
Traits of Homeward Pikes Peak Clients



Economic Forum

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Background on Homeward Pikes Peak

Homeward Pikes Peak (HPP) started as a collaborative organization aimed at addressing homelessness and substance abuse in 2002. Through the years and as gaps in services were identified, HPP became a direct service provider itself. HPP now has one outpatient treatment clinic and five housing programs. The mission of Homeward Pikes Peak is to help individuals achieve their full potential in recovery from substance abuse and to exit homelessness and move towards permanent housing. HPP does this through engaging with clients, enrolling them into housing services, and then connecting them to treatment opportunities to address substance abuse disorder, mental illness and physical health concerns.

Harbor House Clinic (HHC) provides outpatient substance abuse treatment specializing in pregnant women and women with dependent children, and it started in 2007. Harbor House Residential (HHR) began in 2003 and it is a sober living program for homeless individuals struggling with alcohol or drugs. HHR has enough space to house thirty adult men and women. Housing First (HF) focuses on chronically homeless individuals and their families by providing HUD rental assistance, vouchers for apartments, case-management, and access to substance abuse or mental health counseling. Housing First started in 2007 and it serves individuals with a dual diagnosis of a disability and severe mental illness. Housing First Veterans (HFV) serves veteran individuals who have experienced any length of homelessness and who have a disability. Bloom Recovery Home, which began in 2017, provides an enhanced sober living program coupled with intensive case management and outpatient treatment to pregnant or postpartum women with one child twelve months or younger. Project Detour provides enhanced sober living coupled with intensive case management and outpatient treatment to women exiting jail who are homeless, and who have an opiate addiction and/or alcohol addiction. Project Detour is HPP's newest program initiated in 2018, and it is not included in the evaluation results herein provided.

Service-intensive housing for individuals experiencing homelessness has been a primary activity of HPP since 2003. Most HPP clients have a criminal justice background adding to the barriers for successful re-entry into society. HPP housing staff are trained and certified in recovery models, addiction counseling and mental health counseling. Substance abuse treatment has been a primary activity of HPP since 2007.

Purpose of Evaluation

The formulation of a longitudinal, comprehensive evaluation of the HPP clients commenced in January of 2018. The goals of the evaluation are a) to better understand the characteristics of the chronically homeless in Colorado Springs, and b) to use this knowledge to provide more tailored programs and/or referrals for this high-risk population. The hope is to have a second phase to this evaluation work that will measure the effectiveness and impact of the five HPP programs for the clients who engage in their services. The evaluation is funded by the Colorado Springs Health Foundation and is being conducted by Tatiana Bailey, Ph.D. and a student, both from the UCCS Economic Forum. HPP staff have assisted in collecting and entering the necessary data, and HPP leadership has been instrumental in interpretation of the data.

Harbor House Clinic

Overview

The Harbor House Clinic (HHC) is an outpatient addiction recovery clinic with specialized women's services. Homeward Pikes Peak has a contract with the State of Colorado that focuses on women's services. HHC provides low or no cost interventions including individual therapy and psycho-educational treatment groups. HHC supports and identifies clients' needs for mental health care, substance abuse counseling, domestic violence prevention, and prenatal care. Treatment includes interventions for substance abuse, issues involving the criminal justice system, and parenting for those women who are mothers. Additionally, HHC provides treatment for men and women with Medicaid and those exiting the criminal justice system with very low income. HHC reduces harm by treating clients regardless of their ability to pay.

Before delving into this program, it is important to note that the data provided below for HHC and indeed for all the programs may have instances where the numbers may not add up to the total number of clients either because the client refused to answer, did not know how to answer, or because the question was missed by the clinician. All of the data below was gathered at intake. There are some metrics that were collected, but are not reported below in order to be concise. However, all available data is reported in the appendices.

Preliminary Findings

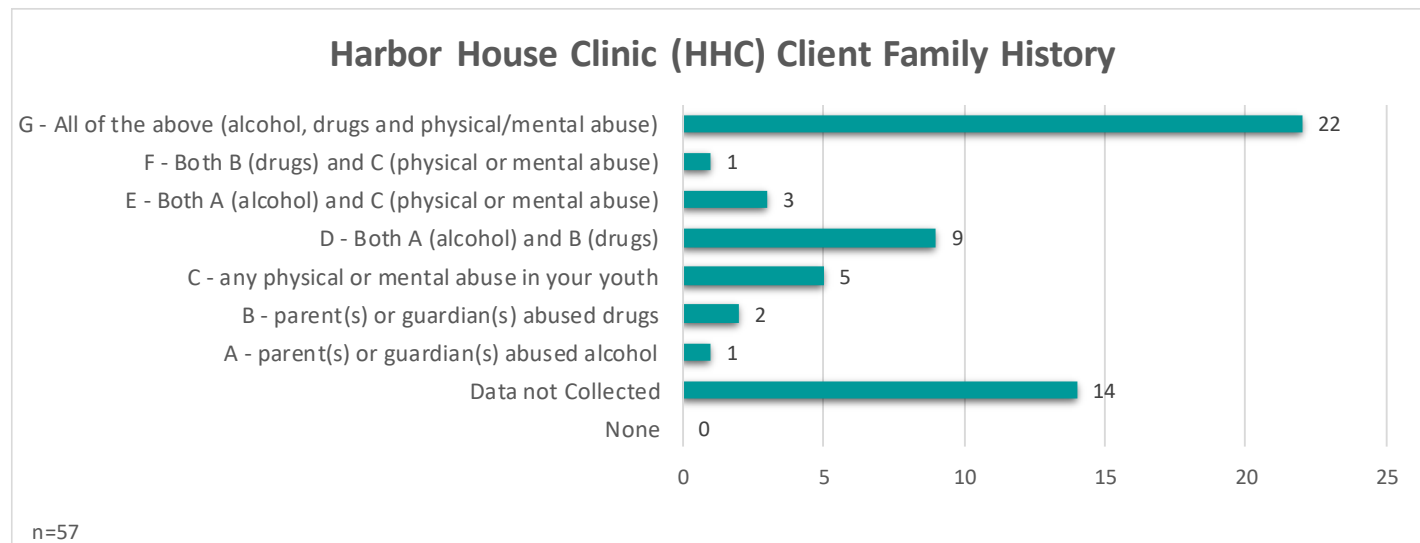
In 2018, there were 57 Harbor House Clinic clients. The majority of HHC clients were female (50), Non-Hispanic (49), White (48), and single (28). Most of the clients were not veterans (53), were unemployed (37) with no wages (41), did not have food stamps/SNAP (30) and did not receive non-cash benefits (43). For the remaining individuals who did earn wages (15), the average monthly income was \$927.81, which puts individuals below the federal poverty level. On average, HHC clients had 12.3 years of education. Most HHC clients did have health insurance (54) via Medicaid (50). For HHC and indeed all of the programs, one of the primary goals of Homeward Pikes Peak is to help clients enroll in any of the social assistance programs/benefits that they are eligible for so that they can have the access to the critical services they need.

These characteristics paint a profile of very low-income individuals below the federal poverty level who are not necessarily tapping into all available social assistance programs aside from health insurance via Medicaid. It is worth noting that the Medicaid expansion enacted in the state of Colorado reduced the uninsured rate from 15.8% in 2013 to 6.5% in 2018 likely benefiting at least some of the HHC population. HPP states that homeless individuals are usually aware of benefits such as Medicaid, SSI or food stamps but when un-housed they may not be able to apply because they lack documents or official identification. Some clients who are non-custodial parents may avoid signing up for any kind of welfare because they want to remain "under the radar" so they do not get fined for back child support. Clients may also lack a mailing address and miss a re-determination appointment so when they present at HPP, staff helps the client re-apply for benefits. It is likely that this assistance is the reason that 54 out of 57 clients have Medicaid.

Most of the HHC clients are unaccompanied adults without children (24), or parents either single (21) or part of a two-parent family (5), or adults with some type of companion (7). At intake, the majority have temporary housing (31), some are in stable housing (13), a dozen are currently homeless (12) or are in a homeless shelter (1). More than half of the clients (42) have been homeless at least once and the remaining clients either refused to answer or didn't know (11). A very small number had never been homeless (4). Similarly, for a high number of clients, there was no data for the number of months they had been homeless

(14), but for the ones who provided the data and who had experienced homelessness, most (12) have had an episode where they had been homeless for 12 months or more.

Most of the HHC clients have indeed previously experienced homelessness and are therefore at higher risk for repeated episodes of homelessness. This risk spreads to families as nearly half of the clients are parents.



The majority of HHC clients are not currently fleeing domestic violence (48) while a few are (5). However, most clients have indeed had someone who has been physically violent towards them at some point in their lives (38) with many also stating they are domestic violence survivors (30). Virtually all HHC clients have a family history of some kind of abuse. Three have had parents with either drug or alcohol abuse, alcohol and drug abuse (9), alcohol and the infliction of physical or mental abuse (3) or drug and physical/mental abuse (1). An astounding number of clients have had parent (s) or guardian (s) who have exposed them to all three: alcohol and drug abuse as well as physical or mental abuse (22). The graph above highlights the starkness of this data.

The pattern of violence continues beyond youth. Thirty-eight of 54 clients (or 70%) state they have had someone be violent towards them at some point during their lives.

The majority of HHC clients have a strong familial history of physical or mental abuse as well as alcohol or drug abuse. Twenty-two of the 43 clients where the data was collected (or 51%) have experienced all three traumas in the homes where they have been raised. Inflicted violence is also common beyond youth: thirty-eight out of the 54 clients for whom data was provided (or 70%) have had someone be physically violent towards them at some point in their lives. There is clearly a strong correlation between prior violence and chronic homelessness.

It appears that most of the health issues for the HHC population are related to mental health. Slightly more than half of the clients (32) state they have mental health problems whereas a smaller number have chronic physical conditions (9), or claim disability (3), or have a developmental disability (3). Despite the high proportion who state they have mental health problems, less than half are pursuing psychiatric care (12). Some HHC clients are receiving prescription drugs for their mental health issues (12) and/or cognitive therapy (7). About one-fourth of clients have been troubled by alcohol in the last 30 days (12) and about half have been troubled by drug use in the last 30 days (27). Most clients have *not*, however, had drug or alcohol treatment (47) or psychiatric treatment (46) in the past 90 days. Entering HHC is the first step in accessing substance abuse treatment.

Harbor House Clinic

Most HHC clients are afflicted with mental health issues while a smaller proportion have physical conditions. Many appear to self-medicate with drugs or alcohol (72% state they have been troubled by alcohol or drugs in the past 30 days), but few have pursued drug/alcohol treatment in the past 90 days (4 or 7%) and only 2 (or 4%) are receiving mental health care. Given that most HHC clients have health insurance via Medicaid and that Medicaid does reimburse for behavioral health services, the coverage represents a missed opportunity to receive needed care. As aforementioned, HPP helps clients obtain Medicaid, but their lack of or unstable housing situation makes continuous coverage challenging. It is also possible that some clients are unaware of the available mental health services or are not ready to engage in rehabilitation.

A relatively high number of HHC clients have been in the ER (10) or have experienced hospital stays (7) in the past 90 days alone. These are acute and therefore high expenditure episodes. The average rating for physical health on a 10-point scale (where 1 = very poor and 10 = excellent) was 6.3 and the average rating for mental health was 6.0. The quality of life rating was also 6.0.

Most HHC clients self-report average physical and mental health as well as average quality of life. A high percentage of clients have been in the ER (32%) or have had a hospital stay (13%) in the past 90 days.

A high number of HHC clients have been in jail (38 of 53 clients, or 72%) and a high number report they have been in prison (19 of 52 clients, or 37%). Typically, “jail” is for a short-term stay, and “prison” is for more serious offenses and longer-term stays. About two-thirds state they have committed violence against another person (19 of 51 clients, or 59%).

Most HHC clients’ mental health challenges and history of physical abuse appear to manifest in criminal and/or violent behavior with fully 59% of HHC clients reporting that they have been violent against someone in the past.

Overview

Harbor House Residential (HHR) provides a co-ed residential addiction recovery program for motivated individuals who are currently homeless and battling addictions. These transitional housing townhomes are located in central Colorado Springs. Upon entering HHR, most clients are experiencing both substance abuse and mental health issues. The first objective of the program is sobriety with a six-week intensive outpatient treatment through a partnering treatment provider. After completion of the intensive outpatient treatment, clients are encouraged to continue substance abuse treatment if advised by their clinician with individual treatment and the addition of voluntary recovery programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). The primary focus of HHR is addiction recovery although that treatment often concomitantly involves mental health counseling. After completion, the focus shifts to employment and self-sufficiency by offering educational and training services to ease the transition into job readiness. If clients graduate, they are able to leave the program empowered with months of sobriety, a savings account, and community connections that nurture their success.

Preliminary Findings

In 2018, there were 53 Harbor House Residential (HHR) clients. More than half of the HHR clients are male (36), Non-Hispanic (47), and White (42). The majority of clients are either single (35), divorced (12), married (2), separated (2) or widowed (2). Most clients are not veterans (44), most are unemployed (49), and most have no wages (41). The majority of clients do receive aid via food stamps/SNAP (34), or non-cash benefits (38). Twelve of the 53 clients reported they earn income from some source, averaging \$799.25. On average, HHR clients had 12.8 years of education. Almost all of HHR clients did have health insurance via Medicaid (49).

Harbor House Residential clients are very low-income individuals who are more often single (66%). Most are receiving some form of social assistance through food stamps/SNAP (64%) and/or Medicaid (49 out of 50 who responded, or 98%), The vast majority have some form of health insurance (50 out of 53 clients, or 94%).

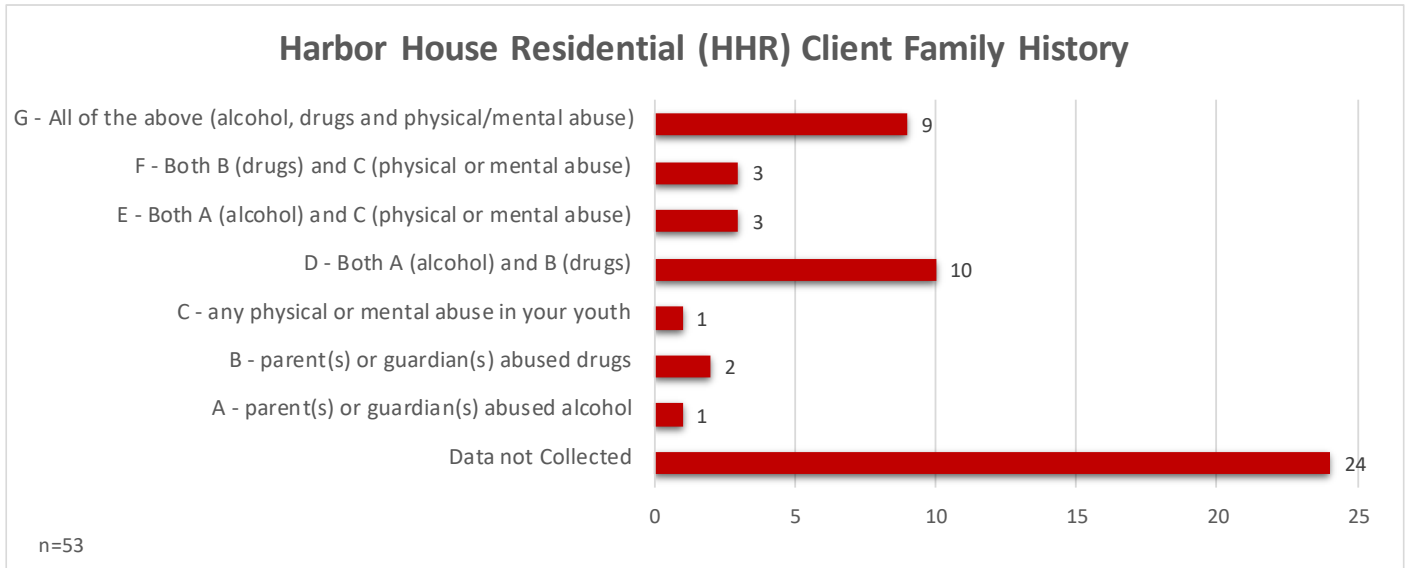
Most clients were either homeless (35), or lived in a homeless shelter (12), while a smaller number had temporary housing (1), or had stable housing (3) at the time of intake although upon inspection it appears that some HHR clients may have interpreted jail as stable housing. All of the HHR clients who responded were unaccompanied (52) before joining HHR. Most clients reported having been homeless four or more times in their lives (32 of 49 who answered), many (17) had been homeless between one and three times. All clients who answered have experienced homelessness. Most clients (31 of the 49 who answered, or 63%) who had been homeless had been without shelter for 12 months or more.

All of the HHR clients who responded to the question of homelessness have suffered from homelessness for an extended period of time with 63% (31 of 49 who answered) having been homeless for 12 months or more. They are at risk for repeated episodes of homelessness with 65% (32 of 49 who answered) having been homeless four times or more. In this case, all of the clients live unaccompanied and do not extend the risk to their immediate families.

A portion of HHR clients are fleeing domestic violence (10), while the other 41 who responded to this question are not. However, of the 17 women in the HHR program, 7 (or 41%) are fleeing domestic violence. The majority of both male and female clients have reported that someone had been physically violent towards them at some point in their lives (32 out of 49 who answered, or 65%). Two-thirds of HHR clients had familial history of some combination of substance/physical/mental abuse although it is important to note

Harbor House Residential

that we have data on only 29 of the 53 clients. Ten of these HHR clients had both alcohol and drug abuse in the home where they were raised, and 9 had the combination of alcohol, drugs and physical/mental abuse. The remaining respondents had a parent or guardian who abused alcohol only (1), drugs only (2), had physical or mental abuse (1), had both alcohol and physical/mental abuse (3), or both drugs and physical/mental abuse (3). There were no clients that did not have some kind of family trauma.



HARBOR HOUSE
RESIDENTIAL

All HHR clients for whom we have data have a history of parental substance and/or physical abuse, and/or mental abuse. A portion of clients (31%) have experienced all of these traumas in the homes where they were raised, and over two-thirds (32 of the 49 who responded, or 65%) of HHR clients have suffered from someone being physical violent towards them at some point in their lives. As in the case of the outpatient Harbor House Clinic clients, there is a clear correlation between childhood traumas, and/or past violence and homelessness.

One of the biggest health issues reported by the clients of HHR are mental health problems. Most (37 of 51 who answered) clients reported to have mental health issues but only twenty (20) have pursued psychiatric care. Slightly less than half of clients state that they have a chronic condition (22), or claim a disability (19), or state they have a physical disability (15) or developmental disability (10). Of the 20 HHR clients who are receiving psychiatric care, the majority (18) are receiving a prescription related to their mental health care. Seven clients are receiving cognitive therapy.

About two-thirds of HHR clients have been troubled by alcohol in the last 30 days (29 of 50 respondents) and more than half have been troubled by drug use in the last 30 days (32 out of 50). Some clients reported to have had drug or alcohol treatment (15) but few of those reporting trouble with alcohol and/or drugs had psychiatric treatment (7) in the last 90 days.

Fully 73% (37 of 51 clients) of HHR clients are affected by mental health issues while fewer are afflicted with physical disabilities (15 of 51, or 29%). Most clients report being troubled by alcohol (58%) or drug use (64%) in the past 30 days, and may be masking their mental health issues with their substance abuse. However, 39% of all HHR clients (20 of 51) were receiving psychiatric care at intake to HPP. Eighteen of the 20 clients in psychiatric treatment (90%) are receiving a prescription under their psychiatric care.

A high percentage of HHR clients have been to the ER in the past 90 days (17 out of the 47 respondents) or had experienced hospital stays (36 of the 46 who responded) in the previous 90 days. The average rating for physical and mental health, and quality of life on a 10-point scale were 5.3, 5.0 and 5.0, respectively.

Harbor House Residential

Approximately three-quarters of HHR clients have been in jail (38 of 51 clients) and a quarter report they have been in prison (13 of 51). Although some of this correlation is undoubtedly due to convictions for substance abuse, some of it is due to the relationship between the 4th Judicial District and HPP. Police officers contact HPP to request re-entry housing for an individual who needs housing alongside substance abuse treatment. Nine (of 36 clients who answered, or 25%) stated that they had been violent against someone.

Housing First

Overview

Housing First is a nationally recognized and evidence-based program that is strongly supported by the United States Department of Housing and Urban Development. It prioritizes the most vulnerable while emphasizing stable and permanent housing with case management and supportive services. Housing First focuses on providing housing for the disabled, chronically homeless, veterans, and families with substance use issues. Clients with little or no income, insurance, criminal histories, evictions, and other barriers are accepted. Case managers are available for each client to assist in reducing personal barriers to self-sufficiency, to connect clients with mental health and wellness services, and to provide coaching for skill building and employment readiness.

Preliminary Findings

Because HPP has a relatively small number of new clients in HF and Housing First Veterans, descriptive data was analyzed for two years: 2017 and 2018. During this time, there were 7 new Housing First (HF) clients who joined the program. All together, HF maintains an active enrollment of 58 housing vouchers annually and has since 2009. As a program requirement, HF clients must be chronically homeless or they do not qualify. Chronic homelessness is defined by 12 continuous months of homelessness or 12 months over a span of three years. The majority of HF clients were female (5), Non-Hispanic (6), White (7), and single (3) or separated (2). All of the clients are non-veterans (7) and all are unemployed (7). However, most do have some source of income (6), have food stamps/SNAP (6) and/or receive non-cash benefits (6). For the individuals who do earn wages, the average monthly income is \$462.50. HF clients had, on average, 11.3 years of schooling. All seven HF clients have health insurance via Medicaid.

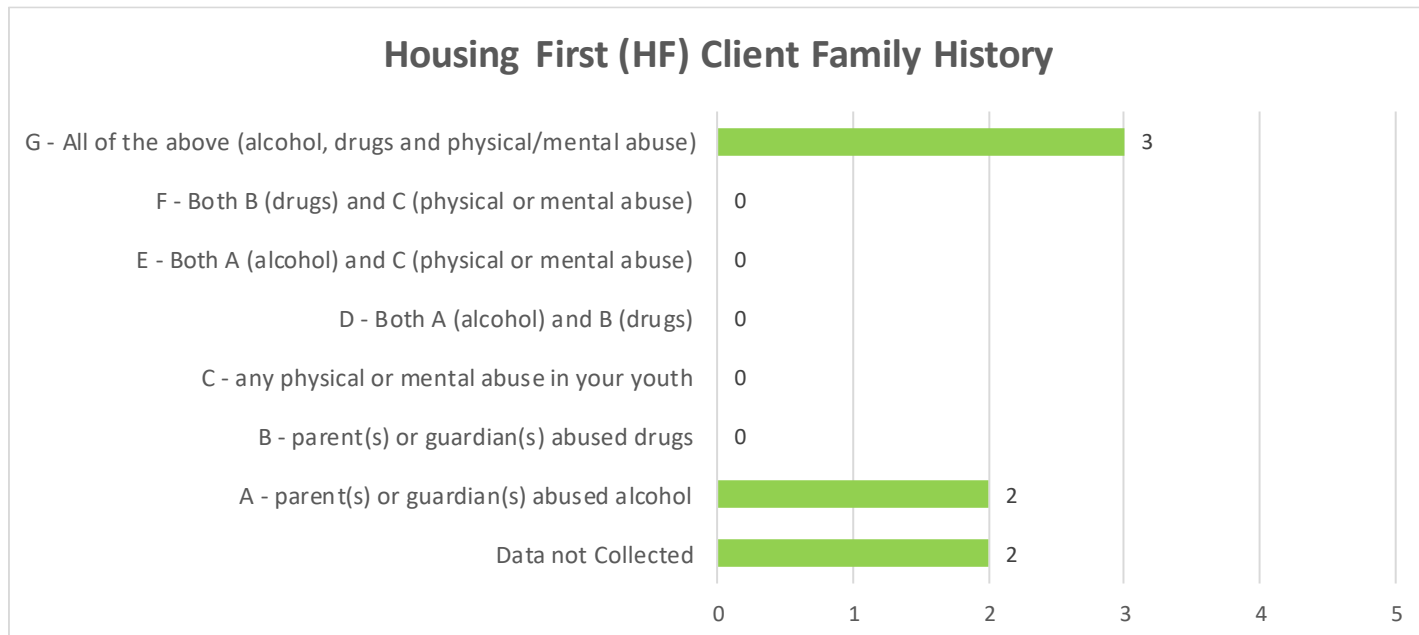
Most of the HF clients are unaccompanied (3) or single parents (4). The majority were homeless (4), or were in a homeless shelter (2), or reported living in their car (1). All of the clients (7) have been homeless at least once, including the majority of clients (4) reporting homelessness four or more times. Similarly, most clients (5) have had an episode where they had been homeless for 12 months or more, and the rest of the clients (2) reported a duration of homelessness of 9 months.

All of the HF clients have previously experienced homelessness and are therefore at higher risk for repeated episodes of homelessness. This risk spreads to families as more than half of the clients are parents. Due to the requirements for admission into the HF programs, chronic homelessness is a prerequisite for consideration, thus explaining the high number of months homeless and the frequency, as well.

The vast majority of clients (6) have experienced physical violence towards them at some point in their lives, (5) reported having experienced domestic violence in the past, and (2) reported that they are currently fleeing domestic violence. When asked if they have been violent towards someone in the past year, only (1) of the 5 that reported indicated that they have. Most of the HF clients have had parents who abused alcohol (2) or have had parents or guardians who have had exposed them to all of the above: alcohol and drug abuse and physical or mental abuse (3). Family history data was not collected for (2) of the residents. The graph on the next page highlights this data.

The vast majority of clients have experienced violence in their lives: 6 of the 7 clients (86%) have experienced someone being violent towards them, and 5 of the 7 clients (71%) have a history of domestic violence. Of the 5 that reported family history, 3 (or 60%) have experienced all traumas of alcohol, drug, and physical/mental abuse. As in the case of the outpatient Harbor House Clinic clients and Harbor House Residential clients, there is a clear correlation between past traumas and homelessness.

Housing First (HF) Client Family History



HOUSING FIRST

Mental health problems were reported by all clients (7). Additionally, the majority report having a significant health condition including a physical disability (1), a developmental disability (1), a chronic condition (4), and/or a mental disability (5). More than half of the clients are currently enrolled in mental health treatment (4). Almost three-quarters of clients reported to have a drug or alcohol problem (5) but only (1) is receiving treatment for drug and/or alcohol abuse.

All clients report having mental health problems and 71% (or 5 of 7) also indicated they have a mental disability. More than half (57%) are currently receiving mental health treatment. By contrast, 71% of the clients report having drug or alcohol problems but only 20% of those that reported (1 of 5) indicated they are receiving drug or alcohol treatment services.

Overall, HF clients reported an average rating of physical and mental health (6.0 for both indices). The reported quality of life average was also 6.0 on the same ten-point scale.

HF clients had relatively low measures for all three parameters (physical, health and quality of life) and their ratings were the second lowest among the five programs analyzed (Harbor House Residential clients had the lowest ratings).

Only one of the five HF clients who answered the question indicated they had been violent towards someone in the past year (1). Of the five who answered the question, (3) have been in jail and (1) has been in prison.

Criminal and violent tendencies are common in the population of all five programs. This goes hand in hand with the history of abuse and trauma. The severity of the crimes committed is relatively low indicated by the higher proportion of all clients having gone to jail (43%), which is usually for a misdemeanor, than having gone to prison (20%), which is usually for a felony.

Housing First for Veterans

Overview

Housing First is a nationally recognized and evidence-based program that is strongly supported by the United States Department of Housing and Urban Development. It prioritizes the most vulnerable while emphasizing stable and permanent housing with case management and supportive services. Housing First Veterans (HFV) focuses on providing housing for veterans who have a disability of any kind as documented by a health professional, who have substance use issues, and who have experienced any length of homelessness. Clients with no (or very low) income, insurance, criminal histories, evictions, and other barriers are accepted. Case managers are available to each client to assist in reducing personal barriers to self-sufficiency, to connect clients with mental health and wellness services, and to provide coaching for skill building and employment readiness. HFV provides services for the at-need veteran, but the program provides stable housing (through HUD) for veteran families. In 2017 and 2018, about half of HFV clients had families.

Preliminary Findings

As was mentioned in the previous (Housing First) section, descriptive data is included for two years for HF and HFV clients due to the relatively small sample sizes. In 2017 and 2018, there were 7 Housing First for Veterans (HFV) clients. The majority of HFV clients were male (6), Non-Hispanic (7), Black or African American (5), and single (3). All of the clients are unemployed (7), most with no wages (6) but many do have food stamps/SNAP (5) and/or also receive non-cash benefits (6). Four of the clients report earning an average monthly income of \$492.00, and five of the clients report earning an average monthly “other income” of \$481.60. HFV clients had, on average, 12.4 years of schooling. All of HFV clients report having health insurance (7) with the majority having Medicaid (6).

The Housing First Veterans Program has very low-income individuals who are utilizing the available social assistance programs including health insurance and the supplemental nutrition assistance program (SNAP).

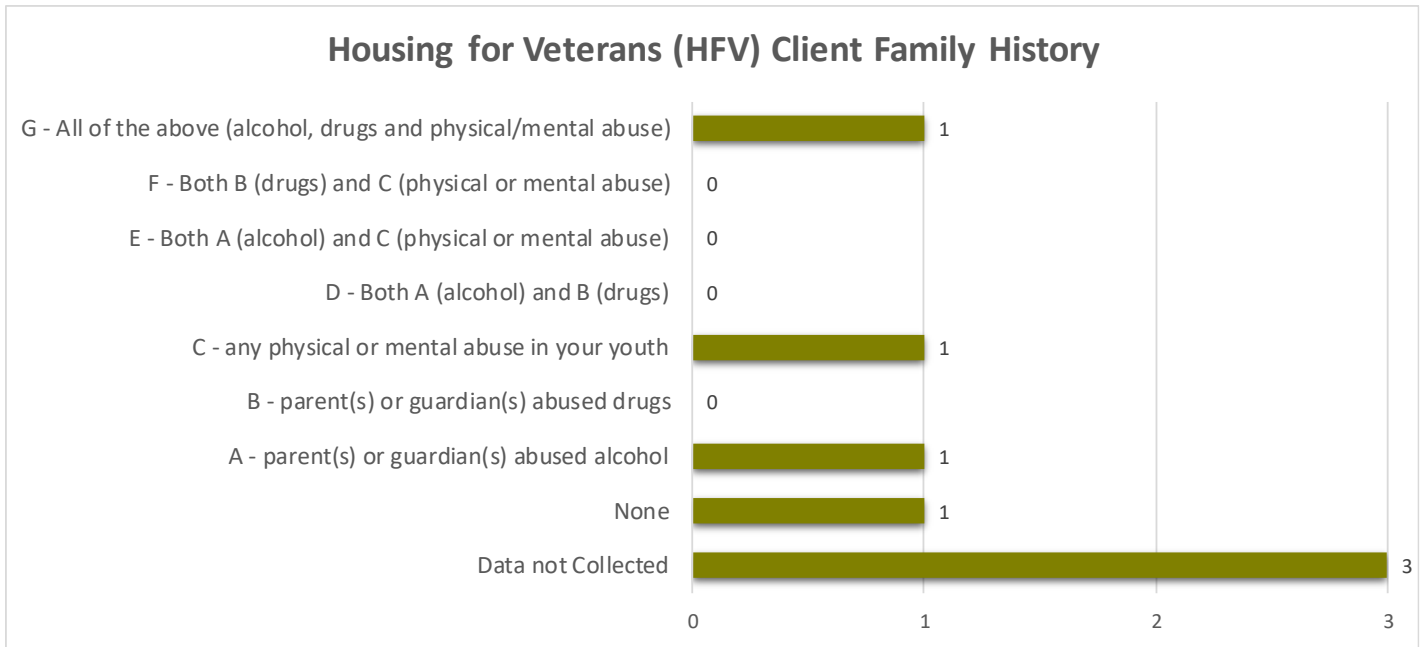
The HFV clients are unaccompanied (2), or single parents (2), or are part of a two-parent family (2), or live in an adult-only setting (1). Almost half of the clients identify as single (3), the rest are divorced (2), separated (1), or married (1). The housing status of HFV clients at intake was diverse: two clients indicated they were homeless on intake (2) one client had temporary housing (1), two were in stable housing (2), and two were in a homeless shelter (2). More than half of the clients (4) have been homeless at least once and the remaining clients indicated being homeless three times (1), or four or more times (2). Some clients (3) have had an episode where they had been homeless for 12 months or more, and the rest of the clients (4) reported a duration of homelessness between four and five months in the last 12 months.

Most of the HFV clients have previously experienced homelessness and are at a higher risk for repeated episodes of homelessness. This risk spreads to families as more than half of the clients are parents (4 of 7).

None of the HFV clients are currently fleeing domestic violence (7). However, more than half of the clients report that someone has been physically violent towards them at some point in their lives (4) and 43% report that they have experienced domestic violence (3) sometime in their past.

The HFV population has a similar family history to that of other HPP programs although the small sample size make generalizations difficult. Twenty-five percent (25%) of reporting clients (1 of 4) do not have any history of substance and/or physical or mental abuse in their youth. One client reports having parents with alcohol abuse (1), one client reports physical or mental abuse (1), and one reports a combination of alcohol, drugs and physical or mental abuse (1). The graph on the next page shows these results.

The family history data was unfortunately not collected for many of the clients (3).



HFV clients reported to have multiple, significant health conditions. Almost three-quarters of the clients report having a physical disability (5 of 7), six out of seven report having a chronic condition (86%), six out of seven report having mental health problems (86%), with more than half (57%) indicating that they have a mental health disability (4). The majority of the clients reported at intake that they are currently receiving mental health services (6 of 7, or 86%). None of the clients report having a developmental disability. Only one client reports having a drug and/or alcohol problem and this person also reports that they are receiving treatment services.

Housing First Veteran clientele is a population with significant physical and mental health disabilities. It is also noteworthy that only one veteran reports to having a drug or alcohol problem. This client stated he is receiving treatment services. Compared to the other HPP program populations that report having (low levels of) treatment for mental health conditions programs, 86% of the veteran population is currently receiving behavioral health services.

Overall, HFV clients reported average physical and mental health at 7.0 and 6.5, respectively. The reported quality of life average was a 6.0 on the same ten-point scale.

Of those who reported (only 4), none had been violent towards someone in the past year. All HFV clients answered the question of whether they had been in jail or prison: slightly more than half served time in jail (4) and three had been in prison (3). Two of the seven veterans have served time in both jail and prison. Three of the seven, or 43%, report having experienced domestic violence.

Criminal behavior and exposure to violence are common themes in the population of all five programs. The veteran population did, however, report the lowest incidence of prior exposure to inflicted violence (4 of 7, or 57%) of all the HPP programs. None of the four who responded stated that they have not been violent towards anyone in the past year—also an anomaly. All seven HFV program participants provided details of their incarceration history: 4 of 7, or 57% had been to jail, and 3 of 7, or 43%, had been to prison. Two HFV clients had been to jail and prison (2 of 7, or 29%). Only one veteran reports to having a drug or alcohol problem and that client was receiving treatment at intake.

Bloom Recovery Home

Overview

Bloom Recovery Home is a sober living opportunity for expectant women. This program is a twelve month, residential transitional sober living program for women who are either expectant mothers and/or already existing mothers. Clients receive case management as well as outpatient services. No income/insurance is required, and HPP prioritizes homeless status.

Preliminary Findings

Due to the small sample size, data was collected for 2017 and 2018. During this time span, there were a total of 12 women in Bloom Recovery Home (BRH). Most BRH clients are non-Hispanic (9), White (10) and single (11). Eight of twelve clients report having children already (or 67%). None of the clients are veterans and the majority do not work (10) or earn wages (10); only two (2) clients reported to be employed with an average monthly income of \$800 and two reported to have other income for an average of \$396 per month. It is important to note that there are high barriers to work for this population. BRH clients are typically young, homeless and pregnant, and once they've had their child, they often have delays in getting accepted for CCAP, the child care assistance program. Furthermore, finding daycare for infants is challenging due to the low supply of infant child care.

At intake, most of the BRH clients did receive non-cash benefits (7) and food stamps/SNAP (7). The average years of school was the lowest of all HPP programs: 10.8 years. All BRH clients had medical insurance (12), with the majority having Medicaid (11) and one with Tri-Care (1).

Most of the individuals admitted into the BRH program are utilizing social assistance programs of some kind and it is likely that having stable housing through BRH allows them to maintain access to that coverage.

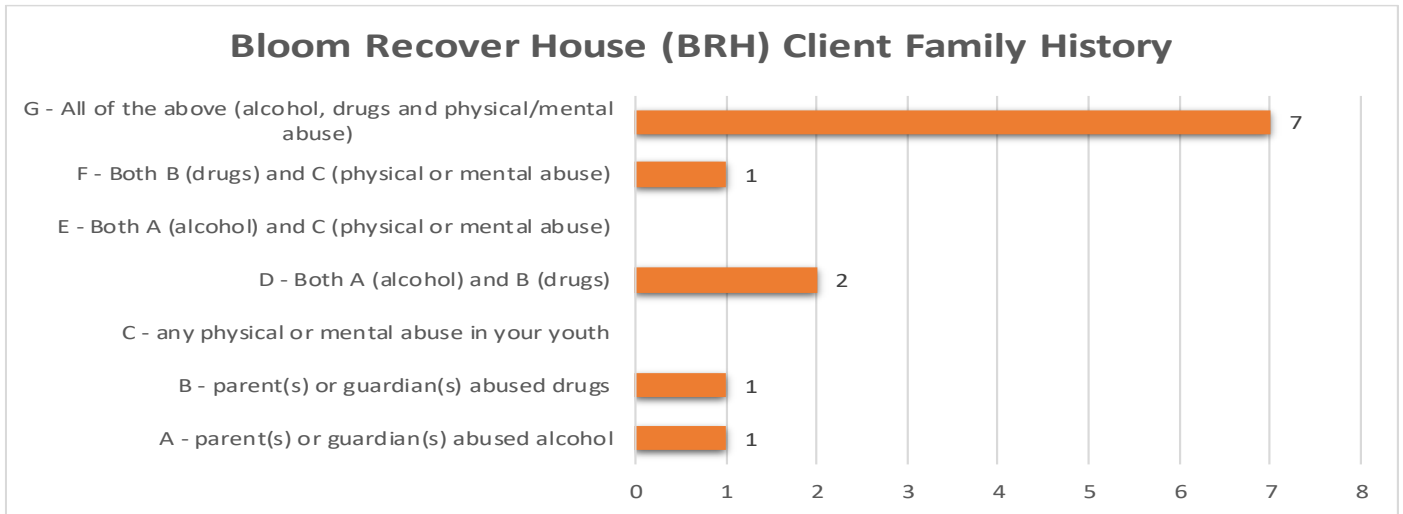
A substantial portion of the women in BRH are single mothers (7), one-third live unaccompanied (4) and only one (1) was part of a two-parent household (and married, but separated). The vast majority (92%) of BRH clients had temporary housing at intake (11) while one had stable housing (1). All of the seven clients who responded have been homeless a number of times, including one time (3), two times (1), three times (1), or four or more times (2). One of the clients did not know how many times she had been homeless (1) and the data was not collected for three clients (3). BRH clients reported to have been homeless at least 5 months (1), ten months (2), or 12 months (3). The remainder of the clients did not know (1), the data was not collected (3) or they experienced a homelessness episode for approximately one month (1).

All of the program participants that responded have a history of homelessness, with one-third having 3 or more episodes of homelessness. Six of the seven clients who responded had been homeless for five or more months. All of BRH program participants who responded have a history of homelessness and/or are in temporary housing, indicating a high risk for repeated homelessness and exposure of children living homeless.

The vast majority of clients (11 of 12, or 92%) have experienced someone being violent towards them in their lives and 67% (or 8 of 12) report having experienced domestic violence; two individuals (17%) are currently fleeing domestic violence. All BRH women have had a parent or guardian that has abused drugs or alcohol or been physically or mentally abusive with 7 of the 12 respondents (58%) being exposed to a combination of all traumas. Two clients have been exposed in their childhood to both alcohol and drug abuse by a parent or guardian, and one each has been exposed to alcohol abuse (1) or drug abuse (1). One respondent has been exposed to both drugs and physical/mental abuse (1) (see graph on the next page).

A history of prior violence and/or caregiver alcohol and/or drug abuse is particularly pervasive for homeless pregnant

women with all BRH clients (12, or 100%) having a familial history of childhood traumas.



The pattern of violence extends to someone being violent towards the BRH client sometime during their past history (11 of 12, or 92%). Five of 11 clients who responded (or 46%) have been violent towards someone in the past year. This continues to show the strong correlation between chronic homelessness and exposure to violence—in the past and present. It also highlights the particular vulnerability of a woman who is currently young and homeless. It is highly likely violence will again be inflicted upon these women and it is possible that the cycle of violence will be promulgated to their children.

Clients reported having a physical disability (1), chronic conditions (3), mental health problems (4), or a mental disability (2). None of the clients reported a developmental disability. Of those that reported mental health problems, only one is in treatment (1). Additionally, all clients (12) reported to have a drug and/or alcohol problem and most of them (10 of 12, or 83%) are currently receiving treatment for drug and/or alcohol abuse.

It is promising that 83% of those who reported having drug and alcohol problems at intake are currently receiving treatment. It is possible, however, that the client's pregnancy status may be artificially inflating those numbers. There is definitely a social stigma around alcohol or substance abuse and pregnancy. One-third (or 4 of 12) of the clients report having a mental health problem and two report having a mental health disability. Neither of the women who reported having a mental health disability are receiving mental health treatment and 92% (or 11 of the 12) are not receiving any formal mental health services at intake.

Overall, BRH clients reported physical and mental health ratings of 7.5 and 7.3, respectively. The reported quality of life average was a 6.3 on the same ten-point scale.

BRH clients reported an above-average in all three health and quality of life parameters and their ratings were the highest among the five programs that were analyzed.

Less than half of the BRH clients have been violent towards someone in the past year (5), however, most have been in jail (10) and one has gone to prison (1).

Criminal and violent tendencies are common in the population of all HPP programs including Bloom House. Although the sample size is small, it appears that pregnant, homeless women have a particularly high incidence of childhood traumas if this sample population is any indication. The concomitant high incidence of incarceration may also raise the probability of generational traumas as these mothers may repeat their past histories with their own children, particularly in the absence of therapy and guidance (such as that provided by BRH).

There are many take-aways from the descriptive data gathered by HPP and analyzed by the UCCS Economic Forum. Although many of the characteristics of the HPP homeless are not necessarily surprising, the prevalence of certain (negative) experiences is astonishing. Across all programs there is a high percentage of homeless who have childhood experiences of parental/caregiver alcohol, drug, and/or mental and physical abuse. Many Colorado Springs homeless have experienced some combination of these traumas or even all of the childhood traumas. These traumatic experiences are happening during key formative years. Likewise, many of the HPP clients across programs have some prior history of inflicted violence during their adult lives, and many HPP clients have experienced jail or prison time. The pattern of violence starts young and persists throughout the homeless clients' lives.

HPP clients also have very low educational attainment—particularly the homeless mothers in Bloom Recovery House. This undoubtedly ties to the adverse home environment as children and the high likelihood that there was not academic support in the home.

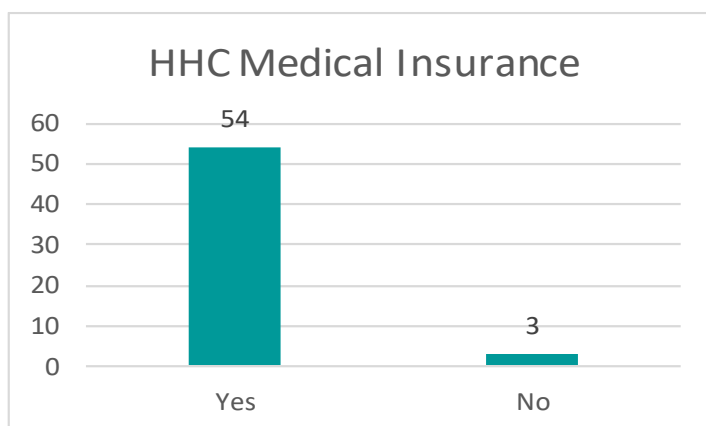
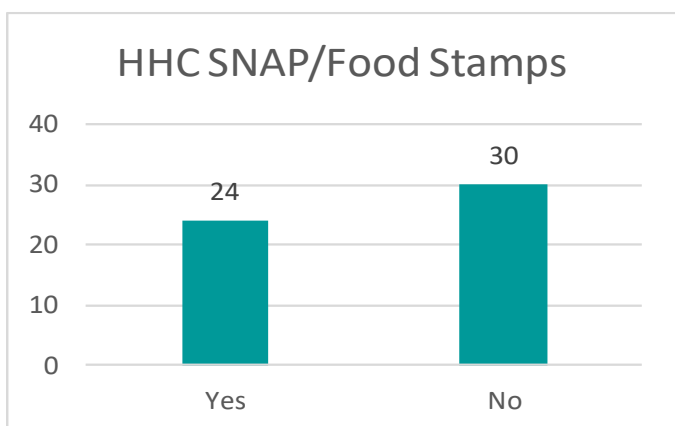
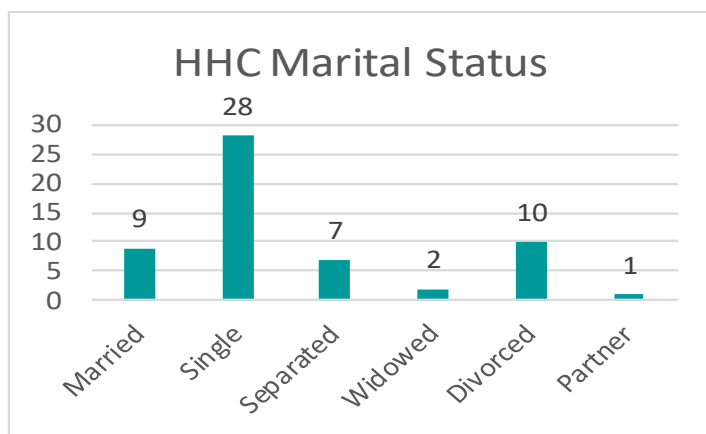
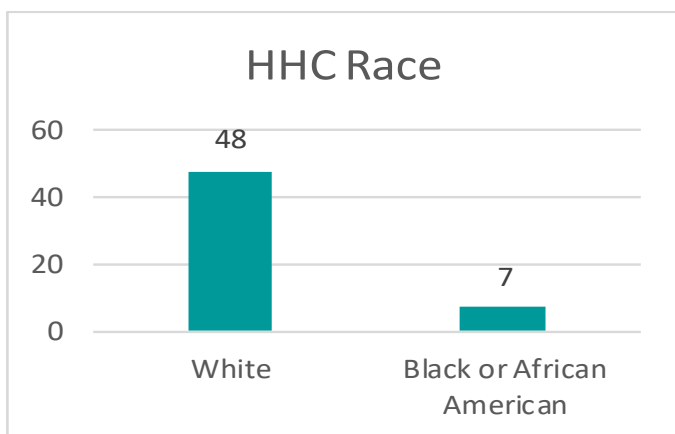
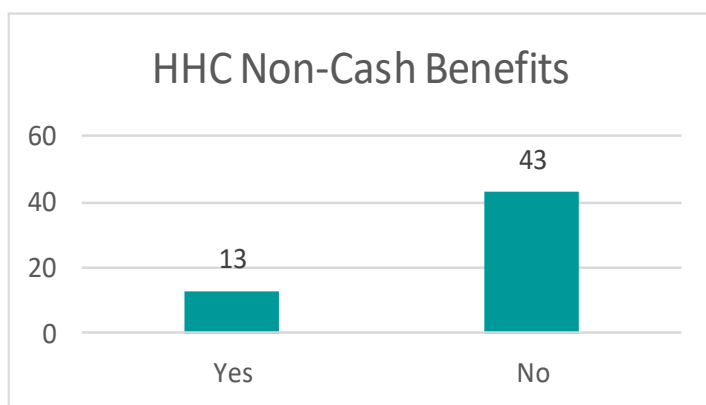
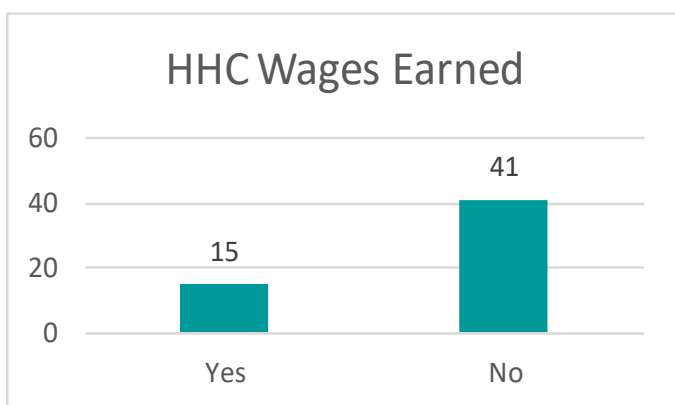
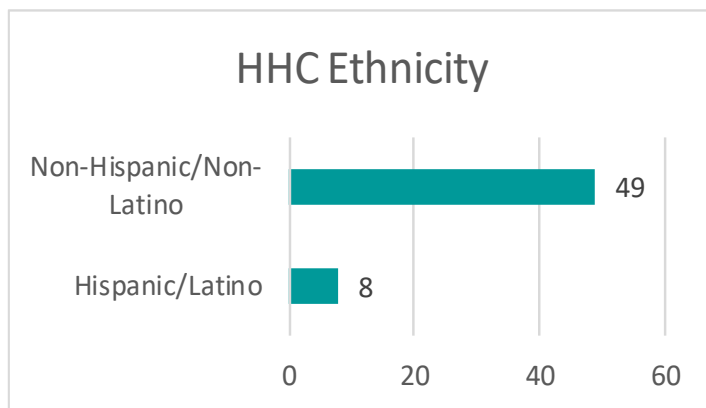
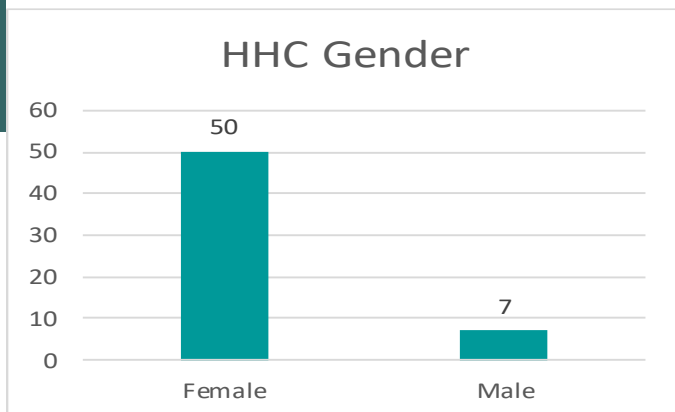
Tragically, the patterns of alcohol or other substance abuse, mental and/or physical abuse, and the low educational attainment may very well extend beyond the homeless HPP client himself or herself. All of the HPP programs except for Harbor House Residential had some clients who were parents. It is well documented that childhood traumas are often repeated. There is also a strong correlation between a parent's educational attainment level and a child's educational attainment level. In addition, the homeless or unstable housing situation for HPP clients makes it even more likely that children of these clients may face the same traumas and the same (low) educational attainment as their (homeless) parent.

One bright spot in this analysis is the high percentage of clients who have Medicaid coverage. This could potentially offer some pathways for improvement for this population particularly around mental health. The themes of childhood trauma, in particular, suggest treatment therapies that center around post-traumatic stress disorder. This clearly needs more investigation by expert clinicians who can now be fully informed about the past experiences of their client population. Furthermore, the data implies that children of homeless individuals (even if they are housed) are most likely vulnerable to the past histories of their parents. This suggests active outreach to the children of our local homeless population when it is possible and consented to by parent(s).

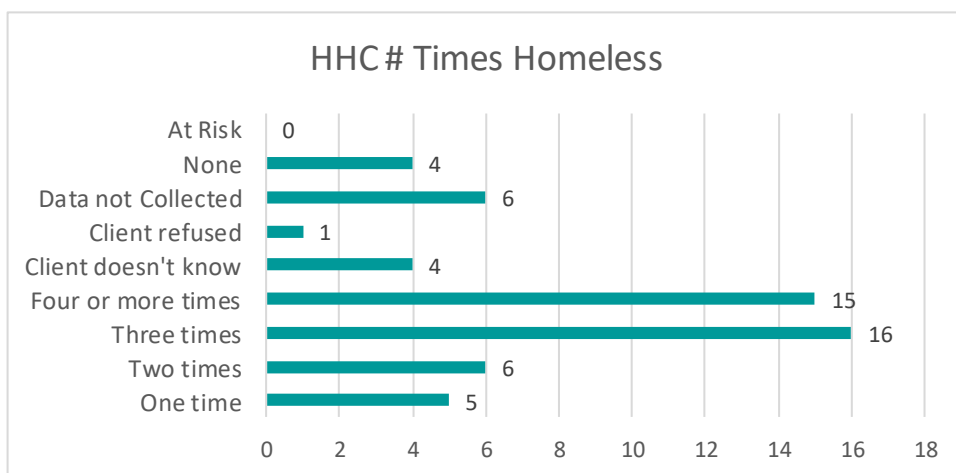
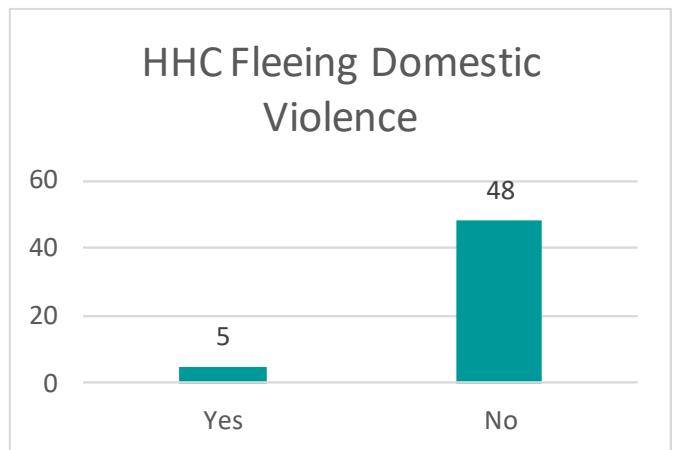
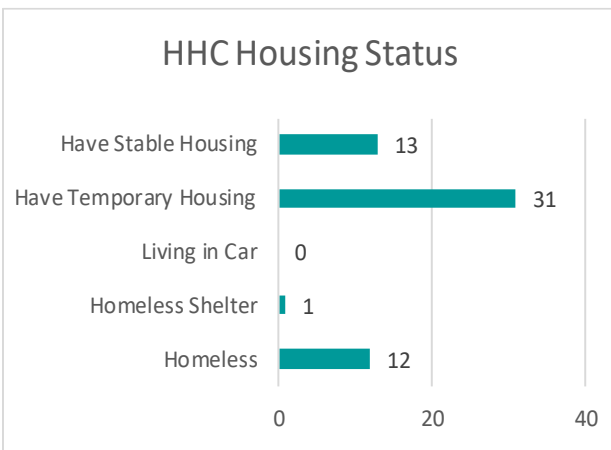
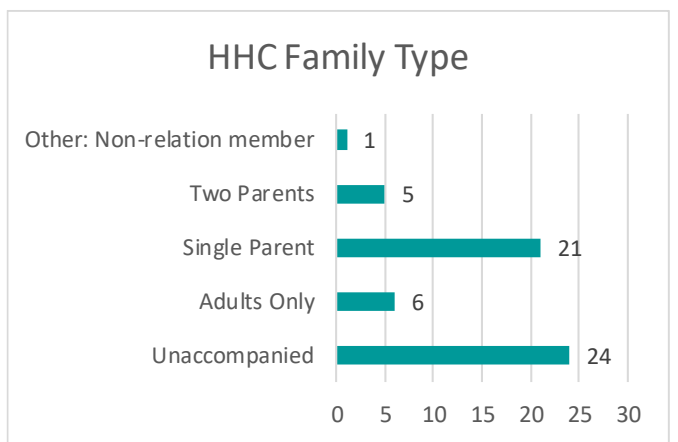
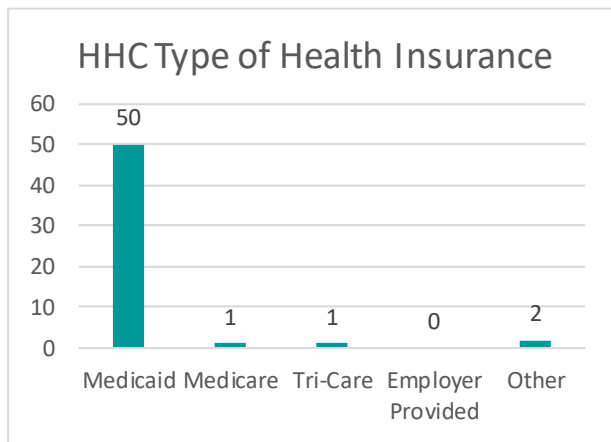
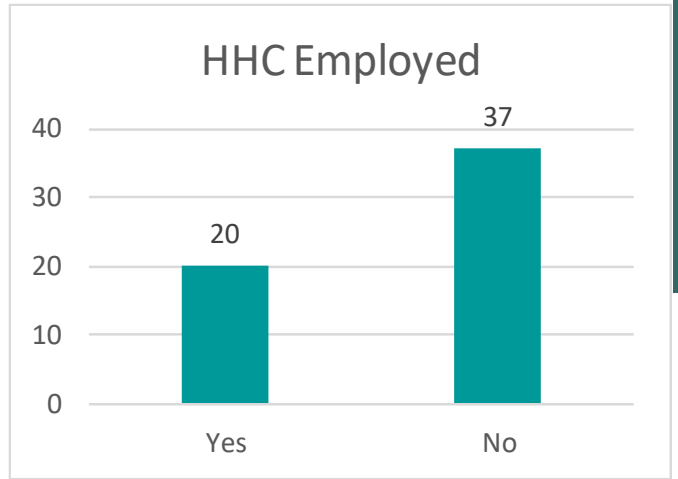
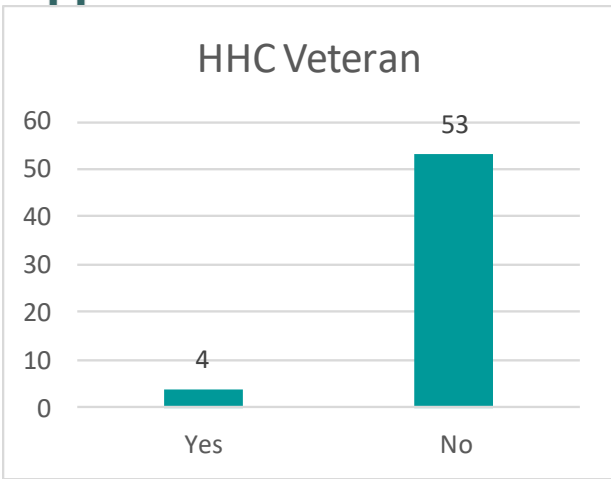
From a broader, community perspective the data confirms that the shortage of mental health providers nation wide and locally can significantly exacerbate the challenges around homelessness. It is not possible to turn back the clock and erase childhood traumas and violence, but it is possible to understand the context of our local homeless. The understanding can drive a concerted effort to provide targeted mental health services, recovery from substance abuse, and all under a roof of stability and empathy.

Lastly, this evaluation can be enhanced by a phase two assessment where clients are asked about their experiences at HPP. Clients could be asked whether the services they receive are improving their quality of life, their overall physical and mental health, and whether they are on a pathway to long-term stable housing and even employment when feasible. The results of such an outcome evaluation could inform not only HPP's programs, but also other homeless programs around the region that most likely have similar client characteristics.

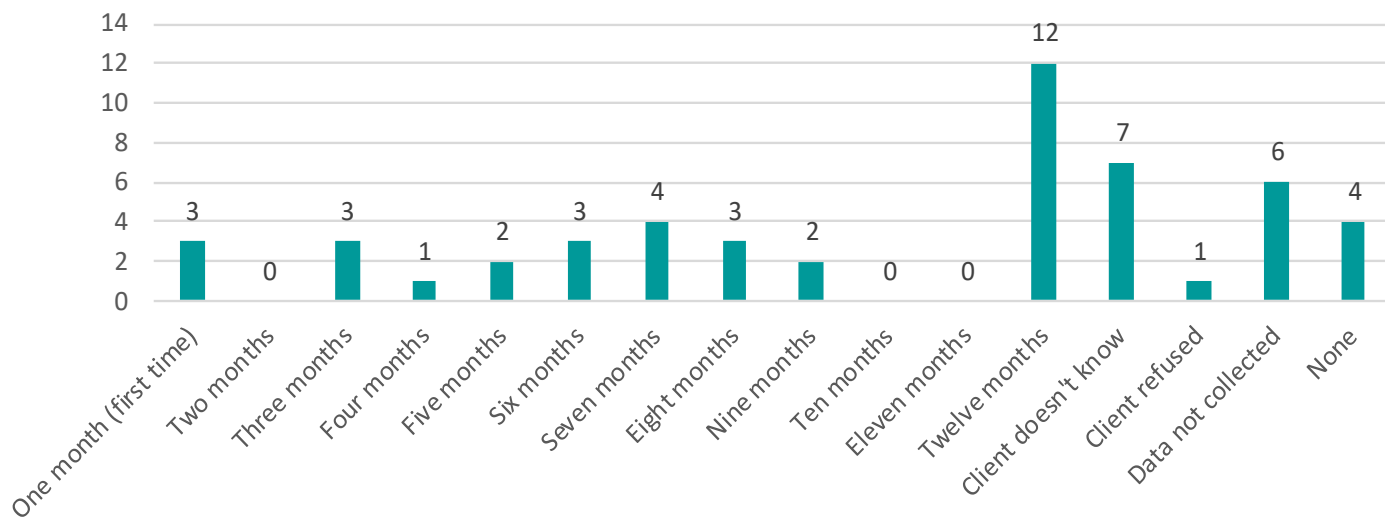
Graphical Representations of Harbor House Clinic Characteristics



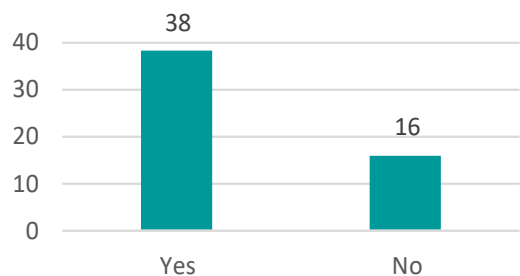
Appendix A



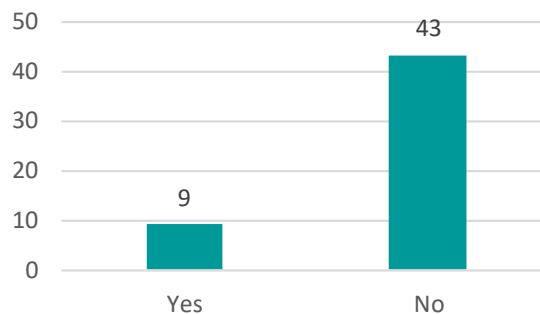
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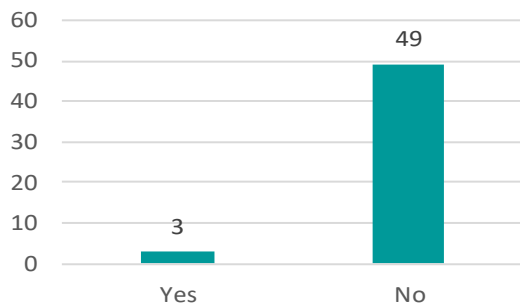
HHC Anyone Physically Violent Toward You



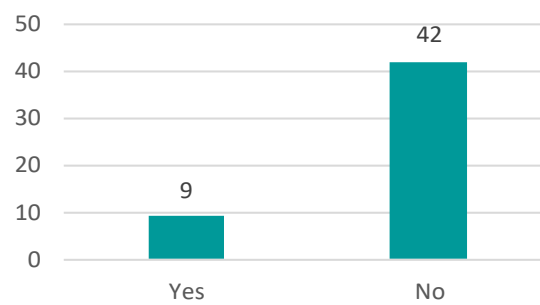
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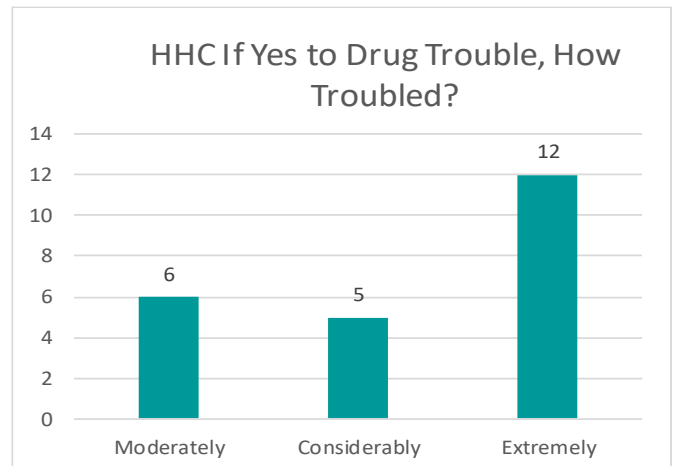
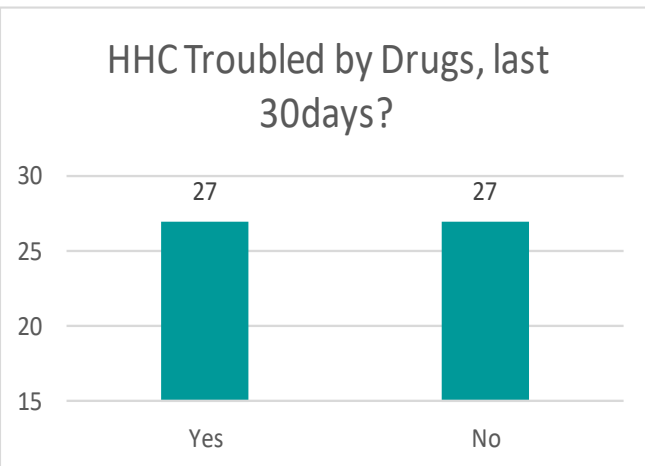
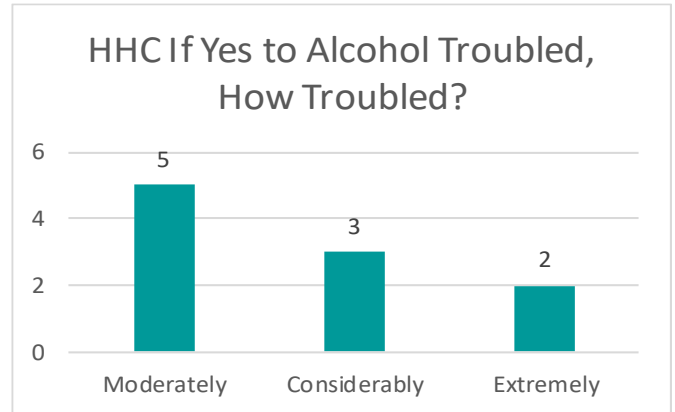
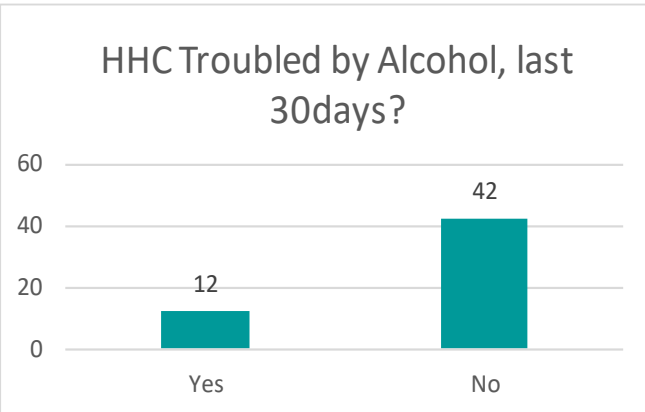
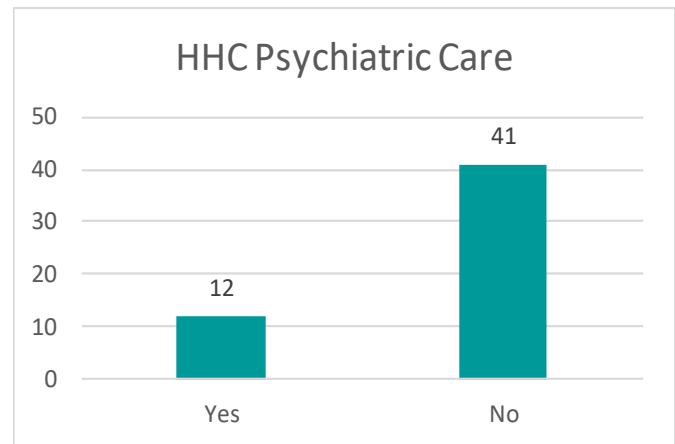
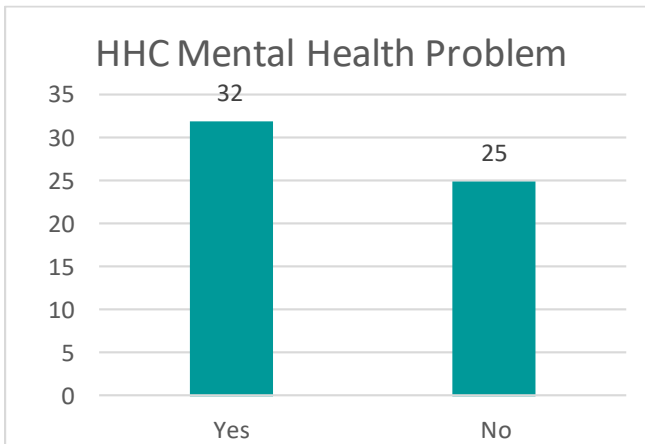
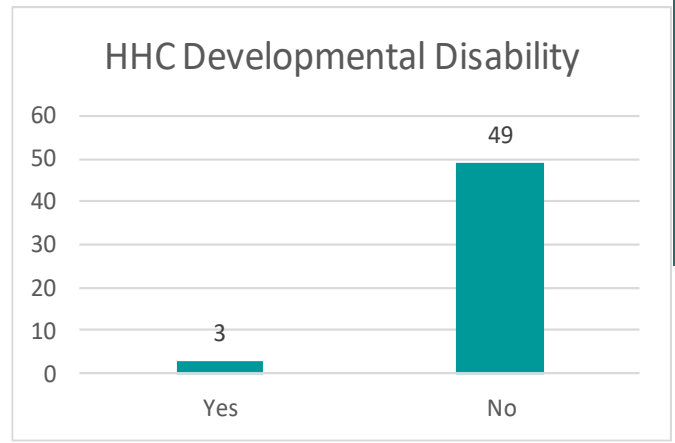
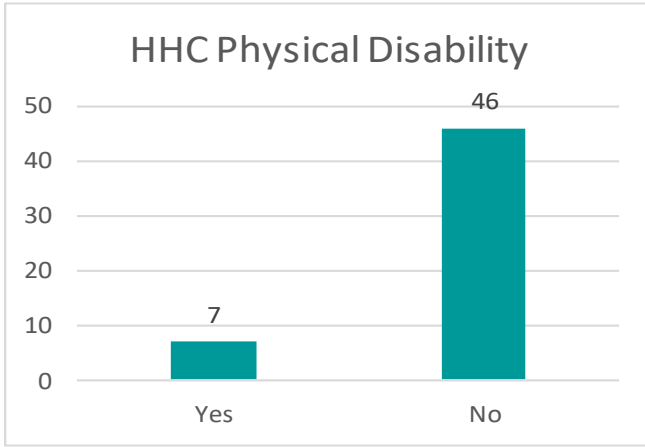


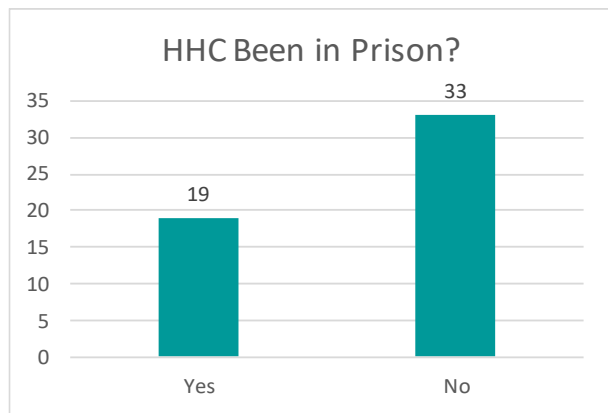
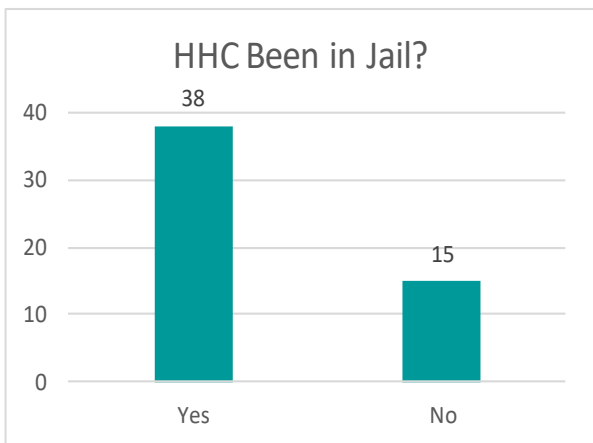
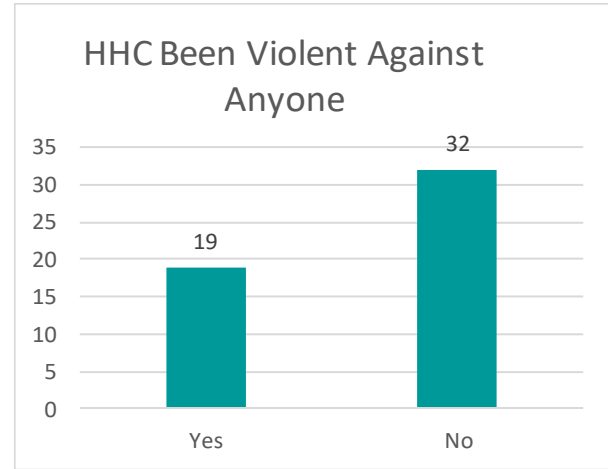
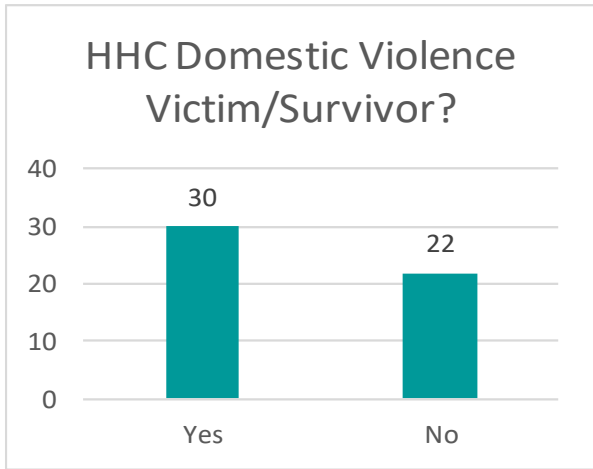
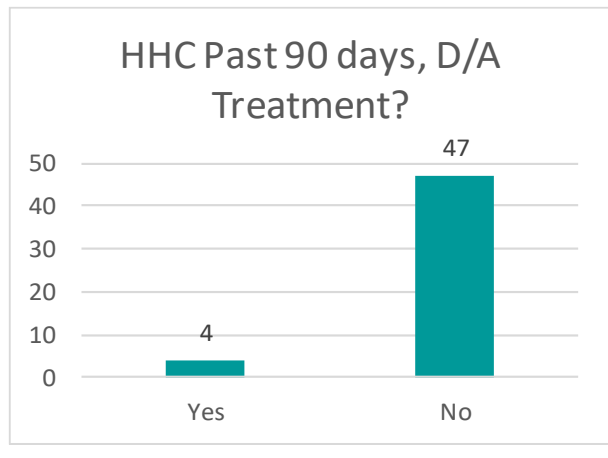
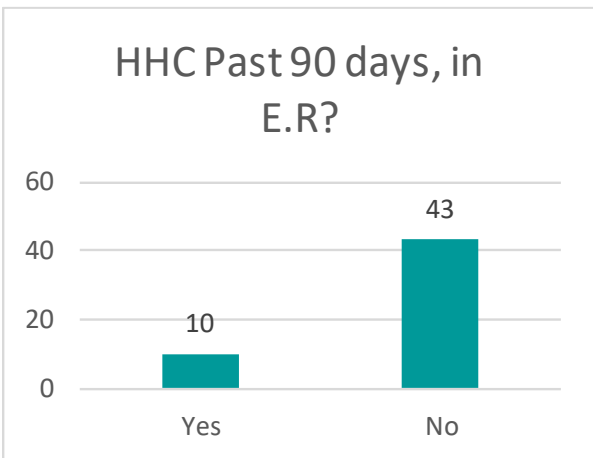
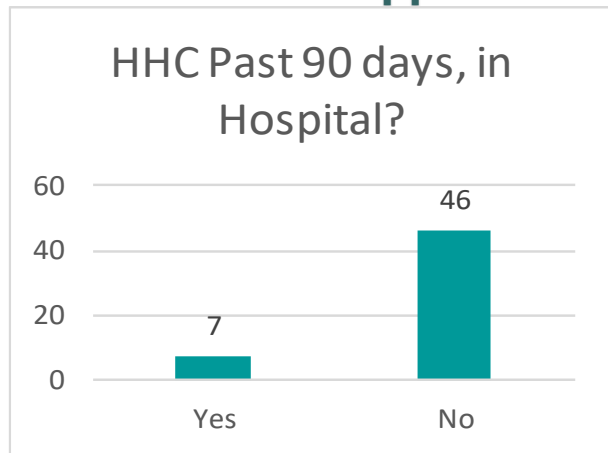
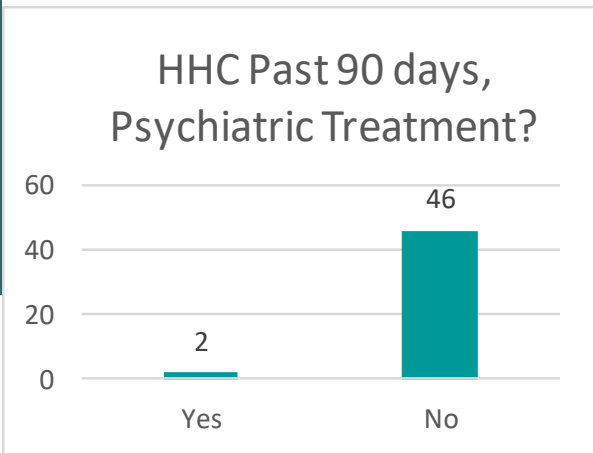
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HHC Chronic Condition



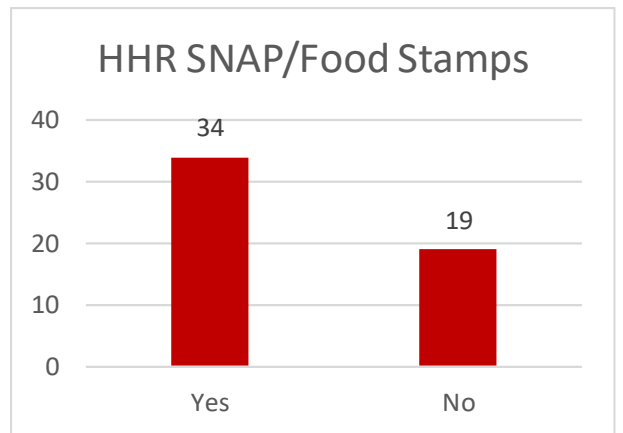
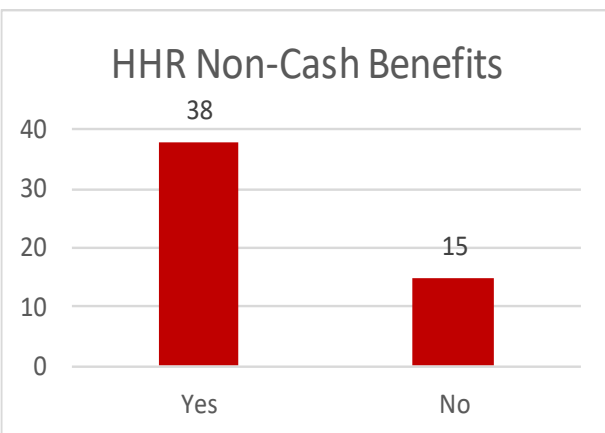
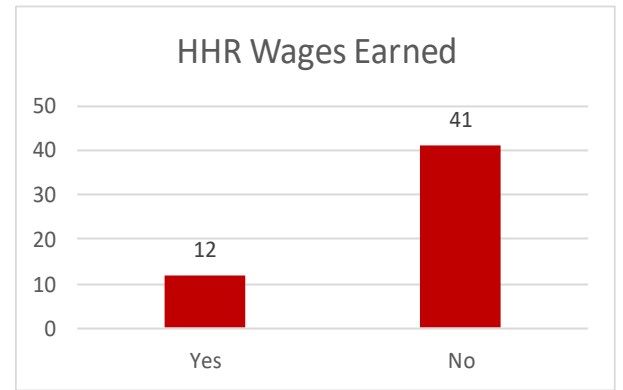
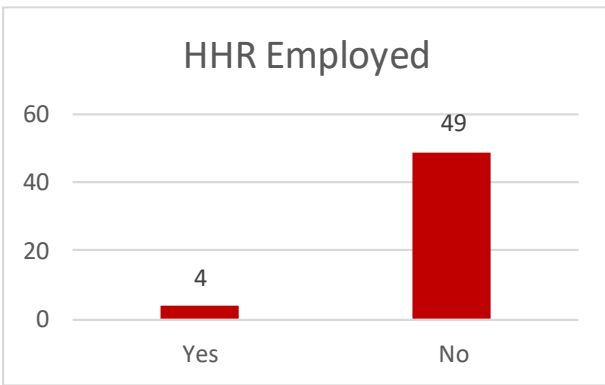
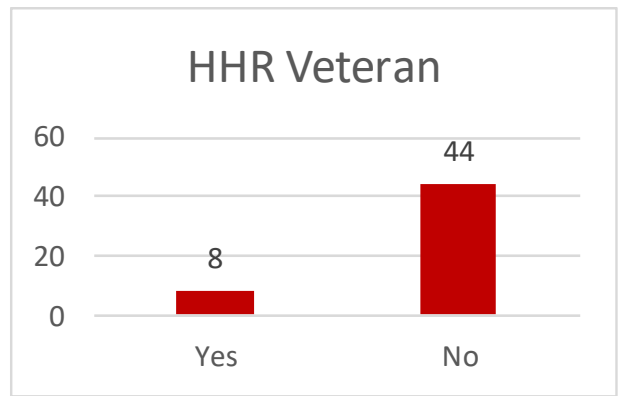
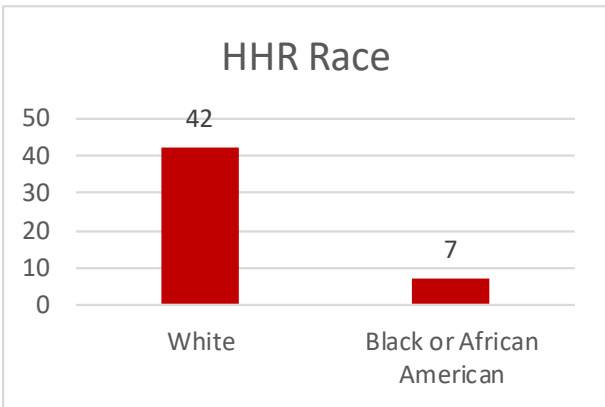
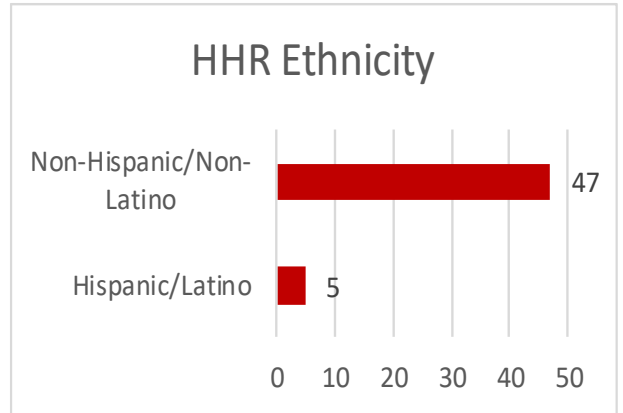
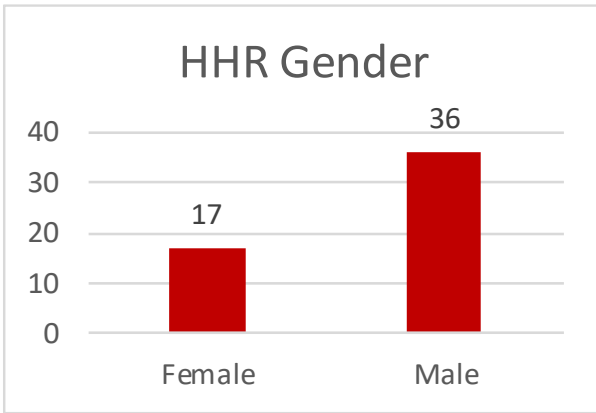




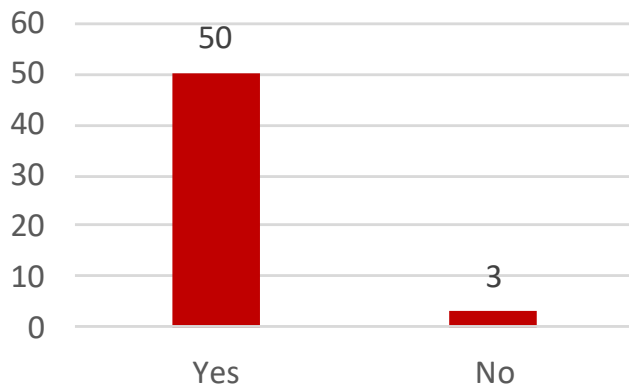
Appendix B

Graphical Representations of Harbor House Residential Characteristics

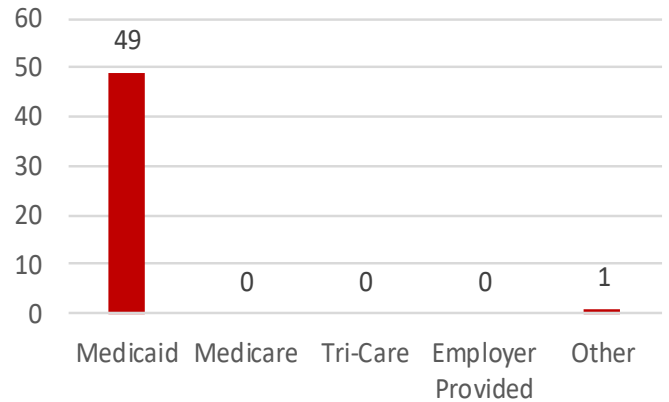
HARBOR HOUSE
RESIDENTIAL



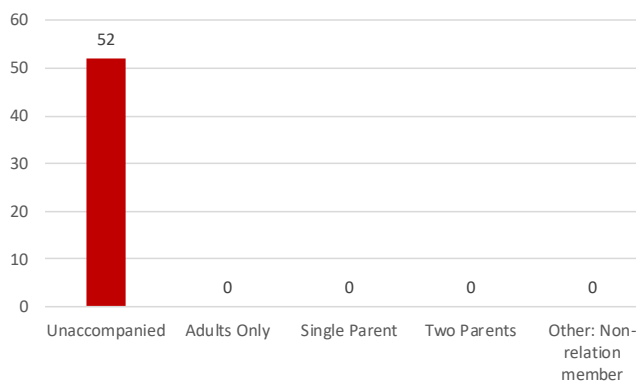
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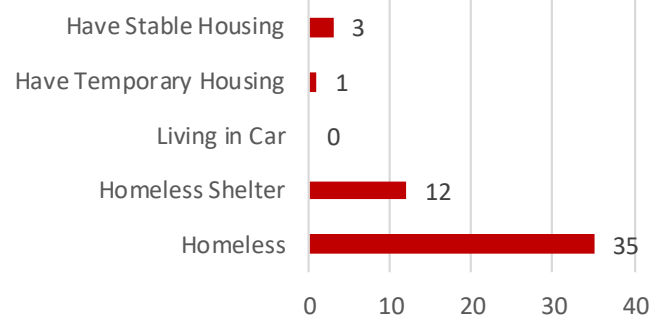
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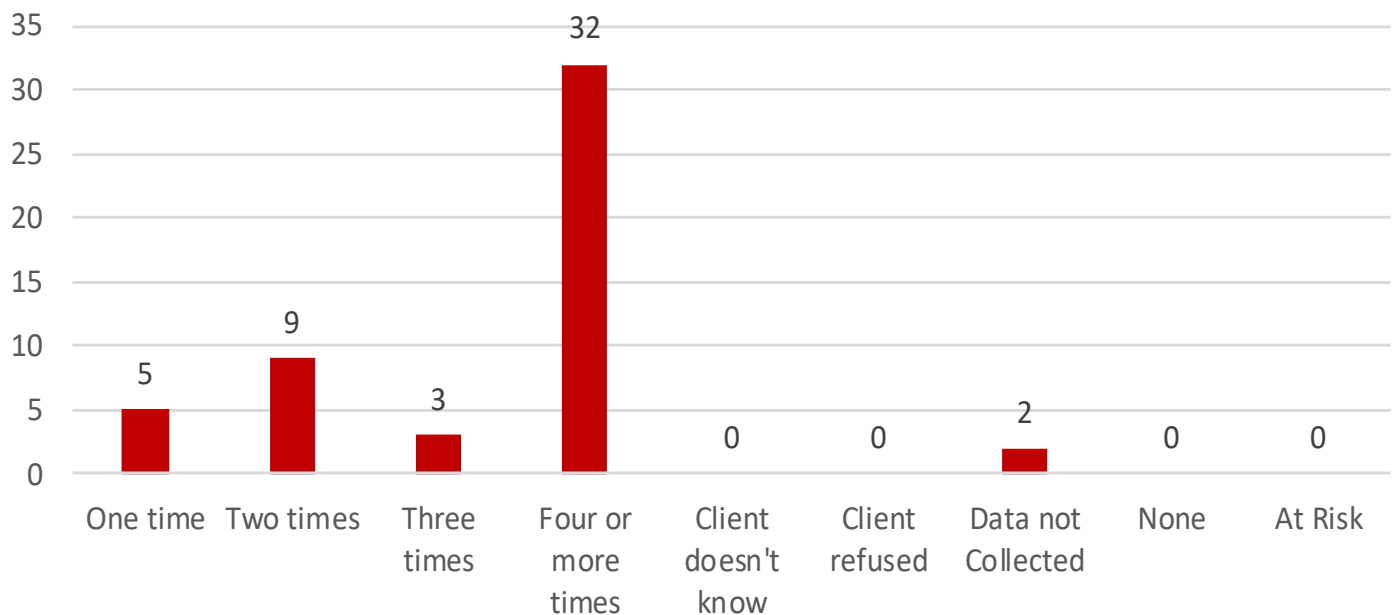
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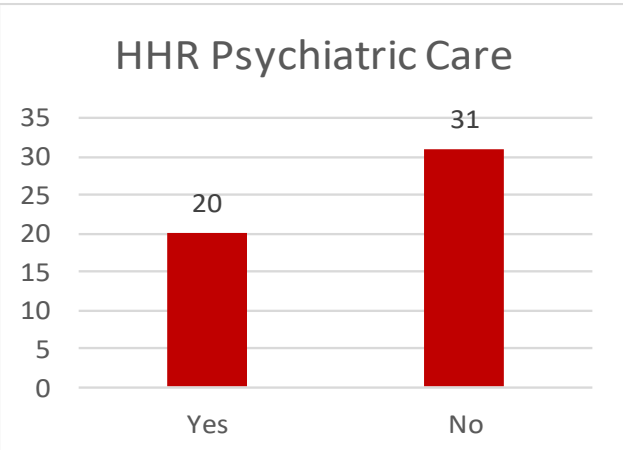
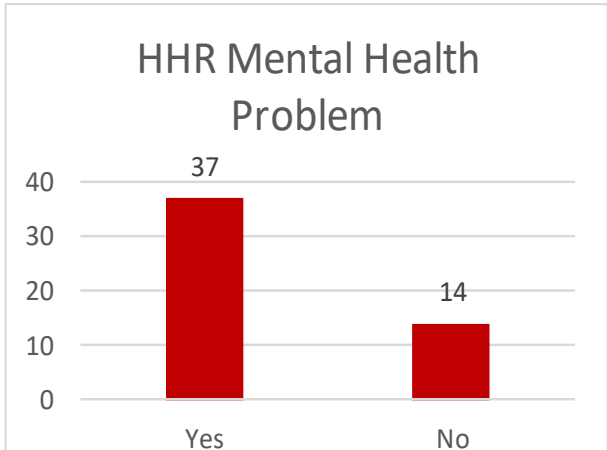
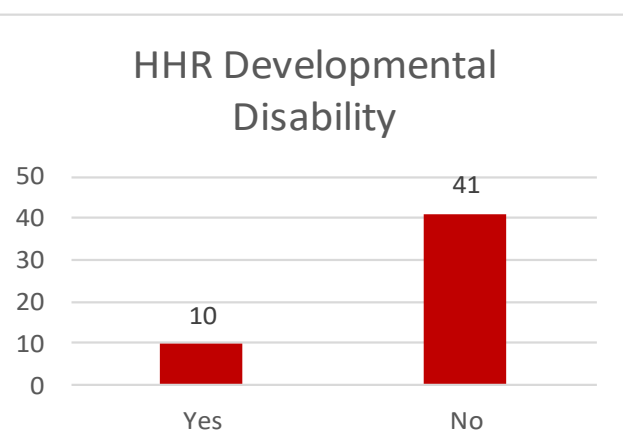
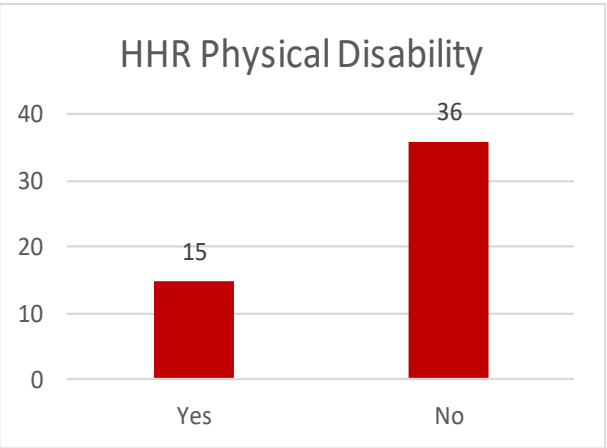
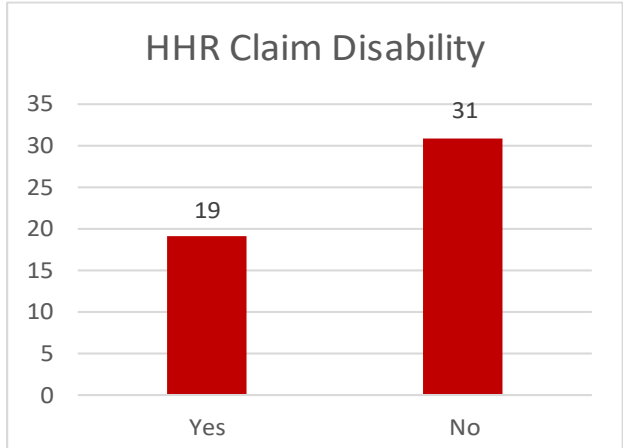
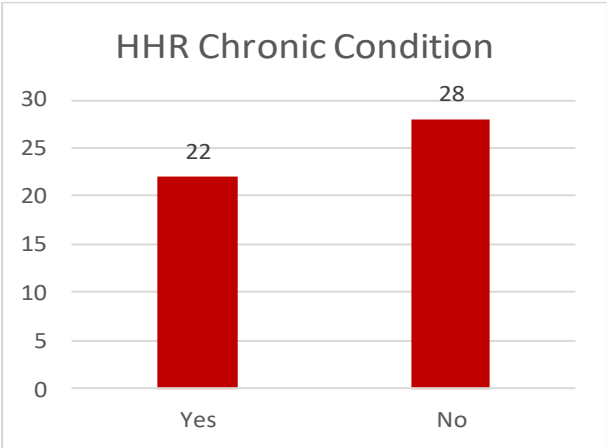
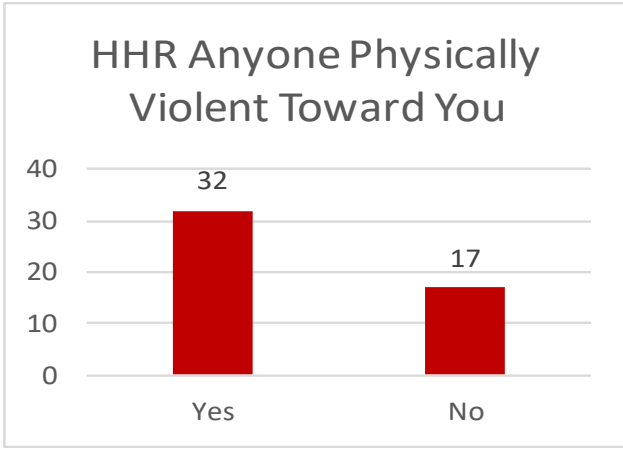
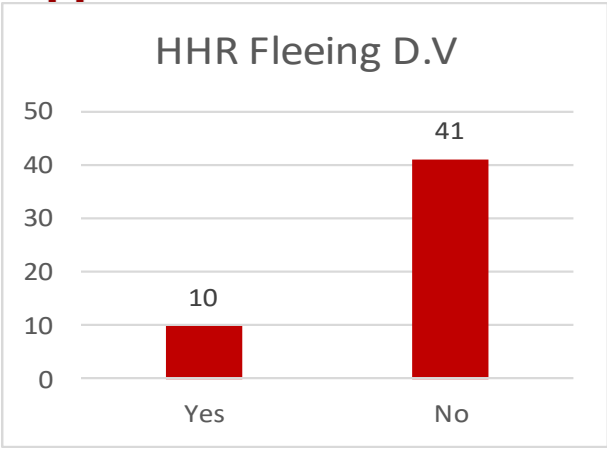
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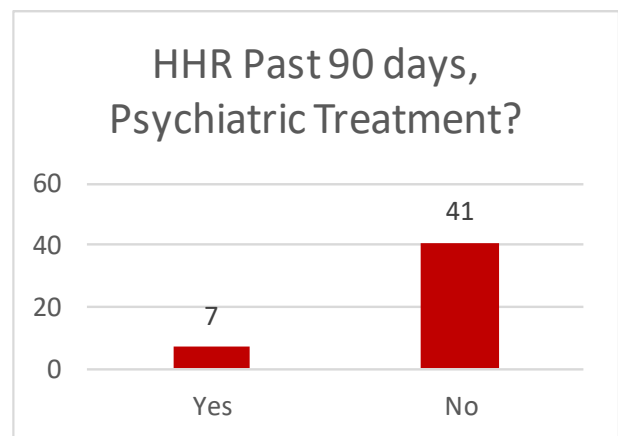
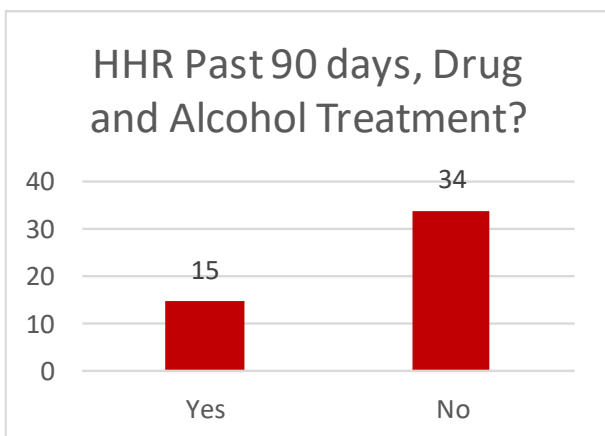
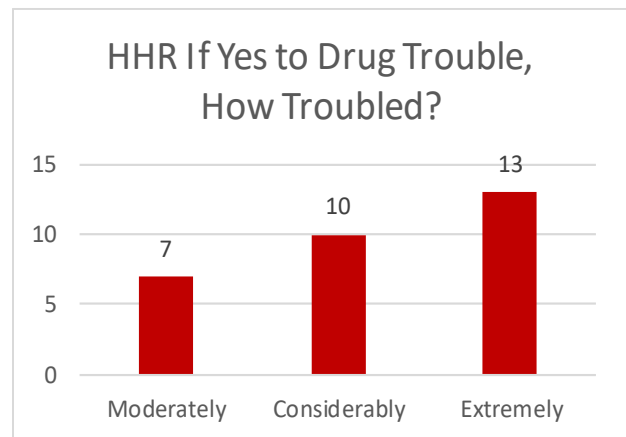
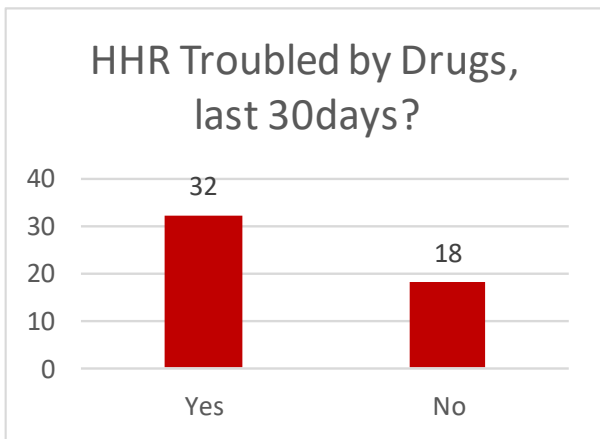
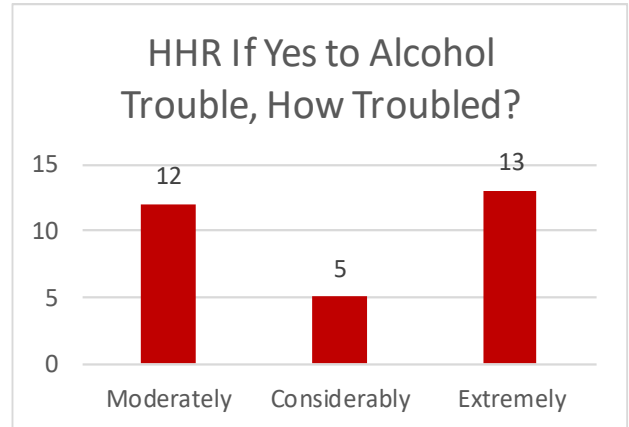
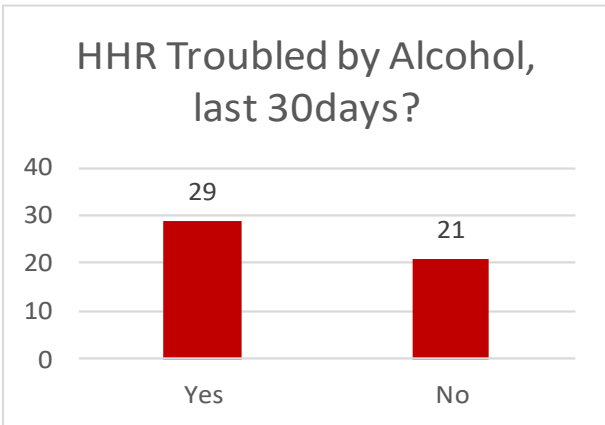
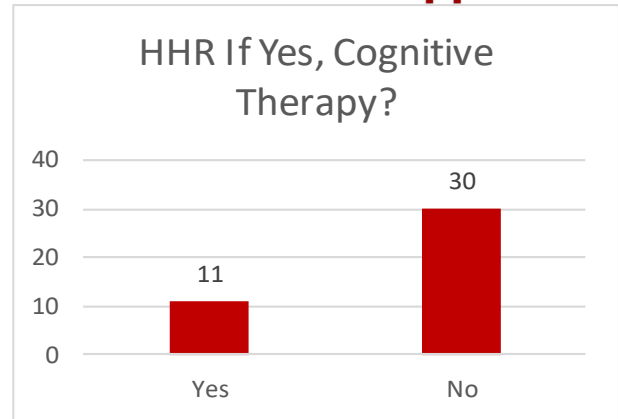
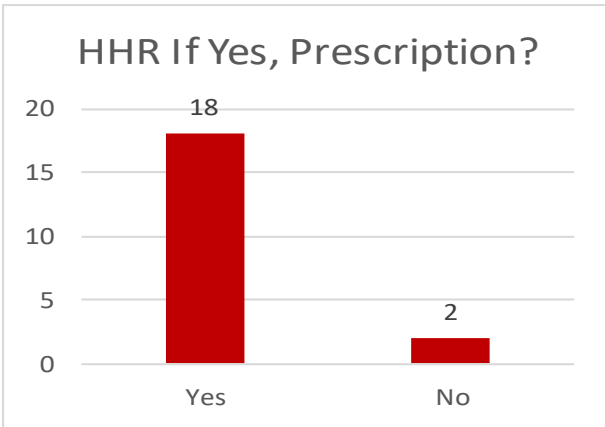


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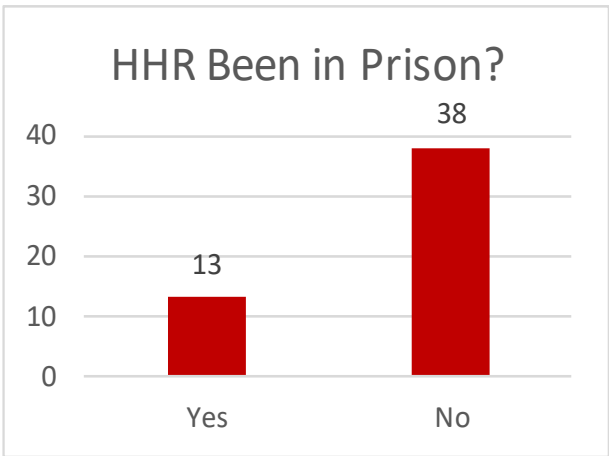
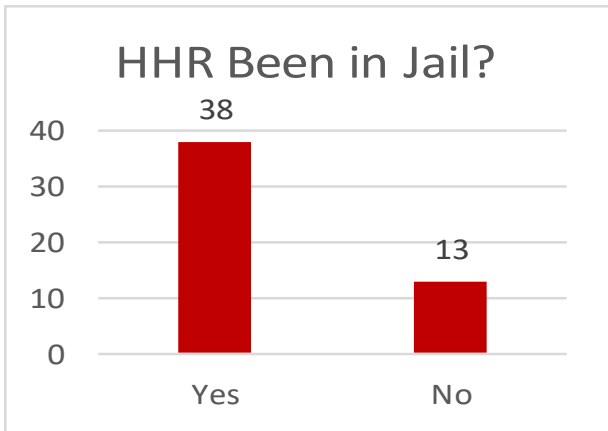
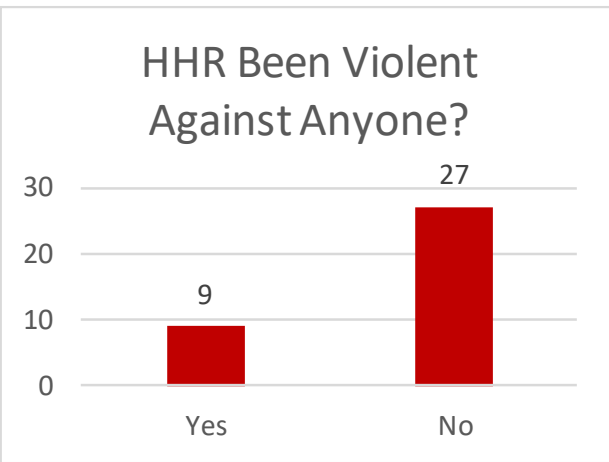
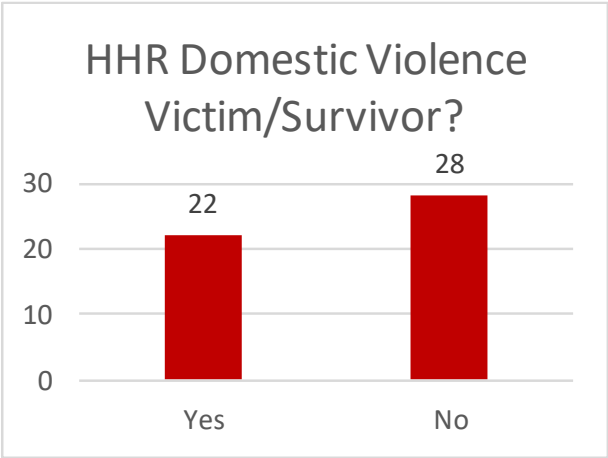
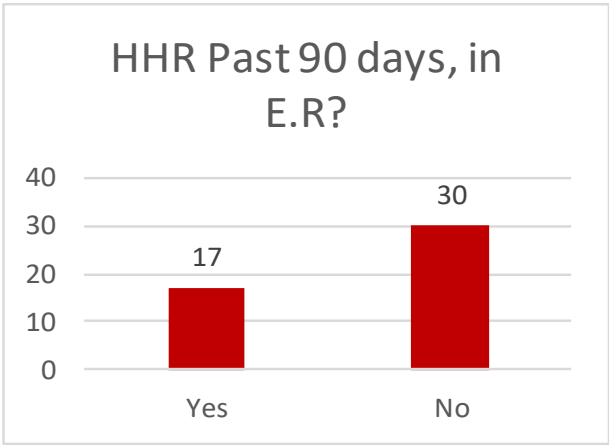
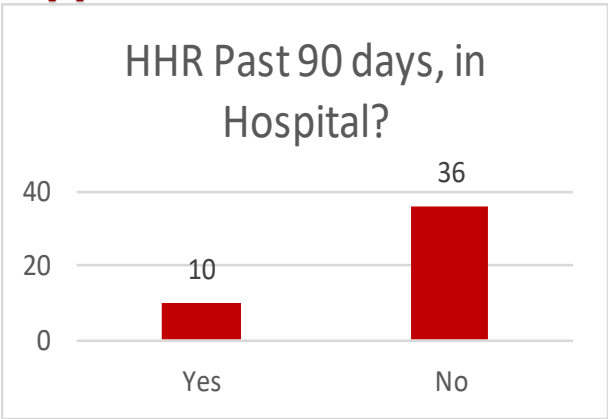


Appendix B

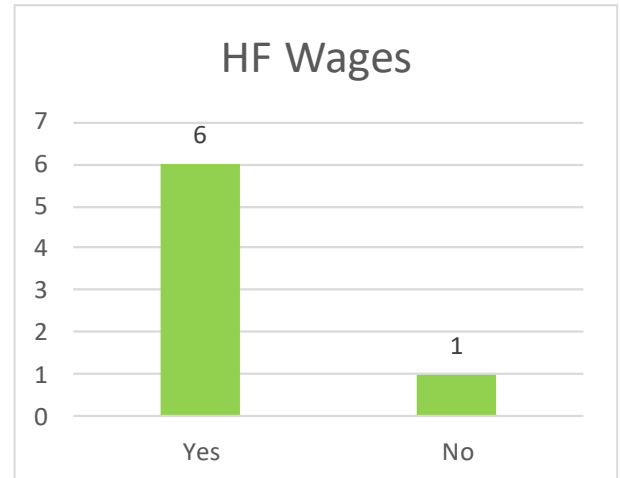
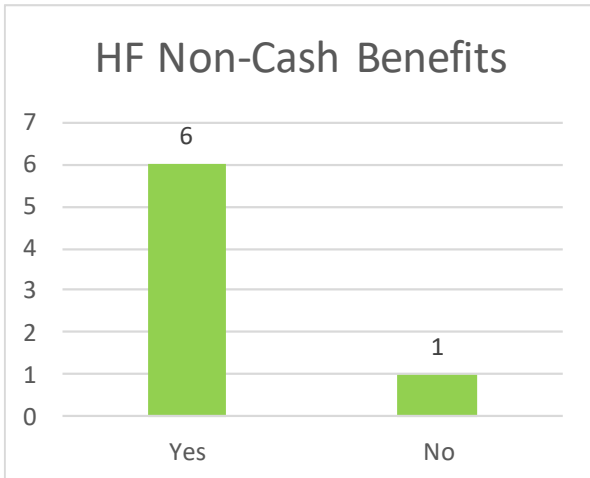
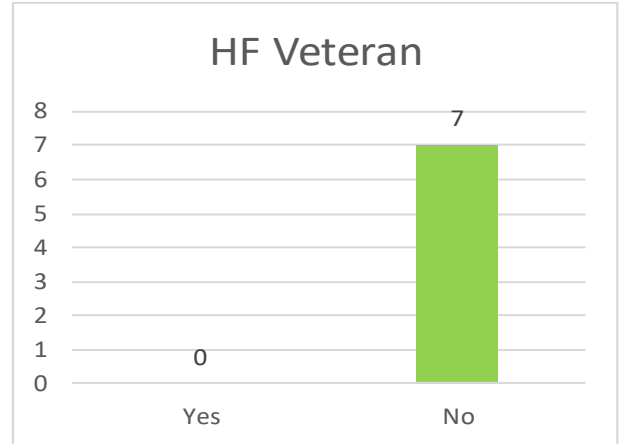
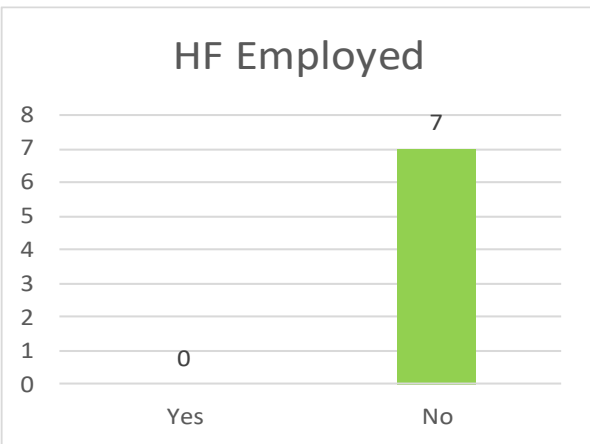
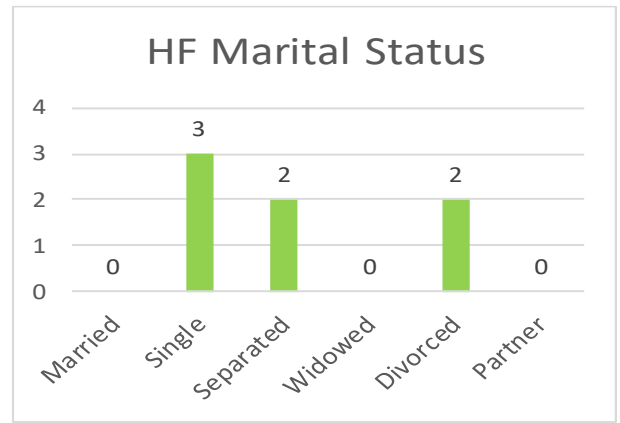
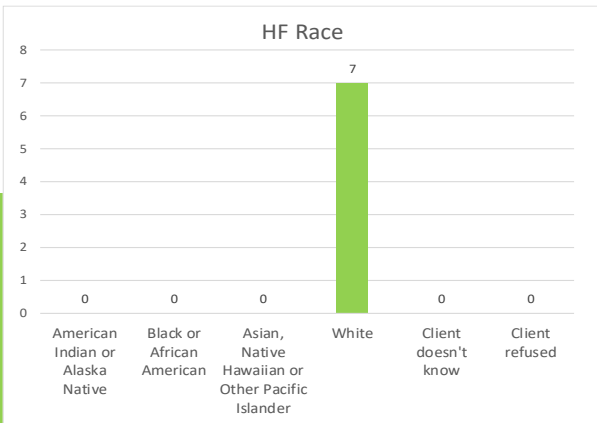
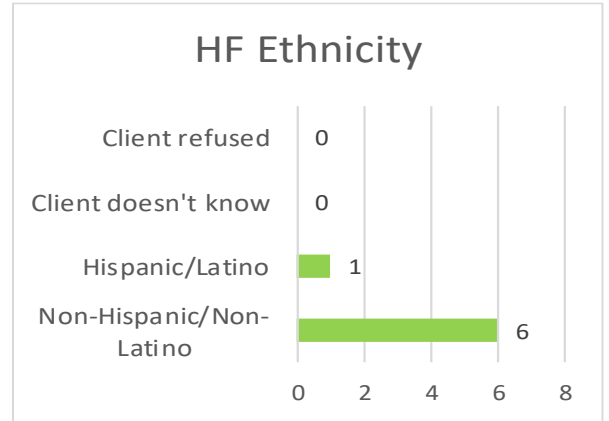
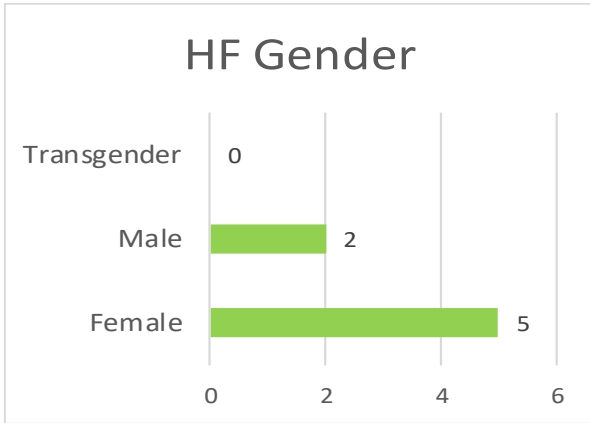




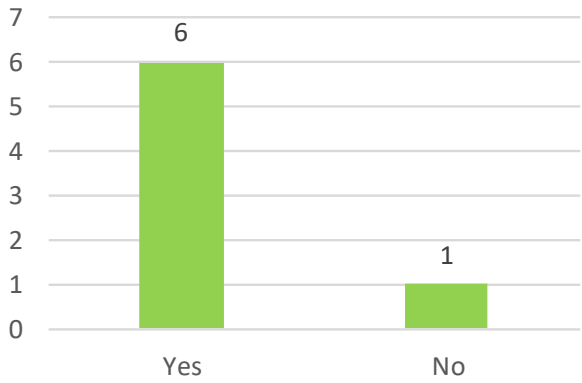
Appendix B



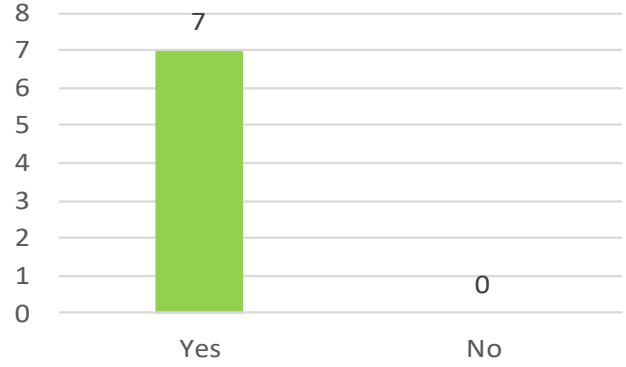
Graphical Representations of Housing First Characteristics



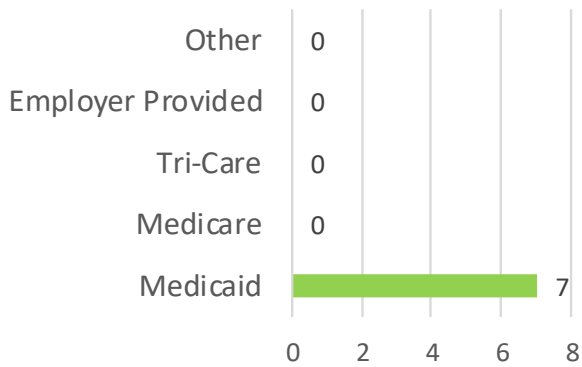
HF SNAP/Food Stamps



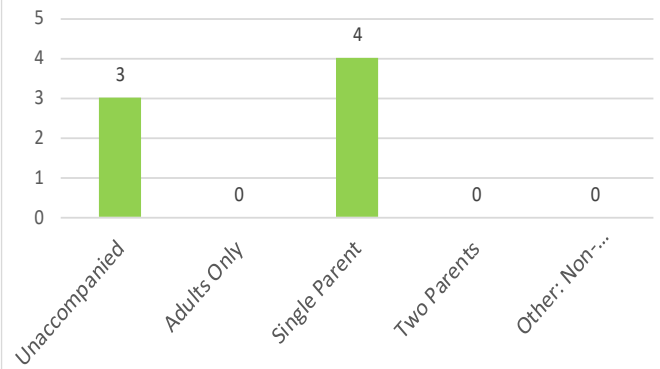
HF Medical Insurance



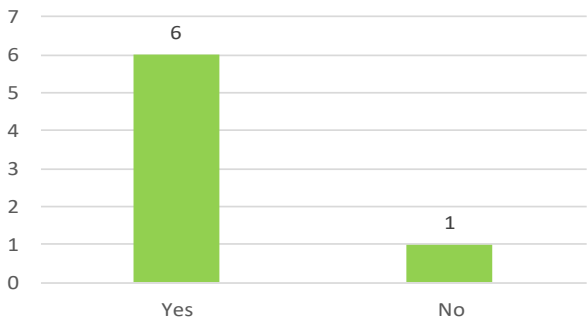
HF Insurance Type



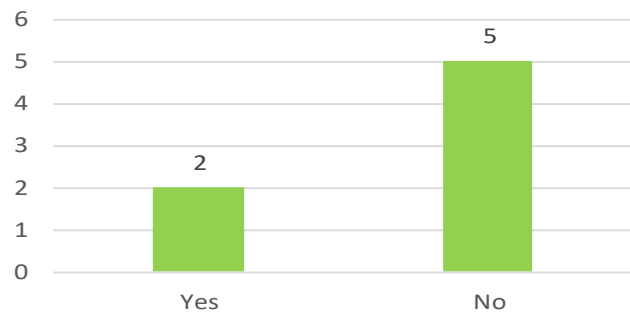
HF Family Type



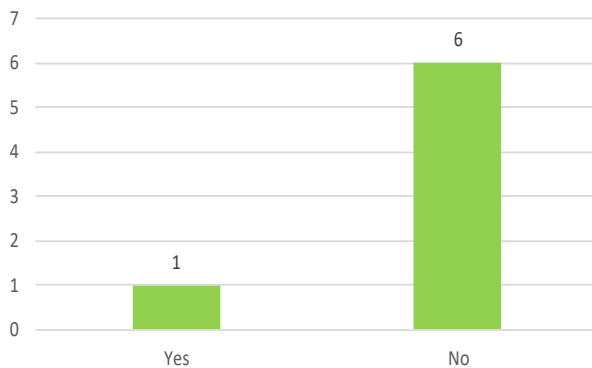
HF Anyone Physically Violent Toward You



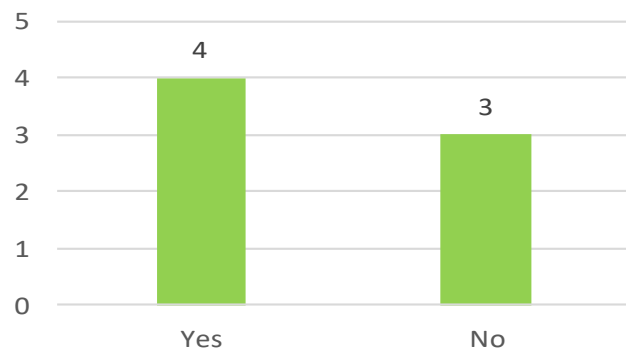
HF Fleeing Domestic Violence

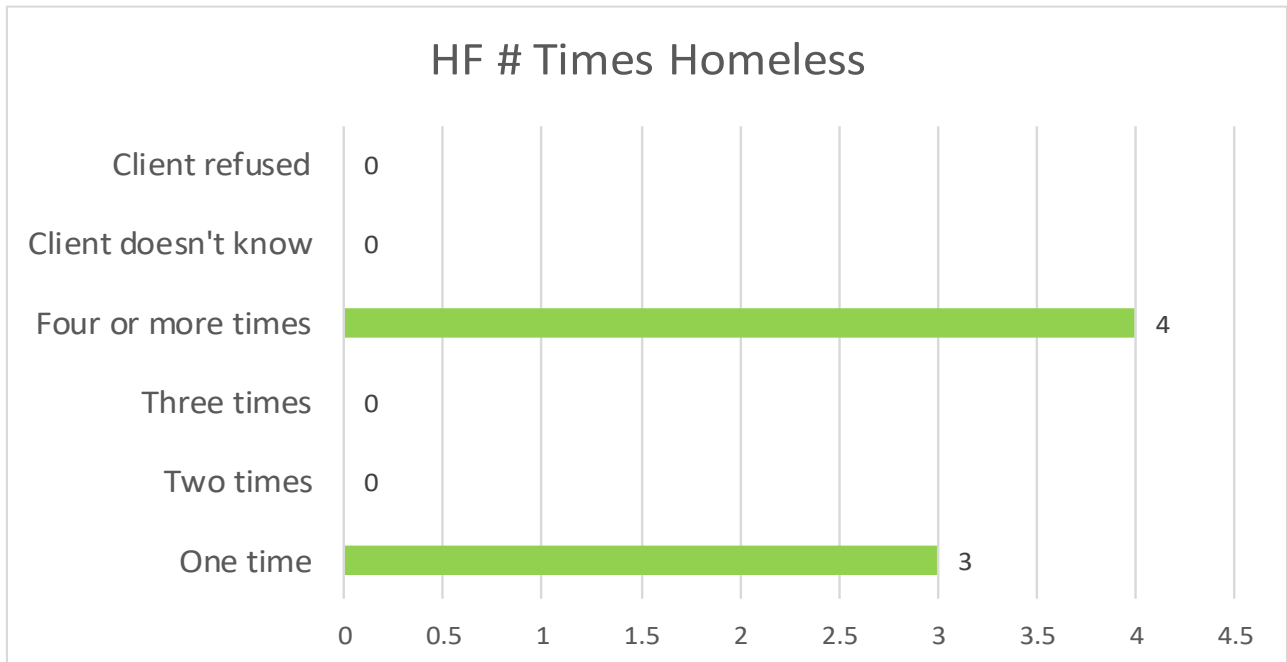
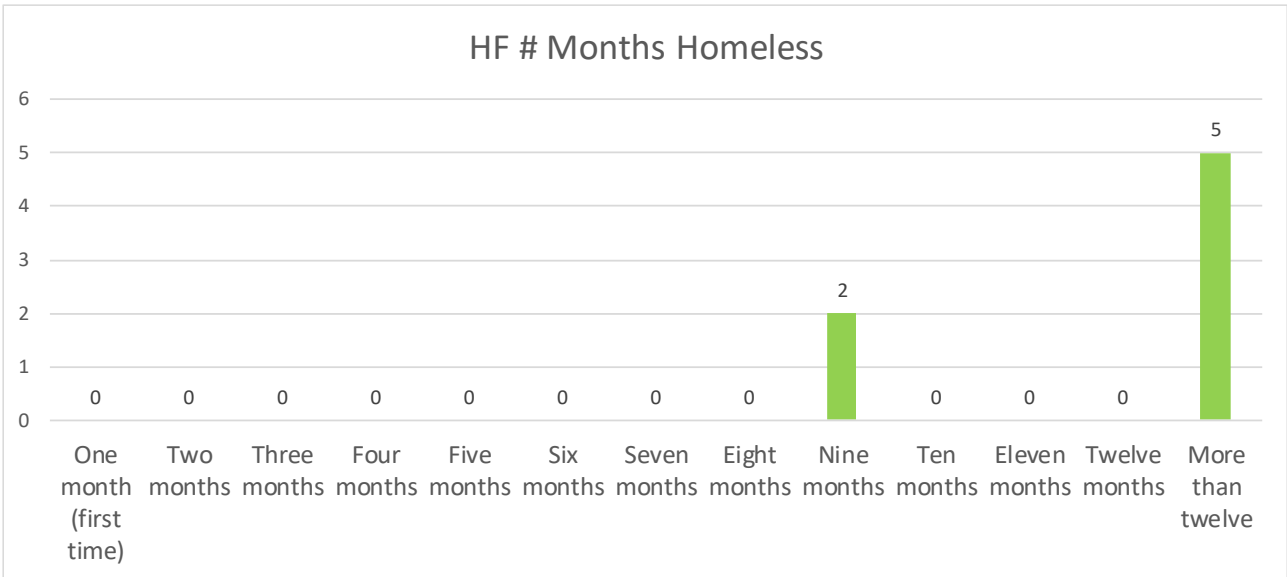
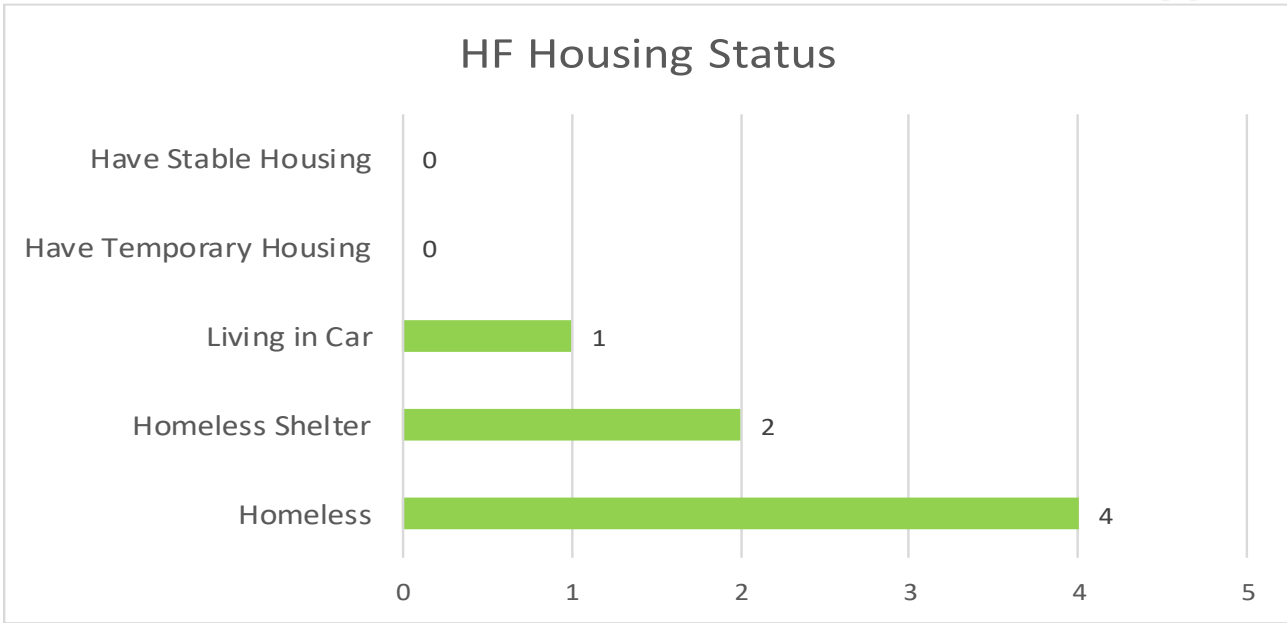


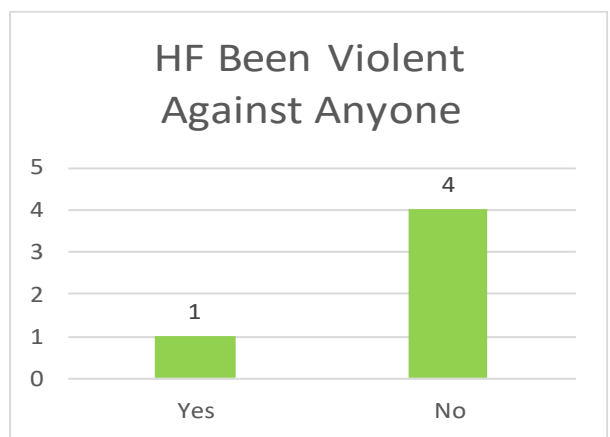
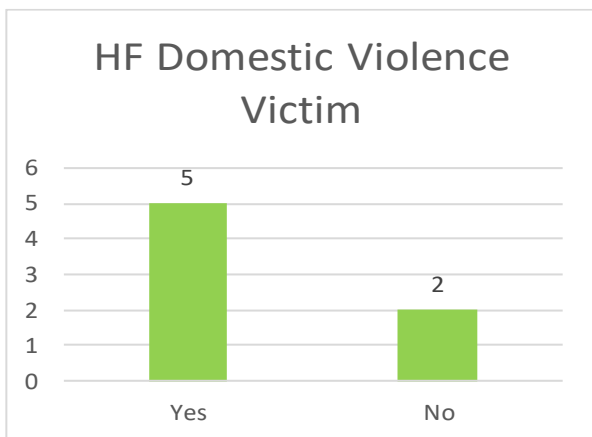
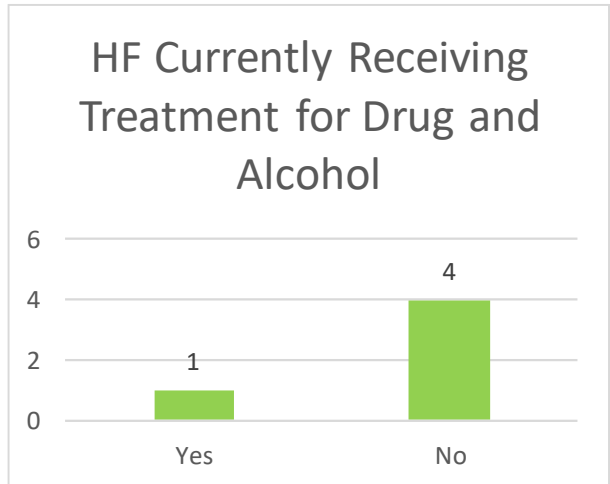
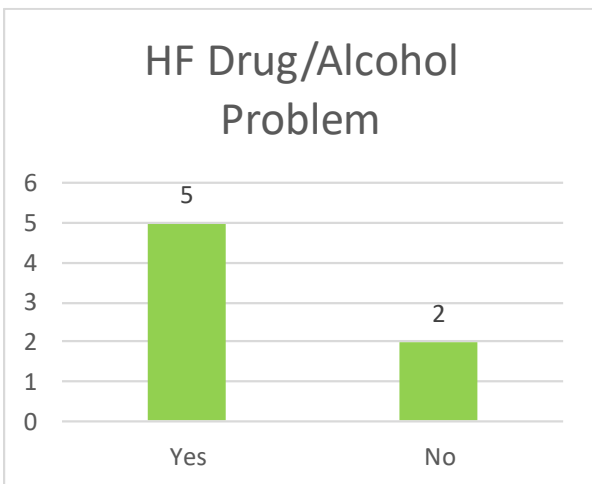
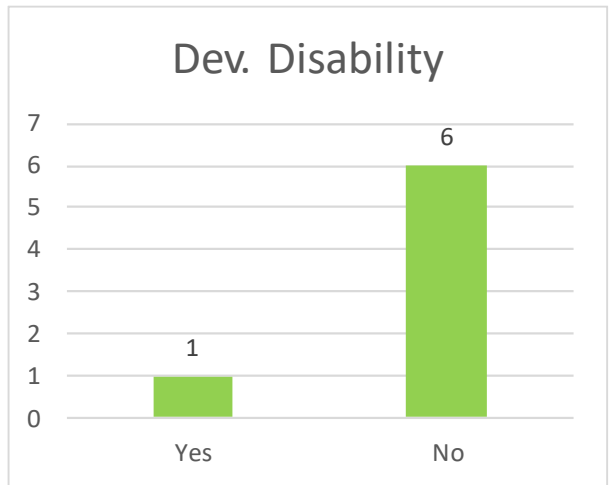
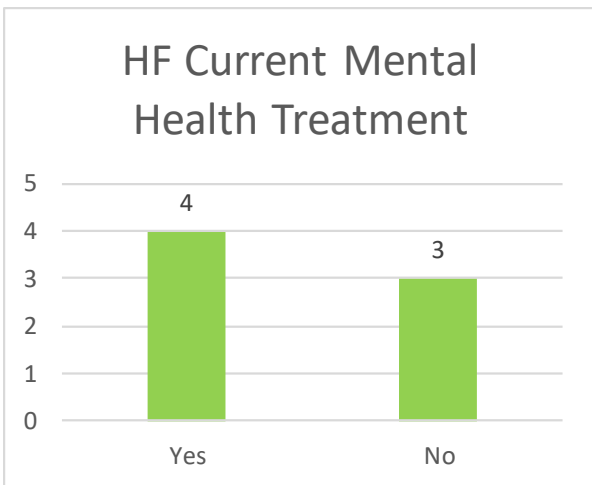
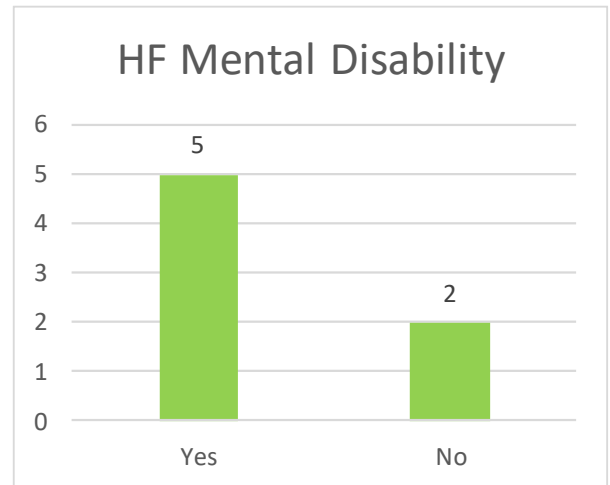
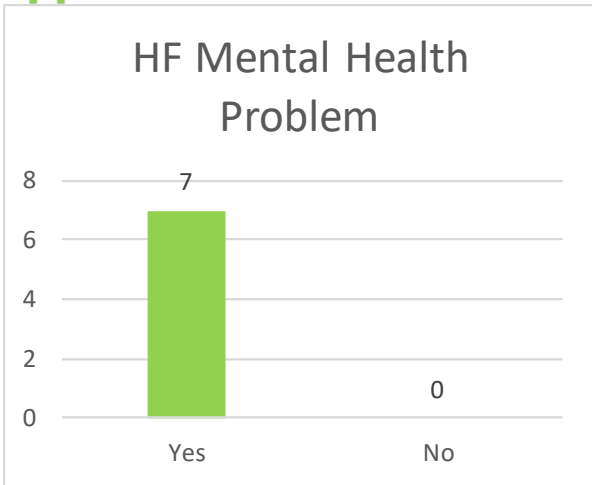
HF Physical Disability

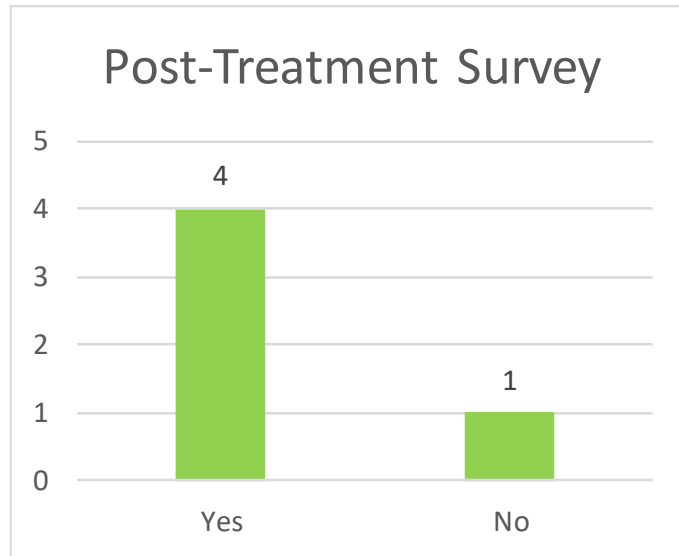
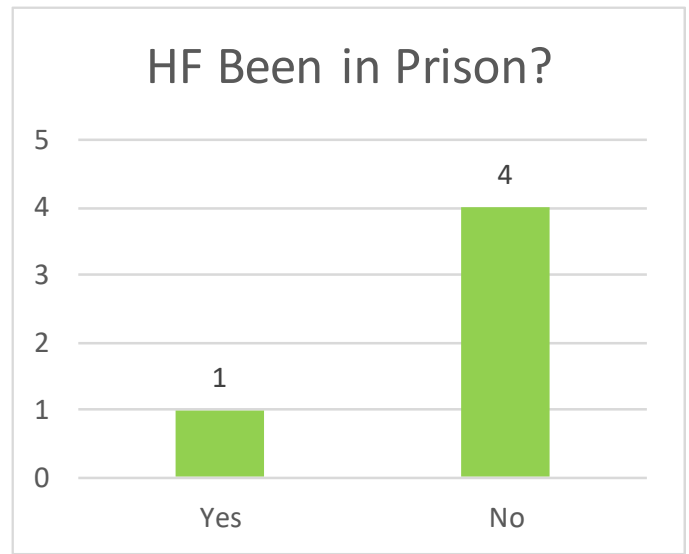
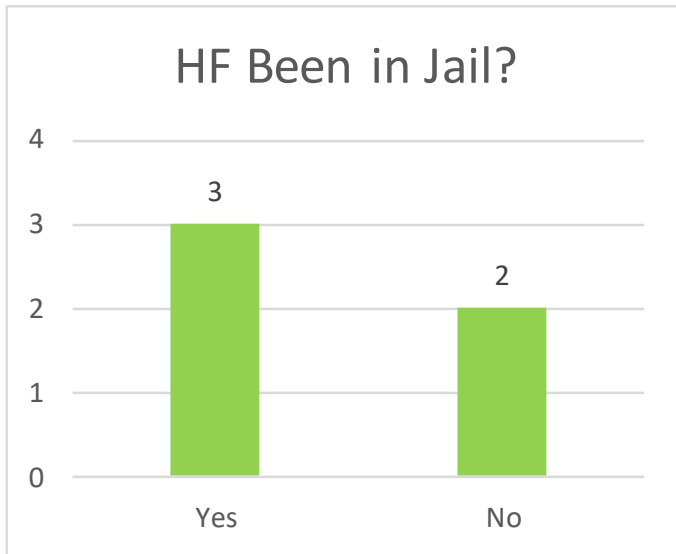


HF Chronic Condition

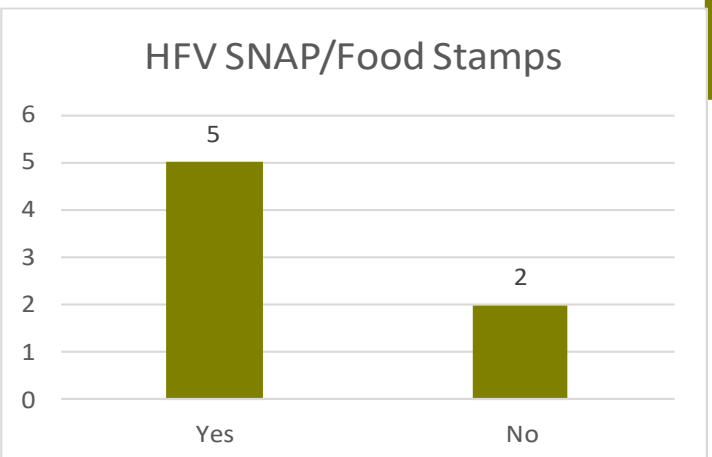
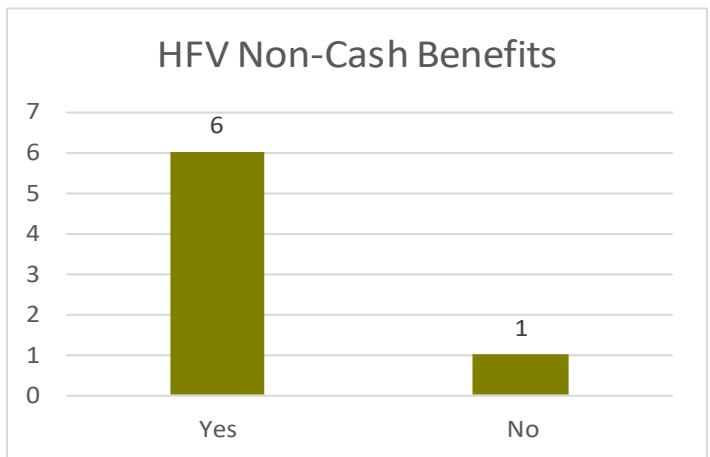
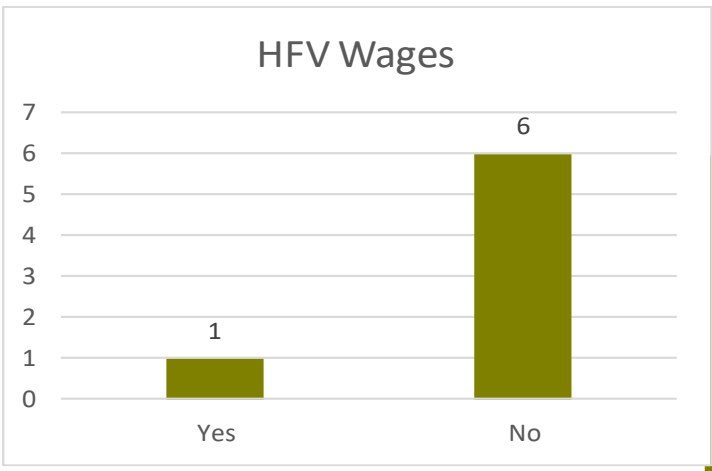
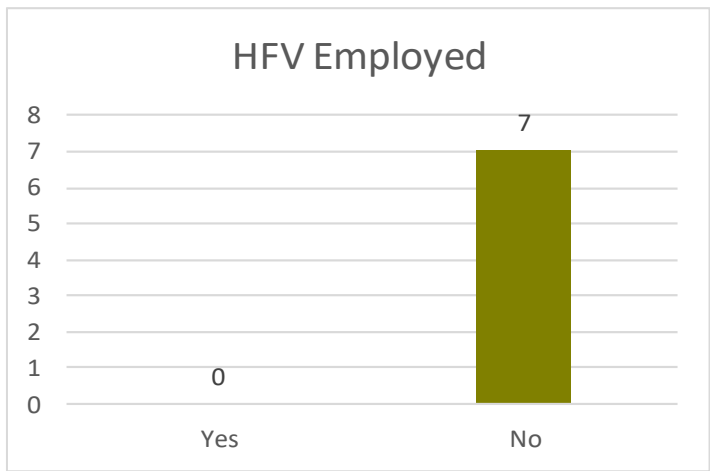
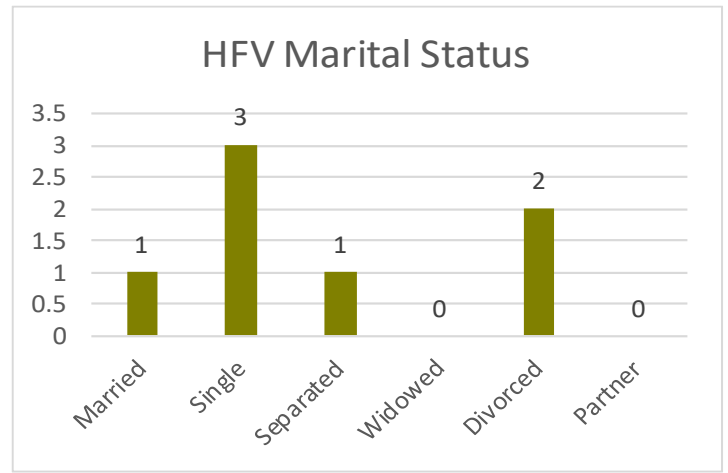
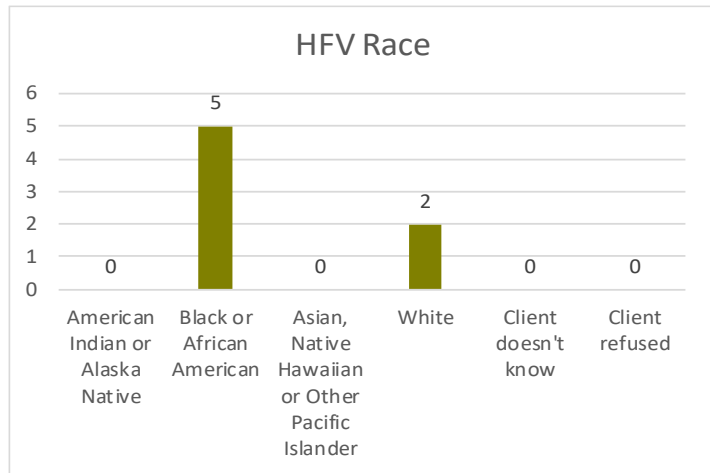
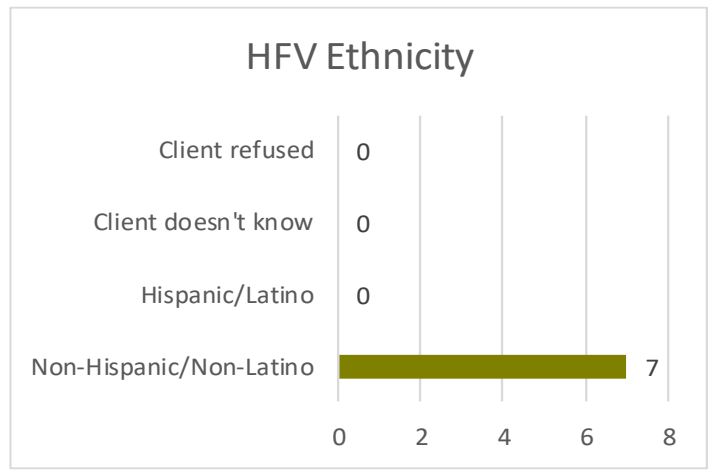
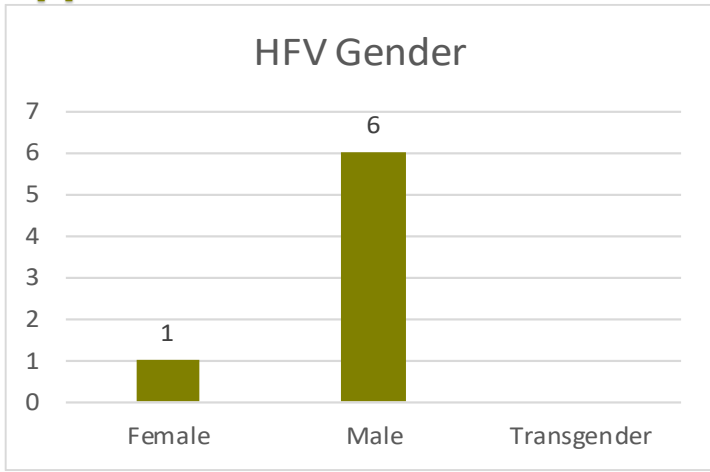




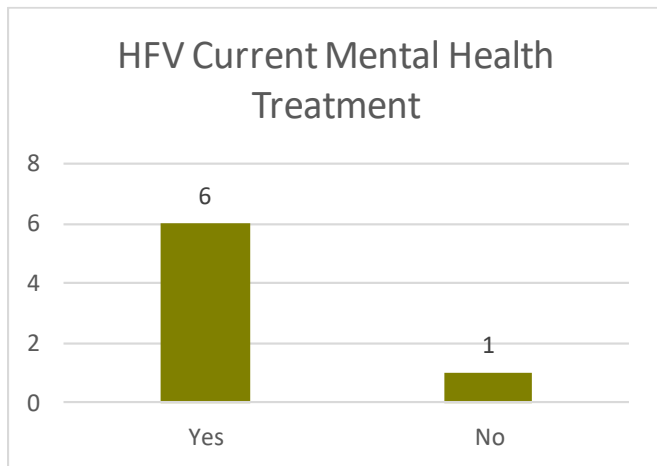
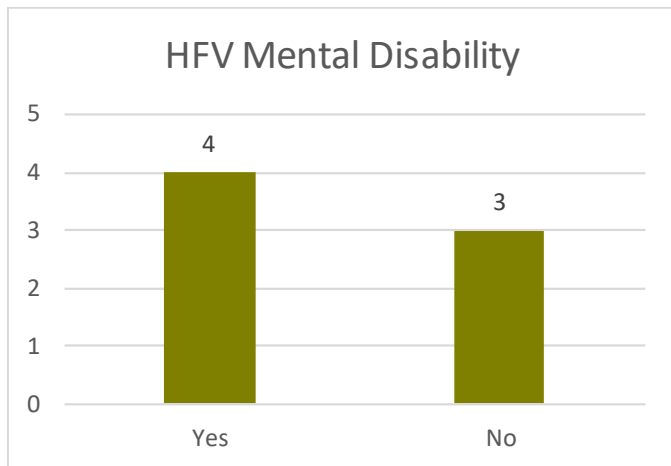
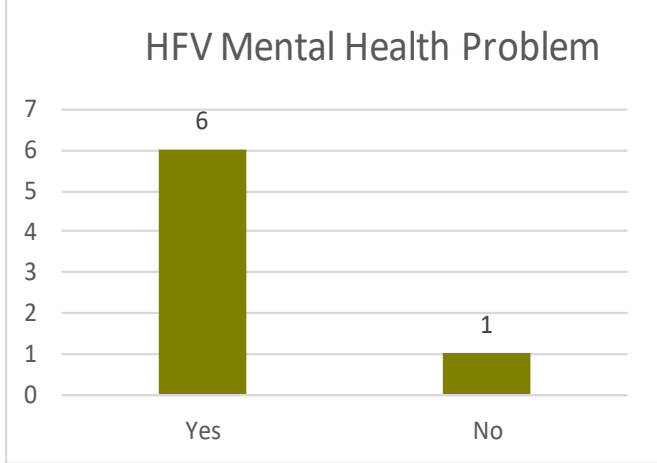
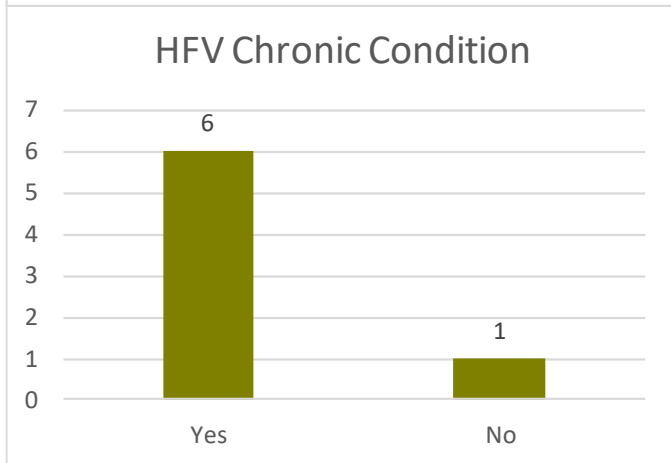
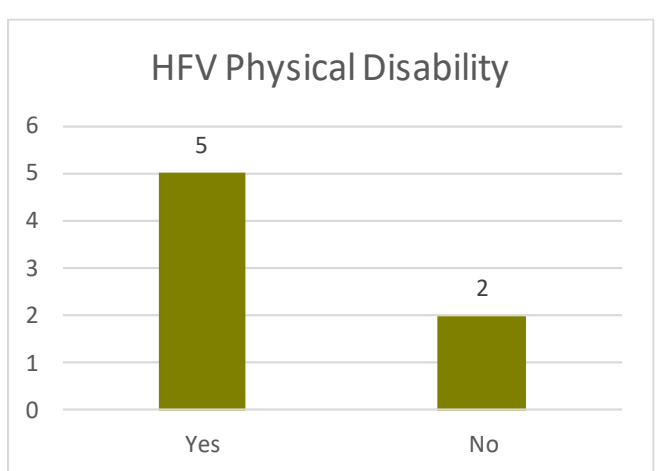
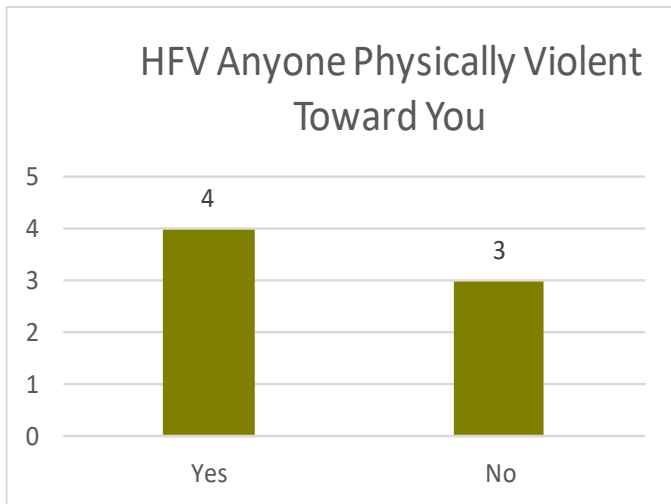
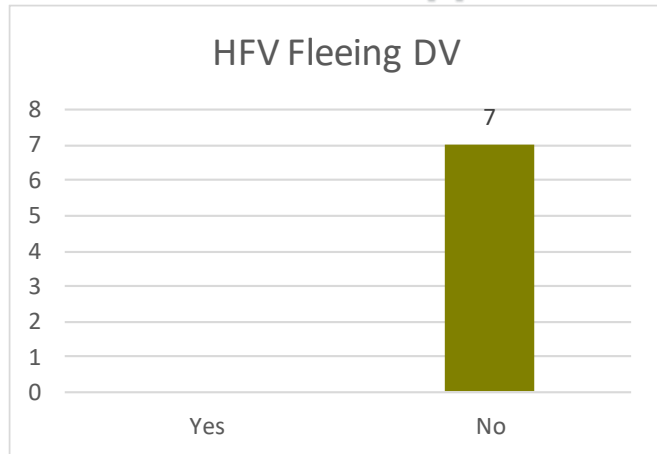
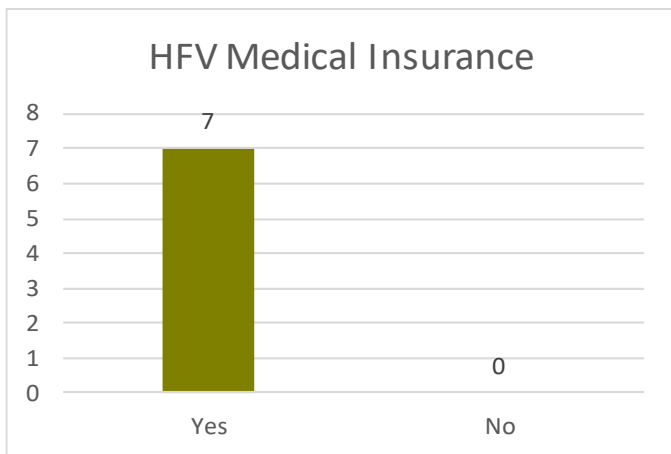




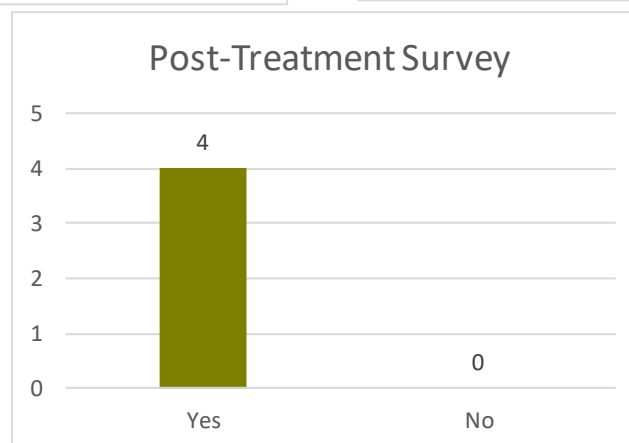
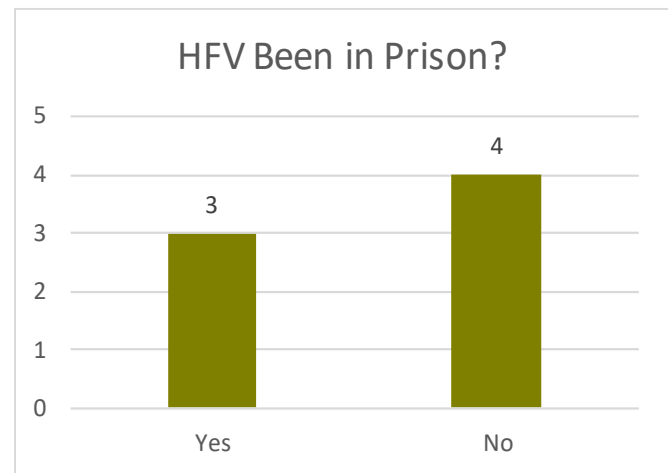
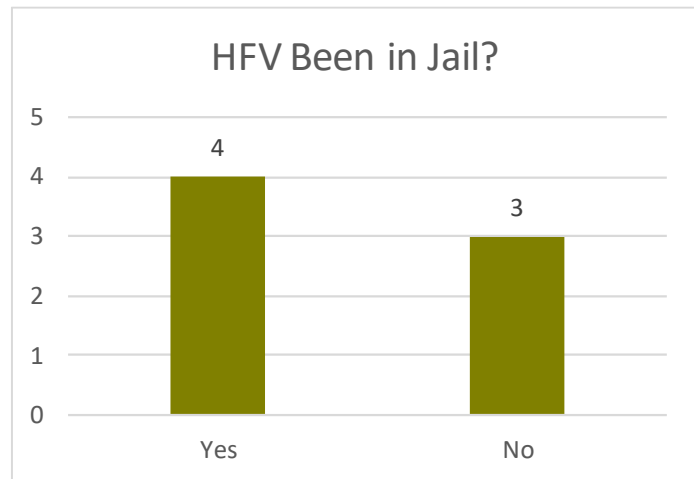
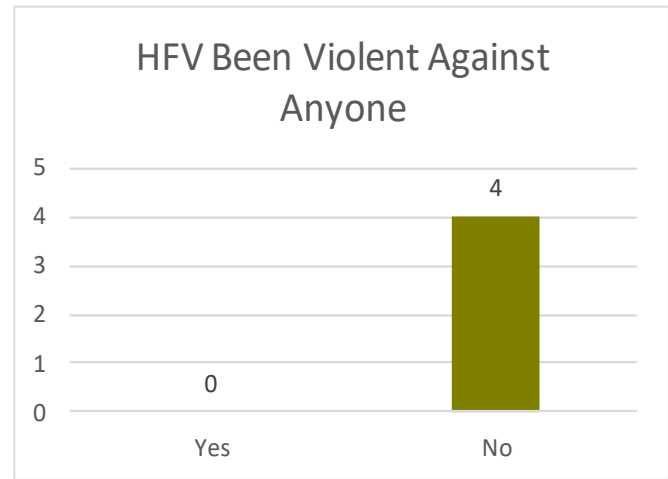
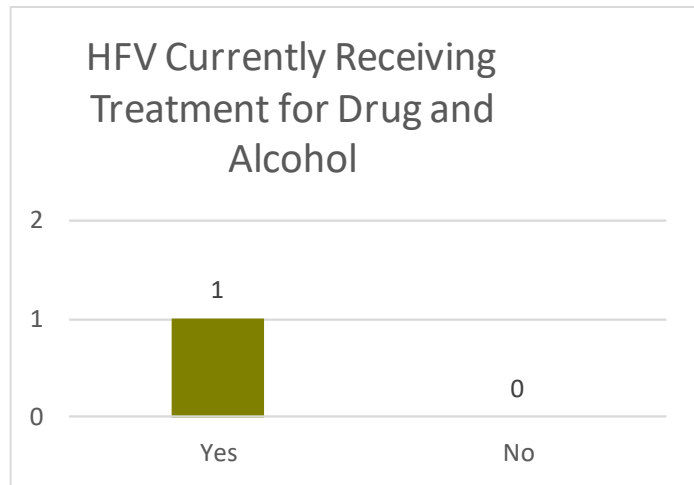
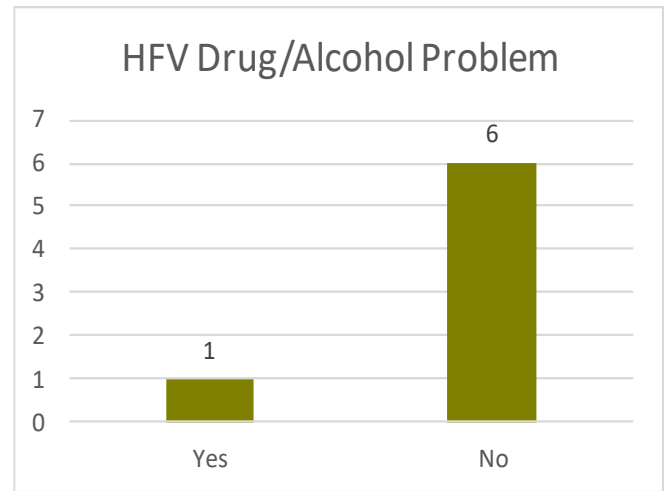
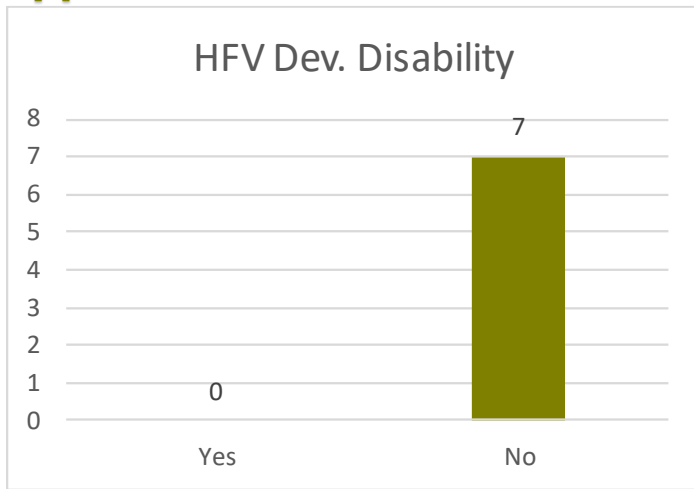
Appendix D



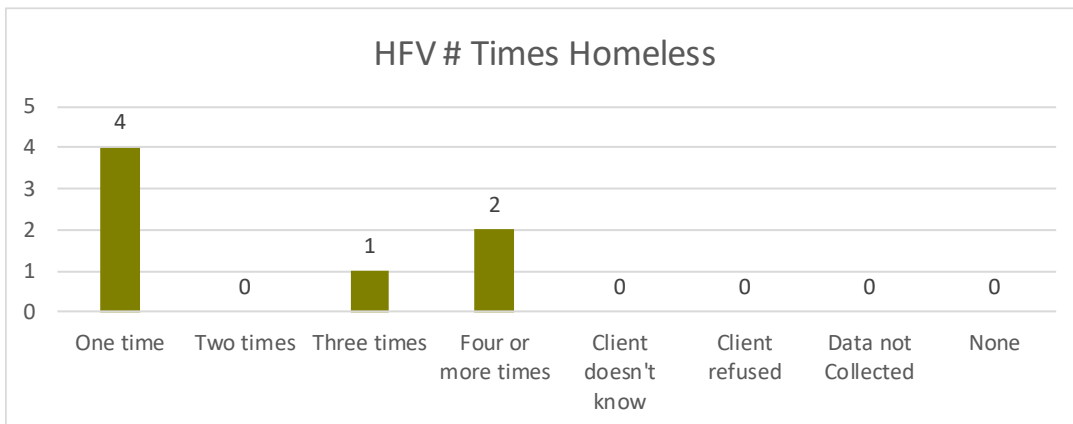
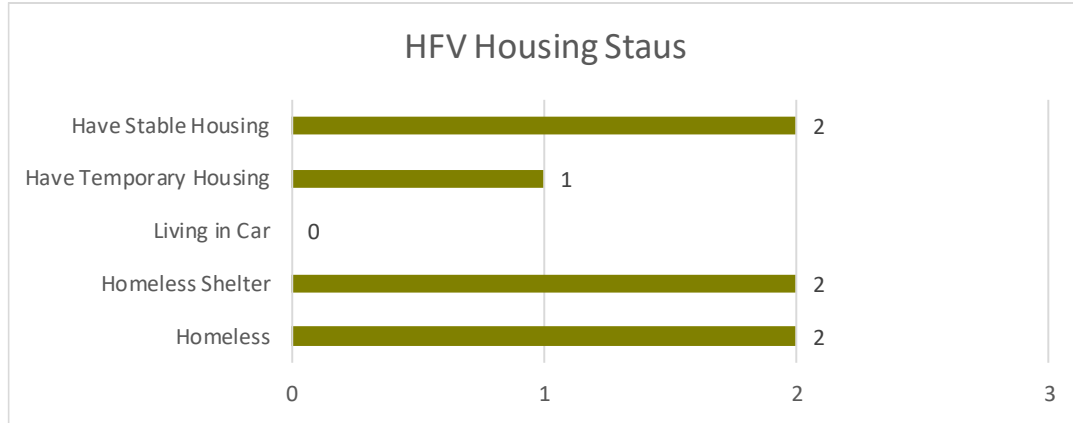
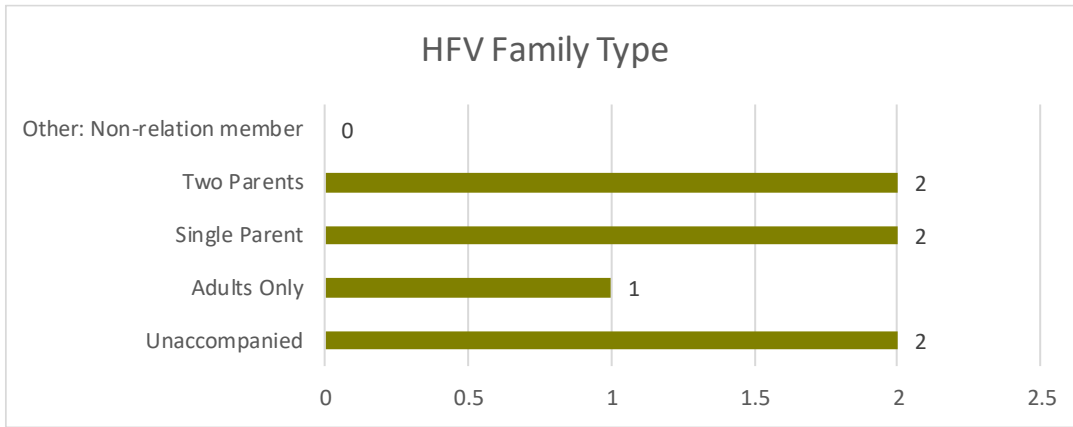
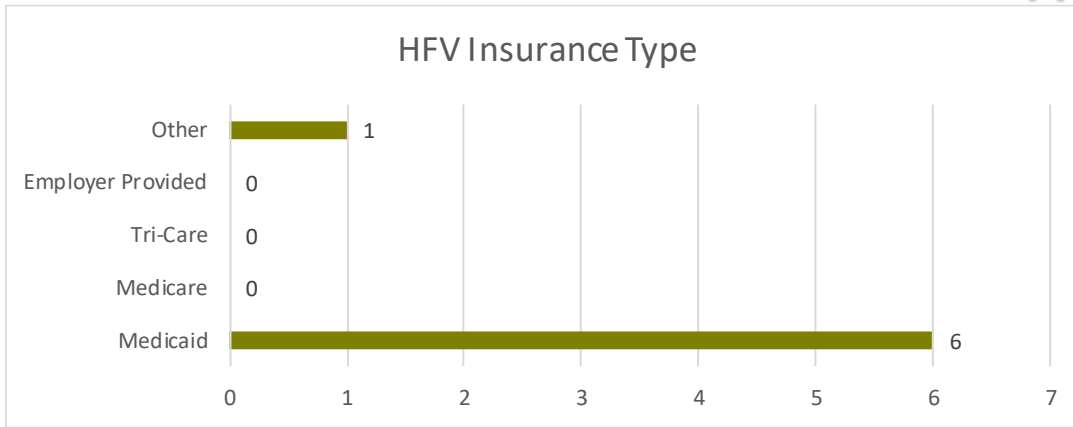
HOUSING FIRST FOR VETERANS

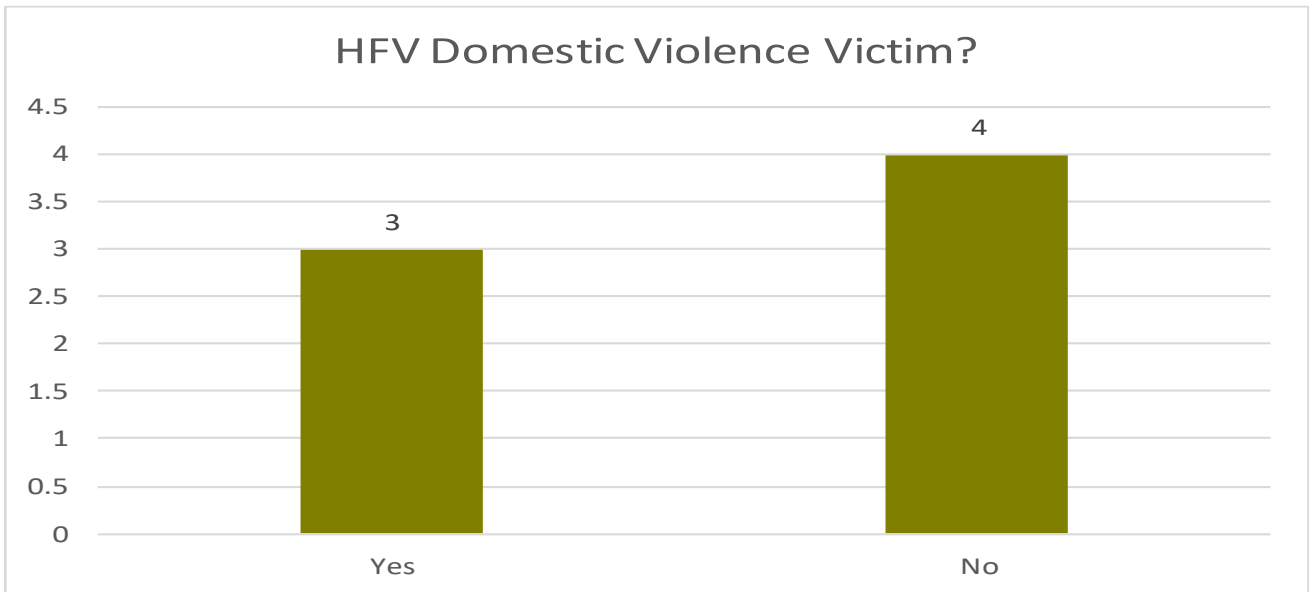
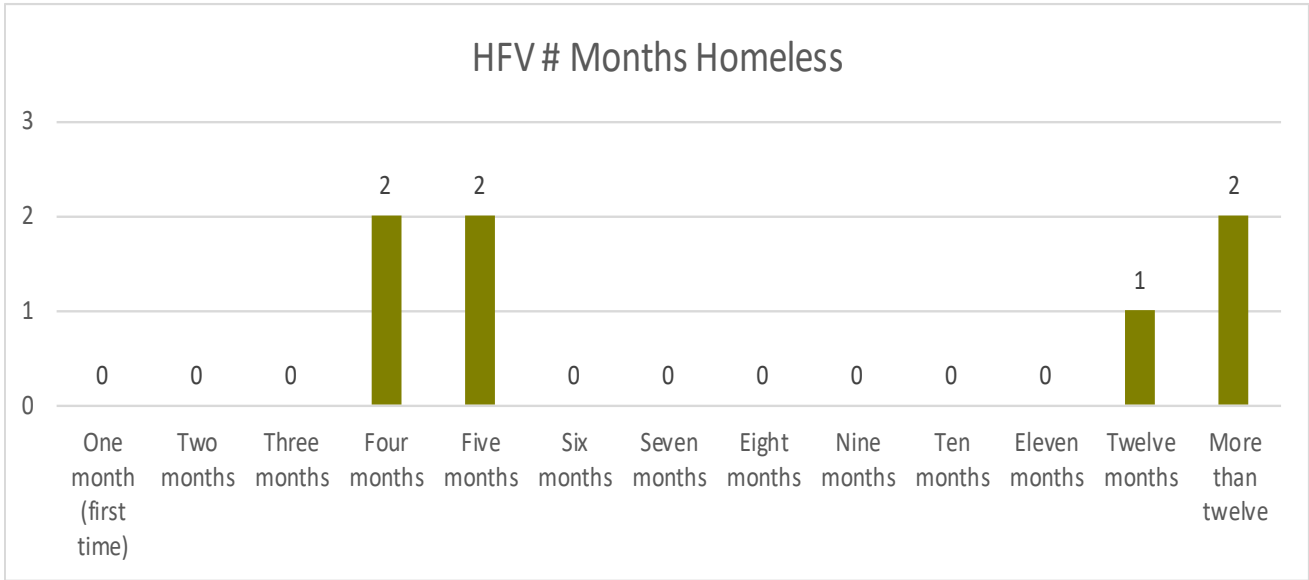


Appendix D

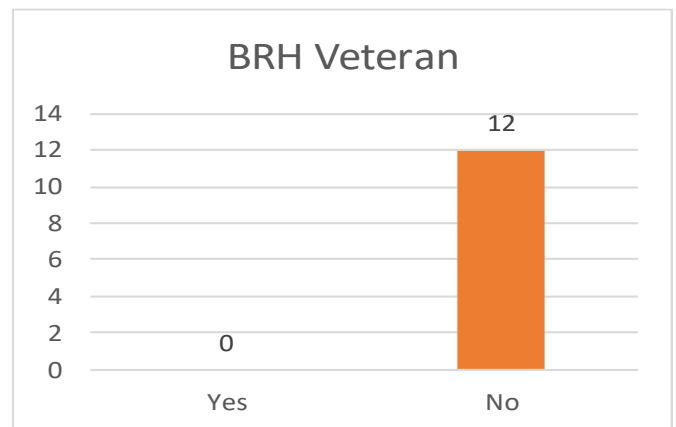
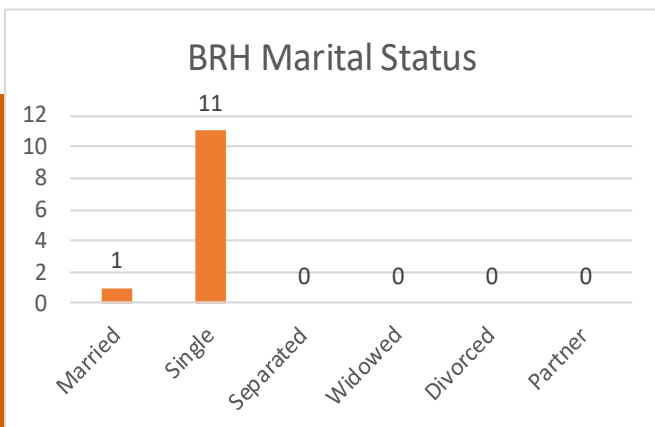
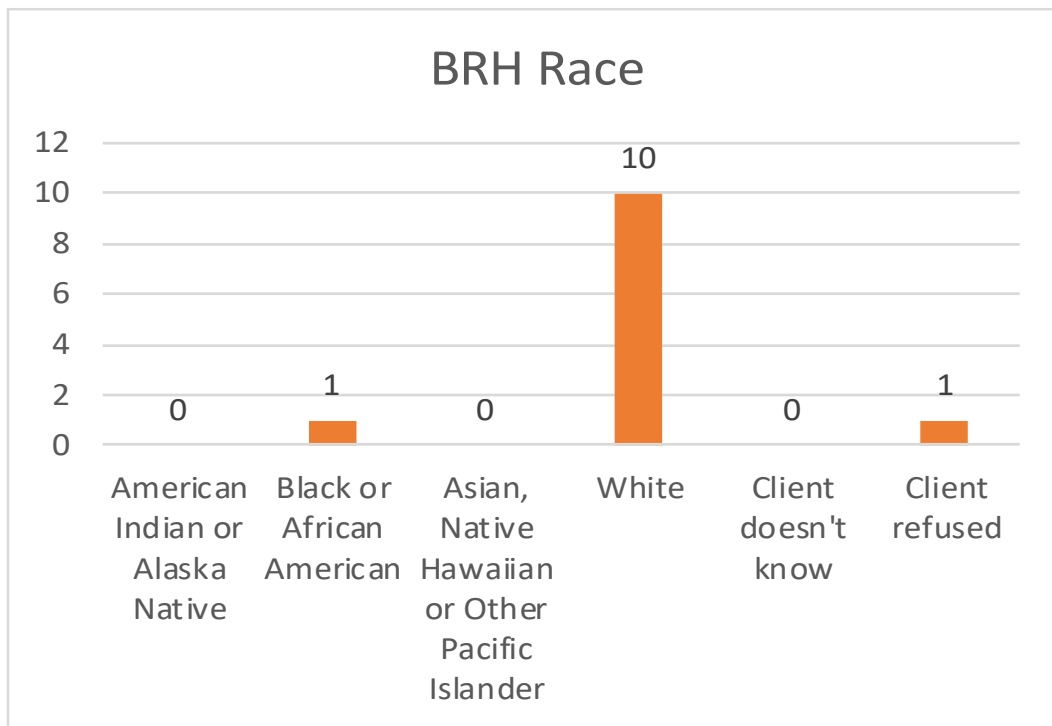
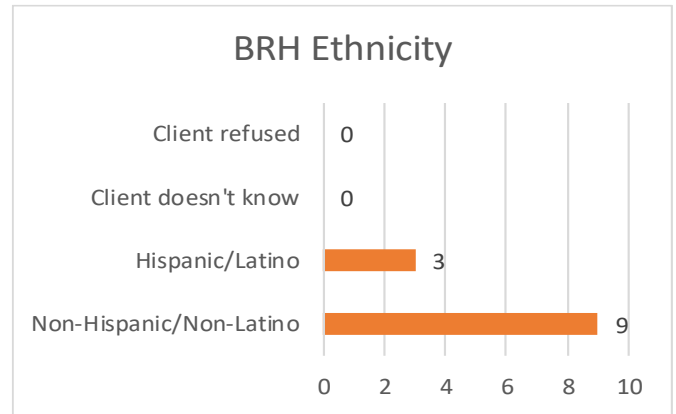
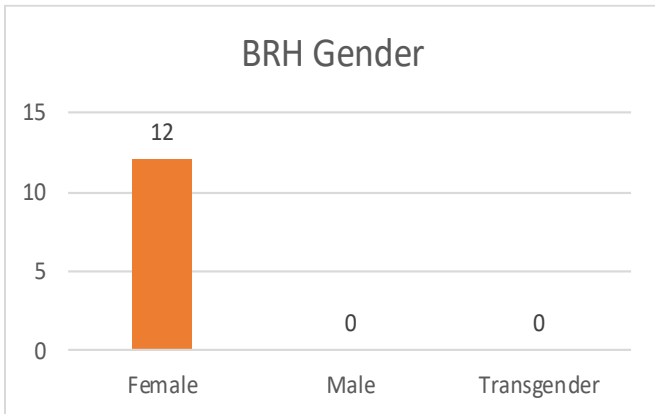


HOUSING FIRST FOR VETERANS





Graphical Representations of Bloom Recovery Home Characteristics



*n=12 except in some cases where data is missing

Appendix C

