
FREQUENT USERS SERVICE ENHANCEMENT 'FUSE' INITIATIVE

NEW YORK CITY FUSE II EVALUATION REPORT

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NOTE TO READER

For those reading this report on a computer, we have linked the report internally in the following ways: (a) each section and subsection name listed in Contents has been linked to the beginning of each section and subsection; (b) each major division of the Executive Summary has been linked to its corresponding section in the body of the report; (c) text references to sections and subsections have been linked to the beginning of each section or subsection; and (d) references to specific tables and figures have been linked to the relevant table or figure. To use the links, which are hidden, place the cursor over the section, subsection or table/figure number you wish to move to; when the cursor becomes a hand with an index finger pointing at the link, click and the document will move to the linked section, subsection, table or figure.

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The NYC Frequent User Service Enhancement (FUSE) initiative represents a collaboration between the New York City Department of Correction (DOC), the NYC Department of Homelessness Services (DHS), the NYC Housing Authority and the Corporation for Supportive Housing (CSH). CSH has funded the FUSE evaluation with the support of the Robert Wood Johnson Foundation, Jacob and Valeria Langeloth Foundation, the JEHT Foundation and the Open Society Foundation.

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The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of New York City's Department of Corrections, its Department of Homeless Services or the Corporation for Supportive Housing.

AUTHORS' NOTE

Angela Aidala and William McAllister designed the study and oversaw its execution. Both also drafted most of the text and oversaw the substantive data analyses. Maiko Yomogida also conceptualized these analyses and carried them out; as well, she was the Project Manager. Virginia Shubert, in conjunction with Aidala, carried out the cost evaluation analyses and drafted that text.

EXECUTIVE SUMMARY

My life was in turmoil. I was trying to find myself and be somebody other than me at the same time. I was fighting my addiction but running with the guys that were getting high. I was fighting the devil. My life was a revolving door.

--Program participant describing life before FUSE

FUSE II Program

Housing instability/homelessness increases risk for incarceration and, conversely, incarceration increases the risk for homelessness. To address these risks, the Frequent Users Services Enhancement (FUSE) initiative was developed in a collaboration between the Corporation for Supportive Housing; The New York City Departments of Homeless Services, Correction, Health and Mental Hygiene, and Housing Preservation and Development; The New York City Housing Authority; and ten non-profit providers of housing and services. FUSE provided supportive housing to roughly 200 individuals who were frequently cycling in and out of jails and homeless shelters. This evaluation follows a subset of those participants from recruitment through two years after placement into supportive housing. The evaluation analyzes the experiences of a group of people with complex involvement in multiple public systems, numerous barriers to housing and complicated histories of behavioral health, physical health and significant trauma. It shows supportive housing significantly improved their lives by reducing their cycling between public systems, their days spent in jail and shelter and their use of crisis health services. These service use reductions resulted in significantly lower costs for government and for society as a whole. This report describes the intervention, evaluation and outcomes of FUSE II, a second generation FUSE initiative.

Compared to people with homes, persons without stable housing necessarily live more in public spaces, where they are more visible to authorities and are often targeted for 'disruptive' or 'quality of life' offenses. The war on drugs captures persons for using or possessing even small amounts of controlled substances, thereby incarcerating millions who struggle with addiction and, often, co-occurring mental illness. At the same time, prison and jail experience increases the risk of housing loss and homelessness. While many people experience some form of residential instability after prison or jail, research has identified a subset of persons with repeated episodes of both incarceration and homelessness. They are 'frequent users' of other services as well, especially crisis care services such as hospital emergency departments, inpatient and residential mental health and substance abuse treatment facilities.

Given the success of supportive housing models to improve residential stability and community integration of persons with histories of homelessness and behavioral health conditions, the Corporation for Supportive Housing (CSH) launched the Returning Home Initiative to help these frequent users. Its central premise is that the thousands of people with chronic health and behavioral health conditions cycling in and out of incarceration and homelessness are poorly served by these systems and at great public expense. Returning Home argues that establishing permanent supportive housing as a key component of reentry services for persons with recurring experiences of homelessness and criminal justice involvement will improve their life outcomes, more efficiently utilize

public resources, and likely save costs in publicly funded crisis care systems, including emergency medical, mental health and addiction services.

As part of this initiative, CSH, along with New York City's Departments of Correction and Homeless Services, established the Frequent User Service Enhancement (FUSE) Program. The FUSE model has three core elements:

- *Data-driven problem-solving.* City agencies and/or service providers use data to identify a specific target population of high-cost, high-need individuals who are clients of multiple systems (e.g., jail, shelters and hospitals) and whose persistent cycling among these systems indicates the failure of traditional service approaches. Such data is used also to measure the success of program efforts on human and public costs and to demonstrate that individuals are able to avoid cycling among institutions altogether, rather than being off-loaded from one system to another.
- *Policy and systems reform.* Public systems and policymakers engage in a collective effort to address the needs of shared clients, shift resources away from costly crisis services towards permanent housing solutions, and better integrate resources and policies across systems.
- *Targeted housing and services.* Supportive housing — permanent housing linked to individualized supportive services — is enhanced with targeted and assertive recruitment through in-reach into jails, shelters, hospitals and other settings to help clients obtain housing stability and avoid returns to costly crisis services and institutions

After a promising first generation initiative based on these elements, known as FUSE I, was concluded in New York City, a second generation program was undertaken, known as FUSE II. This document reports the initial findings of an evaluation of FUSE II, conducted by researchers from Columbia University and Shubert Botein Policy Associates.

The FUSE II Intervention

The threshold eligibility criteria for FUSE II participation was four jail and four shelter stays over the five years prior to admission. These stays were determined by administrative data match between jail and public shelter records. Additional criteria were used by specific housing providers, based on client eligibility for available types of housing assistance. Clients either had substance abuse treatment within the past 12 months, no recent problem alcohol or drug use and expressed readiness for change, or had a serious psychiatric diagnosis and mental health treatment in the past year. While these criteria were influenced by NY/NY III criteria (New York State, 2005), not all programs had these entry requirements. FUSE II leveraged resources from supportive housing production programs in New York City that were targeted to persons experiencing or at-risk of homelessness with extremely low incomes. It used funding committed to assisting persons experiencing homelessness, employing targeted units of existing government funded permanent supportive housing for extremely low income homeless New Yorkers with diagnoses of serious and persistent mental illness (SPMI)¹ and/or

¹ The mental health community no longer uses the term 'serious and persistent mental illness'. We are using this term because this was the terminology specified in the NY/NY III applications at the time they were enrolling clients.

substance use disorder. FUSE II participants received permanent supporting housing in either scattered-site housing with services provided through mobile case management teams and other staff, or single site, mixed-tenancy buildings operated by non-profits as special needs housing with onsite services. Units were subsidized such that the tenant pays no more for rent than 30% of income or of their housing allowance from benefits. Housing providers were given a one-time \$6,500 payment per client to allow for flexible service funding during the critical period from recruitment and engagement to linkage with sustainable, comprehensive medical and mental health services and other support services needed to promote stability and tenant success. Use of this enhancement varied by housing program, but included spending for clinical supervision; client recruitment and engagement; intensive case management with lower client-to-case manager ratios; special FUSE II service staff to provide more intensive support during the first year of housing; and/or additional specialty services as needed.

Evaluation of FUSE II

We designed the evaluation to measure the impact of FUSE II on a number of outcomes consistent with the intent of the program. We analyze the effect of the intervention on clients' (1) retention in permanent housing and avoiding homelessness; (2) criminal justice involvement, including arrests and returns to jail; (3) problem drinking and drug use; (4) health and mental health; (5) connection with family and other forms of social support; (6) use of health, mental health and substance abuse services; (7) over all temporal patterns of institutional involvement beyond participants' use of individual public systems, i.e., reduced cycling between institutions. In addition, we analyze the cost of the FUSE II intervention and possible cost offsets resulting from reduced public expenditures associated with using shelter, medical, behavioral health and criminal justice systems.

Our basic evaluation design is two-group pre/post, with a comparison group constructed among FUSE II-eligible individuals who strongly match those receiving the FUSE II intervention. The intervention group consisted of the 72 people who were provided FUSE II housing and services. We recruited potential comparison members by working with the housing provider agencies to determine how they selected individuals for their programs from among the larger FUSE II-eligible population and mimicking as much as possible the strategy and tactics these agencies used to locate and recruit person's eligible for their services. We visited the same few shelters from which the programs recruited and used a screening questionnaire that covered topics the service providers used to assess suitability for their specific housing program. Using this approach, we recruited 89 potential comparison group members who importantly matched those selected by the agencies for the intervention.

We then used propensity score analysis to improve the comparability of the intervention and comparison groups. This technique allowed us to estimate a "score" representing the probability (i.e., "propensity") of being selected for the FUSE II program for people in both the potential comparison group and the actual intervention group. The technique estimates this score based on a model that incorporates many pre-intervention demographic, clinical, experiential and service use variables thought to affect chances of being selected for the program and/or to affect outcomes. We used this score to select people for the comparison group who had scores comparable to those in the intervention group and successfully tested to make sure no strong differences existed between the two groups. This analysis resulted in a trimmed sample for analysis of 60 intervention group members and 70 strongly matched comparison group members.

We followed participants in both intervention and comparison groups for up to 24 months after baseline data collection by surveying them at roughly six month intervals. For the intervention group, we conducted the baseline assessment immediately subsequent to their move into FUSE II supportive housing; for the comparison group, we conducted the baseline interview at study enrollment, which was timed to coordinate with intervention group assessments. In addition to these surveys, we used administrative data from the NYC Departments of Corrections and Homeless Services. An administrative data match provided information on jail and homeless shelter experience for five years prior and two years following enrollment in FUSE II or, for comparison group members, the baseline assessment.

An examination of background characteristics and experiences of the study population found a pattern of overlapping personal vulnerabilities and experiences of social exclusion including extreme poverty, minority race/ethnicity, long experience of homelessness, chronic illness, mental health challenges, substance use problems, lack of family or social connections and histories of victimization. Regarding the criminal justice profile of frequent users, three-fourths have been incarcerated for drug related charges, overwhelmingly for possession. However, repeated incarcerations are more often associated with low-level misdemeanors such as “theft of services” (mostly jumping the turnstile for public transit access), “quality of life” offenses (vagrancy, trespassing, loitering, disorderly conduct, public urination), and probation or parole violations rather than additional drug convictions. This highlights the need to understand better how structural factors such as local laws and police practice interact with individual mental health, addiction, or other vulnerabilities to increase the risk for re-incarceration among the frequent user population.

We estimated effects of the program by using OLS and logistic regression models that included theoretically relevant variables or those that previous research suggested mattered for the outcomes of interest.

Program Effects

Permanent housing. Comparing housing situations of intervention and comparison group members at 12 and 24 months after baseline show extremely strong support for the effect of FUSE II on obtaining and maintaining permanent housing among program participants. The following results are all highly statistically significant:

- At twelve months, over 91% of FUSE II participants were housed in permanent housing, compared to the 28% who would have been housed had they not received FUSE II housing and services.
- By 24 months, FUSE II participants experienced a slight drop to 86% who were in permanent housing. By this point in time, only 42% of comparison group members were in permanent housing.
- The small change over time in the FUSE II participants housing situation speaks well for the lasting effects of the program. This 24-month analysis suggests it is likely that FUSE II-induced effects will be sustained past this study’s two year follow-up period.

Homeless shelter use. Our analysis shows the FUSE II program effectively reduced homeless shelter use. These effects are substantively and statistically very strong. Measuring shelter use from housing placement for FUSE II participants and from study enrollment for comparison group members, the major findings are:

- On average, intervention group members spent 146.7 fewer days in shelter than did comparison group members.
- The percentage of FUSE II participants with any shelter episode over the study period was reduced on average by 70%.

Incarceration. Results for incarceration show reductions in jail involvement benefiting the intervention group and most, although not all, results are statistically significant. Measuring from housing placement and compared to the comparison group, people receiving the intervention had, on average:

- 19.2 fewer days incarcerated, a 40% reduction over the comparison group.
- Fewer jail admissions over the 24 month follow-up period.

For incarceration and homeless shelter use, effects were also measured from when FUSE II participants were first enrolled in the program, which, for most, was several months prior to placement in permanent housing. This drawn out placement process was largely driven by a very slow application and approval process for Section 8 vouchers. This process required extensive documentation for people with limited access to personal records and, in a significant number of cases, proof of income for people with no access to public benefits or employment. For homeless shelter use, results measured from program enrollment are significant but less robust than results measured from actual housing placement. However, for incarceration, there is little difference in findings whether measured from initial program enrollment or from housing placement. It may be that the promise of permanent housing and/or initial activities by FUSE II program staff to engage clients and connect them to services in support of the housing placement process contributed to reduced risk of recidivism.

Substance use, mental health and health functioning. Intervention effects on substance use, health and mental health present a mix of program effects:

- The FUSE II program had a significant and positive effect on drug abuse outcomes. The percentage with any recent use of hard drugs (heroin, cocaine, crack, methamphetamine) is half as high as the comparison group and current alcohol or substance use disorder is one-third less for FUSE II participants at follow-up than among comparison group members, des. This is despite similar histories of chronic, relapsing addiction and recent substance abuse treatment prior to baseline interview.
- Half of all study participants, both FUSE II and comparison group members, screened positive for a current psychiatric disorder although there were differences in specific mental health issues.
- Compared to the comparison group, the intervention group score significantly lower on a measure of psychological stress and higher on measures of current family and social support, factors associated with improved social functioning among those with mental illness

- Physical health functioning is lower for intervention group than comparison group members; however, it is not clear that the difference is sufficiently large to indicate a clinically significant difference.

Crisis care service use. Of particular importance to public spending is the effect of FUSE II on the use of ‘crisis care’ health and behavioral health serviced: ambulance rides, emergency department visits, hospital inpatient stays, inpatient mental health or substance abuse treatment, or medically supervised detox. In general, the service use findings suggest a reduction in some but not all categories of service use resulting from the intervention:

- Ambulance rides were significantly less for the intervention group. Comparison group members had an average of 1.2 ambulance rides; FUSE II participants had fewer than one ambulance ride (mean 0.67).
- Comparison group members spent on average eight days hospitalized for psychiatric reasons, 4.4 days more than intervention group members.
- Services use difference was especially strong for AOD residential treatment: people in the comparison group spent on average almost 10 days in such a facility compared to no days for those in the intervention group.
- Average number of hospitalization days for medical reasons and of emergency room visits for any reason showed no substantial differences between intervention and comparison groups, though the slight differences were in the direction the program expected to create.
- Mean number of AOD inpatient hospital days and mean number of detoxification days showed differences that were not in the direction the program expected, but these differences were not statistically significant. Wide confidence intervals indicate substantial variation in these outcomes.

These findings only scratch the surface of the relationship between FUSE II (and programs like it) and use of medical and behavioral health services. It may be a positive impact of the program that *some* kinds of services use increase while others are reduced. A program that stably houses people and provides them access to a range of client-centered services may be creating the conditions for people to have unidentified problems become known and at an earlier stage of the problem than would otherwise have been the case. From this perspective, increases in some kinds of service use might be expected (and be the kind of effect the program seeks). For example, it may be that hospitalization for medical reasons increases as people get treatment for ailments postponed or that would otherwise go unknown. That people in the intervention group are completely able to avoid longer-term residential AOD treatment may mean that the program effectively helps people sustain recovery or reduce the severity of relapse experience. All in all, identifying what kinds of services use effects to expect needs to be subtly scrutinized to understand what constitutes program success regarding particular services.

Trajectory Analyses Findings

Previously reported results concerning incarceration and shelter use show us differences between comparison and intervention groups by summing information over the follow-up period, e.g., the sum of the number of days jailed or sheltered. Here we report our analysis comparing over-time patterns of incarceration and shelter use between the comparison and intervention groups. This gives us evidence of how the intervention affected people as they were living their lives, month in and month out. To the extent that the intervention had effects, this shows us when in the follow-up those effects were occurring, how long they lasted and what preceded and followed these effects.

Trajectory analyses produce *classes* of people who have similar histories over follow-up. In this instance, these are trajectories of people who, for consecutive thirty-day periods (which we also call “months”), had similar histories of being incarcerated or in shelter for at least one day during each thirty-day periods versus not being in either (or both) situations during the entire thirty-day period. Thus, the comparison we report here between the intervention and comparison groups is a comparison of the number and size of classes and their makeup with regard to patterns of incarceration and shelter use and not being in either institutional setting.

Incarceration. The findings for the incarceration-only trajectories are the following:

- The intervention group has two fewer classes compared to the comparison group, suggesting that the intervention creates more homogeneous histories over follow-up. One way to think about this is that the intervention changes more chaotic lives into more orderly lives.
- The intervention and comparison groups each has a class of people with no incarceration history over follow-up, and the class is about the same size, representing about half of each sample.
- The intervention group has a class of people (22% of the sample) with only one month showing any incarceration, sporadically over the follow-up period. That is, but for this one month with some incarceration experience, these people would have avoided incarceration entirely. The comparison group, however, does not have this group, i.e., their patterns of incarceration are more intense.
- Overall, the intervention reduced the number of patterns and changed the nature of patterns of those who had some incarceration. For the most part, individuals stopped cycling through incarceration (though they may have had one jail episode), and incarceration was pushed to later in the follow-up period.

Shelter use. The trajectory differences between the two groups are more striking for shelter use:

- The intervention group has one less class than the comparison group, again suggesting the intervention creates more ordered lives, at least regarding use of institutions like shelter).
- The overwhelmingly modal class for the intervention group is people with no shelter use history over the 24 months of follow-up (85%). The comparison group has no such class, but rather many classes which all begin with people having shelter experience in the first month but then stopping having shelter experience at different time points, i.e., in months two, eight

and eighteen. Thus, the intervention transformed these comparison group histories of different lengths of shelter use into histories of no shelter use.

- The second largest class for the intervention group is very small, with only 6.7% of the sample, and groups together people who were in a shelter during only one thirty-day period but at different times over the follow-up period. By contrast, all comparison group classes are characterized by people having different continuous months of shelter experience.
- The main thrust of these findings is that the intervention virtually eliminated the different patterns of shelter use found in the comparison group. It created a very large class of people who no longer use shelter and a smaller class with very sporadic use, which, as a whole, replaced the comparison group's patterns of ever increasing contiguous shelter use from the start of the follow-up period and its patterns of early and late contiguous shelter use.

Incarceration and shelter use and cycling. Here we report trajectory analysis results when we consider whether people were in jail, shelter, both or neither. Because there are now four situations people can possibly be in, the results are likely to be more complicated and they are:

- The intervention group contains a large class (45%) who had no shelter or incarceration experience while the comparison group did not have such a class.
- The intervention group had a second large class (40%) with one or two months of jail experience but no shelter episodes, while the comparison group had no such class of sporadic jail or shelter experience. If we combine these two intervention group classes, fully 85% of that group had no or a little, very sporadic shelter use, while the jail, shelter or combined use experienced by the comparison group occurred in long continuous stretches of time over follow-up.
- We can summarize the trajectory analysis for institutional use by saying that it indicates a strong impact of the intervention on the trajectories that people would have followed but for the intervention. Those in the comparison group had fairly structured histories of shelter use and incarceration, with the timing, sequencing and location (i.e., jail, shelter or both) defining the variation between the classes. Except for a small number of people in the intervention group, those receiving the FUSE II showed none of this, but rather exhibited histories of either no or little and sporadic shelter use and incarceration experience.

Cost Evaluation Results

The cost evaluation seeks to answer three questions: (1) what is the cost per participant of the FUSE II housing and enhanced services intervention; (2) what are the public cost implications of the observed impact of the intervention on the jail, shelter and medical and behavioral health services use as estimated by this evaluation; and (3) to what extent do cost reductions in these crisis and acute care services offset the public costs of the intervention?

We used standard methods of cost analysis to calculate an average per-client, per-year cost of FUSE II and to monetize service use outcomes reported in the impact sections of the report. These methods include determining the number of clients served, identifying resources consumed, estimating the cost per unit of each resource type, calculating the total cost of the intervention, and expressing all costs on

a per client basis. We take a public payor or taxpayer perspective, designed to identify costs incurred by public agencies, including federal, state and city payors. We also present intervention costs from a societal perspective that includes all housing costs regardless of who pays, including participant contributions to rent paid from earned income or from government funded public assistance or disability benefits (but excluding other costs incurred by study participants such as travel costs or the value of time spent in program activities).

We tracked NYC jail and municipal shelter use by study group members through the administrative data obtained from DOC and DHS for the 24 months prior to and following the baseline interview (typically conducted within one month of housing placement for the intervention group). Data on use of inpatient and crisis medical and behavioral health services, as well as housing costs incurred by intervention group members, were collected through the survey of intervention and comparison group members conducted at baseline and at six-month intervals over follow-up. Cost findings for jail and shelter use reflect outcomes for the trimmed and balanced sample of study participants — 60 intervention group members and 70 comparison group members. Cost findings for self-reported services use are based on responses from members of the study who completed on average 3.4 follow-up interviews (i.e., 57 intervention group members and 52 comparison group members).

We obtained FUSE II intervention costs by interviewing program staff at each of the participating housing provider agencies (who had reviewed cost records for their programs); undertaking a written survey of provider agencies; reviewing provider agency materials; and interviewing CSH project staff responsible for FUSE II project implementation and oversight.

As noted previously, we estimate intervention costs based on the 24-month period following each study participant's placement in FUSE II supportive housing or study enrollment (for comparison group members). However, to provide useful cost comparisons, we present annualized intervention costs for service use variables, expressed as the average or mean cost per person per year. All costs are adjusted for inflation to reflect 2012 dollars.

Cost and Cost Offset Findings

The major fiscal findings we estimated are:

- The annual average cost of the intervention from the payor perspective is \$25,157 (2012 dollars, here and throughout), and from the societal perspective is \$27,383. For both perspectives, these costs vary by housing model and by program.
- The intervention reduced annual average total costs for inpatient and crisis medical and behavioral health services by \$7,308 per intervention group member over the full 24-month follow-up period. The bulk of savings is attributable to reducing psychiatric inpatient days.
- Results indicate an intervention effect reducing average total costs for shelter and jail days by \$8,372 per person per 12-month period.
- For intervention group members for the 24 months prior to and following study enrollment, the total per person average cost of shelter and jail days decreased from \$38,351 in the 24 months prior to study participation to \$9,143 in the 24 months following housing — a \$29,208 or 76% reduction. This same cost also went down for the comparison group, but

from \$38,598 in the two years prior to the study to \$25,955 during the 24 follow-up period, about 33% reduction.

- Taking the full public payor intervention cost into consideration, including federal spending for affordable housing vouchers, the \$15,568 reduction in avoidable public costs offsets over 60% of the total public cost for FUSE II housing and services.

Conclusion and Implications

In sum, the intervention had strong positive effects on reducing homeless shelter and jail use, especially when measured from housing placement. It transformed people's patterns of institutional cycling such that only a very small percentage of people in the intervention group had patterns akin to the heavier use patterns of the comparison group. Rather, the patterns exhibited by the intervention group show no or extremely infrequent jail or shelter experience.

The FUSE II intervention was highly successful in securing and maintaining permanent housing for program participants. Rates of 12-month and 24-month success in maintaining housing are higher than seen in other supportive housing interventions for persons with complex histories of homelessness and behavioral health needs.

Strong program effects were also apparent for problem alcohol and drug use. Findings are less consistent regarding mental health outcomes. Rates of current disorder are similar among intervention and comparison group members. However, differences in psychological stress and in social support favor FUSE II participants. Other research has shown that such differences are associated with improved community integration, mental health functioning and quality of life among those with persistent mental illness.

Findings from the cost evaluation of the FUSE II intervention indicate that removing policy and system barriers limiting access to housing assistance for persons with criminal convictions, incorporating housing into reentry services, expanding existing housing resources available for homeless persons with health and behavioral health challenges, and giving housing providers an additional onetime \$6,500 enhancement per client for more intensive supportive services immediately post release would result in substantial cost savings to corrections, homelessness and/or health care systems for persons who would otherwise continue their cycling between jail and crisis care institutions. FUSE II enhancements were largely used to address a mismatch of resources and system barriers resulting from funding sources not being directly targeted to frequent users of jail and shelter services. Future FUSE programs will not need additional enhancements. Every year in the United States, local jails process an estimated 12 million admissions and releases. Poverty, homelessness, chronic addiction, persistent mental illness, multiple health problems or all of these are widespread among the jail population. Since 80% of inmates are incarcerated for less than one month, jails have little ability to address these deep-seated personal and community challenges. Supportive housing has been demonstrated to end homelessness for persons with complex needs and to reduce overall public systems involvement and costs. The FUSE II program results described in this report add to this body of evidence that supportive housing decreases recidivism, reduces chaotic use of expensive emergency homeless, health and behavioral health services and improves health care access and outcomes, all while helping government avoid unproductive spending.

FREQUENT USERS SERVICE ENHANCEMENT INITIATIVE (FUSE II) EVALUATION REPORT

I. INTRODUCTION

A. Incarceration, Homelessness and Frequent Users

Housing instability/homelessness increases risk for incarceration and conversely, incarceration increases the risk for homelessness. Compared to people with homes, those without stable housing necessarily live more often in public spaces, more visible to authorities and often targeted for ‘disruptive’ or ‘quality of life’ offenses such as loitering, jaywalking, panhandling, public urination and so forth. The war on drugs captures persons for their using or possessing even small amounts of controlled substances, thereby incarcerating millions who struggle with addiction and, often, co-occurring mental illness. Extreme poverty among homeless persons increases risk for incarceration for minor offenses when resources are unavailable to make bail or pay fines. At the same time, prison and jail experience increases vulnerability for homelessness. Incarceration disrupts family and community relationships, limits employment prospects and interrupts and/or disqualifies receipt of public benefits, all of which increases risk of homelessness. In addition, policies limit access to publicly funded housing assistance for persons with a history of criminal conviction. With or without legal prohibitions, landlords discriminate and communities resist providing housing to the formerly incarcerated (Fontaine & Biess, 2012; Metraux, et al., 2007).

While many people experience some form of residential instability after prison or jail, research has identified a subset of persons with repeated episodes of both incarceration and homelessness. As well, they frequently use other services at high levels, especially crisis care services such as hospital emergency departments, residential treatment facilities and inpatient mental health and substance abuse services (Burt & Anderson, 2005; Hall, et al., 2009; Culhane, et al., 2007). Given the success of supportive housing models to improve the residential stability and community integration of persons with complex histories of homelessness and mental illness (for review see Rogers, et al., 2009), the Corporation for Supportive Housing launched the Returning Home Initiative. The central premise of Returning Home is that thousands of people with chronic health and behavioral health conditions cycle in and out of incarceration and homelessness and are poorly served by these systems at great public expense and with limited positive outcomes for their lives. It is thought that establishing permanent supportive housing as a key component of reentry services will improve these people’s life outcomes; more efficiently utilize public resources; and likely avoid expenses in crisis care systems, including emergency medical, mental health and addiction services, as well as in correction facilities and homeless shelters. The Returning Home Initiative works to coordinate resources and policies to create supportive housing in communities across the United States for persons with high needs and histories of homelessness who are leaving jail or prison (CSH, 2011).

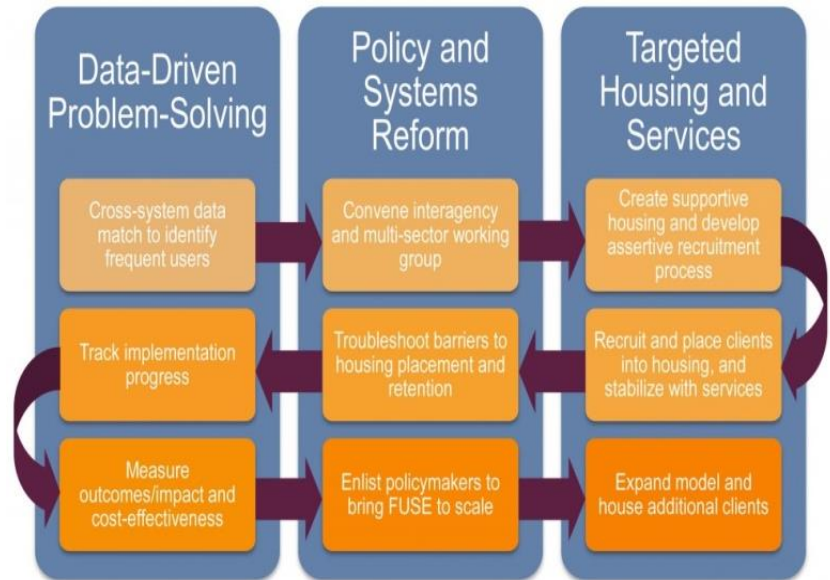
This document reports the initial findings of an evaluation of an initiative under the umbrella of the Returning Home Initiative, the New York City Frequent Users Services Enhancement program (FUSE).

B. Frequent Users Service Enhancement

As an integral part of the Returning Home Initiative, the FUSE model as developed by CSH has three core elements (CSH, 2011; see Figure 1):

- *Data-driven Problem-Solving.* Data is used to identify a specific target population of high-cost, high-need individuals who are shared clients of multiple systems and whose persistent cycling indicates the failure of traditional service approaches. Measures of success focus on human and public costs and show that individuals are able to avoid cycling among institutions altogether, rather than being off-loaded from one system to another.
- *Policy and Systems Reform.* Public systems and policymakers engage in a collective effort to address the needs of shared clients, shift resources away from costly crisis services towards permanent housing solutions, and better integrate resources and policies across systems.
- *Targeted Housing and Services.* Supportive housing — permanent housing linked to individualized supportive services — is enhanced with targeted and assertive recruitment through in-reach into jails, shelters, hospitals and other settings to help clients obtain housing stability and avoid returning to costly crisis services and institutions

Figure 1. Blueprint for FUSE



NYC FUSE I. The first FUSE project was in New York City. In 2006, a Discharge Planning Collaboration (the Collaboration) was formed that included staff from CSH, service providers and advocates concerned with the reentry population, and administrators from city agencies including the NYC Department of Corrections (DOC), the NYC Housing Authority (NYCHA), the NYC Department of Health and Mental Hygiene (DOHMH), and the NYC Human Resources Administration (HRA). Reentry issues were of growing concern. Of the roughly 350 former inmates released in NYC every day, over 40% released from jail were re-incarcerated within 12 months. The Collaboration developed a pilot housing program that targeted high-needs individuals with multiple incarcerations in Riker’s Island, the City’s jail. Using a data match between jail and public shelter records, the Collaboration identified individuals who had at least four jail stays and four stays in the city’s homeless shelter system over the prior five-years and used this “4-4-5 rule” to determine threshold eligibility for the program (CSH, 2009a; Fontaine, Roman & Burt, 2010).

Working with eight community-based housing and service providers, this initial FUSE project placed 100 formerly incarcerated ‘frequent users’ into permanent supportive housing to try to improve reentry outcomes and break peoples’ cycling between jail, shelter, emergency health and other public systems. Housing resources included 50 Section 8 Housing Choice Vouchers and 50 supportive housing placements within

single-site developments. Based on a commitment to stabilization and support services, the NYC Housing Authority created a specialized admission and review process for FUSE tenants that waived the non-violent and drug-related criminal justice exclusions which are typical barriers for tenants matching the FUSE profile. Additional vouchers were provided by the NYC Department of Housing Preservation and Development, which used the minimum for criminal justice exclusions set by the U. S. Department of Housing and Urban Development. In addition, each housing provider was awarded a one-time funding of \$6,500 per tenant to enhance its customary care services. This allowed providers to actively recruit and assist FUSE clients with their application and access to supportive housing and to deliver additional acclimatization and stabilization supports and assistance during their clients' first year living in the provided housing.

The John Jay College Research and Evaluation Center (at the John Jay College of Criminal Justice/City University of New York) evaluated this first FUSE program (known as FUSE I). The center used a quasi-experimental design, creating a comparison group by using jail and shelter administrative data to select individuals meeting the 4-4-5 criteria (four shelter entries and four jail entries in previous five years) and "matching" them to program participants on demographics and mental health diagnosis. The John Jay evaluation of the first year following placement found over 90% housing retention, a 92% reduction of shelter days and a 53% reduction of jail days; rates of stable housing and avoiding jail were much lower among comparison group members. The reduced rate of cycling between jail and public shelter indicated cost offsets to those systems of approximately \$3,000 per person, per year (CSH, 2011). These promising evaluation results led to an expanded program, FUSE II.

NYC FUSE II. CSH continued to work with city agencies and community providers to further develop the NYC FUSE program. In 2008, it obtained commitments to support an additional 100 units of housing and enhanced services for FUSE participants. NYCHA and HPD provided 101 units and set aside units from DOHMH funded supportive housing. The eligibility criteria of four jail and four shelter stays over the last five years was maintained, determined by DOC and DHS administrative data match. Every quarter, these agencies generated a replenishing list of approximately 850-1,100 individuals meeting these criteria, and CSH cross-referenced this list with current jail and shelter census information to locate potential FUSE participants for program outreach.

The public-private collaborations integral to FUSE I grew stronger in FUSE II. CSH continued its facilitative role to secure resources, provide training and technical assistance to housing providers and oversee program implementation. The NYC Housing Authority provided what were referred to as "quasi sponsor-based" Housing Choice Vouchers. This was conceived as a pilot effort using a rider to tie tenant-based vouchers to a service provider and was one of the first efforts in the country to develop a sponsor-based approach with Housing Choice Vouchers. These vouchers were classified as tenant-based vouchers, but the tenants accessed housing through master-lease agreements with the service providers. Similar efforts have been made by some housing authorities that have more flexible administrative rules than the NYC Housing Authority. In addition, the NYC Department of Housing Preservation and Development provided tenant-based vouchers, and the NYC Department of Health and Mental Hygiene funded set-aside units in supportive housing buildings. Service resources for tenants were provided through contracts from the NY/NY III and High Service Needs supportive housing production programs. Six of the community-based housing providers who had participated in the original FUSE initiative continued to recruit, house and provide services to reentry clients with complex histories of incarceration and homelessness.

For FUSE II participants, housing is permanent, not transitional. Units are subsidized through Section 8, OMH or DOHMH, such that the rent a tenant pays is no more than 30% of income or of housing allowance from benefits. DHS has formal authority over the FUSE project, linking the target population to permanent supportive housing. As in FUSE I, housing providers were given a one-time \$6,500 payment per client to allow for flexible service funding during the critical time period from recruitment and engagement to linkage with sustainable, comprehensive medical and mental health services and other support services needed to promote stability and tenant success. Uses of the enhancement varied by housing program and included clinical supervision; client recruitment and engagement; intensive case management with lower client-to-case manager ratios; special FUSE service staff to provide more intensive support during the first year of housing; and/or additional specialty services as needed. Table 1 on the next page presents a snapshot of NYC FUSE II providers' housing and service delivery models. Additional descriptions of specific housing and service characteristics and funding sources used by the different agencies serving FUSE II clients can be found in Section IV, Cost Evaluation.

Table 1. Snapshot of NYC FUSE II Providers' Housing and Service Delivery Models

Agency	Target Population^a	Type of Housing	Funding for Housing	Case Management Service Model
Brooklyn Community Housing Services (BCHS)	SPMI ^b – community care	SRO units (one site)	Project-based Section 8	• Comprehensive Service Model • Therapeutic Case Management • Harm Reduction • Peer Support
CAMBA	SPMI ^b – community care	SRO units (two sites)	Shelter+Care Project-based Section 8	• Assertive Case Management • Therapeutic Case Management • Interdisciplinary Teams
Common Ground	NY/NY III – F (recent AOD treatment) ^c	Scattered-site apartments	NYCHA quasi sponsor-based Section 8 ^d	• Comprehensive Service Model • Strength Based Case Management • Harm Reduction
Jericho Project	SPMI ^b – community care	SRO units (five sites)	Project-based Section 8	• Comprehensive Service Model
Palladia, Inc.	NY/NY III – F (recent AOD treatment) ^c	Scattered-site apartments	NYCHA quasi sponsor-based Section 8 ^d	• Service Brokering • Comprehensive Service Model • Strength Based Case Management • Interdisciplinary Teams • Harm Reduction • Peer Support
Pathways to Housing	Axis I diagnosis community care	Scattered-site apartments	HPD tenant-based Section 8	• Comprehensive Service Model • Assertive Community Treatment • Interdisciplinary Teams • Pathways Housing First Model

Source: Interviews with project staff and review of program documents

^a All programs target recently incarcerated single adults with multiple episodes of homelessness and jail experience.

^b SPMI programs are for people with “serious and persistent mental illness”.

^c NY/NY agreements are between the New York City and New York State to provide funding to nonprofit providers and developers to create supportive housing for homeless people with mental illness and other disabilities. “Category F” is for homeless single adults who have completed substance abuse treatment.

^d Scatter-site sponsor-based Section 8 apartment leases are held by the agencies, who enter into occupancy agreements with residents.

II. EVALUATION QUESTIONS AND METHODS

The FUSE II evaluation reported here was conducted by researchers from Columbia University and Shubert Botein Policy Associates. In this section, we report the questions that drove the evaluation and the methodology used to answer those questions. In the following Section III, we report findings regarding point-in-time and time-aggregated outcomes, and investigate time-patterned outcomes for jail and shelter use. Section IV of this report examines FUSE II intervention costs and the results of a cost-offset analysis; the final section summarizes the report and points to policy implications.

A. Evaluation Questions

The evaluation was designed to measure the impact of the second phase of the FUSE initiative on a number of important outcomes. Specifically, we ask whether or not the intervention positively changed clients' lives with regard to their:

- avoiding homelessness and retaining housing,
- criminal justice involvement, including arrests and returns to jail or prison,
- health and mental health and health services utilization,
- using hard drugs, problem drinking and engaging in similar high-risk behaviors,
- connecting with family and having other forms of social support,
- over all temporal patterns of institutional involvement beyond their using individual public systems, i.e., reduced cycling between institutions.

In addition, we analyze the cost of the FUSE intervention and possible cost offsets from reducing public expenditures associated with use of shelter, medical and criminal justice systems.

B. Research Design

Our basic study design is a two-group pre/post design with a comparison group constructed among FUSE II-eligible individuals who strongly match those receiving the intervention. We are interested in estimating the effects of the FUSE II intervention or “treatment” on those who received the intervention. We do not estimate effects on the broader population of those who meet program criteria.

To allow enough time to test the program's effectiveness, we followed participants in both intervention and comparison groups for up to 24 months after baseline data collection. Data sources included survey interviews as well as administrative data from the NYC Departments of Corrections and Homeless Services. Using an extensive questionnaire, we interviewed study participants at baseline, six, twelve, eighteen and twenty-four months.² For the intervention group, we conducted the baseline assessment immediately after they moved into FUSE II housing; for the comparison group, we conducted the baseline interview at study enrollment, which was timed to coordinate with intervention group assessments.

² Not all study participants were interviewed at each of the time periods. Some completed their final interview more than 24 months after baseline, and some were lost to follow-up. See Table 4 for relevant response rates and numbers.

An administrative data match provided information on jail and homeless shelter experience for five years prior to and two years following enrollment in FUSE II, or, for comparison group members, following baseline assessment. In our analysis, individuals were analyzed as FUSE II intervention group members, regardless of whether they maintained FUSE II housing or otherwise continued to be part of the FUSE II program.

C. Comparison Group Formation

Since FUSE II was implementing an already established protocol with a complex process to determine eligibility and enroll individuals into the program, a random assignment design with people randomly assigned to a control group was not feasible. This necessitated our forming a comparison group to address possible confounders of any intervention effects. Such a comparison group improves our ability to ascertain if the program caused the result that we see in jail, shelter, health or other outcomes, or if something about the individuals in FUSE II caused such effects. For instance, perhaps persons in the program were better off in some way (e.g., higher functioning, more motivated to change, and so forth) than people who weren't in the program. As a result, they may have avoided jail or scored better on outcome measures regardless of their participation in FUSE II. On the other hand, perhaps FUSE II participants were worse off, struggling with mental health needs that were bound to improve just with the passing of time, again, regardless of their participation in FUSE II. Thus, to determine the effect of FUSE II, we need to answer: What would have happened to the people who received the intervention if they had not received the intervention?

Comparison group recruitment. Our recruitment strategy was to mimic as much as possible the strategy and tactics program agencies used to locate and recruit persons eligible for FUSE II. Thus, the first step in our strategy for forming this group was to work with the housing provider agencies to determine how they selected individuals for their programs from among the larger FUSE II-eligible population. Using information on client selection processes and from the monthly list of FUSE II-eligible people in DHS homeless shelters, our field staff visited shelters where FUSE II-eligible persons lived to identify potential study participants who met the 4-4-5 criteria.

To follow as closely as possible agency recruitment efforts, our staff went to the same shelters from which the programs recruited. While there, they used a questionnaire that covered topics the service providers were using to assess suitability for their specific housing programs. To be more specific: Informed by eligibility criteria used by programs that targeted services for persons with a serious persistent mental health diagnosis or with substance use histories who engaged in or had recently completed a successful course of addiction treatment, the screening questionnaire included questions on these topics (see Appendix D for Screening Questionnaire). Thus, to be eligible for the comparison group, in addition to being on the DOC-DHS match list and meeting the 4-4-5 criteria, people had to meet either additional criteria (A) or (B):

- A. They had to have been in drug or alcohol treatment in the twelve months prior to the administration of the screening survey and report not drinking alcohol to the point of intoxication or using cocaine, crack or heroin in the prior 45 days. They also had to answer “definitely willing” or “possibly willing” to one of the following: “In order to get housing, would you be willing to (1) completely quit using drugs, (2) go to an outpatient substance use program where you would go every day for counseling and treatment, (3) attend a support group related to alcohol or drug use, or (4) go to individual alcohol or drug counseling or therapy for alcohol and substance use.”

B. Potential study participants also had to report if they had ever been diagnosed with a psychiatric condition, or had mental health treatment or talked to a mental health specialist in the twelve months prior to administration of the screening questionnaire.

Not all programs used the same criteria. To create a comparison group that was as equivalent as possible to the intervention group, we utilized enrollment criteria common to all programs. As a proof of concept that this approach was appropriate, we note that 12 of the people we identified for the comparison group — but before we formally included them in the study — were subsequently accepted into the FUSE II intervention.

Using this multi-layered process, we selected individuals for comparison group membership who closely matched those chosen by housing providers for the FUSE II intervention. By the time the program admissions window closed in March of 2010, these providers had identified 72 people for FUSE II. These individuals comprise the intervention or treatment group for the evaluation. During the same time period, using the procedures just described, we identified 89 persons for the comparison group. We selected a larger number for the comparison group because we anticipated a larger program population and because we wanted a larger group from which to select to carry out the second step in forming our comparison group.

Propensity score analysis. Our second step in forming the comparison group was to use propensity score matching to improve the comparability of the intervention and comparison groups. This technique allows us to estimate a “score” which represents the probability (i.e., “propensity”) of being selected for the program for people in both the potential comparison group and the actual intervention group. The basic idea of this method is to estimate a score based on a model that incorporates pre-intervention demographic, clinical, experiential and service use variables thought to affect people’s chances of being selected for the program and/or thought to affect outcomes. We use this score to make the comparison group more similar to the intervention group than it otherwise would be and, thus, minimize pre-intervention group differences across relevant characteristics. (See Figure 2 for a diagram of this logic.)

Figure 2. Using Propensity Scores to Identify Comparable Cases

Cases are excluded at both ends of the propensity score distribution to improve the match between program participants and comparison group members.

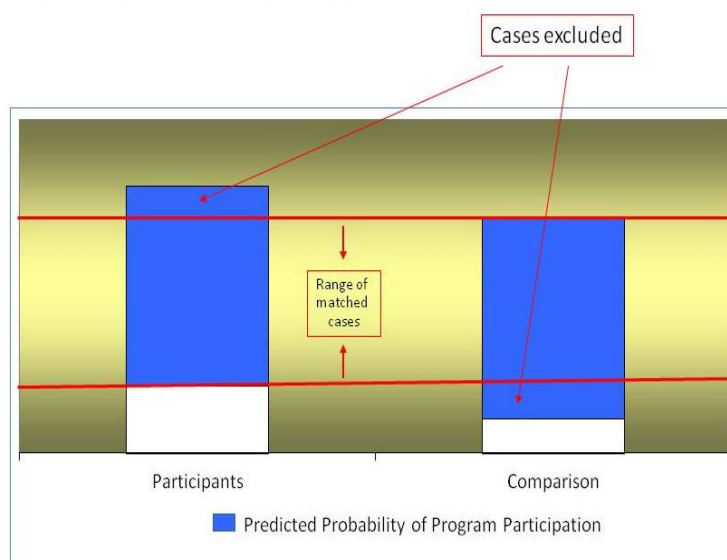


Table 2 reports the number of cases for each study group resulting from steps one (initial recruitment of comparison group members) and two (selecting cases using propensity scores). For further details of the propensity score analysis, see Appendix A.

Table 2. Size of Intervention and Comparison Groups for Each Selection Step

Groups	Selection Step	
	First	Second
Intervention	72	60
Comparison	89	70

The propensity score analysis indicates that, in following the same criteria and procedures as the programs to identify the comparison group, we did a fairly good job. Sixty of 72 people in the intervention group had propensity scores that overlapped with those of 70 people in the potential comparison group. Using the constructions of the intervention and comparison groups resulting from this second step, we tested the results by checking how well the intervention and comparison groups were “balanced” on the variables (“covars”) used to estimate the propensity score. For each covar, the difference between the mean of the comparison group and the mean of the intervention group is assessed for bias and statistical significance. We found that once we trimmed the intervention and comparison group cases to eliminate those with no overlap in propensity scores, the two “trimmed” groups are fairly balanced without further propensity score adjustment. Appendix A, Table A-2 contains the results of the balance analysis for all the variables that were initially thought to possibly affect selection into the intervention and/or intervention outcomes. Note in this table that a range of measures of prior jail experience were examined during the propensity analysis; all remain balanced in the trimmed sample used for the outcomes analyses.

In Table 3 (p. 12), we report the balance analysis for a subset of the covariates that were statistically significant in the model used to estimate the propensity score and for the one covar (never psychiatric diagnosis) whose mean difference between the comparison and intervention groups remains statistically significant in the trimmed sample. The table shows no statistically significant differences between the intervention and comparison group members in the trimmed sample except ‘never had mental health diagnosis’; of the other measures, only ‘no close friends or family contacts’ is even marginally significant. For example, the mean number of shelter admissions over the 24 month period prior to baseline interview is 2.5 for the intervention group and 2.3 for the comparison group; 22% of intervention group members had been homeless for five years or more over their lifetime as were 23% of comparison group members.

As another measure of balance, Table 3 also shows the ‘bias’ statistic. This is the difference of the means expressed as a percentage of the square root of the average of the sample variances in the intervention and comparison groups. The lower the percentage, the less the two groups differ (Rosenbaum & Rubin, 1985). As Table 3 shows, almost all variables have about a 20% bias or less; the mean and median bias for the data with trimmed cases is 13.4 and 10.2, respectively, indicating very good balance. In our outcomes analyses, we adjust for potential residual bias by further covariate adjustment through regression modeling that includes

the variables listed in Table 3. That is, all analyses control for ever psychiatric diagnosis, drug use, history of homelessness, education and the other variables shown in Table 3.

For all outcome analyses, we use the trimmed sample or a subset of it. However, we use the full intervention sample of 72 FUSE II participants when we provide descriptive statistics for those the intervention served (e.g., on average, how long those who received housing stayed housed and similar statistics). In Appendix B, we show how the intervention participants excluded in the trimmed sample differ from and are similar to the 60 FUSE II intervention group members used in the outcome analyses.

D. Data Collection

We use two data sources to carry out the evaluation. One is an extensive survey of comparison and intervention group participants based on in-person interviews. (See Appendix E for the Baseline Questionnaire and Appendix C for a concordance listing conceptual variables, specific measures and sources for standardized measures used in the questionnaire.) The FUSE II interview includes original items developed specifically for this evaluation as well as standardized measures and validated assessment tools measuring:

- demographics,
- current and recent housing and living arrangements,
- residential history for the five years prior to baseline,
- health conditions and health functioning,
- mental health diagnoses and mental health functioning,
- alcohol and substance use,
- health, mental health and substance abuse services,
- social networks and social support,
- need for and use of case management and social services.

We administered the surveys at baseline and at roughly six month intervals over two years, for a total of five waves of data collection. Table 4 reports the number and percentages of completed surveys at each wave. Mean number of follow-up interviews was 3.1. An additional 52 interviews were completed beyond the 24 month time period that frames the current study and therefore are not included. Information from these additional surveys will be available for future analyses.

The second dataset resulted from a data match of administrative records from the Departments of Corrections and Homeless Services of the City of New York. Measures included dates of admission and discharge into jail or shelter, length of residence or incarceration, location of facility and, for those incarcerated, the arrest charge(s).

Table 3. Balance of Covariates for Trimmed Data: Covars in the Propensity Score Model and Covars with Statistically Significant Differences

Covariates	Intervention Group Means/ Proportions ^a (n=60)	Comparison Group Means/ Proportions ^a (n=70)	% Bias	t-score	p
Number shelter admissions over 24 months before program enrollment	2.47	2.29	7.5	0.420	0.674
Life time homelessness $\geq$ 5 years ^b	0.22	0.23	-2.8	-0.160	0.872
Veteran	0.03	0.07	-17.0	-0.960	0.341
Physically Disabled	0.58	0.53	11.0	0.620	0.535
Current employment income ^c	0.23	0.30	-15.0	-0.850	0.397
Current income from public assistance ^d	0.63	0.67	-7.9	-0.450	0.652
Didn't graduate high school	0.40	0.37	5.8	0.330	0.741
Graduated high school/GED	0.48	0.44	8.1	0.460	0.648
Reported health fair or poor	0.32	0.27	9.9	0.560	0.575
Age at first sexual relations with opposite sex	14.4	14.0	10.2	0.570	0.568
Never psychiatric diagnosis ^e	0.37	0.19	41.0	2.350	0.020 *
Mental health services past 6 months ^f	0.45	0.54	-18.5	-1.050	0.295
Never used hard drugs ^g	0.17	0.26	-22.1	-1.250	0.214
Past use hard drugs ^h	0.52	0.41	20.5	1.160	0.246
No close friends or family contacts ⁱ	0.03	0.13	-35.2	-1.960	0.052

* $p \leq .05$

^a Values shown are means for continuous variables or proportions for the one category of dichotomous variables shown in the table, e.g., 0.22 or 22% of the intervention group had five or more years homeless prior to baseline interview.

^b Self-report of lifetime street or shelter homeless experience since age 18.

^c Includes pay for odd jobs, occasional or temporary part-time work (irregular hours).

^d Income from SSI, SSDI, TANF, VA or PA/TA (New York State temporary safety net assistance for individuals).

^e Self-report never diagnosed with psychiatric disorder, received medications or hospitalized for mental health problems.

^f Received treatment or therapy from mental health professional or supportive counseling six months prior to baseline.

^g Never used cocaine, crack, heroin, or methamphetamine.

^h Ever used cocaine, crack, heroin and/or methamphetamine but not within six months of baseline interview.

ⁱ No close friends who are not relatives or adult relatives seen at least occasionally or speak to on the phone.

The result of this data collection is an extensive set of information that will help us understand the ‘frequent user’ population and effects of the FUSE II intervention. In addition, availability of a wide range of information about participants allows us to feel confident in the propensity score analysis, since that method assumes all relevant variables have been measured, and to include in the outcome analyses variables that might be thought to affect outcomes independent of the intervention.

Table 4. Completed Surveys for Each Interview Wave

Interview Wave Number	Intervention Group			Comparison Group		
	N	% ^a	Mean months from baseline	N	% ^a	Mean months from baseline
One (baseline)	72	na	na	89	na	na
Two (month 6)	68/69	98.6%	6.5	61/86	70.9%	6.8
Three (month 12)	64/67	95.5%	13.0	56/61	91.8%	13.9
Four (month 18)	58/64	90.6%	19.9	37/56	66.1%	19.3
Five (month 24)	40/56	75.0%	26.2	28/35	80.0%	25.5
Any follow-up interview	68	94.4%	na	66	74.2%	na

^a Percent of sample eligible to be interviewed at each wave.

E. Description of Frequent Users

Before discussing outcome effects associated with the FUSE II intervention, we describe the FUSE II sample of ‘frequent users’ — adults with multiple experiences of jail and homeless shelter admission. Table 5 shows a range of demographic, clinical, service need and service utilization characteristics, as well as pre-baseline histories of jail and shelter experience. Selected here are characteristics and experiences that other research has shown to be associated with poor outcomes and recidivism among persons leaving jails (Andrews & Bonta, 1995; Vera Institute, 2012) and factors increasing risk for homelessness among low income populations (for review see Apicello, 2010). Table 5 presents means and proportions for the trimmed sample.

Frequent users in both the intervention and comparison group are overwhelmingly male and predominantly African American or Latino. A substantial proportion do not have a high school diploma or GED. Three-fourths have had a history of regular full-time employment but current rates of disability are high. Extreme poverty is the norm. For the great majority, yearly income from all sources is less than \$7,500. More than half are food insecure. Most frequent users of jail and shelters have very limited social networks: Close to 80% have never been married, the median number of family members with whom they have any contact, see occasionally or speak with on the phone is two.

Scores on a summary measure of social support (adequacy of emotional, instrumental or informational support) are low, similar to results for this population when compared to general samples of adults (Messeri, et al., 1993). The research literature on recidivism and on substance abuse relapse suggests that increased self-efficacy and positive coping skills predict better outcomes for an individual. We have categorized these

measures as ‘dispositions.’ We included these measures in the questionnaire to examine possible differences in pre-intervention self-motivation to change indicated by positive coping skills compared to ‘emotion focused coping’ associated with drug and alcohol use and other less effective responses to life challenges.

Substance use is almost universal, and rates of past abuse are high. Almost all (over 90%) report illicit drug use, most having a history of ‘hard drug’ use, i.e., using heroin, cocaine, crack or, less often, methamphetamine, and doing so weekly or more often for one or more periods in their lives. For about one-third the sample, serious addiction challenges continue; others have benefited from treatment or otherwise reduced or stopped using drugs, other than marijuana.

As research has shown, persons with multiple jail stays and those with multiple homeless shelter stays have high rates of physical as well as mental health problems (CSH, 2009a). About 70% of program participants have one or more serious chronic health conditions, including hypertension, cardiovascular disease, asthma, diabetes, hepatitis and/or epilepsy. (Rates of HIV infection are also high among incarcerated populations, but in New York City most homeless persons known to be HIV positive are served by a separate system of AIDS housing resources and service agencies. Thus, very few persons diagnosed with HIV are included in the FUSE II eligible sample.)

Serious and persistent mental illness characterizes FUSE eligible persons found in jails or shelters. Specific diagnoses include schizophrenia, bipolar disorder, major depression and post traumatic stress disorder. Study participants score high on a standardized measure of psychological stress; this is true even for those whose symptoms do not meet threshold criteria for diagnosis of anxiety disorder.

One characteristic that may distinguish frequent users of jail and homeless shelters from the general jail inmate population is early exposure to trauma and violence and loss or separation from parents (BJS, 2004; McDonnell, et al., 2011). Over two-thirds report traumatic or highly stressful events during childhood or adolescent including physical assault and sexual assault. About half have been victims of or witnessed other family members violently victimized. More than one in five spent time in foster care.

Another finding regarding early experience is that for 80% of the sample, their first episode of incarceration preceded their first episode of homelessness. Based on narrative descriptions of reasons for homeless experience, incarceration was for many a major cause or trigger for housing loss. About one in five study participants had experienced both incarceration and street or shelter homelessness prior to age 25 years (Bozack, 2010). Such a lack of family resources increases risk for homelessness among low income persons generally, especially those with behavioral health issues. The intersection of early exposure to violence, lack of family/kin supports, jail and shelter experience is worth more investigation.

Regarding the criminal justice profile of frequent users, three-fourths have been incarcerated for drug related charges, overwhelmingly for possession. However, repeated incarcerations are more often associated with low-level misdemeanors such as shoplifting or “theft of services” (mostly jumping the turnstile for public transit access), “quality of life” offenses (vagrancy, trespassing, loitering, disorderly conduct, public urination), and probation or parole violations rather than with repeated drug convictions. This highlights the need to understand better how structural factors such as local laws and police practice interact with individual mental health, addiction or other vulnerabilities to increase the risk for re-incarceration among frequent users of jail and shelter.

Table 5. Incarceration, Homelessness, Sociodemographics and Select Clinical and Attitudinal Characteristics of FUSE II Evaluation Study Participants

Study Participants' Characteristics	Intervention Group Mean or Proportion^a (n=60)	Comparison Group Mean or Proportion^a (n=70)
Criminal Justice History		
Age at first arrest	21.0	22.6
Number jail admissions over 6 months before enrollment ^b	2.47	2.97
Number nights in jail over 24 months before enrollment ^b	68.9	79.7
Homeless History		
Life time homelessness $\geq$ 5 years ^c	47%	49%
Number shelter admissions over 6 months before enrollment ^b	55%	54%
Number nights in shelter over 24 months before enrollment ^b	245.5	208.7
Demographics		
Current Age	46.0	44.3
Male	88%	87%
Race/ethnicity : Black	58%	66%
Race/ethnicity: Hispanic	22%	23%
Education/Employment/Income		
Graduated high school/GED	48%	44%
Ever had full-time job for a year or more	75%	67%
Current income from employment ^d	23%	30%
Income from all sources < \$7,500 per yr.	75%	61%
Family/Marital/Social Support		
Ever placed in foster care or group home	22%	23%
Ever married	23%	19%
No close friends or family contacts ^e	3%	13%
Social support summary score ^f	23.7	19.9

Table 5. Incarceration, Homelessness, Sociodemographics and Select Clinical and Attitudinal Characteristics of FUSE II Evaluation Study Participants (cont'd)

Study Participants' Characteristics	Intervention Group Mean or Proportion ^a (n=60)	Comparison Group Mean or Proportion ^a (n=70)
Substance Use		
Never used hard drugs ^g	17%	26%
Past use hard drugs ^h	52%	41%
Problem alcohol use ⁱ	37%	34%
Substance abuse services past 6 months ^j	53%	53%
Mental Health		
Ever psychiatric diagnosis ^k	63%	81%*
Mental health services past 6 months ^l	45%	54%
Psychological stress score ^m	8.3	7.3
Physical Health		
Health rated fair or poor	32%	27%
Number of chronic or infectious illnesses ever diagnosed ⁿ	1.4	1.4
Attitudes/Dispositions		
Religion or spirituality somewhat or very important	76%	87%
Mastery index (self-efficacy) ^o	17.2	16.3
Coping: Take action to try to make the problem better ^p	78%	67%
Coping: Get help/advice from others ^q	63%	53%
Coping: Try to come up with strategy ^r	75%	71%
Substance abuse treatment readiness score ^s	35.0	35.8

* $p \leq .05$

^a Values shown are means for continuous variables or, for dichotomous variables, the percentage with the characteristic.

^b During the time period prior to FUSE program enrollment, or for comparison group, prior to baseline interview.

^c Self-report of lifetime street or shelter homeless experience since age 18.

^d Any income from paid work.

^e No close friends who are not relatives or adult relatives seen at least occasionally or speak to on the phone.

^f Summary measure of degree and number of people who can be counted on for support in different situations. (Adapted from Sherbourne & Stewart, 1991). Range is 0-48; higher score indicates more support.

^g Never used cocaine, crack, heroin, or methamphetamine.

^h Ever used cocaine, crack, heroin and/or methamphetamine but not within six months of baseline interview.

ⁱ Positive screen for alcohol abuse or dependence based on Client Diagnostic Questionnaire (CDQ; Aidala, et al., 2002).

^j Alcohol or drug abuse treatment or services anytime during six months prior to baseline interview.

Table 5. Incarceration, Homelessness, Sociodemographics and Select Clinical and Attitudinal Characteristics of FUSE II Evaluation Study Participants (cont'd)

^k Self-report ever diagnosed with psychiatric disorder, or received medications or hospitalized for mental health problems.

^l Received treatment or therapy from mental health professional or supportive counseling for emotional or psychological difficulties at any time within six months of baseline interview.

^m Perceived Stress Scale (Cohen, et al., 1983). Range is 0-20; higher score indicates more stress.

ⁿ Self-report medical provider has diagnosed with asthma, hypertension, diabetes, high cholesterol, heart attack or stroke, cancer, seizure disorder, sickle cell anemia. Includes four persons with only STIs such as herpes or gonorrhea.

^o Mastery/Locus of Control (Pearlin, et al., 1981). Range is 7-28, higher score indicates greater self-efficacy, sense of control.

^p Coping in response to difficult or stressful events: do this medium amount or a lot. (Adapted from Carver, et al., 1989).

^q Readiness and Treatment Eagerness Scale (SOCRATES; Miller & Tonigan, 1996). Range is 10-50; higher score indicates greater readiness.

III. OUTCOME ANALYSES

In this section, we describe basic findings for, first, those who received FUSE II housing and services and, then, the effects of the program on the FUSE II intervention group relative to the comparison group. The first analyses are simple descriptions of those receiving housing and services; the second are the results of regression analyses. In the latter, the different outcome variables of interest are regressed on the covariates in Table 3 and the outcome variable measured at baseline (e.g., analyzing intervention effects on mental health functioning at follow-up, controlling for baseline mental health functioning score, as well as the Table 3 covariates). Thus, this modeling assumes linear effects of the covars on differences. In some instance, this assumption is a function of our measuring outcome variables dichotomously or collapsing them into dichotomies. For continuous variables, our theoretical assumptions were always for linear effects.

In addition to regression analyses of differences between comparison and intervention groups, we also show results from a “trajectory analysis” to test for the effects on temporal patterns of jail and shelter use. For this analysis, DOC and DHS administrative data is examined using optimal matching to look at sequences of jail and/or shelter use. This approach allows us to compare post-intervention incarceration and homeless shelter trajectories of the two groups, thus showing differences between them not only at points-in-time (e.g., at the end of 24 months) or aggregated over time as in the regression analyses, but in the patterning of incarceration and homeless shelter use over the post-intervention period.

A. Housing Outcomes

A primary thrust of FUSE II is to help participants achieve housing success and community reintegration after leaving jail. Specifically, FUSE II-provided housing is the primary “active ingredient” of the initiative. The argument is that because people have stable and appropriate housing, the kinds of problems that characterized their lives prior to FUSE II — repeated episodes of incarceration, shelter use, emergency hospitalizations, and problems associated with mental health symptoms and/or addiction — would be reduced. Housing is the central focus of the program’s attempt to improve people’s lives more generally. In this section, we examine the question: Did frequent users placed in FUSE II housing keep their housing? We then report effects of the intervention on housing status by comparing results for the intervention group with the comparison group.

FUSE II participants’ housing retention. Table 6 reports rates of housing success or how well FUSE II participants were able to maintain their housing over the follow-up period. It reports housing at the 12th and 24th months after participants moved into FUSE II-provided permanent supportive housing. Because we are not, in this analysis, comparing those receiving the intervention with those who did not, we use the full sample of FUSE participants (72 people), and we use survey data collected over the entire follow-up period.

As Table 6 shows, of the 69 people who received FUSE II housing and services and were not deceased at the 12th month of follow-up, 89.9% were in FUSE II-provided housing at that point-in-time. The comparable statistic for 24 months is 80.9%. Obviously, these statistics indicate a very small number of people failed to maintain their FUSE II-housing over the relevant time periods.

Table 6. Percent FUSE II Participants Housed in FUSE II-provided Housing at and over 12 and 24 Months of Follow-up Period

Kinds of Retention in FUSE II-provided Housing for 12 & 24 months	%	N
Housed in FUSE II housing at 12 months	89.9%	69 ^a
Housed in FUSE II housing at 24 months	80.9%	68 ^b
Housed continuously in FUSE II housing over 24 months	47.1%	68 ^b
FUSE II housing continuously or with brief interruption over 24 months	80.9%	68 ^b

^a Three participants died over first 12 months of follow-up.

^b Four participants died over 24 months of follow-up.

We also looked at whether or not people maintained residence in their FUSE II housing continuously over the entire follow-up period, or had brief periods when they were staying in other situations. Housed continuously means that FUSE II housing remained people's home address throughout the period, did not enter jail or a homeless shelter for even one night, and were not hospitalized or in a residential treatment facility for more than 90 days. And housed with brief interruption means they were in one of these institutional settings during the follow-up time period (in jail or shelter one or more nights or in a health or other residential treatment facility for more than 90 days) but maintained tenancy and came back to FUSE II-housing after these institutional or treatment experiences.

The results show that about half the program participants remained continuously in their FUSE II housing. Over 80% maintained residency with no days away from their FUSE II residence or had only limited interruptions for a brief jail stay or treatment episode. Rates of 12-month and 24-month success in maintaining housing are higher than seen in other supportive housing interventions for persons with complex histories of homelessness and behavioral health needs. Usually, retention in housing over 24 months seldom exceeds 75% (Malone 2009; Martinez & Burt 2006; Wong 2006). Our findings indicate that whatever issues arise for FUSE II participants, they tend to return to FUSE II housing, much in the way people ordinarily do in their lives after stints in hospital or other such settings.

Intervention effects on housing status. Here we analyze whether or not FUSE II had its intended housing effects by comparing the intervention and comparison groups. In this and subsequent regression analyses, the different outcome variables of interest³ are regressed on the covariates in Table 3 and on the outcome variable measured at baseline. Thus, this modeling assumes linear effects of the covars on differences between the two groups. In some instance, this assumption is a function of our measuring outcome variables dichotomously or collapsing them into dichotomies.⁴ For continuous variables, our theoretical assumptions were always for linear effects.

³ Outcome variables are measured either continuously or dichotomously; thus, in this analysis, we can measure the mean as the outcome of interest for all comparisons.

⁴ For all collapsed variables, we expected them to be affected linearly in their initial measurement, thus collapsing did no harm to our expectation of linear effects. That is, we expected those in the intervention group to score lower (or higher), relative to the comparison group, on all categories of variables with three or more categories.

Table 7 presents results for effects on housing.⁵ It compares whether or not members of each group were housed in permanent housing at the 12th and 24th months after they were placed in housing (intervention group) or after they were first interviewed for this study (comparison group). Note that FUSE II participants could be in permanent housing provided by another housing program or in community housing, not necessarily the FUSE II housing into which they were placed.

The estimates in the table (also shown in Figure 3, next page) suggest extremely strong support for the effect of FUSE II on obtaining and maintaining permanent housing among program participants. At twelve months, over 91% of FUSE II participants are housed in permanent housing, compared to the 28% that would have been housed had they not received FUSE II housing and services.

Table 7. Intervention Effects for Housing

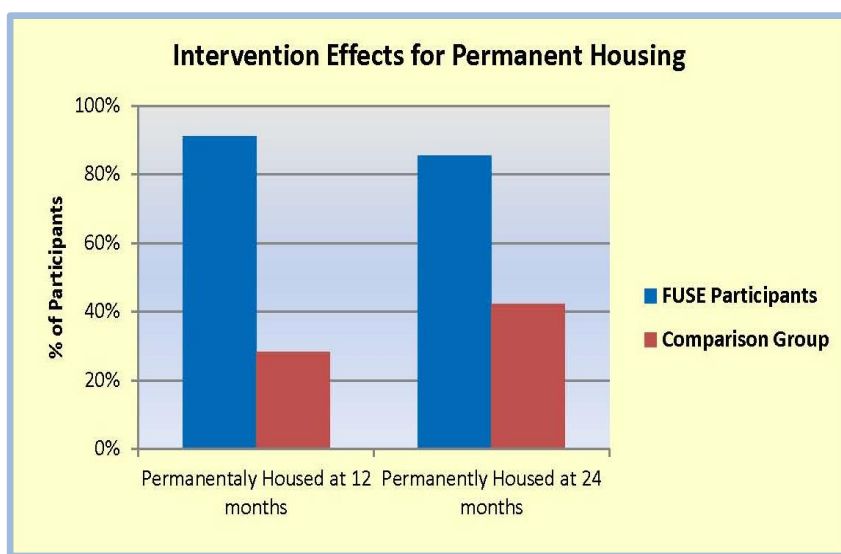
Permanent Housing Measures	Intervention Group		Comparison Group		Difference of Means	95% Confidence Interval for Difference of Means	
	%	N	%	N			
In permanent housing at 12 months	91.2%	57	28.3%	53	62.9%***	56.5%	69.3%
In permanent housing at 24 months	85.5%	55	42.2%	45	43.2%***	33.9%	52.6%

*** $p \leq .001$

By 24 months, this 63% difference has dropped to 43%, mostly because comparison group members obtained housing (this has increased to 42%) rather than FUSE II participants' housing situation having changed (a slight drop to 86%). As we discuss later in Section V, the high rate of housing placement among the comparison group could be due to the NY/NY III initiative, the largest offering of supportive housing in New York City at the time, since units were available at the same time as FUSE II was initiated (New York State, 2005). Nonetheless, the intervention results are highly statistically significant. The small change in the FUSE II participants housing situation speaks well for the lasting effects of the program. We conducted this study over 24 months to more strongly test whether or not FUSE II's effects would last past the more common one year follow-up period. This analysis indicates that they did, suggesting that it is likely that FUSE II-induced effects will be sustained past this study's two year follow-up period.

⁵ For this analysis, we used both survey and administrative data, hence the Ns are different from those in previous and subsequent analyses. Also, the administrative exit reason for five comparison group members indicated the person was leaving for housing at a point three months prior to their 12th or 24th month over follow-up and had no jail or shelter experience after that exit. In these instances, the person was coded as housed. We did this to avoid a missing data code for these people. Note that, from the perspective of testing FUSE II, this coding makes it harder to find significant differences between the intervention and comparison groups.

Figure 3. Intervention Effects for Housing



Intervention effects on homeless shelter use. Here we report results for shelter use outcomes, using administrative data maintained by the Department of Homeless Services. The analysis evaluates program effects from two time points: program enrollment and housing placement. Program enrollment is the point at which one of the agencies formally accepted the person into the program. At this point, the person had yet to complete application procedures, be judged eligible for housing assistance by City agencies and, for scatter-site programs, locate an apartment with a landlord willing to accept FUSE II clients. This process could take some time. As a result, the elapsed time between when the person was enrolled in the program and when he or she was placed into permanent housing varies across individuals, with a minimum of 11 days and a maximum of 20 months. In addition to procedural and landlord factors, these differences were caused by client issues (e.g., acquiring appropriate identification documents), unexpected system or agency challenges (e.g., government funding cuts, agency staff changes), or both. The average time elapsed was 180 days. Note that for comparison group members, the date of ‘enrollment’ and ‘placement’ is the date of enrollment into the study, indicated by completion of the baseline interview.

On the next page, Table 8 reports outcomes for shelter use for the following outcomes:

- Number of days in shelter, number of episodes and percent having any episode over 24 months of follow-up from enrollment or placement. Note: Due to Department of Homeless Services procedures, people had to leave shelter for more than 30 days for a shelter episode to conclude.
- Number of days and episodes and percent having any episode over the last three months of the 24 month follow-up period from enrollment or placement.

We show these particular outcomes to give a sense of how the program performed over the entire follow-up period and to observe how people were performing at the end of the period. This allows for the possibility that it may take some people more time for the program to be effective. (We also capture this effect later in the report when we identify overtime trajectories of incarceration and homeless shelter use.) We estimated effects for many different time-based outcomes for days and episodes of each situation and, in general, the results we report here were true for these other outcomes as well.

Table 8. Intervention Effects for Homeless Shelter Use

Panel A. Homeless Shelter Use: From Housing Placement

Day and Episode Measures	Intervention Group Mean (n = 60)	Comparison Group Mean (n = 70)	Difference of Means	95% Confidence Interval for Difference of Means	
Number of days over 24 month follow-up	15.2	161.9	-146.7***	-166.1	-127.3
Number of episodes over 24 month follow-up	0.8	8.7	-7.9***	-9.4	-6.3
Any episodes over 24 month follow-up	11.7%	81.4%	-69.8%***	-75.8%	-63.8%
Number of days over last 3 months of follow-up	1.8	24.5	-22.7***	-28.5	-16.9
Number of episodes over last 3 months of follow-up	0.1	1.3	-1.2***	-1.5	-0.8
Any episodes over last 3 months of follow-up	3.3%	32.9%	-29.5%***	-35.6%	-23.5%

Panel B. Homeless Shelter Use: From Program Enrollment

Day and Episode Measures	Intervention Group Mean (n = 60)	Comparison Group Mean (n = 70)	Difference of Means	95% Confidence Interval for Difference of Means	
Number of days over 24 month follow-up	68.2	161.9	-93.7***	-113.3	-74.1
Number of episodes over 24 month follow-up	3.0	8.7	-5.7***	-7.5	-3.9
Any episodes over 24 month follow-up	60.0%	81.4%	-21.4%***	-27.5%	-15.4%
Number of days over last 3 months of follow-up	7.7	24.5	-16.8***	-25.0	-8.5
Number of episodes over last 3 months of follow-up	0.3	1.3	-1.0***	-1.4	-0.6
Any episodes over last 3 months of follow-up	10.0%	32.9%	-22.9%***	-30.8%	-15.0%

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

These results report means and differences based on models that controlled for all baseline covariates thought to affect selection into treatment and outcomes (i.e., the variables in Table 3) plus the variable at baseline that measures the same phenomenon as the outcome of interest, e.g., measuring days in shelter over 24 months of the study period, controlling for days in shelter during the 24 months prior to baseline.

These results show that FUSE program effectiveness in reducing homeless shelter use are substantively and statistically very strong. For shelter use measured from housing placement, all results are significant at $p \leq .001$ and, for the most part, the absolute differences are large. For instance, the number of days in shelter over 24 month follow-up was, on average, 146.7 days less for those in the intervention group than for those in the comparison group, and the percentage of those with any episode was reduced on average by 69.8%. Not surprisingly, the effects measured from program enrollment were less strong. Since the major element of the program was housing, and since there was often substantial time elapsed between program enrollment and actually securing housing, it is to be expected that the greatest impact would be when people actually moved into their permanent housing. Nevertheless, the findings are generally robust. Reporting the same effects we just noted, over the entire follow-up period, days in shelter from program enrollment were reduced by 93.7 days and percentage of people with any shelter episode was reduced by 21.4%. All comparisons of homeless shelter use show statistically significant differences whether measured from initial program enrollment or housing placement.

B. Incarceration Outcomes

Table 9 reports effects for jail incarceration over the 24 months of follow-up from initial program enrollment and from placement in FUSE housing. The table reports the number of days and episodes and percent of intervention and group members who have had any episode and the number of days and episodes and percent having any episode over the last three months of the 24 month follow-up period.

For the most part, the results for incarceration show *reductions in jail involvement* benefiting the intervention group, though results are not always statistically significant. Measuring from housing placement, we find that people receiving the intervention had on average 19.2 fewer days incarcerated, 40% less than the comparison group. They also had fewer jail admissions and a smaller percentage had any episodes in jail over the 24 month follow-up period or during the last three months of this period. Most but not all comparisons are statistically significant at $p \leq .05$. In contrast to the findings for shelter use, there is little difference in this effect whether we measure from initial program enrollment or from housing placement. The large confidence intervals indicate substantial variation in incarceration outcomes. The baseline and outcome distributions for the variables reported in the table suggest that the intervention had its greatest effect on those in the middle of the distribution at baseline and least effect on persons with the greatest number of days in or admissions to jail prior to enrollment. In the following section, we examine different temporal patterns of jail (and shelter) involvement over follow-up to better specify the subset of program participants who were less successful in avoiding continuing jail involvement.

Table 9. Intervention Effects for Jail Incarceration

Panel A. Incarceration: From Housing Placement

Day and Episode Measures	Intervention Group Mean (n = 60)	Comparison Group Mean (n = 70)	Difference of Means	95% Confidence Interval for Difference of Means	
Number of days over 24 month follow-up	28.4	47.6	-19.2**	-31.0	-7.3
Number of episodes over 24 month follow-up	1.0	1.6	-0.6*	-1.1	-0.1
Any episodes over 24 month follow-up	46.7%	51.4%	-4.8%	-12.0%	2.4%
Number of days over last 3 months of follow-up	7.9	11.0	-3.2***	-7.1	0.8
Number of episodes over last 3 months of follow-up	0.2	0.4	-0.2	-0.3	-0.1
Any episodes over last 3 months of follow-up	15.0%	22.9%	-7.9%*	-14.0%	-1.7%

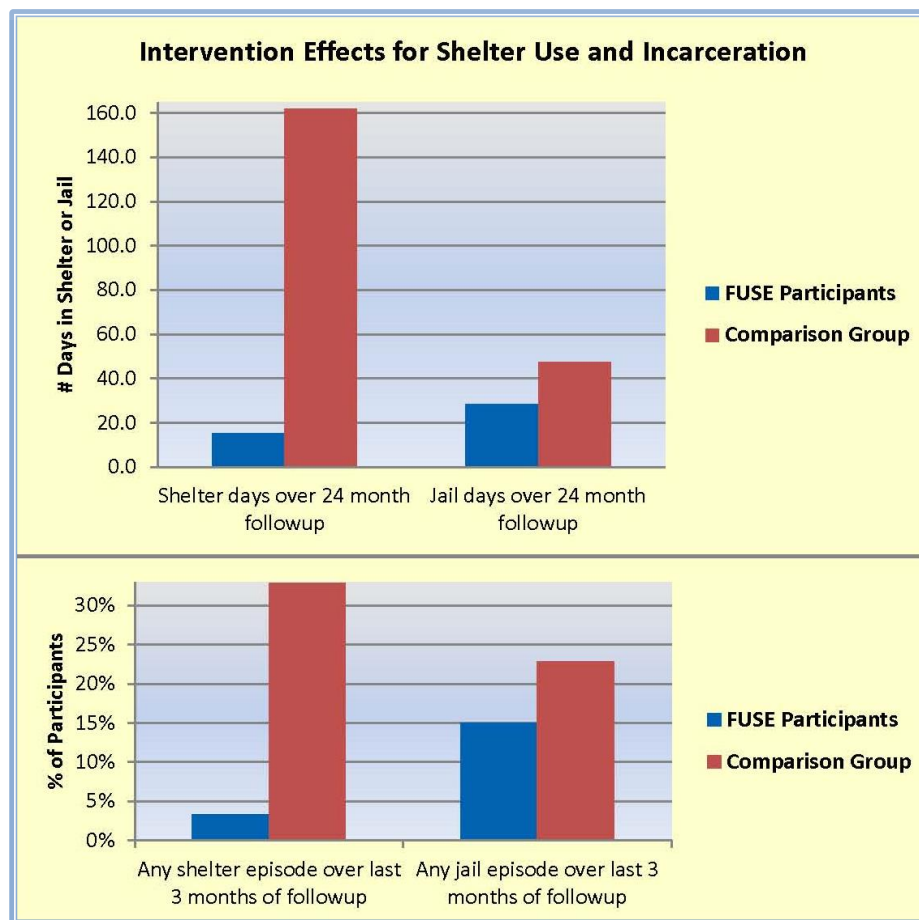
Panel B. Incarceration: From Program Enrollment

Day and Episode Measures	Intervention Group Mean (n = 60)	Comparison Group Mean (n = 70)	Difference of Means	95% Confidence Interval for Difference of Means	
Number of days over 24 month follow-up	25.7	47.6	-21.9***	-32.6	-11.2
Number of episodes over 24 month follow-up	1.1	1.6	-0.5*	-1.0	0.0
Any episodes over 24 month follow-up	43.3%	51.4%	-8.1%*	-14.8%	-1.4%
Number of days over last 3 months of follow-up	9.2	11.0	-1.8	-6.2	2.6
Number of episodes over last 3 months of follow-up	0.2	0.4	-0.2***	-0.3	-0.1
Any episodes over last 3 months of follow-up	20.0%	22.9%	-2.9%	-9.8%	4.1%

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

While there is more variability in jail outcomes compared to shelter outcomes among FUSE II participants (see Figure 4), the total number of days incarcerated and number of episodes over the 24 month follow-up period showed statistically significant differences between intervention and control group members, as did the number of admissions to jail over the last three months. In Section E of this section we examine these findings more subtly, using analytical techniques that look for possible differences in intervention effects for different subgroups of FUSE II clients based on their jail and homeless shelter use patterns.

Figure 4. Intervention Effects for Homeless Shelter Use and Incarceration from Housing Placement (FUSE) or Study Enrollment (Comparison Group)



C. Substance Use, Health, Mental Health and Social Support Outcomes

Here we report effects of the intervention on recent drug use, drug abuse and problem drinking, psychiatric disorder, mental health functioning, physical health functioning and on family and social support. Modules from the Client Diagnostic Questionnaire (Aidala, et al., 2002), a validated mental health diagnostic screener, assess recent alcohol or drug abuse as well as recent episodes of depression or anxiety disorder. For drug use, we focus on “hard drugs” of crack, cocaine, heroin or methamphetamine. We measure physical and mental health functioning by the MOS SF-12 Physical Component Summary (PCS) and Mental Component Summary (MCS) scales (Ware, et al., 2002). For both scales, higher scores indicate better functioning. We use a measure adapted from Messeri,

Silverstein & Litwak (1993) to capture the degree of support and number of people who can be counted on for emotional, instrumental, or informational support in different situations.

Table 10 shows a mixture of program effects. Results indicate the FUSE II program had a significant and positive effect on drug abuse outcomes. Rates of hard drug use as well as rates of substance abuse disorder are lower for FUSE II participants at follow-up than among comparison group members, despite similar histories of chronic, relapsing addiction and recent substance abuse treatment prior to baseline interview. Rates of any use of heroin, cocaine, crack, or methamphetamine are half as high (17.5% among FUSE II clients compared to 34% in the comparison group), and rates of screening diagnosis of drug abuse disorder among the FUSE II intervention group are about a third of rates seen in the comparison group (3.5% and 10%, respectively). These differences are statistically significant. Effects on mental health outcomes are less straightforward. Half of all study participants, both FUSE II and comparison group members, screened positive for current psychiatric disorder, controlling for existence of disorder at baseline and self-reported lifetime psychiatric diagnosis. The intervention group has higher rates of screening diagnoses for current episode of depression and anxiety disorder. Nonetheless, intervention group members score significantly lower on a measure of psychological stress and higher on measures of current family and social support, factors associated with improved social functioning among those with mental illness (Taylor, 2007; Thoits, 2011). Underlying psychiatric disorder is prevalent among FUSE II participants, likely reflecting some provider agencies' programmatic emphasis on serving serious and persistently mentally ill persons. However, it may be that program participation has reduced the number of symptoms, and/or impairment associated with symptoms, as well co-occurring substance use disorder, thereby improving prospects for a life in the community (SAMHSA, 2012).

Scores on physical health functioning were 6.9 points lower (on a scale from 1 to 100) among the intervention group, a statistically significant difference. This result is puzzling, since drug and alcohol use is less for the intervention group than for the comparison group and since continuing substance use is associated with poor health (SAMHSA, 2011). However, this result is consistent with other studies of supportive housing that have found improvements in housing retention but not on specific health outcomes (Mares & Rosenheck, 2011). There are several points to consider when interpreting these results. It is not clear that a difference of seven points on this measure indicates a clinically significant difference (Ferguson, et al., 2002). Both FUSE II participants and comparison group members have high rates of chronic illness, and over half of each group are disabled, as indicated by receipt of government disability benefits. Previous research has posited that these effects may reflect a lack of specific training for providers to treat these individual's physical health challenges. Effects of the program on physical functioning warrant further investigation.

Table 10. Intervention Effects on Substance Use, Mental Health, Physical Health and Family and Social Support

Measures	Intervention Group Mean (n = 57)	Comparison Group Mean (n = 52)	Difference of Means	95% Confidence Interval for Difference of Means	
Any recent hard drug use ^a	17.5%	34.0%	-16.5% ***	-25.0%	-7.9%
Recent drug use disorder ^b	3.5%	10.0%	-6.5% **	-10.9%	-2.1%
Recent alcohol abuse ^b	5.3%	8.0%	-2.7%	-6.6%	1.1%
Any current psychiatric diagnosis ^c	49.5%	50.1%	0.6%	-21.2%	20.0%
Recent episode major depression ^d	12.7%	8.0%	4.7%	-1.4%	10.7%
Recent episode other depression ^d	23.3%	16.0%	7.3%	-1.5%	16.2%
Recent episode anxiety disorder ^d	10.7%	4.0%	6.7% *	1.3%	12.2%
Psychological Stress Scale ^e	6.5	7.6	-1.1 *	-2.15	-0.10
Mental health functioning (MCS) ^f	49.7	48.1	1.6	-0.64	3.91
Physical health functioning (PCS) ^g	43.6	50.6	-6.9 ***	-9.89	-3.99
Current family and other social support ^h	28.7	22.3	6.4 ***	3.45	9.30

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

^a Recent hard drug use measures any use of crack, cocaine, heroin or methamphetamine in the last six months.

^b Positive screen for past six month drug or alcohol abuse or dependence based on Client Diagnostic Questionnaire (CDQ; Aidala, et al., 2002).

^c Any current screening psychiatric diagnosis is based on DSM-IV criteria including major depression, other depression, panic disorder, generalized anxiety or PTSD, using Client Diagnostic Questionnaire (CDQ; Aidala et al, 2002).

^d Screening diagnosis of depression and anxiety disorder using Client Diagnostic Questionnaire (CDQ; Aidala, et al., 2002).

^e Perceived Stress Scale (Cohen, et al., 1983). Range is 0 to 20; higher score indicates more stress.

^f Mental health functioning measured using the MOS SF-36v2 Mental Component Summary (MCS) scale (Ware, et al., 2002). Range is 0-100; higher score better functioning.

^g Physical health functioning measured using the MOS SF-36v2 Physical Component Summary (PCS) scale (Ware, et al., 2002). Range is 0-100; higher score better functioning.

^h Summary measure of degree and number of people who can be counted on for support in different situations. (Adapted from Sherbourne & Stewart, 1991). Range is 0-48; higher score indicates more support.

D. Crisis Care Medical, Mental Health and Substance Abuse Services Outcomes

Of particular importance is the effect of FUSE II on the use of 'crisis care' services, such as ambulance and emergency room care, or inpatient treatment to address a medical, psychiatric, or substance use related emergency or crisis. An acute disturbance that is not responded to may result in life-threatening or life-changing consequences for a person. The expectation of the intervention is that by providing and keeping people housed and by providing or connecting them to supportive services, they are less likely to need such services. For example, it is expected that psychiatric symptoms necessitating inpatient treatment abate once persons with mental illness are in a supportive living situation and receiving therapy and/or medications to address their needs. In this section, we report on service use for medical, mental health and substance abuse services. Table 11 reports the results. (Note that

Section IV below contains a cost-evaluation regarding the use of these services as well as the use of jail and shelter.)

Table 11 shows three statistically significant differences, all in the direction the program expected to effect: The mean number of ambulance rides, days hospitalized for psychiatric reasons, and days in an AOD long term residential treatment facility (6-24 months) are all substantially less for FUSE II participants than for the comparison group. Comparison group members had an average of 1.2 ambulance rides; FUSE participants had fewer than one (mean 0.67). Comparison group members spent on average eight days hospitalized for psychiatric reasons, 4.4 days more than intervention group members. The program's effect was especially strong for AOD residential treatment, where people in the comparison group spent on average almost 10 days in such a facility compared to no days for those in the intervention group.

The rest of the table shows no statistically significant results. The mean number of hospitalization days for medical reasons and emergency room visits for any reason had no substantial differences between intervention and comparison group members. For the remaining two results, the mean number of AOD inpatient hospital days and mean number of detoxification days, the differences were greater and not in the expected direction. However, wide confidence intervals indicate substantial variation in these outcomes.

Table 11. Intervention Effects on Use of Physical and Mental Health and Alcohol and Other Drug Use (AOD) Services

Services and Units of Service	Intervention Group Mean ^a (n = 57)	Comparison Group Mean ^a (n = 52)	Difference of Means ^a	95% Confidence Interval for Difference of Means	
Ambulance rides	0.67	1.21	-0.54*	-1.07	-0.02
ER visits, including psychiatric & AOD issues ^b	2.04	2.12	-0.08	-0.74	0.57
Hospital days for medical reasons	2.98	2.67	0.31	-1.20	1.82
Psychiatric hospital days	3.61	8.04	-4.42*	-8.55	-0.30
AOD inpatient days	2.35	1.50	0.85	-0.42	2.12
AOD detoxification facility days ^c	1.12	0.62	0.51	-0.25	1.27
AOD residential treatment days	0.00	9.83	-9.83***	-14.50	-5.12

* $p \leq .05$ *** $p \leq .001$

^a Cell entries refer to number of units of services: ambulance rides, ER visits, or days in each type of facility.

^b ER visits regardless of whether patient was admitted to hospital after ER assessment.

^c Discrete coding units of service based on type of facility. Detox services may have been received in other type facilities.

In general, the service use findings indicate a reduction in several important categories of service use as a result of the program, but not for all types of services. However, these findings only scratch the surface of the relationship between FUSE II (and programs like FUSE II) and use of medical and

behavioral health services. The assumption that such programs should cause a reduction in all service use may be misplaced. Rather, it may be a positive impact of the program that *some* kinds of services use are reduced while others increase. A program that stably houses people and provides them access to a range of client-centered services may be creating the conditions for people to have unidentified problems become known and at an earlier stage of the problem than would otherwise have been the case. From this perspective, increases in some kinds of service use might be expected (and be the kind of effect the program seeks). Thus, because FUSE II aims to stabilize people's lives by stabilizing their housing, we might expect the program to reduce the need for the most urgent or 'crisis care' services, such as ambulance rides and emergency room visits. This is what we found. Psychiatric hospitalization can also be seen as crisis care treatment, reserved for situations where an individual with mental illness is disabled by acute symptoms or is likely to do serious harm to self or others. Findings show a statistically significant reduction in mental health inpatient treatment days. On the other hand, it may be that hospitalization for medical reasons increases as people get treatment for ailments postponed or that would otherwise go unknown. Our findings suggest such an increase although not a statistically significant one.

That people in the intervention group are completely able to avoid longer-term residential AOD treatment may mean that the program effectively helps people sustain recovery or reduce the severity of a relapse experience. This is perhaps due in part to the ability of the program to monitor substance abuse problems and have them handled prior to a need for residential treatment. It may also be that FUSE II program participants avoid arrest for drug related charges that can result in court-mandated residential drug treatment. All in all, identifying what kinds of services use effects to expect needs to be scrutinized more subtly to better understand program success with regard to particular patterns of services use.

E. Institutional Trajectories

The results previously reported concerning incarceration and shelter use show us differences between comparison and intervention groups over the entire follow-up period or over the last few months of that period (e.g., the sum of the number of days or the number of episodes). We can get a more detailed sense of the over-time effect of the intervention by comparing the over-time patterns of incarceration and shelter use between the comparison and intervention groups. This gives us evidence of how the intervention affected people as they were living their lives, month in and month out. To the extent that the intervention had effects, this shows us when in the follow-up those effects were occurring, how long they lasted and what preceded and followed these effects.

To do this, we use the same administrative data employed previously for the incarceration and shelter use analyses, but use it in a different way. Here, we measure where people are resident during discrete but contiguous thirty-day time periods over the two year follow-up period, i.e., in jail, homeless shelter or elsewhere. The first thirty-day period begins when people are placed in housing (intervention group) or when they are first interviewed (comparison group); the thirty-first day begins the second thirty-day period; and so forth for 25 time periods over follow-up.⁶ The analyses we carry out is motivated by the

⁶ Although the follow-up time period is 24 months (as we saw in the previous analyses), the number of time periods for the trajectory analysis is 25 months. This is because our thirty-day time periods do not exactly coincide with the number of days in calendar months. Thus, the actual number of days over follow-up of 24 months is 730 (731 if one year was a leap year), which is 10 days more than 24 thirty-day periods, or 20 days less

policy imperative to facilitate community reentry of formerly incarcerated homeless persons and to keep them out of jail or shelters. Thus, for each discrete thirty-day period (or “month”) over the follow-up period, we measure whether or not people are in jail or shelter, one or the other, both or neither of these situations for at least one day in each thirty-day period. Findings are presented below in Figures 5 through 7 and show patterns for jail only, shelter only or the combined experience of involvement in both situations. The figures report an institutionalization any time one person spends at least one day in jail or shelter in the thirty-day period. It is important to note that such measurement is a very conservative (i.e., strong) test of intervention effectiveness. That is, if a person is in jail or shelter for just one day of a thirty-day period, this analysis views it as an outcome the intervention sought to avoid.⁷

We then analyze the patterns of such institutionalization over the entire follow-up period. We identify these patterns through optimal matching analysis, which classifies together people who share similar patterns of incarceration and shelter use based on the timing, sequence and duration of such use. (For explanations of this method, see Abbott and Hrycak, 1990; and Abbott and Tsay, 2001; for an example of its use with a population similar to the one in the current study, see McAllister, Kuang and Lennon, 2011.)

The figures we report here may be different from figures readers usually experience, so a word or two about how to read them. First, the figures report the number of patterns and the size of each pattern in the comparison and intervention groups. For instance, Panel A of Figure 5 shows that the number of incarceration patterns for the comparison group is six and the percentages for each group give their size.

Second, the patterns shown are those of actual people whose patterns are the “exemplar” pattern for that class of patterns. The exemplar case can be understood to be the case — an actual person — who is typical of the pattern found for a particular class.⁸ Thus, while the exemplar yields a good characterization of the set of people who share a similar pattern of jail or no jail considered month by month over the follow-up period, its history is not necessarily *exactly* the same as all persons in a class, as the discussion below makes clear.

Third, common to trajectories in all our analyses is what we call “sporadicness”.⁹ This can mean one of two things: The class as a whole had people entering or leaving an institutionalized setting at different times over follow-up, *but* individuals only had an institutionalization experience in one time period; or the class as a whole had people entering or leaving an institutionalized setting at different

than 25 thirty-day periods. Since the administrative data reported what all people did over at least 750 days (the number of days in 25 thirty-day time periods), we included that information in our analysis, hence the 25 thirty-day periods in the trajectory analyses and its Figures 5 through 7.

⁷ Another way of stating this is that we do not weight each jail or shelter stay by the number of days in either situation. Doing so would make it easier to find intervention effects.

⁸ More technically, exemplars are calculated as the cases which have the minimum within-class average dissimilarity or the maximum within-class average similarity, based on a squared sum of distances calculation. When this calculation yields a tie (e.g., classes with two cases), the exemplar is the case with the maximum between-class dissimilarity or minimum between-cluster similarity (Wishart, 2004).

⁹ We have made up the word “sporadicness”. The word the dictionaries would have us use is “sporadicness”, which is even uglier than our word, hence our demurring from using it.

times over follow-up *and* individuals in the class entered and left one of these institutional settings at least twice at different times over follow-up. We will call the first kind of sporadicness “class” sporadicness; the second kind “joint” sporadicness.

Finally, in the trajectory analyses, if the intervention is having an effect, we should see in the intervention group relative to the comparison group (a) a different number of classes of patterns; (b) differences in the size of similar kinds of classes; (c) substantively different patterns; or (d) all three.¹⁰ And, of course, if the intervention is having a positive effect, we should see these effects in the direction the program intends, e.g., the appearance of a class or an increase in the size of the class of patterns showing no or reduced institutionalization.

Incarceration trajectories: Comparison group findings. Panel A of Figure 5 shows that the comparison group contains six classes of patterns, with the largest one (“No incarceration”) containing 48.6% of all people in the comparison group and showing no history of incarceration over follow-up. The second largest class (“One-period, joint sporadicness”) contains almost one-quarter of the sample and its pattern is one of sporadic incarceration over follow-up. People in this class entered and left jail at two different time points over follow-up *and* these two jail admissions occurred at different time points for different people over follow-up. That is, across cases in this class, incarceration may not have occurred at precisely the four month and eighteen month points-in-time that it occurred for the exemplar case.

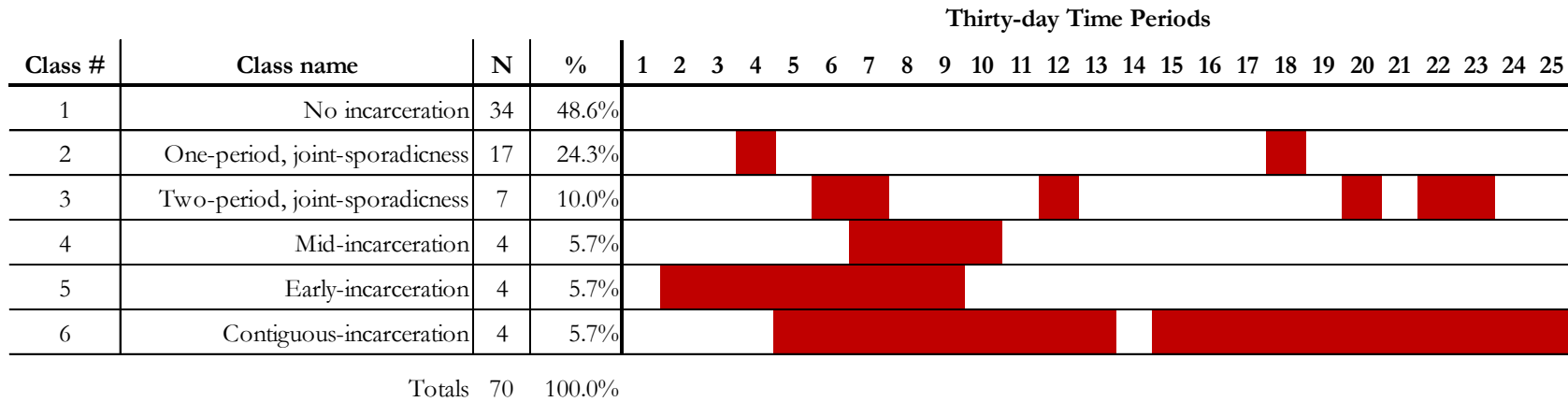
The third class — “Two-period, joint sporadicness” — also shows a sporadic pattern of incarceration, but it differs from the second class regarding the number of months in sequence for each episode. Note that this might indicate continuous incarceration over several months, or a pattern of short stays within two or more consecutive months. The rest of the classes show different histories of incarceration, with perhaps the most notable being the penultimate class (“Early incarceration”), where people are incarcerated for the first year of follow-up and then not afterwards, and the final class (“Overall incarceration”) where people are more or less continuously incarcerated. The number of cases in each of the final three classes is too small, however, to put much weight on these results ($n=4$ for each class).

Incarceration trajectories: Intervention group findings. Panel B of Figure 5 shows that the intervention group has two fewer classes compared to the comparison group. The incarceration history of people in the first class (“No incarceration”) is the same as those in the first comparison group class and is slightly larger than that the “No incarceration” class in that group. The second class, “One period, class sporadicness”, is not seen in the comparison group, as it contains only people who had one spell of incarceration for one time period. But for this one spell, these people would have avoided incarceration entirely and been part of the first class. The third and fourth classes, “Late incarceration” and “Mid- and late-incarceration”, identify people not seen in the comparison group. For these people, intervention effects for avoiding incarceration waned at the end of follow-up and at the mid-point of follow-up. Overall, then, we might say that the intervention had a slight impact on the number of people with no incarceration history, but more importantly reduced the size and changed the patterns of those who had some incarceration. For the most part, individuals stopped cycling

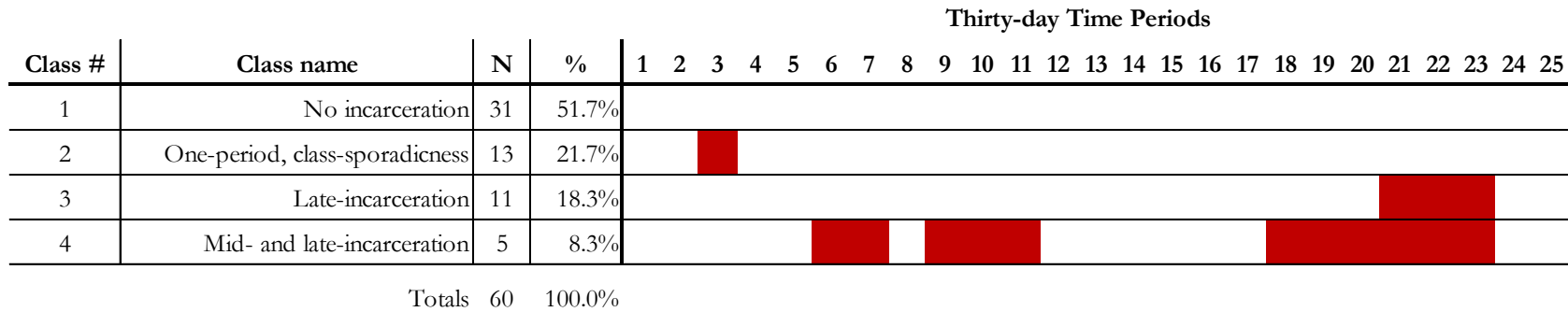
¹⁰ There are no statistical tests of significance for these differences.

Figure 5. Intervention Effects on Trajectory Groups for Incarceration

Panel A: Comparison Group Exemplars



Panel B: Intervention Group Exemplars



Legend

Incarcerated 

Not-Incarcerated 

through incarceration (though they may have had one bout with it), and incarceration was pushed to later in the follow-up period, thereby avoiding the more or less time-period continuous incarceration that we saw in the comparison group.

Thus, in addition to differences in mean number of days and episodes incarcerated that we saw in the time-aggregated comparison of intervention and comparison group members (Table 9 above), we can conclude that the intervention had an effect on people's post-intervention pattern of incarceration experience. This difference is best captured by the differences in sporadic incarceration. Further analysis is needed to investigate differences in personal characteristics and experiences prior to FUSE II and/or different experience with FUSE II services post-program enrollment that might help better understand those program participants who were less successful in avoiding multiple periods of reincarceration.

Homeless shelter trajectories: Comparison group findings. We performed a similar trajectory analysis just for shelter use. Figure 6 reports the results of this analysis for thirty-day periods when people spent at least one day in a New York City shelter. In this figure, the absence of shelter use for any thirty-day period can mean a person spent at least one day incarcerated or lived in another setting, e.g., at their or someone else's home, in a hospital or some other institutional setting, or on the street.

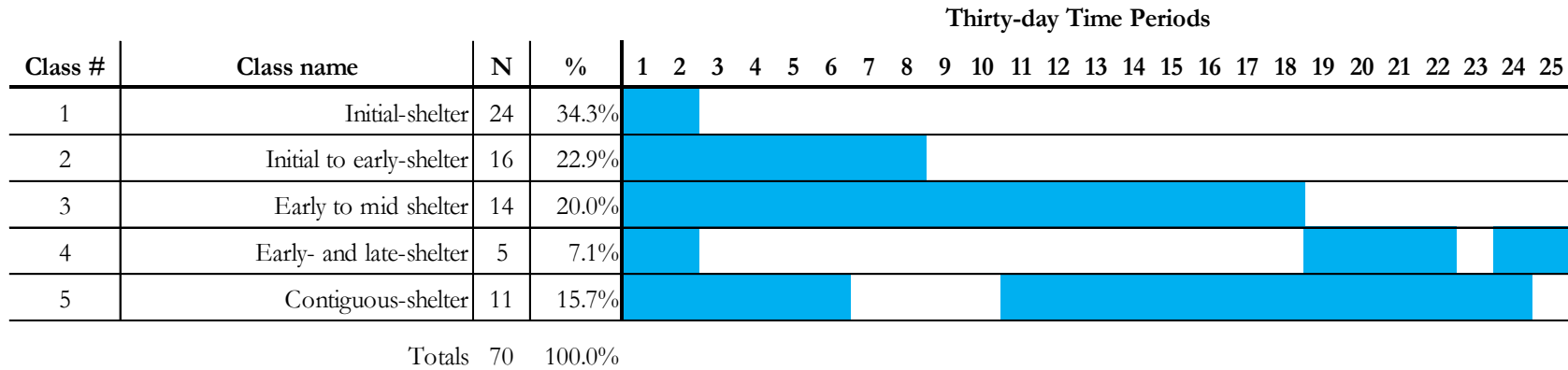
Panel A shows that we found five classes of patterns for the comparison group. The first three are characterized by ever greater sequences of months with shelter use, the fourth ("Early & late shelter") by shelter use at the beginning and end of follow-up but not much in-between and the last class by more or less continuous shelter use each month.

Homeless shelter trajectories: Intervention group findings. Panel B shows the results for the intervention group. Here the differences between the two groups are striking. The intervention group has one less class than the comparison group, and the overwhelmingly modal class ("No shelter", 85.0%) has no history of shelter use. The comparison group has no such class. The second largest class, "One-period, class-sporadicness", is very small, with only four people (6.7%) and groups together people who were in a shelter during only one thirty-day period over follow-up, but at diverse times over the follow-up period. The three remaining classes are too small to give them much weight in this discussion. They show class-sporadicness for two or more time periods and contiguous shelter use emerging early or late over follow-up.

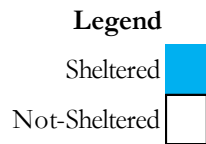
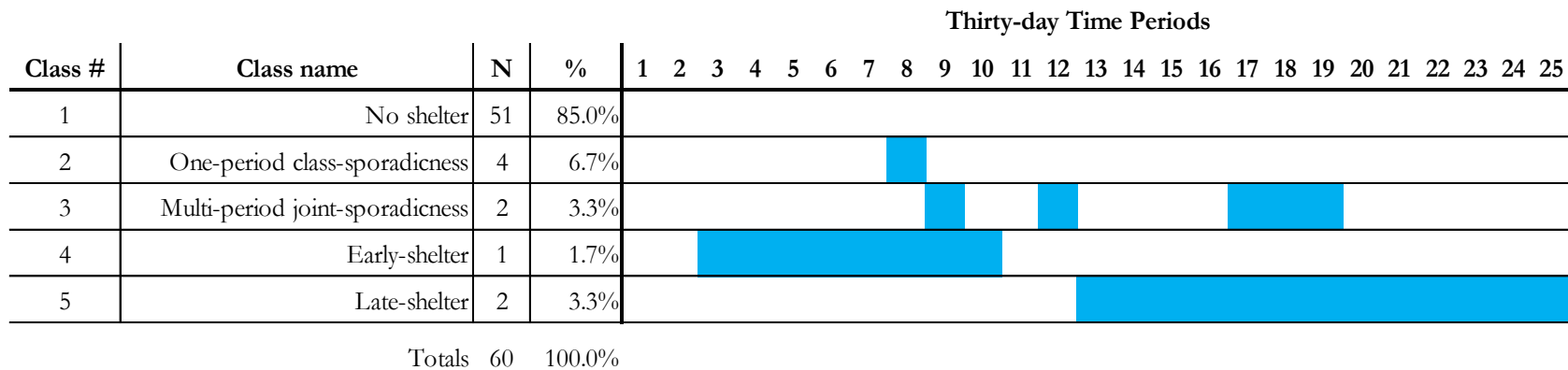
In sum, the main thrust of these findings is that the intervention virtually eliminated the different patterns of shelter use found in the comparison group. It created a very large class of people who do not use shelters and a couple of classes with very sporadic use; taken together, these can be said to replace the several comparison group patterns of ever increasing contiguous shelter use from the start of the follow-up period and its patterns of early and late and of contiguous shelter use.

Figure 6. Intervention Effects on Trajectory Groups for Shelter Use

Panel A: Comparison Group Exemplars



Panel B: Intervention Group Exemplars



Shelter and incarceration trajectories: Comparison group findings. We analyzed whether or not people were in either jail or shelter in a thirty-day period, in both situations, or in neither. Figure 7 reports results of this analysis for thirty-day periods when people spent at least one day in a New York City shelter or jail, both or neither. In this figure, the absence of shelter use or incarceration (or both) for any thirty-day period can mean a person lived at least one day in another setting, e.g., on the street, at their or someone else's home, in a hospital or some other institutional setting.

Because four situations are now possible in which people can be living for any one day in a thirty-day period, results are likely to be more complicated and they are. As Panel A shows, the comparison group has eight classes, more than we have previously seen. This is in part, but only in part, a product of the increased number of possible situations. The first four classes, together comprising about 70% of the sample, show similar histories; the major difference among the classes is that the initial sequence of shelter use only gets longer with each class, as follows:

1. "Initial-shelter" shows that 15.7% of the sample had a very brief sequence of shelter use only at the beginning of follow-up, and then were free of shelter use and/or incarceration for the rest of follow-up.
2. "Early-shelter I" (14.3%) shows something similar for about the same percentage of the sample, except that the sequence of shelter use lasts about the first five months before ending. This group also has a few people with one month of incarceration later in the time period. (We note again that exemplars do not precisely represent the history of everyone in the class, though each is representative of his or her class. See fn 8.)
3. The people in "Early shelter II" (14.3%) predominately show histories of shelter use only which last about the first nine months of the follow-up period.
4. "Early-mid shelter" class (12.9%) shows something similar but lasting about two-thirds of the follow-up period. This class also shows small amounts of incarceration after these periods of shelter use.
5. "Overall-shelter" (14.3%) is a class of people who had at least one day of shelter use each thirty-day period more or less the entire follow-up period.

Compared to these first five classes, the subsequent classes show greater mixtures of the four possible situations each person could be in per thirty-day period, as follows:

6. "Joint-sporadic, jail & shelter (14.3%) shows a contiguous sequence of both or either institutionalization at the beginning of follow-up with sporadic incarceration (or shelter or both, not captured by the exemplar) over the remaining follow-up period.
7. People in "Contiguous-mixed I" (10.0%) have histories of shelter use only, incarceration only and combined shelter use/incarceration that pretty much last the entire follow-up period, but are dominated by shelter use only sequences. The exemplar expresses one such pattern of the timing of each of these conditions; others differ in this timing, but are similar to the exemplar in the degree to which it combines all three situations and in the length of time in each situation. That is, people in this group tend to be more in shelter than in any other situation and for lengthy periods of time. When they are incarcerated, it is over several consecutive months. And when they are in both situations in the same month, this lasts only that one month; in the following month, they are in only shelter (most likely) or only jail.

8. The “Contiguous-mixed II” class (4.3%) contains only three people, so we do not give this class much weight, except to point out that it brings together people who pretty much have histories just of incarceration, with a smattering of shelter use only and combined use at the beginning of the time period. Thus, it is the one class in the comparison group that has a strong representation of people who experienced at least one day of incarceration per thirty-day period more or less continuously over the follow-up period.

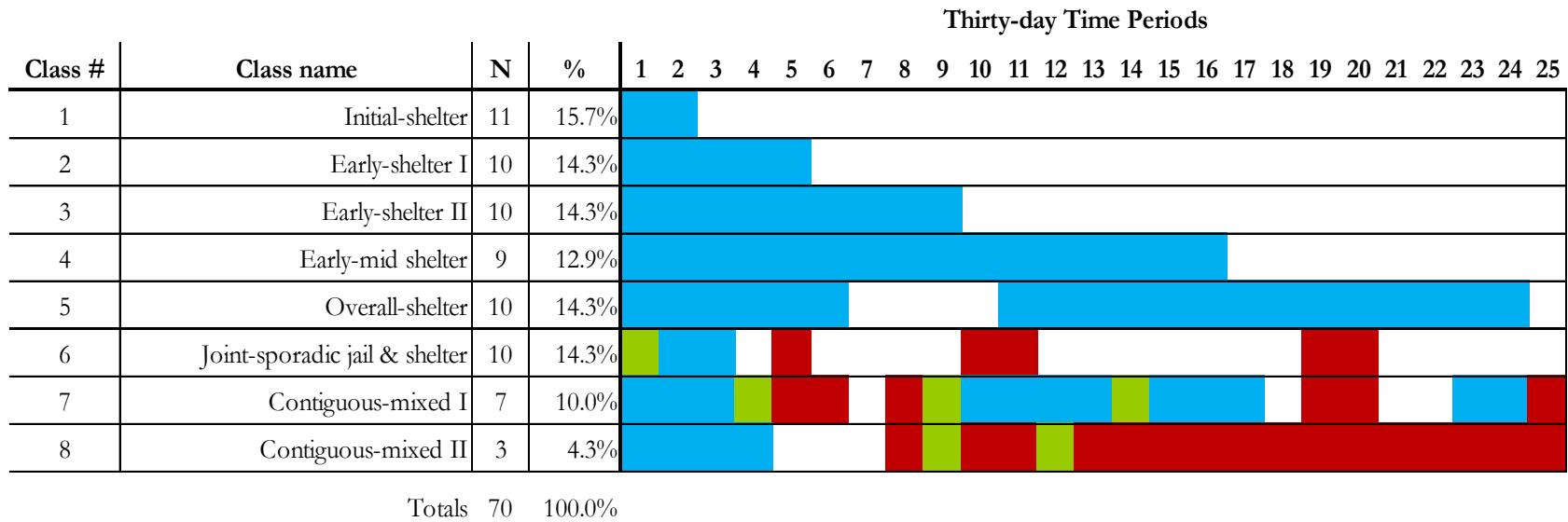
Shelter and incarceration trajectories: Intervention group findings. The rather involved findings for the comparison group contrast sharply with the results for the intervention group, as expressed in Panel B. First, the intervention group has only five classes, suggesting that the intervention caused people’s lives to become more homogeneous. Second, its modal class (“No institutionalization”, 45.0%) is characterized by no one having any shelter or incarceration experience over follow-up. This class did not exist in the comparison group. Third, the next largest class (“Class-sporadic institutionalization”, 40.0%) also shows people with very little shelter use or incarceration. For most people, their histories of avoiding both situations is punctuated by sporadic episodes of incarceration, with at least one day incarcerated during one or two thirty-day periods. Sometimes people in this class have only one such episode, sometimes they have a couple. The timing of the incarceration episode in the exemplar is not typical, as such episodes occur at different times over follow-up for different people.

The other three classes are very small: “Contiguous-jail”, 6.7%, $n=4$; “Contiguous jail & shelter, 3.3%, $n=2$; and a residual category, 5.0%, $n=3$. (The residual class, by definition, has no exemplar; it consists of people who had sporadic histories of one or both of the situations over the time period.) Taken individually, they should not be given much weight. Taken together, they are noteworthy for characterizing people who had significant histories of shelter use, incarceration or both but constituting only about 15% of the sample. That is, we see the effects of the intervention here in the small size of classes with people with such histories compared to the comparison group and with how the intervention generated more such histories than was the case for the comparison group. Thus, the “Contiguous-jail” class shows there were only four people who had more or less contiguous histories of jail use, and “Contiguous-jail & shelter” shows only two people who mixed shelter use/incarceration only with combined shelter use/incarceration over the entire time period.

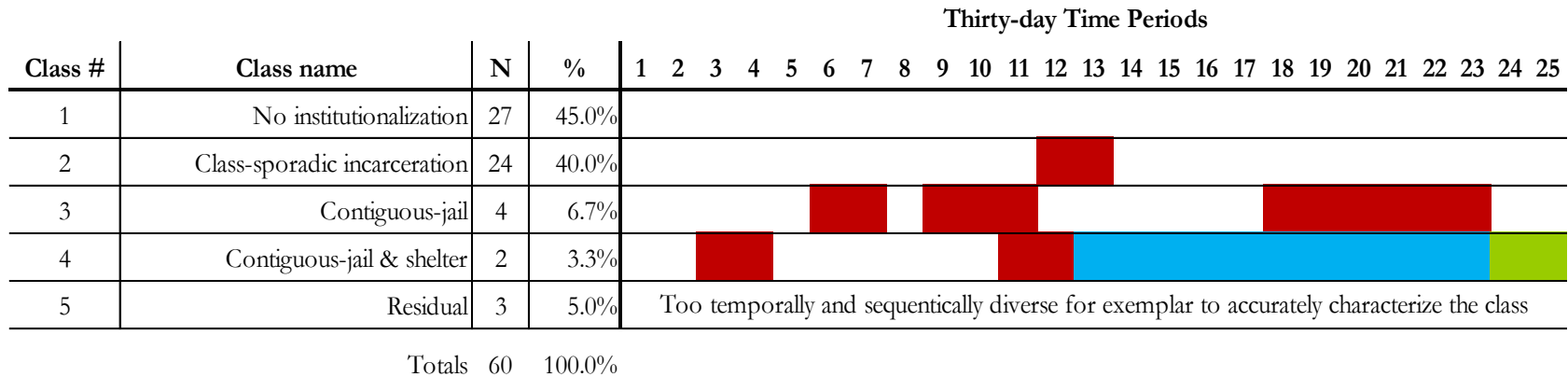
We can summarize the findings for Figure 7 by saying that they suggest a strong impact of the intervention on the trajectories that people would have followed but for the intervention. Those in the comparison group had fairly structured histories of shelter use and incarceration, with the timing, sequencing and substantive location of that structuring (i.e., jail, shelter or both) defining the variation between the classes. Except for the small number of people in the last three classes of the intervention group, people who received the intervention showed none of this, but rather exhibited histories of either no or little and sporadic shelter use and incarceration.

Figure 7. Intervention Effects on Trajectory Groups for Incarceration, Shelter Use, Both or Neither

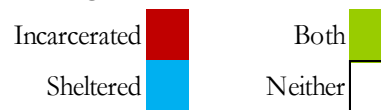
Panel A: Comparison Group Exemplars



Panel B: Intervention Group Exemplars



Legend



Summary of trajectory results. The trajectory analysis has produced a large amount of information. Perhaps it is useful to summarize the major findings relative to the impact of the FUSE II intervention. Each of the three separate analyses suggests moderate to large impacts of the intervention:

- In two of the three analyses, the intervention reduced the number of classes that would otherwise have occurred. As we said previously, we might expect this to happen if the FUSE II intervention were causing people to live lives free of shelter use and incarceration. The strongest example of this seen in Figure 7, where the number of classes is reduced from eight to five because different kinds of jail or shelter use either disappear from these people's lives or is reduced to sporadic incidences for almost everyone.
- In some analyses, the intervention produced a class of people with no histories of shelter use or incarceration, in contrast to the comparison group for whom such a class was not present (e.g., Figures 6 and 7). And when there was such a class in the comparison group, the size of the class of people with no jail or shelter history was larger in the intervention group (Figure 5).
- Relative to the comparison groups, the intervention groups show very small classes of people with more or less continuous use of shelter or of incarceration. Whereas these classes can be between 6% and 22% of the comparison group, they are only once above 5% of the intervention group.
- It is understandably easier for the intervention to affect shelter use than incarceration. Providing housing is at the heart of the program and is a direct alternative to living in shelter. It is not a direct alternative to incarceration. Nonetheless, the FUSE II program of housing and enhanced services did affect individuals' becoming involved with the criminal justice system. Figure 5 and Figure 7 show just such an effect on patterns of recidivism.
- The FUSE II intervention appears to affect incarceration histories in two ways. One is it reduces the number of such histories. But what the trajectory analysis is particularly good at is showing that when incarceration does occur for the intervention group, it is more sporadic (relative to the comparison group), with episodes more likely of limited duration. Figure 5 is especially useful for seeing this effect, and it also appears in Figure 7.
- The existence of relatively few FUSE II participants with continuing substantial involvement in jail or shelter indicates that the program seems to have targeted very well persons likely to benefit from the FUSE II intervention, and was successful in addressing their needs. Further research is needed to better understand personal characteristics, prior experiences and/or experiences with services post-FUSE enrollment among the minority of participants who were less successful in avoiding continued cycling between shelter homelessness and jail.

IV. COST EVALUATION

A. Background

In this section, we consider the public costs of the FUSE II intervention and the fiscal benefits of its outcomes. Studies of the economics of homelessness show that poor individual outcomes associated with frequent use of crisis systems also drive rapidly rising costs of publicly funded correctional, health and behavioral health care systems (Culhane & Byrne, 2010; Flaming, et al., 2009). One study conducted in New York City, for example, found that the multi-system service use of chronically homeless persons with severe mental illness cost on average about \$40,500 per person annually (1999 dollars; Culhane, et al., 2002). A growing body of practice employs targeted interventions and cross-system strategies, including housing services, to interrupt patterns of repeated institutional and emergency care, improve the lives of individual “frequent users,” and make better use of limited public resources (CSH, 2009b).

Studies have also found that housing-based interventions for homeless persons offset all or most of their public costs by reducing spending on publicly-funded services that would have otherwise been used to address homelessness, criminal justice involvement and medical and behavioral health crises (Holtgrave, et al., 2012; Basu, et al., 2012; Larimer, et al., 2009; Sadowski, et al., 2009; Culhane, et al., 2002). An innovative Chicago study, for instance, compared total costs for publicly funded legal, medical/health, social services and housing (including a supportive housing intervention) used by chronically ill homeless adults who were randomly assigned to supportive housing or to usual care. It found that a supportive housing placement reduced total public spending on average by over \$6,000 per year per person housed (Basu, et al., 2012). Another study in Seattle found that decreases in the utilization of shelter, criminal justice, detoxification and avoidable health care services for a group of chronically homeless persons with severe alcohol problems more than fully offset the cost of permanent supported housing (Larimer, et al., 2009). These findings point to the potential of public investments in supportive housing to end homelessness and contain costs among persons with chronic health conditions, serious mental illness, substance use problems and histories of incarceration.

B. Objectives

As part of our evaluation, we include a cost analysis to examine the fiscal impact of public investment in FUSE II on public expenditures associated with New York City jail, shelter and medical and behavioral health systems. This cost evaluation seeks to address three questions: (1) what is the cost per participant of the FUSE II housing intervention; (2) what are the public cost implications of the impact of the intervention on the use of jail, shelter and medical and behavioral health services that was earlier observed (Section III); and (3) to what extent do cost reductions in these crisis and acute care services offset the public costs of the intervention?

C. Methods

We used standard methods of cost analysis to calculate an average per-client, per-year cost of FUSE II and to monetize service use outcomes reported previously in Section III. These steps include determining the number of clients served, identifying resources used, estimating the cost per unit of each resource type, calculating the total cost of the intervention and expressing all costs on a per client basis. (See Holtgrave, et al., 2007). We take a public payor or taxpayer perspective, which is designed to

identify costs incurred by public agencies, including federal, state and city payors. We also present intervention costs from a societal perspective, i.e., all housing costs regardless of who pays, including participant contributions to rent paid from earned income, government funded public assistance or disability benefits (but excluding other costs incurred by study participants, such as travel costs or the value of time spent in program activities). We estimate service delivery costs but not the cost of the evaluation.

Consistent with the methods used to determine substantive outcomes, we examine costs associated with differences of mean service use between participants included in the study based on the propensity score analysis. Cost findings for jail and shelter use (NYC administrative data) reflect outcomes for all members of these trimmed study groups (60 intervention group members and 70 comparison group members). Cost findings for self-reported services use (participant interviews) reflect outcomes for those members of the trimmed study group who completed at least three (average 3.4) follow-up interviews (57 intervention group members and 52 comparison group members). We base service use and costs on original group assignment as FUSE II intervention participant or comparison group member. Methods and outcomes of the analysis of mean service use are set out in Section III above.

We tracked NYC jail and municipal shelter use by study group members through the administrative data obtained from DOC and DHS for the 24 months prior to and following the baseline interview. (These interviews were typically conducted within one month of housing placement for the intervention group). Data on use of inpatient and crisis medical and behavioral health services, as well as housing costs of intervention group members, were collected through the extensive survey of intervention and comparison group members discussed previously. We obtained FUSE II intervention costs by (a) interviewing program staff at each of the participating housing provider agencies (who had, at our request, reviewed cost records for their programs); (b) gathering responses from a written survey of provider agencies; (c) reviewing provider agency materials; and (d) interviewing CSH project staff responsible for FUSE II implementation and oversight.

The timeframe for the cost analysis is the 24-month period following each study participant's placement in FUSE II supportive housing (intervention group members) or study enrollment (comparison group members). We calculate intervention costs and service use means based on this 24-month study period. To provide the most useful costs comparisons, however, we present annualized intervention costs and differences of means for service use variables, expressed as the average or mean cost per person per year. All costs are adjusted for inflation to reflect 2012 dollars.

Costing the Intervention. We calculate an annual per person, per year cost for FUSE II for the 72 persons housed through the program (i.e., not just those in the trimmed intervention sample). For each intervention group member, costs were collected over the 24-month follow-up period beginning on the date the participant entered housing and ending at the two-year mark or on the date of housing exit for those housed less than 24 months. To generate a per-unit amount, we calculate average intervention costs as total costs per person divided by total months in housing.

As noted previously, FUSE II includes a supportive housing placement in an existing program and a one-time \$6,500 service enhancement paid to the supportive housing provider upon placement of a FUSE II-eligible resident. We discuss each of these elements in turn in the context of our cost analysis.

Six participating FUSE II housing providers (see Table 1) utilized 72 supportive housing program units funded by New York City and State agencies. These units were funded to serve single adults with substance use disorders or with serious and persistent mental illness (SPMI) diagnoses who are homeless or at risk of homelessness and require long-term supportive housing to manage behavioral health issues. FUSE II intervention group members live in community care programs that include an affordable housing placement in a congregate single-room occupancy facility (16 people) or in a private market apartment (56 people). All units are linked to ongoing case management services available on an as-needed basis. Medical and behavioral health care and other specialty services are provided through referral to internal or external specialty service providers. These are unlicensed programs run by nonprofit agencies and subsidized primarily through operating and service contracts administered by the New York City Department of Health and Mental Hygiene (DOHMH). Residents with disability or other income pay 30% of total income towards rent. (For example, in 2013, persons relying on New York State Social Security Income (SSI) at the living alone rate make an “out-of-pocket” rent payment of \$239 per month.) Housing programs also assist eligible residents in applying for a public assistance rental benefit (\$215 or less, for a single adult in New York City in 2013).

FUSE II housing providers contract with New York State or City agencies for a negotiated supportive housing services and operating subsidy (or program fee) to cover the cost of housing, services, property management and other operations. The program fee varies by provider and funding source; per unit reimbursement rates range from approximately \$9,000 per year to \$18,000 per year. Given the high cost of housing in New York City, contracting agencies encourage providers to leverage other rental subsidy sources, such as federally funded Section 8 or Shelter Plus Care vouchers. Three FUSE II housing providers placed program participants in vacant units of supportive housing in single-site developments; three providers utilized sponsor-based Section 8 housing vouchers administered by the New York City Housing Authority (NYCHA) or Department of Housing Preservation and Development (HPD) to place program participants in scattered-site private market apartments leased at fair market rental rates.¹¹ In this latter arrangement, the tenant is the technical Section 8 voucher holder, but the housing provider serves as the master leaseholder and sub-leases the apartment to each tenant. Residents with income from employment, disability benefits or a public assistance grant contribute to their rent. The voucher fills the gap between the resident contribution and the total monthly rent.

FUSE housing providers also received a \$6,500 one-time service enhancement for each intervention group member they housed. This enhancement was funded from private sources (CSH) and from public sources (DHS and DOC). To promote the stability of housed clients, providers used these grants to deliver a range of enhanced services, such as client engagement; intensive case management; clinical supervision; better access to case managers (by lowering their client-to-case manager ratio); service staff dedicated to providing intensive support during the first year of housing; and specialty services such as vocational training and peer support.

¹¹ In December 2009, New York City imposed a freeze on issuing Section 8 vouchers which curtailed the ability of supportive housing providers to obtain voucher support for residents. All intervention group members included in this evaluation secured vouchers prior to the freeze, but affected programs were forced to lower the total number of persons housed using the set contract amount, driving up the “per unit” supportive housing program fee used to calculate the intervention costs reported here.

FUSE II *payor cost* for each intervention group member includes the services and operating supportive housing program fee, the \$6,500 FUSE II service enhancement and the value of any federally funded affordable housing voucher secured for a scattered site unit. The *societal cost* consists of payor costs plus resident-incurred costs, including out-of-pocket rent payments from income, public assistance benefits in the form of rental subsidies, security deposit payments (included if the client was housed for less than 24 months) and one-time furniture allowances. To take into account regular apartment turnover, we include security deposits as a one-time program expense for residents who left housing during the 24-month study period (and are assumed — conservatively, from an evaluation perspective — to have forfeited the return of the deposit). Housing agencies that provided scattered site apartments assisted residents in applying for one-time public assistance grants for establishing a home (furniture allowance).

Our analysis focuses on the costs incurred during the 24-month period following housing placement. We do not include costs incurred by DOC and DHS to identify potential participants. Nor do we include costs incurred by housing providers for pre-housing assistance and for case management provided to prospective tenants to support and advocate for them during the often-lengthy process of gathering documents and submitting housing voucher and program applications. However, some FUSE II providers used service enhancement funding to cover the costs of pre-placement activities, and we do include the full cost of each FUSE II service enhancement in the average intervention cost. Finally, we do not include any costs associated with CSH-provided or CSH-organized trainings for housing agencies participating in this Frequent User initiative.¹²

Monetizing service use outcomes. To monetize the effect of the FUSE II intervention on service utilization, we gathered unit costs for each of the examined services from published research literature, publicly available reports (such as the New York City Mayor’s Management Report, MMR), interviews with funder agencies and online resources. As noted above, we adjust all costs for inflation to reflect 2012 dollars.

Table 12 sets out unit costs and sources for New York City jail and shelter stays. We estimate the cost of jail use from information in the MMR, which shows an average cost per inmate per year of \$84,627 in FY 2012. The MMR also provides estimates of the average costs per inmate for mental and medical health services provided to inmates of NYC jails that were provided by DOHMH and its vendors. In FY 2010, this was estimated to be \$12,688 per inmate; the estimated costs for inpatient, emergency and specialty outpatient care provided by the New York City Health and Hospitals Corporation (HHC) for inmates of NYC jails was \$4,268 per inmate in FY 2012. We derive the daily costs per inmate by dividing annual costs by 365, adjusted to 2012 dollars. The resulting per-person, per-day cost, \$280, is an average daily estimate that expresses direct costs to DOC of operating the jail system but does not include DOC debt service, fringe expenses, legal costs and other expenses not included in the DOC operating budget. (It is estimated that including these costs would almost double the DOC annual cost per inmate for 2012 to \$167,73; NYC IBO 2013.) Average per-person, per-day New York City single adult emergency shelter costs are reported in the FY 2012 MMR.

¹² These trainings include understanding the cultural adaptations to incarceration, motivational interviewing, stages of change and harm reduction services, and other service engagement techniques such as dialectical or cognitive behavioral therapy.

Table 12. Unit Costs: Jail and Shelter

Item	Per Diem Cost ^a	Year	Adjusted to 2012 dollars ^a
Jail stay (including health services) ^{b,c}	\$280	2012	\$280
Single adult shelter stay ^b	\$78	2012	\$78

^a Amounts are rounded to nearest dollar.

^b NYC Mayor's Office of Operations, (2012).

^c Zimiles, (2013).

Table 13 sets out unit costs and sources for the physical and mental health and alcohol and other drugs (AOD) services reported previously in this evaluation. Where available, we use Medicaid reimbursement rates. At baseline interview, 84.4% of all participants reported active Medicaid insurance (59.4% fee-for-service and 25.0% enrolled in Medicaid managed care), and across all waves of data collection, the great majority of intervention and comparison group members reported active Medicaid insurance. To calculate a mean charge per day for each type of hospital stay for inpatient medical and AOD services, we use mean total charges for New York State Medicaid-reimbursed stays (as reported in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases) divided by mean length of stay (days) reported. We draw unit costs for other crisis medical and AOD services from public records and from the published research literature.

Table 13. Unit Costs: Physical and Mental Health and Alcohol and Other Drugs (AOD) Services

Physical, Mental Health & Alcohol and Other Drug Services	Unit Cost ^a	Year	Adjusted to 2012 dollars ^a
Ambulance ride (basic charge per ride) ^b	\$704	2012	\$704
ER visits, including psychiatric & AOD ^c	\$519	2003	\$648
Hospital day for medical reason ^d	\$4,502	2011	\$4,595
Psychiatric hospital day ^d	\$2,170	2011	\$2,215
AOD inpatient day ^d	\$2,381	2011	\$2,430
AOD detoxification day ^e	\$951	2012	\$951
AOD residential treatment day ^f	\$76	2002	\$97

^a Amounts are rounded to nearest dollar.

^b New York City Fire Department (FDNY), (2012). Note that the basic charge is a conservative estimate that does not include additional charges for mileage, oxygen or other services.

^c Machlin, SR, (2006).

^d Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID), (2013).

^e New York State Department of Health (NYS DOH), (2012).

^f Substance Abuse and Mental Health Services Administration (SAMHSA), (2003).

D. Cost and Cost Offset Results

Intervention costs. Table 14 reports the annual average cost of the FUSE II intervention by component and in total and from both the payor and societal perspectives, in both 2009 and 2012 dollars. In terms of the latter, the payor perspective average annual cost is \$23,290 and the societal perspective average annual cost is \$27,210.

Annual average intervention costs varied by model and by program. The total per person average annual public payor intervention cost ranged from \$10,625 to \$23,806 in 2009 dollars (\$11,371 to \$25,477 in 2012 dollars). The average public payor cost in 2009 dollars was \$17,535 for a congregate single room occupancy unit and \$22,971 for a scattered-site unit that utilized a sponsor-based Section 8 voucher to support direct housing costs (\$18,766 and \$24,583 in 2012 dollars).

Table 14. Per-Person Annual Average Costs of the FUSE II Intervention

Cost Category	Annual Average Per-Person Cost Across Six Agencies	
	2009 Dollars	2012 Dollars
<i>Public Payor Costs</i>		
Affordable housing voucher	\$9,678	\$10,357
Program fee (services & operations)	\$10,505	\$11,242
Sum of Housing and Program Costs	\$20,183	\$21,599
<i>FUSE II enhancement^a</i>		
Public FUSE II funding (DHS, DOC)	\$1,580	\$1,691
Private FUSE II funding (CSH)	\$1,580	\$1,691
Sum of FUSE II Costs	\$3,160	\$3,382
<i>Participant Costs</i>		
Public assistance rent subsidy	\$1,539	\$1,647
"Out-of-pocket" rent contribution	\$253	\$271
One-time furniture allowance	\$194	\$208
Forfeited security deposit	\$96	\$103
Sum of Participant Costs	\$2,082	\$2,229
Public Payor Total ^b	\$21,763	\$23,290
Societal Total	\$25,425	\$27,210

NOTE: Intervention costs are adjusted to 2012 dollars for purposes of the cost analysis only. They do not reflect an increase in the actual contract amounts paid to providers.

^a Formally, \$6,500 per unit over two years. However, one housing unit was vacated and reoccupied by another intervention group member but only one enhancement was paid, making the average enhancement actually paid \$6,320 rather than \$6,500.

^b Only includes publicly funded portion of FUSE II enhancement.

Post-housing difference of mean units and costs for crisis and inpatient medical and behavioral health services. Table 15 (next page) presents annualized cost differences per person for physical and mental health and AOD services used by intervention and comparison group members over the 24-month follow-up period. These estimates are based on differences of means data presented in Section III.D. Results indicate that, during the 24-month follow-up period, persons housed through FUSE II incurred an average cost that was \$7,308 less per person per year for inpatient and crisis medical and behavioral health services than for persons in the comparison group. The bulk of savings are attributable to the reduction in psychiatric inpatient days.

Post-housing difference of mean units and costs for shelter and jail days. Table 16 (next page) presents annualized differences in costs per person for jail and shelter, based on differences of means results presented earlier in Sections III.A and III.B. Over the 24-month follow-up period, intervention group members incurred an average of \$16,745 less in expenses per person for days in jail and shelter than did comparison group members, or an estimated \$8,372 less per person per 12-month period.

Pre- and post-housing difference of mean costs for shelter and jail stays. Employing another approach to estimate public cost savings associated with the FUSE II intervention, we examine pre/post differences in mean jail and shelter costs for intervention and comparison group members during the 24 months prior to and following study enrollment. As set out in Table 17 (p. 49), for FUSE II participants, the total per person mean cost of jail and shelter days declined from \$38,443 (\$19,292 in jail costs plus \$19,151 in shelter costs) in the 24 months prior to the intervention to \$9,145 (\$7,957 in jail costs plus \$1,188 in shelter costs) in the 24 months following housing. This is a \$29,298 or 76% reduction. Mean cost for jail and shelter days also went down for the comparison group, but from \$38,587 (\$22,308 in jail costs plus \$16,279 in shelter costs) in the two years prior to the study to \$25,948 (\$13,320 in jail costs plus \$12,628 in shelter costs) during the 24 follow-up period. This is a \$12,639 or 33% reduction in costs.

The intervention effect for pre/post shelter days was stronger than the effect for jail days. As previously noted, the intervention group experienced a steep reduction post-placement in shelter costs — down 94% compared to a reduction of 22% for those remaining in usual care. The relative reduction in cost of jail days during the follow-up period was also substantial, though less marked. Jail days declined 59% for the intervention group and 40% for the comparison group. This may reflect the continuing vulnerability to arrest for extremely low-income New Yorkers with histories of incarceration.

Table 15. Mean Units and Costs of Services Used Over 24-Month Follow-Up Period Annualized Intervention Effects on Use of Physical and Mental Health and Alcohol and Other Drug Use (AOD) Services
(Based on outcomes data presented in Table 11)

Physical Health, Mental Health and AOD Services	Intervention Group ^a Annualized Mean Units of Service Use	Comparison Group ^b Annualized Mean Units of Service Use	Annualized Difference in Means	Per Unit Service Cost 2012 dollars	Annualized Difference in Costs Per Person 2012 dollars
Ambulance rides	0.36	0.76	-0.40	\$704	-\$281
ER visits, including psychiatric & AOD issues	1.09	1.33	-0.24	\$648	-\$154
Hospital days for medical reasons	1.59	1.67	-0.08	\$4,595	-\$365
Psychiatric hospital days	1.93	5.04	-3.11	\$2,215	-\$6,880
AOD inpatient days	1.26	0.94	0.32	\$2,430	\$770
AOD detoxification treatment facility days	0.60	0.39	0.21	\$951	\$200
AOD residential treatment days	0.00	6.16	-6.16	\$97	-\$598
Annual intervention effect in 2012 dollars (negative value indicates savings)					-\$7,308

^a Estimated mean based on 57 intervention group members with an average follow-up period of 22.5 months.

^b Estimated mean based on 60 comparison group members with an average follow-up period of 19.2 months.

Table 16. Mean Units and Costs of Services Used Over 24-Month Follow-Up Period: Intervention Effects on Shelter and Jail Days
(Based on outcomes data presented in Tables 8 and 9)

Days in Shelter or in Jail	Intervention Group Mean ^a	Comparison Group Mean	Difference of Means	Per Unit Svc Cost (2012 dollars)	24-Month Difference in Costs Per Person (2012 dollars)	Annualized Difference in Costs Per Person (2012 dollars)
Shelter	15.2	161.9	-146.7	\$78	-\$11,378	-\$5,689
Jail	28.4	47.6	-19.2	\$280	-\$5,366	-\$2,683
Intervention effect in 2012 dollars (negative value indicates savings)					-\$16,745	-\$8,372

^a Mean use over 24 month follow-up period for all cases, i.e., 60 intervention group and 70 comparison group members.

Table 17. Mean Units and Costs of Shelter and Jail Days Used 24 Months Pre and Post Intervention
(Based on data presented in Table 8 Panel A, Table 9 Panel A and Appendix A Table A-2)

Panel A. Days in Shelter: 24 Months Pre- and Post-Housing Placement/Enrollment

Study Group	Unit Service Cost (2012 dollars)	Mean Days 24 Months Pre-	Total Cost 24 Months Pre-	Mean Days 24 Months Post-	Total Cost 24 Months Post-	24 Month Pre-Post Difference Mean Days	24 Month Pre-Post Difference in Costs Per Person (2012 dollars)	Annualized Pre-Post Difference in Costs Per Person (2012 dollars)
Intervention group	\$78	245.5	\$19,151	15.2	\$1,188	230.3	-\$17,963	-\$8,982
Comparison group	\$78	208.7	\$16,279	161.9	\$12,628	46.8	-\$3,650	-\$1,825
Intervention effect (2012 dollars)							-\$14,313	-\$7,156

Panel B. Days in Jail: 24 Months Pre- and Post- Housing Placement/Enrollment

Study Group	Unit Service Cost (2012 dollars)	Mean Days 24 Months Pre-	Total Cost 24 Months Pre-	Mean Days 24 Months Post-	Total Cost 24 Months Post-	24 Month Pre-Post Difference Mean Days	24 Month Pre-Post Difference in Costs Per Person (2012 dollars)	Annualized Pre-Post Difference in Costs Per Person (2012 dollars)
Intervention group	\$280	68.9	\$19,292	28.4	\$7,957	40.5	-\$11,335	-\$5,668
Comparison group	\$280	79.7	\$22,308	47.6	\$13,320	32.1	-\$8,988	-\$4,494
Intervention effect (2012 dollars)							-\$2,347	-\$1,174

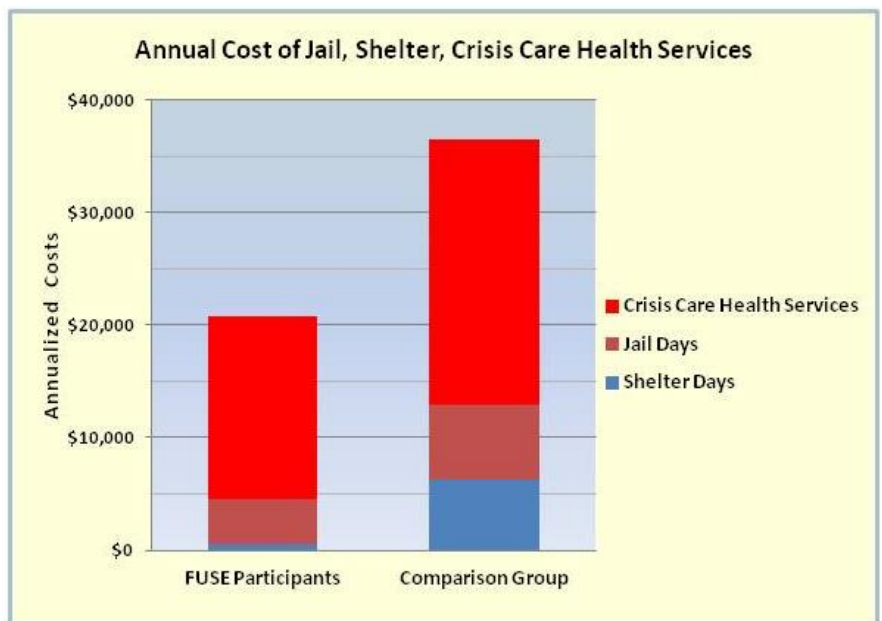
E. Cost Analysis Discussion

In addition to extending supportive housing to an underserved population, the FUSE II initiative represents an innovative funding strategy in supportive housing by the government agencies responsible for operating jails and emergency shelter. Currently, services in supportive housing in New York City are funded primarily through contracts with State and City health or human services agencies. The service enhancements provided as part of FUSE II were funded in part by the City's Departments of Corrections and Homeless Services, as they recognized the potential impact of a housing strategy to reduce frequent use of their systems.

Our cost analysis of FUSE II indicates that the annual cost over two years for this enhanced housing model is substantially offset by savings from reduced use of jail, shelter and inpatient and crisis physical and behavioral health services. We estimate the average public payor cost per-person, per-year for the service-enriched FUSE II intervention as implemented at \$23,290 (2012 dollars). This includes \$10,357 annually in affordable housing costs; \$11,242 per year for services and operating expenses; and a \$6,500 one-time service enhancement per unit to meet the unique needs of the frequent user. These costs are offset by a total annualized mean difference of \$15,680 in lower per person spending for intervention group members on the set of publicly funded crisis care services we analyzed. These include a \$8,372 difference in total annualized jail and shelter costs between the intervention and comparison groups and a \$7,308 difference in annualized medical,

mental health and AOD service costs (see Figure 8). The \$15,680 per person annual "savings" in other publicly funded services more than offset the estimated \$14,624 annual public investment in "wrap-around" supportive service and operation costs (e.g., program fees plus the publicly and privately funded FUSE enhancement) used to stabilize intervention group members in federally subsidized affordable housing units. Taking the full public payor intervention cost into consideration, including federal spending for affordable housing vouchers, the \$15,680 difference in avoidable public costs offsets 67% of the total public cost for FUSE II housing and services.

Figure 8. Annual Cost of Jail, Shelter and Crisis Care Health Services



Cost offsets presented here are based on average, per person service use for the FUSE II and comparison groups. The range of individual outcomes varies greatly, of course. To place these average costs in further perspective, we note the potential costs associated with a negative medical outcome for a single individual frequent user. The average cost for a single Medicaid reimbursed hospitalization in New York State in 2011 was \$15,200 for an AOD hospitalization, \$24,300 for a medical hospitalization

and over \$33,000 for a mental health hospitalization. Thus, costs associated with a single negative outcome can exceed total annual per-person intervention cost (HCUP, 2013).

This cost analysis has a number of limitations. First, we consider only a number of publicly funded custodial, inpatient and crisis care services as cost variables. This evaluation does not include costs related to prison stays, nursing home stays, arrest and prosecution or other medical or social outcomes often experienced by frequent users of jail and shelter.¹³ Also, information for housing costs other than shelter is not available for comparison group members. Based on the reported intervention effect on the variables examined, we can assume there were additional public cost differences between intervention and comparison group members in these areas that would increase total public cost savings. On the other hand, we also do not consider the impact of the FUSE II supportive housing intervention on access to and utilization of “appropriate” medical and behavioral health services such as regular mental health care and primary and preventive health care. It is likely that greater stability and connection to service systems in the intervention group resulted in differentially higher utilization of these services and greater public costs for the intervention than for the comparison group. It should also be noted that medical and behavioral health service utilization is based on self-report only, since Medicaid billing data could not be obtained from government agencies to confirm and augment participant reports. Medicaid billing data for all reimbursed services would provide a more complete picture of both appropriate and avoidable medical and behavioral health care utilization.

Finally, we note that per-person reductions in using institutional care must occur on a certain scale in order to translate into actual public cost savings in these systems. Due to the fixed costs of operating jail and shelter systems, marginal costs per inmate or shelter bed are a more relevant measure than average costs. For example, to begin to realize savings, the Department of Corrections calculates it must decrease the average inmate population by 100 persons (i.e., closing an entire housing area; DOC, 2009). Results of the FUSE II pilot suggest that housing-based approaches brought to scale could enable the City to begin such closings, thereby generating savings which can be invested in service enhancements to help additional frequent users in supportive housing on an ongoing basis.

Despite these caveats, findings from this cost evaluation suggest that removing policy and system barriers limiting access to housing assistance for persons with criminal convictions, incorporating housing into reentry services, expanding existing housing resources available for homeless persons with health and behavioral health challenges, and giving housing providers an additional one time \$6,500 enhancement per client for more intensive supportive services immediately post release would result in cost savings to corrections, homelessness and health care systems for persons who would otherwise continue their cycling between jail and crisis care institutions.

¹³ Unfortunately, complete data on nursing home days is not available. Information for FUSE intervention group members indicate a total of 31 nursing home days were used in the six months prior to housing placement by 55 participants for whom data is available. This compares to a total of six days used by the same 55 persons after FUSE housing placement.

V. EVALUATION SUMMARY AND IMPLICATIONS

Every year in the United States, local jails process an estimated 12 million admissions and releases (Beck, 2006). Poverty, homelessness, chronic addiction, persistent mental illness, multiple health problems or some combination of these are widespread among the jail population. Since 80% of inmates are incarcerated for less than one month, jails have little ability to address these deep-seated personal and community challenges. Evidence suggests that supportive housing has helped end homelessness for persons with complex needs and has helped reduce overall public systems involvement and costs (Rogers, et al., 2009). The FUSE II program results described in this report further suggest that supportive housing decreases recidivism and the use of expensive emergency homeless, health and behavioral health services, improves health care access and helps government avoid unproductive spending. The intervention had strong positive effects on reducing jail and homeless shelter use, especially when measured from housing placement. It transformed people's patterns of institutional cycling such that only a very small percentage of people in the intervention group had patterns akin to the heavier use patterns of the comparison group. Indeed, the patterns exhibited by the intervention group show absolutely no or extremely infrequent jail or shelter experience.

The FUSE II intervention was highly successful in securing and maintaining permanent housing for program participants, all of whom had extensive prior experience of homelessness and unstable housing. At twelve months, over 91% of FUSE II participants were housed in permanent housing, and 86% maintained permanent housing over the entire 24 month follow-up period. Rates of housing success were much higher than among comparison group members, and higher than realized in other supportive housing interventions for persons with complex histories of homelessness and behavioral health needs (Malone, 2009; Martinez & Burt, 2006; Wong, 2006).

Strong program effects were also apparent for problem alcohol and drug use. FUSE II intervention participants experienced less problem drinking and less hard drug use than the comparison group. Findings are less consistent regarding mental health outcomes, as rates of current disorder are similar among intervention and comparison group members. This could reflect that many participants in both the intervention and comparison groups have chronic mental health conditions that will require long-term treatment. FUSE II participants, however, showed decreased psychological distress and improved social support systems. Other research (Taylor, 2007; Thoits, 2011) has shown that such differences are associated with improved mental health functioning, community integration and quality of life among those with persistent mental illness. Findings may also indicate the utility of greater attention to enhanced, professional mental health services for residents with schizophrenia and other serious and persistent disorders.

Findings from the cost evaluation found that the average public payor cost per-person, per-year for the service-enriched FUSE II intervention as implemented was \$23,290, including affordable housing costs, services and operating expenses and a one-time service enhancement per person to meet the unique needs of the frequent user. These costs are offset by a total annualized mean difference of \$15,680 in lowered spending for intervention group members (compared to comparison group members) on the publicly funded crisis care costs we examined for this analysis. Taking the full public payor intervention cost into consideration, including federal spending for affordable housing vouchers,

the difference (or “savings”) in avoidable public costs offsets 67% of the total public cost for FUSE II housing and services. Results from the outcome and cost analyses indicate that removing policy and system barriers limiting access to housing assistance for formerly incarcerated persons, incorporating housing into reentry services, expanding existing housing resources available for homeless persons with health and behavioral health challenges, and giving housing providers an additional onetime financial enhancement per client for more intensive supportive services immediately post release could result in substantial cost savings to corrections, homelessness and health care systems for persons who would otherwise continue their cycling between jail, homelessness and crisis care institutions.

In evaluating the cost implications of the FUSE II intervention, one limitation is our lack of data on housing costs for comparison group individuals. Detailed housing information and cost information was available for FUSE II participants, but we were unable to collect the same information for comparison group members who left shelter. As a result, we do not know if any of these were placed into high-cost specialized housing during the follow-up period and so cannot take such costs into account in our analyses.

A more general study limitation is the possible effects of the NY/NY III program on comparison group housing placement. NY/NY III is a partnership between New York State and New York City that greatly increased the number of supportive housing units available in New York City and was implemented at the same time as FUSE II. The relatively high rate of housing placement in the comparison group (42%) may be due to this initiative, thereby potentially diminishing the comparative impact of the intervention.

Despite these and other analytic limitations, this study suggests that FUSE II had strong positive effects for participants in improved housing retention, decreased days spent in jail, decreased days spent in shelter and decreased cycling between public institutions, all of which resulted in decreased costs to New York City and taxpayers as well as enhanced lives for program participants. This evaluation suggests the utility of targeting services to high needs populations that may cycle between multiple systems without being successfully treated by any one.

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- APPENDIX A -

PROPENSITY SCORE ANALYSIS

In this appendix, we explain more fully how we estimated the propensity score and our reasoning for forming the comparison group as we did.

We estimated propensity scores using a logistic regression model that included the variables in Table A-2 marked with the superscript “#”. The table includes all variables that were initially thought to possibly affect selection into the intervention, the outcome or both. These were based on theory, logic or prior empirical evidence. We excluded variables from the final model based on diverse modeling which suggested these variables were not statistically significant under different modeling conditions and were not statistically significant in the final model used in our analysis. As our questionnaire shows, we collected extensive data on people participating in the study. Many of the variables used in the analysis are combinations of questions, thus capturing available information but having sufficiently few variables to make the analysis tractable.¹

For all these models, including the final model, we attempted to use the propensity score to achieve covariate balance between the intervention and comparison groups.² To do this, we used nearest neighbor matching with a caliper equal to .25 of the standard deviation of the propensity score distribution. That is, the algorithm would search for matching cases within a radius no further away from an intervention case than this value. The matching was one-to-one with replacement, i.e., one intervention case was matched with one comparison case, but that comparison case may have been used more than once.

None of these analyses allowed us to define a model in which the cases were sufficiently well-balanced on the propensity score. Put another way, we could not define a satisfactory region of common support — a region common to both treatment and comparison group cases — across the entire distribution of the propensity score. These analyses exposed that there were cases at the high end of the propensity score distribution that could not be well-matched to any comparison group cases. As a result, and as noted in the text, we used a “minima/maxima” approach to eliminate from the comparison group people whose scores were less than the lowest intervention group score, and to eliminate from the intervention group people whose scores were greater than the greatest comparison group scores. Table A-1 reports these minima and maxima for both groups.

Thus, comparison group people with scores less than .0382 (i.e., with less than a 3.8% chance of being in the intervention group), and intervention group people with scores greater than .8878 (i.e., 88.8% chance) were excluded from the outcome analysis.

¹ Our combining questions to create a variable resulted from our interest in retaining in all analyses as much relevant information as possible without running into the technical problem of having too many variables for the size of the sample. If the sample of intervention cases had been sufficiently larger, we would not have combined as many questions as we did.

² We note that, for all these models, we did achieve propensity score balance with quintiles defined by the distribution of the propensity score, but there were too few intervention cases in the lowest quintile and too few comparison cases in the highest quintile to make this balance meaningful.

Table A-1. Propensity Score Minima and Maxima for Intervention and Comparison Groups

Criteria	Groups	
	Intervention	Comparison
Minima	0.0382	0.0003
Maxima	0.9839	0.8878

With this sample of cases, we then matched cases, again using nearest neighbor with caliper defined as .25 of the standard deviation of the propensity score distribution, and tested the results by comparing comparison and intervention group means for all hypothesized covariates. These results are shown in Table A-2. The table shows how well the unmatched dataset performed. Only one covariate showed a difference that was statistically significant, compared to eight covariates in a similar analysis for the matched dataset. We believe this is a result of the way the matching algorithm works and the distribution of some of the covars on several comparison group cases that were used more than twice in the matching. (Some comparison group cases were used as many as six times.)

As a result of these findings, we decided to use the unmatched dataset for the outcome analysis. It is worth keeping in mind that propensity score matching was developed for allowing estimation of causal effects with observational data. Strictly speaking, we do not have observational data. Rather, we consciously attempted to recruit to the comparison group people who were similar to those in the intervention group. Thus, it is perhaps not surprising that our unmatched sample performed as well as it did once we had eliminated those intervention group cases for which we, the propensity score analysis shows, were unable to find suitable comparison group cases. One advantage of using the unmatched dataset is that the outcome analysis can be more straightforward, as we do not have to correct for the situation in the matched data that the intervention and comparison samples do not come from two independent samples (Austin, 2007).

Table A-2 presents the intervention and comparison group means and bias for the 60 pre-intervention demographic, clinical, experiential and service use variables initially hypothesized to affect chances of being selected for the program and/or to affect outcomes.

Table A-2. Balance for All Hypothesized Covariates

Hypothesized Covariates	Intervention Group Means¹	Comparison Group Means¹	% bias	t-score	p
Number nights in jail over 6 months before enrollment ²	7.0	12.1	-24.0	-1.340	0.184
Number nights in shelter over 6 months before enrollment	101.8	85.8	26.3	1.500	0.136
Number shelter admissions over 6 months before enrollment	0.55	0.54	0.8	0.050	0.963
Number jail admissions over 6 months before enrollment	2.5	2.9	-20.6	-1.180	0.240
Number nights in jail over 24 months before enrollment	68.9	79.7	-10.0	-0.560	0.575
Number nights in shelter over 24 months before enrollment	245.5	208.7	21.0	1.200	0.234
Number jail admissions over 24 months before enrollment	2.5	2.3	7.5	0.420	0.674
Number shelter admissions over 24 months before enrollment [#]	7.2	8.0	-9.2	-0.520	0.602
Ever been in a foster or group home	0.22	0.23	-2.8	-0.160	0.872
Life time homelessness $\geq$ 5 years ^{#3}	0.47	0.49	-3.8	-0.220	0.830
Ever had own apartment or house ⁴	0.72	0.70	3.6	0.210	0.837
Current age	46.0	44.3	19.2	1.090	0.279
Sex (Male)	0.88	0.87	3.6	0.200	0.838
Race/ethnicity: Black	0.58	0.66	-15.1	-0.860	0.391
Race/ethnicity: Hispanic	0.22	0.23	-2.8	-0.160	0.872
Born in U.S.	0.83	0.83	1.3	0.070	0.943
Veteran [#]	0.03	0.07	-17.0	-0.960	0.341
Ever married	0.23	0.19	11.6	0.660	0.508
Ever had children	0.58	0.53	11.0	0.620	0.535
Never worked in paid position	0.07	0.07	-1.9	-0.110	0.916
Ever had F/T job for a year or more	0.75	0.67	17.3	0.980	0.330
Ever supervised others at job	0.20	0.33	-29.2	-1.650	0.101

Table A-2. Balance for All Hypothesized Covariates (cont'd)

Hypothesized Covariates	Intervention Group Means	Comparison Group Means	% bias	t-score	P
Last left work > 5 years	0.43	0.43	1.0	0.050	0.957
Disabled ^{#5}	0.20	0.26	-13.5	-0.770	0.445
Currently not working for pay	0.77	0.74	5.5	0.310	0.756
Currently working F/T or P/T	0.12	0.10	5.3	0.300	0.762
Current income from wages ^{#6}	0.23	0.30	-15.0	-0.850	0.397
Current income from public assistance ^{#7}	0.63	0.67	-7.9	-0.450	0.652
Currently on parole or probation ⁸	0.12	0.11	0.7	0.040	0.967
Religion/spirituality not at all important	0.12	0.06	21.1	1.210	0.227
Religion/spirituality slightly important	0.12	0.07	15.4	0.880	0.378
Religion/spirituality somewhat important	0.20	0.23	-6.9	-0.390	0.696
Never attend religious services	0.40	0.30	20.9	1.190	0.235
Attend religious services < once a year	0.27	0.19	19.3	1.100	0.273
Didn't graduate high school [#]	0.40	0.37	5.8	0.330	0.741
Graduated high school/GED [#]	0.48	0.44	8.1	0.460	0.648
Self-report health fair or poor [#]	0.32	0.27	9.9	0.560	0.575
Number of chronic illnesses ever diagnosed ⁹	1.20	1.17	2.6	0.150	0.885
Age at first sex with opposite sex partner [#]	14.4	14.0	10.2	0.570	0.568
Hospital inpatient treatment during past 6 months ¹⁰	0.20	0.33	-29.2	-1.650	0.101
Never psychiatric diagnosis ^{#11}	0.37	0.19	41.0	2.350	0.020 *
Diagnosed with mental illness but never inpatient psychiatric treatment ¹²	0.33	0.31	4.0	0.230	0.819
Mental health services over past 6 months ^{#13}	0.45	0.54	-18.5	-1.050	0.295
Never used hard drugs ^{#14}	0.17	0.26	-22.1	-1.250	0.214
Past user of hard drugs ^{#15}	0.52	0.41	20.5	1.160	0.246
Received alcohol or drug abuse services during past 6 months ¹⁶	0.53	0.53	0.9	0.050	0.957
Substance abuse treatment readiness score ¹⁷	35.0	35.8	-7.6	-0.430	0.666

Table A-2. Balance for All Hypothesized Covariates (cont'd)

Hypothesized Covariates	Intervention Group Means	Comparison Group Means	% bias	t-score	P
No close friends or family contact ^{#18}	0.03	0.13	-35.2	-1.96	0.052
Social support summary score ¹⁹	23.7	19.9	30.2	1.710	0.089
Mastery index (locus of control) ²⁰	17.2	16.3	29.5	1.670	0.097
COPING ²¹					
Concentrate efforts on doing something about the situation	0.67	0.61	10.8	0.620	0.539
Use alcohol or drugs to make myself feel better	0.25	0.23	5.0	0.280	0.777
Get emotional support from others	0.50	0.37	25.9	1.480	0.142
Admit I can't deal with the problem and quit	0.25	0.24	1.6	0.090	0.926
Take action to try to make the problem better	0.78	0.67	25.1	1.420	0.158
Get help and advice from other people	0.63	0.53	21.2	1.200	0.231
Try to come up with a strategy about what to do	0.75	0.71	8.0	0.450	0.650
Find comfort in my religion or spiritual beliefs	0.72	0.73	-2.6	-0.150	0.881
Learn to live with	0.67	0.71	-10.2	-0.580	0.561
Get upset and let my emotions out	0.35	0.40	-10.3	-0.580	0.561

* $p \leq .05$

Variables included in the final model used to estimate propensity scores

¹ Values shown are means for continuous variables or for dichotomous variables or a percentage for a characteristic.

² During the time period prior to FUSE program enrollment, or for comparison group, prior to baseline interview.

³ Self-report of lifetime street or shelter homeless experience since age 18.

⁴ Ever had own apartment, house, or other place to live where leaseholder or responsible for paying the rent (or mortgage).

⁵ Self-report not working because disabled or receiving disability benefits.

⁶ Includes pay for odd jobs, occasional or temporary part-time work (irregular hours).

⁷ Income from SSI, SSDI, TANF, VA or PA/TA (New York State temporary safety net assistance for individuals).

⁸ Self-report currently on probation or parole.

⁹ Self-report ever diagnosed with asthma, hypertension, diabetes, high cholesterol, heart attack, stroke, seizure disorder, sickle cell anemia, or cancer. Includes four persons with only STIs such as herpes or gonorrhea.

¹⁰ Patient in hospital overnight or longer for any reason, medical, psychiatric, or substance abuse related.

Table A-2. Balance for All Hypothesized Covariates (cont'd)

- ¹¹ Self-report never diagnosed with psychiatric disorder, received medications or hospitalized for mental health problems.
- ¹² Self-report ever diagnosed with psychiatric disorder or received medications but never hospitalized for mental health problems.
- ¹³ Received treatment or therapy from mental health professional or supportive counseling for emotional or psychological difficulties.
- ¹⁴ Never used cocaine, crack, heroin, or methamphetamine.
- ¹⁵ Ever used cocaine, crack, heroin and/or methamphetamine but not within six months of baseline interview.
- ¹⁶ Received AOD treatment or services within six months of baseline interview including participation in AA, NA or other support groups.
- ¹⁷ Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller & Tonigan., 1996). Range is 10-50; higher score indicates more readiness.
- ¹⁸ No close friends who are not relatives nor adult relatives seen at least occasionally or speak to on the phone.
- ¹⁹ Summary measure of degree and number of people who can be counted on for support in different situations. (Adapted from Sherbourne & Stewart, 1991). Range is 0-48; higher score indicates more support.
- ²⁰ Mastery/Locus of Control (Pearlin, et al., 1981). Range is 7-28; higher score indicates greater sense of control or self-efficacy.
- ²¹ Coping in response to difficult or stressful events: do this medium amount or a lot. (Adapted from Carver, et al., 1989).

- APPENDIX B -

EXCLUDED CASES

As noted in the text, to improve the comparability of the intervention and comparison groups, we excluded cases from the outcomes analysis, based on propensity score analysis. We identified minimum and maximum propensity scores based on the lowest propensity score for people in the intervention group (the minimum score) and the highest propensity score for people in the comparison group (the maximum score), and then excluded cases above or below these values (see discussion in Section II and in Appendix A). This meant excluding 12 intervention group members and 19 comparison group members from analyses that compared the intervention and comparison groups. For any analyses based on the survey data (as opposed to the administrative data), we also lost some cases due to missing values. As we explained previously, after dropping these cases, the balance holds on covariates representing traits theoretically thought to be or empirically shown to be related to selection into the intervention or to affect outcomes (see Table A-2). Thus we feel confident we have comparable groups of people for all outcomes analyses.

In this appendix, we describe how the people dropped from the intervention group compare with those remaining in the trimmed sample of intervention group members used for the analyses. These comparisons will allow us to consider what effects, if any, this exclusion may have had on our reported findings.¹ Before describing the dropped cases, repeating our description of how this exclusion came about may be helpful.

Why Exclusion

To identify comparison group members, we by design used the same procedures and went to the same physical places as the FUSE II provider agencies went to identify intervention group members. Our reasoning was that if we did what these agencies did to select people, we would identify comparable people. This logic is borne out by our identifying 12 people who subsequently were recruited and enrolled by housing agencies as FUSE II participants. We followed this up by using propensity scores to further increase the probability that the comparison group contained people whose relevant traits were similar to people in the intervention group. What we found was that 12 people in the intervention group had probabilities of being in the intervention group that were greater than the highest such probability for anyone in the comparison group. That is, our imitating the programs' method for identifying comparison group members failed to find people who had a very high chance of being in the program and yet were not in it. This is not surprising, as those two characteristics work in opposition to each other. Also, this may be related to our identifying people for the comparison group who were subsequently identified and enrolled in the FUSE II program.

¹ We do not analyze here the cases dropped from the comparison group. Because in this study we have been only interested in the effect of the intervention on the treated, dropped comparison group cases are less important than focusing on the dropped intervention group cases.

Analysis

To see what differences exist between those in the trimmed intervention group used for analysis and those dropped from it, we analyzed differences in baseline characteristics and in outcomes, comparing mean scores on these variables. Because there are so few dropped cases (12), we did not rely on usual tests of statistical significance to indicate relevant differences, but rather whether the mean score for those in the intervention group was 1.5 times different from the mean score for those who were dropped. We chose this cut point arbitrarily, as it suggests a substantial difference between the two scores but not so great as to miss small but important differences.

Baseline Analysis. For the baseline comparison, we compared scores on all 62 variables that were included in the initial propensity score analysis. Among this wide range of demographic, criminal justice, housing, clinical and attitudinal variables, only 24 proved to have differences that met our cut point threshold. This would indicate that the 12 FUSE participants who were dropped were for the most part very similar to those included in the analysis. But they did differ on some important variables. Here we analyze the subset of variables that may affect outcomes.

On average, those dropped had spent more days in jail or shelter in the 24 months prior to program enrollment, but in the six months prior to enrollment they had fewer admissions to jail or shelter and more days in shelter. This suggests people who, compared to those in the analysis, were more stable in their incarceration or shelter use. This is particularly seen in their having more days in shelter but fewer admissions.

Those dropped may be more stable and lead somewhat less problematic lives in other ways as well. They are less likely to have been in a foster home as a child. Those dropped are less likely to report ever having used hard drugs over their lifetime and, concomitantly, less likely to be a past user of hard drugs. Rates of mental health diagnosis and use of psychiatric medications are similar but dropped cases were less likely to have ever been hospitalized for mental health treatment. FUSE II participants dropped from the trimmed sample are no less likely to ever have been married but have more children than cases included in analyses.

To the extent that people whose lives before entering the program were relatively more stable and less problematic are more likely to benefit from the program, these findings suggest that our analysis excluding these people *underestimates* program effects. However, there are other factors that may mitigate this conclusions. Compared to people in the analysis, those dropped have similar rates of ever working fulltime and to have been employed within the past five years. On the other hand they are, at baseline, less likely to have income from a job, to be working full-time or part-time or to have ever had a supervisory position. To the extent that religious participation and coping skills may affect program effectiveness, those dropped would do as well as those in the analysis. The dropped group is equally likely to say that religion or spirituality is important to them but much less likely to attend religious services. They are much less likely to seek advice or help from others, to get emotional support from others or to be able to learn to live with their problems.

In sum, factors more commonly thought to be important for programmatic success in general, e.g., lower levels of drug use and mental health problems, ability to live in an institutionalized setting such as shelters, and having a recent history of jobs are stronger among the dropped group. This suggests excluding them from the analysis lowered our estimates of program success compared to what they

would have been had we been able to identify comparison cases for these people. But this argument must be qualified in that the job situation of the dropped group is not generally better than those in the analysis and factors such as coping skills may also impact programmatic success, though these are not usually thought to be as important as other variables we have analyzed here.

Outcomes Analysis. For the outcome analysis, we here analyzed differences between cases that were kept in the analysis and those that were dropped for DHS and DOC outcomes. As with the baseline analysis, we used differences of means and proportions whose ratios were greater than 1.5 as the cut point for identifying more significant, i.e., larger differences. Again, this does not mean statistical significance. Table B-1 reports our findings. The first column reports the six outcomes used in the DHS and DOC impact analysis. The columns headed “Program “Enrollment” and “Housing Placement” indicate the differences calculated from the two different start points for follow-up, i.e., counting from when people were enrolled in the program or from when they were placed into housing. The columns headed DHS and DOC report differences for shelter use (DHS) and for incarceration (DOC). And, as the legend to the table indicates, the information in the cells indicate whether the differences between analyzed and excluded cases were large and in the programmatically desired direction, large and not in that direction, small and in the desired direction, or small and not in

**Table B-1. Differences Between Cases in the Analysis and Cases Dropped from Analysis:
Incarceration and Shelter Use**

Outcomes Reported in Analysis Tables	Counting from Program Enrollment		Counting from Housing Placement	
	DHS	DOC	DHS	DOC
# days over 24 months of follow-up	d+	d-	D+	D-
# episodes over 24 months of follow-up	D+	d+	D-	d+
Any episode over 24 months of follow-up	nd	d-	d+	d-
# days over last 3 months of follow-up	d+	d+	D+	D+
# episodes over last 3 months of follow-up	D+	D-	D+	d+
Any episode over last 3 months of follow-up	d+	D-	D+	D+

Legend

- D+:** difference between analyzed and excluded cases was large and mean or proportion for excluded cases was less than that for analyzed cases.
- d+:** difference between analyzed and excluded cases was small and mean or proportion for excluded cases was less than that for analyzed cases.
- nd:** no difference between analyzed and excluded cases
- d-:** difference between analyzed and excluded cases was small and mean or proportion for excluded cases was greater than that for analyzed cases.
- D-:** difference between analyzed and excluded cases was large and mean or proportion for excluded cases was greater than that for analyzed cases.

that direction. So, for instance, the “d+“ in the upper left-hand cell that is the intersection of “# days over 24 month of follow-up” and “DHS” means that the average of the excluded cases was less than that of the analyzed cases, but that the difference was small. Thus, in terms of the impact on our findings of excluding these cases from the analysis, this suggests that if those cases had been included, the programmatically desired effects reported in the text would have been larger, but perhaps not greatly so. And, in general, a “D+” or a “d+” in Table B-2 indicates that programmatically desired effects reported in the text would have been greater, and “D-“ or “d-“ indicates the programmatically desired effects would have been smaller.

Overall, the table indicates the analysis reported in the text likely underestimates the program’s impact on shelter use. All shelter use outcomes would have been greater in the programmatically desired direction except for the number of episodes over 24 months from housing placement (for which the mean number reported overestimates the program’s effect) and for any episode counting from program enrollment, for which the estimate would be unchanged by including the excluded cases.

The story for incarceration is more mixed. Over the last three months of follow-up counting from housing placement, this analysis suggests our reported findings underestimate program impact. But for most of the other findings, the analysis suggests our findings overestimate program impact. This does not mean that there is no effect in the programmatically desired direction, only that the magnitude of difference in, for example, number of days or episodes is likely overestimated.

In addition, we similarly analyzed the permanent housing situation of each group. Table B-2 below contains the results, using the same logic employed in Table B-1. The basic story in the table is that there is little difference between the housing situation of the two groups. The small differences that the table reports are primarily the result of one person in the excluded group, e.g., if one person in the excluded group for the category “% continuously in FUSE housing over 24 months” had been housed continuously in FUSE II, then there would arithmetically have been no difference.

Table B-2. Differences Between Cases in the Analysis and Cases Dropped from Analysis: Permanent Housing

FUSE and Other Permanent Housing Outcomes	From Housing Placement
% in FUSE housing at 12 th month of follow-up	nd
% in FUSE housing at 24 th month of follow-up	d+
% in FUSE housing continuously over 24 months of follow-up	d-
% in FUSE housing intermittently over 24 months of follow-up	d+
% in any permanent housing at 24 months	nd
% in any permanent housing at 12 months	d+

Legend

d+: difference between analyzed and excluded cases was small and percentage for excluded cases was greater than that for analyzed cases.

d-: difference between analyzed and excluded cases was small and percentage for excluded cases was less than that for analyzed cases.

nd: No difference at second decimal place, e.g. , 91.2% vs. 91.7% is considered no difference.

- APPENDIX C -

BASELINE AND FOLLOW-UP QUESTIONNAIRE MEASURES

Pre-FUSE Retrospective (Baseline Only)

Measure	Description of measure and subscale	Reliability	Item number	Reference
All items	This section is designed to gather information on key indicators for the 6 months prior to becoming engaged with the FUSE program or being contacted by any FUSE worker. Although our baseline assessment is still taken at time housed, one way to think about the start of the intervention is that it begins with client engagement by a FUSE worker. Key indicators assessed: housing status; employment/income; marital/partner status; social network; health status; health insurance; case management services; drug treatment; mental health hospitalization/treatment; social service needs/utilization.	N/A	Pre1-Pre15	Adapted from current study items.

Current housing and living arrangements

Measure	Description of measure and subscale	Reliability	Item number	Reference
Current housing status	This sequence of questions was developed over several years to assess current housing status. These questions address the major domains of housing stability/instability: place, permanency/tenure, quality, control, supportive services.	N/A	A1-A15	Community Health Advisory and Information Network (CHAIN) study (Aidala, et al., 2002)
Number of rooms	Used to assess housing quality and overcrowding.	N/A	A16	NSHAPC (Urban Institute, 1999)
Housing quality	List of common problems with housing. All scored 02=big problem to 00=no problem at all.	N/A	A17, A18	HUD American Housing Survey (US Census Bureau, 2004)
Sense of home	Taps into sense of home, permanent place of residence, stable location, place of refuge etc.	N/A	A19	Developed by Esther Sumartojo for HUD-CDC Housing & Health study

Current housing and living arrangements

Measure	Description of measure and subscale	Reliability	Item number	Reference
Household composition	Used to assess overcrowding and current living situation. Captures relationship, gender and age of any persons permanently or temporarily residing with respondent (R).	N/A	A20-A22	CHAIN study (Aidala, et al., 2002)
Transience	Assesses stability/transience of R last six months.	N/A	A23, A24	NSHAPC (Urban Institute, 1999)
Homelessness history	Assesses if R has spent even 1 night in (1) lifetime and (2) the previous six months in various homeless or unstable living situations.	N/A	A25, A27	NSHAPC (Urban Institute, 1999)
Life events that affect housing	Assesses whether R has experienced particular life events that can affect a person's living/housing arrangements in the past six months.	N/A	A25A, A25B	Adapted from Munoz, et al., 1999
Foster/group home experience	Used to assess past housing stability.	N/A	A26	Adapted from CHAIN study (Aidala, et al., 2002)
Ever owned one's own place	Used to assess past housing stability.	N/A	A28	NSHAPC (Urban Institute, 1999)
Episodes of homelessness	Used to assess chronic homelessness. Based on HUD definition of homelessness.	N/A	A29	NSHAPC (Urban Institute, 1999)
Neighborhood name	Open-ended.	N/A	A30	Developed for HASE study
Zip code	Provides ability to characterize broader neighborhood context.	N/A	A31	Yonkers Project Resident Survey (Briggs, Darden, & Aidala, 1999)
Sense of community	Measure consists of 15 items. All scored 01=agree strongly to 04=disagree strongly. Higher scores indicate less social cohesion. Subscales: needs fulfillment (items a-c); group membership (items d-f); influence (items g-i); emotional connection (items j-l); social cohesion and trust (items m-o). Items 32a-l are the original 12-item Sense of Community Scale (Chavis, et al., 1986; Perkins, et al., 1990). Items 32m, n, o are from Sampson, et al.'s (1997) social cohesion and trust measure.	Original SCI (12-item): $\alpha = .80$ (Perkins, et al., 1990)	A32a-o	Chavis, et al., 1986; SCI instrument reproduced in Perkins, et al., 1990. See also Sampson, et al., 1997

Current housing and living arrangements

Measure	Description of measure and subscale	Reliability	Item number	Reference
Neighboring	Indicator of social relationships with community members.	N/A	A33, A34	Adapted from Detroit Area Study (University of Michigan, 2001)
Informal social control in neighborhood	Measure consists of five items. All scored 01=very likely to 05=very unlikely. Higher scores indicate less informal social control.		A35	Sampson, et al., 1997
Neighborhood biggest problem	Open-ended.	N/A	A36	Developed for HASE study
Neighborhood disorder	Measure consists of nine items. All scored 00=no problem to 02=big problem. Items a-c are considered physical disorder; items d-i are considered social disorder.	Perceived physical disorder α =.65; perceived social disorder α =.67; combined scale α =.70	A37a-i	Adapted from Sampson & Raudenbush, 2004
Neighborhood drug selling	Used to assess neighborhood social disorder.	N/A	A38	CHAIN study (Aidala, et al., 2002)
Perception of neighborhood safety	Measure consists of 3 items. All scored 01= very unsafe to 04=very safe. Higher scores indicate greater sense of safety.	α = .8118 (3 items)	A39	Yonkers Project Resident Survey (Briggs, Darden & Aidala, 1999)
Satisfaction with police response	Used to assess perception of neighborhood safety and adequacy of public services.	N/A	A40	Yonkers Project Resident Survey (Briggs, Darden & Aidala, 1999)

Demographics

Measure	Description of measure and subscale	Reliability	Item number	Reference
Date of birth	Captures date of birth.	N/A	B1	US Census Bureau (2002)
Age	Confirms respondent's (R) age.	N/A	B2	US Census Bureau (2002)
Immigration status	Captures R's immigration status.	N/A	B3, B4	US Census Bureau (2002)
Ethnicity	Captures R's ethnicity.	N/A	B5	OMB

Demographics

Measure	Description of measure and subscale	Reliability	Item number	Reference
Race	Captures R's race.	N/A	B6	OMB
Gender	Captures R's gender.	N/A	B7	CHAIN study (Aidala, et al., 2002)
Education	Captures how many years of education R completed and highest diploma/degree/certificate.	N/A	B8, B9	Adapted from General Social Survey (National Opinion Research Council, 1998; Smith, 1997)
Military service	Captures R's military service.	N/A	B10	NSHAPC (Urban Institute, 1999)
Marital /partner status	Captures R's marital/partner status.	N/A	B11, B12	CHAIN study (Aidala, et al., 2002)
Children and parenting experience	Captures whether R has been the biological mother/father of any children or has parenting responsibilities for children other than their own biological children (e.g., grandchildren, foster children).	N/A	B13-B16	Adapted from General Social Survey (National Opinion Research Council, 1998)
Work status and Work history	Captures current work status and past attachment to the labor force.	N/A	B17-B22d	Adapted from NSHAPC (Urban Institute, 1999)
Income sources	Captures all sources of income.	N/A	B23a-w	Adapted from NSHAPC (Urban Institute, 1999)
Income	Captures R's monthly income.	N/A	B24-B29	Adapted from General Social Survey (NORC, 1998; Smith, 1997)
Dependents	Used to assess household income and poverty level.	N/A	B30	Addiction Severity Index (McLellan, et al., 1992)
Material hardship	Used to assess whether R has not had enough money for various material necessities in past six months: rent; utilities; food; medical/dental care; clothing; transportation (also includes recreational activities).	N/A	B31	Adapted from the Survey of Income and Program Participation, 2004
Food insecurity	Measure is 5 items. All items scored 00=never true to 02=often true. Higher scores mean greater food insecurity.	Not available.	B32-B37	Adapted from the Current Population Survey-Food Security Supplement, 2006
Religion/Spirituality	Captures R's connection with religion/spirituality.	N/A	B38-B41	General Social Survey (NORC, 1998; Smith, 1997)

Demographics

Measure	Description of measure and subscale	Reliability	Item number	Reference
Mastery	This measure is seven items. All items are scored from 01=agree strongly to 04=disagree strongly. Higher scores for items a-e represent higher mastery. Lower scores for items f-g represent higher mastery.	Confirmatory factor analysis loadings: item a = .995; item b = 1.00 ; item c = .90; item d = .92; item e = .75; item f = .47; item g = .55	B42	Pearlin, et al., 1981

Residential and Criminal Justice Experience Past 5 Years

Measure	Description of measure and subscale	Reliability	Item number	Reference
Criminal justice experience	Assesses R's experience with the criminal justice system, including first arrest; arrests/charges past five years; arrests/charges past six months; arrest/charge history; total convictions; felony convictions; first ever incarceration; lifetime incarceration; parole/probation; involvement in illegal activities; legal problems.	N/A	C1-C13	Adapted from Addiction Severity Index (McLellan, et al., 1992)
Residential History Follow-Back	Captures R's living situation over past five years. Assesses the stability/instability of each living situation through a series of questions that tap into the major domains of housing stability/instability: (1) place; (2) permanency/tenure; (3) quality; (4) control; and (5) supportive services. Specifically, questions address: time in living situation; location; type of residence; household composition; whose place; payment for place; # of rooms; quality of heat/hot water; services; time limit; sense of home; and change/why leave.	N/A	# of items will vary depending on R's residential history	Adapted from New Hampshire Dartmouth Psychiatric Research Center, 1995. See also Tsemberis, et al., 2007.

Health Status

Measure	Description of measure and subscale	Reliability	Item number	Reference
General perceived health	Open-ended.	N/A	D1	Patrick & Erickson, 1993
Chronic health conditions or infectious disease	Assesses if R has ever been formally diagnosed with chronic diseases asthma, hypertension, diabetes, high cholesterol, heart attack or stroke, seizure disorder, sickle cell anemia, cancer. Also diagnosis of TB, Hepatitis C, or HIV. For chronic conditions, treatment past six months.	N/A	D4-D6	CHAIN study (Aidala, et al., 2002)
Current height and weight	Used to calculate BMI.	N/A	D7, D8	Adapted from CHAIN study (Aidala, et al., 2002)
Medical test experience	Medical tests for blood pressure; pap smear (women only); tuberculosis; hepatitis C; HIV.	N/A	D9-D13b	Adapted from CHAIN study (Aidala, et al., 2002)
Physical health & mental health functioning	Adapted MOS SF-36: 24 items comprise eight scales and one measure of change in health status over the past year (item 3). Sub-scales: (1) Physical functioning (6 items: 14a-f); (2) Role limitations due to physical health (2 items: 15a, b); (3) Bodily pain (2 items: 16, 17); (4) Social functioning (1 item: 23); (5) General mental health (5 items: 22a-c, e, f); (6) Vitality, energy, or fatigue (5 items: 22d, g-i); (7) Role limitations due to emotional health (2 items: 21a, b); (8) General health perceptions (1 item: 2). Two summary scales, each using all eight subscales above (with different weights): (1) Physical component summary (PCS) measure; (2) Mental component summary (MCS) measure.	(1) PHYFN: $\alpha = .8762$ (6 items) (2) PHYLM: $\alpha = .7791$ (2 items) (3) BODPN: $\alpha = .8606$ (2 items) (4) SOCFN: N/A (5) GENMH: $\alpha = .8133$ (5 items) (6) VIT: $\alpha = .7234$ (5 items) (7) EMOT: $\alpha = .8243$ (2 items) (8) GENHLTH: N/A	D2, D3, D14a-D17, D21a-D23	Aidala & Messeri, n.d. Adapted from MOS SF-36 v.2. Hays, Sherbourne, & Mazel, 1993; McDowell & Newell, 1996; McHorney, Ware & Raczek, 1993; Ware & Sherbourne, 1992

Health Status

Measure	Description of measure and subscale	Reliability	Item number	Reference
Mental health diagnostic screener Mental (Client Diagnostic Questionnaire, CDQ)	Diagnostic modules scored for major depressive disorder, other depressive disorder, panic disorder, generalized anxiety disorder, PTSD. (Also substance abuse disorder; see below).	Validation for any disorder: Sensitivity = 89% Specificity = 79% Pos. predictive value = 69%	D18a-D20g	CDQ Short Form (Aidala, et al., 2004). Based on PrimeMD. CDQ instrument and training manual available: www.cicatelli.org or from Angela Aidala
Sexual risk behavior	Assesses R's sexual risk history over lifetime, past six months, last intercourse.	N/A	D24-D26	CHAIN study (Aidala, et al., 2002)
Exchange sex for money, drugs, or shelter	Assesses R's history of sex exchange, lifetime and past six months.	N/A	D27	SUMIT (Wolitski, et al., 2005).
Sexual orientation	Assessment of self-definition	N/A	D28	CHAIN study (Aidala, et al., 2002)

Alcohol and Substance Use

Measure	Description of measure and subscale	Reliability	Item number	Reference
Screening diagnosis of alcohol abuse	Categorizes severity of alcohol use/abuse. Domains: drinking days per week; # of drinks on drinking days	e.g., (n=100) Drinking days: ICC = .97 Drinks of drinking days: ICC = .84	E1,E2	Adapted from CDQ Short Form (Aidala, et al., 2004). CDQ instrument and training manual available: www.cicatelli.org or from Angela Aidala. Psychometric properties, see also Smith, et al., 2006
Problems associated with drinking	Assesses salience of alcohol-related problems, past 30 days problem drinking.	N/A	E3-E7	Addiction Severity Index (McLellan, et al., 1992)

Alcohol and Substance Use

Measure	Description of measure and subscale	Reliability	Item number	Reference
Ever substance use	Assesses lifetime substance use (marijuana, cocaine, crack, Assess lifetime substance use (marijuana, cocaine, crack, heroin, other opiates, amphetamines, barbiturates, sedatives, tranquilizers, uppers, inhalants, hallucinogens, using prescription drugs without script or more than prescribed).	N/A	E10	CHAIN study (Aidala, et al., 2002)
Frequency of substance use	Assesses recent and past six months substance use.	N/A	E10a-E10c; E11, E11a	CHAIN study (Aidala, et al., 2002)
Injection drug use	Assesses injection drug use, ever and past six months.	N/A	E12, E12a	CDQ Short Form (Aidala, et al., 2004)
Recent substance use	Assesses substance use past 30 days.	N/A	E13-E15	Addiction Severity Index (McLellan, et al., 1992)
Problems associated with substance use	Assesses perceived drug problem severity.	N/A	E15a	Addiction Severity Index (McLellan, et al., 1992)

Stressful Events and Coping

Measure	Description of measure and subscale	Reliability	Item number	Reference
Coping	This measure is 10 items (adapted from the original 28-item brief COPE). All items are scored from 00=not at all to 03=a lot. Higher scores on items a, c, e, f, g, h represent higher coping. Lower scores on items b, d, i, j represent higher coping. Dimensions of coping: active coping (items a, e); planning (item g); seeking social support for instrumental reasons (item f); seeking social support for emotional reasons (item c); acceptance (item i); turning to religion (item h); venting (item j); behavioral disengagement (item d); alcohol-drug disengagement (item b).	Original 28-item brief COPE reliability: Active coping: $\alpha = .68$ Planning: $\alpha = .73$ Instrumental support: $\alpha = .64$ Emotional support: $\alpha = .71$ Acceptance: $\alpha = .57$ Turning to religion: .82 Venting: $\alpha = .50$ Behavioral disengagement: $\alpha = .65$ Self-distraction: $\alpha = .71$ Substance use: $\alpha = .90$	F1a-j	Adapted from Carver, et al., 1989. See also Carver, 1997; Lazarus & Folkman, 1984.
Exposure to trauma and violence	Assesses lifetime and past 6 months exposure to trauma. Includes PTSD diagnostic screener.	PTSD screener Sensitivity = 82% Specificity = 79% Positive predictive value = 51	F2a-F4j	CDQ Short Form (Aidala, et al., 2004) CDQ instrument and training manual available: HRSA Information Center Attn: Carla Bustillo. Order online or call 1-888-275-4772

Stressful Events and Coping

Measure	Description of measure and subscale	Reliability	Item number	Reference
Perceived stress	The Perceived Stress Scale is five items. Items are scored on a 01 = never to 05 = very often scale. Reverse-scored items: c, d. All items are summed so that higher total scores indicate higher perceived stress.	$\alpha = .78$ for original 10-item version (Cohen & Williamson, 1988)	H7	Adapted from Cohen & Williamson, 1988. 10-item version of Perceived Stress Scale. See also Cohen, et al., 1983. See also CHAIN study, Aidala, 2002.

Health, Mental Health, AOD Services

Measure	Description of measure and subscale	Reliability	Item number	Reference
Regular source of medical care	Connection to medical care.	N/A	G1-G8	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000)
Medical insurance	Current medical insurance status.	N/A	G9,G9a	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)
Health service utilization	Assesses health service utilization, past six months, including use of/visits to: hospital, ER, medical clinic, dental/oral surgeon; alternative health care provider; residential care facility/hospice/nursing home; home assistance; ambulance.	N/A	G10-G12a	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)

Health, Mental Health and AOD Services

Measures	Description of measure and subscale	Reliability	Item Number	Reference
Mental health service utilization	Assesses emotional or psychological difficulties and treatment over lifetime and past 6 months, including use of/visits to: mental health professional; specially trained social worker; social worker/case manager; support group; spiritual counselor; prescribed medications; psychiatric ER; psychiatric hospitalization. Also assesses perceived progress in and need for treatment.	N/A	G13-G23	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)
Substance use treatment utilization	Assesses substance use treatment utilization, including use of/visits to: in-patient treatment; out-patient treatment; detox; residential treatment; methadone maintenance; individual therapy; self-help groups (e.g., AA/NA). Also assesses perceived progress in and need for treatment.	N/A	E8, E8a, E16, E16a G24-G29a	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al.),
Importance of receiving AOD treatment	Assesses perceived treatment severity needs.	N/A	E9;	ASI (McLellan, et al, 1992) ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000)
Importance of receiving mental health treatment	Assesses perceived treatment severity needs.	N/A	G31	ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000)
Substance use treatment readiness	Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). Measure is 10 items. All items are scored from 01=disagree strongly to 05=agree strongly. Higher scores mean greater readiness to/eagerness for substance use treatment. SOCRATES subscales: taking steps (items 30b, c, d, g, j); recognition (items 30a, e ,f, h, i). (The original version is 19 items [8-item taking steps subscale; 7 item recognition subscale; 4-item ambivalence subscale].	Taking steps: $\alpha = .95$ Recognition: $\alpha = .95$ Ambivalence: $\alpha = .88$ Test-retest reliability: Taking steps: ICC = .91 Recognition: ICC = .94 Ambivalence: ICC = .82	G30a-j	Adapted from Miller & Tonigan, 1996. Also see Mitchell, et al., 2005 for additional psychometrics.

Social Networks and Social Support

Measure	Description of measure and subscale	Reliability	Item number	Reference
Social network size	Social network assessment: # of close friends; # of adult relatives; # of neighbors know well enough to say hello to; # of persons known through work/school/support groups/church, etc.; # of persons known through social service or health agency.	N/A	H1-H5	CHAIN study (Aidala, et al., 2002; Messeri, Silverstein & Litwak, 1993)
Social support	Assesses extent of R's social support. All items are scored from 00=none of the time to 04=all of the time. Higher scores mean greater social support. Also assesses individual(s) that can be counted on for various types of support. Items d, h, i assess informational support; items c, g, k assess emotional support; and items a, b, e, f, j, l assess instrumental support.	N/A	H6a-l	Adapted from CHAIN study (Aidala, et al., 2002; Messeri, Silverstein & Litwak, 1993) with additional items from Sherbourne & Stewart, 1991. See also Seeman & Berkman, 1988

Case Management and Social Services

Measure	Description of measure and subscale	Reliability	Item number	Reference
Case management	Use of case management services past six months, case management agency, frequency of contact.	N/A	I1-I7	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000)
Case management activities	Case management activities past six month: developed or revised service plan, helped with specific medical or social services, help with housing, risk reduction counseling, counseling about personal problems.	N/A	I8-I 16	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al, 2002).
Satisfaction with Case management	Multi-item assessment of engagement and satisfaction with case manager.	N/A	I17-122	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al, 2002).
Need for social services	Assesses R's need for social services in the following service areas: housing; financial/money; food; education/training; employment; legal; transportation; child care; other problems.	N/A	I24-I33	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)

Case Management and Social Services

Measures	Description of measure and subscale	Reliability	Item number	Reference
Social service utilization	Assesses R's social service utilization, past six months, in each of the service areas above, including agency identification.	N/A	I24a-I33a	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)
Social service problem resolution	Assesses R's progress made toward resolving problems or service needs in each service area.	N/A	I24b-I33b	Adapted from ACSUS/HCSUS (Bozzette, et al., 1998; Hays, et al., 2000) and CHAIN study (Aidala, et al., 2002)

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- APPENDIX D -
COMPARISON GROUP SCREENING QUESTIONNAIRE

Date: | | / | | / | | | |

RID # | | | |

Interviewer ID # | | |

Site ID # | | |

GETTING HOUSING AND SERVICES

Hello, I'm _____ (name) from Columbia University and we're doing a brief survey about people's housing situation and different services people might need in different areas such as housing, financial assistance, employment, education, health, mental health, alcohol or drug use, or legal. We want to use the information to help plan for better services.

Before we get to these questions, I want to remind you that your participation in this research is voluntary and you don't have to give your name to participate. Your answers will be kept strictly private and confidential, and not shared with anyone other than the research team. We report only trends and statistics – no names are ever used. You may choose not to answer any question you don't want to answer or stop at any time without penalty. The survey will take about 10 minutes. When we are done I will give you \$5 worth of MetroCards or McDonald's coupons to show our appreciation for your taking the time to do the survey. In some cases, you might be selected to complete a follow-up interview. You are welcome to contact our office at any time if you have questions about the survey. Remember, all information you provide will be kept strictly confidential and protected. I'd like to continue now unless you have any questions.

1. Can you tell me briefly about what brought you here to _____ [name of facility or program]?

2. Where are you living now? _____

Code: 01 in a homeless shelter or drop-in center → SKIP TO Q.2B

02 on the street, abandoned building, public place, another place not meant for sleeping

03 temporary or transitional housing program

04 doubled up with others, in somebody else's home

05 own place, stable housing, no time limit or special restrictions

2A. Have you ever slept in a shelter or drop-in center for homeless persons, even for one night?

00 No → SKIP TO Q.4

01 Yes

2B. IF YES: In the past 5 years, since _____, how many different times have you stayed in a shelter or drop-in center for homeless persons? Count each different time, even if it was in the same shelter.

| | | # of times past 5 yrs

2C. How much time all together did you stay in a shelter or drop in center during the past 12 months, since _____ (month/year 12 months prior)?

| | | | # days past 12 months

3. Which of the following best describes your current work situation? . . . (Circle only one)

- 01 Working full-time
 02 Working part-time
 04 Unemployed, looking for work
 05 Unemployed, not looking for work
 06 Unable to work
 08 Other (specify) _____
- } → SKIP TO Q.4

3A. Are you thinking about or planning to get a job/go back to work now?

- 01 Yes → SKIP TO Q.4
 02 No.

3B. IF NO: What are some of your reasons for NOT wanting to get a job or go to work now?

4. I'm next going to read you a list of issues or problems people sometimes have. For each one, please tell me if you have needed help or assistance in this area in the last six months, since _____ (ref date).

Service Area	4. Have you had any issues or needed any help with...		4A. IF YES: Did anyone help by providing a service or professional assistance?	
	No	Yes	No	Yes
1. Housing?	00	01	00	01
2. Money, financial issues?	00	01	00	01
3. Food, groceries or meals?	00	01	00	01
4. Employment, job training?	00	01	00	01
5. Child care?	00	01	00	01
6. Legal issues?	00	01	00	01
7. Transportation?	00	01	00	01
8. Medical care, medical insurance?	00	01	00	01
9. Any emotional or psychological difficulties?	00	01	00	01
10. Any issues or problems related to alcohol or drug use?	00	01	00	01

5. During the past six months, since _____ (ref date), has a case manager, case worker, or any other paid employee of a social or medical service agency helped you arrange for services?

- 00 No → SKIP TO Q.6
 01 Yes

5A. IF YES: Who is/was your current case manager or the person who most recently helped you arrange for services?

1. Person's name: _____
 2. Agency name & address: _____

6. In the past six months, did anyone ever refer you to an agency to get services?

00 No → *SKIP TO Q.7*

01 Yes

6A. IF YES: Was there ever a time your were referred but you didn't go?

00 No → *SKIP TO Q.7*

02 Yes

7. In the past 45 days, did you ever miss any of the following kinds of appointments that were scheduled for you? Read down the entire list for past 45 days. Then for any YES, go back and ask Q.7A

In the past 45 days, have you missed ...	No	Yes	7A. IF YES: Why didn't you go?
A. A medical appointment?	00	01	
B. An appointment with a mental health specialist or psychiatrist?	00	01	
C. An appointment with your case manager?	00	01	

8. People sometimes look to others for help or advice or other types of support. About how many close friends or relatives do you have who you can count on if you need advice or help with a problem?

Number of close friends/ relatives: (If R says more than 50, code as 50.)

Next I'm going to ask you some questions about health.

9. In general would you say your health is . . .

01 Excellent

02 Very Good

03 Good

04 Fair

05 Poor

10. In the past 12 months, have you gone to the emergency room (ER) for medical services?

00 No

01 Yes

11. In the past 12 months, have you been a patient in a hospital overnight or longer?

00 No

01 Yes

Next are some questions about cigarettes, alcohol and substance use. We ask these questions as part of everyone's health profile. Remember that everything you tell me is confidential.

12. Have you ever smoked cigarettes?

00 No → *SKIP TO Q.13*

01 Yes

12A. Do you smoke cigarettes now?

00 No

01 Yes

13. In your life, did you ever drink alcohol to the point where you were intoxicated or drunk?

00 No → *SKIP TO Q.14*

01 Yes

13A. In the past 6 months, were you ever drunk or intoxicated from drinking alcohol?

00 No → *SKIP TO Q.14*

01 Yes

13B. In the past 45 days, about how many times did you drink alcohol to the point where you were intoxicated or drunk?

____ # of times

14. I'm going to read a list of drugs people sometimes use. Please tell me if you've ever used any of the following drugs, even one time... Read down the entire list for EVER. Then for any YES, go back and ask Q.14A.

14A. Have you used _____ (drug) in the past 6 months? Ask about each drug ever used. Then go back and for any YES, ask 14B.

14B. In the past 45 days, about how many times did you use _____ (drug)?

	14. Ever?		14A. Past 6 months?		14B. How many times past 45 days?
	Ever NO	Ever YES	Past 6 mos NO	Past 6 mos YES	Enter # of times
a. Marijuana (hashish, pot, weed)	00	01	00	01	____
b. Powdered cocaine	00	01	00	01	____
c. Crack, freebase (rock)	00	01	00	01	____
d. Heroin or speedball	00	01	00	01	____
e. Any other drug you have used 3 times per week or more? <i>Specify</i> _____	00	01	00	01	____

15. In the past 12 months, have you received any treatment for alcohol or drug use, including participation in any groups such as AA or NA?

00 No → *SKIP TO Q.16*

01 Yes

15A. IF YES: What kind of drug or alcohol treatment. . . (Circle all that apply)

01 In-patient treatment, not detox

02 Out-patient treatment

03 Detoxification treatment

04 Residential treatment

05 Methadone maintenance

06 Individual therapy

07 Participation in self-help groups (AA, NA, CA, etc.)

08 Other (*specify*) _____

16. Have you ever in your life received any treatment for alcohol or drug use, including participating in any groups, such as AA or NA?
- 00 No → *SKIP TO Q.17*
- 01 Yes
- 16A. Did you ever go to drug or alcohol treatment on your own or did you only go when it was required?
- 01 Sometimes went on own
- 02 Only went when it was required
- 03 Other (*specify*) _____
17. In the past 12 months, have you talked to a mental health specialist, such as a psychiatrist, psychologist, or specially trained social worker, or received counseling or therapy or other help for emotional or psychological difficulties?
- 00 No
- 01 Yes → *SKIP to Q.19*
18. Have you ever talked to a mental health specialist, such as a psychiatrist, psychologist, or specially trained social worker, or received counseling or therapy or other help for emotional or psychological difficulties?
- 00 No
- 01 Yes
19. Have you ever been prescribed medications to help with emotional or psychological problems or ways you were feeling or behaving?
- 00 No
- 01 Yes
20. Have you ever been diagnosed with an emotional or psychological condition by a doctor or medical provider?
- 00 No
- 01 Yes
21. There are different types of housing programs for people who are homeless or need help with housing. Many of these programs require people to do certain things before they can be eligible for the housing. I'm going to read you a list of things people sometimes have to do to get housing and ask if you'd be willing to do those things. In order to get housing, would you be willing to . . .

Housing Requirements	Definitely willing	Possibly willing	Definitely NOT willing
A. Complete a job training program?	01	02	03
B. Completely quit using drugs?	01	02	03
C. Go to an outpatient substance use program where you went every day for counseling and treatment?	01	02	03
D. Attend a support group related to alcohol or drug use?	01	02	03
E. Go to individual alcohol or drug counseling or therapy?	01	02	03

Many people who have been in jail for any reason find it hard to get housing.

22. Have you ever been arrested?

00 No → SKIP TO INTRO BEFORE Q.24, TOP OF NEXT PAGE

01 Yes

22A. IF YES: In the past 5 years, since _____, how many times have you been arrested?

_____|_____|_____| # of times arrested

23. Have you ever been in jail, prison, or a detention center?

00 No → SKIP TO INTRO BEFORE Q.24, TOP OF NEXT PAGE

01 Yes

23A. IF YES: In the past 5 years, since _____, how many times have you been in jail, prison, or a detention center?

_____|_____|_____| # of times incarcerated

We want to end the interview with some background questions that let us know something about the people who completed the interview.

24. When were you born? ____|____| / ____|____| / ____|____|____|
month day year

25. Where were you born? _____ or **State/Country** ____|____|____|
City/borough

26. Which of the following best describes your racial or ethnic background...

01 White, non Hispanic

02 Black, non Hispanic

03 Hispanic, Latino

04 Asian, Pacific Islander

05 Native American, Aleutian, Eskimo

Don't ask but code if offered

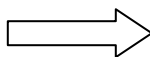
06 Mixed (specify) _____

07 Other (specify) _____

Confirm with respondent: **27. And you are . . . :**

01 Male

02 Female



That concludes the survey. Thank you for participating!

➔ **INTERVIEWER CHECKPOINT (SEE TABLE BELOW)**

IF R **IS** ELIGIBLE FOR FUSE COMPARISON GROUP, R **MUST**:

- Pass both time and interest criteria in Interviewer Checkpoint Worksheet below.
- Thank R and recruit for longer study interview to be completed immediately if at all possible.
- IF completing longer interview is not possible:
 - Thank R
 - Give Metro card or MacDonald's coupons for completing screener
 - Make appointment for full client interview at a later date
 - Get contact information on Personal Information Form.

IF R **IS NOT** ELIGIBLE FOR FUSE COMPARISON GROUP:

- Thank R
- Ask for first three letters of last name (use language below)
- Give Metro card or MacDonald's coupons for completing screener
- Complete the screener incentive reimbursement form.

Thank you for helping with our survey. Just so we don't confuse your answers with someone else when we put information into the computer, may I have the first three letters of your last name:

|_|_|_| First 3 letters of last name

Checkpoints (Circle all checkpoints that the R passes)	Then...	Incentive
(1) Time spent in shelter or jail/prison in past 5 years (Qs.2B, 14A) A. 4 stays total, with a minimum of 2 stays in each jail and shelter	If (1) Time spent = A AND (	• \$5 screener incentive now • \$25 Metro card or Pathmark/ RiteAid voucher given only at completion of longer interview
(2) Substance use treatment services (Circle all that apply): B. Reports having <u>NOT</u> drunk alcohol to point of intoxication (Q.13B = NONE) or used cocaine, crack or heroin in past 45 days (Q.14B = NONE for cocaine, crack or heroin) AND C. Has been in drug or alcohol treatment in past 12 months (Q.15) AND D. Answered DEFINITELY WILLING or POSSIBLY WILLING to at least one of the program questions (Qs.21B-21E).	(2) Substance use treatment services = B <u>and</u> C <u>and</u> D OR	
(3) Mental health diagnosis or issues (Circle all that apply): E. Has ever talked to a MH specialist in the past 12 months (Q.17) AND F. Has ever been diagnosed with a psychiatric condition (Q.20)	(3) Mental health diagnosis or recently received help for MH issues = E <u>and</u> F) THEN Recruit for longer interview	
NONE OF THE ABOVE	Thank R and give screener incentive	\$5 screener incentive now

- APPENDIX E -
BASELINE QUESTIONNAIRE

NOTE: This is a paper version of the Computer Assisted Personal Interview (CAPI)
administered survey that was used in the study.

RESPONDENT ID |__|__|__|__|__|

HOUSING AND SERVICES QUESTIONNAIRE

New York City

BASELINE INTERVIEW

VERSION 1.9 rev March 25, 2010

Sequential ID: |__|__|__|__|

© 2008 Columbia University

RESPONDENT ID |__|__|__|__|__|

INTERVIEWER ID |__|__|__|

DATE OF INTERVIEW |__|__| |__|__| |__|__|__|__|

 month day year

TOTAL TIME |__|__| hrs |__|__| min

1ST EDIT/ INTVR DATE |__|__| |__|__| |__|__|__|__|

 month day year

2ND EDIT/ EDITOR DATE |__|__| |__|__| |__|__|__|__|

 month day year

EDITOR ID _____

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INTRODUCTION

Hello, my name is _____. I am from _____, and I'm here to interview you today. We'd like to know how things have been going for you these days and your views and experiences with housing and other services in New York City. Before we begin, I want to go over a few things.

READ CONSENT FORM AND OBTAIN SIGNATURE.

Thank you again for agreeing to share your experiences with us. It is important you answer as honestly and accurately as you can. Take your time and be sure to ask me if you are not sure what a question means.

I want to remind you that your answers are confidential and protected. But if there is a question you would prefer not to answer for any reason, just tell me and we will go on to the next question.

Do you have any questions before we start?

INTERVIEWER ENTER DATES AND TIME:

Interview Start Date |__|__| |__|__| |__|__|__|__|
 month day year

Interview Start Time |__|__| |__|__| am / pm (circle am or pm)
 hour min

Calculate reference date 6 months prior to interview:

Reference Date |__|__| |__|__|__|__|
 month year

**** *BEGIN QUESTIONNAIRE* → → → →

INTERVIEWER: This section is for FUSE participants ONLY. If R is a comparison group participant, SKIP TO SECTION A: CURRENT HOUSING AND LIVING ARRANGEMENTS.

Begin by establishing “pre-FUSE reference date” — the month and year client first became engaged by the FUSE program or was first contacted by FUSE providers or workers.

We would like to know a little more about what was going on in your life during the time just before you were contacted by workers from the FUSE program at _____ (name of FUSE provider agency).

1. When were you first contacted by someone from _____ (name of FUSE provider agency)?

____/____ / ____/____/____
month year

INTERVIEWER: Calculate 6 months prior to FUSE contact for your reference: ____/____ / ____/____/____

1A. What is the name of the worker who first contacted you? If R does not know, ask: What is the name of the worker at _____ (name of FUSE provider agency) who helps you now?
____ name of FUSE worker

2. How did you first hear about the FUSE program?

3. What were the major reasons you decided to become part of the FUSE program?

4. Which of the following best describes your living situation at the time you were first contacted by _____ (name of FUSE worker), that would be ____/____ (month/year R first contacted by FUSE workers), about _____ months ago (# of months prior to today's date).

Read all choices and circle only one choice. Ask for program or agency name where appropriate.

****HAND R SHOW CARD****

01 I had no regular place to live, I slept on the street, in a public place (like the subway), or place not meant for sleeping

02 I was staying at a shelter or drop-in center for homeless people

03 I was in a temporary or transitional housing program that had a time limit on how long I could stay
(specify program or agency) _____

04 I had a room in an SRO hotel

05 I was in drug treatment, detox, or drug program housing
(specify program or agency) _____

06 I was in jail or prison

07 I was in a half-way house or other corrections housing

08 I was in a hospital, nursing home, or hospice

09 I was temporarily doubled up in someone else's home because I didn't have anywhere else to live

10 I had a regular apartment with a monthly lease

11 Other (specify) _____

5. At that time, that is ____/____ (month/year of first contact), which best describes your primary source of financial support . . . Circle only one answer

- 01 Working at a regular job, full time or part-time
- 02 Working odd jobs, doing different things for pay now and then
- 03 Receiving benefits such as TANF, welfare, veterans benefits or unemployment
- 04 Being supported by another person (friend, family member) who gave me money for my own use
- 05 Selling things on the street or collecting cans/bottles to exchange for money
- 06 Stipend work or other work required by a program
- 07 Receiving SSI or SSDI
- 08 Other (specify) _____
- 00 I had no regular means of financial support

6. Still thinking about the time around ____/____ (month/year of first contact), was this a time in your life when you had many close friends, only a few close friends, or not really any close friends who you could count on to help you if you needed advice or help with a problem.

- 00 None/Not really any close friends
- 01 Only a few close friends
- 02 Many close friends

7. At the time when you first were contacted by _____ (name of FUSE worker), would you say your health was . . .

- 01 Excellent
- 02 Very Good
- 03 Good
- 04 Fair
- 05 Poor

8. Which if any of the following would be true about your life during the time when you were first contacted by _____ (name of FUSE worker). . .

	True	Not True
A. I was married or had a relationship with a regular partner.	01	00
B. I had a doctor or other medical provider who was a regular source of medical care for me.	01	00
C. I had medical insurance.	01	00
D. I was on parole or probation.	01	00
E. I sometimes used drugs like cocaine, crack, or heroin.	01	00
F. I had a case manager or social worker who was assigned to help me get services.	01	00

If R answered TRUE for Q.8F, ASK Q.9. If R answered FALSE for Q.8F, SKIP TO Q.10.

9. What was the name of the program or agency where your case manager/social worker worked?

If R says more than one case manager/social worker, record all.

9A. About how often did you see your case manager/social worker or speak to him/her on the phone? Include total number of times if more than one case manager/social worker.

|_|_| # times per week / month (circle week or month)

9B. Did you visit your case manager/social worker, or did he/she visit you?

01 R went to see case manager

02 Case manager visited R

03 Both

10. In the 6 months before you were contacted by _____ (name of FUSE worker), were you in any type of alcohol or drug treatment program, including AA/NA, other self-help groups, or detox? This would be during the time from ____/____/____ (month/year 6 months before first contact by FUSE worker) to ____/____/____ (month/year of first contact).

00 No → SKIP TO Q.11

01 Yes

10A. What type of drug treatment...

Circle all that apply; specify program & length of treatment over the 6 month period

01 In-patient treatment (specify program/agency _____)

|_|_| # of days/weeks/months (circle one)

02 Out-patient treatment (specify program/agency _____)

|_|_| # of days/weeks/months (circle one)

03 Detox program (specify program/agency _____)

|_|_| # of days/weeks/months (circle one)

04 Residential treatment (specify program/agency _____)

|_|_| # of days/weeks/months (circle one)

05 Methadone maintenance (specify program/agency _____)

|_|_| # of visits per day/week/month (circle one)

06 Individual therapy (specify program/agency _____)

|_|_| # of visits per day/week/month (circle one)

07 Self-help groups (e.g., NA/AA) (specify program/agency _____)

|_|_| # of visits per day/week/month (circle one)

08 Other (specify type and program/agency _____)

|_|_| # of days/weeks/months (circle one)

11. In the 6 months before you were contacted by _____ (name of FUSE worker), were you in the hospital overnight or longer for a health problem or psychiatric care?

00 No → SKIP TO Q.11D

01 Yes

11A. Why were you in the hospital? (Record ALL episodes)

11B. What hospital did you go to? (Record ALL hospitals)

11C. About how many nights total were you in the hospital during these 6 months?

|__|__| # of nights/weeks/months (circle one)

11D. In the 6 months before you were contacted by _____ (name of FUSE worker), were you ever taken to a hospital or medical center in an ambulance?

00 No → SKIP TO Q.12

01 Yes

11E. How many times in these 6 months were you picked up in an ambulance and taken to a hospital or medical center?

|__|__| # ambulance rides

If R gives a range, circle as appropriate:

01 1 time

02 2-3 times

05 10-14 times

03 4-5 times

06 15-19 times

04 6-9 times

07 More than 20 times

12. In the 6 months before you were contacted by _____ (name of FUSE worker), did you receive any type of counseling or mental health services for emotional or psychological problems?

00 No → SKIP TO Q.13

01 Yes

12A. What type of counseling or treatment?

12B. What was the program or agency name where you got treatment or services?

12C. About how many times total did you receive mental health counseling or services during these 6 months?

|__|__| # of visits/times

13. Again, thinking about that 6 month period before you were contacted by _____ (name of FUSE worker), did you have any issues or need any type of help in any of the following areas. Read down entire list of service areas. Then, for any YES, go back and ask B and C.

	In the six months before being contacted by FUSE			
	13. Did you have any issues or need help with . . .		13A. Did you get help or did you try to get help from any agency or program? 13B. IF YES: Which agency/program?	
Service Area	No	Yes	No	IF YES: Agency/ Program
1. Housing issues or problems	00	01	00	_____ __ __ __
2. Issues or problems with money, financial assistance	00	01	00	_____ __ __ __
3. Food, groceries or meals	00	01	00	_____ __ __ __
4. Education, job training	00	01	00	_____ __ __ __
5. Employment	00	01	00	_____ __ __ __
6. Legal issues	00	01	00	_____ __ __ __
7. Transportation	00	01	00	_____ __ __ __
8. Child care	00	01	00	_____ __ __ __

14. What would you say was your biggest problem or need for assistance during this time? Again this would be ____/____ (month/year 6 months before first contact by FUSE worker), about _____ months ago (# of months prior to today's date).

15. Is there anything else you think is important to tell me about your life before you were first contacted by _____ (name of FUSE worker)?

[END OF SECTION]

SECTION A: CURRENT HOUSING AND LIVING ARRANGEMENTS

I'd now like to ask you about your current housing situation.

- 1. Which of the following best describes your current housing situation – where you have been living or staying for the past seven days?** *Read through all choices. CIRCLE ONLY ONE RESPONSE.*

If R selects more than one response, ask: Where did you sleep last night?

****HAND R SHOW CARD****

1. A house (includes a mobile home)	GO TO Q.2
2. An apartment with its own bathroom and kitchen	
3. A room	
4. In drug treatment, detox, or drug program housing	SKIP TO Q.5
5. In jail, prison, or corrections halfway house	
6. In housing for persons with mental health problems	
7. In a hospital, nursing home, or hospice	
8. In a shelter or drop in center for homeless people	SKIP TO Q.20
9. On the street, public place (e.g. subway), or place not meant for sleeping	
10. Some other place (specify) _____	GO TO Q.2

- 2. Does the (house/apartment/room) belong to you, or are you temporarily doubled up in somebody else's place?**

01 Your place that you own or rent

02 Somebody else's place – a friend or relative, boyfriend/ girlfriend

03 Agency or service provider's place (specify agency) _____

ASK IF LIVES IN ROOM (Q1 = 3)

- 3. Is your room in an SRO, or welfare hotel, or some other type of facility?**

01 Hotel (place with separate rooms that you pay for yourself)

02 Group housing facility, not a hotel, where you have a room

03 Rented room in someone's house or apartment

04 Other (specify kind of place) _____

ASK IF HOUSE, APARTMENT, ROOM, OR SOME OTHER PLACE (Q1 = 1, 2, 3, 10). Confirm if already answered.

- 4. Is this (house/apartment/room) part of a temporary or transitional housing program?**

00 No

01 Yes

ASK ALL EXCEPT those in street or public place (Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 10)

5. Does your housing facility, apartment complex, or housing program have a name? IF YES: What's the name of the facility or program?

00 No

01 Yes (name of facility/program) _____

ASK ALL EXCEPT those in street or public place (Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 10)

6. Is there a social worker or case worker who is supposed to help you, who lives in your building or has an office there? If NO: Is there a case worker who visits you regularly as part of a housing program?

00 No social worker, case manager, or case worker associated with housing

01 Yes, case worker lives or has office on site

02 Yes, case worker visits regularly as part of housing program

If R has case manager not associated with his or her housing, circle 00.

ASK ALL EXCEPT those in street or public place (Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 10)

7. Is there a time limit on how long you can stay in the housing?

01 28-30 days

02 60 days

03 90 days/ 3 months

04 6 months

05 12 months/ 1 year

06 24 months/ 2 years

07 Other (specify) _____

00 No time limit

ASK IF DOUBLED UP (Q2 = 2, staying in somebody else's place)

8. Can you sleep there for the next month (30 days) without being asked to leave?

00 No, I am sure I CANNOT sleep there for the next 30 days

01 Yes, I am sure that I CAN sleep there for the next 30 days

02 I don't know how long I can continue to sleep there

} → SKIP TO Q.10

ASK IF DRUG TMNT, HOSPITAL/HOSPICE, MENTAL HEALTH, JAIL, HALFWAY HOUSE (Q1 = 4, 5, 6, 7)

9. Would you have a place to live if you were not staying in _____ (current living situation)?

00 No, I have no other place to live

01 Yes, I have a place I could stay temporarily

02 Yes, I have a permanent home to go to

} → SKIP TO Q.11

ASK IF HOUSE, APARTMENT, ROOM, OR SOME OTHER PLACE (Q1 = 1, 2, 3, 10)

10. Which agency or paid provider helped you get your current housing, if any?

Circle all that apply

01 FUSE Program Agency (*specify agency*) _____ |__|__|__|__|

02 Case manager, social worker at other agency (*specify*) _____ |__|__|__|__|

03 New York City Division of Homeless Services

04 New York City Public Housing Authority (NYCHA)

05 Other program (*specify*) _____ |__|__|__|__|

06 Commercial real estate agency

07 No one, got housing on his/her own or with the help of family or friend

ASK ALL EXCEPT those in street or public place (Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 10)

11. In whose name is the (house/apartment/room) rented or owned? Whose name is on the lease, is it . . .

01 Your name alone

02 Your name and other people

03 Someone else living in the household

04 Someone not living in household

05 An agency maintains the lease

06 You don't know who has the lease

DON'T ASK BUT CIRCLE IF APPROPRIATE

07 Not applicable, no lease, living in group housing or institution. ASK Q.11A.

ASK ALL EXCEPT those in street or public place (Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 10)

11A. Who is the person(s) authorized to be there?

01 You alone

02 You and other people

03 Someone else, not you

ASK ALL EXCEPT those in shelter, jail/prison, hospital/hospice, street or public place (Q1 = 1, 2, 3, 4, 6, 10)

12. In your current living situation, what is the rent (or mortgage)? Enter amount per week or per month.

\$ |__|__|__|__| per week

\$ |__|__|__|__| per month

12A. In your current living situation, do you pay any money for rent (or for mortgage)?*Circle all that apply*03 Does not pay any money for rent or mortgage → *SKIP TO Q.14*02 Pays rent with PA/welfare/SSI/SSDI/other benefits payments → *ASK Q.12B*01 Pays rent with own earnings or other income other than PA/welfare/SSI/SSDI
→ *ASK Q.12C***12B. How much do you currently pay for rent (or mortgage) using money from PA, welfare, SSI, SSDI or any other benefits? Enter amount per week or per month.**

\$ |__|__|__|__| per week

\$ |__|__|__|__| per month

12C. How much do you currently pay for rent (or mortgage) from your own earnings or other income? Enter amount per week or per month.

\$ |__|__|__|__| per week

\$ |__|__|__|__| per month

13. If what you had to pay for rent (or mortgage) was increased by \$50 a month, would you be able to stay where you are living now?

00 No

01 Yes

*ASK IF HOUSE, APARTMENT, ROOM, OR SOME OTHER PLACE (Q1 = 1, 2, 3, 10)***14. Do you currently get any rental assistance or help with paying for housing from a government program or an agency?***Circle all that apply*

01 Limited voucher, pass, or coupon used for a single night or a weeks stay

02 Section 8 voucher or certificate to cover part of the rent on an apartment

03 NYC Work Advantage program

04 Another kind of voucher or certificate for long term rental assistance provided by a housing program
(specify program or type of voucher) _____

05 Lives in group housing operated by a nongovernmental program or agency

06 Lives in public housing operated by the New York City housing authority

07 Some other type of housing or rental assistance (specify) _____

08 Respondent does not receive any rental assistance or housing assistance

09 Respondent does not receive any rental assistance or housing program support but someone else in the household does receive assistance (specify) _____

ASK ALL EXCEPT those in a homeless shelter, on the street or in a public place (Q1=1, 2, 3, 4, 5, 6, 7, 10)

15. Just to double check, your current housing is _____. Confirm with respondent. If none of these descriptions fits, describe housing situation in detail in Other.

- 01 An SRO or welfare hotel with no services onsite
- 02 A group living situation where there is a time limit on how long you can stay there – a temporary or transitional housing facility
- 03 A group living situation where there is no time limit on how long you can stay there – a congregate, permanent housing facility
- 04 A private apartment in the community and a case worker from the agency who helped you get the apartment stays in touch with you – a scatter site apartment
- 05 Living temporarily with others in a house or apartment, doubled-up in someone else's home
- 06 Living in your own place in a regular house or apartment in the community, not associated with an agency or program
- 07 Other (specify) _____

ASK IF HOUSE, APARTMENT, ROOM, OR SOME OTHER PLACE (Q1 = 1, 2, 3, 10)

16. Not including bathrooms and hallways, how many rooms are there in your (apartment/room/house)?

- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five
- 06 Six or more

ASK ALL EXCEPT those in street or public place (Q1=1, 2, 3, 4, 5, 6, 7, 8, 10)

17. Now I am going to ask you some questions about specific types of problems people sometimes have with their housing. Where you live now, how much of a problem is . . .

	Big problem	Small problem	No problem at all
A. Walls with peeling paint or broken plaster? Is it a . . .	02	01	00
B. Toilets not working	02	01	00
C. Other plumbing problems (e.g., sink, shower)	02	01	00
D. Rats or mice	02	01	00
E. Cockroaches	02	01	00
F. Broken locks or no locks on the door to your unit	02	01	00
G. No heat or not enough heat	02	01	00

ASK ALL EXCEPT those in street or public place (Q1=1, 2, 3, 4, 5, 6, 7, 8, 10)

18. Overall, how would you describe the condition of the place where you are living now . . .

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

19. How much do you agree or disagree with this statement: The place where I'm living now feels like home to me. Do you . . .

- 01 Agree strongly
- 02 Agree slightly
- 03 Neither agree nor disagree
- 04 Disagree slightly
- 05 Disagree strongly

ASK EVERYONE

20. Thinking about your current living situation, do you live alone or with others?

01 Live alone

02 Live alone in a unit within group housing or institution } → SKIP TO Q.21E

03 Live with others

21. Who lives in the household with you? Could you please tell me their first names or initials – just so we can keep the list straight? Include people who usually live here but are temporarily away. First record only first names or initials of everyone in household and then go back to record relationship, gender and age of each person named. If R says child, clarify if biological or some other R cares for (e.g., foster).

A. First name/ initials	B. Relationship	C. Gender M F	D. Age Years
1. _____	_____ __ __	01 02	__ __
2. _____	_____ __ __	01 02	__ __
3. _____	_____ __ __	01 02	__ __
4. _____	_____ __ __	01 02	__ __
5. _____	_____ __ __	01 02	__ __
6. _____	_____ __ __	01 02	__ __
7. _____	_____ __ __	01 02	__ __

21E. Is there anyone else temporarily staying with you now who has no other place to live?*Repeat same procedure used for Q.21.*

A. First name/ initials	B. Relationship	C. Gender M F	D. Age Years
8. _____	_____ __ __	01 02	__ __
9. _____	_____ __ __	01 02	__ __
10. _____	_____ __ __	01 02	__ __

ASK EVERYONE

22. Are there other persons you would like to live with, but who don't live with you now?*Circle all that apply.*

01 Children

02 Spouse/partner

03 Parents

04 Other relatives

05 Other (*specify*) _____

06 No

23. How long have you been in your current living situation?*INTERVIEWER: Refer to living situation described in Q.1*

|_|_|_| weeks

|_|_|_| months

|_|_|_| years

24. How many times have you changed addresses, if at all, in the last 6 months, since _____ (ref date)?

|_|_| # times changed addresses

*IF R HAS NOT CHANGED ADDRESSES, SKIP TO Q.25***24A. What were some of the reasons why you moved?**

25. In the last 6 months, since _____ (ref date) have you ever spent the night in any of the following places or situations . . . Read all responses. Circle all that apply.

01 Temporarily doubled-up with a friend or relative

02 In a temporary or transitional housing program (*specify*) _____

03 In an SRO with services onsite

04 In an SRO or welfare hotel with no services

05 In a shelter or drop in center for homeless persons

06 On the street or other public place

07 In drug treatment housing

08 In jail or prison

09 In FUSE housing (or other specialized housing for recently incarcerated) (*specify*) _____*Do not ask but circle if appropriate*

10 R is not currently and has not spent even one night in any of the above places

25A. Next I'd like to ask about different experiences or events that can sometimes affect a person's housing or living arrangements. Did you have any of these experiences in the last six months, since _____ (ref date)?

In the last 6 months have you experienced...	No	Yes
A. Serious problems getting along with friends, neighbors, or relatives	00	01
B. Separation or divorce due to marriage difficulties	00	01
C. Breaking off a steady relationship	00	01
D. Serious illness or injury	00	01
E. Serious illness or injury happened to a close friend or relative	00	01
F. Death of a close friend or relative	00	01
G. Laid off or fired from a job	00	01
H. Ongoing financial problems	00	01
I. Major financial crisis	00	01
J. Something valuable was lost or stolen	00	01
K. A person who was helping to pay the bills couldn't or wouldn't help anymore	00	01
L. Moving to a worse residence or neighborhood	00	01

IF YES TO ANY EVENTS IN Q25A, ASK Q 25B

25B. How, if at all, did this experience (these experiences) affect your housing or living situation over the past six months?

These next questions ask about housing experiences over the years.

26. Have you ever lived in a foster home or group home? *Circle all that apply.*

- 01 Yes, foster home
- 02 Yes, group home
- 03 No, never been in a foster home or group home

Ask Q.27 if R currently lives in his own apartment, room, or house (Q.1=1, 2, 3) and has not been homeless or unstably housed in past 6 months (Q.25= 10). All others (i.e., R has been homeless or unstably housed) SKIP TO Q.27A.

27. Was there ever a time when you did not have a regular place to live – when you slept in a shelter, on the street or other public place, in temporary program housing, or in somebody else’s home where you were temporarily doubled up?

- 00 No → *SKIP TO INTRODUCTION TO Q.30, NEXT PAGE*
- 01 Yes

27A. When was the first time you did not have a regular place to live?

--	--	--

/

--	--	--	--	--

month *year*

27B. What happened then?

27C. Since age 18, how much time have you spent in a shelter for homeless people, a public place like a bus station or another place not meant for sleeping, on the street, or anywhere outside?

- 00 Never
- 01 Less than 3 months
- 02 3 to 5 months
- 03 6 to 11 months
- 04 12 to 24 months
- 05 2-4 years
- 06 5-9 years
- 07 More than 10 years

28. Did you ever have your own apartment, house, or other place to live where you were the person who had the lease or were responsible for paying the rent (or mortgage) and taking care of the place?

- 00 No
- 01 Yes

- 29. How many times in your life have you been without regular housing, when you were not living in your own house, apartment, room, or other housing for 30 days or more in the same place? Living in a room, apartment, or other house that is part of an emergency shelter or transitional housing, half-way house, residential treatment, or other type of program does not count as having your “own” housing, even if you stayed in that place for more than 30 days.**

|_|_| | # episodes of homelessness.

If R gives a range, circle as appropriate:

- | | |
|--------------|-----------------------|
| 01 1 time | |
| 02 2-3 times | 05 10-14 times |
| 03 4-5 times | 06 15-19 times |
| 04 6-9 times | 07 More than 20 times |

Next are some questions about the neighborhood where you live now. By neighborhood, we mean the area around where you live or where you stay most of the time these days. It may include places where you shop or visit in the general area around where you are living.

- 30. What is the name of the neighborhood that you’re living in now?** *This means the neighborhood R is currently living in, even if it is different than the neighborhood he/she grew up in or identifies most with.*

INTERVIEWER: Use current neighborhood named in Q.30 for Q.31-40.

- 31. What is the zip code where you are currently living?** *If transient, no regular place: What is the zip code where you slept most nights the last 7 days?*

|_|_|_|_|_| | zip code

- 31A. How long have you lived in _____ (current neighborhood)?**

|_|_|_| | weeks/months/years

32. I am going to read some things that people might say about their neighborhood. This refers to the neighborhood where you currently are living, _____ (current neighborhood). Each time I read one of these statements, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly with the statement.

****HAND R SHOW CARD****

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
A. I think my neighborhood is a good place for me to live. Would you . . .	01	02	03	04
B. People in my neighborhood do NOT share the same values. (Probe: Believe the same things are important.)	01	02	03	04
C. My neighbors and I want the same things from the neighborhood.	01	02	03	04
D. I can recognize many of the people who live in my neighborhood.	01	02	03	04
E. I feel at home in my neighborhood.	01	02	03	04
F. Very few of my neighbors know me.	01	02	03	04
G. I care about what my neighbors think of my actions.	01	02	03	04
H. I have almost no influence over what my neighborhood is like.	01	02	03	04
I. If there is a problem in my neighborhood, people who live here can get it solved.	01	02	03	04
J. It is very important to me to live in this particular neighborhood.	01	02	03	04
K. People in my neighborhood generally don't get along with each other.	01	02	03	04
L. I expect to live in my neighborhood for a long time.	01	02	03	04
M. People around here are willing to help their neighbors.	01	02	03	04
N. This is a close-knit neighborhood.	01	02	03	04
O. People in my neighborhood can be trusted.	01	02	03	04

Next are some questions about relations with people in _____ (current neighborhood).

33. How many of your family members or friends live in your current neighborhood? Don't count the people who live with R.

|_|_| # of family and friends

34. How often do you stop to chat with a neighbor in the street . . .

- 04 Almost every day
 03 Once a week
 02 Once a month
 01 A few times a year
 00 Almost never

35. For each of the following, please tell me if it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in _____ (current neighborhood) would act in the following manner.

**** HAND R SHOW CARD ****

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
A. If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Would you say . . .	01	02	03	04	05
B. If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	01	02	03	04	05
C. If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child?	01	02	03	04	05
D. If there were a fight in front of your house or apartment building, and someone was being beaten or threatened, how likely is it that your neighbors would break it up?	01	02	03	04	05
E. Suppose that because of budget cuts the fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?	01	02	03	04	05

36. What do you think is the most serious problem in your current neighborhood?

37. I am going to read you a list of things that are problems in some neighborhoods. After I read each one, please tell me whether you think it is a big problem, somewhat of a problem, or not a problem in your current neighborhood. Remember, I am still talking about the area you identified earlier as the neighborhood where you are living now.

	A big problem	Some-what of a problem	Not a Problem
A. How much of a problem is litter, broken glass, or trash on the sidewalks and streets. . .	02	01	00
B. How much of a problem is graffiti, that is writing or painting on buildings or walls	02	01	00
C. Vacant or deserted buildings or stores	02	01	00
D. Groups of teenagers or adults hanging out in the neighborhood and causing trouble	02	01	00
E. People drinking in public places around the neighborhood	02	01	00
F. People selling or using drugs	02	01	00
G. Different social groups who do not get along with each other	02	01	00
H. Rents going up	02	01	00
I. The wrong kind of people moving into the neighborhood	02	01	00

38. How often do you see people selling drugs in _____ (current neighborhood)? Would you say ...

03 Often
02 Sometimes
01 Rarely
00 Never

39. How dangerous do you consider each of the following places in _____ (current neighborhood)?
By dangerous we mean a place where you might be beaten or robbed.

	Very dangerous	Dangerous	Safe	Very safe
A. Being home alone at night. Would you say. . .	01	02	03	04
B. The streets near your home during the day	01	02	03	04
C. The streets near your home at night	01	02	03	04

40. How satisfied are you with police protection and response time in _____ (current neighborhood)? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

01 Very satisfied
02 Somewhat satisfied
03 Somewhat dissatisfied
04 Very dissatisfied

[END OF SECTION]

SECTION B: DEMOGRAPHICS

Now I'd like to ask you some background questions. This lets us know something about the people who participate in the project.

1. When were you born?

|__|__| / |__|__| / |__|__|__|__|
 month day year

2. So that makes you _____ (age from Q.1) years old. Is this correct?

00 No → Go back and confirm Q.1 response

01 Yes

3. Where were you born? When R says a place, confirm "and that's in the US?" Specify city and state or country.

3A. Circle one

01 U.S. born → SKIP TO Q.5

02 Non-U.S. born

If R was born in Puerto Rico or outside U.S.

4. In what year did you first come to the United States?

|__|__|__|__| year

5. Do you consider yourself to be Hispanic or Latino/Latina?

00 No → SKIP TO Q.6

01 Yes

5A. Which of the following best describes your ethnic background? If more than one country named, ask: **Which do you feel closest to?**

01 Puerto Rican

02 Dominican

03 Mexican

04 Cuban

05 Central American

06 South American

07 Spaniard, from Spain

6. Do you consider yourself . . . *Read list and circle all that apply.*

- 01 Black or African American
- 02 White
- 03 Asian
- 04 American Indian or Alaskan Native
- 05 Native Hawaiian or other Pacific Islander
- 06 Other (*specify*) _____

7. (Confirm interviewer observation): And you are (male/female).

- 01 Male
- 02 Female

DO NOT READ OUT LOUD BUT CIRCLE ONE IF APPROPRIATE

- 03 Male to female transgender
- 04 Female to male transgender

Now some questions about school and work.**8. How far did you go in school? How many years did you complete there?**

INTERVIEWER: For "type of school", circle current or last school attended. For "grade/year", write in current grade or last grade completed or last completed year of program.

Type of school	Grade/Year
00 No school	
01 Grade school	_____ grade
02 Junior high school/Middle school	_____ grade
03 Trade/Technical school, no high school diploma	_____ # of years
04 High school	_____ grade
05 Trade/technical school after high school	_____ # of years
06 Two-year college/ Community college	_____ # of years
07 Four-year college/ university	_____ # of years
08 Graduate or professional school	_____ # of years
09 Home schooling	_____ # of years

9. What is the highest diploma, degree, or certificate you have gotten, if any?

- 00 No degree or certification or diploma
- 01 Technical certificate (no HS diploma)
- 02 G.E.D. (High school equivalency)
- 03 High school diploma
- 04 Technical certificate (post High School)
- 05 Two-year college degree (AA, AS, AAS)
- 06 Four-year college degree (BA, BS)
- 07 Graduate or professional degree (specify) _____
- 08 Other (*specify*) _____

10. Have you ever served in the U.S. military? Include the Armed Forces active-duty, the military Reserves, or the National Guard.

- 00 No
- 01 Yes

11. Which of the following best describes your current marital status?

- 01 Married and living with your husband/wife → *SKIP TO Q.13*
- 02 Married and not living with your husband/wife
- 03 Legally separated
- 04 Divorced
- 05 Widowed
- 00 Never been married/Single

12. Do you have a main or primary partner, that is, a partner you would call your boyfriend, girlfriend, lover, or significant other?

- 00 No
- 01 Yes

13A. ASK FEMALE RESPONDENTS: Have you given birth to any children?

- 00 No → *SKIP TO Q.15*
- 01 Yes

13B. ASK MALE RESPONDENTS: Are you the biological father of any children?

- 00 No → *SKIP TO Q.15*
- 01 Yes

14. How many children?

|_|_| # of children → IF NONE SKIP TO Q.15

14A. How many of your (biological children/children you've given birth to) do you have parenting responsibilities for? By 'parenting responsibilities', we mean that you are helping to raise the child, or you are helping to financially support the child. Include any adult children you still take care of or help financially.

|_|_| # of children

- 15. If R has biological children (Q.13A/B=YES) say: Not including the (child/children) you've already told me about, do you have parenting responsibilities for any other children, such as foster children, adoptive children, or children of a relative or friend? By 'parenting responsibilities', we mean that you are helping to raise the child, or you are helping to financially support the child.**

If R does not have biological children (Q.13A/B=NO) say: Do you have parenting responsibilities for any other children, such as foster children, adoptive children, or children of a relative or friend? By 'parenting responsibilities', we mean that you are helping to raise the child or you are helping to financially support the child.

00 No → SKIP TO INTERVIEWER INSTRUCTIONS BEFORE Q.16

01 Yes

15A. How many children?

|_|_| # children

ASK IF R HAS CHILDREN OR CARES FOR CHILDREN (Q.14A>00 and/or Q.15=01)

- 16. Do any of your children (or children who you care for) have a disability or serious health condition that requires regular doctor's care?**

00 No

01 Yes (specify disability/health condition) _____

The next few questions are about work and jobs you may have had.

- 17. Which of the following describes your current work situation? Are you currently . . .**

Circle all that apply.

01 Working full-time (35+ hrs per week)

02 Working part-time, regular hours (less than 35hrs /week)

03 Doing occasional or temporary part-time work (irregular hours)

04 Working in a family business, not for pay

05 Working for money "off the books"/"under the table"

06 Working as part of WEP (welfare) or other job program

07 Having some other work arrangement (specify) _____

08 Not now working

} → SKIP TO Q.20

IF NOT NOW WORKING IN A PAID POSITION FULL TIME OR PART TIME (Q.17 = 03, 04, 05, 06, 07, 08)

18. Are you currently looking for work?

00 No

01 Yes → SKIP TO Q.19

18A. What are the main reasons you're not looking for work?

INTERVIEWER: Write out answer and field code all that apply

01 Disabled

02 Retired

03 Have a job, temporarily on layoff

04 In school or other training

05 Lack necessary schooling or training

06 No job opportunities, no work available

07 Tried but couldn't find work

08 Lack job skills or experience

09 Don't feel well enough

10 Not sure will stay well enough

11 Fear losing medical benefits

12 Fear losing other benefits or entitlements

13 Can't arrange child care

14 Family, homemaking responsibilities

15 In drug treatment

16 Housing problems interfere with getting job, or keeping job

17 Other reason not on list (*specify*)

IF NOT NOW WORKING IN A PAID POSITION FULL TIME OR PART TIME (Q.17 = 03, 04, 05, 06, 07, 08)

19. When did you leave your last job . . .

03 Within the past 12 months

02 1- 5 years ago } → SKIP TO Q.21

01 Over 5 years ago }

00 Never worked in paid position → SKIP TO Q.23

20. Did you work for at least 6 months (26 weeks) of the last year, since _____ (month) in _____ (last year)?

00 No

01 Yes

21. Have you ever had a full-time job for a year or more?

00 No

01 Yes

Now I'd like to ask you about . . .

If R is currently working say: **the job you currently have now.**

If R is not working now say: **the job you had the last time you worked.**

22. What kind of work do you (did you) do?

22A. What is (was) your job title?

22B. Are you (were you) self-employed or do (did) you work for somebody else?

01 Self-employed

02 Somebody else

03 Both

22C. Do you (did you) supervise others?

00 No

01 Yes

22D. Is this your usual type of work? *If NO ask: Think of the time that you have worked at a paid job. What has been your usual occupation or the type of work that you have normally done? Probes: What was your job called? What were some of your activities? Did you supervise others? Were you self-employed or did you work for somebody else?*

23. We would like to get an idea of the different ways people sometimes bring in money or get support for living expenses. We ask about different sources of money or support because it affects their housing and the services they might need. Remember that all the information you give me is confidential.

I'm going to read you a list of sources of support. For each one, please tell me if, in the last 6 months, you received money or support, if anyone else in the household got money or support, or if no one in the household got money or support.

READ EACH ITEM. CIRCLE ALL THAT APPLY. LIST IS ON NEXT PAGE - - - > > >

SECTION B: DEMOGRAPHICS

In the past 6 months, have you or someone in your household received money or support from . . .	Yes, Resp	Yes, Other	No One
A. Regular job earnings, salary	01	02	03
B. Odd jobs or occasional work	01	02	03
C. Selling things on the street, collecting cans/bottles to exchange for money	01	02	03
D. Workers compensation or unemployment insurance	01	02	03
E. Veterans benefits or Armed Forces allotments	01	02	03
F. Social Security Disability Income or SSDI	01	02	03
G. Supplemental Security Income or SSI	01	02	03
H. Retirement pensions or Social Security	01	02	03
I. Food stamps	01	02	03
J. TANF or welfare payments (formerly A.F.D.C.)	01	02	03
K. Rental assistance, housing allowance, or agency-based housing	01	02	03
L. WIC (Women, Infants & Children) Nutrition Program	01	02	03
M. Assistance with heat or other utilities	01	02	03
N. Earned Income Tax Credit (EITC)	01	02	03
O. Stipend for training or other program participation	01	02	03
P. Alimony or child support	01	02	03
Q. Ongoing financial support from a current spouse or partner, not including alimony or child support	01	02	03
R. Allowance or gifts from friends or family members, not including a current spouse or partner	01	02	03
S. Charity received from a church or social service agency, including only cash gifts (not including clothes, food, etc.)	01	02	03
T. Asking for money on the streets	01	02	03
U. Activities that could be considered illegal or that might get you arrested	01	02	03
V. Other public assistance not already mentioned (e.g., PA)	01	02	03
W. Any other income (specify) _____	01	02	03

****HAND R SHOW CARD****

- 24. Which of these groups on this card is closest to your total personal income (before taxes) during the last year? Please include income from all sources: your salaries, wages, and any benefits, including social security, welfare, gifts, or any other income. Please do not include food stamps or rental subsidies. Tell me the code for the amount you got last year or the code for the amount you usually get per month.**

Individual income: _____ Enter code number from below

ASK IF R LIVES WITH OTHERS (Refer to Section A, Q.21, p.15)

- 25. How about your total household income? That is, all income received from any source by all the people in your household. Please tell me that code.**

Total household income: _____ Enter code number from below

If necessary, work with R to construct a monthly personal and household income.

MONTHLY AMOUNT	CODE	YEARLY AMOUNT
\$ 416 or less per month	1	\$ 4,999 or less per year
\$ 417 - 624	2	\$ 5,000 - 7,499
\$ 625 - 834	3	\$ 7,500 - 9,999
\$ 835 - 1,249	4	\$ 10,000 - 14,999
\$ 1,250 - 2,084	5	\$ 15,000 - 24,999
\$ 2,085 - 2,914	6	\$ 25,000 - 34,999
\$ 2,915 - 3,749	7	\$ 35,000 - 44,999
\$ 3,750 - 4,584	8	\$ 45,000 - 54,999
\$ 4,585 - 5,834	9	\$ 55,000 - 69,999
\$ 5,835 or more	10	\$ 70,000 or more

If Q.24 or Q.25 = "Don't Know" or "Refuse", ASK Q.26 thru Q.29. ELSE SKIP TO Q.30.

- 26. Would you say the amount of money (you/your household) received in the last 6 months from all sources is less than \$600 per month or more than \$600?**

00 Less than \$600/mo

01 More than \$600/ month → SKIP TO Q.28

- 27. Would you say the money (you/your household) received in the last 6 months was at least \$400 per month or less than that?**

00 Less than \$400/ month } → SKIP TO Q.30

01 \$400/ month or more }

28. Would you say the money (you/your household) received in the last 6 months was at least \$1000 per month or less than that?

00 Less than \$1000/ month → *SKIP TO Q.30*

01 \$1000/ month or more

29. Would you say the money (you/your household) received in the last 6 months was at least \$2000 per month or less than that?

00 Less than \$2000/ month

01 \$2000/ month or more

ASK EVERYONE

30. How many people depend on you for the majority of their food and shelter? Include children and adults. Do not include respondent.

|____|____| # of people

31. In the last 6 months, since _____ (ref date), how often has it happened that (there was not enough money in the household/you did not have enough money) for . . . Read each item and then read response categories.

	Never	Some- times	Fairly often	Very often
A. Rent or mortgage. Has it happened. . .	00	01	02	03
<i>ASK IF R lives in house/room/apartment</i> B. Electricity	00	01	02	03
<i>ASK IF R lives in house/room/apartment</i> C. Heat	00	01	02	03
D. Phone service (includes landline or cell phone)	00	01	02	03
E. Food that (you/family members) should have	00	01	02	03
F. Medical care	00	01	02	03
G. Dental care	00	01	02	03
H. Clothes that (you/family members) should have	00	01	02	03
I. Car costs (e.g., gas, insurance, repairs)	00	01	02	03
J. Transportation costs (e.g., subway/bus fare)	00	01	02	03
K. Recreational activities that you wanted	00	01	02	03

32. Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household in the last 6 months . . .

- 01 (I/We) had enough of the kinds of food (I/we) want.
- 02 (I/We) had enough but not always the kinds of food (I/we) want to eat.
- 03 (I/We) sometimes did not have enough to eat.
- 04 (I/We) often did not have enough to eat.

I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether in the past 6 months it was often true, sometimes true, or never true for you or anyone in your household.

33. The food that (I/we) bought just didn't last and (I/we) didn't have money to get more.

- 00 Never true
- 01 Sometimes true
- 02 Often true

34. (I/we) couldn't afford to eat balanced meals.

- 00 Never true
- 01 Sometimes true
- 02 Often true

35. (I/someone in the household) cut the size of (my/our) meals or skipped meals because there wasn't enough money for food.

- 00 Never true
- 01 Sometimes true
- 02 Often true

36. (I/someone in the household) ate less than (I/we) felt (I/we) should because there wasn't enough money to buy food.

- 00 Never true
- 01 Sometimes true
- 02 Often true

37. (I/someone in the household) did not eat for a whole day because there wasn't enough money for food.

- 00 Never true
- 01 Sometimes true
- 02 Often true

Turning now to a different topic.

38. How important to you is religion or spirituality? Is it . . .

- 00 Not at all important
- 01 Slightly important
- 02 Somewhat important
- 03 Very important

39. How often, if at all, do you attend church, synagogue, a mosque, or other religious or spiritual services?

If R considers AA or NA as “spiritual services” then AA/NA attendance should be included.

- 00 Never
- 01 Less than once a year
- 02 A few times a year
- 03 About once a month
- 04 Once a week or more
- 05 Everyday

40. Are you a member of a specific church, mosque, synagogue, or other religious organization?

- 00 No → SKIP TO Q.41
- 01 Yes

40A. Is your church or worship community in your current neighborhood?

- 00 No
- 01 Yes

41. What, if any, religion do you identify with?

42. Now I'm going to read some statements about how you feel about some things. For each statement, please tell me whether you agree strongly, agree, disagree, or disagree strongly with the statement.

Circle only one response for each statement.

	Agree Strongly	Agree	Disagree	Disagree Strongly
A. I have little or no control over things that happen to me. Do you . . .	01	02	03	04
B. There is really no way I can solve some of the problems I have.	01	02	03	04
C. There is little I can do to change many important things in my life.	01	02	03	04
D. I often feel helpless in dealing with life's problems.	01	02	03	04
E. Sometimes I feel I'm being pushed around in life.	01	02	03	04
F. What happens to me in the future mostly depends on me.	01	02	03	04
G. I can do just about anything I really set my mind to.	01	02	03	04

[END OF SECTION]

SECTION C: EXPERIENCES PAST 5 YEARS
RESIDENTIAL HISTORY

Now I want you to think about where you have been living in the past 5 years (3 years if using short form). We would like to know all the different living arrangements you've stayed in during this time, including the different places you've lived and the different people you've lived with. Let's look at this calendar together (show calendar – NEXT PAGE), and I'll make notes as you talk. This is _____ (today's date), so the time we'll be talking about is between _____ (give date of 5 years ago) and today. Okay, let's begin. You told me earlier that you are currently living (give their current living situation established in Section A). So why don't we start with where you were living just before that and work backwards from there, place by place.

INTERVIEWER INSTRUCTIONS:

1. Work with the R to complete the calendar (*next page*) charting his or her living situations over the past 5 years. When completing the calendar, the most important information to capture is length of time and place.
2. Fill in date of interview at the top of the calendar. Black out cells not applicable for relevant 5 year period, e.g., if interview is conducted in August 2008, black out Sept to Dec 2008 and Jan to July 2003.
3. Whenever possible, record actual dates of moves/transitions, e.g., if R remembers being released from prison on 8/9/07, record this date in the corresponding cell.
4. Start with current situation and work backwards. Record moves and dates. Individuals will sometimes remember dates and sometimes duration of time – how many weeks, months, or years they were in a particular housing situation. Work with them to translate into month and year of housing transitions.
 - Transitions are important. Double check with R that they moved directly from situation A to situation B and that they didn't stay even one night somewhere else in between.
5. R may be unsure about dates of moves and/or how long s/he stayed at a particular place. Use following time structuring techniques to help R remember housing situations and dates of housing transitions.
 - Anchor R in time using personal time markers. Ask R about any major events that may have happened in his/her life during the period in question and indicate these events on the calendar, e.g., birthdays, deaths, relationship changes, episodes of hospitalization or incarceration, sober time, etc.
 - Use major yearly events (e.g., Christmas, 4th of July) or seasons (e.g., Was it hot outside? Was there snow on the ground?).
 - Probe for any time in jail, in a homeless shelter or on the street, in a temporary housing program, in drug treatment or other treatment facility, time doubled-up with others, time in own place, etc.
6. Record all living situations. Even if R slept in a place only for one night, indicate in the appropriate cell. Do not record situations if there was no overnight stay, e.g. a few hours in jail.
7. Once calendar is complete, go to RESIDENTIAL HISTORY section of questionnaire (p. 36) and ask the detailed questions about each of R's living situations. Use additional sheets as necessary.
 - Begin with R's living situation just before their current living situation (current living situation has already been captured in Section A). Say something like: **Now I know where you've been living for the past 5 years. Next I am going to ask you some specific questions about each situation. You already told me about your current living situation earlier in the interview, so let's start with where you were staying just before _____ (R's current living situation).**
 - Work backwards, recording R's answers on the lines provided. Do not code during the interview.
 - Ask all relevant questions – confirm information discussed during the calendar follow-back activity. Ask questions in a confirming way if answer has already been given.
 - ALWAYS ask/confirm questions in columns A, B, C, M and N.
 - If R has been back and forth to a particular place (e.g., was back and forth between Atlantic shelter and jail) you do not have to ask all of the questions about that particular place (e.g., about Atlantic shelter) again. BUT, remember to always ask/confirm column N.
 - Do not ask questions that are not relevant to the living situation:
 - If "street" or other public space, skip columns D – K;
 - If "shelter", "hospital", "hospice", "nursing home", "jail/prison", skip columns E – J;
 - If "hotel/motel/SRO", "doubled-up", "own/rent apartment/house", "transitional housing" or "other", ASK ALL Q'S.

SECTION C: EXPERIENCE PAST 5 YEARS

Date of interview: __ __ / __ __ / __ __ __ __ (month/day/year)												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2004												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2005												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2006												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2007												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2008												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2009												

Don't Know = -888 N/A=-997 Refused= -998 Other Missing =-999

SECTION C: EXPERIENCE PAST 5 YEARS

[illegible]

SECTION C: EXPERIENCE PAST 5 YEARS

CODES FOR C	CODES FOR D	CODES FOR E	CODES FOR F	CODES FOR J	CODES FOR K	CODES FOR L	CODES FOR M	CODES FOR N
01 Street/car/park (i.e., place not meant for sleeping) 02 Shelter/drop-in center 03 Temporary/ transitional housing for homeless people (includes faith- based shelter) 04 Temporary/ transitional housing for AOD/MH/ex- offender 05 Jail/prison 06 Hospital/ hospice/ nursing home 07 Hotel/motel (e.g., SRO) 08 Doubled-up – temporarily in someone else's housing 09 Own/ rent apartment/ house 10 Rent room 11 Other (and specify)	01 Alone 02 Spouse/boy/ girlfriend 03 Mother/ stepmother 04 Father/ stepfather 05 Brother(s) 06 Sister(s) 07 Children 08 Other relatives 09 Friends 10 Stranger 11 Group/congregate living situation 12 Other (and specify)	01 Own 02 Relative 03 Friend 04 Spouse/boy/ girlfriend 05 Stranger 06 Agency 07 Other (and specify)	01 A regular job 02 Odd jobs 03 Family, relatives or partner/ spouse 04 Friends 05 Public housing 06 Section 8 07 Other housing subsidy (and specify) 08 Welfare (TANF/PA) 09 SSI 10 SSDI 11 VA benefits 12 Unempl 13 Another pension (and specify) 14 Government insurance (e.g., Medicaid) 15 Hustling or other illegal activity 16 R didn't pay and received no subsidy 17 Other (and specify)	01 Yes, good heat and hot water 02 No, not good heat and hot water 03 No heat and hot water 04 Other (and specify)	01 Yes, case worker on-site 02 No, but a case worker from the FUSE program visited regularly 03 No, but a case worker from another agency visited regularly as part of the housing program 04 No case worker associated with the housing	01 Yes, I expected to live there a long time 02 No, there was a time limit 03 No, it was a temporary arrangement 04 I didn't know what to expect 05 Other (and specify)	01 Felt like home 02 Did not feel like home 03 I had to be there (e.g., jail/program) 04 Other (and specify)	EMPLOYMENT 01 Job transfer/new job 02 Lost job/fired 03 Retirement 04 Looking for work 05 Commuting reasons FAMILY 06 Needed larger house/apartment 07 Widowed 08 Separated/divorced/break-up 09 Newly married 10 Moved to be closer to relatives 11 Family decreased 12 Wanted to establish a separate household/be independent NEIGHBORHOOD 13 Neighborhood overcrowded 14 Change in racial/ethnic composition 15 Wanted better services 16 Crime or safety concerns HOUSING 17 Eviction (formal/legal) 18 Kicked out of room/apt (no formal eviction process) 19 Foreclosure 20 Couldn't afford rent/mortgage 21 Wanted better quality residence/ building problems 22 Crowding in housing unit 23 Harassment by landlord 24 Needed handicap-accessible housing OTHER 25 Housing program time limit reached 26 Other housing program opportunity became available 27 Asked to leave program (not due to time limit/insurance) 28 Drug/alcohol relapse 29 Became incarcerated 30 Released from jail/prison 31 Entered hospital 32 Discharged from hospital 33 Entered SU/MH treatment 34 Discharged from SU/MH treatment 35 Personal safety/victimized/DV 36 Interpersonal problem(s) 37 Fire/flood/other natural disaster 38 Displaced by urban renewal, highway construction, etc. 39 Displaced by private action 40 Transferred/referred to another program or shelter 41 Other (and specify)

Turning now to your experiences with the criminal justice system. Remember that all of your answers will be kept strictly confidential and protected, and that you can skip any question you do not want to answer.

INTERVIEWER: "Arrested and charged" refers only to when the actual arrest was made and R was officially charged. Refers only to formal charges, not times when R was just picked up or questioned. Include juvenile crimes (prior to the age of 18).

1. When were you first ever arrested and charged?

____/____ / ____-____-____
month year

2. In the last 5 years, how many times have you been arrested and charged? *Include the total number of counts and not just arrests.*

____ # of times

If R gives a range, circle as appropriate:

- | | |
|--------------|-----------------------|
| 01 1 time | |
| 02 2-3 times | 05 10-14 times |
| 03 4-5 times | 06 15-19 times |
| 04 6-9 times | 07 More than 20 times |

3. In the past 6 months, how many times have you been arrested and charged? *Include the total number of counts and not just arrests.*

____ # of times

If R gives a range, circle as appropriate:

- | | |
|--------------|-----------------------|
| 05 1 time | |
| 06 2-3 times | 05 10-14 times |
| 07 4-5 times | 06 15-19 times |
| 08 6-9 times | 07 More than 20 times |

4. What was the charge for your most recent arrest?

4A. What was the outcome? This can include being charged and released or having charges dropped.

5. I'm going to read a list of things people sometimes get arrested for, and I want to know if you've ever been arrested for these reasons. For each reason I read, please tell me if you've ever been arrested and officially charged, NOT necessarily convicted. Refers only to when the actual arrest was made and R was officially charged. Refers only to formal charges, not times when the R was just picked up or questioned. Be sure to include all counts and not just arrests. Read each reason out loud.

INTERVIEWER: If R indicates ever being arrested in lifetime, go back and ask if R has been arrested for that reason in the past 6 months: **Have you been arrested and officially charged for _____ (specific charge) in the past 6 months?**

Have you ever been arrested and officially charged with. . .	Ever?		Past 6 months?	
	No, never	Yes, ever	No	Yes, past 6 mos
A. Disorderly conduct, public intoxication, or public urination	00	01	00	01
B. Vagrancy or trespassing	00	01	00	01
C. Driving while intoxicated	00	01	00	01
D. Major driving violations (e.g., reckless driving, speeding, no license)	00	01	00	01
E. Shoplifting/vandalism	00	01	00	01
F. Probation/parole violations	00	01	00	01
G. Drug charges	00	01	00	01
H. Forgery (includes attempted forgery, forgery of checks and prescriptions)	00	01	00	01
I. Weapons offense	00	01	00	01
J. Burglary/larceny/breaking & entering	00	01	00	01
K. Robbery	00	01	00	01
L. Assault (includes domestic violence)	00	01	00	01
M. Arson (includes attempted arson)	00	01	00	01
N. Rape (includes attempted rape)	00	01	00	01
O. Homicide/manslaughter (includes attempted homicide/manslaughter)	00	01	00	01
P. Prostitution (includes pimping)	00	01	00	01
Q. Contempt of court (could include failure to pay support or alimony payments)	00	01	00	01
R. Other (e.g., jumping turnstiles, selling Metrocards, panhandling) (specify)_____	00	01	00	01

6. Thinking back over these charges you just told me about, have you ever been convicted for any of them? Convictions include being found guilty, fines, probation, suspended sentences, incarcerations, and guilty pleas. Charges for parole and/or probation violations are counted as convictions.

00 No → SKIP TO Q.7

01 Yes

6A. How many of these arrests resulted in convictions?

|_|_| # of charges

If R gives a range, circle as appropriate:

01 1 time

02 2-3 times

05 10-14 times

03 4-5 times

06 15-19 times

04 6-9 times

07 More than 20 times

6B. Have you ever been convicted of a felony?

00 No → SKIP TO Q.7

01 Yes

6B1. When was the most recent time you were convicted of a felony?

|_|_| month |_|_|_|_| year

6B2. What was the charge for the most recent felony conviction?

7. Have you ever spent time in jail, prison, or a detention center?

00 No → SKIP TO Q.8

01 Yes

7A. When was the first time you were ever in jail, prison, or a detention center?

|_|_| month |_|_|_|_| year

7B. Over your lifetime, about how many times have you been in jail, prison, or a detention center?

|_|_| # of times

If R gives a range, circle as appropriate:

01 1 time

02 2-3 times

05 10-14 times

03 4-5 times

06 15-19 times

04 6-9 times

07 More than 20 times

7C. Over your lifetime, about how many months or years total have you been in jail, prison, or a detention center? Count as one month any period of incarceration two weeks or longer.

|_|_| # of months

|_|_| # of years

8. Are you currently on parole or probation?

- 00 No, not parole or probation
- 01 Yes, parole
- 02 Yes, probation

9. Are you currently awaiting charges, trial, or sentence?

- 00 No → *SKIP TO Q.10*
- 01 Yes

9A. What for? *Write all crimes/offenses.*

10. In the past 30 days, how many days were you involved in any illegal activity to get money, drugs, or other goods? Do not count simple drug possession or drug use, but do include drug dealing, prostitution, burglary, or selling stolen goods.

|_|_| # of days

11. In the past 30 days, how much money, if any, did you receive from your involvement in illegal activities?
Refers to cash available to R from drug dealing, stealing, prostitution, etc. Do not attempt to convert drugs exchanged to dollar value.

\$ |_|_|_|_|_|

**** *HAND R SHOW CARD* ****

12. Using the scale on the card, how serious do you feel your current legal problems are with regard to any criminal charges or convictions? Would you say your problems are . . .

- 00 Not at all serious
- 01 Slightly serious
- 02 Moderately serious
- 03 Considerably serious
- 04 Extremely serious

13. How important to you now is legal counseling or referral (further counseling/referral) for these legal problems . . .

- 00 Not at all important
- 01 Slightly important
- 02 Moderately important
- 03 Considerably important
- 04 Extremely important

[END OF SECTION]

SECTION D: HEALTH STATUS

Now some questions about your health.

1. What would you say is your biggest health problem at the present time?

2. In general would you say your health is . . .

- 01 Excellent
- 02 Very Good
- 03 Good
- 04 Fair
- 05 Poor

3. Compared to one year ago, how would you rate your health in general now . . .

- 01 Much better now than one year ago
- 02 Somewhat better now than one year ago
- 03 About the same as one year ago
- 04 Somewhat worse now than one year ago
- 05 Much worse now than one year ago

SECTION D: HEALTH STATUS

4. Has a doctor or other medical provider told you that you have ever had any of the following diseases or conditions? . . . Read each disease/condition aloud. If R answers YES to any conditions, ask:

4A. In the past 6 months, has ____ (name of condition) been a problem or have you been treated for it?

	4. Ever?		4A. In the last 6 months, has ____ been a problem or have you been treated for it?		
	No, never	Yes, ever in lifetime	No	Yes, has been a problem	Yes, has been treated
A. Asthma	00	01	00	01	02
B. High blood pressure/ hypertension	00	01	00	01	02
C. Diabetes	00	01	00	01	02
D. High cholesterol	00	01	00	01	02
E. Heart attack or stroke	00	01	00	01	02
F. Cancer (specify)	00	01	00	01	02
G. Seizure disorder (e.g., epilepsy)	00	01	00	01	02
H. Sexually transmitted infection (e.g., chlamydia, gonorrhea, herpes)	00	01	00	01	02
I. Sickle cell anemia	00	01	00	01	02

5. Which of the following best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, or deaf?

- 01 Good
02 A little trouble
03 A lot of trouble
04 Deaf

6. Do you have serious difficulty seeing, even when wearing glasses or contact lenses?

- 00 No
01 Yes

7. What is your current height? ____|____| feet ____|____| inches

8. What is your current weight? ____|____|____| pounds

Next are some questions about medical tests.

9. When was the last time you had your blood pressure checked?

00 Never

____|____| ____|____|____|
month year

Don't Know = -888 N/A=-997 Refused= -998 Other Missing =-999

FEMALE RESPONDENTS ONLY

10. When was the last time you had a pap smear?

00 Never

month			year				

ASK EVERYONE

11. Have you ever been tested for tuberculosis (TB)?

00 No → SKIP TO Q.12

01 Yes

11A. When was the last time you were tested for TB?

month			year				

11B. What was the result?*INTERVIEWER: If R says "positive", probe whether positive skin test or positive chest x-ray*

00 Negative

01 Positive, skin test

02 Positive, chest x-ray

12. Have you ever been tested for hepatitis C (HCV)?

00 No → SKIP TO Q.13

01 Yes

12A. When was the last time you were tested for hepatitis C (HCV)?

month			year				

12B. What was the result?

00 Negative

01 Positive

13. Have you ever been tested for HIV?

00 No → SKIP TO Q.14

01 Yes

13A. When was the last time you were tested for HIV?

month			year				

13B. What was the result?

00 Negative

01 Positive

SECTION D: HEALTH STATUS

14. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much: limited a lot, limited a little, or not limited at all.

ACTIVITIES	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
A. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	02	01	00
B. Moderate activities, such as moving a table, carrying groceries or a bag of something weighing 5-10 lbs.	02	01	00
C. Climbing several flights of stairs	02	01	00
D. Bending, kneeling, or stooping	02	01	00
E. Walking one block	02	01	00
F. Bathing or dressing yourself	02	01	00

15. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Have you...

ACTIVITIES	All the time	Some of the time	None of the time
A. Accomplished less than you would like . . .	02	01	00
B. Been limited in the kind of work or other activities you could do . . .	02	01	00

16. How much bodily pain have you had during the past 4 weeks? . . .

- 00 None
- 01 Very mild
- 02 Mild
- 03 Moderate
- 04 Severe
- 05 Very severe

17. During the past 4 weeks, how much did pain interfere with your normal work or daily support activities, including both work outside the home and housework? . . .

- 00 Not at all
- 01 A little bit
- 02 Moderately
- 03 Quite a bit
- 04 Extremely

Now some questions about your moods and feelings.

18. During the past 4 weeks was there a time when . . .

	Not at all	Several days	More than half the days	Nearly every day
A. You were feeling sad, down, depressed, or hopeless? IF YES: How often did you feel that way? . . .	00	01	02	03
B. You had little interest or pleasure in doing things? IF YES: How often did you feel that way? . . .	00	01	02	03
IF R ANSWERS "NOT AT ALL" TO BOTH QUESTIONS → SKIP TO Q.19, NEXT PAGE				
C. When was it that you began feeling this way (the most recent time)? _____				
D. How long did it last – was it as long as 2 weeks?	00	No	01	Yes

During that time, how often were you (have you been) bothered by . . .

	Not at all	Several days	More than half the days	Nearly every day
E. Trouble falling or staying asleep? Or sleeping too much? Would you say . . .	00	01	02	03
F. Feeling tired or having little energy?	00	01	02	03
G. Poor appetite? Or over-eating?	00	01	02	03
H. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	00	01	02	03
I. Trouble concentrating on things, such as reading the newspaper, watching television, or listening to someone give you directions?	00	01	02	03
J. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	00	01	02	03
K. You had thoughts that you would be better off dead or thoughts of hurting yourself in some way?	00	01	02	03

19. Now some questions about anxiety. . .

	YES	NO
A. In the <u>past 4 weeks</u>, have you had an anxiety attack - suddenly feeling fear or panic?	01	00
<i>IF R ANSWERS "NO" → SKIP TO Q.20</i>		
B. Has this ever happened before?	01	00
C. Do some of these attacks come <u>suddenly out of the blue</u> – that is, in situations where you don't expect to be nervous or uncomfortable?	01	00
D. Do these attacks bother you a lot? Are you worried about having another one?	01	00
Think about your last really bad attack.		
E. Were you short of breath?	01	00
F. Did your heart race, pound, or skip?	01	00
G. Did you have chest pain or pressure?	01	00
H. Did you sweat?	01	00
I. Did you feel as if you were choking?	01	00
J. Did you have hot flashes or chills?	01	00
K. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	01	00
L. Did you feel dizzy, unsteady, or faint?	01	00
M. Did you have tingling or numbness in parts of your body?	01	00
N. Did you tremble or shake?	01	00
O. Were you afraid you were dying?	01	00

20. Over the past 4 weeks, how often have you been bothered by . . .

	Not at all	Several days	More than half the days	Nearly every day
A. Feeling nervous, anxious, on edge, or worrying a lot about different things? Would you say . . .	00	01	02	03
<i>IF R ANSWERS "NOT AT ALL" → SKIP TO Q.21</i>				
B. Feeling restless so that it is hard to sit still?	00	01	02	03
C. Getting tired very easily?	00	01	02	03
D. Muscle tension, aches, or soreness?	00	01	02	03
E. Trouble falling asleep or staying asleep?	00	01	02	03
F. Trouble concentrating on things, such as reading a newspaper, watching TV, or listening to someone give you directions?	00	01	02	03
G. Becoming easily annoyed or irritable?	00	01	02	03

Don't Know = -888 N/A=-997 Refused= -998 Other Missing =-999

SECTION D: HEALTH STATUS

21. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Have you . . .

ACTIVITIES	All the time	Some of the time	Never
A. Accomplished less than you would like? Would you say . . .	02	01	00
B. Not done work or other activities as carefully as usual?	02	01	00

22. Here are some more questions about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. During the past 4 weeks, how much of the time . . .

****HAND R SHOW CARD****

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
A. Have you been a very nervous person? Would you say . . .	04	03	02	01	00
B. Have you felt so down in the dumps that nothing could cheer you up?	04	03	02	01	00
C. Have you felt calm and peaceful?	04	03	02	01	00
D. Did you have a lot of energy?	04	03	02	01	00
E. Have you felt downhearted and depressed?	04	03	02	01	00
F. Have you been a happy person?	04	03	02	01	00
G. Did you feel tired?	04	03	02	01	00
H. Did you have trouble keeping your attention on an activity for long?	04	03	02	01	00
I. Did you forget things that have happened?	04	03	02	01	00
J. Did you have difficulty reasoning and solving problems? For example, making plans, making decisions, or learning new things?	04	03	02	01	00

23. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? . . .

- 04 All of the time
- 03 Most of the time
- 02 Some of the time
- 01 A little of the time
- 00 None of the time

Next are some questions about sexual experiences. We need to ask these questions as part of each person's health profile. You can skip any question you don't want to answer.

ASK IF R IS MALE. IF R IS FEMALE → SKIP TO Q.25, NEXT PAGE.

24. How old were you the very first time you had sex with a woman? yrs old

00 Never → SKIP TO Q.24C

-777 Prefer not to answer

24A. During the last 6 months how many different women have you had sex with?

women → IF NONE SKIP TO Q.24C

24B. In the past 6 months how often did it happen that you had sex with a female partner and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?

00 Not at all

01 Once or twice

02 Sometimes

03 Often

24C. How old were you the very first time you had sex with a man? yrs old

00 Never → SKIP TO Q.26, NEXT PAGE

-777 Prefer not to answer

24D. During the last 6 months, how many different men have you had sex with?

men → IF NONE SKIP TO Q.26

24E. In the past 6 months, how often did it happen that you had sex with a male partner and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?

00 Not at all

01 Once or twice

02 Sometimes

03 Often

} → SKIP TO Q.26, NEXT PAGE

ASK IF R IS FEMALE.

25. How old were you the very first time you had sex with a man? yrs old

00 Never → SKIP TO Q.25C

-777 Prefer not to answer

25A. During the last 6 months, how many different men have you had sex with?

men → IF NONE SKIP TO Q.25C

25B. In the past 6 months, how often did it happen that you had sex with a male partner and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?

00 Not at all

01 Once or twice

02 Sometimes

03 Often

25C. How old were you the very first time you had sex with a woman? yrs old

00 Never → SKIP TO Q.26

-777 Prefer not to answer

25D. During the last 6 months how many different women have you had sex with?

women

ASK EVERYONE

26. The last time you had vaginal or anal intercourse, did you or your partner use a condom?

00 No

01 Yes

27. Have you ever exchanged sex for money, drugs, or a place to stay?

00 No → SKIP TO Q.28

01 Yes, ever

27A. Has this happened in the past 6 months?

00 No

01 Yes, past 6 months

28. Do you consider yourself . . .

01 Gay/ Lesbian

02 Bisexual, attracted to both men and women

03 Heterosexual, Straight

04 Not sure/ undecided/ in transition

-777 INTERVIEWER: Don't read, but circle if appropriate: Prefer not to say

[END OF SECTION]

SECTION E: ALCOHOL AND SUBSTANCE USE

Next are some questions about drinking alcohol and use of other substances. We ask these questions as part of everyone's health profile. Everything you tell me is strictly confidential and protected.

1. During the past six months, since _____ (ref date), how often did you drink beer, wine, or liquor?

- 00 Never → SKIP TO Q.7, NEXT PAGE
- 01 Less than 1x month
- 02 Monthly
- 03 Weekly
- 04 3x a week
- 05 Everyday

2. How many drinks do you usually have on those days when you drink?

- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five
- 06 More than five

During the PAST 30 DAYS, that is, since this time in _____ (month prior to interview) . . .

3. How many days did you have anything alcoholic to drink?

|_|_| # days → IF NONE, SKIP TO Q.6, NEXT PAGE

4. How many days did you drink to where you felt the effects – got a 'buzz' or were drunk?

|_|_| # days

5. How much money would you say you spent on alcohol?

\$ |_|_|_|_|_|

6. In the past 30 days, how many days have you experienced alcohol problems?

|_|_| # days IF NONE → SKIP TO Q.7

6A. In the past 30 days, how troubled or bothered have you been by these alcohol problems . . .

- 00 Not at all troubled
- 01 Slightly troubled
- 02 Moderately troubled
- 03 Considerably troubled
- 04 Extremely troubled

7. Did you or anyone close to you ever think you had a problem with alcohol?

- 00 No
- 01 Yes

8. Have you ever received any type of treatment for a drinking problem?

- 00 No → SKIP TO Q.9
- 01 Yes

8A. When was the first time you received any type of treatment for an alcohol problem?

|_|_| month |_|_|_|_| year

9. How important to you now is treatment (further treatment) for alcohol problems . . .

- 00 Not at all important
- 01 Slightly important
- 02 Moderately important
- 03 Considerably important
- 04 Extremely important

Next are some questions about drug use. Remember that everything you tell me is confidential.

10. Have you ever used any of the following drugs, even one time . . . Read down the entire list for **EVER**.

Then for any **YES**, go back and ask Q.10A

10A. Would you say you have used _____ (drug) more than 5 times in your lifetime? Ask about each drug ever used. Then go back and for any **YES**, ask 10B.

10B. When did you last have any _____ (drug)? If R has used drug in past 6 months, go to 10C. IF NOT: go to next drug used 5+ times.

10C. How often did you use _____ (drug) in the past 6 months, since _____ (ref date)?

	10. Ever?		10A. 5 times?		10B. Most recent use	10C. How often past 6 months?
	Ever NO	Ever YES	Less than 5 times	More than 5 times	Enter time since last use. Fill in number and circle whether # days, # weeks, # months or # years ago	6=More than once a day 5=Once a day 4=Two-six times a week 3=Once a week 2=Two-three times a month 1=Once a month or less 0=Never
A. Marijuana, hashish (pot, weed)	00	01	00	01	____ ____ days wks mos yrs	
B. Powdered cocaine	00	01	00	01	____ ____ days wks mos yrs	
C. Crack, freebase (rock)	00	01	00	01	____ ____ days wks mos yrs	
D. Heroin or speedball	00	01	00	01	____ ____ days wks mos yrs	
E. Methadone without a prescription or more than a doctor told you to use?	00	01	00	01	____ ____ days wks mos yrs	
F. Other opiates (Percocet, Talwin, Blues, Codeine, Fentanyl, Oxycodone, etc.) → Without Prescription?	00	01	00	01	____ ____ days wks mos yrs	
G. Barbiturates (Barbs, Reds, Pentobarbital, Seconal, etc.) → Without Prescription?	00	01	00	01	____ ____ days wks mos yrs	
H. Other Sedatives or tranquilizers (Downers, Quaaludes, Valium, Xanax) → Without Prescription?	00	01	00	01	____ ____ days wks mos yrs	

TABLE IS CONTINUED ON NEXT PAGE...

SECTION E: ALCOHOL AND SUBSTANCE USE

	10. Ever?		10A. 5 times?		10B. Most recent use	10C. How often past 6 months?
	Ever NO	Ever YES	Less than 5 times	More than 5 times	Enter time since last use. Fill in number and circle whether # days, # weeks, # months or # years ago	6=More than once a day 5=Once a day 4=Two-six times a week 3=Once a week 2=Two-three times a month 1=Once a month or less 0=Never
I. Amphetamines, meth-amphetamines (speed, crank, ice, crystal, uppers) → <i>Without Prescription?</i>	00	01	00	01	_____ _____ _____ _____ days wks mos yrs	
J. Hallucinogens (LSD, Acid, Mushrooms, Mescaline, Ecstasy, etc.)	00	01	00	01	_____ _____ _____ _____ days wks mos yrs	
K. Inhalants (Poppers, glue, Amyl Nitrate, etc.)	00	01	00	01	_____ _____ _____ _____ days wks mos yrs	
L. Any other drug Specify: _____	00	01	00	01	_____ _____ _____ _____ days wks mos yrs	

IF NEVER USED ANY DRUG → SKIP TO NEXT SECTION: STRESSFUL EVENTS, PAGE 58

11. Was there ever a time when you used any of these drugs weekly or more often?

00 No → SKIP TO Q.12

01 Yes

11A. Which drugs?

12. Have you ever injected any drug or skin popped with a needle even one time?

00 No → SKIP TO Q.13, NEXT PAGE

01 Yes

12A. At any time during the past 6 months, have you injected any drug or skin popped with a needle?

00 No

01 Yes

ASK IF R has used drugs in the past 6 months. Refer to Q.10C, pp.55-56. If NO DRUG USE in past 6 months → SKIP TO Q.16.

13. During the PAST 30 DAYS, since this time in _____ (month prior to interview), on how many days did you use . . .

- | | |
|-----------------------------------|------------------|
| A. Marijuana | _ _ _ # of days |
| B. Cocaine | _ _ _ |
| C. Crack | _ _ _ |
| D. Heroin or speedball | _ _ _ |
| E. Methadone | _ _ _ |
| F. Other opiates | _ _ _ |
| G. Barbiturates | _ _ _ |
| H. Other Sedatives, Downers | _ _ _ |
| I. Amphetamines, methamphetamines | _ _ _ |
| J. Hallucinogens | _ _ _ |
| K. Inhalants | _ _ _ |
| L. Use more than one drug | _ _ _ |

14. During the past 30 days, how much money would you say you spent on drugs?

\$ |_|_|_|_|_|

15. How many days in the past 30 days have you experienced drug related problems?

|_|_|_| # days IF NONE → SKIP TO Q.16

15A. In the past 30 days, how troubled or bothered have you been by these drug problems . . .

- 00 Not at all troubled
- 01 Slightly troubled
- 02 Moderately troubled
- 03 Considerably troubled
- 04 Extremely troubled

ASK EVERYONE

16. Have you ever received any type of treatment for a drug problem?

00 No → SKIP TO NEXT SECTION, NEXT PAGE

01 Yes

16A. When was the first time you received any type of treatment for a drug problem?

|_|_|_| month |_|_|_|_| year

[END OF SECTION]

SECTION F: STRESSFUL EVENTS

1. Now are some questions about terrible or frightening things that may have happened to you. People often have traumatic experiences. I mean terrible, frightening events. I am going to read a list of some possible events that sometimes happen to people. Please tell me if you ever experienced . . .

Read completely down the list. Then go back and for any YES, except childhood events, and ask:

1A. Is that something that happened in the past 6 months, since _____ (ref date).

	1. Ever happen?		1A. Past 6 mos?	
	No	Yes	No	Yes
A. A serious accident or fire at home or at your job	00	01	00	01
B. A natural disaster such as hurricane, major earthquake, flood, or other similar disaster	00	01	00	01
C. Direct combat experience in a war	00	01	00	01
D. Physical assault or abuse in your adult life by your partner	00	01	00	01
E. Physical assault or abuse in your adult life by someone other than your partner	00	01	00	01
F. Physical assault or abuse as a child	00	01		
G. Seeing people hitting or harming one another in your family when you were growing up	00	01		
H. Sexual assault or rape as a child or teenager	00	01		
I. Sexual assault or rape in your adult life	00	01	00	01
J. Seeing someone physically assaulted or abused	00	01	00	01
K. Seeing someone seriously injured or violently killed	00	01	00	01
L. Losing a child through death	00	01	00	01
M. Loss of a parent or someone who was like a parent to you before age 18	00	01		
N. Loss of a spouse, partner, or loved one as an adult	00	01	00	01
O. Any other terrible or frightening thing that may have happened to you? (specify) _____	00	01	00	01

SECTION F: STRESSFUL EVENTS

INTERVIEWER: If R answers YES to ONLY ONE event in Q.1: ASK Q.2A. If R answers YES to MORE THAN ONE event in Q.1: ASK Q.2B. If R answers NO to all events in Q.1, SKIP TO Q.4, next page.

2A. You have told me about the _____ (name event). I would like to ask you a little more about this event. How frightened were you? . . .

- | | | |
|--------------------|---|---------------|
| 00 Not at all | } | → SKIP TO Q.3 |
| 01 Just a little | | |
| 02 Bad | | |
| 03 Very bad | | |
| 04 Scared to death | | |

2B. You have told me about a number of things that have happened to you. Which of these events was the most terrible or frightening for you? _____ (specify event or series of related events that R names). I would like to ask you a little more about this event (series of events). How frightened were you? . . .

- 00 Not at all
- 01 Just a little
- 02 Bad
- 03 Very bad
- 04 Scared to death

3. In the past 6 months . . .	YES	NO
A. Do you keep remembering it even when you don't want to?	01	00
B. Do you have nightmares about it?	01	00
C. Do things that remind you of it make you very upset?	01	00
D. Do you ever have flashbacks – a sudden feeling that the event was happening all over again?	01	00
E. Do you worry a lot that it might happen again?	01	00
F. Do you avoid things that remind you of it?	01	00
G. Do you sometimes have trouble remembering exactly what happened?	01	00
H. Do you feel alone even when with other people, or feel cut off from people?	01	00
I. Do you feel numb or like you no longer have strong feelings for anything?	01	00
J. Are you jumpy or on guard when there is no reason to be?	01	00

If R has experienced traumatic events: Often times, people who have experienced traumatic or frightening events find it helpful to speak with someone who has experience in matters like these. To talk to someone about any of the topics we've discussed, you can call our confidential direct line at 917-451-0021. A social worker who works with our program will be able to assist or speak with you.

You can also call a special, confidential, toll-free, phone help-line that has someone available 24/7 who can help you with mental health as well as substance use issues. Call 1-800-LIFENET (1-800-543-3638) or in Spanish 1-877-AYUDASE (1-877-298-3373).

SECTION F: STRESSFUL EVENTS

4. Here are a few more questions about how you have been feeling during the last month (4 weeks). In each case, please indicate how often you felt or thought a certain way.

In the last month, how often have you . . .	Never	Almost never	Sometimes	Fairly often	Very often
A. Felt that you were unable to control the important things in your life?	00	01	02	03	04
B. Felt nervous and "stressed"?	00	01	02	03	04
C. Felt confident about your ability to handle your personal problems?	00	01	02	03	04
D. Felt that things were going your way?	00	01	02	03	04
E. Felt difficulties were piling up so high that you could not overcome them?	00	01	02	03	04

5. We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress and we would like to know what you generally do and feel when you experience stressful events. There are no right or wrong answers – answer what YOU usually do when you experience a stressful event, not what you think “most people” do. I’ll read a sentence and you choose a response.

Read each coping strategy and give answer categories. Circle only one response for each statement.

****HAND R SHOW CARD****

	Not at All	A Little Bit	A Medium Amount	A Lot
A. I concentrate my efforts on doing something about the situation. Would you say you usually don't do this at all, you do this a little bit, you do this a medium amount, or you usually do this a lot when you experience a stressful event.	00	01	02	03
B. I use alcohol or drugs to make myself feel better.	00	01	02	03
C. I get emotional support from others.	00	01	02	03
D. I admit to myself that I can't deal with it and quit trying.	00	01	02	03
E. I take action to try to make the situation better.	00	01	02	03
F. I get help and advice from other people.	00	01	02	03
G. I try to come up with a strategy about what to do.	00	01	02	03
H. I find comfort in my religion or spiritual beliefs.	00	01	02	03
I. I learn to live with it.	00	01	02	03
J. I get upset and let my emotions out.	00	01	02	03

[END OF SECTION]

SECTION G: HEALTH AND SUPPORTIVE SERVICES

Now I am going to ask you about the kinds of health care and supportive services you might access.

1. Where do you usually go to get medical care?

00 No regular source of care → *SKIP TO Q.4*

01 Emergency room only

02 Hospital-based clinic

03 Free standing clinic

04 Mobile unit

05 Private doctor

06 Other (*specify*) _____

1A. What is the name of the (provider/agency/clinic/emergency room)?

2. When did you first go there for medical care?

| | | | | | | | | |
 month year

3. When was your most recent visit to _____ (name of provider/agency/clinic)?

| | | | | | | | | |
 month year

4. Is there one doctor, nurse, or other medical provider who you consider to be in charge of your overall health care now, at the present time?

00 No → *SKIP TO Q.5*

01 Yes

4A. What is the doctor's name and address?

Doctor's Name _____

Clinic/Office Name _____

Address _____ | | | | |

For office use: Code type of provider | | | | |

5. ASK FEMALE RESPONDENTS ONLY: Do you currently have a gynecologist or other medical provider who you consider to be in charge of your women's health care needs?

00 No

01 Yes

ASK EVERYONE

6. For the last 6 months, since _____ (ref date), has there always been someone you could go to for routine check-ups, vaccinations, or medical tests?

00 No

01 Yes

7. For the last 6 months, has there always been someone you could go to for information or advice about a health concern?

00 No

01 Yes

8. For the last 6 months, has there always been someone you could call up 24 hours a day, in case of an emergency?

00 No

01 Yes

9. At the present time, do you have medical insurance?

00 No → SKIP TO Q.10, NEXT PAGE

01 Yes

9A. What type of medical insurance?

01 Private, 3rd party insurance (includes HMOs)

02 Medicaid (fee for service, can go to any provider)

03 Medicaid managed care

04 Medicare

05 Other public insurance (e.g., CHAMPUS, Veterans)

06 Other insurance coverage (e.g., incarcerated, residential treatment facility)

00 No insurance

10. Next I would like to ask about different types of medical services you may have received in the past 6 months, since _____ (ref date).

*If R answers YES to A, ask: **How many nights?** If R answers YES to any of B to G, ask: **How many times?***

	No	Yes	IF YES
A. In the past 6 months, have you been a patient in a hospital overnight or longer? (Circle Yes if currently inpatient)	00	01	# of nights
B. In the past 6 months, have you visited the emergency room for medical care? Include all visits even if you were admitted to the hospital from there.	00	01	# of visits
C. In the past 6 months, have you gone to a medical clinic or a doctor's office for medical care? These visits could include blood tests, or other lab work, of scans like MRIs or X-ray procedures.	00	01	# of visits
D. In the past 6 months, have you seen a dentist, oral surgeon, or other professional dental care provider?	00	01	# of visits
E. In the past 6 months, have you received treatment from any alternative health care provider or healer, for example, a practitioner of holistic medicine, an herbalist, an acupuncturist or a religious or spiritual healer?	00	01	# of visits
F. In the past 6 months, have you received any medical help from a residential care facility, hospice, or nursing home?	00	01	# of visits
G. In the past 6 months, have you received any medical help or assistance at home? This could be from a doctor, nurse or other medical provider.	00	01	# of visits/days
H. In the past 6 months, have you been taken to a hospital or medical center in an ambulance?	00	01	# of ambulance rides

IF R ANSWERS YES to A or B (hospital or ER): ASK Q.10I and/or Q.10J. ALL OTHERS SKIP TO Q.11, NEXT PAGE

10I. Can you tell me more about when you stayed overnight in a hospital for medical care?

10J. Can you tell me more about when you visited the ER for medical care?

11. In the past 6 months, since _____ (ref date), have you had any difficulty getting medical care or medical treatments that you have needed?

00 No → SKIP TO Q.12

01 Yes

11A. Would you please describe these difficulties?

12. ASK IF R HAS CHILDREN THEY TAKE CARE OF (established in Section B, Q.14&Q.15): In the past 6 months, since _____ (ref date), have you had any difficulty getting medical care or medical treatments that your child(ren) has/have needed?

00 No → SKIP TO Q.13

01 Yes

12A. Would you please describe these difficulties?

Next are some questions about other issues people often have to deal with.

13. In the past 6 months, have you had any emotional or psychological difficulties, including relationship problems? Probe: Did you have any problems with feeling sad or nervous?

00 No → SKIP TO Q.14

01 Yes

13A. Can you tell me more about these problems or difficulties?

14. Have you ever in your lifetime received any counseling, therapy, or other help for emotional or psychological difficulties, including talking to a religious or spiritual counselor or participating in a support group? Do not include AA, NA or other groups focused on substance abuse issues. Circle YES if R sought services, even if s/he does not think help was provided.

00 No → SKIP TO Q.17, P.66

01 Yes

14A. Have you received this kind of counseling or therapy in the past 6 months?

00 No → SKIP TO Q.17, P.66

01 Yes

- 15. I'm going to read a list of places people sometimes go for help with emotional or psychological issues. Please tell me if you've gone to one of these places in the past 6 months. Have you. . . Read each type of treatment or service. If R identifies a type of treatment, ask: Q.15A. If R does not identify a type of treatment, SKIP TO Q.16.**

15A. What is the name of the provider/agency?

15B. In the past 6 months, how many times did you see _____ (name provider/agency)?

Type of Treatment	15. Visit past 6 mos	15A. Provider/ Agency Name and Code	15B. # of visits past 6 months
01. Received therapy or counseling from a mental health professional like a psychiatrist, psychologist, or therapist	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits
02. Received therapy or counseling from a specially trained social worker (CSW)	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits
03. Received counseling from a social worker or case manager who also helps you get social services	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits
04. Participated in a support group providing emotional and psychological support	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits
05. Received counseling from a priest, minister, or other religious or spiritual counselor	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits
06. Other (specify) _____	00 No 01 Yes	Name: _____ Agency: _____	_____ # of visits

ASK IF R SAID YES TO Q.15.01 OR Q.15.02 (RECEIVED PROFESSIONAL MENTAL HEALTH SERVICES)

- 16. Thinking back to the first time you went to _____ (name of mental health provider), did someone refer you or tell you to go there, did you go on your own, were you taken there, or were you there for something else?**

01 Was referred

02 On my own

03 Was just taken there

04 Was there for something else

} → SKIP TO Q.17, NEXT PAGE

16A. Who referred you to this place?

01 Friend, relative, acquaintance

02 Another medical provider (*specify agency*) _____ | | | | |03 Case Manager (*specify agency*) _____ | | | | |04 Other (*specify*) _____ | | | | |*ASK IF NOT ALREADY ANSWERED***17. Have you ever been diagnosed with an emotional or psychiatric condition?**00 No → *SKIP TO Q.18*

01 Yes

17A. What was the diagnosis?

18. Have you ever been prescribed medications to help with emotional or psychological problems or ways you were feeling or behaving? Circle all that apply.

01 Yes, from my regular/primary care doctor

02 Yes, from my psych doctor/therapist/other mental health professional

03 No → *SKIP TO Q.19***18A. In the past 6 months, have you been prescribed medications to help with emotional or psychological problems or ways you were feeling or behaving?**

01 Yes, from my regular/primary care doctor

02 Yes, from my psych doctor/therapist/other mental health professional

03 No

19. Have you ever been to a psychiatric emergency room or crisis center because of emotional or psychological problems or ways you were feeling or behaving?00 No → *SKIP TO Q.20*

01 Yes

19A. In the past 6 months, have you been to a psychiatric emergency room or crisis center because of emotional or psychological problems or ways you were feeling or behaving?

00 No

01 Yes

20. Have you ever been in the hospital because of emotional or psychological problems or for ways you were feeling or behaving?00 No → *SKIP TO Q.22, NEXT PAGE*

01 Yes

20A. In the past 6 months, have you been in the hospital because of emotional or psychological problems or for ways you were feeling or behaving?

00 No → *SKIP TO Q.22*

01 Yes

20B. How many days? |__|__| # *days*

22. In the past 6 months, have you had any difficulty getting help with emotional or psychological problems or feeling nervous?

00 No → *SKIP TO Q.23*

01 Yes

22A. Please describe any difficulties.

23. How important is it for you now to receive treatment (further treatment) for emotional or psychological problems . . .

00 Not at all important

01 Slightly important

02 Moderately important

03 Considerably important

04 Extremely important

Now turning to a different topic.

24. In the past 6 months, have you had any issues or problems related to alcohol or drug use?

00 No

01 Yes

25. In the past 6 months, have you received any treatment for alcohol or drug use, including participation in any groups such as AA or NA?

00 No → *SKIP TO Q.28, P.69*

01 Yes

26. I'm going to read a list of types of drug treatment or counseling people sometimes receive. Please tell me if you've received any of the following treatments in the past 6 months. In the past 6 months, have you received... *Read the list of types of treatment. Circle all that apply. If R identifies any type of treatment, ask Q.26A. If R does not identify a type of treatment, SKIP TO Q.29, NEXT PAGE.*

26A. What was the name of the agency where you received alcohol or drug treatment?

26B. In the past 6 months, how many times have you gone to this type of treatment and how long did you receive or have you been receiving this treatment?

Type of Treatment		26A. Agency or Program Name Agency Code	26B. # of visits/events/times <u>and</u> how long in treatment past 6 mos
01. In-patient treatment (not detox only)	00 No 01 Yes	Agency/Program: _____	_____ # of events How long _____ dys / wks / mos
02. Out-patient treatment	00 No 01 Yes	Agency/Program: _____	_____ # of visits weekly/monthly How long _____ wks / mos
03. Detoxification program	00 No 01 Yes	Agency/Program: _____	_____ # of events How long _____ dys / wks / mos
04. Residential treatment	00 No 01 Yes	Agency/Program: _____	_____ # of events How long _____ dys / wks / mos
05. Methadone maintenance	00 No 01 Yes	Agency/Program: _____	_____ # of times weekly/monthly How long _____ wks / mos
06. Individual therapy	00 No 01 Yes	Agency/Program: _____	_____ # of times weekly/monthly How long _____ wks / mos
07. Participation in self-help groups (AA, NA, CA, etc.)	00 No 01 Yes	Agency: _____	_____ # of times weekly/monthly How long _____ wks / mos
08. Other (specify) _____	00 No 01 Yes	Agency/Program: _____	_____ # of visits/events How long _____ wks / mos

ASK IF R SAID YES TO ANY TYPES OF TREATMENT IN Q.26.

27. Thinking back to the first time you went to _____ (name of drug treatment provider) did someone refer you or tell you to go there, did you go on your own, were you taken there, or were you there for something else?

01 Was referred

02 On my own

03 Was just taken there

04 Was there for something else

} → SKIP TO Q.29

27A. Who referred you to this place?

01 Friend, relative, acquaintance

02 Another medical provider (specify agency) _____ | | | | |

03 Case Manager (specify agency) _____ | | | | |

04 Other (specify) _____ | | | | |

29. In the past 6 months, since _____ (ref date), have you had any difficulty getting treatment or other help with alcohol or drug issues?

00 No → SKIP TO Q.30

01 Yes

29A. Please describe any difficulties you have had.

SECTION G: HEALTH AND SUPPORTIVE SERVICES

ASK Q.30 IF R HAS EVER USED ANY DRUG 5+ TIMES. (REFER TO SECTION E, Q.10A, P.53.)

- 30. Each of the following statements describes a way you might or might not feel about your current or past drug use. For each statement, please tell me how much you agree or disagree with it right now. After each statement ask R: Do you agree, disagree, or are you undecided or unsure? If R answers disagree, ask: strongly disagree or just disagree. If R answers agree, ask: strongly agree or just agree.**

****HAND R SHOW CARD****

	Disagree Strongly	Disagree	Undecided or Unsure	Agree	Agree Strongly
A. If I don't change my drug use soon, my problems are going to get worse. Do you. . .	01	02	03	04	05
B. I have already started making some changes in my use of drugs.	01	02	03	04	05
C. I'm not just thinking about changing my drug use, I'm already doing something about it.	01	02	03	04	05
D. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	01	02	03	04	05
E. I have serious problems with drugs.	01	02	03	04	05
F. My drug use is causing a lot of harm.	01	02	03	04	05
G. I am actively doing things now to cut down or stop my use of drugs.	01	02	03	04	05
H. I know that I have a drug problem.	01	02	03	04	05
I. I am an addict.	01	02	03	04	05
J. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	01	02	03	04	05

- 31. How important is it for you now to receive treatment (further treatment) for alcohol or drug problems: not at all important, slightly important, moderately important, considerably important, or extremely important?**

- 00 Not at all important
- 01 Slightly important
- 02 Moderately important
- 03 Considerably important
- 04 Extremely important

[END OF SECTION]

SECTION I: SOCIAL SERVICES

This next section asks about social services you may have needed.

1. During the past 6 months, since ____ (ref date), has a case manager, case worker, or any other paid employee of a social or medical service agency helped you arrange for services? If R answers NO, PROBE: Have you gone to anyone or had anyone assigned to you to help you get services, even if they did not help you?

00 No → Confirm no case manager, then SKIP TO Q.24

01 Yes

2. In the past 6 months, how many different people have been your case worker or case manager, or have helped you by arranging services?

____ # of people

For each worker/helper, record information on chart below.

	Case Manager 1	Case Manager 2	Case Manager 3	Case Manager 4
3. Name/Title	_____ _____	_____ _____	_____ _____	_____ _____
4. Agency	_____ _____	_____ _____	_____ _____	_____ _____
5. Date of last contact	____/____ mon day	____/____ mon day	____/____ mon day	____/____ mon day
6. How many times did you see him/her over the last month?	____ # visits	____ # visits	____ # visits	____ # visits
7. How often did you talk to him/her on the telephone in the last month . . .	00 No phone contact in the last month 01 Once in the last month 02 Every other week 03 About once a week 04 More than once a week	00 No phone contact in the last month 01 Once in the last month 02 Every other week 03 About once a week 04 More than once a week	00 No phone contact in the last month 01 Once in the last month 02 Every other week 03 About once a week 04 More than once a week	00 No phone contact in the last month 01 Once in the last month 02 Every other week 03 About once a week 04 More than once a week

During the last 6 months, has any case manager worked with you in any of the following areas . . .

	Yes	No
8. Revising or developing a plan for dealing with your needs	01	00
9. Helping you get, or referring you to, specific medical services	01	00
10. Helping you get, or referring you to, specific social services	01	00
11. Helping you get, or referring you to, housing services	01	00
12. Periodically checking on how you are doing or asking whether you are getting the services you need	01	00
13. Filling out forms for benefits or entitlements	01	00
14. Counseling you about your personal life or your problems	01	00
15. Counseling you about drug or alcohol use	01	00
16. Counseling you about how to practice safer sex	01	00

ASK IF R HAS MORE THAN ONE CASE MANAGER.

17. Which of your case managers has helped you the most? If no one helped, ask: Which did you visit last? #1, #2, #3, or #4. Enter name on line

_____ | | | | |

Use name given in Q.17 for Qs.18 to Q.23.

18. Thinking back to the first time you (went to/met) _____ (name of case manager), did someone refer you or tell you to go there, did you go on your own, were you taken there, or were you there for something else?

- 01 Was referred or told to go there
 02 On my own
 03 Was taken there
 04 Was there for something else
- } → SKIP TO Q.19

18A. Who referred you to this place?

- 01 Friend, relative, acquaintance
 02 Case Manager (specify agency) _____ | | | | |
 03 Other (specify) _____ | | | | |

19. On average, do you think that _____ (this case manager) spends enough time with you when you visit or talk on the telephone?

- 00 Does not spend enough time
 01 Spends enough time

- 20. Regarding your last contact with _____ (this case manager), either in person or on the telephone, how well did (he/she) understand any of the problems you were having at the time? Would you say _____ (this case manager) . . .**
- 01 Understood problems very well
 - 02 Understood problems somewhat
 - 03 Didn't understand problems very well
 - 04 Didn't understand problems at all
- 21. In that last contact with _____ (this case manager), how much interest and concern did (he/she) show for you? (He/She) was . . .**
- 01 Very concerned
 - 02 Somewhat concerned
 - 03 Somewhat unconcerned
 - 04 Very unconcerned
- 22. When you speak to _____ (this case manager), do you generally feel like it's a conversation between the two of you, or do you feel that you just listen to information that he/she gives you?**
- 01 It's a conversation
 - 02 I just listen to the information that he/she gives me
- 23. In the past 6 months, since _____ (ref date), how many times, if at all, did _____ (this case manager) come to visit you at your home or where you were staying?**
- _____|_____|_____| total # visits

SECTION I: SOCIAL SERVICES

24. I'm going to read a list of issues or problems people sometimes have. For each one, please tell me if you have needed help or assistance in this area in the last 6 months, since _____ (ref date 6 months prior to interview). INTERVIEWER: Read down entire list of service areas. If R answers YES to any area: Ask Q.24B and Q.24C. If R answers NO to all service areas, SKIP TO SECTION J.

Service Area	24. In the last six mos, have you had any issues or needed help with...		If R answers Q.24A YES: Ask Q.24B and Q.24C 24A. Did you get help? Probe: Did anyone give you advice or information or did anyone help by providing service or professional assistance? 24B. If YES: Who was that person and or agency?	
	No	Yes	No	If YES: Person/Agency
1. Housing issues, problems, or difficulties	00	01	00	_____
2. Issues or problems with money, financial assistance	00	01	00	_____
3. Food, groceries, or meals	00	01	00	_____
4. Education/training (GED, ESL classes, job training, etc.)	00	01	00	_____
5. Employment (Getting job, problems with existing job)	00	01	00	_____
6. Legal issues (criminal, civil, immigration, etc)	00	01	00	_____
7. Transportation	00	01	00	_____
8. Child care	00	01	00	_____
9. Any other problems that we have not discussed (specify) _____ _____	00	01	00	_____

INTERVIEWER: Note service areas where R has had problems or need for assistance. For Q.25 through Q.33B ask R to briefly describe problem and progress in solving problem during the past 6 months.

ASK IF Q.24_1 = YES (housing problems)

25. You said you had some difficulties with housing in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

25A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with housing. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_2 = YES (financial problems)

26. You said you had some difficulties with financial problems in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

26A. In the past 6 months, how would you describe the progress that has been made toward resolving your financial problems. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_3 = YES (food or grocery problems)

27. You said you had some difficulties with food or groceries in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

27A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with food or groceries. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_4 = YES (education and job training problems)

28. You said you had some difficulties with education and job training in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

28A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with education and job training. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_5 = YES (employment problems)

29. You said you had some difficulties with employment in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

29A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with employment. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_6 = YES (legal problems)

30. You said you had some difficulties with legal problems in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

30A. In the past 6 months, how would you describe the progress that has been made toward resolving your legal problems. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_7 = YES (transportation problems)

31. You said you had some difficulties with transportation in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

31A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with transportation. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_8 = YES (child care problems)

32. You said you had some difficulties with child care in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

32A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with child care. Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

ASK IF Q.24_9 = YES (other problems not yet talked about)

33. You said you had some difficulties with _____ (other problem) in the last 6 months. Can you tell me a little more about the issues you had to deal with or the problems you had?

33A. In the past 6 months, how would you describe the progress that has been made toward resolving your problems with _____ (other problem). Would you say . . .

- 01 The problems are currently resolved
- 02 A great deal of progress has been made in resolving these problems
- 03 Some progress has been made
- 04 No change, no progress has been made
- 05 The problems have gotten worse

[END OF SECTION]

SECTION H: SOCIAL NETWORKS AND SOCIAL SUPPORT

The next section of the questionnaire is about social relationships.

1. About how many close friends do you have who are not related to you?

No. of close friends |__|__| *If R says more than 50, enter 50.*

2. About how many adult relatives do you have who do not live with you who you see at least occasionally or speak to on the telephone. Include your adult children, your siblings, and cousins who are 21 years or older.

No. of adult relatives |__|__| *If R says more than 50, enter 50.*

3. About how many of your neighbors do you know well enough to say hello to?

No. of neighbors |__|__| *If R says more than 50, enter 50.*

4. About how many other persons do you know through work, school, or membership in a church, club, or voluntary organization, who you might ask for help or advice? Include people you may know through support groups or AA/NA.

No. of people known through work, school, church, or organizations |__|__|__|

5. About how many persons do you know who work at a social service or health agency who might provide you with help or advice?

No. of paid providers |__|__|__|

6. People sometimes look to others for help or advice or for other types of support. How often is each of the following kinds of support available to you if you need it?

****HAND R SHOW CARD****

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
A. How often is there someone you could count on for everyday favors like getting a ride, borrowing a little money, or running errands? Could you count on that none of the time, a little of the time, some of the time, most of the time, or all of the time? <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
B. Someone you could count on to take care of you if you were confined to bed for several weeks? Can you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
C. Someone you could talk to if you feel just a bit down or depressed, and you wanted to talk about it? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04

SECTION H: SOCIAL NETWORKS AND SOCIAL SUPPORT

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
D. Someone you know who would be a good source of information on finding a good dentist? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
E. Someone you could count on to lend you several hundred dollars for a medical emergency? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
F. Someone you could count on to come to your aid if you had an accident at home? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04

SECTION H: SOCIAL NETWORKS AND SOCIAL SUPPORT

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
G. Someone you could talk to about personal worries and concerns? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
H. Someone who would be a good source of information about getting a job or getting a better job? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
I. Someone who could help you to locate housing if you needed it? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04

SECTION H: SOCIAL NETWORKS AND SOCIAL SUPPORT

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
J. Someone you could count on to help you stay away from drugs or drinking too much? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
K. Someone who would be available for you to talk to when you have an important decision to make? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04
L. Someone you could get together with just for fun? Could you count on that . . . <i>If R answers 01-04: Is the person(s) you could count on . . . Circle all that apply</i> 01 a relative 02 a friend 03 a neighbor 04 someone at work, school, church, a club, a voluntary organization, or a support group 05 someone who works at a social service or health agency 06 a spouse/partner/significant other 07 someone else	00	01	02	03	04

[END OF SECTION]

SECTION J: CLOSING QUESTION

We've been talking a lot about problems. For the last question, let's talk about possible solutions.

- 1. If you could change one thing about help that is or is not available to persons who need housing in New York City, what would it be?**

[GO TO NEXT SECTION TO COMPLETE CONTACT INFORMATION]

SECTION K: RECORD-KEEPING

Thank you so much for your time and for sharing your experiences. To end the interview, I would like to confirm the identity and contact information I have for you.

1. NAME AND ADDRESS

I have your name as. _____. Read name from casebook label; spell-out last name. Is this your full name? Have we spelled it correctly? Do you have a middle name? Is there any other name that you sometimes use, like your maiden name or even a nickname?

Correct name or add "a.k.a." on Personal Information Form.

How about your current address? I have your address as. _____. Read address from casebook label. Is this the place where you usually live? Is there another place where you sometimes stay?

Record address corrections or additions on Personal Information Form.

What is the best place to contact you if I need to reach you again? Do you have a separate mailing address like a P.O. Box or a place where your mail can be picked up?

Record address on Personal Information Form, if different or if additional address information is provided.

- | | | |
|--|-------|--------|
| A. Corrections/additions to respondent's name | 00 No | 01 Yes |
| B. Corrections/additions to respondent's address | 00 No | 01 Yes |
| C. Respondent has another address where he/she sometimes stays. | 00 No | 01 Yes |
| D. Current address is <u>not</u> best place to reach him or her. | 00 No | 01 Yes |
| E. Respondent has a separate mailing address. | 00 No | 01 Yes |

2. PHONE NUMBERS

What's the best phone number to reach you in the daytime and in the evening? Is that phone in your name or in someone else's name, or is it a business? Is there a cell phone or beeper that we could use to reach you?

Record on Personal Information Form.

- 01 Respondent has own phone, number given.
- 02 Respondent does not have own phone but provided phone number where s/he can be reached.
- 03 Respondent cannot be reached by phone.
- 04 Other (specify)_____.

3. CONTACT ADDRESSES

It is very important to stay in touch with you so we can share with you some of the results of the research and to contact you in the future. To make sure we can stay in touch, would you please give me the addresses of two or three friends who are not likely to move in the next few years? This way we'll be able to get in touch with you even if we have somehow lost direct contact.

Record names, addresses, and relationship to R on the Personal Information Form. Be sure to clarify spelling. Don't forget apartment numbers.

- 01 Respondent provided contact addresses.
- 02 Respondent did not provide contact addresses but agreed to be contacted in the future.
- 03 Other (specify)_____.

4. ANYONE ELSE

Are there any other people who could possibly help me get in touch with you? Probe for all of the following and record names, addresses, and relationship to respondent on the Personal Information Form. Be sure to clarify spelling. Don't forget apartment number.

- 01 Other friends
- 02 Other relatives
- 03 A counselor or case worker
- 04 A meal program
- 05 A parole or probation officer
- 06 A neighbor who knows you
- 07 Other (specify)_____

5. SOCIAL SECURITY NUMBER

As I have said, we would very much like to talk with you again in six months or so, to see how things have been going for you. So we want to make sure we interview exactly the same people who were originally chosen for this project. For our office use only, may I have your Social-Security number? Your SS# will let us double check that we don't make a mistake or have a mix-up regarding who is who.

As with all personal information you give us, your confidentiality is strictly guaranteed. Remember: we are prohibited by law from letting anybody outside of the research project have access to this information.

Record Social Security number on Personal Information Form.

- 01 Social Security number obtained
- 02 Respondent willing to give Social Security but does not have it/ know it
- 03 Respondent chooses not to give Social Security number
- 04 Respondent provides last four digits of Social Security number

SECTION K: RECORD-KEEPING

We are very interested in knowing what you think of this survey. We want to learn from you and from other participants. What do you feel was good or bad about the interview?

If necessary, Probe: length, tedium, questions too personal, areas we neglected, etc.

SUGGESTIONS:

This concludes the survey. THANK YOU for sharing your views and experiences.

[END OF SURVEY]

INTERVIEW ENDED

Date |__|_| |__|_| |__|_|_|_|_|
month day year

Time |__|_| |__|_| am/pm (circle one)
hour min

INTERVIEWER:

Complete receipts and check over all forms before leaving:

- Signed consent form
- Signed HIPAA form
- Signed permission to contact in future form
- Completed Personal Information Form (PIF)
- Signed receipt for reimbursement
- Completed "Dear Mom Letter" (if applicable)
- Completed Request for referral (if applicable)

INTERVIEWER OBSERVATIONS - TO BE COMPLETED AFTER THE INTERVIEW**1. Overall, R . . .**

- 01 Showed interest
- 02 Interest varied broadly
- 03 Lacked interest

1A. COMMENT

2. Towards the interviewer, R was . . .

- 01 Cooperative
- 02 Attitude varied broadly
- 03 Hostile or suspicious

2A. COMMENT

3. Where did the interview take place?

- 01 R's home
- 02 Other family member's home
- 03 Project offices
- 04 Other place (*specify*) _____

3A. COMMENT

4. Major disturbances during survey. *List any interruptions that seriously affected interview flow/ R's answers.*

5. Any sections or questions R had difficulty understanding?

6. Did any sections or questions seem to make R uncomfortable?

7. Are there any sections or questions which the interviewer suspects R did not answer truthfully? If YES: Please report the sections and/or questions and describe the reasons for any answers you consider questionable.

Clinical Observations**1. Describe R based on your observations during interview**

A. Manifested inappropriate affect during parts of interview	00 No	01 Yes	88 DK
B. Unusually unkempt or bizarre in appearance	00 No	01 Yes	88 DK
C. So withdrawn into own world that s/he found it hard to answer questions	00 No	01 Yes	88 DK
D. Manifested unusual ways of thinking and reasoning about experiences	00 No	01 Yes	88 DK
E. Apathetic or flat in affect during interview	00 No	01 Yes	88 DK
F. Nervous and tense during interview	00 No	01 Yes	88 DK
G. Agitation	00 No	01 Yes	88 DK
H. Inability to focus	00 No	01 Yes	88 DK
I. Intoxicated or under influence of alcohol or drugs	00 No	01 Yes	88 DK

1J. COMMENT

Other comments/observations

Please use the following space to describe anything that was especially distinctive about R or about this interview situation. Note that some description must be submitted for every interview completed.
