

UNITY OF GREATER NEW ORLEANS

# NEW ORLEANS EQUITY AND INCLUSION INITIATIVE

SAMHSA CABHI

FINAL EVALUATION REPORT

PROJECT YEAR THREE

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Submitted by:

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## EXECUTIVE SUMMARY

This *Final Evaluation Report* presents evaluation findings for the New Orleans Equity and Inclusion Initiative (NOEII). The intent of the report is to offer program leaders feedback on program performance relative to the objectives outlined in the *Evaluation Plan*. The NOEII was operated by UNITY of Greater New Orleans (UNITY) and funded by the *Substance Abuse and Mental Health Services Administration* (SAMHSA) through the *Cooperative Agreements to Benefit Homeless Individuals* (CABHI). With this three-year grant (October 2016 through September 2019), the NOEII enrolled chronically homeless people living in the Greater New Orleans area with substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), and/or co-occurring disorders (CODs). The NOEII also targeted homeless families in the Greater New Orleans area who have at least one member of the household with an SUD, SMI, or COD.<sup>1</sup>

## THE PROGRAM

The NOEII aimed to reduce chronic homelessness in Greater New Orleans, made epidemic by Hurricane Katrina, by providing chronically homeless individuals and families with supportive housing services. UNITY, a nonprofit organization founded in 1992, is the U.S. Department of Housing and Urban Development (HUD)-designated lead agency for the Continuum of Care (CoC), a collaborative of local nonprofits, business owners, faith-based organizations, charter and district schools, and government and nongovernmental organizations providing housing and services to the homeless. UNITY managed the NOEII program, identified and referred homeless individuals and families to be enrolled, and monitored the fulfillment of grant requirements. UNITY contracted with a number of subgrantees to provide services to NOEII clients. *Crescent Care*, *Volunteers of America of Greater New Orleans* (VOAGNO), and *National Alliance for the Mentally Ill of New Orleans* (NAMI NO) provided case management and recovery services. *Responsibility House* provided SUD treatment services and *Southeast Louisiana Legal Services* assisted participants in accessing mainstream resources. During the three-year grant period, the NOEII intended to house at least 120 homeless individuals and 20 homeless families suffering from substance addiction, mental illness, poor physical health, and poor connection to mainstream resources.

The NOEII employed a Housing First Model in which chronically homeless individuals from the streets were placed directly in permanent housing units and provided with a number of supportive services with no requirement for being “housing ready.”<sup>2</sup> *Housing First* is an evidence-based practice based on the philosophy that consumers can determine their own destinies and that housing is a basic human right.<sup>3</sup> In accordance with this model, all NOEII clients were provided with permanent housing through the *Housing Authority of New Orleans’* (HANO) *Housing Choice Vouchers*. NOEII case managers then worked with clients in an effort to ensure that they had the resources, treatment, and care they needed to remain stably housed.<sup>4</sup>

<sup>1</sup> As detailed within the Request for Proposals (RFP), UNITY adopts the U.S. Department of Housing and Urban Development (HUD) approved definition of “homelessness” as specified within the “Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule: Defining ‘Homeless’ (76 FR 75994).”

<sup>2</sup> Unlike the Housing First Model used by the NOEII, a “housing ready” model requires clients to graduate through a series of services with the promise of housing as people become “ready.” Retrieved October 14, 2019, from <http://endhomelessness.org/resource/housing-first/>

<sup>3</sup> Retrieved October 14, 2019, from <https://www.pathwayshousingfirst.org/>

<sup>4</sup> In working with clients, NOEII case managers employ motivational interviewing (MI) techniques with harm reduction. MI is a client-centered, directive approach focused on resolving ambivalence in the direction of change. Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.

Through UNITY and its subgrantees, NOEII case managers offered recovery support services to clients – including transportation, independent living skills training, employment services, and crisis care for those in need. Case managers screened all clients for mental health and SUDs; clients who screened positive and indicated a desire for treatment were referred to appropriate services. In addition to treatment and recovery support services, one of the key components of the NOEII involved linking clients with mainstream benefit programs. Case managers assisted clients in identifying resources for which they were eligible (e.g., *Social Security Disability Insurance, Supplemental Security Income, Medicaid*) and guided them through the application process. UNITY intended for program clients to remain enrolled in the NOEII through the end of the grant.<sup>5</sup>

## THE EVALUATION

In coordination with UNITY, The Policy & Research Group (PRG) developed a comprehensive *Evaluation Plan* in 2016 that outlined the scope and methods of the evaluation. The plan formalized the NOEII's implementation and outcome objectives, specified measures for those objectives, and provided details on the data collection procedures that would be employed.

As detailed in the *Evaluation Plan*, implementation objectives focused on the extent to which the NOEII provided services as intended – specifically, whether the NOEII was able to place chronically homeless individuals and families into permanent housing, help them to remain stably housed and gain employment-related income, connect them with mainstream benefit programs, provide them with comprehensive recovery support services and social connection support, and enroll them in mental health and SUD treatment when a need is indicated during screening and treatment is desired. Outcome objectives were focused on client-level outcomes or behavioral changes desired by the program – specifically, clients remaining stably housed; decreases in clients' substance use behaviors and distress; increases in psychosocial functioning; and high client satisfaction.

With the exception of satisfaction data collected via a brief *Client Satisfaction Survey*, data used to measure implementation and outcome objectives were gathered via the *Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Services Programs* instrument.<sup>6</sup> PRG supplemented the GPRA instrument with a number of items to more precisely assess the NOEII program objectives. The SAMHSA-delineated protocol mandates that GPRA data are to be collected at program intake, six months following intake, and at program discharge (if the discharge occurs before the end of the grant period). Because UNITY anticipated that most NOEII clients would be enrolled through the entire grant term, PRG added an additional data collection point at 18 months following intake to ensure adequate tracking of implementation and outcome measures. The *Client Satisfaction Survey* was administered at 6- and 18-month reassessment, as well as at discharge. Case managers from *Crescent Care, VOAGNO, and NAMI NO* had primary responsibility for data collection. During the first meeting with a client, the case managers completed an intake GPRA interview. The case managers were also responsible for meeting with each client at 6- and 18 months post-intake and discharge to complete GPRA interviews and *Client*

<sup>5</sup> Discharge of all clients is not required at the end of the three-year project period. There is no formal definition for discharge for the NOEII; therefore, a client's discharge from the program is determined by UNITY and the case manager. Example scenarios for when a client may be discharged include: the client dies, the client is terminated from the program by the case manager, there is no contact with the client for 90 days, the client is in jail or hospitalized for more than 90 days, or the client abandons his/her housing unit.

<sup>6</sup> In addition to the GPRA, clients are asked to complete a brief *Client Satisfaction Survey*. The survey is comprised of an eight-question scale adapted from the *Self-Help Agency Satisfaction scale (SHASS)* to assess clients' satisfaction with services received. The SHASS is a standardized and validated measure. See Segal, S. P., Redman, D., & Silverman, C. (2000). Measuring clients' satisfaction with self-help agencies. *Psychiatric Services, 51*(9), 1148–1152.

*Satisfaction Surveys.* Case managers submitted a copy of completed GPRA instruments and *Client Satisfaction Surveys* to PRG, via fax or email, for data entry.

To provide a comprehensive picture of client outcomes, we examine client-reported behaviors and statuses at two time points: 6- and 18-month reassessment. When applicable, we use hypothesis-testing (inferential) statistics to determine if there have been statistically significant changes in client outcomes after exposure to the NOEII. It is important to emphasize that any inferences we draw from the outcome indicators are for the purposes of empirically testing the theoretical expectations of the intervention itself and have no direct application in assessing the efficacy of program implementation.<sup>7</sup> In addition, we should also note that the outcome study is correlational, not experimental; as such, we are unable to isolate programmatic effects as the specific causal mechanism of any change reported. Our analyses refer to client-level change following program exposure; we make the assumption that any observed change is due to programmatic impact, though we cannot be entirely certain of causality.

A detailed discussion of our evaluation methods can be found in Appendix B of the *Evaluation Plan*. This appendix provides information on data sources, data collection and management procedures, as well as indicator definitions and variable constructions used in this evaluation. Copies of data collection instruments can be found in Appendix C of the *Evaluation Plan*.

## FINDINGS

### IMPLEMENTATION STUDY

The NOEII had mixed success in achieving its implementation objectives. The program met targets related to client retention, mental health referrals and treatment, and connection to *Medicaid* and other mainstream benefits. The program had less success with objectives related to placing clients into permanent housing, providing substance use treatment, and screening for mental health and substance use disorders at intake. Below, we summarize findings for each objective through the end of the program.

#### OBJECTIVE 1: ENROLL CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES IN THE NOEII

The NOEII narrowly missed the concurrent enrollment target for homeless individuals in all years and the target for homeless families in all but the first year of implementation. Despite missing concurrent enrollment targets, the program did retain 91% of clients at 6-month reassessment and 92% of clients at 18-month reassessment. On average, clients remained enrolled for 22 months.

#### OBJECTIVE 2: PROVIDE NOEII CLIENTS WITH HOUSING COORDINATION SERVICES; OBJECTIVE 3: PLACE NOEII CLIENTS INTO PERMANENT HOUSING

The NOEII struggled to meet its 95% targets associated with client receipt of housing coordination services and permanent housing placement. At 6-month reassessment, only 71% of clients were receiving housing coordination services and 88% of clients had been placed in permanent housing.

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<sup>7</sup> Although implementation and outcomes may be related to the extent that effective program implementation is assumed for the theoretical impacts to be realized, the outcome analyses are only empirically assessing whether those theoretical impacts exist. In other words, proper implementation may not result in desired program effects. It is conceivable (and, in fact, it is the reason for conducting an outcome analysis) that the program is implemented exactly as intended but does not realize the theoretical impacts.

OBJECTIVE 4: NOEII CLIENTS WILL BE CONNECTED WITH MAINSTREAM BENEFITS; OBJECTIVE 5: NOEII CLIENTS WILL BE CONNECTED WITH MEDICAID; OBJECTIVE 6: NOEII CLIENTS WILL RECEIVE COMPREHENSIVE RECOVERY SUPPORT SERVICES

The NOEII exceeded five out of six targets associated with connecting clients to *Medicaid*, other mainstream benefits, and comprehensive recovery support services. At 6-month reassessment, 90% of clients had applied to all benefits for which they were eligible; at 18-month reassessment, 92%. Similar results are seen for *Medicaid* with 100% and 99% of eligible clients having applied at 6- and 18-month reassessment, respectively. The program met its 90% recovery support services target at 6-month reassessment, with 94% of clients receiving recovery support services; at 18-month reassessment, the program narrowly missed, with 85% of clients in receipt.

OBJECTIVE 7: NOEII CLIENTS WILL GAIN EMPLOYMENT

The program did not meet its target of 25% of clients reporting employment income at 18-month reassessment. Of the clients with interview data, only 12% reported any employment income at 18-month reassessment.

OBJECTIVE 8: NOEII CLIENTS WILL BE SCREENED FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS; OBJECTIVE 9: NOEII CLIENTS WHO HAVE IDENTIFIED MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS WILL RECEIVE APPROPRIATE MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES IF DESIRED BY THE CLIENT

The NOEII aimed to screen 100% of clients at intake, 60% at 6-month reassessment, and 70% at 18-month reassessment – for mental health and substance use disorders. The program narrowly missed these targets at intake (99 and 95%, respectively); however, the program exceeded targets at 6- and 18-month reassessments.

The NOEII achieved mixed results for targets associated with referrals and receipt of treatment, meeting half of its associated targets. The program met its target to refer clients who screened positive for mental health disorders and desired treatment at both 6- and 18-month reassessment, but met its target to refer clients to substance use treatment at 6-month reassessment only. The target for proportion of clients in receipt of mental health treatment was met at 18-month reassessment only, while the target for receipt of substance use treatment was missed at both 6- and 18-month reassessments.

OBJECTIVE 10: PROVIDE NOEII CLIENTS WITH SOCIAL CONNECTION SUPPORT

Although there were no targets associated with the NOEII's objective to provide clients with social connection support, the program appears to have provided social connection support to many clients. At both 6- and 18-month reassessments, less than half of clients reported attendance at social/community activities. At 6- and 18-month reassessment, however, 66 and 77% of clients were offered social connection support services, respectively.

### OUTCOME STUDY

The NOEII also had mixed success with respect to its four outcome objectives. The program maintained high percentages of clients in stable housing at both reassessment time points. It appears clients showed significant increases in psychosocial functioning, as well as high levels of satisfaction with the program. However, the program failed to show a significant reduction in substance use and had mixed results for decreased levels of distress in clients.

**OBJECTIVE 1: NOEII CLIENTS PLACED IN PERMANENT HOUSING THROUGH THIS PROJECT WILL REMAIN STABLY HOUSED**

The program maintained a high percentage of clients stably housed at both reassessment time points. Of the 143 clients with 6-month reassessment data who were placed in permanent housing, 133 (93%) remained stably housed. Of the 110 clients with 18-month reassessment data who were placed in permanent housing, 97 (88%) remained stably housed.

**OBJECTIVE 2: REDUCE SUBSTANCE USE IN NOEII CLIENTS RECEIVING SUBSTANCE ABUSE TREATMENT**

No significant changes are observed in 30-day illegal drug use, alcohol use, or alcohol use to intoxication from baseline to 6- or 18-month reassessment. Sample sizes for these measures are small (6 months,  $n = 14$ ; 18 months,  $n = 16$ ), however, and should be interpreted with caution.

**OBJECTIVE 3: IMPROVE PSYCHOSOCIAL FUNCTIONING AND DECREASE DISTRESS FOR NOEII CLIENTS RECEIVING MENTAL HEALTH TREATMENT**

A significant decrease in level of distress is observed from baseline to 6-month reassessment for the clients who received mental health services and provided outcome data. At 18-month reassessment, a decrease is observed for the clients who received mental health services and provided outcome data; this change, however, is not statistically significant. Clients showed significant increases in psychosocial functioning at both reassessment time points.

**OBJECTIVE 4: ACHIEVE HIGH NOEII CLIENT SATISFACTION**

Client satisfaction with the program appears to be high. The mean *Satisfaction scale* scores of 4.5 at 6- and 18-month reassessments indicate that, on average, clients with data are *satisfied to very satisfied* with the program.

## LIST OF ABBREVIATIONS AND ACRONYMS

CABHI	Cooperative Agreements to Benefit Homeless Individuals
CAGE-AID	CAGE (Questionnaire) Adapted to Include Drugs
CMHS	Center for Mental Health Services
CoC	Continuum of Care
CODs	Co-occurring Disorders
CSAT	Center for Substance Abuse Treatment
GPRA	Government Performance and Results Act
HANO	Housing Authority of New Orleans
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing
HMIS	Homeless Management Information System
HQS	Housing Quality Standards
HUD	U.S. Department of Housing and Urban Development
MHSD	Metropolitan Human Services District
MI	Motivational Interviewing
MMS	Modified Mini Screen
NAMI NO	National Alliance for the Mentally Ill of New Orleans
NO/AIDS	New Orleans AIDS Task Force
NOEII	New Orleans Equity and Inclusion Initiative
PATH	Projects for Assistance in Transition from Homelessness
PRG	The Policy & Research Group
RFP	Request for Proposals
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SHASS	Self-Help Agency Satisfaction Scale
SLLS	Southeast Louisiana Legal Services
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program
SPARS	SAMHSA Performance Accountability and Reporting System
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUDs	Substance Use Disorders
TANF	Temporary Assistance for Needy Families
UNITY	UNITY of Greater New Orleans
VOAGNO	Volunteers of America of Greater New Orleans

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## INTRODUCTION

The New Orleans Equity and Inclusion Initiative (NOEII) was operated by UNITY of Greater New Orleans (UNITY) and funded by the *Substance Abuse and Mental Health Services Administration* (SAMHSA) through the *Cooperative Agreements to Benefit Homeless Individuals* (CABHI) grant program. The primary aim of this three-year grant (October 2016 through September 2019) was to ensure that individuals and families who are chronically homeless received access to sustainable permanent housing, treatment, and recovery support services through mainstream resources and benefit programs.<sup>8</sup> To accomplish this goal, the CABHI program provided support for the development and/or expansion of local implementation and community infrastructures that integrate treatment and services for mental health and substance use disorders, permanent housing, and other critical services for individuals and families who are chronically homeless.

In coordination with UNITY, The Policy & Research Group (PRG) developed a comprehensive Evaluation Plan in 2016 that outlined the scope and methods of the evaluation. The plan formalizes the NOEII's implementation and outcome objectives, specified measures for those objectives, and provided details on the data collection procedures that would be employed.

With the exception of satisfaction data collected using a brief *Client Satisfaction Survey*, data used to measure implementation and outcome objectives were gathered using the *Center for Substance Abuse Treatment* (CSAT) *Government Performance and Results Act* (GPRA) *Core Client Outcome Measures for Discretionary Services Programs* instrument.<sup>9</sup> PRG supplemented the GPRA instrument with a number of items in order to more precisely assess the NOEII program objectives. The SAMHSA-delineated protocol mandates that GPRA data are to be collected at baseline/intake to the program, six months following intake, and at discharge from the program (if the discharge occurs before the end of the grant period). Because UNITY anticipated that most NOEII clients would be enrolled through the entire term of the grant, PRG added an additional collection point at 18 months following intake to ensure adequate tracking of implementation and outcome measures. The *Client Satisfaction Survey* was administered at 6- and 18-month follow-up, as well as at discharge.

Case managers from *Crescent Care*, *Volunteers of America of Greater New Orleans* (VOAGNO), and *National Alliance for the Mentally Ill of New Orleans* (NAMI NO) had primary responsibility for data collection. During the first meeting with the client, the case managers completed an intake/baseline GPRA interview. The case managers were also responsible for meeting with the clients at 6- and 18 months post-intake and discharge to complete GPRA interviews and *Client Satisfaction Surveys*.<sup>10</sup> The GPRA was administered by the case manager; the instrument includes closed-ended items that are interview (i.e., client-response) format as well as questionnaire (i.e., case manager-response) format. The *Client Satisfaction Survey* is completed by the client using a paper-and-pencil form following the GPRA interview. Case managers submitted a copy of completed GPRA instruments and *Client Satisfaction Surveys* to PRG, via fax or email, for data entry. The PRG research analyst reviewed the instruments for completeness and followed up with the appropriate case manager if any data were

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<sup>8</sup> Mainstream resources and benefit programs include the following: *Social Security Disability Insurance* (SSDI), *Supplemental Security Income* (SSI), *Medicaid*, *Medicare*, *Supplemental Nutrition Assistance Program* (SNAP), *Unemployment Insurance*, *Veteran's Benefits*, *Social Security*, and *Temporary Assistance for Needy Families* (TANF).

<sup>9</sup> See footnote 6.

<sup>10</sup> SAMHSA requires a minimum follow-up rate of 80% for 6-month reassessments; discharged clients are included in this follow-up rate. Although PRG does not require a minimum follow-up rate for 18-month reassessment, case managers are instructed to follow the same procedures to conduct interviews with clients at this time point. Case managers are not required to conduct 18-month follow-up interviews with discharged clients.

missing or needed further clarification. The PRG research analyst then entered the GPRA data into SAMHSA's Performance and Accountability Reporting System (SPARS) GPRA online data management tool and *GPRA Addendum* data into the PRG online data entry form. As one measure to ensure accuracy, PRG checked 10% of the data entered in the data systems monthly. To assist with timely follow-up of all clients at 6- and 18 months post-intake, PRG sent NOEII case manager staff biweekly tables listing the ID numbers of clients who were due for follow-up GPRA interviews.

This *Final Evaluation Report* provides an overview of program- and client-level data collected by implementation agencies through Year Three of the NOEII. The data presented here were gathered between October 2016 and September 2019. The intended purpose of this report is to provide UNITY with formative feedback on the implementation of the NOEII and on progress toward objectives specified in the *Evaluation Plan*.

## PROGRAM OVERVIEW

The NOEII was funded by a three-year grant from SAMHSA under the CABHI program. According to SAMHSA, the purpose of this grant program was to “ensure that the most vulnerable people experiencing homelessness and chronic homelessness received access to housing, treatment, and recovery support services.”<sup>11</sup> The goal of the NOEII was to reduce chronic homelessness in New Orleans by providing chronically homeless individuals and families with supportive housing services. Over the course of the three-year grant period, the program aimed to house at least 120 or more homeless individuals and 20 or more homeless families who were suffering from substance addiction, mental illness, poor physical health, and poor connection with mainstream resources.

The NOEII was operated by UNITY – a nonprofit organization founded in 1992. UNITY is the U.S. Department of Housing and Urban Development (HUD)-designated lead agency for the Continuum of Care (CoC), a collaborative of local nonprofits, business owners, faith-based organizations, charter and district schools, and government and nongovernmental organizations providing housing and services to the homeless. UNITY manages the CoC's HUD Coordinated Entry System, overseeing and coordinating with other members of the collaborative to conduct outreach on the streets and in abandoned buildings to identify homeless individuals and families most in need of support and services.<sup>12</sup> Through the collaborative, UNITY rehabilitates apartment buildings into affordable and low-income homes, helps individuals locate affordable housing, trains service providers, and advocates for public policy to prevent and reduce homelessness. UNITY's mission is to coordinate community partnerships to prevent, reduce, and end homelessness in New Orleans.<sup>13</sup>

In alignment with their mission and the goals of the NOEII, UNITY representatives served on the Steering Committee overseeing New Orleans' *Ten-Year Plan to End Homelessness*.<sup>14</sup> The Steering Committee was convened as a joint project between the *City of New Orleans Health Department: Behavioral Health Council* and the *New Orleans Interagency Council on Homelessness*. Committee members met quarterly

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<sup>11</sup> Information on the SAMHSA grant program is taken from the *Homelessness Programs and Resources: Programs and Services: Cooperative Agreements to Benefit Homeless Individuals (CABHI)* page of their website. Retrieved December 1, 2019, from <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/cabhi-program>

<sup>12</sup> The Coordinated Entry System utilizes a variety of outreach workers, shelter staff, and housing navigators who identify eligible clients on the streets, in abandoned buildings, and in emergency shelters.

<sup>13</sup> Information about UNITY, the CoC and the Coordinated Entry System comes from the grant proposal for this project and from UNITY's website. Website information was retrieved October 14, 2019, from <http://unitygno.org/about-us/mission-history/>

<sup>14</sup> Information presented about the *Ten-Year Plan to End Homelessness* and the Steering Committee comes from the grant proposal for this project.

to provide guidance and recommendations for the implementation of the NOEII within the broader framework of the city's *Ten-Year Plan*. The committee included representatives from the *Louisiana Department of Health and Hospitals*, HUD, the *Housing Authority of New Orleans (HANO)*, the *Metropolitan Human Services District (MHSD)* (a mental health and substance use treatment provider), UNITY, *Crescent Care*, NAMI NO, *Southeast Louisiana Legal Services (SLLS)*, VOAGNO, the *Louisiana Housing Corporation*, the *State of Louisiana Department of Children and Family Services*, and peer members of the target population.

As the grantee and local lead agency, UNITY was also charged with monitoring the fulfillment of grant requirements. In order to ensure fulfillment of grant requirements, UNITY had subgrants with NAMI NO, VOAGNO, and *Crescent Care* for the provision of case management and recovery services, with *Responsibility House* for the provision of substance use disorder (SUD) treatment services, and with SLLS for the provision of services to assist participants in accessing mainstream resources.<sup>15, 16</sup>

Through UNITY and its subgrantees, NOEII case managers offered recovery support services to clients that included transportation, independent living skills training, employment services, and crisis care for those in need. The goal of offering an array of comprehensive support services to clients enrolled in the NOEII was to ensure that they had the resources, treatment, and care they need to remain stably housed. Case managers screened all clients for mental health and SUDs. Clients who screened positive and indicated a desire for treatment were referred to appropriate services. In working with clients, case managers employed motivational interviewing (MI) techniques with harm reduction. MI is a client-centered, directive approach focused on resolving ambivalence in the direction of change.<sup>17</sup> Finally, one of the key components of the NOEII involved linking clients with mainstream benefit programs. Case managers assisted clients in identifying the resources for which they are eligible (e.g., *Social Security Disability Insurance [SSDI]*, *Supplemental Security Income [SSI]*, *Medicaid*) and guiding them through the application process.

The NOEII employed a Housing First Model in which chronically homeless individuals from the streets were placed directly in permanent housing units and provided with a number of supportive services with no requirement for being "housing ready."<sup>18</sup> *Housing First* is an evidence-based practice based on the philosophy that consumers can determine their own destinies and that housing is a basic human right.<sup>19</sup> In accordance with this model, all NOEII clients are immediately provided with permanent housing through HANO's *Housing Choice Vouchers*.<sup>20, 21, 22</sup>

<sup>15</sup> Information about UNITY's mission and activities was gathered from grant proposals, conversations with program staff, and the UNITY website. Retrieved October 14, 2019, from <https://unitygno.org/about-us/mission-history/>

<sup>16</sup> Additional outreach services are provided by VOAGNO and New Orleans Policy Department *Homeless Assistance Collaborative*. UNITY and VOA ensure that all clients are assessed by MHSD or other providers for serious mental illness (SMI), SUD, serious emotional disturbance (SED), and co-occurring disorders (CODs). UNITY's Coordinated Entry System selects all clients for the project and documents their eligibility for the program.

<sup>17</sup> Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.

<sup>18</sup> See footnote 2.

<sup>19</sup> Retrieved October 14, 2019, from <https://www.pathwayshousingfirst.org/>

<sup>20</sup> According to the RFP, "If any delays were to be experienced in accessing these vouchers, clients will be moved into permanent housing immediately using Rapid Rehousing programs as a bridge to PSH or by using grant savings in a Permanent Housing rental assistance program operated by MHSD and UNITY until the HANO voucher is available to take over payment of the rent. This will allow clients to move quickly into Permanent Housing. Clients will then transition in place while maintaining the same housing unit and same services."

<sup>21</sup> As per the RFP, permanent housing is defined as "community-based housing without a designated length of stay (e.g., no limit on the length of stay)."

<sup>22</sup> NOEII clients are received and processed via HUD's Coordinated Entry System, which in New Orleans is managed by UNITY, the HUD-designated lead agency for the CoC.

## EVALUATION DESIGN

The *Final Evaluation Report* presents a written assessment of program implementation and outcomes, as prescribed by evaluation objectives, which were developed collaboratively by UNITY and PRG and formalized in the *Evaluation Plan*. The plan specifies 10 implementation objectives and 4 outcome objectives. Both implementation and outcome objectives are operationally defined by indicators, which limit the objective to something that is quantifiable or categorizable. Indicators become the empirical means by which we determine whether the program has been implemented as planned and whether there is evidence of any client-level change that is hypothesized by the outcome objectives. Indicators are not the objectives in themselves but, rather, a prespecified set of measures by which we may determine the presence or extent of change. The indicators we use to assess whether objectives are being met fall into one of two categories, depending upon who has responsibility for reporting information, how indicators were measured, and whether data are administratively verifiable. If data are capturing individual-level reports from clients about their opinions, attitudes, and behaviors, these data are referred to as “client-level” and/or “self-reported” data. Clients are responsible for reporting on client-level data. “Case manager-reported” data represent the other category; these data are obtained via administratively verifiable documentation of the receipt of services. The case managers are responsible for tracking and reporting these data.

In the implementation study, objectives are concerned with the extent to which the NOEII was able to provide the services it intended to provide – specifically, whether the NOEII was able to place chronically homeless individuals and families into permanent housing and help them to remain stably housed, help them gain employment-related income, connect them with mainstream benefit programs, provide comprehensive recovery support services and social connection support, and enroll them in mental health and substance use disorder treatment when indicated and desired. With the exception of a single indicator for Objectives 7 (Indicator 7.1: self-reported income) and 10 (Indicator 10.1: self-reported social/community participation/activity), implementation objectives are assessed using case manager-reported data from the GPRA instrument.<sup>23</sup> With few exceptions, implementation indicators are proportions of the number of clients who received various program services out of the total number of enrolled clients who could receive these services. In contrast, Indicators 1.1 and 1.2 are counts of the total number of clients enrolled in the NOEII (defined as the number of baseline GPRA instruments completed minus the number of discharges). Indicator 1.3 is the average duration of enrollment among all clients at the time of reporting; correspondingly, Indicator 1.4 is the proportion of clients who remain in the program at the time of reporting.

In the outcome study, objectives are focused on client-level outcomes or behavioral changes desired by the program – specifically, clients remaining stably housed; decreases in clients’ substance use behaviors and distress; increases in psychosocial functioning; and high client satisfaction. Outcome indicators are measured using clients’ responses to items or sets of items (called *scales*) in the GPRA instrument. To assess if there are any changes in clients’ self-reported behaviors or behavioral antecedents over time, questionnaires were administered at specific points during clients’ involvement with the NOEII – when they were first enrolled (intake), at 6 and 18 months after their enrollment date (reassessments), and when they left the program (discharge). We then compare each client’s intake responses to his/her 6-month reassessment responses, 18-month reassessment responses, and discharge. If the average change in self-reported measures across all clients is large enough (defined as a statistically significant mean individual-level difference), we can infer that there have been changes in clients’ self-reported

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<sup>23</sup> When we state that data are “case manager-reported,” we mean to differentiate objective and administratively verifiable data (e.g., whether someone is receiving some service or not) from self-reported client-level attitudinal and behavioral data, which are basically unverifiable.

behavior (or behavioral antecedents) during their involvement with the program. Again, it is important to emphasize that any inferences we draw from the outcome indicators are for the purposes of empirically testing the theoretical expectations of the intervention itself and have no direct application in assessing the efficacy of program implementation.<sup>24</sup> In addition, we should also note that the outcome study is correlational, not experimental; as such, we are unable to isolate programmatic effects as the specific causal mechanism in any change reported. Our analyses refer to client change following program exposure. We make the assumption that any observed change that is associated with program exposure is due to programmatic impact; however, it should be emphasized that it is an assumption and we cannot be entirely certain of the causality.

## IMPLEMENTATION STUDY

### MEASUREMENT STRATEGY

In the implementation study, objectives are concerned with whether the NOEII performed activities and delivered services as intended; to evaluate whether the program achieved its implementation objectives, PRG and UNITY worked collaboratively to develop 10 specific implementation objectives. These objectives were each measured by an indicator and (if applicable) a target. Table 1 lists the indicators, targets, and data sources associated with all 10 implementation objectives.

*Table 1. Implementation Objectives, Indicators, and Data Sources*

		Target	Data Source
<b>Objective 1: Enroll chronically homeless individuals and families in the NOEII</b>			
Indicator 1.1	Number of chronically homeless individuals concurrently enrolled in the program	120 individuals (number to be maintained throughout Years 2 and 3)	Case manager
Indicator 1.2	Number of homeless families concurrently enrolled in the program	20 families (number to be maintained throughout Years 2 and 3)	Case manager
Indicator 1.3	Mean length of time clients spend enrolled in the program	–	Case manager
Indicator 1.4	Proportion of clients enrolled in the program who remain in the program at 6- and 18-month reassessments	80%	Case manager
<b>Objective 2: Provide NOEII clients with housing coordination services</b>			
Indicator 2.1	Proportion of clients enrolled in the program receiving housing coordination services at 6-month reassessment	95%	Case manager

<sup>24</sup> See footnote 7.

		Target	Data Source
<b>Objective 3: Place NOEII clients into permanent housing</b>			
Indicator 3.1	Proportion of clients enrolled in the program who have been placed in permanent housing at 6-month reassessment	95%	Case manager
<b>Objective 4: NOEII clients will be connected with mainstream benefits</b>			
Indicator 4.1	Proportion of clients who have applied for all benefits for which they are eligible at 6- and 18-month reassessments	60%	Case manager
Indicator 4.2	Change in proportion of clients who are receiving all benefits for which they are eligible at 6- and 18-month reassessments compared to baseline	–	Case manager
<b>Objective 5: NOEII clients will be connected with Medicaid</b>			
Indicator 5.1	Proportion of clients who have applied for Medicaid if eligible at 6- and 18-month reassessments	60%	Case manager
Indicator 5.2	Change in proportion of clients who are receiving Medicaid if eligible at 6- and 18-month reassessments compared to baseline	–	Case manager
<b>Objective 6: NOEII clients will receive comprehensive recovery support services</b>			
Indicator 6.1	Proportion of clients receiving comprehensive recovery support services as measured at 6- and 18-month reassessments	90%	Case manager
<b>Objective 7: NOEII clients will gain employment</b>			
Indicator 7.1	Proportion of clients who have employment income as measured at 18-month reassessment	25%	Client
<b>Objective 8: NOEII clients will be screened for mental health and substance use disorders</b>			
Indicator 8.1	Proportion of clients who have been screened for mental health disorders at baseline, and rescreened at 6- and 18-month reassessments	Baseline: 100% 6-month: 60% 18-month: 70%	Case manager
<b>Objective 8: NOEII clients will be screened for mental health and substance use disorders</b>			
Indicator 8.2	Proportion of clients who have been screened for substance use disorders at baseline, and rescreened at 6- and 18-month reassessments	Baseline: 100% 6-month: 60% 18-month: 70%	Case manager

		Target	Data Source
<b>Objective 9: NOEII clients who have identified mental health and/or substance use disorders will receive appropriate mental health and substance use disorder treatment services if desired by the client</b>			
Indicator 9.1	Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments	90%	Case manager
Indicator 9.2	Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments	90%	Case manager
Indicator 9.3	Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments <sup>25</sup>	75%	Case manager
Indicator 9.4	Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments <sup>26</sup>	75%	Case manager
<b>Objective 10: Provide NOEII clients with social connection support</b>			
Indicator 10.1	Proportion of clients reporting attendance at social/community activity as measured at baseline and 6- and 18-month reassessments	–	Client
Indicator 10.2	Proportion of clients who have been offered social connection support services as measured at 6- and 18-month reassessments	–	Case manager

### ANALYTIC APPROACH

Our analytic approach is to provide a descriptive analysis of the extent to which the program has achieved its targets. The program will be judged as meeting the implementation objectives if it fulfills or exceeds the count or percentages specified by each target for the objectives’ respective indicators. If a program meets its targets, then we are able to infer that the program is being implemented as intended.

It is important to note that meeting or exceeding programmatic targets only allows us to determine whether or not the program is operating as it is intended to operate; it does not allow us to draw conclusions about how implementation may be impacting client behavior. In addition, it is important to note that in some instances, indicators do not have associated targets. For these, we do not infer whether the objective has been met; we simply present a description of program performance related to that objective.

<sup>25</sup> Clients who screen positive and who report a desire for mental health treatment are supposed to receive a referral from a NOEII case manager so that they may receive treatment. Because clients are supposed to receive referrals through the program, for the construction of Indicator 9.3, we only consider individuals to have received treatment if they were counted in Indicator 9.1 to have screened positive, desired treatment, and been referred. In some cases, clients may receive treatment, without receiving a referral through NOEII (i.e., they receive a referral from a different program/provider). PRG will conduct sensitivity analyses to determine if this is the case and report substantive differences in a footnote in the report.

<sup>26</sup> As with Indicator 9.2 (see footnote 25) for the construction of Indicator 9.4, we only consider individuals to have received treatment if they were counted in Indicator 9.2 to have screened positive, desired treatment, and been referred.

## OUTCOME STUDY

### *MEASUREMENT STRATEGY*

Outcome objectives specify the client-level behavioral changes that the program is designed to impact. The NOEII had four outcome objectives, which were concerned with individual-level changes in housing status, substance use, and mental health, as well as satisfaction of clients. These four objectives are operationalized into measurable constructs, or indicators. Our hypothesis was that if the program functioned as expected, clients should report being in stable housing, less substance use (if client is enrolled in substance abuse treatment), improved psychosocial functioning and less distress (if the client is enrolled in mental health treatment), and high satisfaction with the program.

Each outcome objective is measured by one or more indicators. Indicators can be single-item or index measures; an index uses more than one question to create a more comprehensive and reliable quantitative measure of the concept being measured. We do this because the objectives we aim to measure in this evaluation are either not reliably measured with a single question or describe a broad set of behaviors, such as substance use. We provide a more detailed explanation of the construction of indices used in this evaluation in the *Evaluation Plan*.

Table 2 lists the outcome objectives, indicators, data sources, and data collection periods.



Table 2. Outcome Objectives, Indicators, and Data Sources

		Data Source	Data Collection Schedule
<b>Objective 1: NOEII clients placed in permanent housing through this project will remain stably housed</b>			
Indicator 1.1	Proportion of clients placed in permanent housing who are in stable housing at 6- and 18-month reassessments <sup>27</sup>	Case manager	6-month follow-up 18-month follow-up
<b>Objective 2: Reduce substance use in NOEII clients receiving substance abuse treatment</b>			
Indicator 2.1	Mean individual-level change in reported 30-day substance use for clients receiving substance abuse treatment from baseline to 6- and 18-month reassessments, as measured by: <ul style="list-style-type: none"> <li>• 30-Day Illegal Drug Use<sup>28</sup></li> <li>• 30-Day Alcohol Use</li> <li>• 30-Day Alcohol Use to Intoxication</li> </ul>	Client	Baseline 6-month follow-up 18-month follow-up
<b>Objective 3: Improve psychosocial functioning and decrease distress for NOEII clients receiving mental health treatment</b>			
Indicator 3.1	Mean individual-level change in reported level of distress for clients receiving mental health treatment from baseline to 6- and 18-month reassessments <sup>29</sup>	Client	Baseline 6-month follow-up 18-month follow-up
Indicator 3.2	Mean individual-level change in reported psychosocial functioning for clients receiving mental health treatment from baseline to 6- and 18-month reassessments <sup>30</sup>	Client	Baseline 6-month follow-up 18-month follow-up
<b>Objective 4: Achieve high NOEII client satisfaction</b>			
Indicator 4.1	Mean <i>Satisfaction scale</i> score at 6- and 18-month reassessments	Client	6-month follow-up 18-month follow-up

### ANALYTIC APPROACH

To assess if there are any changes in clients’ self-reported behaviors or behavioral antecedents over time, questionnaires are administered at specific points during clients’ involvement with the program: *when they are first enrolled (intake), 6 months after their enrollment date (6-month reassessment), 18 months after their enrollment date (18-month reassessment), and when they leave the program (discharge)*. We then compare each client’s intake responses to his/her 6- and 18-month reassessment or discharge responses.<sup>31</sup> If the change in self-reported measures across all clients is large enough (defined as a statistically significant mean individual-level difference or statistically significant difference in marginal proportions), we can infer that there have been changes in clients’ self-reported behavior (or behavioral antecedents) during their involvement with the program.<sup>32</sup> Because we want to examine

<sup>27</sup> UNITY set a target for 80% of enrolled participants placed in permanent housing by the NOEII to remain stably housed at 6- and 18-month reassessments.

<sup>28</sup> In October 2018, in consultation with UNITY, PRG changed the measure for 30-day illegal drug use. Previously, it was constructed as a composite index of days of use for all drugs listed in the GPRA. Now, it is measured using one item in the GPRA, “During the past 30 days, how many days have you used illegal drugs?” The change was made to improve interpretability of results.

<sup>29</sup> UNITY set a target for 65% of clients to demonstrate decreased distress at 18-month reassessment.

<sup>30</sup> UNITY set a target for 65% of clients to demonstrate improved psychosocial functioning at 18-month reassessment.

<sup>31</sup> We measure change from intake to most recent reassessment because it allows us to examine the most comprehensive analytic sample and improves statistical power to detect change.

<sup>32</sup> The significance level for all statistical analyses is set at the 0.05 (5%) level.

change over the course of the clients' exposure to the program, we only include clients in our analyses of the 6- and 18-month reassessment points if they were not discharged from the program prior to their reassessments. Again, it is important to emphasize that any inferences we have drawn from the outcome indicators are for the purposes of empirically testing the theoretical expectations of the intervention itself and have no direct application in assessing the efficacy of program implementation.<sup>33</sup>

As an observational study, we are unable to isolate programmatic effects as the specific causal mechanism in any change reported or observed in the data we receive. As such, our analyses refer to client change over time. We make the assumption that any observed change that is associated with program exposure represents programmatic impact; however, it should be emphasized that it is an assumption, and we cannot be certain of the causality.

## DATA AND PROCEDURES

### *INSTRUMENTS AND DATA SOURCES*

All data are gathered using the CSAT GPRA *Core Client Outcome Measures for Discretionary Services Programs* instrument and the *Client Satisfaction Survey*. The CSAT GPRA is the required data measurement tool for projects funded by SAMHSA. For the NOEII evaluation, PRG added measures of the following: program enrollment; client housing status; client connection to mainstream benefits; and the provision of housing coordination, recovery support, mental health, and substance use services. In addition, PRG added measures of psychosocial functioning and distress. The *Client Satisfaction Survey* is a short questionnaire adapted from the *Self-Help Agency Satisfaction scale* to measure clients' satisfaction with the NOEII program at 6- and 18-month reassessments as well as discharge.

### *DATA COLLECTION PROCEDURES*

All data were collected by *New Orleans AIDS Task Force (NO/AIDS)*, NAMI NO, and VOAGNO case managers. Case managers conducted the GPRA interview with clients in a private setting. The clients' responses were recorded on a paper questionnaire. Completed GPRA interviews were either faxed or scanned and emailed by the case managers to PRG. All data received by PRG were de-identified. PRG staff then entered required GPRA data directly into the SPARS online data management system. Supplemental data gathered with the additional items added by PRG were entered into a Remark (intake, 6-month, and discharge) or Qualtrics (18-month) online form. To ensure accuracy, PRG checked 10% of the data in both of these systems on a monthly basis. The *Client Satisfaction Survey* was completed by the client using a paper-and-pencil form following the GPRA interview. Case managers submitted a copy of completed *Client Satisfaction Surveys* to PRG for data entry. Submissions were anonymous and did not include ID numbers, therefore these data are not checked for accuracy of entry.

SAMHSA requires that the GPRA interview be administered at intake and discharge from the program, as well as six months post-intake. PRG added one additional data collection point: 18 months post-intake. *Client Satisfaction Surveys* were completed at both reassessment time points as well as discharge. Intake interviews must be conducted by the case manager within four days of the initial meeting with the client. Reassessment interviews are required to be conducted during the SAMHSA-designated "reassessment window," which is 60 days before and 60 days after the 6- or 18-month post-intake date. Discharge interviews should be completed on the day of discharge whenever possible, but must be conducted within 14 days of actual discharge from the program. If discharge occurs during the reassessment window period, CSAT accepts the discharge interview as the reassessment. To assist with

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<sup>33</sup> See footnote 7.

timely follow-up of all clients, PRG sent NOEII staff biweekly tables listing the ID numbers of clients who were due for follow-up GPRA interviews.

### *DATA MANAGEMENT*

Data received by PRG did not contain any information that could be used to identify a participant; each client received a seven-digit unique numeric ID from the Homeless Management Information System (HMIS). The ID numbers were written on each GPRA instrument administered by the case manager and sent to PRG for entry into SPARS. This number is the only identifying information on the instrument; this process ensures that the completed instruments received by PRG do not contain any information that could be used to identify the client, but permits the matching of individual-level data across data collection points (intake/baseline, 6- and 18-month reassessments, and discharge). At the end of the reporting period, PRG downloaded GPRA data from SPARS, and data from the supplemental scales and *Client Satisfaction Survey* are downloaded from Remark (intake, 6 months, discharge, *Client Satisfaction Survey*) or from Qualtrics (18 months). All data files are then saved as text files, converted to Stata, and merged using the unique ID number. Data cleaning procedures, including quality checks, screening, and editing are detailed in the *Evaluation Plan*.

## **DATA COLLECTED**

In this section, we discuss the data that were collected over the grant period. Our aim is to provide a general understanding of how complete and representative the data presented in this report are of both services provided over the grant period and client outcomes.

As far as the implementation study is concerned, data are mostly complete. Most indicators rely on client-level data reported by case managers in the GPRA, which capture services provided to all NOEII clients for whom administrative GPRA data were submitted.

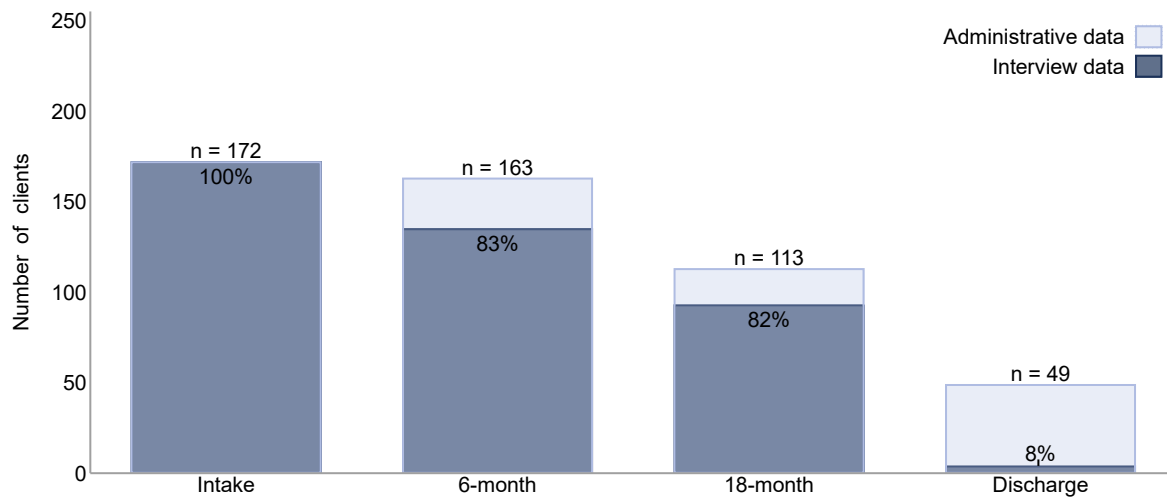
Client-level data collected for the outcome study are less complete. With the exception of Indicator 1.1, which relies on case manager-reported GPRA data, and Indicator 4.1, which relies on *Client Satisfaction Survey* data, all outcome indicators rely on client-reported data gathered using the GPRA interview. Interview data were collected at program intake, 6 months following intake, 18 months following intake, and at program discharge; however, not all clients were eligible to complete an interview at all time points, and not all clients who were eligible did so.<sup>34</sup> Taken together, this means that only a portion of clients enrolled in the program are represented in outcome findings.

To better illustrate how complete outcome data are, Figure 1a presents the proportion of clients with GPRA data at intake, 6-month reassessment, 18-month reassessment, and discharge. For each assessment point, we present the proportion of clients with a GPRA interview (containing client- and case manager-reported data) and an administrative GPRA (containing case manager-reported data only) out of all clients providing data at that time point. Figure 1b presents the proportion of NOEII clients who specifically have outcome data (i.e., completed a GPRA interview) at each time point out of all clients who enrolled in the program. This figure is intended to illustrate the extent to which all NOEII clients are represented in outcome findings.

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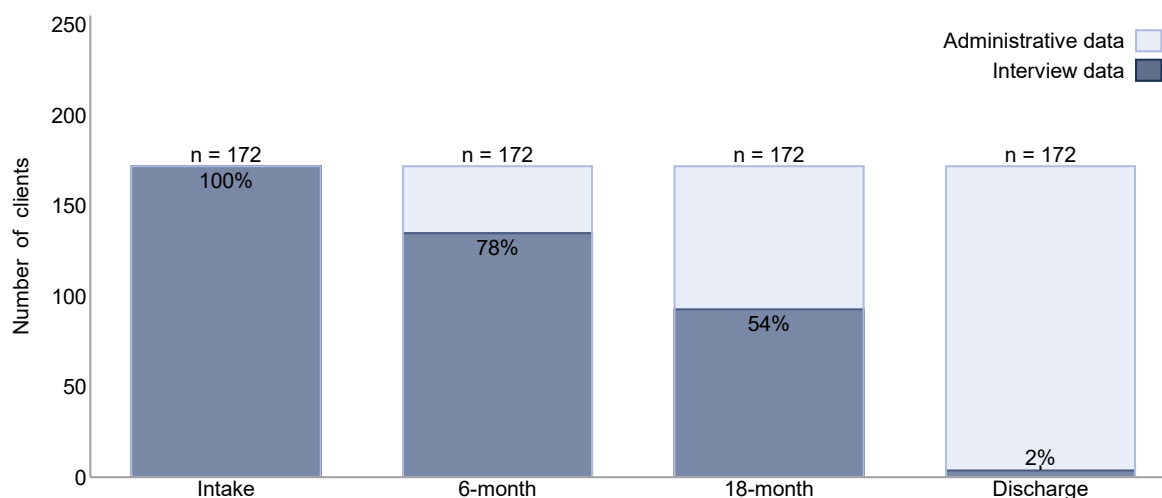
<sup>34</sup> In the event a client could not be interviewed during the data collection window specified by SAMHSA, only case manager-reported data were collected – this is referred to as an administrative GPRA.

Figure 1a. Percent of Clients Who Have GPRA Data



As is illustrated in Figure 1a, at the end of the grant period, 172 clients had been enrolled in the NOEII. All had administrative and interview data reported at intake. Of the 163 clients who had administrative data reported at 6-month reassessment, 135 (83%) also contributed interview data. All clients' 6-month follow-up windows had opened prior to the end of the grant; therefore, all were eligible to contribute data at this time point. Of the 113 clients who had administrative data reported at 18-month reassessment, 93 (82%) also contributed interview data. Seventeen clients enrolled after August 2018 did not reach the 18-month follow-up window, and therefore were not eligible to contribute data at this time point. Forty-nine clients had administrative data by the end of the program; very few of these (8%) also contributed interview data.

Because we do not impute outcome data, those clients who do not provide interview data are necessarily excluded from outcome analyses. This means that the analytic samples (the groups of clients that are included in any analysis) are smaller, potentially different, and may not be representative of the full client population.

*Figure 1b. Percent of Clients Included in Analytic Samples*

As depicted in the graphic in Figure 1b, just 78 and 54% of clients are represented in the 6- and 18-month reassessment analytic samples, respectively. The reader is therefore cautioned not to interpret the outcomes as representative of the full enrolled sample, but the smaller analytic samples comprised of individuals who were both willing and able to contribute data.

## CLIENT CHARACTERISTICS

The NOEII aims to serve chronically homeless individuals and families in New Orleans who are suffering from substance use and/or mental health disorders. As a means of describing the population reached through the program, tabulations of clients' self-reported background characteristics are presented in Table 3. Data are collected at entry to the program and include all clients who were enrolled between January 20, 2017 (first date of client enrollment) and September 30, 2019, and who provided GPRA interview data. The table is divided into three sections. The first section reflects the background characteristics of all 172 clients enrolled in the program who had GPRA intake interview data, the second section reflects the background characteristics of the 135 clients who had interview data at 6-month reassessment, and the third section reflects the background characteristics of the 93 clients who had interview data at 18-month reassessment. We present the data in this way to illustrate the extent to which the characteristics of the analytic samples for client-level outcomes were similar to the full group of clients who received services through the NOEII.

**Table 3. Characteristics of NOEII Clients**

Characteristic <sup>35</sup>	All Clients	Clients With 6-Month Reassessment Data	Clients With 18-Month Reassessment Data
<b>Gender</b>	<b>n = 172</b>	<b>n = 135</b>	<b>n = 93</b>
Male	72.1%	69.6%	76.3%
Female	27.9%	30.4%	23.7%
Transgender/other	0.0%	0.0%	0.0%
<b>Race<sup>36</sup></b>	<b>n = 172</b>	<b>n = 135</b>	<b>n = 93</b>
Black	61.6%	63.0%	62.4%
White	32.6%	30.4%	30.1%
Other <sup>37</sup>	5.8%	6.7%	7.5%
Hispanic/Latino	0.6%	0.8%	1.1%
<b>Age range</b>	<b>n = 168</b>	<b>n = 133</b>	<b>n = 92</b>
18–24	6.5%	8.3%	7.6%
25–34	11.9%	12.8%	9.8%
35–44	19.6%	18.1%	16.3%
45–54	29.8%	28.6%	30.4%
55–64	32.1%	32.3%	35.9%
65 or older	0.0%	0.0%	0.0%
<b>Education</b>	<b>n = 169</b>	<b>n = 134</b>	<b>n = 91</b>
Less than 12 <sup>th</sup> grade	37.9%	40.3%	40.7%
High school diploma or GED	33.1%	32.8%	35.2%
Some college or Associate’s Degree	16.6%	14.9%	13.2%
Some vocational training or vocational diploma	5.9%	5.2%	6.6%
Bachelor’s Degree or higher	6.5%	6.7%	4.4%
<b>Current employment status</b>	<b>n = 172</b>	<b>n = 135</b>	<b>n = 93</b>
Employed <sup>38</sup>	5.8%	6.7%	4.3%
Unemployed <sup>39</sup>	48.3%	49.6%	48.4%
Disabled or retired <sup>40</sup>	40.1%	38.5%	43.0%
Other	5.8%	5.2%	4.3%
<b>Income</b>	<b>n = 165</b>	<b>n = 131</b>	<b>n = 89</b>
Mean income in past 30 days <sup>41</sup>	\$425.16	\$403.77	\$274.79

<sup>35</sup> Due to rounding, some categories do not sum to 100%.

<sup>36</sup> Clients are asked to indicate their race and whether or not they are Hispanic or Latino; therefore, race and ethnicity categories are not mutually exclusive and may not sum to 100%. One hundred seventy-two clients reported race; 171 indicated whether or not they were Hispanic or Latino.

<sup>37</sup> Other includes clients who responded they are *Multiracial* (n = 8), *American Indian* (n = 2), *Native Hawaiian or other Pacific Islander* (n = 0), *Alaska Native* (n = 0), *Other* (n = 0), or *Asian* (n = 0).

<sup>38</sup> *Employed* includes clients who responded they are *employed full-time* (n = 2) or *employed part-time* (n = 8).

<sup>39</sup> *Unemployed* includes clients who responded they are *unemployed, looking for work* (n = 54), *unemployed, not looking for work* (n = 27), *unemployed, volunteer work* (n = 0), or *Other* with a specific write-in response of “not employed” (n = 2).

<sup>40</sup> *Disabled or retired* includes clients who responded they are *unemployed, disabled* (n = 68) or *unemployed, retired* (n = 1).

<sup>41</sup> There is one statistical outlier. One client reported a mean income of \$10,030 in the past 30 days. When the statistical outlier is excluded, the reported mean income for all clients in the last 30 days is \$366.60 (n = 164), and the total income ranges from \$0 to \$1,601.

**Table 3. Characteristics of NOEII Clients (Continued)**

Characteristic	All Clients	Clients With 6-Month Reassessment Data	Clients With 18-Month Reassessment Data
<b>Primary housing in past 30 days</b>	<b>n = 169</b>	<b>n = 132</b>	<b>n = 91</b>
Apartment/house <sup>42</sup>	6.5%	8.3%	6.6%
Shelter	50.9%	53.8%	49.5%
Street/outdoors	40.2%	35.6%	41.8%
Institution	0.6%	0.8%	1.1%
Other <sup>43</sup>	1.8%	1.5%	1.1%
<b>Current overall health</b>	<b>n = 166</b>	<b>n = 129</b>	<b>n = 88</b>
Excellent	9.6%	8.5%	5.7%
Very good	13.3%	12.4%	12.5%
Good	26.5%	25.6%	23.9%
Fair	33.7%	36.4%	40.9%
Poor	16.9%	17.1%	17.0%
<b>Past 30-day psychosocial functioning<sup>44</sup></b>	<b>n = 171</b>	<b>n = 134</b>	<b>n = 93</b>
Functioning	36.8%	38.8%	34.4%
Not functioning	63.2%	61.2%	65.6%
<b>Past 30-day psychological distress<sup>45</sup></b>	<b>n = 169</b>	<b>n = 132</b>	<b>n = 91</b>
Seriously distressed	36.1%	37.9%	35.2%
Not seriously distressed	63.9%	62.1%	64.8%
<b>Past 30-day substance use</b>	<b>n = 169</b>	<b>n = 134</b>	<b>n = 91</b>
Any alcohol	44.4%	38.8%	46.2%
Alcohol to intoxication <sup>46</sup>	30.1%	26.0%	29.2%
Marijuana/hashish <sup>47</sup>	25.0%	23.9%	24.4%
Cocaine/crack <sup>48</sup>	4.2%	3.8%	4.4%
Other substances <sup>49</sup>	4.8%	3.8%	3.4%

<sup>42</sup> Apartment/house includes clients who responded they own/rent apartment, room, or house (n = 9) or someone else's apartment, room, or house (n = 2).

<sup>43</sup> Other includes clients who responded other housed (n = 3), dormitory/college residence (n = 0), residential treatment (n = 0), or halfway house (n = 0).

<sup>44</sup> Psychosocial functioning is measured using the *Psychosocial Functioning scale*. A client is classified as "functioning" if he/she has a mean scale score of greater than 3.5 (on a 1 to 5 scale). Further details about scale construction are provided in Appendix B of the *Evaluation Plan*.

<sup>45</sup> Psychological distress is measured using the *K6 scale*; a client is considered to be in serious psychological distress if the scale score is greater than or equal to 13 (on a 0 to 24 scale). See Appendix B of the *Evaluation Plan* for further details regarding scale construction.

<sup>46</sup> Sample size for all clients is 166, sample size for clients with 6-month reassessment data is 131, and sample size for clients with 18-month reassessment data is 89.

<sup>47</sup> Sample size for all clients is 168, sample size for clients with 6-month reassessment data is 134, and sample size for clients with 18-month reassessment data is 90.

<sup>48</sup> Sample size for all clients is 168, sample size for clients with 6-month reassessment data is 133, and sample size for clients with 18-month reassessment data is 91.

<sup>49</sup> Other substances includes opiates, nonprescription methadone, hallucinogens, methamphetamine and other amphetamines, benzodiazepines, barbiturates, nonprescription GHB, ketamine, other tranquilizers/downers/sedatives/hypnotics, and inhalants. Clients are also given the option to select *other illegal drugs* and write in a response. Sample size for all clients is 166, sample size for clients with 6-month reassessment data is 131, and sample size for clients with 18-month reassessment data is 89.

As shown in Table 3, among all clients enrolled in the NOEII, most were male (72%) and reported their race as Black (62%) with a mean age of 46. Thirty-eight percent of all clients had less than a 12<sup>th</sup> grade education and 33% held a high school diploma or GED. At intake, clients most frequently reported being unemployed (48%) or disabled/retired (40%) and living primarily in a shelter (51%) or the street/outdoors (40%) in the 30 days prior to intake. On average, clients reported roughly \$425 of income in the past 30 days. In the 30 days prior to intake, nearly half reported using any alcohol (44%), one quarter reported using marijuana (25%), and 4% reported using cocaine/crack. Most characteristics appear consistent with the samples of clients who have outcome data at each reassessment time point.

## RESULTS

### OVERVIEW

In this section, we present a synopsis of results. First, we present a summary of findings by indicator for each implementation objective. Then, we present a summary of findings by indicator for each outcome objective. Results in this report are considered final and reflect all data gathered through the end of the grant period. A more detailed discussion and analysis of the results follow in the next section. In the results tables, we use symbols to represent the extent to which an indicator has been met at each reported data collection point.

#### *Results Table Key*

Implementation Indicator Symbols	Outcome Indicator Symbols
✓ = target met	○ = no difference/progress
— = target not met	⊙ = mixed results
N/A = no target	● = statistically significant difference, in desired direction



## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

		Results			Notes
<b>Objective 1: Enroll chronically homeless individuals and families in the NOEII</b>					
Indicator 1.1	Number of chronically homeless individuals concurrently enrolled in the program <sup>50</sup>  <b>Target: 120 individuals</b> (number to be maintained throughout Years 2 and 3)	Year 1 107  —	Year 2 109  —	Year 3 107  —	The program did not meet its target in Year 1, 2, or 3. In Years 1 and 3, the program missed its target by 13 individuals; in Year 2, the program missed its target by 11.
Indicator 1.2	Number of homeless families concurrently enrolled in the program  <b>Target: 20 families</b> (number to be maintained throughout Years 2 and 3)	Year 1 20  ✓	Year 2 18  —	Year 3 16  —	In Year 1, the program met its target. In Years 2 and 3, the program missed its target by 2 and 4 families, respectively.
Indicator 1.3	Mean length of time clients spend enrolled in the program <sup>51</sup>  <b>Target: N/A</b>	All Clients 21.5 months  N/A			The mean length of time spent in the program was 22 months, including all clients who were enrolled in the program through the end of Year 3 (n = 172).
Indicator 1.4	Proportion of clients enrolled in the program who remain in the program at 6- and 18-month reassessments <sup>52</sup>  <b>Target: 80%</b>	6-Month Reassessment 91.4%  ✓	18-Month Reassessment 91.7%  ✓		The program exceeded its target at 6- and 18-month reassessments; 149 of 163 clients with data (91%) remained in the program at 6-month reassessment <sup>53</sup> and 99 of 108 clients with data (92%) remained in the program at 18-month reassessment.
<b>Objective 2: Provide NOEII clients with housing coordination services</b>					
Indicator 2.1	Proportion of clients enrolled in the program receiving housing coordination services at 6-month reassessment  <b>Target: 95%</b>	6-Month Reassessment 70.6%  —			The program did not meet its target. Of the 163 clients with data, 115 (71%) received all coordination services by 6-month reassessment.

<sup>50</sup> In Indicators 1.1 and 1.2, we present concurrent enrollment, which is the number of clients who were enrolled and remained enrolled through the end of each reporting period (Years One through Three). Clients were determined to be either individuals or families based off their client category reported at intake. Thirty-four clients changed their client category across time points. Given this, the total number of individuals enrolled through Year Three was 147; 40 were discharged. The total number of families enrolled through Year Three was 25; 9 were discharged.

<sup>51</sup> "Clients" were defined either as the heads of household in homeless families or as an individual homeless adult.

<sup>52</sup> Remaining in the program was defined as receiving grant-funded services at the time of the 6- and 18-month reassessments.

<sup>53</sup> An 18-month administrative GPRA was submitted for a client outside of the follow-up period, six months prior to the client's 18-month reassessment due date. This GPRA has been included as 6-month reassessment data in implementation Indicators 1.4 through 6.1, 8.1 through 10.2, and outcome Indicators 1.1 through 3.2.

## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

		Results		Notes
<b>Objective 3: Place NOEII clients into permanent housing</b>				
Indicator 3.1	Proportion of clients enrolled in the program who have been placed in permanent housing at 6-month reassessment  <b>Target: 95%</b>	<b>6-Month Reassessment</b> 87.7%		The program did not meet its target; of the 163 clients with data, 143 (88%) were placed in permanent housing using their voucher by 6-month reassessment.
		—		
<b>Objective 4: NOEII clients will be connected with mainstream benefits</b>				
Indicator 4.1	Proportion of clients who have applied for all benefits for which they are eligible at 6- and 18-month reassessments  <b>Target: 60%</b>	<b>6-Month Reassessment</b> 89.6%	<b>18-Month Reassessment</b> 92.0%	The program exceeded its target at 6- and 18-month reassessments. Of the 163 clients with data, 146 (90%) applied for mainstream benefits by 6-month reassessment; 104 of 113 clients with data (92%) applied by 18-month reassessment.
		✓	✓	
Indicator 4.2	Change in proportion of clients who are receiving all benefits for which they are eligible at 6- and 18-month reassessments compared to baseline  <b>Target: N/A</b>	<b>6-Month Reassessment</b> 24.9%	<b>18-Month Reassessment</b> 18.4%	The proportion of clients receiving all benefits for which they were eligible increased from 28% at baseline ( $n = 172$ ) to 53% at 6-month reassessment ( $n = 163$ ), showing an increase of 25%. At 18-month reassessment, the proportion increased to 47% ( $n = 113$ ), representing an increase of 18% from baseline. <sup>54</sup>
		N/A	N/A	
<b>Objective 5: NOEII clients will be connected with Medicaid</b>				
Indicator 5.1	Proportion of clients who have applied for <i>Medicaid</i> if eligible at 6- and 18-month reassessments <sup>55</sup>  <b>Target: 60%</b>	<b>6-Month Reassessment</b> 100%	<b>18-Month Reassessment</b> 99.0%	The program exceeded its target at 6- and 18-month reassessments; 155 of 155 eligible clients with data (100%) applied for <i>Medicaid</i> by 6-month reassessment and 99 of 100 eligible clients with data (99%) applied by 18-month reassessment. <sup>56</sup>
		✓	✓	

<sup>54</sup> Apparent discrepancies between results and notes presented in the Results at a Glance table are the result of rounding.

<sup>55</sup> In previous reports submitted, the results presented for Indicators 5.1 and 5.2 erroneously included clients who were not eligible to receive *Medicaid*; in this report, PRG has corrected to exclude clients ineligible for *Medicaid* from the proportions.

<sup>56</sup> One hundred forty-five clients were already receiving *Medicaid* at intake.

## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

Indicator		Results		Notes
		6-Month Reassessment	18-Month Reassessment	
5.2	Change in proportion of clients who are receiving <i>Medicaid</i> if eligible at 6- and 18-month reassessments compared to baseline  <b>Target: N/A</b>	11.9%  N/A	9.2%  N/A	The proportion of eligible clients receiving <i>Medicaid</i> increased from 87% at baseline ( $n = 167$ ) to 99% at 6-month reassessment ( $n = 155$ ), showing an increase of 12%. At 18-month reassessment, the proportion increased to 96% ( $n = 100$ ), representing an increase of 9% from baseline. <sup>57</sup>

**Objective 6: NOEII clients will receive comprehensive recovery support services**

Indicator		6-Month Reassessment	18-Month Reassessment	
6.1	Proportion of clients receiving comprehensive recovery support services as measured at 6- and 18-month reassessments  <b>Target: 90%</b>	94.5%  ✓	85.0%  —	The program exceeded its target at 6-month reassessment; however, it did not meet its target at 18-month reassessment. 154 of 163 clients with data (95%) received support services by 6-month reassessment; 96 of 113 clients with data (85%) received support services by 18-month reassessment.

**Objective 7: NOEII clients will gain employment**

Indicator		18-Month Reassessment	
7.1	Proportion of clients who have employment income as measured at 18-month reassessment  <b>Target: 25%</b>	11.5%  —	The program did not meet its target; of the 113 clients with data, only 13 reported having employment income at 18-month reassessment (12%).

<sup>57</sup> In previous reports submitted, the results presented for Indicator 5.2 used matched samples of all clients with data at baseline and 6- or 18-month reassessment. In this report, we consider the change between three independent samples of those eligible for *Medicaid* at baseline and 6- and 18-month reassessments.

## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

		Results			Notes
<b>Objective 8: NOEII clients will be screened for mental health and substance use disorders</b>					
Indicator 8.1	Proportion of clients who have been screened for mental health disorders at baseline, and rescreened at 6- and 18-month reassessments  <b>Target:</b> <b>Baseline: 100%</b> <b>6-Month: 60%</b> <b>18-Month: 70%</b>	Baseline 98.8%	6-Month Reassessment 81.6%	18-Month Reassessment 84.1%	The program narrowly missed its target at baseline; however, it exceeded its target at 6- and 18-month reassessments. At baseline 170 of 172 clients with data (99%) were screened, at 6-month reassessment 133 of 163 clients with data (82%) were screened, and at 18-month reassessment, 95 of 113 clients with data (84%) were screened. <sup>58</sup>
		—	✓	✓	
Indicator 8.2	Proportion of clients who have been screened for substance use disorders at baseline, and rescreened at 6- and 18-month reassessments  <b>Target:</b> <b>Baseline: 100%</b> <b>6-Month: 60%</b> <b>18-Month: 70%</b>	Baseline 95.3%	6-Month Reassessment 72.4%	18-Month Reassessment 74.3%	The program did not meet its target at baseline; however, it exceeded its target at 6-month and 18-month reassessments. At baseline 164 of 172 clients with data (95%) were screened, at 6-month reassessment 118 of 163 clients with data (72%) were screened, and at 18-month reassessment 84 of 113 clients with data (74%) were screened. <sup>59</sup>
		—	✓	✓	

<sup>58</sup> The two clients who were not screened at baseline were screened for mental health disorders at their 6-month reassessment.

<sup>59</sup> Of the eight clients who were not screened at baseline, two were never screened while enrolled, two were screened at both 6- and 18-month reassessments, three were screened at 6-month reassessment only, and one was screened at 18-month reassessment only.

## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

		Results		Notes
<b>Objective 9: NOEII clients who have identified mental health and/or substance use disorders will receive appropriate mental health and substance use disorder treatment services if desired by the client</b>				
Indicator 9.1	Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments  <b>Target: 90%</b>	<b>6-Month Reassessment</b> 94.0%  ✓	<b>18-Month Reassessment</b> 94.9%  ✓	The program exceeded its target at 6- and 18-month reassessments; among clients who needed and desired mental health treatment, 78 of 83 (94%) were referred to services by 6-month reassessment and 74 of 78 clients (95%) were referred by 18-month reassessment.
Indicator 9.2	Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments  <b>Target: 90%</b>	<b>6-Month Reassessment</b> 91.3%  ✓	<b>18-Month Reassessment</b> 85.7%  —	The program met its target at 6-month but not 18-month reassessment; among clients who indicated that they needed and wanted substance use treatment, 21 of 23 (91%) received a referral by 6-month reassessment; at 18 months, 18 of 21 clients whose data indicated that they needed and wanted substance use treatment (86%) received a referral.
Indicator 9.3	Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments <sup>60</sup>  <b>Target: 75%</b>	<b>6-Month Reassessment</b> 74.4%  —	<b>18-Month Reassessment</b> 78.4%  ✓	The program met its target at 18-month reassessment but narrowly missed its target at 6-month reassessment. Of clients who needed and wanted mental health treatment, 58 of 78 (74%) were receiving it by 6-month reassessment and 58 of 74 clients (78%) were receiving it by 18-month reassessment.

<sup>60</sup> Sensitivity analyses were performed that examine receipt of treatment for all clients who screened positive and expressed a desire for mental health treatment, regardless as to whether they received a referral through the program. At 6-month reassessment, the proportion of clients receiving treatment was 73.5%; at 18-month reassessment, the proportion was 73.9%.

## IMPLEMENTATION STUDY: RESULTS AT A GLANCE

Indicator		Results		Notes	
		6-Month Reassessment	18-Month Reassessment		
9.4	Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments <sup>61</sup>	52.4%	44.4%	The program missed its target at 6- and 18-month reassessments. Of the 21 clients whose data indicated that they needed and desired substance use treatment, 11 (52%) were receiving treatment services by 6-month reassessment; 8 of 18 (44%) were receiving treatment services by 18-month reassessment.	
	<b>Target: 75%</b>	—	—		
<b>Objective 10: Provide NOEII clients with social connection support</b>					
10.1	Proportion of clients reporting attendance at social/community activity as measured at baseline and 6- and 18-month reassessments	Baseline 39.4%	6-Month Reassessment 35.8%	18-Month Reassessment 41.3%	Of the 170 clients with baseline data, 67 (39%) reported attendance at social/community activities in the 30 days prior to baseline; 48 of 134 clients with 6-month reassessment data (36%) and 38 of 92 clients with 18-month reassessment data (41%) reported attendance at social/community activities in the 30 days prior to reassessment.
	<b>Target: N/A</b>	N/A	N/A	N/A	
10.2	Proportion of clients who have been offered social connection support services as measured at 6- and 18-month reassessments	6-Month Reassessment 65.6%	18-Month Reassessment 77.0%		Almost two thirds of clients (107 of 163) were offered social connection support services by 6-month reassessment. Over three quarters of clients (87 of 113) were offered social connection support by 18-month reassessment.
	<b>Target: N/A</b>	N/A	N/A		

<sup>61</sup> Sensitivity analyses were performed that examine receipt of treatment for all clients who screened positive and expressed a desire for substance use treatment, regardless as to whether they received a referral through the program. At 6-month reassessment, the proportion of clients receiving treatment was 52.2%; at 18-month reassessment, the proportion was 43.5%.

## OUTCOME STUDY: RESULTS AT A GLANCE

		Results		Notes
<b>Objective 1: NOEI clients placed in permanent housing through this project will remain stably housed</b>				
Indicator 1.1	Proportion of clients placed in permanent housing who are in stable housing at 6- and 18-month reassessments	<b>6-Month Reassessment</b> 93.0%	<b>18-Month Reassessment</b> 88.2%	Of the 143 clients with 6-month reassessment data who were placed in permanent housing, 133 (93%) remained stably housed. Of the 110 clients with 18-month reassessment data who were placed in permanent housing, 97 (88%) remained stably housed.
<b>Objective 2: Reduce substance use in NOEI clients receiving substance abuse treatment</b>				
Indicator 2.1	Mean individual-level change in reported 30-day substance use for clients receiving substance abuse treatment from baseline to 6- and 18-month reassessments, as measured by: <ul style="list-style-type: none"> <li>• 30-Day Illegal Drug Use<sup>65</sup></li> <li>• 30-Day Alcohol Use</li> <li>• 30-Day Alcohol Use to Intoxication</li> </ul>	<b>6-Month Reassessment</b> 1.2 2.4 2.1 ○	<b>18-Month Reassessment</b> 2.9 2.4 2.8 ○	No significant changes are observed in 30-day substance use from baseline to 6- or 18-month reassessment. Because so few clients received substance use treatment and provided outcome data (6 months, $n = 14$ ; 18 months, $n = 16$ ), the sample sizes are small and results should be interpreted with caution. <sup>62, 63, 64</sup>
<b>Objective 3: Improve psychosocial functioning and decrease distress for NOEI clients receiving mental health treatment</b>				
Indicator 3.1	Mean individual-level change in reported level of distress for clients receiving mental health treatment from baseline to 6- and 18-month reassessments	<b>6-Month Reassessment</b> -4.1 ●	<b>18-Month Reassessment</b> -1.1 ○	Psychological distress was measured using the <i>K6 scale</i> ; a score greater than or equal to 13 indicates serious distress.  A significant decrease of 4.1 points (from 12.0 to 7.9) is observed from baseline to 6-month reassessment for the 71 clients who received mental health services and provided outcome data. <sup>66</sup> At 18-month reassessment, a decrease of 1.1 points (from 11.0 to 9.9) is observed for the 79 clients who received mental health services and provided outcome data; this change is not significant.

<sup>62</sup> This objective and its indicators are specific to clients who received substance use treatment. If we examine all clients, and not just those who received treatment, still no significant changes are observed from baseline to 6-month reassessment or from baseline to 18-month reassessment in 30-day illegal drug use, alcohol use, or alcohol use to intoxication.

<sup>63</sup> The indicator is the primary means of assessing this objective. In addition, clients reported the number of days of drug use by drug type (cocaine/crack, marijuana/hashish, opiates, nonprescription methadone, hallucinogens/psychedelics, methamphetamine or other amphetamines). At 6- and 18-month reassessments, for clients who have received substance use treatment, the most frequently used drugs are marijuana, cocaine/crack, and opiates-heroin. Change in the use of these three drugs is not significant from baseline to 6-month reassessment. However, a significant increase in 30-day cocaine use is observed from baseline to 18-month reassessment (from 1.9 days of use to 6.2 days of use) for the 16 clients who have data.

<sup>64</sup> At 6-month reassessment, only 13 clients who received substance abuse treatment contributed data to the 30-day illegal drug use measure; at 18-month reassessment, only 15 clients contributed.

<sup>65</sup> See footnote 28.

<sup>66</sup> At 6- and 18-month reassessments, significant decreases in distress were observed for all clients with data; for the 126 clients with data at 6-month reassessment, clients' mean score decreased to 7.6 from a baseline mean score of 10.7. For the 90 clients with data at 18-month reassessment, clients' mean score decreased to 9.7 from a baseline mean score of 11.0.

## OUTCOME STUDY: RESULTS AT A GLANCE

Indicator		Results		Notes
		6-Month Reassessment	18-Month Reassessment	
3.2	Mean individual-level change in reported psychosocial functioning for clients receiving mental health treatment from baseline to 6- and 18-month reassessments	0.4 ●	0.2 ●	<p>Psychosocial functioning was measured using the <i>Psychosocial Functioning scale</i>. A client is classified as “functioning” if he/she has a mean scale score greater than 3.5.</p> <p>A significant improvement in psychosocial functioning is observed from baseline to 6-month reassessment for the 72 clients who received mental health treatment and provided outcome data.<sup>67</sup> At baseline, clients’ mean scale score is 3.2, indicating on average clients are not “functioning” at baseline. At 6-month reassessment, clients’ mean score increases to 3.6 – suggesting on average clients are “functioning” by 6-month reassessment.</p> <p>Although less pronounced, a significant improvement in psychosocial functioning was also observed from baseline (3.1) to 18-month reassessment (3.3) for the 81 clients who received mental health services and provided outcome data.</p>

### Objective 4: Achieve high NOEII client satisfaction

Indicator		6-Month Reassessment	18-Month Reassessment	
4.1	Mean <i>Satisfaction scale</i> score at 6- and 18-month reassessments	4.5	4.5	<p>Satisfaction was measured on a 5-point scale where 1 = <i>very dissatisfied</i> and 5 = <i>very satisfied</i>.</p> <p>The mean <i>Satisfaction scale</i> scores of 4.5 at 6-month (<math>n = 44</math>) and 18-month reassessments (<math>n = 31</math>) indicate that, on average, clients with data are <i>satisfied</i> (score of 4) to <i>very satisfied</i> (score of 5) with the program.<sup>68, 69</sup></p>

<sup>67</sup> If we examine all clients, and not just those who received treatment, significant increases in psychosocial functioning were observed at 6- and 18-month reassessments. For the 131 clients who have data at 6-month reassessment, clients’ mean score increased to 3.6 from a baseline mean score of 3.2. For the 93 clients who have data at 18-month reassessment, clients’ mean score increased to 3.4 from a baseline score of 3.1.

<sup>68</sup> Low response rate to the *Client Satisfaction Survey* is due to clients’ refusal to complete the form or accidental neglect by case managers to administer the survey.

<sup>69</sup> The same individuals may be represented in the data more than once because they may have completed a *Client Satisfaction Survey* at both 6- and 18-month reassessments; as the survey is anonymous, we have used clients’ responses to program length to separate the 6- and 18-month satisfaction measures. Clients who completed a *Client Satisfaction Survey* and whose surveys indicated a response of 12 months or under for length of time in the program are counted as part of the 6-month satisfaction measure; clients whose surveys indicated a response of over 12 months for length of time in the program are included as part of the 18-month satisfaction measure.



## DETAILED RESULTS

### IMPLEMENTATION STUDY

#### OBJECTIVE 1: ENROLL CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES IN THE NOEII

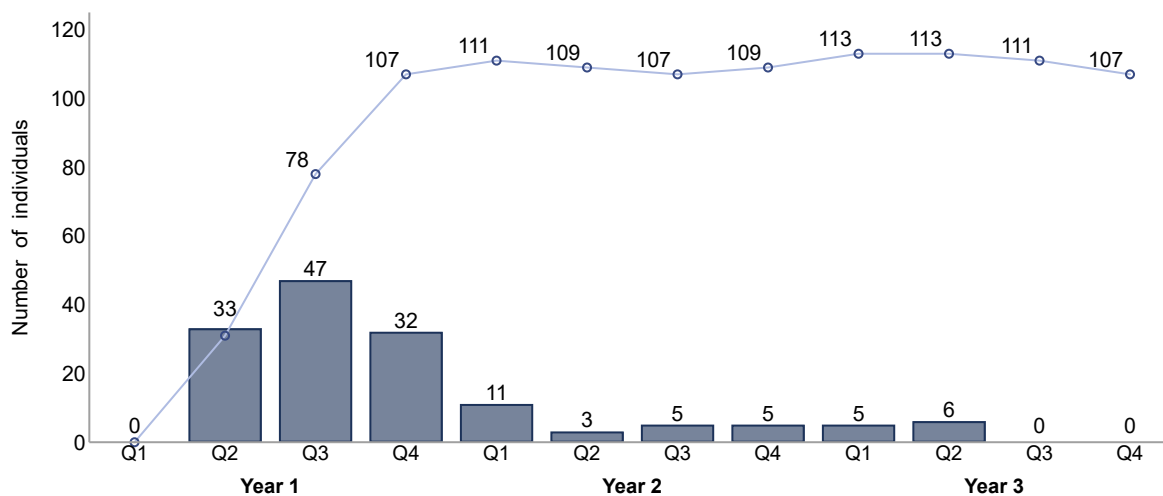
**Indicator 1.1: Number of chronically homeless individuals concurrently enrolled in the program**

**Indicator 1.2: Number of homeless families concurrently enrolled in the program**

Target: 120 chronically homeless individuals and 20 vulnerable homeless families will be enrolled in the program by the end of Year One and that number will be maintained during Years Two and Three

The first objective of the NOEII was to enroll and retain chronically homeless individuals and families in the program. An individual or family was considered enrolled in the program upon meeting with a case manager and completing a GPRA interview. A client was determined to be chronically homeless if the case manager reported in the GPRA intake form that the client met the SAMHSA definition of chronic homelessness.<sup>70</sup> The NOEII aimed to enroll 120 or more individuals and 20 or more vulnerable homeless families during Year One of the grant and maintain those numbers during Years Two and Three. Figures 2 and 3 graphically present program enrollment numbers for homeless individuals and families, respectively, by quarter. In each figure, columns depict the number of enrollments conducted and the trend line depicts concurrent enrollment (total enrollments minus total discharges) each quarter. The number of individuals or families enrolled each quarter and concurrently over the three years of program implementation is presented.

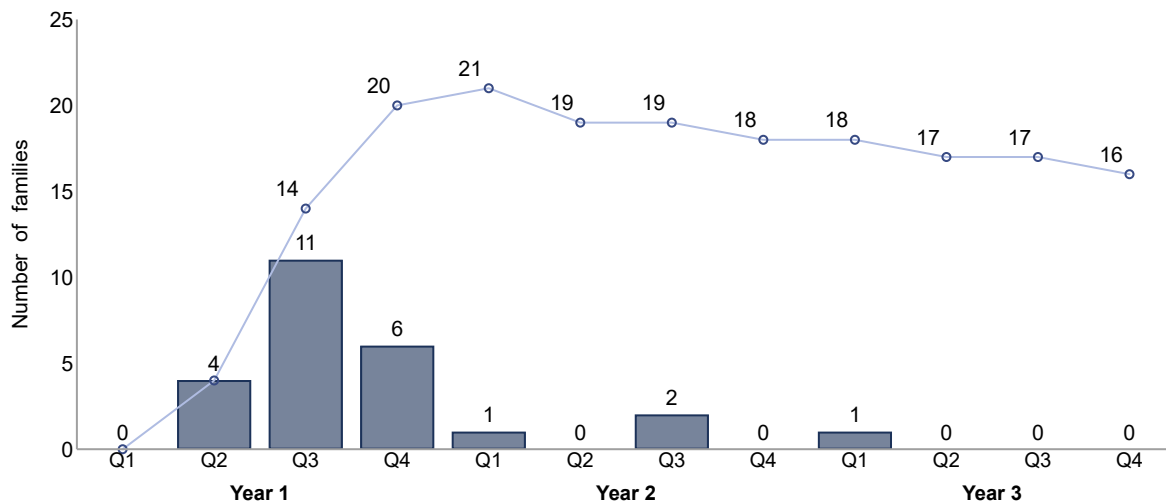
Figure 2. Number of Chronically Homeless Individuals Concurrently Enrolled in NOEII<sup>71</sup>



<sup>70</sup> Although we use the case manager’s assessment of chronic homelessness, clients are first determined to be chronically homeless by outreach workers (e.g., housing navigators). Outreach workers do not assess homelessness according to the full McKinney-Vento Homeless Assistance Act definition of chronically homeless, which is the definition designated for this grant, as well as the definition case managers use to determine if clients are chronically homeless (see footnote 1). Instead, clients are referred to the NOEII by housing navigators. Housing navigators include UNITY outreach teams, other outreach teams funded by Projects for Assistance in Transition from Homelessness and/or the CoC, as well as housing navigators at emergency shelters or other programs that assist the client to obtain the eligibility documentation needed. UNITY uses the CoC Coordinated Entry System, which refers clients after a review of the documentation of eligibility, including chronic homelessness and disabling condition. The documentation meets HUD standards.

<sup>71</sup> In the second quarter of Year One, 33 individuals were enrolled but 2 were discharged resulting in 31 individuals concurrently enrolled.

Figure 3. Number of Chronically Homeless Families Concurrently Enrolled in NOEII



The NOEII narrowly missed targeted enrollment numbers for chronically homeless individuals and homeless families. As shown in Figure 2, the program enrolled 147 chronically homeless individuals over the course of the grant; by the end of the grant program, 40 of those individuals had been discharged. Similarly, data show in Figure 3 that although the program enrolled 25 families over the course of the grant, 9 were discharged by the end of the grant period. Of the 40 individuals with GPRA discharge data, a plurality (14 clients or 35%) were discharged due to nonparticipation; three of eight families with discharge data (38%) were discharged due to nonparticipation.

**Indicator 1.3: Mean length of time clients spend enrolled in the program**

**Indicator 1.4: Proportion of clients enrolled in the program who remain in the program at 6- and 18-month reassessments**

**Target: 80% of enrolled clients will remain in the program at 6 and 18 months**

Clients enrolled in the NOEII were expected to remain enrolled for the entire three-year grant period. Length of time in the program is calculated using the clients’ date of GPRA intake and either the date of their GPRA discharge or the last day of the reporting period for clients who were still enrolled at the end of the program. The indicator for proportion of clients remaining enrolled in the program at each reassessment time point is assessed using one administrative question in the 6- and 18-month reassessment GPRA that asked case managers to indicate whether or not the client was still receiving services from the program. Figure 4 is a graphical representation of the mean length of time clients spent in the program by enrollment status and overall. Figure 5 illustrates the proportion of clients who remained in the program at the time of their 6- and 18-month reassessments.

Figure 4. Average Length of Client Enrollment in Program

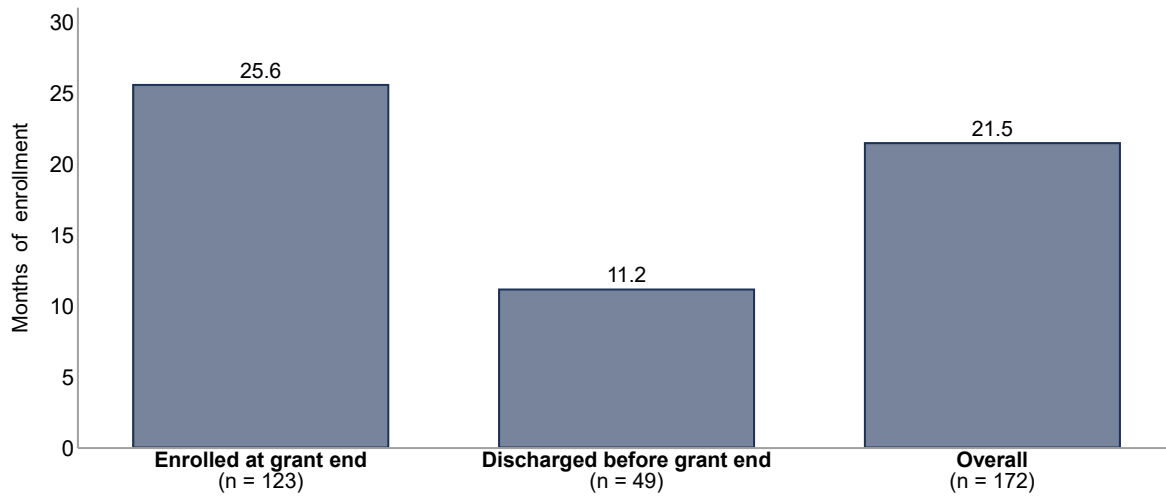


Figure 5. Percent of Clients Remaining Enrolled

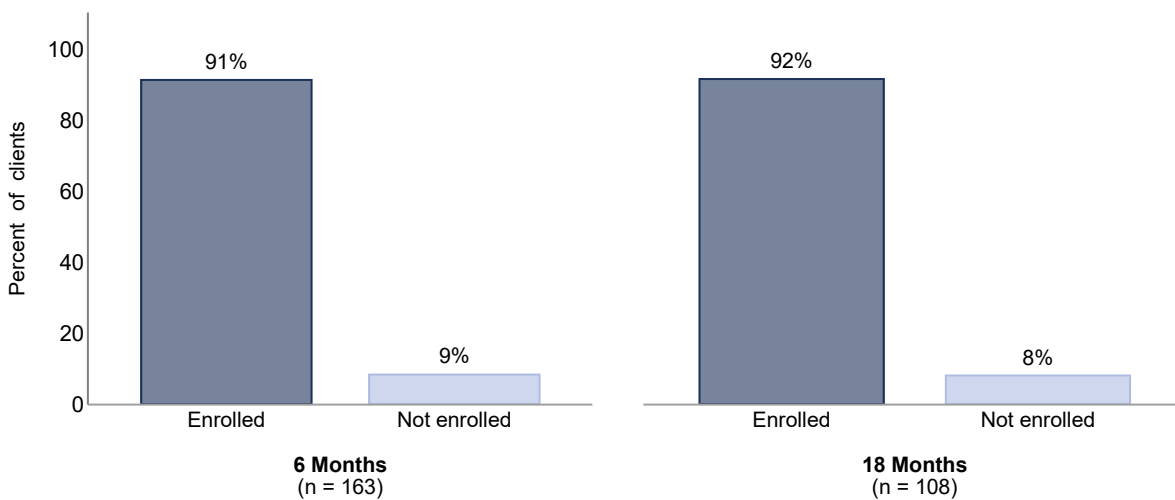


Figure 4 depicts that the average length of client enrollment in the program was approximately 22 months among all participants ( $n = 172$ ). For participants still enrolled in the program at the end of the grant period, average length of enrollment was 26 months ( $n = 123$ ) and for participants discharged from the program before the end of the grant period, the average length of enrollment was 11 months ( $n = 49$ ). Length of enrollment for NOEII clients ranged from 16 days to 33 months.

The NOEII exceeded its target to retain 80% of clients at 6- and 18-month reassessments. Figure 5 shows that at the end of the grant period, 91% of clients with data were enrolled in the program for at least 6 months ( $n = 163$ ) and 92% with data were enrolled for at least 18 months ( $n = 108$ ).

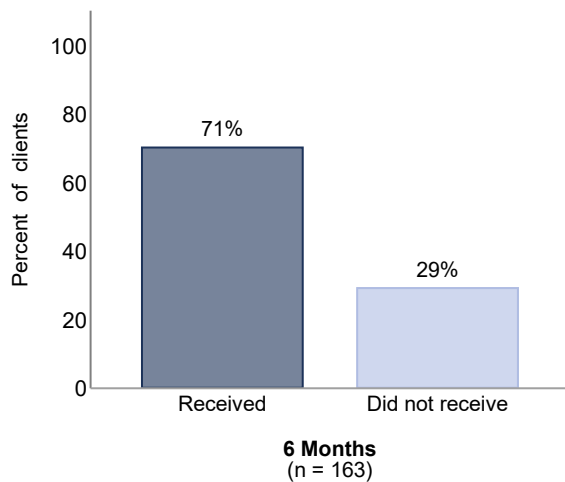
**OBJECTIVE 2: PROVIDE NOEII CLIENTS WITH HOUSING COORDINATION SERVICES**

**Indicator 2.1: Proportion of clients enrolled in the program receiving housing coordination services at 6-month reassessment**

Target: 95% of enrolled clients receive housing coordination services after being enrolled in the program for six months

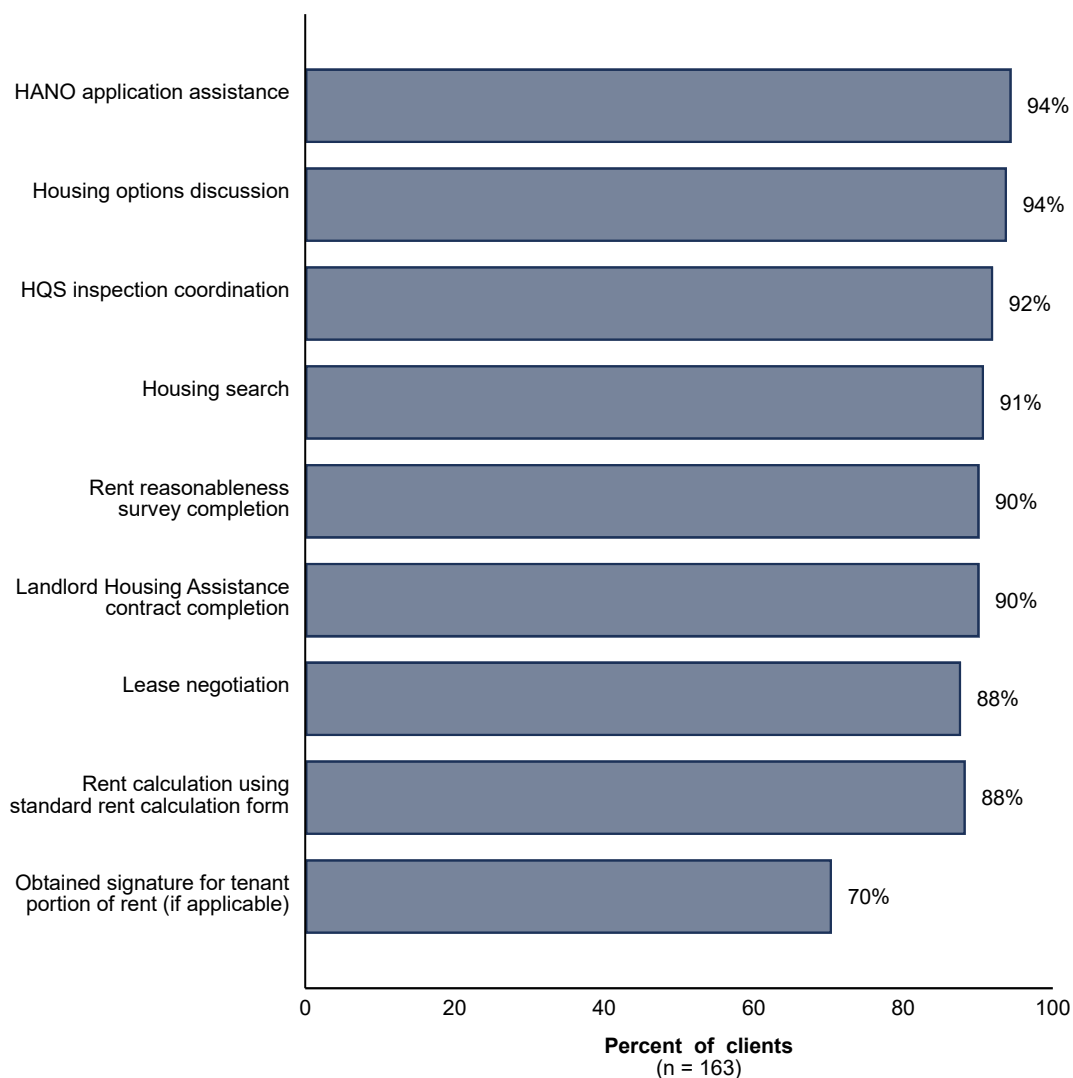
The second objective of the NOEII was to provide clients with housing coordination services. Housing coordination services included the following: assistance with completing a HANO application; conducting a housing search; discussing housing options with client; coordination of a Housing Quality Standards (HQS) inspection of the housing unit; completion of a rent reasonableness survey; assistance with completing a *Housing Assistance* contract with the landlord; negotiation of the lease; calculation of rent for client using a standard rent calculation form; and obtaining the client’s signature to agree to pay tenant portion of the rent, if applicable.<sup>72</sup> As part of the 6-month GPRA interview, case managers documented which services clients were receiving, and a client was defined as receiving housing coordination services if the case manager reported that he/she was receiving all of the services offered by the program for which he/she was eligible to receive. This objective is met if 95% or more of enrolled clients were receiving all housing coordination services for which they were eligible at the time of their 6-month reassessment. Figure 6 presents a graphical representation of those clients receiving all housing coordination services for which they are eligible after being in the program for six months. Figure 7 provides the percentage of clients receiving each type of housing coordination service six months after program enrollment.

*Figure 6. Percent of Clients Receiving All Housing Coordination Services*



<sup>72</sup> One housing coordination service – obtaining the client’s signature to agree to pay tenant portion of the rent – is only required for clients who do not have a current or pending “hardship exemption” from HANO; hardship exemptions are given to clients who have no income. A client with a hardship exemption who does not require this housing coordination service is defined as receiving housing coordination services if the case manager reports that he/she is receiving all other eight housing coordination services.

Figure 7. Percent of Clients Receiving Each Type of Housing Coordination Service<sup>73</sup>



At the end of the grant period, the NOEII had not met preestablished targets to provide all housing coordination services to 95% of clients. Data presented in Figure 6 show that 71% of clients received all housing coordination services for which they were eligible in the first six months of their participation in the program ( $n = 163$ ); this is 24% short of the service target.

When we examine receipt of services individually, we see that service delivery is below the prespecified target of 95% for all services. As seen in Figure 7, delivery rates range from a low of 70% for *obtained signature for tenant portion of rent (if applicable)* to a high of 94% for both *HANO application assistance* and *housing options discussion*.

<sup>73</sup> The sample size for obtaining the client's signature to agree to pay tenant portion of the rent is 88; these 88 clients did not have a current or pending "hardship exemption" from HANO. See footnote 72 for further explanation.

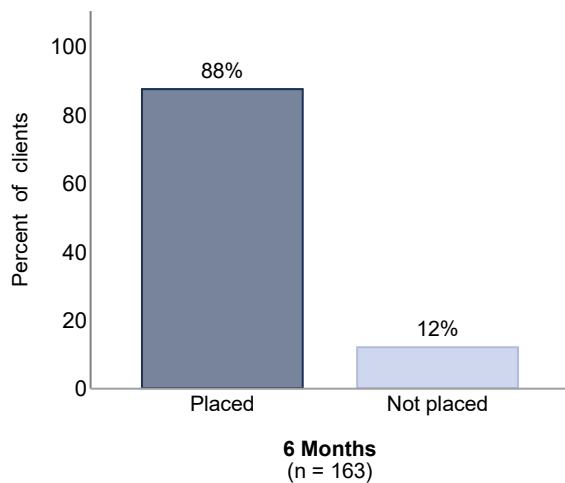
**OBJECTIVE 3: PLACE NOEII CLIENTS INTO PERMANENT HOUSING**

**Indicator 3.1: Proportion of clients enrolled in the program who have been placed in permanent housing at 6-month reassessment**

Target: 95% of enrolled participants are living in permanent housing after being in the program 6 months

The third objective of the NOEII was to place clients into permanent housing. As part of the 6-month GPRA interview, case managers documented whether or not clients had applied/used their housing voucher to move into permanent housing. Permanent housing was defined as community-based housing without a designated length of stay (i.e., no limit on the length of stay). Clients were determined to be permanently housed if they had applied/used their housing voucher and moved into permanent housing. This objective is met if 95% or more of enrolled clients were in permanent housing at the time of their 6-month reassessment. Figure 8 presents a graphical representation of those clients who had and had not been placed in permanent housing by the time of their 6-month reassessment.

*Figure 8. Percent of Clients Placed in Permanent Housing*



At the end of the grant period, the NOEII had not met its target of placing at least 95% of its clients into permanent housing within six months. Of the 163 clients who had 6-month reassessment data, 143 (88%) were reported by case managers to have been placed in permanent housing. According to program staff, there were several barriers to meeting this preestablished target. Many clients struggled to present the required documentation during the application stage of the HANO process (such as valid ID and updated proof of income), which caused delays. Additionally, program staff reported that the scheduling and steps of the inspection process were time-consuming, further detaining clients being placed in permanent housing by the 6-month reassessment.

**OBJECTIVE 4: NOEII CLIENTS WILL BE CONNECTED WITH MAINSTREAM BENEFITS**

**Indicator 4.1: Proportion of clients who have applied for all benefits for which they are eligible at 6- and 18-month reassessments<sup>74</sup>**

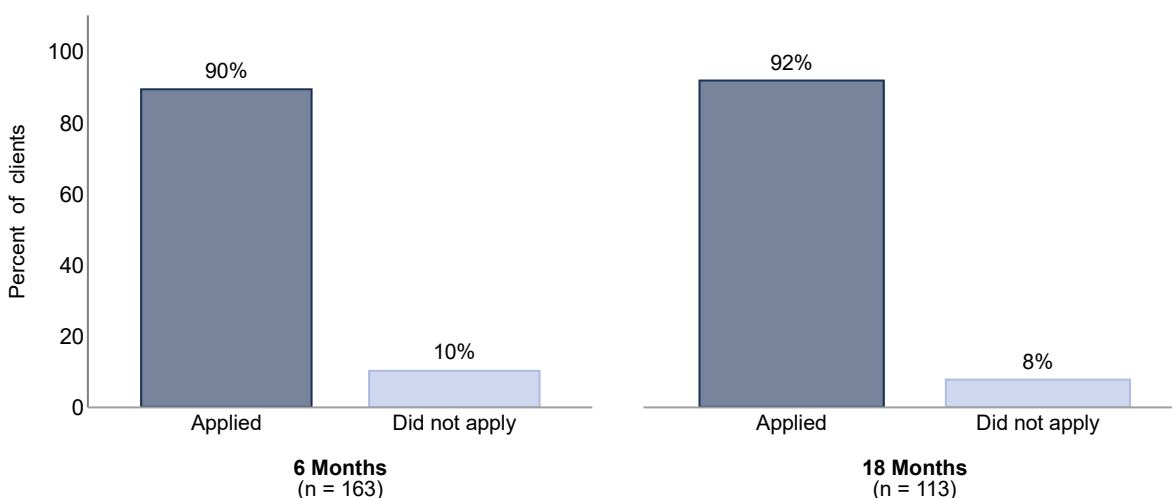
Target: 60% of enrolled clients will have applied for all mainstream benefits for which they are eligible

**Indicator 4.2: Change in proportion of clients who are receiving all benefits for which they are eligible at 6- and 18-month reassessments compared to baseline**

One of the key components of the NOEII was linking clients with mainstream benefit programs. Case managers collaborated with lawyers at SLLS to determine clients’ eligibility for nine mainstream benefits and assist them through the application process. Mainstream benefit programs included SSDI, SSI, Medicaid, Medicare, SNAP, Unemployment Insurance, Veteran’s Benefits, Social Security, and TANF. As part of the 6- and 18-month GPRA interviews, case managers documented the benefits for which clients were eligible, had applied, and were receiving. There is no preestablished target for the 6- or 18-month reassessment time points; however, the program specified that at the end of the grant period at least 60% of NOEII clients should have applied for all benefits for which they were eligible.

Figure 9 illustrates the percentage of clients who applied for all benefits for which they were eligible at the time of their 6- and 18-month reassessments.<sup>75</sup> Figure 10 illustrates the change in the number of clients who were receiving all benefits for which they were eligible at reassessments as compared to baseline.<sup>76</sup>

*Figure 9. Percent of Clients Who Applied for All Benefits They Were Eligible to Receive<sup>77</sup>*



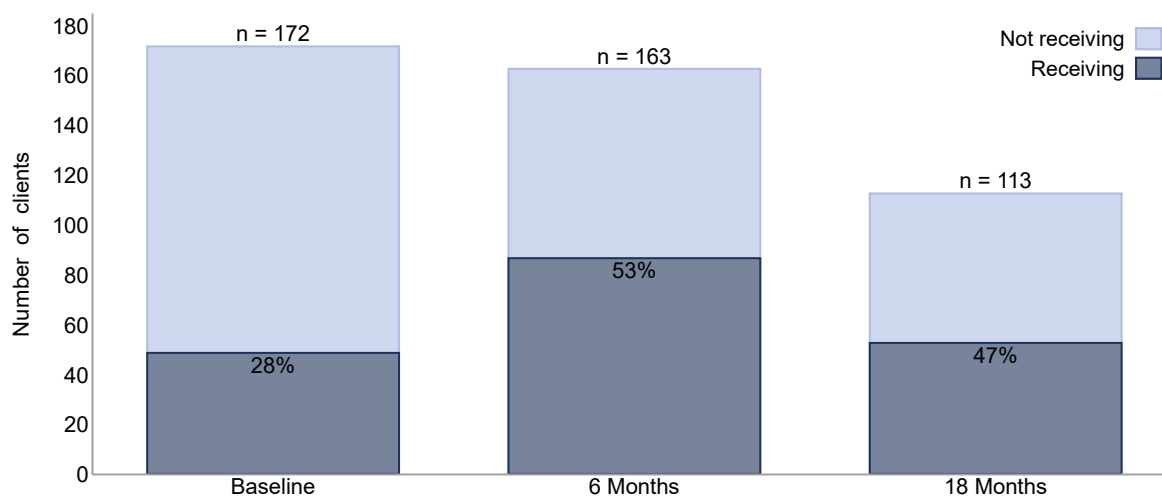
<sup>74</sup> Indicator 4.1 is constructed as a dummy variable, where clients have either applied for all benefits (nine possible) for which they are eligible (1) or not (0). To indicate as having applied for all eligible benefits (i.e., coded 1), the client need not apply for any benefit for which that client is ineligible. Indicator 4.2 is constructed in a similar fashion.

<sup>75</sup> Figures A.2 and A.3 in Appendix A provide graphical breakdowns of the number of eligible clients who had applied or not applied for a benefit by 6- and 18-month reassessments, respectively.

<sup>76</sup> Figures A.3 and A.4 in Appendix A provide graphical breakdowns of the benefits received by clients at 6- and 18-month reassessments, respectively.

<sup>77</sup> Apparent discrepancies between results presented in the Results at a Glance table and this figure are a result of rounding.

Figure 10. Percent of Clients Receiving All Benefits for Which They Were Eligible



Data presented in Figure 9 suggest that the NOEII exceeded its target for 60% of clients to have applied for all mainstream benefits for which they were eligible at both 6- and 18-month reassessments. At 6-month reassessment, 90% of clients had applied for all benefits they were eligible to receive ( $n = 163$ ). At 18-month reassessment, this percentage was 92% ( $n = 113$ ).

Figure 10 shows the percentages of clients receiving all benefits for which they were eligible at baseline and 6- and 18-month reassessments. Compared with baseline assessments, an additional 25% of clients who had been in the program for six months were receiving all mainstream benefits for which they were eligible. At 18-month reassessment, the percentage increased 18% from baseline. According to program staff, SLLS lawyers effectively supported case managers and clients in navigating the application processes for these benefits. This designated assistance from SLLS facilitated the program's ability to meet this objective.

#### **OBJECTIVE 5: NOEII CLIENTS WILL BE CONNECTED WITH MEDICAID**

##### **Indicator 5.1: Proportion of clients who have applied for Medicaid if eligible at 6- and 18-month reassessments**

Target: 60% of enrolled clients will have applied for *Medicaid* if they are eligible

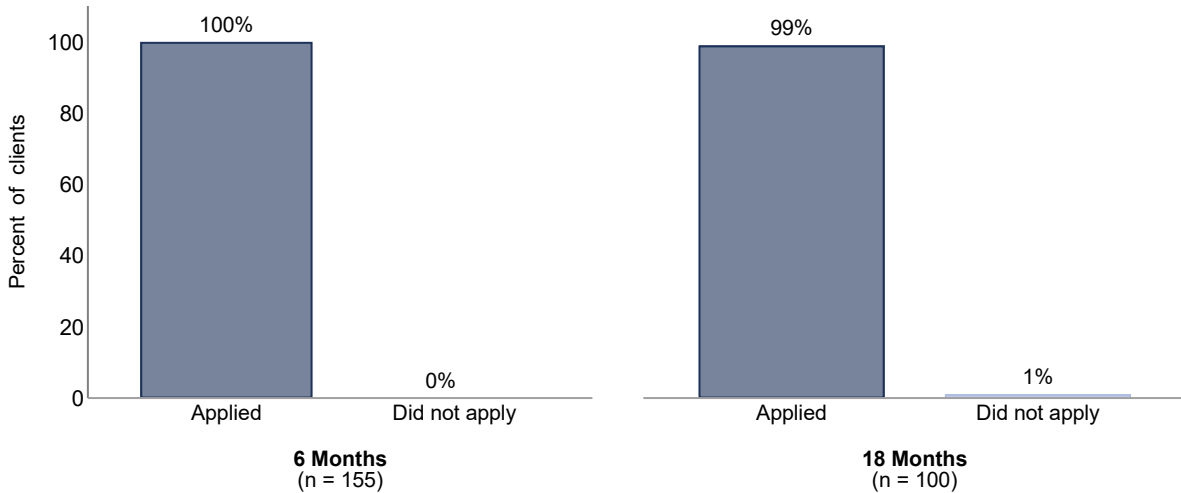
##### **Indicator 5.2: Change in proportion of clients who are receiving Medicaid if eligible at 6- and 18-month reassessments compared to baseline**

The NOEII case managers were expected to offer to connect clients with *Medicaid* as part of the 6- and 18-month GPRA interviews. During these interviews, case managers documented whether or not clients were eligible for *Medicaid*, and if they were eligible, whether or not they had applied for, or were already receiving *Medicaid*. Although there is no preestablished target at 6- and 18-month reassessments, the program specified that at least 60% of clients should have applied for *Medicaid* by the end of the grant period. Figure 11 illustrates the proportion of clients who applied for *Medicaid* and



Figure 12 illustrates the proportion of clients who were receiving *Medicaid* (if eligible) at each reassessment compared to baseline.<sup>78</sup>

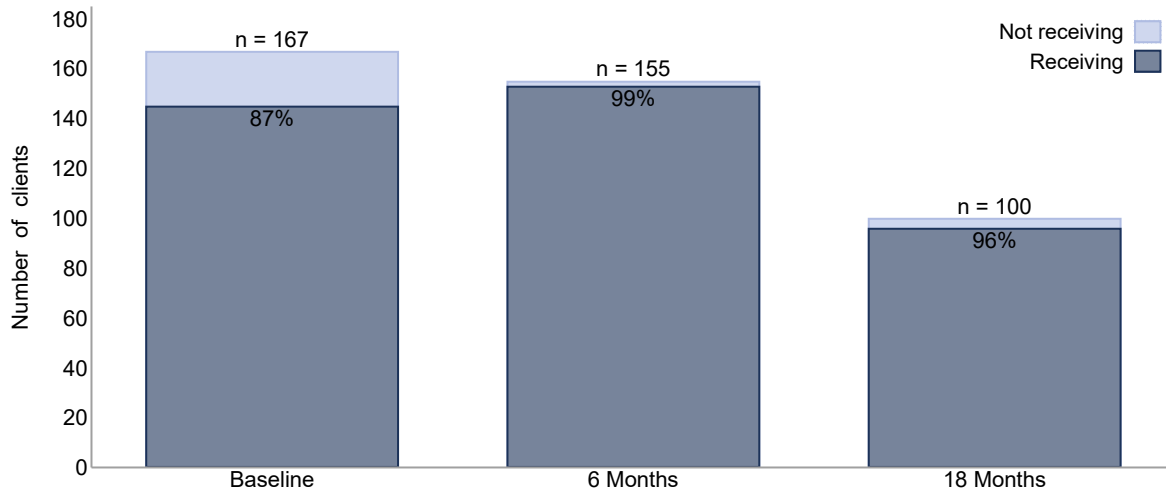
Figure 11. Percent of Eligible Clients Who Applied for Medicaid



At the end of the grant period, the NOEII had exceeded its target for 60% of eligible clients to have applied for *Medicaid* at 6- and 18-month reassessments. During the grant period, 155 of 155 eligible clients with data (100%) applied for *Medicaid* by 6-month reassessment and 99 of 100 eligible clients with data (99%) applied by 18-month reassessment. Program staff explained that since *Medicaid* expansion took effect in 2016 in Louisiana, individuals applied for *Medicaid* when accessing most medical services. Therefore, the majority of clients were already receiving *Medicaid* at intake. Additionally, partner agency supervisors suggested that case managers were highly motivated to help clients who were not already receiving *Medicaid* apply, which would enable them to continue provision of supportive services after the end of the grant period.

<sup>78</sup> The proportion of clients who have applied includes those already receiving *Medicaid* assistance prior to intake.

Figure 12. Percent of Eligible Clients Receiving Medicaid



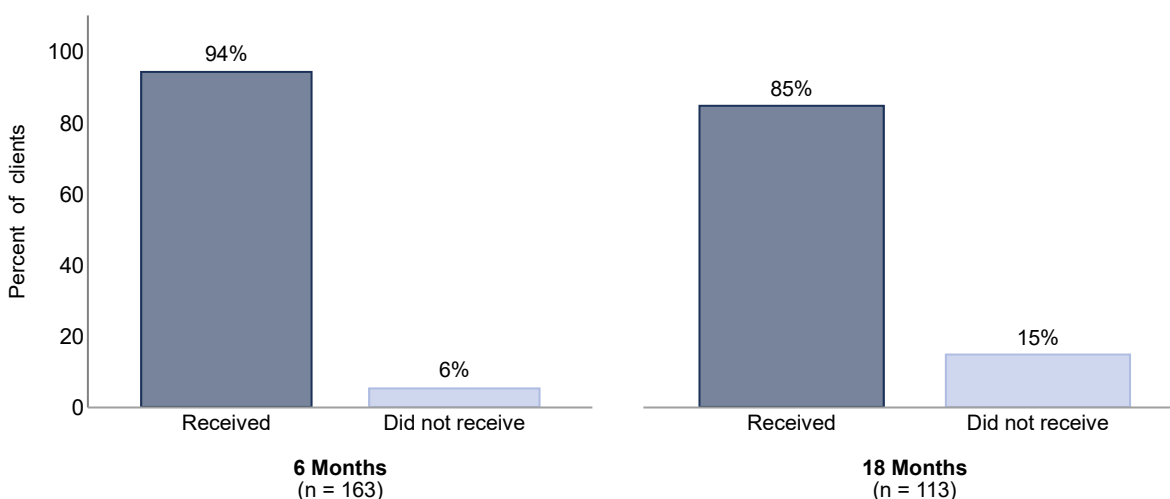
The proportion of eligible clients receiving *Medicaid* was 87% at baseline ( $n = 167$ ) and 99% at 6-month reassessment ( $n = 155$ ), showing a difference of 12% in the proportions at each time point. At 18-month reassessment, the proportion was 96% ( $n = 100$ ), representing a difference of 9% from baseline.

**OBJECTIVE 6: NOEII CLIENTS WILL RECEIVE COMPREHENSIVE RECOVERY SUPPORT SERVICES**

**Indicator 6.1: Proportion of clients receiving comprehensive recovery support services as measured at 6- and 18-month reassessments**

Target: 90% of enrolled participants will receive recovery support services at 6 and 18 months

In addition to housing coordination services and connecting clients with mainstream benefits, the NOEII case managers were expected to offer recovery support services to clients. Recovery support services included transportation, independent living skills training, employment services, and crisis care for those in need. A client was defined as receiving these services if he/she obtained at least one support service by the time of his/her 6- or 18-month GPRA reassessment. Figure 13 presents this information graphically for the clients who have completed 6- and 18-month reassessments.

Figure 13. Percent of Clients Receiving Recovery Support Services<sup>79</sup>

At the end of the grant period, GPRA data indicate that the program achieved its objective to provide support services to clients at 6-month reassessment, but narrowly missed its target at 18-month reassessment. Of the 163 clients with data at 6-month reassessment, 154 (94%) received recovery support services. Of the 113 clients with data at 18-month reassessment, 96 (85%) received recovery support services. Clients could receive up to 10 different recovery support services. By the end of the grant period, clients were receiving four services on average at both 6-month reassessment ( $n = 163$ ) and 18-month reassessment ( $n = 113$ ). At both reassessment time points, independent living skills and transportation were the two services most commonly received by clients. The service received least frequently at both reassessment time points was discharge planning.

According to discussions with program staff during monthly meetings, clients seemed more receptive to recovery support services during the initial housing stage. Case managers reported that clients may not have needed as much assistance as they became more stable further along in the program. Program staff also suggested that clients' motivation and engagement with the program may have decreased over time.

#### **OBJECTIVE 7: NOEII CLIENTS WILL GAIN EMPLOYMENT**

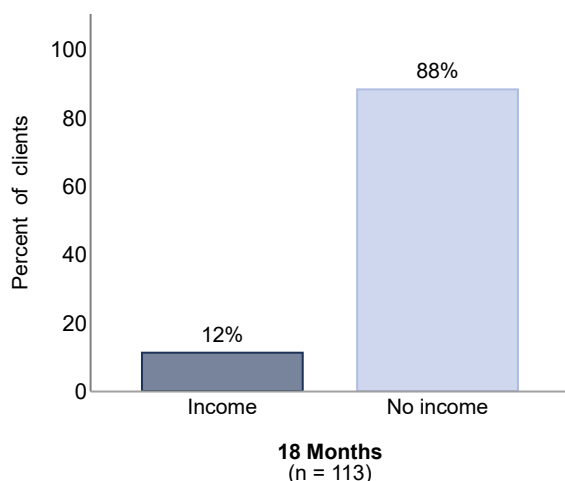
##### **Indicator 7.1: Proportion of clients who have employment income as measured at 18-month reassessment**

Target: 25% of enrolled participants will report employment income at 18 months

NOEII clients were encouraged to find employment and generate some kind of employment-related income. The program specified that at least 25% of enrolled participants should report employment income at the time of their 18-month reassessment. During the 18-month reassessment, case managers used the GPRA to document whether or not clients had earned any amount of income as a result of employment. If the client reported any amount of employment income, they were counted in this measure. Figure 14 illustrates the number of clients reporting any kind of employment-related income generated between intake and 18-month interviews.

<sup>79</sup> See footnote 77.

Figure 14. Percent of Clients Reporting Income From Employment



At the end of the grant period, the NOEII had not met its target for 25% of clients to report employment income at 18-month reassessments. Of the 113 clients with data at 18-month reassessment, only 13 reported having employment income (12%). On average, these 13 clients reported generating a sum of \$605.77 of employment-related income during the past 30 days at 18-month reassessment.

Program staff cited a lack of resources in assisting people through each stage of the employment process – applications, interviews, etc., which may have hindered clients from gaining employment. Additionally, program staff explained that many of their clients had a high level of need, and medical issues and stable housing were prioritized over employment.

**OBJECTIVE 8: NOEII CLIENTS WILL BE SCREENED FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

**Indicator 8.1: Proportion of clients who have been screened for mental health disorders at baseline, and rescreened at 6- and 18-month reassessments**

Target: 100% of enrolled participants will be screened at intake, 60% of enrolled participants will be screened at 6 months, and 70% will be screened at 18 months

**Indicator 8.2: Proportion of clients who have been screened for substance use disorders at baseline, and rescreened at 6- and 18-month reassessments**

The NOEII intended to screen all clients for mental health and substance use disorders at each assessment point. Case managers screened clients using the *CAGE Adapted to Include Drugs (CAGE-AID)* and the *Modified Mini Screen (MMS)* instruments.<sup>80, 81</sup> Case managers documented whether or not a

<sup>80</sup> The CAGE-AID is a conjoint screening tool for alcohol and other drug abuse. The CAGE-AID includes four questions that ask an individual about his/her perceptions of his/her drinking and drug use. For the UNITY CABHI NOEII program, case managers use the CAGE-AID to screen clients for substance use disorders and determine whether or not they should be referred for further assessment. PRG does not collect or use the data from this tool in its evaluation.

<sup>81</sup> The MMS is a screening tool for mental health disorders. The MMS includes 22 questions that ask an individual about present mood and anxiety and assess for psychotic-spectrum disorders. For the UNITY CABHI NOEII program, case managers use the MMS to screen clients for mental health disorders and determine whether or not they should be referred for further assessment. PRG does not collect or use the data from this tool in its evaluation.

client had been screened for the disorders in the GPRA. Figure 15 illustrates the percentage of clients who were screened for mental health disorders and substance use disorders at baseline and 6- and 18-month reassessments. Figure 16 illustrates the same information for substance use disorder screening.

Figure 15. Percent of Clients Screened for Mental Health Disorders

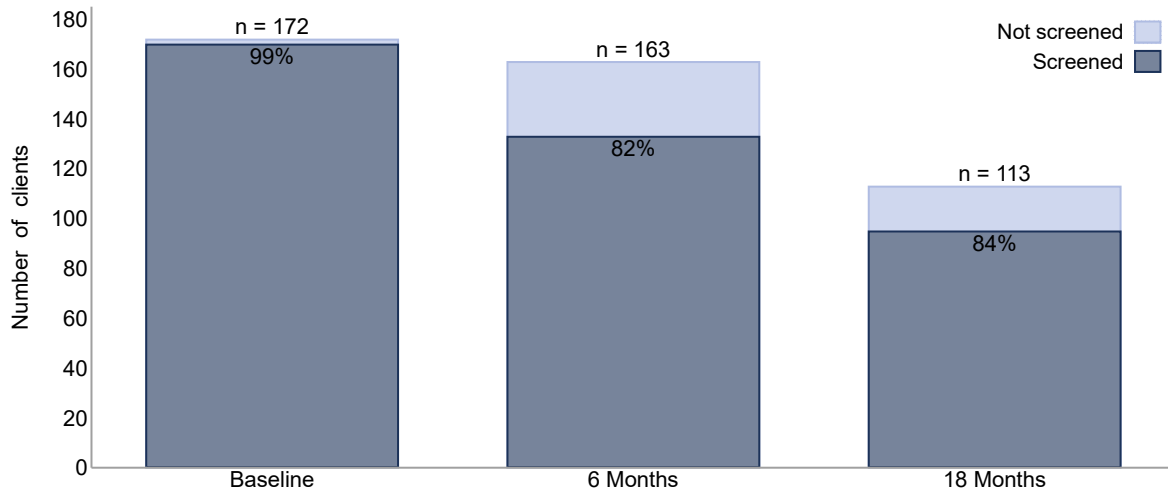
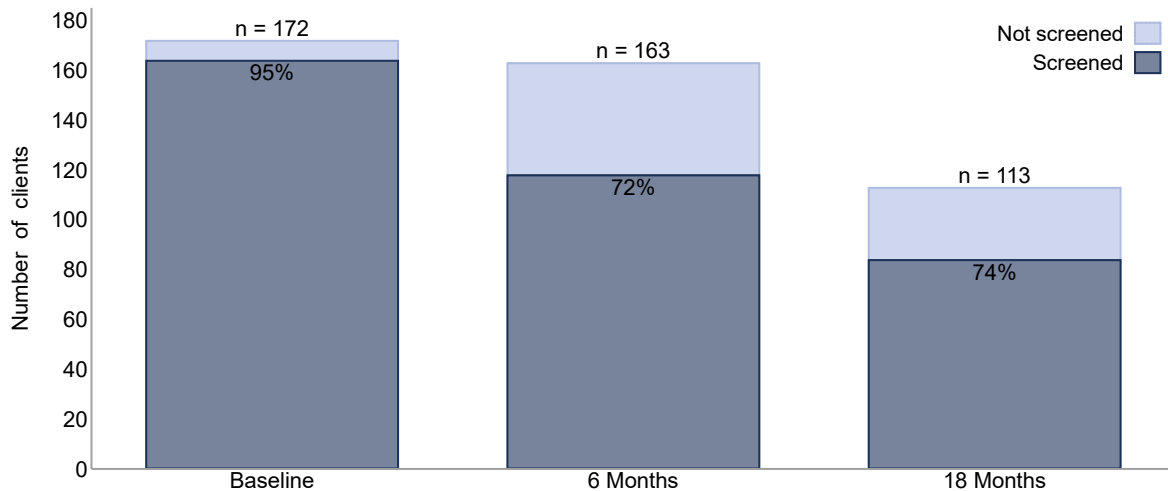


Figure 16. Percent of Clients Screened for Substance Use Disorders



The program fell just short of its target to screen 100% of clients at intake for mental health and substance use disorders. However, the program met and exceeded its targets to screen 60% at 6-month reassessment and 70% at 18-month reassessment – for both mental health and substance use disorders. Specifically, as seen in Figure 15, 170 of 172 clients (99%) were screened for mental health disorders at intake, 133 of 163 (82%) at 6-month reassessment, and 95 of 113 (84%) at 18-month reassessment. Figure 16 shows similar data for substance use disorder screening; 164 of 172 clients (95%) were

screened at intake, 118 of 163 (72%) at 6-month reassessment, and 84 of 113 (74%) at 18-month reassessment.

Quarterly, UNITY leadership, partner agency supervisors, and case managers providing services through the grant met with the evaluation team from PRG to discuss evaluation findings. During these meetings, UNITY leadership, PRG, and case managers discussed and clarified the procedures around the screening tools for the project; according to UNITY leadership, program staff's ability to meet the targets at 6- and 18-month reassessment can be partially attributed to these discussions.

*OBJECTIVE 9: NOEII CLIENTS WHO HAVE IDENTIFIED MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS WILL RECEIVE APPROPRIATE MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES IF DESIRED BY THE CLIENT*

**Indicator 9.1: Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments**

Target: 90% of participants in need of treatment for mental health will be referred to treatment services if desired by the client

**Indicator 9.3: Proportion of clients whose screenings indicate need for mental health disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments**

Target: 75% of participants in need of treatment for mental health disorders and who desire treatment are receiving treatment services while enrolled in the program

If a client screened positive for a mental health disorder and desired treatment, the NOEII aimed to connect that individual to treatment services. Indicator 9.1 is operationalized as the proportion of clients who were referred to mental health treatment services out of all clients who screened positive and desired treatment. Indicator 9.3 is operationalized as the proportion of clients who are reported by the case manager as receiving mental health services out of all clients who screened positive, desired treatment, and were referred to treatment services by a case manager. These proportions are represented graphically in Figures 17 and 18.

Figure 17. Percent of Clients Referred to Mental Health Treatment

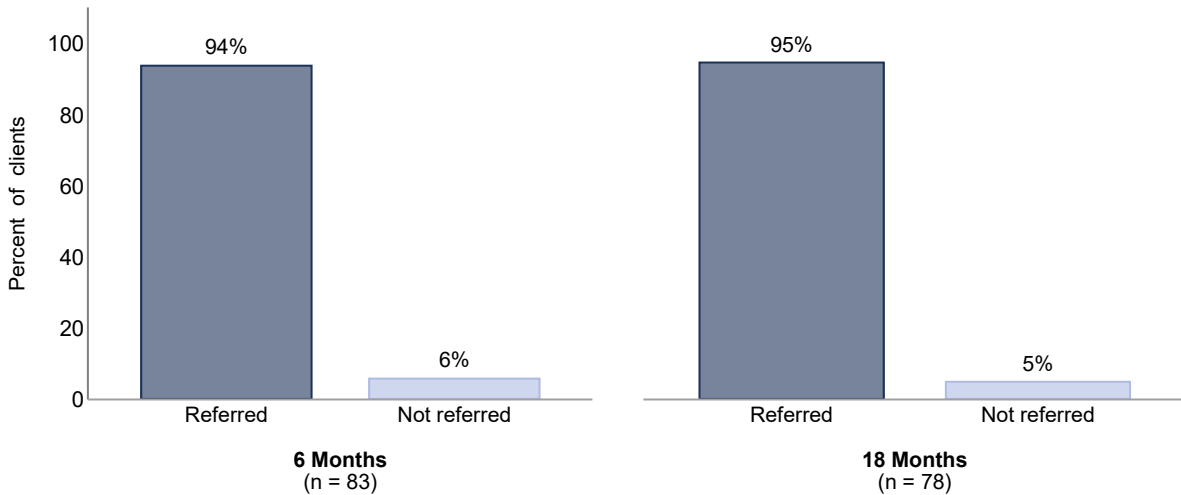
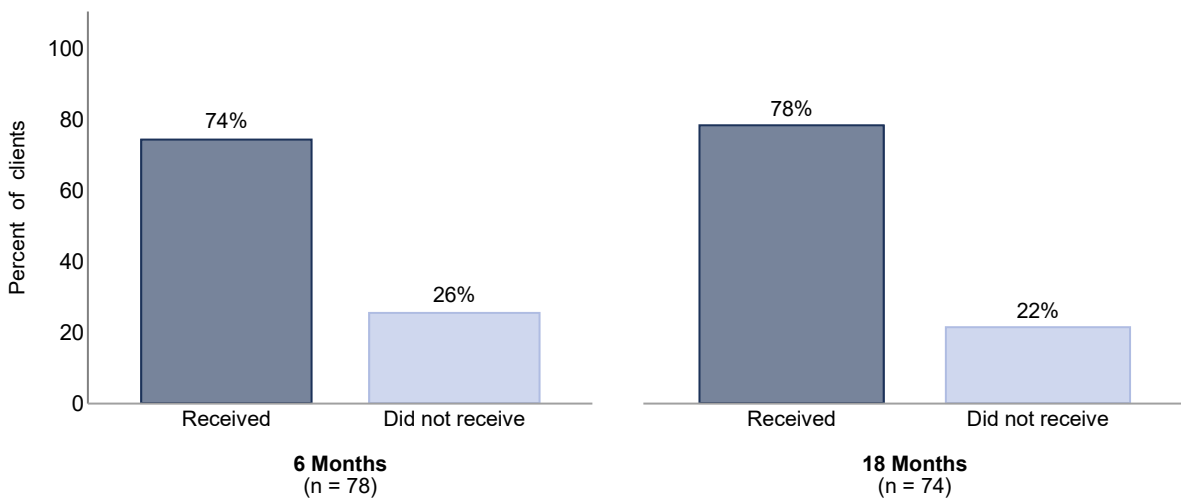


Figure 18. Percent of Clients Receiving Mental Health Treatment



At 6- and 18-month reassessments, the program met its targets to provide mental health referrals to 90% of clients and mental health treatment to 75% of clients. Figure 17 shows that among clients who ever screened positive for a mental health disorder and indicated that they desired treatment at 6-month reassessment, 78 of 83 (94%) had been referred to treatment. At 18-month reassessment, 74 of 78 clients (95%) who screened positive and desired treatment were referred. Further, as depicted in Figure 18, 58 of 78 clients (74%) had received mental health treatment at 6-month reassessment, and 58 of 74 (78%) had received treatment at 18-month reassessment.

**Indicator 9.2: Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are referred to treatment services at 6- and 18-month reassessments**

Target: 90% of participants in need of treatment for substance use disorders will be referred to treatment services if desired by the client

**Indicator 9.4: Proportion of clients whose screenings indicate need for substance use disorder treatment and who desire treatment who are receiving treatment services at 6- and 18-month reassessments**

Target: 75% of participants in need of treatment for substance use disorders and who desire treatment are receiving treatment services while enrolled in the program

The NOEII also specified that if a client screened positive for a substance use disorder and that client desired treatment, the program would help connect that individual to treatment services. Indicator 9.2 is operationalized as the proportion of clients who were referred to substance use treatment services out of all clients who screened positive and desired treatment. Indicator 9.3 is operationalized as the proportion of clients who are reported by the case manager as receiving substance use services out of all clients who screened positive, desired treatment, and were referred to treatment services by a case manager. These proportions are represented graphically in Figures 19 and 20.

Figure 19. Percent of Clients Referred to Substance Use Treatment

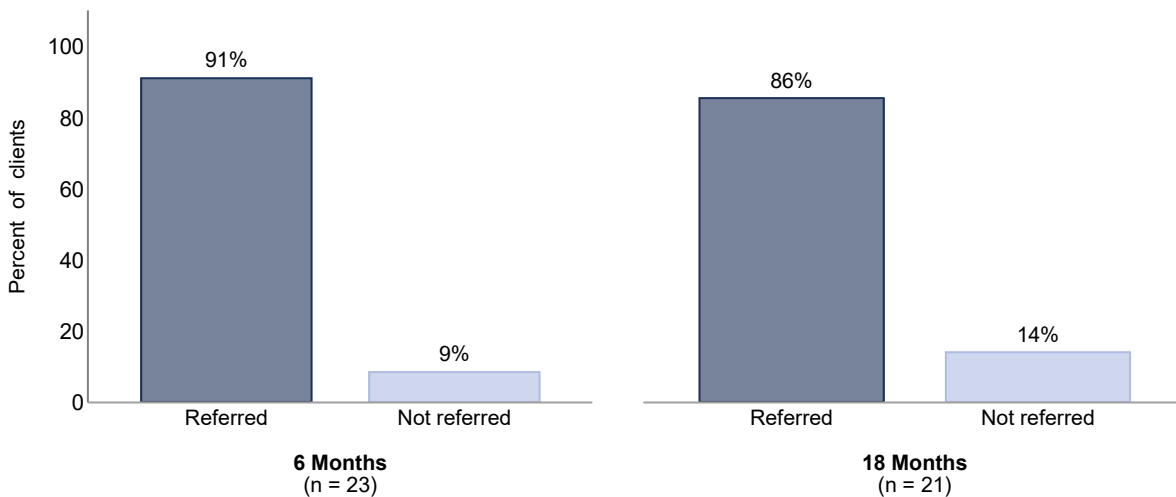
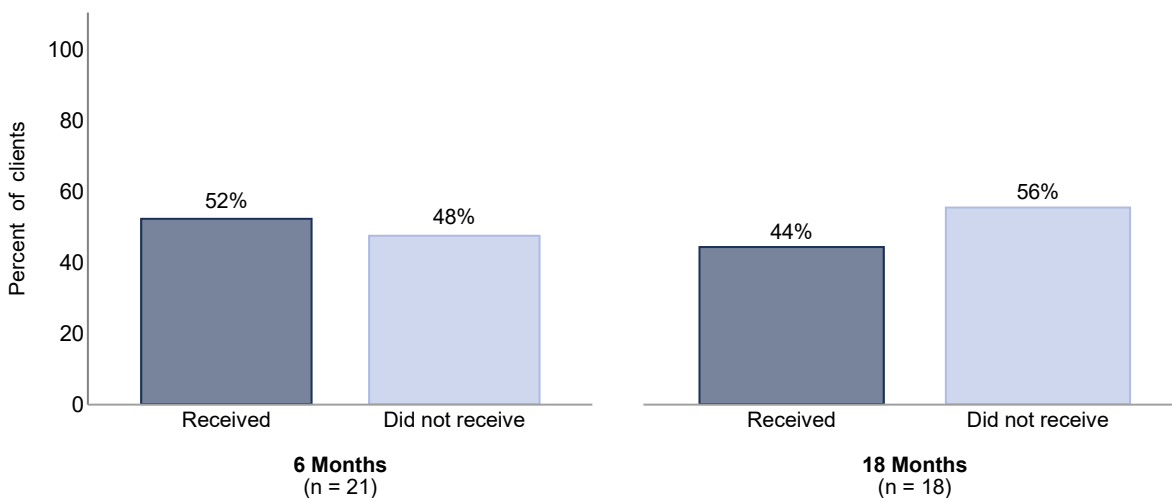




Figure 20. Percent of Clients Receiving Substance Use Treatment



At the end of the grant period, the NOEII had met its target to refer 90% of clients in need and desiring treatment for substance use disorders to treatment at 6-month reassessment but had missed its target at 18-month reassessment. Figure 19 shows that of the 23 clients who needed and wanted substance use treatment, 21 (91%) received a referral by 6-month reassessment. At 18-month reassessment, 18 of 21 clients (86%) who needed and wanted substance use treatment received a referral.

Figure 20 shows that the NOEII also missed its 75% target associated with client receipt of substance use treatment at both 6- and 18-month reassessments. Of the 21 clients who needed and desired substance use treatment, 11 (52%) had received treatment at 6-month reassessment, and 8 of 18 (44%) had received treatment at 18-month reassessment.

**OBJECTIVE 10: PROVIDE NOEII CLIENTS WITH SOCIAL CONNECTION SUPPORT**

**Indicator 10.1: Proportion of clients reporting attendance at social/community activity as measured at baseline and 6- and 18-month reassessments**

**Indicator 10.2: Proportion of clients who have been offered social connection support services as measured at 6- and 18-month reassessments**

The NOEII intended to provide clients with social connection support and increase the amount of social support experienced by its clients. Indicator 10.1 was measured at each data collection point. Case managers used the GPRA to report whether a client had attended a social or community activity outside of his/her grant-funded treatment. This information is graphically illustrated in Figure 21. Indicator 10.2 is operationalized as the proportion of clients who were offered social connection support at 6- and 18-month reassessments. This information is presented graphically in Figure 22.

Figure 21. Percent of Clients Attending Social/Community Activities

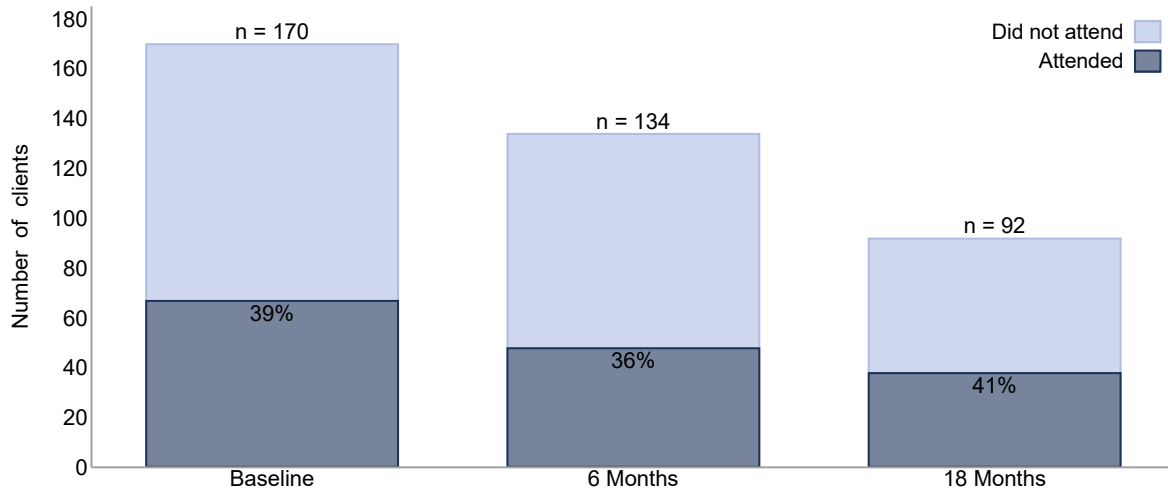
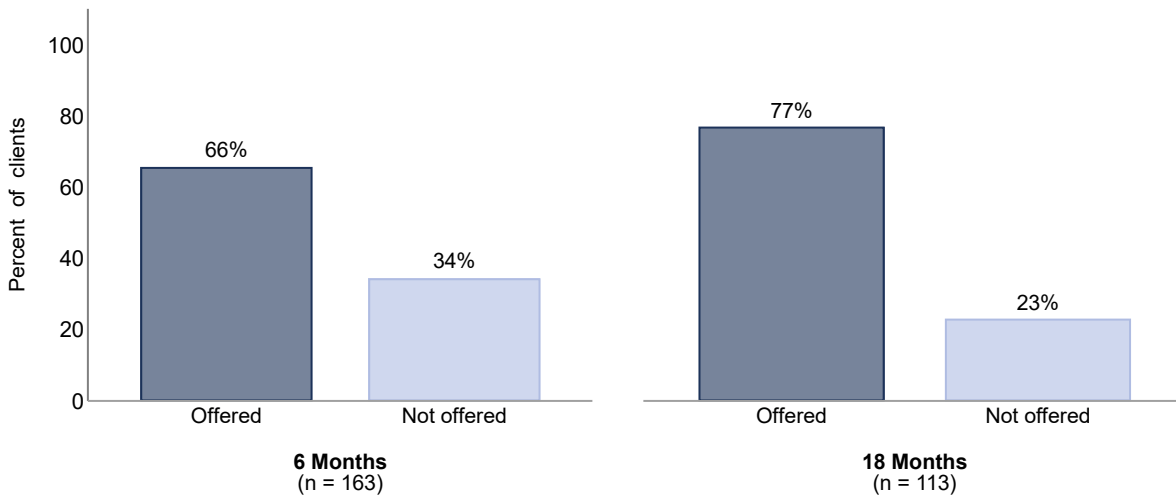


Figure 22. Percent of Clients Offered Social Connection Support Services



There were no targets associated with the NOEII’s objective to provide clients with social connection support; however, NOEII appears to have provided social connection support to many clients as intended. As seen in Figure 21, at intake, 6-month reassessment, and 18-month reassessment less than half of clients reported attendance at social/community activities. However, according to data presented in Figure 22, 107 of 163 clients (66%) were offered social connection support services at 6-month reassessment, and 87 of 113 (77%) were offered services at 18-month reassessment.

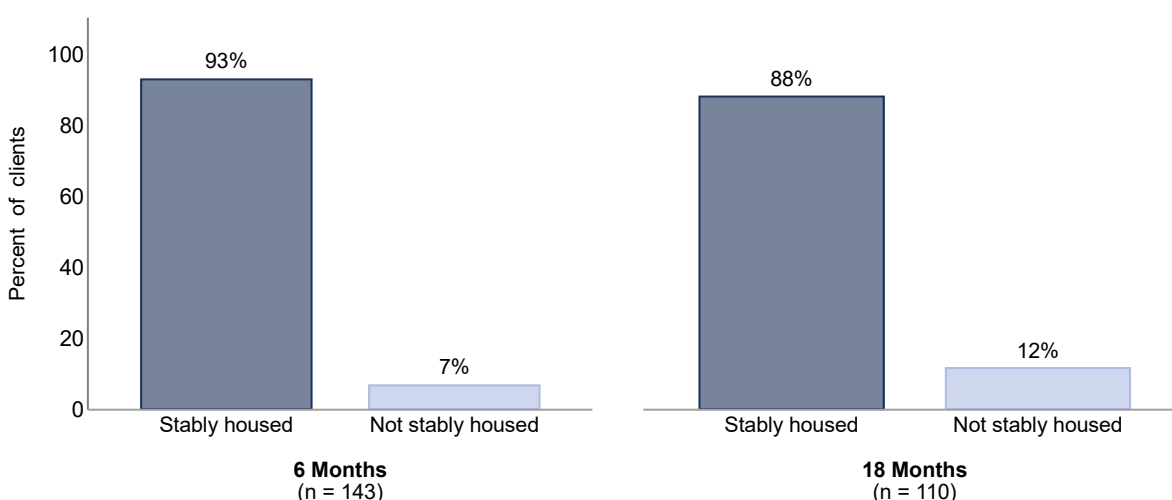
OUTCOME STUDY

OBJECTIVE 1: NOEII CLIENTS PLACED IN PERMANENT HOUSING THROUGH THIS PROJECT WILL REMAIN STABLY HOUSED

Indicator 1.1: Proportion of clients placed in permanent housing who are in stable housing at 6- and 18-month reassessments<sup>82</sup>

By offering an array of comprehensive support services to its clients, the NOEII aimed to ensure that a client who was placed in permanent housing would remain stably housed. As part of the GPRA interview, case managers documented whether clients had used their housing voucher to move into permanent housing and, if so, whether clients were stably housed.<sup>83</sup> Figure 23 presents a graphical representation of NOEII clients who had been placed in permanent housing and remained in stable housing at 6 and 18 months.

Figure 23. Percent of Clients in Permanent Housing Who Remain Stably Housed



The majority of clients who were placed into permanent housing when they enrolled in the program remained stably housed at the time of their 6- and 18-month reassessments. At the end of the grant period, 143 clients with 6-month reassessment data used their voucher to move into permanent housing and 133 of these clients (93%) remained stably housed after being in the program for six months. Similarly, 110 clients with 18-month reassessment data used their voucher to move into permanent housing and 97 (88%) remained stably housed after being in the program for 18 months.

<sup>82</sup> Housing status (i.e., stable housing or unstable housing) is operationally defined using Center for Mental Health Services’ (CMHS) classification of “permanent housing” and “nonpermanent housing.” CMHS defines permanent housing as the following: *owned or rented house, apartment, trailer, room; group home; nursing home; Veteran’s home; or military base*. CMHS defines nonpermanent housing as the following: *someone else’s house, apartment, trailer, room; homeless (shelter, street/outdoors, park); adult foster care; transitional living facility; hospital (medical); hospital (psychiatric); detox/inpatient or residential substance abuse treatment facility; correctional facility (jail/prison); or VA hospital*. Response options also include *other housing (specify)*.

<sup>83</sup> When a case manager indicates that a client is in permanent housing, the case manager also indicates whether the client is stably housed responding to the following question in the GPRA: “What situation best describes the client’s current place of residence?” A list of 17 possible scenarios is provided. A client is considered *stably housed* if the case manager responds that the client is living in one of the following situations: *the same rented house, apartment, trailer, or room, initially obtained with the voucher; another long-term rented house, apartment, trailer, or room; group home; nursing home; Veteran’s home; or military base*. A client is considered to be *unstably housed* if the case manager responds that the client is living in one of the other following situations: *someone else’s house, apartment, trailer, or room; homeless; motel/hotel; adult foster care; transitional living facility; medical hospital; psychiatric hospital; detox and/or an inpatient or residential substance abuse treatment facility; correctional facility; VA hospital; or Other*.

**OBJECTIVE 2: REDUCE SUBSTANCE USE IN NOEII CLIENTS RECEIVING SUBSTANCE ABUSE TREATMENT**

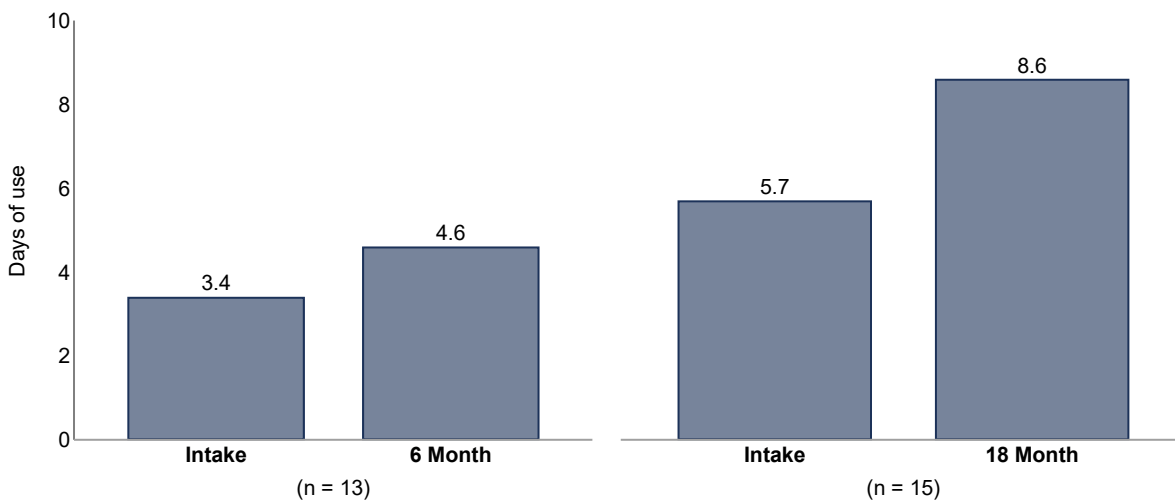
**Indicator 2.1: Mean individual-level change in reported 30-day substance use for clients receiving substance abuse treatment from baseline to 6- and 18-month reassessments, as measured by:**

- **30-Day Illegal Drug Use<sup>84</sup>**
- **30-Day Alcohol Use**
- **30-Day Alcohol Use to Intoxication**

The NOEII connected clients with substance abuse treatment if needed and desired. Theoretically, the program expected that clients who received substance use treatment would report reductions in substance use. Change in client substance use is assessed using three measures of client self-reported behaviors gathered in the GPRA. Thirty-day illegal drug use is a measure of the number of self-reported days of illegal drug use in the past 30 days, with a higher number of days indicating more frequent drug use. Thirty-day alcohol use is a measure of the number of self-reported days of alcohol use in the past 30 days, with a higher number of days indicating more frequent alcohol use. Finally, 30-day alcohol use to intoxication is a measure of the number of self-reported days of alcohol use to intoxication in the past 30 days, with a higher number of days indicating more frequent alcohol intoxication. For details on how each self-reported measure is constructed, please see Appendix B of the *Evaluation Plan*. Figure 24 shows mean days of drug use, alcohol use, and alcohol use to intoxication at intake and 6- and 18-month reassessments.

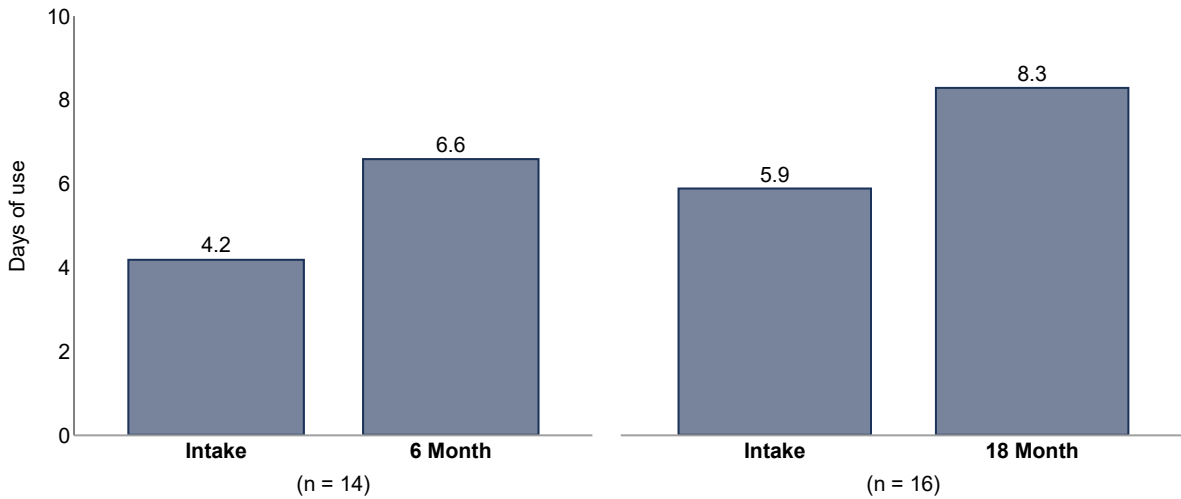
*Figure 24. Change in Mean Days of Substance Use*

a) *30-Day Illegal Drug Use*

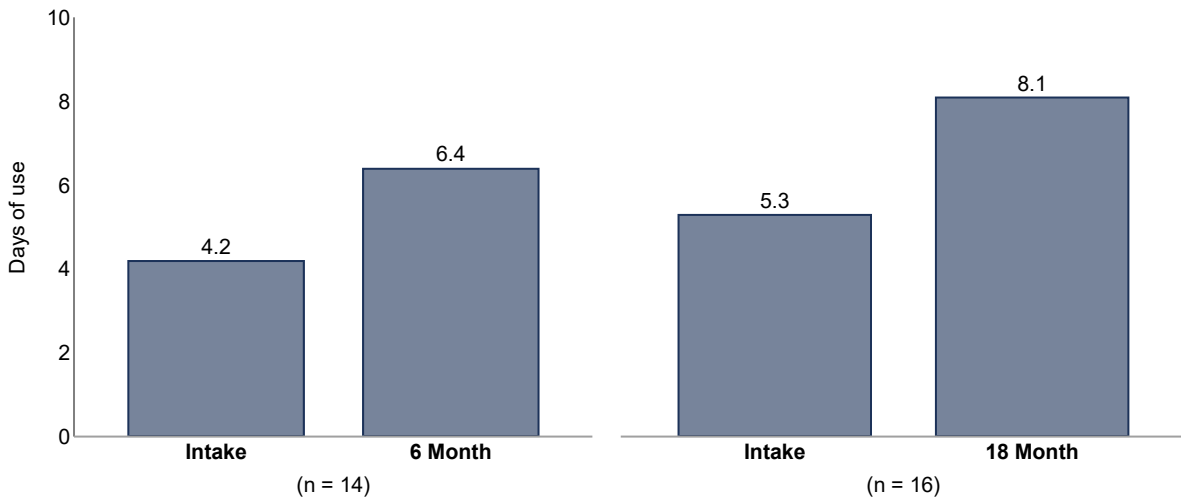


<sup>84</sup> See footnote 28.

b) 30-Day Alcohol Use



c) 30-Day Alcohol Use to Intoxication<sup>85</sup>



Considering clients who received substance use treatment and who had data, no significant changes were observed in 30-day substance use from baseline to 6 months or baseline to 18 months. Because so few clients received substance use treatment and provided outcome data, the sample sizes are small, and results should be interpreted with caution. Though change is not significant, data suggest that client substance use increased marginally from baseline to 6 months and baseline to 18 months in all three measures of substance use. This objective and its indicators are limited to clients who received substance use treatment. The indicators are intended to measure change in the subpopulation that theoretically should exhibit decreased substance use due to treatment. If we examine all clients, and not

<sup>85</sup> See footnote 77.

just those who received treatment, observed change is still not significant from baseline to 6-month reassessment or to 18-month reassessment in 30-day alcohol use, alcohol use to intoxication, or illegal drug use.

Case managers suggested several reasons why substance use may appear to increase over time. Although the NOEII employs a Housing First Model, program staff noted clients' reluctance to openly discuss or disclose substance use during the intake process. Case managers observed that clients became more comfortable discussing their usage as time went on and rapport was established. Additionally, even if a client desired and requested substance use treatment, there were several logistical hurdles, including additional testing and challenges with transportation to a facility for intake. Clients' desire and receptiveness to treatment may have waned in the face of these logistical challenges.

The indicator is the primary means of assessing this objective. In addition, clients reported the number of days of drug use by drug type. At 6-month and 18-month reassessments, for clients who have received substance use treatment, the most frequently used drugs are marijuana, cocaine/crack, and opiates-heroin. Change in the use of these three drugs is not significant from baseline to 6-month reassessment. However, a significant increase in 30-day cocaine use is observed from baseline to 18-month reassessment (from 1.9 days of use to 6.2 days of use) for the 16 clients who have data.

**OBJECTIVE 3: IMPROVE PSYCHOSOCIAL FUNCTIONING AND DECREASE DISTRESS FOR NOEII CLIENTS RECEIVING MENTAL HEALTH TREATMENT**

**Indicator 3.1: Mean individual-level change in reported level of distress for clients receiving mental health treatment from baseline to 6- and 18-month reassessments**

**Indicator 3.2: Mean individual-level change in reported psychosocial functioning for clients receiving mental health treatment from baseline to 6- and 18-month reassessments**

The NOEII connected clients with mental health treatment if needed and desired. Theoretically, the program expected that clients who received mental health treatment would report decreases in distress and increases in psychosocial functioning. The objective is measured using client self-reported responses to the *K6 Distress scale* and the *Psychosocial Functioning scale*. A client's *K6 Distress scale* score is calculated as the additive sum of response values for six questions; scores can range from 0 to 24, and higher distress is indicated by a higher score. A client's *Psychosocial Functioning scale* score is the mean response to eight questions; scores range from 1 to 5, and higher functioning is indicated by a higher score.<sup>86</sup> Figure 25 depicts the mean change in *K6 Distress scale* scores from baseline to 6- and 18-month reassessments. Figure 26 depicts the mean change in *Psychosocial Functioning scale* scores from baseline to 6- and 18-month reassessments.

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<sup>86</sup> For details on scale construction, see Appendix B of the *Evaluation Plan*.

Figure 25. Reported Change in Level of Distress

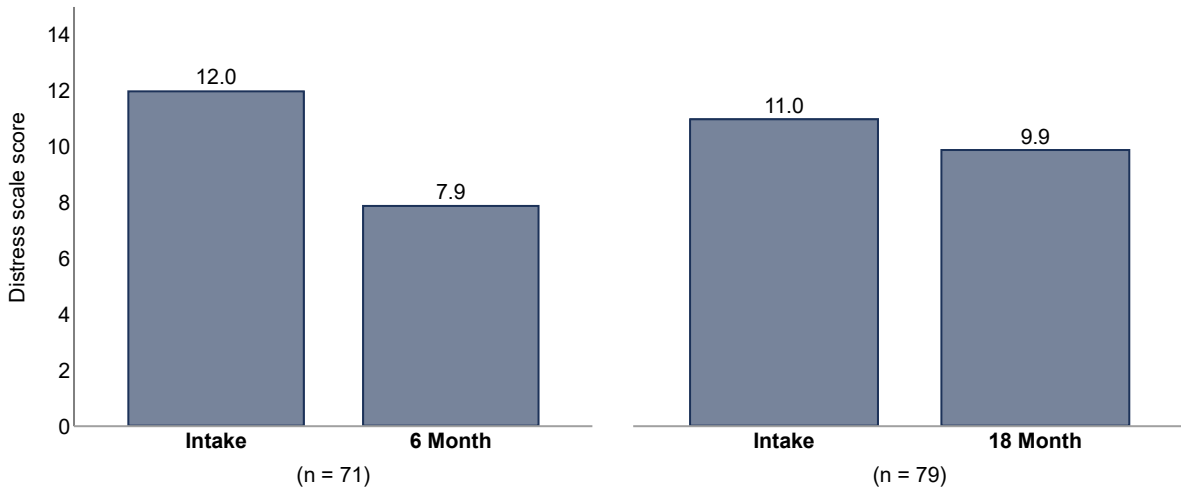
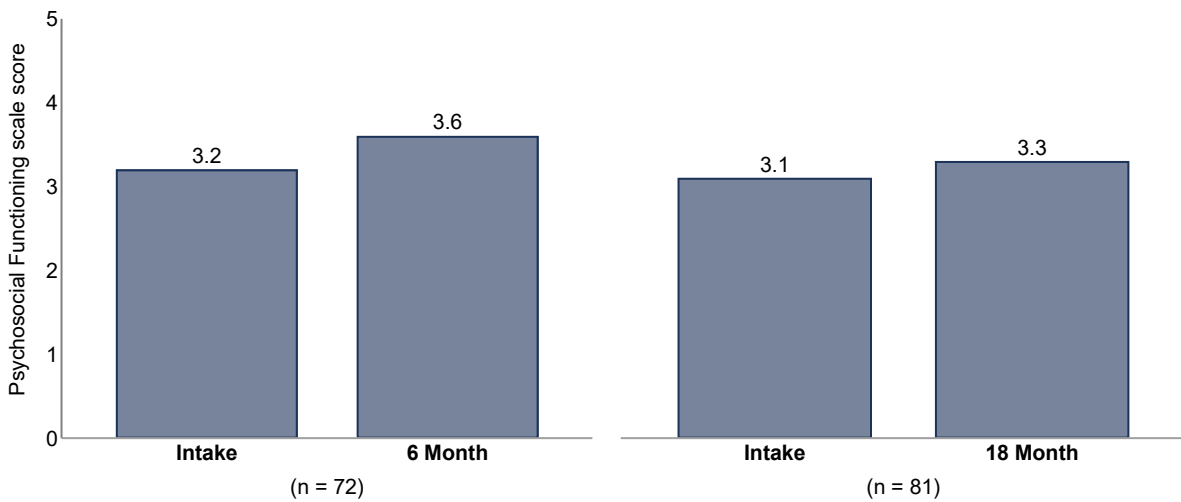


Figure 26. Reported Change in Psychosocial Functioning



According to data presented in Figure 25, a significant decrease in level of distress of 4.1 points (from 12.0 to 7.9) was observed from baseline to 6-month reassessment considering clients who received mental health treatment and who had data ( $n = 71$ ). There was no significant change observed from baseline to 18-month reassessment for the 79 clients receiving mental health services who had data. This objective and its indicators are limited to clients who received mental health treatment. The indicators are intended to measure change in the subpopulation that theoretically should exhibit improved mental health due to treatment. If we examine all clients, and not just those who received treatment, significant decreases in distress were observed; for the 126 clients with data at 6-month reassessment, clients' mean score decreased to 7.6 from a baseline mean score of 10.7. For the 90

clients with data at 18-month reassessment, clients' mean score decreased to 9.7 from a baseline mean of 11.0.

According to discussions with case managers, their clients seemed to experience decreases in level of stress when initially housed. Case managers explained that, despite stable housing, the emergence of new or previously neglected issues could partially explain these findings.

Similarly, in Figure 26, we see that among the 72 clients who received mental health treatment and had data, a significant improvement in psychosocial functioning is observed from baseline to 6-month reassessment. At baseline, clients' mean scale score was 3.2, indicating on average clients were not "functioning" at baseline. At 6-month reassessment, clients' mean score increased to 3.6 – suggesting on average clients were "functioning" by reassessment.<sup>87</sup> This increase indicates that after six months of programming, clients felt that they were better able to deal with problems and function in social situations. Significant change is also seen for the 81 clients who received mental health treatment and had data at 18-month reassessment. These clients' scores increased from 3.1 at baseline to 3.3 at reassessment.

**OBJECTIVE 4: ACHIEVE HIGH NOEII CLIENT SATISFACTION**

**Indicator 4.1: Mean *Satisfaction Scale* score at 6- and 18-month reassessments**

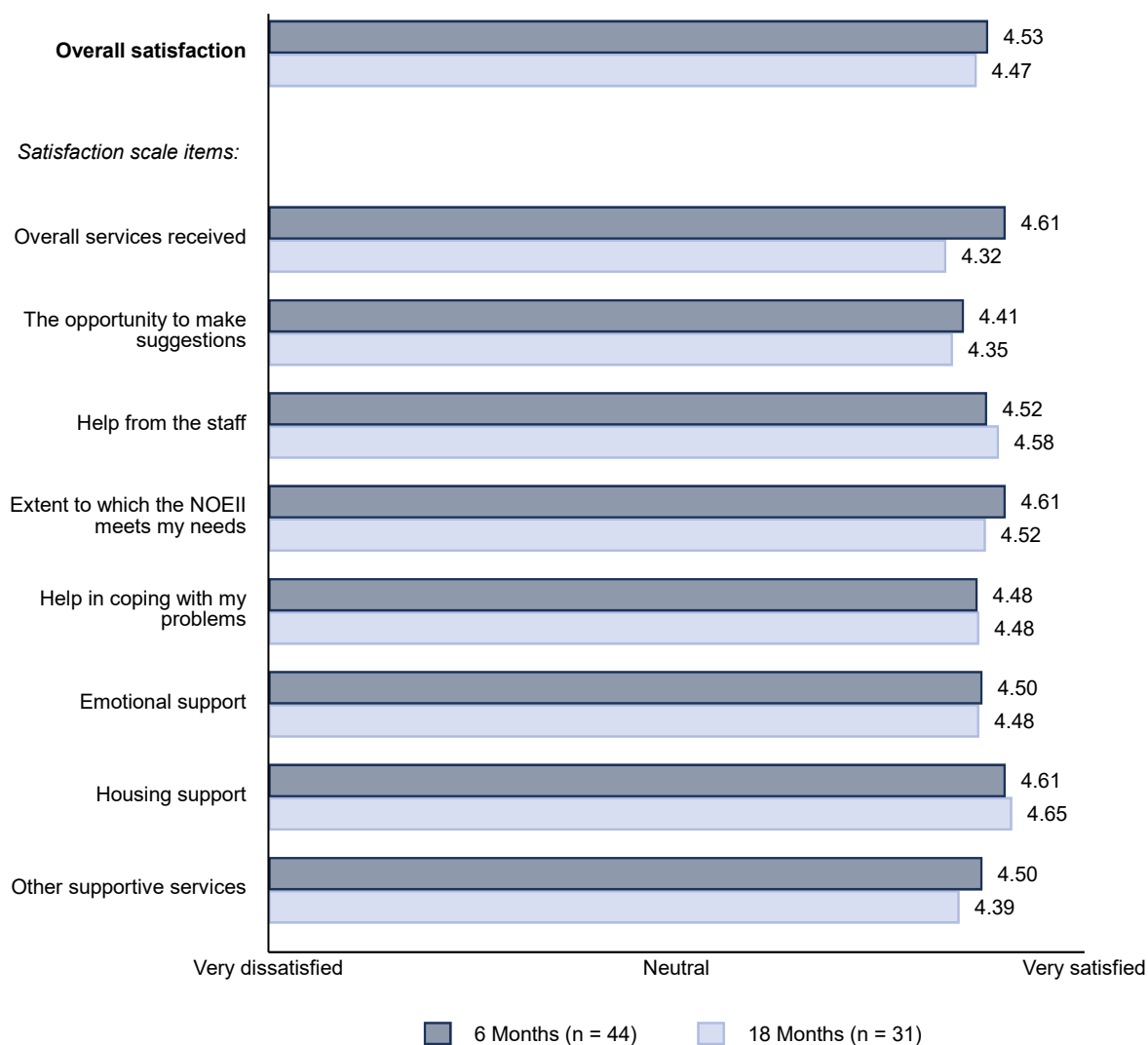
At 6- and 18-month reassessments and at discharge, clients were asked to rate their satisfaction with the NOEII by responding to an eight-item scale. Satisfaction with the program is operationalized as the mean item score on the scale. Each item is measured on a 5-point scale where 1 = *very dissatisfied* and 5 = *very satisfied*. Figure 27 illustrates the mean scale scores at 6- and 18-month reassessments and discharge, along with scores for each of the items that comprise the scale.

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<sup>87</sup> A client was classified as "functioning" if he/she had a mean scale score of greater than 3.5.



Figure 27. Mean Program Satisfaction Scores



As illustrated in Figure 27, clients who responded at both their 6- and 18-month reassessments gave the NOEII an overall satisfaction score of 4.5, which falls between *satisfied* and *very satisfied* with the program. Clients reported similar levels of satisfaction in all eight areas of the program. This would suggest that by the end of the grant period, the NOEII met its objective to achieve high client satisfaction.

*Client Satisfaction Survey* data were collected for only 44 of 135 clients at 6-month reassessment (33%) and 31 of 93 clients at 18-month reassessment (33%).<sup>88</sup> Low response rates are due to clients’ refusal to complete the form or accidental neglect by case managers to administer the survey. Therefore, satisfaction scores may not be fully representative of all clients receiving services from the NOEII.

<sup>88</sup> See footnote 69.

## DISCUSSION

At the end of the grant, the program achieved some but not all of its implementation objectives. Among the greatest challenges the program faced were placing clients into permanent housing by 6-month reassessment and providing substance use treatment to clients who indicated that they needed and wanted it. According to program staff, there were many barriers to meeting preestablished targets. Navigating the HANO housing process proved challenging, and case managers reported delays through the application and inspection stages. In addition, logistical barriers such as transportation and treatment center intake requirements were burdensome and contributed to the difficulty of successfully providing clients with substance use treatment. Finally, maintaining client engagement was difficult as they progressed through the program.

Results presented in this report show that the program has also experienced a number of successes. These successes included providing mental health referrals and treatment to clients who needed and desired treatment. The program also succeeded in connecting clients to *Medicaid* and other mainstream benefits. Notably, the program exceeded its target for client retention, with 91% of clients remaining enrolled at 6-month reassessment and 92% remaining enrolled at 18-month reassessment. With regard to client-level outcomes, the program appears to have achieved its objectives related to clients remaining stably housed, improvement in clients' psychosocial functioning at 6-month reassessment, and decrease in clients' level of distress at 6-month reassessment. The program did not demonstrate significant results for the latter objective at 18-month reassessment, and no significant change was observed in 30-day substance use for clients receiving substance use treatment – however, the sample sizes of clients receiving treatment and providing data for these questions were small, therefore results should be interpreted with caution. Finally, clients' overall *Satisfaction scale* scores were high, and suggest that clients were *satisfied* to *very satisfied* with the program overall.

## LIMITATIONS

As with any evaluation, limitations exist in our methodology. A few warrant mention. First, it is important to remember that some of the measures we use are self-reported measures and are not the actual outcomes themselves. For instance, clients' actual substance use behaviors may be quite different from those that they reported in the GPRA.

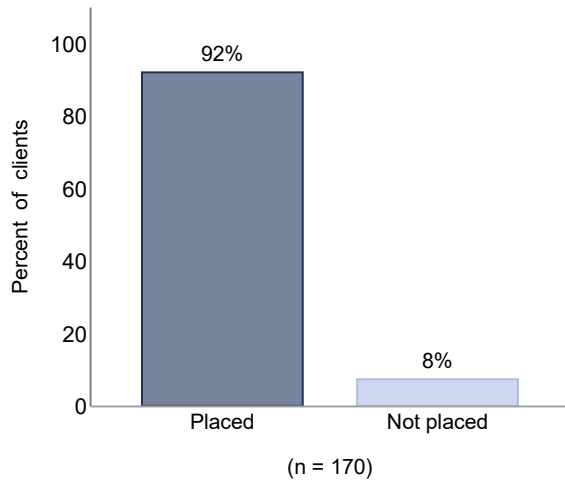
Second, our study design lacks experimental controls necessary to rule out other causal considerations. Although any observed changes in client behaviors are attributed to the program by implication in this report, there may be other unobserved causal factors at work. In other words, we assume that any change that we observe is the result of program participation and not something else. However, without the use of experimental methods in which participants are randomly assigned to control and treatment groups, we cannot rule out alternative causal explanations.

Finally, self-selection potentially biases results as those who are in the sample (and providing data) may be systematically different from those who are not (e.g., those in the sample may be more motivated to get or remain clean). With only a portion of our sample providing outcome data, we cannot be certain that the results represent the entire program population.

## APPENDIX A. SUPPLEMENTAL FIGURES

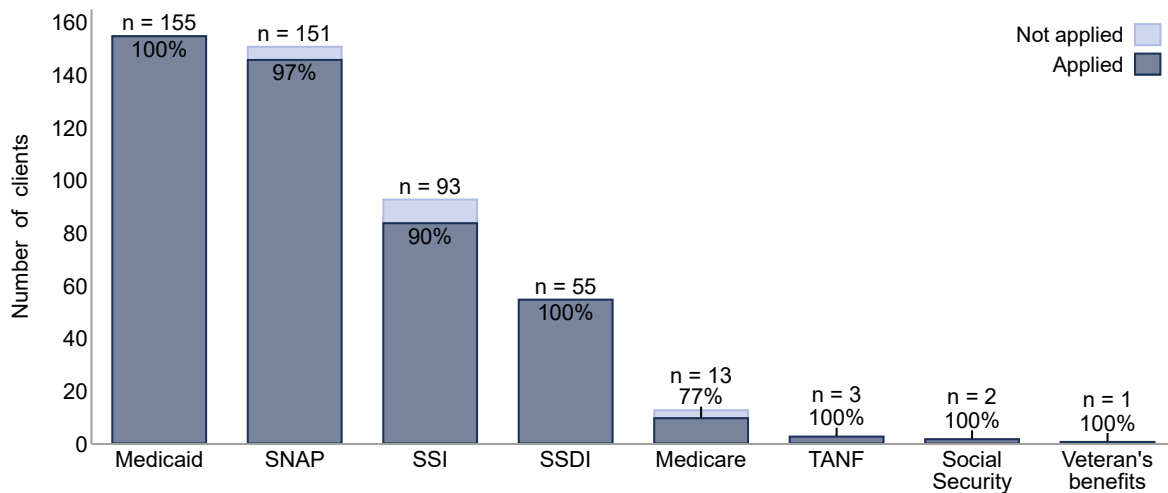
This appendix contains supplemental figures that provide contextual information about permanent housing placement and eligibility and receipt of mainstream benefits. Notes below each figure indicate to which implementation indicator(s) the figure corresponds. Data presented in the figures were provided by NOEII case managers in the GPRA instrument.

Figure A.1. Percent of Clients Placed in Permanent Housing at Any Time Point



Note: Figure A.1 presents information relevant to Indicator 3.1.

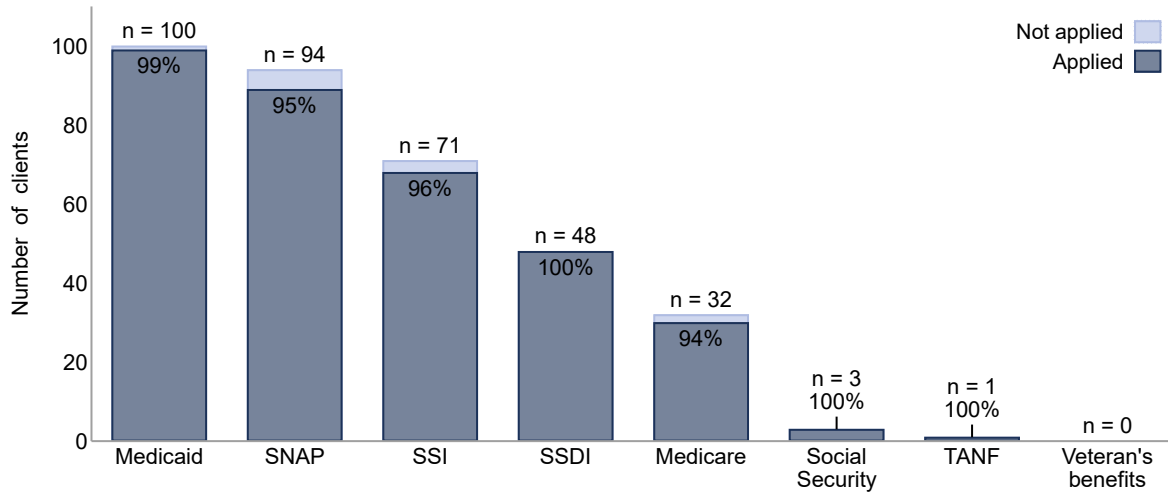
Figure A.2. Application Status of Eligible Clients by Benefit at 6-Month Reassessment<sup>89</sup>



Note: Figure A.2 presents information relevant to Indicator 4.1.

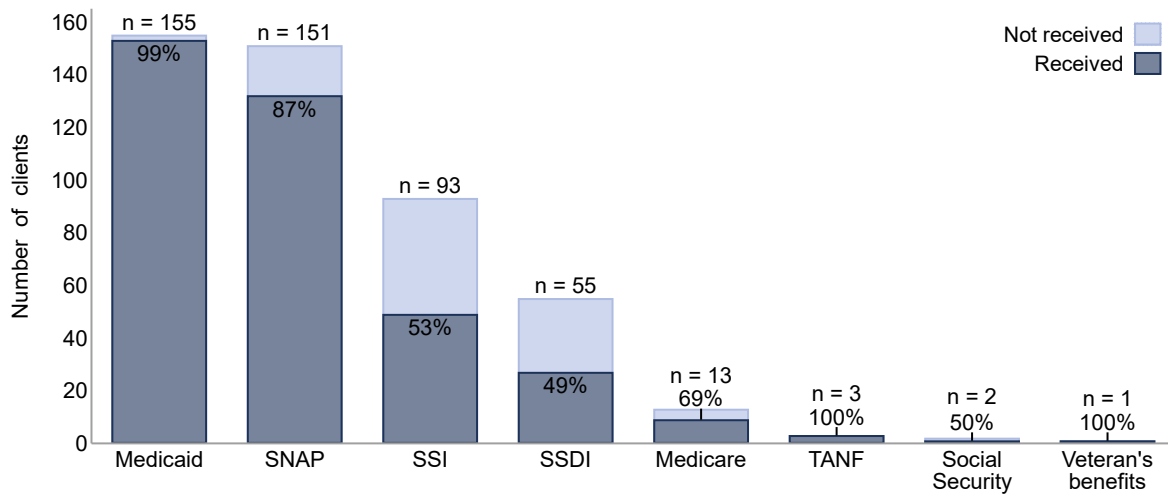
<sup>89</sup> No clients were eligible or applied for unemployment insurance. This benefit has been omitted from Figures A.2, A.3, A.4, and A.5.

Figure A.3. Application Status of Eligible Clients by Benefit at 18-Month Reassessment



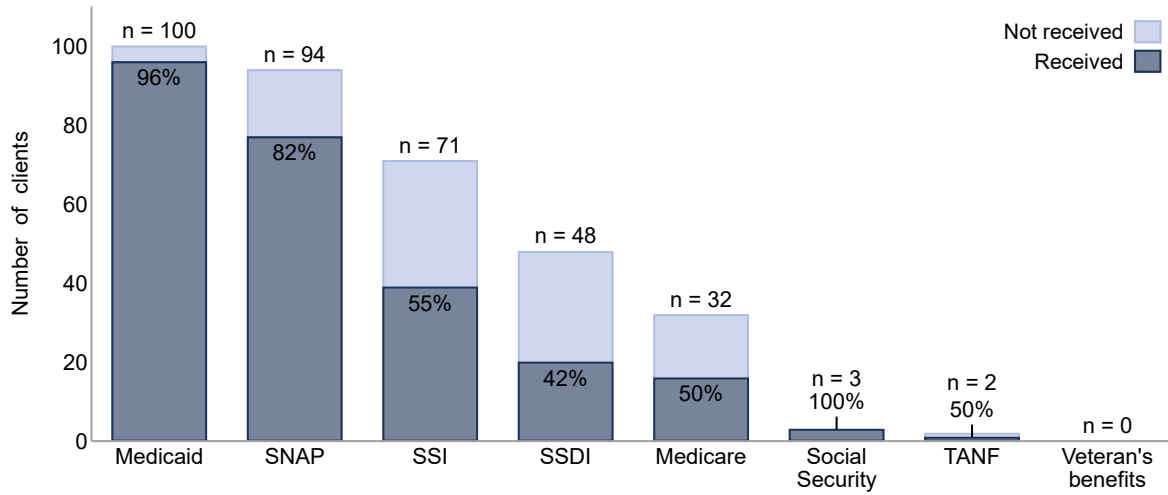
Note: Figure A.3 presents information relevant to Indicator 4.1.

Figure A.4. Benefits Received by Eligible Clients at 6-Month Reassessment



Note: Figure A.4 presents information relevant to Indicator 4.2.

Figure A.5. Benefits Received by Eligible Clients at 18-Month Reassessment



Note: Figure A.5 presents information relevant to Indicator 4.2.