COALITION LIFT
SUPPORTIVE HOUSING
PILOT PROJECT
HIGH NEEDS/HIGH UTILIZERS
INDIVIDUALS WHO ARE
CHRONICALLY HOMELESS

FLORIDA HOUSING
FINANCE CORPORATION
INTERIM REPORT
JULY 15, 2019
The Coalition Lift
Project Team

- Sandra Newson, LCSW, Vice President of Resident Services, Carrfour Supportive Housing
- Dr. Tina Fadil, Psy.D., LMHC, Director of Clinical Services, Carrfour Supportive Housing
- Dr. Francisco Quintana, Ph.D., Clinical Supervisor, Citrus Health Network
- Matthew Hyrne, MS, Client Service Coordinator, Carrfour Supportive Housing
- Loreinys Perez, MS, Client Service Coordinator, Carrfour Supportive Housing
- Trino Morgado, Peer Specialist, Citrus Health Network
- Hector Hernandez, Peer Support Specialist, Carrfour Supportive Housing
- Olivia Baez, Citrus SOAR Liaison, Citrus Health Network
- Armando Miguez, Targeted Case Manager, Citrus Health Network
- Corin Calzado, Nurse Case Manager, Citrus Health Network
- Patty Longo, Property Manager, Carrfour Supportive Housing
- Alex Lopez, Clinical Therapist, Citrus Health Network
- Clarissa Hazel, LMHC, Program Coordinator, Lazarus Project Camillus House

Funding for the research was supported by the following organizations

- Florida Housing Finance Corporation
- Miami Dade County Homeless Trust
- JP Morgan Chase
- Health Foundation of South Florida
- Corporation for Supportive Housing
- Citrus Health Network

Research Partners

- University of South Florida (USF) Policy and Services Research Data Center (PSRDC)
- Behavioral Science Research Institute

Coalition Lift
Advisory Council

- Carrfour Supportive Housing
- Citrus Health Network
- Behavioral Science Research Institute
- University of South Florida (USF) Policy and Services Research Data Center (PSRDC)
- Miami-Dade Homeless Trust
- Camillus Health Lazarus Specialized Outreach Team
- 11th Judicial Circuit Miami Dade County Jail Diversion Program
- South Florida Behavioral Health Network (SFBHN)
Background

Carrfour Supportive Housing’s (Carrfour) mission is to end homelessness in Miami-Dade County by developing permanent supportive and affordable housing for individuals and families and is among the leading developers for supportive housing for the formerly homeless in Florida. Carrfour is different from other developers for several reasons:

- Carrfour is mission-driven
- Carrfour is client-centered
- Carrfour is a not-for-profit whose revenues are reinvested into developing new housing, and
- Carrfour is involved in all aspects of supportive housing -- from development to operations and delivery of supportive services.

Carrfour has been deeply embedded in Miami-Dade County’s (MDC) efforts to end homelessness and has been an active participant in the MDC Continuum of Care (CoC) since its inception over 25 years ago. Carrfour staff serve as members of the Homeless Trust Board, CoC Subcommittee, Provider Forum, and the CoC Services and Housing Committee and are active participants in shaping the Continuum’s policies, strategies and funding initiatives. Carrfour is the CoC’s provider with the largest capacity for housing with 23 programs providing Permanent Supportive Housing and Rapid Rehousing Programs for formally homeless individuals, Veterans, and families. Carrfour has been working alongside Citrus Health Network (CHN) and MDC’s Homeless Trust, along with other providers to find solutions to end homelessness among the most vulnerable of our community. This shared commitment, along with the results of a 2010 study addressing the recidivists to the 11th Judicial Circuit Criminal Mental Health Project, reinforced the understanding that a comprehensive, systems-change approach was needed to break the cycle of homelessness and recidivism among those high needs/high utilizers among our chronic homeless population.

Miami-Dade County and Chronically Homeless Individuals

One of Florida’s most densely populated and diverse urban areas, Miami-Dade County is home to nearly 2.7 million individuals - most of whom are ethnic minorities. According to recent estimates, Hispanics account for 68.6% of the population, Blacks (non-Hispanic) 18.2%, and Asians (non-Hispanic) 1.6%. Over 94 different languages are spoken, of which English, Spanish, and Haitian Creole are the most common. Approximately 52.9% of residents were born in a foreign country, and 27% of households are “linguistically isolated” - meaning all members over the age of 14 speak a non-English language and have difficulty with English. As the most densely populated county in Florida, there is also a wide income disparity, with nearly 17% of residents living at or below the poverty level; and more than 80% suffer from lifetime substance abuse problems (US Census 2018, Quick Facts). Unlike the persons who are economically or periodically homeless, individuals who are chronically homeless (and who, by definition, suffer from serious substance abuse, mental illness, or chronic physical illness) require a much greater level of intervention and care to successfully overcome their homeless condition.
When left untreated, this population exhausts scarce community resources with their need for emergency healthcare, law enforcement and judicial involvement, and other publicly funded systems of care. In addition, individuals who are chronically homeless are typically more resistant to services and more difficult to engage into treatment programs. Over 60% of persons who are chronically homeless live with life-long mental illness and more than 80% live with lifetime chronic substance abuse problems. Finally, the lives of persons who are chronically homeless are compromised by persistent unemployment, thus increasing their isolation and decreasing their opportunities for social inclusion. Even when placed in housing, individuals who are chronically homeless have greater difficulty adhering to treatment regimens, integrating into society, and complying with social norms. Innovative treatment, case management, life skills training, and other supports are critical needs for this population.

**The Pilot Study**

In response to the need for a systemic change in the way the State of Florida responds to this population, Florida Finance Housing Corporation (FHFC) issued a Request for Proposals to develop a supportive housing program with a research component for “Housing for High Needs/High Cost Individuals who are Chronically Homeless” in 2014. Carrfour was the successful applicant for this funding to develop one of three pilot sites to demonstrate the effectiveness of providing Permanent Supportive Housing (PSH) to high utilizers of crisis services who are experiencing housing instability. The pilot sites are located in Miami-Dade, Duval, and Pinellas counties. Each pilot site was identified in a community with a comprehensive and coordinated approach to identifying, assessing, prioritizing, and serving chronically homeless persons with significant needs. As the lead applicant and developer, Carrfour, is responsible for coordinating all aspects of Coalition Lift and the Coalition Lift Advisory Board.

The pilot programs were required to partner with qualified researchers to conduct a Florida-specific cost/benefits study to evaluate the impact of PSH on resident’s quality of life, as well as the cost savings at the local, state, and federal levels. The University of South Florida (USF) Policy and Services Research Data Center (PSRDC) is serving as the evaluation partner-collecting systems-use data, providing statistical analysis, and producing the evaluation reports. Behavioral Science Research Institute (BSRI) also provides evaluation support at the local level by analyzing survey data from study participants.

**Coalition Lift Advisory Board**

The Coalition Lift Advisory Board was involved in the development, implementation, and evaluation of this demonstration project. This Advisory Board meets monthly during the time period of the project to address any barriers, needs, or concerns that arise in the implementation of the program. The Coalition Lift Advisory Board also monitors the research component of the project. The Coalition Lift Advisory Board organizations include:

- Carrfour Supportive Housing (Carrfour)
- Citrus Health Network (CHN)
- Behavioral Science Research Institute (BSRI)
- University of South Florida (USF) Policy and Services Research Data Center (PSRDC)
- Miami-Dade Homeless Trust (MDHT)
- Camillus Health Lazarus Specialized Outreach Team
- 11th Judicial Circuit Miami Dade County Jail Diversion Program
- South Florida Behavioral Health Network (SFBHN)

The intended goal for this study is to contribute to the literature and evidence-based initiatives regarding PSH’s cost-effectiveness, the impact on ending homelessness, and reducing individuals’ use of costly public services. While cost benefit analysis represents the core research aim in this project, demographic and service usage data were also collected. Permanent Supportive Housing (PSH) – affordable housing linked with support services can assist individuals in becoming contributing members of their communities and provide substantial cost savings to publicly funded systems of care.
Coalition Lift

Located in the City of Miami’s Liberty City neighborhood, **Coalition Lift** is comprised of 34 newly renovated units for extremely low-income residents at or below 33% Area Median Income (AMI). **Coalition Lift** is a comprehensive PSH program utilizing evidenced-based best practices to serve 34 high needs/high utilizers chronically homeless individuals in a supportive housing setting. Prior to study enrollment, all units were fully furnished and “move-in ready” with household and food supplies for immediate housing. The building also has a community room with library and computer lab, community laundry, community garden, and outdoor patio area.

Study Methodology

Recruiting and Enrollment

The Miami-Dade County “high utilizer population” was developed from five local sources of information: the Miami Dade County Criminal Court system, the Miami Dade Homeless Trust Continuum of Care’s Homeless Management Information System (HMIS), Jackson Memorial Hospital (JMH) – which is the leading publicly funded hospital, South Florida Behavioral Health Network (SFBHN) – which is the local managing entity for the Florida Department of Children and Families Mental Health and Substance Abuse program, and the local Homeless Outreach teams (Miami-Dade County and the City of Miami Beach), that work closely with local police departments. The JMH list was based on high rate of emergency room visits coupled with costs. The Homeless Trust Homeless Management Information System (HMIS) list was a combination of those who scored highest on the VI-SPDAT (measuring high health issues), those with long length of stays in the homeless system (measuring high utilizers) and outreach/police expert lists of long-term streets homeless who continue to remain on the streets. SFBHN and the Court systems extracted the highest utilizers for their respective programs. The Court list was based on homeless persons who had a high rate of arrests (bookings), combined with high jail costs, and involvement in jail diversion programs. The SFBHN list was based on high utilization of behavioral health services.

A master index (of a total of 802 individuals) was created by combining the above lists. In order to rank the list, according to most severe level of need, the following steps were implemented:

1. All factors were weighted and scored.
2. Standardized T-scores were assigned to allow for comparison between individuals.
3. Scores were ordered from most severe to least severe.
4. The highest scoring individuals were identified, located, and recruited to participate in the study.

The goal of recruitment was to engage at least 115 of the high needs/high utilizer individuals and monitor them for 30 months (2 1/2 years) post housing placement. The data collection would track costs associated with service usage, along with individual level client outcomes.

Once a participant was identified, the Coalition Lift Team would accompany the outreach teams to begin to develop relationships with these individuals. This process involved many contacts, interactions, and meetings as trust was not easily developed. The Coalition Lift Program was explained to the individual and housing was offered. Individuals interested in becoming housed were invited to the program site to see their new home, and meetings/contacts continued until the individual was ready to be housed. This soft transition from homelessness to housing improved their success immediately.

1 Victims of domestic violence that are served through specialized domestic violence programs do not get entered into the HMIS. Therefore, the lead entity for Miami-Dade County domestic violence programs was contacted, but they did not have a high utilizer list to provide.
Coalition Lift – A Housing First Model

At its foundation, the Housing First model operates under the premise that safe, affordable housing is a basic human right and a prerequisite for effective mental health and substance abuse treatment.

The “Housing First” philosophy is deeply rooted in the mission and vision of Carrfour and has been fully integrated into all programs. The approach is guided by the belief that people need basic necessities such as food and a place to live, before attending to other needs such as employment or primary/behavioral health care. Housing First does not mandate participation in services once housed to obtain or retain housing.

The Carrfour Coalition Lift project consists of three study groups:

1. **Group 1** consists of thirty-four individuals (n=34) residing in the Coalition Lift building. These individuals receive modified Assertive Community Treatment (ACT) services onsite to meet the needs of the highest utilizers in Miami-Dade County.

2. **Group 2** consists of thirty-five (n=35) high utilizers from the list that are placed in other established PSH communities throughout Miami-Dade County.

3. **Group 3** consists of up to forty-five (n=45) individuals who were not housed and remained homeless or did not seek out housing services during the duration of the two-year pilot period.

**Group 1: Coalition Lift Program Services Provided**

Coalition Lift is a comprehensive site-based permanent supportive housing program utilizing evidenced-based practices through a multidisciplinary team with Carrfour and community partner, Citrus Health Network. Residents of this program have access to a wide array of community-based resources and services designed to meet the complex needs of persons who are homeless and dealing with many issues affecting their housing stability. Services focus on promoting housing stability and achieving other personal goals related to well-being and recovery. The intensity and duration of supportive services varies, depending on the residents needs and choice.

Coalition Lift utilizes a modified “Assertive Community Treatment” (ACT), adapted from the National Program Standards for ACT Teams, written by Deborah Allness, M.S.S.W. and William Knoedler, M.D., and the Assertive Community Treatment Implementation Resource Kit, Draft 2002 from the SAMHSA’s Center for Mental Health Services and the Robert Wood Johnson Foundation initiated Evidence-Based Practices website. ACT is a client-centered, recovery-oriented mental health service delivery model for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. The important characteristics of the ACT program are:
• Services are delivered by Carrfour and Citrus Health Network as a team of multidisciplinary mental health/case management staff. Intensity of services are based on client need and a mutually agreed upon plan between the client and ACT staff.

• Services are individually tailored with each client and address the preferences and identified goals of each client. The approach with each client emphasizes relationship building and assistance in making improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.

• The ACT team is on-site rather than expecting the client to come to the program. 75% or more of the services are provided outside of the program offices in locations that are comfortable and convenient for clients, such as community garden, resident’s living room, walks in the neighborhood and nearby coffee shops.

• ACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of care.

Residents at Coalition Lift also receive:

• **Intensive Case Management:** A team-based approach that helps clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing primary health and mental health needs, engaging in meaningful activities, and building social and community relations.

• **Motivational Interviewing (MI):** A goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. SAMHSA’s Homelessness Resource Center (SAMHSA HRC 2012) notes that because Motivational Interviewing is rooted in an understanding of how hard it is to change learned behaviors, it offers addiction/homelessness providers a useful framework for interacting with people who are homeless and struggling with substance use, mental illness, and traumatic experiences.

• **Trauma Informed Care (TIC):** An evidenced based framework for addressing individuals who have experienced some form of trauma. Research shows that homelessness itself can be viewed as a traumatic experience; and being homeless increases the risk of further victimization and re-traumatization (Hopper, Bassuk, and Olivet 2010).

• **SSI/SSDI Outreach Assessment and Recovery (SOAR):** A strategy to help clients attain benefits, including in particular Social Security Disability benefits.

Additional Services onsite include:

• Peer Support Services
• Nursing Case Management
• Mental Health/Outpatient Substance Abuse Services
• Employment and Training Services
• Health and Wellness/Recreation/Community Building Activities

Once housed, Intensive case management, nursing case management, and the other services listed above, are provided immediately. Peer specialist support services are offered seven days a week to maintain daily contact with the residents. The focus of services is on building connectedness, relationships, trust, while offering support to the residents.
Group 2: Other Permanent Supportive Housing Services Provided

The participants in Group 2 were placed in established PSH programs throughout Miami-Dade County. These individuals received supportive housing services that are focused on increasing housing stability. Case management services empower the individual to draw on their strengths, identify their goals, and to reduce the future risk of homelessness. The services are less intensive and designed to help clients develop independent living skills, provide support with treatment, and serve as the point of contact between the client and their professional and social support systems.

Evaluation Overview

Study Design

This study is a non-randomized longitudinal cohort design with repeated measures. Thus far, quantitative data has been collected using both survey assessments and systems-level data (e.g. Medicaid). Qualitative data collection will begin in September 2019 with face-to-face interviews with the participants in the program.

Study Participants

The target populations of high need/high cost users in Miami-Dade County were identified by layering data regarding interactions with public crisis and institutional systems, linking individuals across these administrative and primary data sources to create a master list of a total of 802 individuals. The highest scoring 300 individuals in the list that were located, were recruited to participate in the study, with a goal of engaging at least 115 participants. As mentioned above, the 3 groups include:

- **Group 1 – Coalition Lift:** 34 individuals (n=34) placed into the Coalition Lift building developed specifically for this initiative.

- **Group 2 – Other Permanent Housing:** 35 individuals (n=35) placed into other permanent housing programs for persons who are experiencing chronic homelessness. The 35 units are funded through other sources and include a range of other homeless providers in Miami-Dade County, as well as programs operated by Camillus House, Citrus Health Network, and Carrfour Supportive Housing.

- **Group 3 – No Housing:** Up to 45 individuals (n=45) will be included in this third group. This group includes individuals who decline the housing intervention, who do not complete requirements to become housed (passive refusal), or cannot be placed once the program units are at capacity.

Participants are being monitored for up to 30 months (2 1/2 years) post housing placement, with data collection tracking costs associated with service usage, along with individual-level client outcomes.

Study Measures

Administrative data analysis to support the evaluation of this initiative was done by Policy & Services Research Data Center (PSRDC) staff in the Department of Mental Health Law and Policy at the University of South Florida. Data used for this interim report included:

- Florida Department of Children and Families (DCF/IDS) – SAMHIS mental health and substance abuse service events
- Florida Agency for Health Care Administration (AHCA) – Medicaid claims
- Miami-Dade County Criminal Justice Information System (CJIS) – County arrests
- Miami-Dade County Homeless Management Information System (HMIS)

Hospital data was not yet available for residents not enrolled in Medicaid for this interim report. This data will be pursued for future reports.

There were 34 initial residents who moved into the Coalition Lift Program (Group 1). For the purpose of this report, only the 28 individuals that had a full year at residency were included. Administrative data analysis was limited to these 28 individuals for this interim report. Additional residents will be included in future reports after they have at least one year of residency. No one from Group 2 had one year of residency and therefore not included in this interim report. Comparisons to the control groups will occur in future reports.
Survey Data
Resident outcomes are collected at baseline and every 6 months thereafter, utilizing a detailed survey instrument aligned with Federal reporting measures. SAMSHA’s Government and Performance Results Act “GPRA” National Outcome Measure tool is the standard instrument mandated for all SAMHSA funded projects, measuring change in a standard range of social, health, and housing related indicators. The Coalition Lift Program used a modified version of the adaptation of the CSAT GPRA Client Outcome Measures for Discretionary Programs, the Farrans and Powers Generic Quality of Life Survey.

Baseline Time Period for 1-Year Report
To establish baseline cost and utilization data, administrative data was gathered one year prior to admission into the Coalition Lift Pilot.

First Year Follow-up Time Period
Administrative/service utilization data was gathered and aggregated for one year following admission into the Coalition Lift Pilot. For survey data collection, individuals were initially assessed upon identifying and locating them. They were moved into housing rapidly utilizing the Housing First philosophy. The first-year follow-up data was based on the date the individual signed their lease and thus moved into housing for Groups 1 and 2. For Group 3 - No Housing group, the person was reassessed in six-month intervals if they were located.

Key Client Characteristics of Group 1
At data aggregation time for the current report, there were 34 initial residents in the Coalition Lift Program (Group 1). For the purpose of this report, only 28 individuals were included as they had one year of residency. One individual moved out prior to reaching one-year of residency. At the time of this report, five individuals who were in residence did not have a full year of residency as of 12/31/18. The cost analysis for this report will focus on the 28 individuals with one year of residency in Group 1. For Group 2, the one-year cost analysis will be available by the end of this year.

- Total Housed: 42
- Initial Residents: 34
- Moved out before one year: 1
- Still in residence but not yet a year: 5
- Total with at least one-year residency: 28 (includes five who moved out after at least a year of residency)

Demographics of Coalition Lift Residents
Residents of Coalition Lift were predominantly male (76.5%) and ages ranged between 23 to 67 at move-in. The residents had an average age of 50 years old. The participants were 44% Hispanic White, 9% Hispanic Black, 9% non-Hispanic White, and 38% non-Hispanic Black. All participants were chronically homeless upon entry into the program.

Research Questions
Research questions cover two broad areas: Does the provision of permanent supportive housing to “high needs/high utilizer” individuals who are chronically homeless result in cost savings to the community, and result in better qualitative outcomes for the individuals? Specifically:

1. For the population of high needs/high utilizers individuals who are chronically homeless, what are the annual costs in public expenditures associated with their use of public systems including jails, emergency rooms, crisis units, shelters, and other institutions?

2. What are the cost offsets associated with providing this population with permanent supportive housing and coordinated services, and is this more cost effective than providing no intervention?

3. Do participants in the housing intervention show positive changes regarding the following socio-economic outcomes? Are the changes greater when compared to the control group of individuals not placed into the permanent housing program?
   - Avoiding homelessness and retaining permanent housing
   - Attaining and maintaining income, through income or benefits
   - Reduced criminal justice involvement: fewer arrests and returns to jail/prison
• Improved social connection, including increased contact with family or friends

4. Do participants in the housing intervention realize improved outcomes for the following primary and behavioral health care indicators? Are the changes greater when compared to the control group of individuals not placed into the permanent housing program?

- Reduction in use of illegal drugs or chronic alcohol abuse
- Improvement in mental health status
- Increased utilization of primary healthcare services, outside of emergency rooms
- Improvement in health status as measured by specific health indicators

**Findings**

Based on the available data, the total costs in the year prior to admission for the 28 individuals included was $562,580 or $20,092 per person. The largest cost was Medicaid at $357,470 followed by jail stays at $105,100 and shelter stays at $79,070. The shelter costs were relatively low because many of the participants were recruited from the streets and were not living in shelters prior to admission. Only 12 residents were enrolled in Medicaid in the year prior to admission. Two more enrolled after admission.

Unpaid hospital services (i.e. services for non-reimbursable indigent care) were not available at the time of this interim report. These additional Federally Qualified Health Center (FQHC) costs would likely increase the overall costs significantly and will be pursued for inclusion in future reports if possible. **Table 1** shows the overall costs by system of care.

<table>
<thead>
<tr>
<th>System</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jails Stays</td>
<td>$105,100</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$357,470</td>
</tr>
<tr>
<td>SAMHIS</td>
<td>$12,196</td>
</tr>
<tr>
<td>Shelter Stays</td>
<td>$79,070</td>
</tr>
<tr>
<td>Outpatient Transition</td>
<td>$8,744</td>
</tr>
<tr>
<td>Total</td>
<td>$562,580</td>
</tr>
<tr>
<td>Average Cost per Person</td>
<td>$20,092</td>
</tr>
</tbody>
</table>
Based on the available data, the total costs in the year prior to admission for these 28 individuals was $562,580. This was reduced to $244,981 in the first follow-up year, a reduction of $317,599 (56.5%). This is a gross underrepresentation of the savings as 50% of the residents included in this study did not have Medicaid or other entitlement benefits. These individuals received medical services and behavioral health services through local FQHC’s and this data was unavailable at the time of this report.

Overall savings of $11,343 per person were realized for these systems of care. Extrapolating that to the entire 34 units yields a saving of $385,662 per year to the community and this does not include medical costs not billed to Medicaid and other costs to the community that were not measured.

Table 2 is a breakdown of costs and savings by system of care. The biggest reduction was for Medicaid which was reduced by $233,388 (65.3%) even though enrollment increased by two participants. The per person costs reduced by $20,962 (70.2%). Shelter costs dropped by $79,070 (100%). Jail costs also dropped by $53,000 (50.4%) while SAMHIS substance abuse and mental health treatment costs increased possibly due to better access to services. A further breakdown of costs for Medicaid and SAMHIS are available in Appendix A.

Carrfour’s total cost to house and serve the Coalition Lift residents for this evaluation period was $530,241 ($15,625 per person). Further analysis of all costs including from our service partners will be included in the final report.

For this interim report we are not able to say that costs of running the program are offset by the savings to the community because costs associated with non-Medicaid healthcare are not yet included and cost savings for year two are not yet factored in. However, the results are very promising. If the healthcare cost saving for the residents not enrolled in Medicaid come in close to those who are enrolled in Medicaid, the cost savings to the systems of care would be almost double.

Table 2: Summary of Costs (Not including project costs)

<table>
<thead>
<tr>
<th>System</th>
<th>Baseline</th>
<th>One Year Follow-up</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jails Stays</td>
<td>$105,100</td>
<td>$52,200</td>
<td>-$53,000 (-50.4%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$357,470</td>
<td>$124,082</td>
<td>-$233,388 (-65.3%)</td>
</tr>
<tr>
<td>SAMHIS</td>
<td>$12,196</td>
<td>$64,113</td>
<td>$51,917 (425.7%)</td>
</tr>
<tr>
<td>Shelter Stays</td>
<td>$79,070</td>
<td>$0</td>
<td>-$79,070 (-100%)</td>
</tr>
<tr>
<td>Outpatient Transition (Lazarus)</td>
<td>$8,744</td>
<td>$4,586</td>
<td>-$4,158 (-47.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>$562,580</td>
<td>$244,981</td>
<td>-$317,599 (-56.5%)</td>
</tr>
<tr>
<td>Average Cost per Person</td>
<td>$20,092</td>
<td>$8,749</td>
<td>-$11,343</td>
</tr>
</tbody>
</table>
Avoiding homelessness and retaining permanent housing

The participants included in Group 1, all reported that it was the first time in their life that they signed a lease or had secured housing. The average length of homelessness was nine years for the participants (range was 2 years to 22 years). Only one Group 1 participant exited the study before completing a year. It is noted that this individual was transferred to Group 2: Other Permanent Supportive Housing group.

Of the 42 individuals housed in Groups 1 and 2, 35 (83.3%) were still housed at the time of this report. Through February 2019, the average stay for residents housed in Group 1 (N=34) was 342 days compared to Group 2 (N=8) of 321 days.

Attaining and maintaining income, through income or benefits

Income and benefits for clients in Group 1 (N=34) increased by 42.5% at follow-up. This change was a result of more clients receiving benefits and/or employment once housed.

Income and benefits for clients in Group 2 (N=8) collectively decreased by 27.6%. Although, the average amount of money received from benefits declined, there was a self-reported increase in wages earned.

For Group 3, participants living on the street (N=22), did not report any wages and on average reported receiving $139.56 from benefits, a considerably lower amount than those who were housed at the time of assessment.

Reduced criminal justice involvement: fewer arrests and returns to jail/prison

For Group 1, the overall jail days for the 28 individuals with one year of residency reduced from 526 days to 261 days, a reduction of 265 (50.4%) days. There were 14 individuals in the year prior who were incarcerated for an average of 37.6 days and during the reporting period (a year after admission), nine individuals were incarcerated for an average of 58.4 days. Of these nine individuals, three participants accounted for 70% of the jail days in the year follow-up period.

The results suggest that participating in the Coalition Lift Program reduced the number of arrests/jail days for 90% of the individuals. Jail stays for Group 2 and 3 were not examined for this interim report. They will be included in the final report.

Improved social connection, including increased contact with family or friends

Self-reported survey results show that for Group 1 and Group 2, there was an increase in clients reporting interactions with friends and/or family at follow-up. Group 1 increased from 43.8% to 48.6% and Group 2 increased from 37.5% to 57.1%. At baseline, 61.9% of participants living on the street reported having social interactions; follow-up data had only been collected by one participant through February 2019 as these individuals were transient and unable to be located for follow-up interviews.

Reduction in use of illegal drugs or chronic alcohol abuse

No improvement or reduction in substance abuse was observed for chronic users of substance abuse in Group 1. However, three residents were open to...
seeking residential treatment, four other residents were open to seeking outpatient substance abuse services. Carrfour brought in substance abuse services on-site through our community partner, Better Way of Miami.

The SAMHIS data showed an increase from three to five individuals receiving substance use treatment paid by SAMHIS for the baseline to the follow-up period for the 28 residents in Group 1 with at least one year of residency.

Self-reported survey data for Group 1 showed an increase in illegal drug and alcohol use to the point of intoxication after being housed. A possible explanation for this pattern is participants initially denied drug use due to general mistrust and fear of losing housing if acknowledging substance use. After trust and rapport was developed with the housing case manager/assessor, participants answered the questions honestly regarding their substance use during the reassessment.

For Group 3, there was no follow-up data for people living on the street as these individuals are transient and were not located during the reassessment period.

**Improvement in mental health status**

Self-reported survey results showed a drop in the number of days in the last 30 days that the Group 1 residents experienced serious depression from 9.8 to 6.3 days.

SAMHIS data showed an increase from five to 20 individuals receiving mental health treatment from the baseline to the follow-up period and survey data showed that participants in Group 1 and Group 2 on average reported better mental health at follow-up, although there was an increase in reported attempted suicide (one individual). Of the following mental health indicators, client’s greatest improvement from baseline to follow-up was feelings of serious depression (fewer days reported at follow-up).

**Increased utilization of primary healthcare services, outside of emergency rooms**

Medicaid costs were down across all provider types except Community Mental Health Service Center. Increases in primary healthcare services were not seen for Medicaid recipients in the study.

**Improvement in health status as measured by specific health indicators**

Overall, there was not a positive change in self-reported overall health for those in Group 1 and Group 2. Self-reported survey results showed a decrease in the percent of residents reporting good, very good, or excellent health from 47.1% to 45.8%.

However, Medicaid hospital costs decreased by $125,889 (73.2%) for the 14 individuals receiving Medicaid, indicating improved health and less need for inpatient services.

An additional study involving Group 1 residents was conducted to determine the extent to which Housing First with additional services (e.g., therapy, case management) leads to improvements in other areas related to well-being and recovery, such as psychiatric symptoms, level of functioning, and negative beliefs about mental illness. The results are reported in Appendix C.

**Summary of Key Outcomes**

The findings of this first-year interim report demonstrated that Coalition Lift permanent supportive housing program that targeted homeless individuals with high service use yielded significant savings to the community and improved outcomes for the residents.

Reduced annual costs in expenditures associated with their use of public systems including jails, emergency rooms, crisis units, shelters, and other institutions.

Overall savings of $11,343 per person were realized for the systems of care that we examined. Extrapolating that to the entire 34 units yields a saving of $385,662.
per year to the community and this does not include medical costs not billed to Medicaid and other costs to the community that were not measured for this interim report.

For this interim report, we are not able to say that costs of running the program are offset by the savings to the community because costs associated with non-Medicaid healthcare (i.e. indigent care services) are not yet included and cost savings for year two are not yet factored in. However, the results are very promising. If the healthcare cost savings for the residents not enrolled in Medicaid come in close to those who are enrolled in Medicaid, the cost savings to the systems of care would be almost double.

Thus, a revised tool will include some overlap questions with the current GPRA assessment to allow tracking trends over time. Additional questions were added that addressed the research questions at hand in regard to quality of life, increase in income, and other qualitative factors.

Qualitative data gathered through short listening sessions with residents of Coalition Lift are planned for September 2019. Further data that will be collected during the remaining time of the Coalition Study will use a shortened survey tool (using some of the questions from the GPRA) and other questions from evidence-based tools that are more culturally appropriate and reliable.

Data collection will continue until December 2019 with final survey and administrative data expected by March 2020.

Positive changes in avoiding homelessness and retaining permanent housing, attaining and maintain income through income or benefits, reduced criminal justice involvement, and improved social connection including contact with family and friends.

Group 1 participants showed improvement in housing, income, social connection, and criminal justice involvement due to involvement in the program. Limited information for Groups 2 and 3 was available for this interim report and will be included in future reports.

- Only one Group 1 participant dropped out prior to one year.
- Income and benefits increased by 42.5%.
- Self-reported social connections increased from 43.8% to 48.6%.
- Jail days decreased by 50.4%.

Next Steps

After completion of the one-year survey data with Carrfour Supportive Housing/Citrus Health Network staff and key stakeholders, a decision was made to revise the survey collection tool. Discussions and anecdotal evidence from the housing support staff indicated that participants were having trouble understanding the questions or were answering with social desirability in mind.
Appendix A:
Meet the Residents

#52 of 800 “Mark”

Mark is a 61-year-old Cuban male who entered the United States on the Mariel Boatlift in 1980. He has been street homeless for over 22 years. It was also the first time he has ever been housed. Mark refused to enter the shelter in the past when he was homeless because he had four small dogs. As he was only able to enter the homeless shelters with one dog, he refused to enter the shelter or seek housing assistance. He also had an extensive substance abuse and mental health problem. He entered into Coalition Lift in August of 2017 and was a relatively poor historian regarding his homeless and family history. Within a week of placement, Mark began taking care of a stray cat that was in the neighborhood. The cat gave birth to four kittens and Mark continued to care for all of them. The Coalition Lift staff utilized a local spay and neuter program in order to prevent any overpopulation. Mark is now the proud owner of four cats. The mother cat remains an outside cat and he feeds and cares for her daily. Since his placement in Coalition Lift, Mark started participating in mental health, medical, and substance abuse treatment and was open to participate in services. The Carrfour and Citrus Health Teams have worked with Mark to stabilize his housing. He was recently approved for Social Security Disability Benefits as a successful SOAR applicant. He is also working with the Peer Support Specialist daily to assist him in maintaining his mental health appointments and medication regimen. He is happy with his cats and is safely housed.

#3 of 800 “Shay”

Shay is a 48-year-old African American female who is known to many providers as she has been street homeless for over twenty years. It is believed that she was homeless longer, but the documentation is limited due to her refusal to enter into shelter settings. She reports that she has never been housed. She entered foster care at age six after allegations of sexual abuse and aged out of foster care as her parents never completed services to reunify with her as a child. She reported that she left the street as a teenager and never returned home. Shay spent many years both on the streets and in and out of jail. She has a crack cocaine addiction, and this has contributed to her homelessness and legal difficulties. Furthermore, she has significant mental health concerns and is diagnosed with Schizoaffective Disorder, Intermittent Explosive Disorder, and Bipolar Disorder. She is also diagnosed with Borderline Personality Disorder. Due to her dual diagnosis, her path to recovery has been challenging at times due to her aggressive behavior and primitive social interactions. For example, Shay has been known to spit, urinate, or defecate on others when upset. She has also been in several physical altercations due to her paranoid thinking.

Once she was identified as a participant, the providers working with her were cautious of her possible success in the program as she has never been able to maintain housing or remain in a shelter setting. She entered Coalition Lift in October of 2017 and still remains. She has developed relationships with the staff at Coalition, has verbalized that she feels “loved” and “cared for,” while expressing similar feelings towards her treatment team. Shay has never connected before; her longest period of sobriety was three months when she attempted residential treatment. Her residential treatment was short lived, and she relapsed.
She struggles with stability and often self-sabotages her relationships and freedom (i.e. participating in criminal activity). Currently she is incarcerated on a possession charge and the Treatment Team at Coalition Lift is working closely with the State Attorney to try and address her legal, mental health, and substance use needs appropriately so that she can return to housing. Coalition Lift Staff and her legal team are trying to encourage her to participate in court mandated treatment to address her co-occurring mental health and substance abuse needs. Whatever she decides, the Coalition Team is committed to assisting Shay remain safely housed.

133 of 800 “Juan”

Juan is a 67-year-old Puerto Rican male who has been on the streets of Miami for over 15 years. Since he was thirteen years old, he struggled with a severe substance abuse addiction to heroin. Juan has experienced 29 overdoses over the span of his life and was revived using emergency treatment. Juan’s family discontinued all contact with him due to his drug use and legal issues. He has been residing in the Coalition Lift program since June of 2017. He continues to struggle with his sobriety and has used heroin on several occasions. Using the Harm Reduction Model, the staff has had several honest conversations regarding his usage to assist him in staying safe. Further, he has had difficulty managing his finances due to his substance use. He has had periods of sobriety while residing at Coalition Lift and recently contacted his family. He is working on rebuilding relationships with his family at the present time. Since June of 2017, Juan has had no new arrests. Juan is attending English as a second language (ESOL) classes and has expressed the desire to learn to read English. He has also expressed interest in attending a vocational setting to learn auto mechanics and this is currently pending.

#21 of 800 “Steve”

Steve is a 49-year-old African American male who was street homeless for over 20 years of his life. Steve has struggled with a crack cocaine addiction and mental health concerns which has also been a significant factor to being homeless and extensive legal problems. The year prior to entering into Coalition Lift in July of 2017, he spent 297 days in jail. His arrest history for cocaine possession fills 27 pages. His prognosis was guarded as he entered into Coalition Lift. He remained substance free for the first six months of his housing and was gainfully employed. Steve relapsed and immediately entered into residential treatment to address his needs. Upon his return to Coalition Lift, he worked on his relapse prevention plan and eventually relapsed again. He completed another 60 days of residential treatment and upon his discharge, he was gainfully employed. He recently relapsed again and is currently attending outpatient substance abuse services through a Marchman Act. He continues to work his recovery program and with the supports from Coalition Lift, he does not feel alone. He is also willing to seek out and participate in treatment as he knows he will remain safely housed.
Appendix B:
Breakdown of Medicaid & SAMHIS costs

Medicaid Cost Breakdown

Medicaid Enrollment
- Enrolled in Medicaid during year prior to move in = 12
- Enrolled in Medicaid after moving in = 14

Medicaid Costs by Provider Type
Table B.1 shows the Medicaid costs by provider type. The largest decrease was for general hospitals which was decreased by $125,889 (73.2%), followed by pharmacy costs which was decreased by $96,622 (64.9%). The vast majority of the pharmacy costs were specifically for expensive HIV medications.

Table B.1. Medicaid Costs by Provider Type

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Baseline (N=12)</th>
<th>One Year Follow-up (N=14)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital</td>
<td>$171,963</td>
<td>$46,074</td>
<td>-$125,889 (-73.2%)</td>
</tr>
<tr>
<td>Community Mental Health Service Center*</td>
<td>$3,519</td>
<td>$10,866</td>
<td>$7,347 (208.8%)</td>
</tr>
<tr>
<td>Physician</td>
<td>$27,490</td>
<td>$10,692</td>
<td>-$16,798 (-61.1%)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$148,913</td>
<td>$52,291</td>
<td>-$96,622 (-64.9%)</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$1,409</td>
<td>$1,250</td>
<td>-$159 (-11.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>$4,176</td>
<td>$2,903</td>
<td>-$1,273 (-30.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>$357,470</td>
<td>$124,082</td>
<td>-$233,388 (-65.3%)</td>
</tr>
<tr>
<td>Per Person</td>
<td>$29,789</td>
<td>$8,863</td>
<td>-$20,962 (-70.2%)</td>
</tr>
</tbody>
</table>

*Includes CSU costs.
Medicaid Hospital Costs by Revenue Center

Table B.2 shows Medicaid hospital costs by revenue center. The biggest reductions in cost were for Intensive Care, down $69,795 (-100.0%); Medical/ Surgical Days, down $30,565 (-79.4%); Drugs/Labs, down $21,567 (-65.9%); and Emergency Room Visits, down $20,445 (-68.4%). Psychiatric Bed Stays and Observation Rooms increased during the first year. This represents the services offered to residents once they were housed.

Table B.2. Medicaid Hospital Costs by Revenue Center

<table>
<thead>
<tr>
<th>Revenue Center</th>
<th>Baseline (N=12)</th>
<th>One Year Follow-up (N=14)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients</td>
<td>Cost</td>
<td>Clients</td>
</tr>
<tr>
<td>Psychiatric Bed Stay</td>
<td>2</td>
<td>$1,316</td>
<td>2</td>
</tr>
<tr>
<td>Medical/ Surgical, Gyn Stay</td>
<td>3</td>
<td>$38,487</td>
<td>1</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>6</td>
<td>$69,795</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>6</td>
<td>$29,888</td>
<td>8</td>
</tr>
<tr>
<td>Observation Room</td>
<td>4</td>
<td>$970</td>
<td>3</td>
</tr>
<tr>
<td>Drugs/Labs and other Ancillaries (Units)</td>
<td>7</td>
<td>$32,746</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>$171,963</td>
<td>8</td>
</tr>
</tbody>
</table>
**Medicaid Physician Costs by Specialty**

Table B.3 shows Medicaid physician costs by specialty. The biggest reduction in cost was for radiology, down $1,044.

**Table B.3. Medicaid Physician Costs by Specialty**

<table>
<thead>
<tr>
<th>Physician Specialty</th>
<th>Baseline (N=12)</th>
<th>One Year Follow-up (N=14)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients</td>
<td>Cost</td>
<td>Clients</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>4</td>
<td>$3,429</td>
<td>4</td>
</tr>
<tr>
<td>General Practice</td>
<td>7</td>
<td>$14,246</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>3</td>
<td>$330</td>
<td>2</td>
</tr>
<tr>
<td>Radiology</td>
<td>7</td>
<td>$1,661</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
<td>$631</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>$7,177</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>$27,490</td>
<td>6</td>
</tr>
</tbody>
</table>
SAMHIS Cost Breakdown

Received SAMHIS services in year prior to move in = 7
Received SAMHIS services after moving in = 21

Table B.4 shows DCF SAMHIS costs by program. Both the mental health and substance abuse costs increased after the first year of residency. Mental health costs increased by $32,381 (290.2%) and substance abuse spending increased by $19,626 (1,892.6%). This finding represents that residents in Group 1 were referred to mental health and substance abuse services while in residence. These individuals on the average were not participating in these services prior to moving into the Coalition Lift Program.

Table B.4. SAMHIS Costs by Program

<table>
<thead>
<tr>
<th>System</th>
<th>Baseline</th>
<th>One Year Follow-up</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Heath</td>
<td>$11,159</td>
<td>$43,540</td>
<td>$32,381 (290.2%)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>$1,037</td>
<td>$20,663</td>
<td>$19,626 (1,892.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>$12,196</td>
<td>$64,113</td>
<td>$51,917 (425.7%)</td>
</tr>
</tbody>
</table>


SAMHIS Mental Health Costs by Cost Center

Table B.5 shows DCF SAMHIS costs by cost center. Residential Level 2 or II costs decreased by $7,669 (91.4%) while Comprehensive Community Service Team costs increased by $40,970 (100%).

**Table B.5. SAMHIS Mental Health Costs by Cost Center**

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Baseline</th>
<th>One Year Follow-up</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients</td>
<td>Cost</td>
<td>Clients</td>
</tr>
<tr>
<td>01-Assessment</td>
<td>1</td>
<td>$73</td>
<td>1</td>
</tr>
<tr>
<td>02-Case management</td>
<td>1</td>
<td>$186</td>
<td>1</td>
</tr>
<tr>
<td>03- Crisis Stabilization</td>
<td>1</td>
<td>$529</td>
<td>1</td>
</tr>
<tr>
<td>04-Emergency Crisis Support</td>
<td>1</td>
<td>$57</td>
<td>0</td>
</tr>
<tr>
<td>06-Day treatment</td>
<td>0</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>12-Medical Services</td>
<td>2</td>
<td>$612</td>
<td>0</td>
</tr>
<tr>
<td>14-Outpatient-Individual</td>
<td>2</td>
<td>$100</td>
<td>1</td>
</tr>
<tr>
<td>19-Residential Level 2</td>
<td>1</td>
<td>$8,393</td>
<td>1</td>
</tr>
<tr>
<td>20- Residential Level 4</td>
<td>1</td>
<td>$1,209</td>
<td>0</td>
</tr>
<tr>
<td>44- Comprehensive Community Service Team</td>
<td>0</td>
<td>$0</td>
<td>19</td>
</tr>
<tr>
<td>Total Mental Health</td>
<td>5</td>
<td>$11,159</td>
<td>20</td>
</tr>
</tbody>
</table>
SAMHIS Substance Abuse Costs by Cost Center

Table B.6 shows DCF SAMHIS substance abuse costs by cost center. The largest difference in cost was for Residential Level II or 2 services which increased by $16,144 (100%). This represents access to services that were not available prior to participation.

**Table 8. SAMHIS Substance Abuse Costs by Cost Center**

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Baseline</th>
<th>One Year Follow-up</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients</td>
<td>Cost</td>
<td>Clients</td>
</tr>
<tr>
<td>01-Assessment</td>
<td>2</td>
<td>$228</td>
<td>1</td>
</tr>
<tr>
<td>02-Case management</td>
<td>0</td>
<td>$0</td>
<td>1</td>
</tr>
<tr>
<td>11- Intervention</td>
<td>0</td>
<td>$0</td>
<td>5</td>
</tr>
<tr>
<td>19- Residential Level II</td>
<td>0</td>
<td>$0</td>
<td>3</td>
</tr>
<tr>
<td>24-Substance Abuse Detoxification</td>
<td>1</td>
<td>$551</td>
<td>1</td>
</tr>
<tr>
<td>Total Substance Abuse</td>
<td>3</td>
<td>$1,037</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix C: Self-reported Survey Results

Figure C.1. Wages and Benefits

Note. BL=Baseline and FU=Follow-up. Benefits include public assistance, retirement and disability.

Figure C.2. Positive Social Interaction with Friends and/or Family

Note. BL=Baseline and FU=Follow-up.
**Figure C.3.** Drug Use

<table>
<thead>
<tr>
<th></th>
<th>Marijuana</th>
<th>Cocaine</th>
<th>Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL</td>
<td>9.38%</td>
<td>2.94%</td>
<td>8.57%</td>
</tr>
<tr>
<td>FU LIFT (N=8)</td>
<td>8.57%</td>
<td>8.57%</td>
<td></td>
</tr>
<tr>
<td>OTHER HOUSING (N=7)</td>
<td>25%</td>
<td>12.50%</td>
<td></td>
</tr>
<tr>
<td>BASELINE STREET (N=22)</td>
<td>9.09%</td>
<td>4.55%</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** BL=Baseline and FU= Follow-up. The percentages represent clients who reported ‘yes’ to using cocaine, opioids, or marijuana in the past 30 days prior to assessment.

**Figure C.4.** Alcohol Use

**AVG Number of Days of Alcohol Use (5+ drinks in one sitting)**

<table>
<thead>
<tr>
<th></th>
<th>FU</th>
<th>BL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT</td>
<td>0.38%</td>
<td>0.59%</td>
</tr>
<tr>
<td>OTHER HOUSING</td>
<td>2.57%</td>
<td>0.25%</td>
</tr>
<tr>
<td>STREET</td>
<td>0.32%</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** BL=Baseline and FU= Follow-up.
Figure C.2. Self-Reported Overall Health

Self-Reported Overall Health

Note. BL=Baseline and FU= Follow-up.
Appendix D: Add-on Study
Housing First Outcomes: A Longitudinal Pilot Study of Individuals who Are Homeless and Super-Utilizers

Summary
The purpose of this longitudinal two-year pilot study is to learn about long-term benefits of Housing First (HF) and services on individuals who are homeless and high utilizers. Previous work in this line of research has mainly focused on the impact of HF on service utilization and cost reductions. The present add-on study to the Coalition Lift Project will explore other HF outcomes that have not been previously examined including level of functioning, disability, psychiatric symptomology, and self-stigma. Psychiatric symptoms, daily functioning, and disability, and stigma were measured using the Brief Symptom Inventory, UPSA-B, WHODAS 2.0, and the Internalized Stigma of Mental Illness 10, respectively. Participants will be 33 adult individuals recruited from the Coalition Lift Building. These individuals will be assessed at three time points: upon entry into housing (baseline), at one year, and after two years of being placed in permanent supportive housing.

Baseline results gathered and analyzed in May 2018 supports prior research showing that homelessness is correlated with higher rates of psychosis and substance use disorder compared to the general population. Self-stigma scores indicate that participants demonstrated significant levels of stigma internalization, which can negatively impact treatment seeking and adherence. Also, results suggest that disability, psychiatric symptoms, and self-stigma are interconnected. The one-year follow-up data will be collected in May 2019 and the final data will be collected in May 2020. We are hypothesizing that with proper housing and continuing treatment and services, individuals will show lower psychiatric symptoms, disability, and self-stigma, with higher daily functioning.

In summary, the extent to which Housing First with additional services (e.g., therapy, case management) leads to improvements in other areas related to well-being and recovery, such as psychiatric symptoms, level of functioning, and negative beliefs about mental illness, remains unknown. Having this knowledge would be crucial in helping to identify the specific needs of individuals who are homeless and high utilizers as well as design targeted interventions that address these needs. In doing so, not only are they likely to stay housed longer, but are also more likely to successfully reintegrate back into the community.
For more information
Carrfour Supportive Housing
www.carrfour.org
(305) 371-8300