COMMONWEALTH of VIRGINIA

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October 1, 2016

The Honorable Thomas K. Norment, Jr., Co-chair
The Honorable Emmett W. Hanger, Jr., Co-chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 315. AA. of the 2016 Appropriations Act requires DBHDS to "*shall report by October 1, 2016, the number of individuals being served through Permanent Supportive Housing, how the funds are allocated by organization, the average rental subsidy, and any available outcome-based data to determine effectiveness in preventing hospitalizations, incarceration or homelessness.*"

Please find enclosed the report in accordance with Item 315.AA. Staff at the department are available should you wish to discuss this request.

Sincerely,

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Susan E. Massart
Mike Tweedy

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The Honorable S. Chris Jones, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Jones:

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Permanent Supportive Housing – Program and Participant Characteristics

(Item 315 AA)

October 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians

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Permanent Supportive Housing – Program and Participant Characteristics

Preface

This report responds to Item 315 AA of the 2016 Appropriation Act requiring the Department of Behavioral Health and Developmental Services (DBHDS) to submit a report on Permanent Supportive Housing funds for adults with serious mental illness.

> *AA. The Department of Behavioral Health and Developmental Services shall report by October 1, 2016, the number of individuals being served through Permanent Supportive Housing, how the funds are allocated by organization, the average rental subsidy, and any available outcome-based data to determine effectiveness in preventing hospitalizations, incarceration or homelessness.*

Permanent Supportive Housing - Program and Participant Characteristics

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Executive Summary

Permanent supportive housing (PSH) is an evidence-based practice for adults with serious mental illness (SMI) that has been implemented, refined, and studied for more than 30 years. A notable subset of individuals with SMI are unstably housed or are homeless and, as a result, have poor behavioral health outcomes and are high utilizers of costly treatment and criminal justice resources. Multiple peer-reviewed research studies, including seven randomized controlled trials, have found that PSH is particularly effective in improving participants' housing stability and reducing their emergency department and inpatient hospital utilization.[1]

The two core components of the PSH model are (1) affordable rental housing and (2) housing-focused, community-based supportive services designed to support individuals in securing income, treatment, and rehabilitative services to improve their behavioral health conditions. PSH is widely endorsed as a critical resource to prevent unnecessary institutional stays and facilitate discharges from institutions for persons with disabilities as required by Title II of the Americans with Disabilities Act, and as interpreted by the U.S. Supreme Court in its Olmstead decision. While PSH is widely recognized as an essential community behavioral health support, its availability has been limited in Virginia by the absence of a targeted funding mechanism.

The 2015 Virginia General Assembly appropriated $2.1 million to DBHDS to "support rental subsidies and services to be administered by community services boards (CSBs) or private entities to provide stable, supportive housing for very low-income persons with serious mental illness." DBHDS adopted the evidence-based practice standards for Permanent Supportive Housing from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to define the program model, target population, and operating standards for Virginia's PSH program for adults with SMI. This report describes key characteristics of the program, how the funds are allocated by organization, average rental subsidies, and characteristics of the first cohort of 68 PSH participants who were housed between January 15, 2016 and July 15, 2016. By the end of the first year of operation, these programs will collectively serve at least 149 individuals in permanent supportive housing.

Findings in this report support the value of investment in PSH for this population:

- Eighty percent of the population served had at least one episode of homelessness (i.e. sleeping outdoors, in a place unfit for human habitation, or in emergency shelter), typically spending 111 of their 183 nights homeless before moving into PSH.
- Only 15 percent of the population reported one night in stable housing in the six months before PSH.
- Individuals in this population have extremely low incomes at the time of PSH admission and cannot secure rental housing without a subsidy.
- Individuals report significant behavioral health challenges coupled with cognitive impairment and psychological trauma.
- A subset of high utilizers of emergency and institutional services accessed emergency department (ED) or inpatient services 2.6 times in the 30 day period before PSH admission, spent 10.6 nights in inpatient care, and used ED services 4.9 times.

[1] Center for Budget and Policy Priorities. (2016). Supportive Housing Helps Vulnerable People Live and Thrive in the Community. Retrieved from http://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community#_ftn27

Permanent Supportive Housing Program Characteristics

Target Population

DBHDS selected four providers - two in Region 2 (Northern Virginia) and two in Region 5 (Tidewater) to implement five PSH programs. The target population for all projects was individuals with SMI, including those with co-occurring medical conditions or substance use disorders (SUDs), with priority given to individuals who meet at least one of the following criteria:

- Frequent users of hospitals emergency departments and inpatient care
- Individuals experiencing or at risk of homelessness (e.g., unstably housed)
- Individuals in state hospitals who are capable and willing to live in PSH upon discharge

In Tidewater, the supportive services component of the PSH program is provided by multi-disciplinary teams funded by a federal SAMHSA *Collaborative Agreements to Benefit Homeless Individuals* (CABHI) grant awarded to DBHDS in September 2015. The required service population for this CABHI-funded program, called *Road2Home*, is individuals with behavioral health disorders who are experiencing chronic homelessness. PSH funds are used to support the housing component of these programs. In Northern Virginia, PSH providers are targeting individuals with SMI who are homeless or unstably housed and are high utilizers of hospitals and criminal justice systems. Regional differences in housing costs and individual characteristics are reflected throughout this report.

Funding Allocations

DBHDS contracted PSH providers through two mechanisms: modifications to community services performance contracts with CSBs and competitive procurement. Addenda were inserted in performance contracts the Norfolk CSB (NCSB) and Hampton Newport News CSB (HNNCSB) that were named sub-recipients to DBHDS' CABHI grant, which is a federal grant providing $2.3 million a year for three years to fund supportive services teams that assist individuals with securing and maintaining permanent supportive housing and provide direct behavioral health treatment and rehabilitative services to help individuals achieve their recovery goals. DBHDS allocated $350,000 to NCSB and to HNNCSB in annual state PSH funds to provide rental assistance to the individuals served by the *Road2Home* teams. Each CSB will house 34 individuals with these funds. The *Road2Home* teams began housing and providing supportive services to participants in January 2016.

DBHDS issued a request for proposals for $1.1 million in annual PSH funds to be directed to Northern Virginia and $283,600 to be directed to Tidewater. Through this process, three proposals were selected for funding, and contracts were issued in February and March 2016 to Arlington CSB, HNNCSB, and Pathway Homes, a non-profit permanent supportive housing provider in Northern Virginia. Arlington and Pathway Homes are targeting PSH resources to individuals under any PSH eligibility category. Tidewater's *Keys Project*, managed by HNNCSB, targets individuals being discharged from Eastern State Hospital.

By the end of the first year of operation, these programs will collectively serve at least 149 individuals in PSH.

Table 1: DBHDS-Funded PSH Projects

Project Name – Agency	Service Area	Start Date (2016)	PSH Units Awarded	Year 1 Cost	Year 2 Cost	Year 2 Unit Cost
Road2Home-Norfolk CSB	Norfolk, Chesapeake, Western Tidewater	1/15	34	$350,000	$350,000	$10,294
Road2Home – HNN CSB	Hampton, Newport News	1/15	34	$350,000	$350,000	$10,294
Arlington PSH – Arlington CSB	Arlington County	2/15	30	$286,952	$444,861	$14,828
Pathways to Stable Housing - Pathway Homes	Alexandria, Prince William, Fairfax	3/1	35	$708,423	$699,139	$19,975
Keys Project – HNN & Norfolk CSBs	Tidewater	3/1	16	$283,600	$283,600	$17,725
Total			149	$1,978,975	$2,127,600	$14,279

Housing and Supportive Services Components

Eighty-five percent of PSH funds are directed to housing costs. Of these housing costs, almost all (98 percent) are paid to landlords as rental assistance to subsidize the cost of individual apartment units leased or sub-leased by PSH participants. In order to be eligible for the program, participants must have very low incomes as defined by federal Housing and Urban Development (HUD) standards, meaning their income does not exceed 50 percent of the median income of the Metropolitan Statistical Area (MSAs) in which they live. For example, in Arlington County, where the area median household income is $108,600 per year, a single individual's income would need to be $38,050 or less to qualify. In Hampton, where area median household income is $70,500 per year for a single individual, qualifying individuals earn no more than $24,700.

Fifteen percent of PSH funds support the costs of housing specialists, related operational costs, and program administration. PSH housing specialists assist individuals with locating, securing, and moving into housing; understanding the rights and responsibilities of tenancy; establishing and following a budget; communicating effectively with landlords; utilizing community resources and supports; and improving household management skills. Housing specialists also coordinate with participants' behavioral health service providers to ensure their emerging needs

are addressed proactively in order to promote housing stability, recovery, and quality of life, thereby reducing the over-utilization of costly institutional settings.

Most behavioral health services received by PSH participants are provided by CSBs and are funded through other mechanisms including SAMHSA CABHI funds; Medicaid; Medicare; the Governor's Access Plan (GAP); and other federal, state, and local behavioral health funds. A key feature of the PSH model is that participants have access to a range of community-based behavioral health services that may change over time based on each individual's evolving needs, interests, and preferences. The type and intensity of behavioral health services received varies accordingly by participant.

These PSH funds are allocated to two MSAs: Virginia Beach-Norfolk-Newport News and Washington-Arlington-Alexandria. Based on local housing market and economic factors, HUD establishes Fair Market Rent (FMR) standards for each MSA in the country every year. DBHDS' PSH Program requires that rental units supported with these funds not exceed the published FMR for the assigned locality.

Housing costs vary significantly by region (see Tables 2 and 3). FMR for a one-bedroom unit in Northern Virginia is currently $1,402 per month, with a higher HUD-approved local payment standard that allows units to be rented at up to 110 percent of FMR, or $1,542. In Tidewater, current FMR for a one-bedroom unit is $953. In both regions, PSH participants pay 30 percent of their adjusted gross income toward their monthly rent, and the PSH rent subsidy pays the balance up to the FMR. Accordingly, the amount of rent subsidy provided by the PSH program varies dramatically by region. The average PSH monthly rent subsidy in Northern Virginia is $1,020, while in Tidewater it is $693.

Table 2: Tidewater Housing Costs and Subsidies

	Median	Mean	SD	Min	Max	N
Rent	745.00	743.14	113.83	350.00	920.00	42
Tenant Rent Payment	0.00	50.83	80.58	0.00	281.00	42
Subsidy Amount	690.00	693.21	121.15	350.00	920.00	42
Tenant Income	197.00	417.46	382.10	0.00	1,478.00	42

Table 3: Northern Virginia Housing Costs and Subsidies

	Median	Mean	SD	Min	Max	N
Rent	1,250.00	1,263.54	103.94	973.00	1,430.00	26
Tenant Rent Payment	210.00	243.69	204.75	0.00	703.00	26
Subsidy Amount	1,037.00	1,019.85	185.29	624.00	1,250.00	26
Tenant Income	733.00	820.72	571.39	0.00	2,118.50	26

Participant incomes are extremely low. Median monthly income is $197 in Tidewater and $733 in Northern Virginia. At these income levels, in order to pay for a rental unit at the local FMR rate, a PSH participant would need 484 percent of his or her monthly income in Tidewater and 191 percent in Northern Virginia. Housing is not affordable for this population without a rental

subsidy. Because tenant rent contributions are calculated as a percentage of income, as individuals secure benefits or employment, the amount of subsidy needed to make rent affordable declines as their income increases.

Table 4: Participant Income

	Median	Mean	Min	Max	N
Tidewater	$197	$417	0	$1,478	42
Northern Virginia	$733	$821	0	$2,119	26

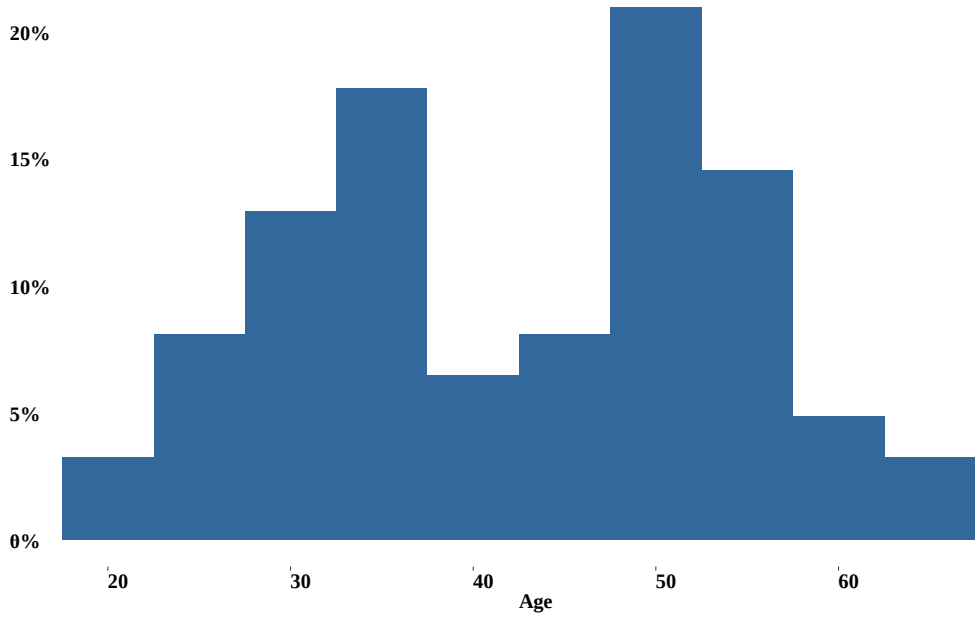
Permanent Supportive Housing Participant Characteristics

Data presented in this report is based on self-reports from individual interviews and administrative data from each of the participating sites. Interview instruments included the Timeline Follow Back (TLFB) Inventory which measured individuals' housing history in the six months before they moved into their PSH unit and the Government Performance and Results Act (GPRA) Individual Outcome Measures tool. Details on these instruments and their implementation can be found in the appendix of this report. Data on client outcomes such as housing stability, institutional utilization, and behavioral health will be available after individuals have been housed for at least six months.

Demographics

The typical individual receiving PSH was 44 years old. Age followed a bimodal distribution, with an older cohort of individuals whose ages clustered around 52 years and a younger cohort whose ages clustered around 33 years. This bimodal distribution of ages is consistent with national age distribution trends for single adults experiencing homelessness.[2]

Figure 1: Two Cohorts of Single Adults Experiencing Homelessness



[2] Culhane, D. P.,et. al. (2013). The age structure of contemporary homelessness: evidence and implications for public policy. *Analyses of social issues and public policy*, *13*(1), 228-244.

Most individuals receiving PSH (60 percent) were male. The majority of individuals were black (59 percent). No individuals reported Hispanic race or Latino ethnicity. Twelve percent of individuals declined to report their race.

Table 5: Demographics by Region

	Tidewater	Northern Virginia	Total
N	40	23	63
Median Age	49	34	44
Gender			
Male	68%	45%	60%
Female	33%	55%	40%
Served in US Armed Forces	15%	10%	13%
Race/Ethnicity			
White	25%	26%	25%
Black	55%	65%	59%
Hispanic	0%	0%	0%
Native American	0%	0%	0%
Native Hawaiian / Pacific Islander	0%	4%	2%
Asian	3%	0%	2%
Alaska Native	0%	0%	0%

Education

The average individual has a twelfth grade education, with a high school diploma or its equivalent, though 26 percent of individuals reported dropping out of high school. Thirty-seven percent of individuals have at least some post-secondary education. Individuals in Northern Virginia tend to be more educated (mean=13.3 years) than individuals in Tidewater (mean=11.8 years).

Employment

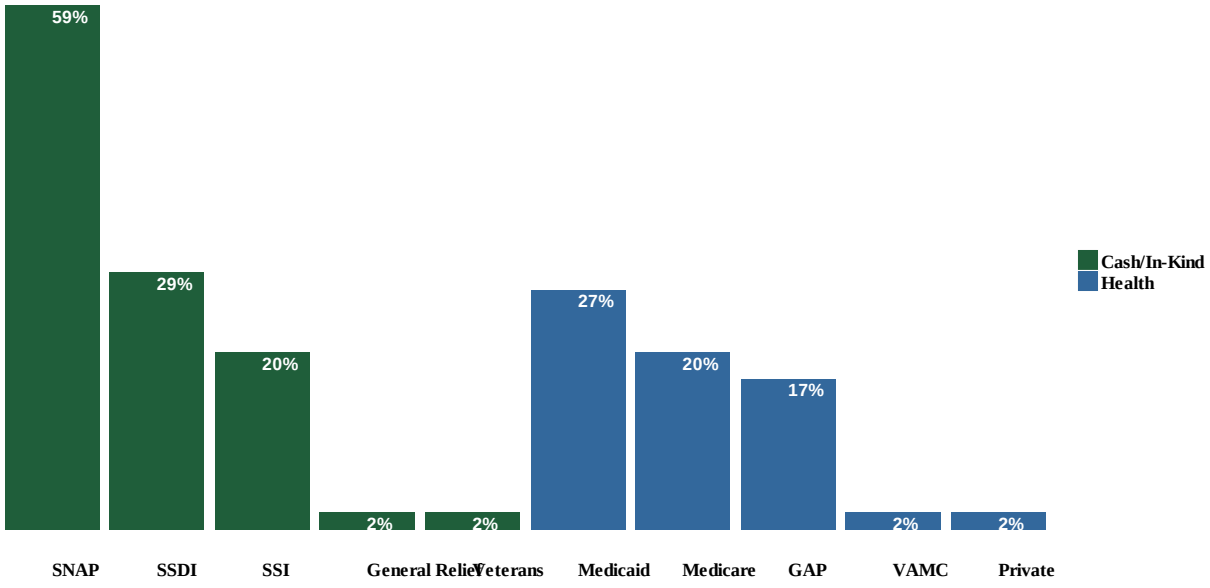
Consistent with national data on the experiences of individuals with SMI in the workforce, especially those experiencing homelessness, most individuals receiving PSH (81 percent) were unemployed at program intake. Individuals with employment tended to have higher education, with the typical employed individual having 13.6 years of education, or at least one year of college completed. Individuals living in Northern Virginia were more likely to be employed at least part-time (36 percent) than individuals living in Tidewater (13 percent). Employment outcomes are monitored by each PSH program that provides supported employment services directly (Road2Home) or connects individuals to vocational services in the community.

Figure 2: Employment Status

Benefits

The large majority of individuals (80 percent) had some form of income at intake, though the median individual reported only $495 in total monthly income. As reported in Table 4, income varied considerably by region. The median monthly individual income for Northern Virginia was $733, and the median individual income for Tidewater was $197. The largest source of reported income for all individuals was disability benefits. Disability beneficiaries typically received the standard SSI payment of $733 per month.

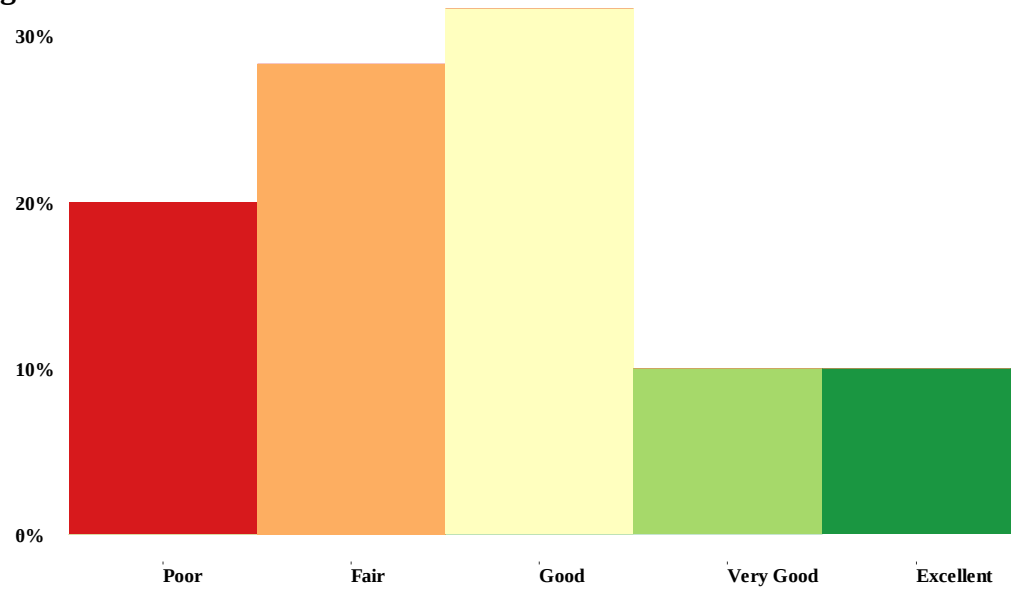
Figure 3: Benefits Reported at Intake



Physical and Behavioral Health

Self-rated health is held as a valid measure of general health because self-ratings of health are highly associated with respondent mortality. Individuals who report 'poor' health are at significantly higher risk of mortality than individuals who report 'fair' or 'good' health. [3] The average individual rated their overall health at a 3.4 on a five-point scale, which equates to a health rating of 'fair.' Nearly half of individuals (48 percent) rated their health as less than good, and 20 percent of individuals rated their health as 'poor.'

Figure 4: Self-Rated Health



Individuals' self-reported health ratings were consistent with their reported inpatient treatments for physical health complaints. More than a third of individuals (37 percent) reported at least one emergency department (ED) visit for a physical health problem in the 30 days before their intake interview. The average individual reported 1.3 ED visits, though one reported 20. Most individuals (83 percent) did not report an inpatient hospital stay for a physical condition in the past 30 days, but those who did reported staying at least three nights. One individual reported 20 inpatient hospital nights in the 30 days before PSH. No one who reported a hospital stay rated their health as 'very good' or 'excellent.'

Diagnosis of a SMI is a requirement for PSH program entry, and all individuals met this criterion. The majority of individuals (64 percent) reported that they had been prescribed medication for a mental illness.

Individuals were asked to report the number of days in which they experienced a given non-substance abuse-related mental health symptom within a 30 day period. Most individuals (57 percent) reported experiencing serious depression for at least one day. The typical individual reported experiencing serious depression for three days. However, more than a quarter (28

[3] Idler, E.L.; Benyamini,Y. (1997). "Self-rated health and mortality: a review of twenty-seven communitystudies." *Journal of health and social behavior*.

percent) of individuals reported experiencing serious depression for two weeks or more, with 10 percent reporting that they were seriously depressed for the entire 30 day period. Five-percent (n=3) of individuals reported attempting suicide.

Individuals reported similar rates of experience with anxiety. Fifty-seven percent of individuals reported experiencing serious anxiety or tension, with the typical individual reporting three days of anxiety in the prior 30 days. Nearly a third (33 percent) of individuals reported experiencing serious anxiety for two or more weeks. Few (11 percent, n=6) individuals reported experiencing hallucinations in the past 30 days. Individuals who reported experiencing hallucinations reported between one and 30 days of hallucinations.

The majority of individuals (67 percent) reported never using alcohol in the past 30 days. Of the 33 percent who did report alcohol use, the typical (median) individual reported using alcohol for 3.5 days, with one individual reporting using alcohol every day of that 30 day period (skewing mean to 8.3 days). Less than a quarter (22 percent) of individuals reported using illegal drugs within the past 30 days. For these individuals, the median individual used illegal drugs for three of the 30 days.

Significant cognitive impairment was prevalent. More than half of individuals (52 percent) reported that they experienced trouble understanding, concentrating, or remembering within the past 30 days. A third of individuals (33 percent) reported trouble understanding, concentrating, or remembering for two or more weeks.

Experiences with psychological trauma were also very common. More than two-thirds of individuals (68 percent) reported experiencing violence or trauma in a broader range of contexts, which included community violence, sexual assault, psychological abuse, neglect, or traumatic grief. Seventy percent of trauma survivors reported having nightmares or intrusive thoughts about traumatic experiences in the prior 30 days. Ninety percent of those who experienced trauma reported trying hard to not think about the traumatic event, or avoiding triggering situations. Seventy-four percent of these individuals reported that their traumatic experience has them on constant guard, watchful, or easily startled. Most trauma survivors (57 percent) also report feeling numb and detached from others, activities, and their surroundings.

Living Situations Before Program Entry

Individuals narrated their housing history using the TLFB inventory, including hospital stays, homeless stays, inpatient psychiatric hospitalizations, and stable living arrangements, for the six months before they were housed with PSH. More than half (53 percent) of individuals were literally homeless according to HUD's Categories of Homelessness (i.e. sleeping outdoors, in a place unfit for human habitation, or in emergency shelter) immediately before entering PSH.[4] The average individual experienced three episodes of homelessness in the six month period before they were housed and spent an average of 111.2 days (more than 3.5 months) homeless. In other words, individuals typically spent 62 percent of the six months before entering PSH literally homeless. Conversely, only 15 percent of individuals reported a single night in stable housing in their six-month history before moving into PSH.

[4] https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf

Twenty-five percent of individuals spent at least one night in a treatment setting, e.g. inpatient psychiatric hospital, crisis stabilization facility, or substance abuse treatment program. Individuals in Northern Virginia were more likely (50 percent) to report at least one stay at a treatment facility than individuals from Tidewater (9 percent).

Figure 5: Length of Stay by Site

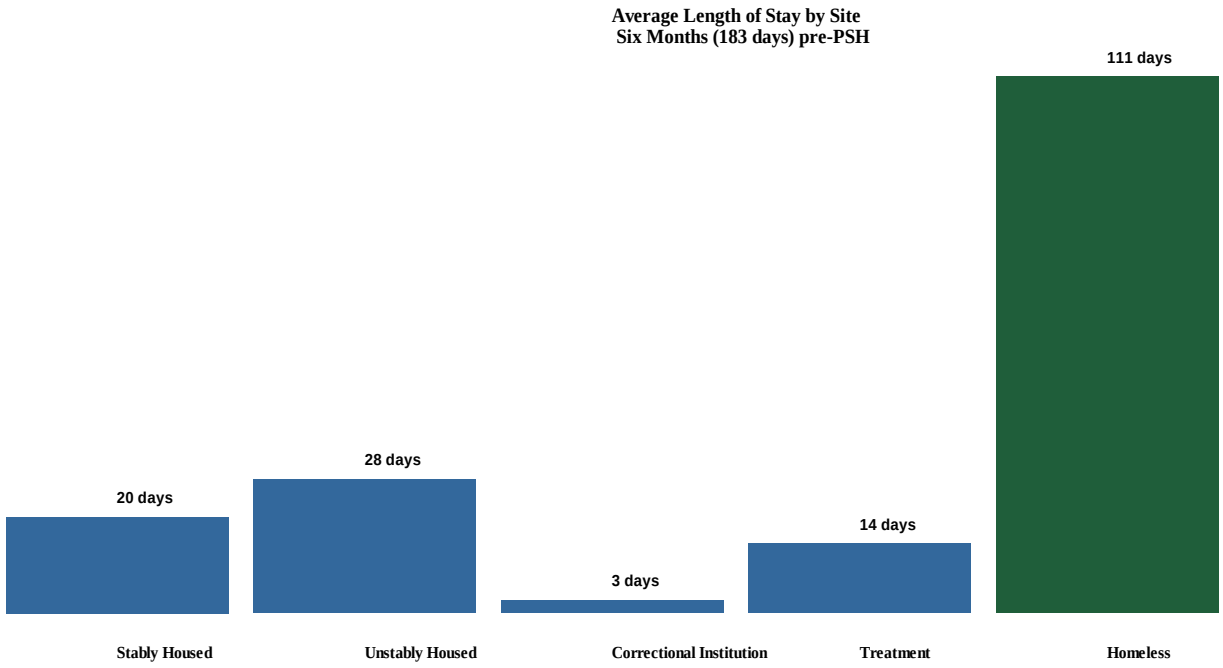


Table 6: Six Month Pre-PSH Housing History

	Tidewater	Northern Virginia	Total
Percent of Individuals Spending >1 Night by Site			
Homeless	**100%**	**50%**	**80%**
Outdoors/Unfit for Human Habitation	77%	25%	56%
Emergency Homeless Shelter	66%	33%	53%
Treatment	**9%**	**50%**	**25%**
Psychiatric Hospitalization	6%	33%	17%
Other Hospitalization	3%	0%	2%
Crisis Stabilization Facility	0%	17%	7%
Substance Abuse Treatment Program	0%	13%	5%
Correctional Institution	**6%**	**4%**	**5%**
Unstably Housed	**49%**	**46%**	**47%**
Transitional Housing Program	9%	17%	12%
Temporary Housing (family or friends)	49%	46%	47%
Stably Housed	**3%**	**46%**	**15%**
Long-Term Housing (family or friends)	0%	29%	12%
Own House or Apartment	3%	8%	5%
Mean Days Homeless	**147.2**	**58.5**	**111.2**

High Utilizers of Hospitals

A small group of high utilizers (13 percent, n=8) reported accessing ED or inpatient services twice or more in the 30 day period before their intake interview. The average high utilizer accessed ED or inpatient services 2.6 times in this-30 day period, and spent 10.6 nights in inpatient care and used ED services 4.9 times. High utilizers tended to be younger (median= 35 years) than non-high utilizers (median=46 years), reported more frequent anxiety (mean=17 days vs. 9.5 days), were more likely (88 percent vs. 62 percent) to report a trauma history, and were more likely (29 percent vs. 17 percent) to rate their health as 'poor.'

Table 7: Nights of Service Utilization for High Utilizers (n=8)

	Min	Median	Mean	Max
Inpatient	**0**	**7**	**10.6**	**28**
Mental Health	1	9	7.8	14
Physical	0	4	5.6	20
Substance Abuse	0	3.3	5	10
Emergency Department	**1**	**3**	**4.9**	**21**
Mental Health	0	1	1.3	4
Physical	0	2	4.4	20
Substance Abuse	0	0	0	0
Outpatient	**0**	**3**	**3.9**	**12**
Mental Health	1	2	4.3	12
Physical	0	2	2.3	6
Substance Abuse	0	0	0	0

Jail Utilization

Only 5 percent of individuals receiving PSH reported spending at least one night in a correctional facility in the 30 days before intake. However, 13 percent of individuals reported that they were waiting for charges, trial, or sentencing at the time of their intake interview, and another 15 percent were on parole or probation, indicating high rates of historic involvement in criminal justice systems in this PSH individual cohort.

Conclusion

DBHDS' PSH programs currently serve 68 extremely vulnerable individuals. By the end of the first operating year, they will collectively serve at least 149 individuals.

The typical individual receiving PSH spent 62 percent (111) of their nights sleeping on the streets or in a homeless shelter before being housed through a PSH program. All PSH individuals are diagnosed with a serious mental illness. Most individuals receiving PSH also report experiencing significant psychological trauma (68 percent) or cognitive impairment (52 percent), and nearly half (48 percent) report less than good health.

The severe and unmet needs of PSH individuals before they are housed can lead to frequent and avoidable utilization of expensive institutional care and emergency services. Thirteen percent of PSH individuals report two or more utilizations of inpatient and emergency department services

in just the 30 days before being housed. These individuals sometimes report accessing emergency services more frequently than outpatient services. The wraparound services incorporated with PSH programming can help individuals better manage their mental and physical health needs with more routine and cost-effective outpatient care and community supports.

Individual needs and profiles varied by region. Individuals in the Northern Virginia region were generally younger and more likely to report pre-PSH psychiatric inpatient stays and substance abuse treatment participation than individuals in Tidewater, who had experienced longer episodes of homelessness pre-PSH, were generally older, and less physically healthy.

PSH is a critical component of Virginia's community behavioral health system. In addition to this report that demonstrates that Virginia's early PSH investments are providing housing stability to some of its most vulnerable citizens, decades of research and more than four dozen cost-effectiveness studies underscore the role of PSH in addressing both the humanitarian crisis of long-term homelessness of people with disabilities and the ineffective use of high cost public resources for individuals who could be more effectively served outside institutions and crisis-related services.

Appendix: Measures

The principle source of data for this report was the Government Performance and Results Act (GPRA) Individual Outcome Measures instrument. Supportive service providers interviewed individuals receiving PSH using the GPRA instrument at intake. The intake interview established a baseline for a range of measures concerning the following topics: demographic data, military service, drug and alcohol use, education, employment, income, mental health symptoms, physical health problems, and service utilization. A question-by-question guide to the GPRA tool can be found here:
http://www.samhsa.gov/sites/default/files/GPRA/SAIS_GPRA_Services_Tool_QxQ_final.pdf

The Timeline Follow Back (TLFB) Inventory measured individuals' housing history in the six months before they moved into their PSH unit. Social workers implemented the tool by asking individuals to narrate their residential history, beginning from their move-in date and working backwards to the place they slept six months before their move-in date. The TLFB inventory can be used to estimate temporally stable aggregate lengths of stay by different residential categories, which include psychiatric inpatient and jail stays.[5]

Individual benefits, individual income, PSH unit costs, and rental subsidies were calculated using administrative records from each of the participating sites.

[5] Tsemberis, S., McHugo, G., Williams, V. F., Hanrahan, P., & Stefancic, A. (2007). Measuring homelessness and residential stability: The residential time-line follow-back inventory.