

RESEARCH REPORT

Engaging the Most Vulnerable in Supportive Housing

Early Lessons from the Denver Supportive Housing Social Impact Bond Initiative

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Engaging the Most Vulnerable in Supportive Housing

In February 2016, the city of Denver and eight private investors closed on the city's first social impact bond (SIB), an \$8.6 million investment to fund a supportive housing program for 250 of the city's most frequent users of the criminal justice system (box 1). The city will make outcome payments over five years based on the initiative's goals of housing stability and decreased jail days. This report discusses the process partners developed to refer eligible people to the supportive housing program and the successes and challenges of engaging participants throughout the housing lease-up process in the first year and a half. It also looks at preliminary housing stability measures among participants and partner perspectives on housing stability.

BOX 1

What Is a Social Impact Bond?

Social impact bonds, also often called pay for success or PFS, is a financing mechanism that shifts risk for a new or expanding evidence-based social program from a traditional funder (usually a government) to a third-party investor (usually a private organization or nonprofit). At the heart of all pay-for-success projects is a test of whether a social program can improve outcomes for a specific group. If the program works (as measured by a rigorous evaluation), the project is a success. Investors get their money back (with a potential positive return), the government realizes potential future cost savings, individuals and society benefit from better outcomes, and social service providers strengthen the case for funding their model.

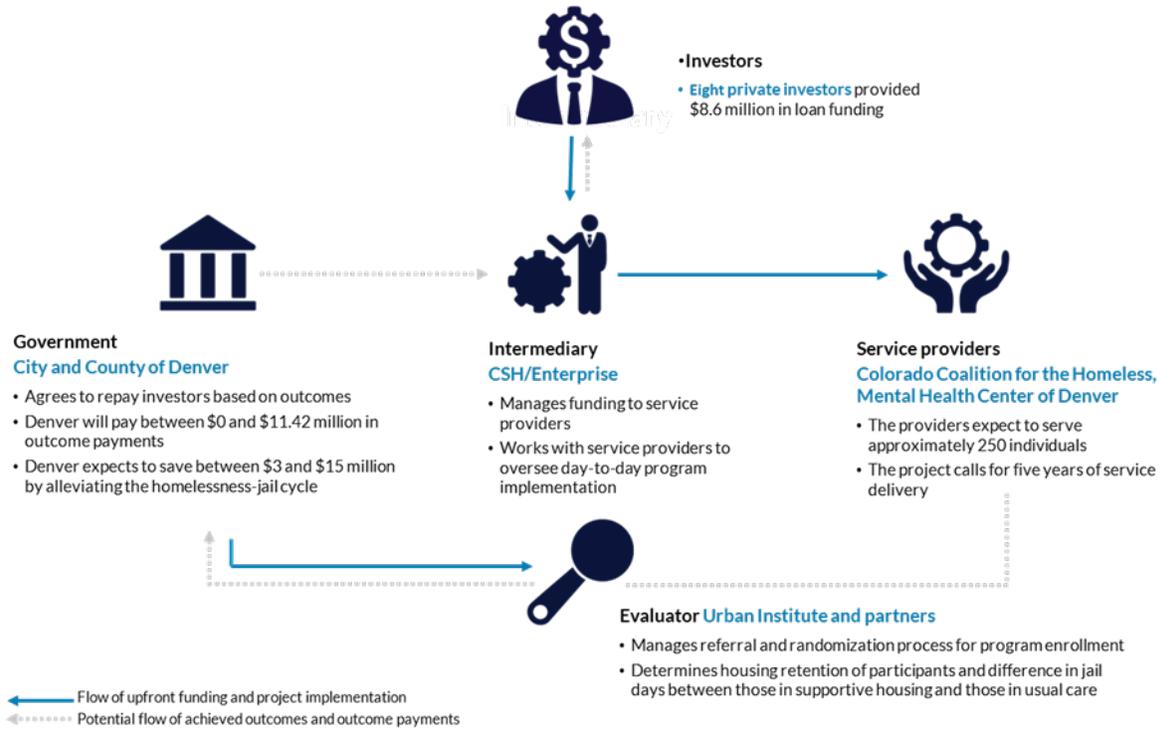
People who experience chronic homelessness can cycle in and out of jail, which affects their well-being and comes at an enormous cost to taxpayers. Most of these individuals face other challenges, such as persistent mental illness and substance use. Denver Crime Prevention and Control Commission calculated that a cohort of 250 people in this target population spent an average of 56 nights in jail each year and interacted with other systems, such as detox and emergency care, costing the city \$7.3 million a year.¹ The supportive housing initiative aims to stabilize people caught in a homelessness-jail cycle through housing and intensive services, leading to increased housing stability and decreased jail stays.

To launch the supportive housing program, the city and county of Denver developed an agreement with Denver PFS LLC, an entity established by the Corporation for Supportive Housing and Enterprise Community Partners, to execute the SIB. Eight lenders provided private investment for the SIB,² and the project leveraged additional funding through local and state housing resources and Medicaid reimbursement. In the first year, Colorado Coalition for the Homeless (CCH) provided supportive housing services. Along with CCH, Mental Health Center of Denver is also providing supportive housing services in the second year. Denver Crime Prevention and Control Commission provided staff for the program referral process, and the Denver Police Department (DPD) provided administrative data for the evaluation. The Urban Institute is conducting a five-year randomized controlled trial evaluation and implementation study in collaboration with partners from the Evaluation Center at the University of Colorado Denver and the Burnes Center on Poverty and Homelessness at the University of Denver. Figure 1 shows the basic structure of the SIB project. Starting with this report, housing stability outcomes will be reported annually, with a final report on the impact of supportive housing on jail stays in early 2021. If the program meets outcome benchmarks as specified in the SIB contract, the city will make success payments to the investors.

In the first year of implementation, the supportive housing program used a referral process that identified individuals in Denver experiencing homelessness and who have frequent interactions with the criminal justice system. The program targeted homeless people who had at least eight arrests in the last three years. Project partners used existing research on supportive housing for frequent users to inform eligibility and referral for the program, but there were many unanswered questions. How long would it take to locate and engage people identified through the criminal justice system? What kind of homelessness histories would they have? How many of these individuals would eventually lease up in housing? Partners also had questions and assumptions about whom the program's target population would be and what it would take to engage them in supportive housing. This report offers some answers to these early implementation questions. It also looks at participant housing stability and partner perspectives on the successes and challenges of keeping participants stable in housing. Though the project's preliminary engagement and housing stability are promising, these measures may change as more participants are engaged in the program. This report aims to expand and strengthen the evidence base for future projects that may face the same evaluation design and early implementation questions. Future reports will continue to report on housing stability for participants in supportive housing and will also examine differences between the treatment and control groups to understand the impact of supportive housing on participants' jail stays.

FIGURE 1

The Denver Supportive Housing Social Impact Bond Initiative Framework



Source: Adapted from GAO-15-646 and the Urban Institute Pay for Success Initiative.

Who Is the Program Serving?

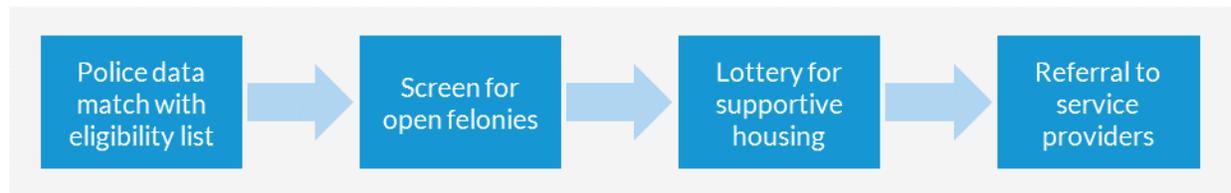
Referral

The supportive housing initiative targets people experiencing homelessness with additional challenges that result in frequent use of the criminal justice and other public systems. To create a list of eligible people, project partners defined the target population as all people having eight or more arrests with the DPD over three consecutive years. Three of these arrests had to be marked as transient, meaning the person had no address or gave a shelter’s address. Before implementation, project partners conducted data matches with other systems to verify these criteria were related to homelessness, jail stays, and use of detoxification facilities.

The DPD identified eligible people through a data pull and created an eligibility list. To refer people from the eligibility list to the supportive housing program, the DPD established an automatic report that matched daily police data with the eligibility list to identify people from the list who had a police contact or arrest in the last 24 hours. This process ensured those who were referred were still in the community and interacting with the police. Then, Crime Prevention and Control Commission screened out people with open felonies in the last two years. Project partners added this step in the first months of implementation, as these individuals were likely awaiting sentencing and may not have been able to engage in supportive housing. These individuals may still be referred later in implementation if their felony charge is closed. Next, the Urban Institute conducted a lottery to randomly assign people for the supportive housing program. Because there was not enough housing for all who were eligible, the lottery provided a fair way to allocate housing and conduct a rigorous evaluation. The individuals assigned to the supportive housing program were referred to CCH, the service provider in the first year tasked with finding them in the community and engaging them in the program. This referral process is detailed in figure 2.

FIGURE 2

Social Impact Bond Supportive Housing Referral Process



Participants were referred to the supportive housing program on a rolling basis starting in January 2016 and will continue through 2017 until at least 250 participants are in supportive housing. In the first year of implementation (January to December 2016), 100 people were referred to CCH, the service provider in the first year. This report focuses on those 100 referred participants using data on the first six months after each person’s referral to understand progress toward participant engagement and housing.

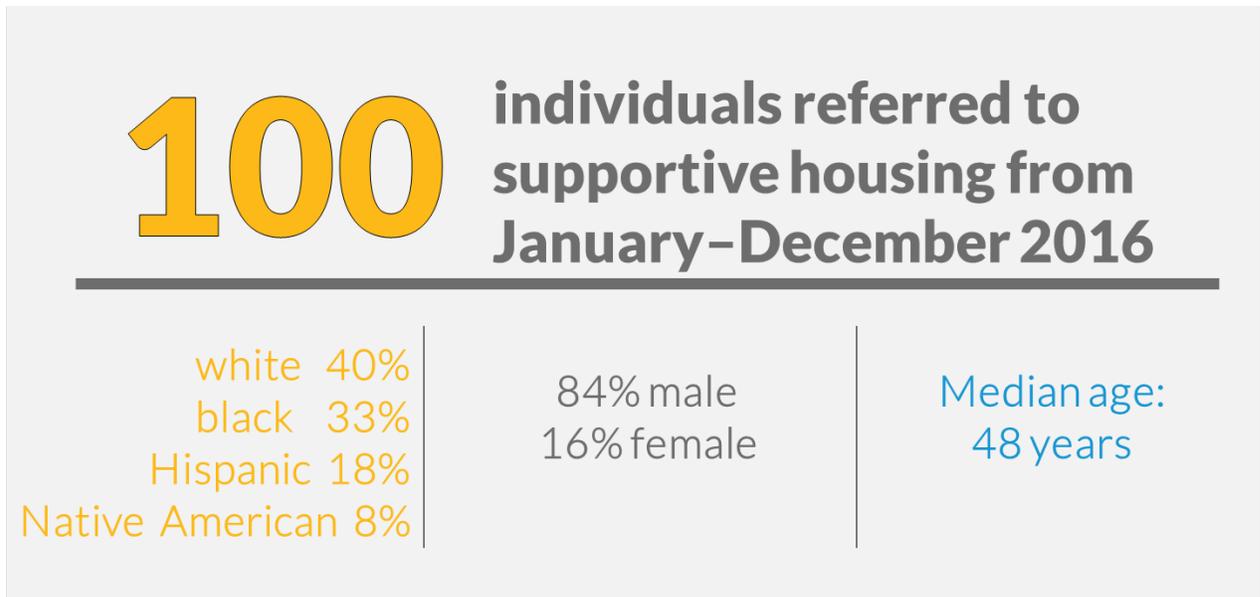
Demographics, Homelessness Histories, and Criminal Justice Involvement

Most of the early participants referred to the supportive housing program were men (84 percent), and 58 percent were in their 40s or 50s (figure 3). Thirty percent were younger than 40, and 12 percent were older than 60. Forty percent were white, 18 percent were Hispanic, 33 percent were black, and 8

percent were Native American. Compared with all people experiencing homelessness in Denver County captured by the 2016 point-in-time (PIT) count, program participants were disproportionately male (compared with 61 percent male in PIT count) and older (compared with a median age of 37 in PIT count).³

FIGURE 3

Demographic Characteristics of Participants Referred to Supportive Housing in the First Year



Source: Denver Police Department.

Early participants in the program had high rates of arrest during the three years before referral to supportive housing, with an average of 16 arrests per person from 2013 to 2015 (figure 4). An average 13 of these 16 arrests were identified as transient at the time. On average, eight arrests were noncustodial (i.e., people were given a ticket but not booked into jail) and eight arrests were custodial (i.e., people were subsequently booked into jail). In the month before referral to supportive housing, 64 percent of participants had at least one interaction with the DPD: 63 percent had at least one police contact, 27 percent had at least one noncustodial arrest, and 5 percent had at least one custodial arrest.

FIGURE 4

Prior History of Arrest and Police Interaction among Social Impact Bond Participants

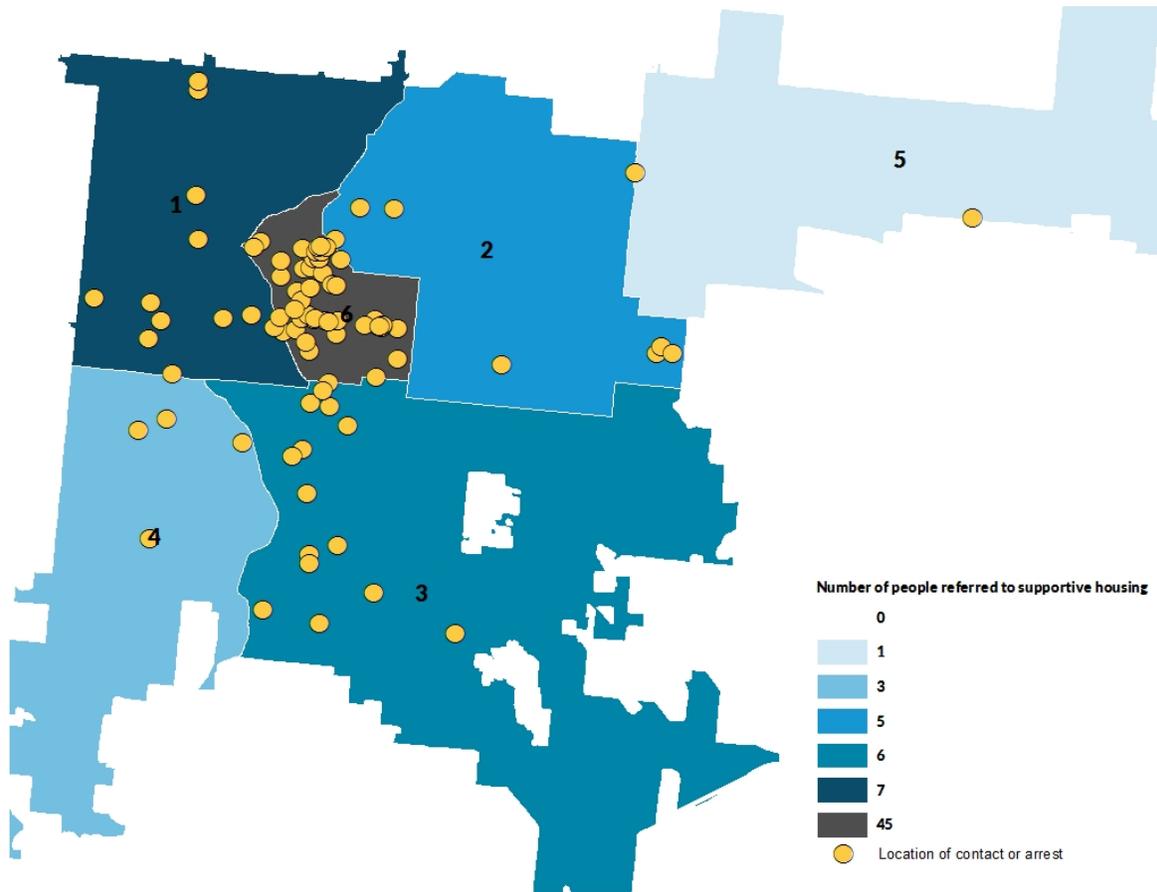


Source: Denver Police Department.

Program participants typically interacted with police in DPD District 6, which is the downtown district and the smallest of the six police districts (figure 5). A few contacts and arrests happened in other police districts.

FIGURE 5

Map of Participant Police Contacts and Arrests by Police District



Source: Denver Police Department.

Note: This map shows the location of social impact bond participants at the time of the new police contact or arrest that made them eligible for referral to supportive housing.

Compared with all 1,870 people on the eligibility list (appendix A, table A.1), participants referred to the program in the first year were slightly older and had more arrests, particularly noncustodial and transient arrests, in the years before referral. There were no significant differences between the eligibility list and the first participants in transiency, gender, or race.

Ninety-one of the 100 first participants referred to supportive housing met the definition of chronically homeless, two met the definition of literally homeless, one did not meet either definition, and six had not yet been assessed. Among those for whom we have data on the number of months they experienced homelessness directly before entering supportive housing (about a third of the first 100), most had been homeless for at least three years, with the minimum being two months and the maximum

being over 32 years. Compared with all people experiencing homelessness in Denver County identified by the 2016 PIT count, program participants tended to have longer durations of homelessness when referred to housing. Among the 74 program participants for whom we have a common assessment of vulnerability using the VI-SPDAT tool (a combination of the Vulnerability Index and the Service Prioritization Decision Assistance Tool), the average score is 12.5 and the median is 13 (scores range from 9 to 19). In general, people scoring greater than 10 on the VI-SPDAT are recommended for permanent supportive housing.⁴ Overall, program participants were chronically homeless, had long durations of homelessness, and were scored by the VI-SPDAT as highly vulnerable.

Partner Perspectives on Participants

In qualitative interviews the research team conducted, service providers and program administrators who worked closely on the program throughout the first year confirmed that the first participants were a highly vulnerable group, characterized by their long-term homelessness, mental health diagnoses, substance use, physical health issues, and their resiliency to survive on the streets despite these many challenges.

Two distinctions set the program population apart from the Housing First population that providers typically see. First, potential program participants were not referred to housing through the traditional pathways. Second, the program participants' needs were identified as greater than anticipated. As one partner put it, "Some participants have been so marginalized and left out of the traditional services offered that they had given up hope on the possibility of finding housing and were more fearful and mistrustful of supports offered." These distinctions presented challenges in locating, engaging, and housing participants. Housing First programs work with people who have many needs, but this program's participants' length of time on the street and involvement in the criminal justice system led them to have more intense cooccurring needs. One staff said, "I think that one challenge we faced was helping individuals to prioritize all their many needs. In addition to housing, people need linkage to food, medical care, mental health, and substance treatment." Many participants were also working to resolve outstanding arrest charges. Partners reported that few participants were connected to services at referral. Some participants moved from shelter to shelter, while others slept on the streets. Many had symptoms of posttraumatic stress related to the trauma associated with experiencing homelessness. Most of the first participants were not actively engaged in any health related care before program referral.

Although CCH initially faced a variety of challenges in serving participants during early implementation, they developed several solutions and strategies to overcome these challenges.

How Is the Program Enrolling and Engaging Participants?

After referral, Urban tracked four key milestones in the process CCH completed beginning with participant location and participant engagement in the program to housing application approval and finally lease up in housing (figure 6). Colorado Coalition for the Homeless moved many participants through the engagement milestones. Figure 7 shows the participants who progressed through each milestone based on whether they had reached the previous milestone and the average time between milestones.

We use two types of analysis to discuss what share of participants made it to each milestone within six months. First, we discuss the unconditional analysis (tables 1–4). This analysis shows the share of all referred participants who reached each milestone regardless of whether they reached the previous milestone and the average time to each milestone from program referral date. We also discuss the conditional analysis (figure 7), which shows the share of participants who reached each milestone based on whether they had reached the previous milestone and the average time between each milestone (not from the referral date).

These analyses are useful for different reasons. The unconditional analysis may help other supportive housing projects and evaluators understand sample size issues and what share of the target population they might expect to lease up in housing. The conditional analysis may provide benchmarks for other supportive housing providers to compare, for example, how many participants they might lease up in housing (and how quickly) once they have a voucher. In addition, we provide findings from qualitative interviews with SIB partners that highlight challenges and successes from each milestone in the referral and engagement process during the first year of implementation.

FIGURE 6

Milestones Tracked in Engagement Process

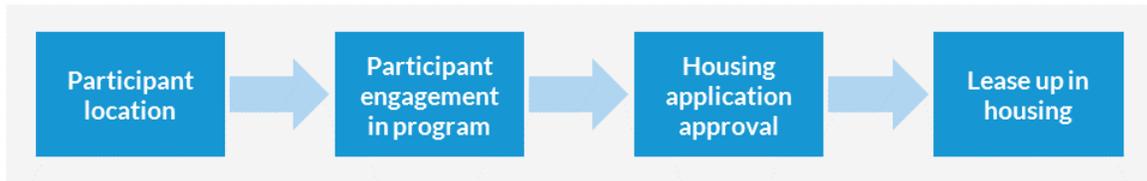
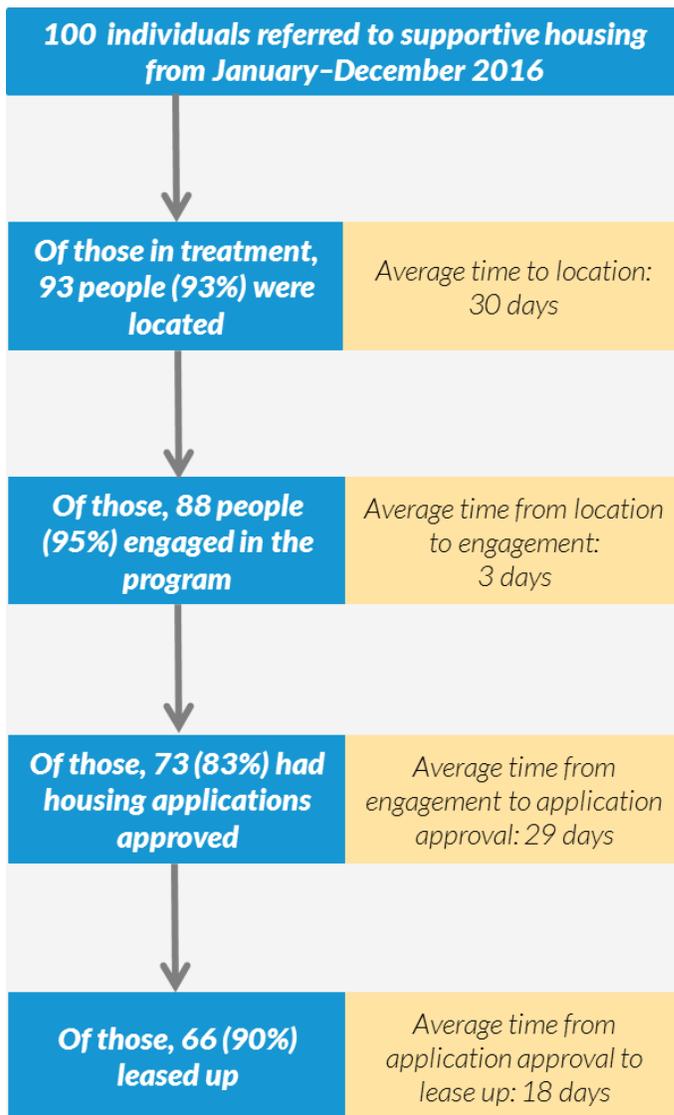


FIGURE 7

Conditional Engagement Analysis



Source: The data are from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Note: Only individuals who had been referred to housing before January 1, 2017 are included in this table. The data in this table only represent data from the first six months after referral to the program.

Participant Location

Participant location refers to the date CCH made direct contact with the participant. Within six months of referral to the program, all but seven people (93 percent) were located. Most of these were located before the six-month mark, with half located in 14 days and 85 percent located within three months. On average, it took 30 days to locate a person referred to the program (table 1).

TABLE 1
From Referral to Participant Location

	1 month	2 months	3 months	4 months	5 months	6 months	Mean days since referral	Median days since referral
Locating participants	63%	78%	85%	89%	91%	93%	30	14

Source: The data come from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Notes: Only individuals referred to housing before January 1, 2017 are included in this table. Only participants located in the first six months after referral are included in this table. Percentages by month after referral are out of all 100 individuals referred in the first year. The mean and median are calculated only among those who were located.

PARTNER PERSPECTIVES ON CHALLENGES AND STRATEGIES

Because of their unsheltered status, locating program participants was challenging. Locating participants was a multistage effort requiring an assertive and creative outreach plan. The most effective strategies for finding participants included building partnerships with service providers outside of the program, coordinating outreach with local health and law enforcement agencies, maximizing internal resources, triangulating data, and educating the community about the program.

Originally, program administrators believed that the Coordinated Assessment and Housing Placement System, a community-wide database of people in need of housing assistance, would be a good resource for locating potential participants. But most early program participants were not connected to housing providers and were not in the system. The CCH team had to flex its strategy and intensify its coordination with local service providers. As one partner described, “We really have had to cast a wide net in terms of our collaboration with other service providers.” Colorado Coalition for the Homeless leveraged long-standing relationships in the community to build a comprehensive outreach effort. One person told us that “outreach came from relationships we already have with [other service providers] in Denver...using community partners to check their databases using HMIS [Homeless Management Information System].” The outreach was described as “very grassroots, very feet-on-the-ground.” Additionally, CCH developed partnerships with smaller organizations in neighborhood

settings, such as community centers and churches. CCH explained, “We are finding that this population has flown under the radar to some extent. So if they’re not going into Father Woody’s [a local shelter], or they’re not going into the larger service providers, they are getting their needs met in ways that have kept them alive and active, and a lot of times that’ll happen in smaller, neighborhood-type settings.”

In early implementation, CCH coordinated with the DPD’s Neighborhood Impact Team, attending roll call and talking with police officers about the program. Community education was also a key component in getting buy-in and assistance from local agencies. One staff said, “Really educating [the community] about the project so that they don’t just dismiss people that they see constantly...[and] that we’re actually looking for.”

Colorado Coalition for the Homeless used several tools to locate people. The team triangulated data using global information system (GIS) maps of police contacts created by Urban, photographs, and data from HMIS and their own electronic health record. They also distributed program brochures and outreach cards to service providers and co-responders,⁵ mental health professionals who work closely with police officers. One staff told us, “We use GIS mapping to see where these individuals have been contacted by the police and then [triangulate] what part of town they hang out in and perhaps what services they access in those areas and do some on-the-ground footwork from there.” An effective midcourse correction was CCH’s request for photographs from its partners, which made locating people more effective. One staff explained, “The pictures helped people recognize the individual—‘Oh yeah, I know that guy. He hangs out down at Broadway and 6th. I’ll go try to find him.’”

In addition to the target population’s transient nature, access to the jails presented another challenge. It was crucial to have access to people in jail before they were released and became hard to find. Initially, the CCH outreach team had frequent access to people in jail. But this access was modified midstream because of concerns from the jail about staffing, space, and safety. The Crime Prevention and Control Commission facilitated renewed access to the jails, but CCH was limited to visiting once a week.

Participant Engagement

Participant engagement refers to the date CCH conducted the program housing screen to verify homelessness status and the person agreed to move forward in the housing process. At the six-month mark, 88 percent of referrals to CCH were engaged in the program. More than half of participants (59 percent) were engaged within one month, and 79 percent were engaged within three months. On

average, it took 32 days from referral to engagement (table 2), but most of this time was spent locating the person.

TABLE 2

From Referral to Participant Engagement

	1 month	2 months	3 months	4 months	5 months	6 months	Mean days since referral	Median days since referral
Engaging participants	59%	74%	79%	82%	85%	88%	32	14.5

Source: The data presented in this table come from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Notes: Only individuals referred to housing before January 1, 2017 are included in this table. Only participants engaged in the first six months after referral are included in this table. Percentages by month after referral are out of all 100 individuals referred in the first year. The mean and median are calculated only among those who were engaged.

When we limit our analysis to participants who CCH could locate instead of all referred participants, all but five (95 percent) were engaged in the program within six months. Once people had been located, engagement happened quickly. Of those engaged, 83 percent engaged on the same day they were located. Another 12 percent engaged within one week. Four people took between two weeks and five months to engage. Because of these outliers, the average time from locating a person to engagement was three days.

PARTNER PERSPECTIVES ON CHALLENGES AND STRATEGIES

CCH reported that engaging participants was successful even in the face of numerous challenges inherent in working with the target population. Many program participants were apprehensive about their potential involvement in the program, and their consistent interactions with police and the criminal justice system caused fear and distrust. Additionally, many program participants had lost hope in finding housing on their own as they believed their criminal backgrounds would preclude them from housing opportunities. Engagement demanded skilled, compassionate, experienced staff and coordination among local agencies.

Partners described many solutions and strategies that led to the 90 percent engagement rate within six months. Above all, the CCH team was committed to hiring new staff and engaging current staff who had the experience, skills, and expertise to work with the target population. As one staff member said, “First, I would just start with we have an exceptional group of folks on the team [who] work in a capacity that’s trauma informed, welcoming, meeting folks where they’re at, whether it’s in

the community or in the office, really trying to allow the focus of the project to be participant driven as much as possible. We think that’s really important.” CCH relied on staff members who could build rapport with participants, were respectful of participants’ strengths and challenges, and made adjustments as necessary and appropriate.

Many participants were skeptical and apprehensive about potential involvement in the program. CCH used techniques such as motivational interviewing and leveraging partnerships with external community agencies to enable “warm handoffs”. These techniques contributed to increased participant trust and buy-in. “We operate [in the] realm of building rapport and trust in a really short period of time, and the way that you do that is through allowing someone to dictate their service provision as much as possible because there is a power dynamic, and we try to minimize that.”

Although the success rate of engagement was high, CCH staff faced challenges. Access to people in jail was a roadblock to several steps in referral and engagement. Meeting a potential participant in person was more effective than trying to engage through jails’ video conferencing systems. CCH dedicated one outreach staff member for all jail contact and obtained an approval letter to have access to the jail once a week.

Housing Application Approval

Housing application approval refers to the date CCH issued the participant a housing voucher. Within six months of referral to CCH, 73 percent of referrals had housing application approval and were issued a voucher. About half had housing application approval within two months of referral. The share increased to 72 percent at five months. On average, it took 51 days from referral to housing application approval (table 3).

TABLE 3

From Referral to Housing Application Approval

	1 month	2 months	3 months	4 months	5 months	6 months	Mean days since referral	Median days since referral
Housing application approval	30%	53%	61%	65%	72%	73%	51	43

Source: The data come from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Notes: Only individuals referred to housing before January 1, 2017 are included in this table. Only housing application approvals in the first six months after referral are included in this table. The mean and median are calculated only among those who had their housing application approved.

When we limit our analysis to the participants CCH engaged instead of all referred participants, all but 15 were approved for housing within six months. Forty-two percent of those approved were approved within two weeks of being engaged, 64 percent were approved within one month, and 89 percent were approved within two months. On average, it took 29 days to get housing approval once a participant had engaged.

PARTNER PERSPECTIVES ON CHALLENGES AND STRATEGIES

Facilitating the approval of participants' housing applications was time intensive. It was also the critical prerequisite to leasing up the first program participants in housing. Successful strategies included the use of bridge housing, efforts of the Housing Intake and Placement team at CCH, the modified assertive community treatment (ACT) model, and team members' communication, flexibility, and commitment.

Once participants were located and engaged, CCH's Housing Intake Placement team arranged bridge housing—a safe place to stay while they helped participants assemble the documents necessary to get a housing voucher. “They might not have all their vital documents, so it's going to the [Department of Motor Vehicles] with them, going to the Social Security office, ordering the birth certificate.” Bridge housing also helped to engage clients and facilitated a smooth transition into permanent supportive housing.

Behind the scenes, the CCH team secured appropriate housing by the time the housing application was approved. Partners reported that application approval was successful in large part because of CCH's effort to be flexible and to streamline communications. One staff explained, “We just get together to game-plan what has to happen that day...who needs to get outreached, to go get a birth certificate. We all troubleshoot the problems of the day.” Another CCH team member said, “One of the things about our structure is that if you have open time on your schedule, the expectation is that time is spent in aid of whatever needs to happen that day. We have to do this from directors down to line staff. It's really a team based approach.”

Some of the attributes that contributed to this milestone's success were challenges the team had to overcome. For example, it was time-consuming and often difficult to assemble the vital documents and verifications. One interviewee described “a very high barrier to accessing housing is getting these documents issued [e.g., an ID, Social Security card, a birth certificate].” Sometimes, participants had not been connected to service providers in a long time, so CCH had to get third-party homelessness and disability verifications completed. “Those things may not seem like they're high-barrier issues but it can be really difficult.”

Several partners described the challenges associated with participants fearing the process. Without the newly hired CCH behavioral health professional, who assessed participants' needs at engagement and facilitated transitions, some participants may not have moved forward in the program. One partner said the outreach behavioral health navigator "is there to help people with that adjustment to housing, the adjustment to all the scary steps on the way. It's really great that we have a clinician to walk alongside a person through the many transitions." Additionally, the behavioral health navigator ensured a smoother transition to the CCH clinical services team.

Lease Up in Housing

Lease up refers to the date the participant signed a lease to move into a housing unit. Two-thirds (66 percent) of referred participants leased up in housing within six months of referral. More than half of all referred participants (52 percent) were leased up within three months. Of those who leased up, the average time from program referral to lease up was 63 days (table 4).

TABLE 4

From Referral to Lease Up

	1 month	2 months	3 months	4 months	5 months	6 months	Mean days since referral	Median days since referral
Leasing-up participants	13%	37%	52%	60%	63%	66%	63	57

Source: The data come from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Notes: Only individuals referred to housing before January 1, 2017 are included in this table. Only lease ups occurring in the first six months after referral are included in this table. Only housing application approvals in the first six months after referral are included in this table. The mean and median are calculated only among those who leased up.

When we limit our analysis to participants who CCH could locate instead of all referred participants, 90 percent lease up within six months. Once people had been located, engagement happened quickly. Fifty percent of those who leased up did so within two weeks of housing application approval, 79 percent leased up within one month, and 97 percent leased up within two months. On average, it took about 18 days to lease up after housing application approval.

PARTNER PERSPECTIVES ON CHALLENGES AND STRATEGIES

Leasing up in housing was the final step in the referral and engagement process, and staff worked with the early program participants to anticipate the most promising housing match for the participants. One

consideration was whether the participant would be more successful in project-based or scattered-site housing. Successful strategies for participant lease up included the supports the CCH housing and case management teams offered and the program partners' flexibility in finding solutions to challenges.

Once participants leased up, the CCH teams offered intensive case management services. The first month was instrumental in keeping participants in their new homes during a precarious and transitional time. Long histories of homelessness often impeded participants' ability to adapt to housing, which manifested through fear of leaving their home and/or feeling too confined inside their home.

Colorado Coalition for the Homeless staff members negotiated landlord relationships, and, when certain properties or locations did not work for participants, they helped participants to relocate to different housing units. The CCH team understood that the first property might not be the right placement. When participants needed a different housing option, the team made sure they had different housing options available. One CCH staff shared, "My hypothesis [on our quick lease up] is that it's the way that services are delivered in this specific model that really focuses in on housing placement as its own special skill set....[Caring] for people from a clinical lens is a very different skill set than being able to find a person on the street or being able to negotiate business relationships with landlords."

Some challenges did not have clear solutions. Generally, based on the design of this particular project, scattered-site vouchers were limited. This created a challenge for CCH Housing First staff who typically work with tenant-based or scattered-site vouchers. "Scattered-site vouchers allow for the most flexibility in housing choice for our participants, which we believe is extremely important in implementing the housing first model." For the SIB program, staff had to scramble to identify scattered-site subsidies when participants needed to move from project-based units, which was less than ideal.

Some program participants have struggled to live independently, largely because of untreated medical and mental health needs. After significant discussion among all program partners, CCH helped to facilitate placement of several participants into assisted living facilities. Partners determined that although assisted living is not technically the permanent supportive housing model, it helps bridge a gap in service need. Providers explained that, from their perspective, assisting people to obtain the right level of care and support is what was most important. One CCH staff noted, "A midcourse change was around assisted living, [which] wasn't necessarily going to be considered stable housing...we truly felt that it is housing stability regardless of where it is. It's actually meeting the goal of the project, which is getting people off the street, providing them with stable housing, and ultimately getting them the care they need."

Are Participants Stably Housed?

After participants were engaged and in housing, CCH worked to maintain the housing stability of participants who leased up in the first year.

Housing Retention and Exits

Most early participants successfully retained their housing without exits as defined by the program. After six months, 95 percent of participants had never exited housing, and after one year 89 percent of participants had never exited housing (table 5). These are very promising indicators that CCH's approach to housing retention is working.

Five percent of participants exited in the first six months of being housed and 11 percent of participants exited in the first year. Housing exits were categorized as planned or unplanned. This categorization recognized that some exits may be intentional and positive, such as a move to other permanent housing. Deaths were also categorized as planned exits so as not to penalize provider performance given the vulnerability of some participants. Unplanned exits included jail stays of more than 90 days or any other interruption that caused the participant to be out of housing for more than 90 days. Unplanned exits are tracked to measure project performance, but these participants can reengage with the program in the future.

Of the small number of exits, most were categorized as planned exits because of participant deaths. One participant experienced an unplanned exit during the first year in housing because of a jail stay of 129 days. However, this participant also returned to housing within the first year. After six months, 95 percent of participants were still housed, and after one year 93 percent of participants were still housed (including housing reentries). At both the six months and one year milestones, 100 percent of participants were still housed or had a planned exit.

TABLE 5

Housing Retention and Exits

	First Year in Housing		First Six Months in Housing	
	Share	Mean days in housing	Share	Mean days in housing
Total	28	347	62	178
No exits	89%	365	95%	183
Planned exits	7%	156	5%	76
Unplanned exits	4%	139	0%	-
Housing reentry	4%	137	0%	-
Still housed at milestone	93%	362	95%	183
Stably housed or planned exit at milestone	100%	347	100%	178

Source: Days in housing and exit data come from the Colorado Coalition for the Homeless program data from January 1, 2016 to July 1, 2017.

Notes: Only individuals who had lease-up dates before January 1, 2017 are included in the six-month column and only individuals who had lease-up dates before July 1, 2016 are included in the first-year column. Days in housing are calculated as the number of days they were in housing within the first six months (or year) after their lease up; jail stays have not been deducted from days in housing for this table. Planned exits include death, exit to other permanent housing, long-term residential treatment, or incarceration for actions solely occurring before referral. Unplanned exits include any interruption that caused the participant to be out of housing for more than 90 days. Housing reentries are counted when a participant reenters housing after a planned or unplanned exit, the mean days in housing for this group are the days in housing since reentry. Still housed includes all participants who were in housing or had reentered housing as of six months or one year after their initial lease-up date. Stably housed or planned exit includes anyone who met the still housed or planned exit definitions.

Jail Stays

Before supportive housing, program participants’ experiences of homelessness and housing instability were closely linked to their criminal justice involvement. This program was designed to increase participants’ housing stability and reduce their jail stays. Preliminary analysis of jail stays among early participants who were housed also shows promising evidence that CCH’s approach is working (table 6).

After one year in housing, 64 percent of participants had not returned to jail. Of the 36 percent who had any jail stays during their first year in housing, most had only one or two jail stays. The average days in jail among those with at least one jail stay was 33 days and the median days in jail was 16 days. Jail stays are similar within the first six months of housing.

The average number of jail days overall in the first year of housing is 12 days. In our evaluation and research design for the SIB⁶, data from a random sample of individuals meeting the targeting criteria showed that individuals spent, on average, 77 days in jail in the year after they met eligibility

requirements. This target population differs from those currently in the program, as it includes individuals without recent police contact and does not account for who might have actually entered housing within the target population. However, it provides valuable context for the relatively few number of jail days seen in the first year after housing.

TABLE 6

Jail Stays

	First Year in Housing		First Six Months in Housing	
	N	Share/ mean	N	Share/ mean
Total Sample	28		62	
Mean days in jail		12		7
Number of jail stays				
0 stays	18	64%	39	63%
1 stay	5	18%	15	24%
2 stays	3	11%	4	6%
3 stays	1	4%	3	5%
4+ stays	1	4%	1	2%
Among those with any jail stays	10		23	
Mean days in jail		33		18
Median days in jail		16		7
Mean days in housing before first jail stay		96		78

Source: Jail data come from the Denver Sherriff’s Department and does not include days spent in prisons or any jails outside of Denver.

Notes: Jail stays are calculated as the number of bookings they had in the first six months or the first year they were in housing. Days in jail is calculated as the total number of days an individual spent in jail had in the first six months or the first year they were in housing. This analysis covers January 1, 2016 to July 1, 2017. Only participants who had lease-up dates before January 1, 2017 are included in the six-month column and only participants who had lease-up dates before July 1, 2016 are included in the first-year column.

After six months, 95 percent of participants were still housed, and, after one year, 93 percent of participants were still housed (including housing reentries). At both the six months and one year milestones, 100 percent of participants were still housed or had a planned exit.

Partner Perspectives on Challenges and Strategies

As part of the implementation study, we conducted key-informant interviews with CCH staff 18 months into implementation. Based on their experience serving the first program participants, CCH staff identified solutions and challenges to supporting participants' stability in supportive housing.

CHALLENGES

Interpersonal Dynamics. CCH staff reported that program participants often felt torn by having to leave behind the individuals who had made up their social networks—their social safety net or family—on the street. Further, for some participants moving into stable housing represented such a shift that it could present emotional and social challenges for participants. Once in stable housing, individuals were confronted with a contrasting set of social norms: On the street, clients may have experienced a sense of invisibility—with people not making eye contact or acknowledging their presence. They relied on their friends and social networks for support and to stay safe. In stable housing, they are confronted with different expectations around social engagement. They are more isolated from their usual supports which creates challenges. As CCH staff noted, “That’s a huge life transition. People have been living out on the streets and then, all of a sudden, ‘Oh, you get to move into housing next week.’ Just, emotionally, although as service providers we believe it is positive, it can also be difficult for people.”

Housing Placement. Even after a thorough assessment of client needs, sometimes finding the right housing placement fit meant that clients moved several times. As one CCH staff person explained, “A program participant may be unsuccessful in their initial housing placement for a variety of reasons, and it is our role to continue to work with them until we can find a housing location where they are able to thrive.” Although clients may make their own decision to relocate, often they may need to move to avoid eviction or relapse and doing so, regardless of the reason, may be extremely stressful. Multiple moves also increase the workload of CCH staff who work to find the best placement for clients among a variety of scatter-site options.

Organizationally, CCH staff reported that the contractual leasing schedule and randomized controlled trial aspects of the SIB stretched CCH staff as they worked to maintain fidelity to the ACT model as their client loads increased and referral pathways changed. Although CCH had a history of doing this work and established programs and services to draw upon, the organization had to expand and extend these supports to meet the SIB program design requirements. CCH staff reported that trying to find a certain number of clients referred to the program each month and engaging with and leasing up those clients in a certain amount of time could feel rushed to both the clients and the staff, regardless of the specific needs of clients.

Criminal Justice Involvement. Involvement with the criminal justice system presented several challenges for program participants, which included multiple court dates that their experiences of homelessness made difficult to keep, the inability to pay fines, and jail time that could jeopardize their new housing placement. CCH worked to connect clients with Denver’s outreach court and to advocate for reduced sentences and fines. If a program participant was sentenced to lengthy jail time and had a voucher that did not allow them to be out of their unit that long, CCH would advocate for that participant and write a reasonable accommodation letter to assist that participant in maintaining their voucher or housing subsidy. CCH also worked to alleviate clients’ fears about their involvement in the criminal justice system. As CCH staff described, “They’re scared to go [to court]. They know they have warrants. They’re nervous about going because they’re scared they’re going to be arrested. They’re scared they’re going to be put back in jail.” Peer support specialists, ACT team members who may have similar life experiences as program participants were a tremendous asset to the program. They built a rapport and trust with clients and helped them get to the courthouse to negotiate fines, resolve warrants and advocate for reduced jail time.

Service Gaps. Some program participants who had experienced chronic homelessness were older and had multiple chronic conditions that had been untreated for years. Some were too sick, at least initially, to live independently without significant in-home care. Some may have benefited from residential substance-use treatment options or group home communities where additional support is available. However, CCH staff noted that these housing options are extremely limited in Denver. One CCH staff explained, “Moving directly into permanent supportive housing is the best and ideal situation for most people. There’s also a need, however, for some people to medically stabilize and to have a more thorough evaluation around their ability to meet their [daily needs]. Some clients are not sick enough to be in the hospital, but they’re too ill to be independently living in an apartment without some additional support. They require respite care, and we don’t have enough of that housing resource here in Denver.”

Similarly, individuals with severe, persistent mental illness or substance use may struggle with housing stability when there are not adequate resources in the community to address their treatment needs. Even though health care needs such as substance use underlie a number of challenges that negatively impact housing stability, CCH staff explained, “We don’t have adequate residential treatment programs we can refer clients to rapidly when they’re ready to address their substance use through treatment. That immediate resource is lacking in Denver, which has major implications for clients’ housing stability.”

STRATEGIES

Housing First Principles. First and foremost, CCH guided its work with program participants according to five principles of housing first: unconditional housing, self-determination, harm-reduction and recovery, client-driven supports, and social integration and community building. These principles were infused into every aspect of CCH's work. For example, the principle of unconditional housing is based on the premise that housing is a human right and that, if desired by the client, stable housing is the most pressing priority, regardless of participation in any other supportive services. As individuals transitioned to stable housing, the principle of self-determination meant that staff supported new residents in making this adjustment at their own pace. CCH staff reported, "It might take someone two weeks to get used to their apartment and to understand all the responsibilities around that. It might take someone else six months to do that. The flexibility to build [an] adapt[ive] framework with people who are just doing things, as anyone does, in their own time, is the importance of the [Housing First model]."

Client-driven supports ensured that services were both needs driven and asset focused. As one team member said, "I would attribute, first and foremost, the success of the [program participants] to themselves. Their ability to adapt to a new environment that they haven't been in for a period of time is extraordinary....They're creative, resilient. They were those things before they were [in stable housing], and they're those things still."

ACT Model and Team Staffing. CCH relied on its experience and expertise in implementing Housing First and its dynamic and team-oriented approach to service delivery to assist program participants in transitioning into housing. One example is the interprofessional team approach of the ACT model, to which one CCH staff member credited the program's success with participant housing retention. For example, to respond to program participants' interests in reengaging in the workforce, ACT teams work closely with Stout Street Works, CCH's vocational services program. CCH has also integrated staff from their Benefits Acquisition and Retention Team into the ACT teams and sent several ACT staff through benefits training to ensure that they are acquainted with the system.

Additionally, CCH created a new resident services coordinator position to be a liaison between CCH property management and services staff. The goal was to ensure that all departments and divisions work together in support of housing stability. To this end, the clinical team was involved in interviewing with the property management staff for the new supportive housing building where program participants will be housed. CCH staff explained the goal is to increase coordination to ensure various programs and departments work as partners to support residents and to "embrace the philosophies of trauma-informed care, Housing First, and harm reduction."

Cross-Sector Community Partnerships. To help create an integrated network of support to promote housing stability for program participants, CCH established partnerships across multiple sectors including key leaders in the criminal justice system. According to one CCH staff person, “[In addition to] going to court and advocating for [clients, we are] doing whatever we can do, to educate the county systems about our program... not only the district attorney, but the Public Defender’s office and the judges.” Judges, in particular, have been key partners in ways that not only facilitate clients’ participation in the program (through, for example, reduced sentencing), but also help optimize case managers’ capacity to serve clients. A CCH staff person explained, “The judges were really awesome and said, ‘Hey, come up to us and let us know you’re a SIB participant, and we will put you to the top of the docket,’ so our case managers aren’t sitting at the courthouse for four hours waiting on the case to be called.” A new outreach court was established in 2016 and has been a key facilitator of program participation. The outreach court, for example, does not require clients to make or keep a specific court date. “It is something that is newer that we have found to be very helpful for the clients.” In addition, CCH has a long history of working with health care providers and systems to address clients’ acute and chronic health care needs, including those related to mental health and substance use. In addition to the Stout Street Health Center that offers inclusive, integrated care for clients (e.g., medical, behavioral health, vision, dental, pharmacy, and substance treatment), CCH has strong working relationships with a range of local health care providers and public health agencies.

CCH also activated a volunteer network and fostered the engagement of the larger community in supporting program participants as they rebuild their lives. For example, “We have a retired judge that comes and counsels community members on their criminal justice involvement. We have folks that come in and do presentations on food resources...We do a lot with the Denver Rescue Mission around furniture pickups. If they want to get back into a faith, we assist them in connecting with a spiritual community that may meet their needs.” One CCH staff person also described engaging program participants and the larger community in advocacy for public policy change, including “education around health care and why the Medicaid expansion [is] so important, why it make[s] sense for us to advocate to make sure that folks are covered.”

Housing Stability Success Payments

In accordance with the Denver SIB contract⁷, the Urban Institute calculated housing stability outcomes for the first success payment from the city of Denver in fall 2017. The SIB contract requires specific calculations to determine this success payment. More information can be found in the October 2017 brief to the Denver SIB Governance Committee (Gillespie et al. 2017).

Appendix A: Methods

Our engagement analysis uses administrative data from the Denver Police Department and program data from the Colorado Coalition for the Homeless. Denver Police Department data provided information on the full program eligibility list, including demographic characteristics and all arrests from 2013 to 2015. It also covered data on the first 100 participants referred to the supportive housing program, including information on all arrests and contacts from December 2015 to December 2016. Colorado Coalition for the Homeless data included information on the dates of location, engagement, housing application approval, and lease up from January to December 2016. For all our engagement analysis, we conditioned our sample on people referred to the program before July 2016 to ensure we could analyze at least six months of data for everyone. We also limited our analysis to the first six months after referral. For example, for participants referred to the program in January 2016, we analyzed data through July 2016, and for participants referred to the program in March 2016, we analyzed data through September 2016. Everyone in our sample is observed for the same length of time.

The housing stability calculations use Denver Sheriff's Department data on jail stays and Colorado Coalition for the Homeless data on lease ups and housing exits. Denver Sheriff's Department data included the booking start and end dates for all jail stays from January 1, 2009 to July 1, 2017 on all individuals randomized into treatment by July 1, 2017. The Colorado Coalition for the Homeless data included information on the dates of lease up and dates of housing exits from November 1, 2015 to July 1, 2017.

Our qualitative analysis is based on semistructured interviews with program partners. In February 2017, the Evaluation Center interviewed 17 people from organizations involved in the first year of implementation. These organizations included the city and county of Denver; Enterprise Community Partners; Corporation for Supportive Housing; Denver Crime Prevention and Control Commission; Colorado Coalition for the Homeless; Mental Health Center of Denver; Denver Police Department, District 6; and the Denver Sheriff's Office. Interview questions focused on challenges to and strategies for locating, engaging, and leasing participants in supportive housing. In July 2017, the Evaluation Center conducted additional interviews with leadership at CCH with questions focused on challenges to and strategies for keeping participants stable in housing. Both rounds of interviews were conducted in Denver, in person and by phone. With interviewee permission, interviews were audio-recorded and transcribed.

TABLE A.1

Study Population

	First Year of Treatment Participants		Other Eligible (Not Randomized in Year 1)		Sig.
	N	Mean	N	Mean	
Sample	100		1,870		
Gender					
Female	16	16%	293	16%	
Male	84	84%	1,576	84%	
Age					
17–20	0	0%	14	1%	
21–30	13	13%	369	20%	
31–40	17	17%	424	23%	
41–50	27	27%	470	25%	
51–60	31	31%	473	25%	
61–70	12	12%	111	6%	
70+	0	0%	9	0%	
Mean		47		43	
Race					
White	40	40%	905	48%	
Black	33	33%	576	31%	
Hispanic	18	18%	291	16%	
American Indian or Alaska Native	8	8%	80	4%	
Asian or Pacific Islander	0	0%	3	0%	
Missing	1	1%	15	1%	
Arrest history (2013–15)					
Total arrests		16		13	***
Noncustodial arrests		8		5	***
Custodial arrests		8		7	***
Nontransient arrests		3		3	
Transient arrests		13		10	***
Arrest/contacts in month before randomization					
No contacts or arrests	34	34%			
Any custodial arrests	5	5%			
Any noncustodial arrests	27	27%			
Any contacts	63	63%			

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Notes

1. For the Denver SIB fact sheet, see “Mayor Hancock Announces Social Impact Bonds to Serve First 25 Participants at North Colorado Station,” City and County of Denver, news release, February 16, 2016, <https://www.denvergov.org/content/denvergov/en/mayors-office/newsroom/2016/mayor-hancock-announces-social-impact-bonds-to-serve-first-25-pa.html>
2. The Denver SIB lenders include The Denver Foundation, The Piton Foundation, The Ben and Lucy Ana Walton Fund of the Walton Family Foundation, the Laura and John Arnold Foundation, Living Cities Blended Catalyst Fund LLC, Nonprofit Finance Fund, The Colorado Health Foundation, and The Northern Trust Company.
3. For data on all people experiencing homelessness in Denver County captured by the 2016 Point in Time (PIT) count, see MDHI (2016).
4. For more information on the Metro Denver Coordinated Assessment and Housing Placement Policies and Procedures, including the use of the VI-SPDAT tool, see MDHI (2015).
5. For more information on the City of Denver’s co-responder program, see “City and Mental Health Center of Denver Expand New Mental Health Co-Responder Program,” City and County of Denver, news release, September 1, 2016, <https://www.denvergov.org/content/denvergov/en/denver-human-services/news/2016/CityMHCDEExpandCoResponderProgram.html>.
6. For baseline data and the evaluation and research design, see Cunningham et al. (2016).
7. For more information on the Denver SIB contract, see “Denver Social Impact Bond Program”, <http://pfs.urban.org/pfs-project-fact-sheets/content/denver-social-impact-bond-program>

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