COALITION LIFT SUPPORTIVE HOUSING PILOT PROJECT

CARRFOUR
supportive housing

FLORIDA HOUSING FINANCE CORPORATION

FINAL REPORT

DECEMBER 2020

Carrfour Supportive Housing

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Dear Friends, Neighbors, and Colleagues,

Our work with the most vulnerable members of our community forces us to face harsh realities that are never more than a few steps, blocks or neighborhoods away, regardless of where we live in America. The residents of Coalition Lift are mothers, fathers, sons, daughters, sisters, and brothers. They are all of us. Their personal stories -- like those of millions more surviving precariously without a stable home -- reflect the daily realities for those left behind without a safety net.

With Coalition Lift, we set out to explore whether providing affordable housing combined with intensive on-site services to our most at-risk neighbors saves the community money by decreasing use of emergency room visits, jail stays, shelter stays and usage of other expensive systems of care. While we knew that housing this population was the right thing to do, we were not sure whether the cost of housing them at Coalition Lift would be cost effective. What we found, which is detailed in this report, is that housing this population in supportive housing successfully reduced the usage of other costly systems of care and ultimately saved the community money. In short, we found that supportive housing not only significantly improves the quality of life for those served, but also saves taxpayer's dollars. We now know that providing an array of targeted on-site supportive services and stable, sustainable, affordable housing is not just better for those who have lived on the streets of our communities -- it's better for all of us.

We will never reclaim the lives lost before this integrated model of care became proven and accessible. We can, however, embrace that understanding today and work together to inform policy and decisions regarding the allocation of resources.

Coalition Lift was a true collaborative effort. We are grateful to our partners and funders for not only impacting the lives of those who were served by Coalition Lift, but also for bringing this important research to life. We look forward to continuing to work together to ensure that this research brings systemic change for our most vulnerable neighbors.

Stephanie Berman-Eisenberg
President/CEO
Carrfour Supportive Housing

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RESEARCH PARTNERS:

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

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

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**
- **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 in 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 within the chronic homeless population.

INDIVIDUALS WHO ARE CHRONICALLY HOMELESS IN MIAMI DADE COUNTY

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 71.0% of the population, Blacks (non-Hispanic) 17.6%, and Asians (non-Hispanic) 1.5%.** 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 25% 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 18% of residents living at or below the poverty level.

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 experiencing housing instability. Pilot sites were 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, was responsible for coordinating all aspects of Coalition Lift and the Coalition Lift Advisory Board.

The USF PSRDC served as the over-arching pilot evaluation partner and BSRI provided local evaluation support to the Miami site. The study sought to recruit and engage high needs/high utilizer individuals and monitor them for 2 years post housing placement, tracking comprehensive costs and client-level outcomes.

THE ADVISORY BOARD

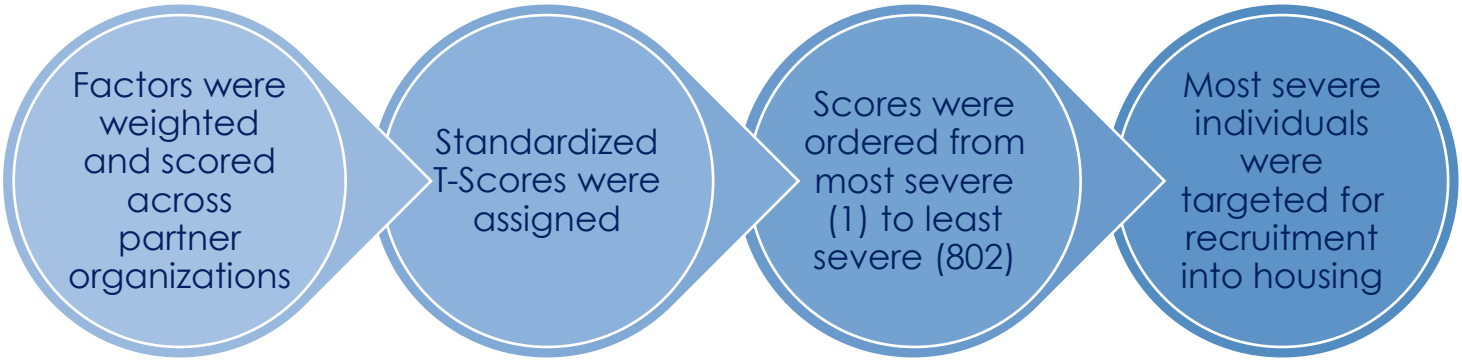
The Coalition Lift Advisory Board was involved in the development, implementation, and evaluation of this demonstration project. The Advisory Board met monthly during the project to address barriers, needs, and concerns of implementation as well as monitored the research component of the project. The Coalition Lift Advisory Board organizations included:

- 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
- Thriving Mind South Florida

THE TARGET POPULATION: MIAMI DADE COUNTY HIGH UTILIZERS (HU)

Criminal Justice Information System (CJIS)	Homeless Management Information System (HMIS)	Jackson Health System (JHS)	Florida Department of Children and Families (DCF) / Thriving Mind South Florida	Miami Dade County and City of Miami Beach Outreach Teams
•Bookings, jail stays, diversion programs	•High VI-SPDAT, homeless system stays, outreach team identification	•High emergency department and related costs	•High utilization of behavioral health services	•Individuals utilizing the Homeless System the longest (longest time street homeless)

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, Thriving Mind South Florida (Thriving Mind) – 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 HMIS list was a combination of those who scored highest on the VI-SPDAT[1] (measuring high health issues, level of vulnerability), those with long length of stays in the homeless system (measuring high utilizers) and outreach/police expert lists of long-term street homeless who continued to remain on the streets. Thriving Mind 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 Thriving Mind list was based on high utilization of behavioral health services.

[1]VI-SPDAT: The VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Toole) is a survey administered to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk homeless persons.

Individuals from the HU list were offered housing placement as part of their participation in the Coalition Lift Pilot Study. If available, units in the Lift building were offered. Additionally, individuals could be placed in other permanent supportive housing (PSH) within the County. Some individuals passively refused housing in that they did not act or attend follow up appointments with the housing team to gather documents or meet other housing requirements. These individuals were considered homeless during the duration of the study. Key outcomes and research questions are shown below. Lift findings are indicated in the main report and comparisons are discussed in Appendix B.

KEY OUTCOMES

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

RESEARCH

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

A) For the population of high needs/high cost 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?

B) What are the cost offsets associated with providing this population with permanent, supported housing and coordinated services, and is this more cost effective than providing no intervention?

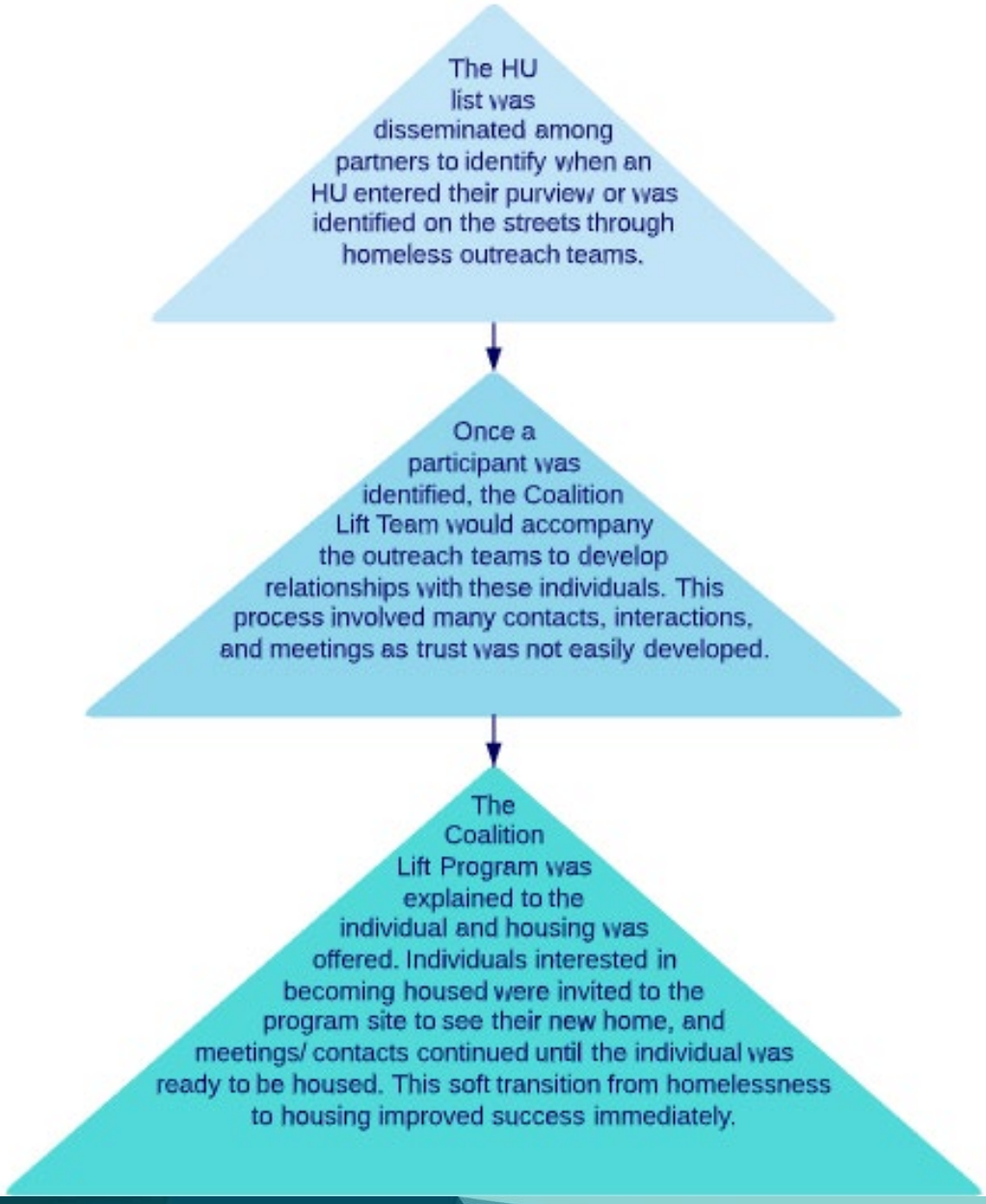
C) Do participants in the housing intervention show positive changes regarding socio-economic outcomes? Are the changes greater when compared to the control group of individuals not placed into the permanent housing program?

D) Do participants in the housing intervention realize improved outcomes for 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?

Coalition Lift – A Housing First Model

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. In other words, Housing First does not mandate participation in services once housed to obtain or retain housing.

PARTICIPANT IDENTIFICATION



THE COALITION LIFT HOUSING EXPERIENCE

Coalition Lift is a comprehensive site-based permanent supportive housing (PSH) program utilizing evidenced-based practices through a multidisciplinary team with Carrfour and Citrus Health Network (CHN). 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.

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 emphasize relationship building, managing symptoms, and achieving goals towards living independently without supports.

The ACT team is on-site rather than expecting the client to come to the program. Services that are provided outside of the program offices are 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 RECEIVE THE FOLLOWING EVIDENCE-BASED SERVICES:

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 MI 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.

SSI/SSDI Outreach Assessment and Recovery (SOAR): A strategy to help clients attain benefits, such as Social Security Disability benefits.

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).

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

STUDY MEASURES

Key research questions for this study included whether models such as Coalition Lift reduce costs associated with persons who homeless and high utilizers of services. In addition to costs, the study also captured data related to holistic client-level health and social outcomes including physical health, behavioral health, social support, and employment/recreational time.

These elements below were used to capture cost data:

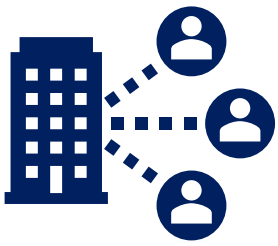
Cost Type	Cost Source	Cost Description
Physical Health Costs		
	Medicaid[2] Ambulance Physician Other physical health Non-psychoactive medication	Medicaid managed care and fee for service encounter/claims data.
	Jackson Health System (JHS) Hospital inpatient Hospital outpatient Emergency department	Extract from Jackson Health System records for care not paid by Medicaid plus Medicaid managed care and fee for service encounter/claims data.
Mental Health Costs		
	Department of Children and Families (DCF)/Medicaid Case management Crisis services Treatment	Mental health service data from the DCF SAMHIS and FASAMS data sets.
	Medicaid Physician Antipsychotic medication Other psychoactive medication	Medicaid managed care and fee for service encounter/claims data.
	Medicaid/JHS Hospital inpatient Hospital outpatient Emergency department	Extract from Jackson Health System records for care not paid by Medicaid plus Medicaid managed care and fee for service encounter/claims data.
Substance Use Costs		
	DCF Crisis services Detoxification Recovery support	Substance use service data from the DCF SAMHIS and FASAMS data sets.
Criminal Justice		
	Criminal Justice Information Systems (CJIS) Jail stays	Cost of jail stays from the Criminal Justice Information Systems (CJIS).

[2] Medicaid claims data is obtained through the Agency for Health Care Administration (AHCA)

Housing Service Costs		
	Homeless Management Information Systems (HMIS) Shelter stays Shelter day services	Shelter stays and other services from the Homeless Information Management System (HMIS).
	Coalition Lift Costs Operations Services	Housing costs associated with operating pilot site, modified ACT team, and onsite support services.
Housing Income/Reimbursement		
	Leasing/Housing Subsidy Income Revenue via reimbursement for filled Units at Lift	Total costs of the housing subsidies for 34 units from both CoC and Section 8 vouchers.

THE COALITION LIFT MODEL: WHAT DOES IT COST?

The table on page 14 shows the total costs for Coalition Lift as well as increases in housing service and operational costs over the study period. Specifically, operational costs increased consistent with costs of living and with all 34 units filled (e.g. more maintenance). Service costs increased to reflect lessons learned about how to best operate the Coalition Lift model for these residents. Service cost increases are notable as Coalition Lift successfully housed and engaged individuals for this study at the highest rankings of the HU list. Specifically, in the study, 79.5% of residents at Lift were in the top 150 of 800 on the high utilizer list compared with 45.2% of residents at PSH being in the top 150.



The total costs for the Coalition Lift Program including operations, supportive services, and administration for the period of **January 1, 2019 until December 31, 2019, was $582,181 ($17,123 annually per 34 persons)**. The 2019 year was used because it reflects the time of highest service costs and full program capacity and is thus the best indicator of total costs for the Lift housing model.

	2017	2018	2019
Housing Operations	$115,433	$211,991	$246,438
Housing Services	$204,500	$283,000	$335,743
TOTAL HOUSING COSTS	**$319,933**	**$494,991**	**$582,181**
Housing Services mentioned above include:			
Case management	$175,000	$198,000	$267,243
Education	$200	$7,000	$1,000
Employment	$2,000	$12,000	$1,500
Food	$1,300	$12,000	$12,000
Medical services	$16,000	$25,000	$29,000
Transportation	$5,000	$16,000	$12,000
Utility	$5,000	$8,000	$6,000
Life Skills		$5,000	$2,000
Substance use services			$5,000

Total housing cost per person in 2019 is $582,181/34 = **$17,123**

An additional case manager was hired to assist in overseeing the residents and with relocating individuals who had units but forgot or did not trust the unit was theirs at first.

An additional peer support specialist was hired to provide these services 7 days a week.

Better Way of Miami began providing onsite substance use services as individuals were not attending appointments offsite even with transportation assistance.

Seminars were provided to residents based on identified needs including how to clean apartments and appliances, cooking meals, and other life skills.

For Lift sustainability considerations, the program also looked at housing subsidy revenue based on actual reimbursement rates for the 34 units from both the HUD CoC Grant through Miami Dade County Homeless Trust (26 units at $1020 /unit) and Project Based Voucher Program through Miami Dade County Public Housing and Community Development (8 units at $896/unit) which is $404,256 per year. These types of subsidies can continue to offset the cost of providing all these services to this high utilizer population.

FINDINGS

Findings below discuss Coalition Lift residents. Those in the study but housed in other PSH as well as those who remained homeless are discuss in Appendix B. Public Services cost data analysis 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.

A total of 21 individuals in Lift had two (2) years of residency at the end of the study period. To establish baseline cost and utilization data, administrative data was gathered two years prior to admission into the Coalition Lift Pilot. As a comparison, this same data was also gathered and aggregated for two years following admission into the Coalition Lift Pilot.

Based on the available data, the total costs in the two years prior to admission for the 21 individuals with at least two years of residency was **$1,882,368 or $44,818** per person per year. The largest costs were related to physical health at **$1,513,335** followed by mental health at **$172,991** and jail stays at **$171,000** and shelter stays at **$23,233**. 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.

The table below is a breakdown of costs by service area two years prior and two years post move in. The biggest reduction was for physical health which was reduced by **$984,933 (65.1%).** Shelter costs dropped by **$22,352 (96.2%).** Jail costs also dropped by **$35,400 (20.7%)** and mental health cost decreased by **$115,958 (67.0%)** while substance abuse costs increased possibly due to better access to services. Overall, there is a pattern of fewer crisis services used and more case management and proactive care.

Overall savings of **$27,292 per person per year** were realized for these systems of care. Extrapolating that to the entire 34 units yields a saving of $927,925 per year to the community.

Source	Coalition Lift	21 Clients with at least 2 years of residency			
		2 Years Prior	*2 Years Post*	*Difference*	
MED	Ambulance	$ 632	$ 1,032	$ 400	63.3%
MED/JAX	Hospital Inpatient	$ 809,982	$ 178,623	$ (631,359)	-77.9%
MED/JAX	Hospital Outpatient	$ 84,373	$ 82,384	$ (1,990)	-2.4%
MED/JAX	Hospital Emergency Department	$ 394,445	$ 149,106	$ (245,340)	-62.2%
MED	Physician	$ 12,632	$ 7,066	$ (5,566)	-44.1%
MED	Other Physical Heath	$ 7,204	$ 3,143	$ (4,061)	-56.4%
MED	Non Psychoactive Medications	$ 204,066	$ 107,048	$ (97,018)	-47.5%
	Total- Physical Health	$ 1,513,335	$ 528,402	$ (984,933)	-65.1%
DCF/MED	Mental Health- Case Management	$ 226	$ 6,828	$ 6,602	2920.4%
DCF/MED	Mental Health- Crisis Services	$ 18,513	$ 724	$ (17,789)	-96.1%
DCF/MED	Mental Health- Treatment	$ 4,800	$ 23,912	$ 19,113	398.2%
MED	Physician	$ 1,436	$ 1,069	$ (367)	-25.5%
MED/JAX	Hospital Inpatient	$ 144,685	$ 10,272	$ (134,414)	-92.9%
MED/JAX	Hospital Outpatient	$ 789	$ 654	$ (135)	-17.1%
MED/JAX	Hospital Emergency Department	$ 1,877	$ 1,887	$ 10	0.5%
MED	Antipsychotic Medications	$ 172	$ 8,835	$ 8,663	5036.6%
MED	Other Psychoactive Medications	$ 493	$ 2,853	$ 2,360	478.7%
	Total Mental Health	$ 172,991	$ 57,033	$ (115,958)	-67.0%
DCF	Substance Use-Crisis Services	$ -	$ 11,830	$ 11,830	N/A
DCF	Substance Use-Detox	$ 551	$ 1,286	$ 735	133.3%
DCF	Substance Use Recovery Support	$ 1,257	$ 1,075	$ (182)	-14.5%
	Total Substance Use	$ 1,809	$ 14,191	$ 12,383	684.7%
CJIS	Jail Stays	$ 171,000	$ 135,600	$ (35,400)	-20.7%
		855 days	678 days		
	Shelter Stays	$ 10,726	$ 342	$ (10,384)	-96.8%
		414 days	14 days		
	Shelter Day Services	$ 12,507	$ 539	$ (11,968)	-95.7%
		882 days	38 days		
	Total Costs	$ 1,882,368	$ 736,108	$ (1,146,260)	-60.9%

SUMMARY

Public Services Cost Data

There were savings of $27,292 per person per year for these systems of care. Extrapolating that to the entire 34 units yields a saving of $927,925 per year to the community. The total costs for the Coalition Lift Program (housing and operations, supportive services, and administration was $582,181 annually per 34 persons).

$27,292 (Annual cost savings per person for public systems of care)

$17,123 (Annual cost per person to be housed in Coalition Lift)

$10,169 Cost savings per person per year

COALITION LIFT PARTICIPANT SURVEY DATA

In addition to comprehensive cost data, client outcomes were also collected at baseline and every 6 months thereafter, utilizing a truncated version of the SAMSHA Government and Performance Results Act "GPRA" National Outcome Measure tool [3]. Individuals completed their baseline assessment with a housing case manager within 30 days of moving into the Lift building. These individuals were then interviewed every 6 months thereafter through the remainder of the study with final interviews taking place in November-December 2019.

The following findings focus on comparisons within Lift participants while they were engaged in the study. All clients were considered homeless at baseline assessment and were housed in the Lift building at their final assessment.

LIFT PILOT STUDY PARTICIPANTS

During the study, 44 clients were living within the Coalition Lift building and housed on average 532 days. The number of days housed was calculated using the move-in date and the date of the client's final assessment. The average number of days between baseline and final assessment was 504 days. Lift included clients ages 23 to 69 years (M=51.9) and were mostly male (79.5%).

Total Housed: 44

Residents housed at one time: 34

8 Evicted, 2 Abandoned

[3] The NOMs is the instrument mandated for all SAMHSA funded projects and measures change in a standard range of social, health, and housing related indicators.

SURVEY FINDINGS

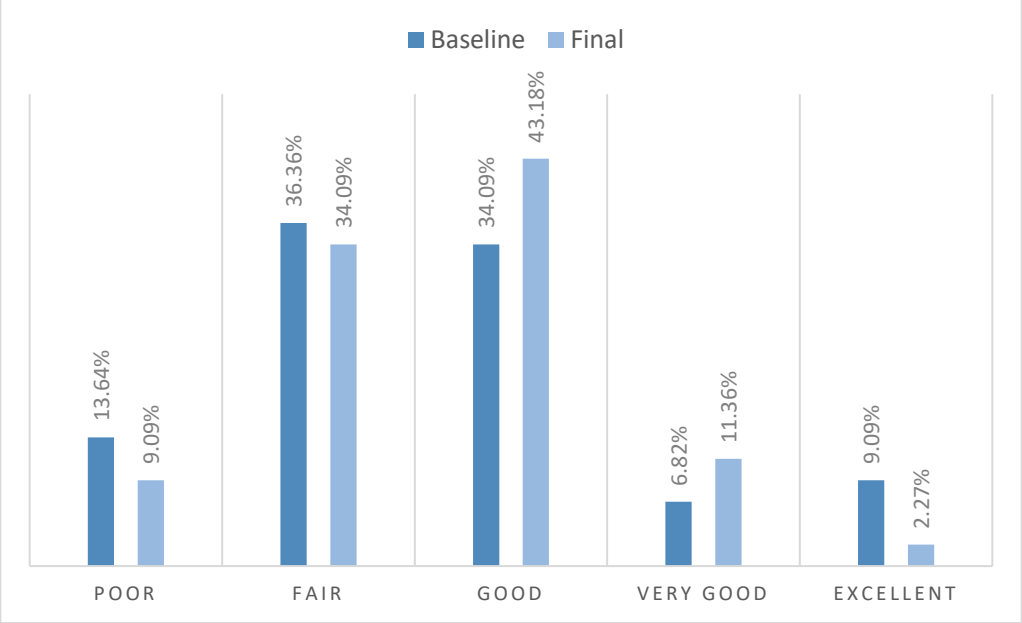
	Lift (N=44)	
	N	%
Gender		
Male	35	79.5
Female	9	20.5
Ethnicity		
Hispanic	26	59.1
Race		
Black or African American	20	47.6
Asian	-	-
White	22	50.0
	M (*SD*)	
Age	51.9	*(10.4)*
Days Housed	562.2	*(264.6)*
Days Between First and Last Assessment	569.0	*(244.2)*

MEDICAL / PRIMARY CARE

Clients were asked to rate their overall health on a scale from Poor (1) to Excellent (5).

- From the initial assessment to the final assessment, there was a slight increase in the percentage of clients (6.81%) describing their overall health as good, very good, and excellent.
- There was not a significant mean difference in overall health from baseline to final assessment, t(43)=.095, p=.925.

Figure 1. Overall health among Lift clients



BEHAVIORAL HEALTH

Clients were asked the following questions regarding mental health:

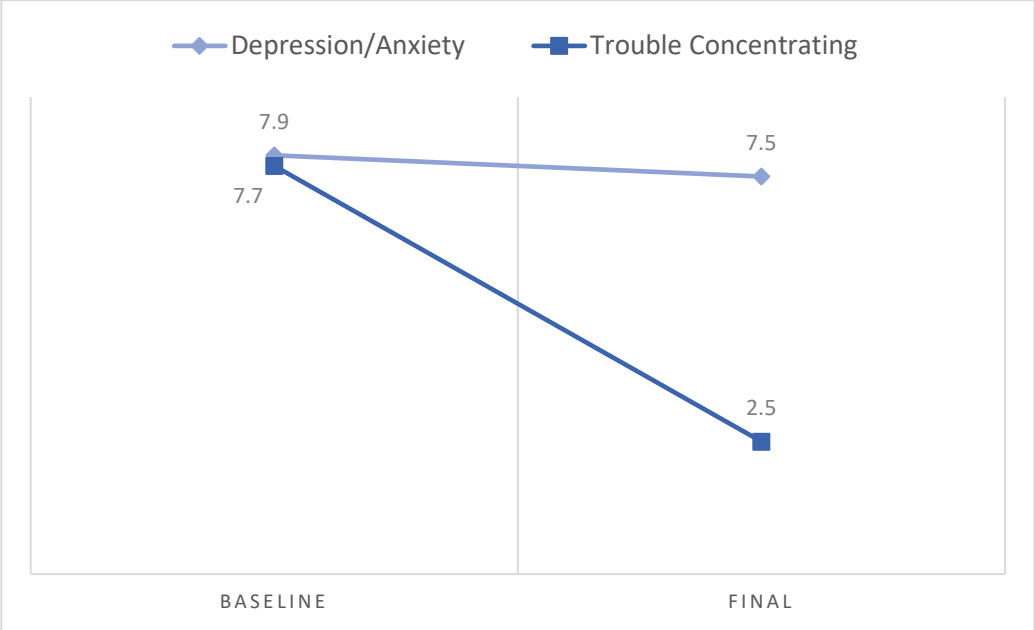
- In the past 30 days, approximately how many days have you experienced: a blue mood, sadness, despair, anxiety, or depression.

- There was not a significant decrease in the average number of days (.48) clients experienced depression or anxiety, t(40)=-.215, p=.831, from baseline to final assessment.

- In the past 30 days, approximately how many days have you experienced: trouble understanding, concentrating, or remembering?

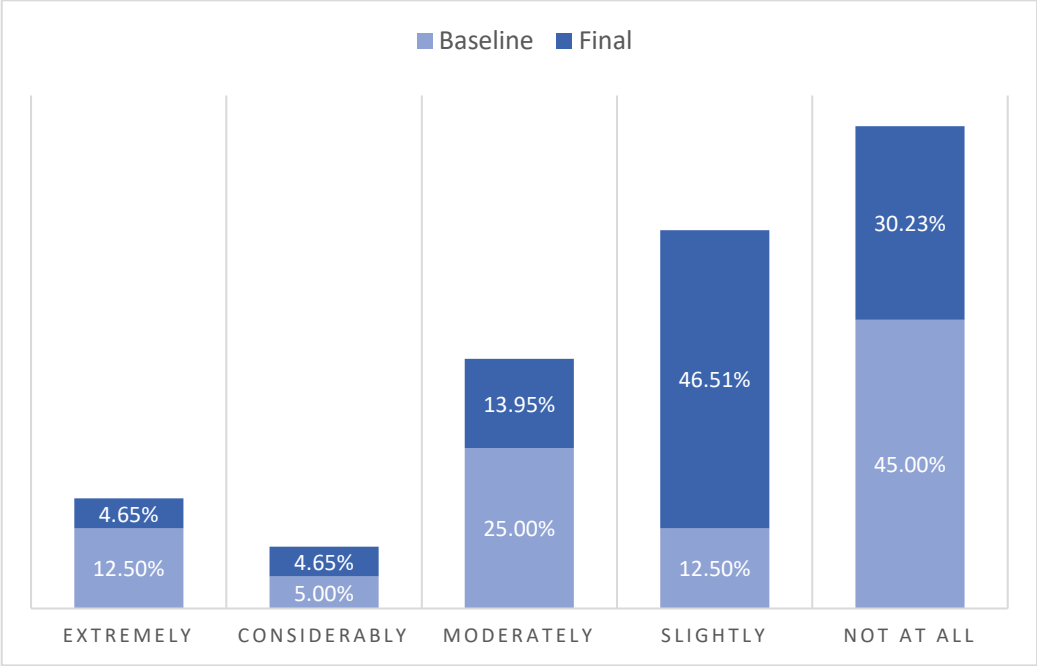
- There was a significant decrease in the average number of days (4.95) clients experienced trouble concentrating, t(40)=-2.331, p=.025 from baseline to final assessment.

Figure 2. Average number of days Lift clients experienced depression or anxiety and trouble concentrating or remembering.



- In the past 30 days, how much have you been bothered by psychological or emotional problems?
- There was an increase in clients (8.20%) who were less bothered (moderately, slightly, or not at all) by psychological or emotional problems from baseline to final assessment. This was not a significant difference, t(38)=.859, p=.396.
- When clients who were evicted or abandoned their unit were excluded from the analysis, then there was a significant decrease in how bothered clients were by psychological or emotional problems, t(26)=2.595, p=.015.

Figure 3. How bothered Lift clients felt by psychological or emotional problems.



A few individuals (n = 17) were interviewed at five unique timepoints throughout the study. The following results are from a one-way repeated analysis of variance (ANOVA) including 5 time points with 17 clients, housed on average 832 days (SD=96 days). Repeated measures ANOVAs assess whether there are differences in variables (e.g. behavioral health indicators) over time and whether the data form patterns over time that may be linear, quadratic, or cubic. These findings indicate trends but must be interpreted with caution given the lack of statistical power.

- The Lift intervention did lead to statistically significant changes in number of days of depression over time, $F(4, 52)=2.695$, $p=.041$, partial $\eta 2 = .17$. Post hoc analysis with a Bonferroni adjustment did not yield any significant differences in number of days of depression between individual time points.
- There was a statistically significant quadratic effect, where days clients felt depression or anxiety increased and then decreased after being housed 12 months ($p=.029$).

Figure 4 Average number of days Lift client experienced depression or anxiety over time

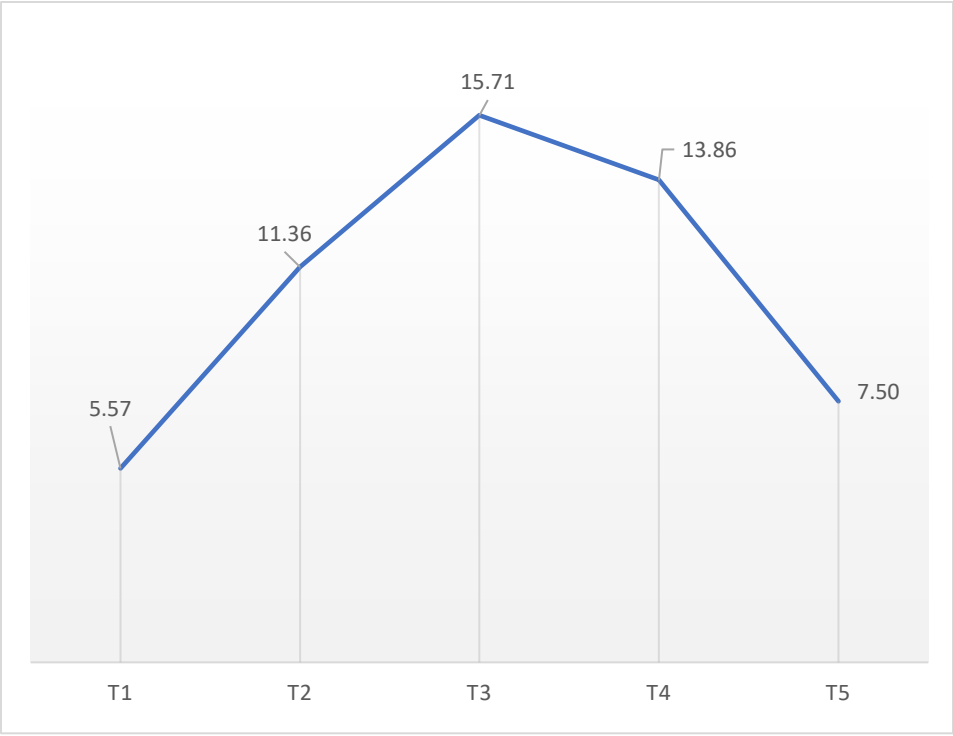
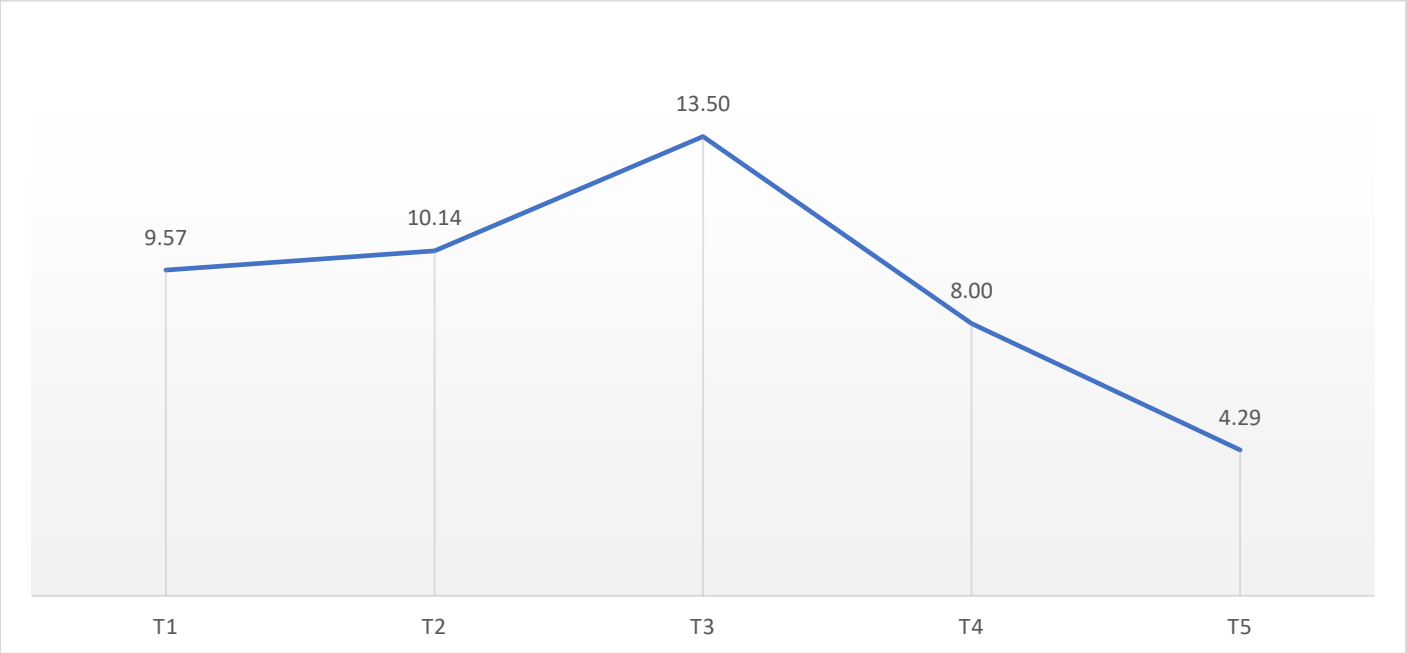


Figure 5. Average number of days clients experienced trouble remembering or concentrating over time

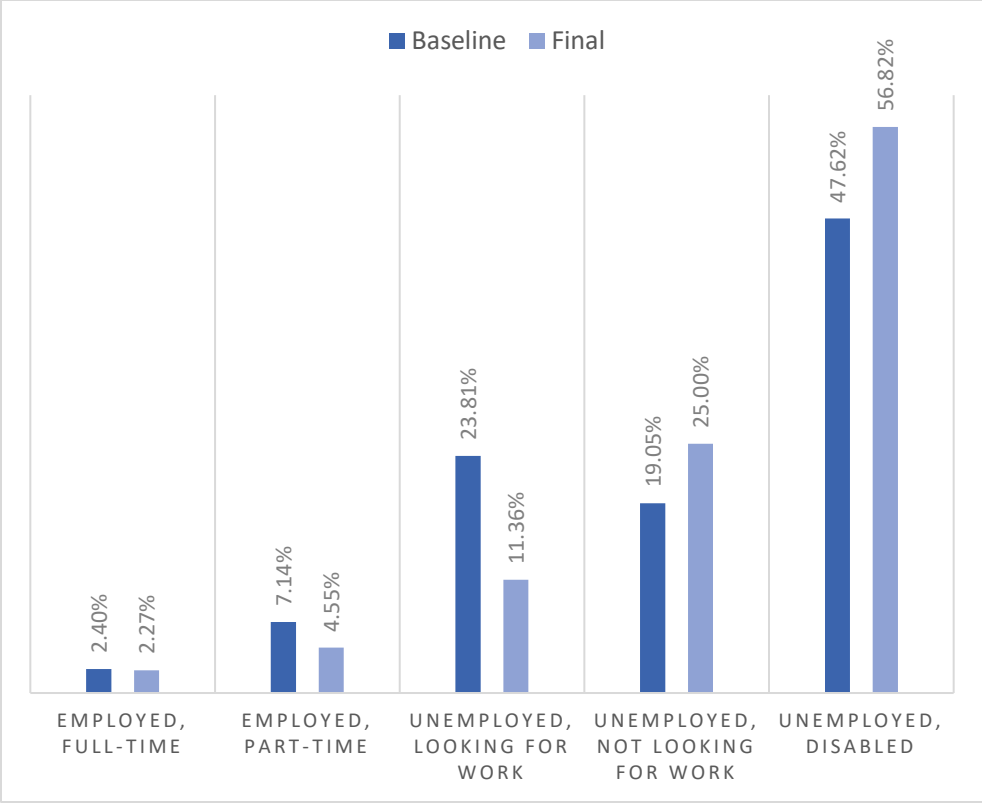


There was a statistically significant quadratic effect for number of days clients had experienced trouble concentrating or remembering (p=.026). After being housed 12 months, clients experienced on average less day's trouble concentrating or remembering.

EMPLOYMENT, EDUCATION, AND SOCIAL SUPPORT

From initial assessment to final assessment, there was a significant increase in clients who received disability benefits going from 47.6% at baseline to 56.8% at final assessment, $\chi(1) = 8.145$, p=.004. This was a direct result of individuals accessing entitlement benefits through the SOAR Initiative. There was not an increase in the proportion of individuals who were employed part-time or full-time due to the unique nature of the population (e.g. length of time homeless, lack of recent employment history, cognitive/behavioral challenges).

Figure 6. Employment among Lift clients



SOCIAL CONNECTEDNESS

This section addresses the client's use of social support and recovery services during the 30 days prior to the interview.

- There was an overall increase among LIFT clients who reported interacting with family and friends from initial (54.8%) to final assessment (70.5%). This difference, although large, was not statistically significant.
- Within the 70.5% who reported family and friend interactions, nearly all (91.7%) reported interacting with friends or families on a weekly or daily basis.
- A separate item asked about attendance in self-help or support group (i.e. Religious Groups, AA/NA meetings). There was an increase in both general attendance (Yes/no) from initial assessment, 27.3%, to final assessment, 31.8%, and an increase in attendance frequency among those who did attend. 85.7% attended self-help or support groups on a weekly or daily basis during the final assessment compared to initial assessment (66.7%).
- Although positive, neither of these finding was statistically significant.

SUMMARY

Survey data

Findings for participants in the study did not differ according to move-in date, days housed, age, race, or gender suggesting benefits of housing are universal for this target population of high utilizers.

A significantly larger proportion of Lift residents reported disability benefits at final assessment compared with baseline. Significant improvements were also seen regarding smaller number of days individuals reported trouble concentrating and the amount that residents in Lift reported being bothered by psychological problems.

Although individuals reported increased social connection with family and friends, and with attending support groups, results were not statistically significant. This was also true with overall health, which got better but only marginally, and days residents reported feeling depressed or anxious.

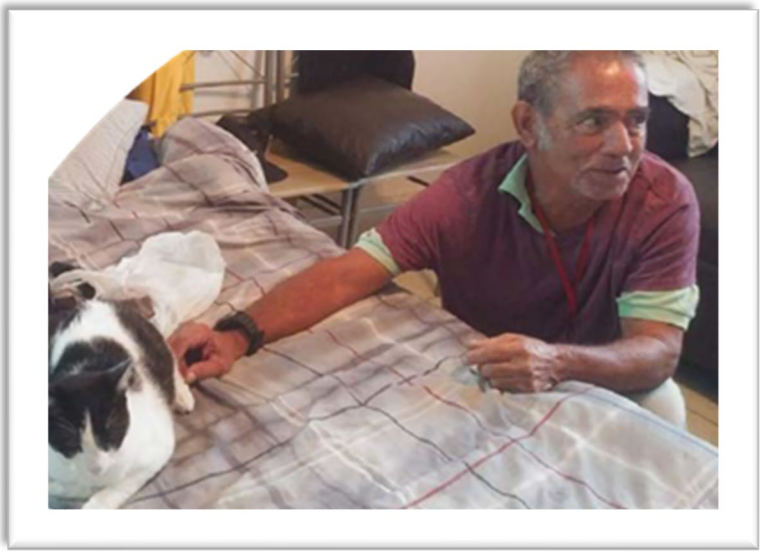
Quadratic longitudinal significant effects were found for Lift residents regarding the days they reported feeling depressed or had trouble concentrating or remembering. These findings indicate that for this group, setbacks were seen prior to improvements.

APPENDIX

APPENDIX A:

Meet the Residents

#52 of 800 "Mark"



Mark is a 62-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 untreated mental health problems. 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 so as to prevent further 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 began 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 approved for Social Security Disability Benefits through utilizing the SOAR program and it is the first time he has had

income in his life. He remained in the program and is now being referred to an assisted living facility due to his needs. His cats have been rehomed and the Coalition staff continue to monitor his progress due to his limited social supports.

#3 of 800 "Shay"

Shay is a 49-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 as a foster youth, 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 to 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 has developed relationships. 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). Despite advocacy and collaboration between the judicial system and Coalition Lift, she is incarcerated and being referred to a mental health program due to her extensive legal and mental health history. Her stay at Coalition Lift was the only time she has ever maintained housing.

#24 out of 800 AM

AM is a 36-year-old, Hispanic male of Mexican descent. He grew up in California and lived in San Francisco. As a youth, he discussed having a difficult childhood consisting of abuse and neglect, interfamilial tension, parental divorce, and severe community violence. He left his father's home as a teenager, before completing high school and was homeless on the streets of California for many years. Even homeless, he was able to graduate high school and had expressed this was the only thing that kept him alive. He admitted that his family did

not attend his graduation as they believed that he was not going to attend. He gravitated to criminal activity, his friends became his family unit, and would practice graffiti art. AM had limited social relationships and was very much a loner. He maintained on the streets entering there as a youth and eventually started using drugs. He reported that he eventually entered into residential treatment and he began to see himself. Once he completed treatment, he moved to Florida in order to start over. However, his homelessness continued, and he remained homeless on Miami Beach for many years. AM became involved in the legal system in Florida due to theft and was placed on Probation. Due to his homelessness, he was unable to pay restitution, as he could not maintain stable employment or housing. He continued to cycle in and out of the legal system. His substance abuse continued, and he entered into Coalition Lift on October 10, 2017. He was initially guarded, as he spent over twenty years homeless despite his young age. He would not trust anyone and continued his criminal activities. With time and support, he began trusting staff, connecting with others, and feeling like he belonged. Once this shift started, a noticeable change was observed in AM. He was able to pay off his Probation and has not had any legal issues since 2017. He entered into psychotherapy and began addressing his childhood traumas, he reconnected with his family in California, found employment, and started college. He has decided to pursue a degree in Social Work as he feels and expresses that he is alive today because of Coalition Lift. He has been on the Dean's List since he entered the local college in Miami Dade. He is stable, has pursued courses to become a Peer Specialist and is completing his hours. He wants to give back to society, share his experiences, and he is often supportive of his neighbors. He has dreams of owning his own home, having a family, and living independently. When speaking with AM he will let you know that he never expected to live to his current age. He is a survivor.

APPENDIX B:

In addition to focusing on the cost-benefit of the Coalition Lift model within Miami Dade County, this study also examined how the Lift model compared to two other groups: persons housed in traditional PSH within the County, and persons who passively refused housing and remained homeless.

Findings below reflect a comparison of the Lift program to the two other groups using both cost data and survey data. However, when interpreting findings, it is critical to note that the two resident groups (Lift and community PSH) are not equivalent in terms of ranking or severity of issues. Rankings from the initial high utilizer (HU) list indicated that a higher proportion of Lift residents were in the top 150 (79.5%) compared to those housed in other PSH (45.2%). This was done by design in most cases as the severity of challenges presented by individuals higher up on the list meant that traditional community housing program were not a good fit for these individuals. Specifically, Lift's onsite programming and supports, carefully trained case management and property management staff, and cultural competency with the target population provided a supportive environment with flexible, available services necessary to successfully house these residents.

Additionally, individuals were not static once placed and some individuals moved from community sites to Lift or from the non-housed group to either Lift or community PSH. These individuals were counted in the original group they came into and were later separated during analysis. Second, individuals who were approached for housing availability did not overtly turn down the opportunity, thus the non-housed group was very challenging to fill.

Part A: Cost Comparison Data

The tables below reflect cost data from Lift, individuals housed in traditional community PSH, and individuals who remained homeless. For the latter two groups, data was only available at one[31] year following initial study enrollment. Similar to Lift, substantive reductions were seen for the community housed group but were less prevalent for the homeless group.

Source		Results - Coalition Lift 21 Clients with at least 2 years of residency Annualized Pre	Post	Difference	
MED	Ambulance	$ 316	$ 516	$ 200	63.3%
MED/JAX	Hospital Inpatient	$ 404,991	$ 89,312	$ (315,679)	-77.9%
MED/JAX	Hospital Outpatient	$ 42,187	$ 41,192	$ (995)	-2.4%
MED/JAX	Hospital Emergency Department	$ 197,223	$ 74,553	$ (122,670)	-62.2%
MED	Physician	$ 6,316	$ 3,533	$ (2,783)	-44.1%
MED	Other Physical Heath	$ 3,602	$ 1,572	$ (2,031)	-56.4%
MED	Non-Psychoactive Medications	$ 102,033	$ 53,524	$ (48,509)	-47.5%
	Total- Physical Health	$ 756,668	$ 264,201	$ (492,467)	-65.1%
DCF/MED	Mental Health- Case Management	$ 113	$ 3,414	$ 3,301	2920.4%
DCF/MED	Mental Health- Crisis Services	$ 9,257	$ 362	$ (8,895)	-96.1%
DCF/MED	Mental Health- Treatment	$ 2,400	$ 11,956	$ 9,556	398.2%
MED	Physician	$ 718	$ 535	$ (183)	-25.5%
MED/JAX	Hospital Inpatient	$ 72,343	$ 5,136	$ (67,207)	-92.9%
MED/JAX	Hospital Outpatient	$ 395	$ 327	$ (68)	N/A
MED/JAX	Hospital Emergency Department	$ 939	$ 944	$ 5	0.5%
MED	Antipsychotic Medications	$ 86	$ 4,418	$ 4,332	5036.6%
MED	Other Psychoactive Medications	$ 247	$ 1,427	$ 1,180	478.7%
	Total Mental Health	$ 86,496	$ 28,517	$ (57,979)	-67.0%
DCF	Substance Use-Crisis Services	$ -	$ 5,915	$ 5,915	N/A
DCF	Substance Use-Detox	$ 276	$ 643	$ 368	133.3%
DCF	Substance Use Recovery Support	$ 629	$ 538	$ (91)	-14.5%
	Total Substance Use	$ 904	$ 7,096	$ 6,191	684.7%
CJIS	Jail Stays	$ 85,500	$ 67,800	$ (17,700)	-20.7%
	Shelter Stays	$ 5,363	$ 171	$ (5,192)	-96.8%
	Shelter Day Services	$ 6,253	$ 269	$ (5,984)	-95.7%
	Total Costs	$ 941,184	$ 368,054	$ (573,130)	-60.9%

Source		Other Housed- 11 w/ 1 yr N=11 Pre	Post	Difference	
MED	Ambulance	$ 558		$ (558)	-100.0%
MED/JAX	Hospital Inpatient	$ 65,383	$ 33,385	$ (31,998)	-48.9%
MED/JAX	Hospital Outpatient	$ 17,497	$ -	$ (17,497)	-100.0%
MED/JAX	Hospital Emergency Department	$ 19,938	$ 7,641	$ (12,297)	-61.7%
MED	Physician	$ 1,126	$ 4,865	$ 3,739	332.0%
MED	Other Physical Heath	$ 223	$ 11,169	$ 10,946	4908.5%
MED	Non-Psychoactive Medications	$ -	$ -	$ -	N/A
	Total- Physical Health	$ 104,726	$ 57,060	$ (47,666)	-45.5%

DCF/MED	Mental Health- Case Management	$ 1,988	$ 234	$ (1,754)	-88.2%
DCF/MED	Mental Health- Crisis Services	$ 529	$ -	$ (529)	-100.0%
DCF/MED	Mental Health- Treatment	$ 1,615	$ -	$ (1,615)	-100.0%
MED	Physician		$ 1,713	$ 1,713	N/A
MED/JAX	Hospital Inpatient	$ -	$ 10,854	$ 10,854	N/A
MED/JAX	Hospital Outpatient	$ -	$ -	$ -	N/A
MED/JAX	Hospital Emergency Department	$ -	$ -	$ -	N/A
MED	Antipsychotic Medications	$ -	$ -	$ -	N/A
MED	Other Psychoactive Medications	$ -	$ -	$ -	N/A
	Total Mental Health	$ 4,131	$ 12,801	$ 8,670	209.9%
DCF	Substance Use-Crisis Services	$ 114	$ -	$ (114)	N/A
DCF	Substance Use-Detox	$ -	$ -	$ -	N/A
DCF	Substance Use Recovery Support	$ -	$ -	$ -	N/A
	Total Substance Use	$ 114	$ -	$ (114)	-100.0%
CJIS	Jail Stays	$ 53,600 268 days	$ 4,200 21 days	$ (49,400)	-92.2%
	Shelter Stays	$ 18,600 708 days	$ 158 6 days	$ (18,442)	-99.2%
	Shelter Day Services	$ 10,266 724 days	$ 851 60 days	$ (9,415)	-91.7%
	Total Costs	$ 191,437	$ 75,070	$ (116,367)	-60.8%

Source		*Street 1yr N=21* Pre	Post	Difference	
MED	Ambulance	$ 1,287	$ 894	$ (393)	-30.5%
MED/JAX	Hospital Inpatient	$ 107,396	$ 50,362	$ (57,034)	-53.1%
MED/JAX	Hospital Outpatient	$ 376	$ 4,686	$ 4,310	1146.3%
MED/JAX	Hospital Emergency Department	$ 151,382	$ 65,427	$ (85,955)	-56.8%
MED	Physician	$ 23,177	$ 9,596	$ (13,581)	-58.6%
MED	Other Physical Heath	$ 2,543	$ 1,031	$ (1,512)	-59.5%
MED	Non-Psychoactive Medications	$ -	$ -	$ -	N/A
	Total- Physical Health	$ 286,161	$ 131,996	$ (154,165)	-53.9%
DCF/MED	Mental Health- Case Management			$ -	N/A
DCF/MED	Mental Health- Crisis Services	$ 4,234	$ -	$ (4,234)	-100.0%
DCF/MED	Mental Health- Treatment	$ 4,307	$ 2,614	$ (1,693)	-39.3%
MED	Physician	$ 8,221	$ 3,106	$ (5,115)	N/A
MED/JAX	Hospital Inpatient	$ 65,926	$ 4,403	$ (61,523)	N/A
MED/JAX	Hospital Outpatient	$ -	$ -	$ -	N/A
MED/JAX	Hospital Emergency Department	$ 326	$ 179	$ (147)	N/A
MED	Antipsychotic Medications			$ -	N/A
MED	Other Psychoactive Medications			$ -	N/A
	Total Mental Health	$ 83,014	$ 10,302	$ (72,712)	-87.6%
DCF	Substance Use-Crisis Services			$ -	N/A
DCF	Substance Use-Detox			$ -	N/A
DCF	Substance Use Recovery Support	$ 139		$ (139)	N/A
	Total Substance Use	$ 139	$ -	$ (139)	-100.0%
CJIS	Jail Stays	$ 170,000 850 days	$ 139,800 699 days	$ (30,200)	-17.8%
	Shelter Stays	$ - 0 days	$ - 0 days	$ -	N/A
	Shelter Day Services	$ 237 20 days	$ 71 $ 5	$ (166)	-70.0%
	Total Costs	$ 539,551	$ 282,169	$ (257,382)	-47.7%

Part B: Survey Data

Key Findings

Multiple improvements were seen regarding core domains of focus including social support, employment, and mental health. Both housed groups (Lift and Community PSH) showed gains compared to those who were not housed. The Community housed group had slightly more improvement in mental health indicators. However, longitudinal analysis for Lift residents indicated approximately 12 months of negative change before improvements were noted for mental health items suggesting that the onsite mental health support provided by Lift was instrumental in contributing to these positive post-year changes.

Comparing Lift, Community, and Non-Housed Individuals

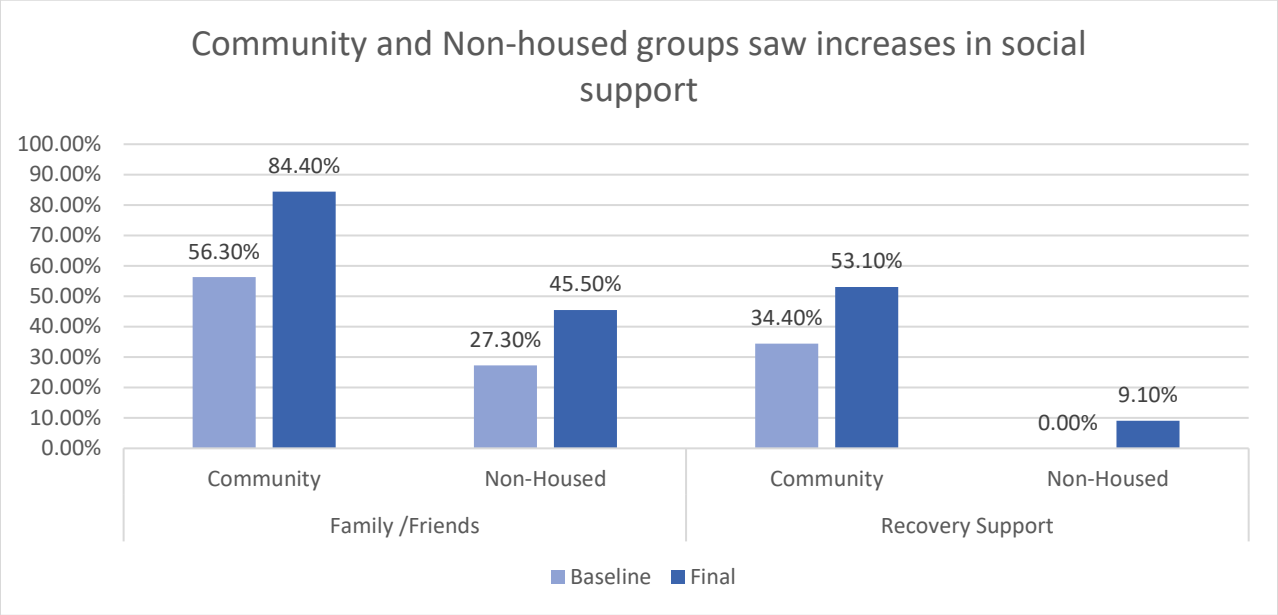
There were 32 individuals housed in other community PSH buildings and 11 individuals interviewed that were non-housed for whom longitudinal data was available. On average individuals living in community housing were housed for 733 days (SD=340 days) and the average number of days between baseline and final assessment was 310 days (SD=211 days). There were on average 312 days (SD=135 days) between baseline and the final assessment for the non-housed group. A bivariate correlation was run to test for any correlations between baseline outcomes and other factors such as days housed, and there were no significant correlations. The following findings compare participant responses from their initial and final assessment.

Social Connectedness

- Like Lift participants, more individuals in both community and non-housed groups reported spending time with family and friends at the final assessment compared with baseline. These findings were not statistically significant.

- Increases were also seen in the proportion of individuals who reported attending self- help or support groups at final assessment. These differences were significant for those in community PSH, $\chi(1) = 14.79$, $p<.001$.

Figure 7. *Social support items for Community and Non-housed participants*



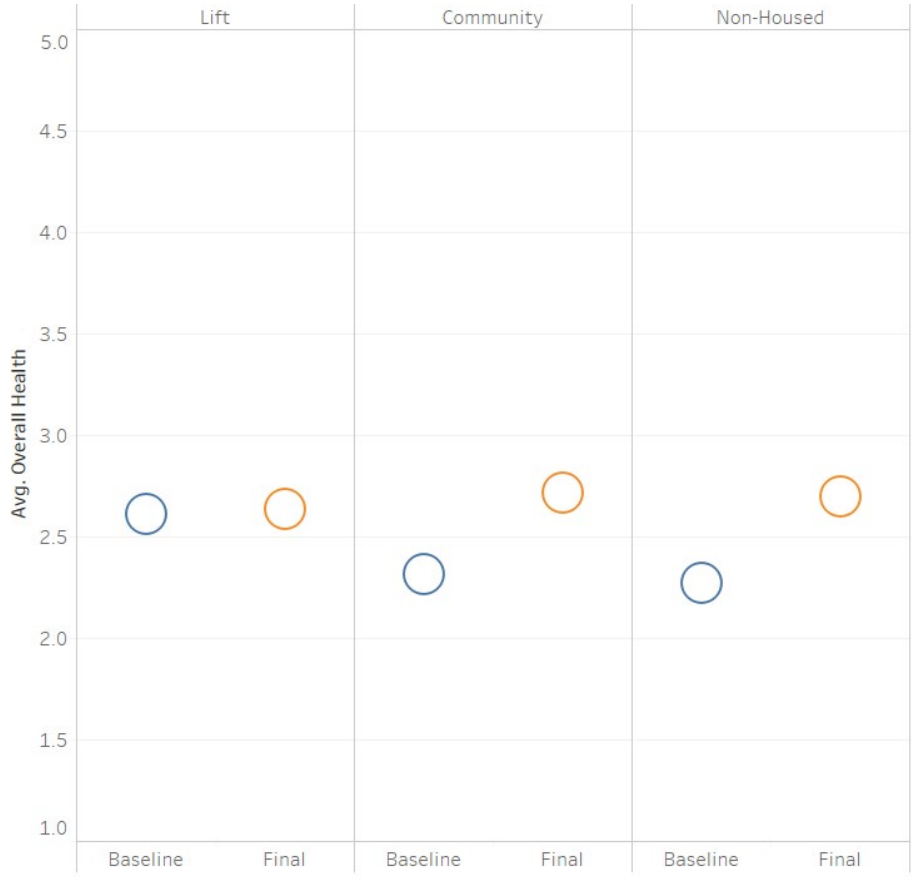
Employment

- From initial assessment to final assessment, there was an increase in the Community group regarding the number of persons employed going from 1 individual at baseline (employed part-time) to 4 individuals employed at final assessment (3 part time and 1 full time). There were no changes in the number of individuals in this group on disability with 70.0% (n = 21) at both time points.
- There were no individuals employed in the Non-housed group at either time point. One individual reported losing disability benefits with 4 individuals reporting disability at baseline and 3 individuals reporting disability at final assessment.

Mental and Physical Health

Clients were asked to rate their overall health on a 5-point Likert scale (1- Poor to 5 -Excellent). The table below shows the average score at baseline and final assessment. There was a slight increase in overall health rating from baseline to final assessment across all groups, but the change was not statistically significant.

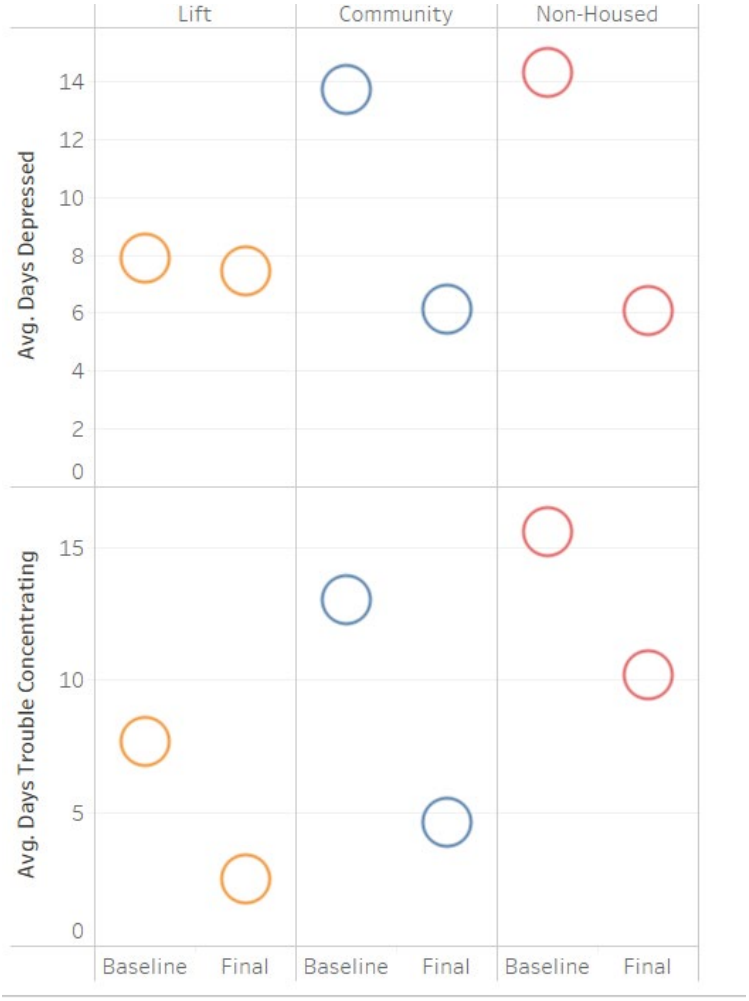
Figure 8. *Average overall health score for Lift, Community, and Non-housed participants.*



- Across all groups, there was a decrease in the average number of days participants experienced depression and trouble concentrating from baseline to final assessment.
    - There were only significant changes for those living in Lift and Community housing.

- Clients housed in other community buildings had a significant decrease in number of days depressed (M= 7.59) from baseline to final assessment, t(31)=-4.151, p<.001.
- Clients housed in other community buildings had a significant decrease in the average number of days (M=8.38) they had experienced trouble concentrating or remembering from baseline to final assessment, t(31)=-3.87, p=.001

Figure 9. *Average days participants in each group felt depressed or anxious, and days trouble concentrating or remembering among.*



- Clients housed in other Community Housing did have a significant change (M=.828) in how bothered they were by psychological and emotional problems, t(28)=3.663, p=.001.
    - 60.00% of clients reported being moderately to not at all bothered by psychological problems at baseline compared to 85.72% of clients at final assessment.

APPENDIX C:

See pdf below:

APPENDIX D:

Housing First Outcomes: A Longitudinal Pilot Study of Psychiatric Symptoms, Disability and Functional Capacity in Individuals who are Homeless and High Service Utilizers

Francisco Quintana[1], Angela Mooss[2], Simran Sandhu[3], Olga Golik[4], Thomas Jardon[4], Randel Martin [4], Adriana Foster[5]

Abstract

The Housing First (HF) approach has proven to be an effective intervention to reduce the rates of homelessness and to curb costs associated with public services utilization. Little is known on how this approach may impact overall health. Using a sample of 32 individuals who experienced chronic homelessness, mental illness/co-occurring addictive disorders, and high utilization across public service domains (e.g., jails, emergency department, and shelters), the present one-year longitudinal pilot study sought to examine the extent to which HF with supportive services leads to improvement in psychiatric symptoms, disability, functional capacity, and self-stigma. Consistent with our hypothesis, HF was found to have a beneficial effect on participants' psychiatric symptoms, disability, and certain aspects of their functional capacity. While participants' level of stigma internalization (self-stigma) did not improve over time as predicted, self-stigma and disability were both found to significantly predict psychiatric symptoms. Implications for research and practice are discussed.

Keywords: Homelessness • Serious Mental Illness • High Service Utilizers • Housing First

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