City of Albuquerque Housing First Program
Evaluation Report

Prepared for:
The Department of Family and Community Services
The City of Albuquerque

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EXECUTIVE SUMMARY

An estimated 200,000 people who experience chronic homelessness tend to have disabling health and behavioral health problems. Estimates suggest that at least 40% have substance use disorders, 25% have some form of physical disability or disabling health condition, and 20% have serious mental illnesses (SAMHSA, 2003). Often individuals have more than one of these conditions. These factors contribute not only to a person's risk for becoming homeless but also to the difficulty he or she experiences in overcoming it.

The Housing First model is designed to keep people who are chronically homeless and diagnosed with severe mental illness housed. The model differs significantly from traditional programs. Rather than having to move along a continuum of care, from living in group supervised settings to graduating to independent, supported housing after proving they can follow rules and comply with treatment, clients are offered immediate access to an apartment of their own and are not removed from housing for violating rules, being charged with a criminal offense, or refusing to take medication.

The primary purpose of the City of Albuquerque Housing First program is to provide rental assistance to chronically homeless persons who have behavioral health problems. The Housing First program is administered by the Supportive Housing Coalition of New Mexico. In order to qualify for Housing First, clients must meet three criteria: 1) they must provide proof of homelessness, 2) they must provide proof of low-income, and 3) they must provide proof of a behavioral health disorder.

The Albuquerque program is a scattered site program site and houses clients across the City using more than 45 landlords.

The program offers immediate housing to eligible persons referred from case management agencies. While referred persons must be in supportive services prior to receiving housing they are not removed if they are not actively engaged in services or if they leave or are released from services. Individuals cannot self-refer to this program. The only requirement of clients is that they live within the guidelines of their lease.

This report is a preliminary process evaluation of the Housing First program focused on reviewing Housing First program and client information and a review of a small sample of client case management records.

Between October 2005 and March 2007 the program received 225 referrals, accepted 159 clients, and discharged 37 clients.

The largest number and percentage of referrals and clients came from the UNM Psychiatric Center, followed by Healthcare for the Homeless, and the ACT Team. Together these three agencies accounted for more than 75% of the referrals and clients.

The most common referral diagnoses were: bipolar (25.4%), depression (24.4%), schizophrenia (21.6%), and PTSD (13.1%). Accepted referrals were in the same order.

Average age of clients was 41.8 years of age, the majority of clients were male (61%), a majority of clients were Anglo (60%), almost 95% were unemployed, and less than 10% were veterans.

More than 80% of the clients were classified as chronically homeless. According to Housing First staff program during the first year the program accepted clients who were homeless but not always chronically homeless. Beginning in the second year the program only accepted chronically homeless persons (continually homeless for a year or more, or had at least four episodes of homelessness in the past three years).

A preliminary review of case management information on 35 Housing First clients who received case management services from the UNM Psychiatric Center and Healthcare for the Homeless between approximately June 2005 and April 2007 was completed. On average clients in this sample had been receiving services for 461 days (range 67 – 1551 days). Clients received between 7 and 123 services and an average of 2.8 services a month.

Almost 50% of all the services provided to clients occurred on site at either the Psychiatric Center or Healthcare for the Homeless and almost 90% of the services were with the client. Approximately 56% of the services were case management services, followed by home visits (15.9%) and then medication monitoring (10%).

Improved communication and coordination between the Housing First program and case management agencies could reduce unsuccessful discharges and improve client outcomes. We recommend that mechanisms be considered that may help enhance coordination between the Housing First program and the referring agencies whose staff provide case management and other support services. Characteristics of the population being served (e.g. seriously mentally ill, homeless, and involvement with the criminal justice system) and limited funding make the implementation of this recommendation difficult.

Sign-in logs kept at each housing unit that are supposed to be used by case management staff are not being consistently used. The consistent use of these logs would allow Housing First staff to know if the clients are receiving home visits and would be a step towards improved communication.

Under current conditions it may be necessary to increase the number of Housing First staff. Currently the Director must complete unit inspections every six months, which means more than 300 inspections, must occur each year. The time required to complete these inspections is exacerbated by the fact housing units are scattered through out the City requiring travel time in addition to the inspection time. Additionally, the Director must deal with landlord issues and enroll additional landlords and housing units on an on-going basis. In a recent conversation the Director noted he currently spends approximately 75% of his time dealing with the current landlords and housing issues

including inspections. Additional staff could help coordinate between housing and case management.

We recommend the use of a formal discharge and/or exit interview for Housing First clients. During the study period a majority of the clients who left the program discharged unsuccessfully. Reasons included: incarceration, failure to pay, and behavior or lease violations. Further discharge information may be useful for the Housing First program as they attempt to reduce these types of discharges. We realize that many times because clients leave without any notice it may not be possible to complete a formal discharge or exit interview. Additionally, program staff should attempt to reduce the number of unsuccessful discharges by identifying clients who are not doing well. This could be done by identifying clients who are not doing well in their housing and/or are not doing well in case management. Because there is no formal mechanism established to proactively work on this issue clients may not always be identified until they are discharged. We were told by the Director that the program is currently taking steps to identify and work with clients not doing well in their housing and reduce the likelihood that they will have an unsuccessful discharge.

The work presented here describes how the project operated focusing on the individuals referred and those who became clients. An outcome study, that could be multi-year, should be considered that tracks Housing First clients while they are housed and after they leave Housing First housing to document changes and improvements in their circumstances and lives.

BACKGROUND AND INTRODUCTION

Studies show that the majority of people who become homeless are without a place to live for a short period of time and they usually become homeless as a result of an unexpected event such as an eviction, natural disaster, or house fire. These individuals tend to have more social and economic resources to draw on than those who stay homeless for longer periods of time (SAMHSA, 2003).

A much smaller group of homeless people is either episodically homeless (i.e., have many episodes of homelessness but each for short periods of time) or is chronically homeless (i.e., have few episodes of homelessness but each for long periods of time). A study by Kuhn and Culhane (1998) found that 80 percent were temporarily homeless, 10 percent were episodically homeless, and 10 percent were chronically homeless.

The estimated 200,000 people who experience chronic homelessness tend to have disabling health and behavioral health problems. Estimates suggest that at least 40 percent have substance use disorders, 25 percent have some form of physical disability or disabling health condition, and 20 percent have serious mental illnesses (SAMHSA, 2003). Often individuals have more than one of these conditions. These factors contribute not only to a person's risk for becoming homeless but also to the difficulty he or she experiences in overcoming it.

Homeless people, especially those with mental illnesses and/or co-occurring substance use disorders, come into frequent contact with the criminal justice system both as offenders and as victims. Often, homeless people are arrested for minor offenses, including trespassing, petty theft, shoplifting, and prostitution.

People with severe mental illness were once routinely housed in state mental hospitals. The "deinstitutionalization" movement that began in the 1960s released these severely mentally ill individuals into our nation's communities. The numbers of in-patient beds in state and county institutions for the mentally ill declined from 419,000 in 1970 to 119,000 in 1986. By the 1990s, the number of inpatient beds fell below 100,000 and in 2000 there were an estimated 60,000 in-patient beds. In theory, people were to move from mental hospitals into community mental health care systems, and be reintegrated into towns and neighborhoods where they would receive housing and other needed services. This did not happen as envisioned. Due in part to communities' lack of preparedness and resources, the needs of many of the deinstitutionalized and seriously mentally ill have not been met. As a result, growing numbers of seriously mentally ill have become homeless and many have become institutionalized in prison or jail. Often the largest single provider of housing for people with severe mental illness is the criminal justice system.

Federal estimates suggest approximately 5 to 6.9 million adult's ages 18 and older in the US met criteria for a serious mental illness in any given month between 1997 and 2000.

A recent Bureau of Justice Statistics report (Sept. 2006) noted that 21% of local jail inmates in 2002 within the prior 12 months had a recent history of mental health

problems that included a clinical diagnosis or treatment by a mental health professional. Additionally, some research and advocates for the incarcerated mentally ill suggest that many of these individuals are arrested on minor charges, and it would be more productive if they were diverted from the criminal justice system and served in the community. As noted earlier, many of these stays in jail are short-term and involve minor offenses. Few argue that jailing the mentally ill is a solution to their housing needs. The incidence of mental illness in jail and prison populations is about three to four times that of the general U.S. population.

The term "Housing First" refers to a range of housing programs specifically designed to help homeless people get off the streets and into housing. The model was developed in the U.S. in the early 1990s in response to the large growth in the homeless population in urban areas. Historically most housing programs for people with a mental illness have required persons to be stable, have a clear and relevant mental health diagnosis, be receiving mental health treatment, and have minimal other needs. The Housing First model developed by Pathways to Housing in New York City is designed to keep people who are chronically homeless and diagnosed with severe mental illness housed. Pathways' approach differs significantly from traditional programs. Rather than having to move along a continuum of care, from living in group supervised settings to graduating to independent, supported housing after proving they can follow rules and comply with treatment, Pathways clients are offered immediate access to an apartment of their own and are not removed from housing for violating rules, being charged with a criminal offense, or refusing to take medication. Pathways to Housing applies two fundamental beliefs—that housing should be separated from treatment and that consumers should make their own choices. This type of housing model provides residents the same rights as any other tenant, with freedom to come and go as they please, and the housing complex links them to social services including mental health care. Advocates believe all but the most severely mentally ill can succeed in such a setting.

Research shows that a one-size-fits-all approach to housing for persons with mental illness who are involved in the criminal justice system involved and/or who have substance abuse disorders will not work. What works in housing for most persons with mental illness may be different from what works for those who are justice involved — particularly those individuals released from jail and prison to the community and placed under correctional supervision.

The type of criminal justice contact can play an important role in determining the best housing options for consumers as well. Persons returning from prisons and jails may have high-level needs given the requirements of supervision (e.g., remain drug free, obtain employment). Housing options should provide a balance between the often competing needs of criminal justice supervision and flexible social service provision.

Housing is also a component of good mental health care. With regard to returning prisoners, residential instability and incarceration are compounding factors influencing both later residential instability and re-incarceration.

Often Housing First programs are connected to Assertive Community Treatment team programs. In these cases all clinical and support services, including out-reach and housing-related services, are provided by ACT teams. ACT teams are community-based, multidisciplinary teams of service professionals who provide intensive, individualized programs; team members seek out consumers and address their emotional, psychiatric, medical, and human needs. ACT teams operate twenty-four hours, seven days a week, and their relationships with consumers are indefinite and participants leave the program only when they choose to leave.

The primary purpose of the City of Albuquerque Housing First program is to provide rental assistance to chronically homeless persons who have behavioral health problems. The Housing First program is funded by the City of Albuquerque and administered by the Supportive Housing Coalition of New Mexico. In order to qualify for Housing First, clients must meet three criteria: 1) they must provide proof of homelessness, 2) they must provide proof of low-income, and 3) they must provide proof of a behavioral health disorder. Once accepted into the program, Housing First helps clients locate affordable housing. This process includes offering clients various housing options and locations. Once housed, Housing First assists clients with paying their rent. Clients are responsible for paying 30 percent of their reported income toward the total rent, and the Housing First program pays the difference. Supportive Housing Coalition of New Mexico funds two staff positions to administer this program. Both staff members have been with the program since its' inception.

The original intent of the Albuquerque Housing First program was to provide housing services to Albuquerque ACT team clients. Because the ACT team has not yet enrolled enough clients to meet its' design capacity of 68 clients and a large minority of ACT team clients did not require housing from Housing First it was necessary for the Housing First program to expand to accept referrals from other community agencies that deal with the target population. The original design focused on serving ACT team clients is similar to other housing first programs in the U.S. which focus on serving ACT clients. No other program provides as extensive services to clients as the ACT team and so all Housing First clients do not receive the same level or intensity of services.

Further, while Housing First staff have advocated for and encouraged the use of home-based case management support and services program staff do not control or supervise case management services or any other support services. Housing First program staff are responsible for housing and any housing issues (e.g. rent, landlord issues, acquiring new housing units, conditions of housing, and behavioral or lease violations) and have no responsibility for treatment or other supportive services. The Supportive Housing Coalition of New Mexico is a coalition agency that was created to specifically provide housing and is not a social service agency. This housing specialization is designed to reduce barriers to housing for social service coalition member agencies and their clients but has also made it more difficult to coordinate housing and social services.

The Albuquerque Housing First model is a non-traditional program and follows general Housing First model principles in that the program is designed to house chronically

homeless persons who have seious mental illnesses. The Albuquerque program is a scattered site program site meaning housing for clients is not centrally located in a single or a few sites but is scattered across the City. Albuquerque's program offers immediate housing to eligible persons referred from case management agencies. While referred persons must be in supportive services prior to receiving housing they are not removed if they are not actively engaged in services or if they leave or are released from services. Individuals cannot self-refer to this program. The only requirement for clients is that they live within the guidelines of their lease.

Clients are referred to the Housing First program through case managers with: St. Martins, The Albuquerque ACT Team, Albuquerque Healthcare for the Homeless, UNM Psychiatric Center, UNM Forensics, Transitional Living Services, and the Veteran's Administration. The client submits a Referral Packet, which consists of a Client Participation Agreement, a Crime Free Lease Addendum, a Request for Reasonable Accommodation, and instructions for rent payment. The client also submits an Intake Packet, which consists of an intake form, homeless certification, certification of income, eligibility certification, and release of information. Once Housing First receives these documents, they run a criminal background check. A criminal record does not disqualify a client from the program; however, applications from sex offenders are usually rejected. Once Housing First receives the results from the background check, the client interviewed. The purpose of the interview is to cross-check information from the Referral and Intake packets. If the information is consistent, the client is accepted into the Housing First program. Once accepted, Housing First helps the client locate housing and the rental agreement is signed between the landlord, Housing First program, and the client. Housing First pays the landlord the full rent each month and the client pays their portion to Housing First. Before the client moves in, Housing First staff members (or sometimes case managers) inspect the unit. In most cases, when the unit does not pass, it is a minor issue that is taken care of within a few days. After the issue is resolved, the unit is re-inspected and the client is allowed to move in. Every six months, the unit is re-inspected. Case managers from the various agencies and Housing First staff conduct home visits on a regular basis. Visits are supposed to be recorded on a home-visit log kept in each unit.

RESEARCH DESIGN

The initial phase of the study consisted of collecting data from program client files. These files contained information on items such as the date a client was referred to the Housing First program, the referral source, the referring diagnosis, whether a referral was accepted, the date accepted into the program, the date the client was housed, income, criminal history, living situation prior to entering the program, case manager, demographic information (race, date of birth, marital status, etc), total monthly rent, monthly rent paid to Housing First, landlord information, reasons for discharge and date of discharge for clients. These files were stored at the Supportive Housing Coalition of New Mexico offices. Data were collected for every client from the inception of the program through March 2007.

Additionally, ISR staff collected information from case management agency files. A list of these agencies is included in Table 2. For this report we were able to collect information on 35 clients at two agencies; 14 at the UNM Psychiatric Center and 21 at Healthcare for the Homeless. Case management information from these two agencies is described in the next section and includes information on the type and number of services, and length of services provided.

DATA ANALYSIS

This section discusses referral information to the Housing First program for individuals seeking housing, information on individuals accepted as clients, limited information on the landlords and housing, case management information, and discharge information.

Referral Information

Referrals occurred between October 2005 and March 2007. During this time the program received 225 referrals.

Table 1 – Referrals by Time Period

	Count	Percent
July 2005 – Sept. 2005	17	7.7
Oct. 2005 – Dec. 2005	43	19.4
Jan. 2006 – Mar. 2006	41	18.5
April 2006 – June 2006	48	21.6
July 2006 – Sept. 2006	20	9.0
Oct. 2006 – Dec. 2006	27	12.2
Jan. 2007 – March 2007	26	11.7

Missing – 3

Table 1 shows the number of referrals by three month time period beginning in July 2005 and through March 2007. The smallest number of referrals occurred in the first time period (July 2005 – Sept. 2005) and the fifth time period (July 2006 – Sept 2006).

Table 2 – Referring Agency		
Agency	Count	Percent
St. Martins	6	2.7
ACT Team	42	18.9
UNM Psychiatric Center	75	33.8
UNM Forensics	22	9.9
Healthcare for the Homeless	59	26.6
Veteran's Administration	7	3.2
Transitional Living Services	2	0.9
Other	9	4.1

Missing – 3

The largest number and percentage of referrals came from the UNM Psychiatric Center (33.8%), followed by Healthcare for the Homeless (26.6%), and the ACT Team (18.9%). Together these three agencies accounted for 78.3% of the referrals. UNM Forensics Case Management, St. Martins, Veteran's Administration, Transitional Living Services and other referrals accounted for the remaining referrals. The other category consisted of referral agencies such as the public defender's office and medical health centers.

Table 3 - Accepted Referrals		
	Count	Percent
Yes	159	70.7
No	66	29.3

Slightly more than 70% of all referrals were accepted by the Housing First program for housing.

Table 4 – Accepted Referrals by Referring Agency				
	Accepted		Not Accepted	
Agency	Count	Percent	Count	Percent
St. Martins	4	2.5	2	3.2
ACT Team	30	18.9	12	19.0
UNM Psychiatric Center	56	35.2	19	30.2
UNM Forensics	15	9.4	7	11.1
Healthcare for the Homeless	47	29.6	12	19.0
Veteran's Administration	4	2.5	3	4.8
Transitional Living Services	0	0.0	2	3.2
Other	3	1.9	6	9.5

This table reports accepted and not accepted referrals by referring agency. UNM Psychiatric Center had the highest percent of accepted and rejected referrals, followed by

Healthcare for the Homeless, and the ACT team. These were the same agencies that had the highest number of total referrals and so this finding is not unexpected.

Table 5 – Reasons for Non-Acceptance		
	Count	Percent
Voluntary	38	82.6
Not Homeless	10	13.0
Too Much Income	1	2.2
Other	6	2.2

Missing - 11

More than 80% of not accepted referrals were voluntary. Referrals that were voluntarily not accepted occurred primarily when individuals declined housing. This may include when these individuals have found other housing and when individuals cannot be located. Ten individuals did not meet homeless eligibility criteria, one individual's income was too high and six individuals were not accepted for other reasons.

Criminal history background information is also collected by the Housing First program using a private firm that relies on publicly available information. These checks are primarily conducted because some housing units will not accept individuals who have recently been charged, convicted and/or sentenced for a felony crime and other crimes. The program also does not accept any individuals who have a sex offense in their history. The criminal history information is not reported here and lacks detail. Other than relying on a private firm there is no other way for the Housing First program to collect this information. In the future we hope to collect, analyze and report local jail information on Housing First program clients in the form of bookings.

Accepted Client Information

This section discusses information on 159 accepted clients. On average clients waited 30.4 days from their acceptance date into the program to their housing date. Clients also waited an average of 36.9 days from the referral date to their acceptance date. The referral date is the date the Housing First program receives the first part of any application and it takes some period of time to complete the file collecting necessary referral information from the referring case management agency. Housing First cannot complete the application until all required information is obtained.

Table 6 – Diagnosis by Referred/Accepted				
	Referred		Accepted	
Diagnosis	Count	Percent	Count	Percent
Bipolar	54	25.4	39	25.8
Schizophrenia	46	21.6	32	21.2
Schizoaffective	10	4.7	8	5.3
Depression	52	24.4	35	23.2
PTSD	28	13.1	17	11.3
Alcohol/Drug Dependence	5	2.8	5	3.3
Other	17	8.0	15	9.9

This table reports diagnoses for referred individuals and accepted individuals who became clients. The most common referral diagnoses were: bipolar (25.4%), depression (24.4%), schizophrenia (21.6%), and PTSD (13.1%). Accepted referrals were in the same order.

Table 7 – Demographics		
Variable	Count	Percent
Age		
Average Age	41.8	
Sex		
Female	62	39.0
Male	97	61.0
Ethnicity		
Anglo	93	60.0
Hispanic	13	8.4
American Indian	6	3.9
African American	25	16.1
Asian American	3	1.9
Other	15	9.7
Employed		
Yes	8	5.1
No	148	94.9
Veteran Status		
Yes	12	8.1
No	137	91.9

Table 7 reports some demographic information for clients. Average age of clients was 41.8 years of age, the majority of clients were male (61%), a large majority of clients were Anglo (60%), almost 95% were unemployed, and less than 10% were veterans.

Table 8 – Housing Status Prior to Program		
	Count	Percent
Non-Housing (street, park, car, etc.)	32	20.4
Emergency Shelter	41	25.8
Transitional Housing for Homeless	13	8.3
Psychiatric Facility	3	1.9
Substance Abuse Treatment Facility	8	5.1
Hospital	1	.6
Jail or Prison	5	3.2
Living with Relatives and/or Friends	24	15.3
Rental Housing	6	3.8
Other	22	14.0

Missing - 3

Three categories accounted for almost two-thirds of the housing status cases. Slightly more than 25% of individuals were living in emergency shelters, 20.4% were not housed (street, park, car, etc.), and 15.3% were housed with relatives and/or friends. The other category included 22 clients and includes: motel, garage, and a house in foreclosure.

Table 9 – Has Client Stayed in an Emergency Shelter in the Past 12-Months		
	Count	Percent
Yes	68	43.6
No	88	56.4

Missing - 3

According to program records 68 (43.6%) of clients stayed in an emergency shelter in the 12 months prior to the time they were housed.

Table 10 – Is Client Classified as Chronically Homeless		
	Count	Percent
Yes	121	82.9
No	25	17.1

Missing - 13

More than 80% of the clients were classified as chronically homeless. According to Housing First staff program during the first year the program accepted clients who were

homeless but not always chronically homeless. Beginning in the second year the program only accepted chronically homeless persons (continually homeless for a year or more, or had at least four episodes of homelessness in the past three years). A quick review of the accepted clients confirmed that only four clients who were not chronically homeless were accepted in the second year of the program. Additionally, ACT team clients do not have to classify as chronically homeless to be accepted into the program.

Table 11 – Sources of Income		
	Count	Percent
Social Security Insurance	58	43.9
Social Security Disability Insurance	26	19.7
Social Security	1	0.8
General Public Assistance	29	22.0
TANF	1	0.8
Veteran's Benefits	3	2.3
Employment Income	6	4.5
Other	8	6.1

Missing – 27

As indicated by this table (Table 11) only 6 clients received income from employment. Almost all clients received income from public sources including social security insurance (43.9%), social security disability insurance (19.7%), and general public assistance (22%). This information was missing for 27 clients. Annual average income averaged $5,276 (range - $0 thru $17,210). We were not able to confirm this information from other sources.

Table 12 – Residence Zipcode		
	Count	Percent
NE	33	22.0
87109	16	10.7
87110	7	4.7
87111	1	.7
87112	9	6.0
SE	87	58.4
87106	14	9.3
87108	55	36.7
87123	19	12.7
NW	18	12.0
87104	3	2.0
87107	3	2.0
87114	7	4.7
87120	5	3.3
SW	11	7.4
87102	7	4.7
87105	3	2.0
87121	1	0.7

Missing - 56

The Housing First program used at least 35 different properties located throughout the City of Albuquerque. Two properties accounted for 27.8% of the housed clients. Fourteen properties (40% of the 35 properties) each housed a single client. Because we could not categorize the housing units of 19 clients they were listed as other. With the help of Housing First staff these units may be categorized in the future.

The Housing First program Director is the person primarily responsible for administering these units and conducts housing inspections every six-months on each unit. At the time of this report this meant the Director was responsible for completing more than 300 inspections a year or approximately 25 inspections a month. Considering the number of housing units and their locations the task of inspecting units is time intensive.

Table 13 – Monthly Rent Paid by Client and Actual Rent Charged		
	Average	Range
Monthly Rent Paid by Client	$129.57	$0 to $428
Actual Monthly Rent Charged	$517.46	$335 to $1850

This table reports the monthly rent paid by clients to the Housing First program and the actual rent charged by the landlord. On average clients paid $129.57 a month and the actual average monthly rent charged was $517.46. The average difference between the rent paid by the client and the rent charged by the landlord was $385. Clients on average

paid 26% of the rent charged by the landlord. Clients paid between $0 and $428 a month and the total rent was between $335 and $1850 a month.

Table 14 – Percent of Rent Paid by Client		
	Count	Percent
No Rent Paid	24	16.0
1% to 10%	7	4.7
11% to 20%	30	20.0
21% to 30%	20	13.3
31% to 40%	34	22.7
41% to 50%	21	14.0
51% and Higher	14	9.3

This table reports the number and percent of clients who paid varying percents of their rent. Twenty-four clients (16%) did not pay any rent and 7 clients (4.7%) paid 1% to 10% of their rent.

Table 15 – Housing Units Passing/Failing Inspections		
	Count	Percent
Pass	98	65.8
Fail	51	34.2

Missing - 10

Slightly more than one-third of all housing units failed their initial inspection. Reasons for failing inspection were typically minor and varied tremendously. Reasons included: broken appliances, electrical hazards, broken windows, and missing/broken smoke detectors.

During the course of being housed 30 clients had disciplinary actions. Fifteen had a single action, 8 had two actions, 5 had three actions, and one individual each had 4 and 5 disciplinary actions. Almost 80% of clients had no disciplinary actions.

Disciplinary actions most commonly included: non-payment of rent and unauthorized guests/friends visiting or staying in apartment. Other reasons were: fighting, loud music/phone, smoking, changing locks, failure to respond to management, use of drugs, and damage to property.

Program staff included in each unit a log book which was supposed to be used by agencies and staff that might visit the client at their apartment. During the course of the program the log books have not been used routinely or consistently. It would be useful to encourage the use of the logs.

Case Management Information

This section includes a preliminary review of case management information on 35 Housing First clients who received case management services from the UNM Psychiatric Center and Healthcare for the Homeless between approximately June 2005 and April 2007. On average clients in this sample had been receiving services for 461 days (range 67 – 1551 days). This is a sample of the 159 clients in this study who were clients in the program. Clients received between 7 and 123 services and an average of 2.8 services a month. In time for this report we were not able to collect information on a larger sample of Housing First clients served by these two agencies or the other agencies that provided case management services (i.e. UNM Forensic Case Management, Veterans Administration, Transitional Living Services, the ACT program). We were also not able to analyze the amount of time spent providing services to clients. Additionally, we were not able to conduct additional analyses that separated contacts, sessions and services by agency. In the future it would be useful to more completely collect, analyze and report contacts, sessions and services.

Table 16 – Agency Providing Case Management Services

	Count	Percent
UNM Psychiatric Center	14	40
Healthcare for the Homeless	21	60

In time for this report we were able to access case management files from the two agencies listed in the above table. In the future we hope to collect case management files from all referring agencies and for all Housing First clients who consent and authorized the release of individual health information. The information in the following tables describes information obtained from the 35 sampled client files.

Table 17 – Summary of Contacts, Sessions and Services		
	Count	Percent
Type of Contact		
Off Site in Person	355	25.1
On Site in Person	698	49.3
Collateral	36	2.5
Assertive Outreach	326	23.0
Type of Session		
Individual	1238	87.5
Family/Collateral	126	8.9
Group	51	3.6
Type of Service		
Home Visit	225	15.9
Psychotherapy	70	4.9
Case Management	791	55.9
Medical	122	8.6
Screening/Assessment	39	2.8
Medication Monitoring	141	10.0
Social Work	26	1.9

Table 17 summarizes the number and percent of contacts by type, the number and percent of types of sessions and the number and percent of services provided by UNM's Psychiatric Center and Healthcare for the Homeless.

Almost 50% of all the services provided to clients occurred on site at either the Psychiatric Center or Healthcare for the Homeless and almost 90% of the services were with the client. Approximately 56% of the services were case management services, followed by home visits (15.9%) and then medication monitoring (10%).

As noted above almost 50% of contacts were with clients. Slightly more than 25% of the contacts were with clients off site. Off site contacts included: home visits, taking the clients to appointments, or miscellaneous tasks such as picking up furniture for the client or taking them grocery shopping. Collateral contacts consisted of face to face contacts with other individuals concerning the client and comprised the smallest percent of contacts (2.5%). This included meeting with Housing First staff or other staff at their agency concerning the client. Assertive outreach contacts mainly consisted of phone calls by agency staff to the client and/or the client to the agency that included checking in on the client, scheduling appointments, requests for services from the client, and checking on missed appointments.

Types of sessions were primarily individual meaning an agency staff member met with the client individually. This includes home visits, case management, and any of the other services listed. A small number of sessions were group sessions and typically these sessions were psychotherapy. Almost 8% of the sessions were family/collateral which

primarily consisted of case management agency staff meeting with Housing First staff regarding the client.

We collected limited information on 7 types of services that are reported in this table. Case management services comprised the largest number of services provided by the two agencies to the clients. Case management included: working on various paperwork, including Housing First applications, taking clients to scheduled appointments, grocery shopping, etc. This was followed home visits. Home visits were encouraged by the Housing First program and the program requested that home visits occur once each month. Together home visits and case managements comprised almost two-thirds of all services. Other services that were provided and we were able to collect included screening/assessment, medication monitoring (i.e. visits to nurses, dispensing medications, etc.), medical (i.e. appointments with nurses, psychiatrists, etc.), psychotherapy (mental health treatment) and social work services.

The next table (Table 18) further describes the services clients received.

Table 18 – Services

	Number of Clients	Count of Services	Average Number of Services	Range of Services
Home Visits	34	225	7	1 to 24
Psychotherapy	16	70	4.4	1 to 13
Case Management	34	791	23.3	1 to 51
Medical	31	122	3.9	1 to 12
Screening/Assessment	25	39	1.6	1 to 7
Medication Monitoring	18	141	7.8	1 to 28
Social Work	5	26	5.2	1 to 11
Total	35	1414	40.4	7 to 123

This table provides the number of clients that received the different services reported in Table 17, the number of services, the average number of services that each of the clients who received the service received and the range of services.

As noted in this table, 34 of 35 clients received home visits and case management services. Thirty one clients received medical services, 25 received screening/assessment services, 18 received medication monitoring, 16 received psychotherapy and 5 received social work services.

Almost all clients received home visits, case management and medical services and on average the most commonly received service was case management services and home visits.

Discharge Information
This section contains discharge information and reports number of days in the program and discharge reasons for those who left the program.

Table 19 – Number of Days in Program Categories		
	Count	Percent
1 thru 50 Days	6	16.7
51 thru 100 Days	4	11.1
101 thru 200 Days	11	30.6
201 thru 300 Days	5	13.9
301 or more Days	10	27.8

Since the program began and through March 2007 37 clients (20.1%) have left the program. On average these clients spent 190.4 days (range 27 – 428 days) in the program. Ten clients spent 100 days or less in the program, 20 spent between 101 days and 300 days, and 10 clients spent 301 days or more. Five clients who spent more than 301 days actually spent 1 year or more in the program.

The following table notes the reasons for leaving the program.

Table 20 – Reasons for Leaving Program		
	Count	Percent
Voluntary	7	19.4
Incarceration	6	16.7
Failure to Pay	4	11.1
Behavior or Lease Violation	10	27.7
Received Section 8 Housing	2	5.6
Other	7	19.4

One-third of the clients who left the program left due to behavior or lease violations (e.g. suspicion of drugs and too much company). Almost 20% left voluntarily (e.g. moved out to live with family member(s) and moved out without giving notice), 16.7% were incarcerated, 11.1% failed to pay their portion of the rent and almost 20% left for other reasons including abandoning apartment and moving out of town.

Several reasons for leaving the program should be considered positive or successful discharges including receiving Section Eight housing and moving in with other family members.

Clients are generally released from the program if they are jailed in excess of 60 days. Upon leaving the jail these individuals are eligible for housing and can be moved to the

front of the list for individuals needing housing. It is important to note that almost all Forensic Case Management clients are currently involved in the criminal justice system.

DISCUSSION

Between October 2005 and March 2007 the Housing First program received 225 referrals and accepted 159 (70.6%) as clients. During this same time period 37 clients (20.1%) left the program. On average clients who left spent 190.4 days (range 27 – 428 days) in the program. Ten clients spent 100 days or less in the program, 20 spent between 101 days and 300 days, and 10 clients spent 301 days or more. Five clients spent more than 1 year in the program.

The largest number and percentage of referrals came from the UNM Psychiatric Center (33.8%), followed by Healthcare for the Homeless (26.6%), and the ACT Team (18.9%). Together these three accounted for 78.3% of the referrals. UNM Forensics Case Management, St. Martins, the Veteran's Administration, Transitional Living Services and Other (public defender's office and medical health centers) referrals accounted for the remaining referrals. Not surprisingly, the same agencies that had the highest number of total referrals also had the highest number of accepted referrals. More than 80% of not accepted referrals were voluntary. Referrals that are voluntarily not accepted comprised individuals who declined housing. This includes individuals who have found other housing and individuals who could not be located. Ten individuals did not meet homeless eligibility criteria, one individual's income was too high and six individuals were not accepted for other reasons.

As noted earlier the program's original design included a focus on ACT team participants. Less than 20% of all referrals and accepted clients were ACT team participants. Twelve of the 42 referred ACT team participants were not accepted for housing. The large majority of these clients voluntarily did not accept housing and we lack detailed information on why they declined housing. As noted elsewhere in this reported sometimes individuals found other housing or they could not be located to be offered housing.

The most common referral and accepted diagnoses were: bipolar (25.4%), depression (24.4%), schizophrenia (21.6%), and PTSD (13.1%).

The Housing First program used at least 35 different properties located throughout the City of Albuquerque. Two properties accounted for 27.8% of the housed clients. Fourteen properties (40% of the 35 properties) each housed a single client. Because we could not categorize the housing units of 19 clients they were listed as other. With the help of Housing First staff we will categorize these units in the future. The program is designed to be a scattered site program.

On average clients paid $129.57 of their rent and the actual average monthly rent charged was $517.46. The average difference between the rent paid by the client and the rent charged by the landlord was $385. Clients on average paid 26% of the rent charged by

the landlord. Twenty-four clients (16%) did not pay any rent and 7 clients (4.7%) paid 1% to 10% of their rent.

For this report a preliminary review of case management information on 35 Housing First clients who received case management services from the UNM Psychiatric Center and Healthcare for the Homeless between approximately June 2005 and April 2007 was completed. This is a sample of the 159 clients in this study who were clients in the program. In the future we hope to collect case management files from all referring agencies and for all Housing First clients who consent and authorized the release of individual health information.

On average clients in this sample had been receiving services for 461 days (range 67 – 1551 days). Clients received between 7 and 123 services. In time for this report we were not able to collect information on a larger sample of Housing First clients served by these two agencies or the other agencies that provided case management services (e.g. UNM Forensic Case Management, Veterans Administration, Transitional Living Services, the ACT program). We were also not able to analyze the amount of time spent providing services to clients. Additionally, we were not able conduct additional analyses that separated contacts, sessions and services by agency. In the future it would be useful to more completely collect, analyze and report contacts, sessions and services.

Almost 50% of all the services provided to clients occurred on site at either the Psychiatric Center or Healthcare for the Homeless and almost 90% of the services were with the client. Approximately 56% of the services were case management services, followed by home visits (15.9%) and then medication monitoring (10%).

As noted above almost 50% of contacts were with clients. Slightly more than 25% of the contacts were with clients off site. Off site contacts included: home visits, taking the clients to appointments, or miscellaneous tasks such as picking up furniture for the client or taking them grocery shopping. Collateral contacts consisted of face to face contacts with other individuals concerning the client and comprised the smallest percent of contacts (2.5%). This included meeting with Housing First staff or other staff at their agency concerning the client. Assertive outreach contacts mainly consisted of phone calls by agency staff to the client and/or the client to the agency that included checking in on the client, scheduling appointments, requests for services from the client, and checking on missed appointments.

Types of sessions were primarily individual meaning an agency staff member met with the client individually. This includes home visits, case management, and any of the other services listed. A small number of sessions were group sessions and typically these sessions were psychotherapy. Almost 8% of the sessions were family/collateral which primarily consisted of meeting with Housing First staff.

We collected limited information on 7 types of services that are reported in this table. Case management services comprised the largest number of services provided by the two agencies to the clients. Case management included: working on various paperwork,

including Housing First applications, taking clients to scheduled appointments, grocery shopping, etc. This was followed home visits. Home visits were encouraged by the Housing First program and the program requested that home visits occur once each month. Together home visits and case managements comprised almost two-thirds of all services. Other services that were provided and we were able to collect included screening/assessment, medication monitoring (i.e. visits to nurses, dispensing medications, etc.), medical (i.e. appointments with nurses, psychiatrists, etc.), psychotherapy (mental health treatment) and social work services.

Thirty-four of 35 clients received home visits and case management services. Thirty one clients received medical services, 25 received screening/assessment services, 18 received medication monitoring, 16 received psychotherapy and 5 received social work services.

Almost all clients received home visits, case management and medical services and on average the most commonly received service was case management services and home visits.

Since the program began and through March 2007 37 clients (20.1%) left the program. On average these clients spent 190.4 days (range 27 – 428 days) in the program. Ten clients spent 100 days or less in the program, 20 spent between 101 days and 300 days, and 10 clients spent 301 days or more. Five clients who spent more than 301 days actually spent 1 year or more in the program. One-third of the clients who left the program left due to behavior or lease violations. Almost 20% left voluntarily, 16.7% were incarcerated, 11.1% failed to pay their portion of the rent and almost 20% left for other reasons including abandoning apartment, moving out of town, and several obtained Section 8 housing

CONCLUSION AND RECOMMENDATIONS

This report is a preliminary process evaluation of the Housing First program focused on reviewing Housing First program information and a review of a small sample of case management records.

The Housing First program began accepting referrals and participants in October 2005 and through March 2007 received 225 referrals. The program accepted and housed 159 of these individuals and through March 2007 37 clients left the program.

During this research period we were able to collect and analyze referral information on every individual referred to the Housing First program. We also collected and analyzed limited information on individuals who became clients. This includes diagnosis information and rent paid and charged. We were also able to collect and report case management information on a small sample of 35 clients as well as limited discharge information on the 37 clients who discharged.

The original design of the Housing First program focused on providing housing for ACT team clients. In this model the Housing First program provides the housing and ACT provides home-based case management and all other support services. Because the ACT

team did not enroll a sufficient enough number of clients to fill the Housing First program and not all ACT team clients required housing from the Housing First program the model was adapted and additional referral agencies were added. Increasing the number of referral agencies that provide different services has made it more difficult to coordinate case management services and other support services with the Housing First program. We recommend that mechanisms be considered that may help enhance coordination between the Housing First program and the referring agencies whose staff provide case management and other support services. This could include formal meetings between Housing First program staff, referring agency staff and City of Albuquerque staff. We do not believe informal meetings between Housing First program staff and case managers are sufficient. Characteristics of the population being served (e.g. seriously mentally ill, homeless, and involvement with the criminal justice system) and limited funding make the implementation of this recommendation difficult.

Related to this issue is the use of the logs located within each housing unit. Currently these logs are not being consistently used. The consistent use of these logs would allow Housing First staff to know if the clients are receiving home visits.

Under current conditions it may also be necessary to increase the number of Housing First staff. Currently the Director must complete unit inspections every six months, which means more than 300 inspections, must occur each year. The time required to complete these inspections is exacerbated by the fact housing units are scattered through out the City requiring travel time in addition to the inspection time. Additionally, the Director must deal with landlord issues and enroll additional landlords and housing units on an on-going basis. In a recent conversation the Director noted he currently spends approximately 75% of his time dealing with the current landlords and housing issues including inspections. Additional staff could help coordinate between housing and case management.

It may also be useful to provide additional training to referral agency case managers and other staff regarding home-based case management support services. It is not clear that all referral agencies understand the model and the need to provide home-based services. The original design that focused on enrolling ACT team clients was premised on the provision of home-based services.

We also recommend the use of a formal discharge and/or exit interview for Housing First clients. As indicated by Table 20 a majority of clients are discharged unsuccessfully and include reasons such as: incarceration, failure to pay, and behavior or lease violations. Further discharge information may be useful for the Housing First program as they attempt to reduce these types of discharges. We realize that many times because clients leave without any notice it may not be possible to complete a formal discharge or exit interview. Additionally, program staff should attempt to reduce the number of unsuccessful discharges by identifying clients who are not doing well. This could be done by identifying clients who are not doing well in their housing and/or are not doing well in case management. Because there is no formal mechanism established to proactively work on this issue clients may not always be identified until they are

discharged. We were told by the Director that the program is currently taking steps to identify and work with clients not doing well in their housing and reduce the likelihood that they will have an unsuccessful discharge. This is also made difficult because the Housing First program does not always know when a client is not doing well in case management and/or support services

The work presented here describes how the project operated focusing on the individuals referred and those who became clients. To complete a process evaluation additional work is needed that includes additional data collection of case management information from consenting Housing First clients, additional research on how the Housing First program in combination with case management services works, and how this compares to other Housing First programs across the country and known best practices. A multi-year outcome study should also be considered that tracks Housing First clients while they are housed and after they leave Housing First housing to document changes and improvements in their circumstances and lives.

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