the community's chronic homeless programs (CHP); enrollment into HSSP typically occurred within 90 days of placement into a permanent supported housing setting. Data collected on GPRA Intake forms shows that the majority of clients (84%) were living in a housing placement in the month prior to HSSP enrollment (see Table 5). The remaining clients (17%) had lived 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 was reflected in the fact that 13% of clients were not housed during the 30 days prior to the 6-month GPRA[5], similar to the percentage of clients that were not housed at Intake.

When looking at clients' history of housing stability since inception of the project (rather than just the previous month), data recorded in TRH databases shows that nearly all clients (99%)[6] were housed at some point during HSSP enrollment. As of September 7, 2017, 88% of clients were currently housed[7] and 12% were currently homeless[8]. Of those who were currently housed, 14% had experienced at least one episode of homelessness during HSSP enrollment, meaning they were housed and then homeless and then housed again. The most common reason that clients exited a housing placement to homelessness was non-compliance with the rules of the housing placement.

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

	Intake	*6-month*
Total Sample (N)	*74*	*47*
Living Situation		
Primary living situation during the past 30 days: (%)		
Shelter	11	2
Street/Outdoors	4	4
Institution	1	6
Housed	84	87
If housed, what type of housing: (%)	*62*	*41*
Own/Rent apartment, room, or house	97[2]	98[2]
Someone else's apartment, room, or house	2	0
Other[3]	2	2

[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 62 clients who reported living in a house on the Intake GPRA and 41 living in a house at the 6-month GPRA.
[3] Includes transitional housing and residential treatment facility

[5] Intake and 6-month GPRA results cannot be directly compared in order to characterize client change or program impact; the Intake and 6-month figures provide a snapshot of two different groups of clients at two points in time.
[6] Of the 75 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.
[7] These figures include two clients who died with an open housing enrollment.
[8] Includes those who exited placement to emergency shelter, motel paid for by the shelter, a place not meant for human habitation, or to a jail/hospital if the stay resulted in the loss of a housing placement.

Income. At Intake, one-fifth of HSSP clients (20%) reported no income within the past 30 days (Table 6). Among clients reporting any income, more than half (57%) 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 $606 (not in table). One-fourth of clients (23%) with some recent income 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 $140 (not in table).

At the 6-month follow-up, 68% of clients reported some form of income in the previous month. Less than half (47%) of those with any recent income reported at least one stable source; those clients' average monthly income was $575 (not in table). In contrast, clients whose only income was from unstable sources (18%) had an average monthly income of $128 (not in table).

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

Total Sample (N)	74	47
	Intake	6-month
Monthly Income		
Disability (%)	26	23
Mean[2] (Min, Max)	$788 (385, 1400)	$710 (385, 996)
Family/Friends (%)	10	13
Mean[2] (Min, Max)	$166 (20, 800)	$79 (20, 120)
Non-legal (%)	16	15
Amt (Mn, Range)[2]	$118 (3, 250)	$123 (20, 300)
Public Assistance (%)	24	13
Mean[2] (Min, Max)	$268 (20, 735)	$241 (190, 287)
Retirement (%)	3	2
Mean[2] (Min, Max)	--	--
Other[3] (%)	8	4
Mean[2] (Min, Max)	$96 (1, 260)	$55 (40, 70)
Wages (%)	10	13
Mean[2] (Min, Max)	$598 (80, 1400)	$532 (140, 1100)
Any Income (%)	**80**	**68**
Mean[2] (Min, Max)	**$485 (1, 1400)**	**$459 (40, 1100)**

[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 majority of HSSP clients (81%) had been identified on GPRA Intake assessments as having co-occurring mental health and substance use disorders[9]. Two-thirds of clients (67%) also had a mental health assessment recorded in HSSP program data; of those, almost half (43%)

[9] The actual percentage is probably closer to 100%. Of 60 clients who had been screened, 59 (98%) were identified as having co-occurring substance abuse and mental health disorders.

were identified with a specific mental health diagnosis, most commonly a mood disorder (64%). In addition, 78% of clients with an assessment had at least one substance-related diagnosis (Table 7). Of those, 100% were identified as having a drug-related diagnosis and 35% had an alcohol-related diagnosis (in HSSP program data, all clients with an alcohol-related diagnosis also had a drug-related diagnosis; not in table).

Table 7 ICD-10 Diagnoses

Total Sample (N)	*51*[1]
Mental Health Diagnosis (%)[1,2]	43
Anxiety Disorder[3]	23
Mood Disorder	64
Other	23
Any SUD Diagnosis (% (n))[1,2]	78
Alcohol Use Disorder[4]	35
Drug Use Disorder[4]	100

[1] 51 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 Alcohol Use Disorders Identification Test (AUDIT-C) and the Drug Abuse Screening Test (DAST-10). 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, 64 clients had completed the Audit-C at Intake, 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 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, 67 clients had completed the DAST-10 at Intake, with 67% 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. At Intake, mean scores on the AUDIT-C were higher for males relative to females; mean scores on the DAST-10 were higher for females relative to males.

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	3.6	59	5.3	66
Follow-up	2.2	41	4.7	52
DAST-10[3]				
Intake	5.0	77	3.7	56
Follow-up	3.3	39	3.1	46

[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] 29 females had an AUDIT-C assessment at Intake; 17 had a follow-up assessment. 35 males had an AUDIT-C assessment at Intake; 23 had a follow-up.

[3] 31 females had a DAST-10 assessment at Intake; 23 had a follow-up assessment. 36 males had a DAST-10 assessment at Intake; 28 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, 66% 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. Within the third ASAM dimension, Emotional, Behavioral, or Cognitive Conditions and Complications, only 20% of clients were characterized as having mental health conditions that were well managed. Clinician comments suggested that many clients experienced trauma, had low insight into their mental illness, or low compliance with mental health treatment. Within the fifth ASAM dimension, Relapse, Continued Use, or Continued Problem Potential, clients reported their current period of sobriety had lasted between 7 months and no longer than 2 years. Clinician comments indicated that many clients had had multiple prior treatment episodes, with subsequent relapses, and were therefore concerned about managing threats to their sobriety. Threats to recovery included negative peer influences, inadequate coping skills, and lack of financial resources. Familial issues, stress, lifestyle changes, loneliness, pain, and the loss of familiar routines (due to being housed and/or being sober) were identified as potential triggers to relapse.

Within the sixth ASAM dimension, Recovery/Living Environment, comments indicated that two-thirds of clients 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). Clinical comments in this dimension often cited clients' struggles with peer pressure, including enjoying the social aspects of substance use and difficulty maintaining boundaries with

peers. Some clients cited rules against substance use by their housing placement, but many felt those rules were difficult to enforce.

Table 9 ASAM Levels at Intake

Total Sample (N)	*50*[1]		
Risk Level	*% Low*	*% Med*	*% High*
ASAM Dimension			
Acute Intoxication and/or withdrawal potential	68	24	8
Biomedical conditions and complications	56	36	8
Emotional, behavioral or cognitive conditions and complications	26	56	18
Readiness to change	40	32	28
Relapse, continued use, or continued problem potential	22	40	38
Recovery environment	44	36	20

[1] 50 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. Of those who reported any recent substance use, the average days of use was 27. Almost half (45%) of clients reported using alcohol at least once in the month prior to Intake (see Table 10). A larger percentage of clients reported recent drug use at Intake (54%), most commonly methamphetamine (31% of all clients; 58% of clients with any drug use) and marijuana (22% of all clients; 40% of clients with any drug use). At the 6-month GPRA, 67% of clients indicated recent substance use (drug or alcohol), averaging 24 days of use. The most commonly reported drugs used were once again marijuana (18% of all clients; 43% of clients with any drug use) and meth (22% of all clients; 52% of clients with any drug use).

Table 10 Recent Alcohol and Drug Use[1]

	Intake	*6-month*
Total Sample (N)	*74*	*47*
During the past 30 days, have you used:		
Any alcohol (%)	45	57
Number of times (Mn)[2]	14	14
Alcohol to intoxication (5+ drinks in one sitting) (%)	34	39
Number of times (Mn)[2]	14	16
Alcohol to intoxication (4 or fewer drinks in one sitting, felt high) (%)	7	16
Number of times (Mn)[2]	5	5
Both alcohol and drugs (on the same day) (%)	19	29
Number of times (Mn)[2]	9	5
Any Illegal drugs (%)	54	43
Number of times (Mn)[2]	15	13
Injected drugs during the past 30 days (%)	12	15

[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 (53% of males and 36% of females; not in table) and follow-up (69% of males and 44% of females; not in table). Males and females had similar rates for recent consumption of illegal drugs at Intake (55% of males and 53% of females; not in table), and both showed lower rates of use at follow-up, with 46% of males and 39% of females endorsing recent use. Among the clients who had recently used illegal drugs and alcohol on the same day (21% of males and 17% of females), those rates were larger at the follow-up interview (27% of males and 30% of females).

Impact of substance use. At Intake, almost half of clients (44%) reported that they had experienced extreme or considerable stress due to alcohol or drug use (Table 11). One-third (34%) reported that recent alcohol or drug use had caused considerable or extreme emotional problems. When looking only at clients who endorsed recent substance use (in past 30 days) at Intake, 62% felt considerable or extreme stress, 29% had given up important activities, and 48% reported emotional problems (not in table). 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. When looking only at clients who endorsed recent substance use (in past 30 days) at the 6-month follow-up, 58% felt considerable or extreme stress, 33% had given up important activities, and 45% reported emotional problems (not in table).

Table 11 Emotional Impact of Alcohol and Drug Use[1]

	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?				
Intake	14	19	18	26
6-month	12	29	22	16
Has your use of alcohol or drugs caused you to reduce or give up important activities?				
Intake	34	20	8	11
6- month	22	33	18	4
Has your use of alcohol or other drugs caused you to have emotional problems?				
Intake	24	15	18	16
6-month	18	29	18	12

[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 58 clients who had completed the LEC, 97% reported that they had personally experienced at least one traumatic event (Mn=7; ranging from 0 to 14; not in table). When comparing LEC results by gender, 100% of women had personally experienced at least one

traumatic event (Mn=8) and 93% of men (Mn=6) had experienced at least one traumatic event.

Table 12 Impact of Violence and Trauma[1]

Total Sample (N)	*74*	*47*
	Intake	6-month
Experienced violence or trauma in any setting (%)	87	78
As a result of that experience have you[2] (%)		
Had nightmares/intrusive thoughts	72	90
Tried hard to avoid thinking about it	86	82
Felt constantly on guard or watchful	89	84
Felt numb/detached from surroundings	73	82

[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.

Clients were also screened for a history of trauma and ongoing psychological impact on GPRA forms. At Intake, 87% of clients indicated that they had a lifetime history of violence or trauma (Table 12). Of those, the vast 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, 22% 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, 32% of clients reported at least one recent episode of physical violence.

Social connectedness. Very few clients had attended any type of recovery support group in the 30 days prior to Intake (Table 13). Approximately half (60%) 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 (42%) 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 (23%) at the 6-month GPRA interview.

Table 13 Support Systems of HSSP Clients[1]

	Intake	*6-month*
Total Sample (N)	*74*	*47*
During the past 30 days have you (%)		
Attended any voluntary self-help groups (e.g., AA, NA)	14	21
Attended any religious/faith affiliated recovery self-help groups	8	9
Attended any other meetings that support recovery	10	9
Had interaction(s) with family/friends that are supportive of recovery	60	68

	Intake	*6-month*
Total Sample (N)	*74*	*47*
To whom do you turn when having trouble (%)		
No one	32	23
Family Member	24	32
Friends	18	28
Social Services Staff	20	15

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

Physical health and use of medical services. Self-report data, collected at Intake, provides insight into clients' beliefs about their own health status. Table 14 shows that almost half clients indicated that they had a chronic health condition (frequently diabetes, cancer, or Hepatitis C) and one-third described themselves as having a physical disability (primarily chronic pain resulting from untreated fractures, frostbite, or other injuries that were not treated). While the number of clients reporting drug and alcohol abuse is similar to the numbers reported in Table 14 (which were based on clinical assessments), the numbers with a mental health diagnosis are higher (82% compared to 43%). This disparity may reflect clients' stress or anxiety about homelessness or substance use; such symptoms may not reach the level of a clinical diagnosis, but nonetheless may have impacted clients' sense of emotional well-being.

Table 14 Self-Reported Health Conditions

Total Sample (N)	*71*[1]
Health Concerns (%)	
Alcohol abuse	41
Chronic health condition	44
Developmental disability	4
Drug abuse	69
Mental health	82
Physical disability	30

[1] 71 clients had and assessment recorded in program data; results are self-report.

The most common type of medical treatment accessed by HSSP clients during the month prior to Intake was outpatient services (Table 14; 34% 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. Despite complex medical needs, detailed in Table 14, only 23% of clients had received recent outpatient treatment for physical health conditions at Intake, 9% had been hospitalized and 18% had visited an emergency room for physical health needs. While barriers to accessing treatment were not available in the current data, the figures in Table 15 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 (38%) or alcohol or substance abuse (30%).

When asked to rate their own health status at Intake, 32% of clients rated it as "poor" and 31% rated it as "fair." Those figures were largely unchanged at the 6-month follow-up, wherein 30% rated their health status as "poor" and 30% rated it as "fair."

Table 15 Recent Use of Medical Services[1]

	Intake	*6-month*
Total Sample (N)	*74*	*47*
Inpatient Treatment (%)		
For any reason	20	13
Physical complaint	9	2
Mental or emotional difficulties	4	0
Alcohol or substance abuse	8	13
Outpatient Treatment (%)		
For any reason	34	49
Physical complaint	23	21
Mental or emotional difficulties	15	38
Alcohol or substance abuse	4	30
Emergency Room (ER) Treatment (%)		
For any reason	22	17
Physical complaint	18	15
Mental or emotional difficulties	1	0
Alcohol or substance abuse	4	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.

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, 8% 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=16). At the 6-month follow-up, a similar percentage (6%) of clients had been arrested in the previous month while 45% had committed a crime, including self-reported illegal drug use.

Table 15 Self-Reported Criminal Justice Involvement

	Intake	*6-month*
Total Sample (N)	*74*	*47*
During the past 30 days have you:		
Been arrested for any reason (%)	8	6
# times arrested (Mn)	1	1
Spent at least one night in jail or prison (%)	4	9
# nights spent in jail or prison (Mn)	2	20

	Intake	*6-month*
Total Sample (N)	*74*	*47*
Been arrested for drug-related offense(s) (%)	1	0
# times arrested for drug-related offenses (Mn)	--	--
Committed a crime (% (n))	55	45
# times committed a crime (Mn)	16	12
Are you currently:		
Awaiting charges, trial, or sentencing (% (n))	27	26
On parole or probation (% (n))	14	17

[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. For this outcome, clients were only considered if they had a program intake date preceding the most recent available date for which ADC data were available (i.e., 9/30/2017). For this report, and in contrast to the last report, zero clients were removed from the analysis because they had intake dates after this date.

Almost two-thirds of the clients (45 of 75, 60%) 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 45 HSSP clients accounted for 226 jail bookings and 3,425 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 (47% 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, less severe 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 = 542, SD = 317) 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 117 jail bookings and 1,735 nights spent in jail. Over one-third (37%) of clients had a new charge post-start and 79% of these new charges were misdemeanors or infractions. Similar to the pre-intake period, public order offenses were the most common post-program start (38%).

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

Total Sample (N)	*75*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
At least one jail booking for (% (n)):		
Any reason[3]	60 (45)[4]	37 (28)
New charge(s)	48 (36)	28 (21)
Warrant(s)	57 (43)	35 (26)
Commitment(s)	28 (21)	15 (11)

Total Sample (N)	*75*	
Jail Bookings Prior to and After Program Start	2 Years Prior	Post-Start[2]
Of those with Any[3] booking(s):		
Min, Max number of bookings *per client*	1, 24	1, 23
Number of bookings *per client* (Mn (SD))	5 (5)	4 (4)
Number of bookings for *entire sample* (sum)	226	117
Nights spent in jail *per booking* (Mn (SD))	15(37)	15 (32)
Nights spent in jail *per client* (Mn (SD))	76 (100)	62 (103)
Nights spent in jail for *entire sample* (sum)	3,425	1,735
Of those with New Charge (NC) booking(s):		
Min, Max number of NC bookings *per client*	1, 23	1, 11
Number of NC bookings *per client* (Mn (SD))	6 (6)	4 (3)
Number of NC bookings for *entire sample* (sum)	134	63
Number of charges for entire sample (sum)	228	92
Charge Severity/Degree (n):		
1st Degree Felony	1	0
2nd Degree Felony	4	3
3rd Degree Felony	18	16
Class A Misdemeanor	22	8
Class B Misdemeanor	70	31
Class C Misdemeanor	113	32
Infraction	0	2
Charge Type (n):		
Person	15	7
Property	51	17
Drug	35	21
Public Order	107	34
Open Container[5]	*7*	*0*
Public Intoxication[5]	*58*	*10*
Commercial Sex	1	0
Traffic	5	2
Obstruction	13	9
Other	1	0

[1] Jail data were available through 9/30/17

[2] Follow-up timeframes for post-start jail bookings vary by client, ranging from 37 to 1,040 days (Mn = 542, SD = 317); because of this variation, the two columns are not comparable.

[3] Does not include holds

[4] 45 of 75 clients (60%) had jail events during the two-year pre-intake time period relevant to this table; 67 of 75 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 250 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., 250 days pre compared to 250 days post). Pre-post timespans varied greatly across persons as described in Table 16 above, but were equivalent within-person for this analysis.

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 count (i.e., number of occurrences) 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 count or number of clients with the specific value of the outcome shown on the x-axis.
- Densities represent the number of people with a particular outcome value; as such, each plot shows the count or number 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; all differences were in the anticipated direction.

Consider Figure 1 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. 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. Looking at the posttest values, 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 posttest; 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=.001), 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

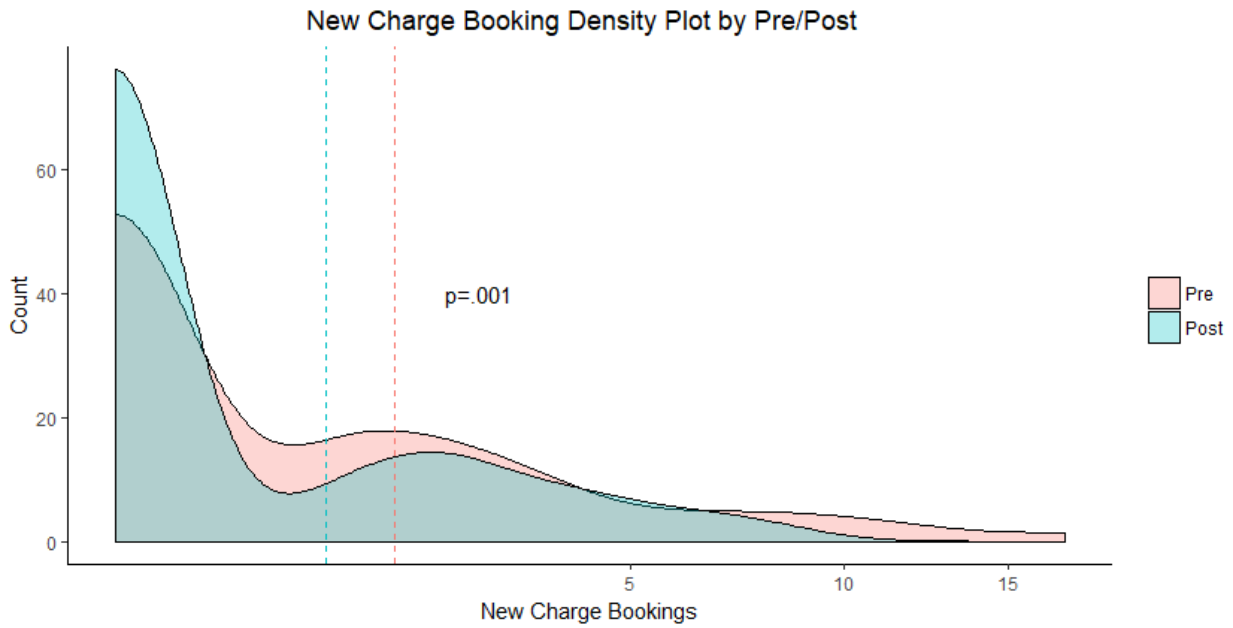
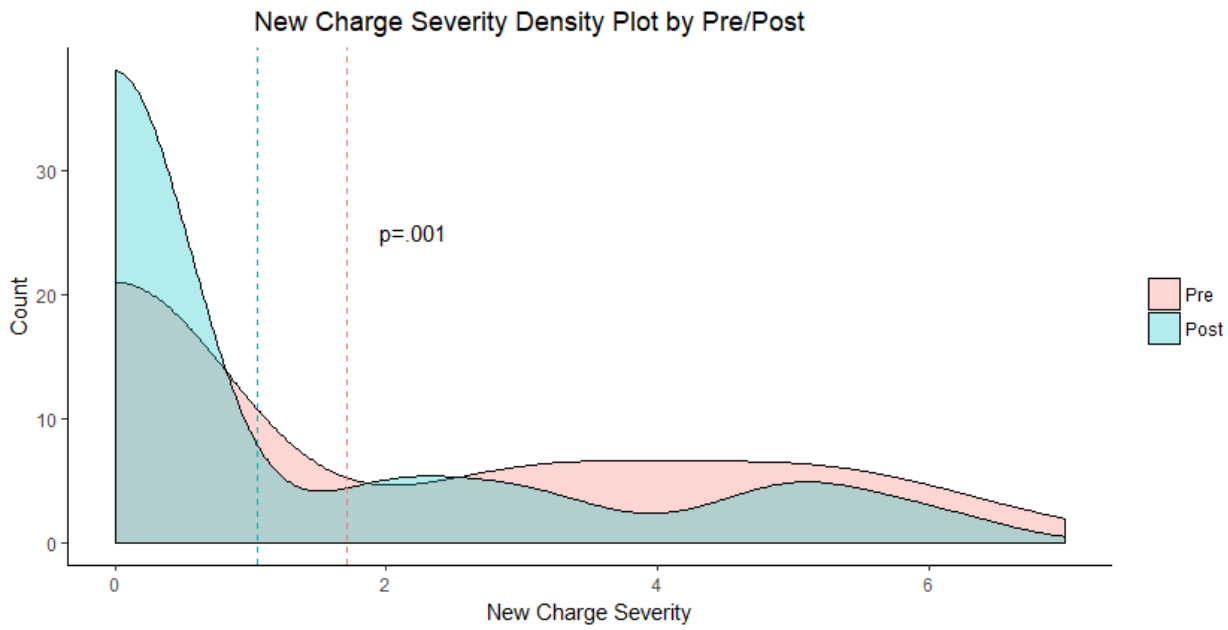


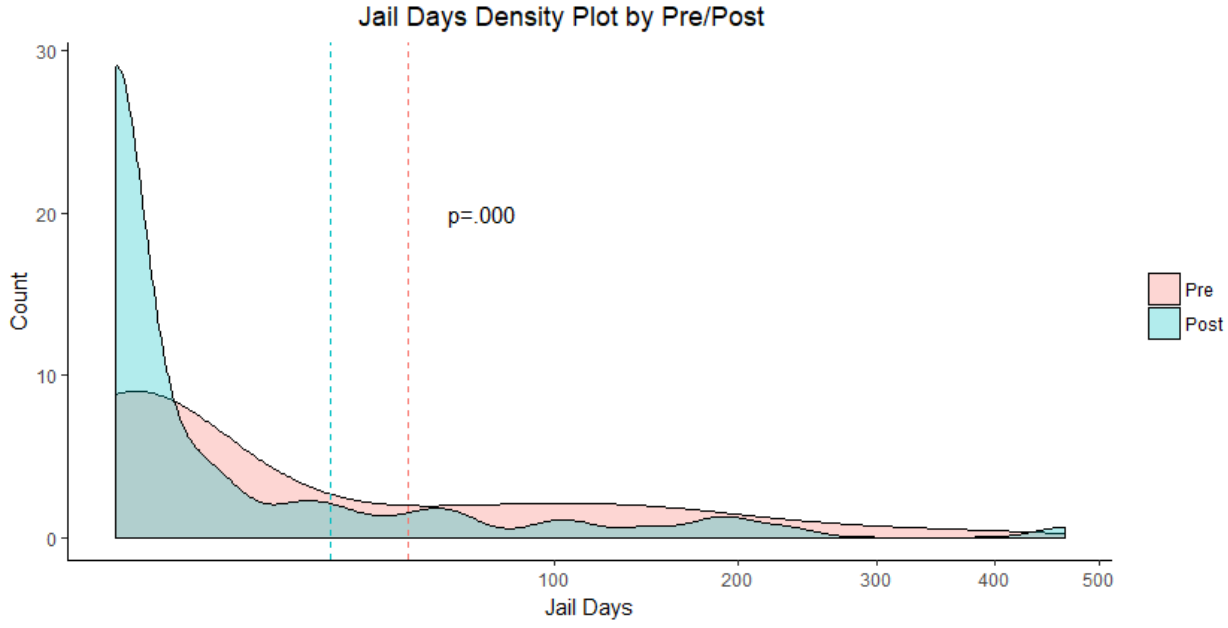
Figure 2 below provides results for the analysis of the maximum severity of offenses by time-period. Note that, though not technically a count variable, crime severity is distributed as a count variable and can be reasonably modeled as such given its distributional form (though the outcome is admittedly not represented by interval data). Crime severity ranges across the following values: 0 (no crime), 1 (infraction), 2 (class C misdemeanor), 3 (class B misdemeanor), 4 (class A misdemeanor), 5 (third degree felony), 6 (second degree felony, and 7 (first degree felony). Therefore, higher means are less desirable on the outcome and indicate a crime of greater severity.

The figure, with corresponding vertical lines, shows that the mean post-intake is significantly less than pre-intake (p=.001), 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.

Figure 2



Finally, Figure 3 below 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 again 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). It is also notable that many more clients had 0 jail days in the post period than in the pre-period.



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 (29%) documented that staff was unable to locate the client and therefore unable to provide services (this figure included both scheduled appointments at which the client was not present and unscheduled attempts by staff to locate clients at home). When looking at the number of days between any attempt to meet with client (successful or not), staff was attempting contact, on average, every 17 days. 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 41 minutes on average[10] [11]

Table 17 HSSP Contacts

Total Sample (N)	*73*
Days enrolled in HSSP as of 9/7/2017[1] (Mn)	553
(Min, Max)	(14, 1017)
Average number of contacts per client[2] (Mn)	45
(Min, Max)	(2, 199)
Average minutes per contact[3] (Mn)	41
Days between contacts (Mn):	
Actual contact	24
Contact or attempt	17

[1] 73 clients had at least one service contact recorded in program data; of those, 72 had at least one completed contact and one had only attempted contacts.
[2] Excludes times when staff attempted to make contact but could not locate client (called "no shows"). On average, 71 HSSP clients had 19 "no shows" each (ranging from 1 to 78 per client). One client had no contacts recorded 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 4,500 case notes created since the inception of HSSP[12].

[10] Amount of time spent with client was available for 72% of actual contacts.
[11] Of note, the amount of time spent in actual contact (vs attempted contact) was 89% of time.
[12] Currently, some coded categories are not presented in Table 18 because they occurred with relative infrequency.

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 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 76% 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 received therapeutic interventions, most commonly in the form of individual therapy (92% of clients) and brief interventions to respond to crises (48% of clients). 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. Two-thirds of clients (67%) had contact with PSS. HSSP staff worked conjointly with housing case managers in 12% of client contacts[13] (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)	*73*	
	% of clients	# of services[1]
		Mn (Min, Max)
Topic Addressed		
Assessment	78	3 (1, 9)
Basic needs	75	6 (1,19)
Case management	89	15 (1, 52)
Criminal justice	42	8 (1, 85)
Medical	79	10 (1, 34)
Peer support	67	18 (1, 77)
Group support	23	4 (1, 10)
Therapy-Individual	92	21 (1, 86)
Therapy-Crisis	48	6 (1, 29)
Transportation	58	7 (1, 39)

[1] Figures do not include attempted contacts

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 (91%) had received services from TRH in the year prior to HSSP enrollment. In the year prior to HSSP enrollment, more than three-fourths of clients received services related to case management, transportation, and basic needs. 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 (86%) 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 percent of clients accessing emergency shelter was 61% in the year prior to HSSP and 21% after enrollment (not in table).

[13] Housing case managers were also present for 6% of attempted contacts.

Table 20 Other Services Provided by TRH[1]

Total Sample (N)	76			
	% of clients	# of services	% of clients	# of services
		Mn (Min, Max)		Mn (Min, Max)
Service Type	*Year Prior to Enrollment*		*During Enrollment*	
Basic needs	78	6 (1, 25)	67	12 (1, 66)
Case management	91	44 (2, 159)	84	95 (1, 328)
Crisis management	21	3 (1, 8)	38	3 (1, 9)
Employment Services	8	1 (1, 2)	5	1 (1, 1)
Health Services	5	4 (1, 10)	11	2 (1, 5)
Housing	42	6 (1, 22)	41	7 (1, 47)
Street Outreach	7	3 (1, 8)	3	6 (1, 11)
Transportation	74	6 (1, 26)	63	18 (1, 117)

[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 September 7, 2017. More than half of clients (53%) 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 close to 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)			*73*[1]	
	Intake[2]	*Active*[3]	*Applied*[4]	*Denied*[5]
Mainstream Benefit Type %(n)				
Medical[6]	32(23)	55(40)	11(8)	14(10)
SSI/SSDI	25(18)	41(30)	8(6)	11(8)
Food Stamps	58(42)	74(54)	3(2)	7(4)
General Assistance	10(7)	10(7)	1(1)	1(1)
Other[8]	4(3)	8(6)	0	0

[1] 73 of 76 clients had a financial assessment recorded in TRH database

[2] Enrolled in benefits at HSSP Intake, as recorded in TRH records.

[3] Enrolled in benefits as of September 7, 2017, as recorded in HSSP records; includes one client who was enrolled at time of death.

[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 and has not appealed the decision.

[6] Client has medical insurance, including Medicaid, Medicare, or other public program

[8] Includes TANF, child support, Social Security Retirement and unemployment insurance; does not include employment income.

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 September 7, 2017, 99% (n=74) of HSSP clients[14] had been housed, which is 82% of the project's three-year goal of housing 90 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 group of clients were homeless at the data of the data pull (12%) and another group (12%) had become homeless at least once since enrollment, (and had been subsequently been re-housed). The project's success is evident in the fact that most of the individuals who become homeless while in the program continued to receive services related to treatment and housing during that period of homelessness.

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

[14] Although 76 clients were enrolled as of this date, housing enrollment data was only available for 75 clients.

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 67 clients to date. When considering all forms of recovery support, staff provided resources to 69 clients, which is 77% of the three-year goal[15]. 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, 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, and at least one public health insurance program, at the end of the current reporting period. 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.

[15] This includes two who did not participate in individual or group therapy but did receive peer support services; excludes six clients for whom attempts were made to provide therapy but service had not yet been provided,

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